

FINAL DRAFT

Human Capital Plan Working Together for Galveston Galveston, Texas

Prepared by Urban Strategies, Inc.
Proprietary



Prepared for

THE GALVESTON HOUSING AUTHORITY

January 31, 2012

**Working Together For Galveston
Human Capital Plan
FINAL DRAFT**

Table of Contents

Executive Summary

I. Context of the Human Capital Plan

II. Development Overview and Site Locations

III. Methodology

IV. Findings

General Findings

The Target Population

V. Recommendations

Human Capital Plan Priorities:

Priority # 1: Supported, Targeted Employment

Priority # 2: Intensive Health and Wellness Initiatives for Families

Priority # 3: A Two-Generation Education Emphasis

Priority # 4: Transportation – An Employment Initiative

VI. Program Implementation, Oversight, and Sustainability

VII. Evaluation

VIII. Resources and Funding

IX. Preliminary Budget

Exhibits

Exhibit A – GHA Population Data; August & September 2011

Exhibit B – Existing Support Service Providers

Exhibit C – Household Assessment Results

Exhibit D – Community Task Force Roster

Working Together for Galveston Human Capital Plan

Executive Summary

On June 21, 2011, the Galveston Housing Authority (GHA) engaged McCormack Baron Salazar (MBS) to redevelop three public housing sites, Magnolia Homes, Cedar Terrace, and Oleander Homes, which were demolished as a result of Hurricane Ike. Urban Strategies, Inc. was also engaged at that time as the human capital planning partner and subcontractor to MBS to develop a set of proposed recommendations to address the needs of, and change the trajectory for, the 569 households displaced from the demolished sites.¹ The proposed recommendations are presented in the following draft Human Capital Plan.²

The Human Capital Plan Defined:

The Human Capital Plan is the component of a master redevelopment plan that focuses exclusively on the design of services and supports to improve the quality of life for vulnerable public housing residents in the community, while enhancing its appeal to prospective residents who have the economic ability to make choices about where they live. The Human Capital Plan is tailored to build upon existing community assets, and to diminish the individual and structural challenges to social and economic development faced by residents as well as business, civic, and institutional stakeholders.

Human capital is defined as “the individual knowledge, skills and abilities used to contribute to individual and community growth and development³.” It is important in the community revitalization process to distinguish between the development of human capital and social capital because the two terms are often used interchangeably. While increasing social capital is critically important to creating or fostering vibrancy in communities, social capital, which is defined as “social trust, norms and networks that people can draw upon in order to solve common problems,”⁴ can only work to improve communities if human capital, that is individual capacity to engage and contribute in the community, is high. Thus, in comprehensive neighborhood revitalization the focus must first be on developing or enhancing systems for increasing the individual knowledge, skill, ability and engagement base of the most vulnerable citizens living in or returning to the new community.

Generally, Human Capital Plans are based on the following: 1) thorough community research, both qualitative and quantitative; 2) deep community outreach and engagement; and 3) the extensive experience Urban Strategies has gained in transforming challenged communities for over 33 years in the field. Human Capital Plans provide focus and guidance for local practitioners on how to engage and empower people along a timeline that runs parallel to a physical redevelopment plan. The Plans

¹ The demolished sites include the Palm Terrace development, which is not a targeted site under McCormack Baron Salazar’s Master Redevelopment Plan. The households from the former Palm Terrace development are included as a subset of the 569 households targeted in this Human Capital Plan.

² The proposed recommendations will support all residents of the 569 households who choose to transition to the redeveloped sites or scattered site housing units on the island, and, if funding becomes available, families who are residing in senior housing.

³ Gary S. Becker, *Human Capital*, The Concise Encyclopedia of Economics, 1975

⁴ Robert E. Lang and Steven P. Hornburg, *What is Social Capital and Why is it Important to Public Policy*, Fannie Mae Foundation, 1988

are also flexible and adaptable, allowing for communities to establish service priorities, test approaches, measure and refine outcomes, adjust strategies when needed, and drive change for a defined population. They are, indeed, living documents that may change over time to respond to the changing needs of targeted families and the community, as both evolve and transform during and beyond the revitalization process. The overarching goals for families benefitting from Human Capital Plan programming will be that these families are healthy, stable, productive, and economically successful, and able to contribute to the formation of more viable and sustainable communities.

The Human Capital Plan Development Process:

The Human Capital Plan for Galveston provides a broad framework for human capital development among the 569 households (defined as the “target population”) to transition them from their current physical, social and economic status to a pathway toward success and achievement in improving their overall health and well-being. The Plan includes an analysis and evaluation of the existing conditions of this population based on qualitative and quantitative data, the identification of priorities areas and relevant strategies to impact these conditions, and preliminary overviews of key supportive services and programs. Suggested measurable outcomes with implementation and funding implications are also discussed in this Plan.

The Human Capital Plan was developed with information gathered through household assessments, literature reviews, and other research, complemented by public engagement processes that included a series of public meetings, small group sessions, and one-on-one meetings with stakeholders. This process took place during a three month-period from August to October 2011. Further modifications and refinements to this Plan continued through January 2012 based on feedback and input by GHA and the Health, Education & Human Services Sub-Committee to the Community Task Force formed to guide and support the development and implementation of this Plan. These processes produced following insights into the perspective of the originally displaced public housing residents, which serve as the basis for the recommendations and implementation approaches proposed in this Human Capital Plan:

- A large proportion of heads of households are working-age and able bodied, African American, single women with one or two children, who are in need of employment, and/or employment support to provide for their families.
- Children in these households generally do not participate in recreational and academic opportunities beyond regular school; youth suffer stress and languish in poor attendance and academic performance.
- A high number of children in the population and the high number of unemployed adult heads of households suggest the need for an education and literacy strategy that supports both generations.
- While many residents have earned a high school diploma, there is an increased need for additional job training and education for adults to remain competitive in the workforce.
- There is a great need for specialized job training in the industries where top employers provide work on Galveston Island in order to provide entry-level opportunities for low-income individuals to attain and maintain employment.
- Modest increases in educational and income attainment can hugely shift the trajectory of these small families.

- More than a quarter of the heads of households are on disability; the households are generally in poor health, with high rates of non-communicable illnesses; yet, residents desire adequate opportunities to improve and maintain their health.

More comprehensive data on this population will be collected through individual-level needs assessments during the implementation phase of this Plan, which will lead to a more refined understanding of the challenges and needs of the target population and trigger respective adjustments to Human Capital programming.

The Human Capital Plan – The Transformation:

The objective of this Human Capital Plan will be to address the described conditions and human capital needs of the residents who are targeted to repopulate the revitalized communities, in order to move these families toward economic and housing self-sufficiency, and to help them make long-term investments in their health and education. Initially however, the Human Capital Plan should prepare and support targeted households in returning to the revitalized community if they opt to live in the new housing.

Through Human Capital planning activities, and based on resident and stakeholder input, it was determined that this Plan should focus on four priority areas of immediately implementable strategies promoting upward mobility among the targeted families. These priorities areas, listed as follows, will frame the starting points for a transformation of people during the transformation of place:

- 1) Supported, Targeted Employment
- 2) Intensive Health and Wellness Initiative for Families
- 3) Two-generation Education Emphasis
- 4) Transportation – An Employment Initiative

This Plan recommends that the strategies related to these four priority areas are based on current national best practices, as well as local programs that have proven effective and are valued by the community. An intensive case management model will be employed to ensure the achievement of these goals. The Human Capital Plan also includes specific proposed approaches to improve formal and informal support networks for these families, and to build on existing community strengths. It also provides cost estimates for implementation including program design and operation, plan management, evaluation and reporting.

The recommendations presented in the Human Capital Plan for Galveston are not set in stone, nor are they the prescription for change for all services or service providers in Galveston. They are merely proposed strategies for the provision of services for public housing residents with needs based on data and community priorities. It is a framework to assist GHA, the local implementing entity, community stakeholders, and service providers in developing the appropriate systems and networks to support and sustain the proposed outcomes of this Plan. Further priorities and strategies for the successful transformation of people and community may be built upon this framework.

Furthermore, as the Human Capital Plan is implemented over the next few years, many of the local social service providers may use this Plan to develop a parallel or scaled-up system to also reach the

non-public housing population with significant needs, incorporate additional issues that may not be appropriately included in the Human Capital Plan but nonetheless could play an important role in its success (e.g. restorative justice, race issues, transport to mainland, policy issues, etc), and support integration of programs to strengthen continuity of services for populations, take advantage of economies of scale, and develop more seamless information systems.

Also critical to both Human Capital and physical redevelopment is Section 3. Section 3 requires that, in all HUD-funded development projects, low- and very-low-income residents benefit through jobs, training and economic opportunities, and that contracting opportunities must be made available to businesses owned by, or employing, low- and very-low-income residents. The Human Capital Plan provides a comprehensive strategy for employment and employment-related educational and training services that will be tied to the Section 3 program, in order to help residents obtain and retain Section 3 employment. Urban Strategies is committed to supporting GHA and the development team in fulfilling the requirements of Section 3 for this revitalization effort. Urban Strategies will provide technical assistance to GHA with respect to the implementation of policies and procedures of their Section 3 plan and will support residents by connecting them to Section 3 opportunities as a part of its case management efforts and through the strategies identified in this Plan.

The Human Capital Plan – Program Implementation and Staffing:

The Human Capital Plan includes a detailed implementation and staffing strategy with a timeline that marries up to the construction timeline. Construction is slated to begin in July 2012, and the first mixed-income units are expected for turnover by December of 2013. It is critical that within this timeframe the proposed readiness activities are implemented so that families can access them and prepare for return to the newly developed communities. The Plan identifies benchmarks to meet during the initial 18-month construction phase.

To successfully implement the strategies proposed in this Plan, and to ensure a pathway to positive outcomes for families, this Plan proposes an intensive, community-based case management system that is two-tiered, focusing on both families and service delivery systems. The implementation strategy also proposes the development of a locally based operating unit, US Galveston Today, to be guided under the direction Urban Strategies with general oversight by GHA. US Galveston will be charged with carrying out the work outlined in this Human Capital Plan. More specifically, this entity will be responsible for the provision of case management and program coordination, convening service providers, and engaging residents in programming, services and other human-capital-related activities. It will also be responsible for making referrals to local service agencies, providing intensive case management with sustained follow-up on referrals, establishing Individual and Family Development Plans with residents, identifying and closing gaps in services, reporting regularly to GHA and Urban Strategies, and managing the day-to-day activities necessary to implement this Plan with the ultimate goal of community and human capital transformation.

This Plan also proposes the development of a service agency working group, the Social Services Network Advisory Group, which would be tasked with the overall coordination of services for the 569 families to ensure that their needs are met, whether they are living in Galveston or elsewhere and provided that they choose to exercise their Final Right to Return decision. The Social Services Network Advisory Group will be composed of local service providers that currently serve the target population and the greater Galveston community. Convening local service agencies will allow a

collaborative forum for agencies to work together to provide seamless service delivery, allowing for a stronger local network of service provision for families, and to creatively address both services that directly affect the target population as well as wrap-around services that indirectly impact GHA residents, such as job training services for family members who are not living in GHA housing.

Urban Strategies proposes that the Social Services Network Advisory Group be established to include all social service agencies serving the GHA population, and that they work to ensure effective implementation of the strategies in each of the four priority areas as presented in this Plan. The Human Capital Plan offers these providers a starting point from which to begin their discussion and their work. The discussion should include the development of a set of agreed upon guidelines on how the agencies will work to implement the programming of the Human Capital Plan.

Finally, this Plan presents a plan for oversight of the Human Capital development strategies under the direction of GHA.

The Human Capital Plan – Resources and Funding:

Although Galveston is comprised of a diverse and rich service provider network that can potentially implement the strategies outlined and bring much needed resources to this effort, an aggressive fundraising campaign will be required to leverage additional funding to support the implementation of this Human Capital Plan. This Plan includes a proposed strategy to identify local and national private funders and resources that award monies to support programs in the priority areas suggested in this Plan. Private funding will allow for flexibility in program delivery and systems change, and the resources can be targeted to fill any program resource gaps in the projected budget.

The total estimated cost of this Plan is \$3.2 million over 5 years, with \$1.013 million in total leverage, and with an approximate \$400,000 slated for early implementation costs in year one. In-kind leverage amounts were determined based on a general understanding of the capacity of existing service providers. The cost estimates are based on provisional data, and a refined budget and funding plan will be developed during the early implementation phase.

• • •

Summary:

The revitalization plans for the public housing community of Galveston reach far beyond the demolition and replacement of housing units. The greater vision is to not only reduce the concentration of public housing, but also to create the conditions for an improved quality of life for all residents of Galveston. This requires coordinated investment, innovative strategies, flexible responses, and an active partnership that engages the public and private sectors, as well as non-profit, faith, and philanthropic organizations within the community.

To develop this Plan and its proposed recommendations, Urban Strategies has drawn on the expertise of Galveston's public and private sectors leaders and decision makers, residents, and the providers who serve them. The local knowledge of the culture, history and unique characteristics of Galveston, in complement with the experience of Urban Strategies and national best practices and approaches toward community and human capital transformation, were critical in informing this Human Capital Plan. The partnerships created as a result will allow for continued collaboration in

the implementation of this Plan for the shared goal of improving outcomes for Galveston families affected by this redevelopment effort.

I. Context of the Human Capital Plan

The Island of Galveston, Texas was hit hard by Hurricane Ike in 2008. Thousands of homes were damaged or destroyed from the powerful waves that made their way to this island on the western edge of the Gulf of Mexico. Given the severity of the storm, families were evacuated hastily. In the storm's wake, the damage was so severe that all units in the GHA's public housing portfolio located on the island were deemed uninhabitable and ultimately were demolished. The 569 households relocated as a result were former residents of the public housing developments Magnolia Homes, Cedar Terrace, Oleander Homes, and Palm Terrace. These 569 households also represent the targeted families for this Human Capital Plan.

In the summer of 2011, the Galveston Housing Authority (GHA) engaged a development team led by McCormack Baron Salazar (MBS) to redevelop three of these public housing sites (Magnolia, Cedar Terrace and Oleander) and to create additional off-site developments that yield vibrant, mixed-income communities, with a focus on revitalizing both people and place. Urban Strategies, a not-for-profit agency with expertise in the development and early implementation of Human Capital building strategies, was concurrently engaged to lead the initiative for people. The charge for Urban Strategies was to design a comprehensive and implementable plan that includes strategies to improve life outcomes for the vulnerable individuals and families affected by Hurricane Ike and the subsequent demolition of the places they called home.

The Human Capital Plan is a flexible, adaptable living document that is informed by thorough research, formal data collection and engagement of residents and other stakeholders. The Plan provides a broad framework but is at the same time specific, containing a series of attainable, measurable objectives related to each identified priority area and the recommended activities to address that priority area. The Human Capital Plan proposes capacity building activities for the coordinating agencies and service providers that are phased over five years and coordinated with the physical redevelopment timeline. The Plan addresses both short-term and long-term goals for the community with the understanding that the Human Capital Plan will evolve and ongoing evaluations will inform the need for plan changes.

While this Plan proposes a system of service coordination and implementable programs to support families and children through local partnerships and other collaborative efforts, it cannot guarantee the capacity to address systemic problems of the City of Galveston, including the needs of larger population sizes beyond the 569 displaced households and other households living on the redeveloped site, or overall inadequacies in infrastructure, amenities, and services in Galveston. Nevertheless, this Plan provides guidelines for the GHA, service providers, and other stakeholders, on how to best target the challenges and needs of the city's most vulnerable population through policy and practice if they choose to expand the scope of the activities associated with this Plan.

II. Development Overview and Site Locations

The GHA developments that were affected by Hurricane Ike, subsequently demolished, and targeted for redevelopment are Magnolia Homes (134 apartments), Cedar Terrace (135 apartments), Oleander Homes (196 apartments), and Palm Terrace (104 apartments). The sites are all located north of Broadway and have historically been occupied by primarily African-American and Hispanic households. The sites are non-contiguous, and each has its own unique neighborhood characteristics.

Magnolia Homes is located just east of the historic Strand District at between 15th Street to 18th Street along The Strand Street. Magnolia is adjacent to the East End Historic District, west of the University of Texas Medical Branch (UTMB) campus and is the site closest to Downtown Galveston.

Cedar Terrace is located between Sealy and Church streets, and 29th – 30th Streets in the heart of a residential district just north of Broadway and west of downtown. Ball Street, which runs through the Cedar Terrace site, is renowned in the community as a historic corridor that once housed businesses that largely served the African-American community. There is a strong interest in restoring the mixed-use character of Ball among residents and community stakeholders.

The Oleander Homes site, at 5228 Broadway stretches toward Winnie on the north, generally between 51st and 53rd Streets. This site is located near commercial, retail, and civic uses, and is distinguished as such among the four public housing sites.

The Palm Terrace site has already been redeveloped by the Galveston Housing Authority and is now home to the Oaks, a 40 unit development of duplex style one-bedroom apartments.



There are other major redevelopment efforts underway elsewhere on the island. UTMB's new hospital and the new approved Lowe's hardware store are examples. However, GHA's effort to revitalize these three public housing sites is the largest residential redevelopment endeavor underway on the island.

The public housing revitalization effort is designed to replace the 569 public housing units demolished at Magnolia, Oleander, Palm Terrace and Cedar Terrace following Hurricane Ike. To date, forty one-bedroom units have been completed at The Oaks on the former Palm Terrace site, and the Galveston Housing Authority is planning to construct a minimum of 50 scattered site units. Of the remaining 479 units, a minimum of 282 public housing units are to be replaced in mixed income communities, with the balance of 197 public housing units to be achieved most likely in additional scattered site development and/or other off-site development opportunities.

The Galveston Housing Authority Board has established the goal for the housing unit mix in the mixed-income developments to include approximately 40% public housing, 20% tax credit subsidy and 40% market rate rentals. All unit types will be interspersed, with no one unit or unit type distinguishable as public housing.

Table A below show the corresponding unit mix for the residential units to be constructed in the mixed-income developments proposed for the Magnolia Homes, Oleander Homes, and Cedar Terrace sites and in a proposed 100 unit universal designed building to be located off-site.

Table A

Proposed Unit Mix Table-Magnolia, Cedar Terrace, Oleander, Universal Design Building		
Market Rate	282	40%
Tax Credit	120	20%
Public Housing	282	40%
Totals	684	100%

McCormack Baron Salazar, 2011

The new mixed-income communities will include one-, two- and three-bedroom apartments. Table B below outlines the general proposed bedroom mix for all units to be developed by MBS, subject to GHA Board approval as well as other third party input.

Table B

Proposed Bedroom Mix for the Development Sites (Oleander Homes, Magnolia Homes, Cedar Terrace, Universal Design Building)				
Unit Mix	1 Bedroom	2 Bedroom	3 Bedroom	TOTAL
Market Rate	44	187	51	282
Tax Credit	52	50	18	120
Public Housing	34	170	78	282
Totals	130	407	147	684

McCormack Baron Salazar, 2011

The redevelopment of Magnolia Homes, Oleander Homes and Cedar Terrace is intended to transform these former public housing sites into mixed-income communities of choice that are well knit physically and socially with the rest of the fabric of Galveston. The transformation of housing is expected to have a desirable ripple effect not only in the lifestyle of the impacted families, but also in their ability to connect with services and supports that are available in the larger community.

III. Methodology

Urban Strategies approaches the development of the Human Capital Plan in three phases. The first phase, which took place between August and October 2011, was data collection, analysis of the findings, and provision of recommendations that will ultimately assist residents with successfully living in the new housing development once implemented. The second phase, which began in mid-October and continued through the submission of this draft Plan, provided a strategy and a corresponding, preliminary budget for implementation to help residents achieve the recommended outcomes. A third phase will include the actual implementation of the Human Capital Plan which will begin promptly upon its approval by GHA. During this phase, the Plan will become subject to further refinement and adjustments based on additional insights gained into the targeted population through comprehensive data collection on an individual level, and further understanding on available services and programs and their capacity to serve this population. Also, if funding becomes available, this Plan may be gradually scaled up to include broader population sizes (i.e. families in senior housing), possibly resulting in additional priorities and strategies.

Literature Review and Data Gathering

During the first phase, Urban Strategies utilized several methods of collecting data to fully understand the assets, challenges and aspirations of the Galveston community. Information gathering began with an intensive review of the existing literature and data, as well as primary quantitative and anecdotal information that included the following:

- City of Galveston, Housing Market Study, 2010
- City of Galveston, Bi-Year Consolidated Plan, 2010-2012
- County of Galveston, Galveston County Community Plan, 2010-2011, Nov. 2010
- County of Galveston, Galveston County Health District, Strategic Health Plan 2010-2015, April 2010.
- Environmental Health Section, Chronic Disease Prevention and Control Research Center, Department of Medicine Baylor College of Medicine Houston, Texas Childhood Lead Poisoning in Galveston, Texas, 2007
- Galveston Special District Study, Pedestrian & Bicyclist, Sept. 2006
- GHA Redevelopment Plan 2009
- GHA Rebuilding Plan for Public Housing, June 21, 2011
- GHA Pre-and Post-Ike Universe, August 2008
- GISD & UTMB, Galveston Children's Report Card, Youth Risk Behavior Survey, 2009
- LEAST Lead Initiative, Childhood Lead Exposure in Galveston, Texas, 2006-2008, October 2010
- System of Care Working Group & Galveston Children's Collaborative, Survey of Behavioral and Emotional Difficulties in Child Care, Galveston 2009
- Texas Department of Public Safety, Texas Crime Statistics of 2009
- Third Coast Research and Development, Inc., Progress of the Take A Seat Project, September 2011

- Third Coast Research and Development, Inc. and the Wexford Institute, Homeless Education Disaster Assistance (HEDA) Program in Galveston ISD, Final Evaluation Report, December 2010
- UTMB Center to Eliminate Health Disparities, Envisioning Galveston's Comprehensive Plan, Aug. 2011
- UTMB, Center to Eliminate Health Disparities, Health Impact Assessment of the City of Galveston's Draft Comprehensive Plan, 2011
- UTMB Center to Eliminate Health Disparities, Impact of the 2012-13 Budget on Early Child and Youth Development in Galveston, Brief #4, July 2011
- UTMB Center to Eliminate Health Disparities, The Potential Health Impact of Improved Access to Healthy, Affordable Foods in Areas Surrounding Downtown Galveston, Brief #3, 2010
- UTMB, Promise Neighborhood Implementation Grant Proposal submitted to US Department of Education, July 2011
- UTMB, Systematic Observation Tools – Building a Health Urban Development Strategy, Nov. 2009
- UTMB, Teen Dating Violence and Substance Use Following a Natural Disaster: Does Evacuation Status Matter?, 2010

Additional information gathering took place over the two-month period from August to October 2011 and included the following (More than 350 individuals participated in the series of meetings/workshops noted below):

- A series of 11 meetings with local stakeholders.
- Two meetings of the Community Task Force, a local advisory group composed of institutional and community stakeholders and residents that provide guidance to the planning process.
- A three-day series of community design workshops that included 12 focus groups and 14 other small group discussions with social service agencies, faith-based organizations, foundation leaders, educators, health providers, business leaders, children and youth organizations, and residents. The sessions covered both physical development and human capital issues and the feedback helped to inform this Plan.
- Five meetings with public housing residents to establish the priorities of displaced families
- A community-wide meeting as a follow up to the community design workshops to verify changes in the planning direction as a result of resident and stakeholder input.
- Individual interviews and information exchange with key partners, such as GHA, service providers, and local institutions, to develop appropriate strategies for the Human Capital Plan.
- 80 household assessments of former residents of the four demolished public housing sites.

- More than 315 phone calls initiated through Urban Strategies resulting in approximately 140 direct conversations with residents and interested individuals.

Fact finding and information gathering continued beyond October 2011 as priority strategies were developed and refined. During the implementation period, Urban Strategies will continue to collect data, particularly through individual-level assessments, to develop individualized strategies for each family participating in Human Capital Plan activities.

Human Capital Target Population

GHA has defined the population for Human Capital Plan programs and services to be all families who live in hard public housing units – the newly built 569 (inclusive of scattered site units). Over time, as funding becomes available, GHA would like to expand these Human Capital Plan activities to also include families who live in senior complexes). GHA has established the following priorities:

Priority 1 – Families living in a public housing unit in a mixed income development and scattered site (569)

Priority 2 – Families who live in other assisted units (tax credit units) in a mixed income development (services available to families, but not a priority for marketing Human Capital Plan services)

Priority 3 – Families who live in unassisted units (market rate units) in a mixed income development (services available to families, but not a priority for marketing Human Capital Plan services)

Priority 4 – Families living in senior housing

GHA expects that originally displaced families must formally exercise their right to return and if they move into a new mixed income development or into a scattered site unit, will have access to Human Capital Plan services. However, GHA does not currently expect the Human Capital Plan to serve families who do not return to a hard unit outside of the families in the priority categories as indicated.⁵

This Human Capital Plan is intended to support entire households of the target population. Its priorities and strategies are designed to address the needs of all family members as unit, as well as individually.

Sample Data on the Target Population

To ensure that the revitalization plan and corresponding Human Capital Plan meet the needs of the public housing families that are targeted to occupy units in the new developments, Urban Strategies collected and analyzed sample data on the 569 families relocated from GHA’s public housing sites that were demolished as a direct result of Hurricane Ike. The 569 households will be given priority in returning to the redeveloped housing sites once completed, and will be defined as the “Target Population” in this Plan.

⁵ GHA will further explore service provision for other low income people and families in the community as a part of its future agenda.

This sample data used in this Plan was collected through different methods and originates from different sources (i.e. data from GHA vs. Urban Strategies’ household assessments), which resulted in varying sample sizes on the 569 households. Accordingly, in this Plan, data for these sample sizes are broken down into, and labeled by, three Tiers, i.e. Tier 1, Tier 2, and Tier 3, which stand for sample sizes 80, 307, and 511 respectively:

- **Tier 1:** The Urban Strategies primary analysis of 80 household assessments of displaced residents from the former Magnolia, Cedar Terrace, Oleander, or Palm Terrace developments;
- **Tier 2:** Information GHA provided for 307 of the 569 households who were residing in one of the four aforementioned public housing sites at the time of Hurricane Ike;
- **Tier 3:** Information GHA provided for 511 of the 569 households on its current public housing waitlist;

For comparative purposes, Urban Strategies also collected sample data on GHA’s general population who participate in their housing programs. This category will be labeled as “GHA Total” in this Plan:

- **“GHA Total”:** Information on 1,772 households, which GHA provided on its general population, including seniors and housing choice voucher participants.

The table below lays out in more detail the composition of each sample group and the sources of respective data.

Table C

GHA Data on the 569 Displaced Households (“Target Population”)		
Label	Sample Size	Data Sources and Collection Methods
“Tier 1”	80	1) The 80 resident assessments were either collected at meetings held on September 26, 27, October 10, or were returned by mail at a later time. Among the 80 households assessed, 40 are active on DHAP, and 59 are of the original 569 families. Of the remaining 21 households, 12 indicated that they are residents of GHA housing, four were in unspecified housing, one was in Section 8, and four were unknown.
“Tier 2”	307	2) The 307-household-analysis includes families from the 569 displaced households who are participating in GHA’s housing programs at the time of receiving the data (August and September 2011). It includes 217 households who are active on DHAP, 36 on Section 8, and 54 households in public housing.
“Tier 3”	511	3) The 511-household-analysis was made from the waitlist data obtained from GHA in September 2011 for families.

GHA Data on its Total Housing Program Participants (“GHA Total Population”)		
Label	Sample Size	Data Sources and Collection Methods
“GHA Total”	1,772	4) Data on the “GHA total population” was derived from GHA data on 1772 households in GHA housing programs as of September 2011. Among those households, 217 are active on DHAP, 381 are residing in Public Housing, and 1174 are on Section 8.

In the following sections of the Human Capital Plan, the appropriate Tiers of the target population were selected based on availability of data and the size of the sample - with preference to larger sample sizes - for any given indicator. As mentioned above, data on the total GHA population serves as a mere comparison to our target population, but will generally not be used to make statements on the latter.

As shown in the comparative tables, between the three Tiers, the sample households analyzed resemble one another in most demographics. Small observations on the different sample sizes include that the 80 assessed households have a higher proportion between ages 45 and 64 years, while the other samples, the 307 and 511 households, reveal a heavier distribution in the 25 to 44 range.

Furthermore, the 80 household-analysis in Tier 1 includes households that are larger than those of the higher sample sizes for the 569. Also, higher sample sizes, as in the 511 waitlist, show lower average household incomes; i.e. incomes less than \$7,000 as opposed to \$10,000 and \$11,000. Residents on social security and disability are about the same across the sample sizes of 80 vs. 307 households, except less heads of households are employed in the larger sample.

Methodological Challenges and Limitations

Some limitations to our assessment data, specifically to the Tier 1 sample size of 80 households, may lie in its likelihood of excluding individuals with lower levels of literacy who may have felt less inclined to complete a household assessment. Furthermore, while transportation services were provided to the locations where assessments were administered, the analysis may be biased towards residents with overall better access to transportation⁶, and therefore also towards those who have easier access to amenities, services, jobs, food, etc. Likewise, it can be assumed that the 90% of households who did not complete an assessment may be more disconnected from economic and social opportunities and have greater needs, as shown by lower incomes and higher levels of unemployment among the higher sample sizes. Nevertheless, there is relatively little difference in the characteristics between these sample groups. Thus, these sources are used interchangeably when seeking an understanding of the 569 displaced households.

⁶ 40% of assessed households generally travel by car.

IV. Findings

A. General Findings

The literature review coupled with analysis of existing and new data collected provided some general insights into the perspective of the displaced public housing residents and Galvestonians generally about the rebuilding of housing for displaced low income residents:

- The majority of displaced public housing residents indicated a desire to return to one of the former public housing sites once completed as a revitalized community: 87% of residents surveyed (Tier 1; 59 of 68 who responded to this question), 86% of originally displaced residents active on DHAP (Tier 2, DHAP Subset; 149 of 173 who responded to this question), and 100% of residents who attended community meetings or other face-to-face meetings concerning the redevelopment.
- There is significant concern among both the displaced public housing residents and their Galvestonian neighbors that there are not sufficient resources on the island to support the successful return of all of the displaced families with specific emphasis on the perception that there is a lack of jobs and employment opportunities.
- “Barbell” nature of the income distribution on the island (weighted toward lower income, and higher income) creates some dissonance infrastructure between current residents and residents seeking to return on the services and amenities that should be developed to strengthen the island human services.
- There are mixed feelings among Galvestonians about the proposed redevelopment strategy (i.e. mixed-income in Galveston vs. dispersal of public housing residents throughout the region).
- Public housing residents fear that they will not be “allowed” to live in the new units.
- Galvestonians fear that the new units will re-segregate all low-income families into weakened neighborhoods.

These general observations established the framework for the design of the Human Capital Plan.

B. The Target Population

A Snapshot

Based on the insights gained from the 569 households through various data sets, feedback during stakeholder and community meetings, and studies on the city of Galveston, Urban Strategies has made the following findings (Based on demographic similarities between the 569 families and the total GHA population, these findings may be applicable to the latter group as well):

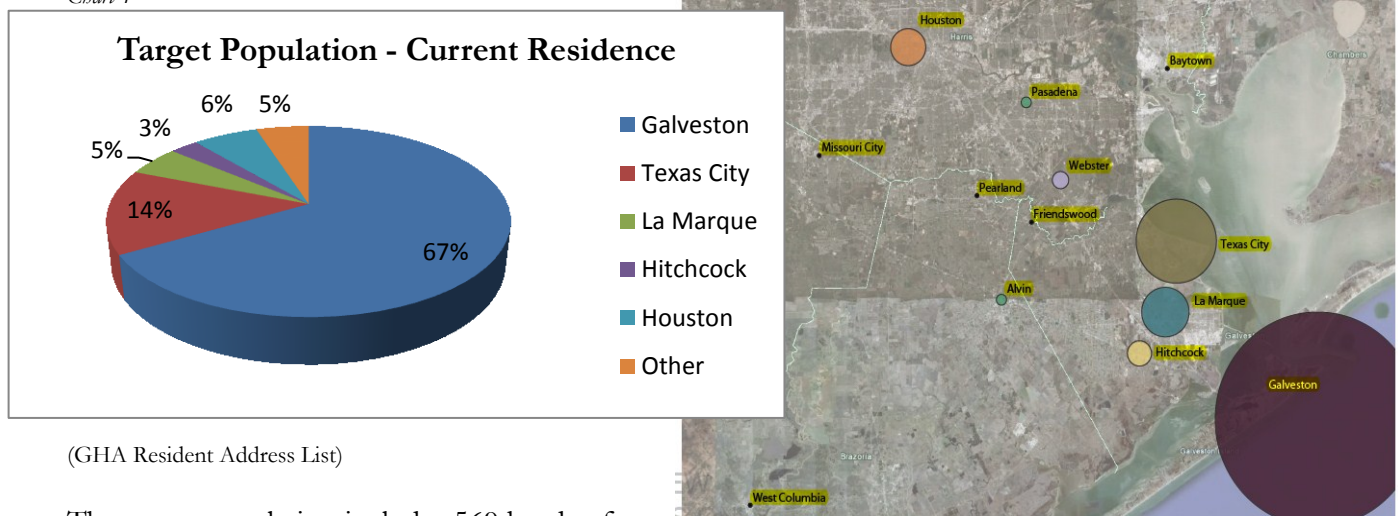
- A large proportion of heads of households are able bodied, working-age African American single women with one or two children, who are in need of employment, and/or employment support to provide for their families.
- Children in these households generally do not participate in recreational and academic opportunities beyond regular school; youth suffer stress and languish in poor attendance and academic performance.

- A high number of children in the population and the high number of unemployed adult heads of households suggest the need for an education and literacy strategy that supports both generations.
- While many residents have earned a high school diploma, there is an increased need for additional job training and education for adults to remain competitive in the workforce.
- There is a great need for specialized job training in the industries where top employers provide work on Galveston Island in order to provide entry-level opportunities for low-income individuals to attain and maintain employment.
- More than a quarter of the heads of households are on disability; the households are generally in poor health, with high rates of non-communicable illnesses; yet, residents lack adequate opportunities to improve their health.

Household composition and age breakdown of the population living in a community are important data to analyze because it allows for an accurate projection of socioeconomic needs, and the opportunities or challenges faced by community support systems in the development of human and social capital. The following tables, charts and graphs detail these data sets for the targeted population and, for intermittent comparisons, residents currently living in the Galveston.

Residence

Chart 1



(GHA Resident Address List)

The target population includes 569 heads of households. Approximately 67% currently reside in Galveston, 14% in Texas City, 6% in Houston, 5% in La Marque, and 3% in Hitchcock (GHA Resident Address List). As this summary shows the largest majority of residents still live on the island or in nearby cities.

General Demographics

Among 569 households, a total population estimate of 1,430 people were relocated as a direct result of Hurricane Ike, which includes approximately 625 children (Tier 2).

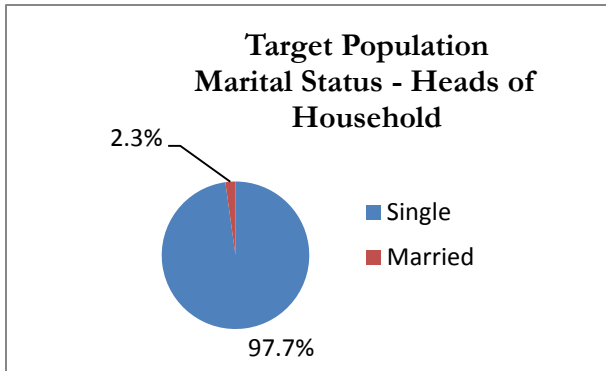
Table D

Target Population	
Number of Households	Actual: 569
Adult Population	Estimate*: 805
Number of Children	Estimate*: 625
Total Population	Estimate*: 1430

(Tier 2) (*Estimates obtained by using as a multiplier the average number of adults and children per household of the sample size.)

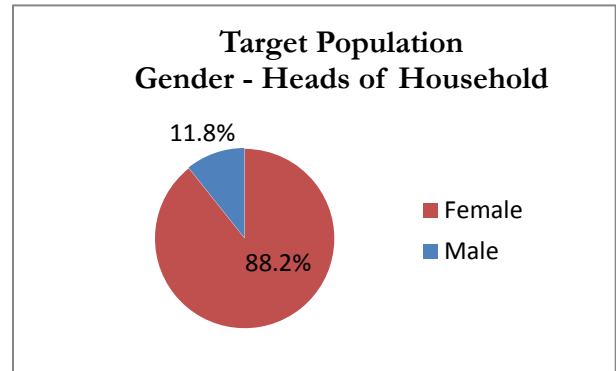
Just over half (51%) of the displaced GHA heads of household are women with at least one child under the age of 18 living at home, and a wide majority of heads of households are single (Tier 2).

Chart 2



(Tier 2)

Chart 3



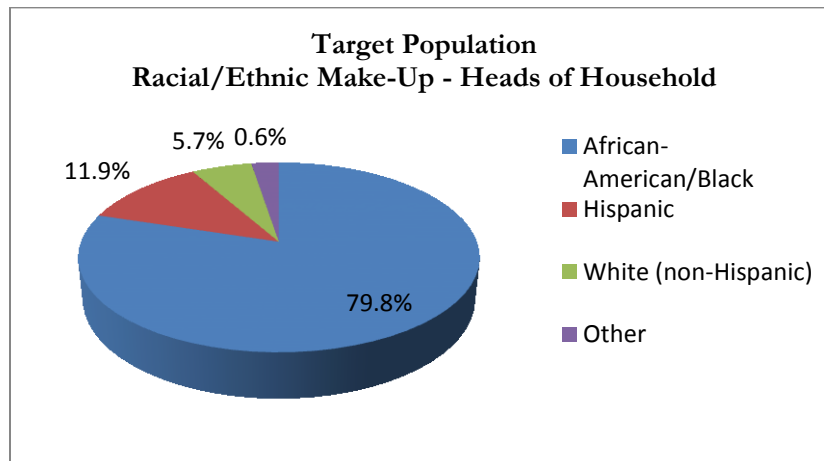
(Tier 2)

Table E

	Gender – Heads of Households			
	Tier 1	Tier 2	Tier 3	Total GHA
Female	90%	88.2%	Not listed	81.6%
Male	10%	11.8%	Not listed	18.4%

An overwhelming majority of heads of households are African American (80%). The second largest racial/ethnic group is Hispanic (12%), followed by non-Hispanic White (6%) (Tier 3).

Chart 4



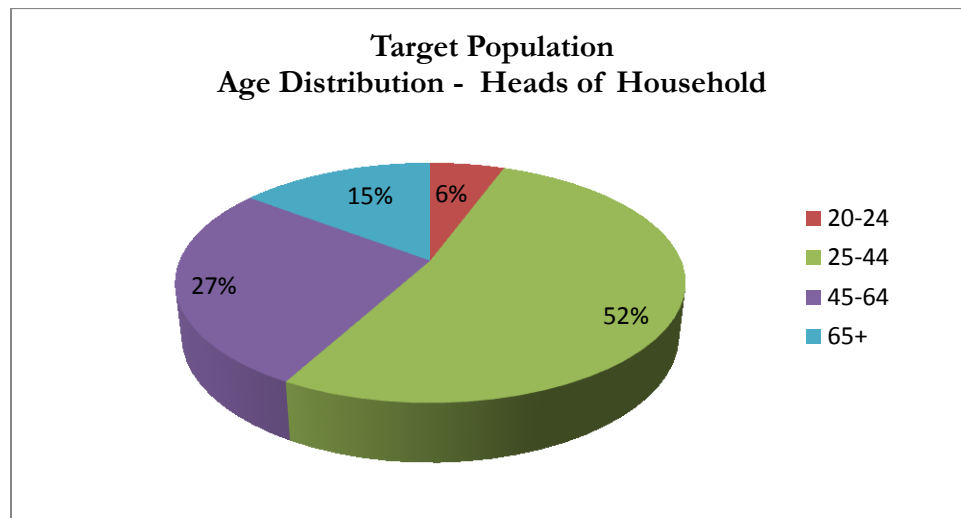
(Tier 3)

Table F

Race/Ethnicity – Heads of Households				
	Tier 1	Tier 2	Tier 3	Total GHA
African-American/Black	83.8%	86.7%	79.8%	73.2%
Hispanic	13.8%	9.1%	11.9%	12.0%
White (non-Hispanic)	2.5%	3.8%	5.7%	13.9%
American Indian/Native Alaskan	0%	0.4%	0.6%	0.3%
Asian	0%	0%	0.2%	0.6%

Over half of the heads of households are of prime working age, (i.e. between ages 24 and 44) (Tier 3) however more than 75% of them are unemployed (Tier 2).

Chart 5



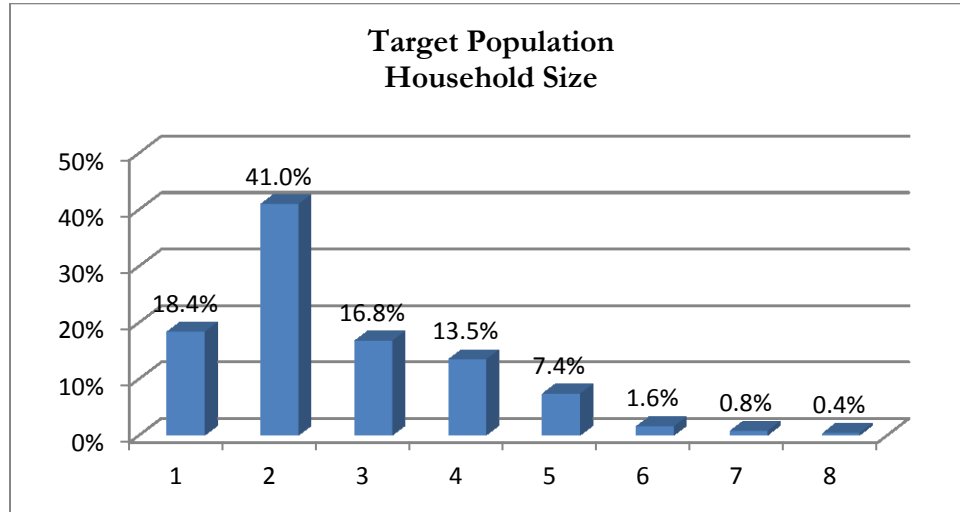
(Tier 3)

Table G

Age Distribution – Heads of Households				
	Tier 1	Tier 2	Tier 3	Total GHA
18-19	0%	0.4%	0%	0.06%
20-24	6.3%	5.2%	5.6%	4.2%
25-44	27.5%	41.4%	52.3%	42.1%
45-64	51.2%	35.2%	27.2%	33.0%
65+	15%	17.6%	14.7%	20.7%

Overall, household sizes are relatively small with almost 60% living in households of 1 or 2 people (i.e. 18% in 1-person households and 40% in 2-persons households)(Tier 3).

Chart 6

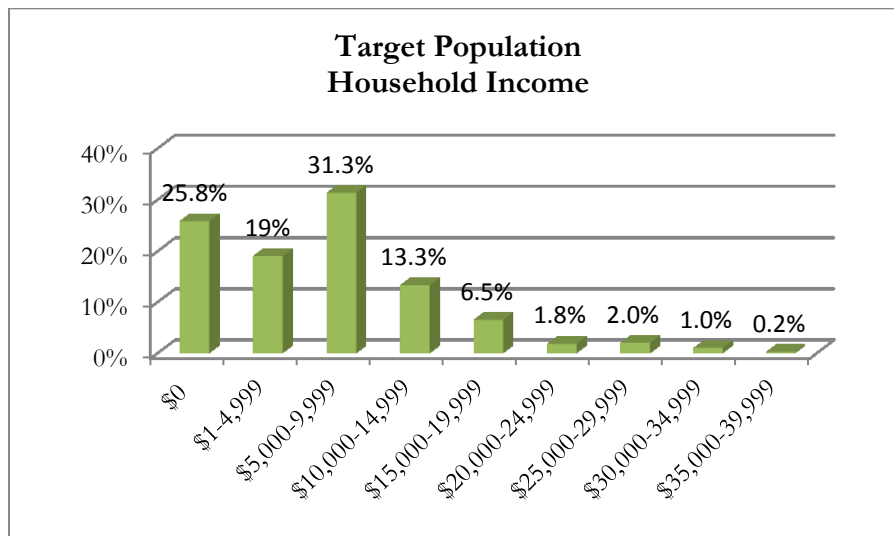


(Tier 3)

Table H

	Household Size			Total GHA
	Tier 1	Tier 2	Tier 3	
1	25%	26.6%	18.4%	34.9%
2	26.6%	29.2%	41.0%	24.7%
3	25.6%	21.3%	16.8%	17.3%
4	10%	13.6%	13.5%	13.1%
5	8.3%	5.3%	7.4%	6.9%
6	1.7%	1.7%	1.6%	2.1%
7	0%	1.7%	1.8%	0.7%

The originally displaced residents have extremely low incomes. Seventy-six percent of the families targeted to populate the revitalized community earn \$10,000 or less, and about 26% of the population has zero income.



*For some households, this GHA data source lists net income for residents with zero gross income. Wherever this issue occurred, net income was used in the calculation. In all other cases gross income was used. (Tier 3)

Table I

	Income Range – Households			Total GHA
	Tier 1	Tier 2	Tier 3*	
\$0-4,999	14.3%	19.8%	44.8%	36.5%
\$5,000-9,999	50%	33.8%	31.3%	32.1%
\$10,000-14,999	15.7%	25.1%	13.3%	16.3%
\$15,000-19,999	8.6%	10.3%	6.5%	7.0%
\$20,000-24,999	7.1%	8.7%	1.8%	7.0%
\$25,000-29,999	4.3%	0.8%	2.0%	2.1%
\$30,000-34,999	0%	1.1%	1.0%	2.8%
Average	\$10,390	\$11,384	\$6,892	\$12,334
Median	\$8,244	\$10,308	\$6,000	\$10,227

*For some households, this GHA data source lists net income for residents with zero gross income. Wherever this issue occurred, net income was used in the calculation. In all other cases gross income was used.

Roughly 40% of displaced households receive income through SSI, and slightly more than one-fifth are retired on Social Security (Tier 1 & 2). Only about a third or less and not more than a quarter of households have income through employment (Tier 1 & 2).

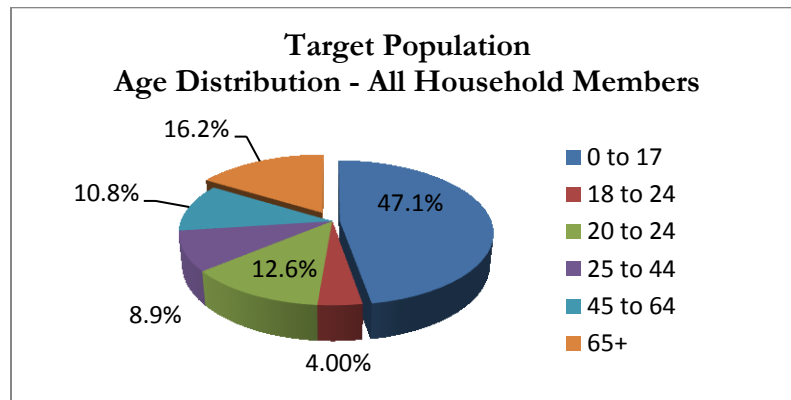
Table J

	Income Sources –Households			Total GHA*
	Tier 1	Tier 2	Tier 3	
Employment	33.7%	25.9%	Not listed	18%
SSI	40.5%	40.7%		24.5% (Est.)*
Social Security	21.3%	22.4%		30.3% (Est.)*
Retirement/Pension	3.8%	2.2%		4.7%
Child Support	7.5%	12.2%		7.1%

*Since income sources were listed by source, not type in this data source, estimates were obtained through age-based analysis and comparing patterns in entries across different GHA data sets.

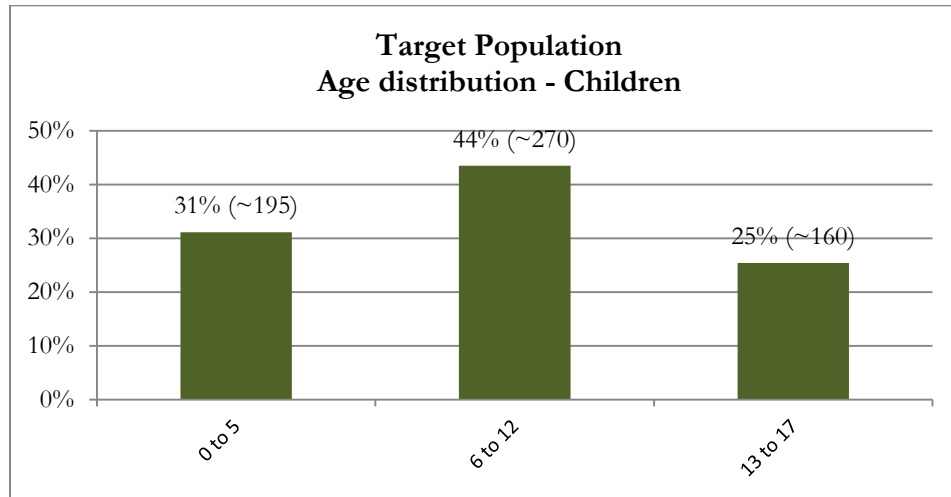
Among the total population in the targeted households, approximately 47% are children with the highest concentration among children being between ages 6 and 12 (Tier 2).

Chart 7



(Tier 2)

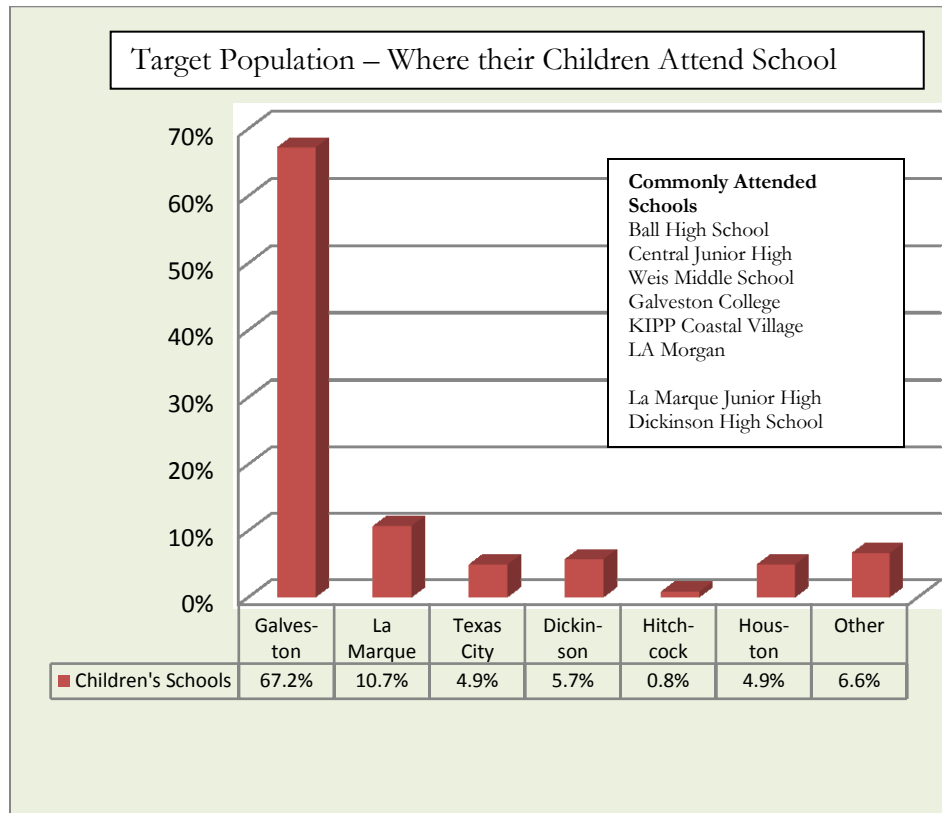
Chart 8



(Tier 2)

The majority of children attend school in Galveston, followed by LaMarque, Texas City, and Dickinson (Tier 2, DHAP Subset).

Chart 9



(Tier 2; data available for DHAP Subset)

V. Recommendations

This Plan recommends programs and strategies related to four priority areas to address the human capital needs of the residents most like the Galveston population that are targeted to repopulate the revitalized communities. These program priorities were targeted because they present immediate challenges to Galveston residents that must be quickly addressed in order to support the comprehensive and sustainable revitalization of the community.

The proposed programs and services are based on current national best practices that have achieved successful outcomes for populations that are characteristically similar to the individuals and families in Galveston targeted to benefit from this Plan. While designed to support the upward economic mobility of the very low income families anticipated to populate the newly revitalized communities, the Plan will serve all residents in the community despite varying socioeconomic backgrounds to ensure that services are inclusive, and to prevent any possible marginalization of the public housing and lower income families. In effect, the Human Capital Plan will both build and bridge social capital and create a greater sense of community among residents.

Insights into the conditions and concerns surrounding the target population led to the establishment of following four priorities:

Priority #1: Supported, Targeted Employment

Priority #2: Intensive Health and Wellness Initiatives for Families

Priority #3: Two-Generation Education Emphasis

Priority #4: Transportation – An Employment Initiative

Corresponding strategies and proposed outcomes⁷ to address the Plan priorities are outlined in the table below. These outcomes are provisional and subject to review and adjustment by GHA during the implementation phase of the Human Capital Plan.

Table K

Priority 1: Supported, Targeted Employment	
Strategies	Preliminary Outcomes
<ul style="list-style-type: none"> • Development of a comprehensive and coordinated workforce development strategy with placed-based case management and an emphasis on jobs • Development of job training opportunities in specialized and expanding employment sectors • Promotion of expanded local hiring programs across other public and private employment sectors • Support the People Mover Transportation and 	<ul style="list-style-type: none"> • Increase number of residents participating in job training and employment placement services, adult education classes, English as a Second Language, or other adult education programs • Increase access to information on job opportunities in and around the communities where residents live • Increase number of able-bodied residents in

⁷ Outcomes are based on the SMARTER model of outcome development: Specific and significant; Measurable and meaningful; Attainable and achievable; Relevant and realistic; Time-bound and time-framed; Evaluate and Re-Evaluate

Employment Initiative

employment or participating in workforce readiness activities

- Increase number of residents working full-time jobs (targeting residents with zero income) with living wages
- Increase number of residents working part-time jobs
- Increase the number of residents who are able to transition to housing self-sufficiency/unsubsidized housing

Priority 2: Intensive Health and Wellness Initiative for Families

Strategies

- Support UTMB-Center to Eliminate Health Disparities, Health Impact Assessment recommendations for the City of Galveston’s Comprehensive Plan
- Increase access and usage by adults, children and youth of Federally Qualified Health Clinics, primary care facilities, medical homes, and health & wellness education, as a health management strategy; incentivize improving personal health if necessary!
- Provide parenting support of holistic needs of children and youth
- Facilitate the screening, treatment and mitigation of mental health conditions among children and youth, and adults
- Support therapeutic group interaction for youth and young adults through the arts
- Increase access to area food banks while facilitating an increase in fresh produce available through their service and implement a program whereby healthy food is introduced and made available on a regular basis until healthy eating habits are established
- Provide on-site amenities that promote healthy living and institutionalize programming at the inception of the new community

Preliminary Outcomes

- Increase the number of households accessing primary physician care to disease maintenance of asthma, diabetes, hypertension and arthritis
- Reduce number of emergency room visits for disease management
- Increase the enrollment of pregnant mothers in pre-natal care services during first trimester
- Increase the number of parents enrolled and/or completed in parenting skills and family strengthening programs
- Reduce number of adult and youth reporting “high stress”
- Increase participation in arts and cultural activities that support wellness
- Reduce the number of households that report hunger as an individual or family challenge
- Increase resident access to fitness and physical activity in and around the new development.

Priority 3: A Two-Generation Education Emphasis

Strategies

- Create and provide support for a two-generation education pipeline for both children and adults, using local expertise and capacity as much as possible to achieve desired outcomes.
- Work closely with Galveston Sustainable Communities

Preliminary Outcomes

- The infrastructure of the two-generation pipeline will be in place and fully operational.
- Increase in children/youth and adults who are successfully engaged in the two-generation pipeline as measured by the independent evaluator.

Alliance (GSCA) and Galveston Independent School District (GISD) to shape a plan for improved educational outcomes for children at the early childhood and K-12 level.

- Work to remove barriers that get in the way of children and adults being successful in the two-generation pipeline.

- % of children/youth will exhibit improved educational performance, enrolled in job training or employed
- Increase in number of adults who will be employed or meaningfully engaged in job training.

Priority 4: Transportation – An Employment Initiative

Strategies

- Develop an on-island “People Mover” initiative managed by the community to provide additional and adequate transportation for residents to services, amenities and jobs
- Subsidize existing public transportation for low-income and public housing families in need through the development of innovative community partnerships
- Promote ride-sharing and carpooling with residents who own vehicles
- Encourage on-island walkability and bikability

Preliminary Outcomes

- The “People Mover” initiative will be developed and fully operational
- Understand and document the current transportation use and needs of residents assessed and enrolled in case management
- Increase resident awareness of transportation options and alternatives
- Increase number of residents in employment, with access to employment and/or with access to programs and service
- Increase number of adult residents employed for 6 months or greater (with the assumption that residents will have a higher success rate on the job because they can get to work)

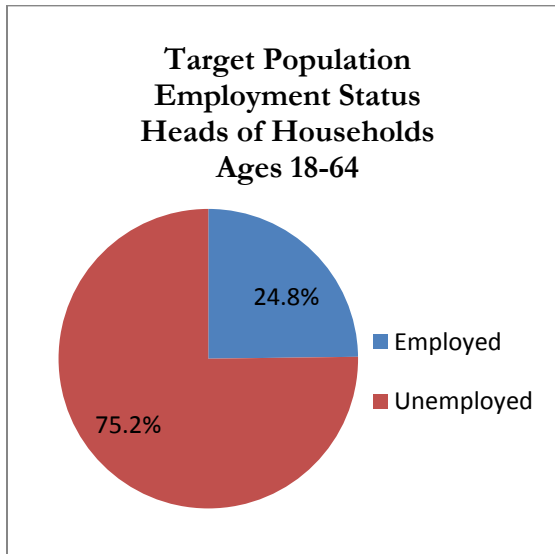
Priority # 1: Supported, Targeted Employment

A. Existing Conditions

Employment and Income

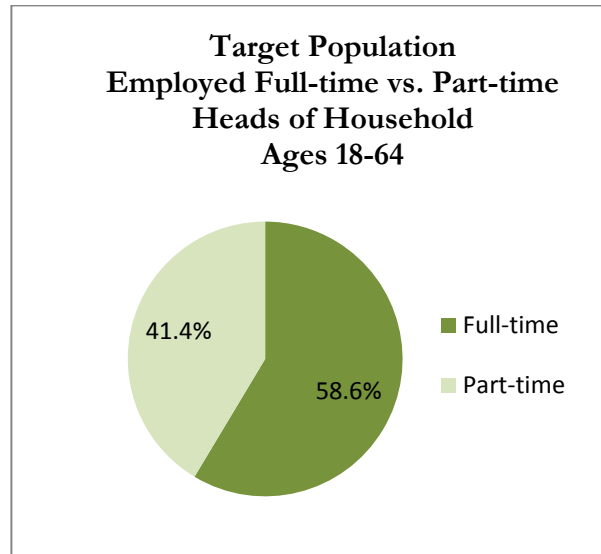
An analysis of the employment circumstances of the target population shows that they are generally disconnected from the labor market and face multiple barriers to become fully employed, retain, or advance beyond, their current employment. GHA data of displaced heads of households shows that only a quarter of heads of household are currently employed (Tier 2). A further breakdown of our working adults in Urban Strategies' assessment data mirrors that result with 57% of residents responding to the assessment reporting that they are unemployed (Tier 1). Moreover, residents who are currently employed tend to have wages against education and experience which suggests that they are underemployed. Low educational attainment as well as the current poor economy directly correlated to the high unemployment experienced by the displaced GHA residents.

Chart 10



(Tier 2)

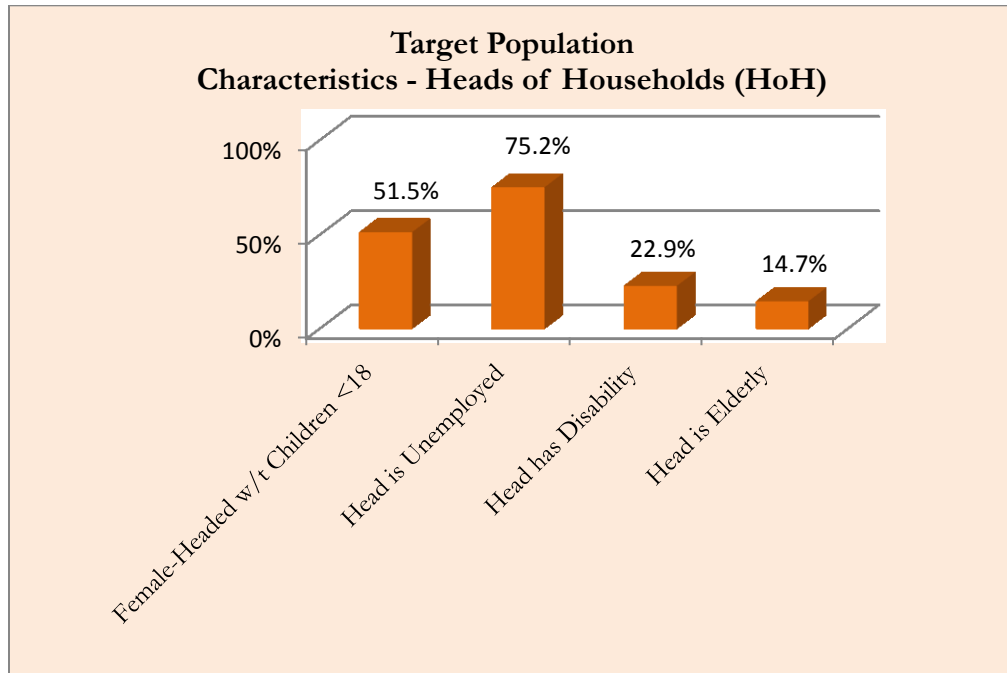
Chart 11



(Tier 1)

Additional data shows that between 79 and 84% of the displaced households are headed by African-American women between the ages of 25 and 44 with at least one child (Tier 3 v. Tier 2). The average earned income of these households is \$239 to \$356 monthly (Tier 2 vs. Tier 1) with an average annual household income of less than \$7,000 (Tier 3). The weak earning power of these heads of household suggests both a fragile market for entry-level jobs, and low knowledge and skill levels among the potential applicants. Approximately 30% of heads of households also report a disability that interferes with their ability to work (Tier 1).

Chart 12



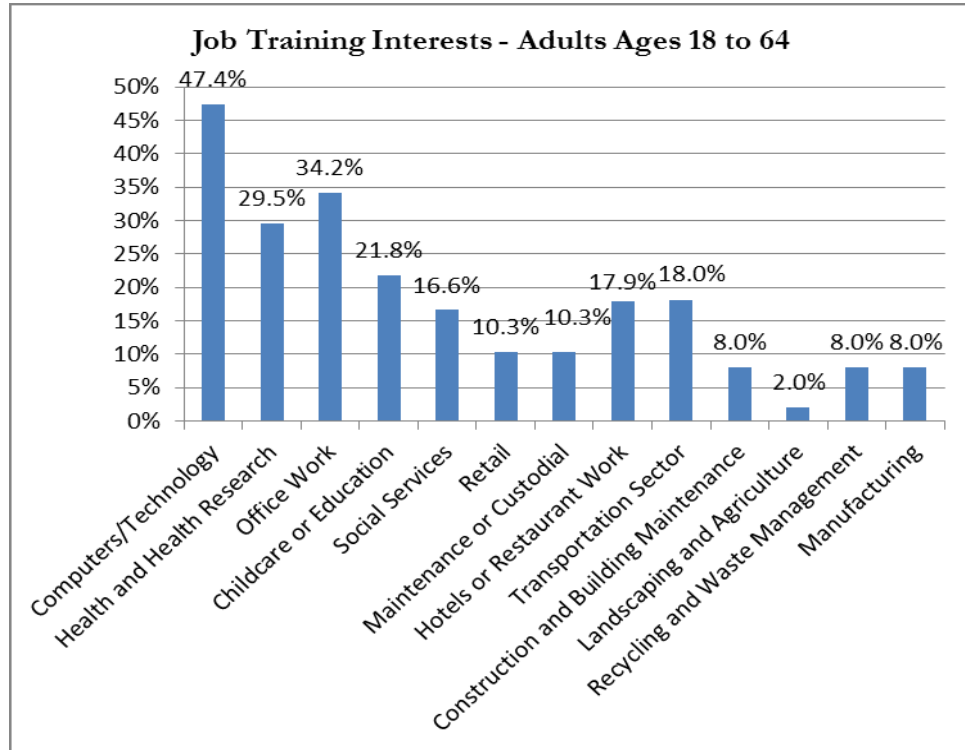
(Tier 2 (column 1&2) and Tier 3 (column 2&3))

Professional Interests and Opportunities

During the information gathering process, residents and community stakeholders indicated a strong desire for increased access to employment and entrepreneurial opportunities on Galveston Island. Residents are very receptive to the creation of a strategy that would connect them to the training needed for obtaining and maintaining jobs. Much of the immediate interest shown by residents lies in economic opportunities related to the Galveston redevelopment effort. Residents have a strong interest in wanting to be part of rebuilding the housing in which they will live. When asked what specific services would assist residents in successfully obtaining employment, beyond the obvious need for additional available jobs, they universally cited additional education and training linked to jobs.

The assessment data sample tells us that while about 30% of residents ages 18 to 64 noted that they cannot work due to disability and 15% listed poor health as one of the reasons, an overlapping 70% expressed interest in job training opportunities (Tier 1). The data shows us that residents are most interested in training programs related to or including computers and technology, clerical and office work, health and health research, and childcare and education (Tier 1).

Chart 13



(Tier 1)

The implications of these job interests are that residents would like to advance from entry-level job positions, such as housekeeping, cashiers, wait staff, stockroom workers, and low-paying care providers, which keep them relegated to an average hourly wage of barely more than \$8 per hour (Tier 1).

While a segment of the island’s economy is dominated by the hospitality industry, companies such as UTMB and ANISCO have published hiring projections which suggest the potential to absorb resident demand in several of the specified job interest areas. As is evident in the Table L below, on Industry Growth in Galveston, the most popular training interests by residents match comfortably with the projected demand for medical and office-related positions listed. The relevant industry sectors Education and Health Services and Professional and Business Services show a job growth rate of 15% and 18% respectively over the next 15 years.

Table L

Top Employers in Galveston	
University of Texas Medical Branch (UTMB)	11,500
American National Insurance Company (ANISCO)	1,475
Galveston Independent School District (GISD)	1,080
Landry's Seafood Inc.*	1,045
Galveston County (on Island only)	969
Moody Gardens	586
City of Galveston	728
Fertitta Hospitality**	582
Walmart	350
Texas A&M University at Galveston	400

*Businesses included: Landry's Seafood, Joe's Crab Shack (two locations), Fish Tales, Willie G's, Rainforest Cafe, Cadillac Mexican Restaurant, Fisherman's Wharf, Fuddruckers, and Landry's Oyster Bar

**Businesses included: San Luis Resort & Conference Center, Hilton Resort, Holiday Inn, IHOP
<http://www.galvestonchamber.com/Custom2.asp?pageid=5807>

Table M

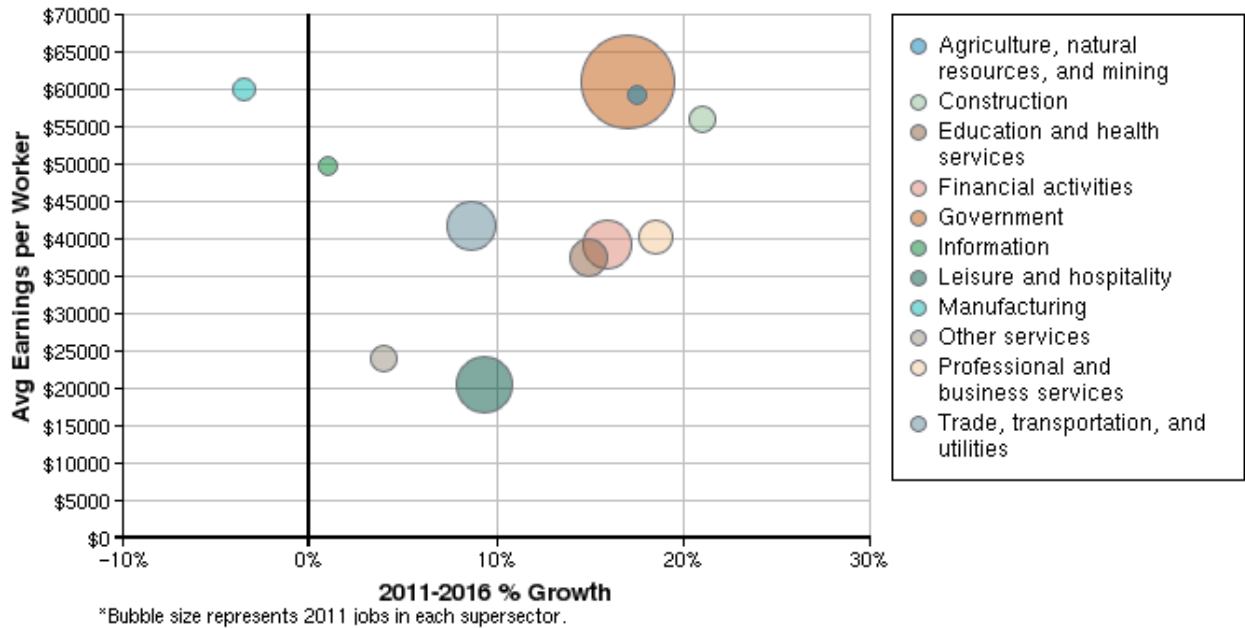
	Industry Growth – Galveston Zip Codes 77550-77555				
	2011 Jobs	2016 Jobs	Growth	% Growth	2011 EPW
Agriculture, natural resources, and mining	245	288	43	18%	\$59,355
Construction	1,516	1,834	318	21%	\$56,082
Education and health services	3,821	4,391	570	15%	\$37,546
Financial activities	5,762	6,682	920	16%	\$39,266
Government	13,548	15,849	2,301	17%	\$61,075
Information	295	298	3	1%	\$49,740
Leisure and hospitality	6,759	7,391	632	9%	\$20,397
Manufacturing	814	785	-29	-4%	\$60,122
Other services	1,578	1,640	62	4%	\$24,025
Professional and business services	2,795	3,312	517	18%	\$40,280
Trade, transportation, and utilities	5,704	6,197	493	9%	\$41,770
Total	42,837	48,668	5,831	14%	\$44,050

Source: EMSI Complete Employment - 2011

According to stakeholder input, hospitality and healthcare are two growing industries that may have good potential for job creation. Careful consideration will be given to identifying training and employment opportunities in these areas.

Chart 14

2011 - 2016 Size and Growth



Source: EMSI Complete Employment - 2011.4

Barriers to Obtaining and Retaining Employment

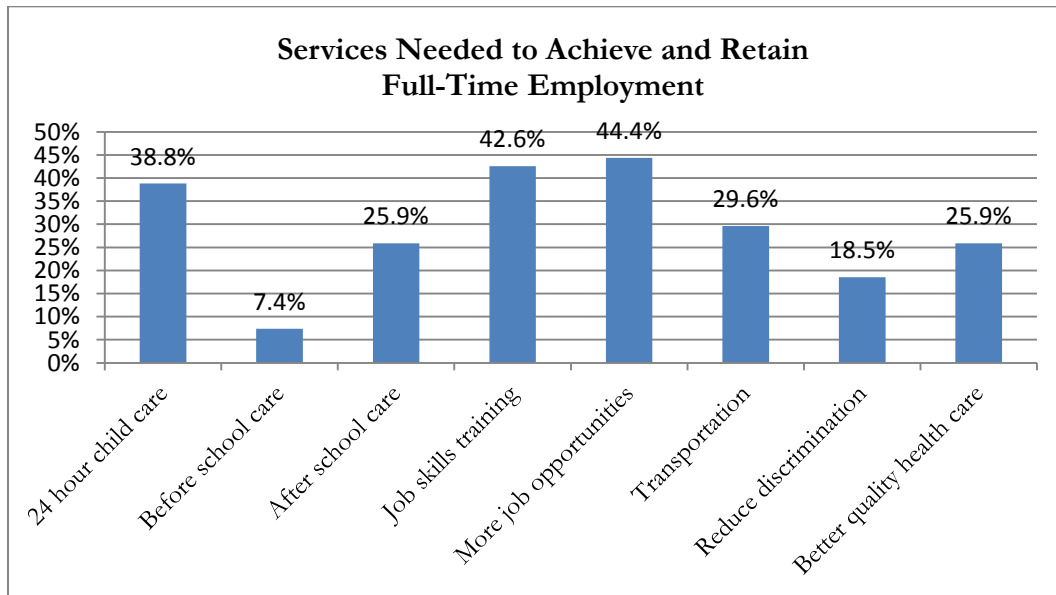
Unfortunately, many residents have unmet needs that have to be addressed before job matching can take place so that they can get to work, or, for those working, to increase their earnings or get a better job. Systematic barriers include a perceived lack of job opportunities. This is directly linked to the lack of job skill training which prevents them from seeking positions that might be available but for which they might not be qualified.

Additionally, in focus group and community meetings obtained from current heads of households, residents, and service providers identified the following barriers to employment:

- 1) *Lack of adequate transportation.* Although 59% of residents report possessing a valid driver's license, many still rely on public transportation to get to their jobs (Tier 1). Stakeholder and resident feedback indicates that island transportation systems are inadequate and unreliable. The issue of transportation will be fully addressed in Priority #4.
- 2) *Residents have criminal records and therefore do not pass standard employer background checks.* Almost 50 percent of adults in the household indicated having a criminal record as being a barrier to employment. The Galveston County Criminal Justice Community Plan states that "Resources to assist the needs of the community have been greatly impacted by Hurricane Ike, organizations do not have the means to assist as they did pre-Ike, and facilities have lost the ability to offer the services they once provided." This diminution of legal services and supports since Ike is harshly impacting a significant segment of the resident population. Additionally, the UTMB-CEHD 2011 Health Impact Assessment calls for additional support for the successful re-entry of ex-offenders through policy strategies that support employment and job training programs and social service support and community sponsors.

- 3) *One-third of the children of the resident population are under age 5 (Tier 2) and require childcare if the single parent or head of household is expected to work (Tier 1).* This is confirmed by our assessments, in which almost 40% of respondents indicated lack of childcare as a barrier to work among parents in their community (Tier 1). After-school care is also seen as common barriers which keep residents from obtaining and retaining full-time employment (Tier 1).
- 4) *The prevalence of poor physical and mental health reported among our target population – which is directly linked to a lack of quality health care – should also be emphasized as a barrier to successful employment.* During community meetings, stakeholders also mentioned substance abuse issues as areas of concern. The health status of these households and appropriate strategies will be discussed on more detail in the Health and Wellness Initiatives for Families section of this Plan.

Chart 15



(Tier 1)

Table N

Target Population Greatest Barrier to Employment Rank (1-highest priority)	
1	Transportation
2	Lack of job experience or skills
3	Education
4	Child care
5	Opportunities not available
6	Criminal record
7	Discrimination
8	Location

(Tier 1)

All indicated and emerging barriers to employment and economic mobility will be addressed by comprehensive case management throughout the revitalization period.

B. Strategies and Preliminary Outcomes for Priority # 1

Recommended Strategies:

- 1) *Development of a comprehensive and coordinated workforce development strategy with placed-based case management and an emphasis on jobs*
- 2) *Development of job training opportunities in specialized and expanding employment sectors*
- 3) *Promotion of expanded local hiring programs across other public and private employment sectors*
- 4) *Support the People Mover Transportation and Employment Initiative*

1) Development of a Comprehensive and Coordinated Workforce Development Strategy With Placed-Based Case Management and an Emphasis on Jobs

Implementation of a workforce strategy is most efficient and effective when there is a structure in place to solicit and pool jobs, coordinate support for residents who will be placed in the jobs, and oversee general performance. A strong network of workforce providers with this focus is ideal. There is currently no such coordinated service structure in place on the island. The local state and federally funded Workforce Solutions organization that was chartered to provide workforce development programming and support on the island recently relocated to Texas City. With their location in Texas City these services are no longer easily accessible to many Galvestonians and most GHA residents.

For success among high-need low-skills candidates, employment service providers and placement counselors must engage in intense follow-up with residents. If follow-up services are not regularly available and easily accessed, residents historically have a difficult time making appointments, getting to training opportunities, meeting with job counselors, and will also less likely be successful in the job training, search, and placement process. The best success with workforce readiness training and actual job training for residents is delivered as a place-based approach.

National data regarding employment revealed that a “place-based employment support” system as is the most effective approach to moving adults with limited skills, education and/or a spotty work history to sustained employment. The Corporation for Supportive Housing (CSH) reported in *A Concept Paper for Place-Based Employment Initiative (1998)* that:

“If communities are to be assisted out of poverty, it will be necessary to cross service, funding and bureaucratic disciplines and to integrate resources on the neighborhood level. We reaffirmed for ourselves that the case management model of integrating resources for people (i.e. providing services) is an effective way for programs to develop trusting, long-term relationships with community residents in order to help them, and that case management service models are most easily and effectively implemented at the community level.”

Additionally, best-in-class job readiness and job placement providers are visible and trusted by community members. The provider is then best positioned to recruit and retain enough residents to have a transformational impact on the community. The tipping point for success in employment training and employment in distressed and emerging communities occurs, when more than 50% of

the able-bodied adults of the community are engaged in work or work-like activities for at least 30 hours per week!

A cadre of well-trained intensive case manager specialists can effectively coordinate all services and tasks associated with workforce development in the community while, at the same time, coordinating the delivery of other case-management-directed services, as described in subsequent parts of this Plan.

From the supportive training and employment focus, the integrated and comprehensive case management program would operate with the workforce partner agencies to:

- Develop new job opportunities and target them to the residents;
- Pool and leverage existing job options so that residents have the widest access to existing jobs;
- Tie jobs in the community's expansion opportunities and rising industries back to resident human capital development;
- Support residents in succeeding in job searches, employment, employment retention;
- Support residents in accessing all other services and supports needed for employment success.

A well-designed case management model should connect with other service providers who specialize in a range of auxiliary services around the elimination of barriers to gainful employment (e.g. substance abuse programs, child care, GED readiness, Adult Basic Education). In working with the case managers and partner agencies, unemployed residents would have concurrent access to a wide range of services and thus would be able to holistically address the challenges they face while remaining focused on the task of acquiring and retaining a job.

While the case management program established for returning Galveston residents will address all identified priority areas, there must be a heavy emphasis on workforce development to ensure economic upward mobility among the target population. Therefore, in terms of supported, targeted employment, case management should focus on:

- Partnering with select potential employers willing to hire program participants through the development of a jobs bank with banked jobs held for qualified residents;
- Providing strong case management, with sustained follow-up, to support residents in job seeking activities, successfully placing them with employers, and to provide them with retention support while on the job;
- Providing innovative training for working adults, including job coaching and vocational skills training that are tied to actual employment opportunities;
- Developing community-wide activities for larger participation of individuals seeking work/career improvement (e.g. job fairs, and mentoring);
- Partnering with existing community resources to provide supportive services designed to eliminate barriers to gainful employment (e.g. daycare during non-traditional hours);
- Providing life skills training for working adults and parents that includes budgeting, time management, conflict resolution, stress reduction, work/life balance, etc.;

- Developing interventions for individuals who have been effectively shut out of the traditional labor market due to criminal offenses.

In tandem, the coordinated workforce development strategy should:

- Provide adult training programs that include adult basic education to prepare adults for the GED examination, English as a Second Language for Spanish speakers desiring more fluency in the English language, basic office technology, job skills, and sector-based training modules to encourage job skills development and employment advancement;
- Provide comprehensive services through an integrated system of supports that addresses the multiple barriers to employment which many low-income individuals are facing today, including low-literacy and low educational attainment, lack of workforce experience and job skills, and criminal history;
- Provide adults with pre-and post-placement job retention training and support;
- Links resident to real employment opportunities that offer livable wages.

To secure jobs for the target population, developing employment partnerships and incentivizing employment partners may be necessary. The development of partnerships with major island employers may allow for dedicated, entry-level job slots for qualified and work-ready residents; and training opportunities for those already employed to ensure long-term employment relationships. Additionally, if employer partners are able to share information about open or upcoming positions, the case management team can prepare interested residents by identifying and enrolling them in appropriate training opportunities. For example, UTMB is the island's largest employer (see Table L) and is continuing to grow. Developing a jobs partnership with UTMB, in collaboration with Galveston College which provides training opportunities in the medical and clerical fields, will allow for skills training for residents in projected jobs, and for placement in entry-level jobs within the system. UTMB human resource liaisons could work closely with case management staff to match work-ready resident candidates to open job opportunities.

To incentivize this type of partnership, programs such as the Texas-Back-to-Work initiative could be employed to offset costs associated with hiring and training new workers. The program provides reimbursement of wages up to \$2,000 per hire. Other programs, including the Work Opportunity Tax Credit and HIRE Act Tax Benefits, offer employer tax savings that may incentivize employers for hiring resident candidates with barriers to work. Additionally, a partnership between case management and the local workforce development board can assist unemployed and underemployed residents in securing Individual Training Accounts (ITA) to subsidize trainings costs for certification and degree programs in approved vocations at the Galveston College and UTMB. These strategies will be further researched and considered by the case management team as a part of the workforce development strategy.

2) Development of Job Training Opportunities in Specialized and Expanding Employment Sectors

The workforce development strategy for Galveston should include sector-based employment training programs that respond to emerging industries which may directly or indirectly affect the residents of Galveston. For example, the emergence of the green jobs sector is creating a number of industry opportunities and job sources for individuals with little or no experience in the field.

Workforce Solutions is partnering with leaderships in business, education, civic, health, hospitality and other industries to identify opportunities in this sector.

Healthcare is currently one of Galveston's leading industries (UTMB). With expansions recently announced for the UTMB Sealy Hospital and strong projected growth at Texas A&M's Galveston branch, it is anticipated that there will be an increased demand for entry-level health care jobs such as Certified Nurse Assistants, Community Health Outreach Workers and home health aides. These and other entry-level positions in the health care industry typically provide living wage salaries with benefits for full-time workers. Also, with a vast variety of jobs in the health industry, there is opportunity for motivated workers to pursue additional training and experience personal skill development and job growth.

Galveston College currently offers a number of workforce education programs that prepare students for specific vocations, including a number of medical career programs, such as training for nurse aides, patient care technicians, medication aides, EKG and phlebotomy technicians. Also offered are training programs for medical coding and medical billing. With the anticipated expansion of job opportunities in the health industry, it is recommended that a strong partnership with Galveston College be developed to secure accessible training opportunities for interested residents.

The East Texas Area Health Education Center also provides training for health-related jobs including Community Health Outreach Worker training and certification and medical interpreter training. Community Health Outreach Workers are community members who work with local health providers to bridge the gap between health systems and communities. Community Health Outreach Workers educate community members about health issues that affect their communities, as well as provide information, informal counseling and guidance on health behaviors, advocacy for community health needs, and some direct services including first aid and blood pressure screenings. Similarly, medical interpreters work between residents and health care providers to enhance communication between the two. The medical interpreter is meant to improve patient understanding and health outcomes, and to provide better access and utilization of services. These training programs may offer viable employment options for residents in and around their communities.

Other rapidly expanding industries include education and hospitality. Identifying training programs to build the bank of resident skills in these industries will help prepare residents for upcoming local job opportunities as these fields continue to grow.

Major redevelopment efforts currently underway will bring new employment in construction, spanning a range of skill levels. The development projects associated with the revitalization of the GHA sites will also bring additional opportunities for building maintenance and property management jobs over the next several years. As indicated in Chart 13, construction training was not listed as a top priority among residents in household assessments, however we expect that there will be considerable demand for construction jobs among the broader public housing population, and we will plan accordingly especially in light of Section 3 employment priorities.

Additionally, in household assessments, residents expressed interest in specialized training fields, such as computers and technology, office work, health and health research, childcare and education, and hospitality, all of which are fields that correspond with current and emerging employment opportunities (Tier 1). Quickly developing state-of-the-art training programs for these and related

sectors, so that interested residents can become job-ready is essential to creating a pool of high-skilled local candidates to fill these positions. The benefits of this approach far exceed just the direct benefit to the individual and family involved. The benefits of this approach will inure to the entire Galveston community by increasing the buying power of residents and the economic vibrancy of Galveston.

Specialized training should be considered in six focused modular areas:

- 1) Skilled job training: Certified Nurse Assistant, Community Health Outreach Worker, Home Health Aides, Licensed Child Care Provider (to meet in-home childcare needs), carpentry, plumbing, HVAC, and construction training including green (sustainable) technology
- 2) Basic training in medical related bio-science and bio-tech secondary support jobs
- 3) Basic office technology; and fundamental computer literacy to support modern manufacturing and office needs
- 4) Basic property management and maintenance
- 5) Early childhood education and training
- 6) Small business management and development/entrepreneurship

Many of these programs are offered locally through Galveston College, however other training programs will be identified where there is a gap. The programs should be technology-based to meet the needs of current employers. Emphasis in these areas should ready residents for emerging and specialized work.

Employment Training Support for Women

With single mothers making up a large percentage of the projected population for Galveston, there is an anticipated need for special employment programming and support targeted toward women. Even modest increases in educational and income attainment can hugely shift the trajectory for both the women and children in these single-parent households. A successful workforce strategy should address the two-generation household to support working single mothers. The workforce strategy should include at a minimum:

- A pilot program to support women in achieving higher levels of job qualifications such as management through mentorship and training, with appropriate job matching and mentoring support;
- Support, education and specialized training in trades where women are generally underrepresented;
- Microenterprise opportunities that will provide technical assistance, loan capital and back office support;
- Support for mothers who may not have had an opportunity to complete their education due to pregnancy or lack of childcare by co-locating quality childcare programs in the workplace, job training, and education center, and attaching parenting skills training to the program.

3) Promotion of expanded local hiring programs across other public and private employment sectors

With the use of federal and state funds to physically revitalize the community, local hiring goals including provisions under the HUD Section 3 Act of 1968 will be applicable to the development initiatives. Section 3 provisions establish the goal that one out of every three new hires (30%) must be a Section 3 hire, where a Section 3 hire is a public housing resident (priority) or another low- or moderate-income individual. The achievement of this goal will involve a coordinated effort with the Human Capital Plan partners, the development team, resident leaders and community stakeholders, and the GHA Section 3 team.

Typically (and initially), Section 3 employment opportunities largely come from the construction scope. However, the Section 3 policy should be implemented as broadly as possible across non-construction trades and any job opportunities that emerge because of the high number of women who are in the first tier. As the redevelopment projects are completed, Section 3 residents will also be targeted for administrative and property management positions with the development team and management company as available.

Urban Strategies will support GHA, the development team and Section 3 partners in fulfilling obligations related to Section 3. GHA and the development team, with the support of Urban Strategies and Section 3 partners, should set specific Section 3 business and workforce goals, establish specific priorities for Section 3 hiring, establish a plan to maximize Section 3 opportunities, and ensure the compliance of contractors and sub-contractors throughout the revitalization period.

Members of the development team, contractors and their sub-contractors will largely consist of the various employers who are required to meet Section 3 obligations. Each contractor and sub-contractor should fulfill their obligation to utilize Section 3 residents as employees to the greatest extent feasible by:

- a) Identifying the number of positions in the various occupational categories including skilled and semi-skilled labor needed to perform each phase of construction or other services under the Section 3 covered budget;
- b) Identifying the number of positions currently occupied by regular, permanent employees;
- c) Identifying the positions not currently occupied by regular, permanent employees;
- d) Establishing goals within each occupational category in the number of positions to be filled by lower-income residents of the Section 3 services area;
- e) Performing and documenting verifiable good-faith efforts to recruit and train the maximum number of persons in the various training and employment categories in all phases of the work to be performed under the Section-3-covered project;
- f) Completing Section 3 reporting forms as required.

Each contractor or sub-contractor undertaking work on a Section-3-covered project shall assure that, to the greatest extent feasible, contracts are awarded to businesses located within the Section 3 service area, or businesses owned to substantial degrees by persons residing in the Section 3 service area. Contractors will be required to complete the Section 3 reporting forms as required by GHA and the development team.

Beyond the GHA redevelopment initiatives, other CDGB-funded projects across the City of Galveston have Section 3 participation goals. In order to build the pool of Section 3 residents who can fill open positions, we recommend that the case management team does rigorous outreach in the neighborhood to enroll residents in existing construction training programs, and, at the same time, work with residents who are “job-ready” to ensure that their resumes reflect their skills and encourage immediate employment, even temporary, to increase their appeal to the construction contractors. Case managers will identify eligible residents and guide and support them through the recruitment and certification process, link them to resources to help them obtain appropriate training, and prepare them to take advantage of Section 3 employment opportunities. One case manager, who will also serve as a Workforce Specialist, will act as the liaison between residents and the Section 3 team. Specifically, to ensure success in obtaining and retaining local hires, case managers should support GHA and the development team with the following:

- Section 3 Program Coordination
 - Help connect contractors and sub-contractors with community residents;
 - Connect community residents with employment service providers and other needed resources such as job and skills training to facilitate Section 3 employment;
 - Help identify available Section 3 opportunities as well as eligible individuals to fill these positions;
 - Act as a liaison and advocate between Section 3 employers and eligible residents.
- Recruitment
 - Communicate with resident about available Section 3 jobs and how to access them;
 - Facilitate and coordinate the Section 3 application process, ensuring that residents understand Section 3 program requirements and qualifications;
 - Refer resident applicants to appropriate employers.
- Referrals
 - Refer residents to construction training and other skills programs related to available or anticipated Section 3 job opportunities;
 - Assist residents with job readiness and training programs provided by employers;
 - Assist residents with transportation, childcare and other needed resources through case management support.
- Follow-Up
 - Assist and act appropriately upon information about hiring and rejection of resident applicants;
 - Assist in addressing Section 3 concerns on the construction site;
 - Track resident applicants progress in training, placement, as well as on-the-job progress;
 - Follow-up on progress of resident Section 3 employees, and support and advocate for resident Section 3 employees with the employer.

4) Support the People Mover Transportation and Employment initiative

In the Transportation priority of this Human Capital Plan, an employment initiative called “People Mover” is recommended as a means to enhance the existing transportation systems in Galveston. As indicated in our household assessments and through resident and stakeholder feedback, transportation is a major barrier to obtaining and maintaining employment for many residents. The People Mover initiative is designed to increase transportation service access for individuals and families for whom lack of transportation is a barrier to accessing the full range of employment, health, cultural, and youth development opportunities available to residents on and around the island.⁸

If the People Mover initiative is successfully implemented, the initiative could develop several new jobs for low-skilled workers, including drivers, a scheduling coordinator, and a vehicle maintenance mechanic. Descriptions follow below:

Drivers – Vehicle drivers will be responsible for transporting a diverse group of passengers to and from needed services, including school-age children to and from school, if they have no access to bus service and their parents or guardians are not able to provide transportation due to work or other circumstances. Drivers would be required to have at least five years of driving experience, a clean driving record, basic reading and writing skills, and the driver must be able to pass a drug and alcohol screening. Because the People Mover initiative will use small vehicles in a limited service area, a Commercial Driver’s License is not a requirement; however drivers will be encouraged to pursue training.

Scheduler – The scheduler will coordinate the overall operation of the program with responsibilities including signing in and out vehicle drivers before and after their shifts, creating trip sheets and forms for drivers to record their destinations, managing incoming service requests and efficiently directing service requests to drivers, and maintaining relationships with vendors (body shops, gas stations).

Vehicle Maintenance Mechanic – Responsibilities of the vehicle maintenance mechanic would include minor auto repairs, timely auto maintenance, communication with vendors and dealers, and on-call services when needed. It is recommended that all vehicle maintenance mechanics receive training in automotive maintenance technology

Although these positions have no specialized training requirement, it is recommended that the People Mover initiative be linked to a community college or other job training organization that can offer the appropriate training for commercial drivers and support those drivers in obtaining a Commercial Driver’s License which would provide access to additional job opportunities. In addition, since it is likely that drivers would be transporting a diverse group of residents that could include seniors, children, and medically impaired persons, drivers may be required to complete CPR training course. It is also anticipated that the vehicle maintenance mechanic may benefit from a training that would qualify him or her as a certified auto technician. This could lead to opportunities in auto repair shops, car dealerships and businesses where fleet vehicles are used. Therefore,

⁸ More information about the proposed People Mover initiative can be found in the Priority #4 – Transportation-An Employment Initiative section of this Human Capital Plan.

residents interested in participating in this initiative would be strongly encouraged to take appropriate classes, and participate in apprenticeship programs as available, to qualify for these and other related job opportunities, as well as take courses in small business development for their personal sustainable economic growth.

Preliminary Outcomes⁹:

Table O

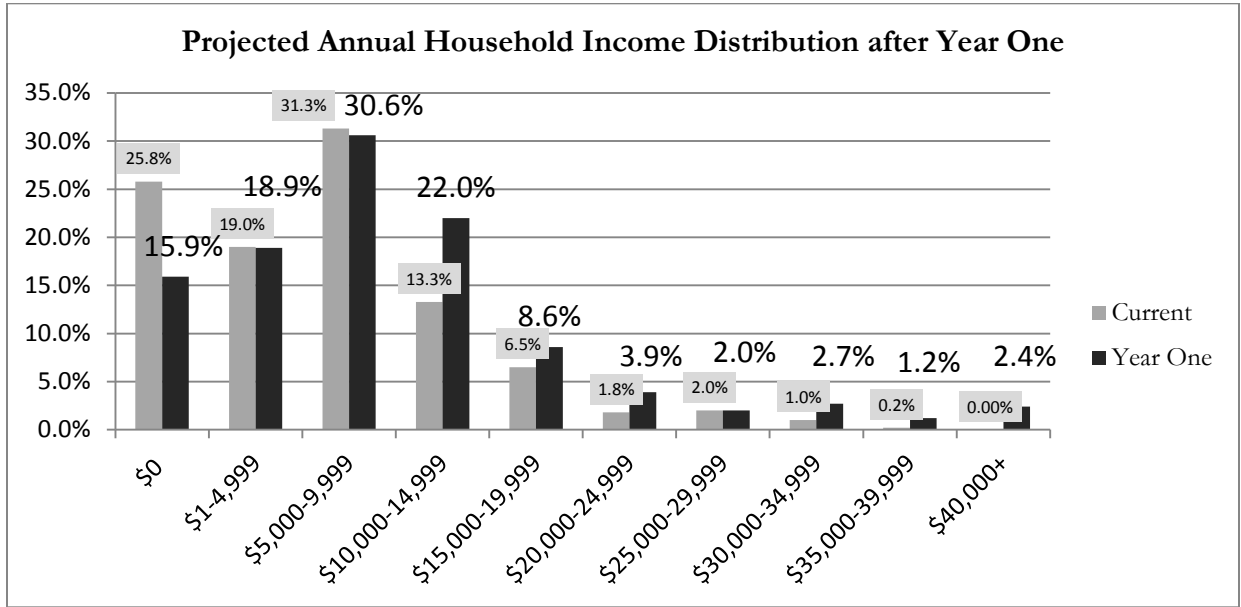
Metric	Year One	Year Three	Year Five¹⁰
Increase number of residents participating in job training and employment placement services, adult education classes, English as a Second Language, or other adult education programs	10%	30%	50%
Increase access to information on job opportunities in and around the communities where residents live	30%	100%	–
Increase number of able-bodied residents in employment or participating in workforce readiness activities	10%	20%	30%
Increase number of residents working full-time jobs (targeting residents with zero income) with living wages ¹¹	10%	20%	30%
Increase number of residents working part-time jobs	15%	25%	35%
Increase the number of residents who are able to transition to housing self-sufficiency/unsubsidized housing	-	20%	30%

⁹All outcomes are provisional and subject to review and adjustment by GHA during the implementation phase of the Human Capital Plan.

¹⁰ Outcomes under Metrics 3, 4, and 5, viewed as a single complex, should amount to projected outcome of 80% of currently unemployed, yet able-bodied, adults working or participating in employment services within a five-year period. The percentages will be refined based on how many families participate in case management and on further understanding by case management of the extent to which disability interferes with the ability to work.

¹¹ With a 10% increase in full-time employment targeting residents with zero income, the average income, using Tier 3, is expected to rise from to \$6,907 to \$10,195, and the median income from \$6,000 to \$7,758. See Chart 16.

Chart 16



(Tier 3) The projections are based on following hourly living wage calculations by household size and composition for the state Texas: One adult: \$7.48; one adult & one child: \$14.95; two adults: \$11.92; one adult, two children: \$22.26; each additional adult: +\$4.28; each additional child: +\$7.30.

Priority # 2: Intensive Health and Wellness Initiatives for Families

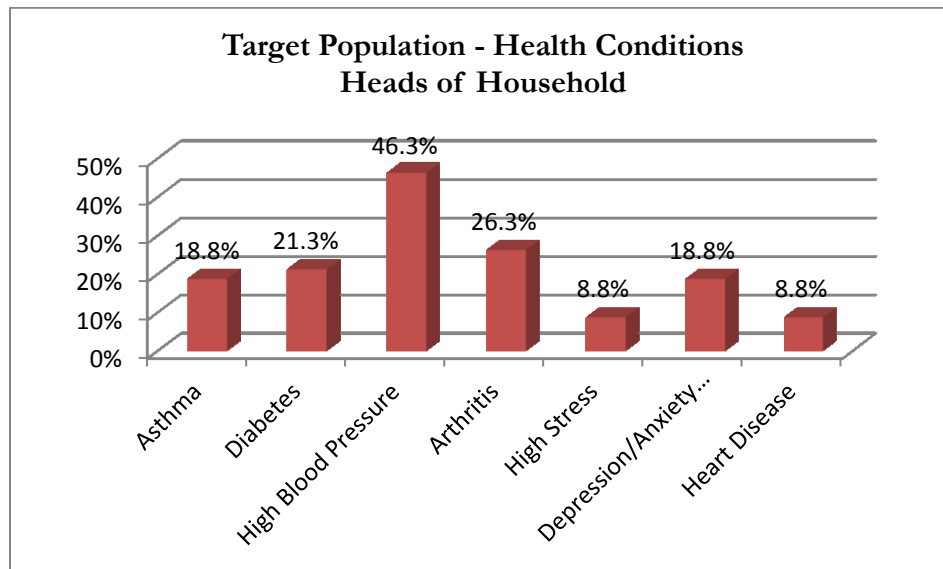
A. Existing Conditions

Health Conditions, Behavior, and Care

Among 80 heads of households surveyed, consisting of 85% of working-age adults, almost half of the population suffers from high blood pressure, one in five from asthma (39% said at least one child in the family suffered from asthma), and a quarter from arthritis (Tier 1).

Over 29% of heads of household noted that they suffer mental strain due to high stress, depression or anxiety symptoms (Tier 1). Ill mental health, including a general lack of attention and treatment to such conditions among this low-income population, has also been frequently mentioned during meetings among social service providers and other stakeholders. Such acknowledgment emerged especially out of the understanding of the traumatic experience of a disaster which forcefully displaced these residents, leaving them homeless, disoriented, and without resources. Some stakeholders have also mentioned the prevalence of substance abuse among the population as co-occurring with mental health issues.

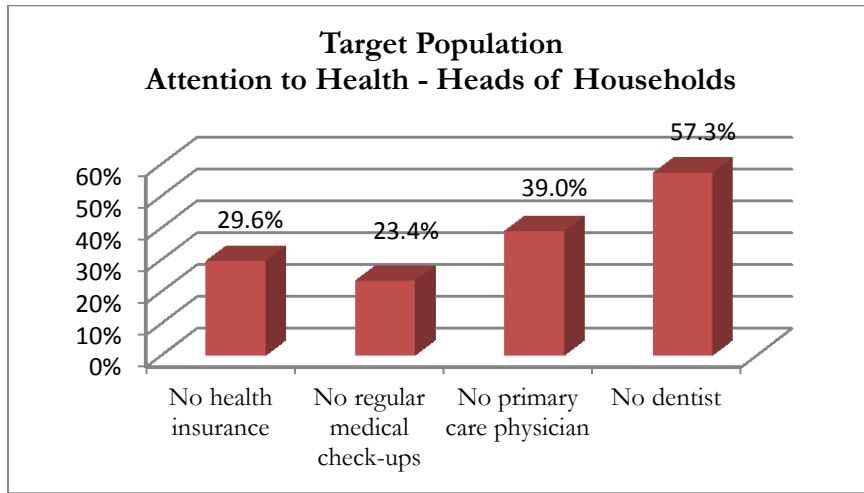
Chart 17



(Tier 1)

Attention to health is also lacking in general areas. Almost thirty percent of heads of household indicate that they do not have any health insurance and 23% do not receive regular medical checkups (Tier 1). A large segment of the population has neither a primary care physician nor a dentist (Tier 1). Among the households who have health insurance, 44% have Medicare, 74% Medicaid, and 8% employer-provided insurance (Tier 1).

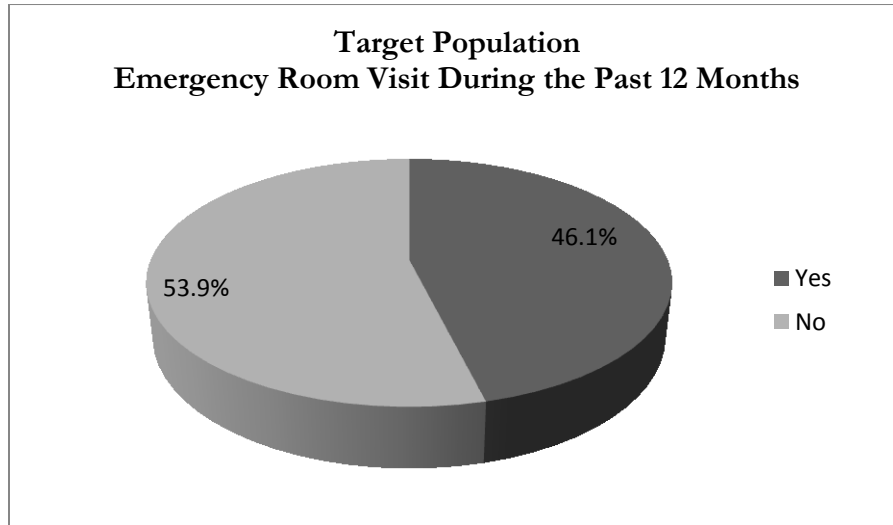
Chart 18



(Tier 1)

Over half of the households have at least one household member who has been to the emergency room during the past 12 months. Most frequently mentioned reasons include asthma, heart problems and chest pain, diabetes, and accidents. Sixty-two percent receive medical care through UTMB, while only 36% seek out care at Galveston’s 4C’s Clinics (Tier 1).

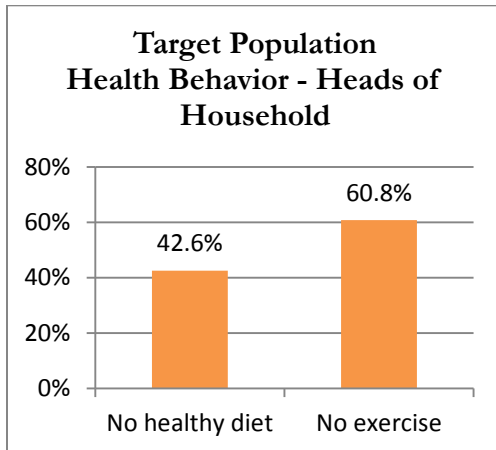
Chart 19



(Tier 1)

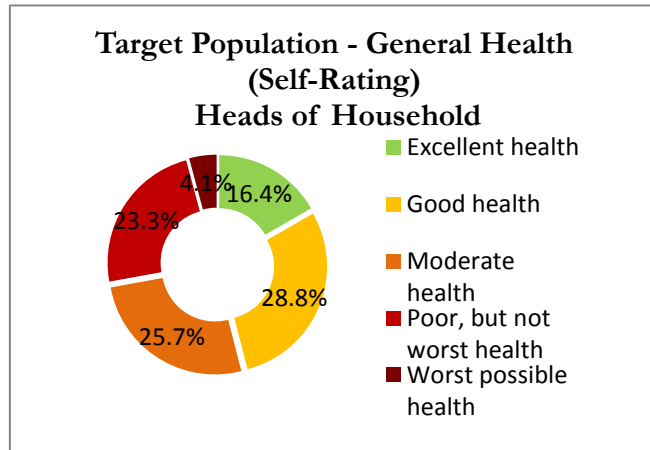
The assessment data indicates that residents’ lack of medical attention coincides with health behavior that seems to contribute to poor health conditions. Slightly more than half of the population report having a healthy diet and only 39% of heads of households participate in physical exercise or fitness activities (Tier 1). Common reasons for not participating in physical activities are that services provided by fitness facilities are too expensive; that they are not healthy enough to exercise; and that they just don’t like to exercise (Tier 1). Nearly 38% rated their health condition as moderate or worse. At the same time, a third of residents who indicated that they are in good or excellent health indicated that they had one or more of the aforementioned health conditions (i.e. arthritis, diabetes, asthma, etc.).

Chart 20



(Tier 1)

Chart 21



(Tier 1)

Although a third of the households from the assessments indicated that they have a disability that interferes with their ability to work, 26% listed better quality health care as a service that would be needed to achieve full employment for all residents who want to work (Tier 1). Indeed, there is also a desire for residents to improve their health. Two-thirds of respondents indicated that they would exercise if there was a gym in their neighborhood that provided free or affordable access to its services, and over 17% listed nutrition classes as a service they would like to see offered for their family or themselves (Tier 1).

Nutritional Health

Access to adequate nutrition is noted as a significant problem in Galveston. Over one-third indicate that their common destination for grocery shopping is not conveniently located, nor are they easily accessible via public transit (Tier 1). This is consistent with food deserts studies conducted by UTMB, which envelope the areas where most of the residents are concentrated.

Many residents identified the local Walmart as their primary food shopping source, demonstrating that there is less reliance on the smaller grocery chains (In order of most frequently mentioned was Walmart, Krogers, HEB (off the island), and Arlan’s (Tier 1).

Most indicated that they received food stamps, but 43% said there were times when they did not have enough food to eat. The main reason cited was that there was not enough money to buy sufficient food (Tier 1). The majority considered their diets to be healthy despite exhibiting health issues that are medically recognized as caused or negatively impacted by poor diets (Tier 1).

An analysis of the HOPE VI CSS Program by the Urban Institute, in the study titled, “How are Families from America’s Worst Public Housing Faring?” found that poor physical health is a significant barrier to self-sufficiency. This is consistent with the Department of Health and Human Services 2011 Action Plan to Reduce Racial and Ethnic Health Disparities, which outlined the Administration’s Vision and Opportunities to promote integrated approaches to reduce these disparities.

Health of Children & Youth

Household assessments show mixed results on the health status among children and youth, coupled to questionable validity of the data due to relatively small sample sizes for most health-related question, especially for pre-school aged children.

The general understanding for pre-school aged children emerging from the assessment data is that a large majority of them have a pediatrician and see a primary care physician at least once a year. About 80% are up to date on all immunizations, and three quarter get at least five servings of fruit each day as well as regular exercise of 45 to 60 minutes, according to parent reporting. Nevertheless, only about 60% of households with pre-school aged children are satisfied with the quality of early childhood care their children are receiving. About the same percentage participate in a WIC program, while only about 10% participate in parenting classes.

Among children and youth combined, parents say that 85% of their children have a primary care physician, 97% indicated that they have regular access to a doctor, and almost 90% say their children have regular access to dental care. On the other hand, almost 40% of households with children or youth indicated that at least one child in the household who has asthma.

The overall picture that this paints, which must be viewed with caution, is that children and youth tend to have good access to care for their general health. However, when considering stakeholder input and other data, this understanding tilts for children from age 0 to 5, especially among low-income populations. Some providers have noted that children in that age range generally fall through the system of care. Unfortunately there is not much data available on the health care access or status of this population, and more health-related data needs to be collected during the implementation phase of this Plan. An exception is the Pediatric Nutrition Surveillance System (PedNSS), which provides some limited insight into health trajectories among young children.

The PedNSS is a public health surveillance system that monitors the nutritional status of low-income children in federally-funded maternal and child health programs. Among other indicators, it measures the prevalence of low birthweight of less than 2,500mg and the percentage of infants ever breastfed, and childhood obesity rates. As the data shows, the prevalence of low birthweight among low-income mothers is higher for participants in the Galveston programs than among mothers regionally and nationally, and the percentage of children every breastfed is significantly lower than regional and national averages. Obesity rates among enrolled children ages 2 to 4 are slightly higher than state-wide and national averages, but in line with Galveston and Harris county levels.

While sample sizes may skew this data, inter-clinic/program comparisons across the state of Texas relegates Galveston clinics to low rank for these indicators. It is well-recognized that low breastfeeding rates have adverse nutritional, immunologic, allergenic, economic, and psychological implications. Infants born with low birthweight suffer an increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders. Obese children will be at risk for obesity in adulthood, which is coupled to the conditions commonly faced by our adult target population today, including hypertension, heart disease, and diabetes.

Table P

<Low Birthweight	Galveston	Galveston Co.	Harris Co.	Texas	National
Low Birthweight (<2,500g) (Rank)	11.0%	9.8%	8.8%	8.8%	9.0%
Rank	305* (354 lowest)	90** (138 lowest)	62** (138 lowest)	--	--
Sample Size	510	2,231	38,745	219,949	1,851,546

Source 2010 Pediatric Surveillance System Data (PedNSS); Based on 2000 CDC growth chart percentiles for weight-for-length for children under 2 years of age and BMI-for-age for children 2 years of age and older.

Table Q

Breastfeeding	Galveston	Galveston Co.	Harris Co.	Texas	National
% Ever Breastfed	59.2%	67.6%	79.4%	75.7%	63.2%
Rank	312* (354 lowest)	77** (140 lowest)	20** (140 lowest)	--	--
Sample Size	512	2,259	38,957	223,066	1,689,615

Source 2010 Pediatric Surveillance System Data (PedNSS)

Table R

Obesity (Ages 2 to 4)	Galveston	Galveston Co.	Harris Co.	Texas	National
Obese ($\geq 95^{\text{th}}$)	15.8%	16.0%	16.5%	15.3%	14.4%
Rank	259* (of 428 listed)	123** (181 lowest)	139** (181 lowest)	--	--
Sample Size	875	3,517	78,877	458,461	3,640,072

Source 2010 Pediatric Surveillance System Data (PedNSS)

According to stakeholder input, other problems faced by children of our target population are hunger and lack of shelter. The former is supported by our assessments, in which 43% of households experience times when they do not have enough food in the household (with the most common reason of not having enough money for food). The issue of children lacking shelter is widespread in Galveston since Hurricane Ike, and was documented in detail by Third Coast Research & the Wexford Institute in their 2010 report on the Homeless Education Disaster (HEDA) Program in Galveston ISD.

Related to these issues are a large number of behavioral and emotional disturbances among children. A 2009 Survey of Behavioral and Emotional Difficulties in Childcare conducted on behalf of the local System of Care working group and with guidance from the Galveston Children’s Collaborative (covering 93% of the Island’s center-based and 62% of home-based childcare facilities; all licensed) showed that among the providers, 42% said they have children in their care with suspected or diagnosed behavioral or emotional difficulties. And 37% said they had difficulty getting parents to recognize that their child has a behavioral or emotional difficulty. Many of the providers also did not know how to address these issues and to whom to make referrals.

Among our target population’s youth, this trajectory evolves into further mental health problems and substance abuse. In our assessments, 44% indicating that youth experience “too much stress,

while 40% of respondents indicate drug activity as a problem faced by youth in their neighborhood.” Again, a large degree of these issues must be traced back to the Hurricane Ike, among children of all ages.

B. Strategies and Preliminary Outcomes for Priority #2

Recommended Strategies:

Urban Strategies recommends that to address the urgent health challenges of the target population, strategies should focus on eliminating hunger, improving ill mental health, attaining preventative health care and providing, healthy living options for residents of all ages.

The following proposed strategies should be implemented to address these objectives:

1. *Support UTMB-Center to Eliminate Health Disparities, Health Impact Assessment recommendations for the City of Galveston’s Comprehensive Plan*
2. *Increase access and usage by adults, children and youth of Federally Qualified Health Clinics, primary care facilities, medical homes, and health & wellness education, as a health management strategy; incentivize improving personal health if necessary!*
3. *Provide parenting support of holistic needs of children and youth*
4. *Facilitate the screening, treatment and mitigation of mental health conditions among children, youth, and adults*
5. *Support therapeutic group interaction for youth and young adults through the arts*
6. *Increase access to area food banks while facilitating an increase in fresh produce available through their service and implement a program whereby healthy food is introduced and made available on a regular basis until healthy eating habits are established*
7. *Provide on-site amenities that promote healthy living and institutionalize programming at the inception of the new community*

1) Support UTMB-Center to Eliminate Health Disparities, Health Impact Assessment recommendations for the City of Galveston’s Comprehensive Plan.

UTMB-Center to Eliminate Health Disparities released a health impact assessment with policy recommendations to the City of Galveston’s Comprehensive Plan. The study identified objectives related to health that may enhance the Plan. For example, UTMB’s plan identifies the following critical health indicators and recommendations:

- School-based opportunities for health literacy education, physical activity, and school nutrition, with a strong focus on reducing childhood obesity and supporting mental health.
- Health positive improvements to City infrastructure and environment.
- Adequate mental health services for residents specifically concerning natural disasters and other crises, including securing agreements prior to a disaster for local provision of mental health services following a disaster.

- Development and distribution across the island of primary care clinics, Federally Qualified Health Centers, and Medical Homes.
- Co-locating and coordinating health-supportive services to ensure holistic treatment of patients.
- Continued assessment of local infrastructure, programs and issues that affect health consequences for Galveston residents to ultimately inform policy decisions.
- The assessment is an important step to defining a healthier Galveston and should be incorporated into the Human Capital Plan implementation process as the framework within which the most vulnerable citizens' health issues are addressed.

These are only a few among several of UTMB's recommended strategies to improve health outcomes and mitigate negative health consequences for the residents of Galveston. It is recommended that the Human Capital implementation team support the development of these and other of their outlined strategies, and incorporate them into plans for the new communities as they are developed.

2) Increase access for adults, children and youth to local Federally Qualified Health Centers, primary care facilities, medical homes, and health & wellness opportunities, as a health management strategy.

Federally Qualified Health Centers offer low-income residents opportunities to see a doctor or dentist for a minimal fee. In addition, they may also obtain prescription medications for a reduced fee. However, residents continue to seek out the more costly, less effective option of visiting the emergency room for preventative care. Education is the first and most important step toward redirecting residents to utilize free/low-cost clinics rather than emergency care, and to connect them to primary care facilities and medical homes for health care and management.

Health Education through Community Health Outreach Workers

Community Health Outreach Workers, coupled with the support of case managers, are effective in delivering critical education to residents on the benefits and options of care, leading to initial and then regular attendance at clinics or medical homes. Urban Strategies suggests that residents of the target population be trained as Community Health Outreach Workers to provide linkages and bridge the gap between other community residents and health providers. According to the East Texas Area Health Education Center, Community Health Outreach Workers can effectively increase knowledge and promote behavior change around health. Additionally, Community Health Outreach Workers have proven to be effective in improving use of health systems and reducing emergency room visits, hospital admissions, and patient costs. Additionally, training residents as Community Health Outreach Workers will not only impact and improve their personal health, but will also educate their families and their neighbors about critical health issues plaguing low-income communities. Finally, the Community Health Outreach Worker training can serve as an entree to other health careers, thus improving both the economic and educational well-being of these residents.

UTMB's Community Health Outreach Program should be considered as a model to accommodate and serve our target population. It is a unique program through which registered nurse care managers work with community health workers and a social worker, to combine care management and disease management. The program's objective is to establish patients with a medical home,

improve access to prescription medications, increase knowledge of disease and establish self-management goals.

Both HUD and Tulane University have outstanding curricula for Community Health Outreach Workers that include education on nutrition, fitness, sexually transmitted diseases and treatable diseases. Locally, the East Texas Area Health Education Center offers training and certification programming, as does the Texas Department of State Health Services. Many programs are offered in English and Spanish, and have distance learning opportunities for those who cannot attend sessions in person.

In order to consummate access to care and health education, case management and the Community Health Outreach Workers will also work with families and in collaboration with social service agencies, to ensure their continual enrollment in entitlement programs (Medicaid, SNAP, CHIP, etc.). They will also seek to increase participation of pregnant women and mothers in nutritional and health education programs, for early prenatal care and comprehensive health-attention during infancy.

Inventories and Joint Planning to Ensure Effective Access to Health Care

Among our target population, a significant proportion suffer from an array of chronic illnesses which can be traced back to poor health behavior and other environmental factors, including hypertension, arthritis, heart disease, diabetes, and asthma (also affecting many children). Health & wellness should be enhanced for the entire family, including seniors, by inventorying various educational/preventive health initiatives and disease management programs in Galveston (as well as benefit programs, such as the County Indigent Health Care), by getting an understanding of health care providers’ capacity to serve the target population in their various needs, and, if capacity is inadequate, driving joint planning efforts geared at greater efficiency, effectiveness, and innovation. The Social Services Network Advisory Group, the Community Task Force, and US Galveston Today must work closely together for a seamless discussion, problem-solving, and planning for effective access to a wide spectrum of health care needs by the target population, as well as to impact the availability and utilization of benefits programs, such as the County Indigent Health Care Program. Some critical service providers that may be sought to contribute to this initiative include the Galveston County Health Access Program, UTMB, St. Vincent’s House, and the Jesse Tree.

Table S

Primary Health Care Providers serving Indigent Families of Galveston¹²	
Provider	Description of Services
St. Vincent's Nurse Managed Health Clinic	Comprehensive primary care; prevention, early detection and control of chronic illnesses; health promotion, and includes health care, mental health services, and a wide range of supportive services to reduce stress and poor health
4C's Community Health Centers	Provide a wide range of primary and preventive health care services; counseling, and/or basic dental care
Teen Health Centers (UTMB)	Preventive and primary health and mental health care, health education, and health referrals to students in schools through on-site health centers

¹² We realize that there may be other health care providers in Galveston that provide these services to low-income families. We expect that through case management, we will research the full spectrum of health care services available to residents as the Human Capital Plan and process progresses.

Introducing On-site/Mobile Clinic Programs

On-site clinic programs, from mammography trucks, dental vans, to pediatric health units, and other screenings and medical services, must be brought to the living locations of the residents as part of the behavior modification process. Such services may subsequently be set up to sustain the new participation model in the new community.

3) Provide parenting support of holistic needs of children and youth.

As the household assessments show, only a low number of residents with pre-school aged children attend parenting classes. At the same time, given the study mentioned above, a fair proportion of children who display emotional and behavioral disturbances, tend to have parents who discredit that there is a problem that needs to be addressed. Furthermore, many parents of school-aged children, who participated in our assessments, provided responses that seem inconsistent with the challenge their children and youth might actually face. Over a third of respondents indicated that the youth in their neighborhood suffer too much stress, languish in drug activity and poor academic performance. At the same time, when speaking of their own child, they frequently convey an idealization over their own children's trajectories: A large majority does not worry that their child might drop out of school, think that their child will go to college, and do not believe that their child gets into trouble at school.

Only very few parents note that their children have a hard time adjusting to change, despite the obviously devastating effects which the storm brought to their lives.¹³ While such inconsistent answers might be given out of discomfort over the setting where the assessments were administered (i.e. crowded room, an unfamiliar agency conducting the assessments, etc.), this alone may speak of the stigma surrounding possible issues their children face. The source for this disconnect may lie in the fact the parents themselves struggle with mental-health-related issues (especially post-disaster trauma), that they need skills to understand and deal with their children's issues, and that they may not know how to access the resources they need.

Case management will work closely with these families to connect patients to appropriate education, screenings, and other related services, to get these pressing needs met. At the same time, respective programs and services need to become more accessible for this community. The Family Service Center offers an array of family-based services and programs including family, individual, and group counseling and therapy. The Family Service Center has therapists and counselors who work to enhance parenting skills, which includes teaching parents how to work with their children in supporting their developmental, emotional, behavioral, social needs. Also, the Family Service Center may be able to divert staff to provide critical mental health services to our target population in areas where there is most need as indicated in the following health strategy.

Particular consideration of services offered through this agency may be given to the Family Service Center's Youth Resiliency Program, which follows the Strengthening Families curriculum, and is offered free of charge for families with children ages 6-17. The program consists of a series of 14 evidence-based training sessions for high risk families, which is geared at improving positive

¹³ In a handful of assessments, this question was changed to whether their children have a hard time adjusting after the storm, which triggered more yes-response.

parenting skills, while enhancing children's social and communication skills and decreasing emotional and behavioral problems at home and in the community.

Holistic CDC Rites of Passage also offers parenting enrichment programs where they can learn practical approaches to parenting based on the STEP (Systematic Training for Effective Parenting) model. As a part of the implementation strategy, case managers will work with Holistic CDC and other local agencies to identify and adopt the best model and approach for effective parenting.

The need for parenting training and support was also identified by substantial numbers of directors of family programming and lead educators who participated in an assessment of local early childhood education services. Parent involvement in their children's education is obviously an important component in nurturing the child's emotional development and well-being. In that respect, Urban Strategies recommends that the Incredible Years program be considered for coordinated delivery at local centers and schools, to serve not only parents and children, but teachers in an integrated manner. This program, open to all families and teachers, utilizes award-winning teacher training, parent training, and child social skills training methods. Its goals are to (1) provide programs where families and teachers of young children learn how to develop social, emotional, and academic competence; and to (2) provide interventions for teachers and parents to treat and reduce the early onset of conduct problem among young children. Thus, this program is also highly relevant in countering risks of mental illness and substance abuse among these children.

Local assets on educational involvement by the parent that should also be explored include the SMART Family Literacy program, which provides books and training for reading with young children. Expanding the Reach Out and Read program currently in place at the Island's Pediatric Clinic to other providers where our target population seeks pediatric care should also be considered. Through this program, "doctors and nurses speak with parents about the importance of reading aloud to their young children every day, and offer age-appropriate tips and encouragement."

Other opportunities for parents to understand and enhance the child's wellness, with possible integration of schools and center, need to be further explored by the Social Services Network Advisory Group and the Community Task Force in collaboration with Case Management and trained Community Health Outreach Workers. Topics could include how parents can support a healthy environment for, and health behavior of their children, such as consciousness over indoor air quality (indoor smoking, use of toxic household cleaning products, etc.), a healthy diet, ample opportunities for exercise and play, and providing a stimulating environment for the children at the home (e.g. balance between use of TV, videogames, vs. books, learning-based family computing, art, etc.). Any of these aspects should, at best, be coupled to programmatic activities in the community.

4) Facilitate the screening, treatment and mitigation of mental health conditions among children, youth, and adults

Household assessments and stakeholder feedback convey that in our target population adults as much as children and youth suffer from ill mental health. This is generally manifested as depression, anxiety disorder, and high stress. Especially among youth this is coupled to substance use and other risk behavior, while younger children convey higher degrees of emotional and behavioral problems. Understandably, these conditions are impacted by Hurricane Ike.

Nevertheless, a pre-Ike mental health focus group among GISD parents and teachers, facilitated by UTMB, has revealed that, even then, many students did not know how to cope without using violence, and lack problem-solving skills. They also found that there were a lot angry, violent and depressed adolescents and youth in the community. Lack of parenting skills was also identified as a common concern.

UTMB has, since then, established Telehealth centers at the several Galveston schools, which are school-based psychiatric services geared at closing the gaps in access to mental health services for adolescents and youth in the Galveston County community, especially for the underserved. Telehealth ties into the work of Teen Health Clinics which are located at Ball High School, Central Middle School and Austin Middle School. Aside from primary health care, educations & referrals, these clinics, in collaboration with UTMB, offer mental health and substance abuse counseling for youth.

While the Teen Health Centers and Telehealth are limited to the teenager, another critical provider in Galveston, the Family Service Center, provides critical services that help to fill this gap. The Family Service Center offers mental health counseling for individual, families, and groups of all ages. The Teen Health Center and the Family Service Center also collaborate on offering Strengthening Families, a program which through family-based activities, help to build protective factors in children and help to build social skills within the family network. The Strengthening Families curriculum has been proven successful in increasing family resilience and reducing risk factors for problem behaviors in high-risk children, including behavioral problems, emotional, academic and social problems.

Overall, both the Teen Health Clinics and the Family Service Center are a critical component in addressing critical needs of our target population, and will be able to place appropriate staffing in natural portals where families can access relevant services for no charge. The Family Service Center also has the capacity to develop and modify therapy and skill building modules to attend to a broad array of mental well-being and inter-relational issues which this population may face, and to co-locate these services where needed.

On a systems level, the 2009 Survey of Behavioral and Emotional Difficulties in Childcare through the local System of Care working group, also indicates that there is a “need at the local level to improve linkages and responsiveness of the mental health services system to assist childcare providers in addressing emotional and behavioral issues of young children and their families.” It further states that efforts are needed to reduce the number of young children who are expelled from early care and education programs, due to a wide-spread lack of capacity among providers to mitigate emotional and behavioral problems among these children. Therefore, more training and support for childcare providers and parents to help them recognize and learn how to deal with behavioral and emotional disturbances in early childhood, needs to become available.

The Family Service Center contracts with HeadStart to consult teachers in how to address early childhood mental health through deeper involvement of the parents. The importance of such linkage cannot be emphasized enough, and should be expanded to involved Galveston’s network of licensed child care facilities and homes.

An apparent gap in mental health services exists on the island, which include grave limitations in substance abuse treatment and in-patient psychiatric services, not just for the indigent population, but for residents of Galveston as such. Psychiatric services are available through the Gulf Coast Center, however service receipt underlies specific requirements, and treatment is limited to specific clinical illnesses, including schizophrenia, bipolar disorder, and major depression. Thus far, psychiatric cases requiring inpatient care are generally referred to clinics in Houston.

Youth can seek substance abuse counseling at the Teen Health Center, but again, this counseling service is very limited as far the capacity for treatment is concerned. Indigent woman have the opportunity to receive treatment for dependency problems at the Alcohol/Drug Abuse Women’s Center. All other individuals will have to leave the island for proper care. The Social Service Network Advisory Group will have to work together with the Bay Area Council on Drugs & Alcohol, and the Galveston County Health Access Program, to form a consortium to address this gap.

Solely scaling treatment options for substance use and chemical dependency will have little impact, without engaging in preventative work. For youth, it is particularly helpful to offer meaningful activities and developmental and social learning experiences that ultimately reduce the desire to engage in harmful behaviors.

The following agencies provide programming that support youth development and play important roles in the ability and will of children and youth to avert risk behavior.

Table T

Youth Intervention Program Providers ¹⁴	
Provider	Description of Services
Bay Area Youth Council on Drugs and Alcohol	Offers a Youthbuild Program that includes various levels of prevention education, using the Positive Action curriculum, in elementary schools, junior high/middle schools, and high schools, and also in family settings.
Boys and Girls Club of Galveston County	Education, leadership on training and character building or young people; after school programs;
Boy Scouts and Girl Scouts	Education, leadership on training and character building or young people; after school programs; daycare
Community Youth Development Program	Supports summer job shadowing, mentoring, recreation, substance abuse prevention, and youth leadership development.
Communities in Schools	Counseling, crisis intervention, academic support, tutoring, mentoring, teen pregnancy prevention, gang prevention and intervention.
The Gulf Coast Center	Wide range of community-based services targeted to children and adolescents who have a severe emotional, behavioral, or mental disorder.
Holistic CDC Rites to Passage	Fosters wholeness in children, youth, and adults through the modalities of counseling, social services, mentoring and education; anger management, and skill building; parenting education and enrichment

¹⁴ We realize that there may be other youth program providers in Galveston that provide these services to low-income families. We expect that through case management, we will research the full spectrum of youth services available to residents as the Human Capital Plan and process progresses.

Nia Cultural Center	Cultural enrichment and youth development/ life skills programs that curb juvenile crime and violence
21 st Century Community Learning Center	Youth development activities, drug and violence prevention, counseling, character education; academic enrichment activities

Case managers will work with families to identify residents with critical mental health and/or substance abuse issues, and will connect them to needed services. The case manager/youth specialist will also emphasize and coordinate opportunities for children and youth to participate in meaningful activities that decrease the likelihood of adverse behaviors.

5) Support therapeutic group interaction through activities that promote hobbies and the arts.

Urban Strategies recommends a recreational and therapeutic arts program for youth and young adults for the new community. Reports of stress and academic failure among the youth and young adults can be diminished by building or connecting the new community to an established multi-disciplinary youth and young adult arts program provider. Arts and cultural engagement is a recognized effective tool for reducing stress and increasing therapeutic relaxation. Successful inclusion of an arts program for youth and young adults in the new community will also have direct positive impact on the approximately 29% of resident heads of households who also indicated conditions of high stress, anxiety disorder, and depression (Tier 1). Additionally our experience in supporting mixed income communities establishes that, when arts and cultural activities are developed as part of the signature of the physical site, the programming serves as a bridge for differences in background among the residents.

A recent study explored the association of attending cultural activities with good health, satisfaction, low anxiety, and depression. Among other things, the study looked at the impact of what was deemed “receptive cultural activities” (basically, an observer of art) and “creative cultural activities” (a participant in the creation of art). The study found a strong association of both types with good overall health. The study collected data from over 50,000 people living in central Norway.¹⁵

Some interesting aspects to highlight in this study:

- Women who attended church and sporting events were more satisfied with their lives
- Women who attended sporting events also perceived themselves as being more healthy
- Men said they were healthier when they volunteered, exercised, and participated in outdoor activities
- A variety of cultural activities (artistic, musical, theatrical) were also associated with good health in men
- The more activities the individual participated in, the happier they were.

¹⁵ Community Health, May 2011. “Patterns of receptive cultural activities and their association with perceived health, anxiety, depression and satisfaction with live among adults: the HUNT study.” Norway. K. Cuypers, S. Krokstad, T.L. Holmen, M.S. Knudtsen, L.O. Bygren, and Jostein Holmen.

Urban Strategies recommends cultivating art participation activities for children and adults, as well as increasing access to cultural activities by reducing cost and transportation barriers. Such a program should also nurture other participatory activities such as adult team sports and faith-based programs.

6) Increase access to area food banks and implement a program whereby healthy food is introduced.

In our assessments, 43% of residents have indicated that they there are times when they do not have enough food in the house, because of lack of resources. This is consistent with reports of family hunger by educators and social service providers, especially among young children. At the same time, local area food banks have seen a drastic increase in indigent families seeking food assistance. Nevertheless, it also seems that the target population cannot necessarily utilize this service when most needed due transportation-related issues. Additionally, over 46% of the survey respondents indicated that they had health conditions such as high blood pressure, diabetes, and other treatable illnesses (Tier 1) that could be better managed with a healthy diet.

Strengthening Local Area Food Banks in Providing Healthy Food

While residents report that local food banks are filling the gap by providing food, there is little evidence that the other aspects of food and healthy living are being addressed. Feedback from stakeholders also indicates that currently, food banks still rely heavily on food that does not qualify as “healthy”, and that many programs to support food security are contributing to poor nutrition.

Urban Strategies recommends connecting all of the targeted families to area food banks, with capacity to provide nutritional food boxes to pregnant women and post-partum mothers, infants and children under six years of age who are not receiving WIC assistance, and seniors who are 60 years or older. Furthermore, fresh fruits and vegetables need to be made available through regular targeted fairs and deliveries where residents can best access them. How to best achieve this needs to be explored in more detail by Social Services Advisory Group, with emphasized participation by local food banks.

Table T

Food Banks in Galveston¹⁶
Gleanings from the Harvest
Our Daily Bread
The Jesse Tree
St. Vincent's House
Beacon of Hope Center

Programs to Enhance Disease Management, Healthy Dieting, and Wellness

The families will also need to be connected to a healthy food program would provide education on disease management, including diabetes, obesity and hypertension. The provider would also assist with education about good nutrition by providing nutritional information that includes easy to make recipes using commodity foods, caloric intake analysis, and shopping strategies designed to stretch

¹⁶ Galveston Island has many other small agencies who offer some form of food assistance, which should be considered in further discussions on enhancing healthy food options/strategies for the target population.

food dollars while encouraging healthy eating. The program must be culturally sensitive so as to invite participation. Implementation elements of the healthy food program, to meet or exceed national best in class programs, should include, target population training to serve as peer to peer counselors and advocates for the program; some individual or community “multi-generational” gardening; connection to the state college extension service for sustainability of the healthy food effort.

Locally, the Jesse Tree is licensed by Stanford University to provide a Chronic Conditions Management Program and has adapted curricula (in English and Spanish) to address specific conditions, such as diabetes, heart disease, stress and other chronic health problems (which may be co-occurring in one individual). The Jesse tree VISTA program offers nutrition and wellness supports including the Friday Food Fair which provides a weekly opportunity for individuals to receive fresh fruits and vegetables in an outdoor farmers market setting. Additionally, the program provides dieting resources and recipes for specialized diets to promote and disease management. It is recommended that the case management system connect to this and other locally-based food and nutrition programs.

Community Gardens with Related Programming

A very valuable strategy of bringing fresh food and favorable dieting to the residents includes the establishment of community gardens on the green spaces on several, if not all, of the sites. Not only have residents expressed an interest in community gardening, but the benefits of having such a garden are multi-fold. The produce from the garden will alleviate hunger, strengthen food security, and ease access to nutritionally rich vegetables and herbs, which may otherwise not be available to these families. Moreover, through these gardens, individuals of all ages and capacities can engage in meaningful, productive, and healing activities that reduce stress, bring joy, satisfaction, a sense of well-being and belonging. Considering the tremendous opportunities for social interchange, the gardens can also serve as a platform for children and youth to develop social skills and communal responsibility, while elderly will have an outlet to reduce trends towards their isolation. Most of all, given the immediate needs for healthy dieting among our target population, local gardening tied to socio-educational programming, could effectively round off access to healthy foods with a deeper sense of appreciation and desire for it. The community garden will most likely be successful if led by a Resident Leadership Team with support by Urban Strategies, and technical assistance by regional experts on starting community gardens, such Urban Harvest, Inc. in Houston, and by local initiators of similar project, such as the San Jacinto Community Garden at the east end of Galveston. Programmatic activities would be taken up by Urban Strategies’ Project Manager in collaboration with the Social Services Network Advisory Group.

7) Provide on-site amenities that promote healthy living and institutionalize programming at the inception of the new community.

The proposed physical design of the community includes amenities that encourage physical activity, such as a fitness center, swimming pool, tot play lots and community green space. These amenities should have place-based programming with the opening of the community. Programming may be effectively provided by partners, given the existence of the amenities, with coordination by on-site staff; or the programming may be developed and implemented by on-site staff. In addition, case management will encourage walking and biking in and around the community not only as an alternate means of transportation, but as a strategy to improve personal physical health.

Connecting residents to on-site amenities that encourage physical activity and healthier living should begin once the new housing becomes available for occupancy.

Preliminary Outcomes:¹⁷

Table U

Metric	Year One	Year Three	Year Five
Increase the number of households accessing primary physician care to disease maintenance of asthma, diabetes, hypertension and arthritis	20%	50%	100%
Reduce number of emergency room visits for disease management	20%	50%	90%
Increase the enrollment of pregnant mothers in pre-natal care services during first trimester	20%	50%	90%
Increase the number of parents enrolled and/or completing in parenting skills and family strengthening programs	10%	30%	50%
Reduce number of adult and youth reporting “high stress”	20%	60%	80%
Increase participation in arts and cultural activities that support wellness	20%	40%	60%
Reduce the number of households that report hunger as an individual or family challenge	30%	60%	100%
Increase resident access to fitness and physical activity in and around the new development	-	50%	90%

¹⁷ Year One, Three and Five outcomes will be measured against needs assessment data gathered during the case management enrollment and intake process. All outcomes are provisional and subject to review and adjustment by GHA during the implementation phase of the Human Capital Plan.

Priority # 3: Two-Generation Education Emphasis

A. Existing Conditions

Education in Galveston is a serious concern for a wide spectrum of people with whom Urban Strategies has communicated to inform this Human Capital Plan. Community leaders, educators, and residents have deep concerns about persisting achievement gaps that lead to unequal health, educational, and life outcomes. The following table shows the alarming achievement levels of children in Galveston.

Table V

All Grades			
	Galveston ISD	Houston ISD	Texas
Free and reduced price lunch (all grades) (2009-10)	69.1%	79.3%	85.9%
Attendance (2008-09)	93.2%	95.1%	95.6%
Elementary Schools – Grades 3-5 (2009-10)			
Proficient or Advanced in Math-All*	80.3%	86.3%	88.7%
Proficient or Advanced in Science	73%	87%	88%
Proficient or Advanced in Reading/ELA*	81.6%	87.3%	90%
Proficient or Advanced in Writing*	91%	92%	92%
Middle Schools, Grades 6-8 (2009-10)			
	Galveston ISD	Houston ISD	Texas
Proficient or Advanced in Math-All	81.3%	80%	83.3%
Proficient or Advanced in Science	67%	73%	78%
Proficient or Advanced in Reading/ELA	85.3%	84.7%	89%
Proficient or Advanced in Writing	93%	93%	95%
High School, Grades 9-12 (2009-10)			
	Galveston ISD	Houston ISD	Texas
Graduation Rate (2009) (Compl. Rate I)	77.4%	83.2%	89.2%
Drop-out (2008-09)	8.3%	3.3%	2.9%
ELA (Met Standard)	89.5%	81.3%	92%
Algebra (Met St.)	69.7%	74%	78.7%
Soc. Studies (Met St.)	93%	94%	95.5%
Average ACT Score	18.0%	19.7%	20.5%

*Texas Education Agency, Academic Excellence Indicator Reports System
<http://ritter.tea.state.tx.us/perfreport/aeis/2009/district.srch.html> & January 2011 School District Summaries;
<http://www.lonestarreports.com/>*

**Only counting TAKS tests administered in English; class sizes weighted equally in grade-level composites*

Urban Strategies proposes a cradle-to-college-to-career pipeline to address these educational disparities. The continuum of solutions that we propose is similar to the Harlem Children’s Zone and the federal initiative to replicate the model, Promise Neighborhoods. The continuum provides better educational opportunities for children and thus better chances of academic success.

We have also studied the data surrounding the educational achievement levels of adults in Galveston. This data, which is shown in the following table, is also alarming.

Table V

Educational Attainment of Population, Age 25 and Older						
	Target Population (Tier 1)	City of Galveston	Galveston County	Harris County	Texas	National
No High School Diploma	31.5%	20.1%	14.7%	22.8%	20.7%	15.5%
High School Diploma (incl. equivalent)	46.1%	25.6%	26.8%	24.1%	26.2%	29.3%
Some Post-Secondary Education, no degree	14%	21.6%	24.6%	19.9%	21.5%	20.3%
College Degree (incl. Associates)	5.6%	32.8%	34%	33.2%	31.5%	34.9%

(Tier 1; U.S. Census, American Community Survey 2005-2009)

When a child is being reared by an adult who lacks strong education and parenting skills, prospects for academic success for that child is weakened. We propose a two generation education strategy that puts both child and parent on a path to success. This can be achieved through two, parallel pipelines where each generation works together for a common objective, not simply a job, but the skills and attitudes to achieve economic mobility. We call this a two-generation education strategy.

This approach is supported in recent data on two-generation approaches. King and Smith (2011) contend that, “As parents achieve academic and economic success over time, they serve as role models for their children and increase their capacity to enrich their children’s learning environments and to advocate and push their children toward greater academic success from preschool through college” And indeed, “The performance of children in elementary and middle school will be enhanced both by their own experience in an early childhood program, as well as by their parent’s enhanced parenting skills”.¹⁸

B. Strategies and Preliminary Outcomes for Priority #3

Recommended Strategies:

1. *Urban Strategies will create and provide support for a two-generation education pipeline for both children and adults, using local expertise and capacity as much as possible to achieve desired outcomes.*
2. *Urban Strategies will work closely with Galveston Sustainable Communities Alliance (GSCA) and Galveston Independent School District (GISD) to shape a plan for improved educational outcomes for children at the early childhood and K-12 level.*

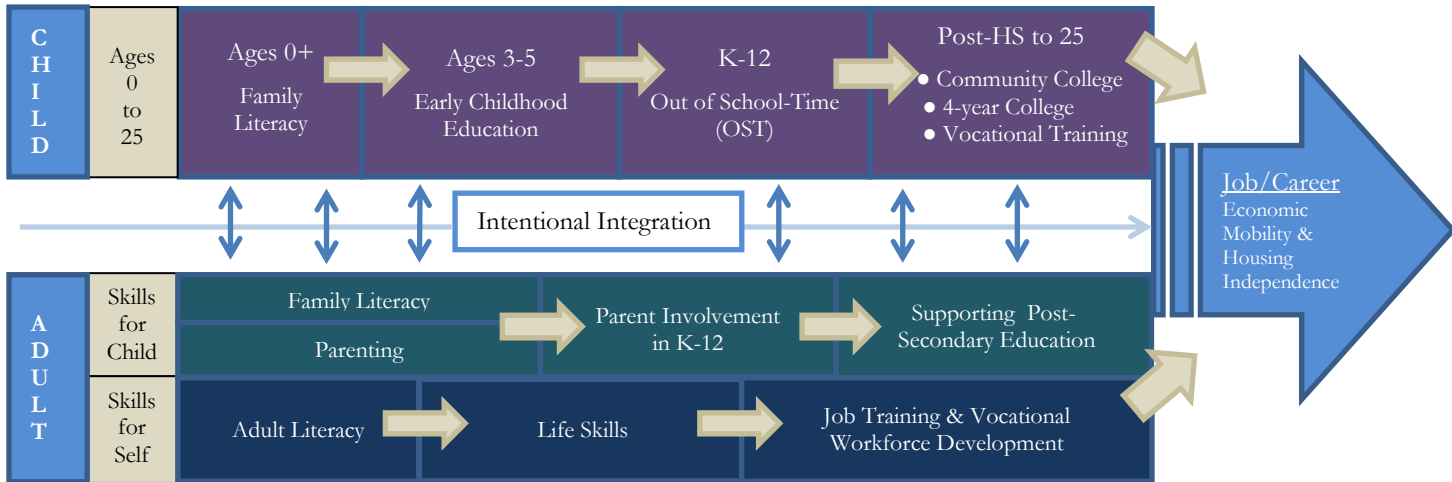
¹⁸ King, Christopher and Smith, Tara. (2011) Investing in Children and Parents: Fostering Dual-Generation Strategies in the United States. *Association for Public Policy Analysis and Management*.

3. *Urban Strategies will work to remove barriers that get in the way of children and adults being successful in the two-generation pipeline.*

1) **Urban Strategies will create and provide support for a two-generation education pipeline for both children and adults, using local expertise and capacity as much as possible to achieve desired outcomes.**

The following graphic outlines the components of our two-generation education strategy:

Chart 22



Early Parenting

Our research suggests the need to locate and implement an evidence-based parenting program for targeted residents. One of the strongest such programs, Play and Learning Strategies (PALS), was developed at the Children’s Learning Institute at The University of Texas Health Science Center at Houston by Dr. Susan Landry and Dr. Karen Smith. PALS is a research-based, parenting program that helps parents support their young children’s (infants to preschoolers) social-emotional, cognitive, and language development. Through 10-week (infant program) and 12-week (toddler/preschooler program) curricula, parents learn specific behaviors that help them tune in to their young children, respond in a sensitive and contingent manner, and provide appropriate cognitive and language stimulation. The program, which is implemented nationally, including at the Harlem Children’s Zone, has been rigorously evaluated through randomized trials and has produced strong results. Urban Strategies proposes implementing PALS for targeted residents in their home or with a group of parents at a center.

Family Literacy

Through our work with Dr. Susan Landry, who is a local expert on early childhood development, we will identify a Family Literacy program that can be adopted and delivered to adults and children in the new developments. Dr. Landry, through her work with the National Family Literacy Council, has access to a strong 6-week shared reading program that could be just right for our work.

- 2) **Urban Strategies will work closely with Galveston Sustainable Communities Alliance (GSCA) and Galveston Independent School District (GISD) to shape a plan for improved educational outcomes for children at the early childhood and K-12 level.**

Early Childhood Education

Urban Strategies is in close conversation with Galveston Sustainable Communities Alliance (GSCA), who is the local expert in education issues in Galveston. Both Urban Strategies and GSCA see early childhood education as a tremendous area of need and will work together to craft an early childhood education strategy. Part of this discussion will be whether to expand the capacity of existing early childhood providers in Galveston or to look at the strongest national providers and work together to bring them to the island.

K-12 Education

Urban Strategies has also been in conversation with the Galveston Independent School District (GISD) surrounding the need to raise the standards of excellence for all children in Galveston. Galveston Sustainable Communities Alliance, GSCA, as the local expert in education in Galveston will be integral to the success of any initiative. There are a number of strong charter school providers, including KIPP Coastal Village and Odyssey Academy, who will be a part of the conversation about improving student educational outcomes for all Galveston children. A key piece of what Urban Strategies can do is to help convene the coming together of the key stakeholders around a vision for success. In addition, Urban Strategies can provide support and resources towards the realization of this vision. Part of this support will include recommending strategies around how to deliver programming in GISD schools that is two-generational in nature.

We understand that there is a real issue surrounding discipline and GISD's response to behavior problems in school. We believe that the two-generation education strategy will provide opportunities that will help mitigate behavior problems. In addition, by removing barriers to success in the two-generation pipeline students will be healthier and happier, also mitigating behavior problems. That said, some behavior problems will remain and with GSCA and GISD we will address the issue of the schools' response to behavior problems.

Through our work with GISD and GSCA we can come to understand programmatic and service needs within schools. Some of the needs can be filled by organizations that Urban Strategies is already working with in Galveston. If there is a need for a school based program that cannot be met by those organizations we are already working with, we will locate a new program provider and facilitate the implementation and success of that work.

After School and Summer Programming (OST)

It is evident from the collected data that there is a great need for after school and summer programming in the new developments. Only 30% of children are enrolled in after school programming and even fewer, 11%, are enrolled in summer school programs. 83% of parents are seeking after school programs and 40% seek summer programs. Urban Strategies proposes to partner with 21st Century Community Learning Centers/ ACE in Galveston, an existing, robust Out of School Time (OST) provider, that is highly interested in serving youth in the new communities. Their program follows the Standards of Quality by the National Institute of Out of School Time. This provider can tailor programs that match the desires of children and families. The data suggests

that residents are interested in arts and crafts, job opportunities, tutoring, dance, music, and sports. 21st CCLC's/ACE can offer any of these programs and is ready to do so.

Table X

OST Program Desires
1. Arts & Crafts
2. Job Opportunities
3. Tutoring
4. Dance
5. Music/Band/Singing
6. Recreation & Sports

OST Literacy Instruction

Urban Strategies created Succeeding with Reading in 2004, which has been implemented in communities and schools across St. Louis by US's Project Manager for Education and Learning Initiatives ever since. Succeeding with Reading takes the best practice method of Balanced Literacy, as defined by the leading literacy researchers in the nation, Fountas and Pinnell, and implements it with a 3:1 student to teacher ratio. The program has been independently evaluated four times, with the most recent evaluation reporting "statistically significant gains in reading comprehension". The program is implemented Out of School Time and, if desired, the program can be brought to Galveston.

Parent Involvement in Child's Education

Another element of Urban Strategies' two-generation education strategy includes supporting parents' involvement in the elementary and secondary education of their children. Parents often need to understand how to provide a quiet, calm, and well-lit space at home for study, how best to assist with homework, how to communicate with the child's teacher, etc. Urban Strategies is in conversation with various Galveston organizations about providing such a service, including the Texas ACE program and the Strengthening Families Program provided through 21st Century Community Learning Centers/ACE contracts with trained facilitators from the Family Service Center and Galveston ISD Parent Outreach Specialists. Urban Strategies also works with the Incredible Years program in communities across the country, and they could be brought in to fill this need. The Incredible Years program, which offers an integrated set of parent and teacher training programs, and social skills training for the child, using evidence-based approaches, is discussed in more detail in the Intensive Health and Wellness Initiatives for Families section of this Plan.

Urban Strategies also recommends dual-generation technology-based intervention programs, such as Computers for Youth, which provides "low-income families with a computer-based home learning center, including a suite of highly engaging educational software, and training on how to use the computer to enhance learning and positive family interactions around learning."¹⁹ Such a program could be explored to envelope families with children of all ages. Family-based home computing

¹⁹ As presented, by Dr. Ariel Kalil, Ph.D. at the Aspen Institute, Washington, D.C. on October 14, 2011. The presentation was titled "The Digital Promise: Harnessing Technology and Innovation in Two-Generation Education Investment Strategies," Dr. Kalil is with Center for Human Potential and Public Policy, University of Chicago.

boosts the children's academic engagement, confidence, interest and effort, and self-regulated learning, while, at the same time, enhancing maternal numeracy and literacy.

Adult Literacy

A key component of the two-generation education strategy is adult literacy. Based on Urban Strategies' research and experience in the field it was determined that we needed to develop, in-house, an evidence based adult literacy model, which could be offered to communities when needed. Such an approach is currently being tested in St. Louis. The model is based off of Succeeding with Reading, a reading acceleration program that was developed by Urban Strategies in 2004. The adult literacy model begins with a rigorous, individualized assessment of each adult learner's skills and interests. Based on these assessments a curriculum is created to match the adult learners. The program hires the highest quality instructors in the region and pays them well. The class focuses on teaching decoding, vocabulary, and comprehension strategies that the adult learners need. Ample time to practice these strategies is given, using books the adult learners choose collectively. The program also uses Reading Plus, a computer based instruction program that focuses on silent reading fluency. The program is supported by a paid curriculum support specialist. In addition, an Urban Strategies case manager works to ensure that adult learners continue to attend and graduate from the program. Class size is capped at 12 students. Leaders and educators in Galveston have reported the dearth of quality adult literacy programs, and Urban Strategies suggests that our adult literacy program be implemented in Galveston.

Workforce Development

Galveston College is a strong community college with wide-ranging educational and job training programs. Urban Strategies will work to ensure that as many residents as possible attend Galveston College and graduate with the skills and attitudes necessary to land and keep a job. Galveston College is willing and has the capacity to design and implement specific programs to ensure that residents are successful in their programs. One such program that we have discussed is a two-generation approach where Galveston College would teach young mothers parenting skills to use with their child while learning to be an early childhood caregiver. Marrying the work of Galveston College with the work of Urban Strategies will lead to significantly stronger outcomes for residents.

Life Skills

Galveston College also has the capacity to implement life skills classes for residents that will help them retain employment once hired. Together, we intend to craft a series of programs that address the life skills gaps that exist. Areas to focus on will include work ethic, time management, and financial literacy.

Housing Stability and Education

Urban Strategies works in tandem with McCormack Baron Salazar, the developer of mixed-income housing in Galveston. One reason that Urban Strategies partners with McCormack Baron Salazar has much to do with education. When children and adults live in stable and quality housing, it is much more likely that they will not move during the school year. And we know that "chronic" movement in and out of schools negatively impacts children socially, psychologically, and academically. Frequent movers feel alienated and lose continuity of instruction, important peer relationships and access to remedial programs....Not only are standardized test scores lower and dropout rates higher for these children, but their new classmates also suffer as teachers repeatedly disrupt classroom routines and continuity of instruction as well as spend less time on creative,

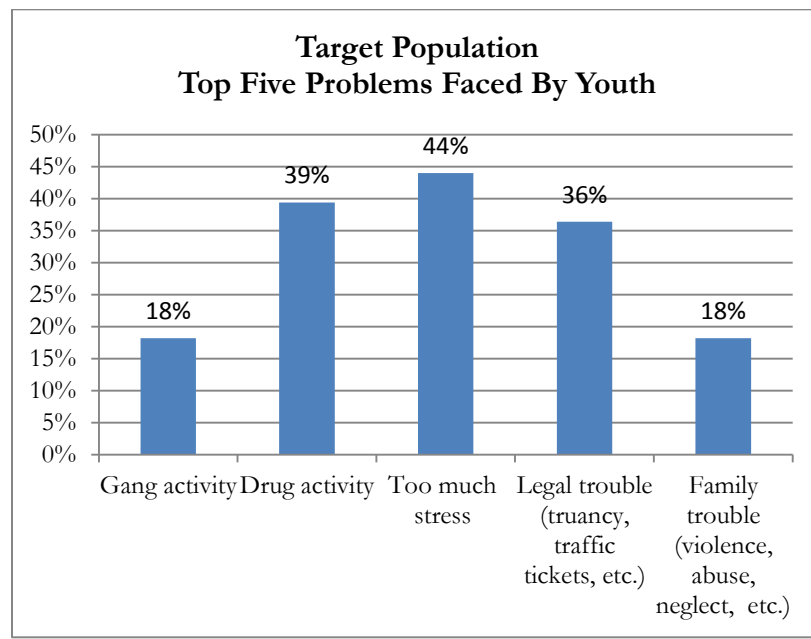
integrated teaching strategies in order to devote extra time to transfer students.” (Moore and Glassman, 17).²⁰ By working off of a housing platform Urban Strategies and MBS can increase the chances that children and adults have housing stability and thus a better chance of educational success.

3) Urban Strategies will work to remove barriers that get in the way of children and adults being successful in the two-generation pipeline.

Removing Personal Barriers

A key element of Urban Strategies’ work in communities is our ability to remove the various personal barriers that prevent the two-generation education strategy from being successful. Through our research we have come to understand these barriers.

Chart 23



(Tier 1)

Urban Strategies will work closely with Galveston social service and health providers to remove these barriers. We intend to work with the Family Service Center when residents present mental health issues, especially depression, PTSD, psychosis and stress related conditions. We are impressed with the work of Teen Health Centers and other programs delivered through UTMB. By working with such programs we are able to address and remove personal barriers so that both generations of learners are able to successfully achieve the end result of economic mobility, together.

Data System

An important element in the two-generation education strategy will be linking the work of all organizations and programs that are working together in Galveston for stronger educational

²⁰ Moore, Sandra and Glassman, Susan. The Neighborhood and Its School in Community Revitalization: Tools for Developers of Mixed-Income Communities.

outcomes for children and adults. This can occur through a shared data system where individual student performance can be tracked across programs. In addition, a shared data system can track individual program success and even track outcomes for an entire population. Urban Strategies has been in conversation with Fred Thomas and has researched Hands 2 Youth, a local data system that has great promise. Through our work with Promise Neighborhoods we also are familiar with Social Solutions’ database, Efforts-to-Outcomes (ETO) and the Promise Scorecard by Results Leadership Group. We will continue to converse with Fred Thomas and other leaders in Galveston about the best data system to utilize in this work.

Evaluation

Urban Strategies proposes to hire an independent evaluator who will evaluate each of the programs in the two-generation education strategy. Each component program of the parallel pipeline will be required to administer a pre and post assessment to all participants. These assessments will provide both formative and summative data, so that we can understand the success of each program as well as how to improve each one.

At Urban Strategies we often hear from young parents that having a child sparks the motivation for the parent to become more educated and acquire new skills. Through the work of the hired evaluator in Galveston, we intend to study this issue to come to a greater understanding of this dynamic. This understanding will be helpful as we hone in on what it is that makes individuals successful in the two-generation education strategy.

Preliminary Outcomes²¹:

Table Y

Metric	Year One	Year Three	Year Five
The infrastructure of the two-generation pipeline will be in place and fully operational.	50%	100%	n/a
Increase in children/youth and adults who are successfully engaged in the two-generation pipeline as measured by the independent evaluator.	40%	70%	90%
Percentage of children/youth will exhibit improved educational performance, enrolled in job training or employed	10%	20%	30%
Increase in number of adults who will be employed or meaningfully engaged in job training.	10%	20%	30%

²¹ All outcomes are provisional and subject to review and adjustment by GHA during the implementation phase of the Human Capital Plan.

Priority # 4: Transportation – An Employment Initiative

A. Existing Conditions

In community workshops and focus group meetings, residents and stakeholders identified transportation as a major barrier to jobs and services, and Tier One data indicates that transportation is the number one barrier to employment. The public transportation system for Galveston does not provide adequate service to enable transit-dependent residents to travel around and outside of their communities. There are few transportation alternatives in Galveston that allow residents to commute around the island, or to the mainland to go to work or to access needed programs. Residents who do not possess their own vehicles must rely on a severely constrained public transportation system to manage seemingly basic daily activities like grocery shopping or getting themselves to work and their children to school. The U.S. Department of Housing and Urban Development reports that to achieve upward mobility and economic success, people need jobs and transportation to get to those jobs. *“Gaining and keeping employment are difficult tasks for those who lack adequate transportation. Many residents living in assisted housing in urban areas do not own vehicles and are bound by the limitations of local public transportation.”*²²

Following the devastation of Hurricane Ike, Galveston Island residents were scattered across southern Texas. According to outreach and engagement efforts, a large majority of public housing residents have returned to Galveston and are living on the island, however several remain on the mainland with the highest concentration of people in Texas City, La Marque and Houston. Resident meetings and assessments have informed us that these families want to return to Galveston, but that inability to access island services and amenities due to limited transportation options is a major concern.

The island of Galveston is 27 miles long and 3 miles wide at its widest point. But despite its small size, the island is not conveniently walkable, nor is its transportation system effective. There are currently two main transportation systems that serve the island: Island Transit which offers seven bus routes around the island between the hours of 6:00 a.m. and 11:30 p.m., and the Gulf Coast Center which offers fixed route services to mainland stops in Texas City and La Marque through its Island Connect program. Both services are limited to a daytime schedule and do not support residents in employment in jobs with non-traditional work hours. Additionally, the fixed routes and stops in central locations limit ability to access work destinations beyond the bus stop, thus limiting employment opportunities for those dependent on public transportation to get to their jobs.

Some local agencies and organizations offer free or low cost transportation services for specific programs and services on the island. For example, UTMB offers free bus trips to and from health appointments, and St. Vincent’s House offers van service throughout the community for seniors, medical patients, and for children and youth needing access to recreational activities. There are several other local providers that offer transportation with direct routes to and from their services and programs which is beneficial, but also limited. However despite these alternatives, transportation remains problematic and difficult to access outside of these specific needs.

²² US Department of Housing and Urban Development, *The Road to Self Sufficiency: Helping Residents Overcome Transportation Barrier* (2005). Retrieved from www.hud.gov

Table Z

Social Service Agencies Offering Local Transportation Supports	
Provider	Description of Services
4C's Clinic	Transportation needs are met through the Galveston County Health District Medicaid Van, county vehicles, and CONNECT Transit
AIDS Coalition of Coastal Texas	Case Managers arrange transportation, use personal vehicles, or provides bus passes to assist with transportation
Connect Transit	Transports persons who are indigent or disabled on Mainland
Island Transit	Supports the Jesse Tree Transportation Token/Ticket program for medical needs, ER, Hospital, 4C's Clinic and Gulf Coast Center Mental Health, and Substance Abuse Services
Galveston County Community Action Council	Provides housing vouchers for transportation
Galveston County Social Services	Transports consumers for services in county vehicles, provides bus passes, or tokens
Galveston Resource & Crisis Center	Provides client transportation through the use of staff's personal vehicles or by providing tokens for Island Transit, or by contracted cab company
Salvation Army	Intake Specialists and Case Managers screen for need of transportation and attends to consumers transportation needs through bus tokens or personal vehicles
St. Vincent's House	Case Managers provide bus tokens or utilize employee vehicles for transportation
The Children's Center	Serves youth by providing transportation by issuing bus tokens or utilizing employee vehicles to transport clients

Galveston public housing residents indicate through survey data and feedback that although 59% of residents possess a valid driver's license, they must rely on public transit or friends and relatives to get around (Tier 1). Some residents report that they rely on taxi services to do their grocery shopping because that is the best and only way for them to efficiently get their food home (Tier 1). A round-trip taxi ride for some residents can amount to \$30 per trip, and for some, the \$30 sacrifice could be one day's worth of food for their family. Many Galveston residents also use bicycles to travel around and across the island to access services. Residents report that with an improved and expanded transportation system, they could find better opportunities or do more to provide for themselves and their families.

According to UTMB-CEHD's August 2011 *Envisioning Galveston* report, off island transportation services are also lacking. The report indicates that buses to and from the mainland are infrequent, and that passengers risk being stranded for long periods of time if they miss the bus. The report also cites limited scheduling, insufficient routes and bus stops, and bus fare cost as deterrents to an effective transportation system for many travelers who seek public access to the mainland.

In addition, the UTMB-CEHD 2011 Health Impact Assessment also cited transportation as an issue for residents, and recommended several transportation strategies based on its findings, including:

- Developing a transportation plan that takes into account affordability and subsidy options; customer ridership needs; key destinations; effective routes; appropriate and frequent stops; and ridership rules; and
- Conducting a survey of current and potential riders to identify ways to enhance the riding experience and remove barriers to ridership.

B. Strategies and Preliminary Outcomes for Priority # 4

Recommended Strategies:

As indicated above, there are several obvious disadvantages to the current public transportation systems that serve Galveston.

- Hours of operation are limited and transportation on evenings, weekends and any other non-typical working hours prove to be a challenge for residents.
- Everyday activities such as getting children to daycare or school, getting to work, going to doctor appointments, running regular errands such as going to the grocery store or pharmacy can be extremely difficult to coordinate.
- Public transportation does not always provide a direct route to a particular location.
- Transportation costs can be expensive for low-income people working in entry level jobs.

It is clear that quality and adequate transportation services are needed to accommodate the needs of Galveston families. Ultimately, expansion of existing transportation services, including flexible routes with connections to the mainland, additional/accessible stops on and off the island, and an expanded schedule that offers services beyond traditional working hours is recommended. However, this requires extensive policy work that is beyond the scope of this Plan. The following strategies are proposed to improve and expand transportation systems in Galveston in effort to allow residents the opportunity to seek, obtain and retain employment and to improve their overall quality of life through the access of services and amenities on the island:

- 1. Develop an on-island “People Mover” initiative managed by the community to provide additional and adequate transportation for residents to services, amenities and jobs*
 - 2. Subsidize existing public transportation for low-income and public housing families in need through the development of innovative community partnerships*
 - 3. Promote ride-sharing and carpooling with residents who own vehicles*
 - 4. Encourage on-island walkability and bikability*
- 1) Develop an on-island “People Mover” initiative managed by the community to provide additional and adequate transportation for residents to services, amenities and jobs.**

The lack of transportation is a clear barrier to accessing the full range of employment, health, education, and youth development opportunities available to residents on the island and beyond. To increase access to transportation services for individuals and families, an on-island “People Mover” initiative could be developed and managed as a self-sustaining non-profit social enterprise that provides transportation to the programs, services, amenities and work places most often used by the community. This program will be targeted to the families of Cedar

Terrace, Magnolia Homes and Oleander Homes, and other low-income families living on the island, as well as to local businesses and service agencies.

People Mover can use small vehicles operated by qualified drivers in a limited service area, and can provide services during hours when public transportation is virtually impossible to rely on due to limited schedules beyond daytime hours. The services would provide the following benefits:

- New employment opportunities to unemployed and underemployed residents
- Critically needed transportation services to allow residents to seek, obtain and retain employment
- Critically needed transportation services to families, children and seniors to medical appointments, youth programs and activities, food markets where affordable fresh food is available, and cultural and social events
- Affordable and convenient transportation services that will make it unnecessary for low and moderate income households to purchase and operate one or more private automobiles in order to have access to economic and other opportunities on and off the island.

People Mover can also negotiate partnerships with employers to ensure transportation services for employees. Transportation agreements with major island employers will provide alternate modes of transportation for workers in entry-level jobs. For example, with anticipated growth in the health care industry, and with the expansion of the UTMB campus, it is anticipated that there will be opportunity for an increase in entry level jobs in healthcare. The potential for some of these jobs being evening or midnight shifts may make them difficult to access for residents with limited or no access to transportation, and difficult to fill for employers. Employers may enter into agreements with People Mover to provide transportation services for their employees, and may be more likely to hire residents who have a reliable means of transportation to and from work. Employers with the highest concentration of employees, such as UTMB, GISD and Landry's Seafood Inc. would be targeted for this type of agreement.

People Mover can also create its own jobs for unemployed and underemployed residents in a business for which there is a strong likelihood of growth and sustainability. Opportunities for trained drivers, an auto technician to maintain a fleet of vehicles and an administrative assistant to coordinate pick-ups and schedules are among the jobs that will be created through the initiative.

Generally, positions as commercial drivers, such as bus or taxi cab drivers, do not require any special level of education except, perhaps, a high school diploma or GED and a commercial driver's license (CDL). Because People Mover will use smaller vehicles in a limited services area, applicants with good driving records that can pass a drug and alcohol screening can qualify and be considered for a position. This provides needed employment possibilities for residents who do not have a high school diploma or GED. Qualified driver candidates will receive job training through partnerships with the State Department of Transportation and other transportation related service providers.

The implementation of this system will provide a convenient and affordable transportation option for low-income residents while allowing full access to economic and other opportunities in and beyond Galveston. It will also create jobs for residents and provide entry level employment opportunities with pathways to skilled careers and better paying jobs. Grant funds would be required and sought to fund the implementation of the People Mover strategy.

2) Subsidize existing public transportation for low-income and public housing families in need through the development innovative community partnerships

Galveston stakeholders are well aware of the challenges that limited transportation brings to their services and businesses individually. By pooling resources and forming a creative partnership to address transportation issues, a community transportation committee could seek funding and local government assistance to meet the transportation needs of the community. Subsidies, including bus passes for existing transit services on and off the island, could be provided to families in need. This may help drive business or increase enrollment for local agencies, businesses, schools, churches and other service providers.

With available resources, transportation assistance could be provided to low-income and public housing families through federal or private funds. Initiatives such as United We Ride, a program implemented by the U.S. Department of Transportation in partnership with the U.S. Department of Labor, U.S. Department of Health and Human Services, and the U.S. Department of Education, provides information and resources concerning state and local support to help eliminate transportation barriers, encourage partnerships, and provide opportunities for people and communities in need of transportation assistance.

A community partnership around transportation can identify and apply for funding opportunities to improve transportation systems in Galveston, continue to evaluate transit services on and off the island, and make recommendations for improvements, both, for the city and county-wide. The United We Ride initiative reports several benefits to the development of community partnerships that create coordinated transportation systems:

- Coordinated transportation systems often have greater access to funding and more sources of funds and other resources.
- Higher quality and more cost-effective services can result from centralized control of resources through this partnership.
- Reduced duplication and overlap in transportation services to certain areas
- Increased access to areas where transportation services are limited which will in turn fill service gaps.
- Coordinated services can offer more visible transportation services for consumers and less confusion about how to access services.

Case managers will assist residents in accessing free or low cost services, and will coordinate with providers that already offer transportation services on and off the island. It is recommended, however that a greater discussion concerning the expansion of transportation services on and off the island occur among service providers and the transit authority, and that a community partnership be formed to address related transportation issues.

3) Promote ride-sharing and carpooling with residents who own vehicles

Some residents could use ride-sharing as an effective method to get around in their communities. Survey data indicates that 59% of residents possess a valid license to operate a vehicle (Tier 1). In addition, 46% of residents who attended community workshops and focus group sessions reported that they own their own car (Tier 1). Residents who are of age (most likely at least age 21), and who have reliable and safe transportation and a proven clean driving record could be incentivized to make shared driving arrangements with other residents including carpooling to work or to school, or for other appointments and errands.

Incentivizing car-pooling may benefit the car owner by reducing vehicle and transportation costs including fuel, mileage, parking and insurance, and increasing personal financial savings. Additionally, shared rides benefit the community by reducing traffic congestion, parking demand, air pollution due to auto emissions, and energy consumption.

4) Encourage on-island walkability and bikability

Many residents already use bikes or travel on foot as a means to access programs, services and amenities on the island. While these might not be viable options for some residents, such as seniors, residents with disabilities, or those who have other barriers that limit their ability to walk or ride, these options have several benefits to the greater health and well-being of the community, including:

- Positive impact on the physical health of residents and the community
- Improved health of people who ride or walk to work, resulting in lower health insurance costs for businesses
- Decreased dependency on fossil fuels
- Reduced traffic congestion on roads
- Reduced emissions and air pollution

To effectively promote walkability and bikability a greater campaign to market walking and biking as alternatives to current transportation systems would be recommended. The campaign would require the participation of local business, the City Parks and Recreation Department, local health agencies, biking advocates and others to develop a comprehensive initiative that supports the notion of walking and biking as efficient means to travel around the island. However, previous studies about Galveston's current transportation systems which produced similar recommendations, including the development of a marketing campaign around alternative means of transportation, have not been successful. It is likely that these recommendations needs to be further developed by the Community Task Force and perhaps be linked to other efforts, such as UTMB's Health Impact Study.

Preliminary Outcomes²³:

Table Z1

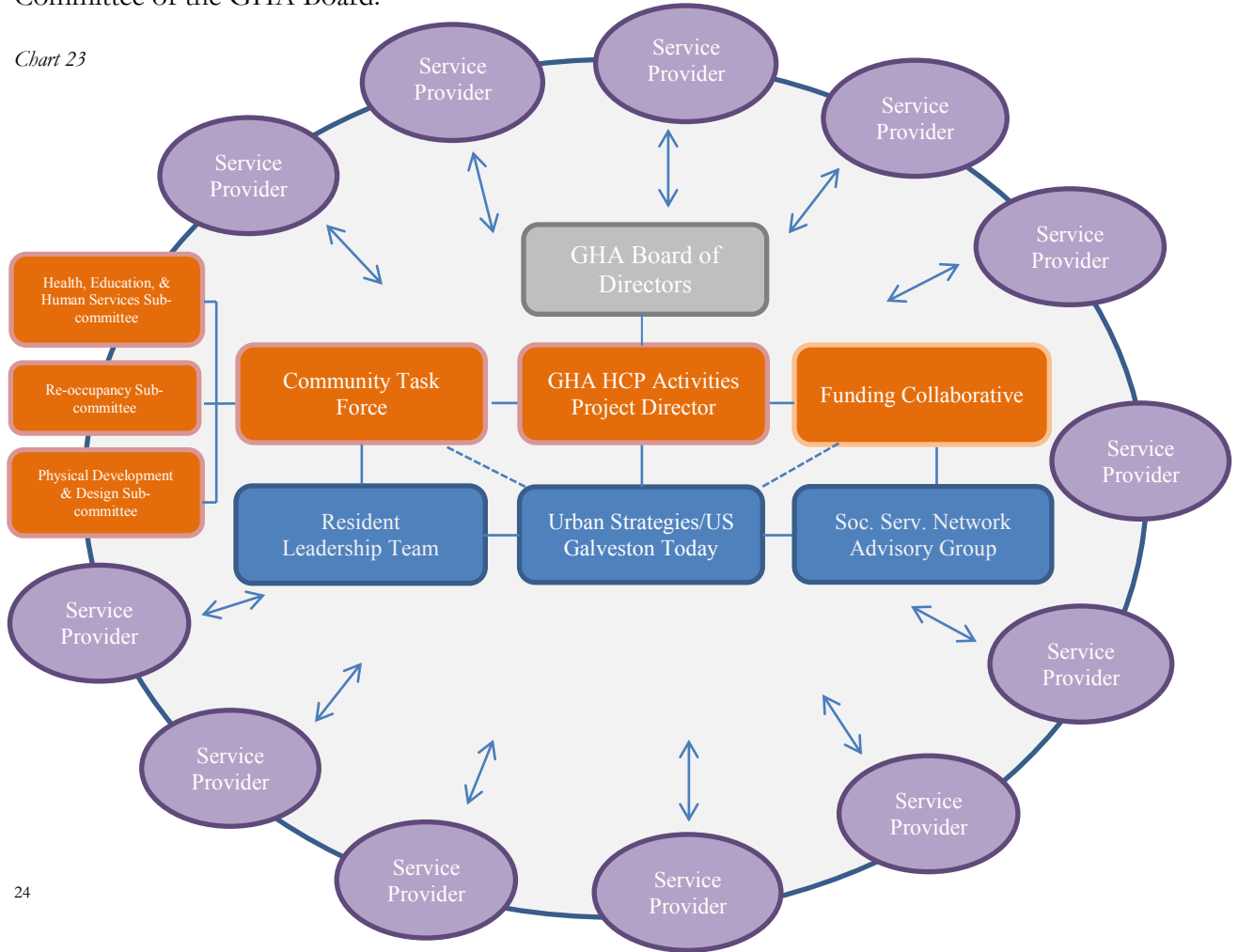
Metric	Year One	Year Three	Year Five
The “People Mover” initiative will be developed and fully operational	50%	100%	n/a
Understand and document the current transportation use and needs of residents assessed and enrolled in case management	50%	100%	100%
Increase resident awareness of transportation options and alternatives	50%	80%	100%
Increase number of residents in employment, with access to employment and/or with access to programs and service	20%	50%	80%
Increase number of adult residents employed for 6 months or greater (with the assumption that residents will have a higher success rate on the job because they can get to work)	10%	20%	30%

²³ All outcomes are provisional and subject to review and adjustment by GHA during the implementation phase of the Human Capital Plan.

VI. Plan Implementation, Oversight and Sustainability

Ongoing oversight of human capital development strategies including the implementation and sustainability of the Plan will be provided by a collaborative operating structure. The following structure was developed based on recommendations by GHA and the Human Capital Subcommittee of the GHA Board.

Chart 23



24

²⁴The Social Service Providers are critical to the implementation of the Human Capital Plan and its strategies, and in supporting the Human Capital Team, as they will be the entities that will provide service supports to the families as outlined through the Human Capital program.

Human Capital Team – Partner Descriptions and Roles

Generally, it is recommended that the partners of the Galveston Human Capital Team function as described below:

Galveston Housing Authority (GHA): GHA is the local public agency responsible for managing Galveston’s federally funded/subsidized public housing and the Housing Choice Voucher Program (Section 8). GHA is the lead public agency on the redevelopment of the Magnolia Homes, Cedar Terrace, and Oleander Homes communities in Galveston and has overall responsibility for monitoring the progress of the revitalization effort, including human capital development.²⁵ GHA will employ a Project Director to lead and oversee all Human Capital activities for the revitalization effort.

Funders Collaborative: The Funders Collaborative will be a convening of local funders that will engage local and national philanthropic organizations, corporations, and major institutions which have the ability to provide the resources necessary to implement the human capital activities outlined in this Plan. The Funders Collaborative will be committed to raising funds and leveraging the investments and resources already committed to the project, and will seek support for the Human Capital Plan from local, national, public and private sources that believe in the importance of transforming public housing and that want to support the affected families. The Funders Collaborative will also oversee fund dispersal and monitor program goals and evaluation of Human Capital programming to ensure responsible use of investments made by investors.

Community Task Force: The Community Task Force was initially engaged in August 2011 to provide policy guidance to GHA, Urban Strategies and US Galveston Today in the development and implementation of the Human Capital Plan. The Community Task Force consists of key institutional partners including public sector leaders, service providers and resident leaders that will provide direction to the revitalization efforts and the implementation of this Human Capital Plan. This body will be charged with ensuring that the strategies outlined in this Human Capital Plan are implemented effectively and achieving their stated goals. The current composition of the Community Task Force can be found in Exhibit C.

The Community Task Force will use their collective and individual abilities and authority to:

- Develop policy recommendations and direct policy implementation for effective and efficient integration of supportive services, community amenities and physical development;
- Determine gaps and overlaps in services and resources;
- Assist in developing and implementing a funding strategy for any systemic or programming gaps in either the physical or the Human Capital plans;
- Guide consensus-building to best match resources, community assets and community needs.
- Act as ambassadors for the revitalization effort.

As part of the implementation strategy the Community Task Force will be asked to:

- Set priorities and monitor performance against goals;

²⁵ GHA currently holds weekly meetings with the development team, including Urban Strategies, to ensure cross-function coordination and implementation of redevelopment activities.

- Leverage resources among and between the public and private sector;
- Provide implementation leadership and support to successive neighborhoods as the revitalization spreads outward to other neighborhoods.

This Community Task Force will receive staff support from Urban Strategies and US Galveston Today. Also to support its work, the Community Task Force will have three sub-committees with specific roles and tasks. Those sub-committees include:

- The Health, Education and Human Services Sub-Committee to focus on the design of health services, education from birth to old age, and a range of human services to ensure the success of residents in the revitalized community.²⁶ This sub-committee will provide guidance and support in partnership development, program design, and systems change efforts at the local level as needed to ensure Human Capital program success.
- The Physical Development and Design Sub-Committee to focus on issues specific to the physical development and design of the revitalization effort including housing, homeownership, mixed-uses, and historic preservation
- The Occupancy Sub-Committee to focus on issues specific to relocation and occupancy including return criteria, housing choice, and housing search counseling.

Urban Strategies proposes that the Community Task Force meet bi-monthly in year one, and on at least a quarterly basis after year one. Community Task Force meetings will include detailed updates on the progress of human capital activities and physical redevelopment activities are provided. A proposed meeting schedule follows:

Table Z2

Year One (2012)	Years Two – Five (2013-2016)
January	January (Annual Progress Report Meeting)
March	April
May	July
July	October
September	
November	

Service Provider Agencies: The service provider agencies are critical to the identification of locally available and accessible services, and to the delivery of those services to the targeted population according to resident needs. While the primary focus of the Human Capital Plan are the 569 households impacted by the redevelopment effort, the potential impact of the redevelopment on service needs, particularly in workforce readiness, for the Galveston community, reaches beyond the target community.

Once implementation of the Human Capital Plan begins, Urban Strategies, with guidance from the Community Task Force, other civic and philanthropic stakeholders, and residents, will identify the

²⁶ It is recommended that in the short term, the work of the Health, Education and Human Services Sub-Committee be rolled into the work of the service agency working group to avoid overlap in work.

service partners most appropriate, willing and able to support the implementation of programs and strategies recommended in this Plan, and formal partnerships with those providers will be established and outlined through Memoranda of Understanding documents between the service agency and GHA.²⁷ The MOU's will provide an open opportunity for providers to identify their service capacity and to determine any additional in-kind and resource support for the program strategies and for providers to fill the service gaps noted in the Human Capital Plan.²⁸ Urban Strategies will establish scaled programmatic outcomes and benchmarks to guide service partners in the implementation of the Plan.

Urban Strategies proposes that a Social Services Network Advisory Group be established to include all social service agencies serving the GHA population, and that there be an ongoing dialogue between this group and the Community Task Force. This collaboration would provide a forum to creatively address both services that directly affect the target population as well as wrap-around services that indirectly impact GHA residents, such as job training services for family members who are not living in GHA housing. This discussion should include the development of a set of agreed upon guidelines on how the agencies will work to implement the programming of Human Capital Plan.

The convening and collaboration of these agencies provides opportunity for a seamless service delivery system, which will allow for a stronger local network of services and supports for families. US Galveston Today will convene the service provider agencies within the first six months of the Human Capital Plan implementation phase and will establish regular and frequent gatherings of this group. The service provider agencies will work together to:

- Coordinate service programming essential to identified community need.²⁹
- Identify and close service delivery gaps.
- Seeking/Finding funding and then leveraging funding for a strategy.
- Build job bank for ex-offenders. Certain jobs will not be available to ex-offenders; however, ex-offenders may be connected to residents who are part of the "569." Providing opportunities for ex-offenders may be critical to the success of their families.
- Adapt programming priorities that fit the outcome. This means looking at finding ways to service others that are Section 3-eligible, but not the first tier priority. (Section 3 policy should be implemented as broadly as possible among non-construction trades and any job opportunities that emerge because of the high number of women that are in the first tier.)
- Engage non-traditional partners for policy directions and hiring.

²⁷ Agencies and organizations that will provide services related to this Human Capital Plan, or that may potentially receive funding as a result of this project generally should not serve on the Funders Collaborative or the Community Task Force as it could be seen as a conflict of interest since members of these groups will be expected to provide input and make key decisions regarding participation in, and funding of human capital activities. The Social Service Advisory Network provides additional opportunity for service agencies to participate in the human capital and physical development processes in a meaningful way.

²⁸ Residents will receive training to prepare them to participate in the MOU process. Allowing residents, with the support of professional staff, the opportunity to decide what providers are best suited for their community fosters additional engagement and commitment in the oversight of the implementation strategy.

²⁹ Service agencies need to outline guiding principles that will explain how the agencies will operate as it relates to the implementation of the Human Capital Plan. There is no current funding source for this.

- Identify large policy shifts needed to support the “569.” Example: It is recommended that the Human Capital Plan addresses Family Reunification for otherwise ineligible residents (softer side of family reunification). The purpose is to provide ineligible residents and their significant others access to services whether they are in the home or not.
- Develop local hire and growth policy, i.e. explore and address policies and training aspects that result in large local employers preferring to hire foreign workers, as opposed to hiring local residents (e.g. in the tourism and hospitality industry); engage employers in developing training strategies for locals to meet their needs.

To facilitate the formation of the Social Services Network Advisory Group, Urban Strategies will take on the following tasks:

- a. Compile a complete list of provider agencies organizations and identify any obvious gaps in service provision;
- b. Share the feedback from the September 2011 Community Workshop sessions and the subsequent resident engagement related to residents use of local services;
- c. Develop a framework for a social service leadership team. The team will examine 5 to 6 guiding principles around how the service agencies become an effective integrated system;
- d. Invite all providers to one large meeting for all the providers to address how to become an effective, integrated system;
- e. Following the initial service provider convening, establish a small work group to give direction to implement the collaboration;
- f. Hold a launch meeting for the new system 90 days later (Spring 2012).

Resident Leadership Team: The residents who have formerly resided in GHA’s demolished housing sites have intimate knowledge of the community’s needs and culture, and should play a strong role in the identification, validation and addressing of emergent community needs throughout the redevelopment process. A Resident Leadership Team of former or current GHA residents will be formed to gather resident input into the design and development of programming, and to ensure resident participation in decision making processes concerning human capital development and physical redevelopment. During post-revitalization, the Resident Leadership Team will serve as the liaison between residents, the management company and the community. An important responsibility of the Resident Leadership Team will work closely with management to encourage successful long-term residency in the revitalized developments.

The Resident Leadership Team will consist of former or current GHA residents who would work with the US Galveston Today staff and the Community Task Force to:

- Inform residents and other constituents of the Human Capital Plan and its components through regular public meetings, newsletters, etc.;
- Guide and provide input on all aspects of the implementation of the Plan, including policies and strategies;
- Promote resident participation;

- Inform the Project Manager and Case Manager(s) of the successes, obstacles and challenges connected to resident participation in the Human Capital Plan through regularly scheduled meetings;³⁰
- Receive the appropriate training to build capacity in serving as resident-based community leaders during and post-implementation, and to sustain the work of the Human Capital Plan.

US Galveston Today staff will work with residents, providing whatever technical assistance and capacity building necessary, so that they can continue to participate in a meaningful way throughout the planning, development and implementation process. Various methods, such as outreach through resident leaders, mailings, regularly scheduled meetings, and resident training sessions will be used to train and encourage residents to continue their partnership with the Human Capital and development teams. Resident training sessions may include resident engagement, tenant management training, leadership and conflict management and homeownership training.

Further, the identification and assembly of the recommended Resident Leadership Team is key to increasing the leadership capacity of residents and ensuring sustainability for the revitalized community. We recommend that the US Galveston Today staff immediately identify resident leaders and start the capacity building process of this group. The overall goal and direction of Resident Leadership Team is to begin implementing the model that ensures and maintains the characteristics of a healthy, vibrant, and sustainable community. The US Galveston Today staff and the Resident Leadership Team will work to develop strategies to support and sustain families post-revitalization that include:

- A strategy to ensure the continuation of the flow of information and referrals for residents to various community organizations that provide social services support to Galveston's children and families;
- A strategy to ensure the continuation of short-term case management and crisis intervention with individual residents and families;
- A strategy to maintain relationships established with service providers and community organizations, and to build new partnerships that will continue to support the families of Galveston;
- A strategy to ensure the identification and consideration of best practices and successful models of sustainable communities;
- A strategy to ensure the creation of a structure for financial stability of the assets, programs and services established as a result of this Human Capital Plan, including a plan to build the on-the-ground capacity of service providers as well as the residents of the community.

Urban Strategies: Urban Strategies is a not-for-profit agency that has broad experience and success in rebuilding the physical and human infrastructure of redeveloping urban communities. In Galveston, Urban Strategies leads on the Human Capital design for the revitalization efforts and will serve as the overall program management entity for Human Capital development and delivery. Urban Strategies will provide technical assistance, program management and design, partnership development, fund development, and capacity building to the Human Capital Team. Urban Strategies will also employ the staff and oversee the work of US Galveston Today, the Human

³⁰ It is recommended that the Resident Leadership Team meet on a monthly basis with the US Galveston Today project staff, and that public meetings are held monthly as well.

Capital implementing entity (US Galveston Today staff will be responsible for managing the day-to-day implementation of the Human Capital Plan).

Specific roles Urban Strategies may play in the administration of the Human Capital Plan include:

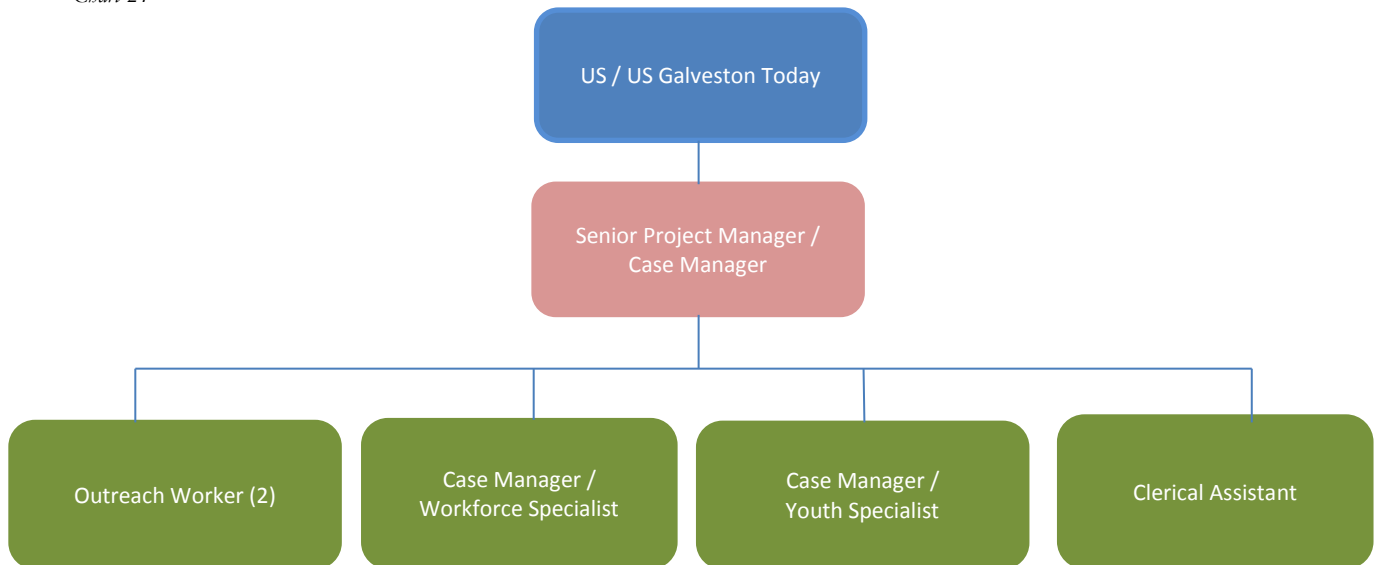
- Developing a plan for implementing the Human Capital Plan;
- Developing resident engagement strategies, establishing a Resident Leadership Team and building resident leadership capacity;
- Assisting US Galveston Today in developing, expanding and implementing the service partnerships necessary to achieve appropriate service supports for residents;
- Maintaining client data and other program outcome data, providing data to GHA and any funding agencies and organizations, and using real-time data and resident input to make ongoing decisions about leveraging and reshaping the human service delivery system for the targeted families;
- Employing, training, and providing administrative support for all US Galveston Today staff, including a project manager, case management team and other staff critical to the implementation of this Human Capital Plan;
- Oversight of staff performance with respect to meeting Human Capital Plan goals;
- Providing fiscal operations, oversight and accountability for US Galveston Today operations;
- Coordinating, facilitating, and staffing the Funder's Collaborative, Community Task Force and Social Services Provider Network Advisory Group, reporting to these groups on performance toward meeting goals, and making recommended course corrections;
- Coordinating Human Capital Plan elements that capitalize on the strengths of the physical redevelopment efforts, including service delivery strategies;
- Assisting the Human Capital Team with developing a long-term funding and sustainability plan to implement and sustain the programs and activities outlined in this Human Capital Plan;
- Providing technical assistance to GHA in developing the agency's capacity to effectively and comprehensively serve its residents;
- Permanently transition US Galveston Today at scale for service delivery and administrative and operating independence by the end of the revitalization period.

US Galveston Today: US Galveston Today will be a locally-based contract entity that will serve as the lead implementer on all human capital programs and initiatives, and will carry out the work outlined in this Human Capital Plan. US Galveston Today will operate under the direction of Urban Strategies with overall oversight provided by GHA, and will be responsible for coordinating with service providers, developing and implementing detailed work plans, engaging residents in programming, services and other activities outlined in this Human Capital Plan, and using real-time case management data along with resident input to make ongoing decisions about leveraging and reshaping the existing human service delivery system that serves the targeted public housing households. The hope and intent for US Galveston Today is to ultimately become an innovative model for a public-private collaboration that brings people out of poverty.

Management Structure and Staffing Descriptions

US Galveston Today will employ the following staffing structure: A Senior Project Manager with case management responsibility, a case management team including a Workforce Specialist and a Youth Specialist, two part-time Outreach Workers and, a Clerical Assistant. The organizational structure follows in Chart 24 below:

Chart 24



Senior Project Manager: The Senior Project Manager will report to Urban Strategies with additional reporting authority as established by GHA and its Human Capital Project Director. The Senior Project Manager will have responsibility for the day-to-day operation of all aspects of the implementation of the Human Capital Plan, including direct supervision of the case management team, Outreach Workers, and the Clerical Assistant.

The Senior Project Manager, under the direction of Urban Strategies, will provide overall coordination of the implementation and activities of this Human Capital Plan, and will have oversight with respect to the performance of deliverables. These deliverables include:

- Design and development of the operating structure(s) essential to address each strategy and achieve the projected outcomes;
- Design of the case management system and overall management of the systems of service delivery; and
- Engagement of residents in the Human Capital and physical redevelopment processes.

The Senior Project Manager will also supervise the case management team, oversee partnerships, and ensure that performance and outcomes are frequently and properly reported to the Human Capital Team.

Case Managers: US Galveston Today will employ the highly successful model of integrated service delivery developed by Urban Strategies. This integrated model ensures that human capital building activities are (a) closely coordinated with the physical revitalization activities and timeline, and (b) designed to leverage existing resources, avoid duplication of services, and contain costs. The overall goals of the case management model are to plan and provide individualized services for each family while also ensuring that overall patterns of need are addressed, including via systems change as necessary.

The purpose of the case management program is to assist families who formerly resided at the targeted public housing sites over an approximate 18-20 month period of time that mirrors the construction timeline to meet re-occupancy criteria established for the redeveloped mixed-income units, and to assist the residents in becoming economically self-sufficient by the time construction is completed. The case management system will focus on helping all residents by providing linkages to supportive services that may include job readiness training, access to employment opportunities, access to education that will lead to increased literacy, access to health and mental health services and health education, recreational opportunities for youth and senior services. The service provider agencies are critical to the identification of available and accessible services. The case management team will work closely with the service provider agencies to identify and close gaps in service according to resident needs.

The case management team will consist of:

- **One full-time Senior Project Manager/Case Manager.** The ideal candidate for a Senior Project Manager/Case Manager will have a graduate degree in social work or a related field, and have a background in workforce development and program design. The Senior Project Manager/Case Manager will have overall responsibility for coordinating and monitoring case management for the families targeted in this plan and will ensure the implementation of case management policies and procedures, designing and enforcing quality control measures, and ensuring accuracy and timeliness of client-tracking data and reporting. The Senior Project Manager/Case Manager's role is to lead on making decisions regarding caseload management, risk assessment and triage, and managing service provider relationships and referrals.
- **One full-time professional Case Managers/Workforce Specialist.** The Case Manager/Workforce Specialist will have a strong background in community work and have the ability to perform basic case management functions, such as follow-up with service providers and residents, with a high degree of motivation, organization, reliability and diligence. In addition, the Case Manager/Workforce Specialist will focus on increasing workforce outcomes for residents by identifying and securing job training opportunities, developing employment partnerships, and connecting residents to available jobs.
- **One full-time Case Manager/Youth Specialist.** The Case Manager/Youth Specialist is responsible for helping the young residents and parents/caregivers of redeveloping low-income communities increase access and usage of community resources and existing service systems for youth. The Case Manager/Youth Specialist will aggressively recruit residents to participate in youth programs and services, and perform initial and on-going assessments of

clients, programs and services; and will work with youth and their families to support involvement in education and other activities.

The case management team will be staff of US Galveston Today, and will receive direct supervision from the Senior Project Manager, with support and oversight from Urban Strategies.

Outreach Workers: Two part-time Outreach Workers will be responsible for engaging residents in the revitalization process, which will include programs, public meetings and community-wide activities. The Outreach Workers will interview residents and support the case management team with information gathering and the resident intake process. The Outreach Workers will also assist the US Galveston Today staff in representing the organization and the overall Human Capital efforts.

Clerical Assistant: The clerical assistance will provide general support for the US Galveston Today team and its office operations. The day to day function of this position will be to coordinate meetings, maintain filing systems, manage incoming and outgoing mail, and answer telephones.

Preparing Families for Return

Intensive Case Management

To prepare originally displaced families for return to the redeveloped communities, US Galveston Today will employ an integrated model of case management that ensures close coordination between human capital and physical development activities, that leverages existing resources, and that maximizes access to available and appropriate services that enhance family well-being. The core function of the case management model is to provide strength-based and family-focused self-sufficiency services while housing is under construction so that, once complete, families are prepared to live successfully in the new mixed-income housing. The services to which families are linked are continuously monitored for effectiveness.

This model for case management moves beyond reacting to families in emergency situations, but instead proactively supporting families in navigating and accessing systems, and making positive choices that help prevent crisis situations. Each head of household and their family will be assigned to a single case manager who will be responsible for:

- a) Helping families exercise their Final Right of Return decision³¹
- b) Helping the head of household achieve socio-economic and housing stability;
- c) Working with other adults and older youth in the household who need assistance with employment, education, or career advancement;
- d) Enrolling pre-school age children in early childhood education;
- e) Increasing the number of youth who participate in positive after-school enrichment activities;
- f) Connecting families to all needed and necessary services; and
- g) Promoting the overall health and well-being of all community residents.

³¹ If a family chooses not to return to one of the redeveloped sites or a scattered site housing unit on the island, they will be removed from the caseload targeted in this Human Capital Plan.

Case management will provide for seamlessly coordinated human services made possible by policies and procedures that are designed and employed by Urban Strategies in ways that will: (a) Improve access to and use of educational, recreational and social services, information technology, and other community resources by residents in order to meet their goals; (b) Increase accountability between case manager and client; (c) Strengthen capacity and effectiveness of service partners; and (d) Ensure continuity in service delivery for residents throughout their engagement.

All households enrolled in case management, regardless of their interest in returning to the new housing, will develop and execute a Family Development Plan, and all adults will develop and execute an Individual Development Plan. These plans are designed to prepare residents for integrated living in a mixed-income community. The plans provide strategic, clearly attainable, time-specific goals that address issues pertinent to the success and sufficiency of the resident and family. Each Family Development and Individual Development Plan will also identify the resources that are being committed to help residents address barriers, achieve and retain employment, and ultimately succeed in the new community. The Family and Individual Plans are key to providing the services that are supportive and appropriate for the specific family member and for providing the right services at the right point in time.

If case managers identify additional or unanticipated barriers during the service delivery process, the affected residents will be designated as priority cases within the caseload. In most cases, case managers, in close collaboration with the concerned service provider (as well as other service partners if appropriate), will address these issues promptly. In the event that there are serious issues that need collaborative attention, a joint staffing (sometimes inclusive of the resident) may be convened by the case manager to discuss and brainstorm action steps and strategies. All reasonable efforts will be made to support the resident in meeting the goals outlined in their Family and Individual Development Plans. If necessary, the original Family and Individual Development Plan may be modified to account for new information or any major changes in the resident's circumstances or capacity to achieve their stated goals.

Recruitment and Enrollment

Case managers, with support from outreach workers and other US Galveston Today staff, will aggressively market case management services to all targeted families. Residents will be given opportunities to sign up to receive case management services at resident meetings and community events. Home visits by case managers and/or outreach workers, phone calls, and mailings to residents urging participation in the case management program will also be employed. Responses, and the lack thereof, will be documented in resident files. Case management is not mandatory, and residents have the right to decline services and be classified as inactive. Only residents who explicitly decline services will be designated as having "Refused Services". To the extent possible, residents who refuse services will be required to sign a written statement confirming their refusal.

All residents, including inactive residents, will continue to receive information through mass mailings about public/tenant meetings, programs, services and Section 3 job opportunities. Inactive households may become active at any time during the redevelopment period if they express an interest in actively participating in any of the activities that are publicized.

Household Assessment and Triage

Upon enrollment into case management, residents will be assessed individually and as a family unit to holistically determine immediate household needs. Case managers will use standard caseload triage and household stability indices to determine resident's risk factors and to assign the appropriate risk categories for case management intervention. Based on assessments, participating households will be categorized as follows:

- 1) High Risk – currently in crisis;
- 2) Moderate Risk – currently in need of services to progress toward self-sufficiency or established re-occupancy criteria;
- 3) Low Risk – currently needing monthly follow-up to ascertain that the household continues to be stable and is not experiencing new stress factors or barriers to achieving self-sufficiency or re-occupancy criteria to be established.

Once the household assessment to determine risk levels is complete, case managers, in accordance with the resident's agreement, will provide referrals to the appropriate local service provider agency to enroll them in programs and services that are likely to help the resident achieve their immediate need or, if appropriate, manage a real or impending crisis.

Referrals will be made to local provider agencies for services and programs. Service agencies will be engaged, and services will be outlined through Memoranda of Understanding. Urban Strategies will support US Galveston Today in identifying partners and developing formal relationships, and will support GHA in institutionalizing direct relationships through MOU's.

Supporting Section 3

Case Managers, with leadership from the workforce specialist, will provide support to GHA and the development team in fulfilling Section 3 requirements related to the Galveston redevelopment effort. Specifically, case managers will:

- Identify and prepare Public Housing residents for Section 3 employment opportunities
- Connect these residents to Section 3 employment opportunities
- Track and report resident activity as related to Section 3
- Monitor residents continued employment and participation in Section 3 activities
- Support and intervene on residents to resolve any employment related problems.

Client Tracking and Data Management

US Galveston Today will utilize a real-time data management system to track households, to monitor resident progress toward meeting individual and family goals, and to chart progress toward program outcomes established in the Human Capital Plan. Case managers will gather data as a matter of routine while performing case management and client tracking duties, and will record and maintain data through a HUD-approved client tracking software. Data such as participation and completion of employment, education, childcare, early childhood care, health, mental health, substance abuse therapy and rehabilitation, entrepreneurship and asset building (including homeownership) programs will be tracked by the case management staff before being input into the client tracking database. To the extent feasible, resident's progress through referral services (i.e., whether they are referred; enrolled; progressing; hired or completed; dropped out, withdrawn or

dismissed from a program) will be documented in the client's files using progress notes, other documents or information received from regular contact with service providers. The client tracking software should automatically report tracked outcomes at the end of each quarter, and reports will be shared with the Community Task Force and the service agency working group to ensure progress of plan strategies and goals, and to determine the need for plan course corrections.

Urban Strategies is currently researching and comparing costs for client tracking software, such as the Hands 2 Youth (H2Y) system, as well as HUD-approved systems such as the Efforts-To-Outcomes (ETO) program created by Social Solutions, and the Tracking-At-A-Glance (TAAG) program created by Designing Success.

- UTMB has been developing a program and client management database, titled the H2Y (Hands 2 Youth) system, provided through Clear Health, Inc. This system is currently used by the Teen Health Clinics, the Family Service Center, the Gulf Coast Center, and the Juvenile Justice Center. This database holds service-specific algorithms developed in assistance with UTMB technical staff to track outcomes and produce reports. It also serves as a filter for case workers to determine eligibility requirements for particular services between the participating agencies, and also to exchange the nature and extent of service provision of clients. To date, H2Y is not used for comprehensive case management. However, capacity exists within UTMB and Clear Health, Inc., to build out this system within a reasonable timeframe to meet such tracking needs.
- Efforts-to-Outcome is another database which some agencies in Galveston use for case management and program tracking (The Jesse Tree will adopt this software within the upcoming months). This HUD-approved system is provided by Social Solution, a leading provider of performance software for human services. Efforts-to-Outcome allows service providers to develop their own case management and client and program tracking trajectories. This software also permits interagency collaboration around program goals and outcomes, with minimal sign-on and subscription fees. The advantages of this program are that it is flexible and requires minimal training, especially in consideration of expansion efforts from site to site. Social Solutions has been used for performance management of early childhood learning, integrated youth services, HUD programs, Social Innovation Funds, etc.
- Urban Strategies has extensive experience with Tracking-At-A-Glance (TAAG) Case Management and Performance Tracking by Designing Success. TAAG has been used in all of the organization's case management sites. It has also been used by Neighborhood Centers, Inc. for Case Management initiatives under a FEMA's Long Term Disaster Case Management Services Pilot program. It resembles the Efforts-to-Outcome tracking functions, however with a more limited ability by agencies to customize it for the tracking of particular programs. TAAG is commonly used by Public Housing authorities, and comes pre-designed for HOPE VI grant building activities, and is currently transitioning to accommodate tracking requirements of Choice Neighborhoods grants.

These and other systems may be considered for comprehensive case management and program tracking, and interagency collaboration, and will be explored in more detail in collaboration with the Community Task Force and the Social Services Network Advisory Group. Preference should be given to quality software with relevant functions that is already in use in the community, as opposed to introducing a new system.

Re-occupancy and Return Criteria

A large majority of households (87%) expressed interest in the new housing developments (Tier 1). Based on the demographic information available on these households, we expect that almost all of the former residents will require some supportive services in order to qualify for and move into the new mixed-income community. Throughout their engagement in case management and Human Capital programming, residents will be fully counseled regarding their rights and responsibilities related to housing re-occupancy. Re-occupancy criteria will be determined by GHA in partnership with resident leaders, the occupancy sub-committee of the Community Task Force, the property management company and the development team.³² Using standard lease terms and re-occupancy criteria as a guide, case managers will carefully assess real or potential barriers and threats to residency, and offer services as needed. Through a formal Release of Information form from all participating heads of households, the case management team will access information from the current property management records to identify and address problems related to delinquent rent or utility payments. Re-occupancy criteria and services available to residents to assist them in meeting the criteria will be clearly and consistently communicated to residents by the case management team throughout revitalization period.

Continued Resident Engagement

Case managers, in collaboration with the Resident Leadership Team, will aggressively market case management services to residents as a means to prepare them for re-occupancy in the new housing development. Residents will be given opportunities to sign up to receive case management services at community events and special “Open House” events at the on-site office once established.

Information about Human Capital and redevelopment activities will be shared with residents on a monthly basis at meetings conducted by US Galveston Today staff with support from Urban Strategies. The meetings will also be used to answer questions and address human capital and development-related issues posed by residents. As needed, service providers and other community stakeholders from the broader community will be invited to participate to give or receive general updates and join discussions about the progress of human capital and redevelopment activities.

Urban Strategies, with US Galveston Today staff, will work with residents and provide technical assistance and capacity building to ensure continued and meaningful resident participation throughout the planning, development and implementation process.

Service Facilities and Locations:

Human Capital service delivery by the US Galveston Today project staff will primarily take place at a to-be-determined location that is central to the development sites to allow for place-based³³ services

³² Discussions around re-occupancy will most likely begin 12-15 months prior to completion of construction.

³³ Place-based services are intended to meet residents where they are by coordinating support for the individual and household, and by managing the system of services as well.

for families. Since residents are currently scattered throughout the island and beyond, it will be necessary for case management staff to make home visits to complete case management tasks. Group meetings on various support service subjects, such as employment and training opportunities, will be held at locations to be identified as a central and convenient location by a substantial number of residents.

Several options for an operating location are available for US Galveston Today. The Galveston Housing Authority currently has space available in its headquarters that is not being leased and which could be offered at a reduced rental rate. In addition, there is programming space available on the Oleander Homes property. There may also be an opportunity to share space with the development team if they opt to relocate to the island. Finally, during the revitalization period, US Galveston Today staff may also be able to house with the property management team once their facility is constructed. The options eliminate costly operations expenses such as maintenance, utilities and security, allowing for those costs to be saved to support programming for families. Urban Strategies will select the most cost-efficient location that is also most accessible and amenable for residents.

A key responsibility of the US Galveston Today project staff will be the coordination of services offered at various locations. The relationships that are coordinated by the Social Services Network Advisory Group with support by the Community Task Force will enable case managers to make referrals to a wide range of service providers in different geographical locations, thereby increasing access to resources for residents that are scattered in various locations throughout the city.

Implementation Timeline:

The physical redevelopment work is scheduled to be completed over a five-year period, starting in July 2012, with the first mixed-income units slated for completion by the end of 2013. It is therefore recommended that the initial implementation activities for year one focus on the following:

- Supporting the capacity of GHA
- Establishing the local US Galveston Today entity and hiring key personnel³⁴
- Organization of the Funders Collaborative, Community Task Force and its subcommittees, and the Social Services Network Advisory Group
- Engaging residents in the revitalization process and enrolling them in case management and human capital development activities
- Identifying and supporting the development of resident leaders
- Development of critical partnerships needed to ensure that a cadre of services are in place and available as families occupy the new community.

In addition, staff will work with the Funders Collaborative and Community Task Force on resource development so that funds for the Human Capital Plan are in place as soon as possible.

³⁴ Upon approval of this Plan, Urban Strategies will begin the local hiring process. A hiring committee will be established to determine and agree on hiring procedures, and to vet candidates.

Implementation Timeline³⁵:

Table Z4

Year One Revitalization and Human Capital Activities	
Date	Action
January 2012	Community Task Force meets with Urban Strategies to review final Human Capital Plan strategies, tasks and outcomes and to prepare for early implementation work
January 2012	Urban Strategies presents the final Human Capital Plan recommendations to GHA Human Capital Committee and GHA Board for final vote and approval
February 2012	Urban Strategies works with the Human Capital Team to develop a detailed implementation plan
March 2012	Urban Strategies begins early implementation work around building the infrastructure of the Funding Collaborative and developing the resource and funding strategy
March 2012	Urban Strategies initiates the hiring process for key US Galveston Today staff
March 2012	Urban Strategies identifies and secures office space for US Galveston Today operations
March 2012	Urban Strategies begins to seek programming funds to support Human Capital Plan activities
March 2012	Urban Strategies identifies and begins to secure funding for data management software for comprehensive case management and program tracking
March 2012	GHA begins to identify evaluator candidates to measure effectiveness of the revitalization and Human Capital plans
March 2012	Community Task Force Bi-Monthly Meeting
April 2012	Urban Strategies and US Galveston Today staff begin to court service providers for the purpose of establishing formal partnerships, developing MOU's, and engaging the service provider agency working group
May 2012	Urban Strategies secures contract with data management software provider
May 2012	Community Task Force Bi-Monthly Meeting
May 2012	Urban Strategies and US Galveston Today convene the first meeting of the service provider agency working group
June 2012	Urban Strategies and US Galveston Today secures partnerships and finalizes MOU's for critical services for families
June 2012	Urban Strategies and US Galveston Today continue outreach and engagement of residents, begin to fully inform and engage residents in Human Capital and revitalization activities, and begin to enroll families in case management and to identify critical and immediate household needs, and prepare residents for Section 3 employment. This initiates the start of monthly resident engagement meetings.
June 2012	US Galveston Today staff identify work-ready residents that may qualify for early Section 3 opportunities, and identify a pipeline of candidates for upcoming Section 3 opportunities. US Galveston Today staff works closely with GHA staff and the development team to connect these residents to opportunities, and to engage interested residents in related training opportunities.
June 2012	US Galveston Today staff, with the support of the service agency working group and technical assistance from Urban Strategies, begin to connect families to services and prepare families for occupancy
July 2012	Anticipated groundbreaking activities to kick off construction of the new mixed-income communities

³⁵ Some dates may vary contingent upon any changes to the physical development schedule.

July 2012	Construction begins
July 2012	Ongoing case management for families, including development of Family and Individual Development Plans, priority setting, referral, follow up, plan revision and Service Partners Management is ongoing through January 2016
July 2012	Community Task Force Bi-Monthly Meeting
July 2012	Monthly Resident Engagement Meeting
July 2012	Human Capital Team secures evaluator. Early work to determine indicators begins
August 2012	Monthly Resident Engagement Meeting
September 2012	Mid-year implementation progress update to GHA, the Funding Collaborative and Community Task Force
September 2012	Community Task Force Bi-Monthly Meeting
September 2012	Monthly Resident Engagement Meeting
October 2012	Community Task Force Bi-Monthly Meeting
October 2012	Planning for re-occupancy and determination of return criteria begins
October 2012	Monthly Resident Engagement Meeting
November 2012	Monthly Resident Engagement Meeting
December 2012	Monthly Resident Engagement Meeting
December 2012	Resident intake and assessment process complete. Individual and Family Development Plans established
Year Two Revitalization and Human Capital Activities	
January 2013	First annual implementation progress update to GHA, the Funding Collaborative and Community Task Force including annual review of progress against goals and recommendations for program and strategy adjustments
January 2013	Monthly Resident Engagement Meeting
February 2013	Monthly Resident Engagement Meeting
March 2013	Monthly Resident Engagement Meeting
March 2013	Baseline Evaluation Report Due
April 2013	Community Task Force Quarterly Meeting
April 2013	Monthly Resident Engagement Meeting
May 2013	Monthly Resident Engagement Meeting
June 2013	Monthly Resident Engagement Meeting
July 2013	Community Task Force Quarterly Meeting
July 2013	Monthly Resident Engagement Meeting
August 2013	Monthly Resident Engagement Meeting
September 2013	Monthly Resident Engagement Meeting
October 2013	Community Task Force Quarterly Meeting
October 2013	Monthly Resident Engagement Meeting
November 2013	Monthly Resident Engagement Meeting
December 2013	First mixed-income units expected for turnover and lease up activity begins
December 2013	Monthly Resident Engagement Meeting
Year Three Revitalization and Human Capital Activities	
January 2014	Second annual implementation progress update to GHA, the Funding Collaborative and Community Task Force including annual review of progress against goals and recommendations for program and strategy adjustments
January 2014	Monthly Resident Engagement Meeting
February 2014	Monthly Resident Engagement Meeting
March 2014	Monthly Resident Engagement Meeting
April 2014	Community Task Force Quarterly Meeting

April 2014	Monthly Resident Engagement Meeting
May 2014	Monthly Resident Engagement Meeting
June 2014	Monthly Resident Engagement Meeting
July 2014	Community Task Force Quarterly Meeting
July 2014	Monthly Resident Engagement Meeting
August 2014	Monthly Resident Engagement Meeting
September 2014	Monthly Resident Engagement Meeting
October 2014	Community Task Force Quarterly Meeting
October 2014	Human Capital Team begins planning and development of sustainability plan and Urban Strategies transition strategy
October 2014	Monthly Resident Engagement Meeting
November 2014	Monthly Resident Engagement Meeting
December 2014	Monthly Resident Engagement Meeting
Year Four Revitalization and Human Capital Activities	
January 2015	Third annual implementation progress update to the Funding Collaborative and Community Task Force including annual review of progress against goals and recommendations for program and strategy adjustments
January 2015	Monthly Resident Engagement Meeting
February 2015	Monthly Resident Engagement Meeting
March 2015	Monthly Resident Engagement Meeting
March 2015	Mid-term Evaluation Report Due
April 2015	Community Task Force Quarterly Meeting
April 2015	Monthly Resident Engagement Meeting
May 2015	Monthly Resident Engagement Meeting
June 2015	Monthly Resident Engagement Meeting
July 2015	Community Task Force Quarterly Meeting
July 2015	Monthly Resident Engagement Meeting
August 2015	Monthly Resident Engagement Meeting
September 2015	Monthly Resident Engagement Meeting
October 2015	Community Task Force Quarterly Meeting
October 2015	Monthly Resident Engagement Meeting
November 2015	Monthly Resident Engagement Meeting
December 2015	Monthly Resident Engagement Meeting
Year Five Revitalization and Human Capital Activities	
January 2016	Final annual implementation progress update to GHA, the Funders Collaborative and Community Task Force including annual review of progress against goals and recommendations for program and strategy adjustments
January 2016	Human Capital Team finalizes and approves sustainability plan
January 2016	Monthly Resident Engagement Meeting
February 2016	Monthly Resident Engagement Meeting
March 2016	Monthly Resident Engagement Meeting
April 2016	Community Task Force Quarterly Meeting
April 2016	Monthly Resident Engagement Meeting
May 2016	Monthly Resident Engagement Meeting
June 2016	Monthly Resident Engagement Meeting
July 2016	Community Task Force Quarterly Meeting
July 2016	Monthly Resident Engagement Meeting

August 2016	Monthly Resident Engagement Meeting
September 2016	Monthly Resident Engagement Meeting
October 2016	Community Task Force Quarterly Meeting
October 2016	Monthly Resident Engagement Meeting
November 2016	Monthly Resident Engagement Meeting
December 2016	Monthly Resident Engagement Meeting
December 2016	Human Capital and Revitalization Period Complete. Post-revitalization and sustainability period begins. Urban Strategies transition activities begin.
Post-Revitalization and Human Capital Activities	
January 2017	Final report to GHA, the Funders Collaborative and the Community Task Force on Human Capital outcomes
March 2017	Final Evaluation Report Due

Sustainability

The goal of the Human Capital program during the revitalization is to support residents in progressing on the road toward self-sufficiency through participation in programs in the areas of employment, education, health and overall family and individual well-being. During this time of transition and throughout the redevelopment process, human capital needs are identified, services and service partnerships are developed, and resident leadership and community organizations are nurtured. However, the residents who will ultimately occupy the developments and the communities in which they are housed are not static. In the years following the intensive revitalization work, service systems, partnership and resident leadership support need to be renewed and sustained. We therefore propose that the Human Capital Team, including the Funder’s Collaborative, GHA, Urban Strategies and the Community Task Force, work together to develop a comprehensive sustainability plan that addresses post-revitalization issues, such as continued service coordination and gaps in services, and which provides a framework for consolidating and continuing progress in human capital and community building. The Sustainability Plan must also include a strategy that transitions the oversight of US Galveston Today from Urban Strategies to a completely locally-based, managed and operated collaboration that serves low-income people in Galveston.

The Human Capital Plan is built largely by leveraging in-kind services from several community partners. By being partnership-focused and resident-driven throughout the change process, the Human Capital Plan is rendered more likely to build on existing local capacity and to harness resident leadership skills to sustain the course and pace of transformation in the long-term.

It is also anticipated that the Community Task Force³⁶ and the Social Services Network Advisory Group will advocate for meaningful alignment of all locally available resources (via service providers, educational institutions, public and private sector investments) with the purpose and vision of the Human Capital program. Thus, the Human Capital Team will effectively assemble and direct existing human service systems towards the intended human capital outcomes.

Finally, an important goal of this plan and a deliverable for US Galveston Today staff is to raise public and private resources to sustain the Human Capital program efforts beyond the life of the

³⁶ The Community Task Force may establish a Sustainability Sub-Committee to provide guidance and support to the Human Capital Team in fund planning and development needed for the continuation of services at the appropriate level of intensity post-revitalization.

revitalization period. Potential sources may include private philanthropic funds or institutional support, and any existing public program funds.

It is recommended that the Human Capital Team begin to develop a sustainability plan for the new communities within ten months following the beginning of lease up, which is anticipated to begin by the end of 2013. The sustainability plan should include a set of core characteristics to set a broad vision for the communities; a set of guiding principles by which proposed sustainability programs will operate; a list of critical programs, services and amenities that are necessary based on community need; a plan for oversight, staffing, and operations; a preliminary budget and plan for continued funding; an evaluation strategy; and a plan for ongoing engagement and capacity building for residents.

VII. Evaluation

As with any program, the Human Capital Plan must continually be evaluated to measure success and gauge effectiveness. Evolving community needs and policy changes will continually affect the scope of such a Plan. Urban Strategies recommends that an independent evaluator conduct a multi-year evaluation of the physical and human capital development of GHA Properties. The selected evaluator should have a notable reputation in applied research for civic, nonprofit, and public sectors, and have the capacity to conduct multi-disciplinary research using a variety of qualitative and quantitative methodologies, including surveys, focus groups, observational methods and quasi-experimental designs. The Human Capital Team, including GHA, Urban Strategies, the Funders Collaborative and the Community Task Force will work together to identify appropriate candidates to conduct the evaluation. It is recommended that ultimately GHA procures and directs the negotiation and management of the selected evaluator, including determining the process and timeline.

The evaluation should measure the effectiveness and efficiency of Human Capital programming as it relates to the revitalization effort, and should be based on pre-determined indicators that are designed to document and chronicle not only changes in the physical infrastructure (i.e. the housing), but to also assess the extent to which Human Capital strategies do or do not achieve the outlined goals and milestones established in this plan. These pre-determined indicators should be determined by the evaluator and vetted by the Human Capital Team. At a minimum, the evaluator should measure against the determined indicators by conducting resident surveys at at-least three critical stages of the project – baseline, midterm and completion.

The US Galveston Today Senior Project Manager will have ongoing communication with the selected evaluator regarding the method and implementation of the evaluation process. US Galveston Today staff will provide data and area-specific information as requested by the evaluator that will be analyzed and used to inform the evaluation document. In addition, the evaluator will provide an assessment to the US Galveston Today staff that will inform and refine the design and implementation of service delivery methods or systems as necessary.

Once the evaluation process is established, it will help to readily identify successes and opportunities for improvement. The selected evaluator should provide thorough reports on the changes in physical form and socioeconomic characteristics of the community that result from the revitalization activities. At a minimum, an evaluation report should be issued annually over the life of the revitalization period and be shared with the Funding Collaborative, Executive Committee and the Community Task Force.

To keep the larger community informed of revitalization activities and outcomes and to continue community engagement processes, it is recommended that the evaluator, in partnership with US Galveston Today staff, provide a structured presentation each year that shares findings in simple language and in an accessible format so that residents, partners and community leaders are able to provide comments, feedback, advice and support on the revitalization activities.

We recommend that the Human Capital Team consider a partnership with a local university to conduct the evaluation. Due to budget considerations, it may be possible to negotiate with the local university partner to provide in-kind services (as college credit), or provision of services for a

minimal fee. Other creative low cost solutions could be recommended by the Human Capital Team for consideration by GHA. Funds for evaluation will be identified and secured by Urban Strategies with the support of the Funders Collaborative.

VIII. Resources and Funding

The successful, long-term implementation of the Human Capital Plan is dependent on how the integration of the many services and amenities, which the strategies in this plan address, are leveraged and maintained, as much as the success of finding the funding to support the aspired innovations. Despite the loss of resources associated with Hurricane Ike, Galveston has a network of on- and off-island service organizations that provide resources for job seekers, substance abuse interventions, and programs for children, youth, and senior residents. While on-island and site-based services are generally preferred, Galveston has a wealth of potential programming resources that could be further developed through key collaborations. By existing leveraging community resources to support the employment, job training, health, education, transportation and other social needs of the resident families, and by identifying and raising new dollars to support existing resources, a revitalized community is most likely to take shape.

To fund the Human Capital Plan and its related activities, Urban Strategies, with the support of the Funders Collaborative, the Community Task Force and GHA, will seek a private pool of funds from local and national philanthropic communities to support the targeted families in reaching their full potential based on their identified needs. Seeking private funds will allow for flexibility in identifying specific areas where public services and funds could be redirected to best support families. The needs of families and gaps or under-resourced services will drive fundraising needs. As Human Capital activity begins to engage publicly funded agencies, this public-private partnership between GHA and private philanthropy can help to ensure that public funds are appropriately focused and coordinated in ways that will help to decrease poverty in Galveston.

A private-public partnership will provide the opportunity to learn, test, and provide new models of Human Capital service delivery, an opportunity that is often inhibited by the requirements that accompany public funding sources. A holistic view of family needs, coupled with an appropriate allocation of public resources, can help reduce both short-term and long-term poverty, and help to increase economic prosperity in Galveston.

The Human Capital program outlined in this Plan is estimated at a total cost of \$3,200,932 with leverage of \$1,013,000 in in-kind services and resources from local partners and service agencies, and initial implementation costs of \$400,000 for year one for staffing, administrative, and start-up costs.³⁷ Urban Strategies will work with GHA, the Community Task Force, and the Funders Collaborative to develop a funding plan with specific strategies to secure the resources needed to make this Human Capital Plan and the efforts of US Galveston Today a success.

³⁷ Initial implementation costs including staffing, administration and operations start-up will be secured through the development budget and will not reduce programming costs.

IX. Preliminary Budget

The Human Capital program outlined in this Plan is estimated at a total cost of \$3,200,932 with leverage of \$1,013,000 in in-kind services and resources from local partners and service agencies.³⁸ Estimated below are 5-year categories and associated costs for the Human Capital program. The budgeted amounts will need to be revisited as the Implementation Plan is being further developed.

Category 1

Case Management	5-Year Budget	Leverage
Sr. Project Manager/Case Manager	\$324,979	\$0
Case Manager/Workforce Specialist	\$232,902	\$0
Case Managers/Youth Specialist	\$216,653	\$0
Outreach Workers (2) (PT)	\$129,992	\$0
Clerical/Administrative Assistant (1)	\$167,906	\$0
Data Tracking	\$60,000	\$48,000
Expenses	\$15,500	\$0
Subtotals	\$1,147,932	\$48,000

This budget assumes a staff of 2.5 case managers to serve the 569 households. With a triage system³⁹ and with the inevitable loss of some families who will move into private housing and prefer not to participate, it is anticipated that the proposed case management staff may have a caseload of 80 to 100 families each. The Senior Project Manager/Case Manager serves as the on-site supervisor and will have a wide range of administrative responsibilities with a project of this scope. One clerical support person has also been included on this team. It is anticipated that one or more residents may supplement this function in a training capacity with funding provided from the employment category listed above.

Beginning annual salaries are projected at: Sr. Project Manager/Case Manager - \$60,000; Case Manager/Workforce Specialist - \$43,000; Case Manager/Youth Specialist - \$40,000; 2 Outreach Workers (PT) - 12,000 each; Clerical Assistant - \$31,000; The total fringe benefit/social security package is calculated at 30% of salary. The budget allows for a 4% annual salary and benefit cost adjustment per year.

Additionally, the budget lists costs of the data system that will track resident demographic information and client progress through case management and other case management related expenses.

³⁸ The preliminary budget amounts identified above refer to funds to support recommended strategies outlined in this Plan. Leverage amounts listed are our best guestimate of in-kind services and resources to be provided by our local partners and service agencies. Category 1-Case Management, Category 2-Program Management and Category 3-Operations will be secured through the development budget and will not reduce programming costs.

³⁹ As residents are assessed, case management staff will utilize a triage system developed based on HUD’s triage and stability index to classify all active households as 1) high-risk, i.e. currently in crisis, 2) moderate risk, i.e. currently in need of services to be in good standing with the current landlord or progressing toward self-sufficiency, and 3) low risk, i.e. currently needing monthly follow-up to ascertain that the household continues to be stable, not experiencing new stress factors or barriers to meeting occupancy criteria and self-sufficiency.

Category 2

Program Management	5-Year Budget	Leverage
Technical Assistance – Urban Strategies	\$600,000	\$0
Subtotals	\$600,000	\$0

Budget proposal calls for \$600,000 in program management support over five years. Included in the scope of responsibilities for the technical assistance component to GHA and US Galveston Today are all components of the Human Capital program. This includes case management, partnerships, contracting, outcomes monitoring and evaluation oversight, re-occupancy policy setting and communications, reporting to HUD, facilitation of meetings of the Community Task Force and with other stakeholder groups, coordination tasks with, and reporting, to foundation funders, pursuing grant opportunities and community asset enhancements.

Category 3

Operations	5-Year Budget	Leverage
Rent	\$72,500	\$0
Postage and Office Supplies	\$16,500	\$0
Professional Development	\$6,000	\$0
Subtotals	\$95,000	\$0

The budget proposal assumes the operation of a local office out of which case management will function, and where residents can receive assistance and attend meetings and programs. Operations include maintenance, insurance, utilities, equipment and furniture, equipment maintenance, security and fire safety, telephone and internet, postage and office supplies and professional development for the US-Galveston team.

Category 4

Employment Services	5-Year Budget	Leverage
Eliminating Barriers	\$50,000	\$10,000
Programming	\$12,500	\$100,000
Subtotals	\$62,500	\$110,000

Funds will be used for work readiness, job training, and adult literacy programs for nonworking single parents, single adults and working heads of household earning less than \$10 per hour. Budgeted funds cover costs not available through TANF or other public sources.

Category 5

Health	5-Year Budget	Leverage
Eliminating Barriers	\$25,000	\$0
Programming	\$55,000	\$100,000
Health Incentives	\$50,000	\$60,000
Subtotals	\$130,000	\$160,000

Health and health education programs will be developed for children, youth, and adults. These may include preventative programs and education on public health issues. Services will also be sought to address mental health, substance abuse and post-traumatic stress related to Hurricane Ike.

Category 6

Education	5-Year Budget	Leverage
Eliminating Barriers	\$12,500	\$0
Adult Literacy	\$12,500	\$67,500
Child Care	\$12,500	\$87,500
Youth Programming	\$25,000	\$120,000
Subtotals	\$62,500	\$275,000

Funds will be used to eliminate barriers to education for children and adults, and to support programs and initiatives for building family literacy. In addition, budgeted funds will be used to provide child care support to families to eliminate barriers to work and other Human Capital programming, and possible to pay for child care center fees. Funds may also pay a portion of program fees for which children and youth have a specific need or interest, and to support youth in becoming active and positive contributors to the Galveston community. Examples are summer or after school arts and technology programs, as well as academic remediation programs. Funds may also be used to seed the establishment of programs for which there is a demonstrated need but no existing source.

Category 7

Transportation	5-Year Budget	Leverage
Transportation	\$25,000	\$20,000
Subtotals	\$25,000	\$20,000

Funds will be used to subsidize existing public transportation for low-income and public housing families in need based on case management triage and assessments, and to develop an innovative transportation strategy that supplements existing services on the island.

Category 8

Resident Leadership Funds⁴⁰	5-Year Budget	Leverage
Administration – Resident Leadership	\$25,000	\$60,000
Programming	\$40,000	\$80,000
Leadership Development	\$0	\$200,000
Subtotals	\$65,000	\$340,000

During the revitalization period residents with the potential to lead in the community, in neighborhood schools and in other areas of the community will be identified and will be offered various types of support and training to increase their

⁴⁰ Funds managed by Urban Strategies

skills, their commitment and their confidence. Some of this training may occur through partnership contracts with service providers that have developed excellent programs in this area.

Category 9

Evaluation	5-Year Budget	Leverage
Evaluation	\$0	\$80,000
Subtotals	\$0	\$80,000

Funds will be used to support a multi-year evaluation by an independent evaluator of the physical and human capital development efforts.

IX. Preliminary Budget

HOUSING AUTHORITY		Galveston Housing Authority						
		2012	2013	2014	2015	2016	TOTALS	
BUDGET CATEGORY	LINE ITEM	Budget	Budget	Budget	Budget	Budget	Budget	Leverage
Case Management	Sr. Project Manager/ Case Manager	\$60,000	\$62,400	\$64,896	\$67,492	\$70,192	\$324,979	\$0
	Case Manager/ Workforce Specialist	\$43,000	\$44,720	\$46,509	\$48,369	\$50,304	\$232,902	\$0
	Case Manager/Youth Specialist	\$40,000	\$41,600	\$43,264	\$44,995	\$46,794	\$216,653	\$0
	Outreach Workers (2)	\$24,000	\$24,960	\$25,958	\$26,997	\$28,077	\$129,992	\$0
	Clerical Assistant	\$31,000	\$32,240	\$33,530	\$34,871	\$36,266	\$167,906	\$0
	Data Tracking	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$60,000	\$48,000
	Expenses	\$1,500	\$3,500	\$3,500	\$3,500	\$3,500	\$15,500	\$0
SUBTOTALS		\$211,500	\$221,420	\$229,657	\$238,223	\$247,132	\$1,147,932	\$48,000

Program Management								
	Technical Assistance - Urban Strategies	\$120,000	\$120,000	\$120,000	\$120,000	\$120,000	\$600,000	\$0
SUBTOTALS		\$120,000	\$120,000	\$120,000	\$120,000	\$120,000	\$600,000	\$0
Operations								
	Rent: Office Space, Maintenance, Utilities, Equipment & Furniture, Telephone & Internet	\$14,500	\$14,500	\$14,500	\$14,500	\$14,500	\$72,500	\$0
	Postage and Office Supplies	\$4,000	\$3,500	\$3,000	\$3,000	\$3,000	\$16,500	\$0
	Professional Dev.	\$0	\$1,500	\$1,500	\$1,500	\$1,500	\$6,000	\$0
SUBTOTALS		\$18,500	\$19,500	\$19,000	\$19,000	\$19,000	\$95,000	\$0
Employment Services								
	Eliminating Barriers	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$50,000	\$10,000

	Programming	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$12,500	\$100,000
SUBTOTALS		\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$62,500	\$110,000
Health								
	Eliminating Barriers	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000	\$0
	Programming	\$0	\$15,000	\$15,000	\$15,000	\$10,000	\$55,000	\$100,000
	Health Incentives	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$50,000	\$60,000
SUBTOTALS		\$15,000	\$30,000	\$30,000	\$30,000	\$25,000	\$130,000	\$160,000
Education								
	Eliminating Barriers	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$12,500	\$0
	Adult Literacy	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$12,500	\$67,500
	Child Care	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$12,500	\$87,500
	Youth Programming	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000	\$120,000
SUBTOTALS		\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$62,500	\$275,000
Transportation								
	Transportation	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000	\$20,000

SUBTOTALS		\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000	\$0
Resident Leadership - Funds Managed by US								
	Administrative for the Resident Council	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000	\$60,000
	Programming	\$0	\$10,000	\$10,000	\$10,000	\$10,000	\$40,000	\$80,000
	Leadership Development	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000
SUBTOTALS		\$5,000	\$15,000	\$15,000	\$15,000	\$15,000	\$65,000	\$340,000
Evaluation								
	Evaluation	\$0	\$0	\$0	\$0	\$0	\$0	\$80,000
SUBTOTALS		\$0	\$0	\$0	\$0	\$0	\$0	\$80,000
TOTAL YR 1		\$400,000						
TOTAL YR 2			\$435,920					
TOTAL YR 3				\$443,657				
TOTAL YR 4					\$452,223			

TOTAL YR 5	\$456,132		
TOTAL BUDGET		\$2,187,932	\$1,013,000

EXHIBIT A

GHA Population Data; August & September 2011

General Household and Population Numbers										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
Number of Households	381	54	1174	36	217		1772	307	1765	511
Total Population	640	84	3206	133	560		4406	777	4095	1330
Number of Children	53	22	1654	85	237		1944	344	Not listed	Not listed

Marital Status (Heads of Household)										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
Married	2.4% (9)	2.8% (1)	4.0% (47)	0%	Not listed		3.6%	2.2%	Not listed	Not listed
Single	97.6% (364)	98.1% (52)	96.6% (1134)	97.2% (35)	Not listed		96.5%	97.8%	Not listed	Not listed
Female-headed with Children <18	6.4% (24)	10.7% (10)	57.5% (679)	75% (27)	56.5% (100)		46.6%	51.5%	Not listed	Not listed
Sample Size	373	53	1174	36	176		1723	266	n/a	n/a

Gender										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
Female (HoH)	58.2% (373)	77.4% (48)	87.8% (1031)	97.2% (35)	90.2% (156)		81.6%	88.2% (239)	Not listed	Not listed
Male (HoH)	41.8% (373)	22.6% (14)	12.8% (1174)	2.8% (1)	9.8% (17)		18.4%	11.8% (32)	Not listed	Not listed
Sample Size -HoH	373	62	1174	36	173		1720	271	n/a	n/a
Female (All adults)	58.2% (237)	77.4% (48)	79.1% (1222)	83.7% (41)	80.9% (182)		64.4% (1641)	80.7% (271)	Not listed	Not listed
Male (All adults)	41.8% (170)	22.6% (14)	20.9% (323)	16.3% (8)	19.1% (43)		24.6% (536)	19.3% (65)	Not listed	Not listed
Sample Size (All adults)	407	53	1545	49	225		2177	336	n/a	n/a
Female (Children)	43.4% (23)	50% (9)	50% (828)	25.9% (45)	53.1% (111)		50.3% (962)	52.9% (165)	Not listed	Not listed
Male (Children)	56.6% (30)	50% (9)	49.9% (826)	47.1% (40)	46.9% (98)		49.8% (954)	47.1% (147)	Not listed	Not listed
Sample Size (Children)	53	18	1654	85	209		1916	312	n/a	n/a

Household Size										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
1	59.6% (227)	65.9% (34)	29.3% (344)	2.8% (1)	21.3% (45)		34.9%	26.6%	31.5% (556)	18.4% (94)
2	35.7% (136)	25.9% (14)	19.7% (231)	13.9% (5)	32.7% (69)		24.7%	29.2%	33.8% (597)	41.0% (210)

3	4.2% (16)	11.1% (6)	20.6% (242)	27.8% (10)	22.7% (48)	17.3%	21.3%	1.0% (301)	16.8% (86)
4	0.5% (2)	0%	17.2% (202)	36.1% (13)	13.3% (28)	13.1%	13.6%	10.4% (184)	13.5% (69)
5	0%	0%	9.4% (110)	11.1% (4)	5.7% (12)	6.9%	5.3%	4.6% (81)	7.4% (38)
6	0%	0%	2.9% (34)	5.5% (2)	1.4% (3)	2.1%	1.7%	1.7% (30)	1.6% (8)
7	0%	0%	0.6% (7)	0%	2.4% (5)	0.7%	1.7%	0.6% (11)	0.8% (4)
8	0%	0%	0.3% (4)	2.8% (1)	0.5% (1)	0.3%	0.7%	0.3% (6)	0.4% (2)
Sample Size	381	54	1174	36	211	1766	301	1766	511

Age Groups (Heads of Household)										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
18-19	0%	0%	0%	0%	0.6% (1)		0.06%	0.4% (1)	1.0% (18)	0%
20-24	0%	0%	5.0% (59)	0%	7.6% (13)		4.2%	5.2% (14)	15.8% (278)	5.6% (29)
25-44	5.9% (22)	17% (9)	53.7% (630)	77.8% (28)	41.3% (71)		42.1%	41.4% (108)	54.4% (955)	52.3% (267)
45-64	35.7% (133)	39.6% (21)	31.3% (368)	13.9% (5)	38.4% (66)		33.0%	35.2% (92)	21.9% (384)	27.2% (139)
65+	58.4% (218)	43.4% (23)	10.0% (117)	5.6% (2)	12.2% (21)		20.7%	17.6% (46)	6.9% (122)	14.7% (75)
Sample Size	373	53	1174	36	172		1919	261	1757	511

Age Groups (All Household Members)

	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
0-5	2.5% (16)	4.8% (4)	15.2% (488)	20.1% (27)	14.9% (75)		13.3%	14.7% (106)	Not listed	Not listed
6-12	4.5% (29)	16.7% (14)	23.5% (752)	28.4% (38)	19.5% (98)		20.3%	20.4% (150)	Not listed	Not listed
13-17	1.3% (8)	4.8% (4)	12.9% (414)	14.2% (19)	12.5% (63)		11.2%	12.0% (86)	Not listed	Not listed
18-19	1.1% (7)	3.6% (3)	3.9% (124)	3.7% (5)	4.2% (21)		3.5%	4.0% (29)	Not listed	Not listed
20-24	2.0% (13)	2.4% (2)	5.4% (174)	5.2% (7)	16.3% (82)		6.2%	12.6% (91)	Not listed	Not listed
25-44	6.3% (40)	11.9% (10)	21.9% (700)	21.6% (29)	5.0% (25)		17.6%	8.9% (64)	Not listed	Not listed
45-64	28.4% (181)	28.6% (24)	12.9% (414)	5.2% (7)	9.3% (47)		14.8%	10.8% (78)	Not listed	Not listed
65+	53.9% (344)	27.4% (23)	4.2% (133)	1.5% (2)	18.3% (92)		13.1%	16.2% (117)	Not listed	Not listed
Sample Size	638	84	3199	134	503		4340	721	n/a	n/a

Age Groups (Children Only)										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
0-5	30.2% (13)	18.2% (4)	29.5% (488)	31.8% (27)	31.8% (75)		29.7%	31.0%	Not listed	Not listed
6-12	54.7% (28)	63.3% (14)	45.5% (752)	44.7% (38)	41.5% (98)		45.3%	43.9%	Not listed	Not listed
13-17	15.1% (8)	18.2% (4)	25.0% (414)	22.4% (19)	26.7% (63)		25.0%	25.1%	Not listed	Not listed

Sample Size	49	22	1654	84	236	1939	342	n/a	n/a
-------------	----	----	------	----	-----	------	-----	-----	-----

Race/Ethnicity										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
African-American/Black	47.4% (179)	81.1% (43)	79.5% (932)	94.4% (34)	86.9% (152)		73.2%	86.7% (229)	61.9% (1077)	79.8% (408)
Hispanic	16.7% (63)	7.5% (4)	10.7% (125)	2.8% (1)	10.9% (19)		12.0%	9.1% (24)	19.7% (343)	11.9% (61)
White (non-Hispanic)	33.6% (127)	9.4% (5)	9.2% (108)	2.8% (1)	2.3% (4)		13.9%	3.8% (12)	18.3% (319)	5.7% (29)
American Indian/Native Alaskan	1.1% (4)	1.6% (1)	0.2% (2)	0%	0%		0.3%	0.4% (1)	1.1% (19)	0.6% (3)
Asian	1.3% (5)	0%	0.4% (5)	0%	0%		0.6%	0%	0.2% (4)	0.2% (1)
Native Hawaiian/Pacific Islander	0%	0%	0%	0%	0%		0%	0%	0.05% (1)	0.2% (1)
Sample Size	378	53	1172	36	175		1725	264	1739	511

Annual Household Income Range										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
\$0-4,999	2.7% (10)	5.7% (3)	50.2% (578)	50% (18)	17.8% (31)		36.5%	19.8% (52)	40.5% (445)	44.8% (229)
\$5,000-9,999	50.7% (189)	47.2% (25)	25.9% (298)	19.4% (7)	32.8% (57)		32.1%	33.8% (89)	30.5% (538)	31.3% (160)
\$10,000-14,999	26%	24.5%	11.3%	11.1%	28.2%		16.3%	25.1%	15.8%	13.3%

	(97)	(13)	(130)	(4)	(49)		(68)	(279)	(68)
\$15,000-19,999	9.7% (36)	5.7% (3)	5.1% (59)	2.8% (1)	13.2% (23)	7.0%	10.3% (30)	8.7% (153)	6.5% (33)
\$20,000-24,999	2.9% (11)	9.4% (5)	3.2% (37)	13.9% (5)	7.5% (13)	7.0%	8.7% (22)	1.9% (33)	1.8% (9)
\$25,000-29,999	2.9% (11)	9.4% (5)	3.2% (37)	13.9% (5)	0%	2.1%	0.8% (2)	1.5% (26)	2.0% (10)
\$30,000-34,999	0.5% (2)	3.8% (2)	3.7% (43)	0%	0.5% (1)	2.8%	1.1% (3)	0.6% (11)	1.0% (5)
\$35,000-39,999	0%	0%	0.3% (4)	0%	0%	0.2%	0%	0.5% (9)	0.2% (1)
\$40,000-44,999	0.3% (1)	0%	0.1% (1)	0%	0%	0.1%	0%	0.05% (1)	0%
45,000-49,000	0%	0%	0.3% (1)	0%	0%	0.06%	0%	0%	0%
Sample Size	373	53	1150	36	174	1697	263	1764	511

Average/Median Household Income										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
Average Annual HH Income	\$11,136 (n=353)	\$12,369 (n=52)	\$12,798 (n=1180)	\$11,351 (n=43)	\$10,646 (n=174)		\$12,334 (n=1708)	\$11,384 (n=262)	\$7375 (n=1764)	\$6,892 (n=511)
Annual Median HH Income	\$8,832 (n=353)	\$9,176 (n=52)	\$10,790 (n=1180)	\$8,803 (n=43)	\$9,810 (n=174)		\$10,227 (n=1708)	\$10,308 (n=279)	\$7200 (n=1764)	\$6000 (n=511)
Average Earned HH Income	\$1,581 (n=378)	\$3,209 (n=62)	\$3,343 (n=1174)	\$5,320 (n=43)	\$2,148 (n=174)		\$2,836 (n=1726)	\$2,873 (n=279)	Not listed	Not listed

Employment (Heads of Household, Ages 18-64)										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
Employed (18-64)	29.0% (45)	11.6% (5)	21.0% (222)	26.8% (11)	28.1% (43)		22.7%	24.8%	Not listed	Not listed
Unemployed (18-64)	71.0% (110)	88.4% (38)	79.0% (835)	73.2% (30)	71.9% (110)		77.3%	75.2% (178)	Not listed	Not listed
Sample (18-64)	155	43	1057	41	153		1365	237	n/a	n/a

Employment (Heads of Household, Ages 18-64)										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
SSI	39.7% (148)	47.2% (25)	Est. 25% (Est. 300)	25% (9)	41.9% (73)		Est. 30.3%	40.7% (107)	Not listed	Not listed
Social Security	73.5% (274)	47.2% (25)	Est. 10% (Est. 120)	2.8% (1)	16.2% (28)		Est. 24.5%	22.4% (45)	Not listed	Not listed
Unemployment	0.5% (2)	1.6% (1)	Unknown	Unknown	9.7% (17)		Unknown	Unknown	Not listed	Not listed
Employment	12.1% (45)	26.4% (14)	18.9% (222)	30.6% (11)	24.7% (43)		18.0%	25.9% (68)	Not listed	Not listed
Child Support	2.4% (9)	9.4% (5)	7.7% (90)	11.1% (4)	13.2% (23)		7.1%	12.2% (32)	Not listed	Not listed
Retirement/Pension	10.5% (39)	5.7% (3)	3.4% (40)	0%	1.1% (2)		4.7%	2.2% (7)	Not listed	Not listed
TANF	0%	0%	Unknown	Unknown	1.7% (3)		Unknown	Unknown	Not listed	Not listed

Food Stamps	Unknown	Unknown	Unknown	Unknown	62.7% (106)	Unknown	Unknown	Not listed	Not listed
General Assistance	1.6% (6)	1.9% (1)	0.9% (10)	0%	Unknown	Min. 1%	0.4% (1)	Not listed	Not listed
Other Non-Wage Sources	4.6% (17)	5.7% (3)	0.6% (7)	2.8% (1)	Unknown	1.6% (24)	4.5% (5)	Not listed	Not listed
Own Business	0.3% (1)	0%	0.2% (2)	0%	Unknown	Min. 0.2%	0%	Not listed	Not listed
Sample Size	373	53	1174	36	174 (except FS: 169)	1721	263	n/a	n/a

Disability (Heads of Households)										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
	63.4% (223)	40.7% (22)	36.1% (423)	30.6% (11)	31.5% (50)		40.8%	30.6% (83)	23.8% (420)	22.9% (117)
Sample Size	350	54	1173	36	181		1704	271	1765	511

Number of Bedrooms										
	Public Housing		Section 8		DHAP		GHA Programs Combined		Waitlist (incl. DHAP) (Prospective)	
	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul	GHA Total	Target Popul
0	--	--	--	--	--		--	--	2.9% (52)	8.8% (45)
1	Post Ike: 91.5% (323)	Post-Ike: 79.1% (34)	Post Ike: 24.3% (367)	2.8% (1)	Pre-Ike: 14.4% (28) Post-Ike: Not listed		Post Ike: 34.9% Post Ike	Pre-Ike: 22% (95 of 432) Post-	32.8% (579)	18.0% (92)

						(PH & S8 only): 37%	Ike (PH & S8 only): 44.3%		
2	Post-Ike: 2.8% (10)	Post-Ike: 4.7% (2)	Post Ike: 24.4% (369)	Post Ike: 41.7% (15)	Pre-Ike: 44.8% (87) Post-Ike: Not listed	Post Ike: 22.6% Post Ike (PH & S8 only): 20.3%	Pre-Ike: 39.3% (170 of 432) Post-Ike (PH & S8 only): 9.5%	38.3% (76)	38.1% (195)
3	Post Ike: 5.4% (19)	16.3% (7)	Post Ike: 45.1% (683)	36.1% (13)	Pre-Ike: 30.4% (59) Post-Ike: Not listed	Post Ike: 37.0% Post Ike (PH & S8 only): 37.6%	Pre-Ike: 28.0% (121 of 432) Post-Ike (PH & S8 only): 25.3%	19.5% (345)	26.8% (137)
4	Post Ike: 0%	0%	Post Ike: 5.5% (83)	16.6% (6)	Pre-Ike: 5.7% (11) Post-Ike: Not listed	Post Ike: 4.6% Post Ike (PH & S8 only): 4.5%	Pre-Ike: 6.5% (28 of 432) Post-Ike (PH & S8 only): 7.6%	5.2% (92)	6.8% (35)
5	Post Ike: 0.3% (1)	0%	Post Ike: 0.7% (10)	0%	Pre-Ike: 2.6% (5) Post-Ike: Not listed	Post Ike: 0.8%	Pre-Ike: 3.0% (13 of 432)	1.2% (21)	1.4% (7)

						Post Ike (PH & S8 only): 0.5%	Post-Ike (PH & S8 only): 0%		
6	--	--	--	--	Pre-Ike: 1.0% (2) Post-Ike: Not listed	Post Ike: 0.1% Post Ike (PH & S8 only): --	Pre-Ike: 0.5% (2 of 432)	0%	0%
7	--	--	--	--	Pre-Ike: 0.5% (1) Post-Ike: Not listed	Post Ike: 0.05% Post Ike (PH & S8 only): --	Pre-Ike: 0.5% (2 of 432)	0%	0%
8	--	--	--	--	Pre-Ike: 0.5% (1) Post-Ike: Not listed	Post Ike: 0.05% Post Ike (PH & S8 only): --	Pre-Ike: 0.3% (1 of 432)	0%	0%
Sample Size	Post-Ike 353	Post Ike 43	Post-Ike 1512	Post Ike 36	Pre-Ike 194	Post Ike: 2059 Post Ike (PH & S8 only):	Pre-Ike: 432 Post Ike (PH & S8 only): 79	1765	511

						1865		
--	--	--	--	--	--	------	--	--

School Attendance – Children of Target Population (Sample from DHAP, # of Children = 122)					
Galveston	La Marque	Dickinson	Texas City	Houston	Other
Alamo Elementary School (2) Alternative School (1) Ambassador Prep Academy (3) Ball High School (20) Central Junior High (18) Galveston College (6) Kipp Coastal Village (5) LA Morgan School (4) Morales Elementary (1) McAdams School (1) Odyssey Charter (1) OPPE Elementary (1) Parker Elementary (9)	Early Childhood Learning Center (2) Highland Elementary (1) La Marque High School (2) La Marque Junior High (5) Lake Road Elementary (2) Westlawn (3)	Dickinson High School (5) Silbernagel (1) Elementary School Dunbar (1)	Blocker Middle School (1) Heights Elementary School (1) Mainland Headstart Northside (2) Elementary School Texas City High (1)	Devry (1) Parker Intermediate School (1) TX Southern (2) Remington College (1) Jessup Elementary School (1)	Roanoke: J Lyndal Hughes Elementary School Kemp/Brian?: Kemp School Beaumont: Lamar University San Antonio: Parker Intermediate School Bridge City/Austin?: Sims Elementary School Hitchcock: Stewart Elementary Friendswood: Brookside Intermediate School League City: Clear Springs High School Unknown: ATA,

Rosenberg Elementary School (7) Weiss/ECU (7) Ziegler School (1) Scott Elementary School (2)					Kolfelt
TOTAL 82 (excl. College)	TOTAL: 13	TOTAL: 7	TOTAL: 6	TOTAL: 6	TOTAL: 8 (excl. Colleges)
TOTAL 67.2%	TOTAL 10.7%	TOTAL 5.7%	TOTAL 4.9%	TOTAL 4.9%	TOTAL 6.6%

Years Residing on GHA Site before Ike (n=534)					
More than 20 years (9/12/78 & earlier)	16-20 years (9/13/78-9/12/83)	11-15 years (9/13/83-9/12/88)	6-10 years (9/13/88-9/12/02)	2-5 years (9/13/02-9/12/07)	1 or less (9/13/07-9/12/08)
7	6	3	109	280	129

Move-in Years into GHA Site – DISPLACED RESIDENTS (n=534)							
<u>1962-1977</u>		<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>
7		3	0	1	1	1	1
<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
1	1	0	0	1	1	2	1
<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>
1	1	2	5	19	5	9	21
<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
33	21	29	54	43	77	92	105

EXHIBIT B - Existing Support Service Providers

The following service agencies currently provide direct service supports to Galveston residents. These agencies were identified through resident and stakeholder engagement as agencies that are most essential and most used.

Organization	Program Description
4C's Clinic	Federally Qualified Health Center. Provides primary medical care, prenatal care, mental health counseling, and dental care. Transportation needs are met through the Galveston County Health District Medicaid Van, county vehicles, and CONNECT Transit
ADA House	Substance abuse treatment for medically indigent women in Galveston and Brazoria Counties. Provides clothing, food, and medical supplies. Facilitates Level II and Level III residential treatment programs from Licensed Chemical Dependency Counselors
Advocacy for Children of Galveston	Child abuse services and advocacy.
AIDS Coalition of Coastal Texas	Community-based HIV/AIDS education and services. Case Managers conduct client assessments and coordinate services including prescriptions and medications, arranges alcohol or drug abuse treatment and follows up to ensure that clients receive recommended services. Case Managers arrange transportation, use personal vehicles, or provides bus passes to assist with transportation
American Red Cross	Disaster relief services: food, clothing, shelter and financial assistance. Also advocacy, and counseling
ARC of the Gulf Coast	Support to individuals with intellectual and developmental disabilities
Baptist Ministers Association Homeless Shelter	Medical and dental health services for residents of Galveston County
Bay Area Counsel on Drug Abuse	Assessments and screenings, outreach, referrals, counseling, intervention, drug testing, advocacy
Bay Area Turning Point	Counseling services for survivors of family violence and sexual assault and advocacy
Big Brothers, Big Sisters	Community- and school-based mentoring
Boys & Girls Club	Youth activities, leadership skills training
Catholic Charities (Beacon of Hope)	Supportive services (case coordination and financial assistance) for families facing eviction or termination of utility services; one-time financial assistance with rent and/or utilities; monthly assistance with food and household needs through pantry services; information and referral

Communities in School	Mentoring, tutoring and academic support, family assistance & parental engagement, out-of-school enrichment & service learning
Connect Transit	Transit around Mainland cities. Transports persons who are indigent or disabled on Mainland.
Island Transit	Transit in Galveston. Supports the Jesse Tree Transportation Token/Ticket program for medical needs, ER, Hospital, 4C's Clinic and Gulf Coast Center Mental Health, and Substance Abuse Services.
Department of Assistive & Rehabilitative Services	State disability service funder
Family Service Center	Individual and family therapy; at-risk youth services, youth skills training
Galveston College	Higher Education Provider
Galveston Regional Maternal and Child Health Program	Health care, counseling and education. Clinic, family planning, prenatal care, and breast and cervical cancer screening
Galveston County Community Action Council	Provides advocacy, education and services to low-income residents of Galveston and surrounding areas. Case managers conduct assessments to determine job training needs and any need for job assistance, to determine clients' needs for mental health care, medical care, substance abuse treatment, and to determine education needs. Also provides vouchers for transportation.
Galveston County Senior Citizen Program	Senior services: Meals on Wheels, information and referral service, legal services and benefits counseling, homemaking, transportation assistance, and recreational and volunteer opportunities
Galveston County Social Services	Provides services and resources to Galveston residents. Transports consumers for services in county vehicles, provides bus passes, or tokens.
Galveston Resource & Crisis Center	Victim services, counseling, referral, 24-hour crisis line. Staff offers some employment assistance through interview prep, resume editing, and application assistance. Participants are also referred to Gulf Coast Careers for additional assistance and direct job search. The Agency directly handles GED prep or are referred to local community colleges for higher education or specialized job training. Provides client transportation through the use of staff's personal vehicles or by providing tokens for Island Transit, or by contracted cab company.
Gleanings from the Harvest	Mobile food pantry, client choice food mart, senior food boxes, angel food boxes

Gulf Coast Center	Mental health screening, assessment, routine and intensive case management, treatment planning, counseling, skills training. PATH program provides mental health and substance abuse interventions that support recovery, prescription medication management, and ongoing medication monitoring. Provides assistance with work tools, uniforms, and other workforce supports. Staff helps access supportive services for vocational and employment training, education and help acquiring mainstream benefits to increase their incomes.
Holistic CDC	Fosters wholeness in children, youth, and adults through the modalities of counseling, social services, mentoring and education; anger management, and skill building; parenting education and enrichment
John Sealy Hospital	Hospital treatment
Libbie's Place	Nutrition for seniors, transportation, medication administration, family group support
Lone Star Legal Aide	Legal assistance
The Luke Society	Free medical service for homeless
LULAC	Advocacy in civil rights, increase educational opportunities, immigration issues, leadership and fair treatment in the work force or housing
McGuire-Dent Rec Center	Community Center
Meals on Wheels	See Galveston Senior Citizen program
Nia Cultural Center	Freedom school leadership program
Our Daily Bread	Food, clothing and shelter for homeless. Provides vouchers for medication.
Phoenix House	Drug and alcohol recovery services
Resource and Crisis Center of Galveston	Counseling services for domestic violence, family violence, local hotline, sexual assault victims, crime prevention
Rosenberg Library	Library
Salvation Army	Food, clothing, shelter for homeless. Intake Specialist and Case Managers conduct screenings for mental illness, physical disabilities, substance abuse, and other healthcare needs. Intake specialist and case managers conduct screenings for job assistance and job training needs. Provides GED classes and computer access. Screens for transportation needs and attends to consumers transportation needs through bus tokens or personal vehicles.
St. Vincent's House	Daycare, free clinic, food pantry, transportation, healthy living program. Case Managers prevention services include issuing vouchers for medical assistance. Case managers provide bus tokens or utilize employee vehicles for transportation.
Teen Health Clinics	Mental and physical health services to GISD students

The Children's Center	Adult and child counseling, foster care, children's services. Case managers and intake specialist screen clients for education needs and delivers life skills training to youth at the agency's location. Serves youth by providing transportation by issuing bus tokens or utilizing employee vehicles to transport clients
The Jesse Tree	Food pantry, prescription drug program, case management. Case Managers assess need for prescription drug program
United Way of Galveston	Social service funding.
Urgent Care/Island Pediatrics West	Medical clinic
UTMB Medical Center	Academic medical center with clinics and medical homes
Workforce Solutions	Employment assistance. Provide Job referrals, Job listings Access, Job Market Info, Job Search Workshops, and Resume Assistance.
Wright Cuny Rec Center	Community center

EXHIBIT C - Household Assessment Results

**Working Together for Galveston Community and Household Assessment
Report – November 15, 2011**

Number of Households n=80

Number from 569 = 59 of 80

Active on DHAP = 40 of 80

Number of HH with Children n=42

Number of HoH with Disability n=31

Number of HoH Senior over 60 n=20

*****51.3% of the households assessed are residents from the “569” *****

GENERAL HOUSEHOLD INFORMATION	
Number of years lived at Cedar Terrace, Palm Terrace, Magnolia Homes, or Oleander Homes (n=63)	Less than 5 years: 21 5 to 10 years: 16 11 to 20 years: 11 More than 20 years: 15
Developments Resided (n=57)	Cedar Terrace: 12 Palm Terrace: 13 Magnolia Homes: 18 Oleander Homes: 14
Interested in Returning (68)	Yes=59 No=9
Household Size (n=60)	1 persons: 15 2 persons: 16 3 persons: 16 4 persons: 6 5 persons: 5 6 persons: 1 7 persons: 0 8 persons: 1

HoH Age (n=80)	18-24: 5 25-44: 22 45-64: 41 65+: 12
HoH Marital Status (n=68)	Single: 60 Married: 5 Separated: 2 Widowed: 1
HoH Race (n=80)	African American: 67 White: 2 Hispanic: 11 (HH Spanish Speaking: 3; 2 bilingual)
HoH Gender (n=80)	Female: 72 Male: 8
Household Income (n=70) (excl. Food Stamps)	Less than 5,000: 10 5,000 to 9,999: 35 10,000 to 14,999: 11 15,000 to 19,999: 6 20,000 to 24,999: 5 25,000 to 29,999: 3 <u>Average: \$10,390</u>
Sources of Income (n=80)	Employment: 27 Unemployment: 3 TANF: 2 Child Support: 6 SSI: 22 SSDI: 6 GA: 0 Social Security: 17 Pension: 3
Average Monthly Earned Income, Adults 18 to 64	\$356 (including 39 HHs with 0 earned income) (n=64) \$920 (HHs with earned income) (n=25)

Number of Bedrooms (n=63) (needed n=60)	1 bedrooms: 6 (needed: 5 – 2 of whom say 1 to 2) 2 bedrooms: 36 (needed: 27) 3 bedrooms: 18 (needed: 17 - 1 of whom say 3 to 4) 4 bedrooms: 5 (needed: 7) 5 bedrooms: 0 (needed: 1)
Households with Children	General: 41 Pre-School Aged: 21 School Aged: 34
Heads of Households with Disability	Yes: 30 (n=80) Yes: 24 for HoH Ages 18 and 64; (n=68)
EDUCATION, EMPLOYMENT, AND JOB TRAINING	
Highest Educational Level – HoH, All Ages (n=80)	No High School Diploma or GED: 26 High School Diploma: 26 GED: 10 Some College Credit: 14 College Degree: 4
Highest Educational Level – HoH, 18-64 (n=68)	No High School Diploma or GED: 22 High School Diploma: 21 GED: 10 Some College Credit: 13 College Degree: 2
Highest Educational Level – Ages 18-64 (no elderly 65+ present) (n=68)	No High School Diploma or GED: 32 High School Diploma: 39 GED: 13 Some College Credit: 18 College Degree: 7 (+2 still attending high school)
Employment - HoH (n=80) (n=68 for ages 18 to 64)	Full-time: 17 (Ages 18 to 64; n=68) Part-time: 12 (Ages 18 to 64; n=68) Not working: 8 (as sole response) Taking GED classes: 2 Taking college classes: 2 In job training: 1 Unable to work due to disability: 26 (23 for ages 18 to 64; n=68) Retired: 11

<p>Employment – All Adults (n=111) (Ages 18 to 64)</p>	<p>Full-time: 19 Part-time: 17 Not working: 19 (as sole response) Taking GED classes: 2 Taking college classes: 7 In job training: 2 Unable to work due to disability: 34 Retired: 21</p>
<p>Training Interest –HoH (n=40)</p>	<p>Computers/Technology: 25 Health and Health Research: 16 Office Work: 19 Childcare or Education: 11 Social Services: 9 Retail: 4 Maintenance or Custodial: 5 Hotels or Restaurant Work: 10</p> <p>Construction and Green Technology: 15 >> Transportation Sector: 9 Construction and Building Maintenance: 4 Landscaping and Agriculture: 1 Recycling and Waste Management: 4 Manufacturing: 4</p>
<p>Training Interest – All Adults (n=106)</p>	<p>Computers/Technology: 37 Health and Health Research: 23 Office Work: 25 Childcare or Education: 17 Social Services: 13 Retail: 8 Maintenance or Custodial: 8 Hotels or Restaurant Work: 14</p> <p>Construction and Green Technology: 16</p>

Why not interested in Training – All HoH; Ages 18-64 (n=43)	Currently working: 12 In Job training: 2 Student: 3 Looking for a job: 7 Need to focus on adult education: 1 Need to focus on GED first: 1 Need reliable transportation to find or keep job: 2 Need childcare: 1 Has poor health: 7 Has permanent disability: 14 Needs treatment for substance abuse: 0
Why not interested in Training – Adults – Ages 18-64 (n=69)	Currently working: 17 In Job training: 8 Student: 9 Looking for a job: 10 Need to focus on adult education: 2 Need to focus on GED first: 1 Need reliable transportation to find or keep job: 4 Need childcare: 3 Has poor health: 10 Has permanent disability: 18 Needs treatment for substance abuse: 0

<p>Work-places - HoH</p>	<p>Assist-Meds: Provider Beachcomber Inn: Night Auditor Commodore on the Beach: Supervisor Danielle Castillo: Babysitter Family Dollar: Cashier Gaidos: Waitress GCAC HeadStart: Cook Harborview: Receptionist HCAC: Teacher HiHop: Cashier Home Health: Provider McDonalds: Guest Services McDonalds: Shift Manager McRobert's Maritime Security (Port of Galveston): Commission Security Officer Moody Compress: Laborer Rose: Stockroom Self-Employed: Contractor Silverleaf Seaside Resort: Housekeeper Sliverleaf Seaside Resort: Housekeeper Texas Home Health: Provider UTMB: Housekeeper UTMB: Housekeeper UTMB: Lab Tech Assistant II UTMB: Tech</p> <p>CSS: Hole Watch Pizza Hut: Delivery Driver ??: Food Service Worker Corner Stone Community Health Service: Provider TLC: Direct Care Staff McDonald: Custodial Gulf Health Care Center: Housekeeping Texas Home Health Agency: Care Provider Hilton: Room Attendant</p>
<p>Average Hourly Wage (n=33)</p>	<p>\$8.20</p>
<p>Number of Hours Worked (n=32)</p>	<p>Weekly average: 32.5</p> <p>Less than 20: 5 20 to 30: 8 31 to 40: 5 40+: 14</p>

Job offers benefits (n=32)	Yes: 15 No: 17
Satisfied with your current job (n=40)	Yes: 26 No: 14
Why not? (n=14)	Location: 4 Don't like this type of work: 2 No room for advancement: 2 Pay is not good: 4 Not enough hours: 3
Legal problem that gets in the way of working (n=51)	Yes: 2 No: 49
Difficulty in reading, writing, or math (n=8)	Reading: 4 Writing: 5 Math: 6 Need help: 4 (+ 2 Spanish speakers)
Interested in ESL	Yes: 6
Skills related to construction	Yes: 6
What services needed in the community to achieve full employment for all residents who want to work (n=54)	24 hour child care: 21 Before school care: 2 After school care: 14 Job skills training: 23 More job opportunities: 24 Transportation: 16 Reduce discrimination: 10 Better quality health care: 14
Greatest barrier to employments for residents in the community (n=54)	RANK: Transportation: #1 Lack of job experience or skills: #2 Education: #3 Child care: #4 Opportunities not available: #5 Criminal Record: #6 Discrimination: #7 Location: #8
Health and Supportive Services	
Family has currently health insurance (n=77)	Yes: 51 No: 21 I do, but others in family don't: 5

Source of Health Insurance (n=50)	Medicare: 22 Medicaid: 37 Employer Provided: 4
HoH currently has primary care physician (n=77)	Yes: 47 No: 30
HoH received regular medical check-ups (n=51)	Yes: 59 No: 18
HoH has a dentist (n=75)	Yes: 32 No: 43
HoH or HH Member had to go to the emergency room during past 12 months (n=76)	Yes: 35 No: 41 Reasons: Heart Problems: 3 Chest Pain: 3 Asthma: 4 Diabetes: 2 High Blood Pressure: 1 Seizure: 1 Kidney Failure: 1 (other HH member) Cellulitis: 1 Tapeworms: 1 Sickle Cell: 1 Stephthroat: 1 Accidents: 3
HoH Health conditions (n=58)	Asthma: 15 Diabetes: 17 High Blood Pressure: 37 Arthritis: 21 High Stress: 7 Depression/Anxiety Disorder: 15 (6 treated; 2 untreated; 6 don't know if treated) Heart Disease: 7 Substance Abuse: 1 (High stress, depression, or anxiety: 17)

<p>HoH Rating of current health (n=73)</p>	<p>Excellent health: 12 Good health: 21 Moderate health: 18 Poor, but not worst health: 17 Worst possible health: 3 (Exc. To good: 1; good to mod.: 1)</p>
<p>HoH has healthy diet (n=75)</p>	<p>Yes: 43 No: 32</p>
<p>Where receiving medical care (n=75)</p>	<p>UTMB: 38 4 C's: 22 St. Vincent: 2 Teen Health Center: 1</p>
<p>Participating in physical exercise or fitness activities (n=74)</p> <p>If no why not?</p>	<p>Yes: 29 No: 45 Not available: 5 Too busy: 9 Too expensive: 1 My health won't permit it: 8 I just don't like to exercise: 9 Ride Bike: 3 Kids keep me busy: 1</p>
<p>Would be more likely to exercise if... (n=56)</p>	<p>There was a gym in my neighborhood: 34 There was a walking/running path near my home: 17 There were team sports for adults in my neighborhood: 8 Bike rentals were available: 7 Salsa or other dance classes were available in my neighborhood: 2</p>
<p>How much in the past month have you felt anxious or worried (n=20)</p>	<p>All of the time: 4 Most of the time: 3 Some of the time: 7 A little of the time: 4 None of the time: 2</p>

<p>How much in the past month have you felt depressed (n=20)</p>	<p>All of the time: 2 Most of the time: 3 Some of the time: 3 A little of the time: 6 None of the time: 5</p>
<p>Kinds of services needed by HoH or other household members (n=59)</p>	<p>1. Domestic violence: 1 2. Drug and/or alcohol treatment or counseling: 2 3. Individual counseling: 4 4. Family counseling: 4 5. Mental health programs: 4 6. Parenting classes: 2 7. Programs for young mothers: 6 8. <u>Nutrition classes: 10</u> 9. Prenatal care: 3 10. <u>Dental care: 19</u> 11. Pregnancy prevention: 2 12. <u>Physical fitness or exercise: 13</u> 13. <u>Household budgeting and financial management: 13</u> 14. Banking and savings: 7 15. Savings program for home purchase: 9 16. Home repair or maintenance classes: 3 17. <u>Adult recreation or sports: 13</u> 18. Adult volunteer opportunities: 8 19. <u>Youth recreation or sports: 13</u> 20. <u>Youth education, summer employment and training: 11</u> 21. <u>After-school/Evening programs for children: 18</u> 22. <u>Weekend programs for children: 12</u> 23. <u>More recreational programs for children: 12</u> 24. <u>Legal assistance: 13</u> 25. Help with a personal problem: 3</p>
<p>Pre-School Aged Children</p>	
<p>Ages</p>	<p>1 or less: 1 2: 4 3: 3 4: 4 5: 1</p>

Child Attends Childcare Program (n=16)	Does not attend any childcare program: 8 Early HeadStart: 3 HeadStart: 3 Childcare Center: 1 KIPP: 4 Church: 1 St. Vincent: 1
Currently receiving early intervention (n=15)	Yes: 2
Currently receiving special education (n=15)	Yes: 0
Satisfied with the quality of early childhood care your children are receiving (n=13)	Yes: 8 No: 5
Family currently enrolled in WIC Program (n=13)	Yes: 8 No: 3
Family receiving Medicaid (n=21)	Yes: 17 No: 4
HoH participating in any nutrition or health programs (n=20)	Yes: 7 No: 13
HoH participating in parenting classes (n=19)	Yes: 2 No: 19
Anyone in HH currently pregnant (n=21)	Yes: 1 No: 20
Children's births been premature (n=19)	Yes: 5 (2 of same mother)
Children born with low birth weight (i.e. born less than 5lb, 8oz.) (n=19)	Yes: 5 (2 of same mother)
Serious complications during pregnancies in the last 6 years (n=19)	Yes: 5 (4 premature, 1 high blood pressure, 1 insulin) No:
Children have a pediatrician (n=17)	Yes: 12 No: 5
Children see a pediatrician at least once each year (n=18)	Yes: 14 No: 4
Pre-school children up to date on all immunizations (n=17)	Yes: 14 No: 3
HoH reading books to her children (n=18)	Yes: 10 No: 8
In need of childcare (n=18)	Yes: 6 No: 12
Family has been in contact with child protective services or domestic violence services (n=19)	Yes: 0 No: 19
School Aged Children	

Ages (for 38 children)	6: 1 7: 1 8: 2 9: 2 10: 4 11: 3 12: 4 13: 2 14: 4 15: 3 16: 4 17: 6 18: 2
Grades:	4: 1 6: 1 7: 1 8: 3 9: 3 10: 3 11: 4 12: 3
Schools Attending (n=27; for 40 children)	<u>Ball High:</u> 15 Central: 2 <u>Weiss:</u> 4 AIMS: 1 Prep Academy: 2 KIPP: 3 Highland: 1 La Morgan: 2 Adams: 1 Parker: 1 Scott: 2 <u>Parker:</u> 4 School in Texas City: 2
Enrolled in After School Program (n=24; for 43 children)	Yes: 13 (# of children) No: 30
Enrolled in Summer School Program (n=24; for 37 children)	Yes: 4 (# of children) No: 33
Any children in enrolled in GED (n=33)	Yes: 3 No: 30

Do you feel your children’s school is equipped to prepare them for success after high school (n=33)	Yes: 29 No: 4
How often do your child(ren) bring home homework (n=33)	Never: 2 Two or three times a week: 11 Every night: 21 (one student listed for two responses)
Do you think your child(ren) attend a high quality school (n=32)	Yes: 26 No: 6
Do you think your child(ren)’s school employs high quality teachers whom you trust (n=30)	Yes: 28 No: 2
Do your school-aged child(ren) receive special education services (n=35)	Yes: 8 No: 27
Does your child(ren)’s school communicate with you on a regular basis (n=35)	Yes: 25 No: 10
Do you participate in your child’s school Parent Teacher Organization (PTO) (n=34)	Yes: 25 No: 9 (3 give “working” as reason)
How often do you meet with your child’s teacher (n=34)	Never: 1 Once or twice a year: 8 Monthly: 17 Weekly: 9
What kind of grades does your child(ren) get (n=33)	A’s: 23 B’s: 26 C’s: 10 D’s: 0 F’s: 0
Do you worry about your child(ren) dropping out of school (n=35)	Yes: 5 No: 30
Is it hard to motivate your child(ren) to go to school every day (n=34)	Yes: 3 No: 31
Do you think your child(ren) will go to college (n=33)	Yes: 32 No: 1

<p>What do you think your child(ren) want to do for employment as an adult (n=17)</p>	<p>Child Protective worker: 1 Police Officer/Criminal justice: 2 Doctor: 2 Engineer: 1 Football Player: 1 Cheerleaders: 1 Lawyer: 1 Pastor: 1 Teacher: 2 Firefighter: 1 Nurse: 1 Other medical: 3 Marine: 1 Journalism: 1</p>
<p>Do your children have adults outside the home who talk to them about career options and education necessary to qualify for various careers (n=32)</p>	<p>Yes: 20 No: 12</p>
<p>Does your child(ren) have many close friends (n=34)</p>	<p>Yes: 25 No: 9</p>
<p>Does your child(ren) ever get in trouble at school for fighting with other students (n=34)</p>	<p>Yes: 5 No: 29</p>
<p>Has your child(ren) every been trouble with the police (n=34)</p>	<p>Yes: 3 No: 31</p>
<p>Does your child have a hard time adjusting to change/after the storm (n=33)</p>	<p>Yes: 7 (5 responses for assessments where change was replaced by “after the storm”) No: 24</p>
<p>Do you feel your child is safe while at school (n=33)</p>	<p>Yes: 27 No: 6</p>
<p>Does your child have a safe route to and from school (n=33)</p>	<p>Yes: 30 No: 3</p>

<p>What activities would you like to see in your neighborhood for children and youth (n=35)</p>	<p>Music/Band/Singing: 13 Recreation/sports: 13 Social activities: 7 Arts and crafts: 16 After school programs: 29 Job opportunities: 15 Life skills/financial literacy: 7 Dance: 14 Religious instruction: 11 Tutoring: 15 Mentoring: 9 Summer programs: 14 Weekend programs: 13 Other: 0</p>
<p>Do your children/youth participate in after school or summer enrichment activities (n=33)</p>	<p>Yes: 16 No: 17</p> <p>Band, Basketball Basketball Church & Praise dance Dance, Basketball YMCA Boys & Girls Club Computer Football & dance</p>
Health of All Children	
<p>Do all of your children in the household have health insurance (n=40)</p>	<p>Yes: 32 No: 8</p>
<p>Do the children in your household have a primary care physician (n=41)</p>	<p>Yes: 35 No: 6</p> <p>Where: UTMB:16; 4Cs: 3</p>
<p>Do your child(ren) have regular access to the following (n=39)</p>	<p>Doctor: 38 Dentist: 35 Eye Doctor: 26 Therapist: 6</p>
<p>Do your child(ren) get at least five servings of fruits and vegetables a day (n=42)</p>	<p>Yes: 31 No: 11</p>
<p>How often does your child(ren) eat sweets/candy (n=40)</p>	<p>Every day: 11 A couple of times a week: 17 Rarely: 12</p>

How often do your child(ren) get 45 to 60 minutes of physical activity (n=39)	Every day: 29 A couple of times a week: 5 Rarely: 3 Never: 2
Does any of your child(ren) have asthma (n=38)	Yes: 15 (19 children) (4 HH with two children having asthma) No: 23
Does any of your child(ren) have diabetes (n=39)	Yes: 1 No: 38
Have your children been tested for lead poisoning (n=37)	Yes: 9 No: 26
Food Security	
Where do you go food shopping for your family (n=57)	Walmart: 39 HEB: 9 Krogers: 10 Arlan's: 3 Unspecified: 2
Is it convenient, to where you live (n=65)	Yes: 45 No: 20
How do you generally pay for groceries (n=65)	Cash: 27 Check: 5 Food Stamps: 48 Can get the food you need with food stamps you receive (n=10): Yes: 7 No: 3
How often do you make meals for your family (n=57)	Every day: 38 Every other day/3 to 5 times a week: 14 Monthly: 4
Do your children eat breakfast in the morning (n=47)	Yes: 24 No: 3 At school: 9 At home: 7 Both: 3
Are there times when you don't always have enough food in the house to eat (n=58)	Yes: 25 No: 33

Reasons why you don't always have enough to eat	Not enough money for food: 22 Not enough time for shopping or cooking: 2 Too hard to get to the store: 3 Not able to cook or eat because of health problems: 1
Financial	
Received utility assistance during the last 12 months (n=73)	Yes: 23 No: 50
Claimed the Earned Income Tax Credit (EITC) on your 2010 Tax Return; only HoH who indicated they were employed in 2010 (n=30)	Yes: 20 No: 5 I don't know: 2 I did not file a return: 3
Claimed the Child Care and Dependent Care Tax Credit on your 2010 Tax Return; only HoH who indicated they were employed in 2010 (n=30)	Yes: 5 No: 19 I don't know: 3 I did not file a return: 3
Which form of banking do you primarily use (n=53)	Checking account at a bank or credit union: 33 Savings account at a bank or credit union: 8 Check cashing place: 9 Someone else cashes my checks: 2 None: 5
Do you get payday loans (n=71)	Yes: 4 No: 67
Financial difficulties (n=41)	Currently overdue or defaulting in: 24 Rent/Mortgage: 10 Utilities: 19 Credit card: 4 Car loan: 5 In the past year, have been late or defaulted in: 23 Rent/Mortgage: 9 Utilities: 17 Credit card: 0 Car loan: 1 Debt that was reported to collections: 6 Poor credit history: 16 Filed for bankruptcy: 0
Interested improving your credit score or fixing your credit history (n=61)	Yes: 46 No: 15

Transportation	
Do you have a valid driver's license (n=75)	Yes: 44 No: 31
How do members of your household generally travel to work and social activities (n=75)	Own car: 30 Bus or other public transportation: 32 Get ride from friends/family: 22 Walk: 18 Bicycle: 8 Use transportation assistance (through church, service organization, etc.): 3
How well does public transportation meet your needs (n=65)	It is adequate: 18 It meets some of my needs but not all: 30 Does not meet any of my needs: 5 I do not rely on or need public transportation: 12
If you or any members of your household use public transportation, where do you go (n=53)	Shopping (food, drug store, etc.): 44 Work: 23 Job training: 11 Social services/health care: 13 School: 14 Government offices: 12 Church: 14 Social Activities (e.g. visiting family or friends): 7
Economic Opportunities	
Do you own a business (n=72)	Yes: 2 No: 70
Anyone in HH interested in starting a business (n=69)	Yes: 15 No: 54
What type of business – What time frame	Adult Day Care (1) Computer Engineering (1) Contracting (1) Fast food (2) Gift baskets (1) Restaurant (2) Retail-resale shop (2) Pool car (1)
Neighborhood Amenities and Assets	

<p>Select all the good features of your neighborhood (n=71)</p>	<p><u>Bus stops are conveniently located: 55</u> <u>Grocery store located nearby: 42</u> <u>Health clinic located nearby: 30</u> We have good schools: 28 Bank located nearby: 24 Good shopping and retail access: 21 <u>Churches are active and close by: 35</u> Cultural institutions are close by: 7 Civic institutions are close by: 7 <u>Neighborhood is safe: 30</u> Parks are safe for children: 29 <u>People are nice: 39</u></p>
<p>Which of the following are problems for your neighborhood (n=55)</p>	<p><u>Unemployment: 31</u> Inadequate access to fresh food: 7 Poor quality schools: 6 No safe parks or open spaces: 9 <u>No recreational facilities: 11</u> Teen Pregnancy: 9 <u>Inadequate street lighting: 20</u> Poor street layout: 9 <u>Crime: 23</u> Domestic Violence: 8 Inadequate police patrol: 9 Poor sense of community: 10</p>
<p>What types of businesses would you like to see in your neighborhood (n=69)</p>	<p>Bank: 13 <u>Health clinic: 30</u> Pharmacy: 18 Restaurant or café: 20 <u>Grocery store: 58</u> Farmers market: 16 <u>Supermarket: 37</u> Food pantry: 20 <u>Gym or Exercise facilities: 27</u> <u>Laundromat or dry cleaners: 26</u> Barber shop or beauty salon: 15 Clothing/Department store: 22</p>

<p>Select the services that should be offered or improved in the neighborhood, even if your family doesn't necessarily need them (n=64)</p>	<p><u>Senior lunch program: 34</u> <u>Computer center: 39</u> <u>GED classes: 32</u> Job Club: 19 Stress management: 14 <u>Health screening/medical check ups: 28</u> Nutrition and wellness classes: 13 Exercise and fitness programs: 20 AA/NA or other relapse prevention: 6 Fatherhood programs: 12 Programs for young mothers: 14 <u>Family support programs: 30</u></p>
<p>What are the barriers faced by adults in the neighborhood (n=66)</p>	<p><u>Transportation: 39</u> Childcare: 20 Senior care: 16 <u>Health problems: 21</u> Criminal history/Other legal trouble: 11 Too much stress: 15 <u>Need education: 22</u> <u>Need job skills training: 22</u> Need resume: 8 <u>Need computer skills: 20</u> Need more work experience: 16</p>
<p>What are the problems faced by youth in the neighborhood (n=66)</p>	<p><u>Poor academic achievement: 26</u> Poor school attendance: 19 Poor quality schools or teachers: 11 Inadequate after-school activities: 13 Gang activity: 12 Teen Pregnancy: 10 <u>Drug activity: 26</u> <u>Lack of summer jobs: 22</u> <u>Too much stress: 29</u> <u>Legal trouble (truancy, traffic tickets, etc.): 24</u> Family trouble (violence, abuse, neglect, etc.): 12</p>

<p>Where do you go for social services support (n=80)</p>	<p>None: 7 N/A: 8 Blank: 58</p> <p>Church: 2 Legal Aid: 2 4700 Broadway, Ms. Lewis: 1 Galveston County Community Services: 1 Community Center: 1 Mother: 1</p>
<p>Do you participate in your neighborhood association, resident council or any civic group (n=68)</p>	<p>Yes: 24 No: 44</p> <p>Why not participating?</p> <p>Don't know about it: 3 Not interested/no reason: 2 There is none: 9 Work: 1</p>
<p>Technology</p>	
<p>Do you use any of the following in your home (n=72)</p>	<p>Computer: 35 Cable or satellite television: 37 Mobile telephone: 37 Telephone (land line): 32 VCR or DVD Player: 50 Video game: 20 Don't know: 4</p>
<p>If you do not have a computer in your home, are there reasons why you don't (n=48)</p>	<p>Don't know how to use computers: 21 Computers are too expensive: 20 Can use computers somewhere else (like the library, at work or a friend's house): 8 Not interested: 5 Other: 4</p>
<p>If you do have a computer in your home, do you have access to the Internet (n=32)</p>	<p>Yes: 24 No: 8</p>

<p>If you do not have Internet in your home, do you and/or your family seek it out at other facilities (n=32)</p>	<p>Yes: 16 No: 16</p> <p>If yes, where? Public Library: 16 School: 7 Work: 4 Friend or Relative's Home: 8 Social Service Center: 1</p>
Disability	
<p>Does a health problem or disability currently keep you or anyone in your HH from participating fully in work, school, housework or other activities (n=80)</p>	<p>Yes: 31</p> <p>What problem: 0 Heart-related: 3 Depression: 3 High Blood Pressure: 5 Diabetes: 3 Arthritis: 3 Seizure: 1 Mobility: 2</p>
<p>Anyone in your household, including yourself who has any of the following (n=31)</p>	<p>a) Learning disability: 6 b) Emotional disability: 3 c) Disability that limits the ability to speak or communicate with others: d) Hearing disability: 0 e) Vision or sight related disability: 9 f) Physical disability that limits the use of the legs, arms or hands: 13 (+1 for Arthritis)</p>
<p>Have you or a family member experienced any kind of discrimination due to a disability (n=31)</p>	<p>Yes:7 No: 26</p>
<p>If you answered yes to the above question, what kind of discrimination (n=7)</p>	<p>Refused a job interview: 1 Refused a job: 5 Refused a promotion: 1 Denied health insurance:1 Verbal abuse: 5</p>

<p>What services would help you in your current living situation (n=31)</p>	<p>In home health assistance (nursing care, bathing, dressing, etc.): 6 Homemaker services (cleaning, laundry, meal preparation, etc.): 5 Better transportation options: 11 Assistance with grocery shopping: 7 Assistance paying bills/handling finances: 8 Home visits from a social worker: 2</p>
<p>Do you think that housing which accommodates the needs of disabled residents is needed in your community (n=31)</p>	<p>Yes: 29 No: 3</p>
<p>Do you ever use personal assistance, or get help from someone with basic needs such as getting dressed, preparing meals or bathing (n=31)</p>	<p>Yes: 13 No: 20</p>
<p>Has there been a time in the past 6 months when you have needed help from someone with basic health needs such as getting dressed, preparing meals, or bathing, but not been able to get it (n=31)</p>	<p>Yes: 13 No: 19</p>
<p>How often do you have someone to assist you in a time of crisis (n=31)</p>	<p>Never: 8 Sometimes: 13 Usually: 5 Always: 6</p>
<p>How often do you have someone to prepare your meals if you are unable to do it yourself (n=31)</p>	<p>Never: 12 Sometimes: 11 Usually: 1 Always: 5 Not applicable to me: 3</p>
<p>How often do you have someone to help with daily chores if you are sick (n=31)</p>	<p>Never: 7 Sometimes: 14 Usually: 3 Always: 6 Not applicable to me: 2</p>
<p>How do you usually get to medical appointments (n=31)</p>	<p>Drive myself: 7 Family member/friend takes me: 13 Bus: 17 Taxi: 1 Call-A-Ride: 3 Senior Center van: 0 TMA van: 0 Medicaid non-emergency transport service: 1 Walk: 2</p>

Would technology such as a cordless telephone or speakerphone assist you (n=31)	Yes: 21 No: 12
Would technology such enhanced telephones with large keys, enhanced volume, talking caller ID or speech recognition assist you (n=31)	Yes: 17 No: 16
Would technology such as audio description on television assist you (n=31)	Yes: 12 No: 21
Would ramps instead of steps assist you where you live (n=31)	Yes: 12 No: 17
Is there any special equipment or type of assistive device that you currently need, but do not have (N=31)	Yes: 5 No: 31 Devices needed: Scooter, Night Toilet Seat, Shower Chair, Life Alert
In what ways would your daily life be different if you had access to special equipment to assist you?	Could live more independently: 12 Could more involved in hobbies: 4 Could get around outside of my home more easily: 8 Could participate in more social activities: 6 Could get a job or better job: 2
Do you feel that there are enough supports in your community to assist persons with disabilities (N=31)	Yes: 15 No: 17
Would you be interested in part-time employment or volunteering (N=31)	Yes: 13 No: 18
What type of employment or volunteer opportunity would you be interested in (n=31)	Tutoring children and youth: 1 Mentoring youth: 4 Working/volunteering at a social service agency: 7 Clerical: 5 Retail/Sales: 5
What do you see as the most important issues affecting you and other disabled persons that you know (n=31)	Living independently: 9 Housing options: 9 Health care costs: 12 Prescription drug costs: 11 Family connections: 5 Transportation: 15 Crime/personal safety: 2 Quality health care: 6 Quality Special Needs Education: 2
Seniors	

<p>What services would help you in your current housing situation (n=20)</p>	<p>In home health assistance (nursing care, bathing, dressing, etc.): 4 Homemaker services (cleaning, laundry, meal preparation, etc.): 1 Better transportation options:5 Assistance with grocery shopping:2 Assistance paying bills/handling finances:3 Home visits from a social worker: 1</p>
<p>Do you feel that housing which accommodates the needs of seniors is needed in your neighborhood (n=18)</p>	<p>Yes: 14 No: 4</p>
<p>What is your current level of mobility (n=15)</p>	<p>Independent - I walk without assistance: 12 Needs Assistance – I walk with walker or cane or the help of another person: 2 Dependent – I cannot walk; I use a wheelchair or scooter: 1</p>
<p>Do you suffer from any of the following medical conditions (n=20)</p>	<p>Arthritis: 11 Cancer: 2 Chronic Pain:4 Diabetes: 7 Lung Disease: 0 Parkinson’s Disease: 0 Alzheimer’s/Dementia: 2 Heart Disease: 4 Depression: 3 High Blood Pressure: 15 Osteoporosis: 0 Stroke: 0</p>

<p>Do you currently receive help with any of the following activities of daily living (n=20)</p>	<p>Personal Care/grooming: 4 Continenence: 1 Eating: 1 Toileting: 0 Shopping:4 Housekeeping: 3 Transportation: 3 Handling finances: 1 Bathing: 1 Dressing: 0 Mobility: 0 Using Telephone: 0 Preparing meals:3 Laundry:5 Taking Medications: 3</p> <p>If yes to any, who helps you? Family member: 8 Medicaid homecare worker: 3 Private pay homecare worker:1 Friend: 0</p>
<p>Would you like to receive help with any of the following activities of daily living (n=20)</p>	<p>Personal Care/grooming: 0 Continenence: 0 Eating: 0 Toileting: 0 Shopping: 0 Housekeeping: 4 Transportation: 3 Handling finances: 0 Bathing: 1 Dressing: 2 Mobility: 1 Using Telephone: 0 Preparing meals:2 Laundry: 2 Taking Medications: 2</p>
<p>How often do you have someone to assist you in a time of crisis (n=17)</p>	<p>Never: 3 Sometimes: 5 Usually: 1 Always: 8</p>

<p>How often do you have someone to prepare your meals if you are unable to do it yourself (n=19)</p>	<p>Never: 5 Sometimes:6 Usually: 1 Always: 7</p>
<p>How often do you have someone to help with daily chores if you are sick (n=19)</p>	<p>Never: 4 Sometimes:6 Usually: 2 Always: 7</p>
<p>How do you usually get to medical appointments (n=20)</p>	<p>Drive myself: 2 Family member/friend takes me: 12 Bus: 8 Taxi: 1 Call-A-Ride: 2 Senior Center van: 0 TMA van: 0 Medicaid non-emergency transport service: 2</p>
<p>What hobbies do you enjoy (n=20)</p>	<p>Reading: 8 Household chores:1 Parties: 1 Family visits:4 Movies :8 Arts and crafts: 0 Prayer groups: 5 Gardening: 1 Table Games:1 Outings: 0 Music: 7 Watching TV: 13 Walking: 5 Interacting with other residents: 1</p>
<p>Would you be interested in part-time employment or volunteering (n=19)</p>	<p>Yes: 8 No: 11</p>
<p>In what type of employment or volunteer opportunity would you be interested (n=20)</p>	<p>Tutoring children and youth: 1 Mentoring youth: 3 Working/volunteering at a social service agency:2 Clerical: 1 Retail/Sales: 0</p>

<p>What do you see as the most important issues affecting you and the seniors that you know (n=20)</p>	<p>Living independently: 7 Housing options: 7 Prescription drugs: 5 Family connections: 2 Transportation: 7 Crime/personal safety: 1 Taxes: 0</p>
<p>Would you be interested in group outings to any of the following activities (n=20)</p>	<p>Plays: 3 Musical Performances: 7 Movies : 6 Museums: 3 Zoo: 1 Church: 2</p>
<p>If yes to any in 13.16, what is the most you reasonably could afford to pay for transportation (n=14)</p>	<p>\$1-2: 9 \$3-5: 4 \$6-9: 0 \$10-12: 0</p>

EXHIBIT D

Galveston Community Task Force Members	
Angela Brown	Galveston Northside Communities
Phyllis Brooks, CTF Co-Chair	Galveston Resident
Bill Buffum, CTF Chair	Galveston County Mutual Assistance Partnership
Kelly Chambers	Galveston Independent School District
Linda Colbert	City of Galveston
Catherine Gorman	City of Galveston Planning Commission
Cornelia Banks-Harris	Northside Taskforce
Michele Hay	Galveston Economic Development Partnership
Dwayne Jones	Galveston College
David Miller	NAACP
Thomas Muehlenbeck	City of Galveston
Lexi Nolen	UTMB CEHD
Wendy O-Donohoe	City of Galveston Planning Commission
Ana Olivares	LULAC
John Prochaska	UTMB CEHD
Shirley Russell	Old Central Carver Park Neighborhood Association
Mike Shriner	UTMB
Jeff Sjostrum	Galveston Economic Development Partnership
Lesley Sommers	Historic Downtown Strand Seaport Partnership
Gina Spagnola	Galveston Chamber of Commerce
Jeffrey Temple	UTMB
Shirlyn Thomas	Holistic CDC
Kathy Tiernan	Galveston Families, Children & Youth Board
VJ Tramonte	Galveston Chamber of Commerce
Jonathan Tromm	East End Historic District
Charles Wheat	St. Luke's Baptist Church
Lori Schwarz	City of Galveston Planning and Community Development



Working Together for Galveston
Human Capital Implementation and Staffing Plan
Galveston, Texas

Prepared by Urban Strategies, Inc.
Submitted February 2012
Revised December 2012
Proprietary

Working Together For Galveston
Human Capital Implementation and Staffing Plan

Table of Contents

- I. Oversight Agency and Implementing Entity Descriptions**
 - A. Urban Strategies
 - B. US Galveston Today
 - C. Human Capital Team

- II. Infrastructure of US Galveston Today**
 - A. Staffing and Hiring Process
 - B. Oversight and Project Management
 - C. Establishing a Local Office
 - D. Client Tracking Systems
 - E. Outreach Strategy to Reach and Inform Residents
 - F. Building the Section 3 Pipeline

- III. Establishing Leadership Structures**
 - A. Community Task Force & Sub-Committees
 - B. Social Services Network Advisory Group
 - C. Funders Collaborative
 - D. Resident Leadership Team

- IV. Priority Areas and Partnership Development**
 - A. Supported, Targeted Employment
 - B. Intensive Health and Wellness Initiatives for Families
 - C. A Two-Generation Education Emphasis
 - D. Transportation – An Employment Initiative

Exhibits

Exhibit A – Implementation Timeline

Exhibit B – Preliminary Budget and Budget Narrative

Exhibit C – Job Descriptions

**Exhibit D – Final Draft Human Capital Plan Section VI
Plan Implementation, Oversight and Sustainability**

I. **Oversight Agency and Implementing Entity Descriptions**

A. Urban Strategies

Urban Strategies is a not-for-profit agency that has broad experience and success in rebuilding the physical and human infrastructure of redeveloping urban communities. In Galveston, Urban Strategies serves as the lead on Human Capital design for the revitalization efforts and will serve as the oversight and project management entity for Human Capital development and delivery under the direction of the Galveston Housing Authority (GHA). Urban Strategies will provide technical assistance, program management and design, partnership development, fund development, and capacity building to the Human Capital Team. Urban Strategies will also employ the staff and oversee the work of US Galveston Today, the Human Capital implementing entity.

B. US Galveston Today

US Galveston Today will be the locally-based implementing entity that will carry out the work outlined in the Human Capital Plan. US Galveston Today will operate under the direction of Urban Strategies with overall oversight provided by GHA. US Galveston Today will be responsible for coordinating with service providers, developing and implementing detailed work plans, engaging residents in programming, services and other activities outlined in this Human Capital Plan, and using real-time case management data along with resident input to make ongoing decisions about leveraging and reshaping the existing human service delivery system that serves the targeted public housing households. The hope and intent for US Galveston Today is to ultimately become an innovative model for a public-private collaboration that brings people out of poverty.

C. Human Capital Team

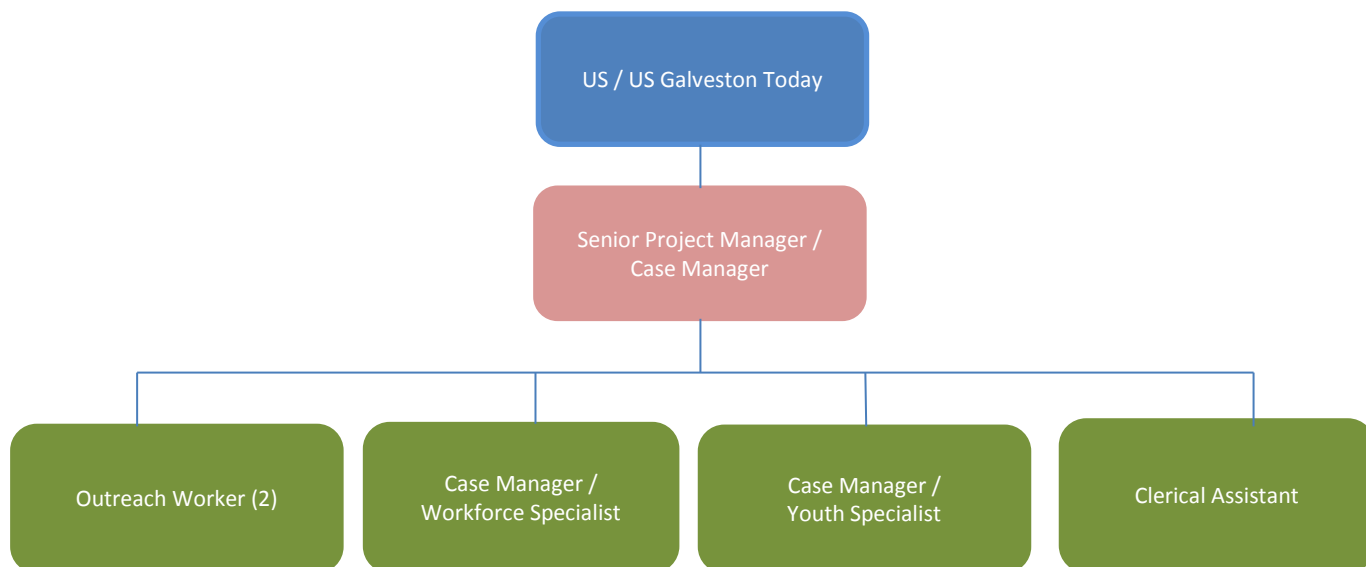
The Human Capital Team is made up of a collaboration of local community leaders, service provider agencies, residents and other community stakeholders, and operates under the leadership of GHA, with support from Urban Strategies and US Galveston Today. The Human Capital Team will work together to provide ongoing oversight of human capital development strategies including the implementation and sustainability of the Plan. This collaborative operating structure was developed based on recommendations by GHA and the Human Capital Sub-Committee of the GHA Board. An organizational picture of the structure can be found on page one of Exhibit D.

II. Infrastructure Development for US Galveston Today

US Galveston Today will be the local operating unit, established by Urban Strategies and based in Galveston, which will oversee all program implementation outlined in the Human Capital Plan. This entity will be responsible for managing the day to day activities of the Human Capital Plan under the direct supervision of Urban Strategies with overall oversight by GHA. These activities include, but are not limited to, the following:

- Provision of case management services to families in the targeted population
- Human capital program development and coordination
- Convening service providers
- Engaging residents in human capital programming, services, and other related activities in partnership with local service providers
- Client tracking and data management

As the oversight agency for Human Capital development, design and implementation, Urban Strategies will have the overarching responsibility for the administration of the Human Capital Plan and its related activities, and will employ the staff and oversee the work of US Galveston Today. US Galveston Today will employ the following staffing structure: A Senior Project Manager with case management responsibilities, a case management team including a Workforce Specialist and a Youth Specialist, two part-time Outreach Workers, and a part-time Clerical Assistant. The organizational structure follows in the chart below:



Additional staff may be hired depending on caseload size, programmatic need, and available funding as implementation progresses.

A. Staffing and Hiring Process

The staffing and hiring process for the US Galveston Today team will begin in February 2013 once all contractual agreements are met and Urban Strategies has received authorization to proceed with the work. Detailed job descriptions and qualification requirements are included in Exhibit C of this plan. Job announcements will be posted on the Urban Strategies website as well as the Working Together for Galveston website and other venues identified by the CTF. CTF members will be encouraged to identify and recommend candidates as well as share position information with partners, stakeholders, and residents that may be a source for candidates. Resumes will be submitted to Urban Strategies' Human Resources email address (hr@urbanstrategiesinc.org) for review by a hiring committee formed by Urban Strategies and members of the CTF.

The first position targeted for hire will be the Senior Project Manager. The Senior Project Manager will report to Urban Strategies with additional reporting responsibility to GHA (to be determined). The Senior Project Manager will have responsibility for the day-to-day operation of all aspects of the implementation of the Human Capital Plan.

The ideal candidate for the Senior Project Manager will have a graduate degree in social work or a related field, and have a background in workforce development and program design since in addition to general oversight of operations and implementation of the plan, the Senior Project Manager will also have some case management responsibility, maintaining a small caseload of resident clients throughout the revitalization process.

Implementation of the Human Capital Plan

The Senior Project Manager, under the direction of Urban Strategies, will provide overall coordination of programs and activities of the Human Capital Plan, and will have oversight with respect to the performance of deliverables. These deliverables include:

- Design and development of the operating structure(s) essential to address each strategy and achieve the projected outcomes;
- Design of the case management system and overall management of the systems of service delivery;
- Engagement of residents in the Human Capital and physical redevelopment processes;
- Partnership development and maintenance; and
- Performance and outcomes reporting, ensuring that program updates are frequently and properly provided to the Human Capital Team.

Case Management Delivery and Coordination

The Senior Project Manager will have overall responsibility for coordinating and monitoring case management for the families targeted in this plan and will ensure the implementation of case management policies and procedures, designing and enforcing quality control measures, and ensuring accuracy and timeliness of client-tracking data and reporting. The Senior Project Manager/Case Manager's role is to lead on making decisions regarding caseload management, risk assessment and triage, and managing service provider relationships and referrals.

Once in place, the Senior Project Manager will assist the Urban Strategies in recruiting, interviewing and hiring two additional Case Managers. The case management team will be employees of US Galveston Today, and will receive direct supervision from the Senior Project Manager, with support and oversight from Urban Strategies. The case management team will consist of the following:

- **One full-time professional Case Manager/Workforce Specialist.** The Case Manager/Workforce Specialist will have a strong background in community work and have the ability to perform basic case management functions, such as follow-up with service providers and residents, with a high degree of motivation, organization, reliability and diligence. In addition, the Case Manager/Workforce Specialist will focus on increasing workforce outcomes for residents by identifying and securing job training opportunities, developing employment partnerships, and connecting residents to available jobs.
- **One full-time Case Manager/Youth Specialist.** The Case Manager/Youth Specialist is responsible for helping the young residents and parents/caregivers of redeveloping low-income communities increase access and usage of community resources and existing service systems for youth. The Case Manager/Youth Specialist will aggressively recruit residents to participate in youth programs and services, and perform initial and on-going assessments of clients, programs and services; and will work with youth and their families to support involvement in education and other activities.

Outreach and Administration

Two part-time Outreach Workers will be responsible for engaging residents in the revitalization process, which will include programs, public meetings and community-wide activities. The Outreach Workers will interview residents and support the case management team with information gathering and the resident intake process. The Outreach Workers will also assist the US Galveston Today staff in representing the organization and the overall Human Capital efforts.

The part-time Clerical Assistant will provide general support for the US Galveston Today team and its office operations. The day to day function of this position will be to coordinate meetings, maintain filing systems, manage incoming and outgoing mail, and answer telephones.

The prospective Outreach Workers and Clerical Assistant will be selected from Galveston Housing Authority's Section 3 pool based on their policies and procedures. GHA will identify and refer qualified candidates to Urban Strategies. Urban Strategies will begin to interview candidates once the Project Manager and case management team is in place with the goal of concluding the hiring process for the full US Galveston Today Staff by July 2013. The following time table outlines critical benchmarks to meet to complete the hiring process.

Time Table 1 - Staffing and Hiring Process

Date	Action
February 2013	Urban Strategies finalizes job descriptions and qualification requirements to prepare for posting and distribution
March 2013	GHA and the CTF will recommend locally-based candidates to Urban Strategies
March 2013	Urban Strategies begins the interview and hiring process
April 2013	Urban Strategies begins to fill vacancies for the Project Manager & case managers positions
May 2013	Project Manager will begin absorbing Human Capital Plan implementation activities and the case management team will begin the resident engagement process
June 2013	GHA provides candidates from the Section 3 pool for the Outreach Workers and Clerical Assistant
June 2013	Urban Strategies begins the interview and hiring process for the Outreach Workers and Clerical Assistant
July 2013	The full US Galveston Today team is in place and all operations are underway

B. Oversight and Project Management

Urban Strategies has developed a comprehensive Human Capital program for the revitalization efforts in Galveston, and will serve as the overall program management entity for Human Capital development and delivery. Urban Strategies will provide technical assistance, program management, partnership development, fund development, and capacity building to the Human Capital Team, which consists of community leaders, service provider agencies, residents and other community stakeholders. Urban Strategies will also employ the staff and oversee the work of US Galveston Today, the Human Capital implementing entity. Specific duties Urban Strategies may play in the administration of Human Capital activities may include, but are not limited to, the following:

- Developing a plan for implementing the Human Capital Plan;
- Developing resident engagement strategies, establishing a Resident Leadership Team and building resident leadership capacity;
- Assisting US Galveston Today in developing, expanding and implementing the service partnerships necessary to achieve appropriate service supports for residents;
- Maintaining client data and other program outcome data, providing data to GHA and any funding agencies and organizations, and using real-time data and resident input to make ongoing decisions about leveraging and reshaping the human service delivery system for the targeted families;

- Employing, training, and providing administrative support for all US Galveston Today staff, including a project manager, case management team and other staff critical to the implementation of this Human Capital Plan;
- Oversight of staff performance with respect to meeting Human Capital Plan goals;
- Providing fiscal operations, oversight and accountability for US Galveston Today operations;
- Coordinating, facilitating, and staffing the Funder’s Collaborative, Community Task Force and Social Services Provider Network Advisory Group, reporting to these groups on performance toward meeting goals, and making recommended course corrections;
- Coordinating Human Capital Plan elements that capitalize on the strengths of the physical redevelopment efforts, including service delivery strategies;
- Assisting the Human Capital Team with developing a long-term funding and sustainability plan to implement and sustain the programs and activities outlined in this Human Capital Plan;
- Providing technical assistance to GHA in developing the agency’s capacity to effectively and comprehensively serve its residents;
- Permanently transition US Galveston Today at scale for service delivery and administrative and operating independence by the end of the revitalization period.

This work will be led by the following team of Urban Strategies staff:

Sandra Moore, Project Lead

Sandra M. Moore, President of Urban Strategies, will provide overall guidance on Human Capital work conducted by Urban Strategies and US Galveston Today. As President of Urban Strategies, Ms. Moore leads a growing team of professionals in eight states that systematically transform distressed areas into vibrant, healthy communities. Under her leadership, Urban Strategies has created and replicated a community change model that integrates physical redevelopment with community supportive services that results in measurable improvements in the wellbeing of individuals, families and neighborhoods.

Ms. Moore’s responsibilities to the project will include:

- Guiding and structuring the overall project vision and strategy
- Engagement with key stakeholders and leading meetings with funders and prominent leaders to set the broad agenda for the planning process
- Attending meetings critical to the project
- Participating in the public engagement process and reporting progress and challenges to the client leadership

Shaughnessy Daniels, Project Manager

Shaughnessy Daniels will provide technical assistance in the development and implementation of the outreach and engagement efforts related to the Human Capital Plan, and will provide daily oversight of staff and project activities under the leadership of the Project Director. She will provide administrative and leadership to the Urban Strategies team and will assist in coordinating stakeholder meetings, coordinating partner activities, and support data tracking activities. Ms. Daniels has experience in comprehensive community development efforts that connect human services to the physical redevelopment of communities.

Responsibilities to the project will include:

- Oversight of the implementation of the overall project vision and strategy
- Oversight and participation in the public engagement process
- Support to the Project Director in engagement with key stakeholders and leading meetings with funders and prominent leaders to set the broad agenda for revitalization activity
- Facilitation of stakeholder investigations and meetings
- Project management, including: attending meetings critical to the project, communicating with the project team, participating in public meetings
- Reporting progress and challenges to the Human Capital Team
- Overseeing the data analysis and technical work plan implementation
- Development of priorities and strategies for human capital development in consultation with residents and stakeholders

Reinhard Baumgaertel, Assistant Project Manager

Reinhard and Roshanda have been a vital part of building and informing the Human Capital and Implementation Plan and will assist with the development and implementation of programs and goals highlighted as priorities. They will work with the project team on the implementation of all priorities, benchmarks, and deliverables on a continuous basis. During the first phase of construction and early implementation their role is to support the Project Manager with US Galveston Today staff orientation and training, resident tracking and engagement, as well as stakeholder and partner communications and meetings facilitation. As the project progresses and the US Galveston Today staff is fully functioning and residents are fully engaged in case management, their roles in implementation efforts will diminish.

Responsibilities to the project include:

- Providing support with setting up the new office
- Supporting the facilitation of stakeholder/committee meetings
- Supporting resident and community engagement and tracking
- Managing and updating resident contact list(s)
- Assisting with standardizing case management data tracking system
- Data analysis and reporting on data collection as applicable
- Continued support to Project Manager with other tasks as assigned

Josh Goldman, Project Manager for Education and Learning Initiatives

Josh Goldman, Project Manager for Education and Learning Initiatives, serves as Urban’s Education Specialist. In the early months of the implementation phase Josh will work to lay out the framework for the two-generation education strategy. Beginning in April (and through the first 6-months of implementation) Josh will build the partnership infrastructure and work with partners to redefine the goals and outcomes for the education initiative. Josh will work with the CTF’s HEHS to identify critical partners for the education strategy, and will rely on the CTF HEHS to help bridge and facilitate those relationships.

C. Establishing a Local Office

Urban Strategies will work with McCormack Baron and local stakeholders in selecting an optimal office location that is most accessible and amenable for residents. It is recommended that service delivery by the US Galveston Today project team primarily take place at a location that is central to the

development sites to allow for a families and accessible service area for families. Since residents are currently scattered throughout the island and beyond, initially it may be necessary for case management staff to make home visits to complete case management tasks, however the office space selected will be configured to allow for comfortable offices where case managers and clients can meet confidentially.

Several options had been previously identified for possible staff office locations. These options follow:

- GHA offered a reduced rental rate for use of offices within the Island Community Center as well as space within the Oleander Homes Property.
- McCormack Baron local staff identified several viable locations on the island to house both US Galveston Today and McCormack Baron Salazar operations. Sharing office space with the Development team provides the opportunity to contain operations US Galveston Today’s costs. The following addresses were identified in early 2012 as potential sites to consider for McCormack Baron and US Galveston Today office operations:
 - 4700 Broadway (Office space provided through GHA)
 - Oleander Homes site
 - 2115 Winnie
 - 305 21st St – The Marine Building)
 - 222 Kempner (22nd St)
 - 104 Moody (21st St) – The Old Galveston Ice House Building
 - 2628 Broadway (if available)

Urban Strategies will work with local McCormack Baron staff to identify and secure a contract for an appropriate office space beginning in March 2013. Urban Strategies will develop a specific plan for the nature of work anticipated to take place in the office, and the necessary office equipment that will be necessary to complete the nature of work outlined. The office is expected to be fully functional and ready for operation by the end of May 2013.

Upon opening of the new office, community stakeholders will be invited to tour the office and hear more about the scope of work and services anticipated to occur there. This will welcome the community and serve as the official announcement that Urban Strategies has a presence in the area. As the scope of work changes after initial implementation and following construction, transition to a permanent office space in one of the housing developments may occur.

Time Table 2 – Establishing a Local Office

Date	Action
March 2013	Urban Strategies and McCormack Baron will identify office space opportunities, select an office location for US Galveston Today, and secure a contract
March 2013	Urban Strategies will develop an outline of office needs based on the scope of work and activities to be provided

April 2013	Begin to purchase needed equipment and supplies needed for office operations
May 2013	Set up office and be fully functional with all systems in place so that US Galveston Today operations, including resident engagement and case management, can begin
June 2013	Formally open the US Galveston Today office and host open house
December 2014	Possible relocation of US Galveston Today operations to final office location on site

D. Client Data Tracking Systems

US Galveston Today will utilize a real-time data management system to track households, to monitor resident progress toward meeting individual and family goals, and to chart progress toward program outcomes established in the Human Capital Plan. Case managers will gather data as a matter of routine while performing case management and client tracking duties, and will record and maintain data through a HUD-approved client tracking software. Urban Strategies, with input from the CTF, had initiated efforts to review and select a client and program tracking software for comprehensive case management in April 2012. Options identified included the Hands 2 Youth system by Clear Health, as well as the HUD approved Efforts-To-Outcomes program created by Social Solutions. Urban Strategies will resume work to identify and secure an appropriate client data tracking system in March 2013 for installation and full implementation by June 2013.

Time Table 3 – Client Data Tracking Systems

Date	Action
March 2013	Urban Strategies will review options for client tracking and data management system
April 2013	Urban Strategies will present recommendation to the HEHS Sub-Committee of the CTF to finalize a decision of a client tracking software
May 2013	Urban Strategies will purchase and initiate the installation of the software in the US Galveston Today office, and facilitate possible customizations to meet Urban Strategies comprehensive case management tracking needs
May 2013	Software vendor in collaboration with Urban Strategies will train Program Manager and Case Managers in software usage applying Urban Strategies tracking standards according to their case management model
June 2012	Begin full use of client tracking software by US Galveston Today

E. Outreach Strategy to Reach and Inform Residents

US Galveston Today’s charge for the initial implementation phase will be to reach out to and to inform potential residents about the timeline for construction, the programmatic offerings being provided by US Galveston’s case management program and linking resident’s with partner service providers.

The Senior Project Manager will have the responsibility for overseeing the outreach approach resident engagement. The Senior Project Manager and case managers, with additional support from the Outreach Workers, will ensure that mailings, community meetings, and direct contact attempts are undergone to reach all potential residents.

Using a resident mailing list to be provided by GHA, US Galveston Today will contact the 569 families targeted for Tier I priority per the Human Capital Plan. As the project progresses, Galveston Housing Authority will provide US Galveston Today with an additional list of contact information for other public housing residents and other priority groups that may require case management and engagement.

Through outreach and engagement, residents will be kept up to date on the timeline, activities and programs that are being planned as well as the anticipated long term programmatic offerings through US Galveston Today’s case management program.

During the early months of implementation, the Senior Project Manager and case managers will assess the status of individuals and families and identify which programs and services are needed to work towards the four priority areas outlined in the Human Capital Plan. They will work on developing service partnerships that target these needed services and programs. Primary service partnerships will be agreed upon, with signed Memoranda of Understanding, by July 2012.

Time Table 4 – Resident Outreach

Date	Action
May 2013	Obtain the resident mailing list for Tier I priority residents and during engagement continue to update contact information throughout the early implementation phase
May 2013	Begin outreach efforts: mailings, and invitations to preliminary community meetings using and other engagement efforts
May 2013	Resident engagement, assessment and early case management work begins
June 2013	Establish timeline for resident meetings, identify critical service partnerships to begin establishing MOU’s, and begin early service connection work based on immediate need
July 2013	Finalize and execute MOU’s with primary service provider partners and begin to connect residents to services

F. Building the Section 3 Pipeline

Urban Strategies is committed to supporting GHA and the development team in fulfilling their stated requirements of Section 3 for this revitalization effort. GHA requires that 10% of labor hours be completed by resident hires. US Galveston Today will work closely with GHA to connect residents to Section 3 related opportunities.

For residents interested in Section 3 related positions, case managers will assist GHA’s Section 3 staff with identifying and preparing public housing residents for Section 3 employment opportunities. As the redevelopment projects are completed, Section 3 residents will also be targeted for administrative and property management positions with the development team and management company as available.

In order to build the pool of Section 3 residents who can fill open positions, the US Galveston Today team will assist GHA in conducting outreach in the neighborhood to enroll residents in existing construction training programs, and, at the same time, work with residents who are “job-ready” to ensure that their resumes reflect their skills and encourage immediate employment, even temporary, to increase their appeal to the construction contractors. GHA’s Section 3 staff, with the support of US Galveston Today’s case management team will identify eligible residents and guide and support them through the recruitment and certification process, link them to resources to help them obtain appropriate training, and prepare them to take advantage of Section 3 employment opportunities. The Case Manager/Workforce Specialist will act as the liaison between residents and the Section 3 team specifically to ensure success in obtaining and retaining local hires.

Time Table 5 – Building the Section 3 Pipeline

Date	Action
May 2013	US Galveston Today staff will work with GHA’s Section 3 staff to identify work-ready residents that may qualify for US Galveston Today positions and other local early Section 3 opportunities, and identify a pipeline of candidates for upcoming Section 3 opportunities.
June 2013	Begin interview and hiring process for Outreach Workers and clerical assistant form the GHA Section 3 pool of candidates

III. Establishing Leadership Structures

Urban Strategies will be actively engaged in developing leadership structures that are deemed as critical to the Human Capital implementation process. Following is an outline of the proposed leadership groups as determined through the extensive planning and development process that created the Human Capital Plan.

A. The Community Task Force and Sub-Committees

A Community Task Force (CTF) was formed in August 2011 to provide insight into the development of a Human Capital Plan for the Galveston revitalization effort. The CTF consisted of key institutional partners including public sector leaders, service providers and resident leaders. The group CTF will be reconvened by March 2013 to ensure that the strategies outlined in the Human Capital Plan are implemented effectively to achieve stated goals, and to provide direction to the revitalization efforts and the implementation of the Human Capital Plan.

Once reconvened, Urban Strategies will schedule and facilitate bi-monthly meetings during year one of revitalization, and quarterly meeting (at minimum) thereafter. CTF meetings will prove opportunities to share detailed updates on the progress of both human capital and physical redevelopment activities. The Community Task Force will receive ongoing support from Urban Strategies and US Galveston Today staff throughout the revitalization process.

The table below lists the key meetings to be attended during the early implementation phase:

Time Table 6 – Community Task Force

Date	Action
March 2013	The Community Task Force, with guidance by Urban Strategies, will begin discussing start-up work/activities and implementation logistics, and identifying candidates for US Galveston Today
March 2013	The Community Task Force, with guidance by Urban Strategies, will begin to identify the service partners most appropriate, willing, and able to support the implementation of programs and strategies recommended in the Human Capital Plan
May 2013	The Community Task Force, with guidance by Urban Strategies, will begin to identify remaining service gaps, and begin developing strategies to fill those gaps
July 2013	The Community Task Force will review and approve scaled programmatic outcomes and benchmarks to guide service partners in the implementation of the Plan tapping into recommendations by the HEHS committee and Urban Strategies

Proposed meetings of the CTF for Year One and Year Two follow:

Proposed Meeting Schedule 1 – CTF Year One (post-early implementation) and Year Two

Community Task Force Meeting Schedule	
2013	2014
March	January*
May	April
July	July
September	October
November	

*Annual Progress Report Meeting

The Community Task Force will consist of three subcommittees:

- 1) Health Education and Human Services Subcommittee;
- 2) Physical Development and Design Sub-Committee, and
- 3) Re-Occupancy Sub-committee

Descriptions of these committees follow.

1. **The Health, Education, & Human Services (HEHS) Sub-Committee** was formed in November 2011 and met several times in 2011 and 2012 to discuss and give feedback on Human Capital Plan content. The HEHS Sub-Committee has worked closely with the CTF on refining recommendations on Human Capital Plan activities and strategies, including the development of appropriate partnership with local service providers. This committee will be reestablished in April 2013, and will be charged with bridging the relationships between potential partner agencies and Urban Strategies and US Galveston Today, as well as establishing the Social Services Network Advisory Group. This sub-committee will meet bi-monthly. Key meetings to be attended during early implementation:

Time Table 7 – HEHS Sub-committee

Date	Action
April 2013	Urban Strategies will reconvene the HEHS Sub-Committee to help the Community Task Force identify critical partners to serve the targeted families based on the HCP, as well as the agencies' capacity to serve them.
April 2013	HEHS Sub-Committee will review recommendations for a client tracking and data management system as presented by Urban Strategies
April – July 2013	HEHS, with assistance by Urban Strategies, will build the design, infrastructure, and synchronize crucial partnerships/programs for the two-generation strategy, community health outreach model, and people mover system
June 2013	HEHS with US Galveston Today and Urban Strategies will begin to convene the Social Services Network Advisory Group

Proposed meetings of the HEHS Sub-Committee for Year One and Year Two are as follows:

Proposed Meeting Schedule 2 – HEHS Year One (post-early implementation) and Year Two

Health, Education, & Human Services Sub-Committee Meeting Schedule	
2013	2014*
April	February
June	April
August	June
October	August
December	October
	December

*Beginning 2014 the HEHS Sub-Committee will provide oversight for the Social Services Network Advisory Group

- The Re-occupancy Sub-committee** will be formed early in April 2013 (parallel to the development of new scattered site housing), and will include the development and management teams (McCormack Baron Salazar & McCormack Baron Ragan), residents, and others. The re-occupancy sub-committee will be a small working committee of individuals focused on issues specific to relocation and re-occupancy including return criteria, housing choice, and housing search counseling. Once assembled, this sub-committee will meet quarterly. Key meetings to be attended during early implementation:

Time Table 8 – Re-occupancy Sub-Committee

Date	Action
April 2013	The development team will assemble the re-occupancy sub-committee
June 2013	The re-occupancy sub-committee will begin developing a right to return and re-occupancy plan for displaced GHA households as well as a set of community standards

Proposed meetings of the Re-occupancy Sub-Committee for Year One and Year Two are as follows:

Proposed Meeting Schedule 3 – Re-Occupancy Sub-Committee Year One and Year Two

Re-Occupancy Sub-Committee Meeting Schedule	
2013	2014*
April	March
August	June
November	September
	December

- 3. The Physical Development and Design Sub-Committee**, initially formed in November 2011, will focus on issues specific to the physical development and design of the revitalization effort including housing, homeownership, mixed-uses, and historic preservation. The committee will resume quarterly in March 2013 (see schedule below).

Proposed Meeting Schedule 4 – Physical Development and Design Sub-Committee

Physical Dev. & Design Sub-Committee Meeting Schedule	
2013	2014
March	March
June	June
September	September
December	December

B. Social Services Network Advisory Group (SSNAG)

The Social Services Network Advisory group will consist of representatives from the social services agencies involved in serving the GHA population. The convening and collaboration of these agencies provides opportunity for a seamless service delivery system, which will allow for a stronger local network of services and supports for families.

Once the Community Task Force and the Health, Education, & Human Services (HEHS) Sub-Committee members have identified critical partner agencies to become involved in HCP activities, the Social Services Network Advisory Group (SSNAG) will begin to form. Urban Strategies and US Galveston Today will begin to meet with key potential partners that may engage in the SSNAG in April 2013. A formal meeting of the SSNAG will take place in June 2013, with subsequent bi-monthly meetings to follow.

Time Table 9 – Social Services Network Advisory Group

Date	Action
March 2013	The CTF and the HEHS Sub-Committee will begin to identify and recommend to Urban Strategies the critical partner agencies most appropriate, willing and able to serve the targeted families and to support the implementation of programs and strategies recommended in the Human Capital Plan. Agencies that agree to a formal partnership will compose the SSNAG.
April 2013	The HEHS will work to design a framework and guidelines for the SSNAG
June 2013	Urban Strategies and US Galveston Today convene the first meeting of the Social Service Network Advisory Group based on partnerships secured and formalized through MOU's to begin coordinating service programming <ul style="list-style-type: none"> • SSNAG will flesh out an integrated system of service coordination and delivery • SSNAG, with assistance by the HEHS Sub-committee and Urban Strategies and using updated resident data, will develop scaled programmatic outcomes and benchmarks to guide service partners in the implementation of the Plan
August 2013 & Ongoing	As additional information on the needs of the 569 and capacity of service providers will become available, SSNAG will identify and close service delivery gaps

Proposed Meeting Schedule 5 – Social Services Network Advisory Group

Social Services Network Advisory Group Meeting Schedule	
2013	2014
June	February
August	April
October	June
December	August
	October
	December

C. Funders Collaborative

The Funders Collaborative will be a convening of local funders that will engage local and national philanthropic organizations, corporations, and major institutions which have the ability to provide the resources necessary to implement the human capital activities outlined in the Human Capital Plan. Urban Strategies will reach out to prospective members beginning in March 2013 and will begin to coordinate resource development for Human Capital activities.

Time Table 10 – Funders Collaborative

Date	Action
March 2013	Urban Strategies, with assistance by the Community Task Force, will develop a list of potential local funding partners and triage this list based on relationships and funding areas
April 2013	Urban Strategies will begin contacting prospective members of the Funders Collaborative and begin assembling the group
May 2013	The first meeting of the Funders Collaborative will be held to begin developing recommendations to Urban Strategies on the overall resourcing strategy that will support existing programs and long-term sustainability
August 2013	The Funders Collaborative, with technical assistance by Urban Strategies, will have developed an engagement strategy for funding partners with the greatest funding potential in relation to service priorities
August 2013 & ongoing	The Funders Collaborative, with technical assistance by Urban Strategies, will begin to actively engage local, state and national partnerships and resources to support the priorities identified in the Human Capital Plan

Proposed Meeting Schedule 6 – Funders Collaborative

Funders Collaborative Meeting Schedule	
2013	2014
May	January
August	April
November	July
	October

D. The Resident Leadership Team

A Resident Leadership Team (RLT) will be assembled by US Galveston Today’s staff and the Project Manager from the beginning of the implementation phase to ensure that the staff receives vital resident input for the design and development of programming, as well as to include residents in decision making processes concerning human capital development and physical redevelopment. The process of developing this team will start June 2013. The Senior Project Manager and case managers will be charged with developing this resident team and overseeing their activities.

Prior to the demolition of the Galveston housing complexes, a Resident Council existed among the residents. The members of this council will be identified by US Galveston Today and Community Task

Force to determine whether or not they would like to take a leadership role in the redevelopment process in beginning in June 2013. The process for expanding the Resident Leadership Team will be created by the Project Manager, case managers and CTF by the end of the early implementation phase.

During the initial stages of redevelopment, potential residents who anticipate moving in to the housing development will be offered a place on the Resident Leadership Team by US Galveston Today staff. This team will meet at the US Galveston Today office until the completion of a community space in the housing development.

Initial meetings of the Resident Leadership Team will focus on developing appropriate, targeted programs intended to address the four priority areas identified in the Human Capital Plan, and on participation and engagement in the physical revitalization process. Urban Strategies will offer leadership and capacity building opportunities to expand the body’s ability to engage in the overall planning and implementation process. After the end of early implementation, US Galveston Today staff and Resident Leadership Team will work together to devise strategies for the continuation of the flow of information; referrals for residents to various community organizations; a strategy to ensure short term case management and crisis intervention with residents; strategies for maintaining relationships with local stakeholders, service providers and the project team; as well as additional resident engagement strategies.

Time Table 11 – Resident Leadership Team

Date	Action
June 2013	Urban Strategies and US Galveston Today staff will begin identifying and engaging resident leaders by contacting former Resident Council members and other residents recruit for Resident Leadership Team
July 2013	Urban Strategies and US Galveston Today convene the first meeting of, and training session for the Resident Leadership Team. The first meeting will include the creation of internal policies for participant recruitment, development of membership terms, and establishment of procedures and functions. The RLT will continue to meet monthly with the US Galveston Today staff.
August 2013	Urban Strategies and the Resident Leadership Team will begin coordinating monthly resident engagement meetings
On-going	Monthly meetings of the Resident Leadership Team and bi-monthly resident training sessions hosted by US-Galveston Today staff and their service partners

IV. Priority Areas and Partnership Development

Urban Strategies will coordinate partnership development for Human Capital activities during the early implementation phase with support of the Community Task Force and GHA.

In March 2013, Urban Strategies, with assistance by the Community Task Force, will begin reaching out to a core set of social and human services agencies that provide critical support to the returning families. Between March and July 2013, this team will also fully develop the relationships that support key components of Human Capital Plan strategies, such as the two-generation education strategy, the people mover system, and the resident-based community health outreach program. These partnerships will be formalized through Memoranda of Understanding (MOUs) between the service agencies and GHA.

Urban Strategies identified partnerships to be explored with the following organizations to support each service priority category established in the Human Capital Plan:

- A. Supported, Targeted Employment
 - a) Workforce Solutions
 - b) UTMB
 - c) Galveston College
 - d) Texas A&M at Galveston
 - e) East Texas Area Health Education Center
 - f) GHA – Section 3 Program
 - g) Chamber of Commerce
 - h) Galveston Urban Ministry (Job readiness)

- B. Intensive Health and Wellness Initiatives for Families
 - a) General Health
 - a. Galveston County Health District (4Cs, WIC, community health outreach)
 - b. UTMB (Teen Health Centers, Regional Maternal Child Health Program, Island Pediatric Center/Island Urgent Care)
 - c. St. Vincent’s House
 - d. The Jesse Tree (chronic disease management & health education)
 - e. Pediatric Dental Care Clinic
 - f. Galveston County Immunization Coalition (immunizations for children)
 - b) Interventions for family, children, & youth (social skills development, youth programming, substance, etc.)
 - a. Family Service Center (psychiatric services, counseling/therapy, various skill building programs)
 - b. UTMB (Hands 2 Youth)
 - c. The Gulf Coast Center MHMR (mental health and substance abuse)
 - d. Phoenix House (Alcohol and drug treatment)
 - e. Bay Area Council on Drugs and Alcohol (BACODA) (Substance abuse education program, YouthBuild, etc.)

- f. ADA Women’s Center (Substance abuse recovery, rehabilitation, etc.)
 - g. Advocacy Center for Children and Youth (Crisis therapy under existing child protective services)
 - h. Galveston County Community Action Council (Ziegler Head Start Program)
 - i. Communities in Schools
 - j. Department of Family and Protective Services (DFPS) - Early Intervention (PEI) Division of the Texas (Community Youth Development Program)
 - k. GISD (21st Century Afterschool Centers)
 - l. Nia Cultural Center
 - m. CDC Holistic Rites of Passage
 - n. Gulf Coast Big Brothers Big Sister (social skill development, mentoring)
- c) Nutrition
- a. Gleanings from the Heart
 - b. Our Daily Bread
 - c. The Jesse Tree
 - d. St. Vincent’s House
 - e. Beacon of Hope Center (Catholic Charities)
- d) Emergency Assistance
- a. Galveston County Community Action Council, Inc.
 - b. Galveston County Social Services
 - c. St. Vincent’s House
 - d. The Jesse Tree (prescription, food)
 - e. Beacon of Hope Center (Catholic Charities)
 - f. The Salvation Army
- e) Senior well-being:
- a. Galveston County Senior Citizen Program (Meals on Wheels,
 - b. Galveston County Health District (Senior Health Services)
 - c. Libbie’s Place (Senior day care)
 - d. Galveston County Department of Parks and Senior Services: Senior Lunch Program
 - e. Texas Department of Human Services (Community Care for the Aged & Disabled)
- C. A Two-Generation Education Emphasis
- a) GISD
 - b) KIPP
 - c) Odyssey Academy
 - d) Advocacy for Children of Galveston
 - e) Galveston Sustainable Communities Alliance (GSCA)
 - f) UTMB (Early Childhood Initiative Launch Project, PALS)
 - g) St. Vincent’s House (Day Care/Preschool, Alternative Education Center)
 - h) Nia Cultural Center (Freedom School (summer program))
 - i) Family Service Center (drop-out prevention program)
 - j) Families, Children and Youth Board (various educational initiatives)
 - k) Galveston Northside Task Force
 - l) YMCA (youth development, school-age enrichment)

- m) Galveston Urban Ministries (after-school tutoring, mentoring, and enrichment programs, Street Camps)
- n) Galveston College (Adult education/vocational prep)

D. Transportation – An Employment Initiative

- a) Island Transit System (Dial-a-Ride Program; vans for medical appointments)
- b) Connect Transit

Time Table 12 – Priority Areas and Partnership Development

Date	Action
March – July 2013	Urban Strategies, with assistance from the Community Task Force and the HEHS Sub-committee, will identify the service partners most appropriate, willing and able to support the implementation of programs and strategies recommended in the HCP
April 2013	Urban Strategies will conduct engagement interviews with key stakeholders focused on key issues (i.e. economic development, youth programming, schools, etc.) to identify existing resources, opportunities for partnership and potential leverage to support
April – May 2013	Urban Strategies and US Galveston Today staff begin early engagement service providers for the purpose of establishing formal partnerships, developing MOU's
May 2013	Urban Strategies, with assistance from the Community Task Force and the HEHS Sub-committee, will identify remaining service gaps, and begin developing strategies to fill those gaps
June 2013 – Ongoing	Urban Strategies will begin to develop and update a programs/services matrix based on current partnership and service opportunities
July 2013	Urban Strategies, with assistance by the HEHS and CTF, will have established scaled programmatic outcomes and benchmarks to guide service partners in the implementation of the Plan
July 2012	A core set of partners providing services and training to residents will begin taking referrals to serve the case management caseload; cooperative relationships to build the infrastructural components of the two-generation education strategy, the people mover system, and the resident-based community health outreach program will be established

Exhibit A – Implementation Timeline¹:

Year One Revitalization and Human Capital Activities	
Date	Action
January 2013	Urban Strategies negotiates sub-contract and scope of services with McCormack Baron Salazar for Human Capital work in Galveston
January 2013	Review final Human Capital Plan as adopted in January 2012 and make recommendations to GHA Human Capital Committee and GHA Board for implementation
February 2013	Urban Strategies finalizes a detailed implementation plan for all Human Capital activities
February 2013	Urban Strategies finalizes job descriptions and qualification requirements for US Galveston Today staff to prepare for posting and distribution
March 2013	Urban Strategies re-engages the CTF at its first scheduled bi-monthly meeting and introduces plans for start-up work/activities and implementation logistics
March 2013	GHA and the CTF begin to recommend locally-based candidates to Urban Strategies for project manager and case management positions
March 2013	Urban Strategies initiates the interview and hiring process for key US Galveston Today staff
March 2013	Urban Strategies begins early implementation work around building the infrastructure of the Funding Collaborative and developing the resource and funding strategy. Urban Strategies with assistance by the Community Task Force will develop a list of potential local funding partners and triage this list based on relationships and funding areas.
March 2013	The CTF and the HEHS Sub-Committee will begin to identify and recommend to Urban Strategies the critical partner agencies most appropriate, willing and able to serve the targeted families and to support the implementation of programs and strategies recommended in the Human Capital Plan
March 2013	Urban Strategies works with McCormack Baron Salazar to identify office space opportunities to house US Galveston Today operations.
March 2013	Urban Strategies develops an outline of office needs based on the scope of work and activities to be provide through Human Capital Plan activities

¹ Some dates may vary contingent upon any changes to the physical development schedule.

March 2013	Urban Strategies reviews options for a client tracking and data management system
March 2013	GHA begins to identify evaluator candidates to measure effectiveness of the revitalization and Human Capital plans
March 2013	The Development Team will reconvene the Physical Development and Design Sub-Committee and establish a schedule of quarterly meetings
April 2013	The Development Team and Human Capital Team will work to assemble a Re-occupancy Sub-Committee to focus on key issues related to re-occupancy. The re-occupancy sub-committee will begin developing a right to return and re-occupancy plan for displaced GHA households as well as a set of community standards. The re-Occupancy Sub-Committee will meet quarterly.
April 2013	Urban Strategies reconvenes the HEHS Sub-Committee. The HEHS Sub-Committee will meet bi-monthly. The HEHS Sub-Committee, with Urban Strategies, will begin work to build the design and infrastructure, and to synchronize crucial partnerships/programs for the Human Capital Plan priorities. The HEHS will also work to design the framework and guidelines for the Social Service Network Advisory Group (SSNAG)
April 2013	Urban Strategies presents final recommendations for client tracking and data management software to the HEHS Sub-Committee of the CTF
April 2013	Based on recommendations by the CTF and the HEHS Sub-Committee, Urban Strategies will begin to meet with critical partners identified to serve the targeted families based on the HCP. Urban Strategies will conduct engagement interviews with key stakeholders focused on key issues (i.e. economic development, youth programming, schools, etc.) to identify existing resources, opportunities for partnership and potential leverage to support. Urban Strategies will work with the CTF and the HEHS Sub-Committee to bridge the relationship between these agencies and Urban Strategies/US Galveston Today. Urban Strategies will begin early work of establishing formal partnerships and developing MOU's
April 2013	Urban Strategies will continues the interview and hiring process for key US Galveston Today staff, and begins to fill vacancies for the project manager and case manager positions
April 2013	Urban Strategies will begin contacting prospective members of the Funders Collaborative and begin assembling the group
April 2013	Urban Strategies will begin to purchase needed equipment and set up offices for Project

	Manager and Case Management program
May 2013	Urban Strategies sets up US Galveston Today offices. Offices are fully functional with all systems in place
May 2013	Urban Strategies will purchase and initiate the installation of the client tracking and data management software system in the US Galveston Today office, and facilitate possible customizations to meet Urban Strategies comprehensive case management tracking needs
May 2013	Data tracking vendor in collaboration with Urban Strategies will train Project Manager and Case Managers in software usage applying Urban Strategies tracking standards according to their case management model. Project manager and case managers will initiate full use of the system immediately upon training and as residents are enrolled in case management.
May 2013	Obtain the resident mailing list for Tier I priority residents and, during engagement, continue to regularly update contact information
May 2013	Begin outreach efforts through mailings and invitations to preliminary community meetings using the resident list provided by GHA. Urban Strategies will continue to revise and update contact list for Tier I priority residents on the 569 list regularly throughout the implementation phase. The updates and information will be shared with GHA.
May 2013	Project Manager and Case Managers begin absorbing HCP Implementation activities and engaging residents in case management services and developing individual and family development plans
May 2013	Resident engagement, assessment and early case management work begins
May 2013	US Galveston Today staff will work with GHA's Section 3 staff to identify work-ready residents that may qualify for US Galveston Today positions and for other local early Section 3 opportunities, and will identify a pipeline of candidates for other upcoming Section 3 opportunities. US Galveston Today staff will work closely with GHA staff and the development team to connect the residents to opportunities, and to engage interested residents in related training opportunities.
May 2013	The first meeting of the Funders Collaborative will be held to begin developing recommendations to Urban Strategies on the overall resourcing strategy that will support existing programs and long-term sustainability. The Funders Collaborative, with technical assistance by Urban Strategies, will immediately work to develop an

	engagement strategy for funding partners with the greatest funding potential in relation to service priorities
May 2013	Community Task Force Bi-Monthly Meeting. The Community Task Force and Urban Strategies will begin early identification of service gaps, and begin developing strategies to fill those gaps.
June 2013	Urban Strategies formally opens the US Galveston Today office and hosts open house
June 2013	US Galveston Today begins full use of the client tracking software
June 2013	US Galveston Today with Urban Strategies works to establish timeline for monthly resident engagement meetings, identify critical service partnerships to begin establishing MOU's, and begin early service connection work based on immediate need.
June 2013	Urban Strategies and US Galveston Today continue outreach and engagement of residents to begin to fully inform and engage residents in Human Capital and revitalization activities, to continue to enroll families in case management, to begin to connect families to services and prepare families for occupancy, to identify critical and immediate household needs, and to prepare residents for Section 3 employment.
June 2013	US Galveston Today hosts a resident meeting for critical revitalization and human services project updates and inclusion, and establish a timeline for recurring resident meetings. This initiates the start of monthly resident engagement meetings.
June 2013	Urban Strategies and US Galveston Today staff will begin identifying and engaging former resident leaders for recruitment to the Resident Leadership Team
June 2013	Urban Strategies and US Galveston Today secures partnerships and finalizes MOU's for critical services for families
June 2013	HEHS Sub-Committee Bi-Monthly Meeting
June 2013	Urban Strategies and US Galveston Today convene the first meeting of the Social Service Network Advisory Group based on partnerships secured and formalized through MOU's <ul style="list-style-type: none"> • SSNAG will flesh out an integrated system of service coordination and delivery • SSNAG, with assistance by the HEHS Sub-committee and Urban Strategies and using updated resident data, will develop scaled programmatic outcomes and benchmarks to guide service partners in the implementation of the Plan
June 2013	Urban Strategies works with GHA to identify candidates from the Section 3 pool for the Outreach Worker and Clerical Assistant positions and begins the interview and hiring

	process
June 2013	Re-Occupancy Sub-Committee Bi-Monthly Meeting. The re-occupancy sub-committee will begin developing a right to return and re-occupancy plan for displaced GHA households, as well as a set of community standards for the new development.
June 2013	Physical Development and Design Sub-Committee Quarterly Meeting.
July 2013	The full US Galveston Today team is in place and all operations are underway
July 2013	Community Task Force Bi-Monthly Meeting
July 2013	The Community Task Force will review and approve scaled programmatic outcomes and benchmarks to guide service partners in the implementation of the Human Capital Plan tapping into recommendations by the HEHS committee and Urban Strategies
July 2013	Urban Strategies and US Galveston Today convene the first meeting of the Resident Leadership Team. The first meeting will include the creation of internal policies for recruitment, the development of membership terms, and the establishment procedures and functions. Urban Strategies will offer leadership and capacity building opportunities to expand the body's ability to engage in the overall planning and implementation process throughout the revitalization period. The RLT will continue to meet monthly with the US Galveston Today staff.
July 2013	Anticipated groundbreaking activities to kick off construction of the new mixed-income communities
July 2013	Construction begins
July 2013	Finalize and execute MOU's with primary service provider partners and begin to connect residents to services. A core set of partners will be in place to provide services and training to residents and to begin taking referrals to serve the caseload.
July 2013	Monthly Resident Engagement Meeting
July 2013	Human Capital Team secures evaluator. Early work to determine indicators begins.
August 2013	Cooperative relationships to build the infrastructural components of the two-generation education strategy, the people mover system, and the resident-based community health outreach program will be established
August 2013	Monthly Resident Engagement Meeting
August 2013	HEHS Sub-Committee Bi-Monthly Meeting

August 2013	Re-Occupancy Sub-Committee Bi-Monthly Meeting
August 2013	Funders Collaborative Quarterly Meeting. The Funders Collaborative, with technical assistance by Urban Strategies, will actively engage local, state and national partnerships and resources to support the priorities identified in the Human Capital Plan
August 2013	SSNAG Bi-Monthly Meeting. As additional information on the needs of the 569 and capacity of service providers will become available, SSNAG will identify and work to close service delivery gaps.
September 2013	Mid-year implementation progress update to GHA, the Funding Collaborative and Community Task Force
September 2013	Community Task Force Bi-Monthly Meeting
September 2013	Monthly Resident Engagement Meeting
September 2013	Physical Development and Design Sub-Committee Quarterly Meeting
September 2013	Begin People Mover and Community Health Outreach program implementation
October 2013	HEHS Sub-Committee Bi-Monthly Meeting
October 2013	SSNAG Bi-Monthly Meeting
October 2013	Re-Occupancy Sub-Committee Bi-Monthly Meeting. Begin planning for re-occupancy and determination of return criteria for new mixed-income developments begin
October 2013	Monthly Resident Engagement Meeting
November 2013	Community Task Force Bi-Monthly Meeting
November 2013	Funders Collaborative Quarterly Meeting
November 2013	Monthly Resident Engagement Meeting
November 2013	Re-Occupancy Sub-Committee Bi-Monthly Meeting
December 2013	HEHS Sub-Committee Bi-Monthly Meeting
December 2013	SSNAG Bi-Monthly Meeting
December 2013	Physical Development and Design Sub-Committee Quarterly Meeting
December 2013	Monthly Resident Engagement Meeting

December 2013	Resident intake and assessment process complete. Individual and Family Development Plans for all clients in caseload established.
---------------	---

Year Two Revitalization and Human Capital Activities

January 2014	First annual implementation progress update to GHA, the Funding Collaborative and Community Task Force including annual review of progress against goals and recommendations for program and strategy adjustments
January 2014	Monthly Resident Engagement Meeting
February 2014	HEHS Sub-Committee Bi-Monthly Meeting
February 2014	SSNAG Bi-Monthly Meeting
February 2014	Monthly Resident Engagement Meeting
March 2014	Monthly Resident Engagement Meeting
March 2014	Re-Occupancy Sub-Committee Quarterly Meeting
March 2014	Physical Development and Design Sub-Committee Quarterly Meeting
March 2014	Baseline Evaluation Report Due
April 2014	Funders Collaborative Quarterly Meeting
April 2014	Community Task Force Quarterly Meeting
April 2014	HEHS Sub-Committee Bi-Monthly Meeting
April 2014	SSNAG Bi-Monthly Meeting
April 2014	Monthly Resident Engagement Meeting
May 2014	Monthly Resident Engagement Meeting
June 2014	HEHS Sub-Committee Bi-Monthly Meeting
June 2014	SSNAG Bi-Monthly Meeting
June 2014	Re-Occupancy Sub-Committee Quarterly Meeting
June 2014	Physical Development and Design Sub-Committee Quarterly Meeting
June 2014	Monthly Resident Engagement Meeting
July 2014	Funders Collaborative Quarterly Meeting

July 2014	Community Task Force Quarterly Meeting
July 2014	Monthly Resident Engagement Meeting
August 2014	HEHS Sub-Committee Bi-Monthly Meeting
August 2014	SSNAG Bi-Monthly Meeting
August 2014	Monthly Resident Engagement Meeting
September 2014	Re-Occupancy Sub-Committee Quarterly Meeting
September 2014	Physical Development and Design Sub-Committee Quarterly Meeting
September 2014	Monthly Resident Engagement Meeting
October 2014	Funders Collaborative Quarterly Meeting
October 2014	Community Task Force Quarterly Meeting
October 2014	HEHS Sub-Committee Bi-Monthly Meeting
October 2014	SSNAG Bi-Monthly Meeting
October 2014	Monthly Resident Engagement Meeting
November 2014	Monthly Resident Engagement Meeting
December 2014	First mixed-income units expected for turnover and lease up activity begins
December 2014	Monthly Resident Engagement Meeting
December 2014	HEHS Sub-Committee Bi-Monthly Meeting
December 2014	SSNAG Bi-Monthly Meeting
December 2014	Re-Occupancy Sub-Committee Quarterly Meeting
December 2014	Physical Development and Design Sub-Committee Quarterly Meeting
December 2014	Possible relocation of US Galveston Today operations to final office location on site

Exhibit B – Preliminary Budget Narrative

The Human Capital program outlined in this Plan is estimated at a total cost of \$3,200,932 with leverage of \$1,013,000 in in-kind services and resources from local partners and service agencies.² Estimated below are 5-year categories and associated costs for the Human Capital program. The budgeted amounts will need to be revisited as the Implementation Plan is being further developed.

Category 1

Case Management	5-Year Budget	Leverage
Sr. Project Manager/Case Manager	\$324,979	\$0
Case Manager/Workforce Specialist	\$232,902	\$0
Case Managers/Youth Specialist	\$216,653	\$0
Outreach Workers (2) (PT)	\$129,992	\$0
Clerical/Administrative Assistant (1)	\$167,906	\$0
Data Tracking	\$60,000	\$48,000
Expenses	\$15,500	\$0
Subtotals	\$1,147,932	\$48,000

This budget assumes a staff of 2.5 case managers to serve the 569 households. With a triage system³ and with the inevitable loss of some families who will move into private housing and prefer not to participate, it is anticipated that the proposed case management staff may have a caseload of 80 to 100 families each. The Senior Project Manager/Case Manager serves as the on-site supervisor and will have a wide range of administrative responsibilities with a project of this scope. One clerical support person has also been included on this team. It is anticipated that one or more residents may supplement this function in a training capacity with funding provided from the employment category listed above.

Beginning annual salaries are projected at: Sr. Project Manager/Case Manager - \$60,000; Case Manager/Workforce Specialist - \$43,000; Case Manager/Youth Specialist - \$40,000; 2 Outreach Workers (PT) - 12,000 each; Clerical Assistant - \$31,000; The total fringe benefit/social security package is calculated at 30% of salary. The budget allows for a 4% annual salary and benefit cost adjustment per year.

Additionally, the budget lists costs of the data system that will track resident demographic information and client progress through case management and other case management related expenses.

² The preliminary budget amounts identified above refer to funds to support recommended strategies outlined in this Plan. Leverage amounts listed are our best guesstimate of in-kind services and resources to be provided by our local partners and service agencies. Category 1-Case Management, Category 2-Program Management and Category 3-Operations will be secured through the development budget and will not reduce programming costs.

³ As residents are assessed, case management staff will utilize a triage system developed based on HUD's triage and stability index to classify all active households as 1) high-risk, i.e. currently in crisis, 2) moderate risk, i.e. currently in need of services to be in good standing with the current landlord or progressing toward self-sufficiency, and 3) low risk, i.e. currently needing monthly follow-up to ascertain that the household continues to be stable, not experiencing new stress factors or barriers to meeting occupancy criteria and self-sufficiency.

Category 2

Program Management	5-Year Budget	Leverage
Technical Assistance – Urban Strategies	\$600,000	\$0
Subtotals	\$600,000	\$0

Budget proposal calls for \$600,000 in program management support over five years. Included in the scope of responsibilities for the technical assistance component to GHA and US Galveston Today are all components of the Human Capital program. This includes case management, partnerships, contracting, outcomes monitoring and evaluation oversight, re-occupancy policy setting and communications, reporting to HUD, facilitation of meetings of the Community Task Force and with other stakeholder groups, coordination tasks with, and reporting, to foundation funders, pursuing grant opportunities and community asset enhancements.

Category 3

Operations	5-Year Budget	Leverage
Rent	\$72,500	\$0
Postage and Office Supplies	\$16,500	\$0
Professional Development	\$6,000	\$0
Subtotals	\$95,000	\$0

The budget proposal assumes the operation of a local office out of which case management will function, and where residents can receive assistance and attend meetings and programs. Operations include maintenance, insurance, utilities, equipment and furniture, equipment maintenance, security and fire safety, telephone and internet, postage and office supplies and professional development for the US-Galveston team.

Category 4

Employment Services	5-Year Budget	Leverage
Eliminating Barriers	\$50,000	\$10,000
Programming	\$12,500	\$100,000
Subtotals	\$62,500	\$110,000

Funds will be used for work readiness, job training, and adult literacy programs for nonworking single parents, single adults and working heads of household earning less than \$10 per hour. Budgeted funds cover costs not available through TANF or other public sources.

Category 5

Health	5-Year Budget	Leverage
Eliminating Barriers	\$25,000	\$0
Programming	\$55,000	\$100,000
Health Incentives	\$50,000	\$60,000
Subtotals	\$130,000	\$160,000

Health and health education programs will be developed for children, youth, and adults. These may include preventative programs and education on public health issues. Services will also be sought to address mental health, substance abuse and post-traumatic stress related to Hurricane Ike.

Category 6

Education	5-Year Budget	Leverage
Eliminating Barriers	\$12,500	\$0
Adult Literacy	\$12,500	\$67,500
Child Care	\$12,500	\$87,500
Youth Programming	\$25,000	\$120,000
Subtotals	\$62,500	\$275,000

Funds will be used to eliminate barriers to education for children and adults, and to support programs and initiatives for building family literacy. In addition, budgeted funds will be used to provide child care support to families to eliminate barriers to work and other Human Capital programming, and possible to pay for child care center fees.

Funds may also pay a portion of program fees for which children and youth have a specific need or interest, and to support youth in becoming active and positive contributors to the Galveston community. Examples are summer or after school arts and technology programs, as well as academic remediation programs. Funds may also be used to seed the establishment of programs for which there is a demonstrated need but no existing source.

Category 7

Transportation	5-Year Budget	Leverage
Transportation	\$25,000	\$20,000
Subtotals	\$25,000	\$20,000

Funds will be used to subsidize existing public transportation for low-income and public housing families in need based on case management triage and assessments, and to develop an innovative transportation strategy that supplements existing services on the island.

Category 8

Resident Leadership Funds⁴	5-Year Budget	Leverage
Administration – Resident Leadership	\$25,000	\$60,000
Programming	\$40,000	\$80,000
Leadership Development	\$0	\$200,000
Subtotals	\$65,000	\$340,000

During the revitalization period residents with the potential to lead in the community, in neighborhood schools and in other areas of the community will be identified and will be offered various types of support and training to increase their skills, their commitment and their confidence. Some of this training may occur through partnership contracts with service providers that have developed excellent programs in this area.

Category 9

Evaluation	5-Year Budget	Leverage
Evaluation	\$0	\$80,000
Subtotals	\$0	\$80,000

Funds will be used to support a multi-year evaluation by an independent evaluator of the physical and human capital development efforts.

⁴ Funds managed by Urban Strategies

Exhibit C – Preliminary Budget

HOUSING AUTHORITY		Galveston Housing Authority						
		2012	2013	2014	2015	2016	TOTALS	
BUDGET CATEGORY	LINE ITEM	Budget	Budget	Budget	Budget	Budget	Budget	Leverage
Case Management								
	Sr. Project Manager/ Case Manager	\$60,000	\$62,400	\$64,896	\$67,492	\$70,192	\$324,979	\$0
	Case Manager/ Workforce Specialist	\$43,000	\$44,720	\$46,509	\$48,369	\$50,304	\$232,902	\$0
	Case Manager/Youth Specialist	\$40,000	\$41,600	\$43,264	\$44,995	\$46,794	\$216,653	\$0
	Outreach Workers (2)	\$24,000	\$24,960	\$25,958	\$26,997	\$28,077	\$129,992	\$0
	Clerical Assistant	\$31,000	\$32,240	\$33,530	\$34,871	\$36,266	\$167,906	\$0
	Data Tracking	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$60,000	\$48,000
	Expenses	\$1,500	\$3,500	\$3,500	\$3,500	\$3,500	\$15,500	\$0
SUBTOTALS		\$211,500	\$221,420	\$229,657	\$238,223	\$247,132	\$1,147,932	\$48,000

Program Management									
	Technical Assistance - Urban Strategies	\$120,000	\$120,000	\$120,000	\$120,000	\$120,000	\$600,000	\$0	
SUBTOTALS		\$120,000	\$120,000	\$120,000	\$120,000	\$120,000	\$600,000	\$0	
Operations									
	Rent: Office Space, Maintenance, Utilities, Equipment & Furniture, Telephone & Internet	\$14,500	\$14,500	\$14,500	\$14,500	\$14,500	\$72,500	\$0	
	Postage and Office Supplies	\$4,000	\$3,500	\$3,000	\$3,000	\$3,000	\$16,500	\$0	
	Professional Dev.	\$0	\$1,500	\$1,500	\$1,500	\$1,500	\$6,000	\$0	
SUBTOTALS		\$18,500	\$19,500	\$19,000	\$19,000	\$19,000	\$95,000	\$0	

Employment Services									
	Eliminating Barriers	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$50,000	\$10,000	
	Programming	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$12,500	\$100,000	
SUBTOTALS		\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$62,500	\$110,000	
Health									
	Eliminating Barriers	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000	\$0	
	Programming	\$0	\$15,000	\$15,000	\$15,000	\$10,000	\$55,000	\$100,000	
	Health Incentives	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$50,000	\$60,000	
SUBTOTALS		\$15,000	\$30,000	\$30,000	\$30,000	\$25,000	\$130,000	\$160,000	
Education									
	Eliminating Barriers	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$12,500	\$0	
	Adult Literacy	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$12,500	\$67,500	
	Child Care	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$12,500	\$87,500	
	Youth Programming	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000	\$120,000	

SUBTOTALS		\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$62,500	\$275,000
Transportation								
	Transportation	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000	\$20,000
SUBTOTALS		\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000	\$0
Resident Leadership -Funds Managed by US								
	Administrative for the Resident Council	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000	\$60,000
	Programming	\$0	\$10,000	\$10,000	\$10,000	\$10,000	\$40,000	\$80,000
	Leadership Development	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000
SUBTOTALS		\$5,000	\$15,000	\$15,000	\$15,000	\$15,000	\$65,000	\$340,000
Evaluation								
	Evaluation	\$0	\$0	\$0	\$0	\$0	\$0	\$80,000
SUBTOTALS		\$0	\$0	\$0	\$0	\$0	\$0	\$80,000

TOTAL YR 1	\$400,000			
TOTAL YR 2		\$435,920		
TOTAL YR 3			\$443,657	
TOTAL YR 4				\$452,223
TOTAL YR 5				\$456,132
TOTAL BUDGET				\$2,187,932
				\$1,013,000

Exhibit B – Job Descriptions

Exhibit C – Final Draft Human Capital Plan Section VI – Plan Implementation, Oversight and Sustainability