TETON COUNTY AND TOWN OF JACKSON HUMAN SERVICES AND RESOURCE ALLOCATION PLAN:

APPENDICES

February 2020

Prepared by

Program and Policy Insight PPI

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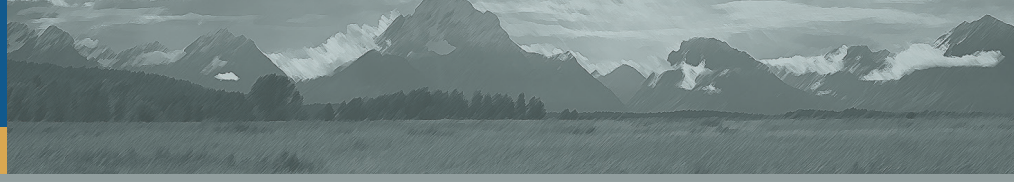


DEMOGRAPHIC AND ECONOMIC CHARACTERISTICS

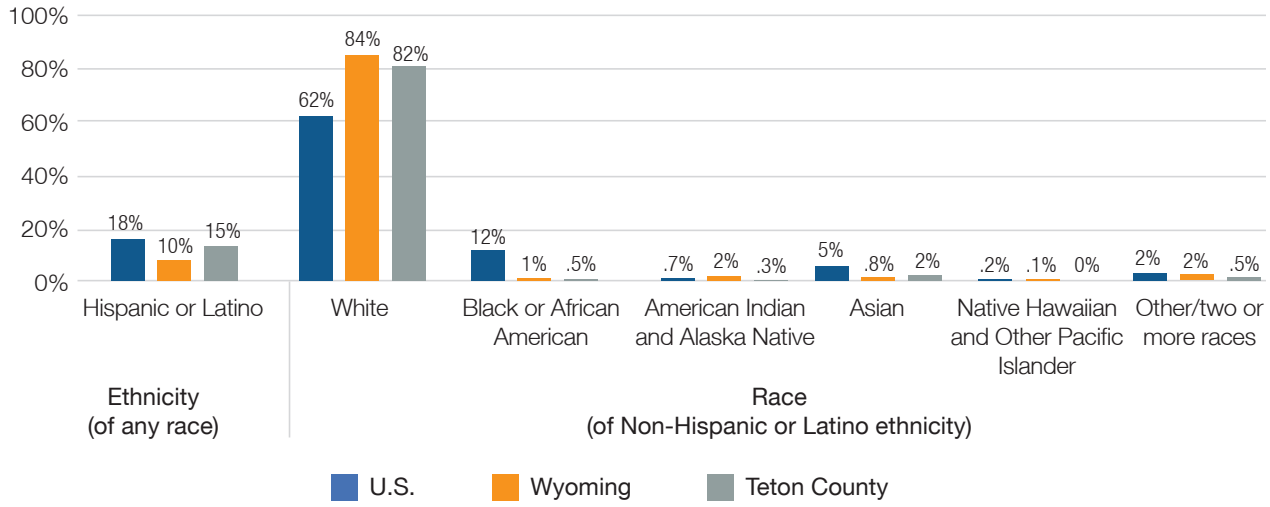
The following is a brief profile of key demographic and economic features of Teton County. Additional contextual data for the region, including health and welfare indicators, can be found in Appendix C: Prioritization of Service Areas based on Contextual Data.

Demographics

Race/Ethnicity

Teton County has a higher proportion of Hispanic or Latino residents than the statewide average, but a lower proportion compared the U.S. as a whole. Generally, Teton County is less racially diverse than both the state and nation.

Figure A.1: Racial and Ethnic Composition of Teton County, Wyoming, and the United States

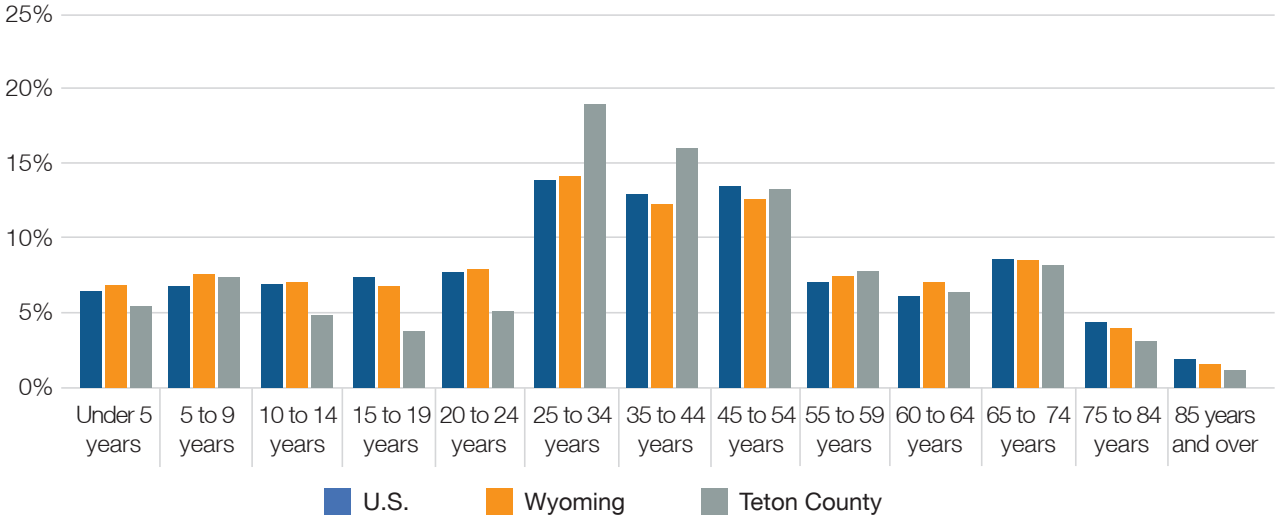


Source: U.S. Census Bureau, 2017 American Community Survey, 5-Year Estimates

Age

Compared to the state and nation, Teton County has a lower proportion of children and older adults and a higher proportion of adults ages 25-59 years. This creates a favorable local dependency ratio, with more residents of working age to sustain schools, pensions, and other supports for non-working age residents.

Figure A.2: Age Composition of Teton County, Wyoming, and the United States



Source: U.S. Census Bureau, 2017 American Community Survey, 5-Year Estimates

Economic Characteristics

Cost of Living

Teton County cost of living is 89.9% higher than the national average.[1]

Living Wage

In Teton County, a living wage for a single adult without children is $12.64, compared to $11.10 for Wyoming as a whole. A single adult with two children would need to earn $32.15 to afford to live in Teton County, whereas two working adults with two children would each need to earn $17.44 per hour. Due to the higher cost of living in Teton County compared to the remainder of the state, as a rule, the living wage in Wyoming overall is less than in Teton County.[2]

Median Income

Median income in Teton County in 2018 was $83,131, compared to $62,268 in Wyoming and $60,293 nationwide.[3]

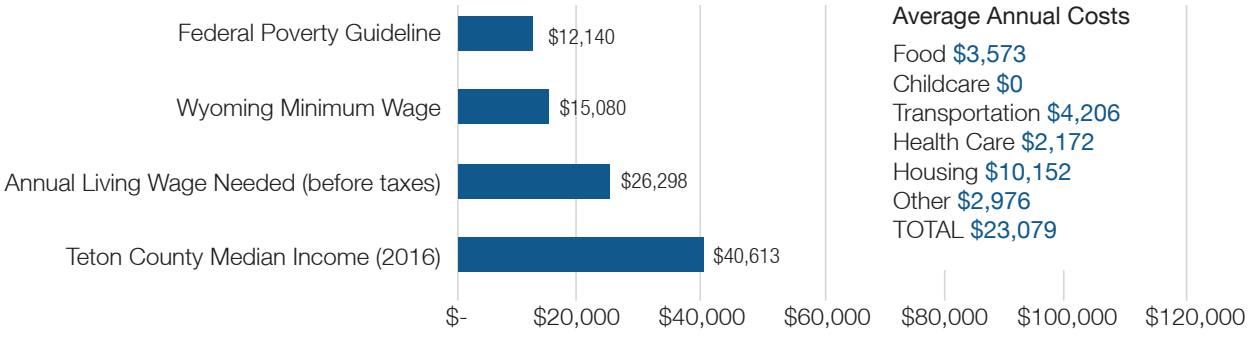
Poverty

The poverty rate in Teton County was 7.1% in 2018, compared to 11.1% in Wyoming and 14.1% nationwide. Since the poverty rate is flat nationwide, but cost of living varies dramatically, PPI estimates that the poverty rate in Teton County is closer to 13.5% when the higher cost of living in Teton County is taken into account.[4]

Figure A.3: Income, Poverty, and Costs for a Single Adult in Teton County (2018 unless noted) provides a comparison of the value of the federal poverty guideline for a single adult, the annual income of a Wyoming minimum wage earner, the annual living wage needed to get by in Teton County as a single adult, the median Teton County income for a 1-person household, and the average annual costs of living expenses in Teton County.

Figure A.4: Income, Poverty, and Costs for a 4-Person Household with Two Working Adults and Two Children (2018 unless noted) provides the same comparison except for a 4-person household, comprised of two working adults and two children.

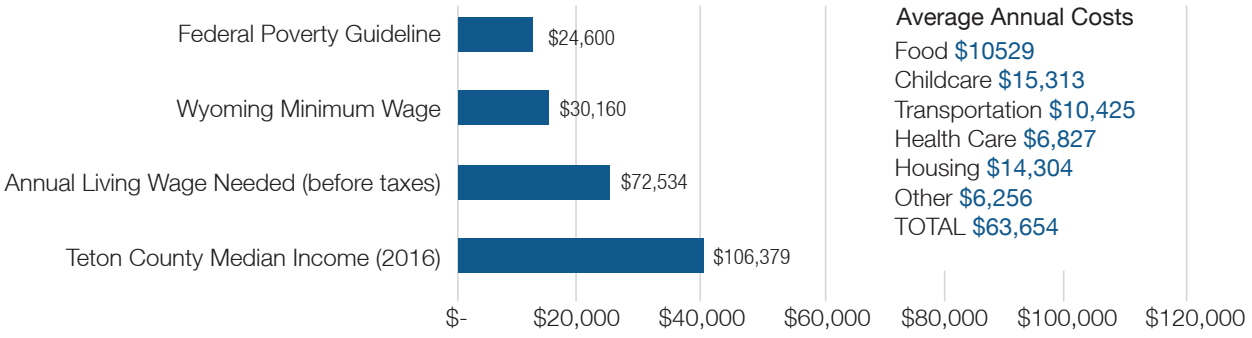
Figure A.3: Income, Poverty, and Costs for a Single Adult in Teton County (2018 unless noted)



Sources: U.S. Census Bureau, 2016 American Community Survey, 5-Year Estimates (B19019, median income by household size); Massachusetts Institute of Technology Living Wage Calculator, updated for 2018; U.S. Department of Health and Human Services, 2018 Federal Poverty Guidelines

[1] Sperlings Best Places, Cost of Living Index, 2018
[2] Massachusetts Institute of Technology, Living Wage Calculator (https://livingwage.mit.edu/)
[3] U.S. Census Bureau, 2018 American Community Survey, 5-Year Estimates, Table DP03
[4] This statistic is an approximation based on data available. The proportion of Teton County residents below the poverty level was multiplied by a factor of 1.899, given Teton County is 89.9% more expensive than the national average.

Figure A.4: Income, Poverty, and Costs for a 4-Person Household with Two Working Adults and Two Children (2018 unless noted)



Sources: U.S. Census Bureau, 2016 American Community Survey, 5-Year Estimates (B19019, median income by household size); Massachusetts Institute of Technology Living Wage Calculator, updated for 2018; U.S. Department of Health and Human Services, 2018 Federal Poverty Guidelines

SUMMARY OF RECENT NEEDS ASSESSMENTS AND RELATED DOCUMENTS

The following section summarizes a selection of recent community-developed reports that are relevant to human services planning. Appendix C: Prioritization of Service Areas Based on Contextual Data also contains findings from several of these reports.

WYOMING'S CHILDREN'S TRUST FUND COMMUNITY MAPPING REPORT

The Wyoming Children's Trust Fund Community Mapping Report identified the following issues in Teton County based on a 2019 Community Café Survey:[5]

- Lack of access to mental health services.
- Income restrictions prevented some individuals from affording substance use disorder treatment.
- Lack of access to caregiving and social support for parents.
- Much of the workforce in the Jackson area is unable to locate or afford housing and must commute from other communities in Wyoming or across the border into Idaho. Families are often sharing housing with multiple families for affordability. These stressors reduce parents' ability to effectively parent their children and increase the risk of child abuse and neglect.
- Lack of access to reliable after-hours and weekend transportation services.
- Residents reported that cultural barriers, such as competitiveness and stigma surrounding use of services, impact residents participation in human service programs. Community members also expressed concerns regarding the immigration status of some residents and how immigration status restricts some residents from accessing services.

COMMUNITY HEALTH NEEDS ASSESSMENT

In 2018, the Healthy Teton County Coalition conducted a comprehensive community health assessment.[6] Some important findings of the report were:

- When asked about the most important factors for a healthy community in the community health survey, respondents chose affordable housing as their primary issue. The second most selected issue was access to healthcare. The third issue was access to well-paying jobs.
- One in five or 21.4% of Adults in Teton County, WY are uninsured (18.5% in Wyoming).

[5] Wyoming Children's Trust Fund. 2019. Community Mapping Report Teton County. https://wyctf.org/wp-content/uploads/2019/03/Teton-County-Report.pdf
[6] Heemstra and Pond. 2018. Community Health Assessment. http://healthytetoncounty.org/DocumentCenter/View/7714/2018-CHNA-Report-PDF?bidId=

- One in five or 19% of residents suffer from severe housing, defined as one of the following: housing unit lacks complete kitchen facilities or lacks complete plumbing; severely overcrowded; severely cost burdened.
- Over half (54%) of respondents identified alcohol use as the primary risky behavior that needs to be addressed in the community; 84% of respondents chose alcohol use for their first, second, or third choice of risky behaviors.
- Drug abuse was the second most selected risky behavior that needs to be addressed.
- While unsafe sex was selected as the third most important issue to be addressed, only 24% selected it as first, second, or third priority. Since 2010, there has been an increase in sexually transmitted infections and unsafe sex practices.
- The adult binge drinking rate of 22.7% in Teton County was significantly higher than Wyoming's rate of 16.6%.
- 9% of 8th graders, 26% of 10th graders and 27% of 12th graders reported using e-cigarettes in the last 30 days.
- Mental health problems were identified as the most pressing issue by respondents, closely followed by cancer and domestic violence. The suicide rate in Teton County (23.89/100,000) is significantly higher than that of Wyoming (21.4/100,000).
- The report found that Teton County, WY is performing better than Wyoming on the following indicators: adult obesity, physical inactivity, access to exercise opportunities, poor or fair health, poor physical health days, frequent physical distress, poor mental health days, frequent mental distress, teen births, low birthweight, preventable hospital stays, prostate cancer incidence, diabetic monitoring, diabetes prevalence, and radon.

Teton County Community Youth Needs Assessment

Funded by the Laura Jane Musser Fund, One22 led the implementation of a youth needs assessment in the fall of 2017 to assess the needs of at-risk and in-need middle and high school aged students in Teton County. Key issues facing youth include: economic challenges, immigration issues, college pressures, acceptance and social media acceptance, peer pressure related to drugs, alcohol and sex, and racism and discrimination.

St. John's Hospital Mental Health Report

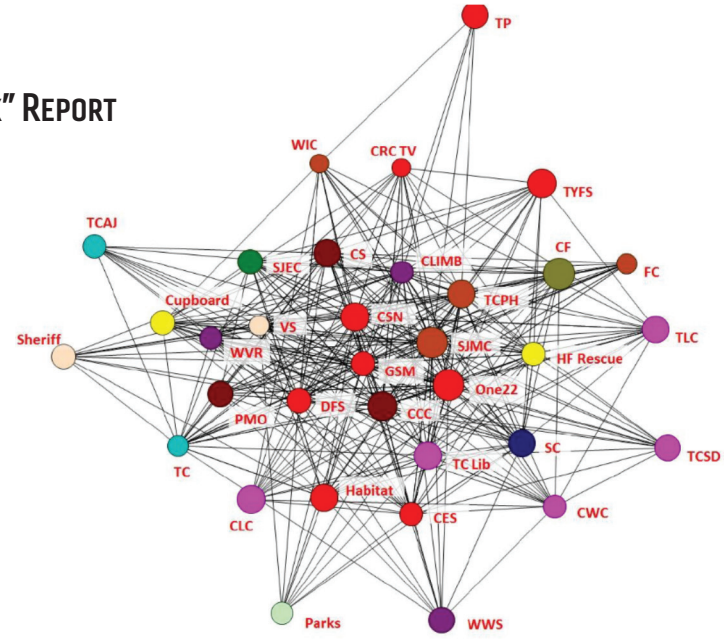
A report by the St. John's Hospital Foundation in 2017 identified six community needs for mental health services:

- Residents of Teton County are not aware of the available mental health services.
- The local system lacks central administration, leadership and coordination.
- Funding is limited and unstable.
- Limited integration of mental health and primary care services.
- There is a lack of understanding of roles and responsibilities in the system and in the community.
- Teton County lacks psychiatrists.[7]

[7] Kylie Mohr. 2017. Report: Jackson suffers a lack of psychiatric care. https://www.jhnewsandguide.com/news/health/report-jackson-suffers-a-lack-of-psychiatric-care/article_b12a4754-accd-52bd-8257-532a3d67ab86.html

System of Care "Human Services Network" Report

In 2017, SoC surveyed all its 34 members (response rate 74%) to create a network analysis. The analysis found a high level of connection, collaboration, and trust (see figure). Respondents were asked to rate the quality of their collaboration; however, it is unclear whether people selected items that had been achieved, or items that need improvement.[8]



System of Care "Impacts of Current and Future Budget Cuts" Report

SoC released a report in 2017 addressing state budget cuts to human services.[9] According to the report, the state reduced its human services funding significantly between 2015 and 2017. The budget was cut by 25% and many available funds were not awarded. Some of the funding deficits were remedied by more funding from county and town sources, as well as increased fundraising.[10] According to 2015 figures, the average HSC member has funding from the following sources: State 31%; Fees 27%; Fundraising 21%; Federal 10%; Local 10%; In-Kind 1%. The following effects are noted in the report:

- HSC members have administrative costs of 12%.
- Additional cuts will reduce their capacity to deliver services.
- 30% of HSC members needed to lay off staff and reduce their services, despite an increase in human service needs. Between 2013 and 2015, the number of clients increased by 23%.
- Increasing fees is being considered.

Latino Community Assessment

A December 2015 report by the Latino Resource Center, funded by the Community Foundation of Jackson Hole, presents data on the Latino community living in the region and recommends strategies to increase integration and civic participation for this population. The study found that the critical issues for the region's Latino population were:

- Documentation and citizenship
- Housing
- Language proficiency
- Educational attainment
- Wages and income levels
- Healthcare access

[8] Teton County System of Care. 2017. Human Services Network. p. 10.
[9] Teton County System of Care. 2017. Budget Cuts.
[10] John Spina. 2017. Social services develop plan for stable funding. https://www.jhnewsandguide.com/news/town_county/article_837843a7-dfa9-59c8-9607-f1253fbd17ce.html

The report recommends: better data collection for this population, support for language acquisition skills, increasing educational opportunities, and engaging in strategies that successfully speak to the Latino community.

Jackson/Teton County Comprehensive Plan

The 2012 Jackson/Teton County Comprehensive Plan vision statement is: "Preserve and protect the area's ecosystem in order to ensure a healthy environment, community and economy for current and future generations." While the Comprehensive Plan is largely associated with land use planning, the "Quality of Life" common value incorporates goals and strategies that pertain to human services, including local workforce housing, multimodal transportation goals, and coordinated, cross-sector service delivery.[11]

The Comprehensive Plan releases an annual Indicator Report to measure progress on the Plan goals. The February 28, 2019 report provides the status on the identified Quality of Life indicators, including the percentage of the workforce living locally (trending downward), home sale prices (trending mostly upward and not affordable), START ridership (trending upward), and others.[12]

SERVICE INFRASTRUCTURE

Human services provision in Wyoming is regulated by the Community Human Services Act (W.S. 35-1-600 to 628), first passed in 1979, with the goal to "establish, maintain, and promote the development of a comprehensive range of services in communities of the state to provide prevention of, and treatment for individuals affected by, mental illness, substance abuse, or developmental disabilities, to provide shelter and crisis services for victims of family violence or sexual assault or to provide other community - based services which serve a public purpose." (W.S. 35-1-612). Together with the statutes concerning senior citizens services (W.S. 18-2-105 to 107), child protective services (W.S. 14-3-101 to 440, 14-5-101 to 108, 14-8-101 to 108, and 14-11-101 to 109), child care (14-4-101 to 111 and 14-4-201 to 207), children in need of supervision (14-6-401 to 440), delinquent juveniles (14-4-115, 14-4-117, 14-6-102, 14-6-201 to 252, 14-6-301 to 314, and 14-9-101 to 108), and services and supports for low income populations (W.S. 42-2-102; 42-2-201; 42-2-401; and 42-2-501), Wyoming statutes define the following core human services programs:

- Mental Illness
- Substance Use Disorder
- Developmental Disabilities and Child Care Facilities for Families with Special Needs
- Victim Services (family violence and sexual assault)
- Child Abuse or Neglect and Children in Need of Supervision
- Detention Homes and Secure facilities for Juveniles (and diversion programs)
- Senior Citizen Centers for Transportation, Information, Recreation Facilities, and Other Services
- (Other community-based services with a public purpose)
- Food/Nutrition
- Housing, Energy/Heating
- Transportation
- Early Learning and Development

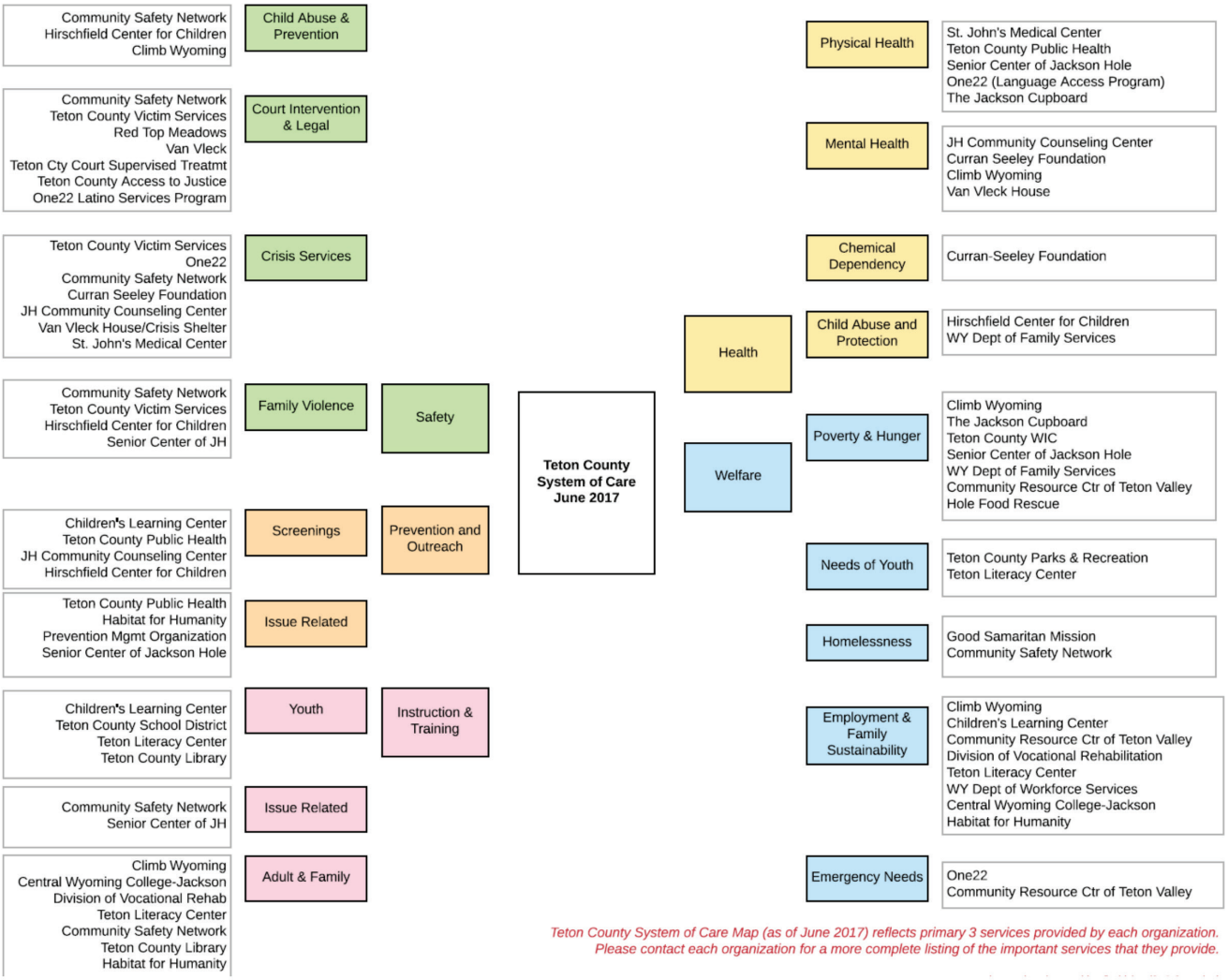
The State of Wyoming sets the standards as to how the human services providers will operate, the professional standards, eligibility for services, uniform schedule of fees to be charged, and acts as the conduit for all

[11] Jackson/Teton Comprehensive Plan. April 6, 2012
[12] Jackson/Teton Comprehensive Plan, 2019 Annual Indicator Report. February 28, 2019

federal funds. The State of Wyoming may fund up to 90% of the needs of the human services provider with the human services provider required to find the remaining 10% through fees charged, private donations, or contributions from county, town, school district appropriations. (Exception for Early Childhood DD which only requires a 3% match from local services).[13]

Counties do not have a mandatory role in human services, but statutes allow counties to directly provide or encourage local human services provision. Specifically, according to W.S. 35-1-611 through 35-1-627 counties may contract for treatment and preventive services for people with mental illness, substance use disorders, and developmental disabilities. Counties can contract with private or public agencies and appropriate funds for human services programs. Senior Citizen Centers have their own unique appropriation provision in W.S. 18-2-105 through 18-5-107 that allows for the town and county to appropriate funds to support the Senior Citizen Centers. W.S. 14-4-115 and 117 allow for counties to acquire and maintain a detention home for juveniles as well as hire staff for secure facilities. WS 18-13-101 allows for counties to fund and operate child care facilities for "families with special needs during normal working hours of the day to enable the parents to pursue employment."

Teton County, WY has a robust network of human services providers meeting needs across the social and economic determinants of health continuum, including all of the core human services defined by statute. The map illustrated below was developed by the Teton County System of Care, one of the local coalitions guiding human services in the County, outlining human services providers and the type of services provided.



[13] Gingery 2018. Internal Memo Teton County Attorney.

APPENDIX B: Overview of Guiding Human Services Frameworks

The resource allocation analysis and the greater Teton community human services vision, mission, and goals are influenced by key social science models. There is no one, agreed upon human services framework, however there is alignment in key service categories across models.

A social ecological framework contributes to understanding the interrelationships and influences of personal and environmental factors on an individual.[14] An ecological framework considers the complex interplay between individual, relationship, community, and societal factors influencing individual's and community's health and well-being.

Two-generation models provide services and supports to assist multiple generations, recognizing that social and economic conditions do not impact one generation of a family in a silo. Two-generation or multi-generation models emphasize integrated efforts to address intergenerational barriers to success, interrupting the cycle of poverty.

Maslow's hierarchy of needs proposes that humans have a certain number of needs, which can be arranged hierarchically from basic to higher needs: 1) physiological (air, water, food, shelter, sleep, clothing, reproduction); 2) safety/security (personal security, employment, resources, health, property); 3) love and belonging (friendship, intimacy, family, sense of connection); 4) esteem (respect, self-esteem, status, recognition, strength, freedom); and 5) self-actualization (desire to become the most that one can be).[15]

Social determinants of health demonstrate the interconnectedness of individual and community health and well-being with social and economic opportunities and living conditions. Social determinants of health are environmental conditions and resource availability in which people are born, live, work, and play, including safe and affordable housing, availability of healthy foods, public safety, reliable transportation, access to health care, access to education and job opportunities, social connections, social norms, community integration, and exposure to violence, crime, and social disorder. This model recognizes that efforts to improve population health and well-being require comprehensive approaches that address social, economic, and environmental issues.

The Healthy People initiative develops national objectives to improve the health of all Americans every decade. It is led by the Federal Interagency Workgroup with input from diverse stakeholders.[16] Healthy People developed an organizing framework, which reflected five key areas of social determinants of health: 1) economic stability; 2) education; 3) social and community context; 4) health and health care; and 5) neighborhood and built environment.[17]

The Human Services Value Curve provides a framework for improving human service outcomes, value, and legitimacy through a continuum of service models, from regulative to generative. Regulative environments achieve program compliance. Collaborative environments work across program boundaries towards a "one door" experience. Integrative environments consider root causes of problems and tailor solutions with input from consumers. Finally, generative environments create broad capacity and solutions to community-wide challenges with collective input from diverse stakeholders.

A Collective Impact approach aligns partner organizations to solve complex problems, using: 1: a common agenda with a collective defined problem and common vision for solving it; 2) a shared measurement system aligning with the common agenda; 3) mutually reinforcing activities coordinated to maximize impact; 4) continuous communication through trusting, strong relationships; and 5) a backbone organization supporting the infrastructure of the effort.[18]

[14] Developmental psychologist Urie Bronfenbrenner created the Ecological Framework for Human Development in the 1970's and this framework is the inspiration for most adaptations.
[15] Developed by Abraham Maslow in his 1943 paper, *A Theory of Human Motivation*.
[16] Office of Disease Prevention and Health Promotion, *Healthy People 2030 Framework*, (https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Framework).
[17] Office of Disease Prevention and Health Promotion, *Social Determinants of Health*, (https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health).
[18] Collective Impact Forum, *What Is Collective Impact*, (https://www.collectiveimpactforum.org/what-collective-impact).

The Human Services Outcomes Framework uses an outcomes focused approach with seven outcomes domains, which are used across governmental agencies and nonprofits in New South Wales Australia to promote consistency:[19]

1. **Education and skills.** All people in NSW are able to learn, contribute, and achieve.
2. **Economic.** All people in NSW are able to contribute to and benefit from our economy.
3. **Health.** All people in NSW are able to live a healthy life.
4. **Home.** All people in NSW are able to have a safe and affordable place to live.
5. **Safety.** All people in NSW are able to be safe.
6. **Empowerment.** All people in NSW are able to contribute to decision making that affects them and live fulfilling lives.
7. **Social and community.** All people in NSW are able to participate and feel culturally and socially connected.

The Australian Social Value Bank (ASVB) was established as a social enterprise to provide a cost-effective solution for measuring social impact in a standardized approach using cost benefit analysis through an online Value Calculator. The ASVB contains 63 social values related to all aspects of life, using a Wellbeing Valuation methodology to calculate primary benefits to individuals and secondary benefits including government costs savings.[20]

A Guide to Essential Human Services by Frederic Reamer defines major categories and target populations of human services, including: income support; housing assistance; food assistance; clothing assistance; energy assistance; transportation assistance; health care; mental health; addiction; sexual orientation; family life education; children and adolescents; abuse and neglect: protective services; military personnel and veterans; immigrants and refugees; education and literacy; employment assistance; aging and retirement: financial and legal issues; legal services and dispute resolution; crime victims; and disaster assistance.

[19] NSW Government, Finance Services and Innovation, *The Human Services Outcomes Framework*, (https://www.finance.nsw.gov.au/node/7846).
[20] Australian Social Value Bank, (https://asvb.com.au).

SELECTION CRITERIA

Criteria applied for service area prioritization:

- Apparent discrepancy (negative) between Teton County and Wyoming as a whole; or
- A large-scale challenge – more than 10% of Teton County population directly affected.

Data points that meet one of the two criteria are marked with an "X" in the tables below. Data points that meet both criteria are marked with an "XX."

BEHAVIORAL HEALTH

MENTAL HEALTH

Concerns were expressed through the St. John's Hospital Foundation Mental Health Report about the insufficient supply of psychiatry services in the region. Given the small size of the region, a retirement or a provider moving can result in a substantial loss. Investment in telemedicine was noted as a way to improve access to specialty mental health care.

Population-Level Data

X	**Suicide rate** (per 100,000)	Teton County	23.9
		Wyoming	21.4
	Residents per mental health provider	Teton County	240:1
		Wyoming	310:1

Sources: Healthy Teton County, 2018 Community Health Needs Assessment (WY vital statistics); County Health Rankings and Roadmaps, Robert Wood Johnson Foundation, 2019

Teton County Community Perception

Percentage of community ranking mental health problems as a top 3 most pressing health issue	49%
Percentage of community citing suicide as a top 3 most pressing health issue	23%

Source: Healthy Teton County, 2018 Community Health Needs Assessment (2018 CHNA survey)

CHEMICAL DEPENDENCY

Population-Level Data

XX	**Binge drinking** (adults)	Teton County	22.7%
		Wyoming	16.6%
XX	**Residents per mental health provider**	Teton County	47.0%
		Wyoming	36.0%

Sources: Healthy Teton County, 2018 Community Health Needs Assessment

Teton County Community Perception

Percentage of community that considers alcohol abuse a top 3 risky behavior that needs to be addressed	83%
Percentage of community that considers drug abuse a top 3 risky behavior that needs to be addressed	78%

Sources: Healthy Teton County, 2018 Community Health Needs Assessment (2018 CHNA survey)

ABUSE AND NEGLECT

Population-Level Data

	Child Protective Services reports per 1,000 children under 18	Teton County	34.3
		Wyoming	53.7
	CPS substantiated reports per 1,000 children under 18	Teton County	1.6
		Wyoming	4.7
	Adult Protective Service reports screened in per 1,000 children under 18	Teton County	91.3
		Wyoming	229.3

Source: Wyoming Department of Family Services (Matthew Banks, 12/3/2019)

CHILD CARE

Population-Level Data

	Licensed child care slots per child (slots divided by children ages 0–11)	Teton County	0.27
		Wyoming	0.22
X	**Monthly child care costs for a family with an infant and a preschooler**	Teton County	$2,358
		Wyoming	$1,369

Note: Child care costs for Wyoming are an estimate, calculated by averaging the costs of each county in Wyoming.

Sources: Annie E. Casey Foundation Kids Count Data Center (https://datacenter.kidscount.org/); U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2017; Wyoming Women's Foundation, Self-Sufficiency Calculator (https://wywf.org/self-sufficiency-calculator/)

Teton County Community Perception

Youth providing unpaid childcare to family members or neighbors (proportion of CYNA interview respondents)	34-37%

Source: Teton County Community Youth Needs Analysis, 2017

DOMESTIC VIOLENCE

Teton County Community Perception

Percentage of community citing domestic violence as a top 3 most pressing health issue	22%

EDUCATION AND TRAINING

Population-Level Data

	Educational attainment (bachelor's or higher)	Teton County	54.1%
		Wyoming	26.7%
	Educational attainment (high school graduate or higher)	Teton County	95.1%
		Wyoming	92.8%

Sources: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2017

EMPLOYMENT SUPPORT

Population-Level Data

	Unemployment rate (May 2019)	Teton County	3.0%
		Wyoming	3.5%

Sources: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics (https://www.bls.gov/lau/)

FOOD SECURITY

Teton County School District representatives report concerns of fewer families applying for the Free and Reduced-Price Lunch program due to the requirement of a parental social security number to apply.[21] Therefore, the FRPL figures may be an undercount of the number of students who are actually in need of subsidized meals.

Population-Level Data

X	**Food insecure**	Teton County	10%
		Wyoming	12%
X	**Children eligible for free or reduced-price school meals**	Teton County	23%
		Wyoming	37%

Sources: Health Teton County, 2018 Community Health Needs Assessment (2015 Map the Meal Gap); National Center of Education Statistics, 2017/18 school year (https://nces.ed.gov/ccd/elsi/default.aspx?agree=0)

HOUSING STABILITY

Population-Level Data

X	**Severe housing**	Teton County	19%
		Wyoming	12%
X	**Homeless or housing insecure students** (2016/17)	Teton County	2.5%
		Wyoming	2.0%
X	**Percentage of households spending more than 30% of income on rent**	Teton County	36%
		Wyoming	37%

Notes: Severe housing is defined as: A household that has one or more of the following: housing unit lacks complete kitchen facilities; lacks complete plumbing; severely overcrowded (1.5 persons or more per room); severely cost burdened (monthly costs including utilities exceeding 50% of monthly income). (CHNA 2018)

Sources: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2017; Healthy Teton County, 2018 Community Health Needs Assessment; Wyoming Department of Education; U.S. Department of Education, Consolidated State Performance Report, 2016/17 (homeless student data)

INCOME SUPPORT

According to a study by the Economic Policy Institute, Teton County had the largest gap between the top 1% and the bottom 99%. In Teton County, WY, the top 1% in 2015 earned on average 142.2 times the average income of the bottom 99% of families.[22]

Population-Level Data

	Poverty rate	Teton County	6.8%
		Wyoming	11.1%
X	**Estimated poverty rate adjusted for relative cost of living**	Teton County	12.9%
		Wyoming	12.0%
X	**Income inequality** (1=maximum inequality, 0=maximum equality)	Teton County	0.48
		Wyoming	0.43

Note: The "poverty rate adjusted for relative cost of living" statistic is an approximation based on data available. The proportion of Teton County residents below the poverty level was multiplied by a factor of 1.899, given Teton County is 89.9% more expensive than the national average. The proportion of Wyoming residents below the poverty level was multiplied by a factor of 1.056, given Wyoming is 5.6% more expensive than the national average.

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2017; Sperlings Best Places, Cost of Living Index, 2018

[21] One22, Teton County Community Youth Needs Analysis, 2017

[22] Sommeiller and Price. 2018. The new gilded age. Economic Policy Institute. https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/

LEGAL ISSUES

According to the System of Care members, law enforcement and courts was identified as sector that stands to endure the greatest pressure as a result of state budget cuts.[23]

ORAL/DENTAL HEALTH

No data available.

PHYSICAL HEALTH

Access

Population-Level Data

X	**Percentage of all residents without health insurance**	Teton County	11.7%
		Wyoming	11.9%
	Residents per primary care physician	Teton County	830:1
		Wyoming	1,470:1

Sources: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2017; County Health Rankings and Roadmaps, Robert Wood Johnson Foundation, 2019

Health Status

Out of 23 counties in Wyoming, Teton County ranks first in overall health outcomes, as well as first in overall health factors, according the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps, which compiles a broad cross-section of commonly used indicators for all U.S. counties.[24]

Population-Level Data

X	**People in poor or fair health**	Teton County	12%
		Wyoming	15%
X	**People with obesity**	Teton County	14%
		Wyoming	29%
X	**Physical inactivity**	Teton County	12%
		Wyoming	23%
X	**Sexually transmitted infections** (newly diagnosed chlamydia cases, per 100,000)	Teton County	436.8
		Wyoming	351.5
XX	**Teen condom use**	Teton County	25.0%
		Wyoming	52.7%

Source: County Health Rankings and Roadmaps, Robert Wood Johnson Foundation, 2019

Teton County Community Perception

Percentage of community citing unsafe sex as a top risky health behavior to be addressed	24%
Percentage of community citing tobacco use as a top risky health behavior to be addressed	23%
Percentage of community citing poor eating habits as a top risky health behavior to be addressed	22%

Source: Healthy Teton County, 2018 Community Health Needs Assessment

[23] System of Care, White Paper: Impacts of Current and Future Budget Cuts on Human Services in Teton County, 2017

[24] Health outcomes include quality of life and length of life metrics. Health factors include health behaviors, clinical care, social and economic factors, and the physical environment.

Prevention/Screening

Population-Level Data

X	Mammography screening	Teton County	69.5%
		Wyoming	56.0%
X	Influenza immunizations for 65+	Teton County	38.5%
		Wyoming	35.7%

Note: Mammography screening met the criteria for more than 10% affected because 30.5% of women are not screened, or if the Healthy People 2020 Target of 81.1% is used, the county falls short by 11.6%. Flu immunization met the criteria for more than 10% affected because 61.5% of seniors are not immunized, or if the Healthy People 2020 Target of 90% is used, the county falls short by 51.5%.

Source: Healthy Teton County, 2018 Community Health Needs Assessment (2014 Wyoming Behavior Risk Factor Surveillance Survey)

TRANSPORTATION

Population-Level Data

	Percentage of public transit riders commuting more than 45 minutes to work	Teton County	3.9%
		Jackson WY-ID	9.1%
		Wyoming	34.6%
	Percentage of drivers who drove alone commuting more than 45 minutes to work	Teton County	2.7%
		Jackson WY-ID	9.6%
		Wyoming	7.3%
	Worked outside county of residence	Teton County	2.3%
		Jackson WY-ID	2.5%
		Wyoming	5.2%

Sources: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2017

UTILITIES

Population-Level Data

	Percentage of income eligible people served by Low Income Home Energy Assistance Program	Teton County	N/A
		Wyoming	15%

Source: U.S. Health and Human Services, Administration for Children and Families, Low Income Home Energy Assistance Program Data Warehouse (https://liheappm.acf.hhs.gov/data_warehouse/)

NEEDS OF SPECIFIC POPULATIONS

Children and Youth

Population-Level Data

Percentage of total population under age 18		Teton County	19.3%
		Wyoming	23.7%
	Population under age 18 with a disability	Teton County	2.9%
		Wyoming	4.0%
	Population under age 18 in poverty	Teton County	2.8%
		Wyoming	12.8%
	Percentage of children 18 and under without health insurance coverage	Teton County	5.2%
		Wyoming	7.2%
	Child dependency ratio	Teton County	28.5
		Wyoming	38.4
X	Graduation Rate	Teton County	87.8%
		Wyoming	81.7%

Note: This met the criteria for more than 10% affected since 12.2% of students in 2017/18 did not graduate in four years.

Source: Wyoming Department of Education, 2017/18 four-year graduation rate (https://portals.edu.wyoming.gov/Reports/Public/wde-reports-2012/public-reports/gradrates/fedfouryearadjusteddistrict); U.S. Census Bureau, American Community Survey, 5-Year Estimates

Teton County Community Perception

According to System of Care members, Teton County School District was identified as an agency that stands to endure the greatest pressure as a result of state budget cuts.[25]

A majority of youth student respondents to the Teton County Community Youth Needs Assessment indicated that they want to attend college or some post-secondary education upon completion of high school.

Adults 19-64

Population-Level Data

Percentage of total population that is ages 19-64		Teton County	68%
		Wyoming	62%
	Population under age 19-64 with a disability	Teton County	6.4%
		Wyoming	10.9%
	Percentage of adults ages 19-64 in poverty	Teton County	8.4%
		Wyoming	11.2%
X	**Percentage of adults ages 19-64 lacking health insurance coverage**	Teton County	15.6%
		Wyoming	16.5%

Seniors

Population-Level Data

Percentage of population age 65 and over		Teton County	12.7%
		Wyoming	14.4%
X	**Population age 65 and over with a disability**	Teton County	15.5%
		Wyoming	36.5%
	Population age 65 and over in poverty	Teton County	4.7%
		Wyoming	8.0%
X	**Population ages 65 and over lacking health insurance coverage**	Teton County	0.9%
		Wyoming	0.4%
	Old-age dependency ratio	Teton County	18.7
		Wyoming	23.4

Notes: The old-age dependency ratio is derived by dividing the population 65 and over by the 18-to-64 (working age) population and multiplying by 100. A higher number indicates more older people for every working age adult.

Sources: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2017; Healthy Teton County, 2018 Community Health Needs Assessment

Teton County Community Perception

Percentage of community citing "aging problems" as a top 3 most pressing health issue	23%

[25] System of Care, White Paper: Impacts of Current and Future Budget Cuts on Human Services in Teton County, 2017

Immigrant/Latinx Residents

Population-Level Data

Percentage of population identifying as Hispanic or Latino		Teton County	15.0%
		Wyoming	9.7%
	Hispanic or Latino population with a disability	Teton County	6.7%
		Wyoming	10.3%
X	**Hispanic or Latino population in poverty**	Teton County	6.0%
		Wyoming	1.7%
XX	**Hispanic or Latino population in lacking health insurance coverage**	Teton County	36.5%
		Wyoming	20.4%
X	**Limited-English speaking** (Spanish speaking)	Teton County	6.0%
		Wyoming	1.7%
XX	**Foreign born**	Teton County	10.8%
		Wyoming	3.6%

Note: Hispanic and Latino ethnic identification is of any race.

Sources: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2017

People with Low Income

Population-Level Data

XX	**Estimated percentage of low-income residents** (adjusted for cost of living)	Teton County	28.9%
		Wyoming	20.1%
	Low-income residents with a disability	Teton County	1.8%
		Wyoming	3.6%
X	**Low-income residents lacking health insurance coverage** (138% below poverty, not adjusted for cost of living)	Teton County	30.3%
		Wyoming	23.6%

Note: The percentage of low-income residents is an estimate that has been adjusted by cost of living. The proportion of Teton County residents with incomes less than 150% of poverty was multiplied by a factor of 1.899, given Teton County is 89.9% more expensive than the national average. The proportion of Wyoming residents with incomes less than 150% of poverty was multiplied by a factor of 1.056, given Wyoming is 5.6% more expensive than the national average.

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2017 (B17022); Sperlings Cost of Living Index, 2018

APPENDIX D: Identified Obstacles and Critical Success Factors to Human Services Goals

Goal 1: Accessible Services. Our community's health and human services are available, inclusive, equitable, and accessible to all.

Obstacles	Critical Success Factors
1. Services are not known to the community at large 2. Human services are hard to describe and understand 3. You don't think about them until you need them 4. Lack of state funding 5. High cost of living 6. Difficult to hire staff because of housing crisis 7. Resource constraints, including lack of time 8. Staffing constraints 9. Language and the lack of translation services 10. Legal constraints can hinder access to care 11. Stigma of using human services	1. Community education 2. Housing dedicated for human services staff/workforce 3. Living wage for workforce 4. Coordination/supporting navigation to get people to where they need to go 5. Have integrated resource and referral services 6. Address language barriers so English language learners have access to same information 7. Change eligibility requirements to eliminate barriers (citizenship, residency, income (adjust for high cost of living))

Goal 2: Integrated and Coordinated Services. Our community practices truly integrated and coordinated care across the system.

Obstacles	Critical Success Factors
1. Reliance on client capacity to access multiple services, may need additional navigational support 2. Services are not integrated now; no centralized place that puts people where they need to be; System of Care (SoC) is designed to do this. 3. SoC is continually evolving, constant change in people (turnover in staff, community, and increasing scale of community (community grown larger than organizational capacity)) 4. Organizational capacity insufficient to serve demand/volume of need (with community growth)	1. Coordinated information system - centralized data/IT approach (common client indicator, enterprise approach to support individualized data requirements) 2. Navigator is needed, exclusive to navigation - focus on referral without confidential information included, free up specialties to do their intervention/acute care 3. Language organizations use needs to be inclusive of broader human services and medical context/system, demonstrating association with other services to promote awareness and understanding

Goal 3: Lifespan Well-being. Our community provides quality services to promote health and well-being across the lifespan.

Obstacles	Critical Success Factors
1. Limited coordination between medical community and human services 2. Workforce has limited schedule availability to engage in services because working long hours and/or multiple jobs 3. High cost of living 4. Do not have economies of scale – need to address full range of human services issues across a small population 5. Transient, seasonal workers, and visitors are part of our community and put demands on medical and human services 6. Fear by undocumented residents that using services will create immigration repercussions 7. Uninsured and un-insurable population	1. Providing different service hours including expanded and weekend hours 2. Be more mobile and go to where people are

Goal 4: Community Commitment and Funding. Our community makes human services a priority and acts to support individuals' and families' well-being, including through the provision of health and human services funding.

Obstacles	Critical Success Factors
1. Human service clients can be less marketable to donors 2. Smaller populations (e.g. ppl with IDD) are harder to see and fund 3. Return on investment formula - have it in early childhood but not in many other human services areas 4. Lack of capacity to develop community understanding and commitment – providers are too busy providing services 5. Resort community and second home owners support the causes that support their recreation (music, arts, outdoors, etc.) 6. Possible perception that, "it doesn't happen here and it doesn't impact me" 7. Possible sense that, "community is lucky to have me because I am providing jobs, generating economic activity," without seeing the generation of need 8. Lack of understanding of the economics of living here by second home owners 9. Heavy reliance on finite group of donors to support community services - sustainability concerns 10. Funding decisions can be political or based on personal connections 11. Conscientiousness about visitor services - may create funding bias toward these services 12. Don't have collective buy-in - whose responsibility is it to fund (county's, state's, donors')? 13. Lack of understanding of the interconnection of various funding sources (federal, state, county, town, etc.) 14. A feeling of competition between nonprofits as they fundraise (zero sum) 15. Reliance on and competition for volunteers	1. Tax houses over 3,000 SF 2. Mill levy 3. 1 cent sales tax for human services 4. Developing risk pool for medical care/health insurance (do good, do well argument) - require payment for benefit of infrastructure within which you live 5. Organize around one issue like housing to get this done as a collective - be an advocacy voice 6. Combat donor saturation by better coordinating efforts to reduce event fatigue and share planning burden 7. Consider our neighboring communities (Sublet, Teton (ID), and Star counties) 8. Reduce percentage of income spent on housing and time spent commuting - would reduce issues

APPENDIX E: Service Categories Used to Identify Community Priorities

BEHAVIORAL HEALTH SUPPORT: Finding, paying for or managing behavioral health care, including mental health and substance use disorder.

CHILD ABUSE AND NEGLECT INTERVENTION AND PREVENTION: Addressing child abuse or neglect.

CHILD CARE: Finding and paying for quality child care.

CRISIS SERVICES: Services that address emergency needs related to housing, food, safety, mental health, etc.

DOMESTIC VIOLENCE INTERVENTION AND PREVENTION: Addressing domestic violence.

EDUCATION AND TRAINING: Getting education or skills training.

EMPLOYMENT SUPPORT: Finding or keeping a good job.

FOOD SECURITY: Paying for food and groceries.

HOUSING STABILITY: Finding and paying for quality housing.

INCOME SUPPORT: Cash assistance.

LEGAL ISSUE SUPPORT: Finding or paying for legal services.

ORAL/DENTAL HEALTH SUPPORT: Finding, paying for or managing oral/dental health care.

PHYSICAL HEALTH SUPPORT: Finding, paying for or managing physical health care.

TRANSPORTATION SUPPORT: Finding or paying for transportation to work, school or appointments.

UTILITIES STABILITY: Paying for basic utilities, such as electric/gas and telephone.

OTHER ISSUE

Counties and towns use a variety of mechanisms to fund human services in their region. The funds that the Town of Jackson and Teton County commit to human services include some pass-through funds for mandated services (such as involuntary hospitalization), but primarily consist of flexible funding that the county and town may use to further human services goals and support community providers. In researching comparable human services funding benchmarks, PPI was challenged by lack of comparable data across regions to establish valid recommendations. A county's responsibility for human services, and their corresponding human services funding, varies widely across states hindering any ability to make apples to apples comparisons of human services spending.

However, research on human services funding identified multiple strategies that counties and towns have undertaken to develop a source for human services funding. We describe a few of these examples below as background for further discussion on Teton County's opportunities to establish a reliable pool of human services funding to augment other funding sources. In selecting case studies, we chose examples whose characteristics resemble Teton County human services funds: funding sources that focus predominantly on funding community nonprofit service providers, rather than government agencies, and include a high degree of flexibility in funding decisions.

Each of the funding sources described below are a small portion of the respective community's human services funding, which is augmented by other federal, state, county, and local sources of revenue, but may be a feasible model of human services funding for Teton County. Strategies described below include counties' use of mill levies to generate human services funds, town's allocation of general fund dollars towards human services, a community foundation's implementation of a reliable human services funding source for local providers, and a state level funding mechanism to provide flexible funds to counties.

PITKIN COUNTY/CITY OF ASPEN

The Healthy Community Fund Grant Program was first passed by voters of Pitkin County, Colorado, in 2002. The property tax/mill levy was passed again in 2006 and renewed and increased (to .99 mill levy) in November 2018 to extend funding for another nine years. In 2019, the property tax brought in $2,300,000 in revenue for non-profits in the region. Community services that have benefitted from the funding include:

- Protective and supportive services for children
- Services for at-risk youth
- Assistance for victims of domestic violence and sexual assault
- Behavioral health counseling and preventive services
- Provision of diverse physical, social, and educational activities for seniors
- Preventive health services for people with lower-incomes
- Support for people with developmental disabilities
- Care for terminally ill individuals and their families

The mill levy is roughly distributed across the following services:

- 46% to health and human services
- 22% to public health
- 15% to senior services
- 12% to local nonprofits
- 5% to manage the fund

As of 2018, the revenue used to manage the fund was approximately $150,000 which funded a coordinator who oversees accountability of the grant. Coordinator responsibilities include providing assistance with grant submission, helping agencies with outcomes measures, conducting site visits, and strengthening connection and coordination among the human services system.[26] Pitkin County government officials indicated that in absence of the mill levy, or if faced with voter rejection of the renewal, the county would have to absorb the cost of mandated services through its general fund, resulting in spending reduction for mandated services and elimination of optional grant making.

In addition to the Healthy Community Fund, Pitkin county implements a small mill levy (.065 as of 2016) for County Human Services. This mill levy accounts for 5 percent of Pitkin County's overall Human Services Fund revenue. The remainder of revenue sources include:

- 53% from state allocations and pass-through federal allocations
- 12% from the Healthy Community Fund support for Senior Services
- 27% from transfers from the General Fund to cover the net costs of Human Services Administration and Senior Services departments, which were previously part of the General Fund but moved to the Human Services fund in 2019

When applying for grants from the Healthy Community Fund, community agencies must identify the community goal that best describes the proposed grant's primary focus. Health and human services agencies select from the following goals:

- Family and Youth Well-Being: Promote the social, emotional, and economic well-being of families and youth;
- Physical Health: Promote the preventive, palliative and primary health needs of individuals and families;
- Mental Health and Substance Abuse Prevention: Promote the psychological well-being of individuals, provide treatment and promote prevention of substance abuse; and
- The Well-Being of Seniors: Provide a variety of physical, social, and educational activities.

Agencies applying for grants must also provide a proposal narrative that identifies the programs or services the funding will support, provides the number of unduplicated clients served, and describes how their work is similar or different to related non-profits in the community. If an agency is requesting more than $10,000, they are also required to complete an outcomes-based performance plan in which they identify their Service Delivery Goal, Objectives, Outcome Measures, and Community Benefits.

In addition to the Pitkin County human services funding mechanisms, including the mill levies, the City of Aspen awards grants for health and human services to address mental health and substance abuse or support community and family connections, especially those that address root problems (e.g. lack of school readiness or risky teen behaviors) for individuals that work or live in the City of Aspen. The City of Aspen Health and Human Services Grants are requested through a joint application process with the County Healthy Community Fund. Notably, the City of Aspen recently included a multi-year funding option which enables grantee applicants to request a two-year grant; although grant funds are still provisioned on an annual basis, this option was added to reduce administrative burden on grant applicants. The 2019 recommended funding for City of Aspen Health and Human Services grants was $467,850.

BOULDER

Like Aspen and Pitkin County, the City and County of Boulder, CO have multiple funding streams to support human services. At the County level, the total budget of Boulder County to support Health and Welfare/Economic Opportunity was $121,334,320. This budget is comprised of diverse funding streams, including federal, state, and county dollars.

[26] Salvail, Andre. Pitkin County works out details on Healthy Community Fund tax increase. Aspen Daily News. August 8, 2018.

In 2010, Boulder County voters first approved a temporary .9 mill levy, the Human Services Safety Net Initiative (HSSNI now the Human Services Safety Net Fund (HSSNF)), to help backfill a void left by state and federal cuts to housing and human services. The mill levy was extended by voters in 2014 to continue funding through 2030. In 2014, the mill levy generated approximately $5 million per year. As stated by the County, the primary function of the mill levy is to fill gaps left by inadequate state and federal funding for health care, housing assistance, and other humans services. The goals of the funding stream are to:

- Invest in families early, before they hit crisis
- Strengthen early intervention and prevention
- Invest in community-based safety net services
- Promote individual and family stabilization

Services that may be funded to support these goals include: food and financial assistance, housing and rental assistance, access to health care, access to quality child care, job training and employment supports, behavioral health services, and support for Family Resource Centers.

Since Colorado counties administer several means-tested social support programs directly, such as Colorado Works (TANF), SNAP, and workforce development, they can directly track increases in demand for core human services, while simultaneously tracking changes in state and federal funding to support human services programs. Additionally, since the County directly provides many of these health and human services, they are uniquely motivated to find solutions to budget fluctuations and increasing caseloads with a sense of urgency that other counties may not experience. The HSSNF enables the county to partner with community nonprofit providers to address immediate human services needs.

In addition to the Human Services Safety Net Fund, there are multiple other county funding streams to support community organizations that provide human services:

- The County Commissioners supported Housing and Human Services Non-Profit Grants provide funding to nonprofits that address areas of the Boulder County Human Services Strategic Plan, including meeting basic needs of food and shelter, improving access to health care, promoting economic well-being and self-sufficiency, and community safety. The 2019 budget was $3.4 million.
- Like the Housing and Human Services Non-Profit Grants, the Community Services Non-profit Grants is supported by County Commissioners and provides $1.3 million to community nonprofits providing strategic human services.
- Developmental Disabilities funding supports agencies assisting individuals with developmental disabilities and is funded at a property tax mill levy of 1.0 mills.
- An additional .5 mills of property tax fund Human Services government agencies that have suffered cutbacks as a result of state funding.

These funding streams are in addition to funding that supports human services delivered directly by county agencies. As noted by the total human services budget above, a high level of resources is devoted to health, welfare, and economic opportunity in Boulder County.

In addition to County level human services funding, the City of Boulder approved $23,505,312 for human services in 2019. In 2018, the City of Boulder merged Housing and Human services into one department; the stated funding covers the range of services provided by the new entity, including housing asset management, family services, funding and resource planning, and senior services. As part of its $23 million budget, the City operates a Human Services Fund which supports community agencies providing services to Boulder residents in support of the City's Human Services Strategy. The City awards grants through a competitive process and based on alignment with City of Boulder priorities and goals. The Human Services Fund program funds four-year grants with annual distribution of funds. Just over $2 million were recommended for distribution in 2020 through the City Human Services Fund.

The City's four-year funding cycles allow a focus on long-term outcomes and development of funder/partner approach. City and program staff meet regularly to assess progress toward goals and identify opportunities for program modifications. In addition:

- Four-year funding is dependent on appropriations and progress on program metrics and milestones.
- Funded programs report regularly on metrics and outcomes that are closely aligned with anticipated results.
- Each goal area has an annual summit to convene funded programs to discuss outcomes and learning and share information with city agencies, peer programs, community partners, and other funders participating in the summit.
- Annual summits are intended to cross-pollinate and generate ideas for new programs, enhancements, or partnerships.

WHISTLER FOUNDERS PASS

In additional to property taxes and public mill levies, communities have found alternative avenues to generating funds for human services. The Whistler Blackcomb Foundation in British Columbia, Canada aims to support larger, more long-lasting community projects within the Sea to Sky Corridor, and to build a stronger relationship with community residents. The Whistler Blackcomb region shares many similarities with Teton County stemming from the impact of the resort dynamic on local cost of living, service needs, and worker housing. The Foundation provides support to organizations whose activities benefit area residents in the areas of health, human services, education, recreation, arts and culture and the environment. In addition to multiple signature events such as a golf classic, weekend ski celebration, and a fine-dining gondola experience, the Foundation manages the Founders Pass. The Founders Pass is the Foundation's primary fundraising vehicle and raises $300,000 (CAD) each year through the sale of 50 VIP Annual ski passes donated by Whistler and Blackcomb Mountain Resorts. The Founders Pass is $6,000 CAD per year and offers the following privileges:

- Lift Line Priority for the first ride up of the day for the passholder and three paid guests
- 10 fresh tracks breakfast tickets
- Summer Skiing and Sightseeing access
- Discount Perks of a regular season pass
- Complimentary on-hill storage
- Donor Wall recognition

PENNSYLVANIA HUMAN SERVICES DEVELOPMENT FUND

Funding for human services as the local level can be a confusing network of sources. As described by the County Commissioners Association of Pennsylvania:[27]

> "Funding for county human services programs is derived from a series of federal, state, and county funding streams. Some funding streams are intended to cover costs of a mandate, in whole or in part, some require shared funding responsibility between the federal and state budgets, and some include a county match…. Numerous terms abound when human services discussions focus on finances. Funding for human services can be confusing and difficult to understand. Each system has specific funding and along with those dollars are inevitable constraints."

In 1994 Pennsylvania established the Human Services Development Fund (HSDF) to provide Pennsylvania

[27] Salvail, Andre. Pitkin County works out details on Healthy Community Fund tax increase. Aspen Daily News. August 8, 2018.

counties with funds to address the needs of specific populations, including low-income adults, older adults, dependent and delinquent children, persons experiencing or at risk of homelessness, individuals with behavioral health challenges, or individuals with intellectual or developmental disabilities. The HSDF is a line item in the state Department of Public Welfare's budget and may pay for services or service coordination; up to ten percent of a counties HSDF fund may be used to reimburse for costs of administering the HSDF program. HSDF is often thought of as an "adult services" fund to provide services for low-income adults not covered by any other source, however, counties may use funds flexibly and often target preventative programs, self-sufficiency programs, in-home services, and coordination of county human services programs to reduce redundancy or gaps. In 2012, Pennsylvania established the Human Services Block Grant (HSBG) to provide more flexibility to counties in funding services; the HSDF is one of seven HSBG funding streams. In FY 2016/17 the HSDF was appropriated $13.5 million statewide and served a total of 422,859 individuals across counties.

APPENDIX G: Challenges to Collecting Comparable Human Services Funding Data

In response to interest in identifying benchmark data to guide Teton funding decisions, PPI undertook the following activities:

- Sought academic and professional articles that summarized county/town expenditures on human/social services.
- Sought budget/expenditure data from similar regions to gauge Teton's funding in the context of comparable counties.

ACADEMIC/PROFESSIONAL ARTICLES

Developing consistent figures to compare county spending across jurisdictions or develop benchmark measures is challenging. County responsibility for contributing to federally or state funded programs varies considerably, as do government transfer and pass-through payments.

- Major cost categories for counties include human services, general government projects, employee salaries and benefits, and public safety, which account for nearly 65% of county expenses.[28]
- County spending is highly correlated to increases in state-imposed mandates and economic conditions that increase demands for social services and curtail revenue.
- In New York counties, human services were 25.8% of average county expenditure, however, counties must administer and pay for more state and federal human services programs in New York compared to many other states, including Wyoming.[29]
- In most research, data on human/social services includes Medicaid and other entitlement programs. Social services spending per capita in New York has increased from $431 to $517 in 2014, however, Medicaid represents 42 percent of total county social services spending, and 31 percent is cash assistance programs such as LIHEAP and disability payments. These expenditures are not included in all county budgets or human services spending nationally, making apples to apples comparisons across counties/states difficult.[30]
- State and local governments combined spend an average of $1,972 per capita on public welfare, with Washington DC at the high end ($5,332) and Georgia at the low end ($1,318). These ranges include Medicaid spending, for which elderly and adults account for two-thirds of spending.[31]
- In 2016, 42% of state's direct general expenditures went to public welfare, the largest source of state direct spending. Local governments spend only 4 percent on public welfare. Medicaid spending is included in these figures, and accounts for most of the increase in public welfare spending.[32]
- Despite the recognized importance of non-medical and human services, little research has been conducted to understand how social service investments translate into population health outcomes. There is evidence that increased human services spending in the US at the county level was associated with improved health outcomes, however, no research has explored correlates and patterns in social services expenditures.
- Recently, census public expenditure data was analyzed at the county level on a per capita and percentage of total revenue basis. Local level per capita human services spending averaged $3,120, while per capita health care spending from federal sources averaged $9,440. The largest social services expenditure category was K-12 education ($1,774) representing 42% of total local government spending.[33]

[28] New York State Association of Counties. NYS County Expenditures: Aggregate Trends. January 5, 2017.
[29] New York State Association of Counties. NYS County Expenditures: Aggregate Trends. January 5, 2017.
[30] New York State Association of Counties. NYS County Expenditures: Aggregate Trends. January 5, 2017.
[31] Urban Institute. State and Local Finance Initiative: State and Local Revenues.
[32] Urban Institute. State and Local Finance Initiative: State and Local Revenues.
[33] McCullough, J.M. Local health and social services expenditures: An empirical typology of local government spending. Preventive Medicine 105 (2017) 66-72.

- Relative to the abundance of data on health care spending, very little directly comparable data exist to present a descriptive picture of how much is spent on health care versus public health versus social services, and how that spending varies across counties and across programs.[34]
- The recent analysis suggests that there are not social services that universally trade-off with one another (e.g. additional spending on public health does not necessarily mean less spending on other community priorities such as parks, education, or safety).[35]
- Teton County resembled Group 4 in the above analysis, which included counites that tended to be smaller, more rural, less diverse, and economically better of counties with strong health outcomes and indicators. For this group, social services spending per capita averaged $3,458, and social services spending as a percent of health care spending was 41.1%.[36]

Social Service Category	Per Capita Spending Average for Like Counties	Proportion of Total Spending Among Like Counties
Public health and community health care	$114	2.3%
Public welfare	$75	1.4%
K-12 education	$1976	40.2%
Housing and community development	$45	.9%

COUNTY BUDGET DATA

In an effort to identify comparable data on county human services expenditures, we also sought budget data from similar counties to analyze for social service expenditures/funding totals. Systems of Care stakeholders described conducting a related analysis approximately three years ago where they extracted social/human services funding from like-county budgets online and compared it to Systems of Care and Teton County spending. We found several challenges in developing apples to apples comparisons with like county data available online:

- The National Association of County (NACo) County Explorer tool allows counties to benchmark data with other counties of similar geographic location and size. The data NACo used in its County Total Human Services Expenditures analysis are Public Welfare data and include administrative costs for running SSI, Medicaid and TANF at the county level. The total annual human services expenditure for Teton County in their analysis was $27,000, and the range among similar counties was $0 to $3.7 million, highlighting the wide variation in county funding and contribution formulas. This information does not provide relevant data or insights on human services expenditures for the purposes of human services planning in Teton County, but highlights the challenge in finding accurate, comparable data to use as a benchmark or guide.
- Most county budgets do not include line items for human or social services, and it is unclear how analogous human/social services expenditures are distributed across existing budget categories, or to what degree they are funded at the county level.
- Many county human/social services budgets in comparable communities in Colorado or California include county level expenditures on cash assistance programs including county-level TANF programs that inflate county expenditures and preclude like comparison with Teton County funding.
- The bundle of services included in human/social services line items are not consistent across counties and may not yield reasonable comparisons.

[34] McCullough, J.M. Local health and social services expenditures: An empirical typology of local government spending. Preventive Medicine 105 (2017) 66-72.
[35] McCullough, J.M. Local health and social services expenditures: An empirical typology of local government spending. Preventive Medicine 105 (2017) 66-72.
[36] McCullough, J.M. Local health and social services expenditures: An empirical typology of local government spending. Preventive Medicine 105 (2017) 66-72.

APPENDIX H: Continuum of Housing Services

Housing services include a focus on physical housing/housing supply as well as supportive services to help people remain stably housed. The continuum of housing services includes pre-tenancy, tenancy, and supportive services, as shown in the following table.

Outreach and Screening	Housing Placement	Housing Services	Supportive Services
• Locate individuals • Determine eligibility • Conduct intake assessment • Engage clients repeatedly in flexible, responsive, proactive, and committed manner	• Assess housing needs • Establish housing placement plan • Work with client to access and maintain housing through: housing search and location; property owner outreach and relationship building; client education around acquisition and leasing; lease negotiation	• Establish housing stability plan • Ongoing lease education • Conflict and crisis mediation • Assistance with maintaining the household and finances • Support with independent performance of activities of daily living • Support with good neighbor skills and lease compliance • Eviction prevention and rehousing	• Treatment planning and goal setting • Intensive case management • Crisis intervention • Substance use disorder counseling • Mental health treatment • Peer support • Skill building • Connection to or delivery of primary care • Employment or vocational support

APPENDIX I: Aspen/Pitkin County Housing Authority Workforce Housing Fund

The City of Aspen and Pitkin County, Colorado, similarly to the town of Jackson and Teton County, Wyoming, have high housing costs, which make it difficult for the local workforce to afford to live there. The Aspen Pitkin Housing Authority (APCHA) was created in 1982 through an inter-governmental agreement, combining previously separate City (Aspen) and County (Pitkin County) housing programs. APCHA was established as a separate multijurisdictional governmental entity with authority to acquire and dispose of property as well as plan, construct, and manage affordable workforce housing. APCHA can raise revenues to fund the program. APCHA is governed by a five-member board of directors appointed by the Aspen City Council and the Board of County Commissioners of Pitkin County.

APCHA's mission is to provide affordable workforce housing for the community and local economy. APCHA's governing principles include a focus on providing affordable housing opportunities to full-time permanent working residents as well as providing housing opportunities for full-time seasonal workers. Additionally, APCHA promotes the development and maintenance of housing that is affordable across social-economic sectors.

Workforce housing in Aspen and Pitkin County is funded by the City, the County, and APCHA, with revenues coming from multiple sources including fees.

APCHA Funding	In general, two-thirds of APCHA's annual revenues are generated by fees and one-third from an operation subsidy which is split by the City and County. Fees are charged for administrative services.
City Funding	The city also has a Housing Development Fund dedicated to workforce housing, which is funded through: • A housing real estate transfer tax of 1% on the sale price of private real estate sold within the city, exempting the first $100,000. • A portion of the city sales tax is dedicated to affordable housing and child care. • Fee-in-lieu and impact fees can be charged to developers who do not construct or convert affordable housing as part of development projects. • Land-in-lieu or conveyance of vacant land help the city and APCHA acquire real property to be developed or sold to support affordable housing. • City of Aspen's Credit Certificate Program where developers can mitigate affordable housing requirements by purchasing a credit equivalent to the fee market value of an affordable housing unit located in an "all-affordable" housing project.
County Funding	Pitkin County maintains an affordable housing dedicated fund through the Employee Housing Impact Fee.

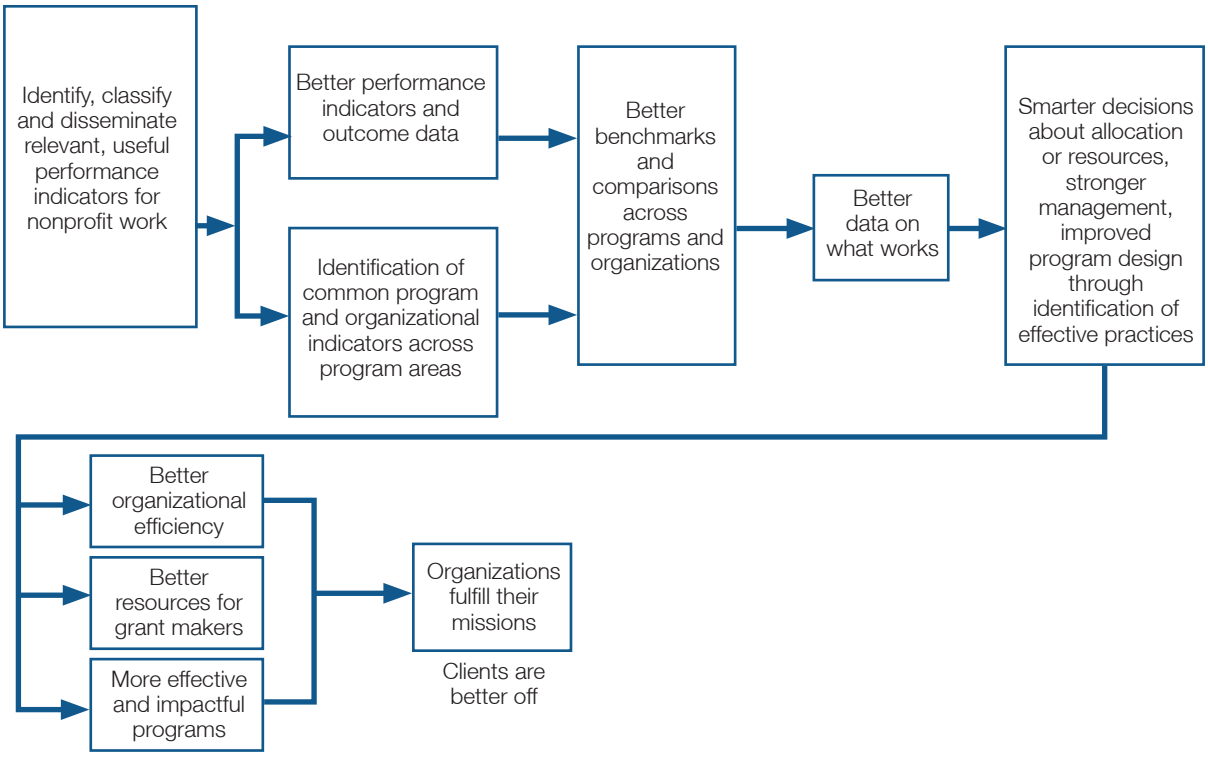
[37] Bethany Spritz, *The Aspen Pitkin County Housing Authority: An Affordable Workforce Housing Program*, (Colorado Lawyer, October 2019).

THE VALUE OF ACTIVE CONTRACT MANAGEMENT

Although not scoped in the current human services planning project, Teton County and the Town of Jackson are interested in building more active contract management and strategic evaluation into the funding process. Active contract management can help funders better understand the outcomes of their support, adjust funding in response to contextual or community changes, and improve service delivery and participant outcomes. For grantees, active contract management can build a partnership to strengthen service implementation and provide tools to help service providers make meaning out of program data, respond to implementation challenges, and improve service delivery and participant and community success.

To achieve these goals, active contract management must be collaborative and flexible, build capacity among providers to strengthen evaluation competency and minimize burden of additional funding requests, and seek to inform rather than prescribe service delivery decisions. Without this focus, funding requirements often lead grantees to perceive the process as siphoning time away from the core work of the organization, setting unrealistic expectations of performance that incentivize overstating accomplishments, and expectation of rigorous monitoring without commensurate funding support, among others.[38] Figure J.1 provides rationale for building a better outcome framework to measure human services performance.

Figure J.1: Active contract management and improved outcome frameworks help organizations fulfill their mission and clients progress toward goals



Data Source: Urban Institute Outcome Indicators Project

[38] Ebrahim, Alnoor. Measuring Social Change: Performance and Accountability in a Complex World. Stanford University Press, 2019.

NEEDED FUNDER SUPPORT

Ongoing performance measurement and continuous learning requires additional support from funders to build capacity and organically develop evaluation fluency within service providers. Evaluation sophistication will vary greatly—some organizations may need initial help developing logic models that help them connect program services and anticipated outcomes with underlying theories of change. Others may require help identifying outcomes that are relevant, measurable, and achievable, while balancing the need to streamline the number and breadth of indicators to avoid overwhelming program resources. Ongoing performance measurement should mutually enable funders to assess progress of their portfolio of projects while providing high-utility information to service providers to improve program management and support better outcomes.

Different performance management tools may be appropriate at different stages of funder decision making. As described in Alnoor Ebrahim's *Measuring Social Change: Performance and Accountability in a Complex World*, to assess performance potential, funders and grantees may use theory of change, logic models, or system framing to frame anticipated activities, goals, and outcomes. Chosen outcome measures are relevant and reasonable, and use scientific knowledge, such as scholarly literature or systematic reviews, to identify appropriate measures. This stage of the process can help funders and grantees define what success might look like for a funded project.

To improve performance and identify midcourse changes to improve outcomes, funders may support baseline assessments, workplan targets, and scorecards that communicate real data in a timely way. This process should build in feedback from key stakeholders to assess interim progress toward goals and inform program adjustments.

To assess performance and understand what was achieved, funders may support more rigorous evaluation models, such as experimental or quasi-experimental design, that provide evidence of program impact. They may also support more contribution-based methods that illustrate programs' influence and contribution towards outcomes, such as outcome mapping, qualitative impact assessment, and contribution tracing.

KEY STRATEGIES TO SUCCESS

Three active contract management strategies that dovetail strategically with continuous improvement processes include:[39]

- Frequent reviews of program data to identify real-time service delivery issues and provide feedback loops for providers and program staff to assess and refine service delivery.
- Regular meetings between service providers and funding agencies to troubleshoot problems, chart progress, and identify opportunities for systems change.
- Performance management roadmaps to organize strategic inquiry and service delivery analysis.

Proliferation of outcome measurement across funders can also have its challenges to providers. Different funders may require measurement of different outcomes, or even different indicators for the same outcome measure. Development of common outcomes among service organizations and funders can reduce burden on providers and facilitate shared learning to improve service delivery across the safety net. Rather than using common outcomes primarily to determine who to fund, these data should be used to identify best practices that can be shared among agencies, or to identify opportunities for technical assistance and program adjustments. Since the number of local funders is relatively small in Teton County, there may be opportunity to collaborate, in partnership with human services providers, in developing common outcome measures for key service areas. This would streamline providers' reporting activity while supporting assessment of community-wide progress towards human services goals.

[39] Harvard Kennedy School Government Performance Lab. Active Contract Management: How Governments Can Collaborate More Effectively with Social Service Providers to Achieve Better Results.

CONNECTING TO THE BROADER COMMUNITY

For broader community relevance, agency performance outcome measures should be linked to community level indicators. This connection can improve the ability of human services agencies to recognize leading community indicators that may signal changes to the economic or social environment that will impact program demand or operations.

For most effective community indicator implementation, communities should develop a discrete number of community-level indicators, such as one or more community level indicators for each community human services goal. This provides a straightforward and transparent way to asses impact on or contribution to community goals. Indicators should have clear proxy (does it represent the result?), data (is quality data available on a timely basis?), and communication power (do people understand it?). For example, poverty rate may meet the "power" criteria, but without a substantial investment, factors like the state of the economy and public safety net programs will overwhelm the ability to detect any community-wide impact from a few modestly funded agencies. If the indicators selected are strategic, they can have the effect of focusing the community on addressing a limited number of root causes, versus engaging in a more scattershot approach that is more focused on addressing symptoms.

EXAMPLES FROM THE FIELD

Examples of programs engaged in active contract management and ongoing performance measurement illustrate benefits from well-planned performance evaluation:

- Seattle's Human Services Department (HSD) is using active contract management to help reorient homelessness service contracts to focus on clients' ability to achieve stable housing. HSD staff is collaborating with providers to monitor progress, detect problems, and provide real time resolution. Performance data are reviewed monthly across six key metrics that drive more effective service delivery. Providers use lessons from the data to develop and implement strategies to improve outcomes.
- Rhode Island's Department of Children, Youth, and Families (DCYF) developed a 12-month performance roadmap that identified which analyses would occur during each month of the active contract management meetings. This intentional organization enabled the agency to plan for high-utility analysis such as: family risk factors associated with higher service needs; an assessment of providers' strategies for identifying and matching families to programming; and determining which service components are most critical for safely keeping families together.
- Community funders may also use population level community indicators to help identify potential gaps in service delivery and opportunity for focused funding. Grant County in east central Washington, for example, uses community indicators across 10 key areas to chart community trends in priority areas. Indicators were chosen through eight focus groups comprised of diverse community stakeholders, including government representatives, nonprofit providers, educators, and business representatives. Community indicators are dynamic and may change over time to reflect changes in community preferences. Changes in community trends can help community funder and service providers adjust programming to meet identified needs.

APPENDIX K: Resource Allocation Targets Using 2019/20 Funding Levels

For a point in time reference, Figure K.1 uses 2019/20 funding levels to provide a detailed illustration of how funds would be allocated according to the resource allocation targets. The sub-area allocations are informed by (1) the community-defined priorities based on the tier in which they fall, and (2) the current 2019/20 baseline funding percentage to reduce abrupt disruption in service provision.

Figure K.2 shows the resource allocation targets sorted by human service area and human service sub-area. The allocations are the same for the Town and County.

Figure K.1: Base Resource Allocation Targets by Priority Tier (demonstration based on 2019/20 amount funded)

Town	$ 800,000		$ 1,560,000		$2,360,000	
Priority 1	$ 480,000	60%	$ 936,000	60%	$1,416,000	60%
Economic Stability: Housing	$ 16,000	2%	$ 31,200	2%	$ 47,200	2%
Education: ECE and Development	$ 112,000	14%	$ 218,400	14%	$ 330,400	14%
Health & Health Care: Mental Health	$ 272,000	34%	$ 530,400	34%	$ 802,400	34%
Health & Health Care: Substance Use Disorder	$ 80,000	10%	$ 156,000	10%	$ 236,000	10%
Priority 2	$ 200,000	25%	$ 390,000	25%	$ 590,000	25%
Economic Stability: Poverty and Low-Income Support	$ 56,000	7%	$ 109,200	7%	$ 165,200	7%
Economic Stability: Food Security	$ 8,000	1%	$ 15,600	1%	$ 23,600	1%
Health & Health Care: Physical Health	$ 24,000	3%	$ 46,800	3%	$ 70,800	3%
Health & Health Care: Abuse and Neglect	$ 112,000	14%	$ 218,400	14%	$ 330,400	14%
Priority 3	$ 40,000	5%	$ 78,000	5%	$ 118,000	5%
Economic Stability: Employment Support	$ 16,000	2%	$ 31,200	2%	$ 47,200	2%
Economic Stability: Legal Services	$ 4,000	0.5%	$ 7,800	0.5%	$ 11,800	0.5%
Education: School-Age Education and Enrichment	$ 12,000	1.5%	$ 23,400	1.5%	$ 35,400	1.5%
Education: Adult Education and Training	$ -	0%	$ -	0%	$ -	0%
Health & Health Care: Oral Health	$ -	0%	$ -	0%	$ -	0%
System Coordination: Outreach, Access, Navigation, and Case Management	$ 8,000	1%	$ 15,600	1%	$ 23,600	1%
Discretionary	$ 80,000	10%	$ 156,000	10%	$ 236,000	

Figure K.2: Base Resource Allocation Targets by Service Area (demonstration based on 2019/20 amount funded)

Town	$ 800,000		$ 1,560,000		$2,360,000	
Economic Stability	$ 100,000	13%	$ 195,000	13%	$ 295,000	12.5%
Housing	$ 16,000	2%	$ 31,200	2%	$ 47,200	2%
Poverty and Low-Income Support	$ 56,000	7%	$ 109,200	7%	$ 165,200	7%
Food Security	$ 8,000	1%	$ 15,600	1%	$ 23,600	1%
Employment Support	$ 16,000	2%	$ 31,200	2%	$ 47,200	2%
Legal Services	$ 4,000	0.5%	$ 7,800	1%	$ 11,800	0.5%
Education	$ 124,000	16%	$ 241,800	16%	$ 365,800	15.5%
Early Care & Education and Development	$ 112,000	14%	$ 218,400	14%	$ 330,400	14%
School-Age Education and Enrichment	$ 12,000	2%	$ 23,400	2%	$ 35,400	2%
Adult Education and Training	$ -	1%	$ -	1%	$ -	1%
Health & Health Care	$ 488,000	61%	$ 951,600	61%	$1,439,600	61%
Mental Health	$ 272,000	34%	$ 530,400	34%	$ 802,400	34%
Substance Use Disorder	$ 80,000	10%	$ 156,000	10%	$ 236,000	10%
Physical Health	$ 24,000	3%	$ 46,800	3%	$ 70,800	3%
Abuse and Neglect	$ 112,000	14%	$ 218,400	14%	$ 330,400	14%
Oral Health	$ -	0%	$ -	0%	$ -	0%
System Coordination	$ 8,000	1%	$ 15,600	1%	$ 23,600	1.0%
Outreach, Access, Navigation, and Case Management	$ 8,000	1%	$ 15,600	1%	$ 23,600	1%
Discretionary	$ 80,000	10%	$ 156,000	10%	$ 236,000	10%