

AGENDA



Recommendation for Council Action

AUSTIN CITY COUNCIL

Regular Meeting: December 14, 2017

Item Number: 035

Public Health

Approve negotiation and execution of Amendment No. 2 to the agreement with Austin Travis County Mental Health Mental Retardation Center dba Integral Care for the provision of permanent supportive housing services, adding one nine-month extension option beginning January 1, 2018 in an amount not to exceed \$806,006, for a total agreement amount not to exceed \$3,253,350.

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| Lead Department | Austin Public Health. |
| Fiscal Note | 1115 Waiver funding in the amount of \$806,006 is included in the Fiscal Year 2017-2018 Operating Budget of Austin Public Health. |
| Prior Council Action | On June 23, 2016, Council approved Amendment No. 1 to combine two existing Medicaid 1115 Waiver contracts with Integral Care for permanent supportive housing services and extend the term through December 31, 2017. On November 20, 2014, following a competitive solicitation process for expanded services, Council approved a 30-month agreement with Integral Care ending April 30, 2017. On August 2, 2012, Council approved Resolution No. 20120802-029 supporting participation in the Federal 1115 Medicaid Waiver Program. |
| For More Information | Stephanie Hayden, Interim Director, 512-972-5010; Adrienne Sturup, Acting Assistant Director, 512-972-5167; Vella Karman, Social Services Policy Manager, 512-972-5064; Estella Kirscht, Agenda Coordinator, 512-972-5039. |

Additional Backup Information:

On March 25, 2010, Council passed Resolution No. 20100325-053 directing the City Manager to give priority to the funding of permanent supportive housing (PSH) for vulnerable populations with annual incomes at or below 30 percent median family income and to develop a comprehensive strategy for the construction and operation of 350 PSH units over the next four years. On October 2, 2014, Council passed Resolution No. 20141002-043 directing the City Manager to set a community target of 400 PSH units, with a minimum of 200 dedicated to 'Housing First' PSH, to be delivered through coordinated, community-wide efforts in the next four years, and to adopt the updates recommended in the August 2014 PSH Evaluation Report to the PSH strategy.

This Medicaid 1115 Waiver project enhances the City's existing PSH strategy by providing assertive community treatment (ACT) services to individuals who have experienced chronic homelessness, and co-occurring psychiatric, substance abuse, and/or chronic medical conditions. The Health and Human Services Commission approved Medicaid 1115 Waiver projects in two waves. In October 2012, Austin Public Health submitted an application to the Travis County Healthcare District, dba Central Health, for a four-year Medicaid 1115 Waiver project that serves PSH clients, as part of the Region 7 Medicaid Waiver Application. In October 2013, Austin Public Health submitted an application for a three-year Medicaid 1115 Waiver expansion project serving additional PSH clients through a similar process with Central Health. Both projects were approved and implemented. In May 2016, the Health and Human Services Commission announced a 15-month extension of all Medicaid 1115 Waiver projects beyond the original end date of September 30, 2016. Amendment No. 1 to this agreement combined the two Medicaid 1115 Waiver agreements in order to eliminate duplicate reporting requirements and related administrative burdens, and extended the term of the agreement through December 31, 2017. Approval of this item would allow Austin Public Health to negotiate and execute Amendment No. 2, adding one nine-month extension option and \$806,006 for the continuation of successful ACT PSH services.

Related Departmental Goal:

Provision: Social Services - Promote and foster increased self-sufficiency, healthy behaviors, and lifestyle among targeted populations.

Performance Measures (still to be finalized):

60 Total Number of Unduplicated Clients Served

20% Percentage of individuals with co-morbid or tri-morbid conditions receiving specialized interventions for at least 12 months who demonstrate improved functional status on the Adult Needs and Strengths Assessment