



City of Austin

P.O. Box 1088, Austin, TX 78767-1088

September 25, 2020

The Honorable James B. Frank
Chairman, House Committee on Human Services
Texas House of Representatives
P.O. Box 2910, Austin, TX 78768-2910
Via E-Mail: Courtney.DeBower_HC@house.texas.gov

Re: City of Austin Comments on Interim Charge 2.2

Chair Frank and Members of the House Committee on Human Services:

Thank you for the opportunity to submit written comments on the Committee's Interim Charge 2.2, concerning the next phase of the 1115 Healthcare Transformation and Quality Improvement Program Waiver.

The COVID-19 pandemic has highlighted the need for a robust public health infrastructure to address health disparities, provide services to vulnerable populations, and protect the health of the general population. Local health departments play a crucial role in the state's health care delivery system and successfully use the Delivery System Reform Incentive Payment (DSRIP) pool under the 1115 waiver to improve health outcomes in communities throughout the state.

Since 2012, the City of Austin has utilized DSRIP programs to enhance access to health care, increase the quality and cost-effectiveness of care, and improve population health and the health of the patients and families served. The focus of Austin Public Health (APH) DSRIP programs is on the Medicaid, Low-Income, and Uninsured (MLIU) population. We are happy to share that, with the help of DSRIP programs, APH surpassed its October 2019 goal to service 28.33% MLIU out of our total patient population, ultimately serving 29.43% MLIU. (*Examples of Austin Public Health DSRIP programs appended*).

Austin Public Health (APH) anticipates the ending or transition of the DSRIP 1115 Medicaid Waiver by the end of 2021, with the last reporting date to be in April 2022. APH carefully planned for this disruption of DSRIP funding by forecasting DSRIP payments until 2023 and working to realize savings in annual program-level budgets, which could potentially extend the funding further. The department continues to problem-solve ways to supplement funding for programs that currently benefit from the 1115 Medicaid Waiver.

At the state level, legislation establishing local health departments as a provider-type recognized by Managed Care Organizations (MCOs) would allow health departments to be reimbursed for the services they are currently providing to Medicaid recipients. The Legislature considered such a proposal last session with S.B. 2021, which was approved by this Committee. Prior to the Medicaid Managed Care environment, local health departments were able to receive direct reimbursement from Medicaid for services provided to Medicaid recipients. Allowing MCOs to reimburse local health departments for services already being provided would significantly help departments continue to provide critical services to a particularly vulnerable population at a particularly vulnerable time.

Thank you for your consideration of these comments and your genuine commitment to improving public health in our state. Please do not hesitate to reach out if you have any questions or would like any additional information.

Sincerely,

Assistant Director Adrienne Sturup for Stephanie Hayden
Director, Austin Public Health

EXAMPLES OF AUSTIN PUBLIC HEALTH DSRIP PROGRAMS

Maternal Infant Outreach Program

The Maternal Infant Outreach Program (MIOP) provides peer support and advocacy to African American women who are pregnant in efforts to address and eliminate racial disparities in birth outcomes¹ and improve maternal and infant health. MIOP's mission to create a village of healthy black moms, healthy black babies, and healthy black families is supported by a program focus on at-term births, healthy infant weight, breastfeeding, Intimate Partner Violence (IPV) screening, and postpartum health visits.

MIOP Community Health Workers are paired with expecting mothers and provide one-on-one support through home visits, navigation of social services, and overall maternal and infant health education throughout pregnancy and up until the baby's first birthday. In fiscal year 2020, MIOP has served 78 clients, conducted 326 home visits, and 708 encounters through phone and video conferencing.

The Community Diabetes Initiative

The Community Diabetes Initiative (CDI) provides diabetes self-management and prevention education to individuals living with type 2 diabetes, people at risk, and caregivers/support persons. This program focuses on reducing health disparities related to diabetes, especially in the Hispanic/Latinx and African American communities. In the last five years of the program, CDI has served 2078 individuals (not unduplicated). In the last two years of the program (DSRIP 2.0), the program has reached 392 individuals.

Immunizations

APH's immunizations program seeks to increase the provision of immunizations to decrease morbidity and mortality to uninsured or Medicaid/Medicare eligible high-risk populations. The immunization project specifically targets clients seeking STD & HIV services, day laborers, homeless individuals, substance abusers, and other high-risk individuals.

- Older adults are at the greatest risk of severe illness or death due to pneumococcal disease. The CDC recommends pneumococcal vaccination for all adults 65 years or older.² APH's adult immunization program increased the percentage of patients 65 years of age and older who ever received a pneumococcal vaccination from 2.93% in 2017 to 18.15% in 2019.
- Influenza or "flu" is highly contagious and can be a potentially serious and even deadly disease for anyone, regardless of age or health status. With the help of the DSRIP program, the percentage of patients 6 months and older seen for at least two visits or at least one preventive visit during the measurement period increased from 11.44% in 2017 to 42.34% in 2019.

Permanent Supportive Housing

Permanent Supportive Housing services provide intensive community-based services to individuals with history of chronic homelessness and multiple health conditions. This program serves chronically homeless individuals and those who have been chronically homeless and are currently at risk of losing stable housing. This population is one of the costliest to taxpayers as they are often uninsured yet use the most expensive emergency services. Providing these services helps individuals maintain housing stability and improve their quality of life, which not only benefits them but the community at large.

These services provide treatment, rehabilitation, and support services to individuals who typically have a history of multiple hospitalization treatments, chronic health conditions, criminal justice involvement, and chronic homelessness. In fiscal year 2020, APH utilized nearly \$1.5 million in funds to contract with two vendors to provide permanent supportive housing.

¹ In Travis County, the preterm birth rate is 16.1% among African American women, 9.6% among whites, and 10.9% among Hispanics (March of Dimes Peristats, 2014).

² Centers for Disease Control and Prevention. "[Pneumococcal Vaccination: What Everyone Should Know.](#)"