

2018-2019 BUDGET QUESTION
Response to Request for Information

DEPARTMENT: Financial Services – Budget

REQUEST NO.: 65

REQUESTED BY: Pool

DATE REQUESTED: 8/17/18

DATE POSTED: 9/8/18

REQUEST: What amount and percentage of total cost is Central Health proposing to pay for the Integral Care EMCOT service? Or, is the Integral Care service only proposed to be funded by the City of Austin and Travis County? If so, please explain why.

RESPONSE: Since 2017, new 1115 Medicaid Waiver funding requires achieving specific metrics related to the health of the entire service population. The Expanded Mobile Crisis Outreach Team (EMCOT) was not able to be integrated or aligned with the new Waiver. Integral Care was required to pick from a specific menu of metrics and identify strategies to meet those metrics. Due to the fact that the metrics are focused on population health, they do not align with crisis services outcomes. In order to continue utilizing the maximum amount of Waiver funding, Integral Care had to make strategic decisions on how to use limited resources to meet the metrics. In year 1 (FY 2018) of the new Waiver, Integral Care only had to improve performance by 2.5% on the new metrics, allowing it to continue funding for EMCOT. In year 2 and beyond, Integral Care has to improve performance to meet the federal metrics by a much larger percentage, requiring greater funding to meet these new metrics.

Integral Care is seeking funding from the City of Austin and Travis County to maintain EMCOT services, for a total of \$1,912,048, which is the full operating cost of the program. Of this total, Travis County has agreed to fund 40%, or \$764,819, leaving 60%, or \$1,147,229, to be funded by the City of Austin. Originally, Integral Care requested \$1.8 million in funding, which was based on the FY 2018 budget for EMCOT and did not include an agency-wide compensation adjustment to meet State standards of pay. Integral Care has not requested funding from Central Health because they contribute more than \$9.0 million dollars for psychiatric crisis treatment through inpatient hospitalization and crisis stabilization services, and they focus on a specific population of people, those at or below 200% of poverty and who have no other funding source. On the other hand, EMCOT responds to anyone in the community in crisis regardless of income or funding source.