

A G E N D A



Recommendation for Council Action

Austin City Council		Item ID	68865	Agenda Number	25.
Meeting Date:	3/23/2017			Department:	Public Health
Subject					
Approve an ordinance amending the Fiscal Year 2016-2017 Austin Public Health Operating Budget Special Revenue Fund (Ordinance No. 20160914-001) to add five full-time equivalent grant positions that will provide psychosocial services for the 1115 Medicaid Waiver program.					
Amount and Source of Funding					
This amendment only increases the number of authorized grant positions. Funding for these new grant positions in the amount of \$390,608 is included in the Fiscal Year 2016-2017, 1115 Medicaid Waiver budget. Continued grant funding is contingent on successful contract performance and available funding in future 1115 Medicaid Waiver budgets.					
Fiscal Note					
A fiscal note is attached detailing the increase in authorized grant positions.					
Purchasing Language:					
Prior Council Action:	On August 2, 2012, Council approved Resolution No. 20120802-029 supporting participation in the Federal 1115 Medicaid Waiver Program.				
For More Information:	Shannon Jones, Director, 512-972-5010; Stephanie Hayden, Deputy Director, 972-5016; Adrienne Sturup, Program Manager, Health Equity Unit, 512-972-5167; Elena Lloyd, Agenda Coordinator, 512-972-5033.				
Council Committee, Boards and Commission Action:					
MBE / WBE:					
Related Items:					

Additional Backup Information

The Delivery System Reform Incentive for Payment (DSRIP), also known as the 1115 Medicaid Waiver Funded Project, focuses on improving maternal and infant health outcomes for women with an increased risk for premature births, low birth weight infants, or infant mortality (the death of a baby before his or her first birthday). The target population includes Black women who are pregnant or are planning a pregnancy, and includes the following sub-populations: low income Black women, and Black women with a history of premature births. According to the 2015 Austin/Travis County Critical Health Indicators Report, the infant mortality rate for Black babies born in Travis County from 2009 – 2011 was 12.5% compared to 3.9% for White babies and 5.6% for Hispanic babies.

The program is delivered using the Community Health Worker (CHW) model, which is an evidence based model that uses lay members of the community who share various characteristics with the members of the community they service, including ethnicity, language, socioeconomic status, and life experiences. CHW provide a variety of services designed to help remove potential barriers to prenatal care, including home visits, patient navigation, linkages to

health providers, basic-needs services, breastfeeding education and support, parenting education and support, and health education. CHW's also conduct outreach activities to raise community awareness of available resources.

While clients are typically recruited through outreach activities, a large amount of clients are also referred through Women, Infant and Children (WIC) clinics. As a result, a referral network was created in order to help increase the number of Black women linked to prenatal care and support services prior to the second trimester. This network includes local hospitals, clinics, WIC clinics and other service providers. The program supports clients from conception through the child's first birthday.

The percent of healthy term births for clients is 91.4%, reflecting a drop in Black babies born preterm from 15.2% to only 8.6%. The project continues to successfully meet all performance metrics and served 150 clients in the last year. Data shows the need for the project continues to be high. The additional full-time equivalent grant positions requested in this item will allow the Austin Public Health Department (APH) to assign permanent positions to the project.

The General Fund will not be required to contribute additional funds beyond those currently budgeted to this grant or to the funding of these positions. When the grant funds expire, APH's need for the positions will be evaluated and the positions may be eliminated.

PERFORMANCE MEASURES

Output Measure:

Number of Clients Served Annually: 150

Outcome Measure:

Percent of Healthy Term Births – percent of single term babies born between 37 and 42 weeks who do not have significant complications during birth or nursery care.

RELATED DEPARTMENTAL GOAL: Improve maternal, child, and adolescent health outcomes.