Public Health Reinvestment

Exploring ways redefine public safety (and in some ways public health) to include access to affordable, equitable, accessible, high quality healthcare and housing. Focus will center on recommendations for public health reinvestments in the community while divesting from harmful punitive models.

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Background & Context

Public Health is the art and science of preserving and promoting human wellbeing through collective social efforts. Public health safeguards the right of individuals and communities to define health, and allows initiatives that balance the needs of the individual with those of the collective to prevail. Public health is the practice of protecting and cultivating human wellbeing, and sustaining the right of individuals to pursue health and happiness. Central to these efforts is the recognition that racism, socioeconomic inequality, gender & age discrimination, racist laws and policing, hatred, and ultimately ignorance are foundational causes of health inequity.

A public health approach holds systems of power and privilege accountable to address these systemic injustices and prioritizes actions that uproot inequality. Public health takes a humanistic approach to public affairs, relying foremost upon science and reason to guide its interventions. Self-correcting mechanisms ensure intellectual humility and a willingness to revise beliefs in accordance with the evidence. In the pursuit of healthy populations and thriving communities, public health initiatives assess social determinants of health, identify disparities and harmful structures, and implement prevention and intervention strategies to ensure equitable access to high quality, accessible and culturally informed healthcare.

Background & Context - Community Health Workers (CHWs)

The Public Health Reinvestments Work Group believes that in order to reimagine public safety, improve health outcomes and transform our community, we must invest in a public health workforce that is well remunerated, highly regarded and serve an essential function in ensuring the wellbeing of our communities. ***We recommend the City invest in a substantial cadre of Community Health Workers and the establishment of a CHW Network and Training Hub.***

Community health workers are frontline public health workers who are from and have a close relationship with the communities they serve. Because of this close relationship to the communities they work within, CHWs serve as trusted liaisons between health and social services and community members to facilitate access to services and improve quality of service delivery. CHWs perform a continuum of work including individual health promotion, peer support, and service delivery, as well as community health promotion such as elevating community health needs to decision makers and advancing community empowerment and social justice, all based in the assets and needs of their communities. They help community members establish medical homes to avoid using emergency rooms and urgent care for primary care, improving continuity of care. CHWs have also been shown to reduce costs, improve health outcomes, improve quality of care and reduce health disparities.

Workforce development: Creating an opportunity for working class people of color in Austin to have meaningful dignified jobs with competitive salaries will be an essential part of achieving equity and building resilience in the city. This can create a new pipeline to replace the one that exists funneling people of color into law enforcement. Building a cadre of community health workers supporting communities most impacted by heavy policing will create more safety and better outcomes over time. Stable jobs with social value and a realistic salary ladder is necessary to repair the detrimental impacts of over-policing and a solution to the perceived loss of gainful employment for people of color by divesting from policing. APD resources can and must be reinvested in an APH workforce that reflects the communities that need it most.

Network and Hub: CHWs are most successful when they are part of a network of CHWs and work out of community-based organizations. Establishing a Hub for regular and free, or low cost, training and certification will provide a resource for CHWs to build and strengthen skills and receive the support and reflective supervision necessary to address the potential for burnout and vicarious stress. Furthermore this hub could serve to educate and train employers on guidelines, evaluation, and support for CHWs in Central TexasCHWs will receive training on

topics such as chronic health, COVID-19, violence prevention, perinatal health, substance use and misuse, harm reduction, mental health, crisis de-escalation, trauma-informed care and local resource navigation. All training and supervision will be built on an anti-racist, anti-stigma framework, and population education methodologies to recognize lived experiences and community ingenuity to help build consciousness and empowerment within the community to promote health and safety. Resources must be multilingual with investments to ensure that translation and interpretation are available as needed. Ultimately, this hub should be led and run by CHWs, Community Health Worker Instructors and community allies.

Background & Context - Community Health Centers

The 2017 Austin Travis County Health Assessment (CHA)found that:

- income in Travis County is unequally distributed between households and by race/ethnicity.
- having a low income is associated with increased risk factors and worse health outcomes.
- Approximately ¼ of the population aged 18 to 64 in Travis County does not have health insurance, and cost is a barrier to health care for many. Barriers include financial access and physical access to health care as well as knowledge of existing services.
- one out of six people report forgoing seeing a doctor due to cost.

For these reasons, the Community Health Improvement Plan's top priority in 2018 was "Access to and Affordability of Health Care."

The City of Austin has a long history of underfunding low income communities of color, leaving them without the same access to health resources and infrastructure as whiter, wealthier neighborhoods. Using a health equity lens, this recommendation calls on the City to rectify decades of under-investment in the health of these communities by opening low-cost and sliding scale integrated care clinics in those neighborhoods and ensuring accessibility by providing transportation and telehealth options. The City should recognize that access to high quality and affordable healthcare is the cornerstone of a healthy and safe community.
These clinics can be co-located with existing Community Recreation Centers to expand the services offered. Alternately, portions of recently closed schools in East Austin can be repurposed for this kind of community space.

These Community Health Centers will be staffed by the Community Health Workers for the neighborhood with clinical services being offered multiple times per week by medical residents, nursing students and licensed counselors, ideally in collaboration with the Dell Medical School and UT School of Nursing. Counselors should reflect the demographics of the community if not from the community they are serving. Clinical services should include, but not limited to preventive health screenings, triage, rapid testing and referral and must have telehealth options. Other health promotion activities like classes for cooking, exercise, mindfulness/meditation and support groups should be part of what is offered.

Community health workers can provide linkage to care, coordinate with community orgnaizations to offer support based on the needs of the community, including domestic violence and sexual assault prevention and response, sex worker outreach and harm reduction support. Each center should be equipped with one van that is accessibility equipped to help people get to clinic days and other programming. Highest priority of these Community Health Centers must be in the most over policed and heavily gentrified neighborhoods in the Eastern Crescent of Austin.

There is no mistaking that what makes individuals feel healthy and safe is not the presence of police, it is the presence of infrastructure that cares for them and meets their needs when and where they arise. A robust Community Health and Recreation Center model has the potential to create the environments that result in strong health and safety outcomes for our most vulnerable communities.

Background & Context - Low-Cost Medical Supply Closets

The City should invest in stocking community medical supply closets that offer low-cost medical supplies for residents unable to afford full price supplies. When sterile bandages and wound care are needed to avoid and prevent more intensive medical care, cost should not be an obstacle to getting the resources needed to protect the health and well-being of our communities. These closets should shelter wound care supplies, feminine hygiene products, pregnancy supplies, diapers, baby food and formula, first aid care, cold and flu medicines, mobility aids, products associated with care for the elderly, vitamins, pregnancy tests, sterile syringes, harm reduction supplies, Plan B medicine, family planning supplies, anti-bacterial cleaning supplies, and pain relief and management medications.

These closets should be available in all the Community Health Centers staffed by a community member paid a living wage. All products should be sold on a sliding scale, where someone hoping to buy supplies can buy them for what they wish to pay from $0 to $15 an item. These closets should be accessible to anyone without presentation of identification necessary.

The City subsidizing these supplies will result in reduced expenditures in other areas where people may seek medical care. They will also promote community health and well-being and support families in taking care of medical problems that may arise without having to go in debt especially since over 60% of Americans can't afford a $500 emergency.

Background & Context - Food pantry

Food and nutrition is an undeniable aspect of good health. Food deserts are a well documented crisis throughout the country and East Austin is no exception. Making inexpensive nutritious food accessible to everyone should be a major priority of our public health system. To this end, this workgroup proposes the availability of Free Food pantries and fridges at every Community Health Center. The city should build partnerships with local growers and wholesalers to make culturally relevant dry goods and produce available to community members. Ideally the Center should have access to land where community members can till the soil and grow what is

needed for the community. The community members that take leadership in growing the food should receive stipends for their service and contribution.

An additional measure the City should take is to provide the facilities for a licensed commercial kitchen within the Community Health Centers. These kitchens should be equipped with all necessary kitchen gear to prepare meals for neighborhoods or catering events. The facilities should be available to small business owners for a small fee. The City should also develop emergency contracts with local restaurants in the event of emergencies where workers can be paid to set up in kitchens and be equipped with ingredients and everything needed to provide hot meals.

For all of these initiatives, there should be no requests for identification or for documentation or the requirement of documentation for a proxy of someone to receive supplies. This is intended to be a community sustained project centered in mutual aid and collective community care. People should not face limitations in accessing the services they need to survive to serve a bureaucratic end.

Background & Context - Mental Health Services

An additional component of public health is the mental wellbeing of our community members and residents. There are very little programs and services that either offer clinicians that can effectively and competently provide services to predominantly marginalized populations such as people with disabilities, queer and trans individuals, Black and brown people, and our immigrant and undocumented community members, or non-English speakers or that provide low-cost sliding scales services and almost none that offer both. We call on the City to support and reinvest in the collected mental wellbeing of our communities and to invest in the provision of mental telehealth opportunities for particularly vulnerable populations.

Too often, queer people of color succumb to preventable or treatable illness and disease. The stresses associated with oppression, combined with lack of access to or inadequate health care, exacerbate or create avoidable health problems. Wellness dialogues, workshops and resources that draw from the rich expertise of the community and include a holistic approach to health and wellness and seek to provide safe spaces for community members to educate and empower themselves around health and wellness issues. This program should produce and host more community events centered on mental health and education that is friendly and trained to work with people of color and queer and trans folks.

Background & Context - Renewable Energy Investment

Just as access to food and water are major factors in assessing public health in our communities, we additionally find access to power just as crucial. People in our communities must be able to have heat and cooling capabilities especially with the drastic conditions in Texas as we witnessed in the recent winter storm as well as with the heat we are bound to witness this upcoming summer. We use power to prepare food, many even depend on it to power life-dependent medical equipment. We believe the City should invest in self-sufficient power sources that communities can benefit from. We call for the city to build additional

Community Solar facilities particularly in communities that struggle the most to make on time payments on their utility bills. The city should collaborate with Austin Energy to get eligible residents in the area connected to the solar grids and receiving power to subsidize reliance and payments on current energy sources. This service should be provided with no cost to residents and covered by City subsidies or federal and state grants associated with renewable energy sources incentives.

Background & Context - Funding for Medication Assisted Treatment

The Public Health Reinvestments Work Group believes that in order to reimagine public safety, improve health outcomes and transform our community, ***we recommend the City to invest in Medication-Assisted Treatment, particularly methadone, programs.***

MAT is a proven pharmacological treatment for people who are using or misusing opiate derivative drugs, governed by Opioid Treatment Programs (OTP). The backbone of this treatment is FDA approved medications, methadone and buprenorphine. They activate opioid receptors in the brain, preventing painful opioid withdrawal symptoms and decreasing illicit drug use. MAT has multiple demonstrated health benefits including the reduction in drug use, overdoses, and infectious disease acquisition. However, in Travis County individuals who are uninsured and who cannot self-pay, face a long waiting list for methadone treatment; Individuals on a waiting list are ten times more likely to die of an overdose.

Moreover, MAT is extremely cost effective compared to the hundreds of thousands spent annually if people are left untreated, and draw heavily on EMS, ERs, jails and other public services. The annual cost for methadone maintenance treatment averages about $4,500 per person. There is a six-fold return investment for every dollar invested in treating a person with opioid use disorder who is involved with the criminal justice system

Therefore, we call on aggressive policy that recognizes MAT as a prevention modality to provide person-centered MAT that is free, on-demand, and equitable to people using/misusing drugs in Travis County, and to reduce the long waiting period for funded treatment that we are currently experiencing.

Background & Context - Expand Community-based Harm Reduction Services for Substance Use and Misuse

In order to better address the needs of people who are navigating substance use and misuse, mental health issues and homelessness, the Public Health Reinvestments Work Group recommends that the City of Austin **expand and fund existing harm reduction services such as syringe access, drop in centers, accessible detox, and adopt additional interventions such as overdose prevention sites and mental health crisis respite centers to broaden the harm reduction infrastructure in Austin and offer alternative peer-run, non-punitive settings and supports.**

Harm reduction drop-in centers are community-based programs that provide supplies; sterile syringes, safer drug use and naloxone. These programs serve an essential role in HIV and

Hepatitis prevention, yet the environment of safety they create for people who use drugs set them up to offer far more including; on-site Medication for Opioid Use Disorder (MOUD), wound care; drop-in centers; street based outreach; food access; mental health crisis respite; disposal of sterile syringes and injection equipment; vaccination, testing, and linkage to care and treatment for infectious diseases including COVID-19**.** The drop-in centers would ideally be co-located with an Opioid Treatment Program (OTP), and include a peer-run mental health crisis respite center and on-demand access to medication assisted treatment.

Background & Context - Fund a community syringe disposal program.

Proper disposal of medical waste, such as sharps (e.g., needles and syringes), is equally important in community settings as in healthcare facilities, especially for those that traditional healthcare is inaccessible. Community members use needles and syringes to treat medical conditions, like diabetes, or for safe injection drug use;1 in 12 american households utilize sharps for medical purposes. Improper disposal can result in exposure to blood-borne diseases, such as HBV, HCV, or HIV, through accidental needlestick injuries. Community members, the general public, and public service workers (e.g., waste haulers, recycling plant workers, sewage treatment workers) are at higher risk of experiencing an accidental needlestick injury when used needles are improperly disposed of. Therefore the City should **invest in a robust community sharp disposal program by establishing non-traditional disposal sites such as, parks, homeless encampments and shelters, public restrooms, street corners, pre-established sites, etc. Additionally, disposal sites would be established at all Community Health Centers, where people would be able to access additional medical, behavioral, or social services.**

Background & Context -Creating Trauma-Informed Systems to support community and staff

The health impacts of trauma are widely recognized and range from long term chronic illness to physical injury to behavioral and mental health challenges. The Public Health Reinvestments Work Group recommends that the City of Austin **invest in developing a Trauma Informed assessment process for all programs and ongoing training on Trauma Informed Care for all staff of Austin Public Health.**

Trauma is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as “an event, series of events or set of circumstances that are experienced by an individual or community as physically and/or emotionally harmful or threatening and has lasting adverse effects on the individual’s or community’s functioning and mental, physical, social, emotional and/or spiritual well being.” This trauma can be cultural, historical and intergenerational as well.

When survivors of trauma seek health care services, interactions with staff, doctors, as well as the overarching medical and legal system can be distressing or further traumatizing. Sites of trauma in medical establishments include invasive procedures, the use of stigmatizing language, overt and covert racism, anti-blackness, sexism, homophobia, and transphobia, among many other harmful if not fatal forces. Understanding the connections between trauma,

health outcomes and patient behavior is essential for public health systems to address health inequities and mitigate the harm of oppressive systems like excessive policing.

Health systems can contribute to trauma for their clients and their staff if not addressed. Trauma-informed systems "support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than siloed structures." The responsibility of preventing burnout, healing vicarious trauma, and having job satisfaction does not fall (only) on the individual staff person. In trauma-informed systems, organizations recognize that staff are also survivors of trauma, engage staff in ways to create safe and supportive work environments and prioritize staff wellness.

There is a robust framework for Trauma Informed Care developed by SAMHSA that can be leveraged to improve the policies and protocols of Austin Public Health. This framework of six principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment voice and choice, and a cultural, historical and gender analysis, can serve as the foundation of an assessment tool for trauma informed practice at every level of Austin Public Health.

To develop this tool and establish an ongoing process of quality improvement for trauma informed care, this Work Group recommends the creation of an advisory group of subject matter experts and directly impacted community members to develop a process for implementing an assessment. This assessment should evaluate, among other things, the extent to which client populations namely people of color, LGBTQIA+, people with disabilities are reflected in staff, in particular among management decision makers and how this affects front line staff and clients. Once an assessment tool has been developed the advisory group will provide more detailed recommendations entailing specific and timely interventions in protocols and policy to re-orient the practices and services of Austin Public Health into alignment with the principles of Trauma-Informed Care.

A one-time training will not be sufficient to transform systems that were not designed with survivors in mind. Ongoing training on Trauma-informed Care and healing centered engagement will be an essential component of this systems change work. It will provide the public health workforce an opportunity to transform the models of service delivery, prioritize care for the providers and build meaningful community partnerships that will make public health efforts more equitable and effective.

Background & Context - Build affordable housing and implement rent control ordinances

As a working group, we identify the unavailability of affordable housing as a public health crisis. How can our community and our people even begin to consider other public health initiatives when we have such a large population currently experiencing homelessness? When people are without housing, their environments are unreliable and unstable. Food insecurity, little to no medical care, and few mental health support services, all compounded by an ongoing pandemic are but a sliver of the experiences of people living without permanent housing. We must prioritize getting people into housing first. Once a stable housing situation has been achieved,

adjustment can take place, people can transition into a continuous sensation of stability and services can then be provided to support their needs moving forward to ensure housing can be long-lasting and future crises can be avoided.

Housing First is a homeless assistance approach rooted in harm reduction that prioritizes providing permanent housing to people experiencing homelessness. A Housing First approach does not require participants to address behavioral health or mandate participation in services either before obtaining housing or in order to retain housing. Housing First is based on the theory that participant choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a participant more successful in remaining housed and improving their life. Such a program views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Additionally, formal and informal supportive services are a part of the Housing First model, such as, community health workers, physicians, social workers, harm reduction programs, family, friends, and community.

We don't need any more transitional housing and promises to get people off of waitlists. Transitional housing is no longer transitional when there are no structures ready to actually permanently house people who are experiencing homelessness. It is only temporary and does nothing to solve the problem other than give this City the cover and presentation that anything is actually being done to address homelessness. This City needs permanent housing that is low-cost and prioritized to be given to people that are currently homeless and have been put on waitlists to wait upwards of four years.

This workgroup additionally recognizes that the gentrification in Austin has been picking up at an alarming rate. Many people who have lived here for years, for their whole lives, are losing their homes and are being displaced as the housing market skyrockets and makes homes unaffordable. This is unacceptable. We must protect the wellbeing and stability of our communities and their homes and respect all the work and efforts they have put into the care and love for their communities. It can be unbelievably devastating to be displaced and feel like everything has been lost, generating extreme levels of stress or even trauma especially for the Black and brown communities being displaced in efforts to bring White investment and business opportunities.

We call for the City to adopt a rent control initiative in which the Equity Office would appoint a Rent Guidelines Board that includes several directly impacted community members that would develop housing market informed ceiling rent rates based on size and style of housing.

When a tenant leaves, the landlord will only be able to raise rent to this limit set and can additionally only be raised by a set percentage between 0% and 4.5% a year which would be determined through a vote on the Rent Guidelines Board.

However, if a resident has been living in their dwelling and renting consistently since 1980, the rent should not exceed a "maximum base rent" determined by the Rent Guidelines Board

proposed guidelines (which can be appealed by residents) that should only cover the landlord's cost for upkeep of the unit. Rent from this maximum base rent will only increase incrementally also based on the recommendation of the Rent Guidelines Board.

Background & Context - Promote Youth Development

The best approach for healthy growth and development of young people is to shore up strengths rather than focus on fixing problems, a framework called "Positive Youth Development" (PYD). Effective PYD programs are located within a young person's community and use a comprehensive approach that centers on significant areas in a youth's life, such as education, art, and leadership. For instance, for youth who may be making choices that get them in trouble, the most effective intervention for both public safety and positive youth outcomes is to help them take responsibility for their actions, provide opportunities to restore any harm done, engage with pro-social peers, and stay connected to community support.

Background & Context - Make Cap Metro free for low-income residents and expand programs that provide transportation for health care access

Transportation was consistently cited as a major obstacle for people accessing healthcare. In the CTSA, residents and professionals discussed this migration, noting that historically underserved and low-income Black/African American and Latino/Hispanic residents' displacement into more affordable areas outside of central Austin with less access to affordable health care, healthy food retailers, outdoor recreation space, and means of transportation is significant.

Background & Context - Expand coverage of the MAP program and include MAP users and potential users in the process for deciding what is covered.

Texans have long suffered under the rule of a state government that chooses politics over public health. Without Medicaid expansion, in 2017 ¼ of Travis County residents were uninsured. Although some Travis County Residents qualify for the Medical Access Program (MAP), only a limited number of medications and providers are covered, leaving many without the healthcare that they need. What is covered by MAP should be decided on with input from MAP users. Under the Biden Administration, there have been rumors circulating that counties will be allowed to expand Medicaid on a county-by-county basis.

Recommendations

Recommendations - Community Health Workers (CHWs)

1. Fund a Community health worker Pilot program to hire 50 CHW
    a. $4 million for Year 1 (50 CHW)
    b. $500,000 for evaluation of pilot program
2. Establish a CHW Network and Training and certification Hub
    a. $4 million
    b. Recruitment and retention
    c. Translation and interpretation
3. Commit to build a cohort of 1,000 CHW by 2025.
    a. Specifically serving the Eastern Crescent and communities currently suffering over-policing
    b. See the Biden-Harris National Strategy for COVID-19 as reference for these kinds of goals: "As part of the President's commitment to provide 100,000 COVID-19 contact tracers, community health workers, and public health nurses, the Administration will establish a U.S. Public Health Jobs Corps, provide support for community health workers, and mobilize Americans to support communities most at-risk"
    c. $70 million

In partnership with Travis County, Central Health, and Dell Medicine open Community Health Centers offering low-cost and sliding scale integrated care clinics serving as home bases for a Community Health Worker workforce.

This is a powerful step towards investment in equitable community-led Community Health infrastructure.

1. Community Health Centers
    a. Health promotion activities
        i. Exercise
        ii. Mindfulness
        iii. Support groups
        iv. Meeting space for community events
    b. Clinical services
        i. Rapid testing
        ii. Triage
        iii. Preventative care
        iv. Mental health counseling
    c. Medical supply closet (free/low cost)
        i. Free clean syringes
        ii. Sharps disposal
        iii. Over the counter pharmaceuticals
    d. Food pantry

        i. Land to grow food - stipend for caretakers
        ii. Partnerships with local growers and wholesalers
    e. Commercially licensed kitchen
        i. For small businesses to use
        ii. Hot meals distribution
    f. Filtered water filling station
    g. Solar powered
    h. Transportation
        i. At least one van
2. Community Health Workers,
    a. Staff community centers
    b. Health promotion
    c. Home visits

Recommendations - Community Health Centers

Open five Community Health Center located in strategic locations concentrated in the Easter Crescent of Austin to combat and counteract the systemic violence, over policing, and targeted gentrification of the communities living here.

    a. Cost will depend on City' decision to build new centers, co-located with existing recreational facilities, or repurpose recently closed school facilities.

2. Develop a contract with Dell Medical School, Travis County, and/or Central Health to fund and support rotating teams of primary care physicians and nurses (students as well) to open appointment slots for care for a duration of at least two weeks per month at each center.
3. Set up non-city staff facility managers, preferably community organizers and members to facilitate and coordinate organizations to use the space for targeted outreach with vulnerable populations.
4. Arrange for the offering of health promotion activities such as exercise, mindfulness, and support groups.
5. Build a water filtering station where local residents can get filtered water for free to fill containers with and take home.
6. Provide at least one large passenger van per facility to allow for transportation to and from services for residents in the area

Recommendation - Low-Cost Medical Supply Closets

House one community medical supply closet per Community Health Center and fully stock them with supplies

    a.) $250,000 per closet

2.) Hire 3 people per closet that are from the communities where these are placed that are unemployed and pay them a living wage.
3.) Plan to expand and continue to build and stock these closets annually
    a.) Recurring pot of $500,000

Recommendation - Food pantry

Expected cost of $3 million for five commercial kitchen facilities co-located in Community Health Centers.

Recommendation - Mental Health Services

1. Hire 50 clinicians that are members of these populations within an arm or department of Austin Public Health.
    a. $2.5 million for salaries and benefits
2. Open city-funded slots for both long and short term care for visits with each clinician. Visits should be sliding scale from $0 to $30 and should not impact compensation for clinicians.
    a. Since clinicians are already being paid, there should not be an associated cost for opening slots.
3. Clinician offices should be placed within Community Health Centers, where clinicians will be able to accommodate both office visits and telehealth calls.

Recommendations - Renewable Energy Investment

1. Build at least three new Community Solar facilities
    a. $250,000 for all three (installation typical runs about $50,000 per facility)
2. Create teams to do community outreach and case management to connect residents to service
    a. $100,000 for compensation and materials

Expected costs for all of the above Community Health Center recommendations: $15 million per center

Additional Recommendations:

1. Open two additional OTP (co-located with a harm reduction drop-in center) in Travis county in order to address the need for MAT + staff
    a. $4 million for startup costs and first year of operations
2. Fund person-centered methadone treatment
    a. $3 million/year

Recommendation:

1. Open two additional drop-in centers, one center on the south side and one on the northside (co-located with an OTP)
    a. $3 million for startup costs and first year of operations
    b. $3 million/year

Recommendation:

1. Establish 40 disposal sites across Travis County for safe disposal of sharps.
    a. $500,000/year (includes all administrative and disposal costs)
2. Ensure that five of these sites are co-located with Community Health Centers proposed above.

Recommendations:

1. Develop Trauma-Informed Practice assessment process and tool

a. Funding to convene an advisory group of subject matter experts and community members to create the assessment tool and the implementation process
b. Build Trauma Informed Practice into the quality improvement plans of all APH programs.
c. $500,000

2. Establish a fund for ongoing training on Trauma Informed Care and Healing Centered Engagement
    a. Begin with clinicians, community health workers and other outreach workers -
    b. Make training available to new staff as well as ongoing training for all staff that consistently evolve to evaluate current practices, cultural context, and changing community needs.
    c. Ensure training available in multiple languages as needed by staff.
    d. $2 million

Recommendations:

1. Build new buildings to house people
    a. $20 million for 30 100-unit buildings
2. Work with organizations that work directly with people experiencing homelessness to coordinate entry into housing (Not ECHO, not Downtown Alliance)
    a. Additional labor compensation/organizational management costs
        i. $5,000 per organization
3. Provide wrap around services inside the new housing complexes with case managers and trauma-informed teams that can support transition into being housed, job searching, and housing searches. Each resident will receive a three year period from enrollment where no rent is covered.
    a. 9 staff, including 7 caseworkers and 2 administrative and property management per building
        i. $10 million for salaries and benefits annually
4. Residents will then have an additional five years where they can continue to live in city-provided housing for low-cost ($200-300 rent maximum) and will only be asked to exit lease if a job has been secured and worked for 6 months at that point AND housing has been identified that their case manager has deemed will be sustainable with current income. Otherwise they will be granted an extension until these conditions have been met.
5. Residents will also be granted $1,000 upon exit to support the secondary transition stage and support costs associated with moving.
    a. Fund of $3 million/year

Recommendations:

1.) Expand MetroAccess to meet the needs of the community and lower barriers to access. The City should buy CapMetro 10-15 additional buses for this purpose, hire drivers, and aim to eliminate the MetroAccess waitlist.

2.) Any and all MAP/Medicare/Medicaid/TANF benefit recipients should be automatically granted free monthly bus passes every month initially provided upon benefits enrollment. All current recipients should get a pass mailed every month.

Recommendation:

3.) We urge the City to work with Travis County to develop a local Medicaid expansion program.

Additional Data and Supporting Material (Optional as Needed)