Public Health Reinvestment Working Group of the Reimagining Public Safety Task Force

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Definition of Public Health

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.

Recommendations

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. 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 Texas. CHWs will receive training on topics such as chronic health, COVID-19,

Commented [1]: Instead of "healthcare" use the words "clinical services", "pharmaceuticals", "mental health support with the option of choosing a single provider without gaps in service to ensure the best care and outcomes", "culturally-relevant traditional medicine", and all language needs required to provide equitable access including but not limited to interpretation, translation, ASL and other culturally-relevant sign-language support.

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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.

Recommendation:

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

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.

Activites:

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

Total: $9 million

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, & Housing First programs shaand 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 HCV 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.

The health, safety, and wellness of people who use drugs is threatened by housing inequality and housing insecurity. Housing insecurity increases the risk of overdose deaths, HIV, and HCV rates. Therefore, we need to invest in evidence-based housing programs like Housing First alongside harm-reduction drop-in centers and opioid treatment programs. 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.

Activities::

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
2. Harm Reduction Housing First program
    a. $14 million

Total: $20 million

<u>Creating Trauma-Informed Systems to support community and staff</u>

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. The Trauma Informed Systems Initiative at the San Francisco Department of Health is an important example to consider in the advancement of this goal.

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. 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.

Recommendation:

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. $2 million