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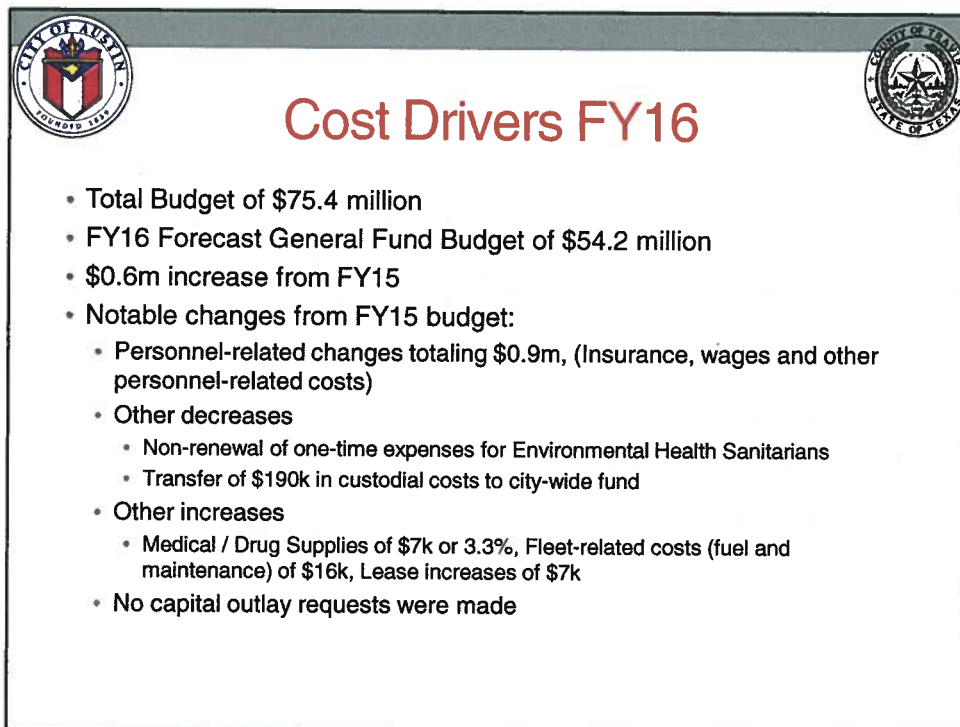
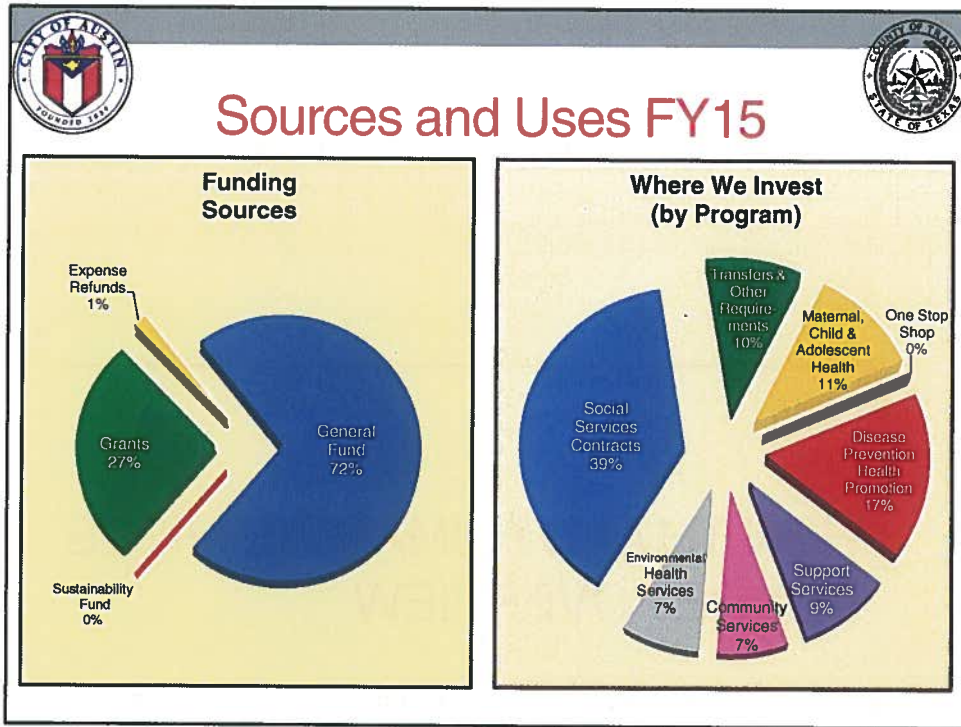
FY 2016



## HEALTH AND HUMAN SERVICES BUDGET OVERVIEW



## Agenda



- Overview of budget: sources & uses
- Cost drivers
- Unmet Needs
- Performance Gaps
- Horizon Issues





## Unmet Needs

- **Chronic Disease Management - \$429k**  
5 FTEs for policy system environmental changes to address food nutrition, clinical areas related to heart disease, diabetes, tobacco, epidemiologist
- **Permanent Supportive Housing - \$600k**  
On-going, "permanent" services to ensure housing stability and personal health with access to case management services
- **Neighborhood Centers Management - \$186k**  
1 FTE to add supervision capacities to neighborhood centers whose current supervisors manage multiple sites
- **Security Guards at Neighborhood Centers - \$108k**  
Contracted security service to respond to and reduce increasing incidents
- **Environmental Health Position Market Study - \$123k**  
Funding for Sanitarian Position Changes & Classification
- **Graffiti Abatement - \$111k**  
Funding for one additional crew to respond to graffiti removal requests



## Performance Gaps

### Case Management for Homeless

- Only 24.4% of homeless residing in shelters are enrolled in case management services
  
- **Impact:** When individuals lack housing they disproportionately end up in emergency rooms, jails and psychiatric facilities. Case management allows social workers to address the specific issues causing homelessness for the individual
  
- **Causes:** HHSD and local service providers do not have enough case managers on staff to meet the need



## Performance Gaps

### Achieve Public Health Accreditation

- HHSD applied for Public Health Accreditation in April 2015, but needs further resources to maintain the planning capacity going forward to maintain accreditation.
- Impact: Accreditation status for HHSD will leverage existing funding resources to allow the department and regional health departments to pull down federal funds and other grants in a competitive political environment that should require Accreditation. Planning staff also identifies areas where best practices can be implemented to service community needs.
- Causes: Although public health planning is not new, accreditation is & departments nationwide are bolstering their planning capacity to maintain accreditation and improve essential public health services.





## Horizon Issues

### HHSD Services Re-location and New Facilities

A large portion of the core Health and Human Services Department's public health and basic needs functions are offered in the facilities located in the city areas that have been significantly gentrified in the past ten years.



- These facilities, while still providing the core public health functions and basic needs to the community, are not located in the areas of the highest need anymore.
- HHSD has been trying to extend its services to the new areas of need through mobile units and the part-time leased locations. However, this is only a short-term solution for a growing problem.
- HHSD is requesting the General Fund support to be able to relocate and expand its services to at least three neighborhoods with the highest concentration of the below the poverty level clients:
  - Colony Park
  - Rundberg Lane area
  - Dove Springs
- This expansion would involve building new Neighborhood and WIC Centers and/or partnering with other City Departments to obtain long-term leases of the suitable existing facilities.

## Horizon Issues

### Program Reduction Due to Loss of Federal Funding

- Grant funding accounts for 27% or \$20 million of the Department's budget
- Core public health services are funded by grants including:
  - Disease Prevention and Health Promotion Program (\$5.3 million or 42% of budget is grant funded)
    - Disease Surveillance, Immunizations, STD, TB / Refugee Clinics, and Chronic Disease Prevention.
  - The Maternal Child & Adolescent Health (MCAH) (\$6.0 million or 72% of budget is grant funded)
    - Early Childhood Development, WIC, and Youth Development.
  - The Social Services Contracts Program
    - Ryan White funding for HIV /AIDS related services.
- Recent Cuts
  - Austin Healthy Adolescent (AHA) grant
    - Authorized for \$168,750 and 2.0 FTEs, in FY12, was eliminated in FY 2014
  - Community Transformation Grant (CTG)
    - \$1,027,000 authorization and 8.0 FTEs in 2014, eliminated by FY 2014 Omnibus Federal Budget Bill.
  - WIC grant has decreased by over \$300,000 in the last two fiscal years
  - Ryan White Part A has decreased by close to \$400,000 since FY 12

## Horizon Issues

### Epidemiology and Disease Surveillance Capacity

- Epidemiology and Health Statistics Unit (EHSU) lacks critical capability to conduct epidemiology and disease surveillance activities within the City of Austin and Travis County. Epidemiology and disease surveillance, a core public health function, is essential for the detection, control and prevention of disease within the community.
  - According to the Council of State and Territorial Epidemiologist, there should be 1 epidemiologist per 100,000 population
  - HHSD currently has 5 positions to cover 1.2 million people or 0.4 per 100,000 population
- Currently 67% of the EHSU capacity is supported by grant funds with grant funding shrinking each year.
- Examples of some challenges during 2014 include:
  - EHSU staff investigated 51 major disease outbreaks within the community
  - A foodborne outbreak investigation of a food handler with Hepatitis A involving potentially 14,000 restaurant patrons.
  - Emerging infectious diseases including Chikungunya, Middle Eastern Respiratory Syndrome-Coronavirus (MERS-CoV), and Enterovirus D68 (EV-D68).
  - Annual influenza surveillance with 21 deaths reported during the 2013-2104 flu season.
  - Major findings in HIV/AIDS surveillance audits resulting from decreases in surveillance staff.



## Horizon Issue

### Increased prevalence of HIV and Syphilis in Austin/Travis County

- As the Austin/Travis County population has increased throughout the years, the prevalence of HIV and other STIs/STDs, especially syphilis, has alarmingly increased, but the number of STD clinic medical and support staff has not changed and thus the number of appointments that are rejected every day has increased.
- On average, the next-day STD available appointments are filled within a couple of hours, so the remaining STD appointment requests are rejected. In CFY 2013, almost 25% of requested appointments could not be fulfilled by CDU and had to be rejected.
- With no other clinic locations, especially in the more affected North (Rundberg/Braker, IH35/Lamar) or Southeast areas, it is more difficult to serve the population who needs the services the most and is not able to come to RBJ.



## Health and Human Services

# Questions?