



**Report on the Bexar County Public Safety Triage
and Detoxification Unit Pilot Project
House Bill 2524 and Rider 73, General Appropriations Act
80th Texas Legislature**

Introduction

House Bill (HB) 2524, passed by the 80th Texas Legislature, required the Department of State Health Services (DSHS) to develop a pilot project in Bexar County to address jail overcrowding by diverting persons with mental illness or substance abuse problems to inpatient and outpatient services using a public safety triage and detoxification unit. The bill also directed DSHS to contract with the Bexar County local mental health and mental retardation authority (Center for Health Care Services) or an appropriate nonprofit foundation to provide mental health and substance abuse assessment and treatment services to persons with mental illnesses and substance abuse problems or both who are homeless or referred to the pilot project through a jail diversion program.

Rider 73, 80th Legislature, General Appropriations Act, appropriated \$6.1 million in General Revenue for one-time start up expenses for this Bexar County public safety and triage unit.

The bill directs DSHS to submit a report regarding the quality of the services provided through the pilot project; the cost-effectiveness of providing mental health and substance abuse services in coordination with a jail diversion program; recommendations for establishing similar programs throughout the state; and any other relevant information. Rider 73 requires a report on the amount and type of expenditure and progress of the project. The report contained in this document satisfies the requirements of both HB 2425 and Rider 73.

This pilot project represents the beginning of a much greater effort by project partners to create a model of comprehensive services for individuals who are homeless, engaging routinely in substance abuse, have multiple and frequent contact with various parts of the criminal justice system, and/or suffer from untreated mental illness. Partners for this project include, but are not limited to the City of San Antonio Mayor's Office; Bexar County officials; Bexar County criminal justice agencies; Haven for Hope; University Health System; Center for Health Care Services; numerous concerned citizens; and members of private businesses.

Findings

Quality of the services provided through the pilot project

Center for Health Care Services staff researched a combination of services and visited similar programs in other states. Although there are plans to include services and facilities that support the vision for a one-stop site to meet the needs of individuals who are homeless, engaging routinely in substance abuse, have multiple and frequent contact with various parts of the criminal justice system, and/or suffer from mental illness, four key services were selected for initial implementation. The selected services were: a) triage; b) observation; c) detoxification; and d) community-based outpatient services. All services are provided in a single, central location.

▪ **Triage**

Triage is a brief, point-of-entry medical assessment into a service system to determine an individual's needs and to plan for the appropriate treatment of the individual. Based on the triage assessment, an individual may need any number of medical and social services. If an individual's needs fall outside of the options available within the public safety triage and detoxification pilot model (i.e., observation, detoxification, and community-based outpatient services), then the individual will be provided a referral to an external service agency. Otherwise, the individual is sent to observation, admitted to treatment, discharged to the referral source (primarily the local criminal justice system), or discharged to the community.

Staffing Pattern: Available 24 hours, 7 days a week – A physician's assistant and licensed vocational nurses (LVN) are on duty at all times. The physician varies from on duty to on call (see information noted under detoxification). LVNs are contracted and supervised by a registered nurse. These are the same staff in the observation unit.

▪ **Detoxification**

Detoxification is a medically-monitored process for the reduction or relief of withdrawal from substance(s) for individuals who meet the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria for substance intoxication or withdrawal. Detoxification is also an early step in the long-term treatment of individuals with substance use disorders. Once detoxification is complete, the individual may be admitted to on-going, community-based outpatient treatment, discharged to the referral source (primarily the local criminal justice system), or discharged to the community. The public safety triage and detoxification pilot project maintains a 24/7 availability of 20 beds to provide detoxification services.

Staffing Pattern: Available 24 hours, 7 days a week – Staff include one medical doctor, one registered nurse (RN), several LVNs, certified nurse aides, licensed chemical dependency counselors (LCDC), and caseworkers. Volunteers run the Narcotics Anonymous/Alcoholics Anonymous groups throughout the week. Detoxification services are provided Monday through Friday, from 7am-5pm, with LCDCs, caseworkers, the RN, and at least three LVNs as core staff. Afternoon and overnight shifts have two or three LVNs. The medical director

is on-site approximately 4 hours per day and is available and on-call the other hours. Also, the caseworkers flex their time so that some are there early and others late. The LCDC carries the whole population, but caseworkers perform most of the specific services and assist clients on a first-come, first-served basis.

- **Observation**

Observation includes up to 24 hours of stabilization services provided to individuals who are either intoxicated and/or mentally ill, and who are determined medically stable based on a clinical history and physical examination. The ability to provide observation services in a treatment environment is unique to the public safety triage and detoxification pilot project. Most often, communities handle observation through the criminal justice system; usually at a local jail. Use of a treatment program that includes observation services allows individuals to be diverted from the criminal justice system to a safe environment where they are supervised by clinically trained staff. The increased ability to use observation to divert individuals from the criminal justice system frees jail space and increases law enforcement's ability to deal with more severe offenses and persons posing a greater risk to public safety. At the end of the observation period, depending on the determination of the individual's needs and individual's own personal choice, the individual may be admitted to substance abuse treatment (i.e., detoxification, community-based outpatient services), discharged to the referral source (primarily the local criminal justice system), or discharged to the community. The public safety triage and detoxification pilot project maintains a 24/7 availability of 40 beds to provide observation services.

Staffing Pattern: Available 24 hours, 7 days a week – A physician's assistant and licensed vocational nurses are on duty at all times. The physician varies from on duty to on call (see information noted under detoxification).

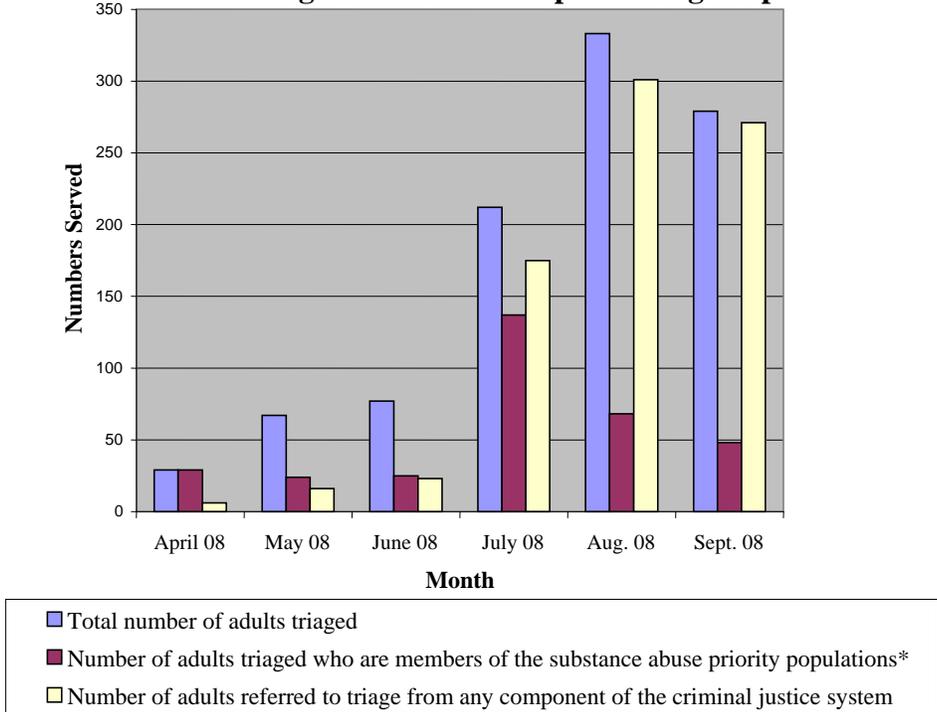
- **Community-Based Outpatient Services**

The availability of and ready access to on-going community-based outpatient substance abuse services is a critical part of any treatment program. Outpatient services are needed to help the client cope with and manage difficult situations while maintaining sobriety. This part of the pilot project has been designed as an intensive sixteen (16) week program. Once completed, the individuals are discharged to the community. Of the 228 people referred to the on-going, community-based outpatient program between April and September 2008, 201 have been admitted, and 6 have already completed and been discharged from the 16-week program successfully.

Staffing Pattern: Monday through Friday, with variable hours. Most appointments are set during regular working hours. However, with the increasing numbers of people entering outpatient services, hours are beginning to vary. For example, evening groups have recently been started to accommodate clients who have obtained jobs. There is one supervisor and two LCDCs. Each LCDC has a caseload of approximately 25 clients. The groups average 10-12 people.

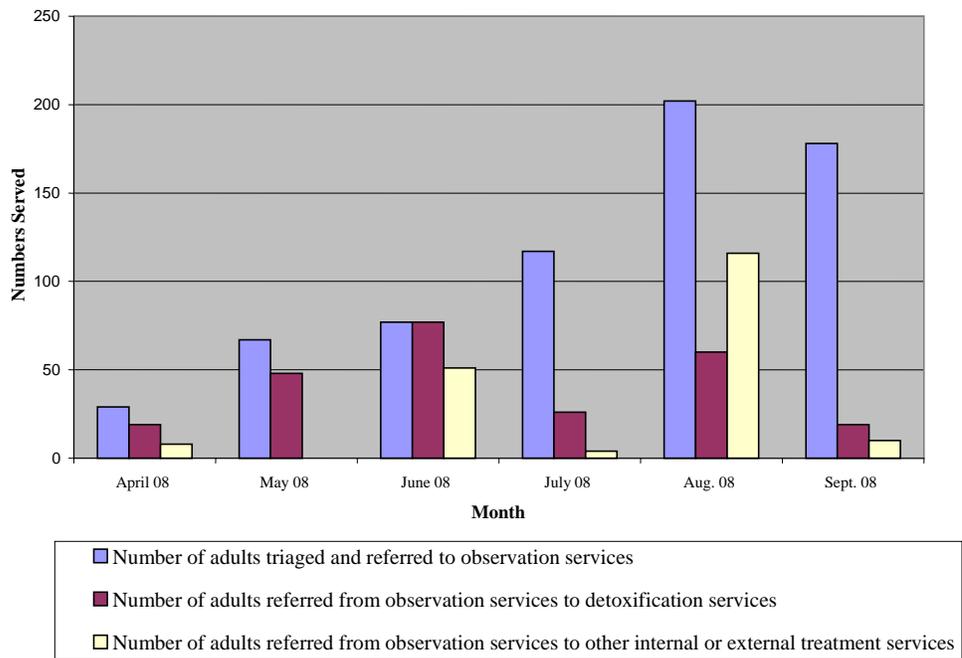
In terms of numbers, the following charts offer evidence of the project's impact on the community since April 2008.

Chart 1: Triage Services from April through September 2008

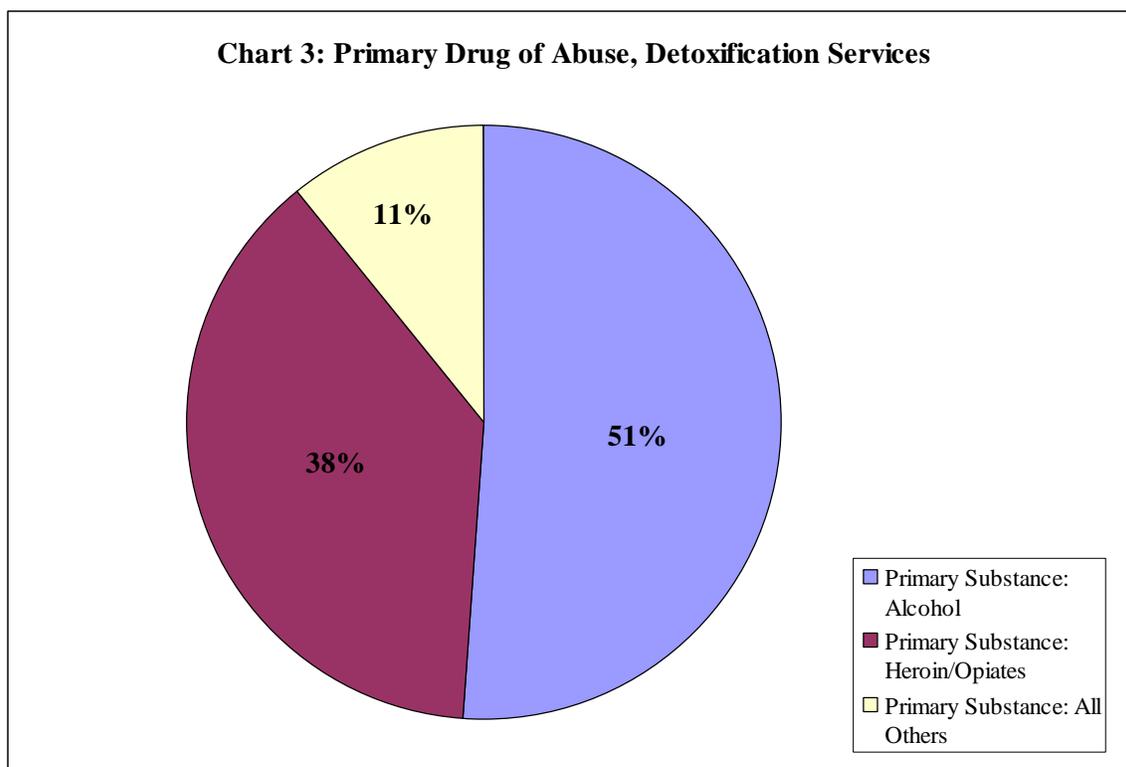


* Includes in order of priority - pregnant injecting drug users; pregnant substance abusers; injecting drug users; parents with children in foster care; and veterans with honorable discharges.

Chart 2: Observation Services from April through September 2008



The number of individuals receiving detoxification services has increased steadily since the pilot project began in April 2008. As of September 30, 2008, a total of 466 individuals have received detoxification services, and the average length of stay is approximately 4 days.



Cost-effectiveness of providing mental health and substance abuse services in coordination with a jail diversion program

A portion of a report submitted to DSHS by Center for Health Care Services provides a reasonable summary of cost savings information:

“Since we have been in full operation only since July (2008), the cost data continues to be collected and is preliminary. One issue affecting this is that longitudinal cost data is needed to fully assess savings and cost effectiveness. One person who refuses treatment and continues to be jailed and taken to the emergency room will incur cost on into the future, while those who complete treatment will stop incurring cost. We have collected cost by bed day, by episode and by event in anticipation of needing to compare costs to the same variety of parameters. The cost per day in jail for a mentally ill person is \$140; for general population it is \$80. The cost of an emergency room visit, according to the Medical Director of the University Health System Emergency Room is \$1,500 a visit. The cost of booking someone into Detention in 1999 was \$2,295 per booking.

Our preliminary cost data is higher than it will be due to developmental and start up costs, which are: \$297 for a triage and sobering visit as compared to \$2,295 for booking; \$622/day for detoxification as compared to \$1,500 for an emergency room visit. The cost of detoxification in hospital is still not available but the data is being sought.

Even with these very preliminary results it is clear that treatment is more cost effective than the continued cycle of incarceration and emergency care. When the cost of hospital care is added in, the case should be overwhelming.”

Recommendations for establishing similar programs throughout the state

This Public Safety Triage and Detoxification Project can be replicated in any urban area. The most critical elements are as follows:

- Community support;
- Up-front, and continued allocation of funding;
- The development and maintenance of solid working relationships among medical, criminal justice, substance abuse, mental health, homeless services and other social service communities;
- Having medically monitored observation for multiple people at one time; and
- Maintaining other treatment services at the same location.

This pilot also underscores the need for an in-depth review of the present substance abuse service system. Elements that need to be examined include placing people on a waiting list rather than admitting them directly into a service; use of observation beds as a precursor to some form of treatment; and whether homeless or transient populations should be served differently from other substance abusing populations.

Amount and Type of Expenditure

Funding for the Public Safety Triage and Detoxification pilot was separated into two amounts and handled through two contracts. One was specific for acquiring and renovating a building, which totaled \$3,630,000. To date, all funds have been distributed. The second was specifically for providing services to the designated population, which totaled \$2,470,000. The contractor receives funds in six quarterly allotments. To date, three of six payments have been made totaling \$1,349,259.

Other Relevant Information

Pilot project services began in mid April 2008, though major programmatic changes took place in July 2008. Initially, the Public Safety Triage and Detoxification pilot was designed to have 40 observation and 20 detoxification beds. Prior to opening, though, the project was revised to make all 60 beds detoxification beds. By July, staff realized this was preventing the program from serving many individuals in the target population. Therefore, 40 beds were de-licensed and allocated for use as observation beds. This major programmatic shift paved the way for increased diversion of individuals within the target population from legal custody or jail. This shift also improved relationships with law enforcement, increased the number of people being served, and provided a new safe place to sleep off the effects of alcohol and other substances.

Lessons learned since implementation of this project

- The substance abusing homeless population served has a high incidence of severe mental illness.
- The population being served has many chronic physical health problems.
- Being able to provide services immediately improves the chances of a homeless person staying to receive the service.
- Having a “safe place” to sleep-off the effects of substances, legal or illegal, and be observed by qualified staff is better for an individual’s overall health and frees local jail space for persons committing more serious crimes.
- Law enforcement time is more appropriately spent responding to calls within the community when wait time at an emergency room is reduced or eliminated.
- Police bookings have been reduced.
- Community involvement and support, at all levels, is critical to sustaining this type of project.
- The availability of “observation” beds have been and continue to be critical to the success of serving this population.
- Before the pilot period ends, there will be many more occasions for learning, adjusting, and helping those individuals in need throughout Bexar County.

Conclusion

The Public Safety Triage and Detoxification Project began as an idea to aid individuals who are homeless, engaging routinely in substance abuse, have multiple and frequent contact with various parts of the criminal justice system, and/or suffer from untreated mental illness in San Antonio and Bexar County. The first step was to create a facility that provided triage, observation, detoxification, and outpatient services in a section of the downtown area frequented by this population. The availability of an observation component has enabled law enforcement to divert many in this population from local jails, thus providing a cost savings to the community. In six months, the number of people using the newly offered services has increased dramatically, particularly the observation and detoxification components. Further positive results from this pilot are expected this year in light of continued community support. This is especially true in terms of reducing the severity of mental illness and substance abuse through treatment, diverting minor criminals away from jail, and guiding these individuals toward a healthier lifestyle and away from a life of homelessness.