

September 8, 1994

Introduced By: Hague

mo94-446dbe

Proposed No.: 94-446

MOTION NO. **9373**

A MOTION authorizing the King County executive to implement changes in services for chronic public inebriates.

WHEREAS, Motion 8991, passed by the King County council on May 10, 1993, adopted phase one of a comprehensive plan for persons affected with substance abuse, and

WHEREAS, Ordinance 11130, passed by the King County council on November 11, 1993, authorized the 1994 budget for the division of alcoholism and substance abuse services, department of public health, provided that the executive transmit for council review and approval a plan implementing appropriate services to the chronic inebriate population presently served by detox, and

WHEREAS, Ordinance 11130 provided further that current expense funds in the amount of \$348,384 allocated to detox for the second half of 1994 be held in executive contingency until the council adopts the implementation plan for the continuum of care for chronic public inebriates, and

WHEREAS, the 1995-97 needs assessment for chemical dependency treatment and prevention services approved by the King County alcoholism and substance abuse administrative board identified the detoxification services presently provided as "not adequate", and

1 WHEREAS, the Washington State Division of Alcoholism and
2 Substance Abuse has directed all counties to prioritize the
3 delivery of chemical dependency treatment services and to
4 allocate state and federal funds in such a manner that will
5 allow for the maximization of federal Title XIX financial
6 resources, and

7 WHEREAS, the amount of state designated matching funds
8 has fallen short of the amount required to meet the Title XIX
9 service demand in King County, requiring the division of
10 alcoholism and substance abuse services to increase these
11 funds accordingly using state funds included in the
12 Department of Social and Health Services community services
13 contract;

14 NOW, THEREFORE BE IT MOVED by the Council of King
15 County:

16 A. The following elements of the proposal for
17 reconfiguring services for chronic public inebriates are
18 hereby approved:

19 1. shift funds from medical detox to augment required
20 Medicaid match;

21 2. reallocate other appropriate state and federal
22 funding to new "sobering" services;

23 3. provide appropriate sobering services to county
24 residents as described in attachment "A".

25 B. The following corrective actions are necessary:

26 1. address the continued high cost of providing
27 "medical" detox services;

28 2. address the concern that the proposed provision of
29 "sobering" services, while reducing the cost of providing
30 services, does not appear to reduce recidivism among chronic
31 public inebriates;

32 3. a status report addressing detox service cost
33 reduction efforts, the reduction of recidivism rates and the

1 use of detox and sobering slots by clients affected by
 2 alcohol only, alcohol and drugs or drugs only is requested no
 3 later than December 1, 1994;

4 C. The current expense funds as herein specified are
 5 released.

6 D. The executive is requested to continue discussions
 7 with Harborview Medical Center regarding the provision of
 8 medical management and oversight of services.

9 E. The executive is requested to encourage the
 10 participation of suburban cities in developing and locating
 11 the services and housing resources needed for the chronic
 12 public inebriate population.

13 F. Resources for training opportunities will be
 14 provided by the executive to those displaced part time and
 15 full time workers in order to help them compete for other
 16 positions. The executive shall advise the council within six
 17 months as to the extent and success of the training.

18 PASSED by a vote of 8 to 4 this 19th day of

19 September, 1994.

20 KING COUNTY COUNCIL
 21 KING COUNTY, WASHINGTON

22 Kent Pullen
 23 Chair

24 ATTEST:

25 Gerald A. Peter
 26 Clerk of the Council

27 Attachments: A. Reconfiguring Services for Chronic Public
 28 Inebriates

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 38 Council amended 9/19/94

RECONFIGURING SERVICES FOR CHRONIC PUBLIC INEBRIATES

*A Proposal from the King County
Department of Public Health
Division of Alcoholism and Substance Abuse Services
(DASAS)*

Prepared by

*Patrick A. Vanzo, Division Manager
Division of Alcoholism and Substance Abuse Services*

June, 1994

Who are Chronic Public Inebriates (CPIs)?

- estimated King County population: 1,000 persons
- 66% are between 30 and 49 years old
- 73% are male; 66% are Caucasian; 48% are unemployed

What services do CPIs use?

- 40 beds at the King County Medical Detox facility
- The Emergency Service Patrol which provides pick up services in the greater downtown area
- Harborview Medical Center's Emergency Room
- Housing, case management, social services, health care, criminal justice and chemical dependency treatment

Program Issues:

- Overflow from Medical Detox facility end up at Harborview Medical Center
- Many CPI consume costly services inappropriate for their level of need
- Growing problems with geographic accessibility of services
- Need for a wider array of services; beyond simply medical detox
- pressures exist to shift funding to other populations and out of downtown Seattle

External Parties:

- Municipalities could commit housing dollars to service this population
- Harborview is interested in pursuing medical management and oversight
- The County will need to seek waivers from the State in order to put sobering services in line

Fiscal Issues:

- 23 cents out of every public dollar for substance abuse treatment and prevention in King County is spent on less than 1% of the population; chronic public inebriates
- Medical Detox costs \$3.9M per year; the cost per patient bed-day is \$267.12
- County Council is holding \$348,384 of CX for Medical Detox in Executive Contingency

Title XIX Match Needs:

- County-approved DASAS budget currently provides \$1M in alcohol and drug treatment Title XIX match; increased Title XIX eligible population outstrips the designated dollar available
- County will need \$1.1M more match this biennium to sustain services
- The only funds in the DASAS budget which can be shifted for this purpose are State Grant in-Aid
- Assumption: No "new" funds from Federal, State or County governments will be available

The Proposal:

- Shift funds from Medical Detox to augment required Medicaid match immediately
- Reallocate other State and Federal funding from Medical Detox and Cedar Hills to new "Sobering" Services
- Provide sobering services for the Central Seattle area effective August 15, 1994
- Encourage bids from community providers for South and East County locations
- Implement contracted Sobering Services within one year of plan approval across all areas of King County

Call to Action:

- Rebudget existing State GIA monies into Title XIX match
- Adopt the plan and timeline
- Continue to monitor compliance
- Challenge municipalities to provide housing
- Continue discussions with Harborview
- Continue to require our services to evolve in client-centered ways

Who are Chronic Public Inebriates (CPIs)?

- Estimated Chronic Public Inebriate Population in King County: 1,000 persons
- Estimated Total Substance Abusing Population in King County: 151,000 persons

- 32% of chronic public inebriates are between 30-39 years old
- 34% are between 40-49 years old

- 73% of Detox clients are male
- 66% of Detox clients are Caucasian

- 48% are unemployed
- 32% are employed on a part-time, intermittent basis

What services do Chronic Public Inebriates use?

- The King County Detoxification Center has a 40-bed capacity, and provides a medical detoxification program which offers treatment and management of acute intoxication and withdrawal for persons dependent on alcohol and other drugs. 50 to 70% of Detox clients on any given day are chronic public inebriates.
- Transportation, intake and screening (TIS) provides screening and transportation for publicly inebriated persons in the downtown Seattle area. TIS responds to calls from 911 and transports individuals to appropriate service destinations.
- Harborview Medical Center sees 17-20 chronic public inebriates per day in the emergency room. Valley Medical Center sees 5 to 8 per month.
- About 150 people per year are served through the Downtown Alcohol Recovery Program which provides counseling and range of services for chronic public inebriates.
- Housing, case management, social services are key components to a continuum of care for chronic public inebriates. About 50 to 60% of homeless people abuse alcohol, and some subset of those could be considered chronic alcoholics. Many also suffer from mental illness.
- One study estimated \$19 million of resources from the criminal justice, social service, health care, and chemical dependency treatment systems are used annually in Seattle to treat this population.

PROGRAM ISSUES

- Overflow from Detox ends up at Harborview Medical Center. Chronic public inebriate patients are among the most labor intensive in the emergency room, and interfere with the care of other patients. Many of the chronics do not need expensive emergency medical services.
- Large amounts of attention and money go into "front-line" services -- van pick-ups and detoxification. Many chronic public inebriates cycle through Detox, emergency rooms, and the jail: all inappropriate setting for their treatment that drain public resources.
- There are growing problems with geographic availability of services. Public officials and police officers have no way to access services for chronic public inebriates in suburban and rural areas of the County.
- The master plan for providing services to chronic public inebriates (Clegg Report, May 1993) calls for a wider array of services that more appropriately meets the needs of this population, rather than a single service -- medical detoxification.
- Pressures exist to shift funding from Detox to support other programs, such as adult outpatient services, adolescent prevention and treatment, and services in areas other than downtown Seattle

EXTERNAL PARTIES

- Participation by cities in developing ongoing housing alternatives for chronic public inebriates is limited at this point. However, municipalities could commit housing dollars in conjunction with development and location of sobering services in their area of the County.
- Harborview is interested in pursuing medical management and oversight of services, but the details of such an arrangement are yet to be worked out. (See attached letter from Harborview.)
- The State Division of Alcohol and Substance Abuse and the State Department of Health have indicated their willingness to support a change in how the County responds to chronic public inebriates. The County will need to seek waivers of certain program requirements attached to State and Federal funds.

FISCAL ISSUES

- 23 cents out of every public dollar for substance abuse treatment and prevention in King County is spent on chronic public inebriates. However, they represent less than 1% of the population needing services.
- King County's Medical Detox costs \$3.9M per year to run, with an additional \$1.1 million in Transportation, Intake and Sobering. The cost per bed-day at Detox is \$267.12
- The County Council is holding \$348,384 of the Current Expense fund for Medical Detox in Executive contingency pending a plan from DASAS via the Executive to improve services to chronic public inebriates.

SHORTFALL IN TITLE XIX MATCH

- County participates in the State-wide Title XIX (Medicaid) program for alcohol and drug treatment. As such match to Federal medicaid dollars is required. In the present biennial budget, \$1M has been provided as match.
- Due to a State mandate on how Medicaid (Title XIX) matching funds must be provided, the King County will need additional money to pay for Medicaid services before the middle of this year. An estimated \$1.1M additional match to community-based agency contracts will be needed.
- The only funds that can be shifted in the DASAS budget are from State Grant-in-Aid.
- No new funds are assumed to be available from the County, State or Federal government.

9373
THE PROPOSAL

- Shift State funding from Medical Detox to augment required Medicaid matching funds.
- Reallocate other State and Federal funding from Medical Detox and Cedar Hills to new "sobering" services for chronic public inebriates.
- Provide sobering services at three locations across the County - Central, South and East. Sobering services would consist of shelter and sustenance for a period not to exceed 12 hours while the patient safely sleeps off the effects of intoxication. Funding could support about 35 sobering beds with a capacity of 70 clients per day, at an estimated \$22 to \$30 per day.
- Encourage bids from community providers for provision of sobering services.
- Sobering services could be fully implemented within one year. (See attached timeline).

TIME LINE FOR RECONFIGURING KING COUNTY

1st Day	31st Day	61st Day	91st Day	121st Day	181st Day
CPI service system established.	Scope(s) of work for medical detox sub-acute/ social detox and sobering station service will be designed.	Decisions made regarding who will provide which services on the CPI continuum; i.e., County-run and/or sub-contracted to community-based agencies.	Service array funding arrangements will be secured.	RFP under development for segment(s) of the CPI services continuum to be sub-contracted.	RFP under development for segment(s) of the CPI services continuum to be sub-contracted.

9373

PROPOSED BUDGET

Note: Figures are for a full year, using 1994 budget as the base

	Medical Detox	Transportation I n t a k e / Screening	Cedar Hills	TOTAL
Current Base:				
County CX**	\$ 696,766	\$ 300,000	\$ 54,378	\$1,051,144
State	2,463,334	460,647	2,522,455	5,446,436
Federal	532,007	-	68,967	600,974
Seattle	-	305,287	-	305,287
Other	196,512	-	239,658	436,170
Total:	\$3,888,619	\$1,065,934	\$2,885,458	\$7,840,011
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Proposal:				
Shift to Medicaid Match				
State	\$612,226	\$378,802	\$108,972	\$1,100,000
Shift to Sobering Services (Includes current TIS Unit)				
State	84,449			84,449
County	682,001			682,001
Seattle		305,287		305,287
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Reconfigured Funds:				
County CX	\$14,765	\$300,000	\$54,378	369,143
State	1,766,659	81,845	2,413,483	4,261,987
Federal	532,007		68,967	600,974
Other	196,512		239,658	436,170
Subtotal by Service	<u>\$2,509,943</u>	<u>\$381,845</u>	<u>\$2,776,486</u>	<u>\$5,668,274</u>
Subtotal Medicaid Match:				<u>\$1,100,000</u>
Subtotal Sobering Services:				<u>\$1,071,737</u>
Total:				\$7,840,011

** \$348,383 held in Executive contingency by County Council for FY 1994

Advantages:

- Increases the DASAS-sponsored patient bed-capacity to serve chronic public inebriates by 112%.
- Provides a better match between service and need for this particular population, many of whom do not remain detoxified for any appreciable length of time.
- Secures required Medicaid match with no general tax increase.
- Encourages contracts with private non-profit service providers.
- Reduces pressure and expense at Harborview's emergency room.
- Spreads the service system to outlying areas beyond downtown Seattle.
- Begins moving services for chronic public inebriates toward the wider array recommended in the Clegg Report. Next steps could include expanded housing and case management.
- Sobering Station(s) conceivably can be used as King County match for Federal housing monies.

Disadvantages:

- Decreases the number of beds at Medical Detox by 62.5%, necessitating reductions of 18 to 25 staff, both union and non-union.
- Housing case management and specialized treatment services for chronic public inebriates are not included in the proposal, even though they are part of the long-term, strategic response.

9373

DEVELOPMENTAL ISSUES

- DASAS will re-submit an application to the U.S. Department of Housing and Urban Development for Supportive Housing Program (McKinney) funds, both capital and operational, to implement a free-standing Sobering Services facility within the downtown Seattle area. This grant will also fund expanded case management services and the relocation of TIS services at the site. The Department of Parks, Planning and Resources is collaborating in this effort.
- The availability of \$100,000 in capital funds appropriated by the City of Seattle in 1993 to support the reconfiguration of services for chronic public inebriates must be reconfirmed.
- DASAS has/will initiate discussions with the Region X office of the U.S. Department of Health and Human Services to reinvestigate the potential for Detox specific payments from the Federal Government.
- DASAS will continue to advocate strongly for the Washington State Department of Social and Health Services to develop a 1995 Decision Package requesting dedicated funds for chronic public inebriate case management services.
- DASAS will continue to identify opportunities within system development and reconfiguration efforts to integrate services with those provided by the Mental Health Division and other Department of Human Services programs.
- A new interdisciplinary paradigm, initially comprised of these and other collaborations, can serve as a prototype for the reinvention of King County government.
- Consideration should be given to establishing a full-time Project Manager for this programmatic initiative, as recommended by the DASAS Master Plan Phase 1 Report and the DASAS Housing Plan.

Timing and Siting

- The need to secure \$1.1M in Title XIX match is immediate and critical to stabilizing the alcohol and drug treatment system in King County.
- Personnel actions need to be handled both efficiently as well as sensitively in order to meet employee relations expectations and our timeline.
- Requests for Proposals (RFP) processes can become elongated; our timeline is very focused and tight.
- Siting of services can become problems from fiscal and community relations points of view. Both of these factors can delay implementation. Services for chronic public inebriates are difficult to site (NIMBY) because surrounding neighborhoods do not view this as a desirable population. Locating central area sobering station in the Washington Center Building could be easier, but it would require us to work with the surrounding neighborhood about the subtle change in population arriving and leaving that location.

Labor

- Several bargaining units are involved in our services (Detox and TIS) which are delivered out of the Washington Center Building and their cooperation in assuring our success in reconfiguring services is critical.

Other Cost-related Issues

- The continuation of any services in the Washington Center Building is relatively costly to DASAS.
- The economic effects of downsizing Medical Detox at the Washington Center Building on other County units; e.g., Facilities Management, Motor Pool, Telecommunication, Public Health and Food Services, can create budget problems for those units.
- The potential costs of unemployment compensation for laid off workers could be in excess of \$48K per quarter.
- There are pending salary and wage settlement costs for a bargaining unit that conceivably could be effected.
- The costs of moving, siting and re-establishing detox and/or TIS services needs to be determined.
- There will be costs to DASAS for developing and managing the RFP process for Sobering Services.

9373

CALL TO ACTION

- Approve immediately, the rebudgeting of existing State GIA monies to provide the necessary Medicaid match.
- Adopt this plan and timeline for decreasing medical detox beds and bringing on line the sobering stations.
- Continue to monitor compliance and progress on a periodic basis.
- Continue discussions with Harborview Medical Center
- Challenge the municipalities to address the on-going housing needs of chronic public inebriates while assuring that the County in partnership with the Federal and State government will continue to address treatment needs.
- Continue to show leadership by requiring our services to this population evolve in a quality-focused and client-centered way.