Sobriety Center Implementation Report

April 27, 2015

A place to enhance public health and public safety by providing an alternative to the emergency room and jail for publically intoxicated individuals to sober up and, where appropriate, provide a safe environment to initiate recovery.

--Sobriety Center Planning Committee

Prepared for the Austin City Council
And the Travis County Commissioners Court

Table of Contents

Executive Summary 2
History 3
Mission Statement 4
Public Intoxication: a Costly Public Health and Criminal Justice Problem 4
The Law on Public Intoxication 5
Travis County Data on Public Intoxication Arrests and Demographics 6
Current Costs Associated with Publically Intoxicated Individuals 9
Scope of Services Recommended 10
Proposed Staffing and Estimated Costs 11
Facility & Location 12
Governance 13
Funding 14
Recommendations for Implementation 14
Summary 15
Acknowledgements 16

Appendices:

1. City of Austin Resolution 17
2. Travis County Resolution 20
3. Researched Sobriety Centers Comparison Chart 22
4. Public Intoxication Arrests Site Mapping 23
5. Houston Recovery Center Photos 26

Executive Summary

For more than a decade, the need for a sobriety center in Austin/Travis County has been an important but missing component needed to effectively address public intoxication in our community.

The human and fiscal costs of public intoxication are significant. In addition to the costs related to police officer time and the costs of court proceedings and incarceration, the county incurs a cost for court-appointed attorneys for indigent defendants. There are costs associated with the emergency room visits, as well as other costs incurred by the community each year.

This report contains the findings of the Sobriety Center Planning Committee, makes specific recommendations where appropriate, and identifies issues that need to be addressed by the Travis County Commissioners Court and Austin City Council. Based on the information gathered during stakeholder input, a sobriety center facility should provide the following capabilities:

- A safe place for sobering up
- Medical screening to ensure appropriateness for services at the center
- Referrals to treatment
- Peer recovery in lieu of clinicians or counselors
- Security

The annual staffing expense is estimated at $1,333,500 for 27 full time equivalent positions and related staffing and administrative costs. The facility should be about 5,000 square feet with a 30 to 40 bed capacity. It should be easily accessible from the central Austin area, in close proximity to public transportation, medical, psychiatric, and detoxification services.

Three topics remain to be addressed: governance of the sobriety center, location, and allocation of costs. As a result of the historic transition of the Austin City Council to ten district-based council members as well as 3 seats up for election on the Travis County Commissioners Court at the end of 2014, the Committee determined the best course of action was to report its current findings and obtain a sense of direction from the Commissioners Court and new City Council before addressing the remaining items.

History

In January 2002, Travis County Commissioner Margaret Gomez, Austin City Council Member Beverly Griffith, and Integral Care Executive Director David Evans announced funding for a study to assess the feasibility of creating a Sobering-Up Station for Austin/Travis County. After six months of work by numerous stakeholders a "Sobering-Up Station Feasibility Study" was released on June 14, 2002.

Subsequent to the feasibility study, unfortunately, no further planning occurred until March 2009 when the Travis County Justice and Public Safety Department was selected to participate in the national Justice Reinvestment at the Local Level (JRLL) initiative. The objective of this initiative was to identify, through a collaborative process, recommendations to reduce jail populations and reinvest the savings into more proactive public safety measures. Planning sessions were held from October 2009 through January 2010, and the top recommendation resulting from the process was to implement a sobriety center. Grant funding was denied for this initiative and, as an alternative, Travis County received funding to implement a permanent supportive housing program for frequent offenders.

In 2012, Travis County received a federal grant for criminal justice planning. Once again, implementation of a sobriety center was a recommendation of the planning group, now called the Behavioral Health Advisory Committee. As Chair of the Committee, Travis County Court at Law 5 Judge Nancy Hohengarten drafted resolutions for both the Austin City Council and Travis County Commissioner's Court in support of implementation planning. With the sponsorship of Council Members Kathie Tovo, Chris Riley and Mike Martinez and Commissioner's Court Judge Sam Biscoe, the resolutions supporting implementation of a Sobriety Center were passed unanimously by both local governmental bodies. (Appendices 1 and 2)

Pursuant to the resolutions' mandates, a Sobriety Center Planning Committee was convened by Judge Hohengarten in March 2014. Andy Brown was selected to lead the committee. This new stakeholder group, which involved a variety of community public and private partners, including those from the business, nonprofit and health care sectors, met for the last year updating research, learning best practices, visiting centers, and reaching consensus on the need and focus of a proposed sobriety center for Austin/Travis County. And, as part of that discussion, there was also consideration and discussion of potential treatment models, staffing, funding and location.

Mission Statement

The Committee recommends the following mission statement:

> The mission of the Austin/Travis County Sobriety Center is to enhance public health and public safety by providing an alternative to the emergency room and jail for publically intoxicated individuals to sober up and, where appropriate, provide a safe environment to initiate recovery.

Public Intoxication: a Costly Public Health and Criminal Justice Problem

A Sobriety Center is a critical need in Austin/Travis County. Public intoxication (PI) is a serious public health issue with significant health, quality of life, and fiscal impact on the local community and government. In 2006, excessive drinking cost the US $223.5 billion (72.2% from lost productivity, 11.0% from health care costs, 9.4% from criminal justice costs, and 7.5% from other effects)[1] Binge drinking[2] is of particular concern, especially in Austin / Travis County. Of the total estimated cost of excess drinking in the US, $170.7 billion (76.4%) can be attributed to binge drinking. Reducing the prevalence of binge drinking among adults is a leading health indicator in *Healthy People 2020* (objective SA-14.3). According to Texas Behavioral Risk Factor Surveillance System Survey Data[3], the prevalence of binge drinking amongst Austin Metropolitan Statistical Area adults has been consistently and notably higher than Texas and U.S. binge drinking averages (see chart below). This fact contributed to Austin being named the 5th Drunkest City in the nation in 2012[4].

---

[1] Bouchery EE, Harwood HJ, Sacks JJ, Simon CJ, Brewer RD. Economic costs of excessive alcohol consumption in the United States, 2006. *Am J Prev Med* 2011;41:516–24.

[2] According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a "binge" is a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 gram percent or above. For the typical adult, this pattern corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours.#

[3] https://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm

[4] http://www.thedailybeast.com/galleries/2012/12/28/25-drunkest-cities-2012-from-milwaukee-to-burlington-vermont.html#5b3d8d96-f4ca-4102-9fbf-946deb652cc7

Prevalence of Binge Drinking Among Adults

	2008	2009	2010
Austin MSA	19.7%	18.9%	17.3%
Dallas MSA	14.2%	10.1%	13.9%
Houston MSA	17.2%	14.6%	14.9%
Texas	14.7%	14.9%	14.6%
US	15.1%	15.1%	14.7%

Center for Health (CHS) Statistics *Texas Behavioral Risk Factor Surveillance System Survey Data*. Austin, Texas: Texas Department of State Health Services.

Excessive alcohol consumption is the third leading cause of preventable death in the United States accounting for an estimated average of 80,000 deaths and 2.3 million years of potential life lost (YPLL)[†] during 2001–2005. Binge drinking accounted for more than half of the excessive alcohol consumption deaths and two thirds of the YPLL[5]. Moreover, drinking too much contributes to over 54 different injuries and diseases, including: unintentional injuries (e.g., car crashes, falls, burns, drowning), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, HIV and other sexually transmitted diseases, unintended pregnancy, children born with Fetal Alcohol Spectrum Disorder, high blood pressure, stroke, and other cardiovascular diseases, liver disease, neurological damage, and poor control of diabetes.

The Law on Public Intoxication

Public intoxication (PI) is a criminal offense in the State of Texas, as it is in many other states. Some states do not criminalize PI but allow law enforcement to take a person into protective custody. In Texas, PI is defined by Texas Penal Code Section 49.02 which states: "A person commits an offense if the person appears in a public place while intoxicated to the degree that the person may endanger the person or another." PI is a Class C misdemeanor punishable by a fine of up to $500. However, if a person has been convicted of PI three previous times in a 24-

[5] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5337a2.htm

month period, the offense can be filed as a Class B misdemeanor, which is punishable by up to 180 days in jail and a fine not to exceed $2000.

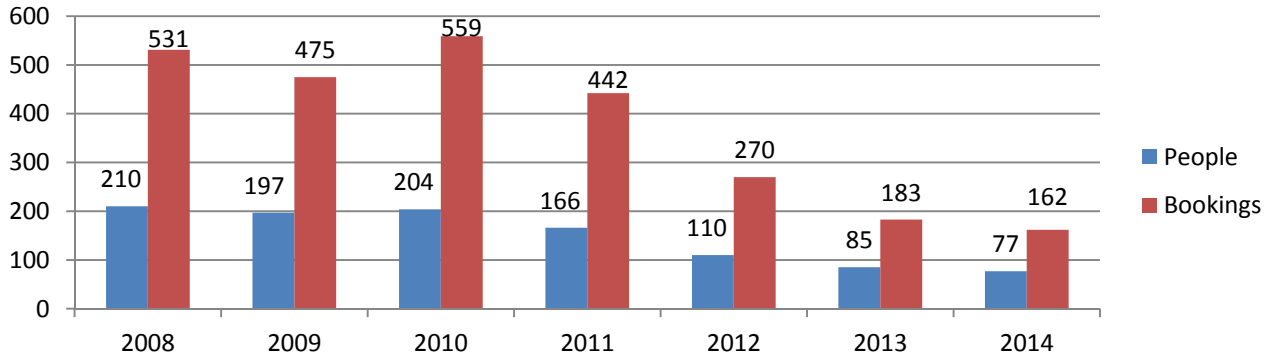
Peace officers are not required to arrest or ticket PI cases under Texas Code of Criminal Procedure Art. 14.031. Instead, an officer may release the individual to the care of an adult who agrees to assume responsibility for the individual, if the officer believes detention in a penal facility is unnecessary for the protection of the individual or others. Under the proposed Austin/Travis County Sobriety Center, law enforcement will retain the right to decide whether to arrest, ticket, or release an individual they believe is publically intoxicated. Release to a sobriety center qualifies under the responsible adult standard. Persons arrested on multiple charges that happen to include PI would not be taken to the sobriety center.

Travis County Data on PI Arrests & Demographics

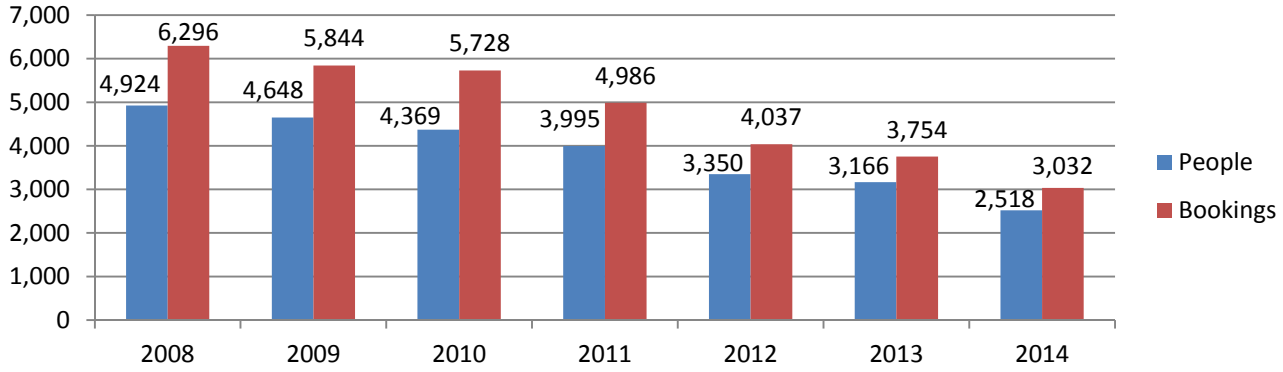
It is estimated that approximately 76 percent of the people arrested for PI in Travis County during fiscal years 2008 through 2014 might be eligible clients for the Sobriety Center. Twenty-four percent of the people arrested for PI were considered ineligible because their arrest also contained charges for non-PI offenses, such as assault or driving while intoxicated, which would make them ineligible for the sobriety center. The table below provides a breakdown of these specific PI arrests by fiscal year.

Public Intoxication Bookings Eligible for Sobering Center FY08-FY14

Public Intoxication – Enhanced (Class B)



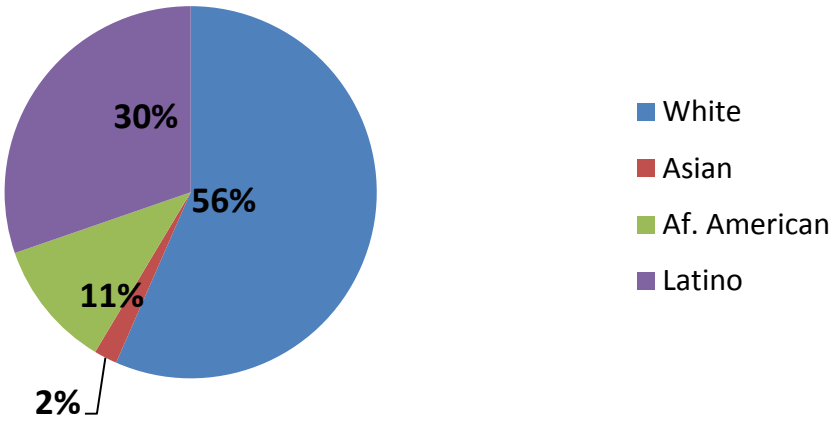
Public Intoxication (Class B and Class C)



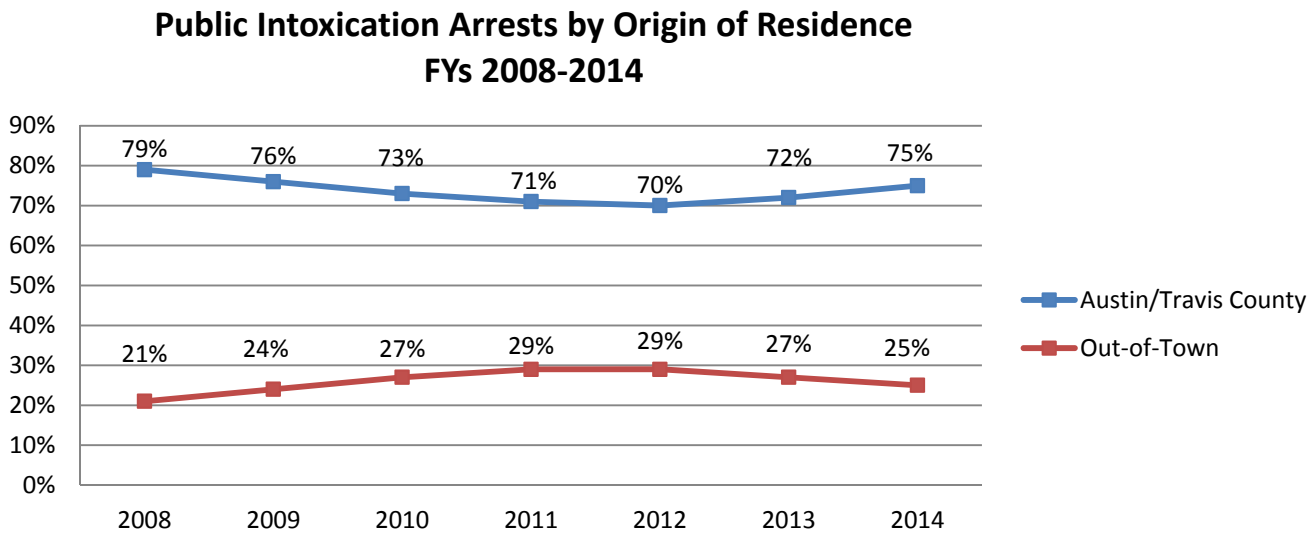
Overall public intoxication arrests have declined during the past seven years due to changes in police policy that emphasize arrest for other chargeable offenses, such as criminal trespass.

Detailed analyses of the people booked for PI, found that they were overwhelmingly male and aged 22-40, and that the race/ethnicity demographics roughly correspond to the demographics of Travis County. In fiscal year 2014, for example, 56 percent were white, 30 percent were Latino, 11 percent were African American, and 2 percent were Asian.

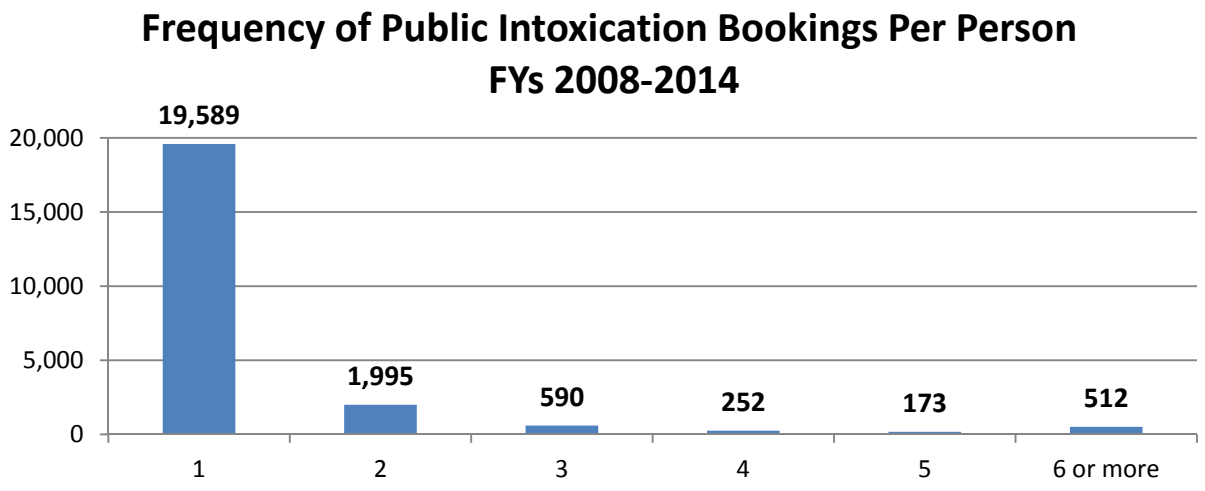
FY14 Demographics - PI Bookings



Of these arrestees, 75 percent lived in Travis County and 84 percent were housed (as opposed to homeless).



During the seven-year data analysis period, 85 percent of the people booked charged only with PI and, were never re-arrested for PI.



The Committee also examined data gathered by the Travis County Sheriff's Office, which screened people who were arrested for PI in fiscal years 2011 through 2014. The findings showed that only about 3 percent of the people arrested for Class C PI offenses had a potential mental health issue, compared to 30-40 percent of people arrested on Class B PI enhanced charges. Even though this data was collected for administrative purposes rather than research purposes, it may provide a starting point for considering the needs of potential sobriety center consumers.

In a separate analysis that examined the frequency and occurrence of public intoxication bookings, data showed that arrests occurred most often on weekends, peaking at 3:00 a.m., and that arrests for PI were spread out fairly evenly across all months of the year with no month driving up the overall arrest numbers.

Current Costs Associated with Publically Intoxicated Individuals

The Committee has calculated some of the estimated costs associated with responding to publically intoxicated individuals within Travis County. It is important to note that not all costs are contained in the report as many are difficult to ascertain and estimate accurately. The three major cost categories included are the Austin Police Department, the Travis County Sheriff's Office Central Booking Facility and Jail, and Seton Healthcare Family system.

Austin Police Department: Officer-time costs to arrest an individual for PI range from $55 to $97 per person. Based upon 2014 data the estimated total cost for 3,032 PI bookings is between $166,760 and $294,104.

Travis County Sheriff's Office: Costs (last calculated in 2011) are $152.99 per booking and $96.71 per jail bed day. In 2014, there were 3,032 bookings for PI that accounted for 75,487 jail bed-day hours (calculated hourly due to releases in less than 24 hours). Therefore, the total estimated booking costs were $463,866 and the total estimated jail bed-day costs were $304,181.

Seton Healthcare Family: Seton Healthcare Family (Seton) has estimated associated direct costs for individuals they encountered in their Emergency Departments within Travis County in FY2013, that might have met the criteria for a sobriety center. Therefore, the estimates do not include those patients who were most likely to be disqualified based on the presence of a medical diagnosis that would warrant an acute care Emergency Department visit. Seton estimates that there were approximately 4,317 individuals that might have met the criteria in FY2013. The per patient costs for those individuals ranged from $619 to $275 (using mean and median data); for a total direct cost range of $2.6M to $1.1M. (Note: Hospital Corporation of America/HCA St. David's estimated that the number of publically intoxicated people they had

contact with in 2013 was 2,368, but this number may include some who would not qualify for admittance to a sobriety center. No cost figures were obtained)

While reductions in arrests, hospitalizations and bookings may not result in a dollar-for-dollar reduction in these direct costs, it is anticipated that the cost of a sobriety center will be substantially less than sum of the current annual direct costs. (And the potential impact is even greater if indirect costs are considered.)

Scope of Services Recommendation

The primary function of the sobering center should be to provide a safe, monitored environment for intoxicated individuals to sober up, regain baseline functioning and return to regular activities. A secondary priority should be to seize an opportunity to engage, motivate and link hazardous substance users to recovery-oriented community resources and to stay engaged with individuals once they return to the community supporting them as they start and sustain long-term recovery.

Based upon these objectives, it is recommended that the following services/staffing be provided:

1) **Safe Sobering -** The center should provide a safe place for sobering up prior to check out. It is expected that the typical stay will last from four to eight hours, during which the individual would be assigned a bed/mattress (or possibly a mat), and regularly observed and monitored for safety and comfort prior to checking out. No food service will need to be provided, but liquids to promote hydration should be available.

2) **Medical Screening -** The center should provide medical screenings at check-in and again prior to checkout, to ensure the individual's safety and appropriateness for services at the center. This service could be provided by Emergency Medical Technicians (EMT).

3) **Referrals to Treatment –** It is recommended that the sobering center NOT be a licensed treatment provider but, rather, should attempt to engage its clients,

encourage continued sobriety, and refer clients to treatment alternatives in the community.

4 **Peer Recovery** - The center should employ and train peer recovery specialists (in lieu of licensed clinicians and counselors) to monitor individuals throughout their stay at the center, and to provide brief interventions, motivational interviewing and referral to community resources.

5 **Security** - The center should employ off-duty law enforcement officers to provide security and intervention with unruly or violent individuals and to ensure the safety of all clients and staff.

Proposed Staffing and Estimated Costs

The Committee strongly endorses the Houston Recovery Center staffing model (see appendix 5 for HRC photos). Below are the staff positions with estimated costs for the volume of clients anticipated for Austin.

		Number	Annual Salary	Total Salaries
Management and Administration:				
Center Director/Executive Director		1	85,000	85,000
Human Resources/Accounting		1	55,000	55,000
Administrative Coordinator		1	40,000	40,000
Program Staffing:				
Program Director		1	55,000	55,000
Intake:				
	Intake Supervisor	1	40,000	40,000
	Intake Specialists (EMT)	5	40,000	200,000
	Psychiatric Technicians	3	35,000	105,000
Support:				
	Recovery Support Supervisor	1	40,000	40,000
	Recovery Support Shift Leads	4	37,500	150,000

	Peer Recovery Support Specialists	6	35,000	210,000
	Case Manager/Community Support Services	2	35,000	70,000
Total Salaries				1,050,000
Benefits (22%)				231,000
Other Personnel Costs (Training, Licensure, etc.) (5%)				52,500
Security Contract Basis	Off Duty Law Enforcement 8 hours/day/ 10p.m. to 6a.m.	1	$63/hour	$183,960
Total Projected Personnel Costs				$1,333,500

Facility & Location

Based upon Austin/Travis County data and information gathered from other cities, there are a number of recommendations for size, type, and location of a sobriety center.

Building Size: It is estimated that the facility should be about 5,000 square feet with 3,000 to 4,000 square feet for sobriety serves and 1,000 to 2,000 square feet for administrative and office areas.

General Location: The sobriety center should be easily accessible from the central Austin/downtown area and in close proximity to medical, psychiatric, and detoxification services as well as public transportation. Appendix 4 shows the locations of PI arrest and the volume in central Austin for 2013.

Surrounding Area: The sobriety center should not be located in an area where there is immediate access to alcohol, high numbers of drug or alcohol abuse related crimes or close residential neighborhoods, but rather a commercial, industrial or medical complex site.

Secure drop off/pick up: The site must provide for a secure area where law enforcement patrol cars or vans and ambulances can securely enter and transfer persons to and from the sobriety center.

Bed Capacity: Based upon local data (see chart below) and the need for hospital ER diversion, it is recommended that the sobriety center have 30-40 beds.

Bookings Frequency Categories - FY 2008-2014

Booking Categories	2008	2009	2010	2011	2012	2013	2014
Days with 40 or more bookings	3	2	2	1	0	0	0
Days with 30-39 bookings	30	16	21	8	4	0	0
Days with 20-29 bookings	80	85	65	70	21	20	7
Days with 10-19 bookings	203	200	207	167	179	161	113
Days with 1-9 bookings	50	62	70	119	162	184	244
Total	**366**	**365**	**365**	**365**	**366**	**365**	**364**

Governance

Governance and management models for sobriety centers vary across the country, but most are operated by non-profit organizations. (See appendix 3). Options for Austin include contracting with a non-profit or for-profit organization, establishing a governmental non-profit pursuant to Texas laws, or delegating this function to a specific city and/or county department or jointly administered effort pursuant to the Texas Inter-local Cooperation Act.

The Houston City Council established a local governmental organization (LGC) non-profit pursuant to these Texas statutes: Chapter 431 Transportation Code, Chapter 394 Local Government Code, and Chapter 22 Business Organizations Code. The City of San Antonio opted to contract with the local mental health authority (LMHA) in Bexar County to provide a sobriety center that agency's Restoration Center. In San Francisco the public health department is funded to operate the sobriety center. Portland, Seattle and San Diego all contract with non-profits that were independently established, in some cases for decades, to provide sobriety center services.

To date, no local for-profit or non-profit organization has expressed interest in providing sobriety center services in Austin/Travis County. However, once a governance structure has been determined, a formal process to request proposals may spur interest. Austin Travis County Integral Care, our Local Mental Health Authority (LMHA), is not interested operating a sobriety center because it falls outside its treatment mission. The most practical scenario may be the creation of a Local Government Corporation (LGC) for an Austin/Travis Sobriety Center, by either the City of Austin or Travis County (or a combination of the two).

The City of Austin and Travis County should consult with their legal representatives regarding the pros and cons of the different governing options.

Funding

From the onset of the committee's effort, it has been anticipated that the primary funding needed for a sobriety center would be derived from the City of Austin and Travis County. This is due to the fact that most arrests for public intoxication originate in and are adjudicated by the City of Austin (in the case of Class C offenses) and Travis County (in the case of Class B offenses). However, considering the widespread negative impact of PI on our community, other potential funding alternatives should be vetted as well. For example, in addition to reaching out to the health-care and wellness community for financial contributions and/or in-kind support, we also suggest similar conversations with non-health care related businesses; and the exploration of grants from charitable foundations, and the applicability of social innovation financing (e.g., social impact bonds).

Texas Department of State Health Services (TDSHS) committed to a one-time award of $500,000 for operational expenses for a Sobriety Center in Austin as long as the funds are paid to the city or county. These funds could then be transferred to a LGC established by the City Council or Travis County Commissioners.

Recommendations for Implementation

First, the City of Austin Council and the Travis County Commissioners must together determine governance and management of the facility after consultation with their legal representatives.

Second, eligible locations need to be identified by City and County staff in order to cost out any building construction or renovation.

Third, a comprehensive budget should be developed with the information contained in this report regarding services.

Summary

The need for a sobriety center in Austin/Travis County has been identified repeatedly through different studies and collaborative processes that have involved top City/County officials and key community partners. It has been demonstrated that PI has many major impacts on our community, including loss of life, reduced productivity, diminished community health and quality of life, and significant cost to taxpayers.

Up to now, we have attempted to address this community problem through our criminal justice system and in our hospitals. Under the current system, there is little focus given to engaging public intoxicants in treatment or behavior modification programs that might help to mitigate the problem. Every year, we spend millions of taxpayer dollars on very costly modalities that are not designed to address this serious community health problem.

The Austin/Travis County Sobriety Center Planning Committee urges the Austin City Council and Travis County Commissioners Court to take immediate steps toward implementing a sobriety center as a strategy to improve public safety, to reduce costs to the community, and to appropriately treat people with alcohol and substance use disorders.

Acknowledgements

This status report is made possible by the hard work and dedication of the participants in the Austin-Travis County Sobriety Center Committee who were responsible for the research and development of the ideas contained within this report, as well as for writing this report. The committee especially thanks Leonard Kincaid of the Houston Recovery Center and Shannon Bernadin-Smith of the San Francisco Sobriety Center for their willingness to provide significant assistance. Members of the Austin-Travis County Sobriety Center Committee included:

Andy Brown, Attorney at Law
Judge Nancy Hohengarten, County Court at Law #5
Roger Jefferies, County Executive, Travis County Justice and Public Safety and his staff:
Carsten Andreson, Cathy McClaugherty, and Efrain Davila
Art Acevedo, Austin Police Chief
Asst. Chief Jason Dusterhoft, Austin Police Department
Robin Peyson, Austin ROSC (Recovery-Oriented Systems of Care) Initiative
Dr. Paul Hinchey, Austin-Travis County Office of the Medical Director
Dr. Tom Coopwood, Central Health
Joel Ferguson of Austin Recovery
Bill Brice of the Downtown Austin Alliance
Pete Valdez of Downtown Austin Community Court
Dr. Carlos Tirado
Ashton Cumberbatch of Seton Healthcare Family
Dr. Chris Ziebell, Emergency Department University Medical Center
Dr. Kerby Stewart and Philander Moore, Texas Department of State Health Services
Dick Rathgeber and Sgt. Henry Gonzalez of the Salvation Army Austin
David Escamilla, Travis County Attorney
Ana Almaguel, Travis County Health and Human Services & Veteran's Services
Jason Howell, SoberHood
Maria Talamo, Austin Recovery Oriented System of Care

Appendix 1

RESOLUTION NO. 20140320-051

WHEREAS, the City of Austin continues to look for creative solutions to address public safety issues related to public intoxication; and

WHEREAS, current enforcement efforts are costly to Austinites and Travis County residents; and

WHEREAS, 3,754 individuals arrested for public intoxication in 2013 were booked at the Travis County Jail; and

WHEREAS, the Austin Police Department arrested the majority of the individuals charged with public intoxication, which required substantial officer time; and

WHEREAS, the Travis County Sheriff's Office housed these individuals at a cost of $96.71 per day in jail in 2013; and

WHEREAS, the Travis County Courts appointed and paid attorneys to represent the 85 individuals charged with Class B public intoxication who were booked a total of 183 times; and

WHEREAS, hospital emergency rooms also receive public intoxicants, and serving these individuals in a non-emergency setting would be less costly and potentially more effective and would increase the availability of care for people who truly need emergency services; and

WHEREAS, the State of Texas allows peace officers to transport individuals to sobriety and detoxification facilities in lieu of jail; and

WHEREAS, adequate treatment for alcohol and drug abuse cannot be provided for these individuals in the Travis County Correctional Facility due to the short length of stay; and

WHEREAS, detoxification from alcohol is a medical procedure best conducted outside of a correctional facility; and

WHEREAS, other communities in Texas and the United States have successfully utilized sobriety and detoxification facilities; and

WHEREAS, a sobriety center provides an opportunity to divert individuals with substance use disorders to treatment, which could result in substantial savings to taxpayers; and

WHEREAS, criminal justice and health professionals have long expressed interest in exploring whether a sobriety center would serve our community; and

WHEREAS, the Psychiatric Services Stakeholders (representatives from the criminal justice system, the medical profession, Central Health, the City of Austin, Travis County, and other community partners) have convened a planning work group to analyze and evaluate opportunities associated with a sobriety center; and

WHEREAS, public and private funding may be available in the immediate

future to support a sobriety center in Travis County; and

WHEREAS, there are many outstanding questions regarding services that could be provided, the cost of building and operating a center, and the availability of funding; **NOW, THEREFORE,**

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF AUSTIN:

The City Manager is directed to work with the Travis County Justice and Public Safety Division, the Travis County Sheriff's Office, the Travis County Criminal Courts and Prosecution, the Seton Healthcare Family, the Psychiatric Services Stakeholder work group, and other community members to develop an implementation plan and funding strategies for a sobriety center.

The City Manager shall present the implementation plan to Council prior to September 1, 2014.

ADOPTED: March 20, 2014 **ATTEST:** Jannette S. Goodall
City Clerk

Appendix 2

Travis County Commissioners Court

Resolution

WHEREAS, Travis County continues to look for creative solutions to address public safety issues related to public intoxication that are costly to residents of Austin and Travis County;

WHEREAS, 3,754 individuals arrested for public intoxication in 2013 were booked at the Travis County Jail;

WHEREAS, the Austin Police Department arrested the majority of the individuals charged with public intoxication, which costs substantial officer time;

WHEREAS, the Travis County Sheriff's Office housed these individuals at a cost of $96.71 per day in jail in 2013;

WHEREAS, the Travis County Courts were required to appoint and pay attorneys to represent the 85 individuals charged with Class B public intoxication who were booked a total of 183 times;

WHEREAS, hospital emergency rooms also receive public intoxicants that are costly to serve in a hospital setting and can be more effectively served in a non-emergency setting, resulting in increased availability for people who truly need emergency services;

WHEREAS, the laws of the State of Texas allow a peace officer to transport an individual to a sobriety and detoxification facility in lieu of jail;

WHEREAS, adequate treatment for alcohol and drug abuse cannot be provided for these individuals in the Travis County Correctional Facility due to the short length of stay;

WHEREAS, detoxification from alcohol is a medical procedure best conducted outside of a correctional facility;

WHEREAS, other communities in Texas and the United States have successfully utilized a sobriety and detoxification facility;

WHEREAS, a sobriety center provides an opportunity to divert individuals with substance use disorders to treatment, which could save the City and County substantial dollars over time; and

WHEREAS, there are many outstanding questions regarding the types of services that could be provided, the cost of building and operating a center, and the availability of federal, state, Travis County and City of Austin funds for the effort.

NOW, THEREFORE, BE IT RESOLVED BY THE TRAVIS COUNTY COMMISSIONER'S COURT THAT THE JUSTICE AND PUBLIC SAFETY COUNTY EXECUTIVE, THE TRAVIS COUNTY SHERIFF'S OFFICE, TRAVIS COUNTY HEALTH AND HUMAN SERVICES AND VETERANS SERVICE, AND THE TRAVIS COUNTY CRIMINAL COURTS AT LAW ARE ENCOURAGED AND REQUESTED TO WORK WITH THE AUSTIN CITY MANAGER AND OTHER APPROPRIATE CITY DEPARTMENTS, THE SETON HEALTHCARE FAMILY, AND COMMUNITY STAKEHOLDERS TO DEVELOP AN IMPLEMENTATION PLAN FOR A SOBRIETY CENTER; AND

BE IT FURTHER RESOLVED THAT THE JUSTICE AND PUBLIC SAFETY COUNTY EXECUTIVE AND THE OTHER MEMBERS OF THIS COLLABORATIVE TEAM SHALL PRESENT THE IMPLEMENTATION PLAN TO THE TRAVIS COUNTY COMMISSIONER'S COURT ON OR BEFORE THE COURT'S SEPTEMBER 2, 2014, VOTING SESSION.

SIGNED AND ENTERED THIS 11th DAY OF MARCH, 2014.

SAMUEL T. BISCOE
COUNTY JUDGE

RON DAVIS
COMMISSIONER, PRECINCT 1

BRUCE TODD
COMMISSIONER, PRECINCT 2

GERALD DAUGHERTY
COMMISSIONER, PRECINCT 3

MARGARET J. GOMEZ
COMMISSIONER, PRECINCT 4

Appendix 3

Sobering Centers in the United States –March 2015

Name	Volunteers of America-Sobering Services Center	The San Francisco Sobering Center	Hooper Detox Center Sobering Station (Central City Concern)	Houston Center for Sobriety	Center for Health Care Services (CHCS)	Dutch Shisler Sobering Support Center
City	San Diego	San Francisco	Portland	Houston	San Antonio	Seattle
State	CA	CA	OR	TX	TX	WA
Start Year	2000	2003	1971	2013	2011	1998
Annual Budget	$200,000 Funded by County HHS 60%, San Diego PD 15% and fees charged to clients.	$1,030,000 Funded by City/County (one entity that includes hospital, ER, and all healthcare funding)	$742,754 Funders unknown	$1,500,000 Funded by City	$1,521,292 $1 million from City, $130,920 from University Health System, $390,372 from CHCS Medicaid receipts.	$436,474 Funded by City and County
Detox	Yes	No	Yes	No	Yes	No
Client Encounters (Annual)	6,884	4,450	6,500	5,000	6,600	2,000
Beds	55	11	6	84	40	60
Referral	Police	Emergency Departments EMS, Police, Street Outreach Teams, Homeless Van Service, Other Van Services	Emergency Departments, Walk-In/Self-Referral, Police, Homeless Van, Other Van Services	Police	Police	Emergency Departments, Walk-In/Self-Referral, EMS, Police, Homeless Van, Other Van Services
Clients Admitted Voluntarily or Non-Voluntarily?	Voluntary	Voluntary	Both	Voluntary	Voluntary	Voluntary
Are Clients Charged?	No Charge / Adjudication.	No Charge / Adjudication for person brought to center. San Francisco police do arrest some PI offenders.	No Charge / Adjudication.	No Charge / Adjudication for person brought to center. Houston police do arrest some PI offenders.	No Charge / Adjudication for person brought to center. San Antonio police do arrest some PI offenders.	No Charge / Adjudication.
PI by State	Misdemeanor	Misdemeanor	None	Class C Misdemeanor	Class C Misdemeanor	None
Governance	Non-Profit	Public Health Department	Non-Profit	Non-Profit (local governmental organization non-profit)	Local mental health authority contract	Non-Profit

Notes:

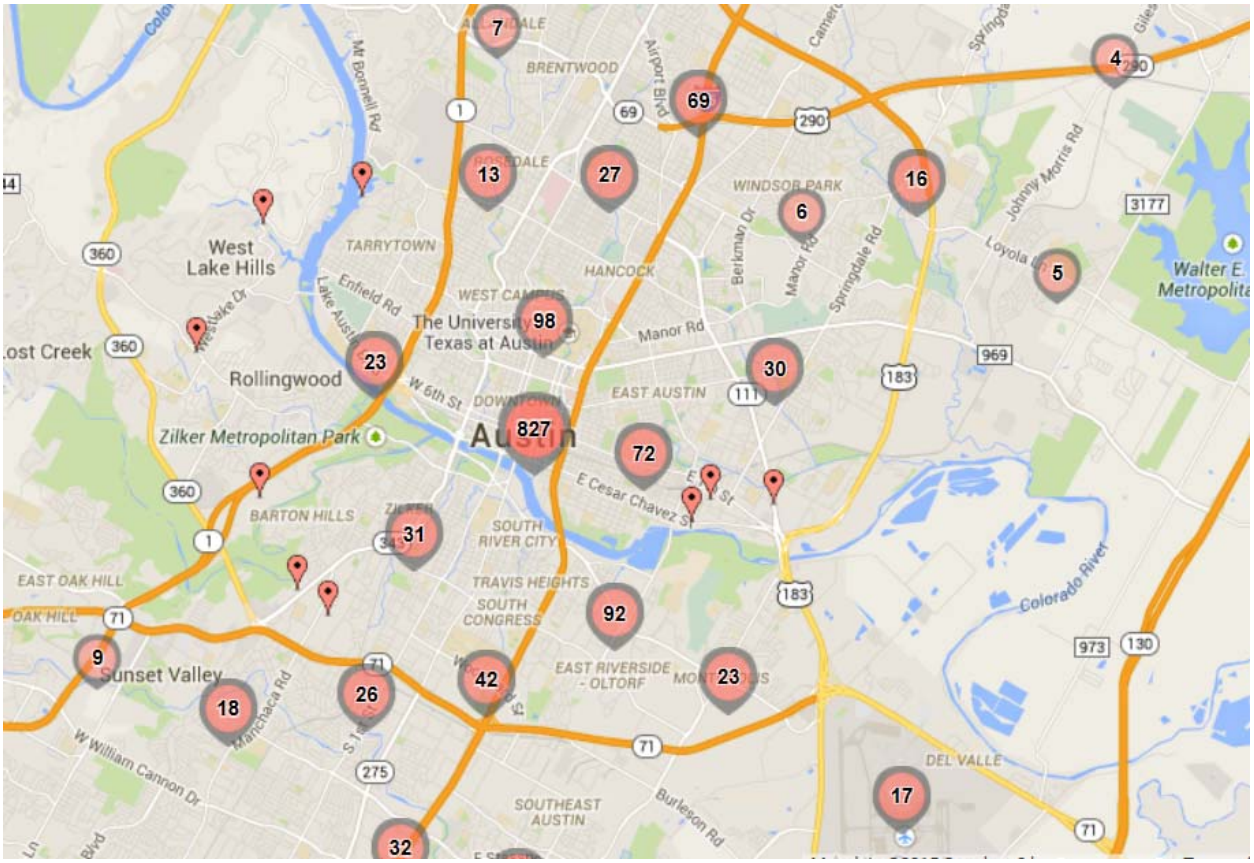
- There are other centers in the U.S. that once provided sobriety services, but that are no longer funded. Additionally, there are centers that offered services similar to those of sobriety centers, but they are not considered sobriety centers. A list of those centers can be provided if needed.
- Annual Budget is taken from most recent year found.
- Beds may also refer to mats, cots, or openings in the sobriety center.
- The number of beds does not necessarily refer to the number of total people served at any one time. For example, the Hooper Detox Center Sobering Station (Central City Concern), in Portland, may serve up to 30 people at a time. This also explains difference between the annual client encounters and the number of bed.
- Sobering Centers have received little attention from researchers-social scientists. Shannon Smith-Bernardin, a PhD candidate in Nursing/Health Policy who has worked at the Center for Health Care Services (CHCS) in San Francisco, is currently conducting a national study of sobering centers. She has shared a part of this work with Travis County (a table entitled Sobering Centers in the US -2013) which some data on this table is derived from. She has also written two short articles about the CHCS. Finally, Dr. Scott Campbell has written an overview of the CHCS on ambulance diversion.

Appendix 4

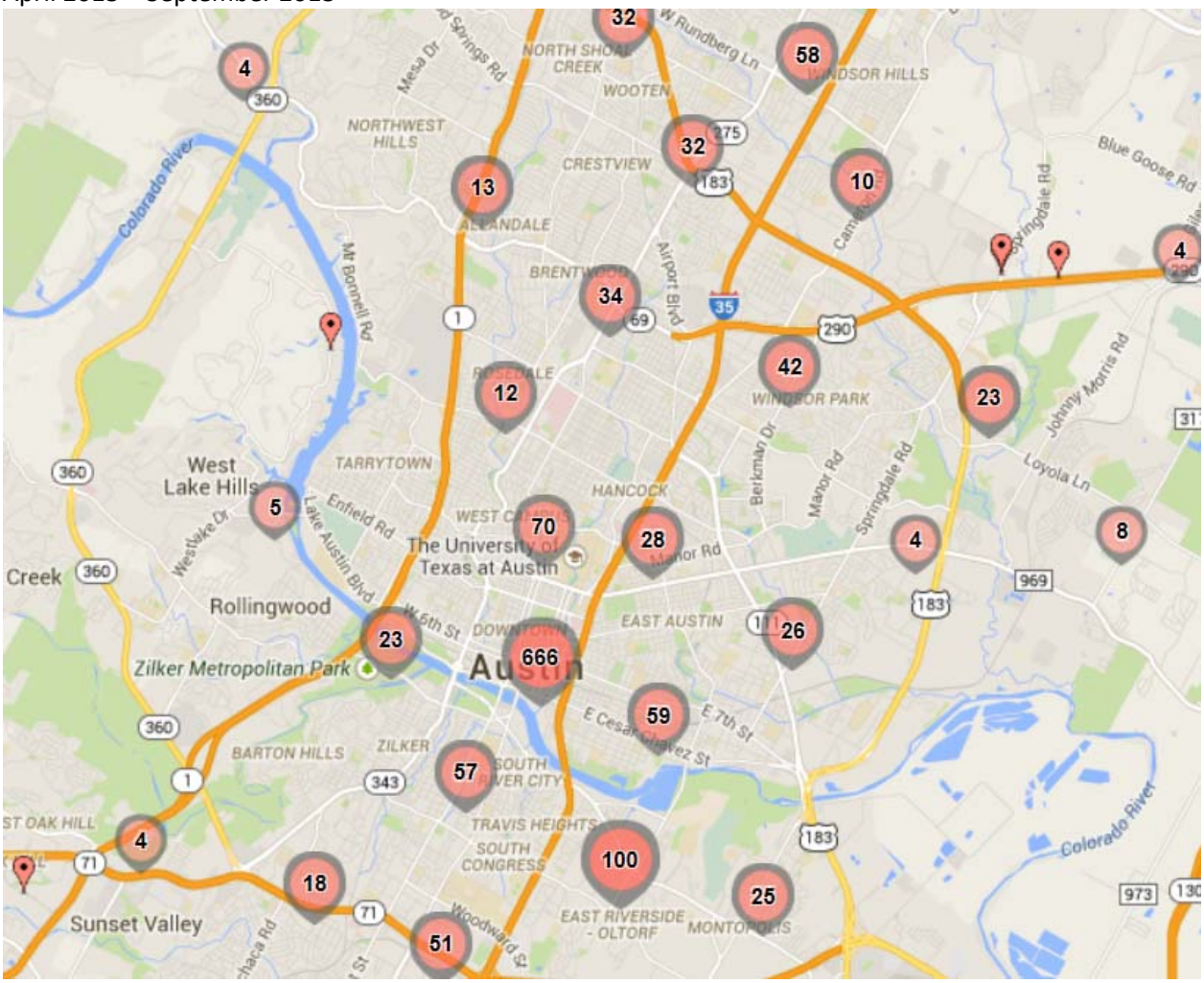
ARREST MAPPING

These FY13 Public Intoxication Maps were created using arrest data from Travis County's Tiburon database. Arrest location and addresses were converted into latitude-longitude coordinate pairs using free internet software at www.findlatitudeandlongitude.com. Coordinate pairs where then mapped using batchgeo.com software (free internet software).

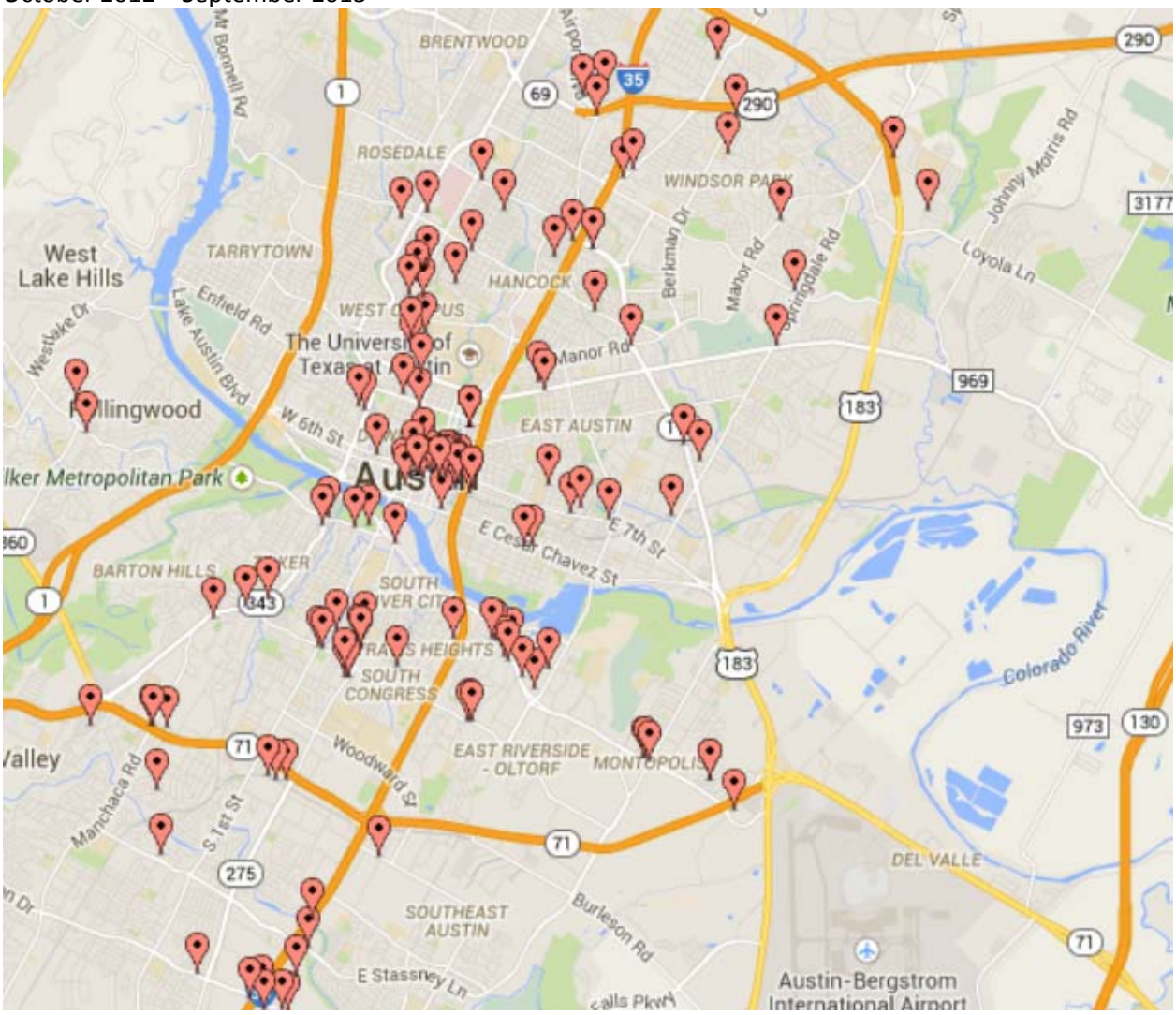
Total PI bookings = 3,754 of which Class C = 3,571 – Mapped 3,536 (Oct 2012 – Mar 2013 = 1,804 and Apr 2013 – Sep 2013 = 1,732) Class B = 183 – Mapped 181
Public Intoxication Misdemeanor C Bookings
6 Month Snapshot, 1804 bookings
October 2012 – March 2013



Public Intoxication Misdemeanor C Bookings
6 Month Snapshot
April 2013 – September 2013



Public Intoxication Misdemeanor B Bookings
12 Month Snapshot
October 2012 – September 2013



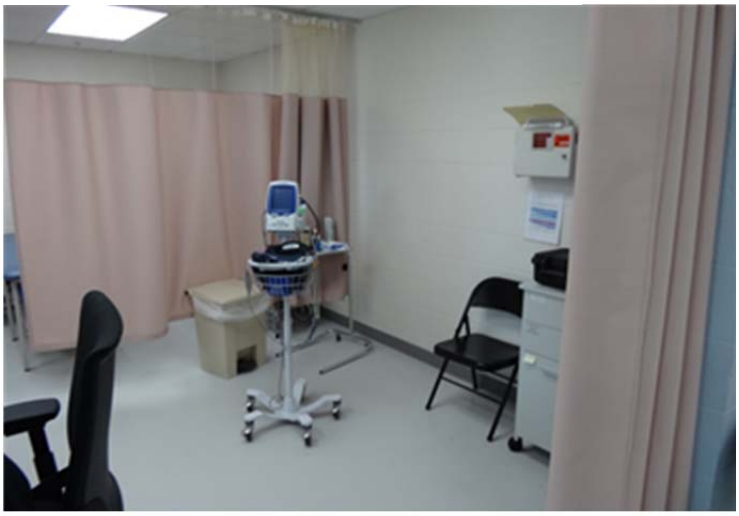
Appendix 5

Houston Recovery Center Photos

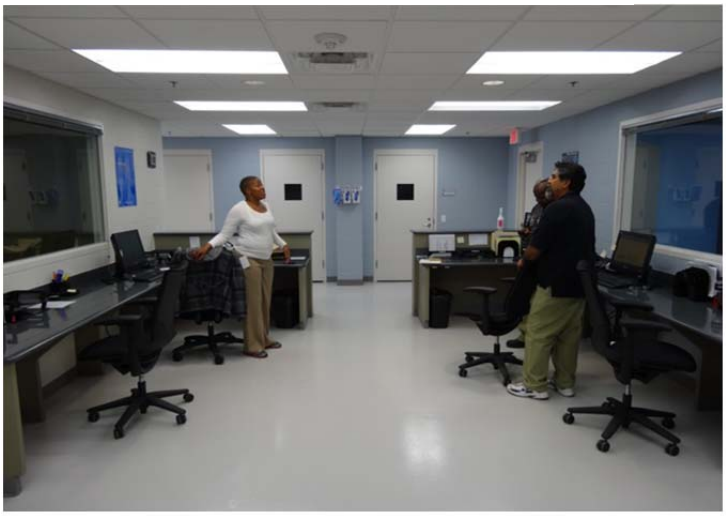
Front from street with secured entrance on right

Secure entrance for law enforcement and

Medical Intake



Control Center for Male and Female Rooms



Sobering Room for Males (Female Room Has Less Beds)