

FACTS PERTAINING TO THE POSSIBLE CLOSING
OF THE CASPAR DETOXIFICATION UNIT

CASPAR (The Cambridge and Somerville Program for Alcoholism and Drug Abuse Rehabilitation) Detoxification Unit, which was established in 1974 as part of Chapter 111B Decriminalization of Public Inebriates, is facing a funding crisis due to loss of Medicaid and Department of Public Health funding that may mean its closing by the end of the year. Other detoxes throughout the state are similarly threatened. Pertinent facts include:

- * The CASPAR detox serves a population of more than 200,000 people in Cambridge and Somerville. This is considered a "high risk," inner city population where one in every three families is impacted by alcoholism and drug abuse.
- * The CASPAR detox has served over 10,200 different clients since 1974.
- * Since January, 1991, the CASPAR detox, together with the Albany Street Shelter, also operated by CASPAR, received more than 1,300 calls for assistance from the police departments of Cambridge and Somerville. These requests, plus another 200 referrals from other police departments, were accepted into the CASPAR system of services. If the detox closes, the police will be required to receive, house, refer and transport the area's alcoholic and drug abusing clients. This represents a potentially enormous added burden on police personnel, budget and facilities. There is an inevitable detriment to public safety with police hours consumed in this manner.
- * As a public health and treatment facility, the CASPAR detox provides a substantial saving of state and public funds over similar services performed in hospitals. A CASPAR bed costs \$111.75 per day or \$40,788.75 per year. (See listing of Basic Services, attached). A comparable hospital bed costs not less than \$400.00 per day (\$146,000.00 per year) to as much as \$700.00 per day (\$255,500.00 per year). Daily, many hospitals request and refer clients for services at the detox. One local hospital averages 45 admissions to the detox per month.

①

- * For the 290 day period from January 1, 1991 to October 15, 1991, the CASPAR detox took 8,142 calls. Admissions totalled 973 with 947 discharges for the same period. If the CASPAR detox closes, these calls will be borne by the Cambridge and Somerville hospitals and police departments.

- * In addition to detoxification and related medical services, the CASPAR detox provides a wide variety of additional services including substance abuse education, counseling, family support, AIDS education and prevention and other services as outlined in the attached Program Description. We are unaware of any other program or facility that could undertake these services in the event the CASPAR detox closes.

There are a variety of potential funding alternatives, none of which has thus far been implemented. We are looking into these options:

- a.) to request additional beds be purchased from the Department of Public Health;

- b.) to restore reimbursement for public detoxification services to the Medicaid budget;

- c.) to allow community based hospitals to purchase services from us.

BASIC SERVICES WITHIN \$111.75/day BED RATE

MEDICAL DOCTOR
(Cambridge Hospital Staff)

- 24 Hours/day coverage
- Assessment and evaluation of all active medical issues
- Physical Exams
- Prescription Writing
- Documentation in medical records and aftercare referral forms.
- Consultation prn

NURSING
(Assessment and Care)

- 24 Hours/day (on site and on call.)
- Assessment of diverse and difficult clients
- Behavior Management
- Observe for changes in physical and mental status
- Medicate per standing protocol
- Health Education

PSYCHO-SOCIAL SUPPORT

- Sober Environment
- Assistance with Problem Solving
Court Issues
Family Issues
Social Issues (Homelessness,
Financial
Resources)
- 3 Meals/day (+)
- Support and Health Education
- Groups: Daily by staff and
Self help
Also: Family Issues, Woman's
Group and Transition Group
- Aftercare Planning and
Transportation

OTHER SERVICE REFERRALS

To Outpatient (group or individual)
Family Treatment
Primary Health Care (Zinberg Clinic)
Prenatal
Acupuncture
Cultural Specific Resources
Phoenix Club (CASPAR's dry drop-in social club)

Contributions tax deductible
We are an Equal Opportunity/Affirmative Action Employer



CASPAR INTERVENTION CENTER PROGRAM DESCRIPTION

The Intervention Center is a 22-bed free-standing program that provides in-patient detoxification for women and men. The primary goal is to provide a dignified, safe and uncomplicated withdrawal from alcohol and other drugs. Secondary goals include: assisting clients to individually attain their maximum level of functioning while learning to live with the life-threatening illnesses of alcohol and other drug addictions.

These goals are met by committed staff, working closely with clients, in an effort to provide individualized care. The Intervention Center accepts admissions and provides treatment 24 hours per day. Physician on-site coverage is regular and on-call. Physician coverage is available at the discretion of the nurse on site.

The Intervention Center, one of several CASPAR, Inc. programs, has a strong commitment to serving local community needs. This includes the needs of the police departments and hospitals. They, in turn, are able to provide us with support when we are in need. CASPAR, Inc. recognizes the need to provide a continuum of care to our clients. We may admit from or discharge to other CASPAR, Inc. programs.

The Intervention Center provides substance abuse education, individual and group and family support counselling, health care provision, education and referral, AIDS education and prevention, self-help education and programming, aftercare planning and other support services.

The Intervention Center, serving local communities for over seventeen years, has been committed to serving those most in need. Though opened to treat alcoholics, our treatment has expanded to other drug problems. Due to close medical back-up and extremely valuable relationships with Cambridge and Somerville Hospitals, we are able to care for clients who are quite ill and/or have many additional challenges. The primary reason for admission remains a safe and dignified detoxification experience. Some of the challenges we face with our clients include: homelessness, pregnancy, disabilities, court issues and other health issues such as AIDS or mental illness.

To face these challenges, we work closely with numerous other local agencies. On-site, we are able to accommodate deaf and hard of hearing clients with assistive devices such as a TTY machine, bed shakers and a TV decoder for closed captioned programs. With local linkages, we are able to initiate prenatal evaluation and care for our pregnant clients, to initiate on-going and primary care services for clients with other illnesses and to consult with Cambridge Hospital Psychiatric Outreach for client evaluations as needed.

5/91

4

.....
Alcoholism and Drug Abuse Association, Inc.

September 6, 1991

Anne M. Tafe
Executive Director

Dear Legislator:

59 Temple Place
Suite 508
Boston, MA 02111
617-451-0155

The FY'92 state budget included language which narrowly defined health benefits afforded to General Relief recipients. The GR medical assistance program (line item 4406-5000) is now limited to 1) physician services; 2) community health center services; and 3) prescription drugs (including methadone). All other alcohol and drug treatment services provided in community-based programs have been eliminated. I am writing to ask you to take action to reinstate detoxification services among this list of benefits.

This reduction in benefits is most severely felt in detoxification programs which last year provided approximately 6,700 admissions to GR recipients. In FY'91, GR recipients utilized approximately 30% of the capacity of the publicly funded, community-based detoxification services. It is expected that the loss of Medicaid revenue which reimbursed providers for these services will require a 20-30% reduction in detoxification services across the Commonwealth. It is important to note that this medical benefit provides treatment services only; it does not provide to the recipient any cash assistance during or post treatment.

Detoxification services are the entry point to Massachusetts' comprehensive substance abuse treatment system. This publicly funded treatment system is the most cost effective option for individuals seeking treatment for a substance abuse problem. Clients not served in these settings will continue their active use of substances and will continue to contribute significantly to the dramatic rise in reports of child abuse, drug-related crime and violence in our neighborhoods, the spread of HIV through needle use and exacerbate the problems of unemployment and homelessness.

Compounding this problem is the severe reduction in Department of Public Health funds for detox and other substance abuse services (line item 4512-0200). Since the commencement of FY'91, DPH substance abuse funds have been reduced from \$38m to \$27m. Detox programs have no choice but to restrict and reduce services, though the demand is as strong as ever.

Finally, it is important to recognize where these individuals will appear, for they will not disappear. I anticipate general and community hospitals admitting growing numbers of patients who, for lack of access to substance abuse treatment, will grow sick enough to require inpatient medical care, far more costly to the Commonwealth than the \$111 per day rate for detox services. I have already initiated discussions with several hospitals to alert them to this probable outcome.

One solution to the problem is to insert the words "public detoxification centers" after the word "health centers" on line 6 in item 4406-5000. Regardless of the mechanism, however, it is imperative that this benefit be restored as a cost-effective and humane measure.

I would be pleased to discuss this issue with you further. In addition, I urge you to refer to the enclosed list of public detox centers in the Commonwealth and to contact the program in your area to discuss the local impact which your communities will confront.

Thank you for your interest.

Sincerely,

Anne M. Tafe
Executive Director

Enc.

POTENTIAL FUNDING PLANS

^{WAS} It is expected that some combination of the below plans ^{would} will restore substantial funding to the detox.

None have happened!

1. Detox services may be attached to the Hospital Finance Bill. The existing Hospital Finance Bill expired September 30, 1991. This effects vast medical services and most, if not all, hospitals in the state.
2. Detox services may be paid for out of the statewide hospital Free Care Pool. Medicaid planners and policy makers are well aware that costs are drastically reduced in the detox system compared with hospital care.
3. Detox services may be paid for as a Physician Service under Medicaid
4. Detox services are expected to be included in the Medicaid Managed Care policy. This was intended to begin in January, 1992. This may be an optimistic time line.
5. Detox budgets are likely to be enhanced by the Department of Public Health with a Supplemental State Budget. This will not be available until at least March 1992.
6. Short-Term Supplemental Possibilities
Exploring with local hospitals and police departments assigning funds from related services to substance abuse treatment. Examples of this include: AIDS and criminal justice funding. (War On Drugs)

CASPAR INTERVENTION CENTER
INCOME SUMMARY

FISCAL YEAR 1990

Department of Public Health	596,344.00
Medicaid	110,223.00
	<hr/>
TOTAL	706,567.00

FISCAL YEAR 1991

Department of Public Health	551,424.00
Medicaid	277,674.98
	<hr/>
TOTAL	829,098.98

FISCAL YEAR 1992

Department of Public Health	464,093.00
Medicaid (July 1 - Aug 21)	71,518.00
	<hr/>
TOTAL	535,611.00

8



REIMBURSEMENT COMPARISON

CASPAR INTERVENTION CENTER

(1 BED) \$111.75 X 365 DAYS/YEAR \$ 40,788.75

HOSPITAL CARE

(1 BED)	\$400.00	X	365 DAYS/YEAR	146,000.00
	\$450.00	X	365 DAYS/YEAR	164,250.00
	\$500.00	X	365 DAYS/YEAR	182,500.00
	\$550.00	X	365 DAYS/YEAR	200,750.00
	\$600.00	X	365 DAYS/YEAR	219,000.00
	\$650.00	X	365 DAYS/YEAR	237,250.00
	\$700.00	X	365 DAYS/YEAR	255,500.00

9



BASIC SERVICES WITHIN \$111.75/day BED RATE

MEDICAL DOCTOR
(Cambridge Hospital Staff)

- 24 Hours/day coverage
- Assessment and evaluation of all active medical issues
- Physical Exams
- Prescription Writing
- Documentation in medical records and aftercare referral forms.
- Consultation prn

NURSING
(Assessment and Care)

- 24 Hours/day (on site and on call)
- Assessment of diverse and difficult clients
- Behavior Management
- Observe for changes in physical and mental status
- Medicate per standing protocol
- Health Education

PSYCHO-SOCIAL SUPPORT

- Sober Environment
- Assistance with Problem Solving
 - Court Issues
 - Family Issues
 - Social Issues (Homelessness, Financial Resources)
- 3 Meals/day (+)
- Support and Health Education
- Groups: Daily by staff and Self help
 - Also: Family Issues, Woman's Group and Transition Group
- Aftercare Planning and Transportation

OTHER SERVICE REFERRALS

- To Outpatient (group or individual)
- Family Treatment
- Primary Health Care (Zinberg Clinic)
- Prenatal
- Acupuncture
- Cultural Specific Resources
- Phoenix Club (CASPAR's dry drop-in social club)

Contributions tax deductible
We are an Equal Opportunity/Affirmative Action Employer

MEMORANDUM TO: Kathy Wilkins

FROM :

Win Poor *W*

SUBJECT :

Police Referrals to ESC (CASPAR Shelter)

DATE :

10.22.91

These are then sent to the detox as soon as a bed is available

As per your request, the chart below documents the number of police referrals accepted by ESC from 1.1.91 to 9.30.91.

	<u>CPD</u>	<u>SPD</u>	<u>MIT</u>	<u>MDC</u>	<u>HVD</u>	<u>MBTA</u>	<u>BPD</u>	<u>MED</u>	<u>Total</u>
JAN	157	19	6	2	1	4			189
FEB	123	4	8		2	1			138
MAR	137	17	11		1				166
APR	156	15	3		2	1	1		178
MAY	137	16	2		4	1			160
JUN	151	10	3			2			166
JUL	136	19	4	7	2	2			170
AUG	143	22	11	1		1	1	1	180
SEP	141	9	4	1		3			158
	1281	131	52	11	12	15	2	1	1505

(11)

STATISTICS

For period 1/01/91 to 10/15/91 for 290 Total Days

Total Calls	8142.0
Average Daily Calls	28.1
Total Admissions	973.0
Average Daily Admissions	3.4
Total Discharges	947.0
Average Daily Discharges	3.3

(12)

Consent Comm. # 1

Comm. from CASPAR transmitting information
regarding the possible closing of the
Detoxification Unit for the public hearing.

In City Council,

November 25, 1991

*Referred to public
hearing of 11/25/91 at
6:15 p.m.*

Placed on file



OFFICE OF THE CITY CLERK

CITY OF CAMBRIDGE

CITY HALL, CAMBRIDGE, MASSACHUSETTS 02139


JOSEPH E. CONNARTON
CITY CLERK

(617) 349-4260

JOHN E. FLYNN
DEPUTY CITY CLERK

NOVEMBER 20, 1991

TO: PERRY L. ANDERSON, JR., POLICE COMMISSIONER
JOHN G. O'BRIEN, HOSPITAL ADMINISTRATOR
JILL HEROLD, ASSISTANT CITY MANAGER FOR HUMAN SERVICES

FROM: JOSEPH E. CONNARTON,  CITY CLERK

SUBJECT: HEARING NOVEMBER 25, 1991 AT 6:15 P. M.

Please be advised that the City Council has scheduled a public hearing for Monday, November 25, 1991 at 6:15 p. m. in the Sullivan Chamber.

The purpose of this hearing is to discuss the on-going concerns for the imminent closing of the CASPAR detoxification unit on Beacon Street.

You have been requested to attend this hearing.

Your kind attention in this matter will be greatly appreciated.

c.c. Robert W. Healy



City of Cambridge

28.

IN CITY COUNCIL

November 18, 1991

COUNCILLOR WALSH

WHEREAS: This Council's receipt of the attached copy of the 11/5/91 letter to the City Manager from the President and Executive Director of CASPAR regarding the imminent closing of the CASPAR detoxification unit on Beacon Street in Somerville by the close of next month deserves an added effort by this Council to see what we might be able to do to cushion and lessen the inevitability of such total closing on the numerous lives of those who depend on its presence as a vital part of their safety net for survival; and

WHEREAS: The projected closing would have an immediate impact upon, among other entities, both the Cambridge Police Department and the Cambridge Hospital; now therefore be it

ORDERED: That the City Manager be and hereby is requested to invite CASPAR's President, Richard M. Brescia, and Executive Director, Sally Duncan, to come before the Council as soon as possible at a regularly scheduled council session to speak specifics with us about the problem and advise us about some of the strategies being explored presently in the hope that the current level of services might be maintained; and be it further

ORDERED: That every effort be made to schedule this discussion for a date no later than December 9, 1991.

In City Council November 18, 1991.

Adopted by the affirmative vote of nine members.

Attest:- Joseph E. Connarton, City Clerk.

A true copy;

ATTEST:-

A handwritten signature in cursive script that reads "Joseph E. Connarton".

Joseph E. Connarton
City Clerk

CAMBRIDGE
AND
SOMERVILLE, **CASPAR**
PROGRAM for ALCOHOLISM AND DRUG ABUSE REHABILITATION

245 Beacon Street
Somerville, Massachusetts 02143 • Tel. (617) 628-3950
Fax: (617) 628-6810

November 5, 1991

Robert W. Healy, City Manager
City of Cambridge
City Hall
795 Mass. Ave.
Cambridge, MA 02139

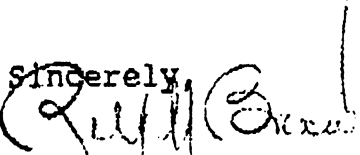
Dear Bob:

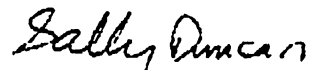
On the advice of the Cambridge Police Commissioner, Perry Anderson, I am informing you of the possible closing of the CASPAR detoxification unit on Beacon Street in Somerville by the end of the year.

For 18 years the detox has been part of the alcoholism system providing an alternative to the police station for the public inebriate and substance abuser under the Chapter 111B, which, as you may recall, decriminalized alcoholism in 1973.

CASPAR has met with the Police Commissioner to inform him of the potential loss of service due to substantial funding cuts from the Department of Public Health and Medicaid. We are working with the Commissioner to address the impact this loss will have on the Cambridge Police and strategize some ways to maintain the current level of services.

Sincerely,


Richard M. Brescia, President


Sally Duncan, Executive Director

cc. Perry Anderson, Police Commissioner
City Councillors

CC#101



City of Cambridge

28

IN CITY COUNCIL

Councillor Walsh

November 18, 1991

WHEREAS: This Council's receipt of the attached copy of the 11/5/91 letter to the City Manager from the President and Executive Director of CASPAR regarding the imminent closing of the CASPAR detoxification unit on Beacon Street in Somerville by the close of next month deserves an added effort by this Council to see what we might be able to do to cushion and lessen the inevitability of such total closing on the numerous lives of those who depend on its presence as a vital part of their safety net for survival; and

WHEREAS: The projected closing would have an immediate impact upon, among other entities, both the Cambridge Police Department and the Cambridge Hospital; now therefore be it

ORDERED: That the City Manager invite CASPAR's President, Richard M. Brescia, and Executive Director, Sally Duncan, to come before the Council as soon as possible at a regularly scheduled Council Session to speak specifics with us about the problem and advise us about some the strategies being explored presently in the hope that the current level of services might be maintained; and be it further

ORDERED: That every effort be made to schedule this discussion for a date no later than December 9, 1991.

(ATTACHMENT)



City of Cambridge

28.

IN CITY COUNCIL

November 18, 1991

COUNCILLOR WALSH

- WHEREAS: This Council's receipt of the attached copy of the 11/5/91 letter to the City Manager from the President and Executive Director of CASPAR regarding the imminent closing of the CASPAR detoxification unit on Beacon Street in Somerville by the close of next month deserves an added effort by this Council to see what we might be able to do to cushion and lessen the inevitability of such total closing on the numerous lives of those who depend on its presence as a vital part of their safety net for survival; and
- WHEREAS: The projected closing would have an immediate impact upon, among other entities, both the Cambridge Police Department and the Cambridge Hospital; now therefore be it
- ORDERED: That the City Manager be and hereby is requested to invite CASPAR's President, Richard M. Brescia, and Executive Director, Sally Duncan, to come before the Council as soon as possible at a regularly scheduled council session to speak specifics with us about the problem and advise us about some of the strategies being explored presently in the hope that the current level of services might be maintained; and be it further
- ORDERED: That every effort be made to schedule this discussion for a date no later than December 9, 1991.

City Council Nov. 18 1991

Adopted by the affirmative vote

of 9 members

Joseph E. Coniston City Council

CAMBRIDGE AND SOMERVILLE PROGRAM for ALCOHOLISM AND DRUG ABUSE REHABILITATION



245 Beacon Street
Somerville, Massachusetts 02143 - Tel. (617) 628-3850
Fax: (617) 628-6810

November 5, 1991

Robert W. Healy, City Manager
City of Cambridge
City Hall
795 Mass. Ave.
Cambridge, MA 02139

Dear Bob:

On the advice of the Cambridge Police Commissioner, Perry Anderson, I am informing you of the possible closing of the CASPAR detoxification unit on Beacon Street in Somerville by the end of the year.

For 18 years the detox has been part of the alcoholism system providing an alternative to the police station for the public inebriate and substance abuser under the Chapter 111B, which, as you may recall, decriminalized alcoholism in 1973.

CASPAR has met with the Police Commissioner to inform him of the potential loss of service due to substantial funding cuts from the Department of Public Health and Medicaid. We are working with the Commissioner to address the impact this loss will have on the Cambridge Police and strategize some ways to maintain the current level of services.

Sincerely,
Richard M. Brescia

Richard M. Brescia, President

Sally Duncan

Sally Duncan, Executive Director

cc. Perry Anderson, Police Commissioner
City Councillors

Consensus Order # 58
2-19-91
The closing of the detoxification unit...
Council for Mayor's: meeting with

Consent Order # 28

S-1244

Councillor Walsh re: meeting with CASPAS to address specifics about the closing of the detoxification unit.

CASPAR
PROGRAMS FOR CHILDREN INCLUDING ABUSE REHABILITATION
SOMERVILLE
CAMBRIDGE

Cambridge, MA 02138
100 Mass Ave
City Hall
City of Cambridge
Robert W. Healy, City Manager

In City Council,
November 18, 1991

Order adopted

Richard W. Anderson, President
Sally Duncan, Executive Director

cc: Betty Anderson, Police Commissioner
City Councilors

November 21, 1991