

A photograph of a homeless shelter. Numerous people are sleeping on the floor, which is covered with mats and blankets. The shelter has a high ceiling with exposed pipes and blue support columns. A mural is visible on the wall in the background.

Homing in on PEH Demographic— The Escalating Problem of Persons Experiencing Homelessness

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Understanding the Problem of Persons Experiencing Homelessness

- A Deep Dive to Understand the Problem Requires an Honest Self-Assessment
 - San Antonio Hired the Meadows Institute to Address the Mental Health System of Care in the Region
- Does Your Community Understand the Problem?
- Does Your Community Have a System-Based Plan?



Bexar County Mental Health Systems Assessment

Executive Overview

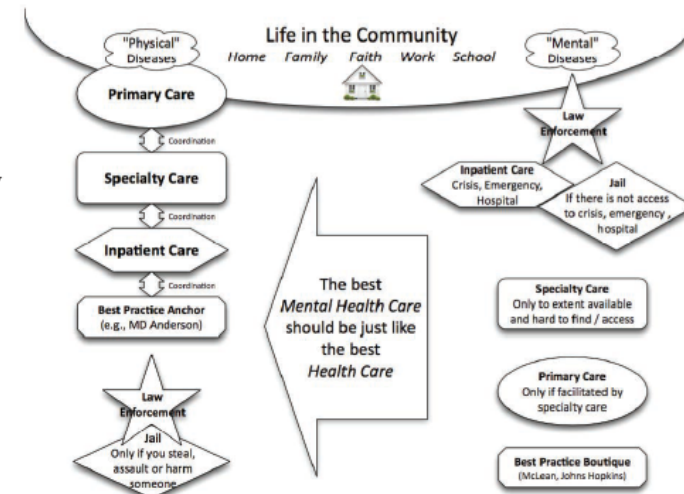
Executive Overview

In the summer of 2015, Methodist Healthcare Ministries of South Texas, Inc. engaged the Meadows Mental Health Policy Institute (MMHPI) to review the performance of Bexar County behavioral health systems. These findings are based on reviews conducted in the fall of 2015 and early 2016.

Bexar County is a large and diverse metropolitan area with nearly 2 million residents. While between one in five and one in three Texans suffer from some level of mental health need (best estimate for Bexar County is just under 500,000 people), the primary focus of this assessment was on the most severe needs: adults with serious mental illness (just over 60,000) and children with serious emotional disorders (just over 37,500). This report primarily focuses on the over 56,000 people (nearly 35,000 adults and nearly 21,500 children) in poverty (under 200% FPL) that serves as the benchmark of need to be met by the overall public mental health system. There are also smaller subsets of the people with specialized needs, including:

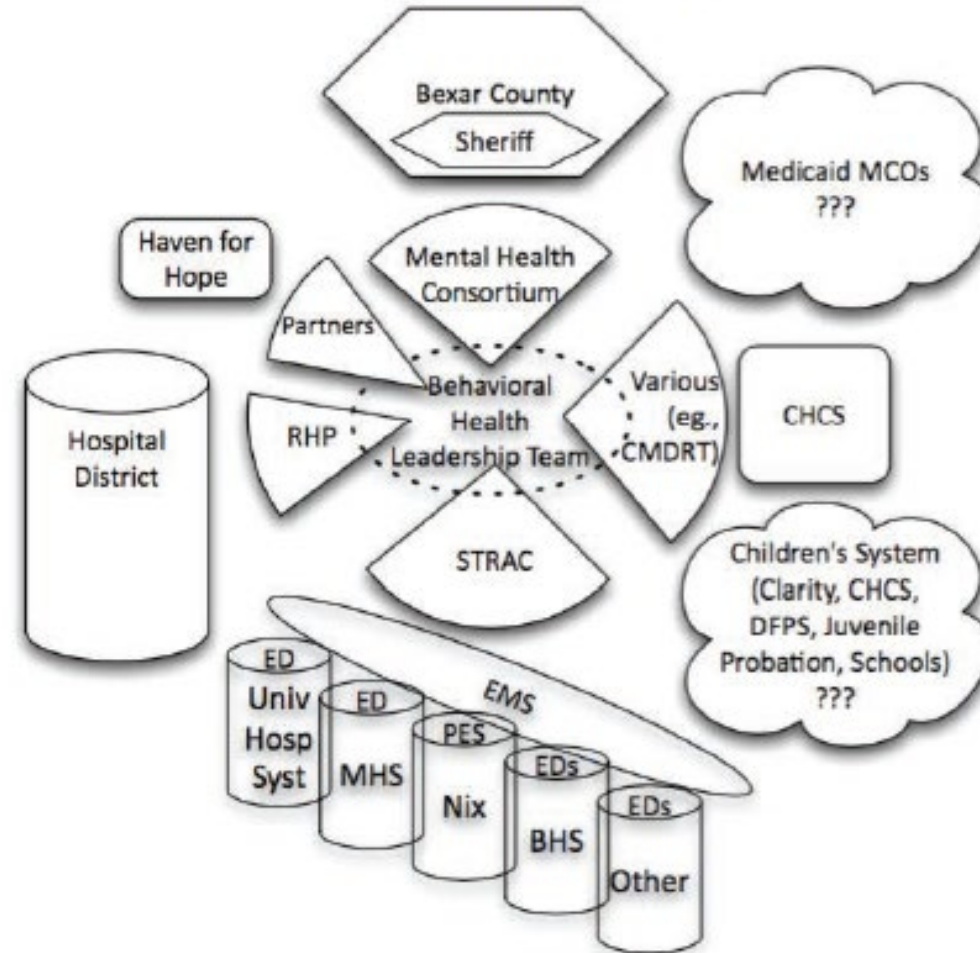
- The 2,600 cases each year of “super-utilizers” (most with co-morbid substance use disorders) in poverty at highest risk of using jails, hospitals, emergency rooms, or homeless services;
- About 300 new cases each year of psychosis (including schizophrenia) among older adolescents / young adults at high risk to become “super-utilizers” if not treated early; and
- Approximately 2,200 children and adolescents in need of time-limited, intensive home and community-based supports to avoid or reduce risk of out-of-home or out-of-school placement, including many in or at risk of the child welfare and juvenile justice systems.

Over 80% of adults in poverty with severe needs (about 27,500) are served by the Center for Health Care Services (CHCS), University Health System, Medicaid providers, the University of Texas Health Science Center at San Antonio (UTHSC-SA), and Haven for Hope. However, very few people with the most severe needs receive the intensity and level of care necessary. The system has capacity to serve less than one in five non-forensic super-utilizers and no dedicated capacity for forensic super-utilizers. Access to inpatient care was substantially improved by development of additional capacity at Nix Health and is limited less by a lack of local bed capacity than by insufficient funding for uninsured patients in the community, forensic back-ups, and a lack of systemic coordination across crisis / emergency providers.



Collaboration

Pieces of the Bexar County Collaborative Puzzle



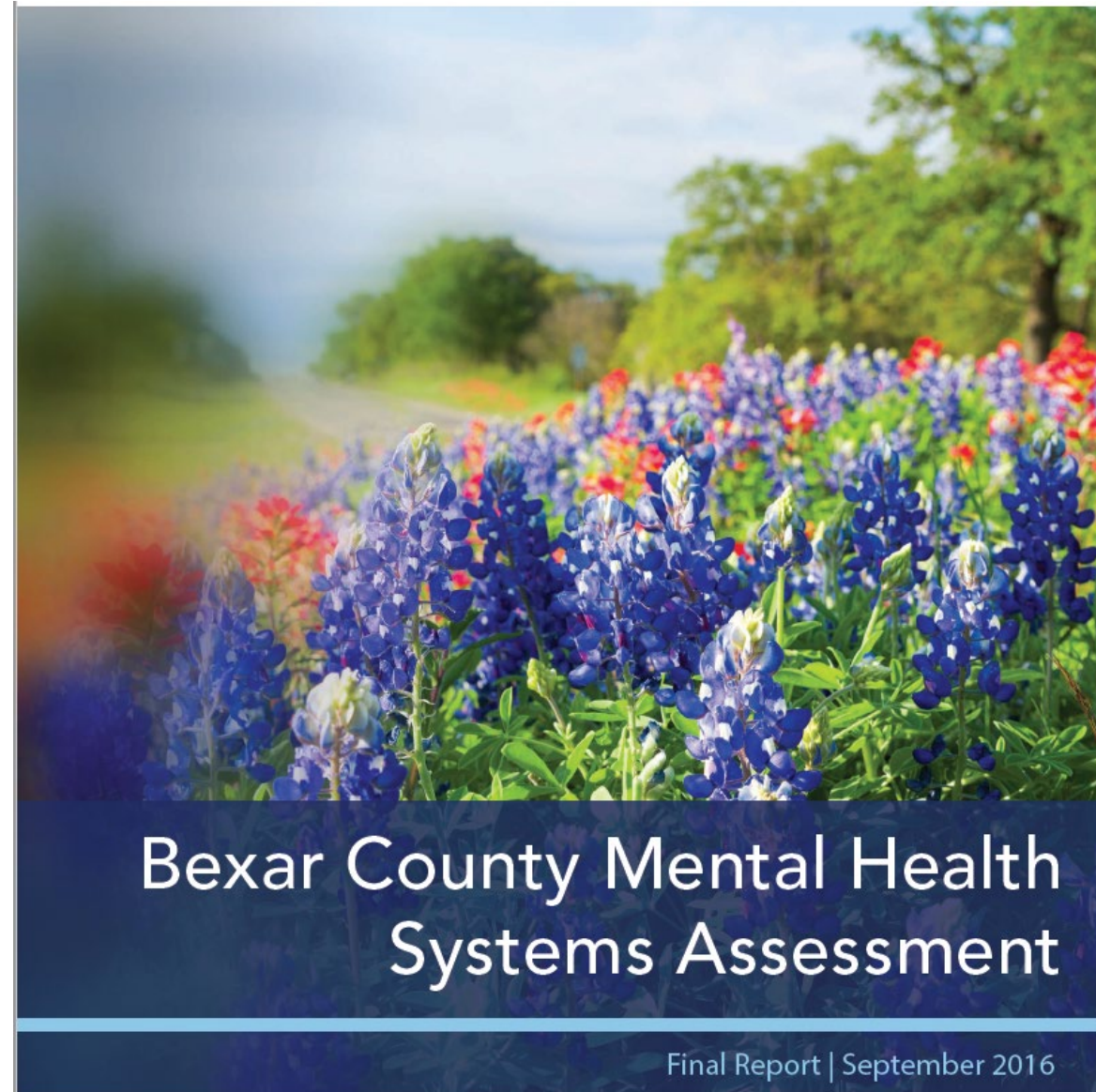
Funding

Table 23: Partial Data on FY 2013/2014 on Annual Behavioral Health Funding in Bexar County

Funding Source	Expenditures / Valuation ⁹²	Comment
CHCS	\$80,597,569	All FY 2014 funding and revenue sources reported through DSHS, including IDD and non-mental health services. See the next table for details.
Clarity	\$19 million	This came from Clarity's 2014 annual report (2013 data)
University Health System		
Programs	Not Available	This is the cost of inpatient, emergency and outpatient programs operated by University Health System.
Carelink Contract	\$500,000	Estimated portion for FY2014 from overall \$1,034,726 in funding since 2011. Includes base agreement for detox and SUD services, plus fee-for-service component.
CHCS Local Match	\$1,758,274	This is also included above in the CHCS line as a revenue source, but was not double counted in total.
Other CHCS	\$657,885	Includes Mommies Program (methadone program) and methadone pharmacotherapy costs (also included in CHCS line).
1115 Waiver DS-RIP Projects ⁹³	\$23,809,665	Valuation of all behavioral health projects in DY 4 (October 2014 to September 2015). This includes \$17 million from CHCS to Nix for their PES and CIU programs.
Total	\$123,907,234	University Health System funds included in the CHCS line as a revenue source were not double counted in total.

Information Into Action

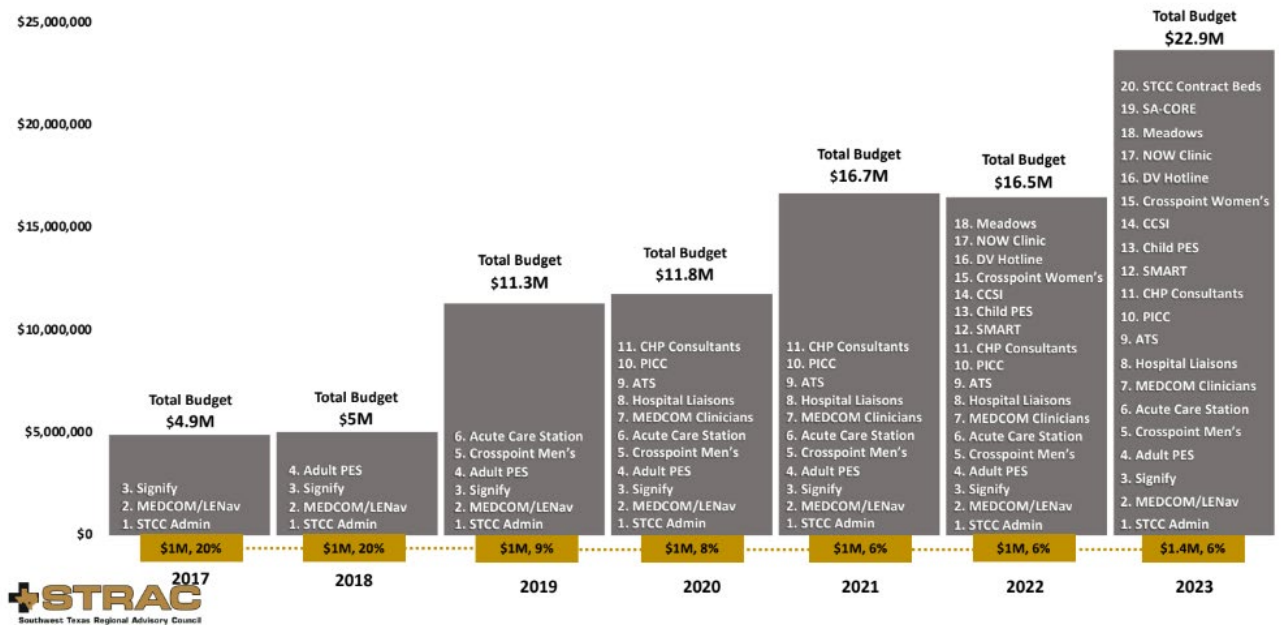
- Multiple Programs Developed From This Bexar County Assessment
 - Law Enforcement Navigation
 - PICC
 - CORE
 - PES Transfers
 - Men's Transitional Housing
 - Women's Transitional Housing
 - ACS in the Homeless Shelter



South Texas Crisis Collaborative —Funding

STCC Funding History

2017 - 2023



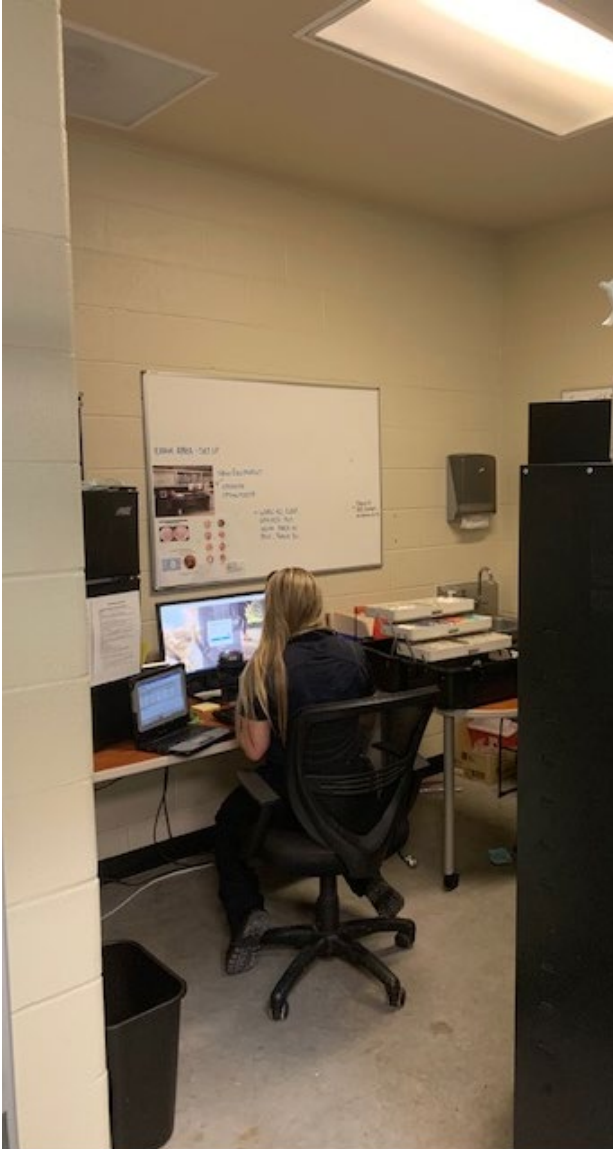
Haven for Hope Homeless Shelter

- Houses up to 4,000 people/families per night—largest in Texas
- Primary Care Clinic on Campus
 - Banker Hours
 - PA/NP
 - No Urgent Care Capability



Problem—In
2017 Over
1,500 Calls to
911 Per Year to
the Homeless
Shelter





SAFD Medic in the Homeless Shelter—Reality

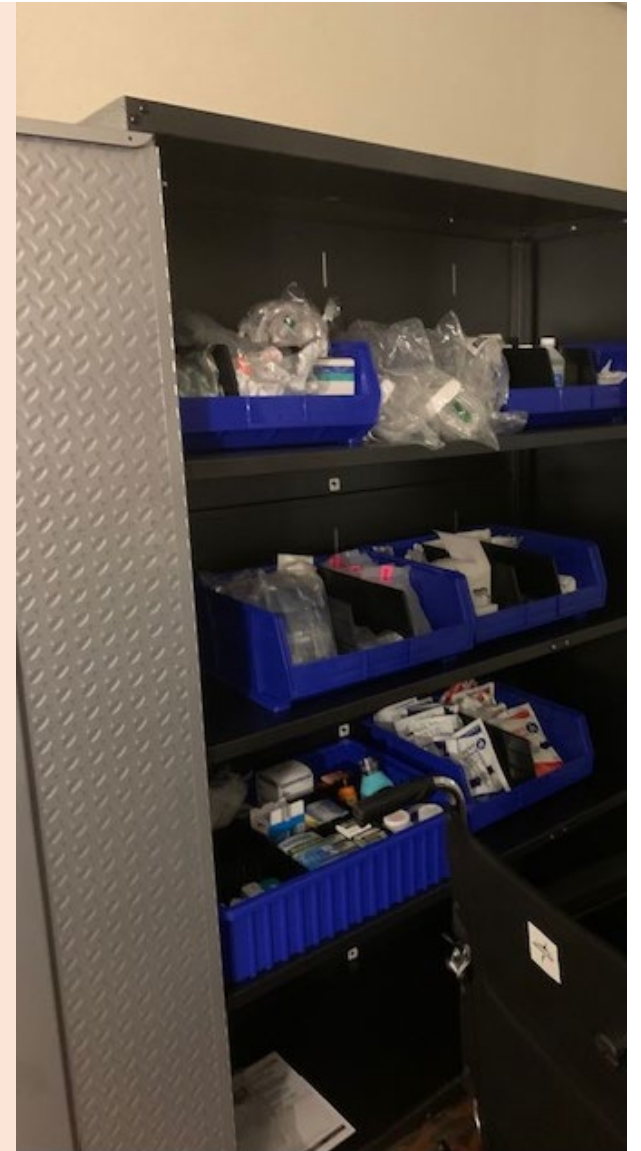
- Started as a Grant Project July 2018
- OT paramedic 1900-0700, 7 days a week
- Quick response unit – H4H Medic





Alternate Treatment Site

- COVID Hotel Location





Medications Given in the Acute Care Station

- OTC Analgesics
- Nausea and GI Meds
- Imodium
- Allergy Meds
- Cough Meds
- Lice-Scabies Treatment
- Limited Antibiotics
- Anti-Fungal
- Wound / Burn Care



Results

- 18 months before and after program start
- Decreased 911 calls
- Increased referrals to primary care services

Figure 1. Effects of ACS during the day and night

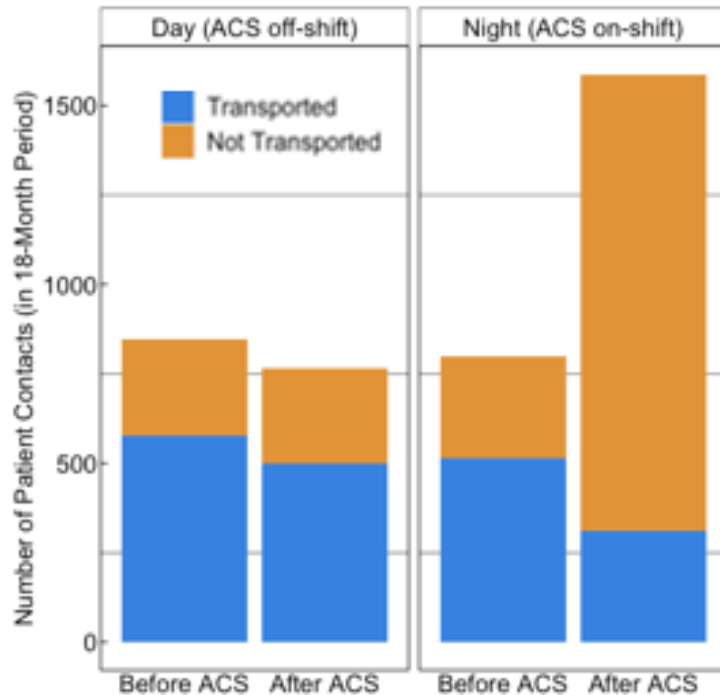
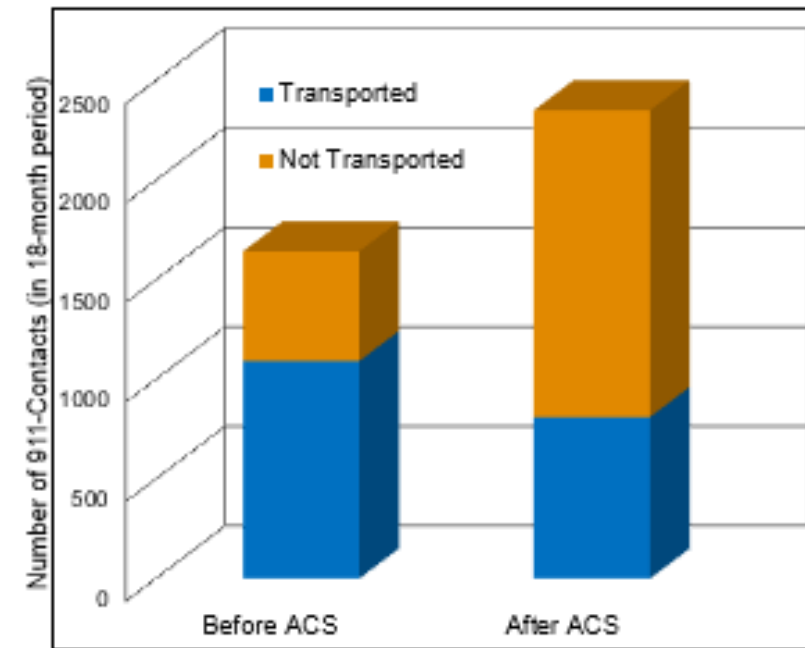


Figure 2. Overall effect of ACS on 911-contacts and transports



The Bottom Line

- Paramedic see patients under off-line EMS Medical Direction
- QA/QI of every chart through OMD
- There are twice as many patients seen after hours
- San Antonio 911 Call Volume Decreased
- Transport half the number of patients to an ER
- Directing patients to more appropriate clinic-based care



Questions?

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