

Estimated Use and Cost Avoidance of Sobering/Stabilization Services

Needs Analysis for Hospital and Jail Diversion

United Caring Services and Evansville Mental Health Commission
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Mission

To provide front line intervention in order to divert people who are feeling overwhelmed due to intoxication, substance use, and/or co-occurring mental illness away from unnecessary emergency dept., EMS, or criminal justice system use toward the help, safety, support, recovery they need while reducing repetitive instances/serialized use by the most vulnerable and chronic individuals.

Executive Summary

2,091 referrals—We estimate diversion services, based on 2020 data, could receive up to 2,091 referrals a year or up to 6 referrals a day from EMS, ED, and LEOs. (**Table 1**) These numbers may not be instant, but are realistic based on local data and frequency favors weekends. These are 2,091 opportunities for dignity, compassion, safety, and recovery to happen for people in need.

1,506 individuals—Given that 65% of individuals are one-time users (evidence based assumption) and the rest are frequent users who would frequent services five times a year (or more), diversion services could have 1,359 one time referrals and 146 chronic substance users, serial inebriants and/or those with frequent, untreated mental health issues.

986 hours saved—Utilizing diversion services could save LEO **2.70 hours** a day with an estimated **\$166,245** in avoided LEO time, booking and incarceration expenses or **\$455** per day. (**Table 7**)

332 hours saved—Utilizing diversion services could save AMR 30 minutes per referral resulting in **\$60,000** in avoided expenses as well as avoiding **\$1.3 Million** in ambulance rides. (**Tables 4 & 5**)

\$1.7 Million in hospital emergency department medical clearance cost reduction with 50% avoided for calls needing medical attention and assuming 50% of the eligible other calls would have utilized the ED as solution.

\$12,404 —Daily cost avoidance—The yearly cost avoidance for law enforcement, incarceration, EMS, and ED for this population is approximately **\$4.45 Million** while also providing 17 hours of greater service efficiency per day. (**Table 1**)

\$1,638.64—\$1,333.80—Daily cost to operate diversion services for four or seven days a week at a **757% - 930%** Return on Investment (ROI). (**Tables 3a and 3b**)



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Introduction

High service utilization and incarceration of individuals experiencing intoxication, substance use and/or co-occurring mental health crises is an identified problem in the City of Evansville and a contributing factor in jail overcrowding for Vanderburgh County. In 2016, at the request of Congregations Acting for Justice and Empowerment (CAJE), Mayor Lloyd Winnecke and Wyeth Hatfield of ECHO Community Healthcare (at the time) agreed to work on improving and developing an solution. They created the Evansville Mental Health Commission. In 2018, the commission partnered with United Caring Services (UCS), a local homeless shelter and services agency that had been exploring these issues as contributors to people's homeless as well as potential sobering program solution for their guests. Since then, a dedicated and evidence-based effort is being pursued to create a 'best-practices' sobering drop-off/stabilization unit in Evansville, IN as an improvement on current options.

Problem Statement and Solution

Our health and law enforcement professionals need a more dignified, more efficient, less expensive, and safe alternative for people experiencing an intoxication, substance use and/or co-occurring mental health crises than current opportunities allow.

Create a sobering drop off/stabilization center as a recognized and preferred alternative to a hospital emergency department, emergency medical services use, or incarceration.

Mission

To provide front line intervention in order to divert people who are feeling overwhelmed due to intoxication, substance use and/or co-occurring mental illness away from unnecessary emergency dept., EMS, or criminal justice system use toward the help, safety, support, recovery they need while reducing repetitive instances/serialized use of the most vulnerable and chronic individuals. (**Business Plan, Page 12**)

Data

Data was collected from the following service points: Evansville Police Department (EPD), AMR, Deaconess Hospital, St. Vincent Hospital, and the Vanderburgh County Sheriff's Office (VCSO). Each data source provided information on incidents of service for potential care center referrals, the cost and time avoidance estimates (**Table 1**), and/or service clarification, average cost of each service (**Table 2**), and Return on Investment (ROI) (**Tables 3a, 3b, 3c**). Other data that could be collected and added for even greater details is the ED use per hospital, the average number of days in jail and the specific and repeat costs of local court processing for this population.

Emergency Medical Services—American Medical Response (AMR)

Clients—Based on the program's inclusion criteria, AMR estimates a referral use of 664 clients from 911 dispatch calls based on 2020 numbers. Trends show a 2.4% increase from 648 potential referrals in 2019 and a 4.9% increase from 633 potential referrals in 2018. Analysis reveals a greater use focus on Thursdays through Sundays; however, there are unpredictable spikes throughout the week. Need increases slightly in the colder months.

Cost Avoidance—For AMR, diversion services would offer a cost avoidance of approximately \$90.25 per encounter for a reduction in time on call of \$75 and billing fees of \$15.25 (**Table 4**). A quicker turnaround time for the vehicle and crew is another positive result. Other long term benefits might include—increased service efficiency/coverage for AMR and reduction in compassion fatigue/stress for employees with a time saved of at least 30 minutes per referral.

Emergency Department—Deaconess Health System/St. Vincent Evansville

Clients—Local emergency departments do not track law enforcement drop-offs. Data on use of emergency department by incident that would meet care center criteria, their frequency, and the unduplicated number of people is needed data that would be collected by diversion services.

Cost Avoidance—For emergency departments, facility fees are the first level of cost avoidance based on patient need. Physician fees, cost for labs, images, etc. are conservatively estimated for this analysis to be \$2,500. Facility fees (in 2018) at Deaconess Midtown are as follows:

Class 2: \$ 1,000.00—A class 2 facility fee would be a patient who received an evaluation and monitoring with no advanced studies or IV Fluids.

Class 3: \$ 1,500.00—A class 3 would be a patient who also received IV Fluids or CT head.

For the purpose of this analysis, we estimate ED use costs at \$3,750 per patient. (**Table 5**)

Time Saved—6 to 8 hours for a total diversion

Synopsis: An intoxicated individual “sobering” in the emergency department, checked by staff, could take up to 8 hours. Long term benefits are similar to AMR with greater attention being paid to other patients instead of sobering client.

Time Saved—4 to 6 hours for a partial diversion

Synopsis: After an initial medical screen and monitoring, the individual is safely transferred to the center to sober up/stabilize and be motivationally engaged by case management into detox, treatment, and recovery.

For the purpose of this analysis, we average time saved of all ED service uses at 5 hours. (**Table 5**)

Law Enforcement—EPD and VCSO

Clients—Potential client referrals/drop offs will likely occur from intoxicated person, disorderly conduct, mental health episode, person down, and check welfare dispatch runs.

Cost Avoidance—We estimate the cost of 1 hour of police work to be \$78—including supplies, equipment, salary, vehicle, training, supervision, etc.

Intoxicated Person—451 Calls for Service in 2020 (Avg. Call Time 1—2.5 hours)

Public Intoxication—55 Release/Warnings and 145 Citations
251 Arrests (168—No Medical Clearance)
(83—Need Medical Clearance)

Synopsis: An officer may be dispatched to an individual stumbling, passed out in a public location, or refusing to leave an establishment. The individual is typically under the influence of alcohol or another substance. These runs can result in a warning/release, citation/release (with a ticket and court date), or arrest. We estimate all warnings and citations being eligible for referral and 50% of arrests being avoided by utilizing diversion services alternative. If an arrest occurs and the offender has a high BAC (.28 or higher) they will need to be medically cleared at a local hospital prior to arrest. If this occurs, an arrest can take approximately 2 to 3 hours. For this estimation analysis, we approximate 33% of all arrests utilizing medical clearance with 50% only needing EMT screening. (**Table 6**)

Disorderly Conduct—2119 Calls for Service in 2020 (Avg. Call Time 1—2.5 hours)

Disorderly Conduct—1760 Releases/Warnings, 21 Citations, and 3338 Arrests

Synopsis: An officer may be dispatched to someone involved in a verbal argument or someone who is harassing people. The individual may be intoxicated, experiencing a mental health episode, etc.

ED and Incarceration Diversion—We estimate 10% of release, warning and citation disorderly conduct calls to meet care center criteria and 50% of all arrests (including intoxicated persons) to instead be successfully referred to diversion services. **(Table 6)**

Mental Health Episode – 482 Calls for Service (Average Call Time 1.5—2.0 hours)

Synopsis: An officer may be dispatched to an individual suffering from a mental health episode. If the officer determines the individual is suffering from a mental disorder, threatens to harm himself/herself or others, or is gravely disabled (cannot care for self) they can be subject to a CIT (Crisis Intervention) and need more professional care. Non-CIT eligible individuals in need of stabilization/services may be ideal candidates for diversion services.

For the purpose of this analysis and based on local experience, we estimate 33% of mental health dispatch runs to not be CIT ineligible but still require some assistance/intervention currently unavailable in our community. We estimate 50% of these non-CIT calls for service that currently pass through the ED will be diverted to diversion services. **(Table 7)**

Person Down – 1379 Calls for Service (Average Call Time 1—1.5 hours)

Synopsis: An officer may be dispatched to a person on the ground. The individual may be intoxicated, under the influence of narcotics, deceased, taking a nap, or just fallen down and need assistance. These runs are very diverse and can result in multiple types of investigations, possible citations, a verbal warning, transport to emergency room, or no action taken.

For the purpose of this analysis, we estimate 15% of these calls for service as meeting care center criteria with half of those currently passing through the ED and eligible for full diversion. **(Table 6)**

Check Welfare – 7,342 Calls for Service (Average Call Time 1—2 hours)

Synopsis: A check welfare can vary substantially from run-to-run. They can consist of checking on an elderly family member to make sure they are okay to someone who may appear to be in need of assistance walking down the street. These runs can evolve into death investigations, narcotics investigations, arrest, crisis intervention, emergency department, etc.

For the purpose of this analysis, we estimate 5% of these calls for service as meeting care center criteria with half of those currently passing through the ED and eligible for full diversion. **(Table 6)**

Table 1. Referral, Cost Avoidance, Time Saving Estimate

Referral Source	Total Client Referrals	Est. Cost Avoidance	Time Savings (Hours)
AMR		\$59,926	332
AMR-ED	664	\$3,818,000	3,320
EPD	1040	\$83,896	986
EPD-ED	387	\$483,420	1,547
Yearly	2091	\$4,527,590	6,185
Daily	5.73	\$12,404	17

Table 2. Incident Scenarios and Estimated Costs

Costs Used in Estimates	Cost
Law Enforcement Cost (2 Hours of Officer time)	\$ 155.75
Jail Booking Fee ⁵	\$ 50.00
Daily Incarceration Rate	\$ 50.00
Average Court Fees ⁶	\$ 135.00
Average Cost of ED Visit*	\$ 3,750.00
Average Cost of Inpatient Visit*	\$ 14,000.00
Average AMR Ambulance Trip Cost*	\$ 2,000.00
Program Daily Rate (per bed)(6 beds)	\$ 260.42

*Avg. based on local provision in 2020 and/or adjusted Sonoma 2013 estimates⁴

Table 3a. Return on Investment @ \$340,387 (4 nights)

Program Daily Rate	Daily Cost Avoidance	Daily Rate (per 6 beds)	Return on Investment
\$ 1,638.64	\$ 12,404.36	\$ 273.11	757%

Table 3b. Return on Investment @ \$486,837 (7 nights)

Program Daily Rate	Daily Cost Avoidance	Daily Rate (per 6 beds)	Return on Investment
\$ 1,333.80	\$ 12,404.36	\$ 222.30	930%

Table 4. American Medical Response (AMR) Cost Avoidance and Time Saving

Source Year	AMR Estimated Referrals/Year	AMR Avoidance (Time + Billing)	AMR Time Saved (Hours)	AMR Yearly Cost Avoidance	AMR Yearly Time Saved (Hours)
2018	633	\$ 90.25	0.5	\$ 57,114	316.42
2019	648	\$ 90.25	0.5	\$ 58,520	324.21
2020	664	\$ 90.25	0.5	\$ 59,926	332.00

Table 5. Ambulance Trip and Emergency Dept. Cost Avoidance

Source Year	AMR Estimated Referrals/Year	AMR Ambulance Trip	Ambulance Trip Cost Avoidance	ED Cost Avoidance (\$3,750)	ED Time Saved (Hours)	Yearly Ambulance/ED Cost Avoidance
2018	633	\$ 2,000	\$ 1,265,680	\$ 2,373,150	3,164	\$ 3,638,830
2019	648	\$ 2,000	\$ 1,296,000	\$ 2,430,000	3,240	\$ 3,726,000
2020	664	\$ 2,000	\$ 1,328,000	\$ 2,490,000	3,320	\$ 3,818,000

Table 6. EPD + VCSO with Incarceration Expense and Time Estimates

2020 Calls for Service with Consequence Estimates	Dispatch Runs	Est. Run Time (Hours)	LEO Expense (\$78/hr)	Incarceration + Booking (\$100)	Med Clear (\$3,750) Avoid 50%	Est. Yearly Total Expense	Est. Yearly LEO Time (Hours)
Intoxicated Person	451						
Release/Warning	55	1.00	\$78.00			\$ 4,291.72	55.02
Release/Citation	145	1.25	\$97.50			\$ 17,682.44	181.36
Arrest	No Med (67%)	2.00	\$156.00	\$16,795.24		\$ 42,995.81	335.90
251	Need Med (33%)	2.50	\$195.00	\$8,289.38	\$155,426	\$ 179,879.55	207.23
Disorderly Conduct	2119						
Release/Warning	1760	1.00	\$78.00			\$ 137,250.17	1759.62
Release/Citation	21	1.25	\$97.50			\$ 2,556.71	26.22
Arrest	No Med (67%)	2.00	\$156.00	\$22,694.49		\$ 58,097.89	453.89
338	Need Med (33%)	2.50	\$195.00	\$11,145.94	\$208,986	\$ 241,866.90	278.65
Mental Health Episode	482						
CIT	321	2.00	\$156.00			\$ 50,122.99	642.60
Non CIT (33%)	161	1.50	\$117.00	\$16,065.06	\$301,220	\$ 336,081.06	240.98
Person Down	1379						
Eligible (15%)	207	1.25	\$97.50	\$5,171.25	\$387,844	\$ 413,182.88	258.56
Non-Eligible	1172	1.25	\$97.50			\$ 114,284.63	1465.19
Check Welfare	7342						
Eligible (5%)	367	1.50	\$117.00	\$9,177.50	\$688,313	\$ 740,440.70	550.65
Non-Eligible	6975	1.50	\$117.00			\$ 816,063.30	10462.35
TOTAL						\$ 3,154,797	16918

Table 7. LEO and Incarceration Cost Avoidance and Time Saving

Calls for Service	LEO Referrals (Non Med)	Dispatch Run Time (Avoided)	LEO Expense	Incarceration and Booking Cost	Yearly Cost Avoidance	Yearly Time Saving (Hours)
Intoxicated Person	326	0.94	\$73.70	\$16,795.24	\$49,077.45	308
Disorderly Conduct	347	0.94	\$73.70	\$22,694.49	\$59,434.83	328
Mental Health Episode	80	1.00	\$78.04	\$16,065.06	\$22,333.57	80
Person Down	103	0.83	\$65.03	\$5,171.25	\$11,897.24	86
Check Welfare	184	1.00	\$78.04	\$9,177.50	\$23,501.56	184
TOTAL	1040			\$89,338.86	\$166,244.65	986

Data Analysis

The data provides a clear picture of where cost avoidance and time savings may be realized if/when this care center program is implemented. It is important to note that the data provided by each stakeholder may include a small amount of duplicated individuals. Calculated efforts were taken to compensate for this possibility by reducing dispatch overlapping. The data did not allow analysis to exactly determine how many unduplicated individuals were served by each service provider, or how many service providers each individual utilized. The data does reflect an estimated total cost to the community health and criminal justice systems by this population.

Included scenarios reflect current costs, potential savings, and community restoration (**Table 8**).

These scenarios reflect the immediate importance of diversion services to this population by diversion services. Additional impact concerning the details and long term cost savings gained by and through intervention and referrals to treatment that further stabilizes people experiencing substance use/mental health crises, breaking of homelessness cycle due to the diversion intervention, and reduction of long term jail population would need further study. All of these scenarios demonstrate the potential positive outcomes of the center program for its target population.

Scenarios 1a & 1b illustrate the estimated cost for law enforcement to utilize diversion services. These scenarios set the service cost as utilizing 6 beds and operating at/near capacity.

As seen in **Scenario 2**, when an arrest and incarceration is made the cost for that action is higher (at least \$100 per incident) than diversion. This is thanks to a low estimated single night jail stay and booking fee; however, by being arrested/incarcerated this individual will miss is the motivational case management urging toward behavior change and an opportunity to avoid the trauma of jail while building relationship to break or stop a destructive cycle.

As demonstrated in **Scenario 3** and **Scenario 4**, there are clear cost savings to law enforcement, local hospitals, EMS, local governments, and insurance providers when patients can be diverted directly to diversion services. A crisis response team/vehicle, sent from the center or partner agency, could also be utilized to transport to the center from the ED, EMS, or LEO scene by referral allowing for improved diversion. With this improved diversion, for example, if medical screening was needed in the ED, the client could then be referred to the center from the ED. This would allow the client to stabilize and help avoid any additional costs of health care services and allow ED and EMS staff to be better utilized for other patients or another dispatch.

Scenario 1a: Law Enforcement to Center

	Cost
LEO Cost (1 hr.)	\$ 39
ESC Daily Rate (per bed/4 nights)	\$ 260.42
Total Cost	\$ 299.35

Scenario 1b: Law Enforcement to Center

	Cost
LEO Cost (1 hr.)	\$ 39
ESC Daily Rate (per bed/7 nights)	\$ 194.06
Total Cost	\$ 233.06

Scenario 2: Law Enforcement to Jail

	Cost
Law Enforcement Cost (2 hr.)	\$ 155.75
Jail Booking Fee	\$ 50.00
Day of Incarceration	\$ 50.00
Court Fees	\$ 135.00
Total Cost	\$ 390.75

Scenario 3: Law Enforcement Calls Ambulance Clears at ED

	Cost
Law Enforcement Cost	\$ 155.75
AMR Ambulance Trip	\$ 2,000.00
ED Visit	\$ 3,750.00
Total Cost	\$ 5,905.75

Scenario 4: Ambulance to ED

	Cost
AMR Ambulance Trip	\$ 2,000.00
ED Visit	\$ 3,750.00
Total Cost	\$ 5,750.00

Scenario 5: Law Enforcement, Ambulance Ride, ED and Hospital Admission

	Cost
Law Enforcement Cost	\$ 155.75
AMR Ambulance Trip	\$ 2,000.00
ED Visit	\$ 3,750.00
Inpatient Visit	\$ 14,000.00
Total Cost	\$ 19,905.75

Conclusion

Diversion services will operate on the front lines of intoxication, substance use and/or co-occurring mental health crises intervention in Evansville encouraging people and providing a positive pathway for them to seek assistance for their issues. Bringing this type of compassionate, assertive, motivational intervention to the front lines is needed in Evansville, IN. It will not only save money and time for law enforcement, EMS, and ED service providers, but it will build positive relationships, provide reliable referrals, fill gaps in current service provision, help navigate people into healthier and safer outcomes, and further improve local collaboration. Breaking the cycle of chronic inebriation and substance use, will also generate incredible down the line community cost avoidance/savings.

This program will improve to the safety, services, and image of our community — in the downtown area, in our local neighborhoods, and for every citizen in need who will now have this opportunity for change. Diversion services will help reduce the burden and uncertainty placed on local businesses who frequently contact the police to help remove intoxicated and/or disorderly individuals from their premises.

Diversion services will address chronic intoxication issues and support the overall improvement of the clients' health in ways not yet pursued in our community, but proven effective in other areas.⁴ It will offer an additional support system and option to more effectively and efficiently serve the community for law enforcement. It will help keep the men and women who serve and protect our community safe and in a more positive mindset by giving them the tools they need to do their job well.

United Caring Services (UCS) strives every day to be a place where individuals, organizations, and agencies collaboratively create a community of caring. In that collaborative place, as part of this community of caring, our mission to provide values-based, low barrier, sustainable, and high-quality homeless shelters, services, and solutions happens.

While people experiencing homelessness are not the only target demographic who will benefit from intervention, diversion and support services, we know that issues of serial inebriation, substance use and/or co-occurring mental health issues are major contributing factors that cause and continue people's homelessness. We believe that diversion services will add to and enhance the high-quality homeless shelters, services, and solutions we offer. UCS will be able to build upon existing partnerships and community collaborations, lower local service barriers, and raise the supportive and therapeutic level of care UCS provides across all its programs. This program will not only transform UCS, but it will add tremendous value and benefit across our entire region.

High service utilization and incarceration of individuals experiencing serial inebriation, substance use and/or co-occurring mental health crises is an identified local problem. Creating these diversion services as a recognized and preferred alternative to a hospital emergency department, emergency medical services use, or incarceration will help address and reduce these issues. Diversion services will work in partnership with professional substance use treatment and behavioral health providers especially SBH's Crisis Response Team and their Crisis Stabilization Unit (CSU) to bolster the continuum of care for people in crisis and further improve our local systems.

Since the inception of this diversion services idea for Evansville, we estimate missing the opportunity to assist 3,000 people and to reduce a two year total cost avoidance/savings of **\$8,000,000**. Had these diversion services started in/by 2020 as originally planned, the local community would have saved an additional \$300,000 based only on increased referral estimates from 2018 to 2020.

This program is needed now. Every day six people in crisis lose an opportunity for employment, housing, recovery and renewed relationships plus the \$10,000 a day in avoidable, inefficient costs.

Resources

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