Chronic Public Intoxication: Considerations for implementing and running a sobering center

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Agenda

- What is a "sobering center"?
- Programs in the US
- San Francisco Sobering Center
- Developing a sobering center
- Data & evaluation
- Next steps

What is a "sobering center"?

- *Public facility where individuals acutely intoxicated on alcohol can safely recover from acute intoxication.*
- Often utilized as alternative to jail and emergency departments.
- Excludes:
  - longer-term (>2 nights) housing, medical detoxification and residential substance abuse treatment centers
  - private-pay centers unless affiliated with a sobering center

Definition offered by: Sobering Center Collaborative

Sobering: programs nationally

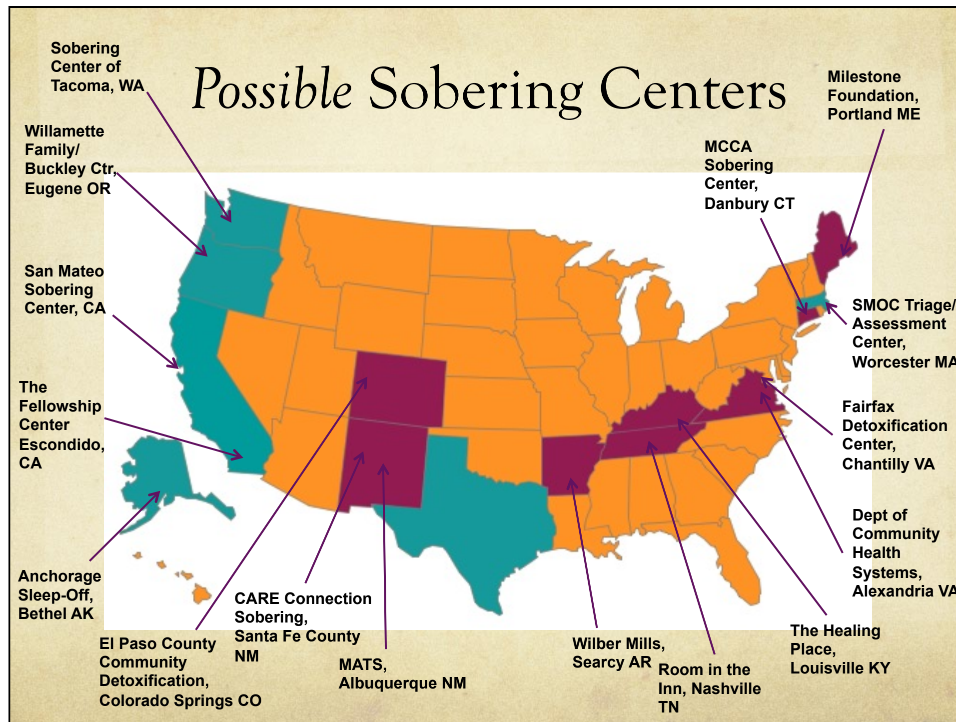
Sobering Center Surveys

- Three surveys conducted in 2013 by different parties

Goals:

- Confirm existing sobering programs
- Start dialogue regarding common language, goals
- Investigate best practices
- Begin dialogue regarding standards of care and evaluation, including data collection

Confirmed Sobering Centers



Sobering Centers

Similarities between confirmed sobering centers:

- Most financed by local government (city or county)
  - Bethel AK (state-funded)
  - Santa Barbara (police department/local hospital)
- No security on site
  - Houston TX the exception
- Care for adults aged 18 and older
- All centers take clients from police

Typical Referral Sources

- Police
- Ambulance/ Emergency medical services
- Emergency departments
- Outreach vans – including emergency medical response vans and homeless outreach services
- Walk-in/ self-referral

Referral Sources

Police referrals ONLY

- Volunteers of America Sobering Center (San Diego)
  - Collaborates with Serial Inebriate Program (SIP)
- Houston Center for Sobriety (TX)
- Santa Barbara Community Sobering Center (CA)

Jail & ED Diversion/ Relief

Via EDs or EMS-Response Vans

- Dutch Shisler Service Center (Seattle WA)
- Cherry Hill Sobering Center (Alameda CA)
- CASPAR Emergency Services Center (Cambridge MA)
- Yukon Kuskokwim (Bethel AK)
- Central City Concern (Portland OR)
- San Francisco Sobering Center (CA)*
  - *Direct from ambulance also

San Francisco Sobering Center

San Francisco Sobering Center: History

Why a Sobering Center in SF?

- **ED diversion** rates increase 10-fold
- Individuals with chronic public intoxication **>20% of all ED visits**
- **One-third ambulance** transports for homeless alcoholics.

July 2003: Sobering Center Pilot Project

"McMillan Stabilization" established by Department of Public Health in collaboration with non-profit Community Awareness & Treatment Services (CATS)

Reference: Lelchuk, I. (2005). S.F. tries to aid homeless alcoholics. San Francisco Chronicle, October 5, 2005.

Reference: Alioto, A. (2004) The San Francisco plan to abolish chronic homelessness. Retrieved February 2007 at http://sfgov.org/site/uploadedfiles/planningcouncil/news/TheSFPlanFinal.pdf.

Goals of SF Sobering Center

Mission Statement

- The mission of the San Francisco Sobering Center is *to provide safe, short-term sobering and care coordination for acutely intoxicated adults* in San Francisco.

Main focuses of the SF Sobering Center:

- Reduce inappropriate use of emergency department resources.
- Decrease use of ambulance transports for acutely intoxicated individuals.
- Increase care coordination for chronic inebriates.

San Francisco Sobering Center

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Surge Services

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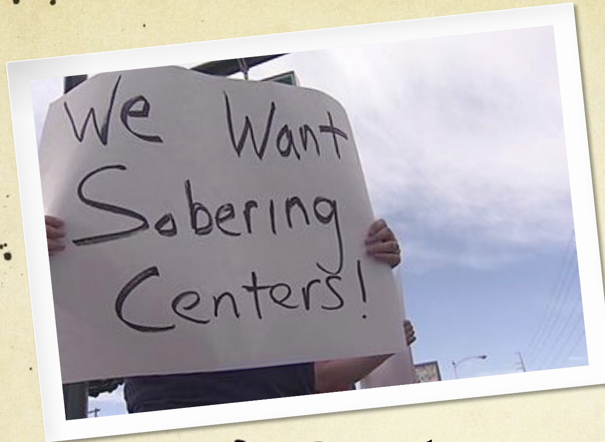

Developing a sobering center

Developing a Sobering Center

Some initial considerations:

- **Focus:** ED, jail, homeless health, public health?
- **Clients:** High utilizers/chronic versus Binge drinkers?
- **Substance:** Alcohol-only versus Other drugs?
- **Stakeholders** and collaborating partners?
- **Budget:** Financing options

Focus of sobering program

Where's the relief or help needed?

- Municipal jail/ police department
- Emergency department(s)
- Public health/Safety (i.e. exposure, assaults, trauma)
- Shelters (i.e. Overcrowding, lack of safe oversight, no 24/7 access)
- Homeless healthcare services
- Connection to substance abuse services

....All the above goes directly into staffing and programmatic configuration.

Focus: Staffing

Staffing models vary:

- Local, specifically trained staff (front-line staff certification or licenses not necessarily required)
- EMT-only or EMT/Paramedic
- Registered Nurses or Licensed Vocational (Practical) Nurse

Additional staff may include:

- Substance abuse specialists; medical assistants; nursing assistants; community health workers; peer level staffing
- Volunteer staff of all levels
- Security

Staffing: SF Sobering Center

- Started with LVN-only
- Converted to RN/MEA staffing model

- Ambulance diversion
- Ability to provide medication management
- Advanced wound care
- 24/7 response to Medical Respite emergencies

LVN: Licensed vocational nurse; RN: Registered Nurse; MEA: Medical assistant

Target Clientele

- Individuals with chronic public intoxication and/or alcohol dependence
- Periodic binge drinkers

Considerations for different populations:

- Connection to services – detox or shelter access options
- Alcohol poisoning versus chronic medical disorders
- Tendency towards violence/ inappropriate behavior
- Comorbid mental illness

Substances

- Alcohol-only
- Alcohol+
- Other drugs – which ones?

Particular considerations:

- Meth/PCP: higher propensity for violence; inability to stay in communal environment
- Opiates/ Heroin: overdose, decreased respirations

Stakeholders

- Emergency medical services
- Municipal jail
- Police/Sheriff departments
- Hospitals
- Homeless healthcare and service providers
- Case management services
- Community: residents, businesses
- City/County administrators
- Supervisors
- Clients themselves

Stakeholders: EMS/ED

- San Francisco: In 2003, little known regarding EMS/ ambulance triage to sobering programs
- EMS Diversion Pilot: one-year starting October 2003
  - Developed and evaluated decision tree for triage
  - Evaluated feasibility and safety of ambulance triage directly to sobering versus ED
  - EMS administrators work to alter state-level policy
- Sobering established as Ambulance Destination in August 2005
- Today: Five studies (US and international) published in 2012-2014 regarding ambulance triage to sobering center destination

Stakeholders: Criminal Justice

- To criminalize or no?
- Can you have a sobering center that is non-punitive in a system which criminalizes public intoxication?

San Francisco:

- Public intoxication report: 647-f P.C., misdemeanor
- Individuals may be cited by officers for public intoxication prior to arriving at sobering. This is separate from the sobering program and does not affect individual stay.
- Citation **not** required for sobering. Most are not cited.

Budgetary Considerations

- Are there any billing options for your services?
- Any other 24/7 programs with which you can share space/expenses?

Possible funding streams:

- General Fund of city/county/state
- Department of public health
- Police department
- Grants
- County measures/bonds via vote
- Private entities (hospitals, foundations)

Budgetary Considerations

Expense Categories	
Building	Rent, insurance, utilities, maintenance, janitorial, permits
Staffing	Salaries, benefits, training, security
Equipment	Vital sign machines, desks, computers, phones, fax
Patient Care	Medical supplies, bedding, nutrition, electrolytes, medications, laundry
Consumables	Brochures, office supplies, staff perks, bathroom and kitchen supplies

Budgetary Considerations: SF

San Francisco initiated program with one-time grants from:

- Northern & Central California Hospital Council: $400,000
- Private hospitals in SF: ~$400,000 combined
- City & County of SF General Fund

Current:

- Ongoing funding as line item in General Fund budget
- 2013: Received FQHC* status with Medical Respite as satellite to primary care clinic. Billing only NP/PA hours

*FQHC: *Federally-qualified health center*

Data Collection & Evaluation

Evaluation

Purpose of evaluation

- Service improvement, including expansion
- Continued funding
- New funding streams including grants
- Comparative analysis between sobering programs
- Comparison to alternative (ED/Jail) services

Evaluation

Data to collect:

- Distinct clients: recidivism, visit history
- Demographics: gender, housing status, age, ethnicity
- Admission: referring party, time, day of week
- Health measures: level of intoxication, hypothermia, ambulatory status, cognition
- Incidents: emergencies, injuries, behavior
- Outcome: disposition, referrals made, services provided, length of stay

Measures of Success

No standardized measures between programs at this time

Evaluation of program ability to accomplish:

- Raw numbers of individual clients and encounters
- "Safe sobering"
- Recognition of and treatment provided for higher medical or psychiatric needs
- No new injuries sustained during sobering
- Equivalent or lower cost compared to traditional services

How to measure impact on traditional services after sobering program created?

Best Practices

And barriers from Sobering Programs across the country

Barriers

- “Lack of access to substance abuse services”
- “Not enough supportive housing”
- “Different views [by various community stakeholders] of exactly what *is* addiction and substance abuse, and how it should be managed”
- “Serving high-risk population without medical staff”
- “Getting word out to community and referring parties about what we can and cannot do”
- “Finding staff willing to work with intoxicated clients”

Best Practices

- Strong **collaborations** with: community support services; case management programs; high-utilizer efforts; referring parties
- **Peer-to-peer** recovery support services
- Introduction of **Serial Inebriate Program** (with police department)
- **Staff training**: motivational interviewing; SBIRT; harm reduction; substance abuse and addiction; trauma informed care
- **Volunteer** program for healthcare providers
- Option for **private/isolation rooms**
- Medications for **withdrawal management** to bridge to detox

Next steps: what is the future for sobering centers?

Sobering Center Collaborative

Group of individuals nationwide interested in furthering the discussion of sobering programs.

Goals include:

- Confirm existing programs
- Determine best practices
- Standards of care
- Data collection recommendations
- Define measures of success for ongoing evaluation
- Evaluate cost-benefit and cost-effectiveness of sobering programs as compared to traditional alternatives
- Explore programmatic connections: Detoxification, respite, shelter, wet housing

Contact Information

For information on sobering centers, or to join our national **Sobering Center Collaborative**, contact:

- Shannon.smith-bernardin@sfdph.org
- 415-734-4209

Check out our new SF Sobering Center website :

- http://www.sfsoberingcenter.com