



# Petaluma Sober Circle

# **NATIONAL HEALTH CARE FOR THE HOMELESS WASHINGTON D.C. JUNE 2017**

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Petaluma Sober Circle  
Petaluma , California**



**The Petaluma Sober Circle is a community safety-net project supporting homeless individuals struggling with addiction.**

**Through our outreach program we establish relationships, build trust and offer a choice for sobriety. We provide guidance along the sober pathway, including transportation to a safe in-patient detox facility, residential treatment, housing or shelter options, medical care, counseling and more!**

**You don't have to do it alone.**

# Sober Circle Work Shop Goals

- Be able to identify partners needed to create a homeless engagement program for alcohol recovery
- Identify cost savings to the community and health outcome
- Have a simple model of care to start your own community sobering project

# Can you identify key partners in your community

- Who are your partners?
- How can they contribute to a circle of support and care while the client moves through the process of finding sobriety?

# Community Challenges and Strengths

- What are the challenges and strengths in your community that could influence the creation of a sobriety program?
- Communities collaborate in different ways and have different challenges when trying to work together.

# What is the problem?

- Sober service access difficult and limited
- No funding for residential treatment
- Limited safety-net coordination
- Homeless chronic inebriates disproportionately consuming community resources
- Impact on emergency, medical, safety services

# Detox, the revolving door

“I spent 5 days in detox and it was wicked. Felt good walking out the door sober and then it hit me...**now what?**”



**What did we do ???**



# Gather your team

- Invite stake holders to meet
- Share impact on individual and community health, costs and resources
- Have a clear **ask**
  - Partnership, collaboration, funding, documentation, communication, MOUs

# *The Team:*

- Shelter system
- DETOX/County Services
- Project management (Healthcare district)
- Police, EMS
- Hospital/ED
- Clinical care /Mental health
- Insurers/funders

# The PSC Model:

## First Contact:

- Outreach
- PPD
- Detox
- Clinic/ED
- Shelter
- Courts

## Detox/In-patient:

- 3 day detox
- Min 31 day inpatient
- Coordinated intake
- Case management

## Shelter:

- On-going mental health
- Physical health
- Support services
- Case management

## Housing:

- Permanent supportive
- Housing assistance
- On-going support

# OUTREACH WORKER

- Daily outreach to homeless encampments
- **Develops supportive trusting relationships**
- Coordinates transportation, paperwork and communication.
- Set goals, find meaningful activities and develop trust
- Identifies other needed services

# Case manager

- Case Management contact daily
- Recovery contract
- Resolving Court Issues
- Transportation to appointments
- Sign releases, PCP/insurance, baseline lab
- Employment support/Benefits advocacy
- Budgeting and savings, Housing referrals
- Connecting to community

# POLICE

- 2 dedicated officers Force training-crisis negotiation
- Tracking (647g/f reports) and records
- Ensure safe environment
- Can coordinate transportation and client arrival (taxi)
- Identifies system abusers

# DETOX

- Project introduced after 6-12 hours sober
- Outreach worker introduction
- Access to medications
- Initial intake
- 3-5 days



# Residential Treatment

- Detox complete
- Admission confirmed with Outreach Worker and Shelter
- All forms completed
- Transportation via taxi or Outreach Worker
- 31-90 days 61% completed treatment
- **On-going Outreach support**

# Shelter

- Shelter space upon discharge
- On-going sobriety and mental health support
- Housing enrollment, other services available
- Sobriety maintained, requirements met, housing available → HOUSING

# CLINIC

- Identifies potential clients, shares Sober Circle
- Contacts Outreach Worker to start relationship
- Contacts Detox and inform they are sending a client
- Arranges transportation and medication (required life sustaining meds)

# EMERGENCY DEPARTMENT

- Identify “Frequent Flyers”
- Introduce Sober Circle
- Connects with outreach worker, provides materials
- Note ICD 10 dx for ETOH and code for un-housed on billing (Z59.0 or Z59.1)

# Project management

- Convenes team
- Secures funding, grants management
- Data
- Follow up on action items
- Community education and public relations

# Mental Health

- Psychiatry
- Psychologist
- Individual therapy
- Group therapy/12 step programs

# We are doing it !

- **261 Encounters ratio 3.73 per client (15 months)**
- **43** enrolled clients year to date
- **24** completed treatment  
60% relapse 1<sup>st</sup> 12 mos. 9 back in program

# We are doing it!

- Reduced burden on police, fire  
18 detox transports by police 2014,  
1 transport 2016
- Reduction in ED or admissions 60% less  
from visits from prior to program a savings  
of \$76,266 of our original 19
- 37% of the original 19 members that  
completed treatment got housed



# Stories to share

- Mr. X 201 Detox visits in prior 12 months , 90 plus days in our program without relapse or need for detox
- One of first members now sober over 12 months and working as a support to others
- First member 2 short relapses now sober for 4 months with 1 ER visit in 12 months .

# What are some challenge solutions?

- Funding?
- Transportation ?
- Partners?
- Housing?

# Find the Balance in Life



**Thanks to all ! A special thanks to our consumer participants who's journey and feedback is the most important part of the process for improvement**

COT's Committee on the Shelterless  
Petaluma Health Care District  
Petaluma and Rohnert Park Health Center  
Petaluma Police and Fire Department  
DAAC Detox and treatment  
Sonoma County Task Force for the Homeless  
National Health Care for the Homeless  
San Diego Serial Inebriate Program

**FUNDERS**

St. Joseph Health System  
Kaiser Permanente  
Partnership Health Plan

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