

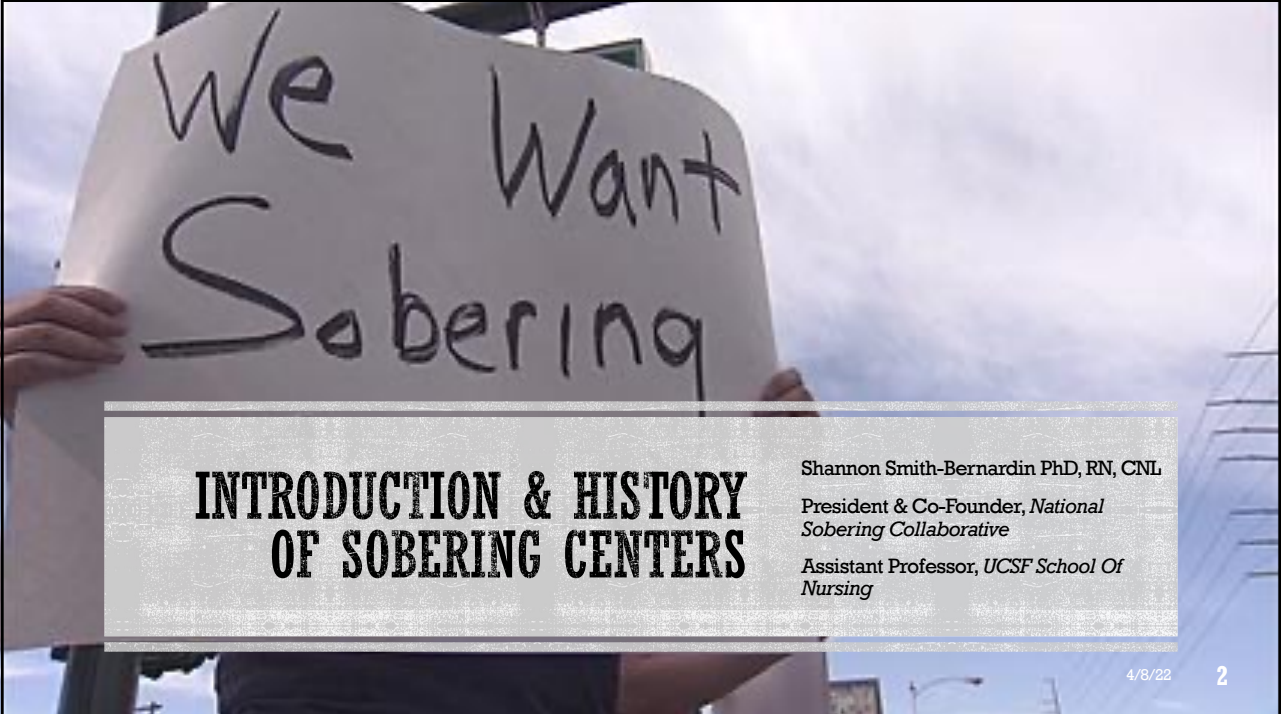


NATIONAL SOBERING COLLABORATIVE

1D: SOBERING CENTERS AT THE INTERSECTION OF HOMELESSNESS AND POLICING

- Shannon Smith-Bernardin | National Sobering Collaborative | Oakland, CA
- Suzanne Jarvis | Houston Recovery Center | Houston, TX
- James Dunford, Marcos Estrada | San Diego Mcalister Sobering Services Center | San Diego, CA
April 6, 2022

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INTRODUCTION & HISTORY OF SOBERING CENTERS

Shannon Smith-Bernardin PhD, RN, CNL
 President & Co-Founder, *National Sobering Collaborative*
 Assistant Professor, *UCSF School Of Nursing*

4/8/22 2

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DEFINING A SOBERING CENTER

- Initiated with “*Uniform Alcoholism & Intoxication Act, 1971*”
 - Created and co-located “sobering” and “detoxification aka detox”

- What sobering is: *Community facility where individuals with intoxication can safely recover from the acute effects of alcohol and/or drugs*
 - Likely 50 to 60 sobering care programs nationally
 - Also called *stabilization centers, recovery programs, sobering services centers, sober-up facilities*, or may be a *part of crisis stabilization centers*



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What it is **not**:

- Detox – either Social or Medical (with goal to remove substance(s) from body over number of days)
- Sober Living – post-rehabilitation residence where all residents are practicing sobriety
- Treatment/ Rehabilitation – typically aimed at long-term abstinence and recovery
- Managed Alcohol Program – harm reduction effort providing alcohol on scheduled, monitored basis

A program may offer aspects of the above (for example, ambulatory detoxification for certain clients) yet the main goal is sobering care.

WHAT A SOBERING CENTER IS NOT

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FUNDAMENTAL CHARACTERISTICS

- Accepts adults typically 18 and older with acute intoxication: may be alcohol and/ or drugs
- Low barrier/ easily accessible
 - Accessible to all adults who meet basic safety criteria for entry (i.e., no medical complaints, behaviorally appropriate, not actively suicidal)
 - No restrictions* based on insurance, documentation, ID, ability to pay
- Clients typically not billed
 - Voluntary donation, “Pay it forward”
- Flexible to the needs of the community and population(s) served
- Non-punitive

*Sometimes locational restrictions based on individual status (i.e., near school)

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TYPICAL SOBERING VISIT

- Identification of intoxicated adult in a public space and screened via basic criteria
- Short intake assessment by sobering staff
- Bed or mat provided for rest
- Continuous monitoring by staff for safety, emerging needs
- Engagement with sobering staff with emphasis on peer level providers
- Resources and referrals initiated based on client interest and community resources
- Typically provided: food/ snack, oral hydration, clean clothing or laundry as needed, hygiene services
- Disposition in ~4-12 hours after able to self-care

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SERVICES FOR CLIENTS EXPERIENCING HOMELESSNESS

Services dependent on specific facility

- Support for nutritional needs
- Hygiene services: bathrooms, shower, clean clothing and shoes
- Laundry services (most programs)
- De-lousing, infestation treatments
- Access to shelter system
- Case management
- Medical / health oversight for chronic conditions
- Residential referrals – detox, rehab
- Entitlements (SSI, general assistance)
- Referrals to health insurance
- Coordination with Homeless Outreach and Street Medicine/ Street Health Outreach Teams
- Coordination with Community Paramedicine, Law Enforcement



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MEASURING SUCCESS OF A SOBERING CENTER

Sample benchmarks:

- Safe recovery from intoxication, ability to self-care
- Recidivism/ 'Return visitors'
- Minimal discharges to ED/ Police

Reductions in:

- Emergency department visits
- Law enforcement time
- Jail bookings/ Court time/ Charges
- Staff turnover (ED)
- Hospital admissions for alcohol withdrawal

Increase in:

- Staff satisfaction (including ED/ Hospital/ Jail)
- Referrals and transfers to after-care
- Client engagement with staff, services

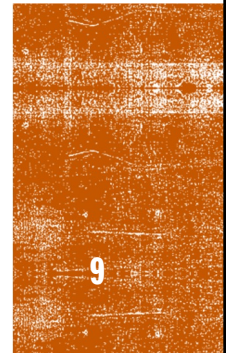


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**MCALISTER SOBERING
SERVICES CENTER
SAN DIEGO CA**

**HOUSTON RECOVERY
CENTER
HOUSTON TX**

4/8/22



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San Diego Sobering Services Center



Marcos Estrada
Program Manager



Jim Dunford
Medical Director

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Goal

- Describe collaborative programs between law enforcement and the San Diego Regional Sobering Services Center to assist individuals with substance use disorders who are experiencing homelessness



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City of San Diego

- 8th largest U.S. city
 - 1,423,851 population
- Median home price: \$826,000
- Avg. rent (876 sq ft.): \$2756/mo.
- 3rd largest homeless population



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Dunford world view 1980-2017



UC San Diego-Hillcrest Emergency Department



Medical Director, City of San Diego EMS

San Diego Union-Tribune. March 31, 2012, at <http://www.utsandiego.com/health-care-911/>

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The impact of 15 chronically intoxicated individuals

1997-1998 (18 mo.)

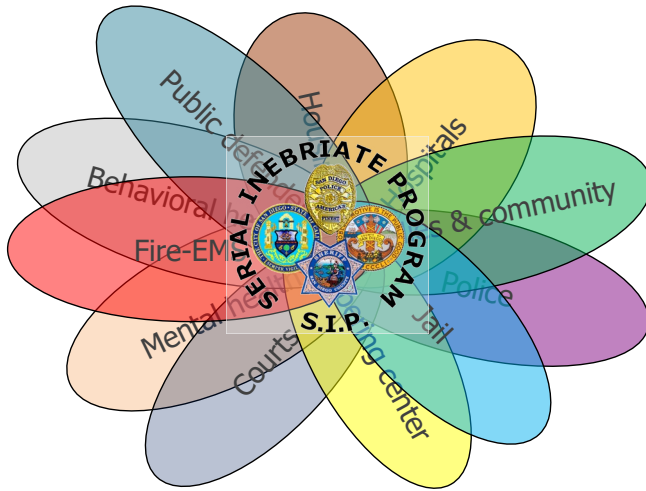
- 2 hospitals
- 417 ED visits
- \$1,476,000 charges



Dunford J. Report to SDPD Chief William Lansdowne

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Serial Inebriate Program (SIP) Stakeholders

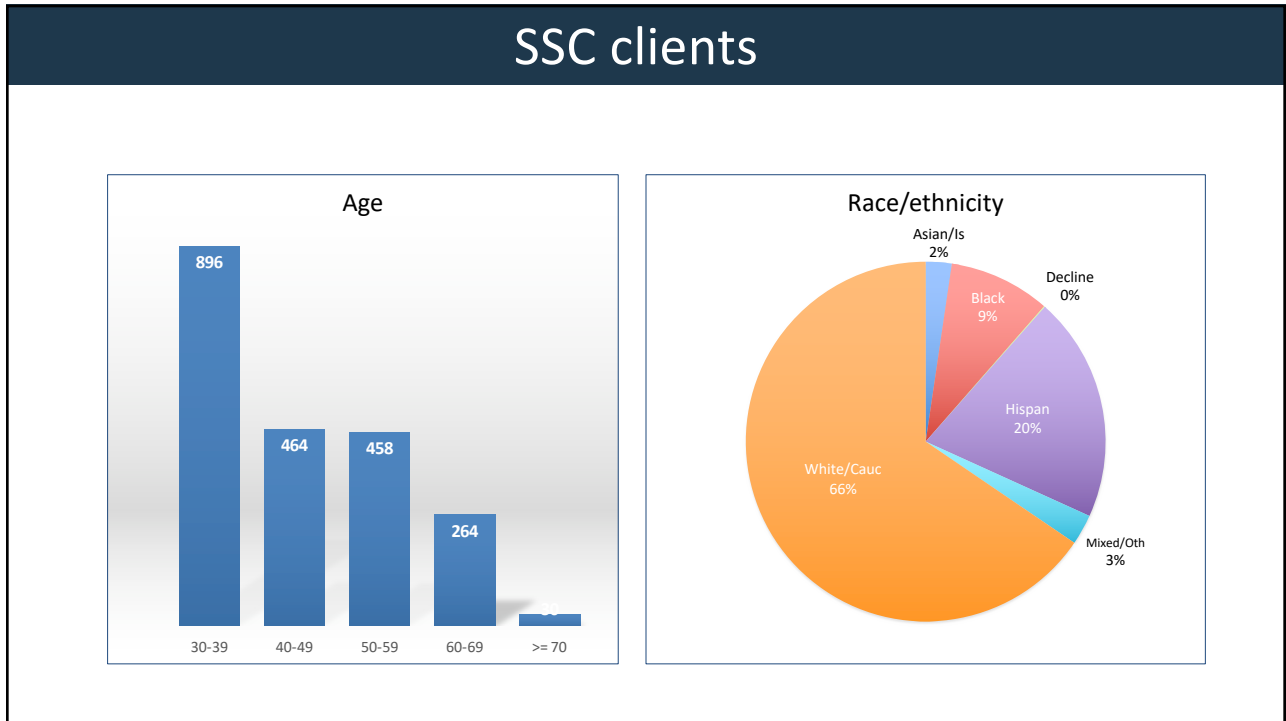


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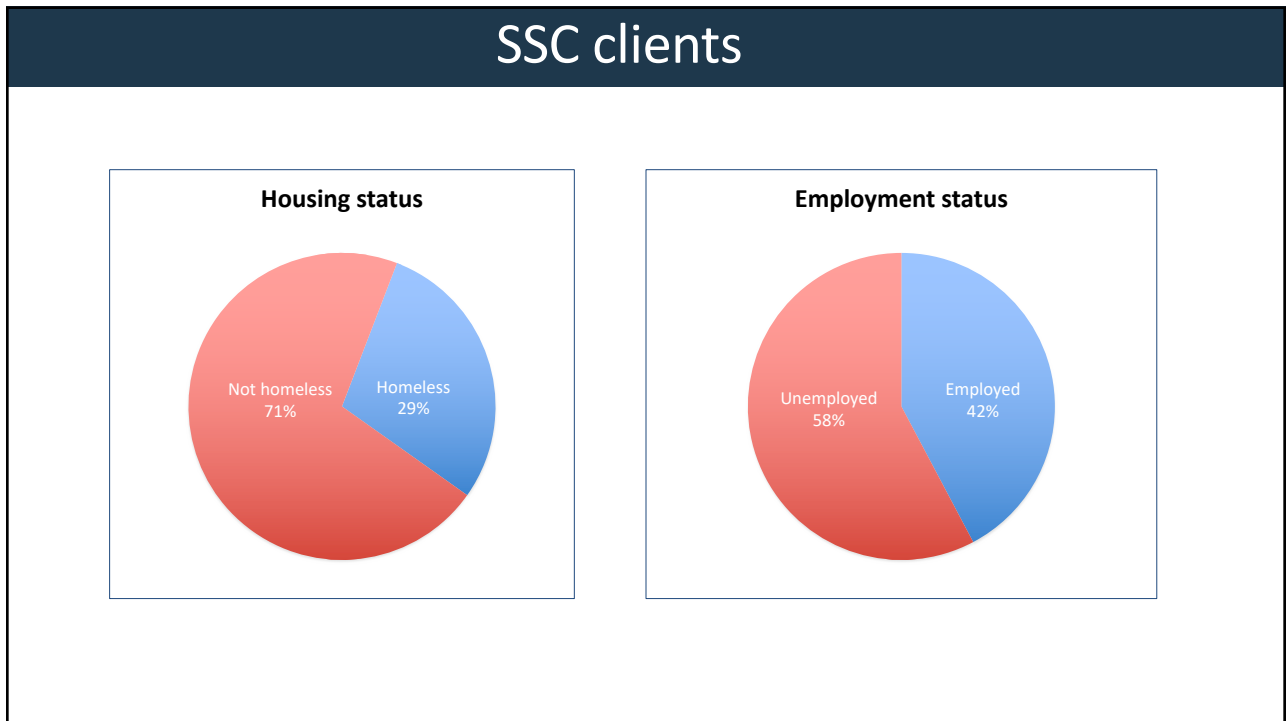
Sobering Services Center (SSC)



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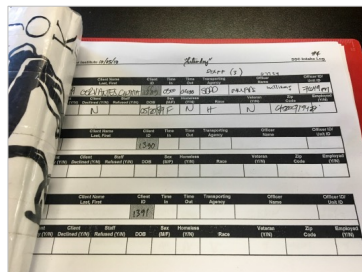
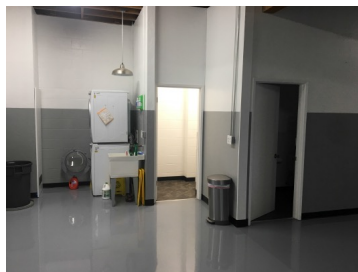
SSC currently serves law enforcement

- Detained in lieu of custody



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Sobering Services Center



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SIP services



- Case management
- Education
- Counseling
- Job training

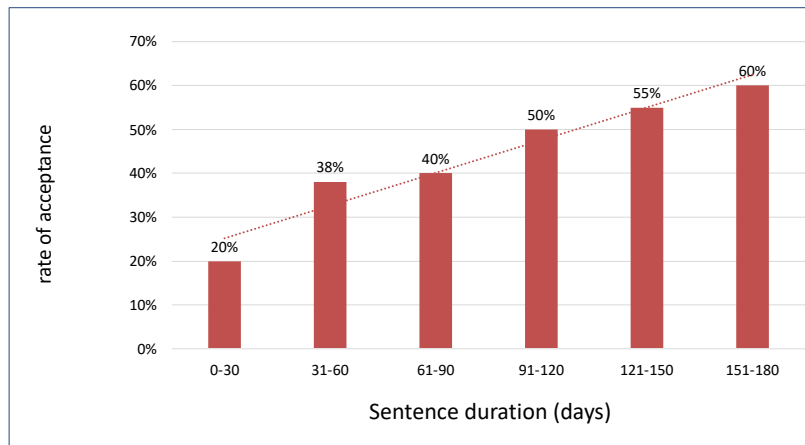


- Medical home
- UC San Diego Joint Residency Training Program in Family Medicine and Psychiatry

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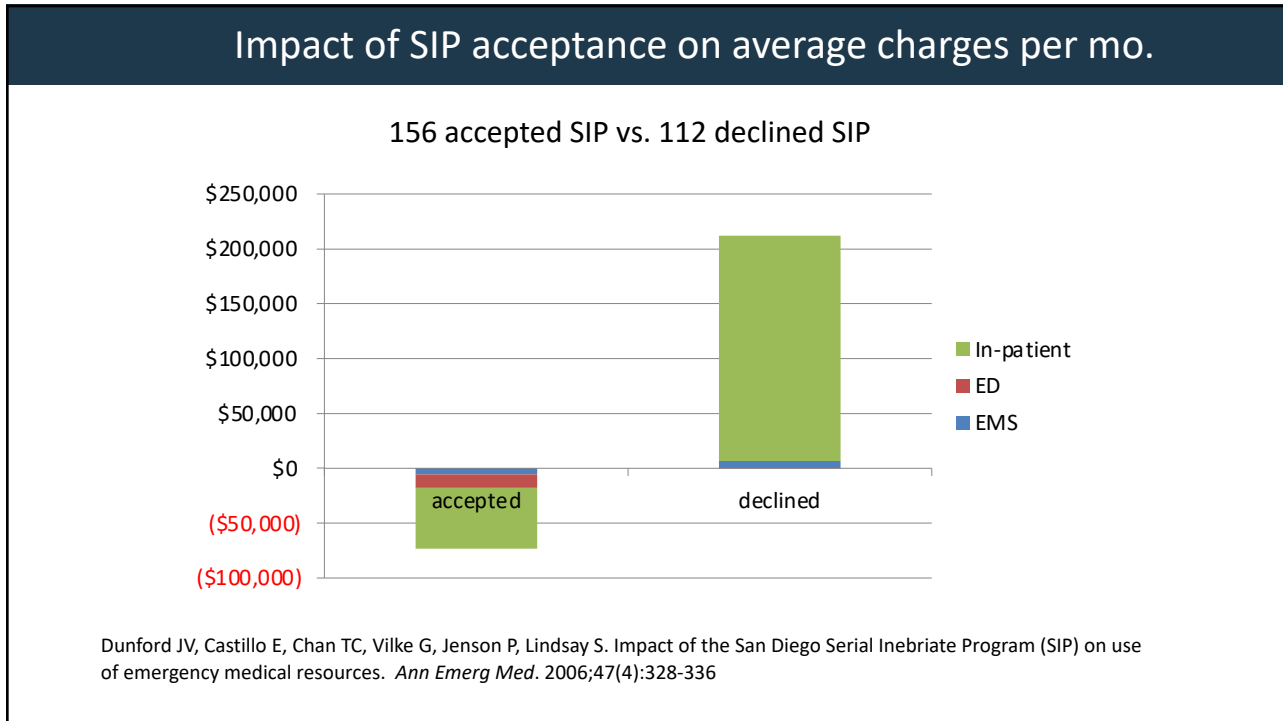
SIP acceptance versus duration of sentence

268 individuals offered SIP program



Dunford JV, Castillo E, Chan TC, Vilke G, Jenson P, Lindsay S. Impact of the San Diego Serial Inebriate Program (SIP) on use of emergency medical resources. *Ann Emerg Med.* 2006;47(4):328-336


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2019: San Diego saw increase in open drug use

- SDPD experienced increased contact with individuals under the influence of controlled substances other than alcohol
- San Diego experienced a dramatic uptick in deaths due to meth
- CA laws pertaining to possession and sale of meth changed significantly



Deaths due to methamphetamine

Year	Deaths
2014	262
2015	311
2016	377
2017	368
2018	483

San Diego County Methamphetamine Strike Force Report (2019)

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PLEADS pilot program

- **Prosecution and Law Enforcement Assisted Diversion Services**

- Offer treatment & services in lieu of incarceration for low-level offenses
- Reduce harm to offenders and community
- Reduce recidivism
- Provide faster process for law enforcement

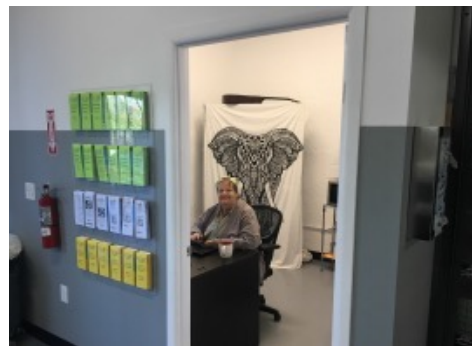


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SSC staffing augmented

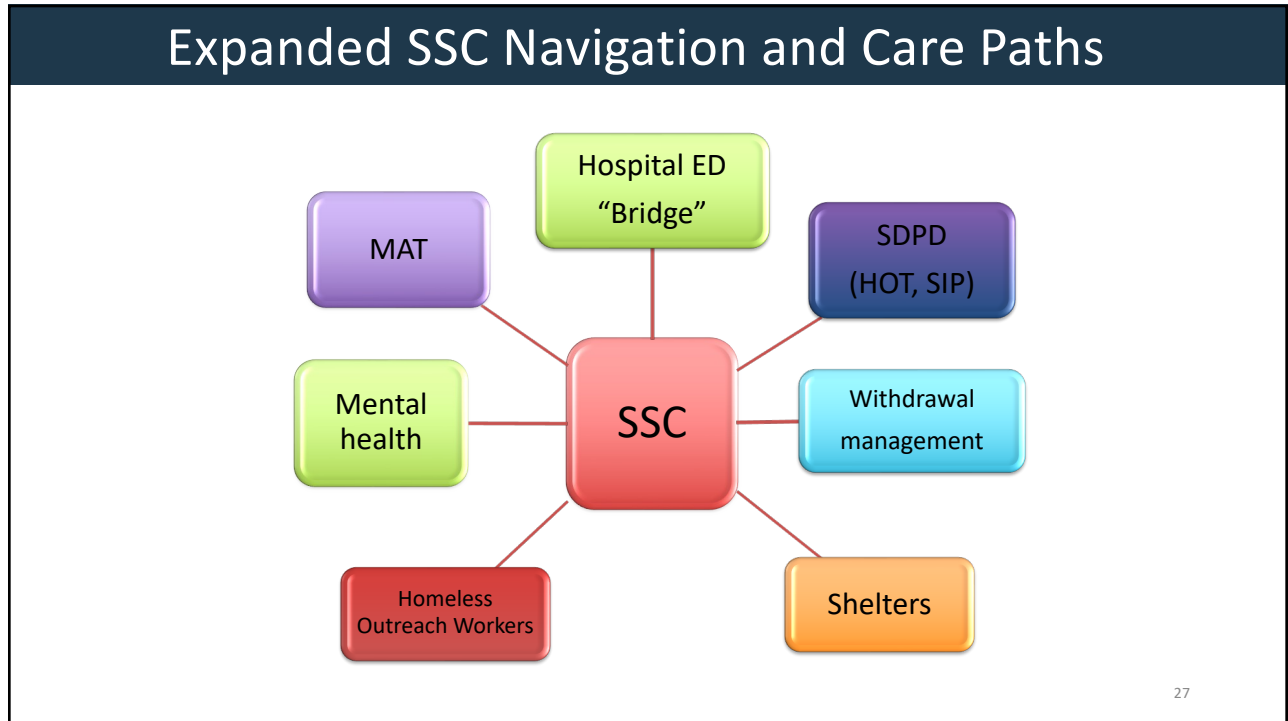


SUD Counselor
Health Navigator

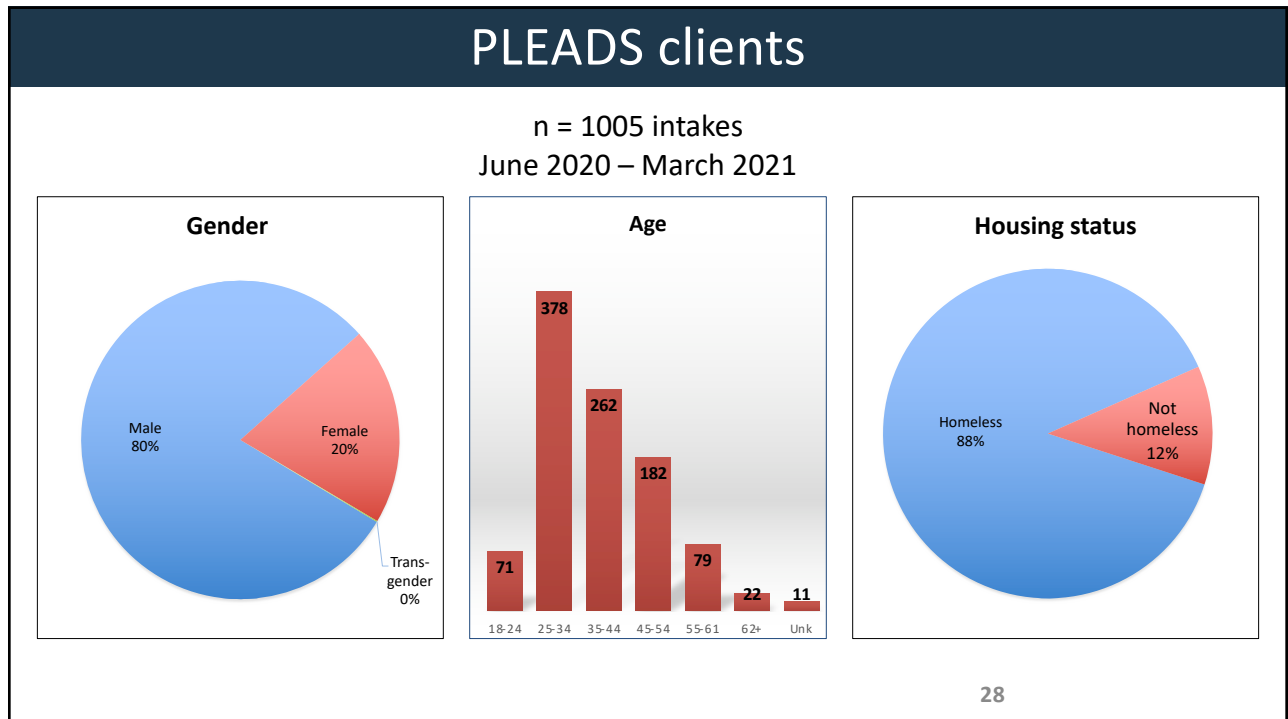


Registered Nurse
(daytime)

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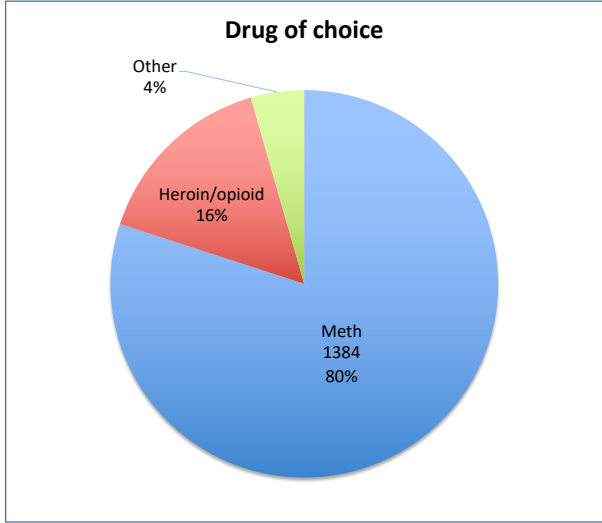


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PLEADS clients

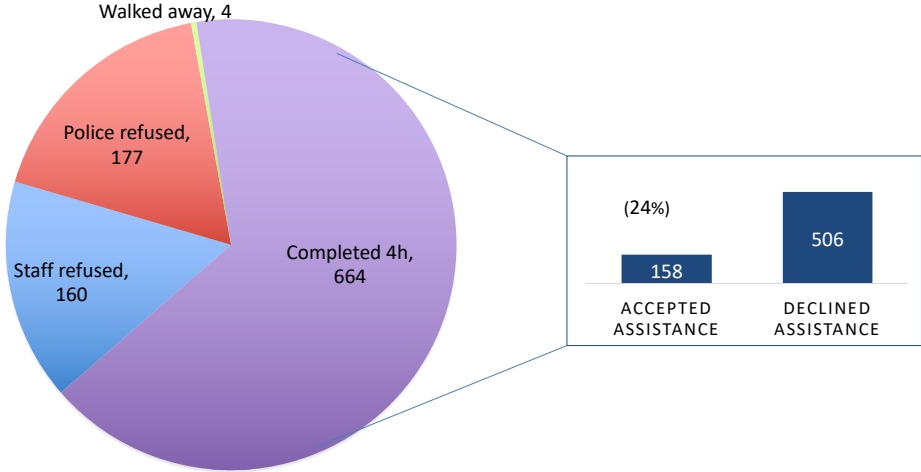


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PLEADS outcomes 6/20-3/21

N = 1005 intakes



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CaAIM - Service requirements for Medi-Cal managed care providers

- **Sobering Centers**
 - Housing Transition Navigation Services
 - Housing Deposits
 - Housing Tenancy and Sustaining Services
 - Short-term Post-Hospitalization Housing
 - Recuperative Care (Medical Respite)
 - Respite Services
 - Day Habilitation Programs
 - Nursing Facility Transition/Diversion to Assisted Living Facilities
 - Community Transition Services/Nursing Facility Transition to a Home
 - Personal Care and Homemaker Services
 - Environmental Accessibility Adaptations (Home Modifications)
 - Meals/Medically Tailored Meals
 - Asthma Remediation



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Houston Recovery Center Sobering & Addiction Recovery Programs



When Everyone Benefits: Exploring the Roles of Health Care Providers in
Law Enforcement Reform, Crisis Assistance, and Public Policy on
Unsheltered Homelessness

Presentation Date: 4-6-2022

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Houston Recovery Center

Purpose

- Divert individuals from jail
- Reduce the jail population
- Preserve law enforcement resources
- Preserve medical resources
- Provide a chance for many to escape the revolving door of substance abuse and incarceration



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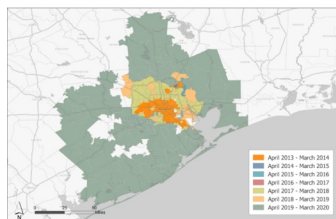
33



Houston Recovery Center
Sobering & Addiction Recovery Programs

Mission

To provide compassionate care to underserved individuals affected by substance use through early intervention and community care coordination to help them achieve lifelong recovery.



Values

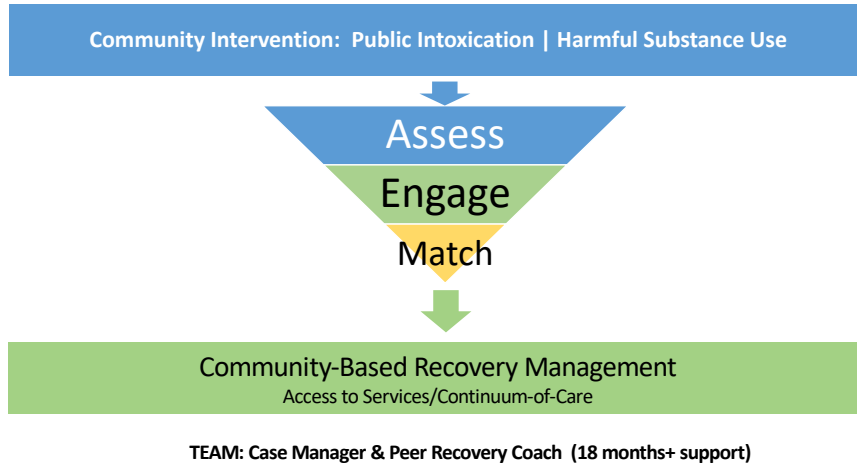
- Compassion
- Respect
- Dignity



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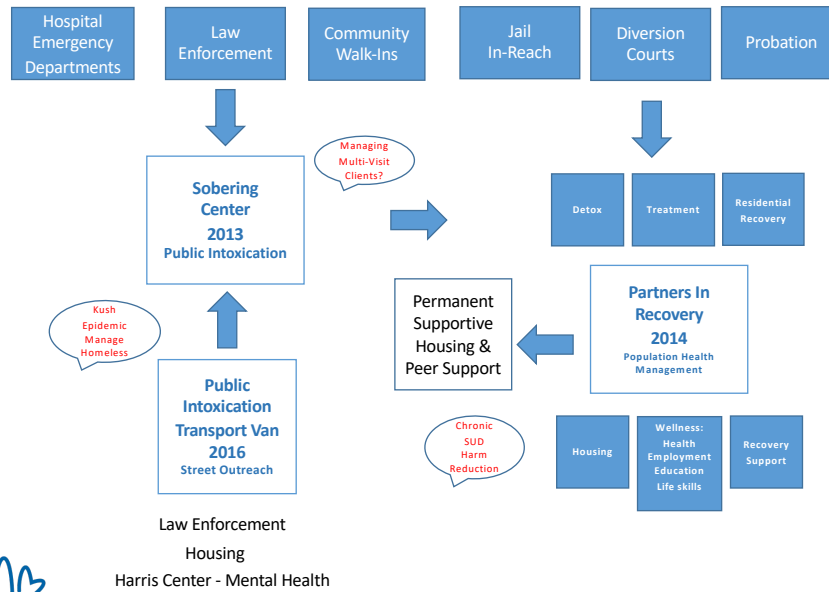
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Houston Recovery Center - Service Model

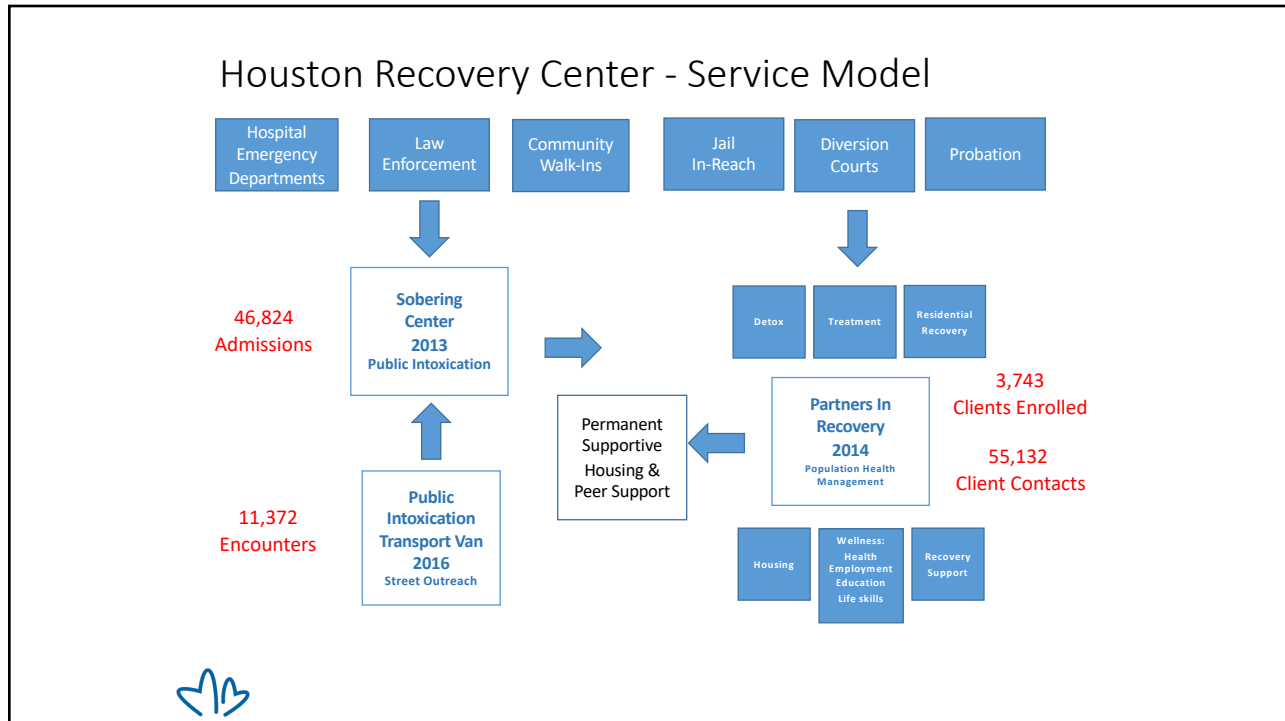


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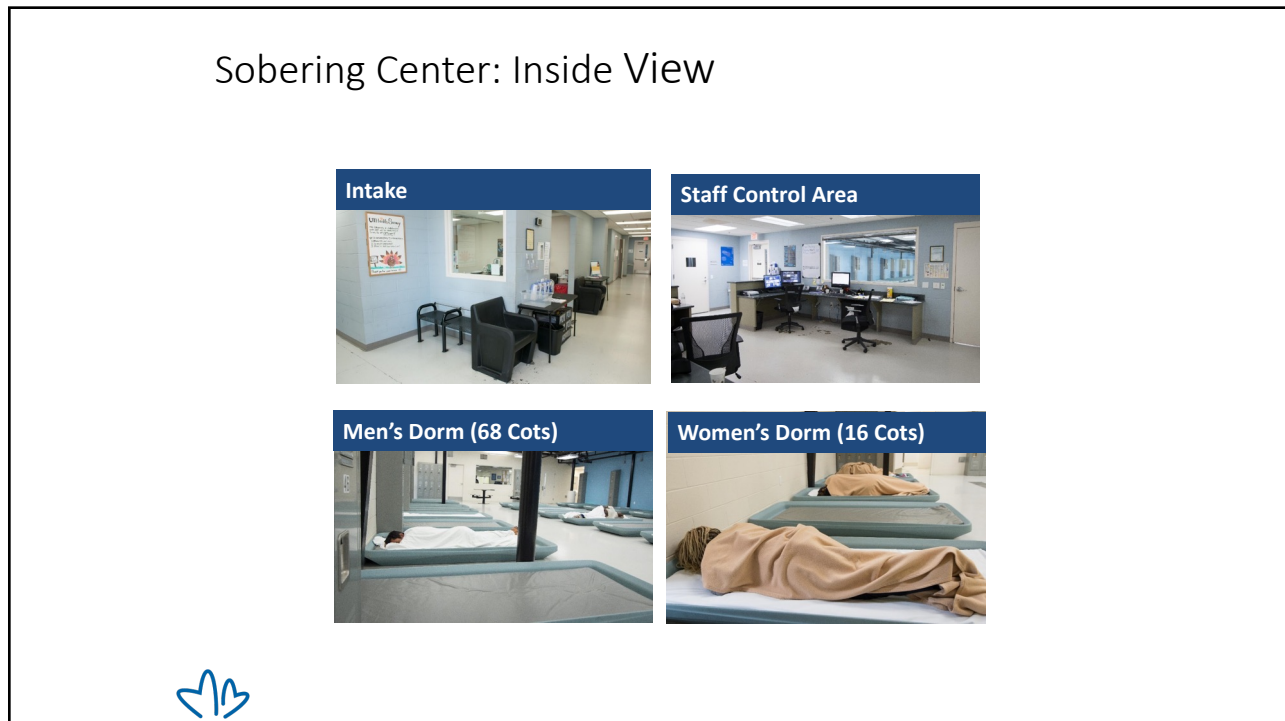
Houston Recovery Center - Service Model



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Sobering Center: How We Are Staffed

Admissions
Screening,
Client
Monitoring

Peer Recovery Support
Specialists

Emergency Medical
Technicians - Basic

Medical Director, DO

Director of Programs and Services,
MS, LPC, LCDC

Services
Screening &
Referrals

Psych Technicians - PM

(Co-Locate with HPD-MHD)

Licensed Chemical
Dependency Counselors



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Admissions

Sobering Center



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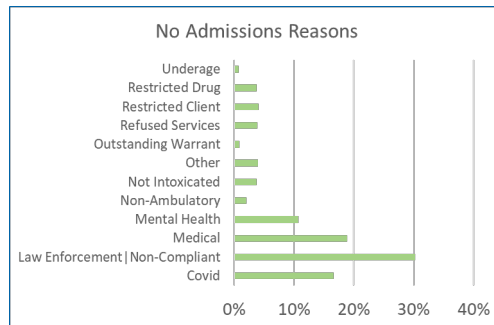
40

Sobering Center: Who We Admit

Admissions Criteria

- 18 Years and older
- Ambulatory
- No Bath Salts | PCP | Flakka
- Non-combative
- Mentally stable
- Pass HRC medical screening

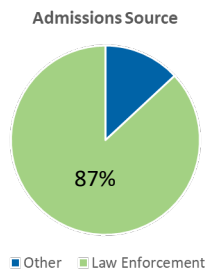
No Admissions Rate 4%



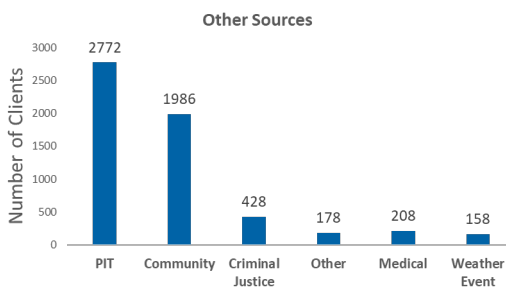
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Sobering Center: Admissions by Source



Average Drop Off Time
5-8 Minutes



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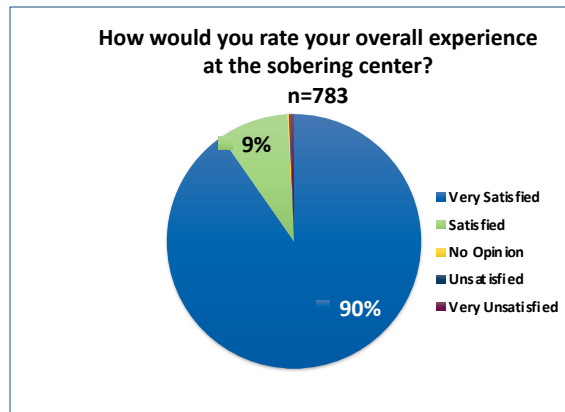
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Law Enforcement Satisfaction

"Great Staff! Time spent was for unusual circumstance".

"I don't agree with all questions you ask at first to see if someone qualifies".

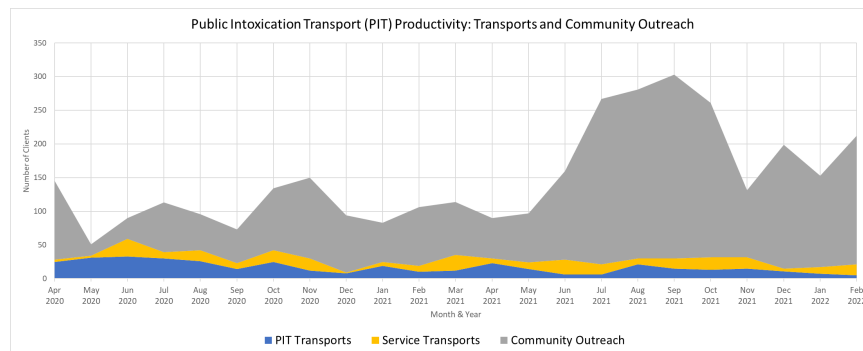
"Life saving program, everyone is very friendly".



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PIT Activity: Street Outreach Unsheltered Homelessness



- Hygiene Packs
- Housing Assistance
- Mental Health
- Connection to Services



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Sobering Stay

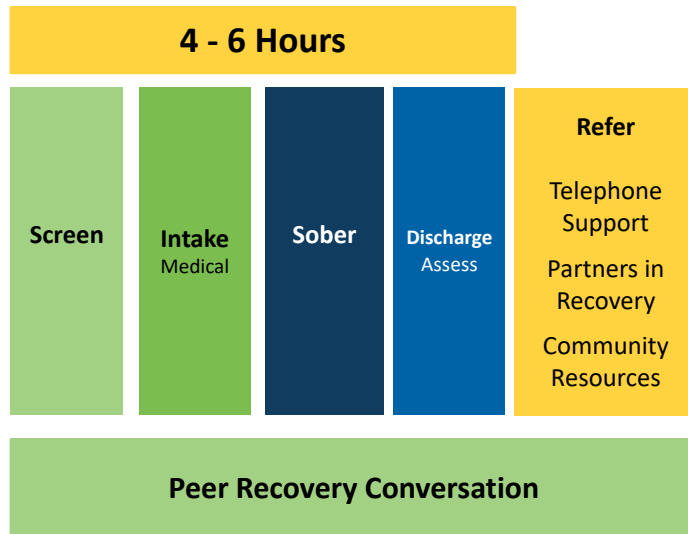
Sobering Center



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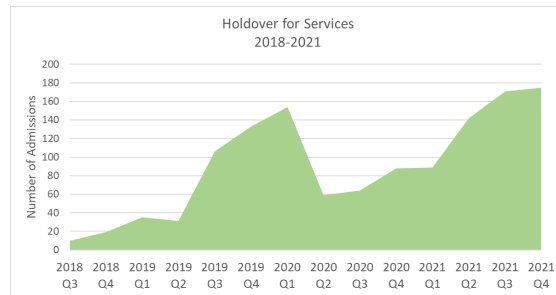
Sobering Center: Sobering Center Stay



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Sobering Center: Hold Over for Services



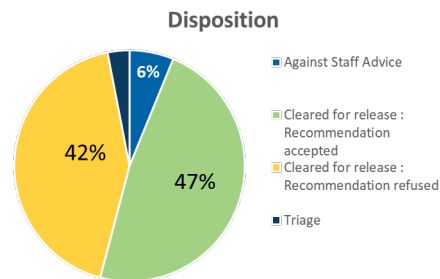
Clients	987
Admissions	1,277
Length of Stay	12 hours - 48 days
Average	3.5 days



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Sobering Center: Disposition



TRIAGE During Admission

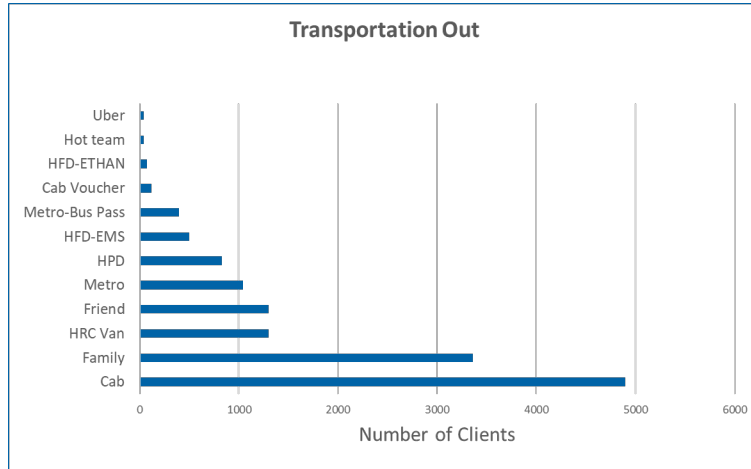
3% Rate



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Sobering Center: Transportation Out



29,324 Walk Out (66%)

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Client Profile

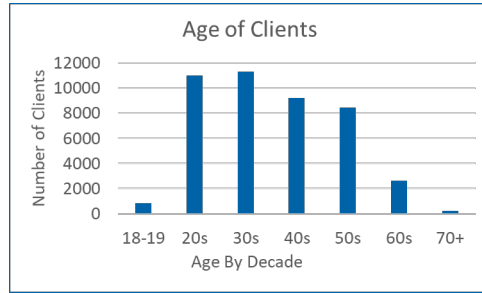
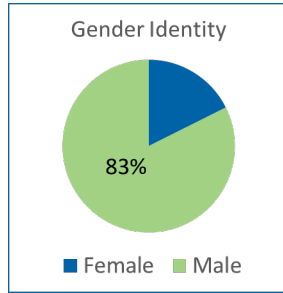
Sobering Center



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Sobering Center: Who We Serve



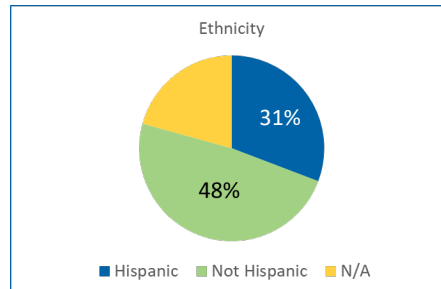
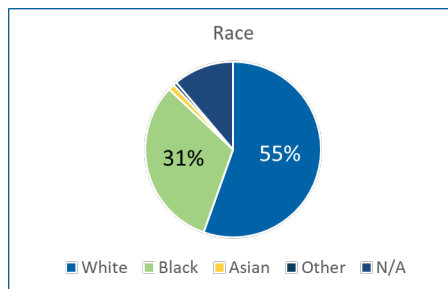
Trans-Female 109
Trans-Male 5



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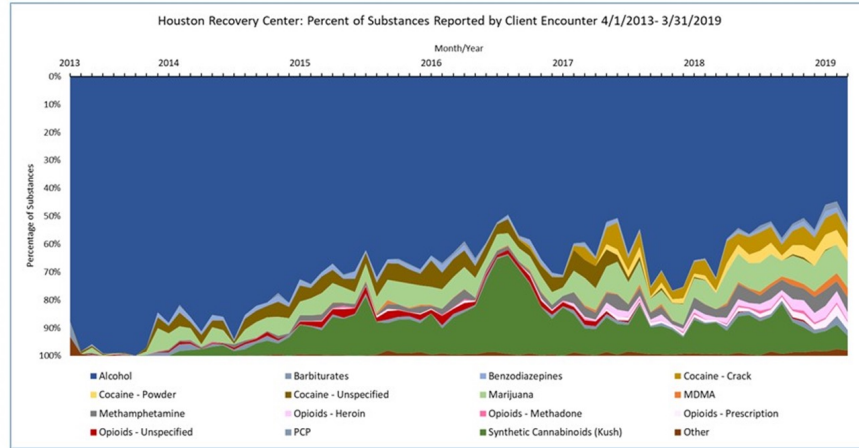
Sobering Center: Who We Serve



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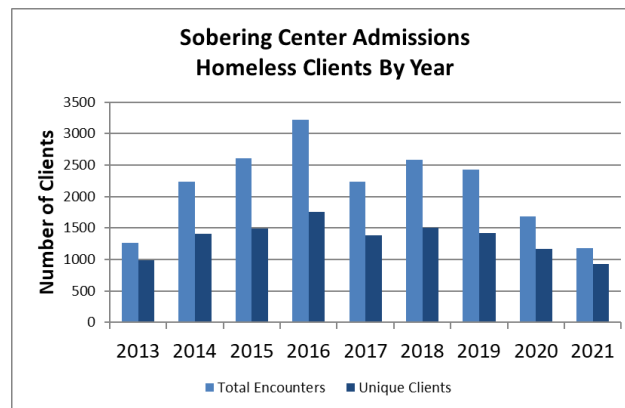
Sobering Center: Substances Report



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Clients Reporting Homelessness



Annual Averages
 1,336 unique clients
 2,158 admissions



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HPD Homeless Outreach Team



Houston Chronicle



San Francisco Chronicle



<https://www.houstoncit.org/hot/>



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Multi-Visit Clients

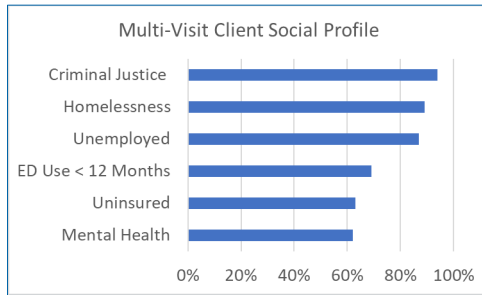
Sobering Center



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Sobering Center: Multi-Visit Clients (n=2,504)



Top Four Substances Reported

- Alcohol 84%
- Cocaine 21%
- Marijuana 21%
- Synthetic Cannabinoids 40%

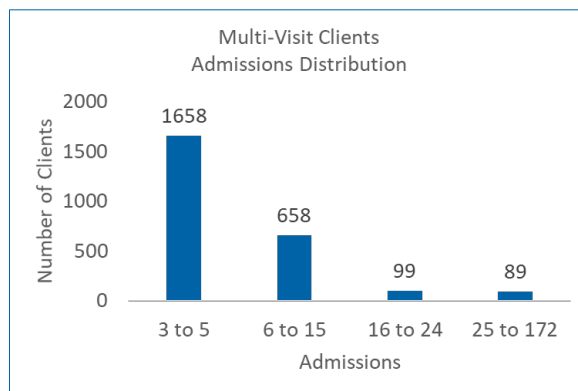
Poly-Substances 49%

* **Methamphetamines**



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Sobering Center: Multi-Visit Clients (n=2,504)

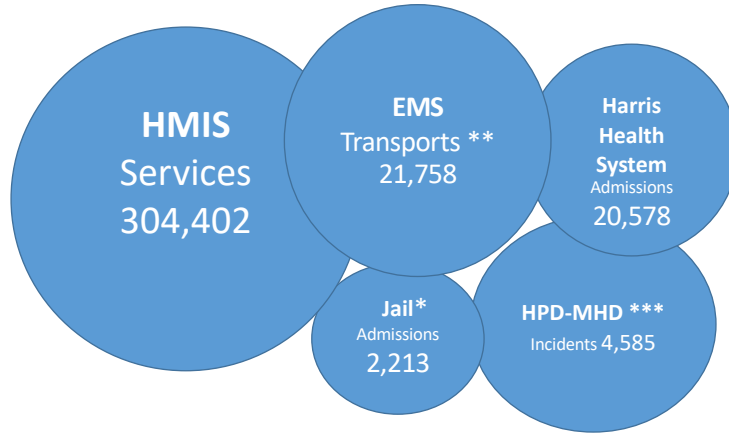


90% 1-2 Visits
10% Multi-visits



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What We Know: Community Services Utilization: 4,009 clients



PCIC Data 4-2022 * Jail data incomplete ** Transported to 58 hospitals *** only Mental Health Division

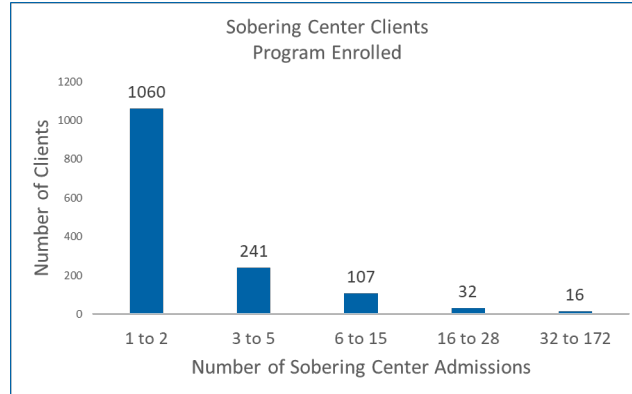


Impact

Sobering Center

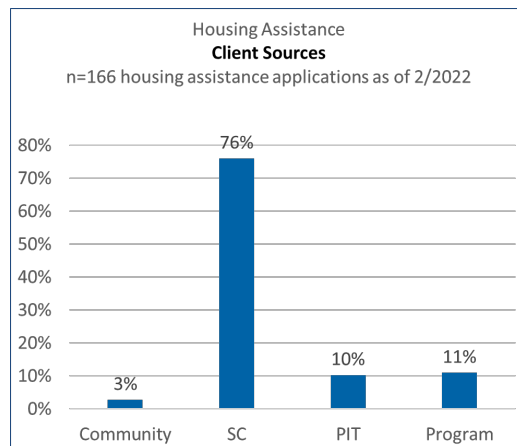


Sobering Center: Program Enrolled n=1,457



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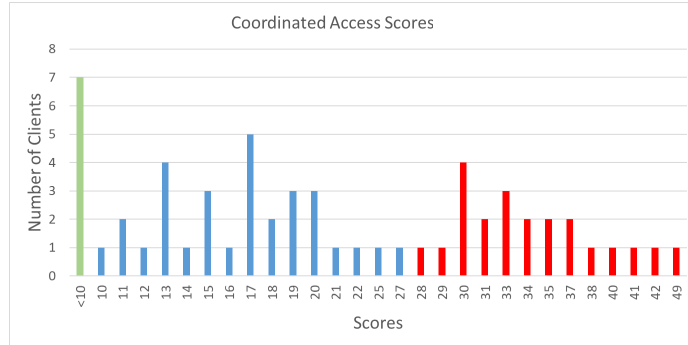
Housing Assistance: Client Sources



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Housing Assistance: Coordinated Access Scores



Matched: 108 (65%)

- Current Assessment 31 (19%)
- Not Assessed: 43 (26%)
- Assessment Expired 34 (20%)

Not Matched HMIS: 58 (35%)

81%

Require an Assessment

Preliminary data under quality review



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Emergency Department Referrals

Homeless Client Linkages to Services

- 44% Housing Assistance (as of 10/7/2021)
- 11% Medical Detoxification
- 24% Licensed Residential Treatment
- 24% Residential Recovery
- 23% Health Care Screening
- 8% Medical Care
- 8% Medication Assistance
- 2% Other services

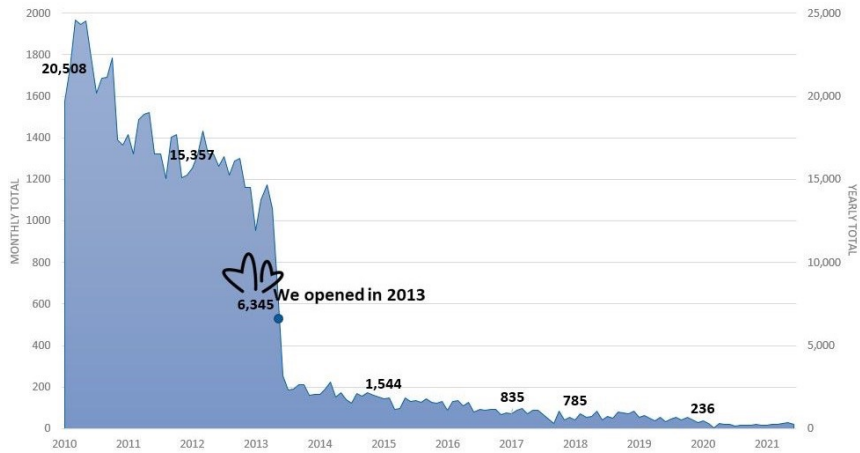


6-1-2021 to 3-1-2022 (n=106 clients)

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Sobering Center: Impact PI Jail Admissions



CONTACT US:

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Suzanne Jarvis, Director Data Mgt | Analytics

713.236.7814 | sjarvis@houstonrecoverycenter.org



houstonrecoverycenter.org



WRAPPING UP

Then time for discussion and Q&A

Presentation Title and/or Sub Brand Name Here

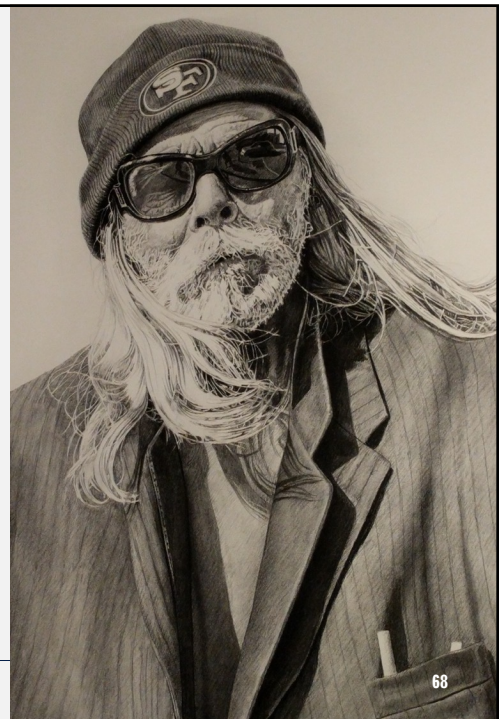
4/8/22

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INTENTIONS & GOALS

- Improve the lives of our shared clients through targeted, low-barrier access, education, individualized care
- Assistance in navigating health and treatment systems
- Focus on harm reduction
- Enhance related systems of care to get the right services to the right people
- Balance independence and standardization of sobering care
 - Stay dedicated to all vulnerable populations
 - Must keep independence and flexibility – one static size does not fit all
- Aims to impact the individual and the system

Picture credit:



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NATIONAL SOBERING COLLABORATIVE

VOLUNTEER-BASED 501(C)3 NONPROFIT

Directory	Provide directory of sobering care centers in U.S.
Tool Kit	Solicit and help determine best practices
Needs Assessment	Provide guidance in determining whether a sobering center may be fit for a community
Data & Evaluation	Recommend data points and appropriate measures of success
Standards of Care	Looking to establish recommended standards of sobering care & program accreditation
Community	Monthly virtual meetings for sobering centers and stakeholders. Launching individual and organizational membership soon!



Check us out at <https://nationalsobering.org>

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HELPFUL LINKS AND CONTACT INFORMATION

- For further information: Shannon@nationalsobering.org
- National Sobering Collaborative: <https://nationalsobering.org>
- SAMHSA GAINS Webinar: Health Care, Public Safety, and Behavioral Health Part 1 (Featuring Dr. Dunford)
https://youtu.be/Fv5jtuZoQ8?list=PLBXqZMI_zqfT'ZLFkwVAUAypnpsWWc_G9b
- SAMHSA GAINS Webinar: Health Care, Public Safety, and Behavioral Health Part 2 (Featuring Dr. Dunford)
https://www.youtube.com/watch?v=si89VsLEWIY&list=PLBXqZMI_zqfT'ZLFkwVAUAypnpsWWc_G9b&index=47
- Houston Recovery Center:
<https://houstonrecoverycenter.org/sobering-center/>
- 2021 Report on California Sobering Centers:
<https://www.chcf.org/publication/sobering-centers-explained/> & <https://www.chcf.org/blog/sobering-centers-offer-clients-pathway-stable-lives/>

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