ST. LOUIS SOBERING CENTER
PROPOSAL CONVENING

NOVEMBER 18, 2019
BEHAVIORAL HEALTH VISIONING INITIATIVE

BEHAVIORAL HEALTH NETWORK

IMPLEMENTATION PLANNING CO-CHAIRS:
• CORI PUTZ (PREFERRED FAMILY HEALTHCARE)
• ROB POIRIER (BARNES-JEWISH HOSPITAL & WUSM)
TODAY’S GOALS

- Level-set on a sobering center’s purpose, anticipated impact, and local planning progress to-date
- Provide an opportunity for feedback and to ask questions with subject matter expert, Dr. Shannon Smith-Bernardin
- Plan key next steps and timeline
To strengthen the responsiveness of Eastern Region safety-net behavioral health (BH) providers in meeting the needs of residents through community solutions, with a focus on enhanced access, effectiveness, and efficiency.
ASSESSMENT & TRIAGE CENTER
FEASIBILITY STUDY

- Funded by Missouri Foundation for Health, led by St. Louis Regional Health Commission, with BHN as a strategic partner
- Explored the feasibility of an Assessment & Triage Center model, like that of Kansas City (KCATC)
- Conducted site visits to ATCs in other areas and a significant current state assessment across the behavioral health system (report available online)
- Determined a continuum of services were needed to make centers successful in other areas and that St. Louis had limited such resources in the community, precluding current feasibility
- Funds transitioned to supporting Visioning Initiative, which focused on such back-end supports and innovations that could fulfill ATC functions
Has received 9,372 referrals since opening in October 2016 through March 2019, with a 77% current average admission rate

71% of referrals are from Emergency Departments, 14% law enforcement, 3% EMS

57% of all referrals present with substance use as their primary need, 22% of all referrals present solely for alcohol use

Funding
- Ascension Health $2 million annually for 10 years
- City of Kansas City $2.5 million (renovation)
- Area Hospitals $1 million annually for 2 years
- Missouri Department of Mental Health $1.25 million for back-end mental health services plus state-owned site for the urban core center
Enhance Outreach and Engagement

**Strategy:** Design a regional response system, which integrates the BHN-managed Hospital Community Linkages transitions-of-care programs to focus on timeliness, enrollment in services and enhanced high utilizer outreach.

Integrate Access

**Strategy:** Cultivate hospital/community partnerships to develop behavioral health ambulatory clinics (pre-Emergency Department contact).

Improve Transition Options

**Strategy:** Develop new facilities to address crisis respite/post-hospitalization needs via community-based providers. Explore opportunities to meet community needs through innovative, best practice models, such as a sobering center.
Efforts seek to align with the tremendous work going on in both City of St. Louis and St. Louis County

Intends to intervene at an early stage in the Sequential Intercept Model:
SOBERING CENTER PLANNING APPROACH

- Convened a planning team of stakeholders for research and early design phase, who developed strategy and implementation considerations for a regional sobering center
- Explored local first responder needs and data sources to assess value of potential sobering center locally
- Examined national sobering center data and models and pursued technical assistance (TA) to develop sobering center proposal
- TA Site Visit to St. Louis conducted July 1-3, 2019, engaging 26 key informants. Met with strong, positive response.
- Completed a St. Louis Sobering Center proposal featuring three potential models
ST. LOUIS SOBERING CENTER
PROPOSAL REVIEW

DR. SHANNON SMITH-BERNARDIN
DEFINING A SOBERING CENTER

- A facility where actively intoxicated individuals can safely recover from acute intoxication while receiving basic medical monitoring

- Most centers:
  - Are open 24 hours a day, seven days a week
  - Accept adults age 18 years and older
  - Divert intoxicated adults out of jail and emergency departments (EDs), by providing alternatives
DEFINING A SOBERING CENTER

- Includes stand-alone houses, co-located health facilities or shelters, large-scale facilities
- Most centers offer: hygiene facilities (showers, toilets, laundry), snacks, referrals to stabilizing services
- Receive clients from:
  - Police, Outreach Teams, EDs
  - Growing interest in Ambulance referrals
- Sobering Centers operate on a harm reduction model. They are not long-term or residential treatment, nor are they necessarily a direct connection to treatment.
SOBERING CENTER COMPARISONS

- Based on 13 centers reviewed
  - Average operating budget: $1.3 million
    (range: $365,000 - $4,000,000)
  - Average number of encounters: >5000
    (range: 2,000 – 20,000)
  - Maximum length of stay: 24 hours
  - Average number of beds: 40
    (range: 4-107)
Preliminary data - based on 20 centers surveyed (2019)

Discharge to Emergency Department for medical need:
- 0-1% = 25% of programs (n=5)
- 2-4% = 45% (n=9)
- 5-7% = 20% (n=4)
- 8-10% = 10% (n=2)

Discharge to Police or Psych for combative behavior:
- 0-1% = 40% of programs (n=8)
- 2-4% = 35% (n=7)
- 5-7% = 10% (n=2)
- >7%+ = 15% (n=3)
The Houston Recovery Center has helped to divert acutely intoxicated individuals from the local jail since its inception in April 2013.*

### Annual Public Intoxication Jail v. Sobering Center Admissions: Houston TX, 2010–2017

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<tbody>
<tr>
<td>Houston City Jail</td>
<td>20,508</td>
<td>16,365</td>
<td>15,357</td>
<td>6,345</td>
<td>2,903</td>
<td>1,450</td>
<td>1,187</td>
<td>835</td>
<td>11,910</td>
</tr>
<tr>
<td>Sobering Center</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>3,753</td>
<td>5,700</td>
<td>5,799</td>
<td>5,398</td>
<td>4,632</td>
<td>25,282</td>
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</table>

A primary goal of the Janus Sobering Center in Santa Cruz, CA was to relieve jail overcrowding.

Between 2014 (prior to opening) and 2017, Santa Cruz saw their monthly jail bookings decrease over 53%.*

The initial year at the sobering center cut that time to < 20% of the jail booking time.

From 2015 to 2017, the sheriff’s office saved over 1,100 hours of officer time in booking – estimated at 38 hours per month.

ST. LOUIS REGIONAL NEED

24% of emergency dept. (ED) visits in St. Louis City and County are related to substance use or mental health. Alcohol use is the third most frequent primary diagnosis of these patients.

Individuals with substance use frequently utilize care. Those who have 6+ visits for substance use annually account for 14% of total annual ED visits.

In just a small sample of two St. Louis City and County BJC hospitals, law enforcement officers accompanied over 2,100 patients for alcohol or other substance use.*

Sobering needs and substance use is prominent in area jails. St. Louis County jail documents indicate approximately 40% of incarcerated individuals have a substance use disorder.

Without alternatives, time-consuming processes constrain police resources and contribute to jail booking times goals of two hours, during which law enforcement officers are unable to attend to public safety in the community.

*Found in review of annualized 2018 data from BJC healthcare St. Louis area hospitals
ST. LOUIS ANTICIPATED IMPACT

- **Decrease** the use of ambulance transports for acutely intoxicated individuals
- **Reduce** preventable use of Emergency Departments (ED)
- **Reduce** number of people arrested and jailed due to substance/alcohol-related arrests
- **Intervene** in community violence, diverting individuals to de-escalating environments and from the criminal justice system
- **Provide** access to treatment referral for those who are ready for change
- **Reduce** the amount of time officers spend out of service due to ED drop off or jail bookings time
- **Prevent** further exposure to trauma and disruption in individuals’ lives and livelihoods
### ST. LOUIS ANTICIPATED IMPACT

#### Annual Cost Avoidance For Emergency Departments

<table>
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<tr>
<th></th>
<th>Annual Law Enforcement Transfers to two St. Louis EDs*</th>
<th>Cost per ED Visit</th>
<th>Cost difference: ED &amp; Sobering**</th>
<th>Total Cost Avoidance: 10% Diversion to Sobering</th>
<th>Total Cost Avoidance: 30% Diversion to Sobering</th>
<th>Total Cost Avoidance: 50% Diversion to Sobering</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ED: Low-range cost</strong></td>
<td>2,180</td>
<td>$670</td>
<td>$291</td>
<td>$63,438</td>
<td>$190,314</td>
<td>$317,190</td>
</tr>
<tr>
<td><strong>ED: Mid-range cost</strong></td>
<td>2,180</td>
<td>$1,591</td>
<td>$1,212</td>
<td>$264,216</td>
<td>$792,648</td>
<td>$1,321,080</td>
</tr>
<tr>
<td><strong>ED: High-range cost</strong></td>
<td>2,180</td>
<td>$1,903</td>
<td>$1,524</td>
<td>$332,232</td>
<td>$996,696</td>
<td>$1,661,160</td>
</tr>
</tbody>
</table>

*Based on law-enforcement transfers for alcohol and drug use to Barnes-Jewish and Christian Hospital.

**Sobering center per-visit cost calculated at $379 per-visit based on three-year pilot including operations, staffing, and start-up costs.
## Annual Decreased Officer Processing Time

<table>
<thead>
<tr>
<th></th>
<th>Annual Law Enforcement Transfers to Jail that were Book &amp; Release</th>
<th>Officer Time for Hand-Off/Processing (in minutes)</th>
<th>Difference in processing time between Sobering vs. Jail (in minutes)</th>
<th>Total Decrease in Officer Time: 10% Diversion to Sobering</th>
<th>Total Decrease in Officer Time: 30% Diversion to Sobering</th>
<th>Total Decrease in Officer Time: 50% Diversion to Sobering</th>
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<tbody>
<tr>
<td>Jail: Quicker processing</td>
<td>10,000</td>
<td>90</td>
<td>80</td>
<td>80,000 min 1333 hours</td>
<td>240,000 min 4000 hours</td>
<td>400,000 min 6667 hours</td>
</tr>
<tr>
<td>Jail visit: Goal processing</td>
<td>10,000</td>
<td>120</td>
<td>110</td>
<td>110,000 min 1833 hours</td>
<td>330,000 min 5500 hours</td>
<td>550,000 min 9167 hours</td>
</tr>
<tr>
<td>Jail: Longer processing</td>
<td>10,000</td>
<td>180</td>
<td>170</td>
<td>170,000 min 2833 hours</td>
<td>510,000 min 8500 hours</td>
<td>850,000 min 14,167 hours</td>
</tr>
</tbody>
</table>
### Referring Parties
- Primary: Law enforcement, both City and County officers
- Secondary: Transfers from EDs of acutely intoxicated individuals

### Admission Criteria
Adults 18 years and older:
- Acute intoxication, largely with alcohol or marijuana
- Must be able to ambulate with minimal assistance, or be able to transfer with single-person assist out of a wheelchair to bedside
- Basic level of orientation (such as ability to state name)
- No individuals with polysubstance use requiring higher level of monitoring or intervention (such as high-risk opioid, sedative, or methamphetamine use)

### Bed Capacity
A **10-15 bed facility is recommended**. The majority of beds can be placed in an open dorm, with options for those identifying as male versus female. Estimate 70-80% of admissions will identify as male.
ST. LOUIS MODEL RECOMMENDATIONS

Enhanced Sobering Center Service Model

Core Sobering Center & Van Transportation Service Model

Core Sobering Center Model
ST. LOUIS MODEL THREE-YEAR PILOT BUDGETS

- **Core Sobering Center Model** - $780,000 Annually
- **Core Sobering Center & Van Transportation Service Model** - $957,000 Annually
- **Enhanced Sobering Center Service Model** - $1,122,428 Annually

Total Core Personnel and Benefits: $528,002
Core Service Model ($780,000 annual budget)

Direct Staff:
- Sobering Technician (EMT-Basic)
- Peer recovery support specialist
- Security (overnight)

Referring Parties:
- Police, ED via taxi/other transport
- Primarily alcohol, marijuana, low-risk drug intoxication
Enhanced Sobering Center Service Model

Core Sobering Center & Van Transportation Service Model

Core Sobering Center Model

Core + Van Service Model ($960,000 annual budget)

Direct Staff:
- Sobering Technician (EMT-Basic)
- Peer recovery support specialist
- Security (overnight)

Additional Services:
- 24/7 Van Transportation

Referring Parties:
- Police, ED via taxi/other transport
Enhanced Service Model ($1,122,000 budget)

Direct Staff:
- Sobering Technician *(Paramedic)*
- Peer recovery support specialist
- **Case Manager/ Social Worker** *(BSW level)*
- Security (overnight)
- 24/7 Van Transportation

Additional Services:
- Permits for more acute level of intoxication, including more extensive opioid use

Referring Parties:
- Police, ED via taxi/other transport, *opens capability for ambulance diversion*
DISCUSSION

REPORT AND MATERIALS AVAILABLE AT WWW.BHNSTL.ORG/VISIONING
Do you affirm that we should collectively proceed with pursuing a three-year pilot of a St. Louis area sobering center?
Can this be a resource that is shared by City of St. Louis and Saint Louis County?
Will you commit to assessing resources within your organization that could support a three-year pilot and ability to leverage these resources?

- What do you need in order to do so?
DISCUSSION

- Can we collectively commit to reconvening in late January 2020?