City of Renton Sobering Center Pilot

Study Design (2016)

Prepared by Barry Morrison, eMPH candidate, University of Washington
November 29, 2016

Introduction

Alcohol use disorder is a public health issue that people and their communities cannot ignore. This issue can decimate individuals and families who otherwise could be (or have been) active and productive members of their communities. Acute intoxication, specifically, is a concern that many communities face, and requires people to come together in order to work on solutions. Members of the community face obstacles when dealing with their own alcohol use disorder, including early death from chronic alcohol abuse, separation from their families, risks to their personal safety, and the lack of ability to seek out community resources that can help them recover.

Communities also face obstacles in developing resources for community residents to access, along with the proper funding of such resources. This is a challenging issue with many avenues to explore in working toward positive solutions. Development of the proper mechanisms for resources to be allocated and structured is a must if positive outcomes are to be achieved. Rather than shoving such challenges aside and believing someone else will pick up the fight, communities who understand the concern can develop resources together to help their most vulnerable residents.

Background

The Sobering Center Pilot Project is seeking to address acute intoxication within the Cities of Renton and Kent. Currently, when a community resident is experiencing acute intoxication, a call to 9-1-1 is typically placed by either the individual or others witnessing the episode. Then EMS/Fire or law enforcement units ("First Responders") are dispatched to evaluate the situation and generally have only two options for resolution: transport to an emergency room (ER) for further medical attention or leave the individual at the scene. Since there are no other intermediary options, patients are often transported to an ER to get them off the streets.

The proposed Sobering Center Pilot Project would give First Responders a third option, in which First Responders would have the opportunity to refer individuals with acute intoxication (and possibly other co-existing chemical dependencies) but no need for additional medical care to the Sobering Center. The intent of the Pilot Project is to provide a safe and secure place for intoxicated individuals to sleep, and provide access to appropriate outreach services.

Purpose

The Sobering Center Pilot is the collaborative effort of a multitude of community organizations that have come together to try and address acute intoxication in the Cities of Renton and Kent. This includes EMS/fire, police, St. Vincent de Paul, Valley Cities, Community and Human Services (King County), Catholic Community Services, REACH of Renton, Valley Medical Center, Tri-Med ambulance and the EMS Division, Public Health – Seattle & King County.

The Sobering Center Pilot Project will serve multiple purposes: 1) allow those who are acutely intoxicated with possibly other co-existing chemical dependencies to be in a safe and secure location versus out in the community, possibly subject to negative interactions with the community or possibly law enforcement; 2) connect community residents to local community-based outreach services; and 3) relieve local hospitals and First Responders from providing emergency medical services to residents who are not experiencing an acute emergency, but require attention by other community-based services.

Literature Review

The current review of sobering center projects via PUBMED would indicate that community-based alternatives to traditional hospital use are in a state of development. There is a lot of evidence to show positive changes are occurring in communities which have adopted such approaches, though more research should be done. One of the main issues is that no two studies have a conclusive, or near

conclusive, definition of a frequent user of 9-1-1/medical services.[i] Therefore, it is difficult to take any one study, and use it as the basis for a given study design which could skew any statistics obtained. Along with not having a definitive definition of who would constitute a frequent user of emergency medical services, some reviews include alcohol-related interactions, those intoxication interventions that also include illicit or legal drugs.[ii] This could again, introduce bias and alter our ability to see them as generalizable to our situation.

Another issue with the current literature review, is that, rather than having sobering center specific services or activities, a few studies discuss “Housing First” (or, Alcohol-free living centers[iii]) type of community outreach, which is clearly not what our current project is about. However, these articles are interesting as they indicate where our communities could see that such activities like a sobering center, and other services related to outreach activities, may be more cost-effective versus the continued use (overuse) of emergency medical services for non-emergent intoxication issues.[iv]

One study though was directly on point with our current project.[v] This study delved into how San Francisco addressed its chronic intoxication and use of emergency medical services with development of a sobering center. The study indicated a substantial cost avoidance for the city, especially in ambulance and hospital costs, because of the ability of 9-1-1 and emergency responders to divert cases to the sobering center.

Generally, the literature indicates that though there needs to be more studies done, the trend indicates that using alternative services, which can lessen the burden on traditional ER services, can bring about positive outcomes for the type of target audience our pilot project seeks to help.

Target Population

Identifying the target population is key, however, understanding who and where the target population comes from, and how best to serve them is the Sobering Center Pilot Project’s main concern.

Knowing where community residents are when they are experiencing acute intoxication episodes will strengthen the community's ability to provide outreach services, which can be a major difference in these resident's lives. The pilot project will target community residents within the cities of Kent and Renton who are suffering from acute intoxication (and possibly other co-existing chemical dependencies) which require less than full emergency medical services, but more than just allowing them to be out in the community where they may be in danger of harm. Furthermore, not only First Responders will be determining referrals to the Sobering Center, as there may be some instances where Valley Medical ER staff will come into contact with community residents experiencing acute intoxication, whether by self-admit to the ER, or being brought in by others (including First Responders), where the individual is subsequently medically cleared, and could be referred to the Sobering Center.

Study Design

The design of the Pilot Project will be prospective in order evaluate the progress of the Sobering Center Pilot Project from beginning forward. This will allow for a baseline to be established, as the study design can be used to evaluate how resource allocation and monies were spent prior to implementation, and then periodically as the Pilot Project moves forward. The study design will be a 9-month evaluation of the Pilot Project at which point demographic and statistical information (i.e. admissions/discharges, referrals, how resources at the Sobering Center were used, and other information and data points still to be determined) will be examined, along with how the Sobering Center's costs compared to other facilities within and outside of the community. This evaluation would be twofold: 1) macro-level examination and evaluation of how resources are allocated, and how this impacts the viability of the Pilot Project (i.e. is the Pilot Project reducing the need for traditional ER resources); and 2) micro-level assessment of the day-to-day operations of the Pilot Project in order to look critically at how possible outcome measures are being met for each referred individual.

Methods/Procedures

The Sobering Center will be a voluntary place for those suffering acute intoxication to come and be in a safe place to recover. First Responders, as they are dispatched via 9-1-1, will arrive on-scene and determine whether or not a community resident needs medical attention, sufficient enough that they would be best served at a traditional ER, or whether to offer the Sobering Center as an alternative. When the community resident agrees to go to the Sobering Center, First Responders will call the Sobering Center for bed availability, and if there is availability to notify Sobering Center staff that they have a community resident in need of referral. The First Responders will contact Tri-Med Ambulance for transport to the proposed St. Vincent de Paul facility.

Once at the Sobering Center, the EMT staff there will conduct an intake interview with the community resident. During this interview, demographic information will be obtained (refer to Appendix A). There will be times where the intake may have to occur in the morning of discharge, depending upon the community resident's level of intoxication at time of admission. Community residents referred to the Sobering Center will be offered a bed in order to recover from their acute intoxication. Furthermore, given that this is a voluntary facility, if at any time the community resident seeks to leave the Sobering Center, they will be given this opportunity as well. Every effort will be made by the staff to encourage community residents to stay, the community resident may leave at any time.

One of the main purposes of the Sobering Center is to allow for each community resident the opportunity to have access to outreach services. These services will be offered upon transport back to their city of origin from the Sobering Center. Each community resident referred to the Sobering Center will be made aware of these outreach services and their availabilities, if the community resident desire to seek them.

Data Collection

The primary pilot data will come from the Sobering Center intake form (see Appendix A) obtained at the time of referral and include possible history of chemical dependency and/or mental health assessments/services. Each individual accepted into the Pilot Project will have their information kept by staff in an individualized "patient record", in which the admission form will be placed, along with other pertinent nursing and staff notes as required. This shall be used in analyzing the Pilot Project at the end of the 9-month period. Part of the analysis of the Intake Form will be to establish the type(s) of populations that Kent and Renton are seeing as having acute intoxication episodes. This will include not only general demographic information, but also more specific information as it relates to where CRs are being contacted, and if included in the Intake Form, other community-related information. Each admission form will be systematically categorized and kept within approved recordkeeping parameters.

In addition, the EMS/fire patient care records will be reviewed to establish a baseline of how many potential patients could have been referred and compared to those that were seen at the Sobering Center. Valley Medical Center will also provide data to establish if there was a reduction in the number of patients seen in the ER for acute intoxication.

Finally, data will be collected by agencies providing outreach, including how many patients were contacted, referred for services, and received services. This data will come from tracking sheets (see, Appendix B) which each facility providing outreach services will fill out and make available to the study design. Such data will track if the community resident arrived at the outreach facility in their community, and what type (if any) outreach services they obtained.

barrConclusion

Positive outcomes for both the community residents experiencing acute intoxication, and the community as a whole are the primary goals of the Sobering Center Pilot Project. Seeking avenues

which allow for outreach services to impact community resident's lives is paramount in attaining these outcomes. As a matter of resource allocation, a Sobering Center would greatly benefit the cities of Kent and Renton. Rather than community residents always being seen at Valley Medical Center for an issue which could be addressed in a less emergent setting, a Sobering Center allows the community to properly allocate limited resources. This is done by trained medical and professional staff which can best determine proper placement of those community residents who could benefit from the services that a Sobering Center will provide. Giving First Responders another option for care of community residents, allows for proper treatment response in a setting designed to work with this population, which can lead to positive outcomes for the community.

Along with resource allocation on the medical front, this type of Project can also work towards diverting away from the criminal justice system as well. Far from being just a place to sober up, a Sobering Center can be a place where acutely intoxicated community residents can obtain valuable resource guides, which can help to identify and reduce barriers that may hinder their ability to stabilize.

Appendix A: Intake Form

Sobering Center
1930 Boren Avenue – Seattle, WA 98101
Telephone: (206) 205-1092
ADMISSION/INTAKE ASSESSMENT

Client Name: ______________________________ DOB/Age: ____________

Pickup Location: ______________________________

Current Complaints: ______________________________

Received Mental Health Services(Y/N)____ Convicted of a Crime(Y/N):____ Misdemeanor or Felony(M/F):____

Current Medications: ______________________________

Drugs Used Today: ☐ **Alcohol** (Time Alcohol Last Used: ____________ ☐ Cocaine ☐ Heroin

☐ Marijuana ☐ Methamphetamine ☐ Other: ______________________________

Medical History: Seizure: ☐ Yes ☐ No Hypertension: ☐ Yes ☐ No
Diabetes ☐ Yes ☐ No ☐ Other/Disabilities ____________

Presentation: Slurred Speech: ☐ Yes ☐ No Unsteady Gait: ☐ Yes ☐ No

Orientation: Person: ☐ Yes ☐ No Place: ☐ Yes ☐ No Time: ☐ Yes ☐ No

Pupils: Normal: ☐ Abnormal: ☐ Size: L: ________ R: ________

Behavior: ☐ Verbal Aggression ☐ Physical Aggression ☐ Cooperative ☐ Uncooperative

	Date	Time	B/P	Pulse	Resp.	Temp.	Bal.	N/V/Trem	Mat	Code	Initial
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Wake-up Time: ____________ Client leaves facility early (prior to transport) ☐ Yes

Property that went into Client's Bag: ☐ Jacket ☐ Hat ☐ Shoes ☐ Backpack/Bag ☐ Wallet/Purse ☐ Cell phone ☐ Money ($____________, ☐Other: ____________

- I have taken possession of all my belongings: ☐
- I understand that I will be responsible for any property I choose to keep with me.
- I also agree to obey the rules during my stay.
- Pioneer Human Services is not responsible for lost or stolen property.

Signatures

______________________________ ADMISSION

Date & Time of Admission: ____________________

______________________________ DISCHARGE

Date & Time of Discharge: ____________________

Appendix B: Outreach Services Tracking Sheet

Tracking Sheet for Outreach Services

____/____/____ **Date of Service**

Tri-Med:

Pick-Up _____(#) Kent – Valley Cities _____(#) Renton – Valley Cities

Drop Off _____(#) Kent – Valley Cities _____(#) Renton – Valley Cities

---

Valley Cities:

Pick-Up ☐____(#) Kent – Valley Cities ☐____(#) Renton – Valley Cities

How many clients received the following?

- Outreach ☐ Yes _____(#) ☐ No _____(#)
- Breakfast ☐ Yes _____(#) ☐ No _____(#)

If client remained for Outreach, what **resources** were accessed?

☐ Resource Room _____(#)

☐ Care Coordinator _____(#)

☐ Intake _____(#)

☐ Other: ____ _____(#)

[i] “Frequent callers to and users of emergency medical systems: a systematic review.” *Emerg Med J* 2014;**31**:684-691 doi:10.1136/emermed-2013-202545 PUBMED: 23825060 Accessed on 3 August 2016.

[ii] “Patient characteristics and patterns of intoxication: one-time and repeated use of emergency ambulance services.” J Stud Alcohol Drugs. 2013 May;74(3):484-9. PUBMED: 23490579 Accessed on 3 August 2016.

[iii] “Alcohol-free living centers: hope for homeless alcoholics” Soc Work. 1989 Nov;34(6):497-504. PUBMED: 10296496 Accessed on 3 August 2016.

[iv] Housing-first articles

- “A pilot study of the impact of housing first-supported housing for intensive users of medical hospitalization and sobering services.” Am J Public Health. 2013 Feb;103(2):316-21. doi: 10.2105/AJPH.2012.300867. Epub 2012 Dec 13. PUBMED: 23237150 Accessed on 3 August 2016.
- “Health care and public service use and costs before and after provision of housing for chronically homeless persons and severe alcohol problems.” JAMA. 2009 Apr 1;301(13):1349-57. doi: 10.1001/jama.2009.414. PUBMED: 19336710 Accessed on 3 August 2016.
- “Housing First is associated with reduced use of emergency medical services” Prehosp Emerg Care. 2014 Oct-Dec;18(4):476-82. doi: 10.3109/10903127.2014.916020. Epub 2014 May 30. PUBMED: 24878364 Accessed on 3 August 2016.

[v] “Safe sobering: San Francisco’s approach to chronic public inebriation” J Health Care Poor Underserved. 2012 Aug;23(3 Suppl):265-70. doi: 10.1353/hpu.2012.0144. PUBMED: 22864503 Accessed on 3 August 2016.