
Coos County Sobering Center Information Session

Community Leaders • City of Coos Bay Council Chambers •
12.07.23

Community Leader Information Session Objectives

- To update community leaders on progress towards the first sobering center on the Oregon Coast
 - To demonstrate how community leaders can support the sobering center, short and long term
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Background

2017-2022

- Sequential Intercept Mapping
- Coos County LADPC
- Advanced Health advocacy and support
- Letters of support from county leadership

2022-2023

- Funding for a coordinator
 - Partnership between the jail and Adapt
 - Selection of right-fit model
 - Funding investments
 - Partnership between LADPC and Adapt
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Earlier Intervention: a Key Need

- Additional points of entry into the treatment and recovery continuum
 - More timely access to services
 - Less demand on local crisis systems
 - Goodness-of-fit for individuals (which can mean better results)
 - Disrupt SUD behavior before it causes further harm
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LADPC
strategic
planning
repeatedly
highlights
the need for
sobering
centers on
the south
coast



CRISIS RECEIVING CENTERS CRISIS STABILIZATION CENTERS

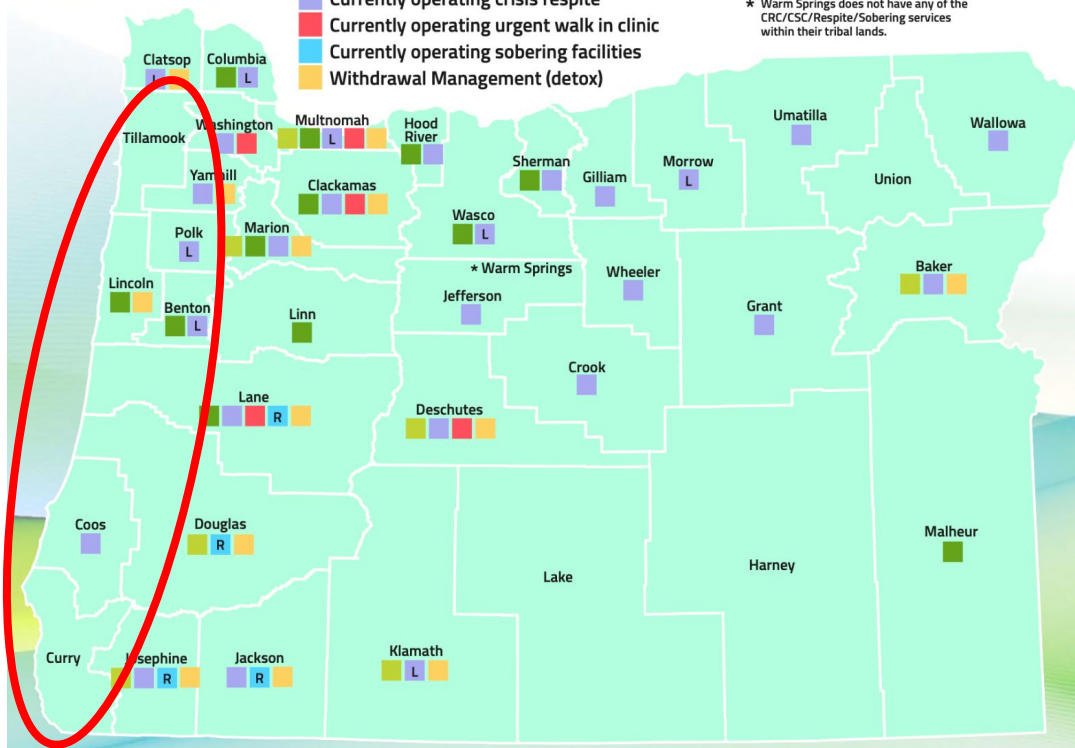
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DOCUMENT

Crisis stabilization centers and other urgent or walk in support services:

- CRC/CSC currently open
- CRC/CSC currently in planning/capital phase
- Currently operating crisis respite
- Currently operating urgent walk in clinic
- Currently operating sobering facilities
- Withdrawal Management (detox)

- L Licensed with OHA
- R Registered with OHA

* Warm Springs does not have any of the CRC/CSC/Respite/Sobering services within their tribal lands.



Definitions
subject to
change, not
OHA approved.

Crisis Receiving Centers:
Open 24/7 for walk in and provider/partner drop offs with 23 hour recliners and assessment and stabilization services. Ability to refer to higher levels of care and coordinate for basic needs, shelter bed referrals, and follow up outpatient SUD/MH services as needed.

Crisis Stabilization Centers:
Open 24/7 for referrals after screening with average 1-14 days support services provided, including psychiatric evaluation and medication support, case management, therapy, and discharge planning as needed.

Crisis Respite:
Referral only access via mobile crisis and outpatient crisis team assessment, and hospital step down. Support services often include psychiatric evaluation and medication support, case management, therapy, peer support and skills training and are typically multiple days and sometimes even multiple weeks or longer until the individual is ready to safely transition fully back into the community with clinical and natural supports in place.

Urgent Walk In Clinic:
Open 24/7 with outpatient services, including psychiatric evaluation and medication support, case management, therapy. No recliners onsite. Not typically set up for partner drop offs, but instead voluntary walk in services.

Sobering Centers:
Open 24/7 for intoxicated individuals to safely recover from alcohol and other drugs in 23 hours or less. Typical services include medication assisted induction (buprenorphine, methadone, overdose medications) and withdrawal management facility services, as well as referrals to hospital and or medical detox if needed, and connections to outpatient SUD services and housing supports if the individual is seeking help in these areas.

A Sobering Center is....

- A diversion from other settings that aren't the right fit for most intoxicated people
 - A public safety approach that ultimately impacts public health
 - 1:1 engagement with staff who are trained in motivating change for people struggling with substance misuse
 - Clean, safe space for people who might otherwise be a danger to themselves or others sober and get their immediate needs met
 - An additional pathway to treatment
 - A way to reduce multiple encounters with the same clients repeatedly served by local systems
 - A key opportunity to build rapport and relationships with clients so that when they are ready to seek additional resources, they know where to turn
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A Sobering Center is not....

- A detox center
 - A medical facility
 - Part of the criminal justice system
 - Transitional housing (but it can connect people to transitional housing)
 - A billable service
 - This is being advocated for at the state level
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Sobering Center Model

Short term goal:

Public safety; initial cost savings by diverting people from settings where it is expensive to serve them or they utilize unnecessary resources

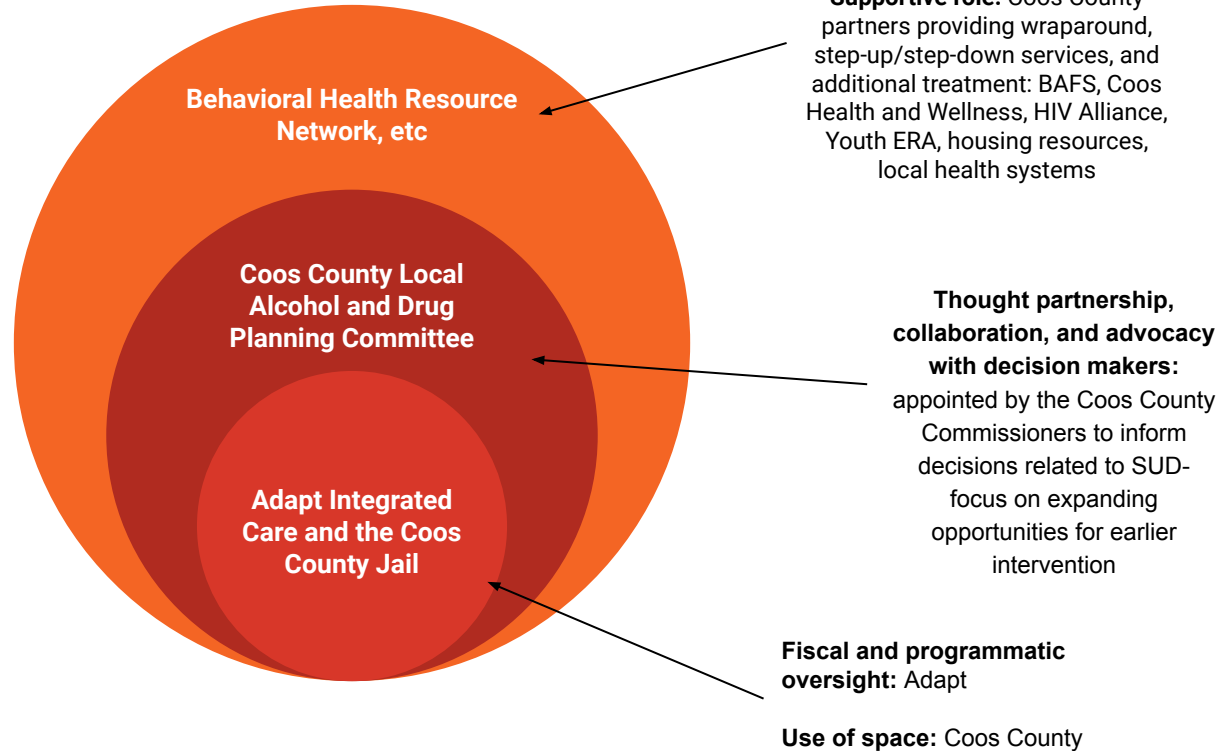
Long term goal:

Helping people have better outcomes; long term sense of public safety; significant cost savings for multiple local systems by creating more points of entry to the continuum of care

Demonstrating Impact: National Data

- The CDC reports that **12-40%** of all ED visits are related to alcohol use
 - Sobering centers save the US Healthcare system range from **\$230 million to \$1.0 billion annually**
 - **48%** of clients accessing Houston sobering centers from 2010-2017 sought referrals to treatment and other resources-
Adapt's Douglas County sobering center has seen similar results
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**Strong, nested
partnerships
focused on
sustainability
and
collaboration**



Center Launch Timeline



Adapt assume project management

Secure funding commitments, establish formal partnerships, transition management to Adapt from coordinator



Begin renovations

Space retrofitting, hire and begin training the program manager



Hire and train staff

Recruit, hire, and train sobering center staff at the Douglas County site



Open

The sobering center becomes operational!

**A law enforcement
perspective....**

Sobering Center Model FAQs

Why is the jail or the emergency room not the right place for an intoxicated person below a certain BAC?

**What happens right now in the
absence of a sobering center?**

**What happens when people
leave the sobering center?**

Partnership

Current Investments and Pledges of Support

- Judith Ann Mogan Foundation
 - In-kind time donations from over a dozen orgs
 - Potential private donation from a local church
 - Donated space
 - Bay Area First Step- additional peer support resource
 - Potential supply donation- Bay Area Hospital
 - Initial funding investment from Advanced Health
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Budget

- **6 bed facility**
- **24 hour staffing is the biggest expense at 2 FTE per shift**
- **Some resources can be donated to reduce costs**

Type of Expense	CC 2023	CC 2025
Personnel - Wages & Fringe	385000	385000
Training/Travel	700	700
Recruitment/Kudos	900	900
Client Transportation		
Program Supplies (food, clothing, etc.)	15000	15000
Utilities	2000	2000
Insurance	5500	5500
Operations	11000	11000
Maintenance	2000	2000
Technology	3500	3500
Mortgage (Interest & Principle)		
Cost of Delay (Current Year – Base Year (2023) x 1.05		47667
Overhead Allocation of Agency	51072	56179
Total	476672	524339

LADPC proposed strategy for funding

- Funding from local partnerships
 - Opioid settlement funds
 - Set-asides for long term support
 - Foundation grants
 - Adapt grant writing
 - Donations to reduce costs-
supplies, startup materials, etc
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The Steering Committee

- Funders
 - Key partners from the local systems of care
 - Programmatic oversight
 - Embedded into the Coos County LADPC so the sobering center can maintain alignment with overall planning for Coos County SUD related services and resources
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Value to local decision makers

The public already supports this and it will go a long way to increase a sense of public safety

Significant cost savings across most systems in Coos County

It is the most effective and sustainable way to impact both public safety and public health in Coos County at once

Questions?

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