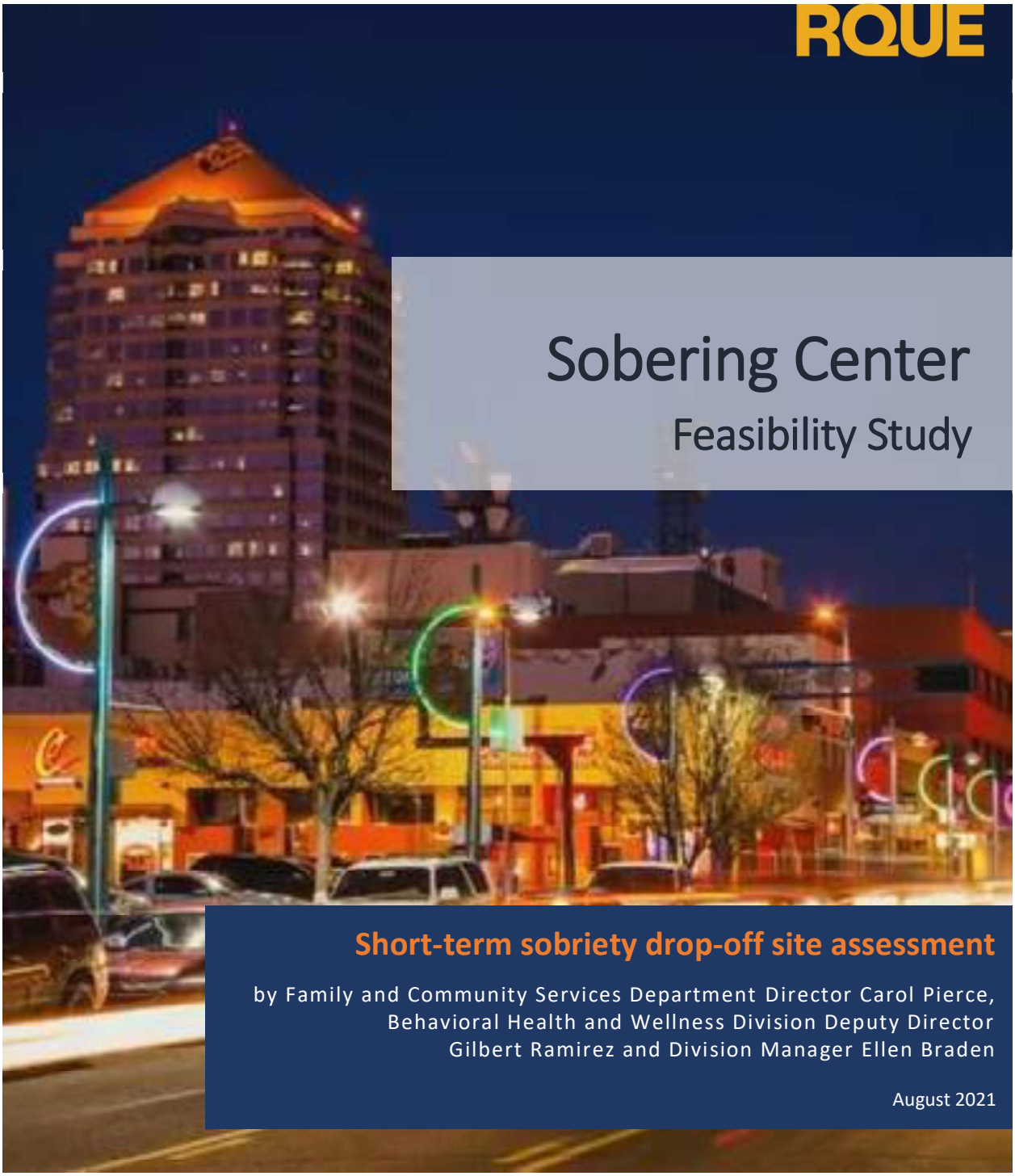
ONE ALBUQUERQUE



Sobering Center

Feasibility Study

Short-term sobriety drop-off site assessment

by Family and Community Services Department Director Carol Pierce, Behavioral Health and Wellness Division Deputy Director Gilbert Ramirez and Division Manager Ellen Braden

August 2021

Sobering Center Feasibility Study: A report prepared for Albuquerque City Council

Introduction

The American College of Emergency Physicians (ACEP) defines Sobering Centers as, "facilities that provide a safe, supportive, environment for mostly uninsured, homeless or marginally housed publicly intoxicated individuals to become sober." (De Lorenzo, et al 2018)

At a first glance, a Sobering Center seems like a great idea. After all, managing publicly intoxicated individuals takes a lot of resources. In Albuquerque, each time a paramedic or EMT responds to a 9-1-1 call for overdose, unconscious/unknown or public intoxication, where a person is under the influence of an unknown substance, and is taken to an emergency room, limited community resources are expended. And in some cases, these resources are expended repeatedly as the same individuals circle through the emergency response system as many as 10 times or more.

Sobering Centers are an innovative way to address this pervasive problem. In fact, more and more communities across the country are using sobering sites as both a safe place to sober up and as a connector to resources that meet the needs of the people they serve.

This report was prepared by the Albuquerque Family and Community Services Department at the request of City Council to determine the feasibility of a Sobering Center placed at the newly acquired Gibson Health Hub. The Sobering Center study provides analysis of the current situation, including incidence data; research on best practices; cost considerations; facility size, personnel and staffing ratios; funding sources; community linkages; and proposed recommendations.

Several individuals contributed to the findings detailed in this report. A special thank you is extended to all who enthusiastically supported this project. Acknowledgement of all the organizations that provided invaluable input and data for this study is listed on page 3.

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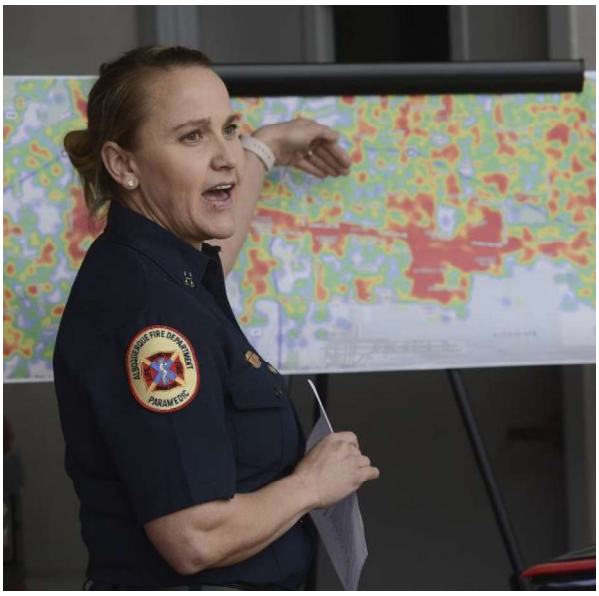
Acknowledgements

Information presented in this report is the result of collaboration and input provided by several individuals representing the following organizations:

- Albuquerque Ambulance
- Albuquerque Community Services Department
- Albuquerque Fire and Rescue
- Albuquerque Police Department
- Bernalillo County Department of Behavioral Health Services
- Casa de Salud
- Coalition for a Safer Albuquerque
- Division of Housing and Homelessness
- Haven Behavioral Hospital of Albuquerque
- National Sobering Collaborative
- New Mexico Solutions
- Presbyterian Healthcare Services
- Santa Fe Recovery Center
- Totah Behavioral Health Authority
- Turquoise Lodge Hospital
- University of New Mexico Hospitals

Research, analysis, recommendations, and report writing and design were provided by an independent contractor, Creative Communications, Inc., under the direction of company President Cathy Imburgia.



Executive Summary

Overview

New Mexico has a long history of having some of the highest rates of alcohol and drug abuse in the country. The problem throughout New Mexico and here in Albuquerque is complex, multi-generational and most often driven by underlying social determinants of health issues, including poverty and quality of care.

Adding to the pervasive issues associated with substance use disorders, is an increasing impact on Albuquerque's emergency response and criminal systems. Decriminalization of public inebriation in many states has helped to alleviate jail time yet, in Albuquerque, 9-1-1 calls for intoxication and drug-related unconscious responses are alarmingly on the rise. In turn, transports to an already strained hospital emergency system result in caring for an influx of patients with non-emergent needs. And most recently, the Metropolitan Detention Center realized an unprecedented spike in deaths where six of the nine incidents during the past year appear to have occurred while inmates were detoxing from drugs or alcohol.

In efforts to reduce the utilization of medical services and involvement of the criminal justice system, while providing the appropriate services needed to help public intoxicated individuals, communities throughout the United States are exploring ways to achieve longer term results by not only addressing the obvious surface problems, but also the underlying problems leading to addiction.

Over the past years, Sobering Centers emerged as a safe, lower-cost alternative care setting for intoxicated individuals without other acute medical needs. Increasingly throughout the United States, Sobering Center programs are part of an effort to change how a community addresses public intoxication, addiction and homelessness.

The Sobering Center approach is intended to divert individuals with low acuity intoxication from overcrowded emergency departments and jail to a safe place to gain sobriety and to access links to treatment, housing and other unmet social needs. Participation is voluntary, and patients are free to leave at any time, with a minimum average stay of 3 to 4 hours and up to 23 hours at some locations. Outcome data at the national level is limited and there is wide variation across existing centers in terms of populations served, referring parties, clinical capabilities, staffing, and social supports.

As a part of undergoing research for this study, it became apparent that many stakeholders in the Albuquerque community recognize the need for a Sobering Center and, in fact, have investigated and proposed a medical model, short-term monitoring facility that has physician oversight and is staffed with registered nurses or emergency medical technicians, who triage and monitor intoxicated individuals that arrive by emergency medical services (EMS) until sobriety is achieved.

While Bernalillo County Department of Behavioral Health Services operates a social model program called the Public Inebriate Intervention Program (PIIP) at its CARE campus, its admittance criteria on medical conditions is restrictive leaving first responders and

ambulance services no choice but to transport the type of patients they receive to a local hospital emergency department. Over the past three years, Albuquerque Ambulance (AA) transported over 30,000 intoxicated, overdosed or unconscious/unknown individuals to an emergency room following a dispatched call.

Prior to August 2018, emergency response to public inebriation related 9-1-1 calls within the City often had Albuquerque Police Department (APD), Albuquerque Fire and Rescue (AFR), and AA on scene. The response policy has since changed whereas now, APD is dispatched only when there is a public safety or criminal aspect to the call.

While the response policy change minimizes effect on APD, impact across Albuquerque's already stressed emergency response system continues to rise. Through 2018 to 2020, AFR responded to 43,094 substance-related intoxication and overdose incidents. During the same three-year time period, the life-saving overdose reversal drug Naloxone was administered 2,007 times (including multiple administrations on the same incident), with the highest rate administered in 2020 at 737 incidents. Adding to the overwhelming response rates are repeat 9-1-1 callers, in some cases as many as 10 times or more in a year and, over the past three years, realizing 601 unique patients who account for 9,858 incidents across all 9-1-1 responses.

More than 40 percent of ambulance transports for substance-related intoxication and overdose incidents from 2018 to 2021 were taken to Presbyterian hospitals, with University of New Mexico Hospital (UNMH) the second most frequent ambulance transport destination, at nearly 30 percent. Over the past three years,

Presbyterian EDs cared for 21,688 and UNMH encountered 32,788 such ED patients.

Project Scope

To better understand existing resources, processes and opportunities to enhance short-term sobriety services in our community, the City of Albuquerque Family and Community Services Department directed this Feasibility Study at the request of City Council.

For the purposes of this study, short-term sobriety services may include, but not be limited to, the provision of a safe place to recuperate from the effects of the substance and offer individual case management with linkages to treatment, including detoxification and connection to services, such as more stable living arrangements. The proposed service is intended to be utilized by AFR, APD, AA, and newly established Albuquerque Community Services (ACS) as a drop off site for appropriate clients encountered in the community who are under the influence of drugs and/or alcohol and are without other acute medical needs.

Research, data collection of 2018 through 2020 incidences, analysis, and report preparation was performed over an eight-week period during February and March 2021, with reviews and refinements conducted through August 2021.

Recommendations

Simply put, there is growing need in the Albuquerque community to address emergency response for individuals who are under the influence of drugs and/or alcohol and who are without other acute medical need. Review of repeat or high utilizers of Albuquerque's emergency response system, make the case for a medical model Sobering Center even more evident. Without it, many individuals circle through the system as many as 10 times or more in a year with no safety net in place to get help and end the revolving door effect.

An Albuquerque Sobering Center can address the immediate clinical needs of persons experiencing moderate to severe intoxication with normal vital signs in a safe, lower cost site while also meeting the broader needs of the clients it serves by creating access to case management, treatment and social resources.

Placing a low-barrier Sobering Center at the Gibson Health Hub has potential to be a centrally-located, 24/7 front-door and hub to services across several domains of care that are provided by the City and in collaboration with community partners.

While outcome data on Sobering Centers at the national level is limited, efforts are underway to standardize practices and capture outcomes on types of admissions; client needs; referrals; care coordination; and, in the longer-term, recovery and improved quality of life for clients, in particular, repeat patients. The National Sobering Collaborative, a 501(c)3 non-profit organization, is an invaluable resource referenced in this study for best practices, policies and education towards the formation and sustainability of sobering centers.

CONCLUSION

Open a medical model, 24/7 Sobering Center to address public intoxication, addiction and homelessness.

To implement a City-managed Sobering Center, a phased-in approach is recommended. This approach would facilitate startup and guide expansion. This recommendation is detailed further in the study. It is proposed that the site initially accept adults 18 years and older.

IMPLEMENTATION

Phase 1: 30 beds
Phase 2: 45 beds
Phase 3: 60 beds

Propose adding clinical capabilities over time.

As we strive for value in health care and in social services, sobering centers across the country are becoming an important extension of a city's health safety net. While funding sources may vary, data presented in this study reveal emergency response is a growing costly option that is avoidable if the substance use disorder is adequately treated.

START-UP COSTS

Administration: $176,000
Clinical Staff: $1,148,000
Security: $137,600
Facility: $376,000
Build-out: $6,864,000

Summary Overview: Sobering Center Feasibility Study

WHAT IS A SOBERING CENTER A Sobering Center is intended to divert individuals with low acuity intoxication from overcrowded emergency departments and jail to a safe place with medical monitoring to gain sobriety and access links to treatment, housing and other unmet social needs. Currently, Albuquerque has no such facility or resource.	**OPERATION** A medical model, short-term monitoring facility with physician oversight, certified peer support and staffed onsite 24/7 with registered nurses and emergency medical technicians, who triage and monitor intoxicated individuals that arrive by emergency medical services until sobriety is achieved, minimum average 3 to 4 hours.	**UTILIZATION** The proposed service is intended to be utilized by AFR, APD, AA, and newly established Albuquerque Community Services (ACS) departments as a short-term drop off site for appropriate clients encountered in the community who are under the influence of drugs and/or alcohol and are without other acute medical needs.
LOCATION Placing the Sobering Center at the Gibson Health Hub has potential to be a centrally-located, 24/7 front door hub to services across several domains of care that are provided by the City and in collaboration with community partners. The prospect of a center is endorsed by stakeholders and community members, including the Coalition of a Safer Albuquerque.	**IMPLEMENTATION** Sobering Centers across the country are becoming an important extension of a city's health safety net. A 3-phased approach to implementation is recommended to facilitate startup and guide expansion of capacity and services for Albuquerque's most vulnerable population. It is recommended the City expedite Phase 1, using one or more outsourced vendors.	**TARGET POPULATION** Persons with SUD experiencing homelessness who have moderate to severe intoxication. It is proposed the site initially accept adults 18 years and older who are 9-1-1 response call patients transported by AFR, AA, APD or ACS personnel and who express normal vital signs, are unable to walk and/or are unconscious. Participation is voluntary.
2018 – 2020 FINDINGS The City's emergency response policy for public inebriation related 9-1-1 calls changed in 2018. Since then, APD is now dispatched only when there is a public safety or criminal aspect to the call, thus greatly reducing impact on officer response and processing wait times. Over the past three years, AFR alone responded to 43,094 substance-related intoxication and overdose incidents, at an average cost of more than $1.3 million a year. Additional community impact during this time includes: 30,242 AA transports; 32,788 UNMH hospital ED encounters; and 21,668 Presbyterian ED visits.	**SOBERING CENTER VS. PIIP** While Bernalillo County Department of Behavioral Health Services operates a social model program called the Public Inebriate Intervention Program (PIIP) at its CARE campus, it does not meet the definition of a Sobering Center established for this study. Without a medical model drop off location, first responders have no choice but to transport low-acuity patients to a local hospital. Repeat emergency response and repeat hospital ED encounters indicate resources are expended repetitively as the same individuals circle through the emergency response system as many as 10 times or more a year.	**FUNDING** The benefits of implementing a well-planned Sobering Center far outweigh the costs associated with not addressing the issue. Throughout the country, communities have shifted cost savings realized from emergency response to operate a Sobering Center. The Farmington, NM site is funded by the city, county and local hospital. Additional funding resources may be available through federal and state grants. As the center evolves, addition of billable revenue generating and Medicaid reimbursable clinical services may prove beneficial in meeting community health needs as well as sustaining the program.

Current Situation

Findings

Method

To better understand the impact of acute alcohol and other substance-related public intoxication on Albuquerque resources, seven organizations were originally identified and asked to participate in the study. During the study, four additional groups were asked to provide incident data and other information.

In total, the following 11 stakeholder organizations participated in identifying impact on hospital, first responder, municipality services, and the community from January 1, 2018 through December 31, 2020:

- Albuquerque Ambulance (AA)
- Albuquerque Community Services Department (ACS)
- Albuquerque Fire and Rescue (AFR)
- Albuquerque Police Department (APD)
- Bernalillo County Department of Behavioral Health Services (DBHS)
- Coalition for a Safer Albuquerque
- Division of Housing and Homelessness
- Haven Behavioral Hospital of Albuquerque
- Presbyterian Healthcare Services (PHS)
- Turquoise Lodge Hospital
- University of NM Hospitals (UNMH)

The City's emergency response policy for public inebriation related 9-1-1 calls changed in 2018. Since then, APD is now dispatched only when there is a public safety or criminal aspect to the call, thus greatly reducing impact on officer response and processing wait times. As a result, AFR and AA data is utilized in this study to determine greatest impact on City resources.

Utilization – Emergency Response

The cost to the City each time a paramedic or EMT responds to a 9-1-1 call for overdose, unconscious/unknown or public intoxication, where a person is under the influence of an unknown substance, is approximately $94.31 per dispatched response. Over the past three years, AFR alone responded to 43,094 substance-related intoxication and overdose incidents, at an average cost of more than $1.3 million a year during 2018 through 2020.

During the same three-year time period, the life-saving overdose reversal drug Naloxone was administered 2,007 times, with the highest rate administered in 2020 at 737 incidents. In fact, despite an overall reduction in responses calls due to COVID-19 in 2020, data reveals that responses to unknown/unconscious and overdose 9-1-1 calls continued to increase.

The charts on the following pages illustrate where and when alcohol and other substance-related public intoxication response calls occur in the City, incidence rates, demographics, and impact from repeat 9-1-1 callers or high utilizers of the system. Also included is Albuquerque Ambulance transport data, indicating which hospital emergency departments are realizing the greatest impact from these types of calls.

It is important to note that while Bernalillo County Department of Behavioral Health Services operates a social model program called the Public Inebriate Intervention Program (PIIP) at its CARE Campus, it does not meet the definition of a Sobering Center established for this study. Without a medical model drop off location, first responders have no choice but to transport low-acuity patients to a local hospital.

AFR: Incident Locations

The following heatmaps show where 9-1-1 call responses are happening within the City by year and by the type of call received. A 23B coded call is an overdose, usually alcohol; and a 23D call is usually an opiate overdose. A 32B1 or 32B3 dispatch is an "unconscious/unknown" call and, most often, is a call for public intoxication. As illustrated in the heatmaps, there are obvious similarities in location for overdose and public intoxication responses, with both types of calls most often occurring in the central part of the City. The proposed site for a City-managed Sobering Center is an ideal location as most calls happen on Central Avenue, in close proximity to the newly acquired Gibson Health Hub and proposed emergency shelter location.

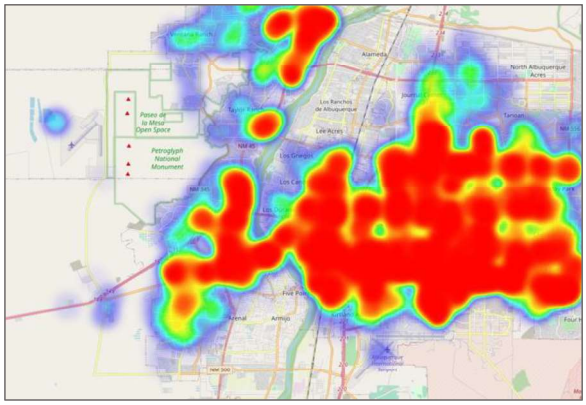


Figure 1: 2018 Overdose Response – Codes 23B and 23D

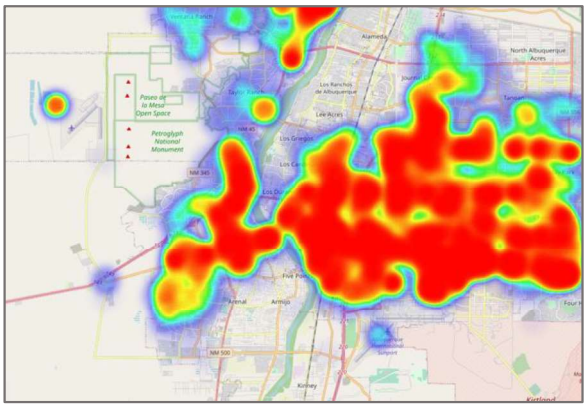


Figure 2: 2019 Overdose Response – Codes 23B and 23D

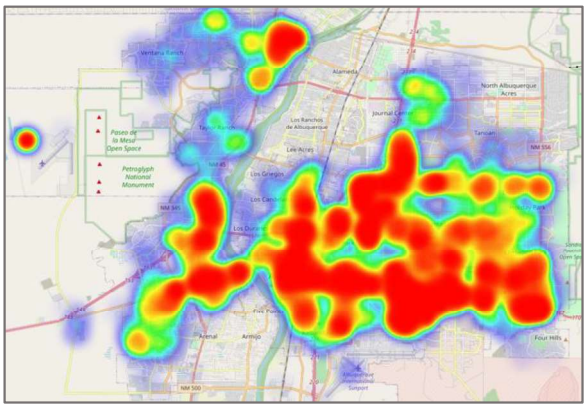


Figure 3: 2020 Overdose Response – Codes 23B and 23D

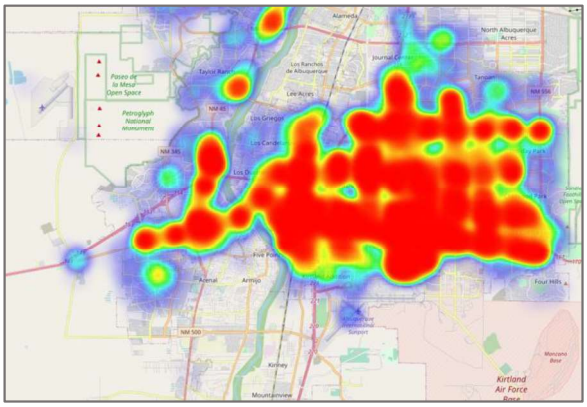


Figure 4: 2018 Unknown Response – Code 32B1 and 32B3

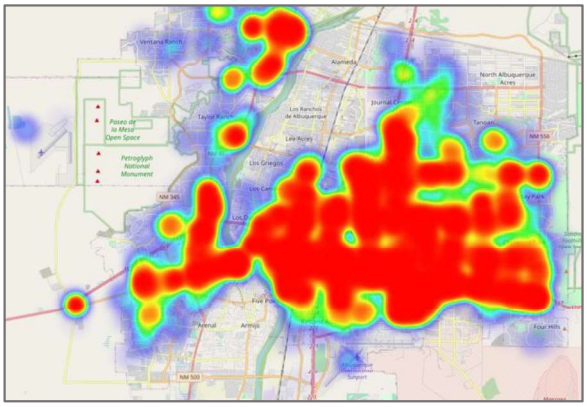


Figure 5: 2019 Unknown Response – Code 32B1 and 32B3

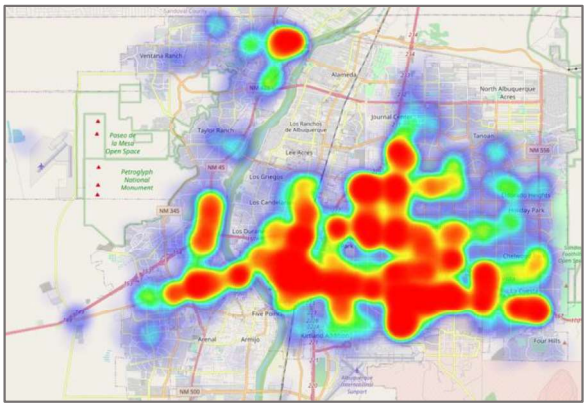


Figure 6: 2020 Unknown Response – Code 32B1 and 32B3

AFR: Incident Occurrence

Time of Day/Day of the Week

Data on the following charts illustrate the need for a 24/7 Sobering Center. Over the past three years, emergency response calls for substance-related intoxication and overdoses happened daily, most frequently between the hours of noon through 8:00 p.m., indicating when staff shift coverage may need to be at maximum.

Figure 7

2018								
Hour of Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
0	108	49	62	50	68	60	89	486
1	108	49	50	43	70	56	98	474
2	73	52	46	40	47	53	59	370
3	51	29	38	31	30	46	44	269
4	26	29	32	23	24	29	33	196
5	26	19	31	40	23	39	24	202
6	35	27	19	29	38	35	26	209
7	39	41	48	43	40	55	42	308
8	50	72	68	62	56	58	72	438
9	77	89	104	82	98	85	83	618
10	76	108	114	132	120	119	114	783
11	82	120	116	125	120	131	121	815
12	89	139	143	127	144	153	164	959
13	131	144	156	104	139	153	145	972
14	141	175	169	158	152	156	156	1107
15	156	163	131	146	160	148	184	1088
16	134	180	143	172	164	168	187	1148
17	160	156	154	181	150	177	167	1145
18	163	176	166	176	168	157	179	1185
19	127	167	155	151	154	163	175	1092
20	140	144	127	140	152	159	159	1021
21	108	135	131	113	124	125	156	892
22	87	129	86	113	134	120	130	799
23	71	87	81	76	100	117	105	637
Total	2258	2479	2370	2357	2475	2562	2712	17213

Figure 8

2019								
Hour of Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
0	103	78	58	74	64	82	102	561
1	95	55	57	55	56	71	97	486
2	84	44	55	42	44	48	95	412
3	60	27	38	34	25	36	58	278
4	35	18	35	33	36	30	52	239
5	40	27	25	28	20	28	31	199
6	38	38	32	30	30	42	44	254
7	39	56	45	52	63	49	45	349
8	48	71	96	75	63	83	52	488
9	51	94	95	104	114	92	101	651
10	88	104	123	130	109	102	132	788
11	75	124	136	126	140	139	159	899
12	103	157	147	132	141	138	158	976
13	130	153	141	123	147	152	151	997
14	115	129	178	156	130	160	165	1033
15	132	145	179	155	147	167	166	1091
16	119	150	182	161	157	165	187	1121
17	124	148	174	163	164	166	166	1105
18	152	164	152	188	148	172	184	1160
19	129	135	134	133	136	157	158	982
20	131	138	131	136	158	182	141	1017
21	144	124	114	126	110	126	133	877
22	113	107	131	118	92	119	110	790
23	99	100	72	106	97	94	129	697
Total	**2247**	**2386**	**2530**	**2480**	**2391**	**2600**	**2816**	**17450**

Figure 9

2020								
Hour of Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
0	59	41	29	37	32	45	44	287
1	56	29	37	42	30	38	49	281
2	34	30	30	38	21	20	30	203
3	35	21	21	19	28	23	26	173
4	23	24	11	28	23	12	19	140
5	15	19	25	19	10	12	17	117
6	18	20	21	23	14	22	20	138
7	15	24	33	14	27	29	16	158
8	31	24	30	31	32	30	31	209
9	30	49	42	39	47	49	53	309
10	36	45	55	34	66	64	61	361
11	44	53	61	53	36	77	64	388
12	43	75	67	71	59	94	69	478
13	63	57	67	69	84	66	80	486
14	46	73	72	65	78	78	102	514
15	67	72	83	73	76	68	91	530
16	73	69	75	81	75	72	83	528
17	71	76	79	70	64	68	86	514
18	75	72	69	72	81	77	81	527
19	56	82	63	76	68	90	66	501
20	60	56	70	54	70	59	67	436
21	54	48	49	60	43	52	73	379
22	47	56	50	69	44	67	67	400
23	47	58	46	53	46	64	60	374
Total	**1098**	**1173**	**1185**	**1190**	**1154**	**1276**	**1355**	**8431**

AFR: Naloxone Administration

2018	613	2019	639	2020	737
January	50	January	25	January	59
February	41	February	54	February	53
March	50	March	54	March	48
April	57	April	57	April	61
May	73	May	60	May	52
June	71	June	48	June	79
July	51	July	46	July	92
August	57	August	64	August	77
September	51	September	85	September	63
October	37	October	55	October	57
November	46	November	53	November	60
December	47	December	38	December	36

Note: May include more than one administration on the same incident.

Figure 10

AFR: All Incidents Age

2018	17213	2019	17450	2020	8431
(blank)	8381	(blank)	9192	(blank)	4215
1-10	67	1-10	45	1-10	23
11-20	394	11-20	463	11-20	300
21-30	1695	21-30	1622	21-30	859
31-40	2114	31-40	2125	31-40	1085
41-50	1886	41-50	1712	41-50	854
51-60	1708	51-60	1443	51-60	634
61-70	688	61-70	578	61-70	317
71-80	146	71-80	157	71-80	90
81-90	108	81-90	88	81-90	43
91-100	23	91-100	25	91-100	11
101-110	1				
111-120	2				

Note: "blank" indicates data not captured in the report.

Figure 11

AFR: All Incidents Gender

2018	**17213**
Female	2499
Male	6674
Not Applicable	2
Unknown (Unable to Determine)	18
(blank)	8020
2019	**17450**
Female	2530
Male	6017
Not Applicable	1
Not Recorded	3
Unknown (Unable to Determine)	17
(blank)	8882
2020	**8431**
Female	1374
Male	3004
Not Applicable	1
Not Recorded	1
Unknown (Unable to Determine)	7
(blank)	4044
Grand Total	**43094**

Figure 12

The most frequent ED destination for Albuquerque Ambulance transports was to Presbyterian hospitals, followed by UNMH. On the other hand, UNMH had higher ED SUD encounters rates, at 32,788, with PHS 21,668.

AA: Ambulance Transport Destinations

2018	**11971**
Heart Hospital New Mexico	13
Kaseman Presbyterian Hospital	2155
Lovelace Downtown	2077
Lovelace Westside	319
Metropolitan Assessment Treatment Services	122
Presbyterian Hospital	2612
Rust Medical Center	216
Sandoval Regional Medical Center	7
University New Mexico Hospital	3301
University New Mexico Psychiatric	22
Veteran's Administration Medical Center	201
Womens Hospital	926
2019	**10449**
Heart Hospital New Mexico	11
Kaseman Presbyterian Hospital	1756
Lovelace Downtown	1923
Lovelace Westside	288
Metropolitan Assessment Treatment Services	54
Presbyterian Hospital	2551
Rust Medical Center	258
Sandoval Regional Medical Center	8
University New Mexico Hospital	2605
University New Mexico Psychiatric	26
Veteran's Administration Medical Center	165
Womens Hospital	804
2020	**7822**
Heart Hospital New Mexico	11
Kaseman Presbyterian Hospital	1756
Lovelace Downtown	1923
Lovelace Westside	288
Metropolitan Assessment Treatment Services	54
Presbyterian Hospital	2551
Rust Medical Center	258
Sandoval Regional Medical Center	8
University New Mexico Hospital	2605
University New Mexico Psychiatric	26
Veteran's Administration Medical Center	165
Womens Hospital	804
Grand Total	**30242**

Figure 13

Impact of Repeat 9-1-1 Callers or High Utilizers

While the following data is not specific to substance-related intoxication or overdose, it does demonstrate the impact high utilizers have on Albuquerque's emergency response system. Following is a breakdown by year of repeat 9-1-1 caller impact.

2018

- **7,990 patients had 2 or more responses accounting for 25,627 total incidents**
- **3,154 patients had 3 or more responses accounting for 15,955 total incidents**
- **1,051 patients had 5 or more responses accounting for 9,012 total incidents**
- **240 patients had 10 or more responses accounting for 3,975 total incidents**

2019

- **7,661 patients had 2 or more responses accounting for 24,591 total incidents**
- **3,104 patients had 3 or more responses accounting for 15,477 total incidents**
- **1,001 patients had 5 or more responses accounting for 8,560 total incidents**
- **299 patients had 10 or more responses accounting for 3,830 total incidents**

2020

- **6,239 patients had 2 or more responses accounting for 18,756 total incidents**
- **2,397 patients had 3 or more responses accounting for 11,072 total incidents**
- **670 patients had 5 or more responses accounting for 5,374 total incidents**
- **132 patients had 10 or more responses accounting for 2,053 total incidents**

Utilization – Emergency Departments

Community members from both the medical and criminal justice systems are increasingly concerned about jail and hospital overcrowding due to public intoxication. As the following hospital encounter data reveals, treating conditions related to alcohol and substance intoxication compounds Albuquerque's already stressed hospital emergency departments.

Nationally, ED visits for alcohol intoxication increased by 51.5% to 2.7 million visits annually between 2006 and 2014. The total annual cost of these visits is estimated at nearly $9 billion.

Increases in patient volume in an already strained emergency response system not only leads to ED overcrowding, it negatively affects the quality of care, patient safety and overall experience. Many ED visits due to substance use disorders and public intoxication and their associated costs are largely avoidable if the disorder is adequately treated or if patients have an alternative safe place to gain sobriety. To alleviate ED crowding and the high rates of emergency response, many local community stakeholders in Albuquerque, including hospital ED staff and administrators, recognize the growing need for an alternative care setting apart from emergency departments.

Following is data from the two most frequent hospital ED destinations by Albuquerque Ambulance – Presbyterian Healthcare Services and University of New Mexico Hospitals, both Main and Psychiatric Emergency Services (PES) EDs. The data includes: volume of encounters; method of arrival, as not all encounters involve 9-1-1 calls; discharge disposition; related substance diagnoses; gender and age; repeat encounters; and 3-day returns.

ED Encounters

From 2018 – 2020, the total number of substance-related encounters for the 13 local hospital and urgent care sites in Presbyterian Healthcare Services was 21,668. During the same time period, UNMH Main and PES EDs experienced 32,788 encounters.

Time of Day/Day of the Week

In correlation with the time of day/day of the week AFR emergency response data, peak times for ED encounters happen over a 12-hour period from early afternoon through the midnight hour, with admittances occurring consistently at both Presbyterian and UNMH every day of the week.

Method of Arrival

Ambulance, by far, is the most frequent method of arrival for substance intoxication and overdose incidents at both hospital systems, with UNMH realizing nearly 57% over the three years and Presbyterian at nearly 65%. Arrival by self was the second most frequent method, followed by police at a much smaller percentage – nearly 3% at UNMH and 5% at Presbyterian.

Discharge Disposition

Discharge disposition for both hospital systems varies, with the highest rate being patients discharged to home. UNMH has a "short stay admission" category that qualifies as an observation disposition, with 13% of these patients discharged in this manner as a result of their ED visits. At Presbyterian Healthcare Services, discharge disposition may result in a transfer to another service, including discharge to behavioral health and post treatment navigation, such as peer support services.

Related Substance Diagnosis

Related Substance	UNMH %	PHS %
Alcohol (ETOH)	50.16	73.3
Stimulants	16.5	14.5
Opioids	11.41	3.5
Cannabis	11.94	1
Poly/Other/Unspecified	6.11	5.7
Cocaine	3.63	0.67
Sedatives	1.08	0.72
Hallucinogens	0.3	0.17
Inhalants	0.08	0.18

Figure 14

Alcohol is the number one related substance for ED utilization due to intoxication and overdose, at a significant rate for both hospital systems (Ref. Figure 14). Stimulants is the second most frequent substance detected during 2018 through 2020 ED encounters.

Gender and Age

Presbyterian ED data reveal male patients utilize emergency departments 50 percent more than females.* The most frequent age range of patients at both ED systems is 26 to 55.

Repeat Encounters

At UNMH, there were four unique/unduplicated patients from January 1, 2018 to December 31, 2020 in which each individual had between 100 and 150 emergency department encounters; on the lower end, 4,711 unique patients each had between two and nine emergency encounters during the same time span. Presbyterian realized 9,639 unique patients during the same time, with 55% of patients having repeat visits.

3-Day Returns

Over the past three years, Presbyterian EDs experienced 3,943 return visits within 72 hours. UNMH reports 2,022 return visits within three days of the initial visit during the time studied.

**UNMH gender data was not provided.*

Treatment Providers

To better understand community resources and opportunities for Sobering Center patients to link to treatment, five substance use disorder (SUD) providers were interviewed as part of this study. Two providers, *Turquoise Lodge Hospital* and *Haven Behavioral Hospital of Albuquerque*, are onsite tenants of the Gibson Health Hub; the *CARE Campus* is located a short distance from the proposed City-managed Sobering Center site and is operated by Bernalillo County; *Santa Fe Recovery Center*, operates a similar program to the CARE Campus with longer-term residential treatment options for men and women; and *New Mexico Solutions* is an outpatient treatment provider with offices throughout Albuquerque, in Rio Rancho and in Santa Fe County.

All providers expressed interest and stated the need for a safe alternative for individuals to sober and connect with treatment and housing resources. One provider recognized that the patients they see are high utilizers of the emergency response system and are some of the most difficult to engage and sustain in treatment. That said, it was further noted patients could benefit from a front-door entrance to services where engagement is seamlessly offered in a collaborative approach.

Over the past year, COVID-19 capacity restrictions further stressed treatment services with fewer beds for detox, a pivot to deliver medical assisted treatment (MAT), and forced the creation of a virtual means to help clients maintain therapy. Despite the challenges of delivering services during the first wave of the pandemic, the situation demonstrated the need and ability to work collaboratively across many domains. The proposed Albuquerque Sobering Center provides opportunity to continue to partner with community providers and proactively address the needs of one of the City's most vulnerable population.

Following are brief descriptions of the services offered by the providers interviewed in this study with an in-depth review of the following CARE Campus programs: Public Inebriate Intervention Program (PIIP), Detox and Supportive Aftercare Community (SAC).

CARE Campus

The CARE Campus offers a variety of programs to reduce the impact of alcoholism, alcohol abuse, drug dependence and drug abuse within the community. Substance abuse services offered at the CARE Campus through the Bernalillo County Department of Behavioral Health Services (DBHS) include: detoxification from alcohol and substances; PIIP, SAC, the Addiction Treatment Program, Mariposa Residential Program, and Renee's Project. All programs are available on a sliding scale fee or free.

To clarify the difference between the Bernalillo County's public intoxication program from the proposed Albuquerque Sobering Center, following is a description of the PIIP service, including purpose, utilization, costs, funding, admittance criteria, and difference of the social model approach vs. the medical model program proposed for the City's Sobering Center.

Public Inebriate Intervention Programs (PIIP) is a social model observation service implemented in FY 2013 to relieve congestion in UNMH's emergency departments and to reduce the number of bookings at the Metropolitan Detention Center (MDC). The program provides stabilization, observation, a light meal, and placement support services for its patients.

PIIP clients receive services for no longer than 24 hours unless they choose to participate in the CARE Campus Detox Program. Due to COVID-19, PIIP capacity is currently 10 beds with plans to expand capacity to 45 beds with the addition of observation and assessment services. PIIP is funded by the state's liquor excise tax revenue and used for DWI grants awarded to municipalities or counties for "(1) new, innovative or model programs, services or activities to prevent or reduce the incidence of DWI, alcoholism, alcohol abuse, drug addiction or drug abuse; and (2) programs, services or activities to prevent or reduce the incidence of domestic abuse related to DWI, alcoholism, alcohol abuse, drug addiction or drug abuse." The "local DWI grant fund" is administered through the State Treasury and is restrictive on how funds may be applied, i.e. "…shall make grants only to counties or municipalities in counties that have established a DWI planning council and adopted a county DWI plan or are parties to a multi-county DWI plan that has been approved by the council…".

Cost to administer PIIP over the past three years averaged $26.46 per person. The expenditure covered salaries, benefits, overtime, food, utilities, and care of residents. CARE Campus renovations in 2019 and the pandemic in 2020 had an impact on capacity as illustrated below.

2018: 8,429 clients at a cost of $18.27 each

2019: 7,315 clients at a cost of $20.05 each

2020: 3,751 clients at a cost of $41.05 each

Following is a partial listing of the PIIP intake policy — conditions that restrict admission as well as emergency response transports to PIIP.

- Primary diagnosis is intoxication through use of substance.
- Person can walk or use their assistive devices. (i.e. cane or wheelchair)
- Person is able to use the toilet, eat and drink independently.
- Person is non-combative.
- If the client is expressing suicidal ideations he/she/they can be accepted, so long as the person does not have an actual plan for self-harm.
- No active wounds, signs of head trauma or other acute trauma beyond simple skin abrasions.
- Person is not actively seizing.
- Person accepts offer to be transported to CARE Campus.

A difference in the low-cost PIIP service from the proposed City-managed Sobering Center is the model, where at PIIP, observation is done without a medical staff. Staff at PIIP include program administrators and peers, some who are volunteers and have similar life experiences. The program applies a "social model" approach where the focus is on people helping people through recovery, comparable to the principles rooted in Alcoholics Anonymous (AA).

Regarding the types of clients PIIP served during the study time span: 82% were male, with the most frequent age range of all clients 26 – 64; repeat clients averaged 62%; and similar to hospital substance-related diagnoses, alcohol was the most frequent involved substance followed by amphetamines/methamphetamine and opiates.

Also housed at the CARE Campus is the *Detox Program*, a short-term social model detox service designed to provide a safe environment to individuals who require non-medical detoxification interventions and referrals. Medical services are available to clients through a collaborative effort with local hospitals.

Prior to COVID-19, Detox Program capacity was 48-beds, for up to 32 males and 16 females. It is currently 30-beds and will increase to 40 this Fall at the completion of renovations. Program services include observation, intervention, safety, and educational services. Staff also provide screening, brief assessment, referral, AccuDetox, substance abuse psycho-education groups, recovery planning, treatment planning, discharge planning, and follow up.

Admission qualifications include:

- Must not have any restraining orders or warrants for arrest.
- Must not have any appointments within the next 24 hours and up to the next 3 - 5 days. Admission to these services would most likely prevent the person from making that appointment.
- Must be mobile or able to move without assistance from others.
- Primary diagnosis is intoxication through use of substance.

From 2018 through 2019, the Detox Program encountered 7,861 clients, with 14% repeat utilizers. Alcohol accounted for more than 60% of all detox patients, followed by opiates and amphetamines/methamphetamine as the most frequent substance-related incidences. Mostly males (74%) utilized the service, with the most frequent age range of all detox clients 26 – 64.

Supportive Aftercare Community (SAC) is a Bernalillo County voluntary program housed at the Care Campus and available at no cost to qualifying New Mexico residents seeking a supportive recovery environment after completing alcohol and drug detoxification and/or rehabilitative services. The program provides a structured living environment that emphasizes daily living skills and long-term management of recovery.

During 2018 through 2020, SAC residential recovery services were provided to 169 clients, with one repeat client. The population included 116 males, 51 females and one transgender individual. The most frequent age range of clients during this time period was 26 –64. Over the past three years, alcohol was the most frequent substance-related diagnosis, followed by stimulants and opiates.

Gibson Health Hub Tenants

The following two treatment providers offer onsite services at the proposed location of the Albuquerque Sobering Center.

Haven Behavioral Hospital of Albuquerque is a licensed, acute-care psychiatric hospital that offers a full continuum of care for adults 18 and over diagnosed with co-occurring mental health and substance abuse issues. Services include customized treatments for individuals through comprehensive inpatient and outpatient programs. The addition of a partial hospital day program is currently planned.

Haven Behavioral Hospital treats a complete array of mental health conditions, including depression, anxiety, ADHD, PTSD, personality disorders and many other illnesses. Depending on the level of care, treatment services may include group therapy, family therapy, and individual therapy. Care teams consist of physicians, nurses, social workers, therapists, and other professionals. Additionally, Haven collaborates with local physicians, medical professionals and organizations to complement and enhance existing networks of psychiatric treatment for its patients. Regarding capacity, Haven Behavioral Hospital of Albuquerque is part of the national Haven Behavioral Healthcare network and, as such, has the ability to increase or scale capacity as warranted.

Turquoise Lodge Hospital is a program of the State of New Mexico Department of Health (NMDOH). It provides substance abuse treatment services to adult (18 and older) New Mexico residents. Services include: medical detoxification, social rehabilitation services, and Intensive Outpatient services for local residents. The 40-bed inpatient services are available for residents of the entire state and include an ASAM Level 3.7 medical detoxification program and Level 3.5 Adult Accredited Residential Services (AARTS) social rehabilitation program. Priority patients for services include pregnant injecting drug users, pregnant substance abusers, other injecting drug users, women with dependent children, and women and men seeking to regain custody of their children.

Founded in 1952, Turquoise Lodge moved its operation from the CARE Campus to the Gibson Health Hub in 2019. It serves as NMDOH's hub for drug and alcohol treatment services in the northern part of the state and provides services to more than 1,300 individuals annually. The clinical staff include professionally licensed medical psychiatrist, pharmacist, nurses, and counselors who are trained and educated in the field of addiction treatment.

Community-based Providers

New Mexico Solutions is a CARF-accredited (Commission on Accreditation of Rehabilitation Facilities), non-profit organization offering a comprehensive array of behavioral health services for children, families and adults in Albuquerque, Rio Rancho and Santa Fe County. Clinical services include treatment and recovery from substance abuse and chemical dependency. Clinicians are licensed to provide individual counseling and group therapy for drug and alcohol use. Intensive outpatient (IOP), outpatient, aftercare, and case management services are available for both adults and adolescents.

Santa Fe Recovery Center (SFRC) is a CARF-accredited, non-profit, substance use disorder program based in Santa Fe County. Its program offers holistic and comprehensive treatment services that engage clients directly in recovery for 12 months and beyond through extended care services. Working with community partners, the Santa Fe Recovery Center programs focus on supporting long-term recovery and reintegration into the community to help reduce regional health care costs. SFRC serves some of New Mexico's most fragile and underserved residents, currently aiding more than 1,400 clients annually.

Services include: Detoxification (social and medically monitored) and residential programs for men, women and women with children per the following client care continuum charts (Ref. Figures 15 & 16).

SANTA FE Recovery Center
THE PATH TO RECOVERY

Client Care Continuum

Service	Stay	Beds	People Served
Detoxification	3-7 Days	15 beds in Santa Fe; 45 beds in Gallup	Men and women
Men's Residential Treatment	Up to 30 days	24 male beds	Men only
Women and Children's Residential and Extended Treatment	Up to 90 days	30 female beds; 10 beds for children ages 0-3	Women only, including pregnant and postpartum, children ages 0-3
Extended Residential Treatment	Up to 90 days	28 beds	Men
Recovery Housing	Up to 120 days	18 beds	Men, women and children ages 0-3
Bridge House Sober Living	Up to 120 days and beyond	3 houses, 21 beds total	2 Houses for Men and 1 house for Women and Children

Figure 15

SANTA FE Recovery Center
THE PATH TO RECOVERY

Client Care Continuum

Service	Time	Locations	Methods
Intensive Outpatient Treatment (IOP)	9 hours/week	2 Santa Fe Location	Psychoeducational groups on addiction and relapse prevention & psychotherapy
Regular Outpatient Treatment (ROP)	3 hours/week	2 Santa Fe Locations; 1 Española Location	Psychoeducational groups on addiction and relapse prevention & psychotherapy/ Customized treatment based on need
Medication Assisted Treatment	Ongoing	Throughout all locations and levels of care if applicable.	Suboxone and other prescribed medications to assist in long-term sobriety according to one's unique physiology

Figure 16

Best Practices

Operations

Sobering Centers currently take many forms across the country with outcome data at the national level limited. While there is little research available, there is a relatively significant amount of interest in and support for the development of sobering centers.

There is wide variation across existing centers (in terms of populations served, referring parties, clinical capabilities, staffing, and social supports). Efforts are underway by the National Sobering Collaborative to develop certification along with safe and effective protocols for diversion to Sobering Centers. More information about the Collaborative and a recently published directory of Sobering Center sites throughout the country is available at https://nationalsobering.org

Staffing

Sobering Centers are short-term monitoring facilities that can be staffed onsite with non-physician providers, such as registered nurses and emergency medical technicians who triage and monitor intoxicated individuals delivered by EMS, and can have offsite medical direction.

Processes

Operating centers are typically city funded or sponsored, and may have a hospital and/or county, state or charitable organization as a funding partner. According to the American College of Emergency Physicians (ACEP), Sobering Centers provide 7 days/week services, some operate 24 hours a day. A comparison of centers published in 2013 provides a table of the known sobering centers with detailed site-information about capacity, client encounters, staffing, length of stay, regulatory agency involvement, and more. This resource was developed via a survey and may exclude centers who did not respond to the survey. The table was developed by Shannon Smith-Bernardin, MSN, RN, CNL, president and co-founder of the National Sobering Collaborative; Otis Warren, MD; Katherine Jamieson, BA; Nickolas Zaller, PhD; and Aisha Liferidge, MD, FACEP.

The ACEP cites, "criteria for admission and support services available at the centers vary. The centers focus on non-violent public intoxication offenders. The minimum age requirement is 18 with a length of stay from 3 to 14 hours per visit depending on the program and the program policy. Centers do not require a commitment to abstinence to receive services although referrals for additional services are available. Transportation to the centers is most often by ambulance, sobering center operated vans or law enforcement. Vans operated by sobering centers are frequently staffed by EMTs trained to work with this population. Center staff may include medical staff members to screen clients for medical and behavioral health issues."

When members of the ACEP Public Health and Injury Prevention Committee (PHIPC) surveyed a number of sobering centers, respondents shared the following best practices:

- Motivational interviewing
- Housing first philosophy
- Case management
- Inter-organizational communication
- Peer support
- Harm-reduction centered

The following represents draft ideas generated by members of the National Sobering Collaborative as part of a tool kit or establishment of Sobering Center standards. For purposes of the study, the information is modified to represent terms and conditions common to the Albuquerque community.

Reasons to establish a Sobering Center:

- Provide better care for homeless alcohol-dependent persons to improve health outcomes.
- Decrease the number of inappropriate ambulance trips to the ED for homeless alcohol-dependent individuals.
- Decrease the number of inappropriate ED visits for homeless alcohol-dependent individuals.
- Create an alternative to booking individuals arrested for public inebriation.
- Persons with public intoxication/DWI safely recover in the least restrictive environment.
- Establish a front-door access to services, including housing and treatment.
- Create partnerships and collaboration with community resources.
- Meet or exceed client engagement goals to treatment and community resource referrals.

Considerations for implementation:

- Staffing
- Funding
- Referral partners
- Facilities
- Equipment
- IT
- Patient/Client records system
- Training
- Stakeholder support
- Policies and procedures
- Security

Sobering Centers contribute to …

- **Reduced jail crowding**
- **Improved public safety**
- **Reduced ER/ED crowding**
- **Reduced long-term homelessness**
- **Reduced morbidity and mortality related to substance misuse/SUD**

Regarding jail diversion, Sobering Centers reduce processing time by law enforcement officers when booking clients at the jail. In Albuquerque, it can take up to two hours for an APD officer to book an individual into MDC. In addition to saving booking time, the proposed Sobering Center provides a safe place to sober over jail.

And lastly, Sobering Centers can serve as a hub for many resources, as illustrated in Figure 17.

Figure 17

Budget

Startup Costs

Following is an estimated summary of startup and Phase 1 implementation cost considerations for placement of the proposed City-managed Albuquerque Sobering Center at the Gibson Health Hub and site of the proposed Gateway emergency homeless shelter. Facility build-out costs are estimated. Use of the proposed designated space at the former Lovelace Hospital emergency department may prove beneficial in minimizing build-out costs and expediting a Phase 1 opening.

SOBERING CENTER START-UP COSTS	
Administration	
Program Manager x1 @ $60,000/year + benefits @ 40%	$84,000
Administrative Assistant x1 @ $30,000/year + benefits @ 40%	$42,000
Transportation (initially AFR, APD, ACS vehicles)	-
Equipment/Supplies/Food	$50,000
Clinical Staff	
Clinical/Medical Director @ $140,000/year + benefits @ 40%	$196,000
Registered Nurse x4 @ $75,000/year + benefits @ 40%	$420,000
EMT x4 @ $40,000/year + benefits @ 40%	$224,000
Certified Peer Recovery Specialist x4 @ $35,000/year + benefits @40%	$196,000
Case Management x2 @ $40,000/year + benefits @ 40%	$112,000
Security	
Security staff x3 @ $28,000/year + benefits @ 40%	$117,600
Surveillance	$20,000
Facility	
Build-out:	
Est.13,000 sq. ft. @ $440/sq. ft. — per Gateway construction rate	$5,720,000
FFE @ 20% of build-out cost	$1,144,000
Rent:	
Based on 13,000 sq. ft. @ $22/sq. ft. (includes utilities) — Annual rate	$286,000
Maintenance:	
Maintenance staff x2 @ $25,000/year + benefits @ 40% = $70,000	$70,000
Supplies	$20,000
TOTAL ESTIMATED COST	$8,701,600

Figure 18

Funding Considerations

Phase 1

Following are funding considerations for Phase 1 of implementation per the cost estimates shown in Figure 18:

- Estimated cost shown in Figure 18 for administrative and clinical staff are based upon standard annual salaries plus benefits and have potential to be contracted services through one or more agencies;

- Costs for security, transportation and maintenance (and possibly EMT staff) have potential to be shared costs with other City departments and Gibson Health Hub tenants. For example, the new Albuquerque Community Services (ACS) department and AFR may have vehicles that can be used to transport clients to the facility; and

- With potential for the location to also house an emergency homeless shelter, cost for peer services may be offset by a Bureau of Justice Assistance (BJA) grant recently awarded to the City to provide peers in emergency homeless shelters. The $1.2 million, three-year *Gateway to Recovery* grant funds up to four certified peers and recovery housing for individuals who have SUD and experience homelessness.

While most Sobering Centers throughout the country are funded and operated by local government entities, there are communities that have shifted cost savings realized from emergency response, law enforcement wait times and emergency department utilization to operate a Sobering Center. One such example is the Sobering Center at Totah Behavioral Health Authority that opened in 2016 and is located in Northern New Mexico.

START-UP COSTS
Administration: $176,000
Clinical Staff: $1,148,000
Security: $137,600
Facility: $376,000
Build-out: $6,864,000

In an effort to change how the community addresses public intoxication, addiction and homelessness, the City of Farmington partnered with San Juan County, Presbyterian Medical Services, San Juan Regional Medical Center and others to provide what one city official dubbed "a campus of care."

Cited from a February 2020 article published in the *Farmington Daily Times*, the campus originally housed only Totah Behavioral Health Authority, a branch of Presbyterian Medical Services. It now offers the Sobering Center; Paul's Place — a housing component for the Joint Intervention Program (JIP); and a winter shelter, which began operating off of Ojo Court in November 2019.

In 2019 before the pandemic, there were approximately 1,200 people who used the sobering service, some people multiple times, with 523 who were admitted a single time. Of the more than 9,045 admissions in 2019, people walked in and checked themselves into the facility more than 3,000 times. Meanwhile, both the city's Alternative Response Unit and Farmington Police Department each transported individuals to the Sobering Center more than 1,500 times.

Farmington officials say creating programs like the Sobering Center, the Alternative Response

Unit, the Farmington Park Rangers, and the Joint Intervention Program has allowed police officers to focus on other issues — including driving while intoxicated — and has also improved relationships with community members, including people struggling with addiction and homelessness.

As demonstrated in Farmington, the Albuquerque Sobering Center presents an opportunity where municipal, hospital and charitable funding sources can unite for this cause. In fact, a recent City/Count Treatment Gap Analysis study, requested by community members and the Coalition for a Safer Albuquerque, confirmed the need for a sobering center and recommended it be included in the region's system of care as an appropriate destination to screen for and manage substance use disorders that present a public safety and health hazard.

Funding resources may also be available through federal and state grants. The recently enacted American Rescue Plan has provision for over $4 billion in mental health and substance abuse disorders. The bulk of the funds have been allocated to two SAMHSA block grants; $1.5 billion to both the Substance Abuse Prevention & Treatment block grant and the Mental Health Services block grant.

Additionally, $425 million will go to the expansion of Certified Community Behavioral Health Centers with two provisions that bring $80 million to communities, accordingly:

- $30 million for local substance use disorder services such as syringe services programs and other harm reduction interventions;
- $50 million for local behavioral health needs, to include expansion of telehealth services in communities in greatest need; and
- Preventive services, as well as crisis intervention programs, may also be funded by these grants.

Regarding state funding, alcohol-related substance use continues to impact communities at alarming rates and, as demonstrated by the ED and treatment data presented in this report, at a significant proportion to all other substance related 9-1-1 response calls in the City.

For nearly four decades, New Mexico has ranked among the highest in the nation for alcohol-related death; and in 2018, New Mexico recorded its highest ever alcohol-related death rate at 70.3 deaths per 100,000 population. Nationally, one in ten deaths among working age adults (20-64 years) is attributable to alcohol. In New Mexico, this ratio is twice as high at one in five deaths.

Additionally, state's liquor excise tax legislation that mandate how funds are appropriated for DWI grants awarded to municipalities or counties may need to be examined for revisions to more adequately address the growing DWI and alcohol public intoxication issues of today.

As the proposed Sobering Center infrastructure evolves into a Phase 2 and Phase 3 stage of implementation, strategies to sustain and enhance offerings can include billable revenue generating and Medicaid reimbursable services, such as MAT induction, urgent medical care, and more to meet the medical and behavioral health needs of the clients served.

Recommendations

Next Steps

There is a growing need in the Albuquerque community to address emergency response for individuals who are under the influence of drugs and/or alcohol and who are without other acute medical need. Without it, there is only one high-cost option to transport these patients to — a local hospital emergency department. The current situation results in individuals circling through the system as many as 10 times or more in a year with no safety net in place to get help and end the revolving door effect.

Phase 1: The proposed short-term stay (less than 24 hours) Sobering Center is an alternative destination that has potential to be quickly implemented at the Gibson Health Hub and former site of the Lovelace Hospital emergency department. At startup, it is recommended the Sobering Center be a 24/7 30-bed operation with a registered nurse and paramedic monitoring onsite. Clinical direction would be overseen by a medical director. Ideally, the medical director would be housed full-time onsite, trained in addiction medicine and have some emergency experience. Completing the clinical care team are certified peer recovery specialists and case management. It is proposed the clinical staff be outsourced with one or more contracts managed by Family and Community Services and that protocols for transports and medical care be coordinated through AFR EMS.

The intent of the Sobering Center is to deliver a low-barrier, harm reduction and trauma-informed care approach to clients while they sober safely and are introduced to services that meet their social, behavioral, medical and hygiene needs. The target population of the proposed Albuquerque Sobering Center is persons experiencing homelessness with substance use disorder who have moderate to severe intoxication. Initially, the facility will accept 9-1-1 response call patients transported by AFR, AA, APD, or ACS personnel who express normal vital signs and may be unable to walk and/or are unconscious. Unless vitals become

abnormal (per pending Medical Care Board protocol approval), transfer to an ED would be diverted to the Sobering Center. The intent of this sobriety center would be for intoxicants that have stable vital signs, but are unable to ambulate and need a safe location to sleep, would be able to metabolize alcohol and/or other substances with medical supervision. It is anticipated, initially, many of these clients may choose to leave once becoming sober.

Details of proposed components of a Phase 2 and Phase 3 implementation are described below. Note that a timeline and costs for these phases are not included in this report due to time constraints to compiling the additional information. Consultation with national experts may prove beneficial at startup through Phase 3 expansion strategies.

Phase 2: It is anticipated the Albuquerque Sobering Center will serve some of the City's most fragile and underserved residents. Engaging clients in treatment and other services may be difficult without additional resources to help clients maintain healthy lifestyle choices. The addition of induction to medication assisted treatment (MAT) for opioid and alcohol use disorder to the short-term sobering services, linkages to treatment and follow-up case management may prove beneficial to engage and maintain clients in treatment. It may also provide opportunity to bill for services through Medicaid and on a sliding fee scale basis.

Programs that initiate MAT on site have proven results in adherence to treatment, a goal to ultimately prevent repeat 9-1-1 emergency response and visits to the Sobering Center, especially by those who are the most frequent users of the system. It also helps to keep people who are using alcohol and other substances alive and safe. Additional Phase 2 considerations are a moderate increase in capacity, by 15 beds; gradual increase in clinical staff, including potential addition of an onsite pharmacy; and increase collaboration with community partners for treatment, social services and potential funding resources.

Phase 3: At this stage, an increase capacity at 60 beds and the addition of medical and/or psychotherapy care services may prove beneficial for clients in most need. The site could evolve to open services to walk-ins and further solidify a harm reduction and prevention approach with a "front door" access to 24/7 treatment, housing and health services for the City's most vulnerable population.

At every phase of implementation, outcome data should be captured to better understand impact. Data would initiate at intake/triage and may include transport to higher levels of care; needs assessment and referrals; discharge planning and care coordination; numbers and types of admissions and referrals in/out; numbers and types of refusals/ineligibles; length of stay; discharge status; and more.

IMPLEMENTATION

Phase 1: 30 beds
Phase 2: 45 beds
Phase 3: 60 beds

Propose adding clinical capabilities over time.

Conclusion

The benefits of implementing a well-planned Sobering Center far outweigh the costs associated with not addressing the issue. It is recommended the City expedite Phase 1 implementation and seek advisement for specific implementation strategies, i.e. types of beds, training, outcome measurements and more from members of the National Sobering Collaborative and other experts.

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