Dunnica Sobering Support Center

Annual Project Summary

July 2023

July 25, 2023

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Overview

TriWest Group (TriWest) prepared the following annual project summary report for the Dunnica Sobering Support Center (DSSC). In this report, we (TriWest) summarize DSSC utilization and performance measures between December 13, 2021, and June 30, 2023. During this 18.5-month period, DSCC had 942 admissions and 606 unique clients. DSSC's performance is comparable to that of other sobering centers in the United States, and the center is close to or already meeting several of its quantitative goals.

DSSC Medical Monitoring

Data for this report comes from admission data recorded by DSSC staff, satisfaction surveys from referring partners, and admissions and cost data provided by some hospitals. We present monthly and quarterly summaries of these data as well as comparisons to five exemplar centers across the country that informed the DSSC model.

Key Evaluation Findings and Observations

- In the most recent quarter (April–June 2023), the average number of DSSC admissions increased to 81 per month, which is higher than four of the five comparison centers.
- Of DSSC's 942 admissions, the majority (55%) were referred from emergency departments (EDs). Law enforcement officers referred 24% of admissions, and 21% were referred through other routes, such as local community organizations, outpatient programs, and self-referrals.
- The ITS analysis of inpatient visits show that visits were generally increasing before the sobering center opened and then decreased after the sobering center opened. These changes were statistically significant ($p < .01$).
- Average law enforcement drop-off time is 5.5 minutes—far quicker than DSSC's goal of 15 minutes—and is on par with the law enforcement drop-off times at sobering centers in Travis County, Texas,[1] and Santa Cruz, California[2] (4–7 minutes).

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[1] Goldenstein, T. (2019, February 4). How Sobering Center is offering an alternative to jail. *Austin American-Statesman.* https://www.statesman.com/story/news/crime/2019/02/04/how-austins-sobering-center-is-offering-alternative-to-jail/6100529007/

[2] Santa Cruz County Sheriff's Office & Janus of Santa Cruz. (2018). *Recovery Center 2018 final program evaluation report*. https://www.bscc.ca.gov/wp-content/uploads/JAG-Final-Evaluations-Santa-Cruz.pdf

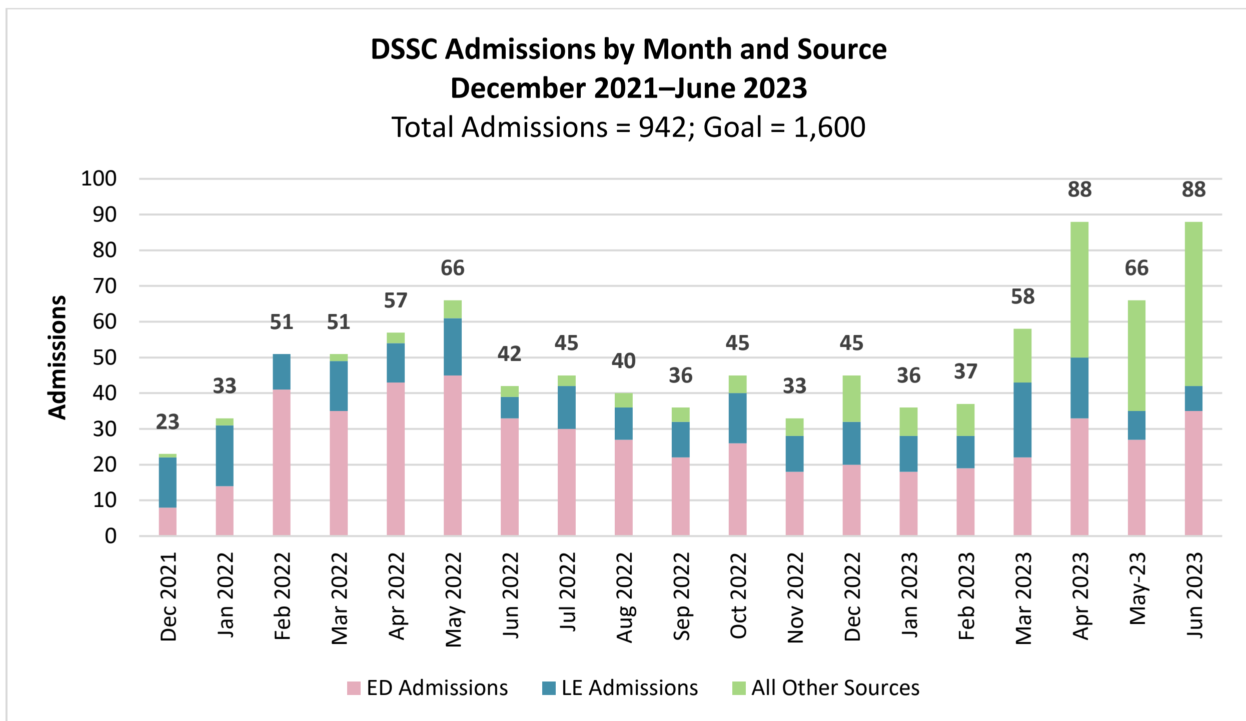
- Among admissions of clients from the St. Louis region, 65% received a referral to treatment or community services upon discharge, including 36% who were referred to substance use treatment services. Approximately 18% of clients refused a referral.
- Nearly one in four (23%) clients were enrolled in treatment services at Preferred Family Healthcare or another substance use treatment/behavioral health provider; this exceeds the annual goal of 10%.
- Nearly all (97%) of the 250 law enforcement survey responses indicated that they were satisfied with the DSSC drop-off process and experience.
- Compared to clients with just one sobering center visit, clients with three or more visits were typically older, more likely to be Medicare recipients or uninsured, and more likely to lack housing or employment.

DSSC Evaluation Goals

DSSC's first-year service goal was 1,600 admissions, which would entail an average of 133 admissions per month. Through 18.5 months of operations, DSSC had 942 admissions, an average of 51 admissions per month. In the most recent quarter (April–June 2023), there were an average of 81 admissions per month. Figure 1 summarizes the total number of DSSC admissions by month and source.[3]

[3] Two admissions were missing information related to admission month and are not included in the graph in Figure 1.

Figure 1



DSSC might consider re-evaluating their initial goals and modifying or setting new goals in light of current trends and the information on comparable sobering centers in Table 1. Although DSSC has a lower average monthly admissions rate than initially planned, its rate is similar to those of other, more established programs (e.g., Santa Cruz, California; San Francisco, California). Table 1 summarizes average monthly admissions from sobering centers across the county that accept law enforcement and ED referrals. DSSC's goal exceeds those of the national exemplars except for Austin-Travis County, Texas, which has a sobering center associated with a large specialty behavioral health facility. DSSC's admission rate is comparable to the rate of San Francisco's sobering center between 2009 and 2011 (45 admissions per month), at which point it had been in operation for more than 5 years, and Santa Cruz's sobering center after its 9-month pilot program. In the past three months, DSSC had an average of 81 admissions per month, which is higher than 4 of the 5 comparison centers.

Table 1

Average Monthly Admissions From ED and Law Enforcement Referrals	
Sobering Center (Calendar Period of Operation)	**Average Monthly Admissions**
DSSC Goal	**133**
DSSC (Dec. 2021–June 2023)	51

Santa Cruz, CA (June 2015–Dec. 2017)[4]	58
King County, WA (Jan. 2017–Sept. 2017, 9-month pilot program)[5]	7
Austin-Travis County, TX – October 2018 – September 2020[6]	141
San Francisco, CA (2009–2011)[7]	45

Of the 606 unique clients[8] who have used DSSC since its opening, the majority were male (73%) and either Black or African American (52%) or Caucasian/White (44%). Five percent of clients (n = 31) identified as Hispanic or Latino, and 6% of clients identified as veterans or active-duty members of the military. Most clients (79%) were between the ages of 26 and 58, with 14% between the ages of 59 and 69, just 6% between the ages of 18 and 25, and only 1% aged 70 and older. Two in five clients had permanent housing (42%), and 46% indicated that they were unhoused. Additionally, nearly half (46%) were not in the workforce and another 21% were unemployed and looking for work. For more details regarding client-level characteristics, see the DSSC Monthly Data Dashboard.[9]

Link to DSSC Monthly Data Dashboard – June 2023

This evaluation intends to determine the degree to which DSSC reduces the burden on the local justice system and EDs as well as the degree to which DSSC connects clients with the appropriate level of treatment and support associated with various social determinants of health (e.g., housing supports, mainstream benefits such as health insurance). The following section summarizes DSSC's progress toward its program goals. For a more comprehensive review of DSSC metrics and measures, see the DSSC Monthly Data Dashboard.

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[4] Santa Cruz County Sheriff's Office & Janus of Santa Cruz. (2018). *Recovery Center 2018 final program evaluation report*. https://www.bscc.ca.gov/wp-content/uploads/JAG-Final-Evaluations-Santa-Cruz.pdf

[5] Fischer, M., Plorde, M., Meischke, H., & Husain, S. (2020). Lessons learned from a sobering center pilot for acute alcohol intoxication in South King County, Washington. *Journal of Substance Use, 25*(2), 123–127. https://doi.org/10.1080/14659891.2019.1664666

[6] Austin-Travis County Sobriety Center. (2020). *Austin-Travis County Sobriety Center impact report FY20 October 2019–September 2020*. https://www.flipsnack.com/FD8F55BBDC9/austin-travis-county-sobriety-center-impact-report-fy20.html

[7] The sobering center in San Francisco, CA, receives referrals from EDs, outreach van, emergency medical services, police, homeless outreach teams, and other community supports. For this comparison, the monthly admissions were limited to those from EDs and law enforcement. Smith-Bernardin, S., & Schneidermann, M. (2012). Safe sobering: San Francisco's approach to chronic public inebriation. *Journal of Health Care for the Poor and Underserved*, *23*(3), 265–270. https://doi.org/10.1353/hpu.2012.0144

[8] Clients with missing demographic data were not included in the calculations that follow.

[9]https://www.canva.com/design/DAFpRy3gyR8/h8Pif1DEpkImsJW5hDsaqg/view?utm_content=DAFpRy3gyR8&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink

Initially, DSSC aimed for 45% of admissions through law enforcement referrals and 55% through ED referrals. However, beginning in 2023 DSSC expanded its referral sources beyond EDs and law enforcement officers. Since April 2023, these other referral sources—including local community organizations, walk-ins and outpatient clinics—have become the primary referral sources among admitted clients. Given the significant changes in the way clients are referred to the sobering center, BHN might consider reassessing these initial goals and establishing goals that better reflect a broader array of referral sources.

Goal 1: Individuals Served Will Avoid/Reduce Involvement With the Justice System

Among all DSSC admissions (n = 942),[10] 228 (24%) were brought in by law enforcement officers and were therefore associated with a jail/detention diversion. The percentage of admissions related to law enforcement is currently lower than the original program goal of 45%. Lower incidences of law enforcement referrals are common among sobering centers. Factors that facilitate more law enforcement referrals include law enforcement satisfaction and positive experience using the facility, officer accommodations (e.g., snacks, break room, drop-off environment), and streamlined drop-off processes.[11,12]

Figure 2

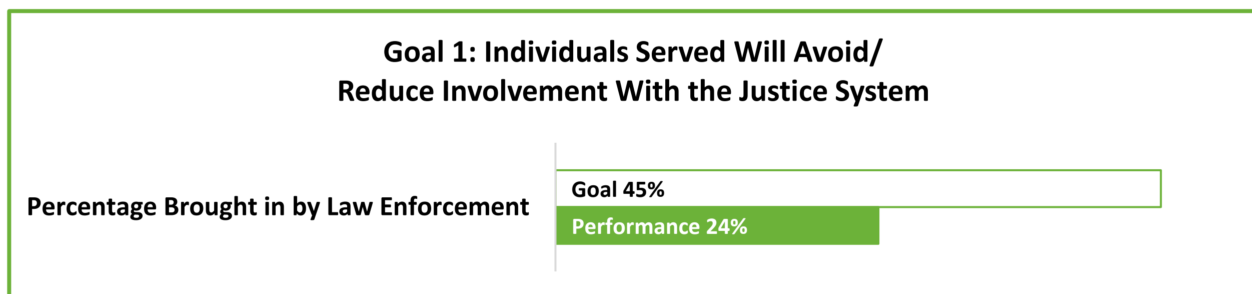

Table 2 summarizes the number of admissions associated with law enforcement districts. Districts 1, 3, and 4 had the most referrals, accounting for nearly two thirds of all law enforcement referrals to DSSC.

[10] Of the 699 admissions, three were missing an admission date and are therefore not reflected in the bar chart in Figure 2.

[11] Shannon Smith-Bernardin, PhD, RN, CARN, Assistant Professor, Social Behavioral Sciences, University of California – San Francisco, personal interview, June 17, 2022

[12] Fischer, M., Plorde, M., Meischke, H., & Husain, S. (2020). Lessons learned from a sobering center pilot for acute alcohol intoxication in South King County, Washington. *Journal of Substance Use, 25*(2), 123–127. https://doi.org/10.1080/14659891.2019.1664666

Table 2

Law Enforcement Officer District[13]		
District	**# of Referred Admissions**	**% of Referred Admissions**
District 1	85	20%
District 2	71	17%
District 3	95	23%
District 4	93	22%
District 5	52	12%
District 6	23	5%

Law Enforcement Check-In Kiosks

Figure 3 depicts the districts associated with law enforcement referrals and the number of alcohol outlet licenses (retail and direct-to-consumer sales) within census tract regions, a measure of alcohol outlet density.[14] Although not directly a measure of clinical needs, alcohol outlet density gives a snapshot of areas where higher instances of public intoxication may occur. The central region near St. Louis University (police districts 2, 3, and 4) has a higher alcohol outlet density relative to other census tracts in the St. Louis region. As noted above, most law enforcement referrals to DSSC are associated with districts 1, 3, and 4.

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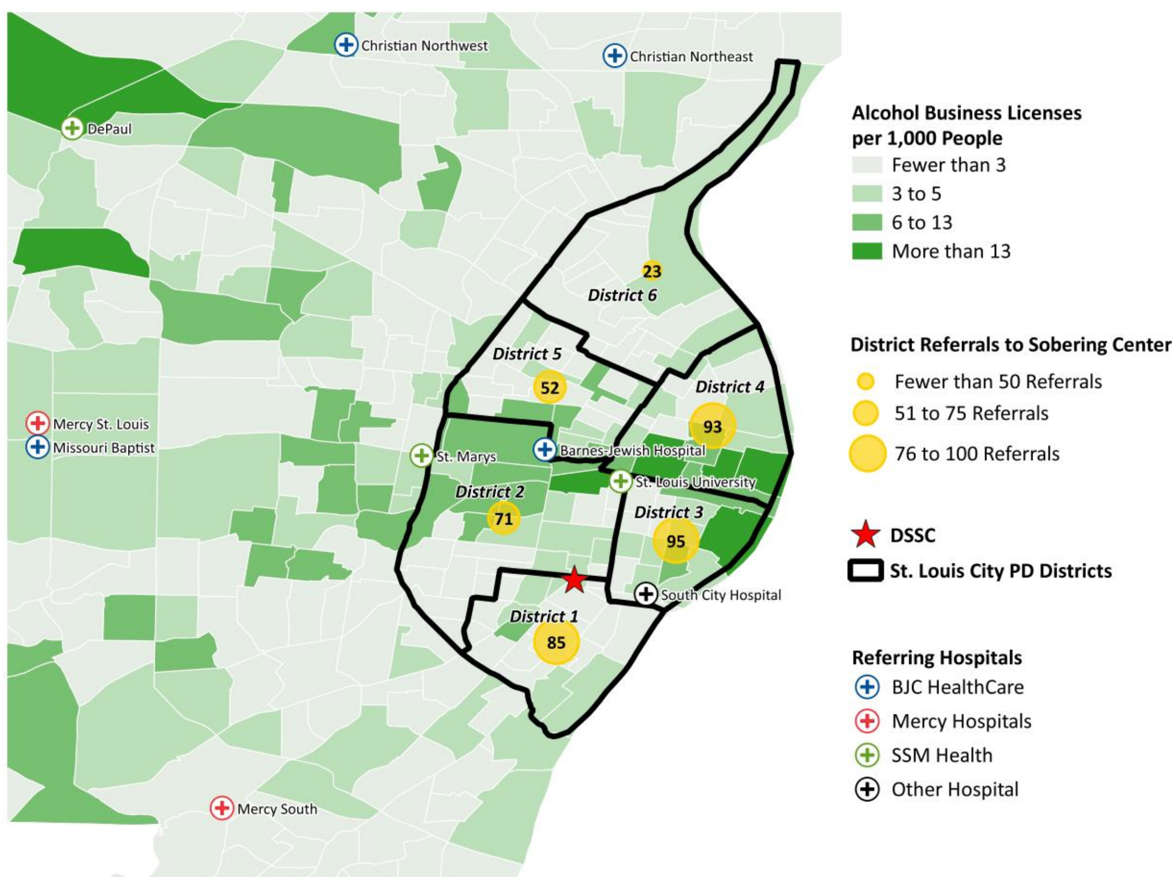
[13] Percentages may not add to 100% because of rounding.

[14] State of Missouri. (2022, April). *State of Missouri data portal: Missouri active alcohol license data*. Retrieved April 2022 from https://data.mo.gov/Regulatory/Missouri-Active-Alcohol-License-Data/yyhn-562y

Figure 3. Law Enforcement Referrals and Alcohol Outlet Density[15]



In St. Louis, the average jail visit costs about $49 per day.[16] The 228 sobering center admissions that were diverted from jails would have incurred about $11,400 in costs if they had not been diverted.

Goal 2: Individuals Served Will Avoid/Reduce Emergency Department Utilization

Among all DSSC admissions with referral data (n = 939)[17], 518 (55%) were diverted from hospital EDs, which meets the goal DSSC initially set. Most commonly, clients who were diverted from EDs were transported using DSSC- or hospital-supplied taxi, Uber, or Lyft rides (79%).

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[15] Barnes-Jewish St. Peters hospital and Barnes-Jewish West County hospital together referred three people but are located outside of the displayed map region.

[16] Nelson, A. (2021, February 18). *Missouri could soon catch up on its jail reimbursement debt.* Missourinet. https://www.missourinet.com/2021/02/18/missouri-could-soon-catch-up-on-its-jail-reimbursement-debt/

[17] Of the 942 admissions, three were missing referral data and are therefore not reflected in the calculated percentage.

Figure 4

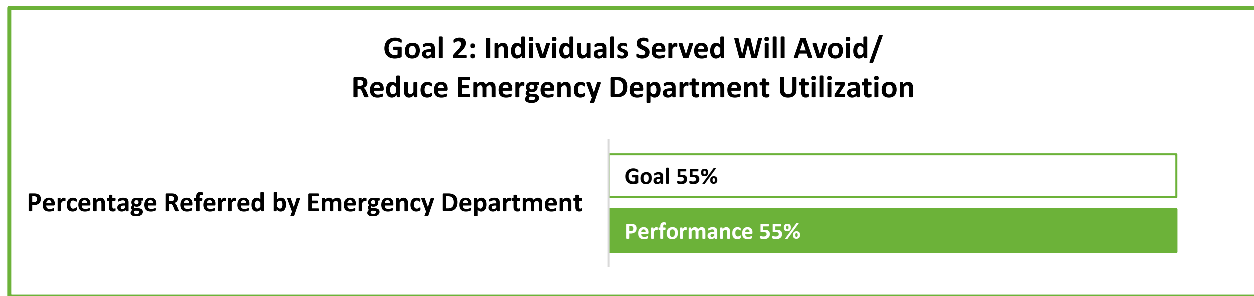


Table 3 summarizes the number of admissions associated with the referring hospital EDs. Most ED referrals originated from Barnes-Jewish Hospital (62%), followed by St. Louis University Hospital (17%).

Table 3

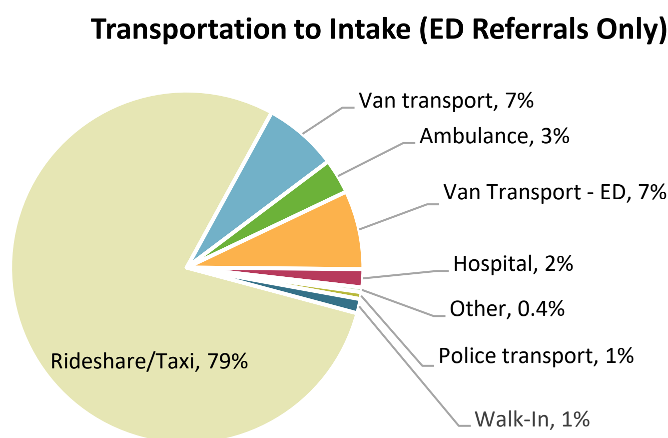
Admissions Resulting From Hospital ED Referrals		
Hospital	**Number of Admissions**	**% of ED Admissions[18]**
BJC HealthCare	**352**	**68%**
Barnes-Jewish Hospital St. Louis	318	62%
Christian Hospital Northwest	16	3%
Christian Hospital Northeast	12	2%
Missouri Baptist	3	1%
Barnes-Jewish West County Hospital	2	<1%
Barnes-Jewish St. Peters Hospital	1	<1%
Mercy Hospitals	**39**	**8%**
Mercy Hospital South	32	6%
Mercy Hospital St. Louis	7	1%
SSM Health	**120**	**23%**
St. Louis University Hospital	89	17%
DePaul Hospital	26	5%
St. Mary's	3	1%
St. Joseph Hospital – St. Charles	2	<1%
Other	**3**	**1%**
South City Hospital	2	<1%
South City West Hospital	1	<1%

[18] Percentages are rounded and may not sum to 100% of column totals.

Admissions Resulting From Hospital ED Referrals		
Hospital	**Number of Admissions**	**% of ED Admissions[18]**
All Admissions From ED Referrals[19]	**514**	**100%**

Figure 5 summarizes the types of transportation used by clients admitted to DSSC from ED referrals. Most clients (81%) used DSSC-supplied rideshare or taxi as the transportation to intake. The next most common forms of transportation were DSSC van transport (9%) and ambulance (4%).

Figure 5



Although EDs made more referrals to DSSC overall, a greater percentage of clients brought in by law enforcement were admitted for drug (31%) or drug and alcohol (7%) sobering services compared to those brought in through EDs (23% and 4%, respectively). Nearly three quarters (73%) of ED referrals were related to alcohol-only intoxication. Among the 193 clients referred through other means (e.g., walk-ins, family/friend referrals, local organizations, outpatient programs), 61% were related to drug sobering services.

Table 4

Admissions by Referral Source and Substance Category						
Substance Category	**EDs**		**Law Enforcement**		**Other Referral Type**	
Admissions	**517**	**100%**	**228**	**100%**	**193**	**100%**
Alcohol Only	379	73%	141	62%	67	35%
Drug Only	117	23%	70	31%	117	61%
Combination Drug/Alcohol	22	4%	16	7%	8	4%

[19] Excludes three admissions that were missing the referring hospital name.

Admissions by Referral Source and Substance Category						
Substance Category	**EDs**		**Law Enforcement**		**Other Referral Type**	
Missing/Unknown	0	0%	1	0%	1	1%

Figures 6 through 9 are radial diagrams that show admissions from EDs, law enforcement, other sources, and total admissions by the time of day. Similar trends were observed across law enforcement and EDs. Most admissions from EDs occurred in the early morning hours after midnight (12–5 a.m.). Admissions from law enforcement were more evenly distributed but were more frequent from 12 a.m. to 4 a.m. and from 4 p.m. to 9 p.m. In contrast, other referral sources (e.g., walk-ins, referrals from community agencies) were more common in the afternoon and early evening hours between 1 p.m. and 8 p.m. These diagrams can help EDs and law enforcement identify less busy shifts during which they can conduct trainings.

Figure 6. Admissions From Emergency Departments

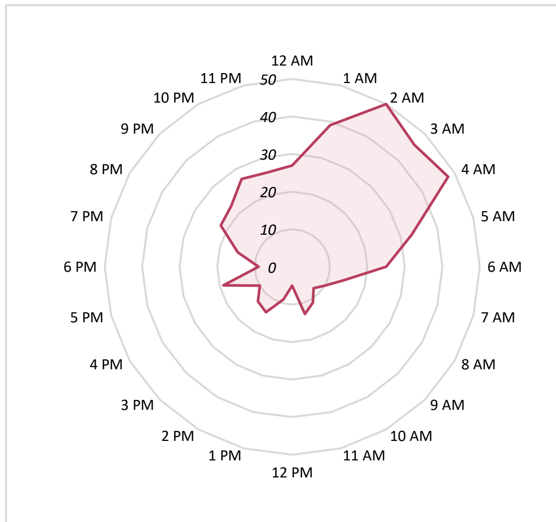


Figure 7. Admissions From Law Enforcement

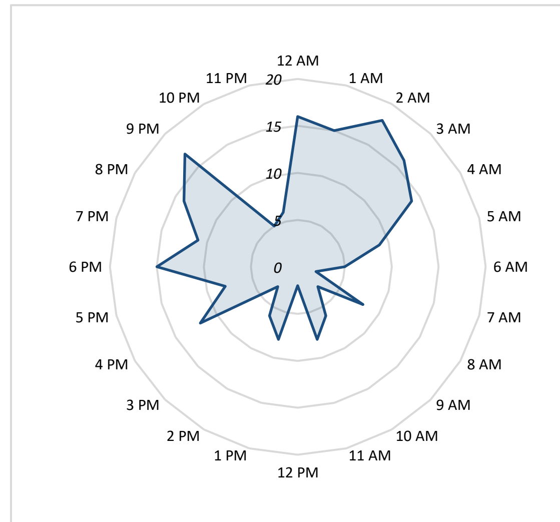


Figure 8. Admissions From Other Sources

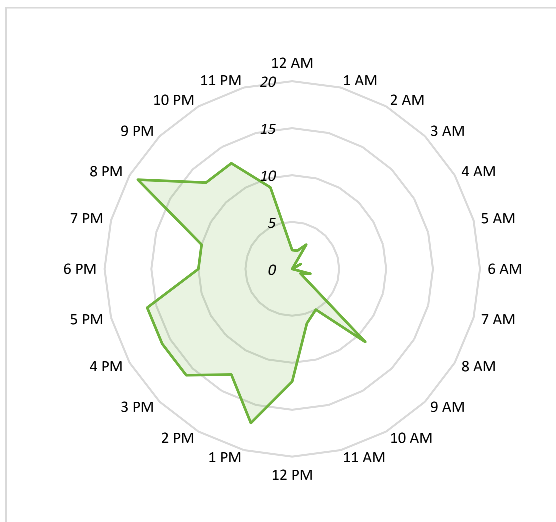
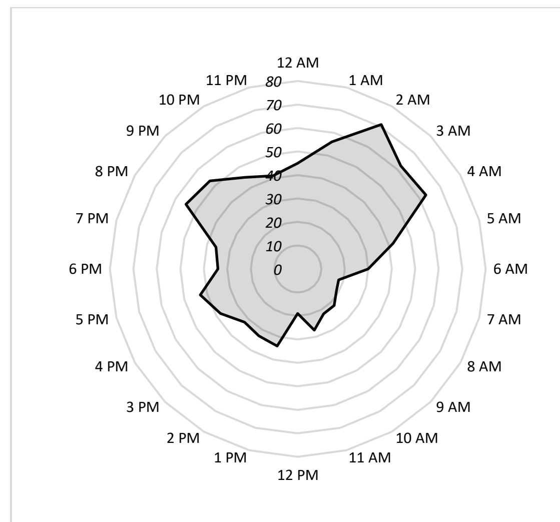


Figure 9. Total Admissions



One of the principal goals of a sobering center is to decrease ED visits for people who are inebriated and medically stable. Nationally, alcohol-related ED visits cost about $610 per visit making them the costliest compared to all other mental health and substance-use related visits; substance-related ED visits cost between $500 and $580 per visit on average.[20] Among all 517 DSSC admissions diverted from EDs, 379 were alcohol-related, 117 were substance-related, and

[20] Karaca, Z, & Moore, B. J. (2020, October). *Statistical brief #257: Costs of emergency department visits for mental and substance use disorders in the United States, 2017*. Agency for Healthcare Research and Quality. http://www.hcup-us.ahrq.gov/reports/statbriefs/sb257-ED-Costs-Mental-Substance-Use-Disorders-2017.jsp

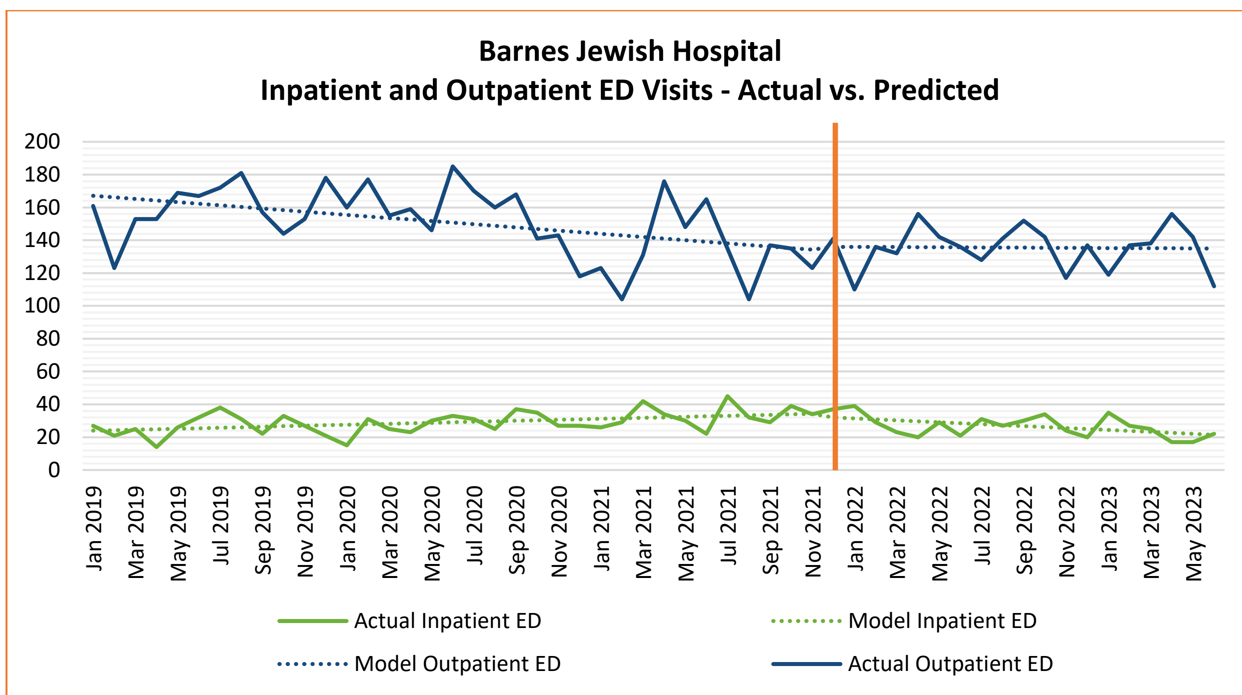
22 were combination alcohol and substance-related ED visits. Combined, these visits would have incurred $303,110 to $312,470 of ED-related costs if they had not been diverted.

To estimate changes in hospital visits after the sobering center opened, we performed interrupted time series (ITS) analyses with outpatient visits, inpatient visits, and sobering center visits. Figure 10 presents these findings as a chart. ITS analyses estimate the trends in a variable-- such as hospital visits-- before and after the start of a program and attempts to measure any resulting trend changes. It should be noted, however, that there may be other factors (additional diversion efforts, new facility openings, etc.) impacting change beyond the sobering center.

The analyses measured changes in hospital visits before and after the sobering center opened in December 2021. These analyses controlled for seasonality, but its effects were not significant. The ITS analysis of inpatient visits show that visits were generally increasing before the sobering center opened and then decreased after the sobering center opened. These changes were statistically significant ($p < .01$). The ITS analysis of outpatient visits show that outpatient visits were decreasing before the sobering center opened, but visits have stabilized since the sobering center opened. It should be noted, however, that these changes were not statistically significant ($p > .05$).

We cannot say that the sobering center is decreasing hospital visits, but the data support the hypothesis that the sobering center is diverting some inpatient visits. While these changes were not statistically significant, this should not discount the observed decrease in inpatient visits: these visits are expensive, and diverting even a small number of these visits can result in large savings over time.

Figure 10



Goal 3: Reduce the Average Officer Processing Time for Drop-Off

DSSC aims to ensure that law enforcement officers spend 15 or fewer minutes dropping off clients. Currently, the average drop-off time is 5.5 minutes. This is comparable to the average law enforcement drop-off times at other sobering centers across the country, including in Travis County, Texas,[21] and Santa Cruz, California,[22] where officers take between 4 and 7 minutes to drop off clients at the sobering centers.

Among the 250 law enforcement officers who responded to a brief questionnaire regarding their satisfaction with the referral and intake experience, 97% indicated that they were mostly or very satisfied with their experience connecting people with DSSC. Seven respondents (2%)

[21] Goldenstein, T. (2019, February 4). How Sobering Center is offering an alternative to jail. *Austin American-Statesman.* https://www.statesman.com/story/news/crime/2019/02/04/how-austins-sobering-center-is-offering-alternative-to-jail/6100529007/

[22] Santa Cruz County Sheriff's Office & Janus of Santa Cruz. (2018). *Recovery Center 2018 final program evaluation report*. https://www.bscc.ca.gov/wp-content/uploads/JAG-Final-Evaluations-Santa-Cruz.pdf

Common Area

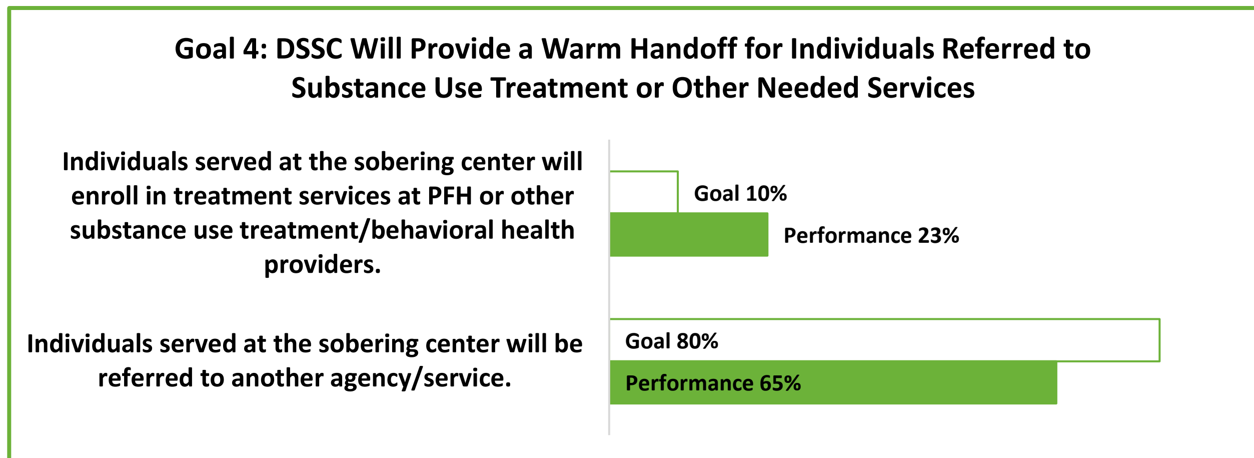
were somewhat satisfied or unsatisfied with the phone response and intake process, 8 (3%) were somewhat satisfied or unsatisfied with process time, and 2% were unsatisfied or somewhat satisfied with staff communication (n = 6) and the location/entrance (n = 5). Overall, the finding that nearly all law enforcement officers were satisfied with their experience connecting people with DSSC is an early sign that the burden of drop-off processing on law enforcement officers is minimal.

Goal 4: DSSC Will Provide a Warm Handoff for Individuals Referred to Substance Use Treatment or Other Needed Services

Goal 4 has two primary outcome objectives: (a) refer DSSC clients to other agencies or services and (b) monitor whether they enroll in services. Figure 11 summarizes DSSC's performance on these objectives. From December 2021 through June 2023, 23% of DSSC clients had a confirmed enrollment in a treatment program, which exceeds the goal of 10%. During the same period, 65% of clients admitted from the St. Louis region received at least one referral to a community agency or service, which fell short of DSSC's goal (80%).[23] Among clients who did not receive a referral, half (50%) were because the client refused the referral. If these refusals are removed from the denominator, then 79% of clients who were admitted received a referral, which is much closer to the goal of 80%.

[23] One hundred and thirteen clients (23%) received discharge referrals for transportation coordination only. These services are not included in the 65% referral value.

Figure 11



DSSC refers many clients to stabilizing community supports. Figure 12 summarizes key supports that DSSC referred clients to during their discharge process. Excluding discharges among clients who had missing data (n = 20), resided out of state (n = 23), or were involved with secondary transfers (n = 68), 65% of the remaining 882 discharges received referrals to community support services. Among those who did not receive referrals, 50% had refused and the other 50% received transportation coordination alone at discharge. On average, each client discharged received one referral. Some clients received as many as six referrals to community supports upon discharge. Substance use disorder treatment was the most referred support (36%). In addition, 16% of clients received referrals for housing, and 22% received transportation services along with their referral to community support.

Figure 12

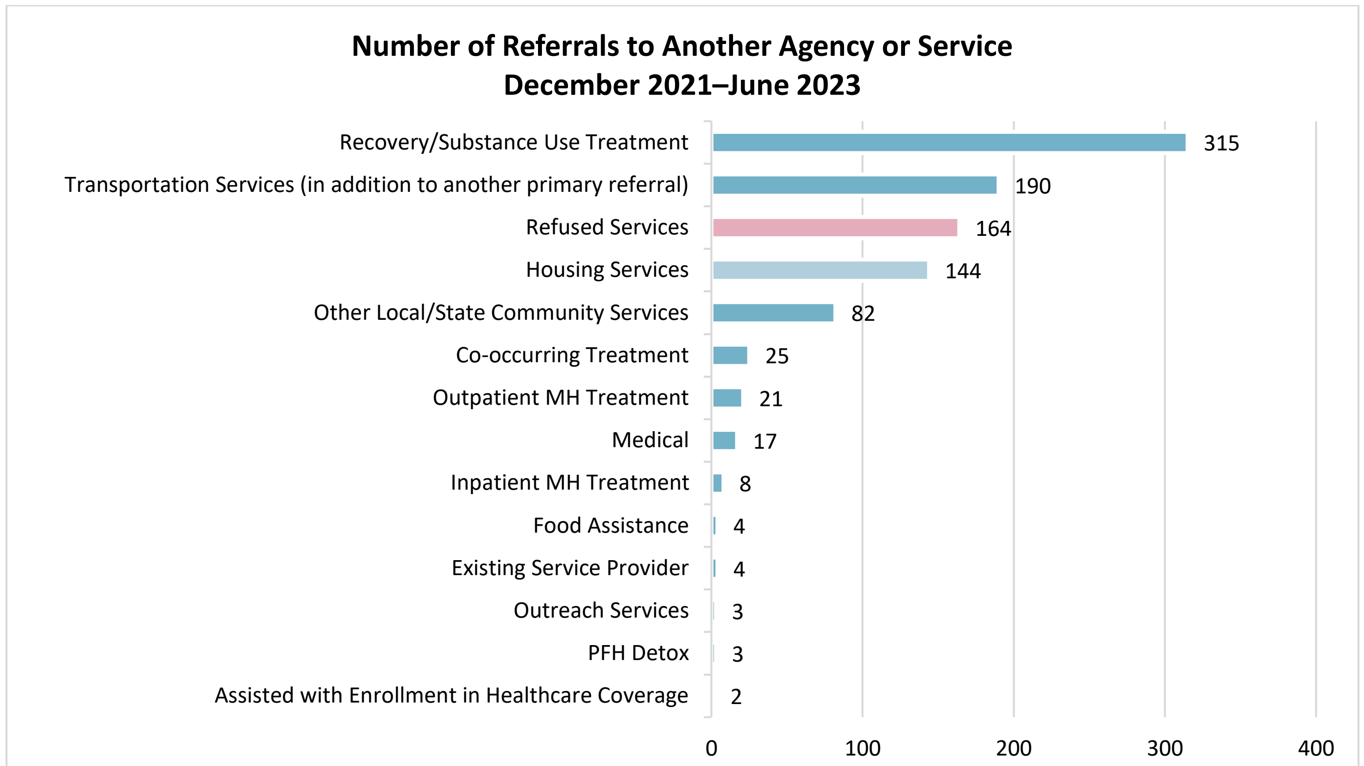
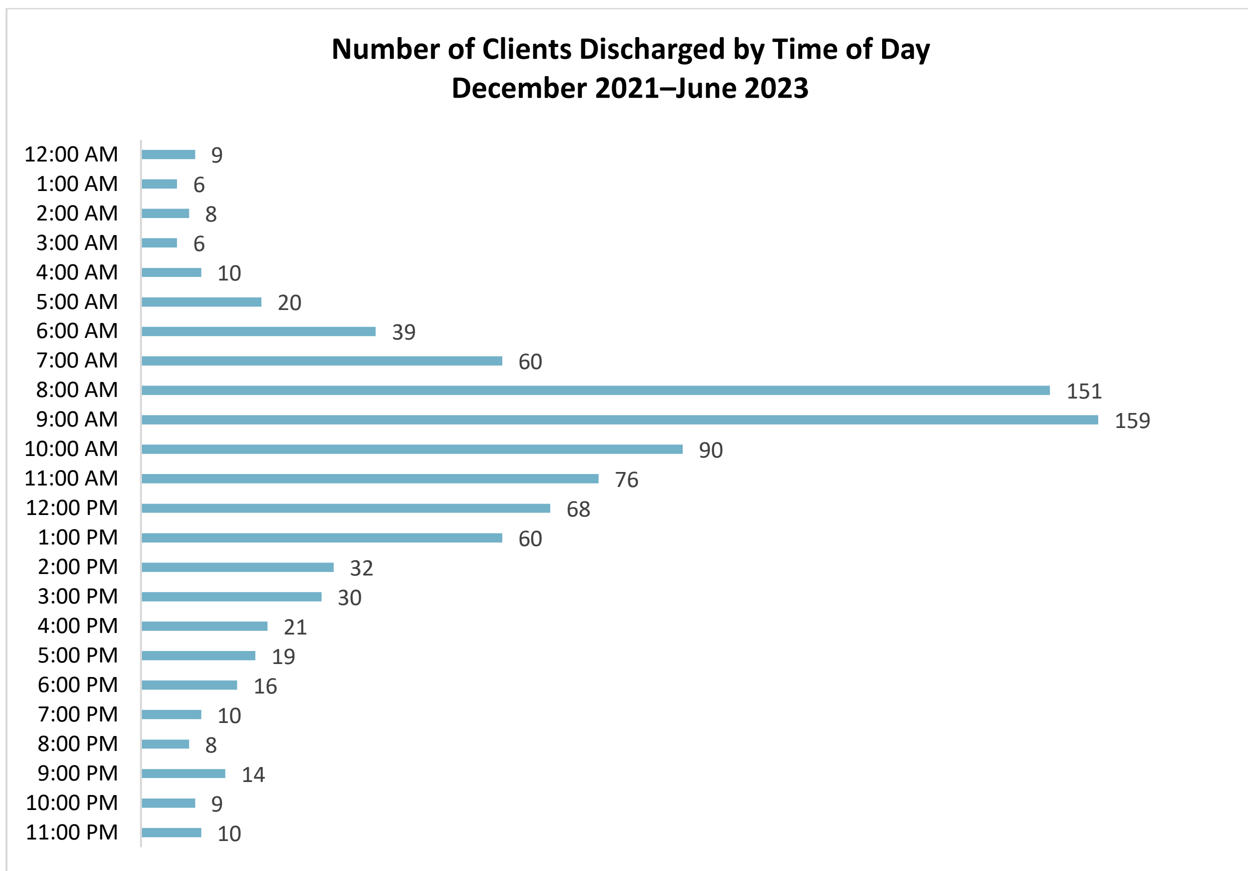


Figure 13 summarizes the time of day clients were discharged from DSSC. Most clients (62%) were discharged in the hours between 7 a.m. and 11 a.m. According to DSSC staff, clients discharged in the morning (during regular business hours) were more likely to connect immediately with ongoing treatment and community support services, as those operate during regular business hours.

Figure 12



DSSC clients who are considering admission to the Preferred Family Healthcare (PFH) detoxification facility can speak with DSSC's on-site peer support specialists, case manager, or program director, all of whom work together to connect clients with PFH program staff who evaluate and enroll voluntary clients immediately upon DSSC discharge. Table 5 summarizes the number and percentage of DSSC clients who attended intake, were admitted, or were reconnected with behavioral health services from December 2021 through June 2023. Two-hundred and fourteen clients enrolled in treatment services at PFH or with another provider, including 43 who were reconnected to services. Some clients with legal involvement were quickly connected with the community behavioral health liaison for ongoing case management.

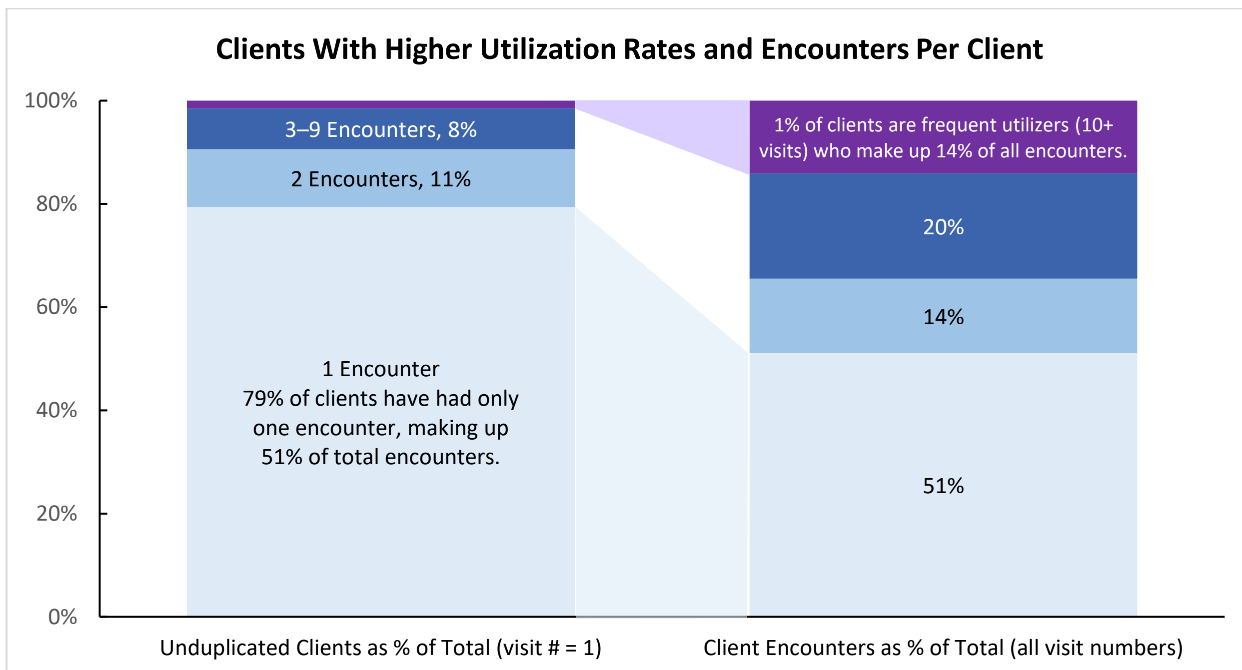
Table 5

Connection With Substance Use Disorder Treatment/Behavioral Health Provider Services		
Measures	**Number of People**	**Percentage**
Total DSSC Admissions[24]	**942**	**100%**
Enrolled/admitted into treatment services at PFH or with another substance use treatment/behavioral health provider	214	23% **Goal: 10%**
Attended an intake appointment at an agency[25]	131	14%
Reconnected to services for substance use disorder/ behavioral health	43	5%

Clients With Higher DSSC Utilization Rates

Some clients have had multiple admissions during the 18 months that DSSC has been in operation. Overall, 57 clients (9%) had three or more visits, and their combined number of visits accounted for 35% of all 942 DSSC admissions. Of these, nine clients (1%) had 10 or more visits each and made up 14% of all encounters.

Figure 13



[24] Excludes clients who resided out of state, had missing data, or were involved in secondary transfers.
[25] The data provided by PFH through June 2023 did not differentiate between clients who enrolled and those who only attended an intake evaluation. This can be partially attributed to its transition to CareLogic.

The following discussion compares DSSC client characteristics between clients who had one visit and clients who had three or more visits[26] and summarizes emerging trends associated with clients with higher DSSC utilization rates.

Figure 15 summarizes clients by age group. On average, clients with higher utilization rates tended to be older than those with a single visit. About one-third of clients with one visit were older than 47, whereas nearly half (47%) of clients with three or more visits were in that age group. Additionally, one-third (34%) of DSSC clients with one visit were under the age of 37, whereas just 16% of clients with three or more visits were in that age group.

Figure 14

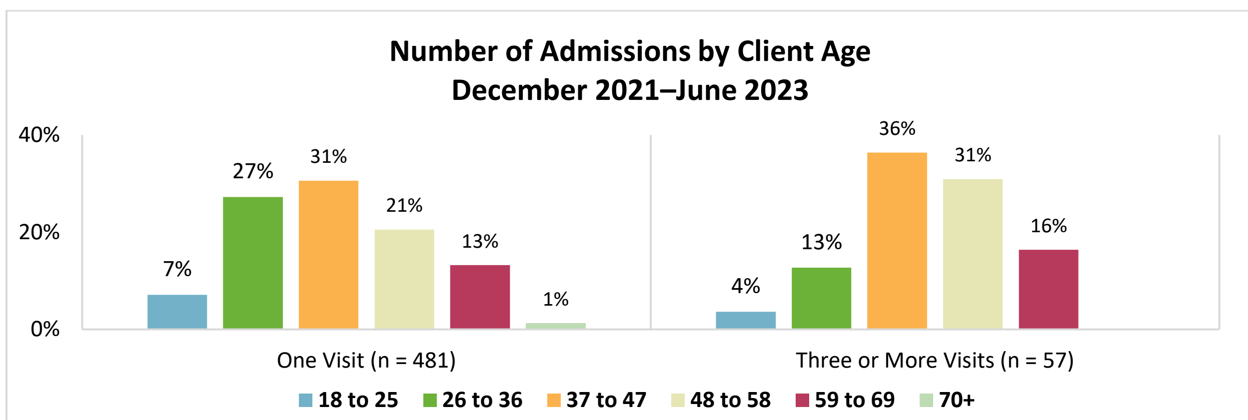
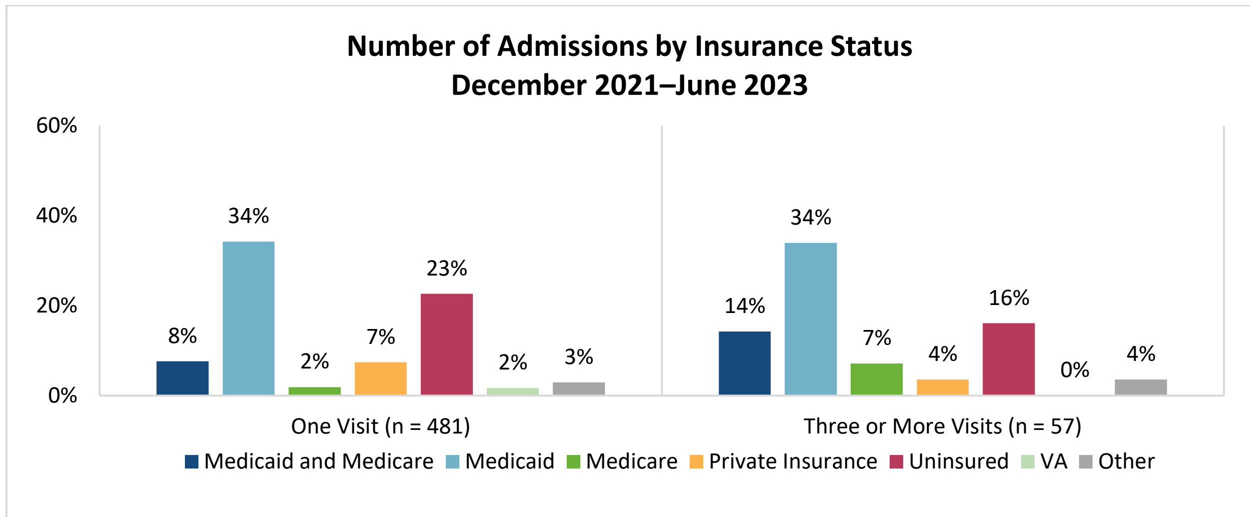


Figure 16 summarizes client admissions by insurance type/status.[27] About one-third (34%) of clients with any number of visits were covered through Medicaid. Clients with three or more visits were more likely to have Medicaid and Medicare (14%) than those with a single visit (8%) and were less likely to have private insurance (16%) than clients with just one visit (23%).

[26] Clients with exactly two visits (68 in total) are not included in the analysis.

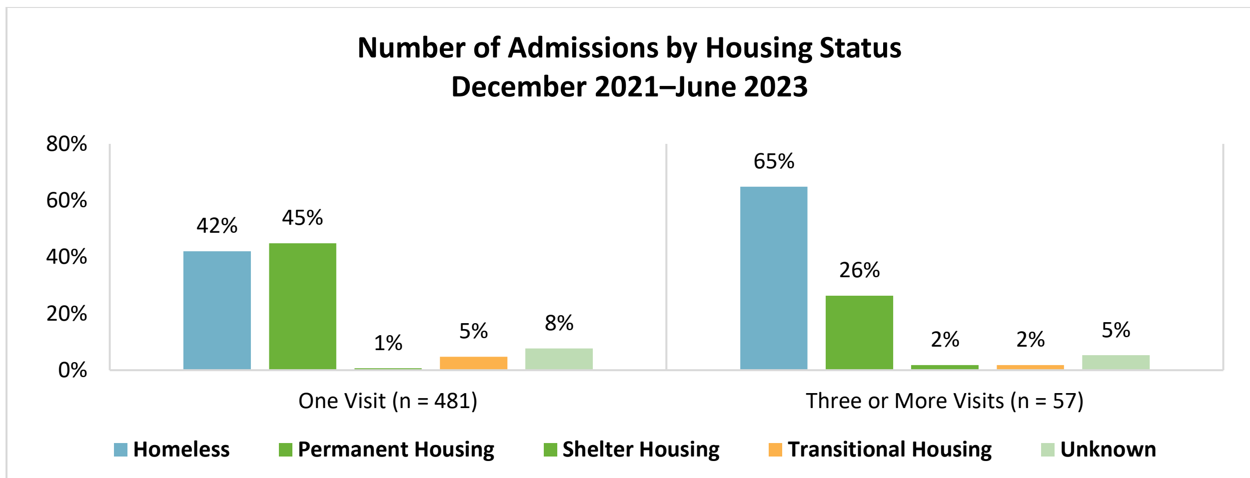
[27] Insurance data were collected from the Missouri Department of Mental Health's (DMH) Customer Information Management, Outcomes, and Reporting (CIMOR) system at the time of admission.

Figure 15



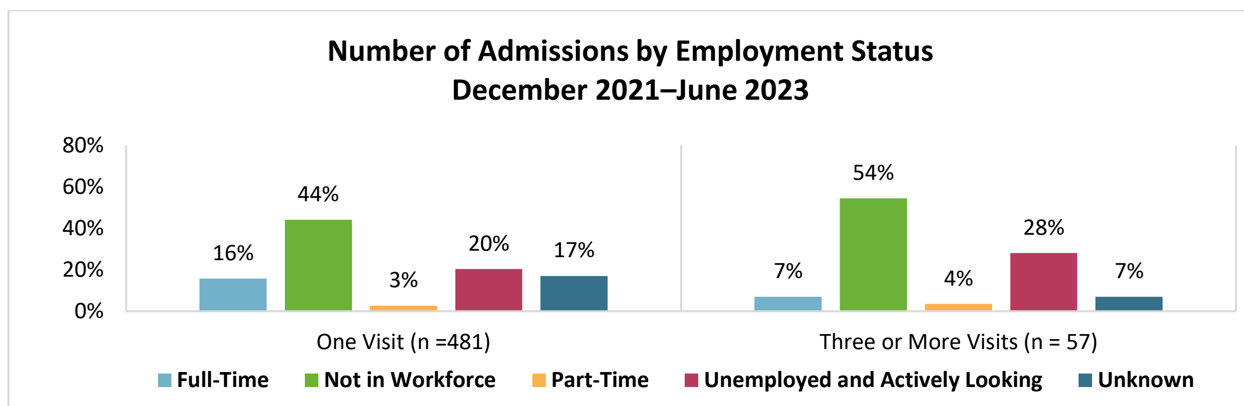
As Figure 17 shows, the percentage of clients experiencing homelessness is higher among those with three or more visits (65%) than among those with just one visit (42%).

Figure 16



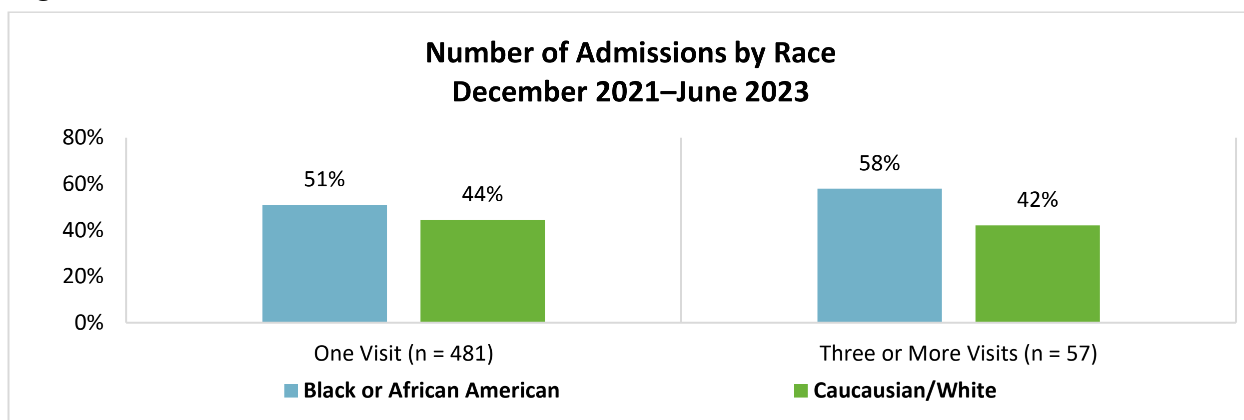
More than half of clients with three or more visits were not in the workforce (54%), compared to less than half (44%) of clients with a single visit. More than a quarter (28%) of clients with three or more visits were unemployed and actively looking for work, compared to 20% of clients with just one visit.

Figure 17



Clients with three or more visits were slightly more likely to identify as Black or African American (58%) than those with one admission (51%).

Figure 18

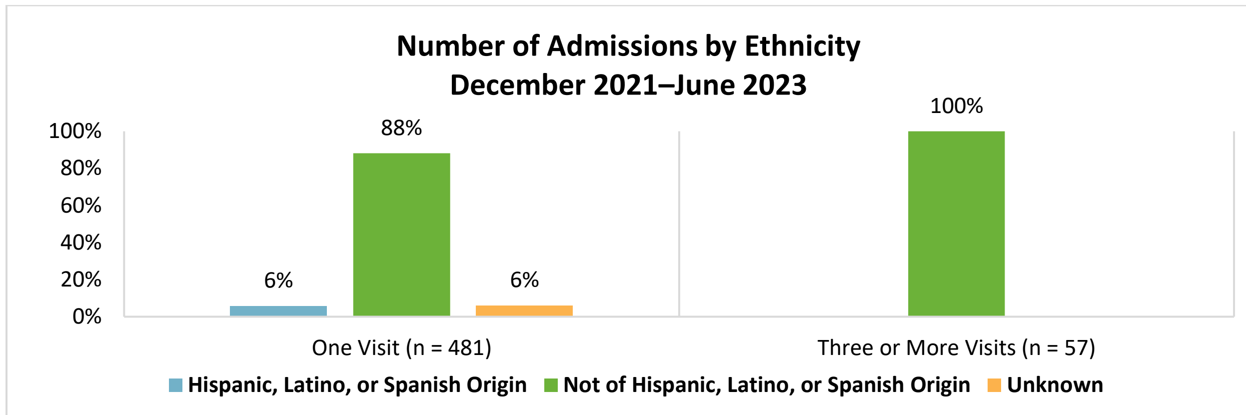


National trends on substance use disorder indicate that individuals who identify as Hispanic or Latino have lower rates of substance use disorder than those who identify as non-Hispanic or Latino.[28] In Missouri, Hispanic/Latino residents have lower rates of drug overdose deaths (18.5 deaths per 100,000) than non-Hispanic residents (41.2 deaths per 100,000).[29] These findings align with DSSC's experience. As indicated in Figure 18, 30 DSSC clients identified as Hispanic or

[28] Substance Abuse and Mental Health Services Administration. (SAMHSA). (2020). *National Survey on Drug Use and Health (NSDUH) detailed tables, table 5.5B*. https://www.samhsa.gov/data/report/2020-nsduh-detailed-tables
[29] CDC WONDER Online Database. (n.d.). *About provisional mortality statistics, 2018 through last month*. Centers for Disease Control and Prevention, National Center for Health Statistics. https://wonder.cdc.gov/controller/saved/D176/D300F799
Data are from the final Multiple Cause of Death Files, 2018–2020, and from provisional data for years 2021–2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Latino and accounted for 6% of clients with only one visit. No clients with three or more visits identified as Hispanic or Latino.

Figure 9



Marketing Efforts

From April through June of 2023, DSSC staff engaged in various marketing efforts to increase community awareness about the sobering center. Marketing efforts included meetings and distribution of materials such as flyers, magnets, cards, and posters. Marketing efforts included:

- Engagement with Law Enforcement: Staff participated in 11 police district roll call meetings and met with police chiefs, the Bridgeton and Overland police departments, and the crisis intervention unit.
- Engagement with Local Hospitals, including distribution of flyers and magnets at BJC, SSM, South Side Hospital, SLU, St. Mary's Hospital, and SSM St. Mary's.
- Community Events: Attended the Community Wellness Fair on April 28th, the Salvation Army Health Fair on May 2nd, and the Archwell Health Fair on May 17th to distribute magnets, flyers, and cards.
- Libraries and Other Public Areas: Distributed flyers and cards at public libraries, the Time Out Bar, CVS, and two gas stations.
- Other Community Agencies: Distributed information at more than 10 community agencies, including the St. Patrick Center, LIV Recovery, and Veterans Affairs.

Please see table 6 in Appendix A for further details on the marketing efforts completed during this time across locations in St. Louis.

Summary

The sobering center has demonstrated progress towards its initial goals and objectives. Outcomes related to client enrollment in substance use treatment, law enforcement drop-off

times, and emergency department referrals exceed initial goals set by DSSC. While there are fewer law enforcement referrals than initially aimed for, police drop-offs remain steady and officer satisfaction surveys remain high. This suggests that law enforcement officers see the sobering center as an alternative to jail.

The sobering center is showing a potential for cost savings. Use of the sobering center resulted in 518 emergency room diversions and 228 law enforcement diversions. Based on estimates of the average cost of a night in jail or an emergency room visit, these sobering center admissions may have prevented around $11,000 in jail costs and more than $300,000 in emergency room costs. Furthermore, the interrupted time series analysis using data from BJH and sobering center admissions shows that the sobering center seems to be diverting inpatient emergency room visits at BJH.

Recently, the sobering center completed a renovation, and photos will be included in the next quarterly report. Other plans for the next few months include increasing the number of ED satisfaction surveys by modifying the survey tool and increasing accessibility among ED staff. Since the sobering center now accepts clients through walk-ins, community agencies, outpatient centers and other sources, it might consider re-evaluating goals 1 and 2 to better account for having a diverse array of referral sources. Finally, DSSC staff should consider strategies to improve tracking of referrals for clients leaving the sobering center. Implementing these changes will continue to strengthen DSSCs ability to review insights into sobering center operations and progress towards goals.

Appendix A: Marketing Efforts

Table 6

Effort Type and Description	Date(s)
Police Departments	
Police District roll call meetings to provide DSSC updates, distribute marketing materials	11 Meetings April– May 2023
Meeting with Police Chiefs	5/11/2023
Bridgeton Police Department – distribute magnets and cards	5/11/2023
Overland Police Department – distribute magnets and cards	5/17/2023
Meeting with Crisis Intervention Unit – officers and community behavioral health liaisons	4/3/2023
Events	
Community Wellness Fair – distribute magnets and flyers	4/28/2023
Salvation Army Health Fair – distribute cards	5/2/2023
Archwell Health Fair – distribute magnets and cards	5/17/2023
Hospitals	
BJC – distribute flyer	4/13/2023
SSM – distribute flyer	4/13/2023
South Side Hospital – distribute magnets	4/21/2023
SLU Hospital – distribute cards and magnets	5/19/2023
St. Mary’s Hospital – distribute cards and magnets	5/24/2023
SSM St. Mary’s Hospital – distribute cards	6/1/2023
Libraries	
STL Central Library – distribute flyer	4/13/2023
St. Louis Public Library – distribute cards	5/30/2023
Public Areas and Businesses	
Motomart Gas Station – distribute magnets and cards	4/21/2023
Time Out Bar – distribute magnets	4/25/2023
Quick Trip – distribute magnets and cards	4/25/2023
CVS – distribute magnets and cards	4/25/2023
Other Community Agencies	
St. Patrick Center – distribute flyer	4/13/2023
LIV Recovery – distribute flyer	4/13/2023

Effort Type and Description	Date(s)
Gateway – distribute flyer	4/13/2023
Concentra – distribute flyer	4/13/2023
Doorways – distribute magnets and cards	4/24/2023
Wellston Loop – distribute card and poster	5/8/2023
Living with Purpose – distribute card and poster	5/8/2023
St. Patrick Center – distribute cards and magnets	5/18/2023
Williams and Associates – distribute cards and magnets	5/24/2023
Personal Care Home Health – distribute poster	5/31/2023
Veteran Affairs – distribute cards	6/1/2023
Gateway 180 – distribute magnets and cards	6/5/2023
Christian Health Summit – distribute magnets and cards	6/17/2023