

PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON


SPECIAL MEETING/STUDY SESSION

April 26, 2013

Verdant Health Commission Board Room

Commissioners Present	Fred Langer, Commissioner Deana Knutsen, Commissioner Karianna Wilson, Commissioner (8:45 AM arrival)
Commissioners Excused	Bob Knowles, President J. Bruce Williams, MD, Commissioner
Staff	Carl Zapora George Kosovich Lisa King Jennifer Piplic Karen Goto
Guests	Ken Stark, Snohomish County Human Services David Jaffe, Swedish/Edmonds Heather Gutierrez, Swedish/Edmonds ED Sonni Nilan, Consultant
Call to Order	The Special Meeting/Study Session of the Board of Commissioners was called to order by Commissioner Langer at 8:02 a.m.
Study Session	Commissioners conducted a study session with the guests examining a proposal for a South Snohomish County Sobering/Detox Center (E:26:13).
Adjourn	The meeting was adjourned at 9:00 a.m.

Attest By:

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Secretary

## **Proposal for South Snohomish County Sobering/Detox Center Project**

### **Purpose:**

The need for a sobering/detox center in South Snohomish County is apparent as our community looks for effective and cost-saving ways to manage the population of substance abusers and alcoholics. By examining the high cost associated with these clients to Swedish/Edmonds' Emergency Department (ED) specifically, we have been able to gain the support of the local community (EMS, Police, and other community health officials) in backing our plan to create such a facility. This handout discusses the costs seen at Swedish/Edmonds ED, the support needed, and the next steps for moving forward with the sobering/detox center.

### **Evidence of Need:**

According to the Emergency Nurses Association:

- Over 20,000 people every day enter the ED in the United States for alcohol-related injuries and illness.
- The third leading risk factor for mortality in the U.S., alcohol misuse contributes to 100,000 deaths annually.
- Compared to patients without an alcohol use problem, patients who are problem drinkers are considerably more likely to have repeat injuries and repeat ED visits.
- In a review that studied the economic impact of alcohol, of the total direct cost of alcohol consumption in the United States during the years of 1985, 1990, 1992, and 1998, almost half were healthcare related.
- One study showed that in 1998, the United States spent 12.7% of healthcare costs on alcohol-related disorders.

### **Existing Problem - Chart Audit:**

We examined all patients seen at the Swedish/Edmonds' ED during 2011 with the following IDC-9 codes: 291.0 (Alcohol withdrawal delirium), 303.0 (Acute alcoholic intoxication in alcoholism, unspecified use), and 291.81 (Alcohol withdrawal). The chart audit revealed the following substantial costs associated with these patients:

#### **Swedish/Edmonds' Figures**

Bill Total from ED:	\$7,409,496.92
Sitter Expense:	\$19,293.95
Doctor Time:	\$57,029.00
Total:	\$7,485,819.87

**Successful Models:**

In looking for a model for the South Snohomish County Sobering/Detox Center, we reached out to other successful programs throughout the region, including:

- Dutch Shisler Sobering Center – Seattle, WA
- Sobering Center of Tacoma – Tacoma, WA
- Hooper Sobering Center – Portland, OR
- Allumbaugh House – Boise, ID
- Victoria Withdrawal Management Services & Sobering and Assessment Centre (SAC) – Victoria, BC
- Santa Barbara Sobering Center – Santa Barbara, CA
- Denver C.A.R.E.S. – Denver, CO
- The Center –San Antonio, TX

**Goals & Objectives of the Sobering/Detox Center:**

Goals	Corresponding Objectives
Provide safe environment	<ul style="list-style-type: none"><li>• Open 24 hours to the needing public</li><li>• Serve the chronically addicted and homeless</li><li>• Offer medical screening</li></ul>
Supply relief for other local services (Emergency Department, EMS, Police, etc.)	<ul style="list-style-type: none"><li>• Hospitals can discharge patients with a blood alcohol of &lt; 300, able to walk to the sobering van and VS are stable</li><li>• Transportation to and from facility</li><li>• Law enforcement and EMS drop off</li><li>• Medical services</li><li>• Shelter</li></ul>
Reduce associated costs	<ul style="list-style-type: none"><li>• Reduce EMS dispatches</li><li>• Reduce law enforcement dispatch and drop off time</li><li>• Reduce emergency room visits – benefits hospital and health plans</li></ul>
Offer resources to encourage change and long-term stability	<ul style="list-style-type: none"><li>• Case management</li><li>• Stable center for positive direction</li><li>• Work on developing life-skills and moving towards independence</li><li>• Engage client in treatment</li></ul>

**Example of a Combination Sobering/Detox Center:**

- 6 sobering beds
- 12-16 bed acute detox
- 23 hr. sobering plus up to 6 days detox, based on medical criteria; many discharged to treatment
- Staffing: 24 hour nursing, medical prescriber (MD, PA or ARNP), medications provided, counselors and case managers to assess and set up treatment upon discharge

- Less than 10% need referral to hospital
- Ability to detox alcohol and other drugs
- Ability to stabilize persons with co-occurring mental health issues

**General Cost:**

\$1,500,000	Cost per year for 16 bed facility (\$275-300 per bed per day)
(\$435,000)	Estimated Medicaid reimbursement (29%)
(\$265,000)	Estimated health plan reimbursement
\$800,000	Estimated gap needing funding (Verdant, County, Other?)

**Why a Sobering/Detox Center Makes Sense for South Snohomish County:**

- Based on Blood Alcohol Level:
  - 65% of patients would be appropriate for a combination of Sobering (less than .30)/Detox (less than .40)
  - 6.5% of patients would still need to be taken to the ED (over .40)
- Based on Chief Complaints, 63% of patients would fit the sobering/detox center profile
- Patients with Coverage (74%) vs. Patients with No Coverage (26%)
- 68% of patients seen remained outpatients, which could be appropriate for care at a sobering/detox center
- 71% of High Utilizers (seen at ED 3 or more times in calendar year) had coverage

**Potential Stakeholders:**

- |  |                                       |
|--|---------------------------------------|
| • Snohomish County Human Services Department | • United Health Care                  |
| • Swedish/Edmonds                            | • Regence                             |
| • Molina                                     | • Premiera Blue Cross                 |
| • CHPW                                       | • Group Health                        |
| • Coordinated Care                           | • Snohomish County Sheriff Department |
| • AmeriGroup                                 | • EMS                                 |

**Request for Funding:**

As this project develops and continues to gain momentum, we want to ensure Verdant Health Commission's interest in such a community program and the potential for financial contribution. With a gap of at least \$800,000, we are asking Verdant to consider providing a commitment to this facility within the range of \$300,000-400,000 per year for a period of five years. Snohomish County Human Services is considering the same amount.