San Francisco Sobering Center: Delivering innovative care for individuals with chronic public intoxication

A client centered, coordinated, and cost-effective alternative to emergency medical and police services

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Purpose

Ten years ago, the question was asked: **Can individuals with chronic public alcohol intoxication be safely and appropriately cared for outside of the emergency medical system?** The answer came in the following way: with over 9,500 clients for 36,000 encounters, the San Francisco Sobering Center has delivered sobering and health care services to some of our city's most vulnerable people — demonstrating the success and safety of pre-hospital sobering care.

Background

In 2002, it was found that homeless alcohol-dependent people accounted for:

- More than 20% of all emergency department visits
- One-third of all emergency ambulance transports
- ED stays nearly twice as long as non-intoxicated persons

An investigative task force with over 50 citywide stakeholders together designed the pilot sobering program in 2003.

Financial Considerations

Initial implementation funding:

- City & County of San Francisco General Fund: $400,000
- One-time donations from private hospitals: $422,000

Annual operating budget: $1 million

- Staffing: Registered Nurse and Medical Assistant model
- Collaboration: 501c3, non-profit Community Awareness and Treatment Services (CATS, Inc.) providing fiscal partnership, non-clinical support and hospitality services

Cost Avoidance

Diverting 1 to 5 clients from ED admission daily can provide enough cost-avoidance alone to run the sobering center.

- ED cost to sober intoxicated individual = $500-$2,500 per encounter
- Cost to run Sobering including all staffing and facility costs only $2,700 daily, or $120-170 per encounter.
- The Sobering Center averages 4-6 ambulance admissions daily — directly avoiding an ED admission each time.

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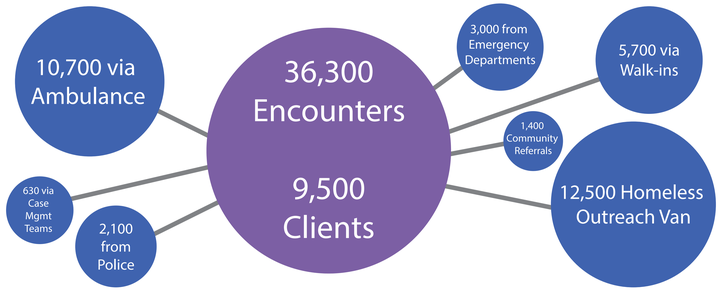
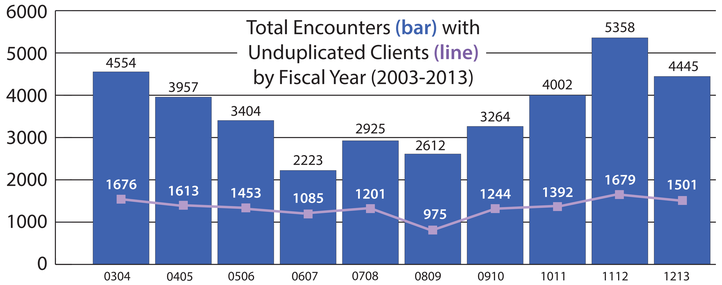
Referral Sources: 2003–2013



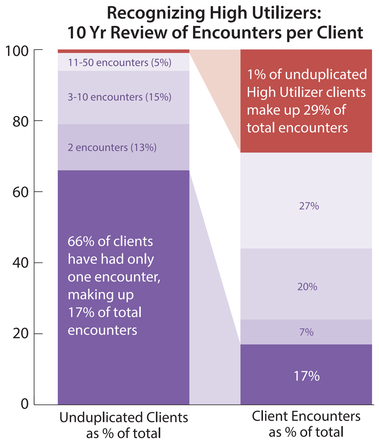
Impact

Each year, the Sobering Center serves over **1,000 intoxicated individuals for up to 5,400 encounters**. Via nurse protocols, clients are provided a bed, clinical monitoring, and care for hygiene, clothing and nutritional needs. Our center has implemented numerous programmatic changes based on our experience and ongoing data evaluation that have greatly improved our capacity, client outcomes and community engagement.



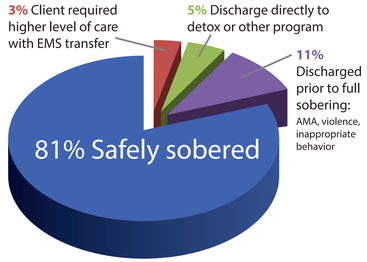
High-Utilizer Clients

Significant efforts are directed at our highest utilizing clients by focusing on their immediate discharge and long-term outcomes. The most frequent users of sobering services **(101 individuals with over 50 visits each)** have been our clients on average of over 6 years. Many of these individuals have a history of homelessness and comorbid medical or psychiatric disorders, illustrating the chronic and difficult trajectory of alcohol dependence.

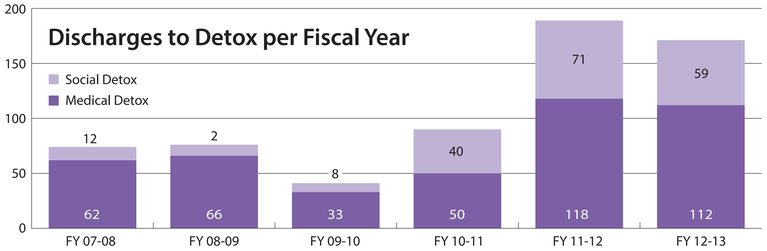


Transitions

The vast majority of encounters end successfully after client sobering.
Notably, **less than 3% of client encounters** require a higher level of care, requiring a transfer to medical or psychiatric emergency services.



Clients do not typically come to the Sobering Center seeking treatment.
For those with repeat visits to our program, sobering staff continually engage with clients to assess their readiness for stabilization services. Referrals are constantly being made to medical and social detoxification, shelters, case management services or treatment services.



In January 2012, Alcohol Withdrawal Management medication protocol was piloted to more safely stabilize and transition clients to medical detoxification. Since then, the program has doubled referrals and transitions to medical detox and increased coordination with other medical facilities throughout the city. **Over 88% of clients placed on Withdrawal Management Medication Protocol** were successfully stabilized for safe transition to medical detoxification services.

Collaboration

The Sobering Center collaborates with numerous citywide programs to provide clients direct transitions to support services and longer-term stabilization options, including:

- Case management teams
- Dore psychiatric crisis services
- Emergency department social work teams
- EMS/ Department of Emergency Management
- Engagement Specialist Team (EST)
- Homeless Outreach Team (HOT)
- HUMS (High utilizers of multiple systems) care conference
- Joe Healy Medical Detoxification
- Medical Respite
- Social Detoxification
- Treatment Access /Behavioral Health