

Alternate Destination – Sobering Center



Illustration by Ruben DeLuna

In response to 911 calls, paramedics offer patients with acute alcohol intoxication and no other acute medical or mental health needs transport to a sobering center instead of to an emergency department (ED).

are candidates for transfer to the sobering center. They also collaborate with sobering center staff and homeless outreach workers to encourage people who use the sobering center frequently to seek treatment for their alcohol use disorder.

- ▶ During its first eight months of operation, the pilot project generated about \$132,700 in potential savings (an average of \$332 per patient), the majority of which accrued to Medi-Cal because about 61% of patients enrolled in the pilot are Medi-Cal beneficiaries.

Results (as of September 30, 2017)

- ▶ 400 people were enrolled in an “alternate destination — sobering center” pilot project at one site in the Bay Area during its first eight months of operation; of these, 50 (13%) were admitted to the sobering center more than once.
- ▶ The number of intoxicated people transported to an ED was reduced through this pilot project. In addition, for patients seeking treatment and medical detoxification, staff at the sobering center can provide withdrawal management prior to patient transfer to a medical detoxification center, which helps patients cope with withdrawal and increases their willingness to complete detoxification.
- ▶ 98% of enrolled patients were treated safely and effectively at the sobering center. Only ten patients who were transported to the sobering center were subsequently transferred to an ED.
- ▶ Community paramedics provide feedback to paramedics on 911 crews on how to screen acutely intoxicated people to determine if they

How It Works

Nationwide, an estimated 9.7% of ED visits are due to inebriation. In busy EDs, clinicians have little time to assist intoxicated patients unless they also have an acute medical need. As a result, they may not counsel patients about their drinking or provide information about detoxification programs, case management, or other resources. Sobering centers have been established in several cities to care for intoxicated patients — these centers are much less expensive to operate than EDs, and their staff can focus on the needs of people who are intoxicated.

As of February 2017, one pilot site (San Francisco) offered patients with acute alcohol intoxication and no other acute medical or mental health needs transport to a sobering center instead of an ED. The sobering center has cared for over 50,000 people since it opened in 2003. It serves people who are acutely intoxicated but do not have other urgent health care needs. The

sobering center is open 24 hours per day, seven days per week and is staffed by registered nurses who monitor patients throughout their stay. Staff social workers help patients obtain treatment for alcoholism and also assist them in obtaining housing, Medi-Cal, Supplemental Security Income, and General Assistance. Most patients stay for 4 to 12 hours. About one-third of the sobering center’s patients are treated there multiple times per year, and about 90% of patients are homeless when services are provided.

San Francisco has trained all paramedics on 911 response crews to screen intoxicated patients to determine if they are eligible to enroll in the pilot project. Patients are eligible for transport to the sobering center if they have acute alcohol intoxication but no other medical or mental health needs. If a patient meets all the eligibility criteria, the paramedics offer the patient a choice of transport to the sobering center or an ED. Patients who do not meet all eligibility criteria are transported directly to an ED.

Ten experienced community paramedics work with the sobering center’s staff to perform quality assurance reviews for patients transported to the sobering center. The community paramedics are also available to consult with paramedics on 911 response crews in the field (e.g., on the street, in a homeless shelter, in a hospital ED) or by telephone if they are unsure whether a patient is eligible for transport to the sobering center.

See reverse side for a list of partners.

Partners

LOCAL EMERGENCY MEDICAL SERVICES (EMS) AGENCY	LEAD AGENCY	HEALTH CARE SYSTEM PARTNERS	EMS PROVIDER PARTNERS	LOCATIONS
City and County of San Francisco	San Francisco Fire Department	San Francisco Sobering Center San Francisco Department of Public Health	San Francisco Fire Department American Medical Response (AMR) King American Ambulance	City and County of San Francisco
Santa Clara County*	Santa Clara County EMS Agency	Mission Street Sobering Center Gilroy Police Department Saint Louise Hospital	Gilroy Fire Department	City of Gilroy

*Pilot project approved November 2017; expected to be operational spring 2018.



For more information on community paramedicine programs operating today in California, visit www.emsa.ca.gov/community_paramedicine.