Sobering Centers in the US - 2013

| Center Name | San Francisco Sobering Center | Houston Recovery Center: Houston Center for Sobriety | CASPAR Inc. Emergency Services Center | Volunteers of America- Sobering Services Center | Dutch Shisler Service Center (DSSC) | Yukon Kuskokwim Health Corporation Sobering Center | Cherry Hill Detoxification Services Program | Central City Concern Sobering Station | Santa Barbara Community Sobering Center | Mid-Arkansas Substance Abuse Services* | Dallas Serial Inebriate Program (SIP)* |
|----------------------------------|----------------------------------|---|--|---|--|--|---|--|---|--|---|
| Center Information | | | | | | | | | | | |
| Center Location | San Francisco, CA | Houston, TX | Cambridge, MA | Sandiego, CA | Seattle, WA | Bethel, AK | , - | Portland, OR | | Little Rock, AR | Dallas, TX |
| Website or Contact Information | 415-734-4200 | houstonrecoverycenter.org | | voa-swcal.org | 202-205-1092 | 907-543-3781 | | centralcityconcern.org | 805-966-3017 | 501-686-9393 | none given |
| Number of Client Encounters | 4450 | 5200 | NA | 6884 | 18,522 | | 7000 | 6500 | 1200-1500 | 900 | NA |
| Number of Unduplicated Clients | 1500 | NA | 880 | NA | 2000 | 1000 | NA | NA | NA | NA | NA |
| Number of Beds/Mats | 11 | 84 | | 55 | 60 | 20 | 50 | 0 | | | NA |
| Male Beds | 8 | 68 | | | | | | 0 | 0 | | |
| Female Beds | 3 | 16 | | | | | | 0 | 0 | | |
| Max Clients at One Time | 11 | 86 | 107 | 55 | 60 | 20 | 50 | 70 | 8 | 20 | 5 |
| If at Max Capacity, do you refer | | | | | | | | | | | |
| Clients to ER/ED? | Yes | No | No | Not Specified | Yes | Yes | No | Yes | No | Yes | No |
| If no, where are they sent? | | Jail | Other Shelters | | Other Shelters | Jail | | | Jail | | |
| Ratio of Staff to Clients | 1 to 11 | 1 to 15 | Variable | 1 to 10 | 1 to 15 | Variable | 1 to 11 | 3 to 20 or 5 to 20 | 1 to 8 | 1 to 5 | Unknown |
| Length of Stay: | | | | | | | | | | | |
| Minimum Length: | No Miminum | 4 Hours | No Minimum | 4 Hours | No Minimum | NA | No Minimum | 1 Hour | 4 Hours | 3 Days | NA |
| Maximum Length: | 24 Hours | 12 Hours | No Maximum | NA | 12 Hours | 12 Hours | 23 Hours | 24 Hours | 10 Hours | 21 Days | NA |
| Average Length of Stay: | 6-10 Hours | 7 Hours | | | | | | | | • | |
| Are you open 24/7? | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| , , | | | | | 1996 (PHS took over | | | | | | |
| Founding of Center | 2003 | 2012 | 1970 | 1979 | | 2009 | 2008 | 1971 | 1993 | 1982 | 2011 |
| Entity of a City/State/County | | | | | , | No- Part of HIS | | | | | |
| Division? | City/County | No | No | City/County | City/County/State | System | No- "County Grant" | City/County | No | No | City/County |
| | , , , | | | | | State Division of | : | | | | ,,, |
| | | | | | | Behavioral Health, | Internal Financial | | | | |
| | | | Building Inspectors, | | County Contract | - | | | | State Office Division | |
| Oversight, or regulatory agency | None | None | • . | City/County Reviews | Monitor | | County/State Audits | Unknown | None | of Behavioral Health | None |
| Structure of Organization | | | | oregy dourney memoria | | | Country State / taunts | • | | or benavioral freaten | |
| (Private/Public/Non- | | Non-Profit, Local | | | | | | | | | |
| Profit/Government) | Public | • | Private, Non-Profit | Non-Profit | Non-Profit | Non-Profit | Non-Profit | Non-Profit | Private, Non-Profit | Private Non-Profit | Local Government |
| Positions included in Staff: | 1 42.10 | Government | · · · · · · · · · · · · · · · · · · · | | | | | | | | 20001 00 10111110110 |
| Full-time or Part-time? | Full-time | Both | Both | Full-Time | Both | Both | Both | Both | Part-Time | Both | Both |
| Paid or Volunteer? | Paid | Paid | | Paid | Paid | Paid | Paid | Paid | Paid | Paid | Paid |
| Taid of Volunteer: | 1 alu | 1 alu | Local Training - No | Local Training- No | 1 diu | i diu | i aiu | Talu | Local Training- No | | 1 alu |
| Staff Training | RN | EMT/Paramedic, CAN | _ | specific degree | EMT/Paramedic | EMT | RN | EMT/Paramedic | • | RN | Varied |
| Client Information | IXIV | LIVITYT dramedic, CAIV | specific degree | specific degree | Livity1 aramedic | LIVIT | Miv | Livity1 arameuic | specific degree | IXIV | Varieu |
| Age Restrictions? | <18 | <18 | <18 | <18 | <18 | <18 | <18 | <18 | <18 | <18 | <18 |
| Do you treat only Alcohol | | | | | | | | | | | |
| Intoxication? | No | No | No | Yes | No | Yes | No | No | Yes | No | No |

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| | Emergency | | | | Emergency | | | | | | |
|--------------------------------------|----------------------|----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------|----------------------|--------------------|---------------------------|
| | Departments EMS, | | | | Departments, Walk- | Emergency | Emergency | | | | |
| | Police, Street | | | | In/Self-Referral, | Departments, Walk- | Departments, Walk- | Emergency | | Emergency | Emergency |
| | Outreach Teams, | | | | EMS, Police, | In/Self-Referral, | In/Self-Referral, | Departments, Walk- | | Departments, Walk- | Departments, EMS, |
| | Homeless Van | | | | Homeless Van | Police, Homeless | Police, Homeless | In/Self-Referral, Police, | | In/Self-Referral, | Police, Homeless |
| | Service, Other Van | | Walk-In/Self- | | Service, Other Van | Van, Other Van | Van, Other Van | Homeless Van, Other | | Police, Treatment | Van Service, Other |
| How are Clients Referred: | Services | Police | Referral, Police | Police | services | Services | Services | Van Services | Police | Facilities | Van Services |
| | | | Non medical | Non medical | | | | | | | |
| | RN based: Mini- | | assessment. Must | assessment of | EMT based: Vital | EMT based: Vital | | | | | EMS protocols use. |
| | Mental Status, Vital | EMT and Paramedic Based: | be able to walk. No | general well being. | Signs, complaints, | Signs, complaints, | Telephone screen, | EMT based : Vital Signs, | Police based intake. | Telephone screen, | No specific intake |
| | Signs, General | Breathalyzer, Vital Signs, | specific triage | No specific triage | signs of injury and | signs of injury and | followed by RN | complaints, signs of | No specific medical | followed by nurse | assessment at |
| Medical Triage | Assessment | General Assessment | criteria. | criteria. | illness. | illness. | assessment | injury and illness. | assesment | assessment | center. |
| Percentage of refered clients | | | | | | | | | | | |
| deamed appropirate | 96-100% | 96-100% | 96-100% | 90-95% | 90-95% | 96-100% | 96-100% | 96-100% | 90-95% | 80-89% | 90-95% |
| If requiring ER/ED Care, how is | EMS or Sobering | | | EMS or Law | | | EMS or Sobering | | | EMS or Sobering | EMS or "Partner |
| client transported? | Center Van | EMS | EMS | Enforcement | EMS or ESP Van | EMS | Center Van | EMS | EMS | Center Van | City Medical Vans" |
| Can Client be Banned from the | | | | | | | | | | | |
| Program? | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | No |
| | | | | | Wound Care, Vital | | | | | | |
| | | | | | Signs, Medical | | | | | | Intravenous Fluids, |
| | | | | | Assessment and | | | | | Some medications, | Some Medications, |
| | | Brief Intervention, | | | Monitoring, Case | | | | | Group Counseling, | Peer Counseling, |
| | | Motivational Interviewing, | None at Center, Co- | | Management, | Screening Brief | Vitals, Medical | None at Center, Co- | | Individual | Coordinate Ongoing |
| | Some Medications, | Peer Support, Referral to | located with other | | Referrals to other | Intervention, | History, Medication | located with other | | Counseling, Case | Medical and |
| Treatments Provided: | Case Management | Treatment | homeless services | None | Services | Referral Treatment | History | homeless services | None | Management | Psychiatric care |
| Does Client Receive Follow-Up | | | | | | | | | | | |
| Care? | No | Yes | No | No | Yes | No | No | Yes | No | No | Yes |
| Clients are admitted Voluntarily | | | | | | | | | | | |
| or Non-Voluntarily? | Voluntary | Voluntary | Voluntary | Voluntary | Voluntary | Voluntary | Voluntary | Both | Voluntary | Both | Voluntary |
| Do you admit clients in Custody or | | | | | | | | | | | |
| on Psychiatric Holds? | No | No | No | No | No | No | No | Yes- Civil Holds | No | NA | No |
| Do you have Security/Law | | | | | | | | | | | |
| Enforcement on-site? | No | Yes | No | No | No | No | No | No | No | Yes | Yes |
| Do you offer referral/rehab/housing? | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes |