CHCF

Blueprint for Sobering Care

Sobering Centers Explained: An Environmental Scan in California
2025 Updates

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About the Authors

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About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

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Sobering centers provide a critical alternative to emergency departments and jails for people experiencing acute intoxication in public spaces. Since the publication of the California Health Care Foundation's initial *Sobering Centers Explained: An Environmental Scan in California* report in 2021, policy developments have improved the landscape of sobering care throughout California and are based on findings from a statewide landscape analysis for sobering care implementation conducted by the authors.*

COUNTY	SOBERING CENTER
Alameda	Cherry Hill Sobering Center
Butte	Butte County Sobering Center
Kern	Bakersfield Recovery Station
Los Angeles	David L. Murphy Sobering Center Respite & Recovery Center at MLK
Monterey	Sun Street Centers Sobering Center
Orange	BeWell OC Sobering Center
Sacramento	Crisis Receiving for Behavioral Health
San Diego	Recovery and Bridge Center
San Francisco	San Francisco Sobering Center SoMa RISE
San Luis Obispo	San Luis Obispo Sobering Center
Santa Maria	Santa Maria Stabilization Center
Santa Barbara	CREDO47 Stabilization Center Lompoc Sobering Center
Santa Clara	Mission Street Recovery Station
Santa Cruz	Janus of Santa Cruz
Tulare	Porterville Navigation Center

California continues to lead the nation in sobering center implementation, with facilities now operating in 16 counties across diverse geographic and demographic settings. These centers have become increasingly integrated into local systems of care, demonstrating their value in diverting people from unnecessary emergency department visits and jail bookings while providing compassionate care and connections to recovery services.

The implementation of CalAIM's (California Advancing and Innovating Medi-Cal) Community Supports program (PDF) has created new sustainability pathways through managed care reimbursement. However, centers still navigate complex funding structures to ensure their long-term viability. For instance, while many centers hold contracts with managed care plans, many of those have little to no utilization by the plan members. Meanwhile, legislative efforts to designate sobering centers as alternate destinations for emergency medical services (PDF) continue to face implementation challenges, highlighting the need for regulatory frameworks that align with operational realities and known best practices.

This report captures key lessons from both established and newly opened sobering centers, and offers stakeholders practical insights for successful implementation, sustainable operations, and effective cross-system partnerships that serve our most vulnerable community members.

Notable Legal and Regulatory Considerations

The use of sobering centers as an alternate destination to the emergency department for 911 ambulances has garnered increasing interest. In California, the ability to operationalize alternate destinations — whether for mental health, substance use, or urgent care

* The landscape analysis used multiple methods to gather comprehensive insights on California's sobering centers: semistructured interviews and focus groups with approximately two dozen stakeholders involved in design, implementation, and operations; review of programmatic documents, including policies, triage criteria, and evaluation metrics; and stakeholder questionnaires. The analysis was summarized and submitted to the California Health Care Foundation in a separate report. See: Jesse Sieger-Walls et al., *Sobering Care Implementation Landscape Analysis*, California Health Care Foundation, 2025.

needs — lies at the state level. California's alternate destination policy, most notably A.B. 1544 (Community Paramedicine and Triage to Alternate Destination Act, passed in 2020)* presents significant barriers for the utilization of sobering centers by emergency medical services (EMS) ambulances. To be designated as an EMS alternate destination, A.B. 1544 requires a sobering center to achieve either (1) licensing as a Federally Qualified Health Center (FQHC), or (2) certification by the California Department of Health Care Services's Substance Use Disorder Compliance Division, or (3) accreditation utilizing the National Sobering Collaborative standards.

Licensing is not typically achievable due to the targeted and specialized care provided by sobering centers, which do not aim and are not equipped to achieve the comprehensive population-level outcomes required by FQHC licensing (e.g., acquirement of mammograms or colonoscopies, control of hypertension and diabetes). Licensing as a colocated satellite FQHC may be feasible if the sobering center is aligned with other, more comprehensive services (e.g., a crisis stabilization facility); this has not been achieved by any sobering centers since A.B. 1544's approval.

In preparation for and since the signing of A.B. 1544 regulations, the National Sobering Collaborative released comprehensive Standards of Sobering Care in October 2023, to member organizations. These standards offer a comprehensive overview and framework for sobering care implementation best practices. Yet to date, no accrediting body has implemented an accreditation process, in part due to the limited number of sobering centers nationally that could benefit. Thus, no formal accreditation process for sobering care currently exists in California or nationally, making fulfillment impossible. It is unknown how many of the community-based programs who operate sobering centers in California will be able to achieve accreditation.

Additionally, A.B. 1544 mandates 24/7 registered nurse coverage that many centers cannot afford, excluding them from EMS diversion pathways. These inflexible staffing requirements thus result in two major barriers. First, 24/7 RN staffing is required for designation — even if the sobering center aims to accept EMS referrals only during limited, high-need times (e.g., 8 PM Thursday until 8 AM Sunday). Second, it arbitrarily raises staff credential standards for medical monitoring beyond what has been demonstrated as safe and effective for sobering care — specifically, the use of licensed vocational nurses and paramedics as receiving staff. Many sobering care programs outside of California successfully function as EMS alternate destinations with these other medical monitoring staff types. Last, EMS reimbursement policies are tied to hospital transport, creating financial disincentives for using alternate destinations. Further complicating matters are geographic reimbursement restrictions — managed care plans often require services to be delivered within county boundaries, preventing the development of more efficient regional models of care and limiting access for people who become intoxicated outside their county of residence.

Administrative and Technical Infrastructure Needs

Community-based organizations (CBOs) face significant barriers when transitioning from grant-funded models to managed care reimbursement structures. Many CBOs lack the administrative infrastructure required to navigate managed care contracts, with no prior experience in medical billing systems or procedures. This lack of experience creates steep learning curves for staff. Furthermore, CBOs must typically contract with every health plan in their service area to maximize client eligibility, multiplying administrative burdens, as each plan has distinct billing systems, reporting requirements, authorization processes, and quality metrics. Technical limitations compound these challenges, as many centers still rely on limited health information systems (e.g., locally saved Excel spreadsheets) for data collection, storage, and management, with only a minority utilizing modern integrated

* A.B. 1544, 2019–20 Leg., Reg. Sess. (Cal. 2020).

electronic health records. These infrastructure gaps hinder efficient data exchange and complicate reporting requirements necessary for reimbursement.

Evolution of Funding Mechanisms

The funding landscape for sobering centers has evolved significantly over time. While the CalAIM (California Advancing and Innovating Medi-Cal) Community Supports framework now offers reimbursement opportunities through Medi-Cal managed care plans, this alone is typically insufficient for sustainable funding. Two primary options for financial sustainability have emerged: (1) securing dedicated local government funding that fully covers operational costs or (2) developing a diverse mix of funding streams and reimbursable services supported by strong local backing. Programs without dedicated local funding often struggle, while those with diversified resources — including county or city funds, grants, and integrated supportive services — tend to be more stable. However, managing multiple funding streams increases administrative burdens, and the patchwork nature of these funds creates ongoing sustainability challenges. Innovative cost-sharing models are emerging, with some hospitals directly funding sobering centers to capture emergency department diversion savings, and certain law enforcement departments reallocating booking and custody funds based on measured reductions in jail utilization.

Implementation Best Practices

Invest in Cross-System Partnerships

Successful implementation and sustainable operation of sobering centers require coordinated efforts across multiple sectors, with each stakeholder bringing unique capabilities to create an effective system. State and local governments establish policy frameworks and funding mechanisms. Managed care organizations ensure medical oversight and sustainable reimbursement. Law enforcement creates critical access points through diversion. Emergency services and community paramedics offer hospital- and community-based support for complex clients. And CBOs deliver direct services, facilitate linkages between all community partners, and provide connections for clients to receive ongoing support. These cross-sector partnerships are essential for success, with sobering centers functioning as bridge points between traditionally siloed systems of care. Regular stakeholder convenings by county leadership help reinforce referral channels, while consistent reporting on utilization, impact, and outcomes helps maintain partner engagement and demonstrates the value of sobering care within the broader health and social service ecosystem.

Effective law enforcement partnerships are built on clear policies and procedures that support diversion to sobering centers. Policies that mandate officer use of sobering centers for citizens arrested for nonviolent intoxication-related offenses have proven effective, particularly when championed by jail administrators. Facilities with such policies have seen jail admissions decrease by 25% to 30% and processing times reduced to under 10 minutes (compared to one to three hours for jail bookings). Streamlined "IF this, THEN that" referral guidelines, which require a sheriff's office mandate, further simplify officer decisionmaking, offering clear eligibility criteria, transport monitoring procedures, and incident management protocols to minimize service disruptions. For EMS collaborations, improvements could include expanding behavioral health training for ambulance personnel statewide, developing evidence-based alternate destination legislation, broadening staffing requirements beyond 24/7 registered nurse coverage, and updating policies to better align with patient needs and operational realities.

Conduct Comprehensive Strategic Planning

California CBOs and managed care organizations (MCOs) do not routinely conduct comprehensive readiness assessments before establishing sobering care contracts, yet these strategic practices are essential for success. Such assessments help determine target populations, available resources, financial feasibility, and operational readiness, which can mitigate early-phase implementation challenges, set expectations for measuring outcomes, and promote long-term sustainability. All parties should have a clear definition of the intended sobering model, which addresses the needs of the people to be served and the potential benefits for community partners. This data-informed approach to program design helps sobering centers align their services with community needs and establish realistic operational and financial objectives from the outset.

Deploy Regional Approaches to Care

The rigid, county-bound service delivery approach currently undermines the development of cost-effective regional efforts to address harmful substance use and related challenges (e.g., mental health crisis response and street medicine), especially in rural areas and sobering care programs within reasonable distance to county borders. While sobering care is a reimbursable Community Support under CalAIM, managed care plans often require services to be delivered within county boundaries, preventing providers from recouping costs when serving people from neighboring counties. This restriction creates significant challenges for operational sustainability and equitable service delivery, particularly in areas where population density doesn't justify duplicative facilities. For rural counties with small populations, developing separate sobering centers may be financially unfeasible, making regional collaboration a more practical solution. Rural communities collaborate regionally for other services, including access to psychiatric facilities, emergency medical oversight, and fire suppression response. Policy improvements could include having the California Department of Health Care Services work with MCOs to adopt policies that explicitly support regional models of care, especially for low-volume or rural areas, potentially through formal guidance on regional service agreements or cross-county reimbursement mechanisms.

Recommendations for Sobering Center Implementation by Stakeholder

Recommendations for MCOs

- **Streamline administration.** Create universal application processes across multiple plans; support comprehensive needs and readiness assessments and partnership commitments.
- **Enhance sustainability.** Conduct regular assessments with partners; establish reimbursement rates reflecting emergency department diversion value.
- **Support and utilize readiness assessments.** Support potential sobering providers with readiness assessments of their applications that include community needs assessments, establishment of formal partnership commitments (with preference for providers having mandatory referral policies), integration plans for complementary services, and development of administrative/data capabilities.
- **Standardize measurement.** Develop consistent statewide metrics for utilization, cost avoidance, and system impact.

Recommendations for Policymakers

- **Promote pathways to accreditation.** To address barriers in expanding sobering care as an EMS alternate destination in California, promote accreditation pathways for sobering centers, explore development of a state-specific certification process similar to Missouri's recent Department of Health Services sobering center certification model,

or communicate to other policymakers about the potential impacts of the accreditation limitation posed by A.B. 1544.

- **Promote streamlining of MCO contracting.** To decrease administrative burden and operational barriers to engaging MCOs, help managed care plans to streamline contracting processes (e.g., promote universal applications, provide targeted technical assistance to contracted centers with zero utilization).
- **Support regional contracting approaches.** Support regional contracting models that enable sobering centers to serve people from multiple counties and to receive reimbursement regardless of county boundaries. These flexible contracting arrangements should help ensure sustainable funding structures that recognize sobering centers must maintain 24/7 availability for all intoxicated people, regardless of their insurance status or county of residence.
- **Support flexible staffing models.** Promote policies for emergency department diversion that allow for Licensed Vocational Nurses, paramedics, and emergency medical technicians (EMTs) for medical monitoring to reduce costs and improve feasibility, in contrast to the 24/7 nursing requirement pursuant to A.B. 1544.
- **Explore start-up and implementation funding.** Explore new start-up funding opportunities for sobering centers to continue to address upfront facility, staffing, and initial operational costs during early-phase implementation.

Recommendations for Law Enforcement

- **Implement diversion protocols.** Establish policies and develop clear decisionmaking guidelines to utilize sobering centers over jails or emergency departments.
- **Develop financial partnerships.** Create cost-sharing agreements to reinvest savings from reduced bookings and averted criminal justice processes.

Recommendations for EMS

- **Enhance training.** Expand behavioral health training for ambulance personnel statewide.
- **Clarify legislation.** Refine alternate destination requirements to align with community and patient needs and sobering center operations.
- **System assessment.** Evaluate the implementation of sobering care for patients within the emergency medical system, comparing the advantages and limitations of the current system to those of external sobering care provided in the community.

Recommendations for CBOs

- **Optimize service models.** Design multipurpose facilities that colocate with complementary services.
- **Strengthen engagement.** Hold regular stakeholder and community meetings; provide impact reporting; engage EMS and law enforcement early and often.
- **Improve infrastructure.** Transition to modern databases; develop health care–aligned analytics.

Appendix. California Sobering Care Profiles

Cherry Hill Sobering Center (San Leandro, Alameda County)

Operating organization: Horizon Services
Year opened: 2010

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 35–40 *Hours:* 24 hours a day, 7 days a week *Location:* 2035 Fairmont Dr., San Leandro, CA 94578
Funding mechanisms and external oversight	Funded by: Measure A "Essential Health Care Services Initiative" approved in March 2004; MCO billing through Alameda County. External oversight: monitored by Alameda County Behavioral Health Care Services
Mission / target population	Goal: to deter incarcerating people found to be under the influence in the community
Admission criteria	Intoxication from alcohol or any other drugs Age 18 and older
Referring parties	Law enforcement, mental health facilities, emergency department, community organizations, clinics, walk-ins, self-referrals
Staffing model	Registered or certified substance use counselors (intake); certified emergency medical technicians (health technicians); sobering specialists; Licensed Vocational Nurses (weekdays); van driver. Medical direction: On-call physician
Services provided	Food (meals, snacks), oral rehydration, hygiene; direct referral and transfer to medical detoxification. Assistance with medication refills
Website	www.horizonservices.org

Butte County Sobering Center (Chico, Butte County)

Operating organization: Horizon Services

Year opened: 2024

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 12 *Hours:* 24 hours a day, 7 days a week *Location:* 560 Cohasset Rd., Chico, CA 95926
Funding mechanisms and external oversight	Primary funder: County Behavioral Health using opioid settlement dollars Partnership Health Plan (MCP) under the CalAIM Community Support benefit
Mission / target population	Sobering care for people with alcohol or other drug intoxication offering: jail diversion, emergency department diversion, and homeless and social welfare resources and referrals
Admission criteria	Intoxication from alcohol or any other drugs
Referring parties	Behavioral health treatment providers, transfer from emergency department (ED) to sobering, law enforcement, self, walk-ins including people dropped off by friends, families, or CBOs
Staffing model	5 EMTs, 5 recovery monitors, 1 LVN
Services provided	Clothing; food offering; laundry access; linkage to services; Screening, Brief Intervention, and Referral to Treatment; shower access; visual monitoring for health and safety throughout client stay; vital signs; safe trauma-informed space with medical and peer-level staff
Website	https://horizonservices.org

Bakersfield Recovery Station (Bakersfield, Kern County)

Operating organizations: Telecare partnering with Kern Behavioral Health and Recovery Services
Year opened: 2020

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 15 beds *Hours:* 24 hours a day, 7 days a week *Location:* 312 Kentucky St., Bakersfield, CA 93305
Funding mechanisms and external oversight	Current fiscal year is being funded by California's Mental Health Services Act Prevention & Early Intervention and A.B. 109. External oversight: Mental Health Services Oversight and Accountability Commission
Mission / target population	The goal of the Bakersfield Recovery Station is to provide a law enforcement diversion for people who are acutely intoxicated and have a co-occurring mental illness where, instead of being arrested, they are presented with an opportunity for peer engagement, assessment, brief clinical interventions, and linkage with community-based services.
Types of intoxication accepted	Alcohol or other drug intoxication
Referring parties	Law enforcement, Mobile Evaluation Team, behavioral health treatment providers, homeless providers; no walk-ins or self-referrals
Staffing model	Peer staff trained in mental health and substance use disorder, substance use counselors, project manager, licensed clinician in role as administrator
Services provided	Mental health screening, assessment, and referrals for care (depression, anxiety, posttraumatic stress disorder); substance use screening; counseling, motivational interviewing; referrals to substance use treatment
Website	www.telecarecorp.com/bakersfield-recovery-station

David L. Murphy Sobering Center (Los Angeles, Los Angeles County)

Operating organization: Exodus Recovery
Year opened: 2017

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 50 *Hours:* 24 hours a day, 7 days a week *Location:* 640 Maple Ave., Los Angeles, CA 90014
Funding mechanisms and external oversight	Funding: includes Whole Person Care; Office of Diversion and Re-Entry; Measure H funding External oversight: Los Angeles Department of Health Services
Mission / target population	Divert chronically inebriated vulnerable adults living on or adjacent to Skid Row away from hospitals and institutions including incarceration
Types of intoxication accepted	Any/all drugs and alcohol
Referring parties	Law enforcement, California Department of Health Care Services outreach teams, emergency departments, Exodus Outreach, Los Angeles Fire Department SOBER Unit
Staffing model	Registered nurses, licensed vocational nurses, sober coaches, security officers, recovery supervisor, intake coordinator, program director
Services provided	Vital sign monitoring, minor wound care, urgent care needs; managing activities of daily living, hygiene needs, delousing; nutrition and oral fluids; case management for high-use clients; referrals to shelter and detoxification needs; housing and entitlement referrals
Website	www.exodusrecovery.com/sobering-center-downtown-los-angeles/

Respite & Recovery Center at MLK (Los Angeles, Los Angeles County)

Operating organization: Behavioral Health Services
Year opened: 2022

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 12 *Hours:* 24 hours a day, 7 days a week *Location:* 12021 S. Wilmington Ave., Bldg. #18, Los Angeles, CA 90059
Funding mechanisms and external oversight	Funded by: Los Angeles County Substance Abuse Prevention & Control External oversight: n/a
Mission / target population	BHS transforms lives by offering hope and opportunities for recovery, wellness, and independence.
Admission criteria	18 years and older with public intoxication due to alcohol or other drugs
Referring parties	Self-referral, behavioral health and substance use treatment providers, field paramedics direct from 911 ambulance, law enforcement, homeless outreach services, other MLK Campus providers, medical services, transportation authorities, friends/family, other community partners. As of October 2025, this center has been approved an alternate destination for EMS ambulances.
Staffing model	24/7 registered nursing staff, security ambassadors, clerical and management staff
Services provided	Education and supportive services; nutrition and hydration; linkage opportunities; Screening, Brief Intervention, and Referral to Treatment; access to showers and laundry; and monitoring for health and safety throughout client stay
Website	https://bhs-inc.org

Sun Street Centers Sobering Center (Salinas, Monterey County)

Operating organizations: Sun Street Centers partnered with Monterey County Behavioral Health Dept.
Year opened: 2017

Program Element	Details
Operational components	*Capacity:* 10 beds *Hours:* Thursday at 3:00 PM through Monday at 3:30 PM *Location:* 119 Capital St., Salinas, CA 93901
Funding mechanisms and external oversight	Proposition 47 grant with Monterey County Behavioral Health Department; monthly Central California Alliance for Health billing
Mission / target population	Mission: preventing alcohol and drug addiction by offering education, prevention, treatment, and recovery to individuals and families regardless of income level Target population: all those 18 years and older with public intoxication (penal code 647F) or driving under the influence (DUI)
Types of intoxication accepted	Accept drug intoxication if also present. Additional assessments completed on people under influence of opiates or methamphetamines to ensure safe-for-sobering environment.
Referring parties	Law enforcement including but not limited to police, sheriff, and California Highway Patrol
Staffing model	Recovery specialists, medical assistants, program manager, data entry person
Services provided	Assess and monitor blood alcohol content via breathalyzer. Vital signs, assess for withdrawal, provision of light food and oral rehydration. Referrals to physical, mental health, and substance use services. Transportation provided upon discharge.
Website	https://sunstreetcenters.org/driving-under-the-influence-enrollment/sobering-center/

BeWell OC Sobering Center (Orange, Orange County)

Operating organization: HealthRight 360 (since 2024)
Year opened: 2021

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 12 *Hours:* 24 hours a day, 7 days a week *Location:* 265 S Anita Dr., Orange, CA 92868
Funding mechanisms and external oversight	Funded by: Cal Optima External oversight: n/a
Mission / target population	Orange County residents 18 and over who are acutely intoxicated or experiencing an acute reaction to substance use. The goal is for them to recuperate, stabilize, and receive appropriate linkage to services that support ongoing sobriety.
Admission criteria	Orange County residents aged 18 and older with acute intoxication
Referring parties	Behavioral health treatment providers, transfer from ED/ER to sobering, law enforcement, self (call ahead required—no walk-ins)
Staffing model	Substance use and mental health staff plus nursing staff
Services provided	Addiction and treatment education; blood alcohol content via breathalyzer; food offering; laundry access; linkage to services; oral rehydration; Screening, Brief Intervention, and Referral to Treatment; shower access; visual monitoring for health and safety throughout client stay; vital signs. Withdrawal management available on-site if needed.
Website	https://www.healthright360.org/program/healthright-360-at-be-well/

Crisis Receiving for Behavioral Health (Sacramento, Sacramento County)

Operating organization: WellSpace Health

Year opened: 2020

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 20 *Hours:* 24 hours a day, 7 days a week *Location:* 631 H St., Sacramento, CA 95814
Funding mechanisms and external oversight	Funded by: Sacramento County External oversight: n/a
Mission / target population	Crisis Receiving Engagement for Behavioral Health is an innovative behavioral health program providing patients with a short-term (23-hour) opportunity to voluntarily recuperate from the effects of a mental health or substance use crisis in a safe and dignified manner while being engaged with wraparound supportive services and facilitating continuity of care.
Admission criteria	Aged 18 and older with intoxication; any/all substances accommodated
Referring parties	Law enforcement, probation, community response team, emergency departments, community partners
Staffing model	Nurses, peer support counselors, transportation, maintenance, substance use disorder counselors and supervisor. Administrative staff include a director, a manager, and shift supervisors.
Services provided	Showers, clothes, food, vitals, community referrals, respite for less than 24 hours
Website	www.wellspacehealth.org

Recovery and Bridge Center (San Diego, San Diego County)

Operating organization: McAlister Institute (since 2015)
Year opened: 1984

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 75 *Hours:* 24 hours a day, 7 days a week *Location:* 2506 Market St., San Diego, CA 92102
Funding mechanisms	Funded by both the County of San Diego and City of San Diego Donations (recommended: $35) from participants or family members willing and able to contribute
Mission / target population	Mission: to provide countywide diversion, nonresidential, nonmedical, sobering services in a drug- and alcohol-free environment for intoxicated people dropped off by health, safety, and law enforcement agencies. Population: any/all people contacted by health, safety, or law enforcement agencies who are 18 years and older and who are under the influence of any drug
Types of intoxication accepted	Intoxication related to alcohol and marijuana Pilot program: intoxication from other drugs, including opioids and methamphetamines
Referring parties	All health, safety, and law enforcement agencies throughout San Diego county
Staffing model	Service navigators, substance use disorder counselors, registered alcohol and drug technicians, program director, medical director (administrative); nursing staff available 24 hours a day
Services provided	Laundry, bathroom, clean clothing, storage of personal belongings (up to 72 hours), minor wound care, light food, and oral rehydration. Counseling, resource information, and referrals to stabilizing services including treatment, shelter, and housing resources. Community collaborations provide medication-assisted treatment and short-term psychiatric care.
Website	https://mcalisterinc.org

San Francisco Sobering Center (San Francisco, San Francisco County)

Operating organization: SF Department of Public Health partnering with Community Forward SF
Year opened: 2003

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 12 *Hours:* 24 hours a day, 7 days a week *Location:* 1185 Mission St., San Francisco, CA 94103
Funding mechanisms	City and County of San Francisco General Fund
Mission / target population	Mission: providing safe, short-term sobering and care coordination for actively intoxicated adults as an alternative to the ED or jail Target population: those with co-occurring homelessness and alcohol use disorder
Types of intoxication accepted	Primary focus: alcohol intoxication. Other drug intoxication accepted based on individual behavior to ensure safety for clients and staff.
Referring parties	Field paramedics direct from 911 ambulance, police, sheriff, emergency departments, community paramedics, physical and mental health clinics, community agencies. Walk-ins on limited basis for case-managed clients. Pilot program: intoxication from opioids via street crisis and community paramedicine teams.
Staffing model	Registered nurse (24 hours a day), personal care assistants/certified nursing assistants, peer navigator, social worker, part-time nurse practitioner, charge nurse, program director
Services provided	Vital sign monitoring, minor wound care, urgent care needs; managing activities of daily living, hygiene needs, delousing; nutrition and oral fluids; case management for high-use clients; referrals to shelter and detoxification needs; withdrawal management to bridge to detoxification services; medication management
Website	https://communityforwardsf.org/medicalbehavioralhealth

SoMa RISE (San Francisco, San Francisco County)

Operating organization: HealthRight 360
Year opened: 2022

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 12 *Hours:* 24 hours a day, 7 days a week *Location:* 1076 Howard St., San Francisco, CA 94103
Funding mechanisms and external oversight	Funded by: San Francisco Dept. of Public Health
Mission / target population	SoMa RISE is a low-barrier program for people who are unhoused and having issues with substance use. At SoMa RISE, participants can access clean bathrooms, showers, food, and a place to rest. SoMa RISE acts as a gateway to connect participants to vital services that help them improve their living situation and well-being (including but not limited to medical care, mental health, and substance use, and housing services). We provide transportation to enhance these linkage opportunities with a host of community partners.
Admission criteria	Methamphetamine use, current or recent
Referring parties	Behavioral health treatment providers, transfer from ED/ER to sobering, law enforcement, self, walk-ins including people dropped off by friends, families, or CBOs
Staffing model	Medical staff, peer counselors; mornings, swing, and grave shifts: EMT, two health workers, safety navigator, janitorial, and a shift supervisor, program manager
Services provided	Addiction and treatment education, assistance with Medi-Cal applications, food offering, laundry access, linkage to services, oral rehydration, shower access, visual monitoring for health and safety throughout client stay, vital signs. Must be ambulatory and must be able to verbally consent to services and respite care. Walk-ins accepted.
Website	www.healthright360.org/program/soma-rise

San Luis Obispo Sobering Center (San Luis Obispo, San Luis Obispo County)

Operating organization: Good Samaritan Shelter

Year opened: 2024

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 12 *Hours:* 24 hours a day, 7 days a week. Call ahead for bed availability. *Location:* 2180 Johnson Ave., San Luis Obispo, CA 93401
Funding mechanisms and external oversight	Funded by: CenCal Health (CalAIM) and grant funding from the county's opioid settlement funds
Mission / target population	We provide short-term sobering and transition services. The center is a harm reduction facility, certified for withdrawal management services using social model methods. Medication addiction treatment services are available as needed. The center strives to divert people from jail and potential legal repercussions of minor offenses and will be used to connect them to mental health and substance use treatment services, case management, housing, and other services available in the area.
Admission criteria	
Referring parties	Contact sobering station for bed availability (number provided locally). Walk-ins welcome, as well as referrals from family, friends, and organizations.
Staffing model	Medical staff
Services provided	Medical screening; hydration and food; hygiene kits; medical clearance and drug testing as needed for individual treatment program admission; referrals and linkages to services including mental health and substance use treatment, housing support, legal services, social services, case management, transportation, food assistance, and basic necessities; and medication-assisted treatment services
Website	www.slocounty.ca.gov/departments/health-agency/behavioral-health/all-behavioral-health-services/drug-and-alcohol-services/sobering-center

Santa Maria Stabilization Center (Santa Maria, Santa Barbara County)

Operating organization: Good Samaritan Shelter
Year opened: 2021

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 7 (male and female) *Hours:* 24 hours a day, 7 days a week *Location:* 1401 E. Main St., Santa Maria, CA 93454
Funding mechanisms and external oversight	Funded by: Cen-Cal
Mission / target population	To provide emergency, transitional, and affordable housing with support services to the homeless and those in recovery throughout the Central Coast
Admission criteria	
Referring parties	Behavioral health treatment providers, transfer from ED/ER to sobering, law enforcement, private drop off, sober livings, self, walk-ins including people dropped off by friends, family, or CBOs
Staffing model	Two staff members on-site always: an EMT and a sober coach; a visiting nurse and a doctor on-call
Services provided	Addiction and treatment education; assistance with Medi-Cal applications; blood alcohol content via breathalyzer; case management; clothing; food; linkage to services; mental health assessment and counseling; oral rehydration; Screening, Brief Intervention, and Referral to Treatment; visual monitoring for health and safety throughout client stay; vital signs. Facilitate warm handoffs to many internal programs (detox, residential treatment, outpatient, shelters, family shelters, safe houses).
Website	www.goodsamaritanshelter.org

CREDO47 Stabilization Center (Santa Barbara, Santa Barbara County)

Operating organization: Good Samaritan Shelter
Year opened: 2020

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 10 *Hours:* 24 hours a day, 7 days a week *Location:* 427 Camino del Remedio, Santa Barbara, CA 93110
Funding mechanisms and external oversight	Funding: Proposition 47 and CenCal/CalAIM External oversight: County of Santa Barbara Crisis Services
Mission / target population	Mission: to divert from incarceration for harmful substance use and connect with treatment opportunities Target population: people with substance use disorders
Types of intoxication accepted	Any/all drugs and alcohol
Referring parties	Cottage Hospital, Santa Barbara County Jail, police, sheriff, probation, parole, public defender, child welfare services (adults), family members, sobering living homes, housing programs, walk-ins, crisis services
Staffing model	EMT paired with sober coaches each shift, certified drug and alcohol counselors, one part-time RN directing medical services, program manager
Services provided	Food, shelter, medical monitoring, medication management as prescribed, TB screening, legal and social services, referrals to mental health and substance abuse services including medication-assisted treatment, housing, and transportation
Website	www.https://www.goodsamaritanshelter.org/

Mission Street Recovery Station (San Jose, Santa Clara County)

Operating organization: Horizon Services

Year opened: 2017

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 20 *Hours:* 24 hours a day, 7 days a week *Location:* 151 W Mission St., San Jose, CA 95110
Funding mechanisms and external oversight	Funding: A.B. 109 with general funding, CalAIM funding indirectly through contract with the Santa Clara County External oversight: Santa Clara County Behavioral Health (primary); Whole Person Care administrators; leadership within County of Santa Clara including from Reentry Resource Center, EMS agency, Substance Use Treatment Services
Mission / target population	Mission: to reduce the use of hospital emergency rooms and jails in the care of acute intoxication Oversight:
Types of intoxication accepted	People under the influence of any alcohol or substance People experiencing a mental health crisis other than 5150
Referring parties	All Santa Clara County law enforcement agencies; Santa Clara County operated EDs (Valley Medical, O'Connor, and Saint Louise); and county community organizations who provide substance use and mental health treatment services. Walk-ins welcome after 5 PM.
Staffing model	Licensed vocational nurses, EMTs, recovery specialists, case manager
Services provided	Crisis intervention, medical and mental health assessment, motivational interviewing, HMIS VI-SPDAT assessments for housing, Medi-Cal applications, clothing, showers, light snacks, referrals, transportation to and from providers
Website	https://bhsd.santaclaracounty.gov/mission-street-recovery-station

Janus of Santa Cruz (Santa Cruz, Santa Cruz County)

Operating organization: Janus

Year opened: first iteration, 2015; second iteration, 2024

PROGRAM ELEMENT	DETAILS
Operational components	*Capacity:* 10 *Hours*: 24 hours a day, 7 days a week *Location:* 264 Water St., Santa Cruz, CA 95060
Funding mechanisms and external oversight	Funded by: Santa Cruz County Sheriff's Office External oversight: Santa Cruz County Sheriff's Office
Mission / target population	To provide supportive, hope-inspiring, and successful substance use disorder treatment services in a professional and compassionate environment while assisting individuals and families on their journey toward wellness and recovery
Admission criteria	Medically stable, are oriented to person and event, responsive to verbal stimuli, and show no signs of severe withdrawal (Clinical Institute Withdrawal Assessment score <15 with no tremor)
Referring parties	Santa Cruz County agencies, law enforcement, self-referrals
Staffing model	Nine EMTs, a licensed vocational nurse, two peer support specialists, a case manager, and a supervisor
Services provided	Food, hydration, showers, laundry, clothing, medical supervision for those under the influence, case management, peer support services, alternative drop off for law enforcement
Website	https://janussc.org

Porterville Navigation Center (Porterville, Tulare County)

Operating organization: Kings View
Year opened: 2024

PROGRAM ELEMENT	DETAILS*
Operational components	*Capacity:* Hours: 24 hours a day, 7 days a week Location: 140 S C St., Porterville, CA 9325
Funding mechanisms and external oversight	Funded by: MCO providers External oversight: Homeless Housing, Assistance, and Prevention program; Permanent Local Housing Allocation program; Community Development Block Grant program; Capacity and Infrastructure Transition, Expansion and Development; Individual Program Planning, Housing and Homelessness Incentive Program
Mission / target population	Goal: to help unhoused Porterville residents receive health care and social services, and temporary shelter care
Admission criteria	Unhoused Porterville resident, recent or current intoxication
Referring parties	Law enforcement, community programs, emergency departments, self-referrals, referrals from family and friends
Staffing model	Lead care managers, clinical consultation for LC
Services provided	Beds available for sobering care, recuperative care (medical respite), and ECM/service navigation, short-term posthospitalization housing, food, housing navigation transition services, shelter
Website	www.kingsview.org