Some Sobering Facts: How is the City by the Bay Handling Frequent 9-1-1 Users?

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San Francisco Fire Department
San Francisco Department of Emergency Management
Associate Clinical Professor of Emergency Medicine
University of California, San Francisco
ETOH $$$

- US Costs (CDC 2010) = $223.5 Billion
- 11% of costs due to healthcare expenditures
What is a sobering center?

Public facility where individuals intoxicated on alcohol can safely recover from acute intoxication

- Excludes private sites, residential treatment facilities, short term housing, medical detox
Sobering Centers Are Expanding

- About 20 nationwide sites…more on the way
Sobering Center Characteristics

- Public funding
- Adults only (18yo or over)
- Van or Law enforcement transport to facility (SF: EMS)
- Max Clients: 5 - 107
- Staffing: layperson, EMT, RN
EMS triage to Sobering Centers

- Be medically appropriate by meeting all the following criteria:
  - Indication of alcohol intoxication (odor of alcohol on breath, bottle found on person)
  - GCS 13 or greater
  - Pulse 60-120
  - Systolic BP >90
  - Diastolic BP <110
  - Respiratory Rate 12-24
  - Oxygen Saturation >89%
  - Blood Glucose 60-250
  - No active bleeding
  - No bruising or hematoma above clavicles
  - No active seizures; and
  - No laceration that has not been treated
• Checklist and Paramedic judgment used to determine sobering center eligibility

• For needing ED care: Sensitivity 99% / Specificity 42%

• Adverse event: 0.6%
Total Encounters (bar) with Unduplicated Clients (line) by Fiscal Year (2003-2015)
Secondary ED Transport

FY2014-15: 208 Total

- Non-Bounceback: 119
- Bounce-Back, Came in via EMS: 62
- Bounce-Back, Came in via VAN: 27
Recognizing High Utilizers: 12 Yr Review of Encounters per Client

- 11-50 encounters (5%)
- 3-10 encounters (15%)
- 2 encounters (13%)

66% of clients have had only one encounter, making up 17% of total encounters.

1% of unduplicated High Utilizer clients make up 30% of total encounters.
Sobering Center as healthcare hub

- Nursing
- Wound Care
- Lab Draws
- ETOH withdrawal treatment
- Medication management
- Intensive Case Management / Social Work
- ADL
- Hygiene/De-lousing

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>3756</td>
</tr>
<tr>
<td>Laundry</td>
<td>878</td>
</tr>
<tr>
<td>Shower</td>
<td>1815</td>
</tr>
<tr>
<td>Clothing</td>
<td>1526</td>
</tr>
<tr>
<td>Vitamins</td>
<td>741</td>
</tr>
<tr>
<td>Wound Care</td>
<td>89</td>
</tr>
</tbody>
</table>

*started tracking in 2013*
EMS + Sobering Centers
Take home points

- Get involved in sobering center development in your community!
- Collaboratively develop EMS triage criteria
Stone Cold (un) Sober in Anchorage

Michael Levy M.D. FACP, FACEP, FAEMS
Medical Director Anchorage Fire Dept
Affiliate Associate Professor
University of Alaska Anchorage WAAMI Health Sciences
Sobriety Patrols and Sobering Centers: Why?

- Anchorage FD 2016 Transports: 19,335
- Anchorage Safety Patrol 2016 Transports: 13,128
- Sobering Center intakes 2016: 16,327
- Therefore: ASP is second busiest transport service in Alaska!
Sobriety Patrols and Sobering Centers: How?

• Two D’s
  • Determination
  • Dollars
• Support by Statute
  • Ak: “Title 47”
Sobriety Patrols and Sobering Centers: Who?

- Define who is candidate for sobering
- Define who is not
- Is it a number?
- Is it a presentation?

Michael Levy MD
Protocol (abbreviated)

- Meets criteria for admission to Anchorage Safety Center (ASC) (incapacitated by drugs or alcohol)
- Able to ambulate with minimal assistance
- No other medical conditions needing higher level of care
- If BRAC > 350, then repeat every 30 minutes until decreasing
# AVERAGE BREATH ALCOHOL (BrAC)

<table>
<thead>
<tr>
<th>Intake Measure</th>
<th>All</th>
<th>Top 200</th>
<th>Top 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average BrAC</td>
<td>0.269</td>
<td>0.288</td>
<td>0.298</td>
</tr>
</tbody>
</table>

Data Compliments of Mark Lassard
<table>
<thead>
<tr>
<th>Intake</th>
<th># Clients</th>
<th>% of All Clients</th>
<th>% of All Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1,354</td>
<td>50.43%</td>
<td>8.30%</td>
</tr>
<tr>
<td>2 - 4</td>
<td>679</td>
<td>25.29%</td>
<td>10.67%</td>
</tr>
<tr>
<td>5 - 10</td>
<td>289</td>
<td>10.76%</td>
<td>12.32%</td>
</tr>
<tr>
<td>11 - 18</td>
<td>161</td>
<td>6.00%</td>
<td>20.52%</td>
</tr>
<tr>
<td>19 - 52</td>
<td>149</td>
<td>5.55%</td>
<td>22.05%</td>
</tr>
<tr>
<td>53 - 256</td>
<td>53</td>
<td>1.97%</td>
<td>26.14%</td>
</tr>
<tr>
<td>Total</td>
<td>2,685</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

* The "Top 202" client users (7.5% of all clients) represent 48.2% of all ASC intakes.
* The "Top 53" client users (1.97% of all clients) represent 26.14% of all ASC intakes.
### MEANS OF ARRIVAL & PLACE OF BIRTH

<table>
<thead>
<tr>
<th>How Arrived?</th>
<th>All Intakes</th>
<th>%</th>
<th>Place of Birth</th>
<th>All</th>
<th>Top 200</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASP Van</td>
<td>13,565</td>
<td>83%</td>
<td>Anchorage Bowl</td>
<td>592</td>
<td>36</td>
</tr>
<tr>
<td>APD</td>
<td>2,076</td>
<td>13%</td>
<td>Alaska (Not Anch)</td>
<td>1,439</td>
<td>143</td>
</tr>
<tr>
<td>Walk-In / Self</td>
<td>592</td>
<td>4%</td>
<td>Outside Alaska</td>
<td>654</td>
<td>21</td>
</tr>
<tr>
<td>Taxi, Citizen, Other</td>
<td>94</td>
<td>1%</td>
<td>Total</td>
<td>2,685</td>
<td>200</td>
</tr>
<tr>
<td>Total Arrivals</td>
<td>16,327</td>
<td>100%</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Compliments of Mark Lassard
Data Compliments of Mark Lassard
High Risk Lifestyle

- 2015: 42 non-sobering center deaths of clients
- 2016: 33 non-sobering center deaths of clients
Details: Monitors
People can die here!

People can drive off!
People can die here!

People can be raped here.
Conclusions

<table>
<thead>
<tr>
<th>Activity</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td># Anchorage Safety Patrol Calls Responded To</td>
<td>32,850</td>
<td>28,095</td>
<td>29,111</td>
<td>26,856</td>
<td>-8%</td>
</tr>
<tr>
<td># Anchorage Safety Patrol Van Transports</td>
<td>16,096</td>
<td>19,401</td>
<td>17,670</td>
<td>13,128</td>
<td>-26%</td>
</tr>
<tr>
<td># Anchorage Safety Center Intakes</td>
<td>26,518</td>
<td>25,531</td>
<td>22,326</td>
<td>16,327</td>
<td>-27%</td>
</tr>
<tr>
<td># Unduplicated Clients Served</td>
<td>3,397</td>
<td>3,288</td>
<td>3,242</td>
<td>2,685</td>
<td>-17%</td>
</tr>
<tr>
<td># Discharges to APD from Anchorage Safety Center</td>
<td>586</td>
<td>308</td>
<td>248</td>
<td>210</td>
<td>-12%</td>
</tr>
<tr>
<td># AFD 911 Responses to Anchorage Safety Center</td>
<td>74</td>
<td>181</td>
<td>173</td>
<td>197</td>
<td>14%</td>
</tr>
</tbody>
</table>

Data Compliments of Mark Lassard

Why you might need a patrol and sobering center
Conclusions

- Need to clearly define parameters for admission
- Need to clearly define repeat monitoring in facility
- Emergency plans with the center
- Personnel support with education and training and protocols
- Expect some misadventures
<table>
<thead>
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<th>Activity</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td># ASP Responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># ASP Transports</td>
<td>16096</td>
<td>19401</td>
<td>17670</td>
<td>13128</td>
</tr>
<tr>
<td># ASC Intakes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unique Clients Served</td>
<td>3397</td>
<td>3288</td>
<td>3242</td>
<td>2685</td>
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<tr>
<td>Discharges to APD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFD 911 to ASC</td>
<td>74</td>
<td>181</td>
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