RALPH M. TERRAZAS

March 28, 2018

BOARD OF FIRE COMMISSIONERS FILE NO. 18-040

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Board of Fire Commissioners

Ralph M. Terrazas, Fire Chief

SUBJECT: SOBRIETY EMERGENCY RESPONSE UNIT UPDATE

| FINAL ACTION: ——— Approved ——— Denied | Approved w/Corrections Received & Filed | Withdrawn Other |
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SUMMARY

On November 14, 2017, the Los Angeles Fire Department (LAFD) implemented the Sobriety Emergency Response Unit (SOBER Unit). This new, innovative resource is a public-private partnership that is funded by the Mayor's Innovation Fund under a 12 month pilot evaluating safety and efficacy. The SOBER Unit is staffed by an LAFD Firefighter/Paramedic (FF/PM), a Nurse Practitioner (NP), and a Case Worker. Both the NP and Case Worker are employees of Exodus Recovery, Inc., a local non-profit organization that runs the Sobering Center and several mental health urgent care centers in the county.

The SOBER Unit's mission is to medical evaluate public inebriates and if these patients are medically cleared in the field, they are transported directly to the Sobering Center, which is the downtown Los Angeles area. This enables these patients to be safely monitored in a non-hospital setting, thereby avoiding unnecessary ambulance transport, making paramedic ambulances more available, decreasing emergency department (ED) wall time, and affording the serial inebriate an opportunity to enter into a detox program and/or transitional housing.

RECOMMENDATION

That the Board: Receive and file.

FINDINGS

The SOBER Unit has been in service for 69 days as of the writing of this report. During this time. the SOBER Unit has attended to 252 patients, of whom 224 (89%) were medically cleared in the field and transported directly to the Sobering Center. Five patients were transported directly to the Exodus Mental Health Urgent Care Center, and two were transported to an ED. The SOBER Unit has averaged 3.7 patient transports

to the Sobering Center per 10-hour shift, with a range of 1-9. The average response time was 3:15 min, their average time on scene was 6:11 min, and the average patient transfer time at the Sobering Center was 26 min. There was 100% compliance by the SOBER Unit in following the medical clearance safety checklist.

The mean age of the patients was 47.5 years; 83% were male, and 90% were known to be homeless (including 10% known to be veterans). The mean length of stay at the Sobering Center was 11 hours. Eight patients were ultimately transported secondarily from the Sobering Center to an ED, all of whom were subsequently discharged from the hospital. There were no significant adverse effects of transport directly to the Sobering Center.

CONCLUSION

The SOBER Unit is a new, innovative field resource that provides a safe alternative to having paramedic ambulances transport public and chronic inebriates to EDs. Given the fact this is a public-private partnership further improves the cost-effectiveness of this resource. The collaboration between the LAFD, Department of Health Services, and Exodus Recovery has been extremely successful thus far. We are currently evaluating whether an alternate shift schedule will increase the operational efficiency of this resource.

Board Report prepared by Marc Eckstein, M.D., MPH, Medical Director, EMS Bureau Commander.