Joining Strengths:
Collaboration between SFFD, SFHOT and Sobering

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Objectives:

At the end of this presentation, the audience will be able to:

1) List three benefits for incorporating the Emergency Medical System into plans of care for individuals experiencing homelessness.

2) Describe the roles of the Sobering Center, EMS-6 and HOT team in this type of collaborative model.

3) List three potential barriers to implementation of this innovative model.
San Francisco Sobering Center

- Program of the SF Department of Public Health (SF DPH).
- Started in 2003 in conjunction with Hospital Council.
- Mission: The mission of the San Francisco Sobering Center is to provide safe, short-term sobering and care coordination for acutely intoxicated adults in San Francisco.
- Goals: 1) Reduce inappropriate use of emergency department resources. 2) Decrease the inappropriate use of ambulance transports for acutely intoxicated individuals. 3) Increase care coordination for chronic inebriates.
- 24/7 Nurse-led program
- 12 beds (8 male, 4 female)
- Two on-site social workers, Part-time NP (June 2017)
Sobering Center: Encounters and Clients

- Referral sources include: EMS, EDs, Police, Case Management, Clinics, walk-in
- Total encounters since 2003 = over 51,000 at this point
- Total unduplicated clients = over 12,000 individuals
- Total admissions from EMS/ambulance directly (avoiding the ED altogether) = over 15,000 encounters
- 1% of total High Utilizer Clients make up 29% of total encounters.
San Francisco Fire Department (SFFD)

- EMS-6 program started in January 2016 to provide linkage to non-emergent services for frequent EMS users.
- SFFD paramedic captains (2 FTE) work in conjunction with SFHOT (Homeless outreach team) outreach workers.
- 1 SFFD Paramedic captain and 1 SFHOT outreach worker, 12-hour shifts, 7 days/wk
- Target: High utilizers of EMS system
- Criteria: >4 calls/month or >2 calls/day or “Super Users” >10 calls/year
EMS-6: Encounters and Clients

- Complex interactions and lengthy encounters.
- Mobile team responds to 911 incidents involving high utilizers and super users.
- SFHOT outreach specialist component provides temporary care coordination and linkage to services.

<table>
<thead>
<tr>
<th>Total Number of EMS-6 Encounters in 2016 (1/26/16-1/26/17)</th>
<th>2244</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily Average # of Encounters</td>
<td>7 encounters/watch</td>
</tr>
<tr>
<td>Total Clients to Date</td>
<td>467</td>
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San Francisco Homeless Outreach Team (SFHOT)

- Collaboration between the SF Department of Public Health, Human Services Agency, SF Public Library and the non-profit, Public Health Foundation Enterprises (PHFE).
- Small teams work to engage and stabilize the most vulnerable and at risk homeless individuals and to help prevent harmful effects of homelessness.
- Includes street outreach, case management, public library outreach and collaboration with DPH Street Medicine and Shelter Health teams.
- Two SFHOT Outreach Specialists (2 FTE) are part of the EMS-6 team.
Collaboration

- Data shows alcohol use highly correlated with EMS encounters.
- Collaboration began Jan 2016. Includes Sobering RNs and LCSWs, SFFD Paramedics and SFHOT Outreach Specialists.
- Three teams (Sobering Center, EMS-6 and SFHOT) incorporate basic medical services, substance use services, intensive case management and street outreach.
- Teams remain in daily contact with each other and mutual clients.
- Direct implementation of care plans, weekly small team meetings and participation in bi-monthly city meetings.
- 15-20 clients engaged in collaborative care.
- **KEY**: Incorporating EMS into plans of care for disconnected clients.
Successes

- Case Studies (1-4)
- Increase in connections to chronic care management, detoxification and other substance use services; move-ins to permanent supportive housing.
- Decrease in use of emergency services.
- Relationships bridged between SFFD and DPH.
- Real-time collaboration between teams.
- Access to DPH Street Medicine Team.
- Multi-disciplinary
- Significant positive outcomes for some of the most disconnected clients.
- This model works because clients receive wrap-around services where they are most frequently seen (Ambulance and Sobering Center).
Limitations

- 24/7 services not available through EMS-6 (12pm – 12am only)
- Limited transport capabilities (taking clients to appts, quick discharge from ED to Sobering, etc).
- Difficult access to treatment programs.
- Limited detox beds.
California State Community Paramedicine Pilot Project

- Increased the collaboration between EMS and Sobering.
- Accepted to California EMSA/OSHPD pilot project beginning of 2017.
- Sobering Center became official alternative destination.
- 10 Community Paramedics trained.
- Part of state-wide effort to advance pre-hospital care.
Questions?

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