# County of Santa Cruz

**HEALTH SERVICES AGENCY**

**Emergency Medical Services**

1800 Green Hills Rd., Suite 240, Scotts Valley, CA 95066

Phone:(831) 454-4120 TDD/TTY: Call 711


## EMERGENCY MEDICAL CARE COMMISSION

## MINUTES

## April 15, 2024 9:00am – 10:23am

**COMMISSIONERS:**

| | | | |
|---|---|---|---|
| | *Open Position, M. Koenig, Dist. 1* | X | Chris Clark, Law Enforcement |
| X | Celia Barry, Z. Friend, Dist. 2 – CO-CHAIR | X | Jason Nee, Fire Chief's Assoc. – CO-CHAIR |
| X | Dr. Marcus Kwan, J. Cummings, Dist. 3 | | Eric Conrad, Dominican Hospital |
| | *Open Position, F. Hernandez, Dist. 4* | | *Open Position, Watsonville Hospital* |
| X | Dr. Arnold Leff, B. McPherson, Dist. 5 | X | Jeremy Boston, AMR |
| X | Dr. Marc Yellin, Medical Society | | *Open Position, Consumer Rep.* |
| | *Open Position, Field Rep.* | | |

X = in person attendance
R = remote attendance

**COUNTY STAFF:**

| | | | |
|---|---|---|---|
| X | Greg Benson, EMS Director | X | Dr. David Ghilarducci, Medical Director |
| X | Claudia Garza, Sr. Dept. Admin. Analyst | X | Shelley Huxtable, Office Assistant III |
| X | Dr. Lisa Hernandez, Medical Services Director, Health Officer | | Anna Sutton, Director of Nursing |
| X | Emily Chung, Director of Public Health | | |

**ITEM:**

**1.** Meeting was called to order at 9:05am and a Quorum was established by Commissioner Nee.

**2. Review/Correct Agenda –** Approved, motion made by Commissioner Barry, Seconded by Commissioner Boston.

**3. Written Correspondence** – Commissioner Leff would like to add to the Fentyanyl discussion, has a 3 page article. Commissioner Nee recommended he submit it as an agenda item for the next meeting in June.

**4. Oral Communications** – None.

**5. Dominican Hospital Cardiac Program Changes –** Jerry Souza, Director of Cardiac Services at Dominican introduced the new Director of ED, Patrick King and presented on the new Cardiac Accreditation (see attached presentation).

**6. Fentanyl Crisis Team & New Sobering Center Updates** – Commissioner Clark, Santa Cruz County Under-Sheriff and Amber Williams, CEO of Janus. (see attached presentations)

**7. Program Updates:**

**A. Covid-19/Flu/RSV Update and Prehospital Advisory Committee Updates, Dr. David Ghilarducci** – Covid – currently not a lot of testing. Seasonal illnesses are the norm right now. We have vaccines for RSV an flu, which are great options to help avoid getting these illnesses.
Shigella outbreak in the unhoused population has ended.
Syphilis outbreak in South County has ended.
Commissioner Yellin asked about measles – some schools not requiring immunization. If it hits, it could be a big issue.

**B. EMS Administrator Report, Greg Benson** – EMS was supporting the outbreaks in the community.
2023 contract compliance is 1 month out.
Handtevy is has been introduced to the providers, so far so good.
Fire agencies would like Lucas devices on more engines, which is in the works.
First Watch compliance data is not being used to the fullest extent. Discussions with SCHIO, Chiefs are interested. Must be data-driven.
Active Shooter Training in July, ordering new devices for a more realistic training.
MRSE exercise for hospitals next month will be a simulated 20% surge hitting hospitals to see how they would handle a real surge.

**C. ET3 and Innovator Report, Jeremy Boston** – ET3 to be removed from agenda, this program has ended.
New Innovator has been hired, Jessica Seaton and we are working with bring her up to speed.
Interviewing next week for Brad Cramer replacement, who has left AMR Santa Cruz for a position nationally with AMR.

**D. Behavioral Health Update, Dr. Marc Yellin –** To be removed from agenda due to Dr. Yellin's retirement.

**8. Proposed Agenda Items for next EMCC meeting –**
Wall times.

**9. Adjournment** – Meeting adjourned at 10:23am.


Dominican Santa Cruz Hospital

# Cardiac Accreditation

## The Joint Commission & AHA

April 15th , 2024

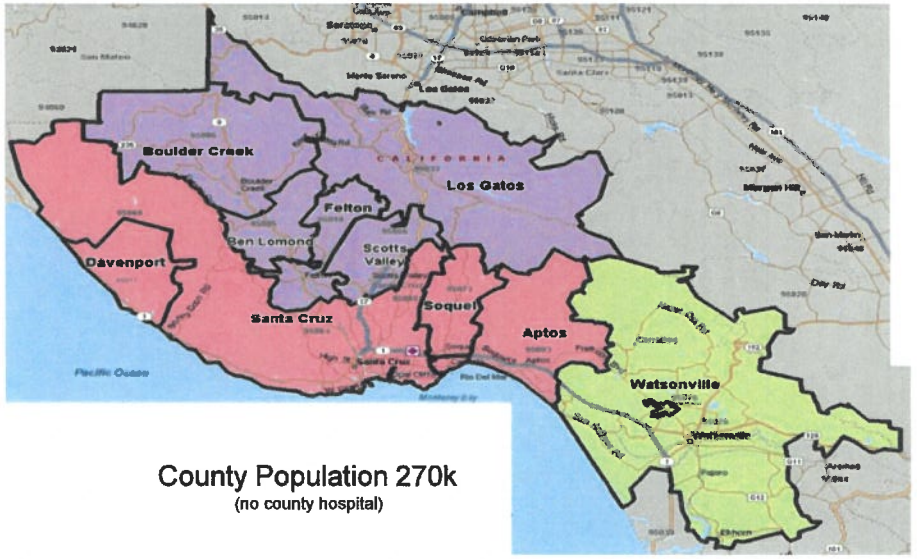
*"How wonderful it is that nobody need wait a single moment before starting to improve the world."*

Anne Frank

CommonSpirit

# Vital Statistics

- 80+ years of service
- Licensed Acute-beds: 222
- Employees: 1,560
- Active Medical Staff: 520
- Emergency Department Beds: 24
- Cardiac Services:
  - 8 Cardiologists (4 IC, 4 gen)
  - 1 Cardiac Surgeon & CV Surgical Team
  - 5th year co-management (pending)
  - 330 PCI
  - Primary PCI (STEMI) 100/yr (designated receiving for county)
  - Cath Labs – 2 plus Hybrid
  - Structural Heart
  - CRM (EP in planning)
  - ECMO
  - AHA GWTG Stroke, Heart Failure & CAD
  - Joint Commission Stroke & Chest Pain (transitioning to PHAC)




County Population 270k
(no county hospital)

# Cardiovascular Services Quality

1. The Society of Thoracic Surgeons
   - Adult Cardiac Surgery
   - CABG / AVR / MVR(r)

2. American College of Cardiology
   - PCI
   - TAVR
   - TEER

3. American Heart Association
   - Stroke
   - Heart Failure

4. The Joint Commission on Hospital Accreditation
   - Chest Pain
   - Stroke

1. Intersocietal Accreditation Commission
   - Echo Cardiography

6. Society for Vascular Surgery - VQI
   - Carotid Stenting
   - Transcarotid artery revascularization (TCAR)

6. American Association of Cardiac & Pulmonary Rehabilitation
   - Cardiac Rehab
   - Pulmonary Rehab

7. Extracorporeal Life Support Organization
   - ECMO

8. Common Spirit
   - BOST PCI risk standardized mortality
   - Procedural Collaboratives
   - Operational Performance Review
   - DSCH QIC
   - Centers of Excellence
     i. MVr
     ii. PCI
     iii. iCABG

The Joint Commission on Hospital Accreditation

The Joint Commission partnered with the American Heart Association (AHA) to develop a variety of cardiac certifications within a complete cardiac system of care.

# Primary Heart Attack Center (PHAC)

**The AHA – designed a Coronary Artery Disease (GWTG-CAD) registry to support acute myocardial infarction (AMI), CAD and chest pain quality improvement activities**

Circulation
Volume 144, Issue 20, 16 November 2021; Pages e310-e327
https://doi.org/10.1161/CIR.0000000000001025

AHA POLICY STATEMENT

**Systems of Care for ST-Segment–Elevation Myocardial Infarction: A Policy Statement From the American Heart Association**

## Recommended Levels of Care

| Heart attack level | AHAR hospital | PHAC | CHAC |
|---|---|---|---|
| Alternative name of heart attack level | Level III | Level II | Level I |
| Designation characteristics | 24/7/365 STEMI referring hospital | 24/7/365 PCI capable | 24/7/365 STEMI receiving center: cardiac surgery on site, cardiogenic shock, advanced hemodynamic support, OHCA support |
| Annual PCI volume (institutional), n‡‡ | NA | ≥150 | ≥400 |
| Annual primary PCI institutional volume, n‡ | NA | ≥36 | ≥36 |
| Annual PCI volume (provider), n‡ | NA | ≥50 | ≥50 |

# PHAC Performance Metrics

1. PHAC arrival-to-12 lead ≤ 10 minutes
2. PHAC arrival-to-PCI ≤ 90 minutes
3. PHAC EMS first medical contact-to-PCI ≤ 90 minutes
4. AHAR transfer – WCH arrival contact-to-PCI ≤ 120 minutes (extended transport > 45 minutes = DSCH arrival-to-PCI ≤ 30 minutes)

The Joint Commission
American Heart Association
CERTIFICATION
Primary Heart Attack Center

# PHAC Implementation Tactics

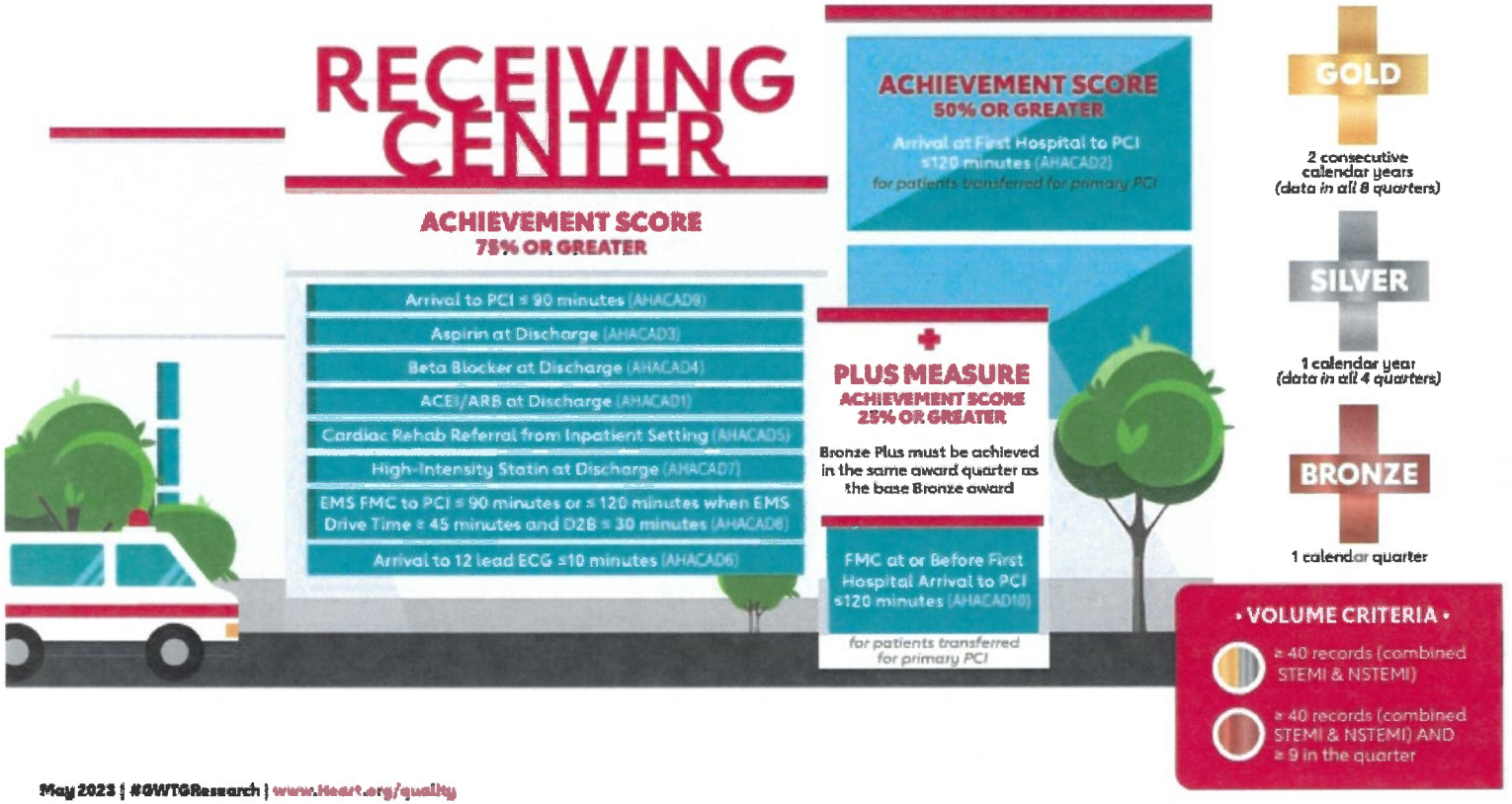
1. Initiated AHA CAD registry contracts and connectivity
2. Set up abstraction team for TJC & CAD AHA criteria
3. Populated CAD cases for TJC DOS 07/01/2023 & AHA DOS 01/01/2023
4. Introduced PAHC & GWTG requirements to Dominican's administration, cardiovascular leaderships & QIC
5. Introduced PHAC certification, data requirements and goals to Watsonville hospital
6. Introduced PHAC certification, data requirements and goals to LEMSA and the EMCC

American Heart Association.
Get With The Guidelines.
Coronary Artery Disease

2024
HOSPITAL RECOGNITION CRITERIA
(based on 2023 data)

American Heart Association.
Mission:Lifeline

# MISSION: LIFELINE STEMI RECEIVING CENTER

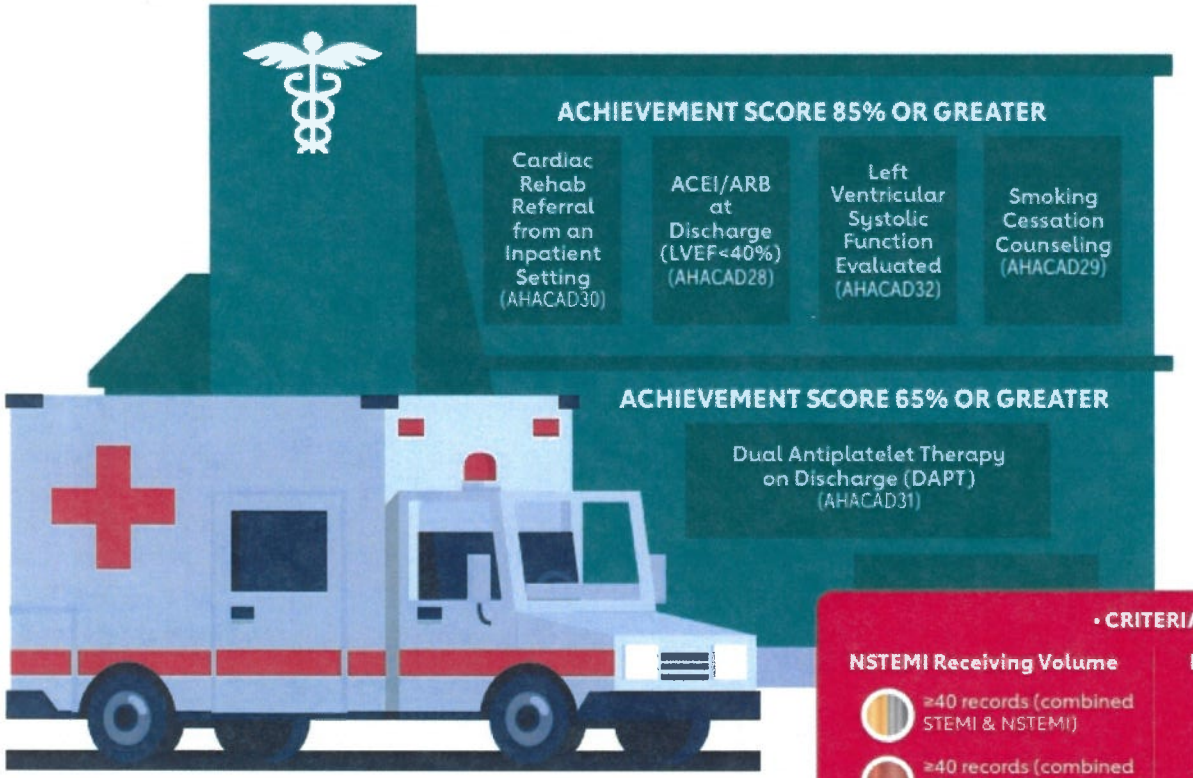


American Heart Association.
Get With The Guidelines.
Coronary Artery Disease

2024
HOSPITAL RECOGNITION CRITERIA
*(based on 2023 data)*

American Heart Association.
Mission:Lifeline

# MISSION: LIFELINE NSTEMI



**ACHIEVEMENT SCORE 85% OR GREATER**

- Cardiac Rehab Referral from an Inpatient Setting (AHACAD30)
- ACEI/ARB at Discharge (LVEF<40%) (AHACAD28)
- Left Ventricular Systolic Function Evaluated (AHACAD32)
- Smoking Cessation Counseling (AHACAD29)

**ACHIEVEMENT SCORE 65% OR GREATER**

- Dual Antiplatelet Therapy on Discharge (DAPT) (AHACAD31)

**GOLD**
2 consecutive calendar years *(data in all 8 quarters for NSTEMI Receiving Centers)*

**SILVER**
1 calendar year *(data in all 4 quarters for NSTEMI Receiving Centers)*

**BRONZE**
1 calendar quarter

**• CRITERIA •**

| NSTEMI Receiving Volume | NSTEMI Referring Volume |
|---|---|
| ≥40 records (combined STEMI & NSTEMI) | ≥2 NSTEMI records |
| ≥40 records (combined STEMI & NSTEMI) AND ≥9 in the quarter | ≥1 NSTEMI records |

American Heart Association
Mission:Lifeline
EMS

2024
# EMS RECOGNITION CRITERIA
**(based on 2023 data)**


The American Heart Association is excited to continue recognizing EMS agencies for applying the most up-to-date evidence-based treatment guidelines to improve care and outcomes in the communities they serve.

Prehospital personnel are the first providers of care to patients suffering from cardiac emergencies. The role of EMS in the system-of-care for these patients is crucial and often sets the course for the patient's outcome.

For additional Mission: Lifeline EMS Recognition information, please visit www.heart.org/missionlifeline or email MissionLifeline@heart.org.

## Mission: Lifeline EMS Award

| | |
|---|---|
| **AHAEMS1** | Pre-arrival notification for suspected stroke |
| **AHAEMS2** | Documentation of last known well for patients with suspected stroke |
| **AHAEMS3** | Evaluation of blood glucose for patients with suspected stroke |
| **AHAEMS4** | Stroke Screen Performed and Documented |
| **AHAEMS5** | 12-lead ECG performed within 10 minutes for suspected heart attack |
| **AHAEMS6** | Aspirin administration for STEMI-positive ECG |
| **AHAEMS7** | Pre-arrival notification ≤ 10 minutes for STEMI positive ECG |

**Volume Criteria:** At least 4 patients for the calendar year (>1 STEMI patient and >1 Stroke Patient)

## Mission: Lifeline System of Care Target Heart Attack Award

| | |
|---|---|
| **AHAEMS8** | EMS First Medical Contact (FMC) to PCI ≤ 90 minutes for Patients with STEMI |
| **AHAEMS9** | Door to Thrombolytic Administration ≤ 30 minutes for Patients with STEMI |

**Volume Criteria:** At least 4 STEMI patients for the calendar year

**AWARD LEVELS**

**GOLD**
Aggregated annual compliance of ≥75% for all required measures and Silver or Gold award in 2022

**SILVER**
Aggregated annual compliance of ≥75% for all required measures

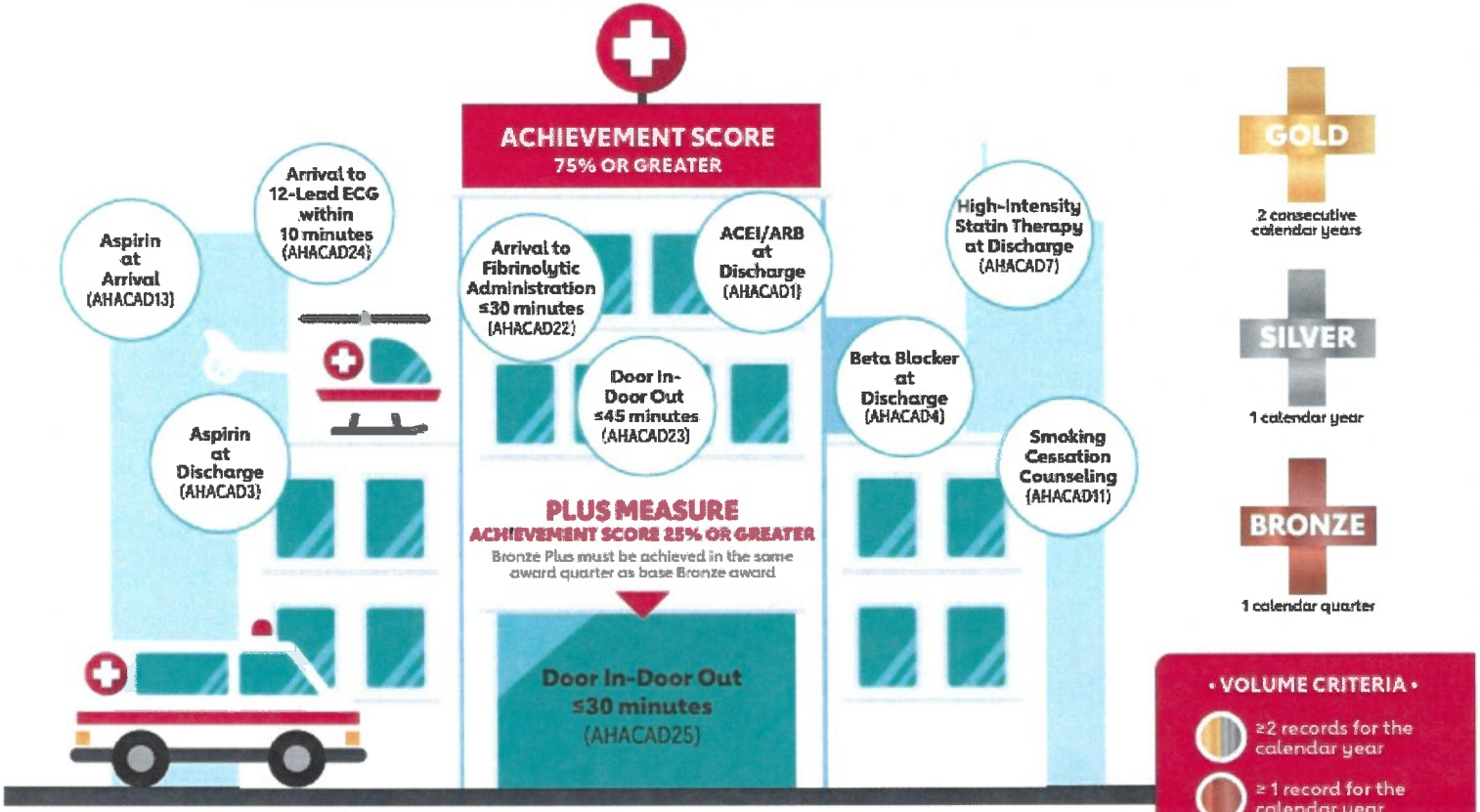
**BRONZE**
At least one calendar quarter of compliance ≥75% for all required measures

American Heart Association.
Get With The Guidelines.
Coronary Artery Disease

2024
HOSPITAL RECOGNITION CRITERIA
(based on 2023 data)

American Heart Association.
Mission:Lifeline

# MISSION: LIFELINE STEMI REFERRING HOSPITAL




**GOLD**
2 consecutive calendar years

**SILVER**
1 calendar year

**BRONZE**
1 calendar quarter

**• VOLUME CRITERIA •**
- ≥2 records for the calendar year
- ≥ 1 record for the calendar year

May 2023 | #GWTGResearch | www.Heart.org/quality

Dominican Santa Cruz Hospital

# Cardiac Accreditation

The Joint Commission

American Heart Association

CERTIFICATION

Primary Heart Attack Center

# Thank You!

# Updated Overview of Acute Drug-Related Deaths in 2022-2023

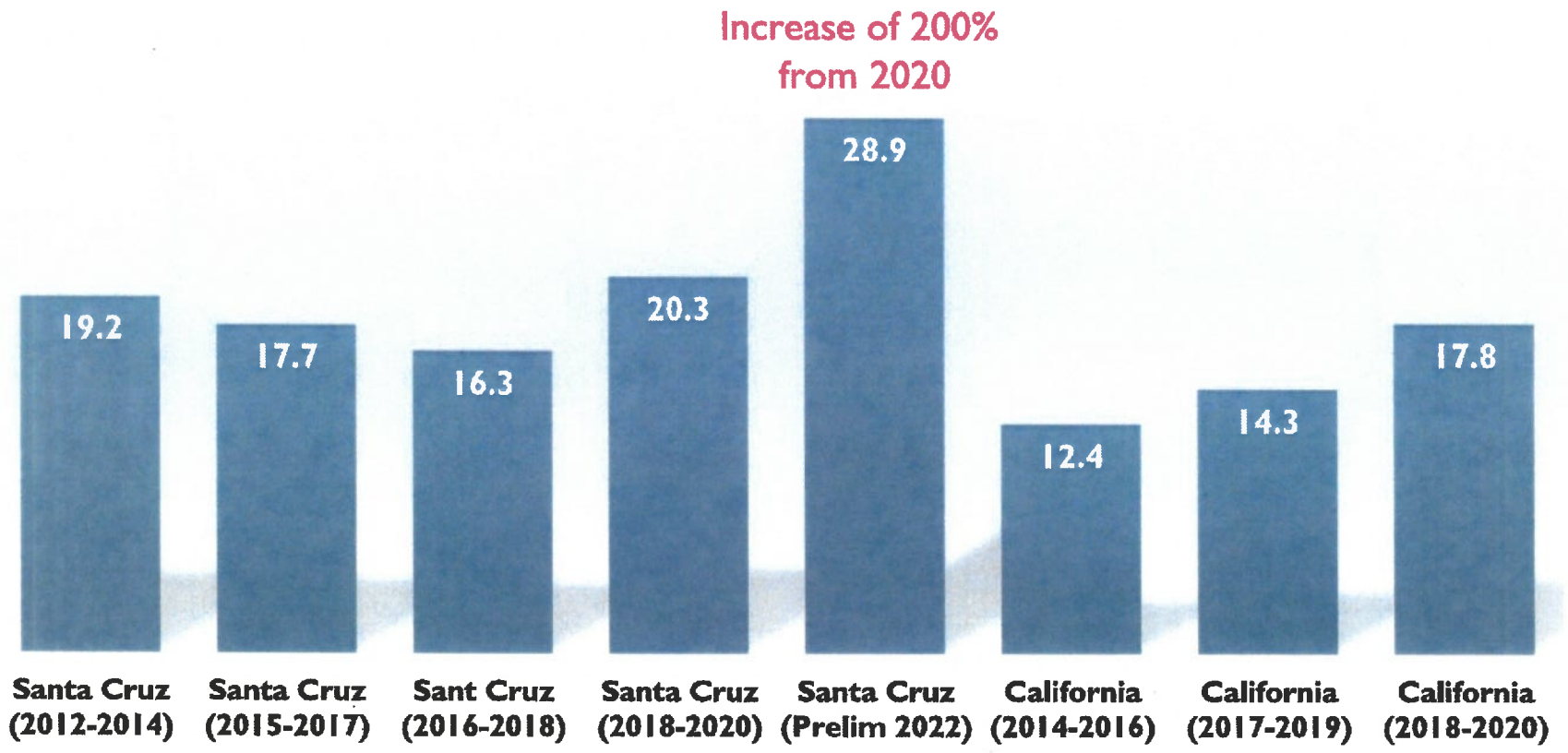
**January 9, 2024**

**Stephany Fiore, MD**
**Santa Cruz County Sheriff-Coroner's Office**

# Santa Cruz County's Health Profile 2021

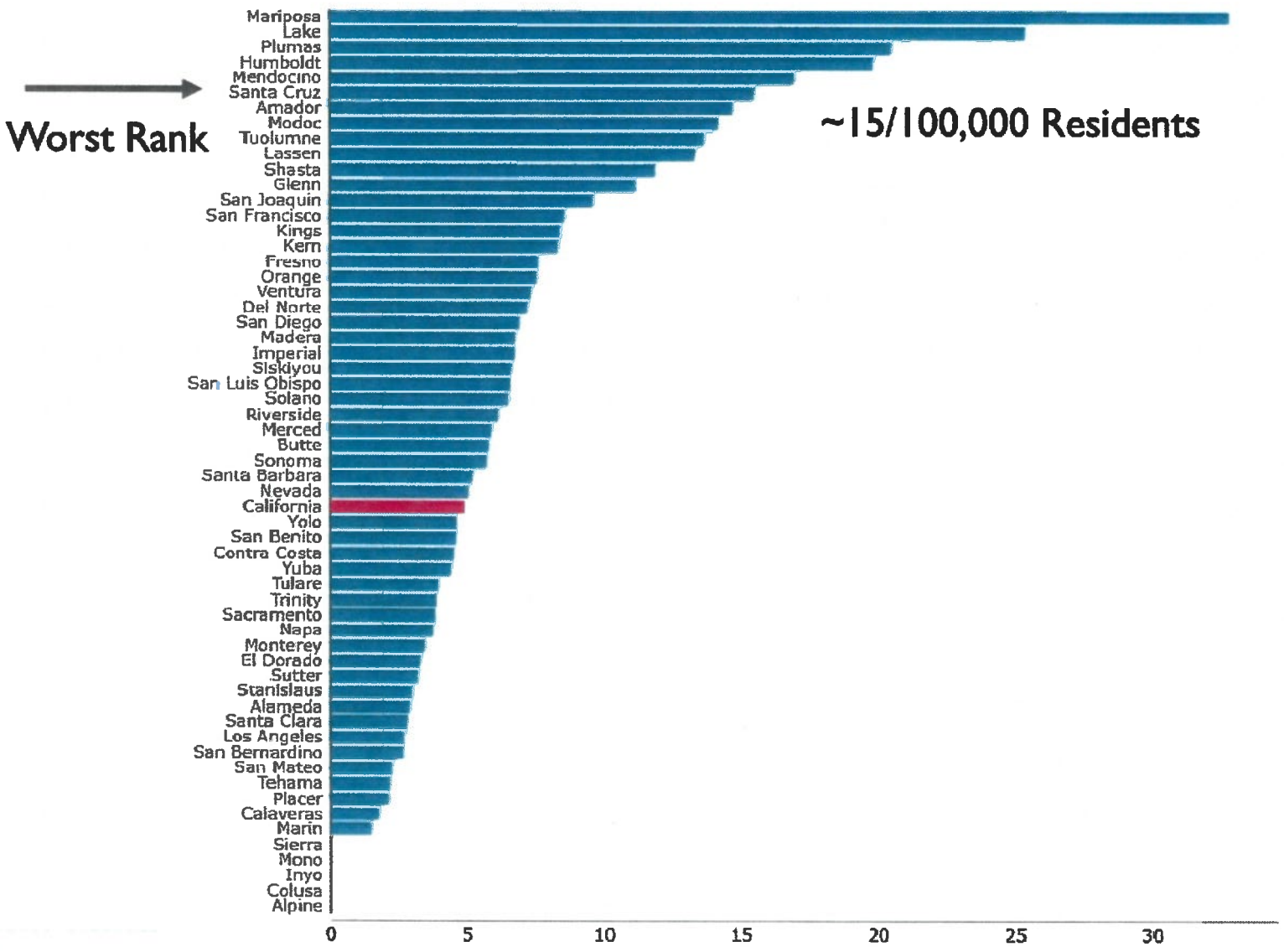
California Department of Public Health Data

## Opioid Death Rates
## Age-Adjusted Rate per 100,000 Residents



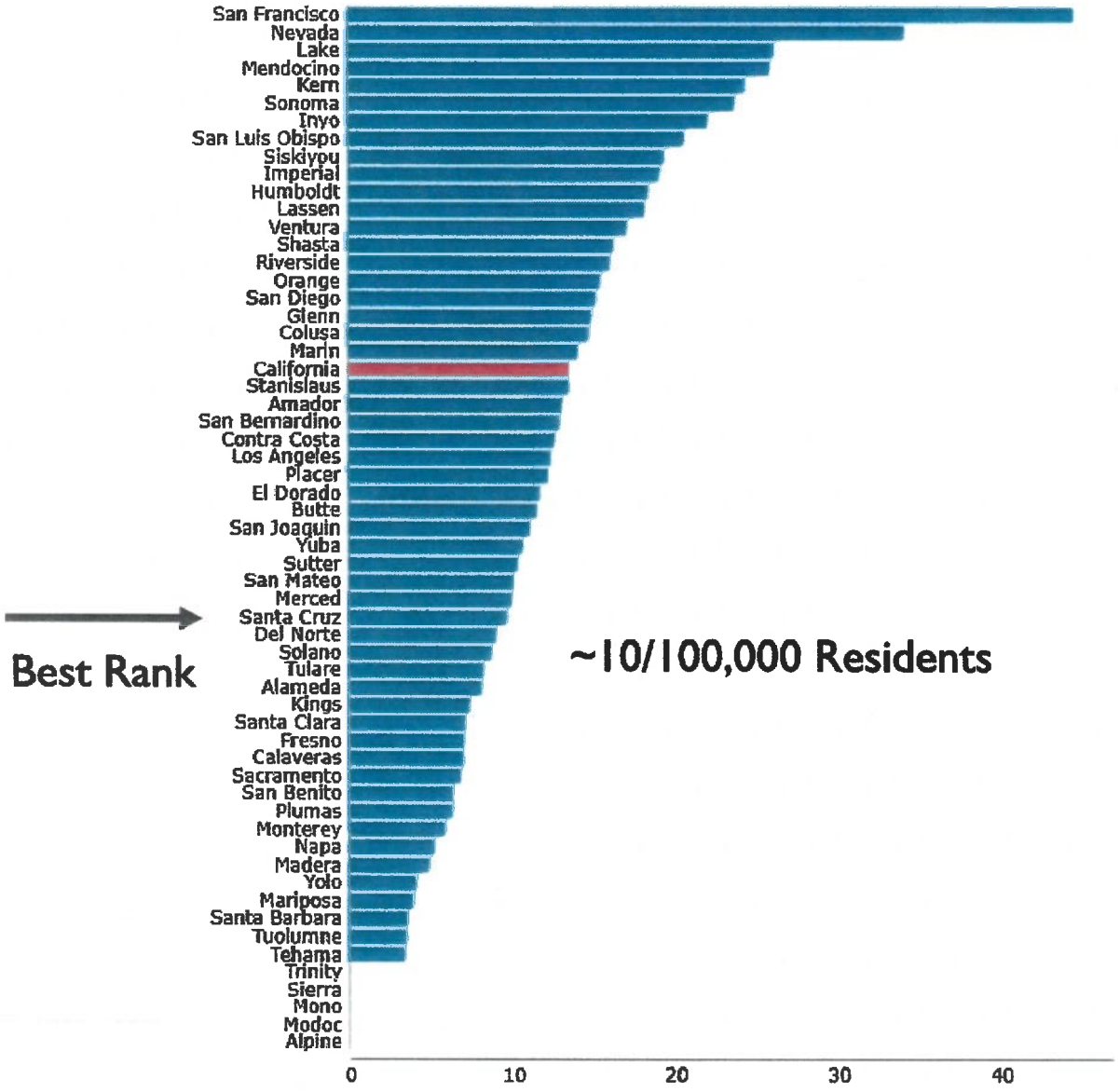
# California Opioid Dashboard – 2014

## Any Opioid-Related Overdosage – Total Population
## Age-Adjusted Rate per 100,000 Residents



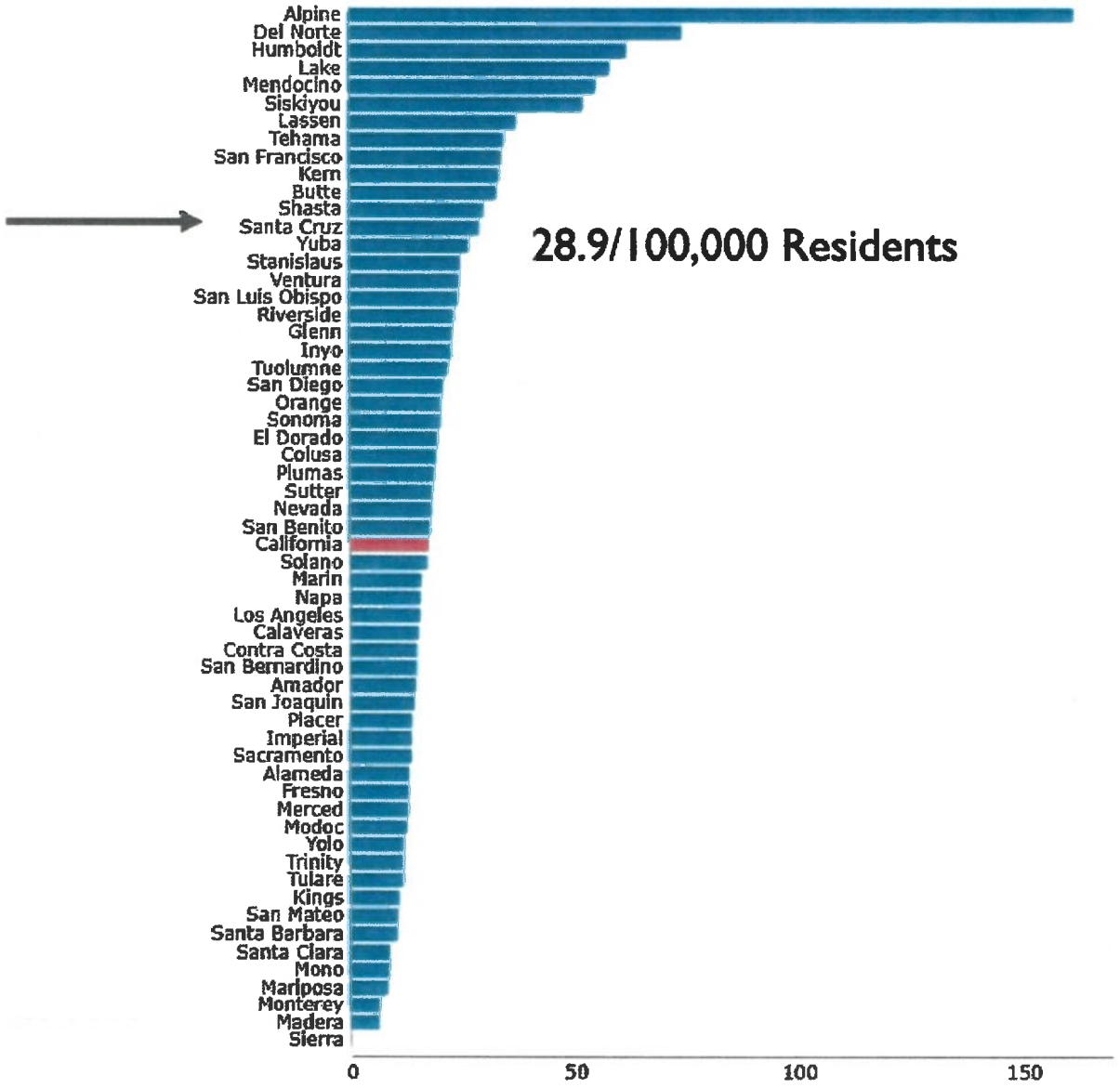
# California Opioid Dashboard – 2020

## Any Opioid-Related Overdosage – Total Population
## Age-Adjusted Rate per 100,000 Residents

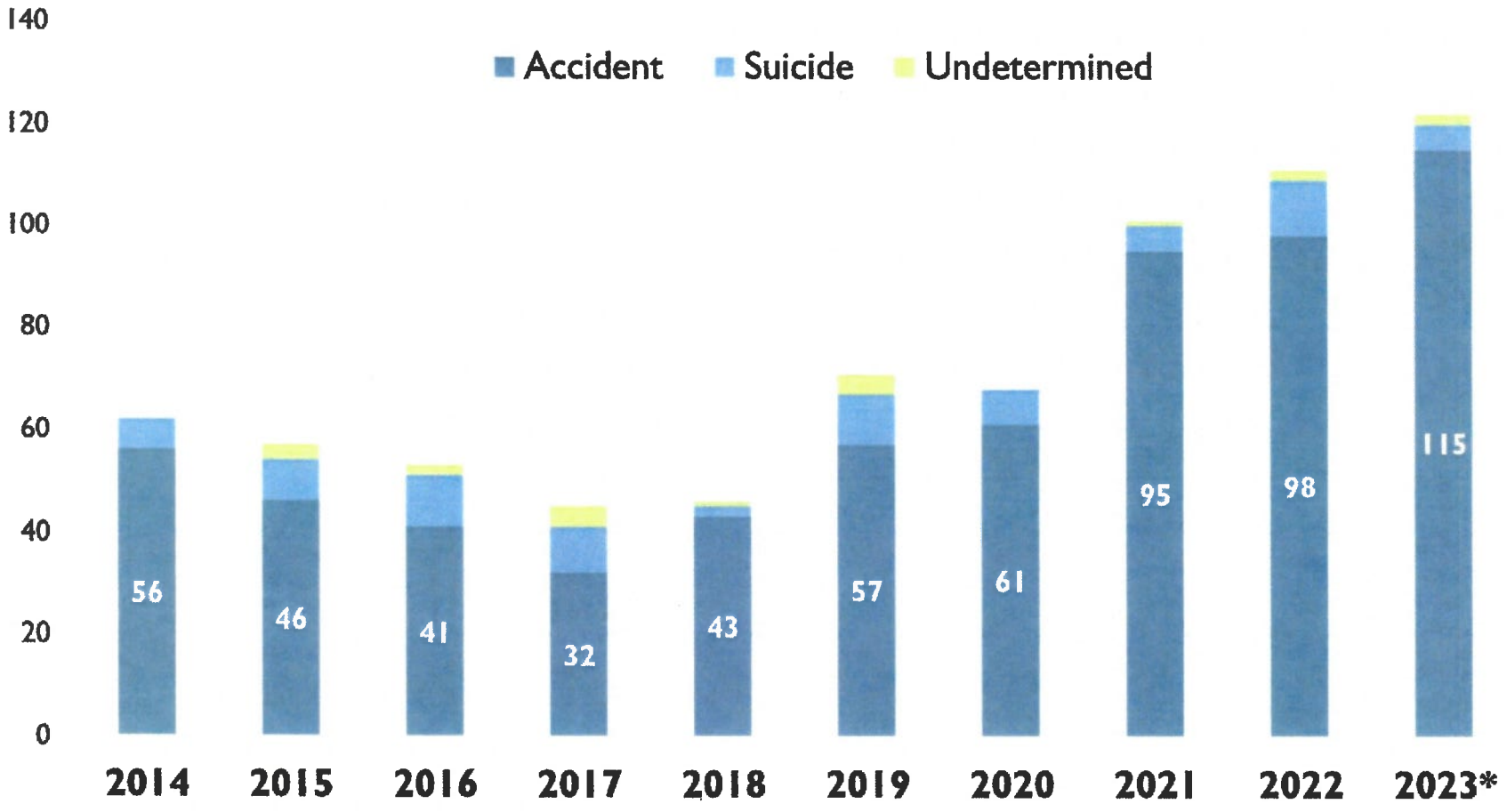


# California Opioid Dashboard – 2022 (prelim)

## Any Opioid-Related Overdosage – Total Population
## Age-Adjusted Rate per 100,000 Residents

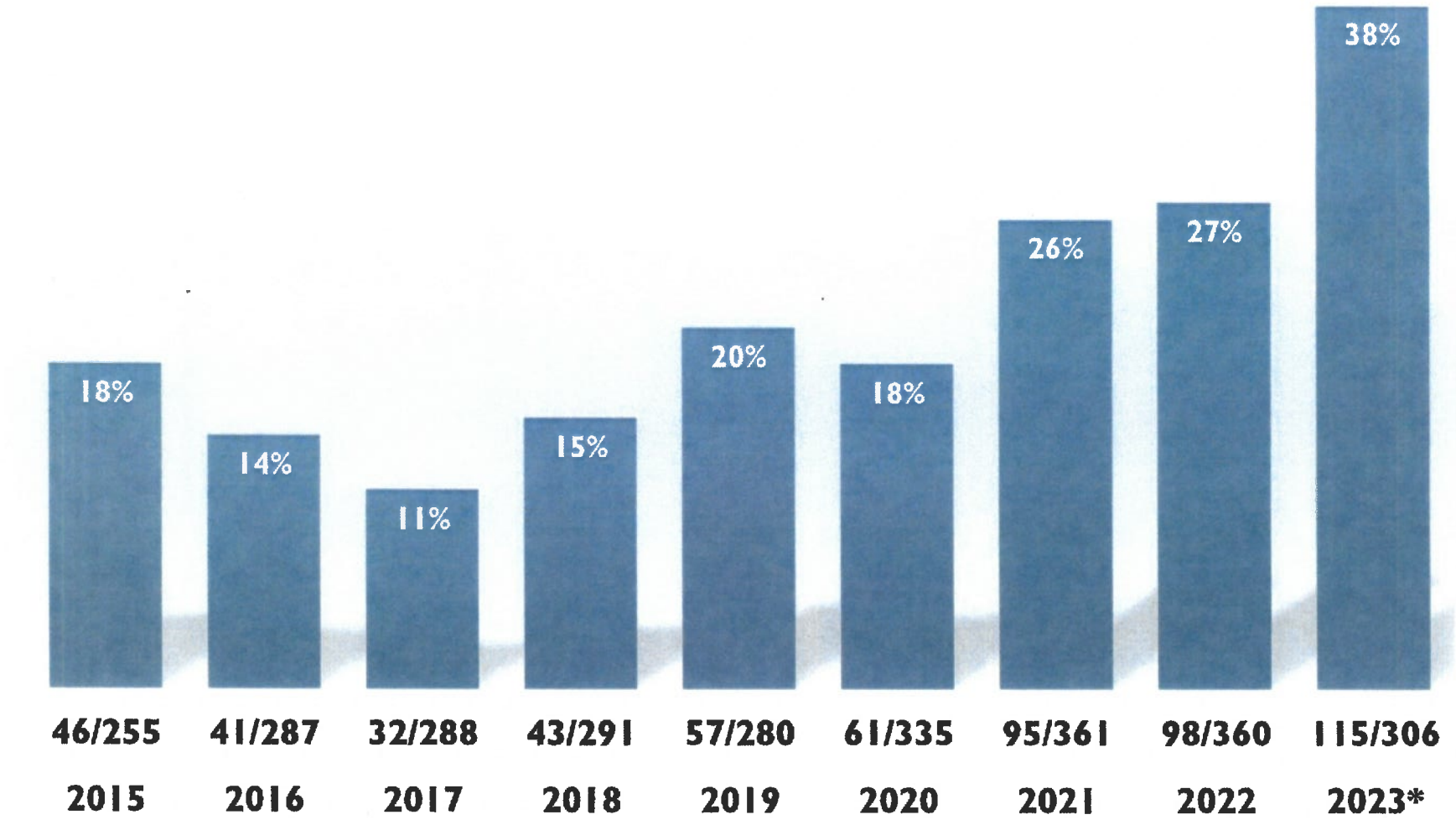


# Acute Drug-Related Deaths per Year by Manner of Death



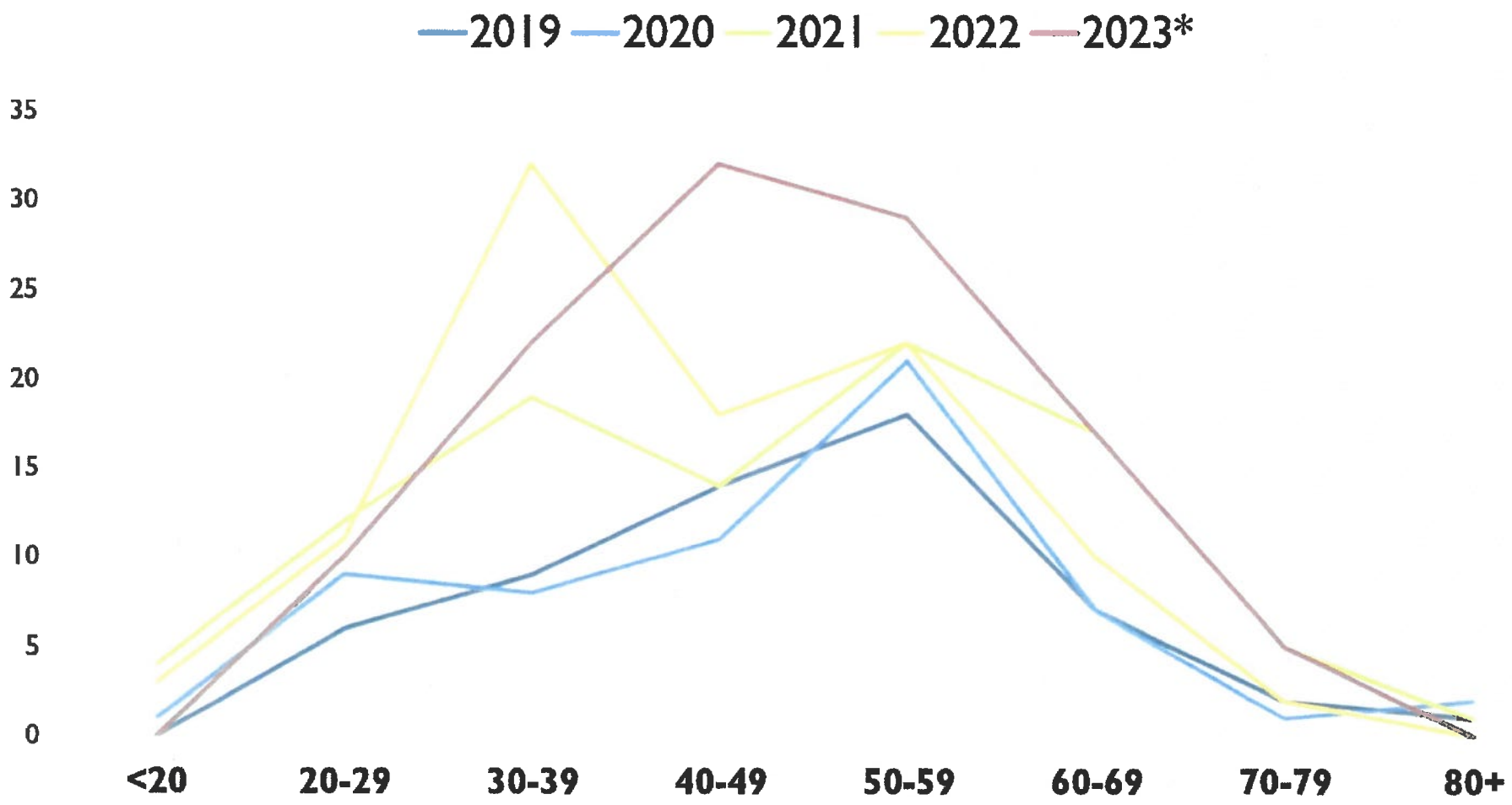

*Data collected: Jan-Oct

# Accidental Drug Deaths Per Case Load



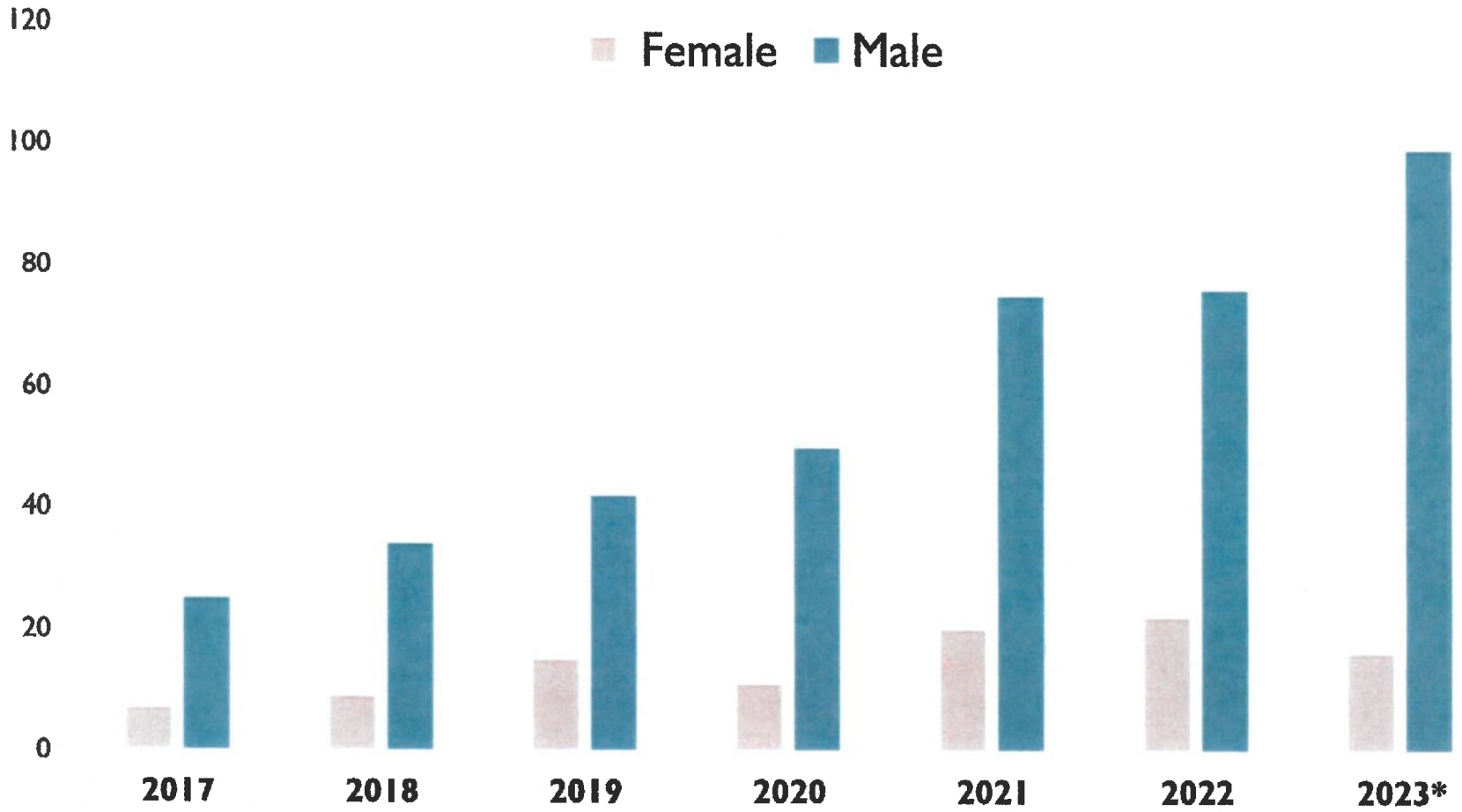

*Data collected: Jan-Oct

# Accidental Drug Deaths by Age



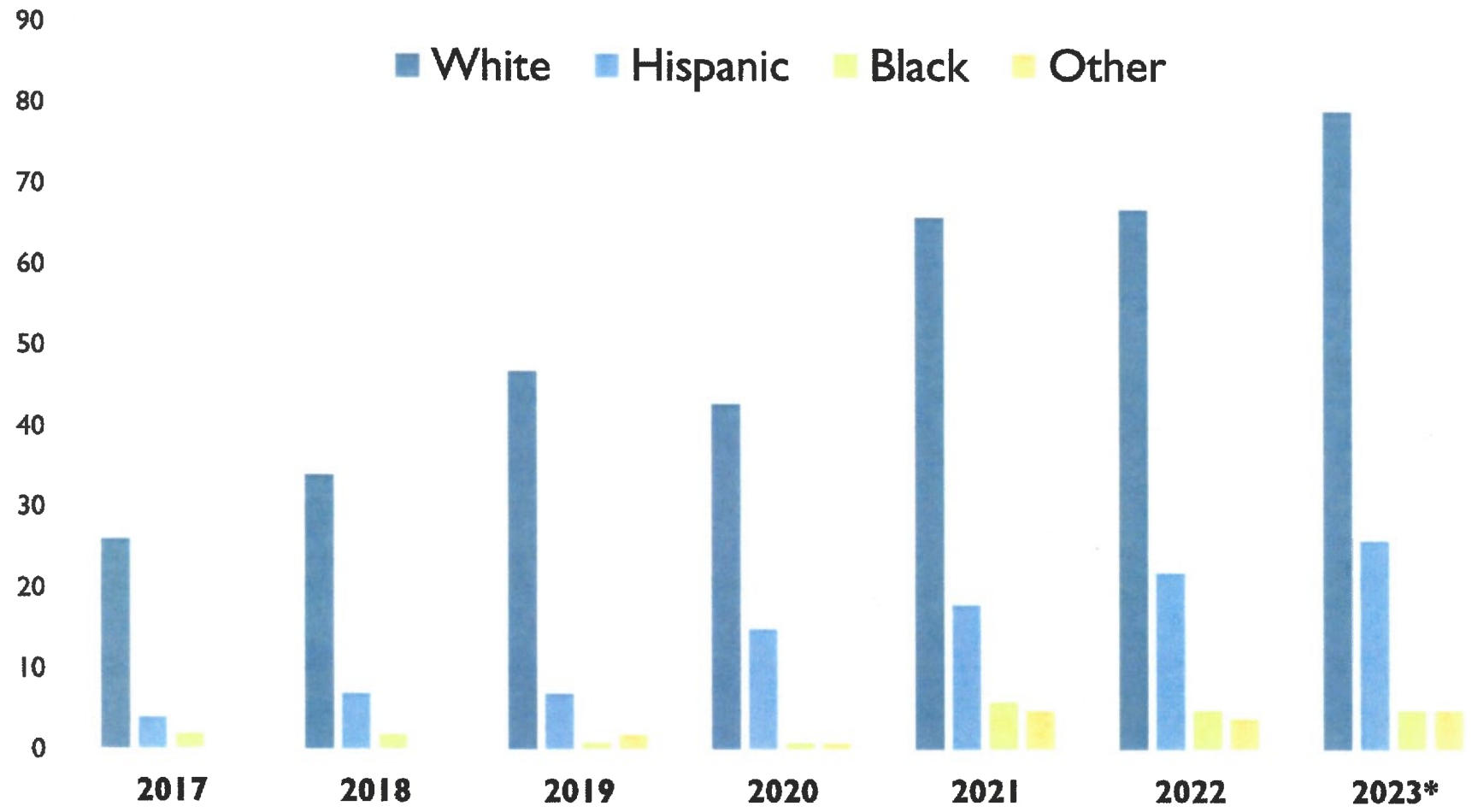

*Data collected: Jan-Oct
Youngest in 2022: 18 years old, plus 2 stillborns

# Accidental Drug Deaths by Gender



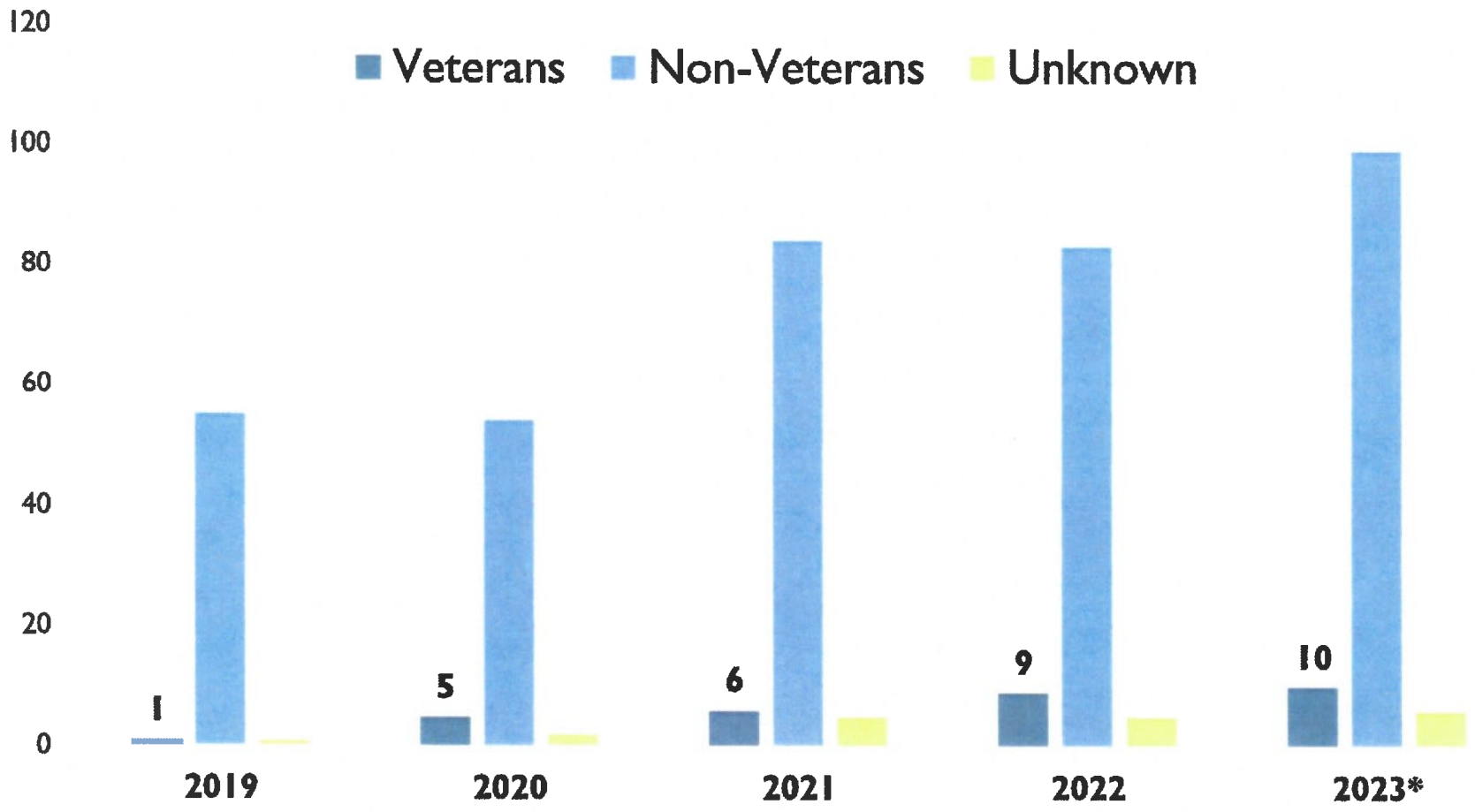

- *Data collected: Jan-Oct

# Accidental Drug Deaths by Race



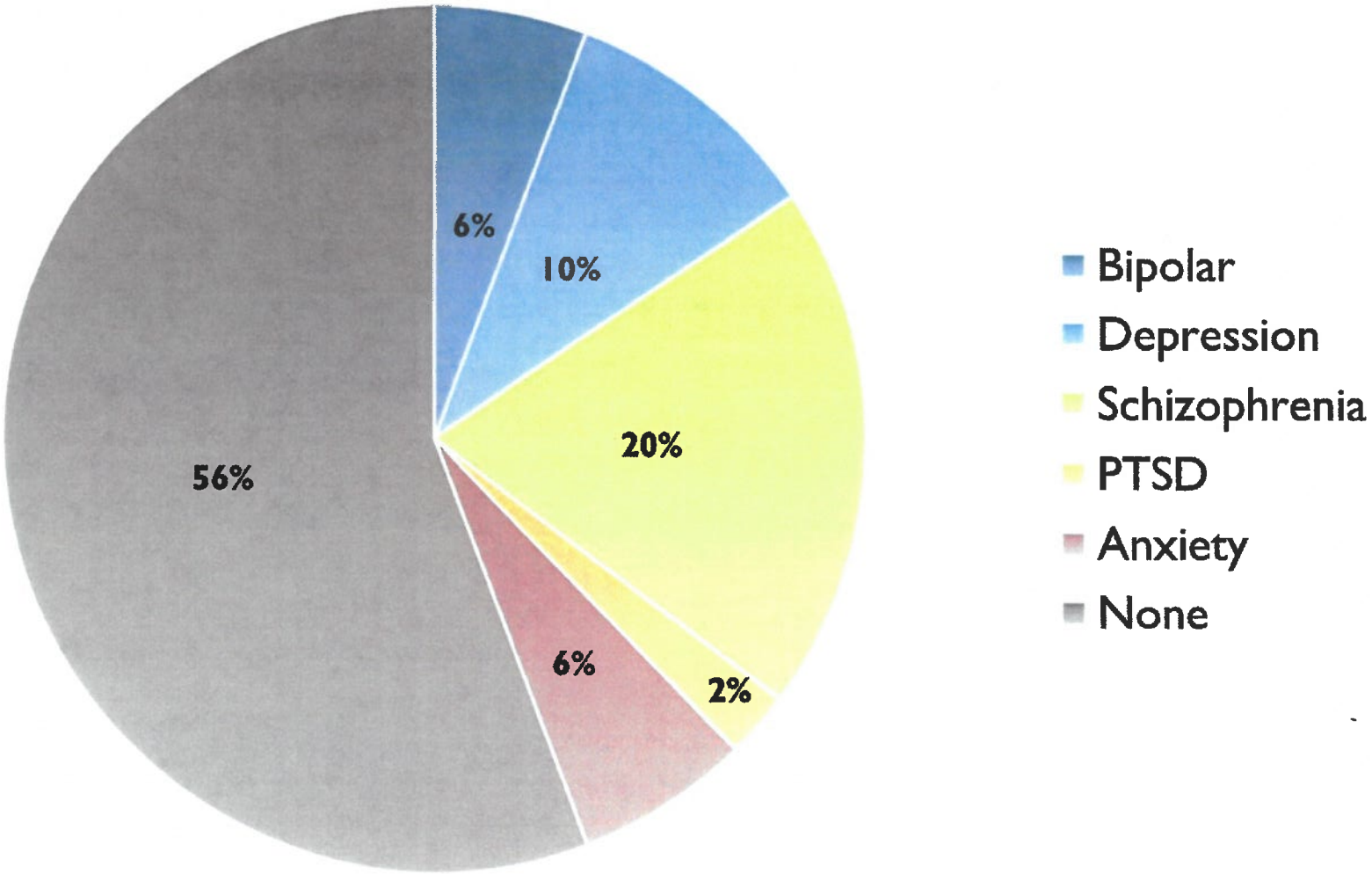

- *Data collected: Jan-Oct

# Accidental Drug Deaths of Veterans



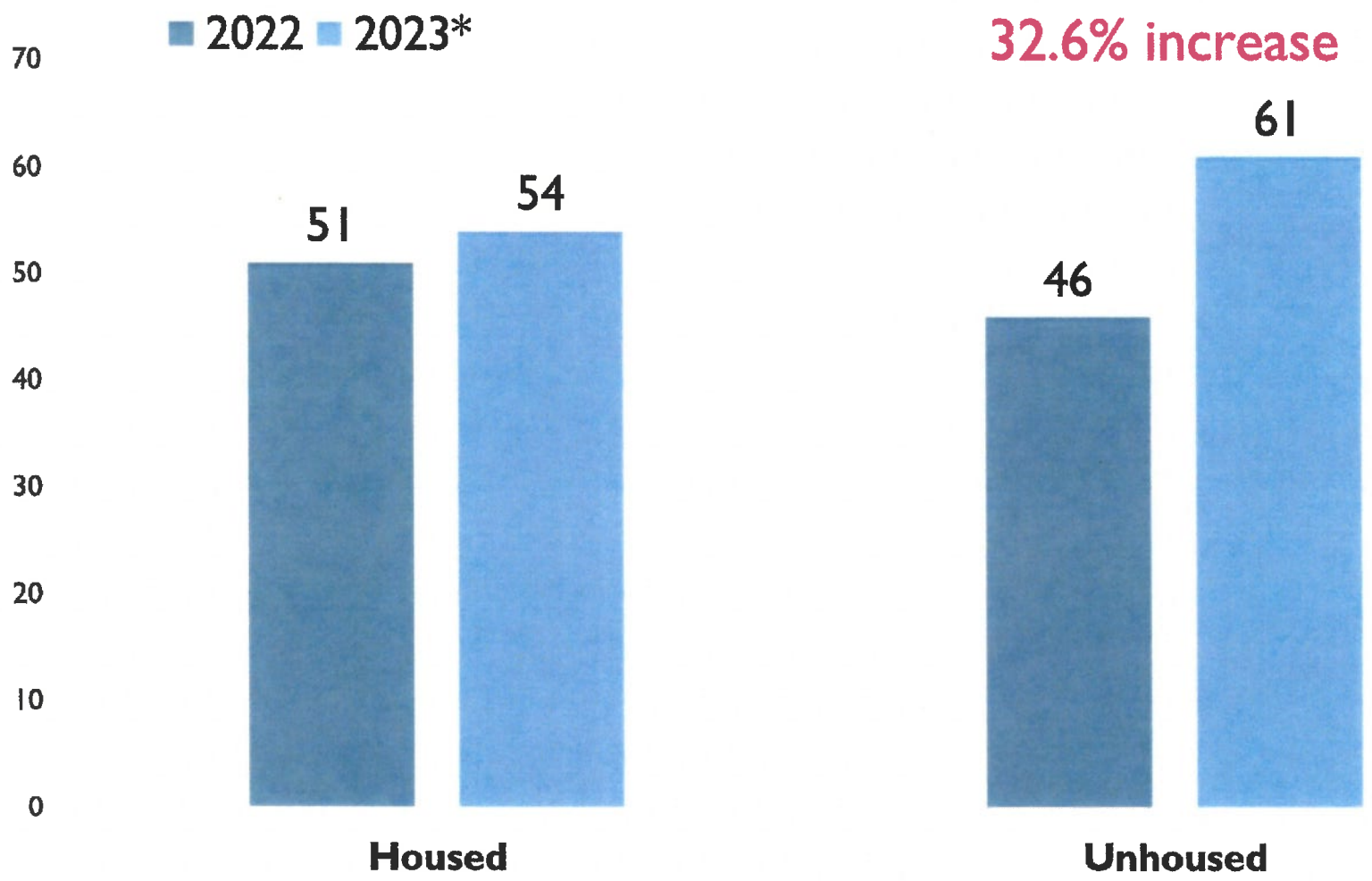

*Data collected: Jan-Oct

# Mental Health Diagnosis – 2023* only



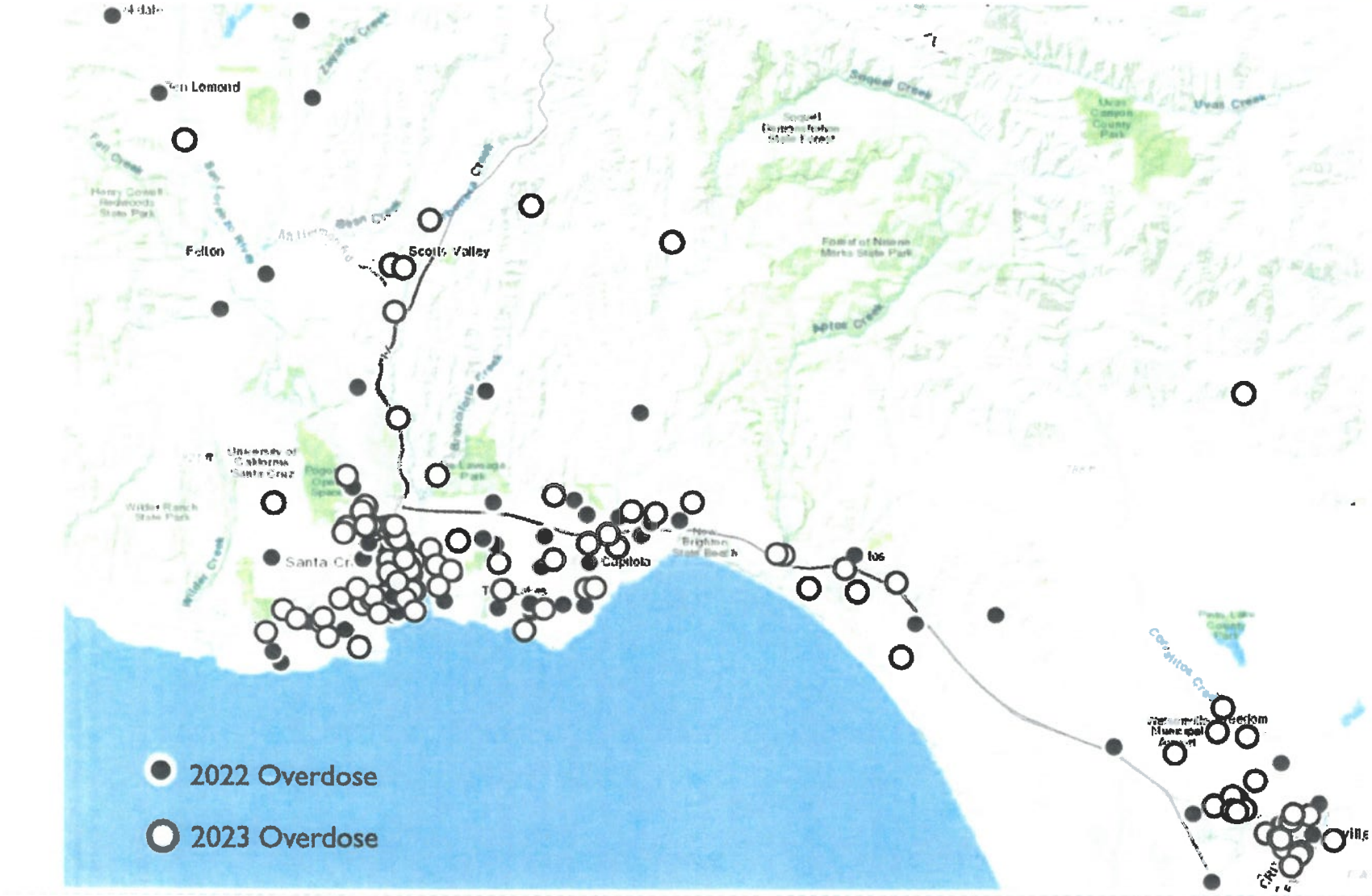

- *Data collected: Jan-Oct

# Accident Drug Deaths of Unhoused

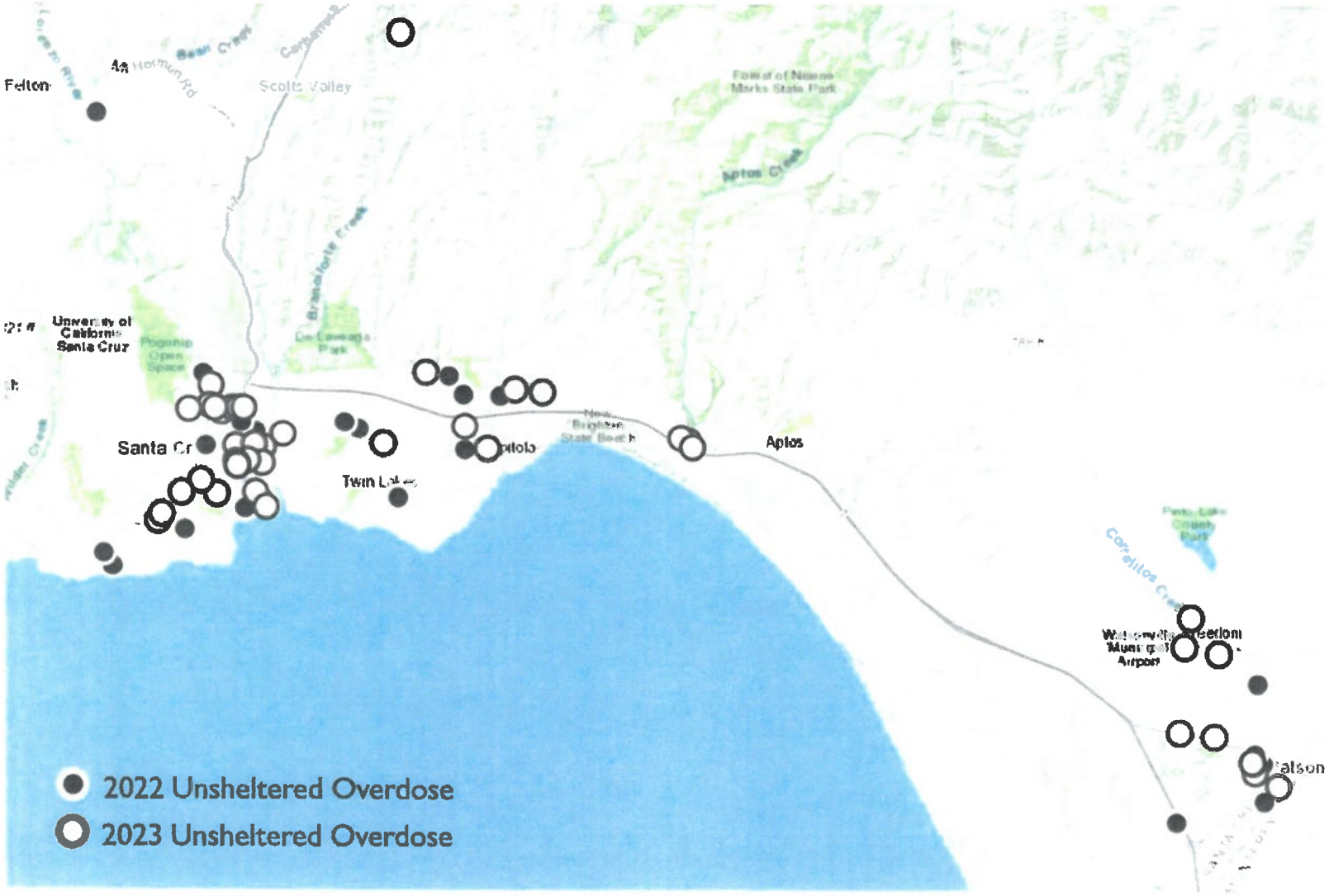



- *Data collected: Jan-Oct

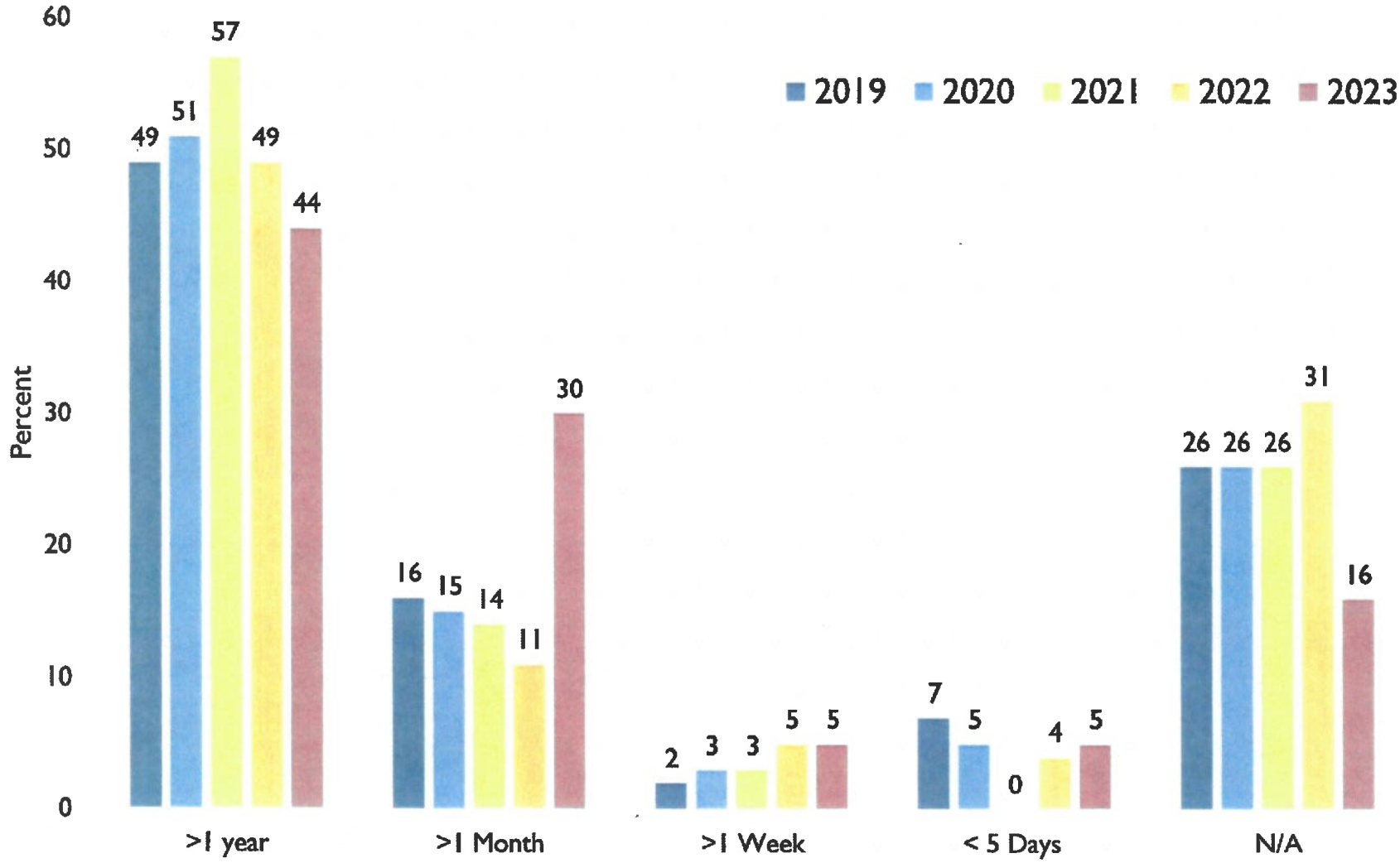
# 2022 & 2023 Overdose Deaths by Location



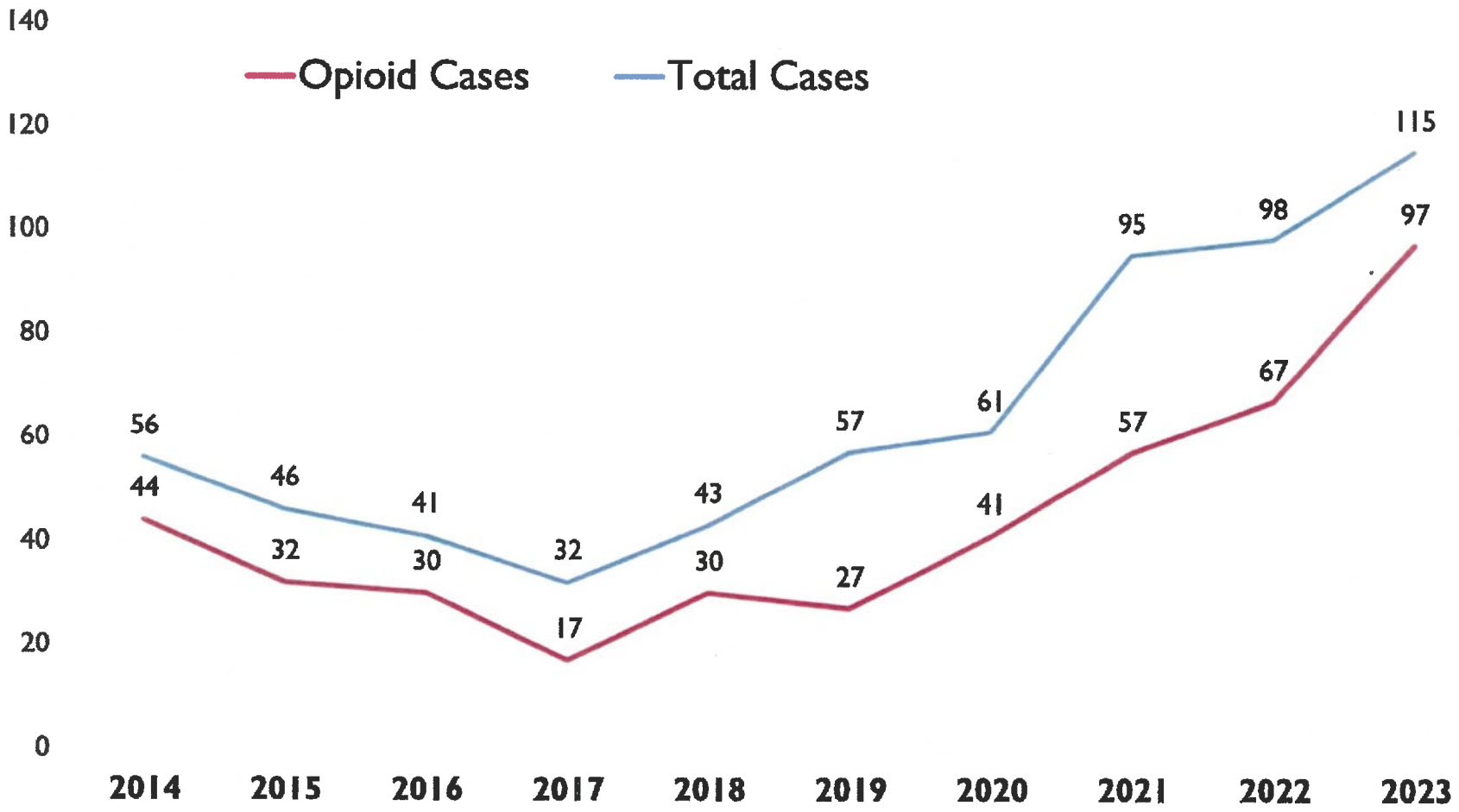
# 2022 & 2023 Unsheltered Overdose Deaths by Location



# Last Jail Contact 2019-2023

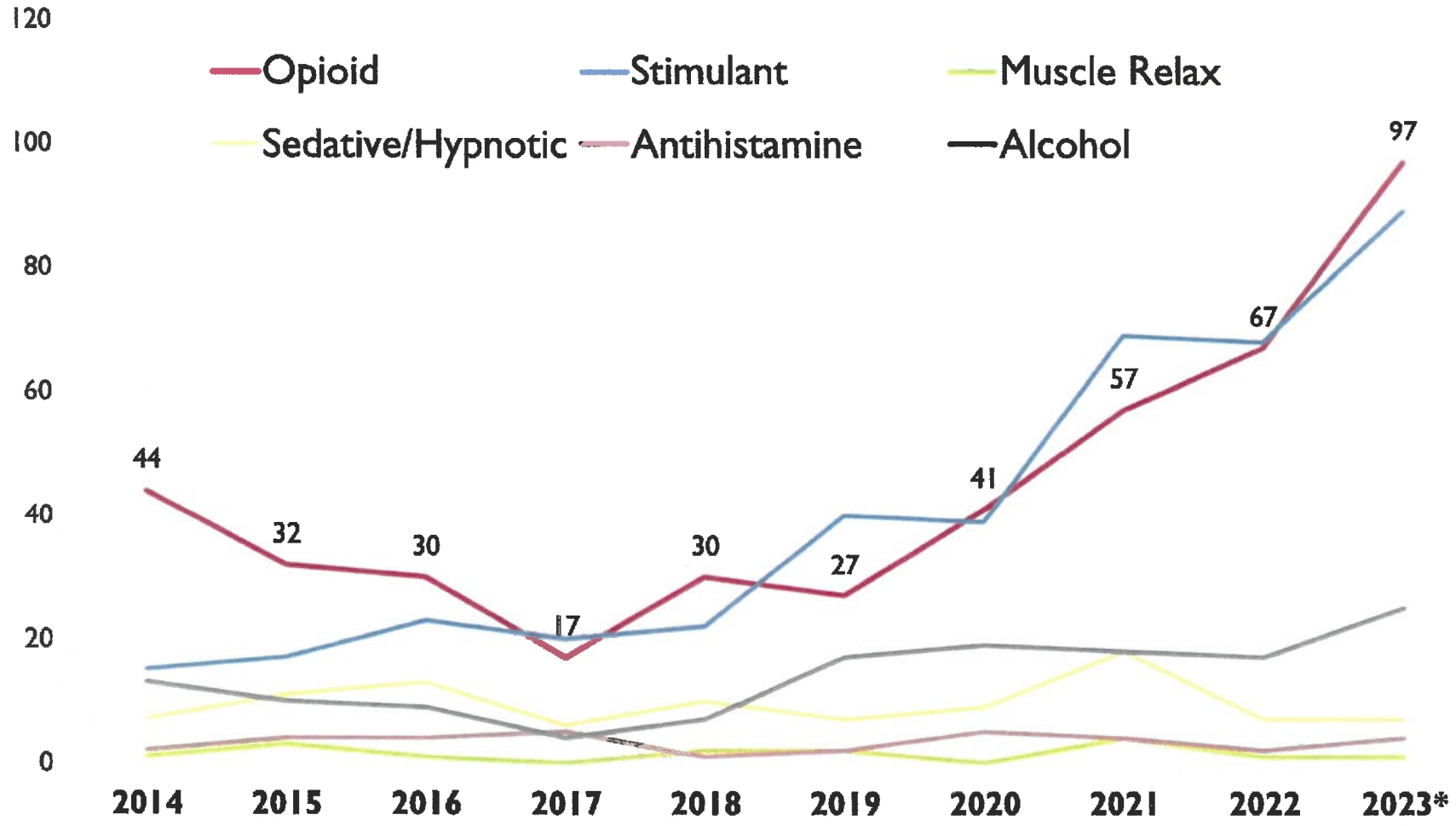


# Accidental Opioid Death Trend Over Time



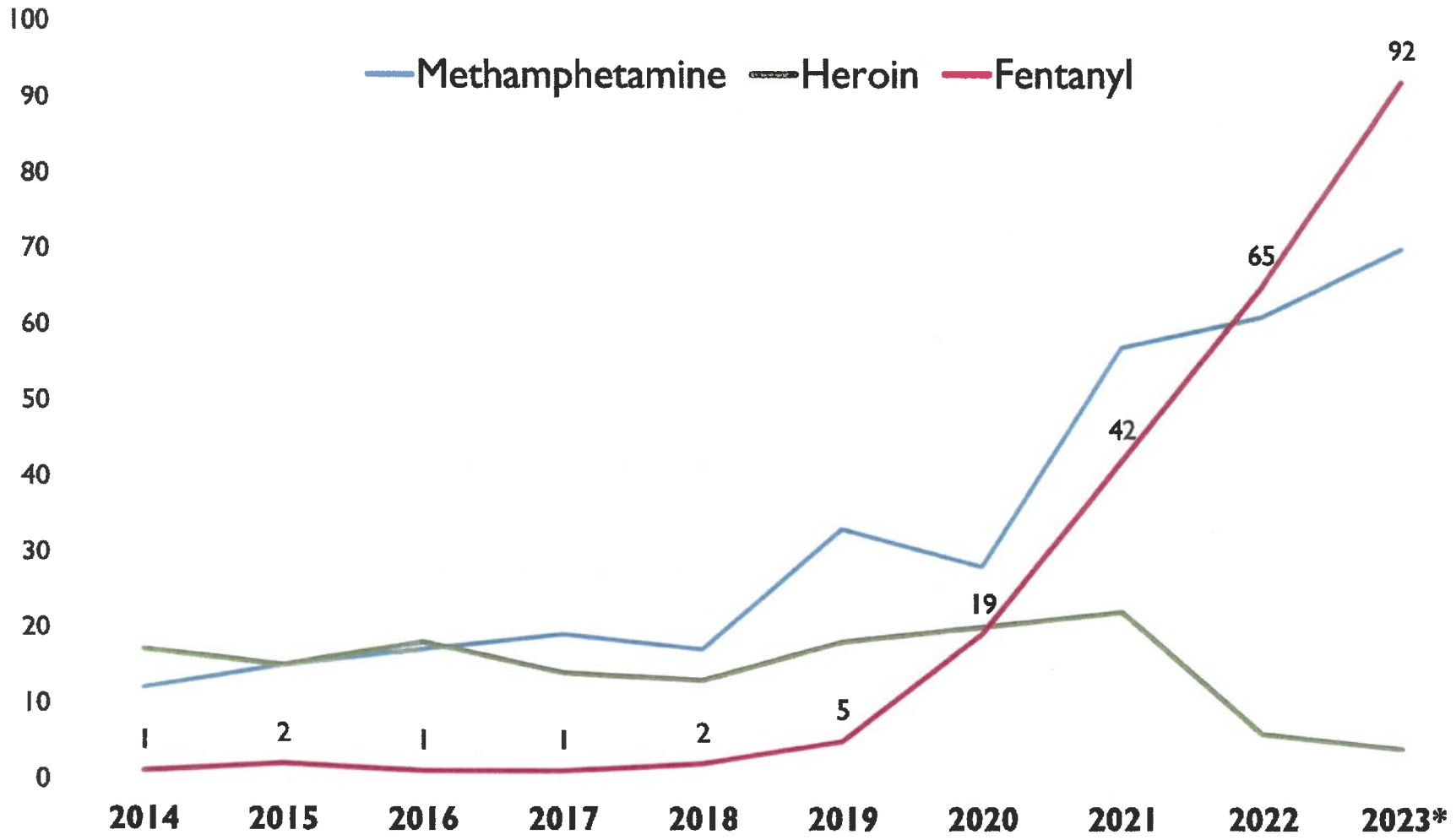

- *Data collected: Jan-Oct

# # of Cases per Drug Classification



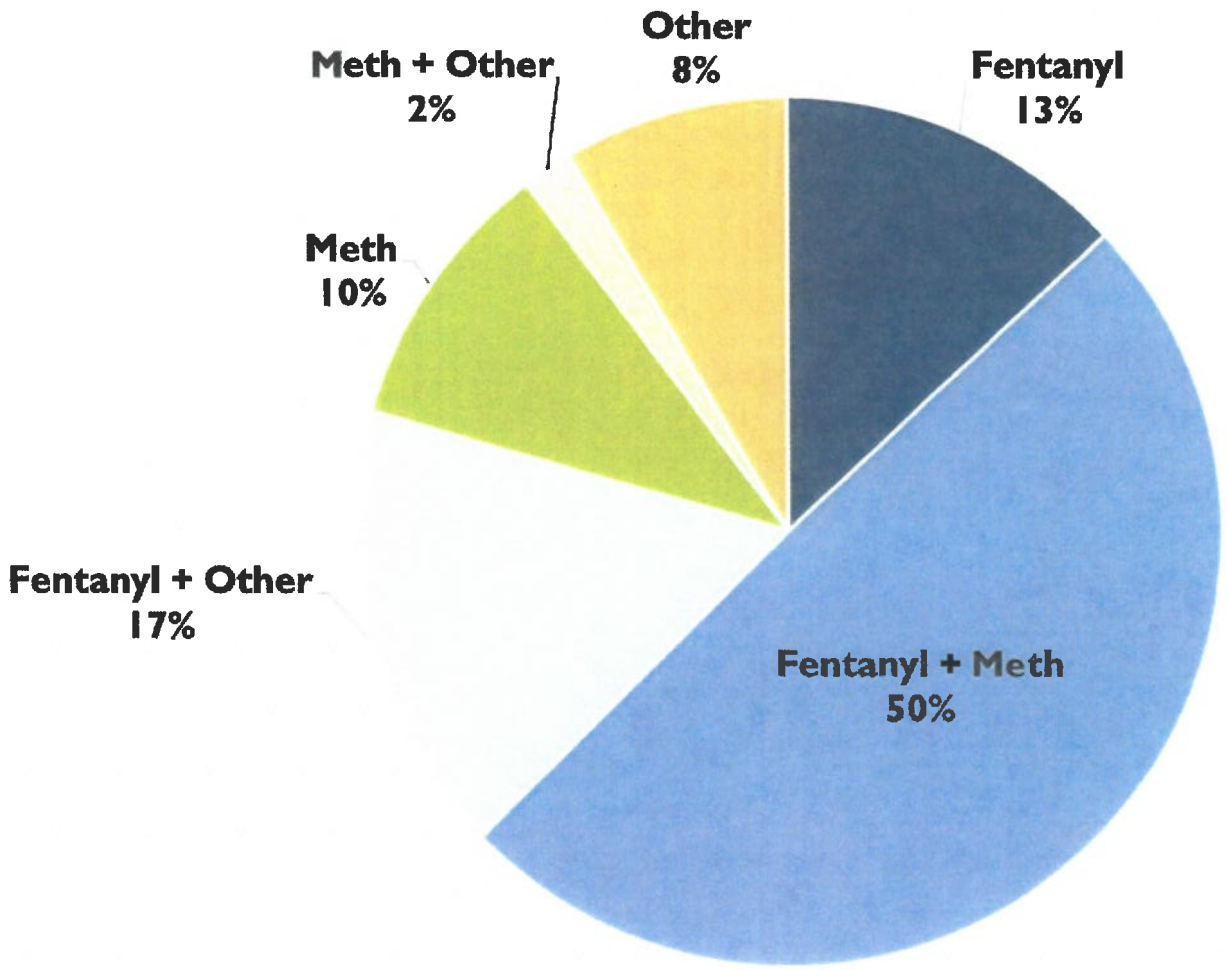

- *Data collected: Jan-Oct

# Methamphetamine, Heroin & Fentanyl




- *Data collected: Jan-Oct

# 2023* Drug Use




- *Data collected: Jan-Oct

# Xylazine

- **Animal tranquilizer, not scheduled in the US.**
  - **AKA Tranq, Tranq dope, zombie drug, sleep cut**

- **Adulterant**
  - Pharmacologically active; to add bulk or for contributory effect
    - **Increases the risk of adverse side effects and drug interactions.**
  - Positivity in seized drugs has increased since 2017
  - Widespread presence in fentanyl in Philadelphia and NE states in 2022.

- **Detected in only 3 cases in Santa Cruz in 2022.**

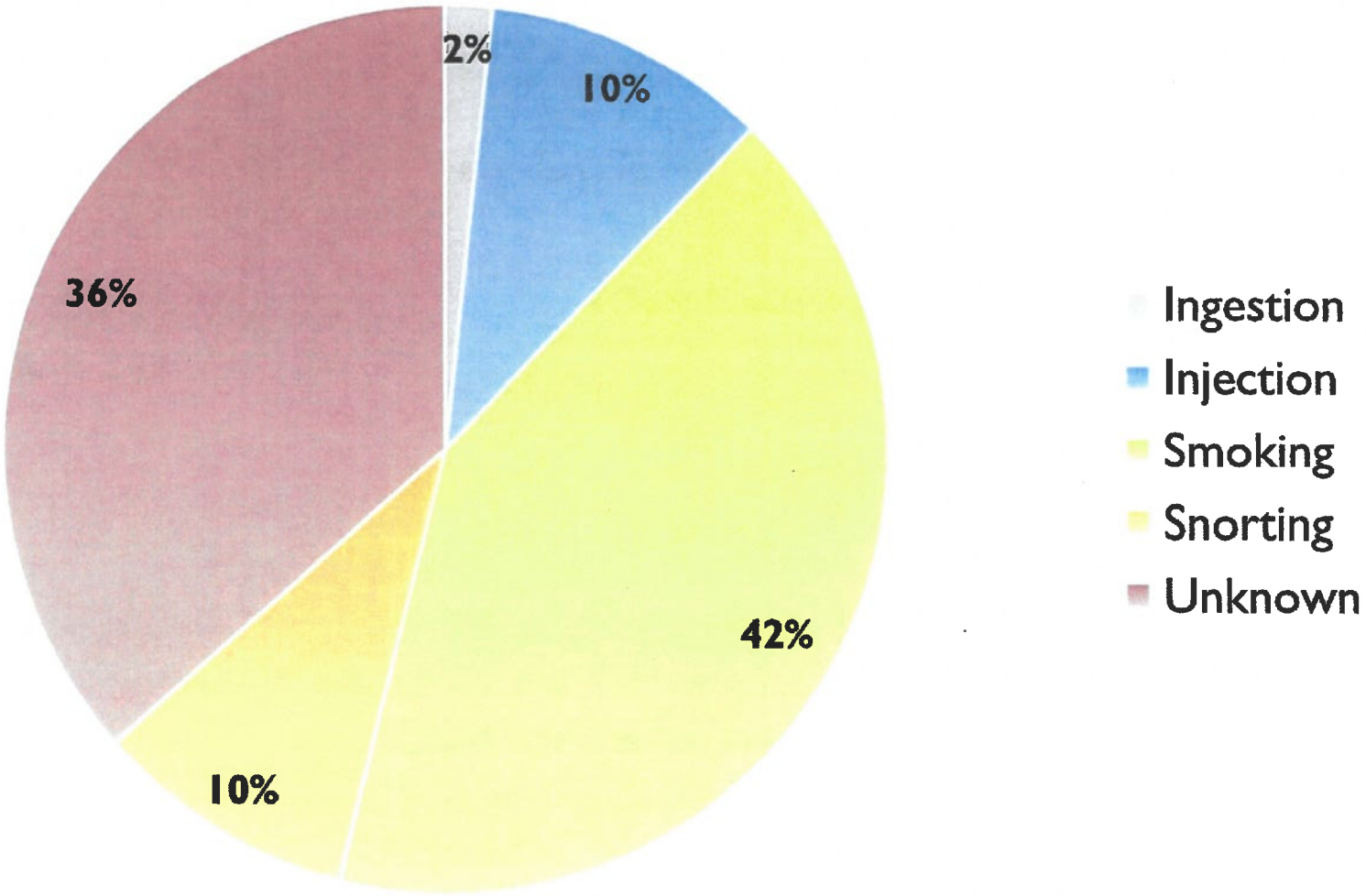
# Miscellaneous Synthetic Drugs

- **Designer Benzodiazepines**
  - Etizolam, flualprazolam, bromazolam, delorazepam
- **Synthetic Opioids**
  - Fentanyl analogs: Acetyl fentanyl and para-fluorofentanyl
  - Etodesnitazene, Isotonitazene (Iso)
- **Novel Psychoactive Substance**
  - 5- or 6-(2-aminopropyl)benzofuran

# Other Drugs of Abuse

- Loperamide
- Diphenhydramine
- Dextromethorphan
- Nitrous Oxide & "canned air" (halogenated hydrocarbons)
- Ketamine
- PCP

# Route of Administration – 2023* only




*Data collected: Jan-Oct

# THANK YOU!!!!!

- Amada Purcell
  - Coroner Forensic Technician, Coroner's Office
- Joshua Pastor
  - Crime Analyst, Sheriff's Dept.

# ACDC Research Project

**By**

**Ross Brummett**

**Chase Wetherington, Ph.D.**

## BACKGROUND & RESEARCH DESIGN

According to the National Institute on Drug Abuse, national Opioid-involved overdose deaths increased from 21,089 in 2010 to 47,600 in 2017 and remained steady through 2019. However, a sharp increase in overdose deaths was experienced in 2020 and in 2021 with 68,630 and 80,411 reported deaths, respectively. In a time when drug overdose-related deaths have reached an all-time high, understanding situational factors that may lead people to overdose is an important area to study. Law enforcement is expected to respond to and to reduce overdoses in the community, and many steps have been taken to address the growing problem.

The Pasco Sheriff's Office has been conducting overdose research and monitoring since 2017, which identified a trend of Heroin and Fentanyl as the most common drugs related to overdoses and overdose deaths. Pasco averages over 100 overdoses a month, with about 25% resulting in death. Research shows overdoses are underreported and under communicated to law enforcement, leaving a data gap, which leads to missing data, disparity in data, and possible misinterpretation of data related to overdoses and overdose victims (Rayasam, 2022). The Pasco Sheriff's Office sought to develop a non-traditional response to their overdose problem by using the Behavioral Health Intervention Team (BHIT). The mission of the BHIT is to connect those in the community who are at risk due to mental health and/or substance use with services and improve their quality of life. This is accomplished through collaboration between law enforcement officers trained in crisis management and Behavioral Health Community Providers.

BHIT developed an internal policy to interview overdose victims within 24 hours of the overdose.

PSO have utilized the same survey instrument since 2017; however, the present study intended to update the survey instrument to focus on victims' knowledge and perceptions of drugs use knowledge and resource awareness. Ultimately, we seek to answer the following question: "What is the awareness of overdose victims in regard to presence and lethality of fentanyl?" We are using an exploratory verbal survey asking 12 questions to those who have overdosed within the past 24-hours to gain better understanding of the needs and awareness of those who have overdosed. Eleven questions are binary, yes/no questions, or quantitative, while one of the questions is an open-ended, qualitative question.

## CHALLENGES

As a result of a 24-hour overdose follow-up policy and prior success in speaking with victims and obtaining responses, we assumed a similar success rate would be easily replicated. However, interviewing victims, especially those from vulnerable classes often provides unique challenges depending on the current environment and the victim's state of mind. Therefore, we experienced several challenges in executing the proposed project. We detail these challenges below.

Obtaining IRB approval was difficult since the parties involved did not have direct affiliations with institutions of higher learning at the time of the study. After repeated failed attempts we chose to forego IRB submission.

In addition, one of the most significant challenges was victim dynamics. Due to past success of garnering responses from overdose victims, we believed we would reach our goal of 150 responses with enough time to analyze and provide an accurate account of our current

overdose environment. Victim cooperation when sheriff deputies are serving as the surveyors will always remain a challenge. Victim response and cooperation is critical to accuracy, the subject of an overdose may not identify as a victim, leaving the surveyors at a disadvantage when collecting data. As a result, the study was shifted to reviewing archival data collected during interviews done with overdose victims using the old model by PSO from July 2020 to June 2023.

## ANALYSIS

During the listed timeframe, there were 2,781 non-death / non-suicide drug related overdoses in Pasco County. Of those, 482 surveys were completed by overdose victims. 230 of the 482 which were determined to be suitable for analysis, although it should be noted the 230 did not include a response to each question asked. Variables analyzed included victims' (non-identifying) demographics, fentanyl drug test results, intention / reason for taking drug, type victim intended to use, perceived potential for fentanyl and others, accessibility to fentanyl, activity prior to taking drugs and more.

## FINDINGS

Approximately 35.2% of the sample group intended to take Fentanyl, a percentage significantly higher than predicted. Preliminary correlation and regression analysis revealed that the intention for taking the drug, which included: relax, depression, recreational, pain relief, impulsiveness, "everything" and taken as prescribed, was the variable that had the largest impact of any other. This included having a direct impact on the type of drug the victim intended on taking and the results of the fentanyl test.

## LESSONS LEARNED

The lessons learned during this project focus on developing a plan prior to deployment, understand organizational change, building your research team, accounting for victim dynamics, and developing and training your research team members. Developing a short and long-term strategic research plan which accounts for organizational change. Law enforcement is fluid, and although we can forecast our crime environment using analysis, we are still a reactive profession. When responding, understanding a single variable can change the outcome, the same is true during research. Victim cooperation and participation in the study was a key challenge. Law enforcement officers questioning victims of recent overdoses may not be the best method to increasing participation. Perhaps EMS, fire fighters, and/or recover counselors administering the survey would have increased response rates. In addition, timing is everything when dealing with victims who fall into a vulnerable class, especially those who struggle with substance abuse. We also struggled to organize team dynamics such as delegating tasks, managing BHIT schedules, and data reporting compliance. For example, the "team" was fluid, whereby members would join and leave the team throughout the study period. Providing consistent training to those who join the team to ensure those were consistently apprised of data collection, reporting, and outreach. Finally, we learned that research-practitioner partnerships have many "bumps in the road" and are incredibly time and labor intensive. Therefore, having patience with your partner (and their organization) and being flexible is vital for a successfully research project. The goal for this project remains the same, continue to collect data through our survey. As of May 31, 2023, we have adapted the survey deployment through victim interview using the Fire Department as the surveyors. As a result, we have a seen an increase in data collection and cooperation. We intend

to continue to use the Fire Department to increase response rates, which will allow us more flexibility to analyze the data and provide actionable intelligence for PSO.

Sources:


https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates#:~:text=Opioid%2Dinvolved%20overdose%20deaths%20rose,with%2080%2C411%20reported%20overdose%20deaths. .

Rayasam, R. (2022, July 5). *With national data on drug overdoses lacking, University of Texas project looks to help provide a solution*. The Texas Tribune. https://www.texastribune.org/2022/07/05/university-texas-drug-overdose-data/#:~:text=Nationally%2C%20Green%20estimated%2C%20about%2050,and%20among%20communities%20of%20color.

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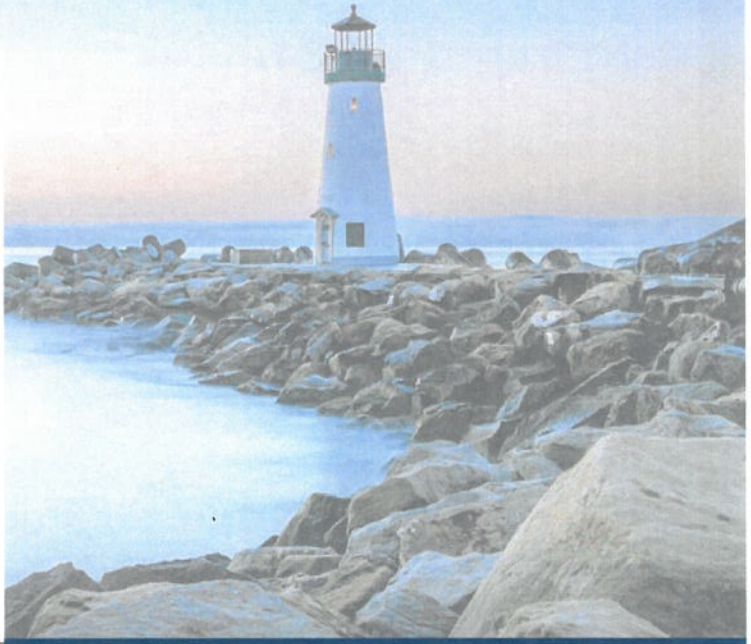
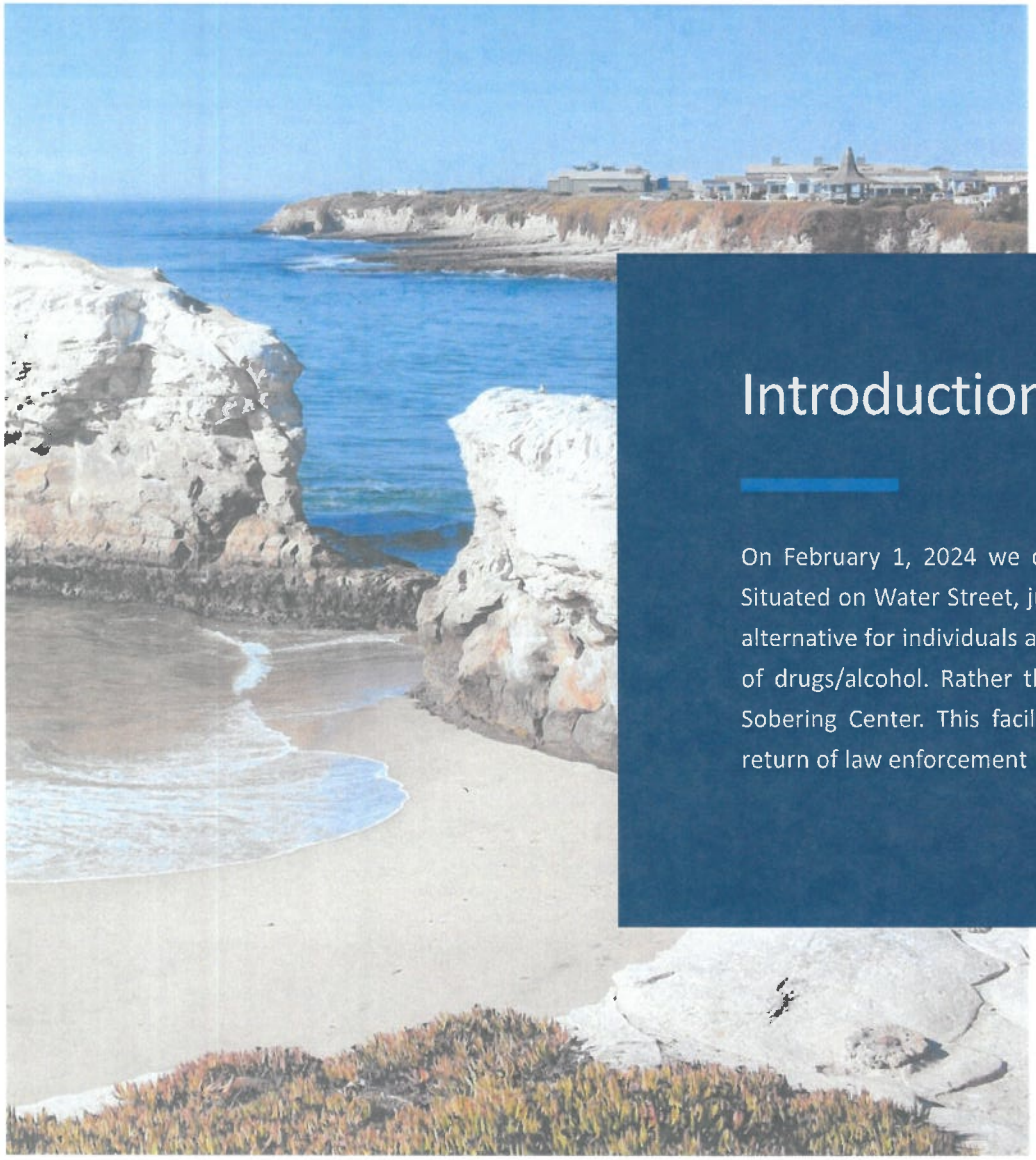
# Sobering Center

(March 2024 Data)





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# Introduction

On February 1, 2024 we celebrated the grand opening of the Santa Cruz County Sobering Center. Situated on Water Street, just in front of the Santa Cruz County Main Jail, this facility offers a valuable alternative for individuals arrested for first-time DUI, public intoxication, and those under the influence of drugs/alcohol. Rather than being taken to the main jail, eligible individuals will be taken to the Sobering Center. This facilitates immediate connections to treatment for clients and expedites the return of law enforcement back to community safety.

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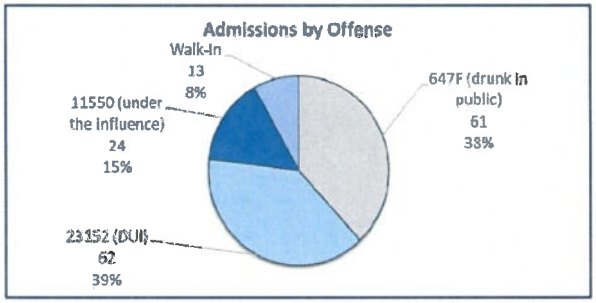
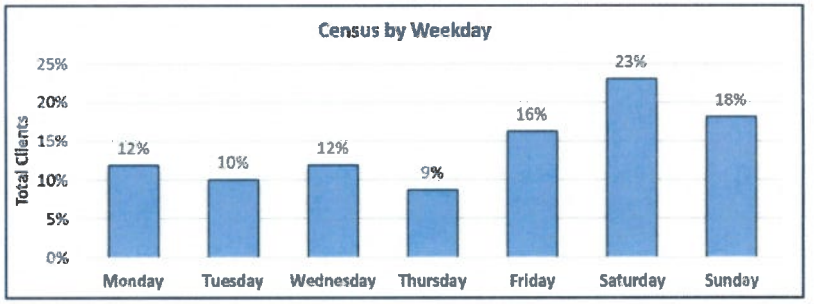
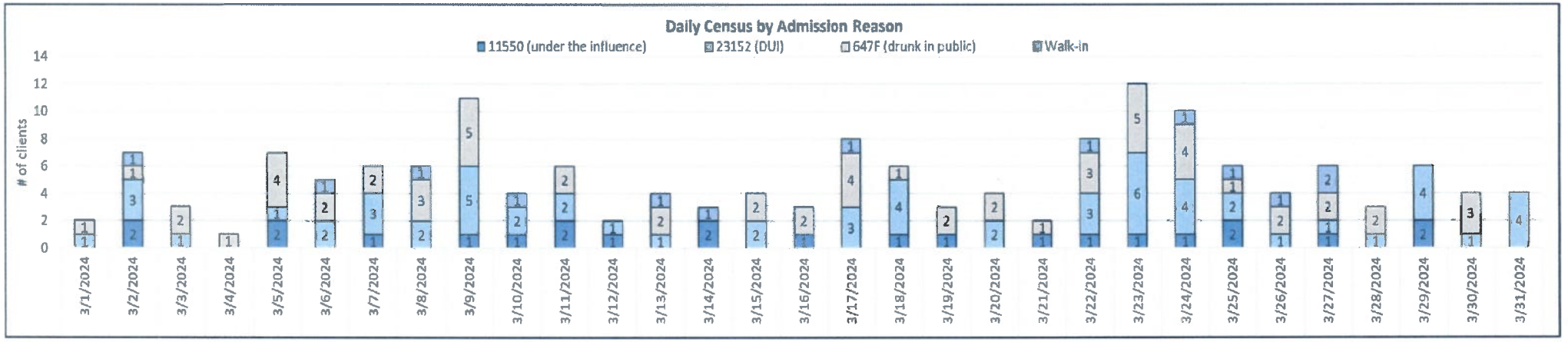
SHERIFF-CORONER
SANTA CRUZ CO.

# Average Daily Census by Admission Type & Weekday

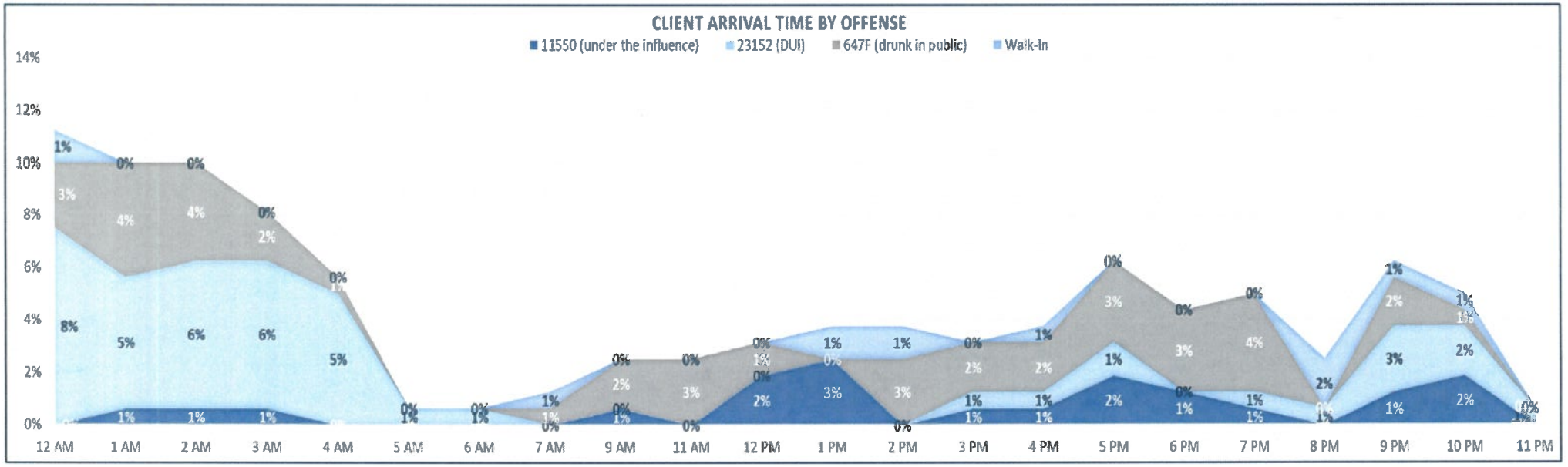
| Total Census |
| --- |
| 160 |
| **Average Daily Census** |
| 6 |



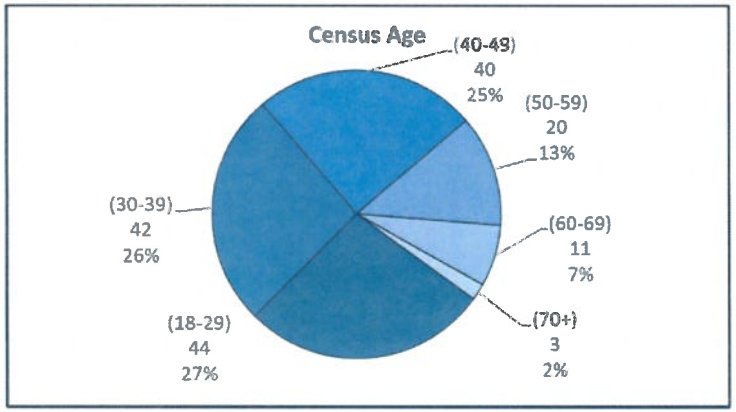



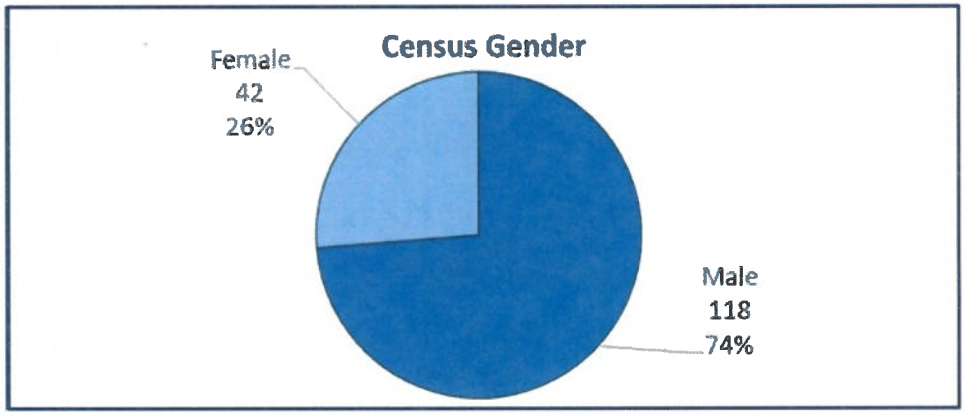



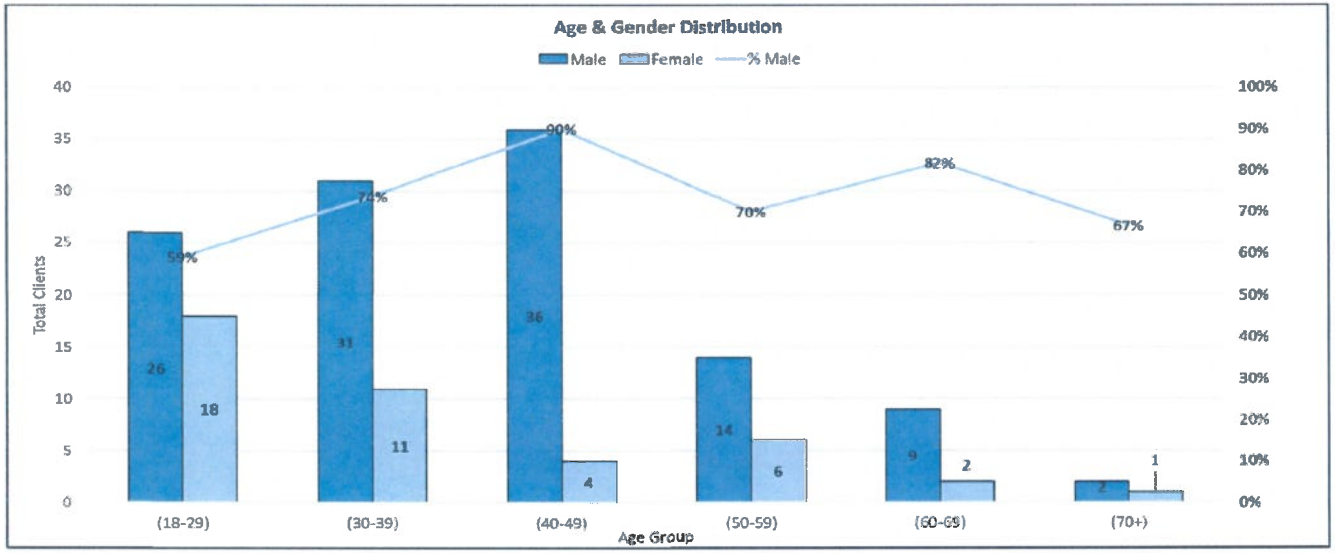
# Client Arrival Time By Offense



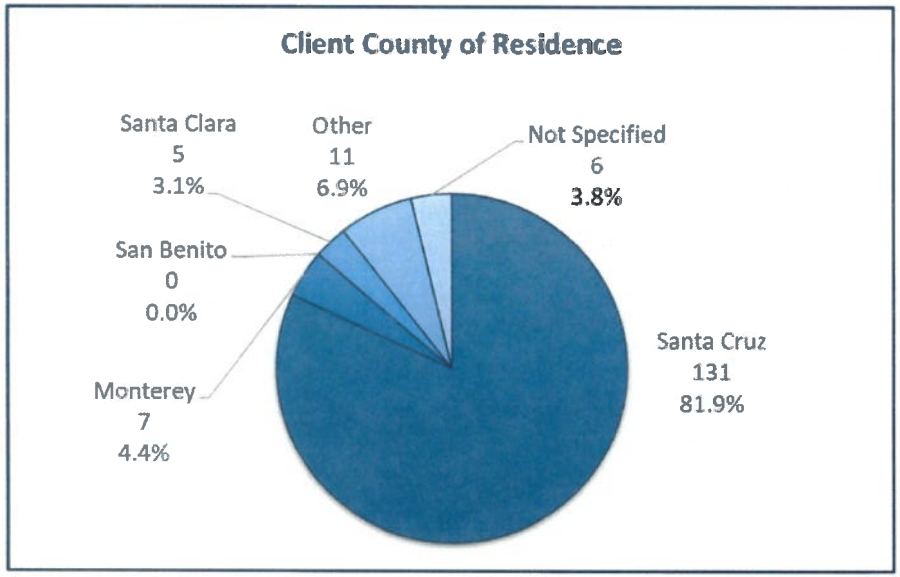
# Age & Gender Distribution

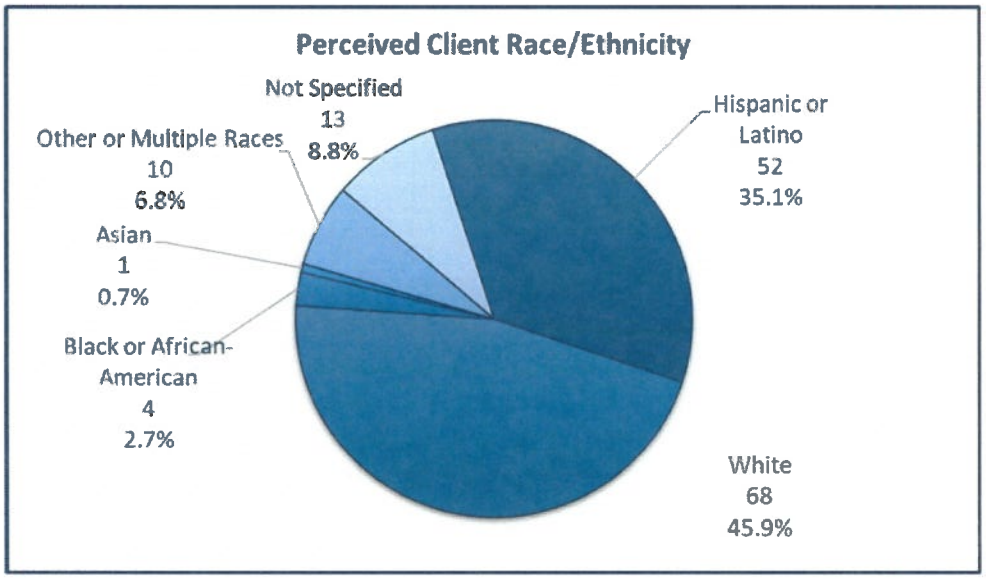


# County of Residence & Perceived Gender



# How Do We Measure Length of Stay?

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## Intoxication Verification

**BLOOD ALCOHOL CONTENT (BAC)**
**Table for Male (M) / Female (F)**

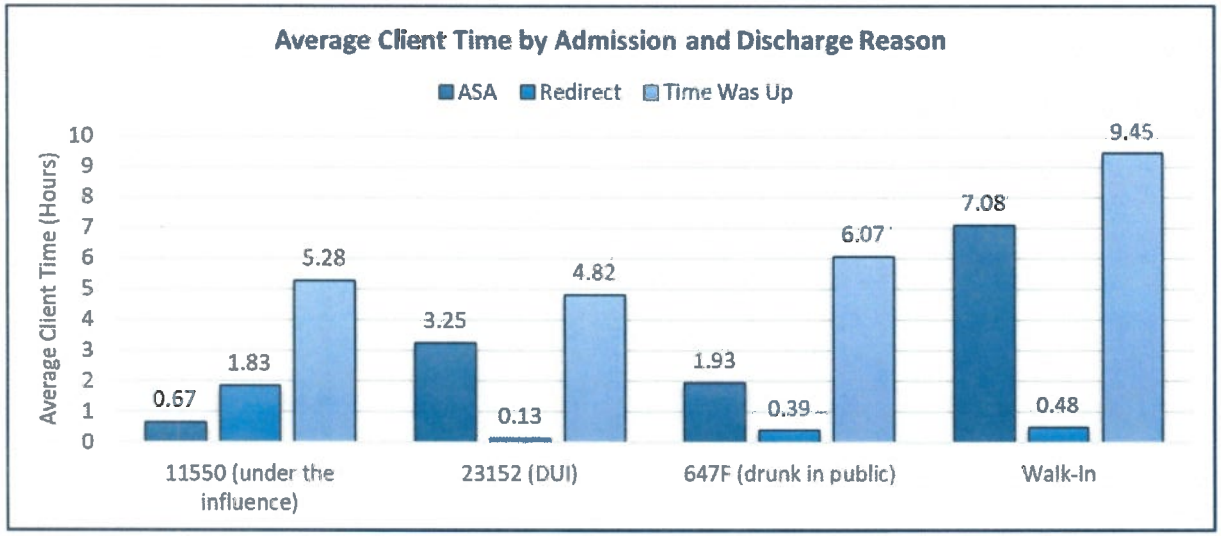
| Number of Drinks | | Body Weight in Pounds | | | | | | | | Driving Condition |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 100 | 120 | 140 | 160 | 180 | 200 | 220 | 240 | |
| 0 | M | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | Only Safe |
| | F | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | Driving Limit |
| 1 | M | .06 | .05 | .04 | .04 | .03 | .03 | .03 | .02 | Driving Skills Impaired |
| | F | .07 | .06 | .05 | .04 | .04 | .03 | .03 | .03 | |
| 2 | M | .12 | .10 | .09 | .07 | .07 | .06 | .05 | .05 | |
| | F | .13 | .11 | .09 | .08 | .07 | .07 | .06 | .06 | |
| 3 | M | .18 | .15 | .13 | .11 | .10 | .09 | .08 | .07 | |
| | F | .20 | .17 | .14 | .12 | .11 | .10 | .09 | .08 | Legally Intoxicated |
| 4 | M | .24 | .20 | .17 | .15 | .13 | .12 | .11 | .10 | |
| | F | .26 | .22 | .19 | .17 | .15 | .13 | .12 | .11 | |
| 5 | M | .30 | .25 | .21 | .19 | .17 | .15 | .14 | .12 | |
| | F | .33 | .28 | .24 | .21 | .18 | .17 | .15 | .14 | |

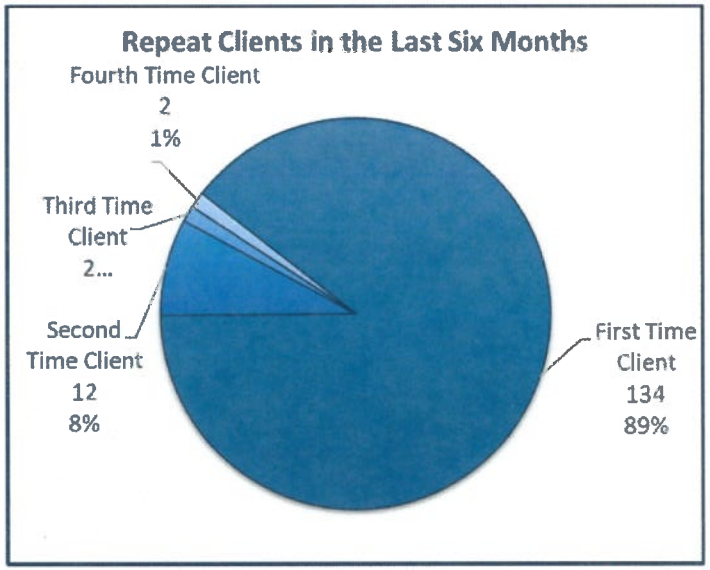
Subtract .01% for each 40 minutes of drinking.
1 drink = 1.5 oz. 80 proof liquor, 12 oz. 5% beer, or 5 oz. 12% wine.
**Fewer than 5 persons out of 100 will exceed these values.**

## Length of Stay

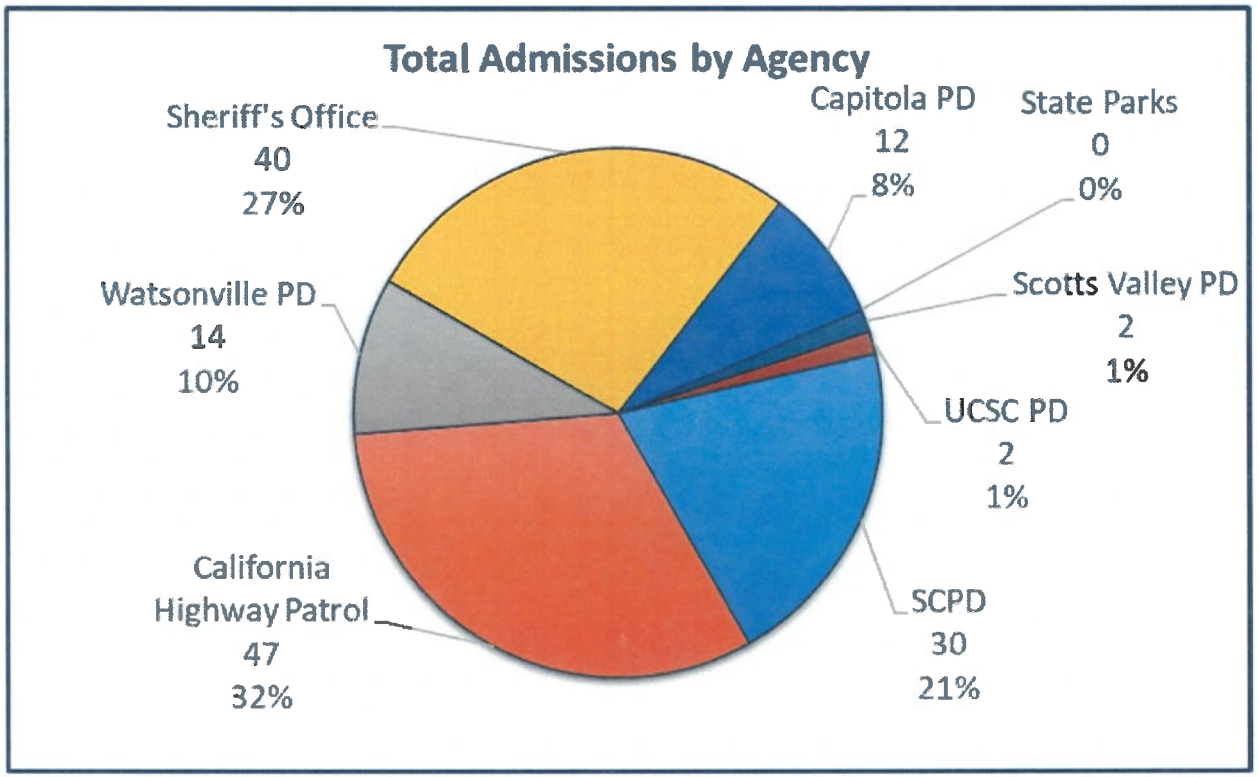
| Body Weight (lbs) | # of Hours | Number of Drinks | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 250 | 0 | .02 | .03 - .04 | .05 - .06 | .06 - .07 | .08 - .09 | .1 - .11 | .11 - .13 | .12 - .15 | .14 - .17 | .16 - .18 |
| | 1 | 0 - .01 | .02 - .03 | .03 - .04 | .05 - .06 | .06 - .08 | .08 - .1 | .1 - .12 | .11 - .12 | .13 - .15 | .14 - .17 |
| | 2 | 0 | .01 | .02 - .03 | .04 - .05 | .05 - .07 | .07 - .09 | .08 - .1 | .1 - .12 | .12 - .14 | .13 - .16 |
| | 3 | 0 | 0 | .01 - .02 | .03 - .04 | .04 - .06 | .06 - .07 | .07 - .09 | .09 - .11 | .1 - .13 | .12 - .15 |
| | 4 | 0 | 0 | 0 - .01 | .01 - .03 | .03 - .04 | .05 - .06 | .06 - .08 | .08 - .1 | .09 - .12 | .11 - .14 |
| | 5 | 0 | 0 | 0 | 0 - .01 | .02 - .03 | .03 - .05 | .05 - .07 | .06 - .09 | .08 - .1 | .1 - .12 |
| | 6 | 0 | 0 | 0 | 0 | .01 - .02 | .02 - .04 | .04 - .06 | .05 - .07 | .07 - .09 | .08 - .11 |
| 275 | 0 | .01 - .02 | .03 | .04 - .05 | .06 - .07 | .07 - .08 | .08 - .1 | .1 - .12 | .11 - .13 | .13 - .15 | .14 - .17 |
| | 1 | 0 - .01 | .02 | .03 - .04 | .04 - .06 | .06 - .07 | .07 - .09 | .09 - .1 | .1 - .12 | .12 - .14 | .13 - .15 |
| | 2 | 0 | 0 - .01 | .02 - .03 | .03 - .04 | .05 - .06 | .06 - .08 | .07 - .09 | .09 - .11 | .1 - .13 | .12 - .14 |
| | 3 | 0 | 0 | .01 | .02 - .03 | .03 - .04 | .05 - .06 | .06 - .08 | .08 - .1 | .09 - .11 | .1 - .13 |
| | 4 | 0 | 0 | 0 | .01 - .02 | .02 - .04 | .04 - .05 | .05 - .07 | .06 - .09 | .08 - .1 | .09 - .12 |
| | 5 | 0 | 0 | 0 | 0 - .01 | .01 - .02 | .02 - .04 | .04 - .06 | .05 - .07 | .07 - .09 | .08 - .11 |
| | 6 | 0 | 0 | 0 | 0 | 0 - .01 | .01 - .03 | .03 - .04 | .04 - .06 | .06 - .08 | .07 - .09 |

# Length of Stay & Readmission Data

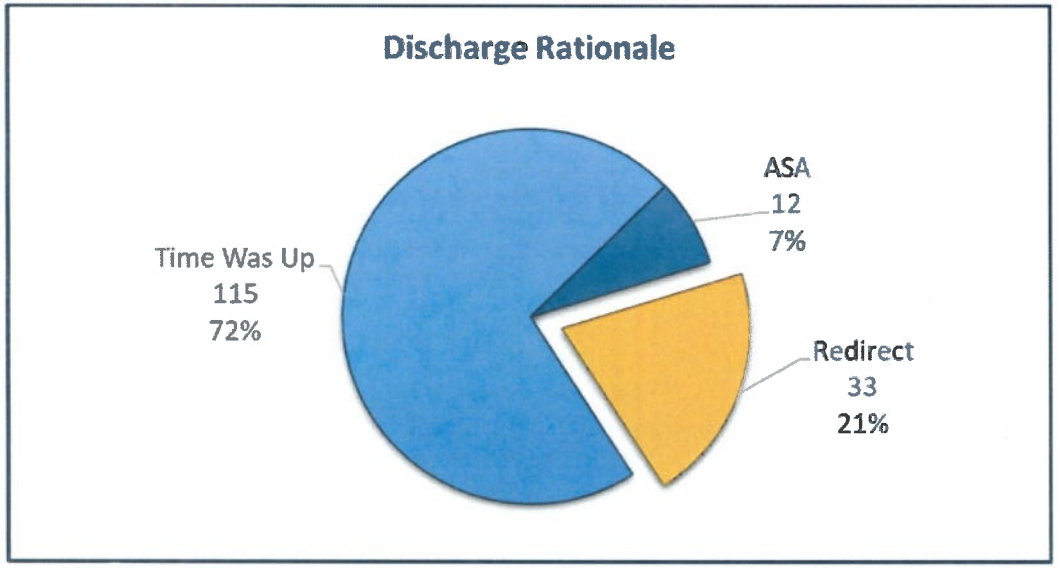


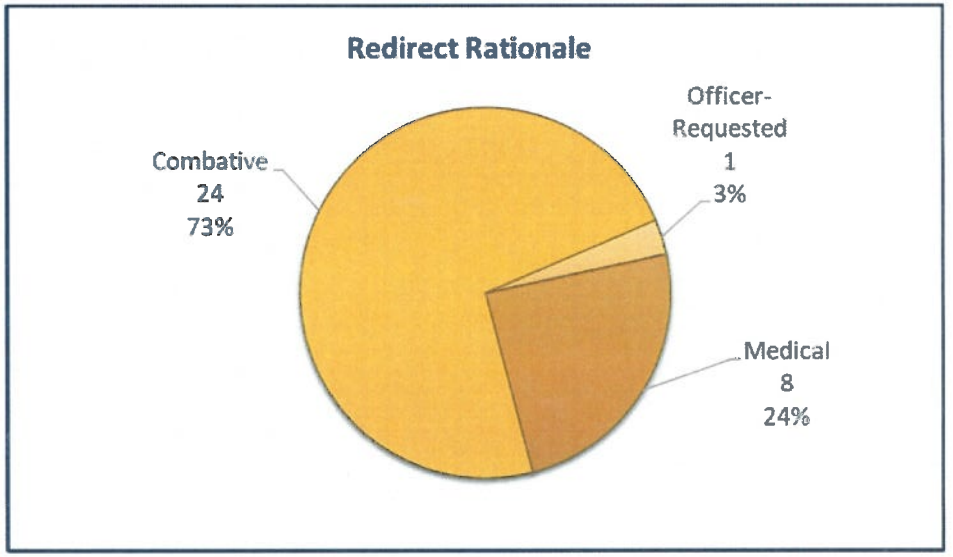



# Total Admissions by Agency



# Discharge & Redirect Rationale



# Medical Criteria at Sobering Center

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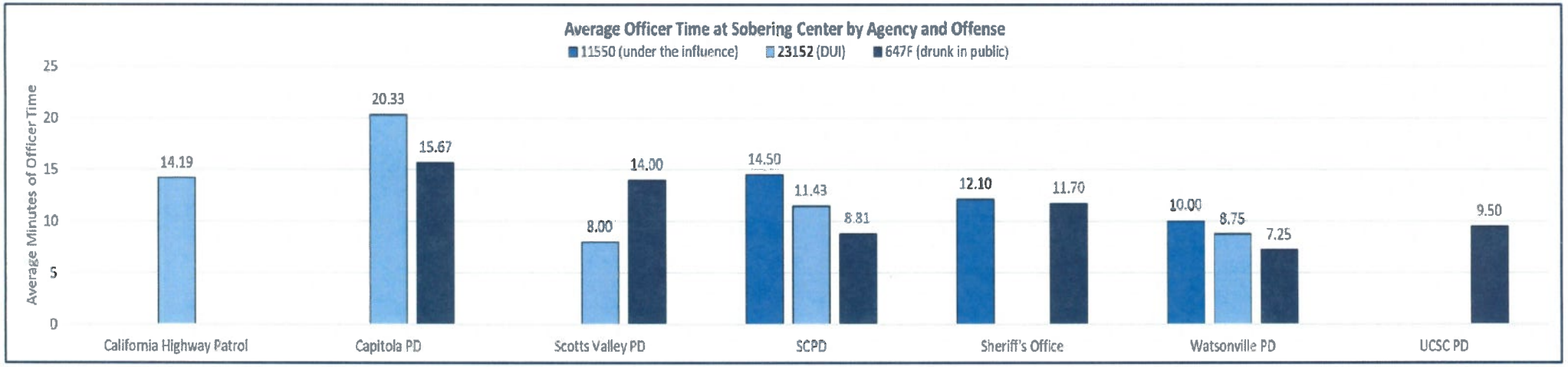
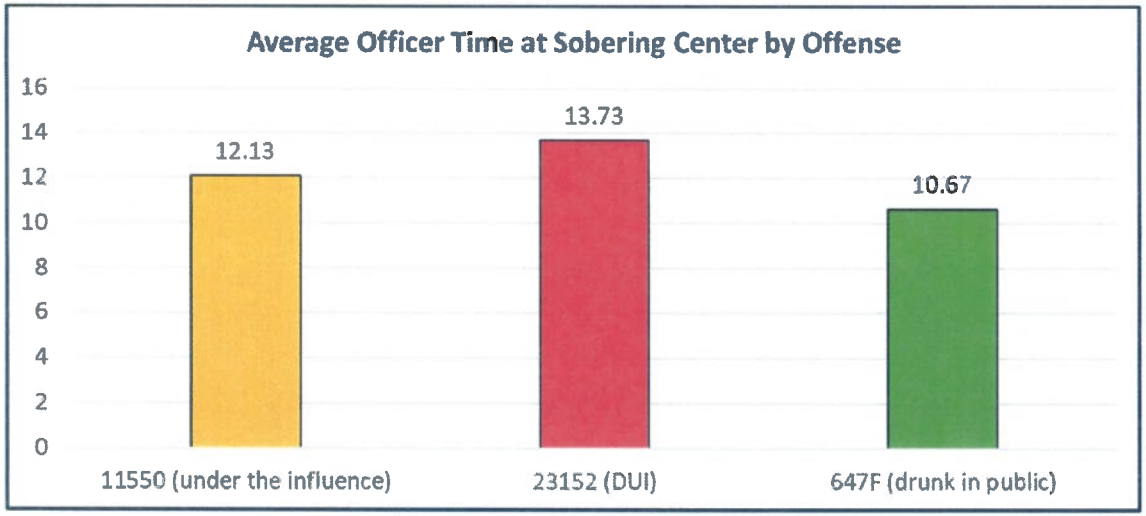
| Condition | Medically Stable (No EMS) | Medically Unstable (Call EMS) |
|---|---|---|
| Heart Rate | 55-120 BPM | < 55 BPM or > 120 |
| Blood Pressure | Systolic: 85-180 mmHg<br>Diastolic: 50-100 mmHg | Systolic: < 85mmHg or >180 mmHg<br>Dyastolic: < 50 mmHg or > 100 mmHg |
| Respiratory Rate | 9-22 RPM | < 9 RPM or > 22 RPM with failed intervention |
| Pulse Oximetry | > 89% | < 89% |
| Temperature | 95-102 Degrees F | < 95 degrees F or >102 Degrees F |
| Level of Consiousness | Oriented to Person and Event<br>Responsive to verbal stimuli | Only responsive to painful stimulus<br>OR non-responsive<br>OR Rapid decompensation from > A&O x2 --> Difficulty rousing |
| Mental Status | Alert to Person and Event<br><br>Glasgow Coma Scale of > 11<br>No positive indicators from Cincinnati Stroke Scale | Not Alert to Person.<br>Hallucination<br>Severe, un-directable agitation<br>Glasgow Coma Scale of < 11<br><br>Cincinnati Stroke Scale:<br>Facial drooping, unexplained slurred speech, arm drifting |
| Shock | Visible injury or reported illness with no chills, fever or hypotension | Chills, fever and hypotension<br>OR<br>Anyone of above symptoms in addition to a visibly infected injury or reported illness. |
| Withdrawal | CIWA total Score < 15 with no tremor | Total CIWA Score > 10 during initial intake with symptoms including tremor or a BAC of 0.20 or lower.<br><br>Total CIWA: > 15 at any other point during stay. |

| Condition | Medically Stable (No EMS) | Medically Unstable (Call EMS) |
|---|---|---|
| Vomiting | Absent or with a frequency of less than 7 dry heaves/ purges per hour for less than 2 hours. | Frequency greater than 7 dry heaves/purges per hour or less frequent that continues for more than 2 hours.<br><br>Any vomiting when patient is non-responsive or only responsive to painful stimuli. |
| Medications | See Medications Protocol | |
| TB | Verified, Non-active, Latent or Treated | Suspected & non-verified, or untreated & active.<br><br>Unintended weight loss, coughing up blood, coughing lasting > than 3 weeks, chest pain w/ cough. |
| Chest Pain | Absent | Present |
| Shortness of Breath | Absent or mild chronic. | Acute or severe chronic that fails to resolve with rest. |
| Ambulation | Independent or with minimal assistance. | Non-ambulatory |
| Seizure | Absent | Present; acute.<br><br>Postictal Phase Symptoms:<br>Unexplained drowsiness, confusion, disoriented, nausea, hypertension, headache or migraine. |
| Pain | No new moderate or severe pain. | Moderate to severe acute pain. |
| Diabetes | See Diabetes Protocol | |
| Pregnancy | No withdrawal symptoms or complaints. | Blood sugar less than 70 or greater than 500 should not be accepted. |

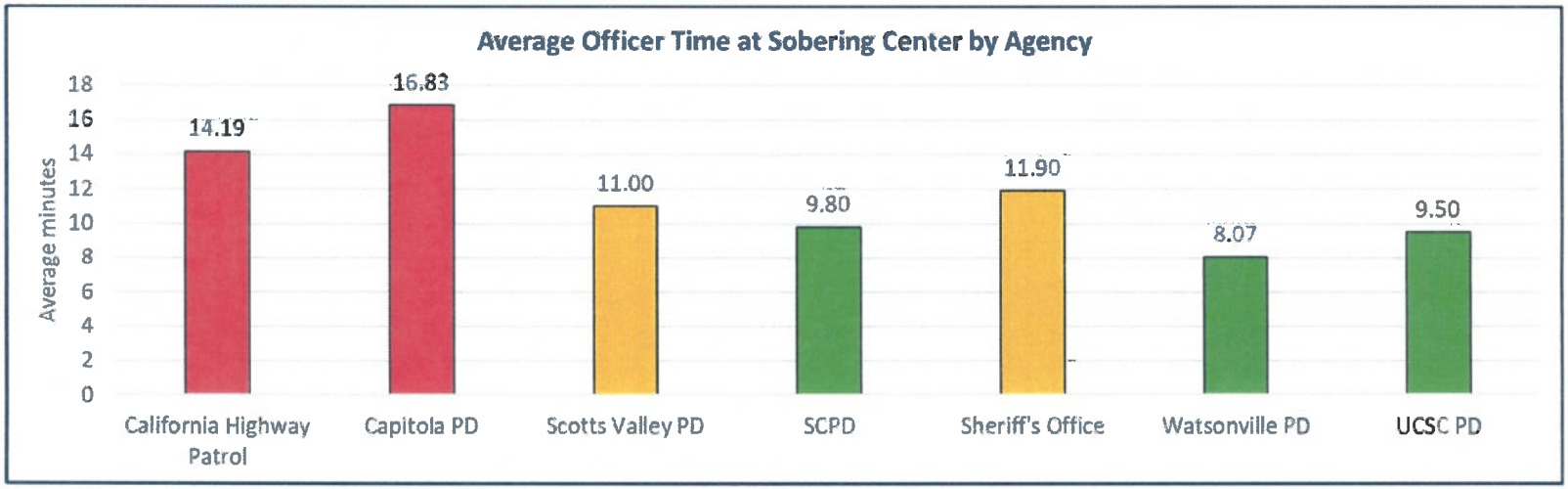
# Average Officer Time Combined Offense/Agency



# Average Officer Time by Offense & Agency




Average Turn Around Time March 2024
12.2 Minutes



# Areas of Focus


In month 2 there will be a focus on including this data point for referrals. We are using the multiple admit data to flag high utilizers and offer additional supports.

The end of February showed an increase in Walk-ins. Beginning in month 2, we will focus on using these opportunities for high touch Case Management. We will also be focusing on increasing engagement with individuals being released from the jail.

Officer exit times have averaged around 14 minutes. Month 2 will focus on decreasing the average turnaround time to under 10 minutes

# Other Services

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## Do you have questions about or need assistance with:

- DUI Program Enrollment
- Substance Use Disorder Program Referrals
- Medication Assisted Treatment
- Case Management

Visit the Santa Cruz Sobering Center, located across the parking lot from Main Jail for information and assistance. **Open 24 hours a day, 365 days a year.**

**Santa Cruz Sobering Center**
265 Water St., Santa Cruz, CA 95060
(831) 709 - 8194


## DUI Program Enrollment or Referrals at the Janus Sobering Center

Open 24 hours, 365 days a year!


**Enroll or receive referrals at:**
Santa Cruz Sobering Center
265 Water St., Santa Cruz, CA 95060
(831) 709 - 8194

**Financial Assistance Available:**

Ask your probation officer or public defender about CAFES & AB109 funding that may be available to help cover costs of these programs.

**Medication Assisted Treatment and SUD Treatment Referrals:**

Medical Providers on site Monday through Friday, and transportation available to Janus Withdrawal Management Monday through Friday mornings.

**Comprehensive Support:**

Get assistance from case managers and peer support specialists with MediCal Enrollment and other supportive services you might need.

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# Questions ???


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