Alameda County Crisis Services System
An Integrated Approach

Alameda County Board of Supervisors’ (BOS) Presentation
Joint Health & Public Protection Committee
Monday, September 27, 2021

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Countywide Crisis Services System & Response

- Emergency Medical Services
- Fire Departments
- Law Enforcement
- Hospital Emergency Departments & Urgent Clinics
- Alameda County Behavioral Health Care Services
- City Partners
- Community Based Organizations
County Response & Healthcare Coordination
A Systems Approach
County Response & Healthcare Coordination

A Pilot Program Update:

Community Assessment, Transportation, Linkage, and Treatment (CATT)
County Response & Healthcare Coordination: Community Assessment, Transportation, Linkage, and Treatment (CATT)

- CATT is staffed by Emergency Medical Technicians (EMT) and clinician, 7am-11pm, 7 days/week
- Oakland, San Leandro, Hayward, Fremont
- **Goal:** Determine if and how collaboration among agencies can contribute to developing an effective and efficient response system.

**Primary Clinical Objectives:**
- Reduce the amount of time law enforcement is on scene during mental health crises
- Reduce 5150/5585 rates and increase use of voluntary services
  - Diversion to right matched care
  - Care coordination
  - Transportation
  - Post crisis follow-up and linkage
County Response & Healthcare Coordination:  
Community Assessment, Transportation, Linkage, and Treatment (CATT)

- CATT Dispatch by City (July 21, 2020 – June 19, 2021)

<table>
<thead>
<tr>
<th>City</th>
<th>CATT</th>
<th>%</th>
<th>EMD</th>
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<td>Hayward</td>
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<td>San Leandro</td>
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County Response & Healthcare Coordination: Community Assessment, Transportation, Linkage, and Treatment (CATT)

- **758** consumers served by CATT (July 21, 2020 – July 9, 2021)
- Calls ranged from 5-93 years of age
- High number of individuals their late 20’s – early 30’s
- Gender:
  - Male (62.25%)
  - Female (33.90%)
  - Unknown (not reported, non-gender = 3.38%)
  - Other (i.e., non-gender conforming, two spirit, etc. = 0.35%)
  - Transgender (0.13%)
County Response & Healthcare Coordination: Community Assessment, Transportation, Linkage, and Treatment (CATT)

- 52% of CATT intervention resulted in an involuntary psychiatric hold.
- CATT dispatch distribution across cities served by CATT are roughly consistent with countywide 5150 distribution.
- For both, Oakland has the largest percentage, with second and third largest being Hayward and San Leandro.
- There is a significant drop off after the top three cities, with the fourth city (Castro Valley for CATT and Fremont for Emergency Medical Dispatch, (EMD) at less than 6% of all dispatch calls.
County Response & Healthcare Coordination:
Community Assessment, Transportation, Linkage, and Treatment (CATT)

Additional CATT data:

• Out of 758 consumers;
  • 28.5% reported being homeless/transient at the time of intervention.
  • 46.7% were not in the labor force.
  • Hayward received 29.9% of calls, San Leandro received 28.5%, Oakland received 22.3%
  • Nearly 75% of those who received CATT services only utilized the service once.
County Response & Healthcare Coordination

- Alameda County Emergency Medical Services Agency:
  - ALCO EMS; or “EMS”
  - District within the Health Care Services Agency (HCSA)
  - Local EMS Agency (LEMSA)
  - Authority to carry out oversight role derived from:
    - Division 2.5, California Health and Safety Code
    - Title 22, California Code of Regulations
County Response & Healthcare Coordination

• Alameda County Emergency Medical Services Agency (continued):
  • **EMS System includes**; dispatch centers, first responder agencies, ambulance providers, hospitals, and specialty centers for the emergency care of victims of major trauma.
  
  • **Coordinates the comprehensive emergency medical services system** through its contracted and permitted provider organizations, as well as through the development and implementation of policies and procedures for prehospital care.
Emergency Medical Services (EMS)

- **Scope of Work and Training:**
  - EMTs and Paramedics are medical clinicians who are accustomed to working “in the field”; and who are skilled at building rapport as well as performing assessments, triage and navigation.
  
  - All work performed by EMS clinicians must fall within their current scope of practice*.

  - While EMS clinicians interact and engage with behavioral health clients on a regular basis, additional behavioral health specific training is necessary (particularly when providing more focused services to this population).

*The expansion of EMS scope of practice requires approval by the State of California and the revision of legislation governing these regulations.*
Emergency Medical Services (EMS)

- **9-1-1 Initiated Alternative Transportation Models:**
  - The EMS System is divided into Exclusive Operating Areas (EOAs). The EOAs provide exclusivity to an entity to provide 9-1-1 ambulance transport services which currently includes the transport of behavioral health clients.
  
  - The EMS Agency should be consulted in all cases when an entity besides the EOA contracted transport providers are considering transport of mental health clients.
Current ACBH Crisis System Overview

- Community Assessment, Transportation, Linkage, and Treatment (CATT)
- Mobile Evaluation Team (MET)
- Mobile Crisis Team (MCT)
- Crisis Connect/Post Crisis Follow-Up Team
- Familiar Faces (high utilizer team within ACBH Crisis Services)
- Community Connections (homeless outreach within ACBH Crisis Services)
- Crisis Stabilization Unit (CSU) & Crisis Residential Treatment (CRT)
- Emergency Departments & Acute Psychiatric Inpatient Units/ Psychiatric Hospital Facilities (PHF)
Alameda County
Crisis Response & Coordination
A Systems Approach
Key Crisis System Elements

• Outreach & Engagement
• Prevention & De-Escalation
• Crisis Response & Intervention
• Community Assessment, Transportation, Linkage, and Treatment
• Follow up & Care Coordination
County Crisis Services System - Approach

Key Crisis System Elements:

- Outreach & Engagement
- Prevention & De-Escalation
- Crisis Response & Intervention
- Community Assessment, Transportation, Linkage, and Treatment
- Follow up & Care Coordination

Outreach & Engagement

- In-Home Outreach Teams (IHOT)
- Homeless Outreach Teams
- Law Enforcement Outreach Teams
- Crisis Services Outreach Teams
County Crisis Services System - Approach

Key Crisis System Elements:

- Outreach & Engagement
- **Prevention & De-Escalation**
- Crisis Response & Intervention
- Community Assessment, Transportation, Linkage, and Treatment
- Follow up & Care Coordination

**Prevention & De-Escalation**

- Crisis Intervention Training (CIT)
- Peer-Based Strategies
  - Peer Respite Centers
  - Community Connections
  - Familiar Faces
  - MACRO – City of Oakland
- Outreach & Engagement Teams
County Crisis Services System - Approach

Key Crisis System Elements:

- Outreach & Engagement
- Prevention & De-Escalation
- **Crisis Response & Intervention**
- Community Assessment, Transportation, Linkage, and Treatment
- Follow up & Care Coordination

*Crisis Response & Intervention*

- Mobile Crisis Teams
- Onsite Response Teams
- Telephone Consultation/ On-Call Phone Response
- Telehealth Crisis Response & Consultation
- 5150/5585 Designation
- Mobile Evaluation Team (MET)
County Crisis Services System - Approach

Key Crisis System Elements:

- Outreach & Engagement
- Prevention & De-Escalation
- Crisis Response & Intervention
- Community Assessment, Transportation, Linkage, and Treatment
- Follow up & Care Coordination

Community Assessment, Transportation, Linkage, and Treatment

- Community Assessment & Transport Team (CATT, BH & Medical Triage)
- Community Triage Centers (clinic-based, including primary care via Beacon/ Health Centers)
- Crisis Stabilization Units
- Crisis Residential Treatment
- Emergency Department/ Acute Crisis & Inpatient Care
County Crisis Services System - Approach

Key Crisis System Elements:

• Outreach & Engagement
• Prevention & De-Escalation
• Crisis Response & Intervention
• Community Assessment, Transportation, Linkage, and Treatment
• Follow up & Care Coordination

Follow Up & Care Coordination

• Primary Care Clinics (Mild/Moderate)
• Outpatient Follow up (County/Provider System)
• Assisted Outpatient Treatment (AOT) or Community Conservatorship
• Wellness Visits/ Peer or Family Based System Navigation
Key Crisis System Elements - Strategy

- Outreach & Engagement
- Prevention & De-Escalation
- Crisis Response & Intervention
- Community Assessment, Transportation, Linkage, and Treatment
- Follow up & Care Coordination

☐ **STEP 1: Data-informed Approach**
  - **Assess** local jurisdiction needs (review of crisis or law enforcement calls; homelessness; Emergency Department Visits; etc.).
  - **Select** top Key Alameda County System Element(s) aligned with local need.
  - **Target** and prioritize highest priority program to further explore; including location.
  - **Develop** performance metrics based upon program goal and purpose.

☐ **STEP 2: Determine Capacity**
  - **Identify** local resources
  - **Establish** partnerships
  - **Formalize** work & process flows, including County/Provider referrals and linkage

☐ **STEP 3: Program Development & Launch**
Key Crisis System Elements: Phased Approach & Prioritization

- Outreach & Engagement
- Prevention & De-Escalation
- Crisis Response & Intervention
- Community Assessment, Transportation, Linkage, and Treatment
- Follow up & Care Coordination

- PHASE 1: Crisis System Redesign Implementation
- PHASE 2: System Capacity & Coordination
- PHASE 3: Monitoring & System Improvements
Questions? Comments?
thank you!