

From: [Trish Spencer](#)
To: [Lara Weisiger](#); [Yibin Shen](#)
Subject: Fwd: [EXTERNAL] Alameda Family Services - CARE TEAM Q3 REPORT
Date: Tuesday, October 4, 2022 2:39:18 PM
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[AFS CARE Team Quarterly Report, Q3 Sept.2022.pdf](#)

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From: Katherine Schwartz <kschwartz@alamedafs.org>
Date: Oct 4, 2022 12:43 PM
Subject: [EXTERNAL] Alameda Family Services - CARE TEAM Q3 REPORT
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Cc:

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Hello,

Please find attached Alameda Family Services' CARE Team Quarterly Report. I know Chief Luby will be reporting out on AFD/AFS data this evening and wanted to make sure to share the full report from AFS as well.

Thank you and I look forward to answering and questions you may have this evening.

Warm regards,

Katherine

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CARE Team Quarterly Report Year 1, Quarter 3

Dates of Service: June 17 2022 - Sept. 16 2022
Prepared & Submitted October 2022

I. Overview

The Alameda Community Assessment Response Engagement (CARE) Team is a pilot program approved by the Alameda City Council and funded by the City of Alameda that utilizes a mobile crisis team staffed by a licensed Paramedic and an Emergency Medical Technician (EMT). The CARE Team is designed to provide mental health assessments and medical clearances in the field for community members experiencing a crisis within the City of Alameda. The Alameda Fire Department (AFD) operates the pilot program in conjunction with 24/7 support from Alameda Family Services (AFS). Paramedic personnel, who have received training on behavioral health, including crisis de-escalation, safety planning, and psychiatric-holds criteria, respond to mental health crises and contact licensed clinicians from AFS for clinical consultation regarding clinical interventions and verification of the need for involuntary holds, or 5150/5585. In cases where de-escalation and safety planning are not sufficient to support safety, the CARE Team can provide diagnostic assessments, identify the most appropriate interventions, and provide transportation. Their primary goal is to reduce unnecessary hospitalizations and visits to emergency rooms, including psychiatric emergency services, and reduce police involvement in mental health crisis response. The CARE Team will divert community members to voluntary alternatives to hospitalization and can write involuntary holds (5150/5585) when needed. All non-violent mental health calls that receive responses from the CARE Team receive referrals for follow-up intensive clinical case management with AFS. The work of the AFS clinical case managers (CCM) addresses the program's goal of reducing future crises by assessing and providing needed linkage to services, resources, and support.

II. Program Accomplishments

A. Expanding Staff and Services: AFS On-Call Clinical Consultation & Case Management Follow-up

AFS has continued to deliver 24/7 on-call licensed clinician consultation by phone and in person to paramedics requesting support in the field since the program's launch in December 2021. AFS's highly experienced, licensed clinicians have provided seamless



daytime, overnight, and weekend coverage 24/7 and we are fully staffed for the On-Call portion of our services and meeting program needs. Last quarter's hiring of a second CCM staff member has allowed AFS to fully serve the needs of ongoing clients, while attending to the steady flow of new referrals.

B. Program Infrastructure Improvements

AFS continued to refine the infrastructure set-up for the AFS CARE Team staff, including the development of various trainings, attendance of internal program meetings, collaboration meetings with AFD, continued data system buildout, and various quality improvement (QI) and quality assurance (QA) activities. AFS CARE Team staff met biweekly during the quarter to refine our program policies and procedures, charting and data collection templates for our EHR system, and other program building and QA review structures. The CARE Team clinical staff continued meeting weekly, including all on-call clinicians, the CCMs, and the Program Supervisor, for clinical supervision, updates on policies and procedures, training on data collection, QA discussions, and other programmatic support. The AFS Executive Director, Operations Director, and the CARE Team Program Supervisor continue to meet regularly with the AFD Chief of Operations, attending AFD QA/Documentation meetings regularly, and continue to work to improve upon existing training, documentation, and QA activities to support oversight of the program and accurate reporting of activities. Case reviews continue to be discussed and feedback has been continuously sought from paramedics doing the work in the field.

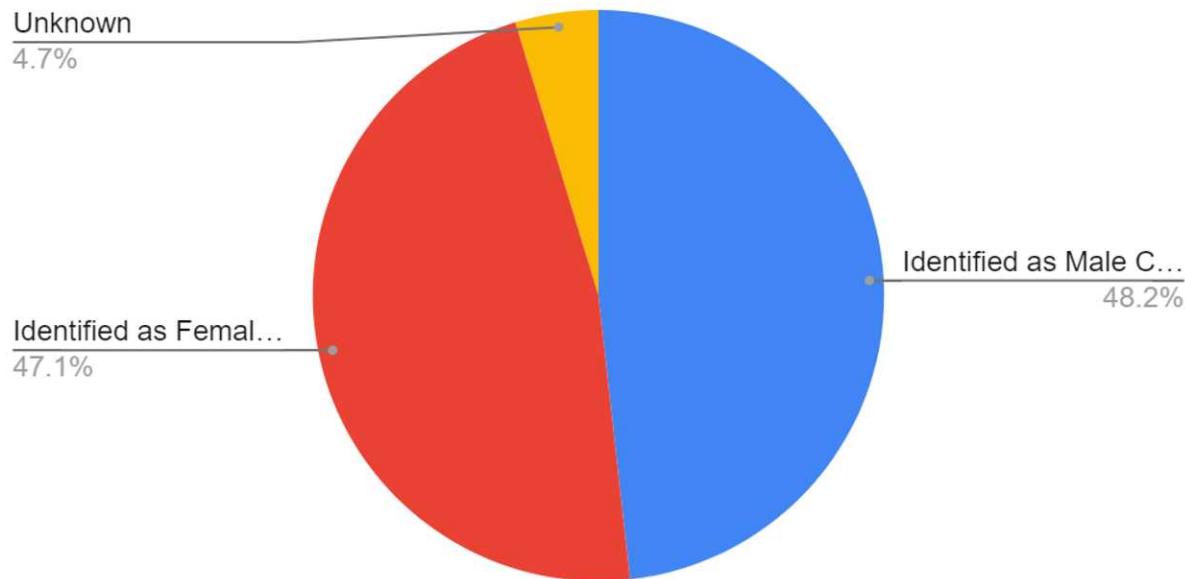
III. Program Data

A. Client Demographics

During the third quarter, the AFS clinical case managers received 149 referrals; 85 of the referrals were unduplicated cases. Fifteen (15) cases were referred multiple times and have been identified as high users of emergency services. Of the 85 unduplicated clients, not all accepted case management services, and some of the demographic data remains incomplete due to identified challenges with data collection practices (i.e., clients refusing to answer, etc.). However, collected client data shows that 48.2% identified as male, 47.1% identified as female, with 4.7% unknown. For the client's ethnicity, 41.2% were identified as Caucasian, 25.9% African American, 15.3 % Asian, 11.8% Hispanic/Latino, 2.4% Pacific Islander, and 3.5% unknown. The age range of clients varied, with 7 clients 18 years-old and under, 6 clients transition age youth (19-24), and the majority of adults in the 30-39 range. The data charts below provide more detail.

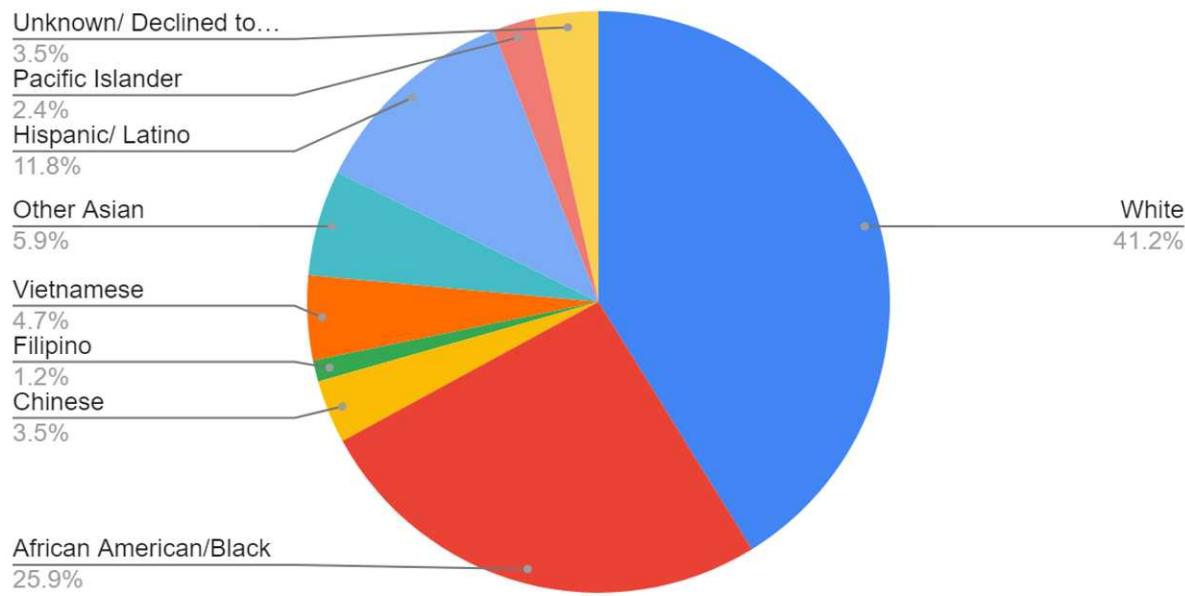
CARE Team Clients by Gender, Quarter 3

(6/17/2022 - 9/16/2022)



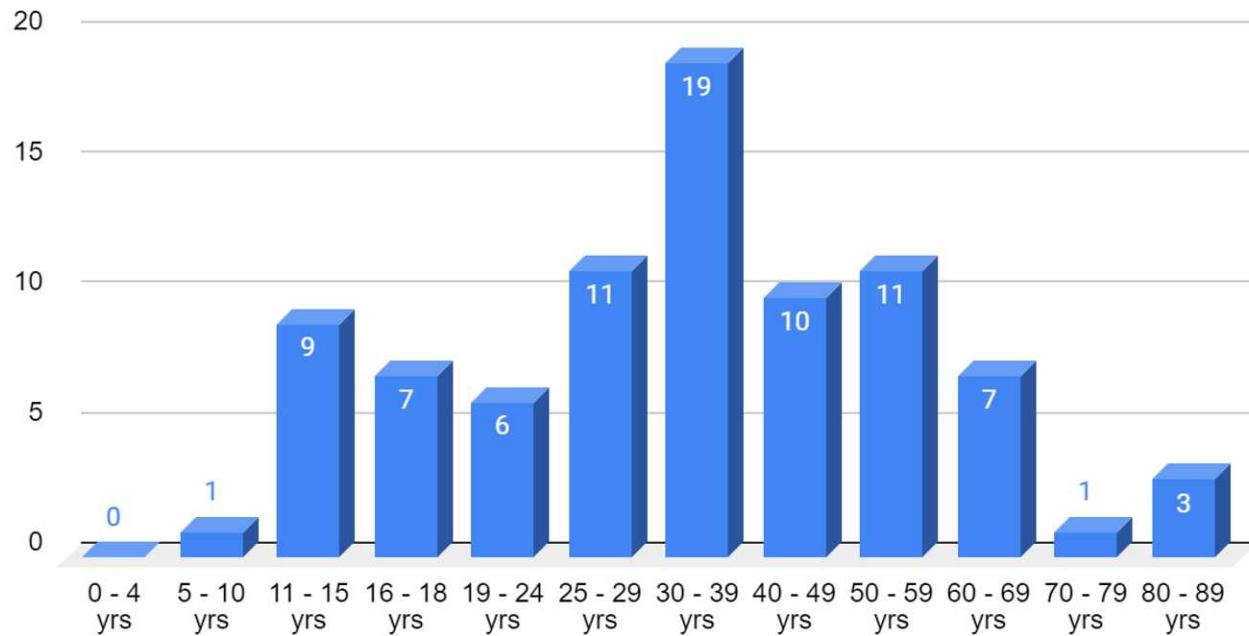
CARE Team Clients by Ethnicity, Quarter 3

(6/17/2022 - 9/16/2022)



CARE Team Clients by Age, Quarter 3

(6/17/2022 - 9/16/2022)



B. On-Call Clinical Consultation

All on-call clinicians continue to use the OpenPhone application, and are notified while active on the app during their shift when a consultation is requested through a phone call from the paramedics and EMTs in the field. This continues to be an efficient way to receive notification of need and begin the consultation process immediately. Although on-call clinicians are available if needed to provide consultation in the field, paramedics have not requested in person support during this quarter, as phone consultation has been found sufficient to make determinations and receive the clinical support they need to address mental health assessments, de-escalation, safety planning, and 5150/5585 determination. One in-person consultation took place as the need for a CARE Team assessment was located at AFS's outpatient therapy location for an active therapy client and the on-call clinician was present at the office, which allowed for effective in person collaboration. Feedback from on-call clinicians and paramedics/EMTs continues to be very positive, suggesting that the collaboration has felt productive and supportive in providing the best intervention to clients and families. The on-call clinicians have continued documenting detailed notes in the AFS electronic health record (Exym) and sending emails to the CCMs notifying them that there is a new referral. This process continues to be efficient for rapid referrals to CCM when the on-call response is

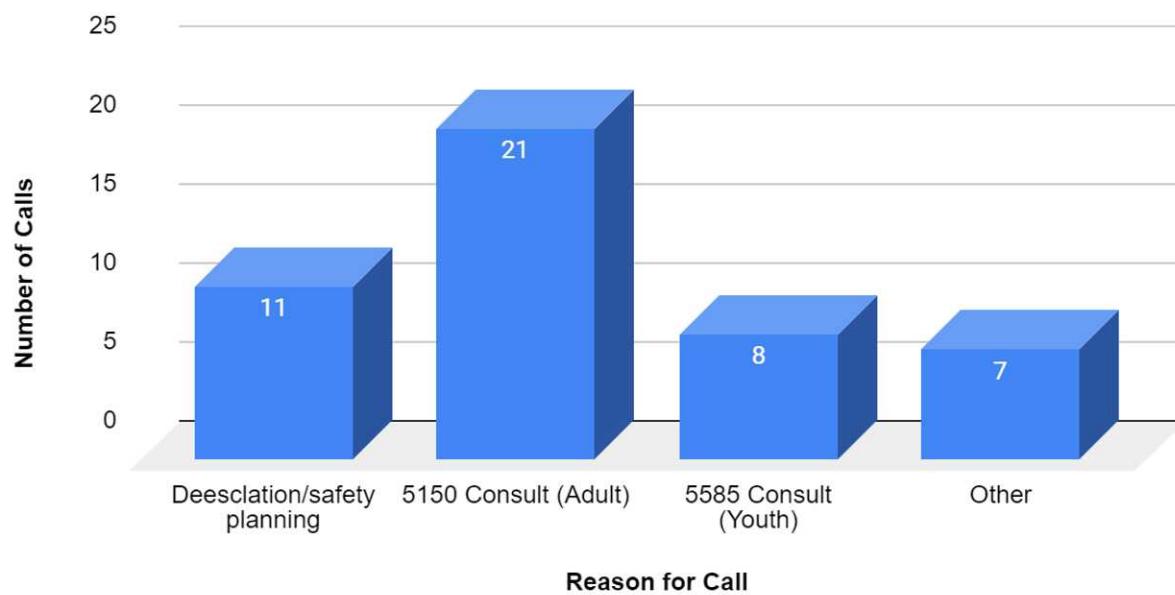


complete. The CCMs have found the process helpful in their ability to receive referrals and to be fully versed in the details of the crisis call to then begin outreach to the client and/or the client's family in a timely manner. All on-call clinician documentation and EXYM charting have received QA review by AFS QA staff.

During the third quarter, 47 on-call consultations were provided to paramedics in the field. Reasons for the clinical consultation calls from AFD and the outcome of those calls are shown in the data charts below. There are a significant number of cases where the outcome of the consultation support and collaboration with paramedics was de-escalation and safety planning and involuntary holds (5150/5585) were avoided. Only 18 of cases resulted in involuntary holds.

AFS On-Call Clinician Consultation Calls, Quarter 3

(6/17/2022 - 9/16/2022)



AFS On-Call Clinician Call Outcomes, Quarter 3

(6/17/2022 - 9/16/2022)



C. Case Management

AFS clinical case managers received 149 referrals from the CARE Team paramedics/EMTs, the on-call clinicians, and Alameda Police Department (APD). APD sent 3 Referrals. CCMs continued to provide short-term, intensive case management with the goal of increasing stabilization and decreasing the need for future crisis response. Of the 149 referrals, 85 were unduplicated cases and 15 were high utilizers of the emergency services, resulting in multiple referrals to CCMs.

Of the 85 unduplicated referrals for case management services during this period, some could not be reached and others declined services. Of the clients who were contacted, some are still in outreach (meaning they have not consented to services, but the CCM is actively working to engage them), and others are in active case management (meaning they are in close contact with the CCM and receiving referrals and linkages to supportive services), and others have completed case management services and their case is closed. During this period, 39 clients received active case management services. The chart below provides details on the CCM referrals in the third quarter and the status of the clients.

The AFS clinical case managers offered clients referrals and resource linkages for services with a variety of organizations serving the client's needs. The CCMs also assisted clients with applications for public benefits/entitlements, such as Medi-Cal, CalFresh, Unemployment, and Food Stamps. When the client has been linked to services and resources, the CCM ends active services; follow-up includes a 30-day and

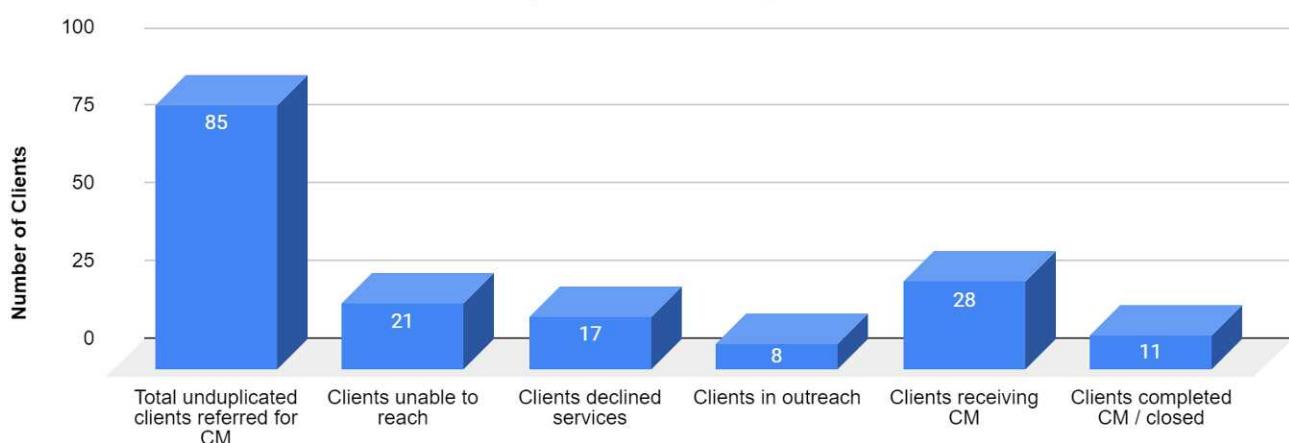
60-day check-in to ensure that the client is engaged in services that are helpful. At that time, the CCM offers any additional services the client may need. The data charts on the following pages show the CCM referrals by type and also by organization for the third quarter.

AFS CCM Client Referrals

211	18
ACCESS	34
Adult Protective Services	2
Alameda Family Services	3
Bay Area Legal Aid	3
Child Protective Services, Alameda County	1
Crisis Support Services	6
Medi-Cal Insurance Assistance	5
Regional Ctr of East Bay	1
Social Services	6
Village of Love	5
Other	67

Clients Referred for Case Management, Quarter 3

(6/17/2022 - 9/16/2022)



Client satisfaction surveys regarding the CCM services are performed by an AFS program assistant who collects and shares the results with the AFS CARE Team Program Supervisor and QA staff. Of the clients who responded to the CCM Client Satisfaction Survey, 83% felt that their CCM had offered services and resources to match their needs, 83% felt that their involvement in CCM services helped decrease their need for further emergency services, and 100% felt that they had received helpful emotional support from their CCM.

IV. Client Success Stories

The CARE Team continues to feel proud of the impact on the individuals/families being served by the program and the overall impact on our community. Each quarter, we will highlight a few client success stories to better illustrate the benefits of the CARE Team. This quarter, we are sharing three client success stories.

A. Client #1

Client is in their early 30s. This client had multiple interactions with law enforcement and an arrest with ADP. ADP brought in the CARE Team for a client mental health assessment. The client was then referred to the CCM and the client at first did not respond to outreach efforts. The CCM continued with outreach efforts for several weeks and eventually the client accepted services. The CCM and client worked together to connect to mental health and psychiatry services and the client began taking prescribed psychotropic medication. This helped the client to reduce their challenging symptoms and increase their level of functioning. The client then was able to apply for General Assistance and CalFresh with support from the CCM. The client is very proud of themselves for their follow through and their current level of stability. There have been no further incidents resulting in contact with law enforcement since case management began.

B. Client #2

Client had contact with the CARE team due to others seeing them crying on the sidewalk. The CARE team utilized the on-call clinician for consultation and together, they deemed the client as not meeting criteria for 5150. The client welcomed a referral to case management services. The client is currently living in their car and did not have gas or a way to charge their phone if they weren't able to run their car. The client was also low on food. The CCM was able to provide them with a gas card and a referral to the Alameda Food Bank. The client filled their car with the gas card and headed straight to the Alameda Food Bank to sign up. They were able to charge their phone to make necessary calls. The following week the CCM

introduced the client to the Village of Love where they had an intake and were eligible for services and a safe parking lot for them to park their car. The client provided direct feedback that they found the CARE Team Paramedic and EMT very kind, supportive and helpful and that they felt they had been treated very respectfully, which is what made them open to CCM services.

C. Client #3

An under 12 year-old youth received a CARE Team call due to suicidal ideation leading to dangerous behavior with the intent to harm. The CARE Team and on-call clinician developed a safety plan that eliminated the need for immediate hospitalization. The family was referred to the CCM, who assessed their needs and connected the family to therapy. The family engaged in therapy for several weeks and during one session, the youth was actively meeting criteria for a 5585 and their therapist contacted the CARE Team. The CARE team had in person consultation from the on-call clinician at the therapy site and the CARE team engaged in a long assessment and safety planning session. When it became clear that the youth would not be safe to return home, the parents agreed to follow the CARE team van while the CARE team transported the youth to the hospital for a 5585. Although the parents were concerned that the youth would be scared of going with the CARE team, the youth had clearly connected to the Paramedic and was very interested in the CARE team van and got into the van happily and stayed calm throughout the transport. The hospitalization increased the level of care that the youth could receive from their insurance plan to support the level of care needed to work towards stabilization.

V. Training

During this quarter, AFS provided opportunities for the CARE Team members to attend an AFS facilitated, drop-in vicarious trauma supportive meeting. Three meetings were available to staff to cover all shifts in one week, and information was provided to members that attendance was voluntary and that the goal of the group was to provide support around the impact of the work and ways to decrease or prevent vicarious trauma. A survey was sent out to all CARE Team members requesting information about their supportive needs and to ask what they need in order to feel supported doing the work. This information will be used to continue development of supportive programming to assist the paramedics and EMTs with the impact of the work on their mental health and well being

VI. Program Challenges

Supportive programming is being developed to assist AFD staff in mitigating the impact of the work on their mental health. Groups were requested by AFD CARE Team staff to provide an opportunity to share in a supportive environment and to receive recommendations on ways to decrease vicarious trauma. Unfortunately, attendance was quite low during the first month of groups. There will be ongoing efforts to obtain direct feedback on the needs of the first responders and to increase our understanding of how best to provide support and develop programming that will be utilized.

AFS continues our data collection collaboration with AFD, to provide better data analysis for robust reporting of CARE Team services. A focus on common data points and aligning our reporting information continues to be the focus of our meetings and development in our electronic health records. Next quarter, our efforts will focus on the development of more detailed data to better define where we are referring our CCM clients..

The county-wide 988 Hotline began in July, and AFS and AFD met with the 988 leadership team. The focus of the meeting was to collaborate on ways that the CARE Team can be utilized when Alameda residents contact 988 only, which potentially would bypass in-person contact and follow up from our CARE team and CCM. Currently hotline calls that do not require emergency assistance do not result in a referral to the CARE team. This collaboration will need to continue to ensure that Alameda residents have access to the CARE team when needing MH support.