Alameda CARE Team Update: Recommendation to Transition to Permanent Program

February 21, 2023 - Nicholas Luby – Alameda Fire Chief

CARE TEAM PILOT

12/16/21 – 12/16/22

- REVIEW PROGRAM OBJECTIVES
- DATA COMPARISON TO OBJECTIVES
- PILOT PROGRAM HIGHLIGHTS
- PATH FORWARD

CARE TEAM OBJECTIVES

1. Provide alternatives for Alameda Police Department (APD) to decrease responses/interactions with community members experiencing a mental health situation
2. Allow APD to increase Officer availability for other calls for service
3. Provide mental health and social services to community members who previously had limited options
4. Reduce the need to use emergency services to stabilize mental health and address addiction recovery/stabilization
5. Reduce the use of Alameda City emergency response resources for 5150 calls by reducing the need for involuntary 5150/5585 holds
6. Reduce impacts on local hospitals and psychiatric facilities by reducing transportation of clients to these facilities (e.g. Alameda Hospital).
7. Provide services to community members that have historically not had access to services that can assist in navigation

Alameda CARE Team (ACT) Activities 12/16/21 – 12/16/22

1,146 Total Responses

738 CARE Team Responses

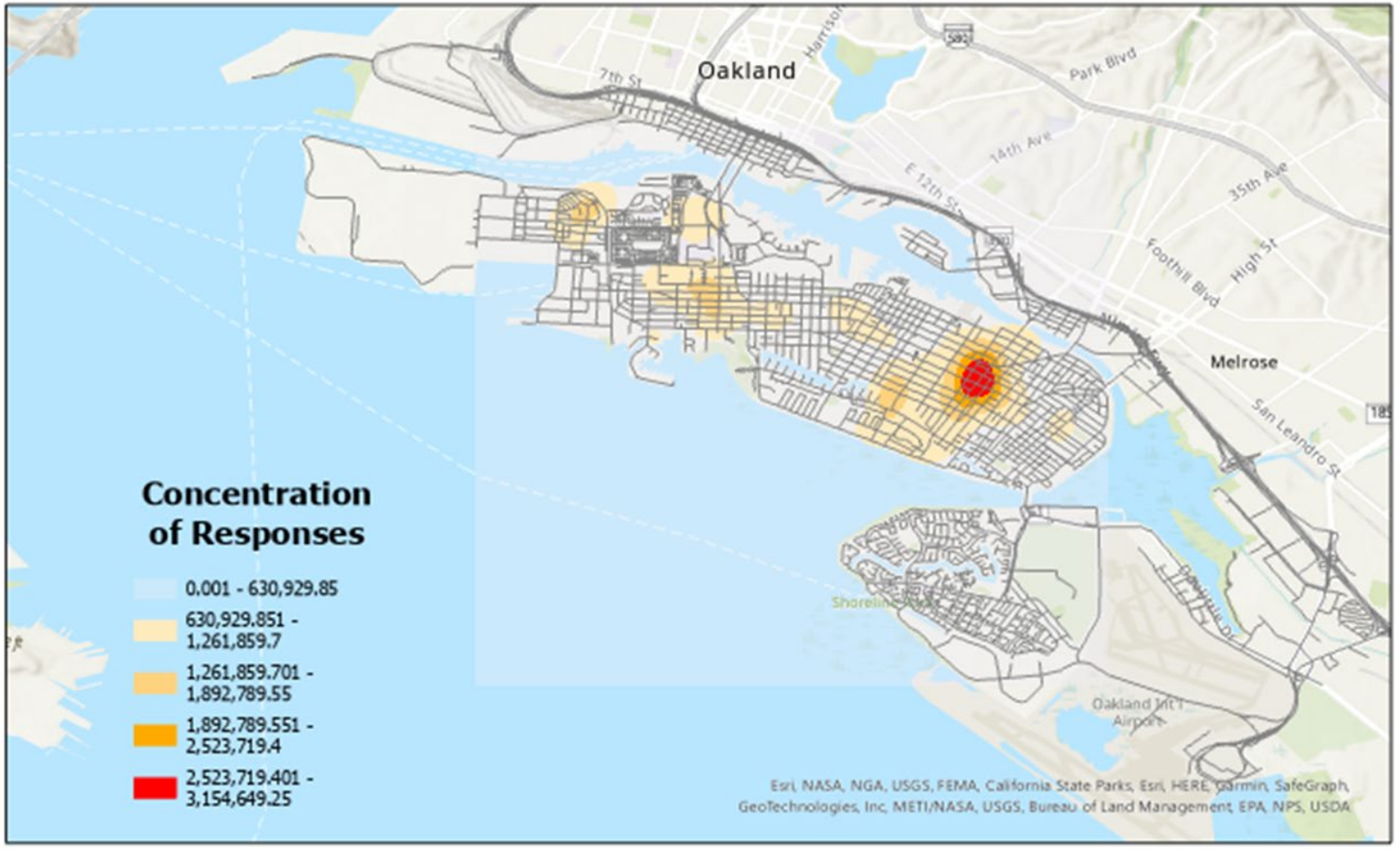
621 Care Team Client Engagements

- **AVG 96 Responses /Month**
- **134% increase in engagements from the previous year**

CARE Team Demand for Service

- PARK STREET
- WEBSTER STREET
- SOUTHSHORE CENTER
- ALAMEDA HOSPITAL
- NW ALAMEDA POINT

Concentration of CARE Team Calls by Location



OBJECTIVE

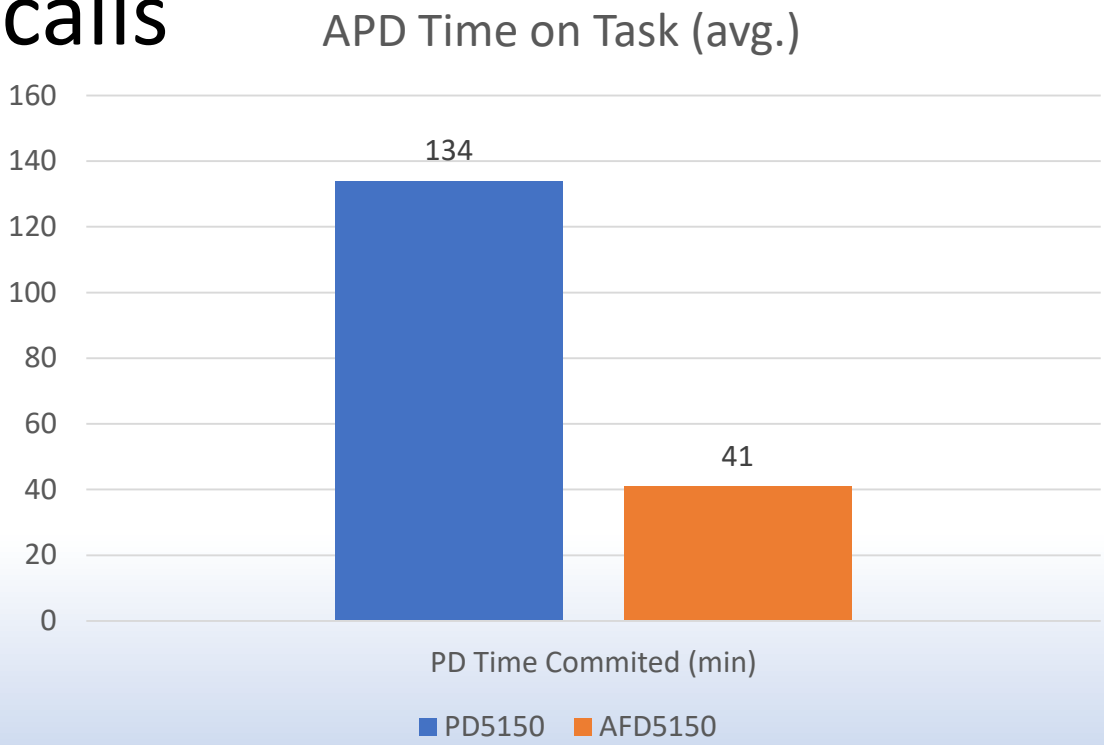
1. Provide alternatives for Alameda Police Department (APD) to decrease responses/interactions with community members experiencing a mental health situation
2. Allow APD to increase Officer availability for other calls for service

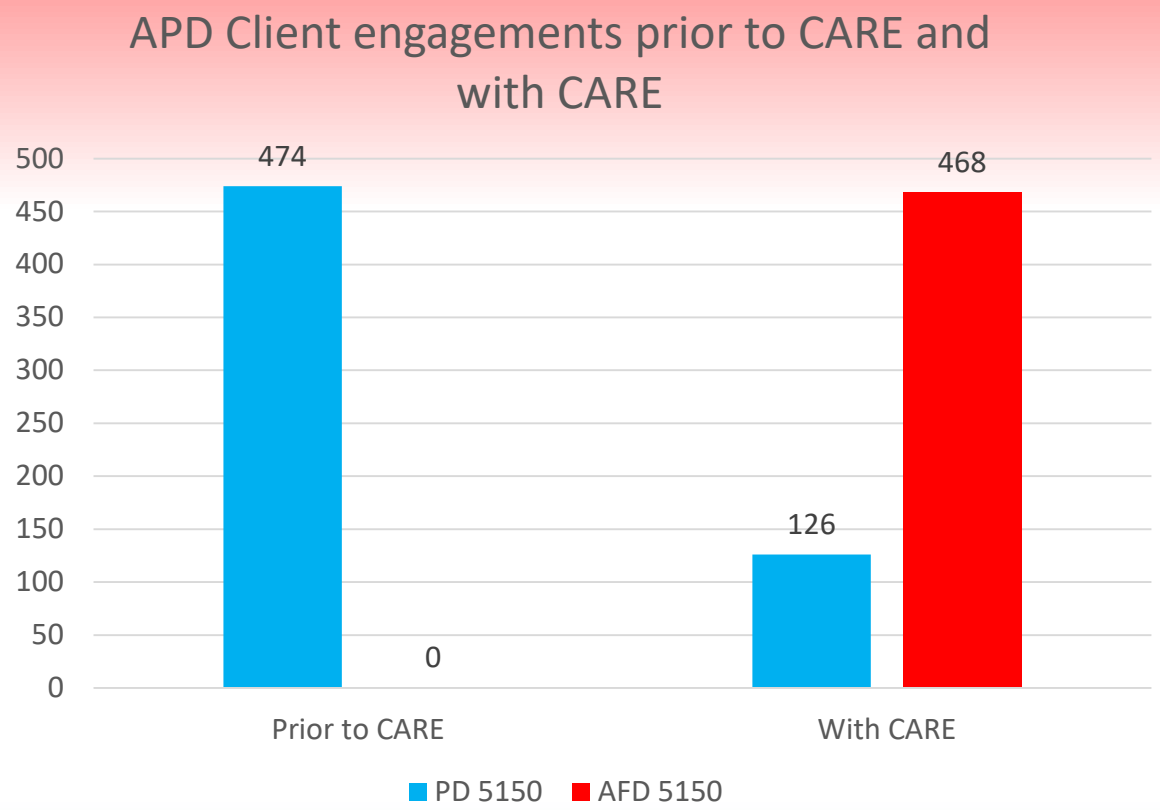
POLICE DEPARTMENT RESPONSES

- Met: Decreased interaction by APD because Alameda Fire took lead on CARE Team calls
- Met: Decreased APD time spent on scene
  - Once the scene was secured, APD was released by the CARE Team for other duty

POLICE DEPARTMENT RESPONSES

- Met: Decreased APD interactions utilizing CARE Team as lead on calls





- Met: Decreased APD time spent on scene

POLICE DEPARTMENT RESPONSES

- APD had increased calls due to pilot program
  - Citywide requests for mental health crisis support and the CARE Team increased during the pilot.
  - APD responded to all calls during the pilot while Alameda Fire personnel completed full training and obtained field experience
  - APD will no longer be necessary on CARE Team calls except for reports of weapons and/or the client is violent go forward.
  - APD responses are projected to decrease by 75% with this change

OBJECTIVE

3. Provide mental health and social services to community members who previously had limited options
4. Reduce the need to use emergency services to stabilize mental health or address addiction recovery/stabilization
5. Reduce the use of Alameda City emergency response resources for 5150 calls by reducing the need for involuntary 5150/5585 holds

PROVIDING MENTAL HEALTH OPTIONS/ FREEING UP RESOURCES

- Met: Before CARE, all calls for mental health responses required an AFD engine, ambulance, and APD to respond. CARE has reduced the use of AFD and APD resources. Engines and Ambulances no longer respond and APD time on task was reduced.
  - Allowed Alameda First Responders to be available for other emergencies, for example: crimes in progress, CPR, heart attacks, strokes, shortness of breath, and fires.
- Met: Alameda Fire paramedics have received special training in mental health responses and providing safety plans for clients to avoid the need for 5150 holds, but if needed, AFD can now initiate a hold without the need for a law enforcement response
- Met: Alameda Fire has completed training for de-escalation to improve services to those in crisis

PROVIDING MENTAL HEALTH OPTIONS/ FREEING UP RESOURCES

- Met: Alameda County now allows our specially trained CARE Team many more options for client transport. Examples include: Village of Love, Cherry Hill Detox, Malabar House, BART, a pharmacy, or a grocery store
- Met: Partnership with Alameda Family Services has allowed for on-scene clinical support and client case management follow-up
- Met: Before CARE APD initiated 247- involuntary 5150/5585 holds, CARE Team initiated 63 holds during the pilot (74% decrease).

PROVIDING MENTAL HEALTH OPTIONS/ FREEING UP RESOURCES

- Met: Alameda Police time spent on mental health calls has decreased
  - Going forward, APD responses are anticipated to decrease further with policy adjustment
- Met: Provided the ability for AFD engines and ambulances on medical calls to use CARE Team as an asses and refer resource.
  - Allowed for a medical care to become a CARE Team call when it was determined that the CARE Team was the best resource for the patient/client

PROVIDING MENTAL HEALTH OPTIONS/ FREEING UP RESOURCES

Before CARE Team

90% were transported, and 10% did require transport (52% transported to Alameda Hospital)

10 Destinations utilized

With CARE Team

39% were transported, and 61% did not require transport-

- **6.2% Psych Facility**
- **24.5% Receiving ED**
- **9% Alternate Destination**

(14.5% to Alameda Hospital)

23 Destinations Utilized

PROVIDING MENTAL HEALTH OPTIONS/ FREEING UP RESOURCES

- Alameda Family Services
  - 24-hour consultation with a licensed clinician for Alameda Fire and Police
  - Refer and release clients to their homes for case management follow-up
  - Follow up care from a case manager for the client within 24 hours by phone or house call
  - After initial triage and treatment, additional resources are offered to the client as needed.

OBJECTIVE

6. Reduce impacts on local hospitals and psychiatric facilities by reducing transportation of clients to these facilities (e.g. Alameda Hospital).

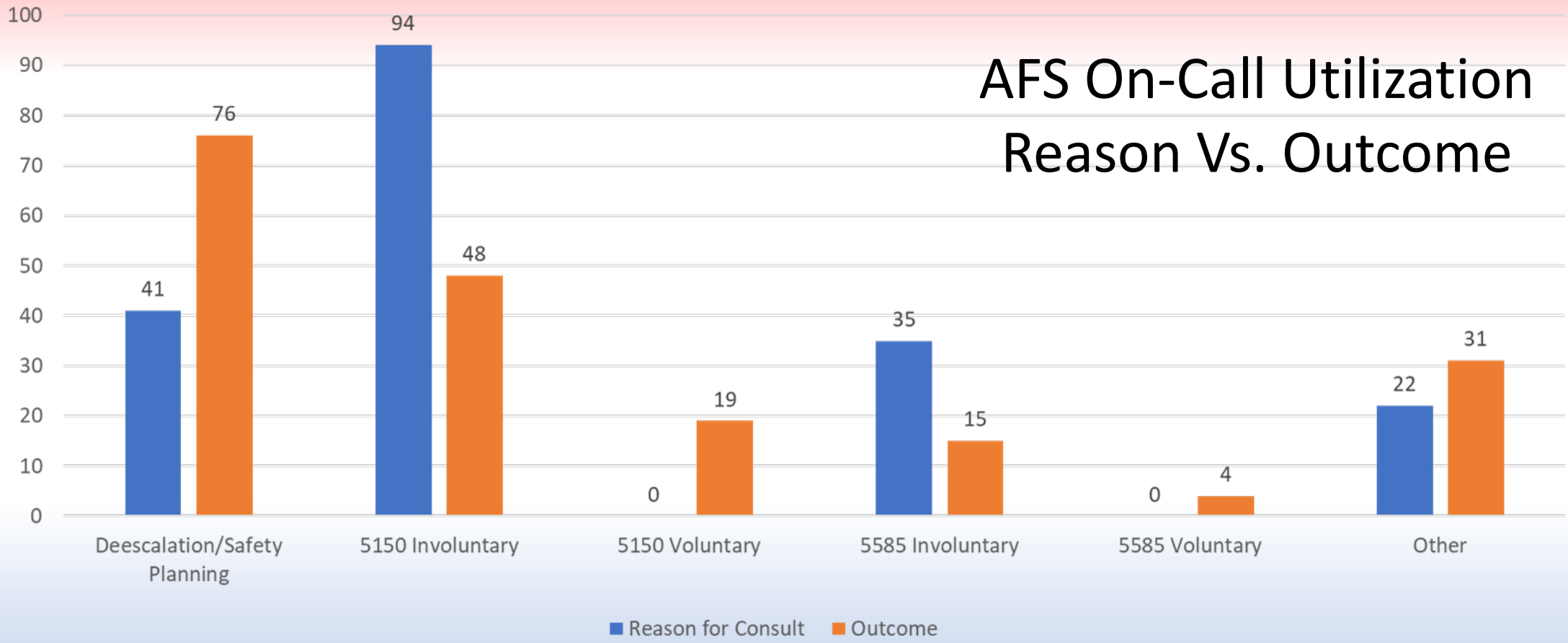
7. Provide services to community members that have historically not had access to services that can assist in navigation

REDUCE IMPACT ON LOCAL HOSPITALS/ FILL A GAP IN MENTAL HEALTH SERVICES

- Met: Due to the ability to use alternate destinations under the program scope provided by the Alameda County Emergency Medical Services Agency
  - 14% of calls were transported to Alameda Hospital (prior 52%)
  - 4.4% of calls transported to Psychiatric Hospital (prior 9.4%)
  - Total calls transport 39% (prior 90%)

- Met: Due to the specialized training of Alameda Fire paramedics and the utilization of AFS on-call services, 5150 holds have decreased
  - Decreased transport to hospital emergency rooms and psychiatric receiving facilities, specifically Alameda Health Care Systems, which includes Alameda Hospital

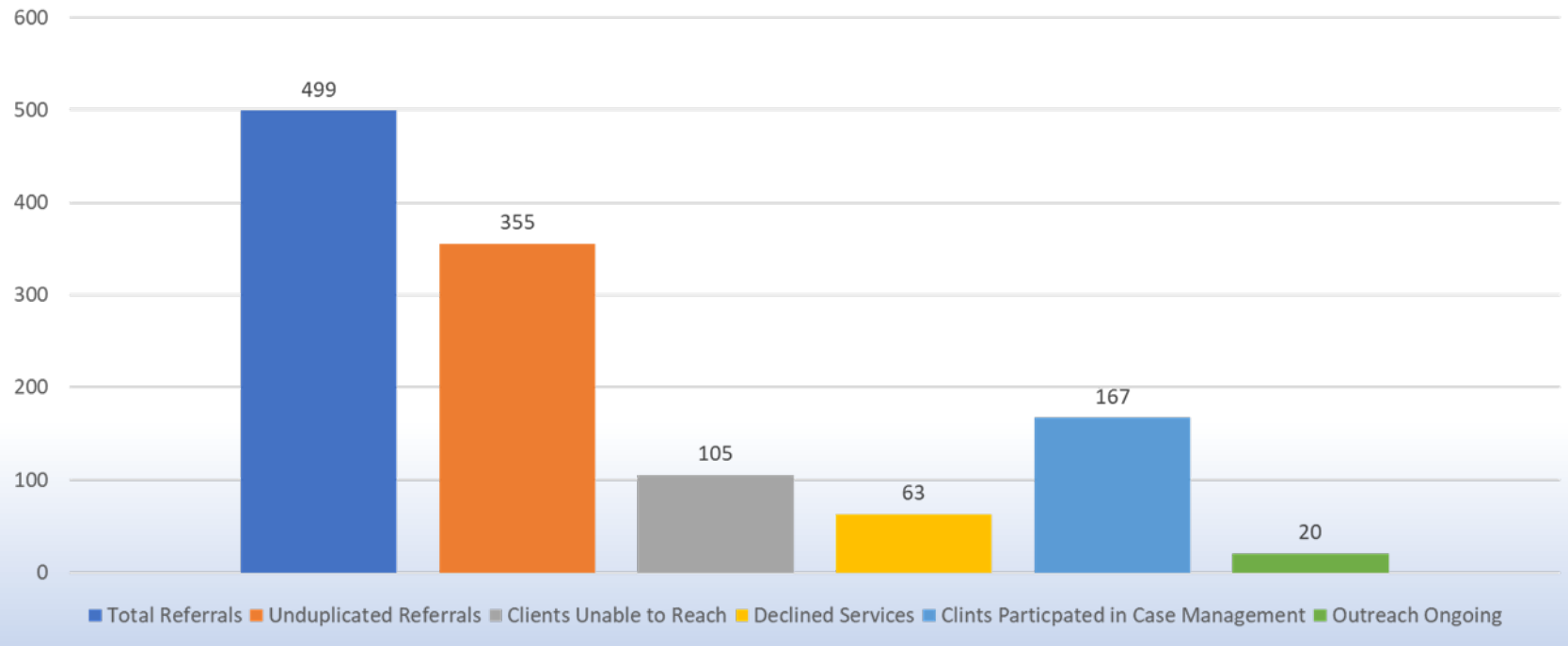
REDUCE IMPACT ON LOCAL HOSPITALS/ FILL A GAP IN MENTAL HEALTH SERVICES



REDUCE IMPACT ON LOCAL HOSPITALS/ FILL A GAP IN MENTAL HEALTH SERVICES

- 499 - Total referrals
- 355 - Unduplicated client referrals
- 32 –Agencies /Organizations utilized for client referrals to support case management

Alameda Family Services Case Management



Pilot Program Highlights

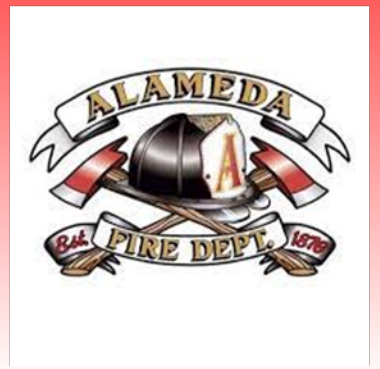
- Program funded to complete a full 12-month pilot by City Council
- AHCD allocated $250K for FY 22/23 for the pilot program
- APD/AFD strengthened interdepartmental connectivity
- State Budget FY 22-23 $1.8M was appropriated for the CARE Team.
- Pro-ACT de-escalation “train the trainer” courses completed
- All non-probationary Firefighter/Paramedics trained for CARE Team
- Initiated Vicarious Trauma/Peer Support training between AFD/AFS
- New data software program implemented (MediView)
- Program provided support to 621 clients, responding to 738 CARE Team calls for service

PATH FORWARD

- Staff recommendation: Make the CARE program permanent and incorporate into biennial budget
- Continue to evaluate dispatch protocols and impact on meeting program objectives
- Identify additional local, state, and federal funds to support the program long-term
- Continue CARE Team training for AFD personnel and work with AFS to identify additional training opportunities
- Monitor and address the mental health of CARE Team responders
- Recruitment of Management Analyst
- Collaborate on ways to assist clients long-term that need reoccurring support from the CARE Team-monitor new mental health programs being implemented locally and statewide to assist those needing additional services

NARCAN UTILIZATION-2022

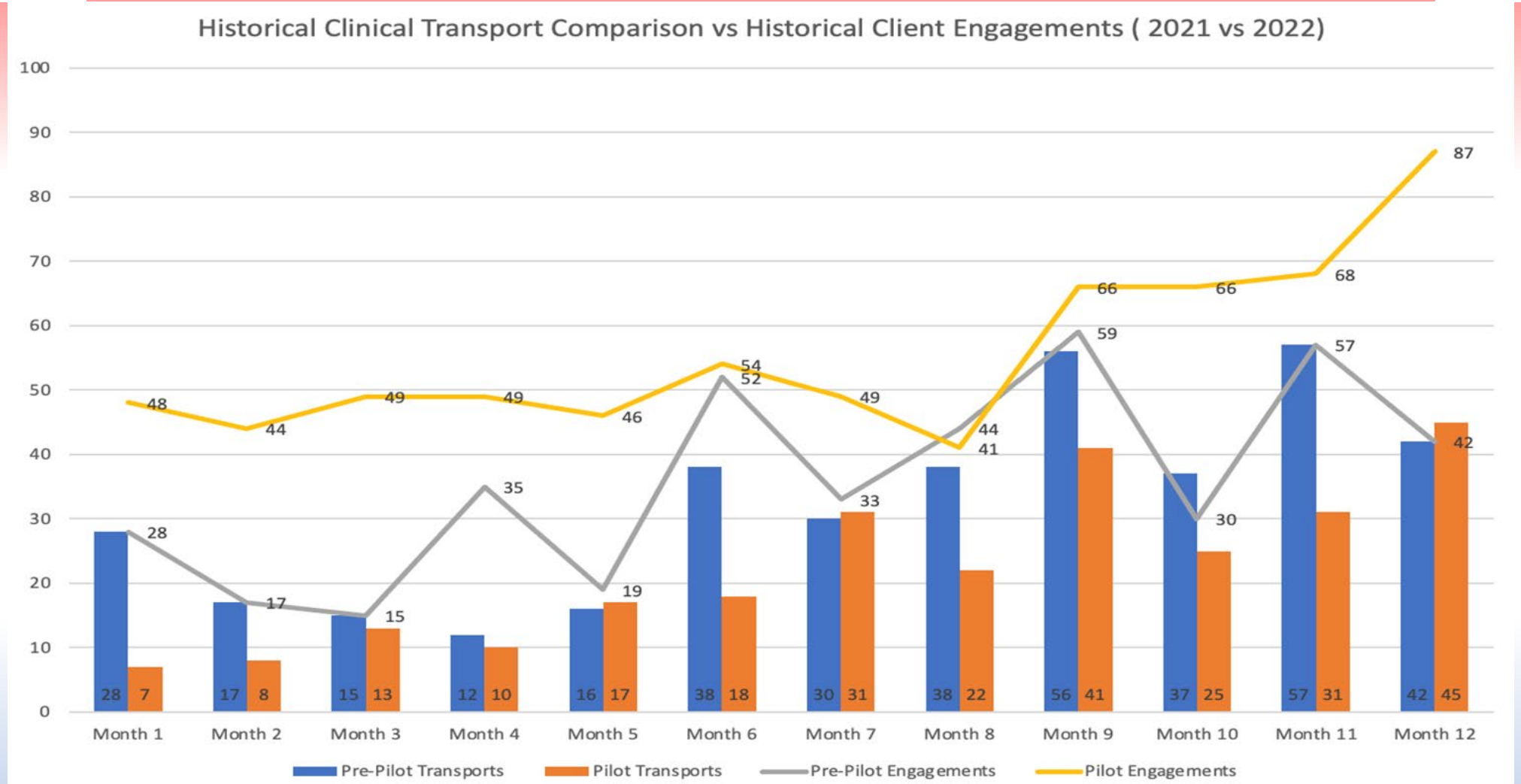
- ZERO UTILIZATION BY CARE TEAM
- NARCAN ADMINISTERED BY AFD 44 TIMES
- NARCAN ADMINISTERED BY APD 4 TIMES
- 14 INSTANCES HAD OPIATES OR NARCOTICS DOCUMENTED
- NARCAN WAS UTILIZED ON FOUR CARDIAC ARRESTS
- AGE RANGE OF ADMINISTRATIONS FOR AFD 28-93 YEARS OLD
- MEDIAN AGE WAS 41 YEARS OF AGE



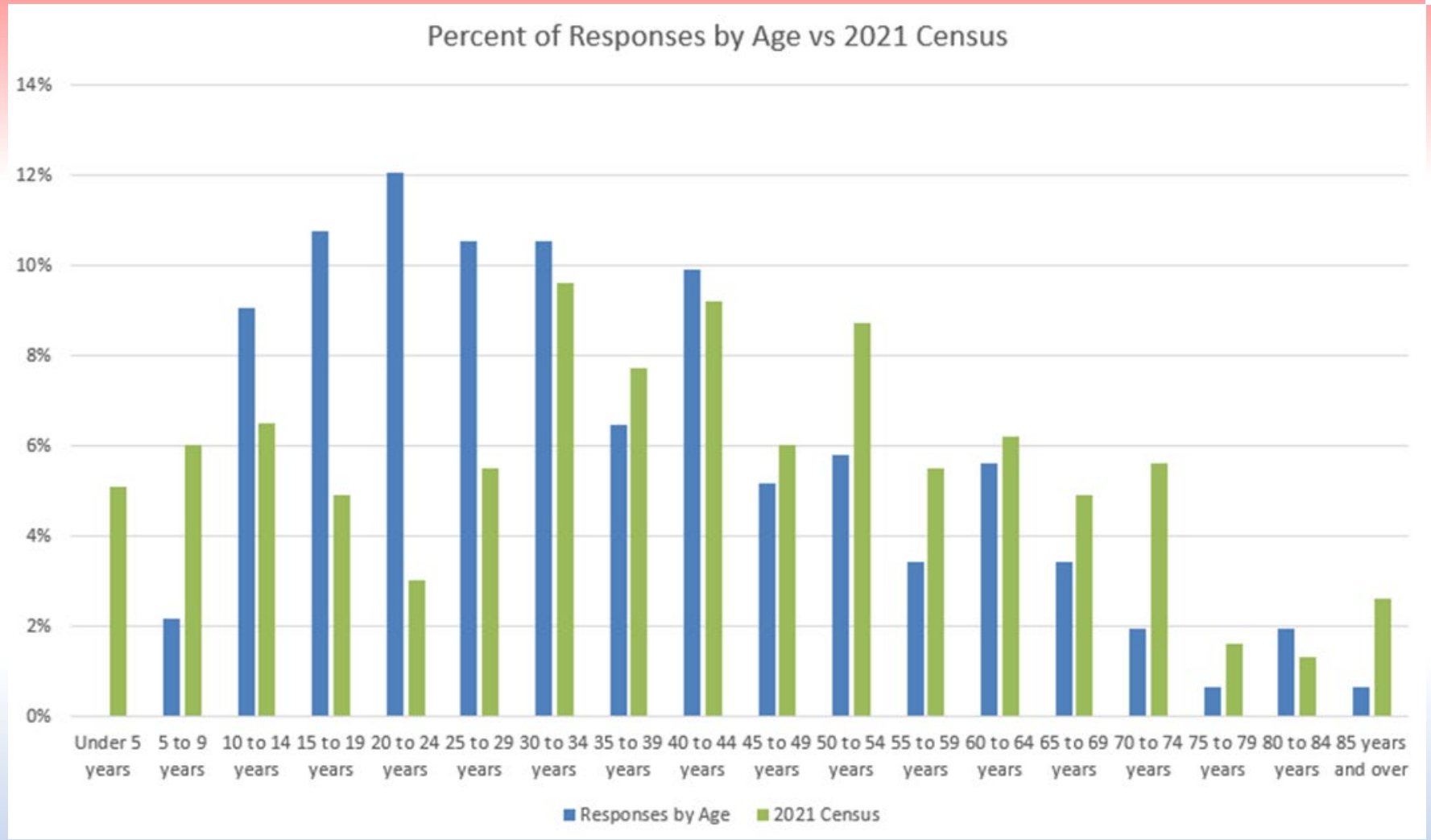
City OF Alameda
HEALTH CARE DISTRICT

QUESTIONS?

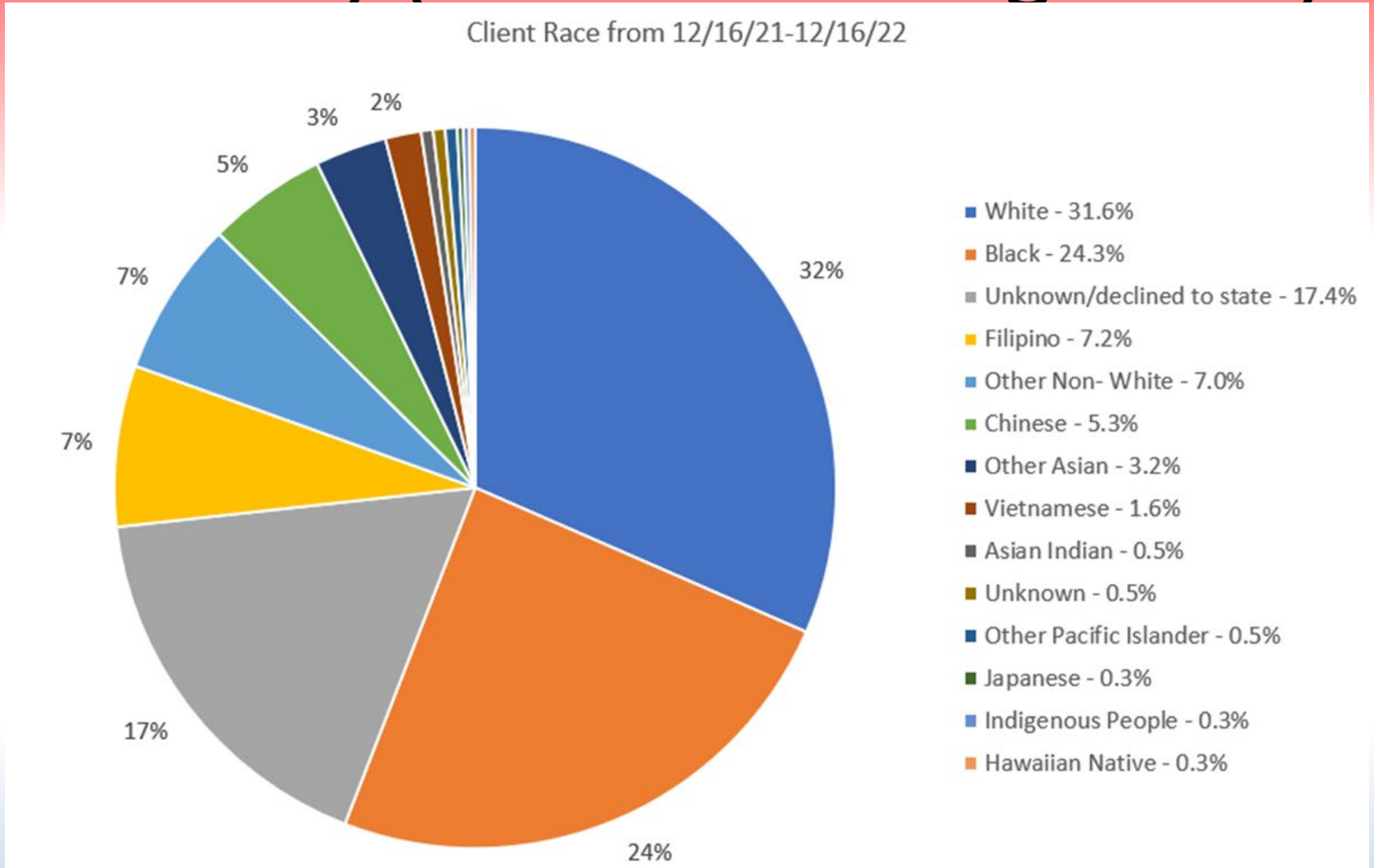
COMPARISON OF PAST VS PILOT TIME FRAME



AFD Client Demographics
Age (field contacts only)

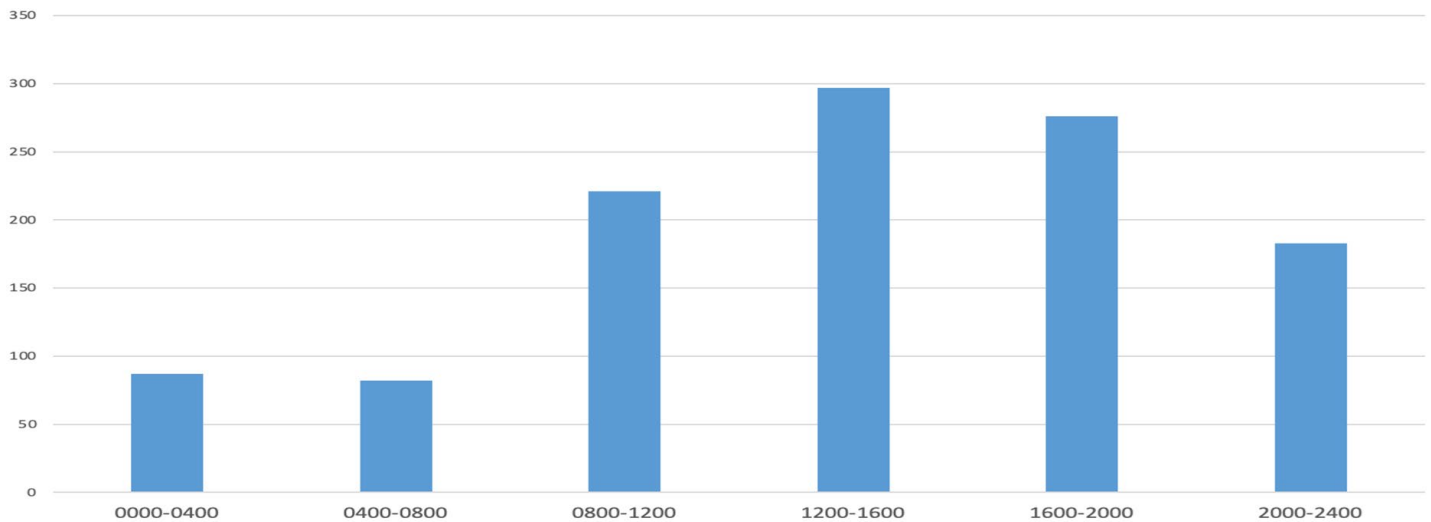


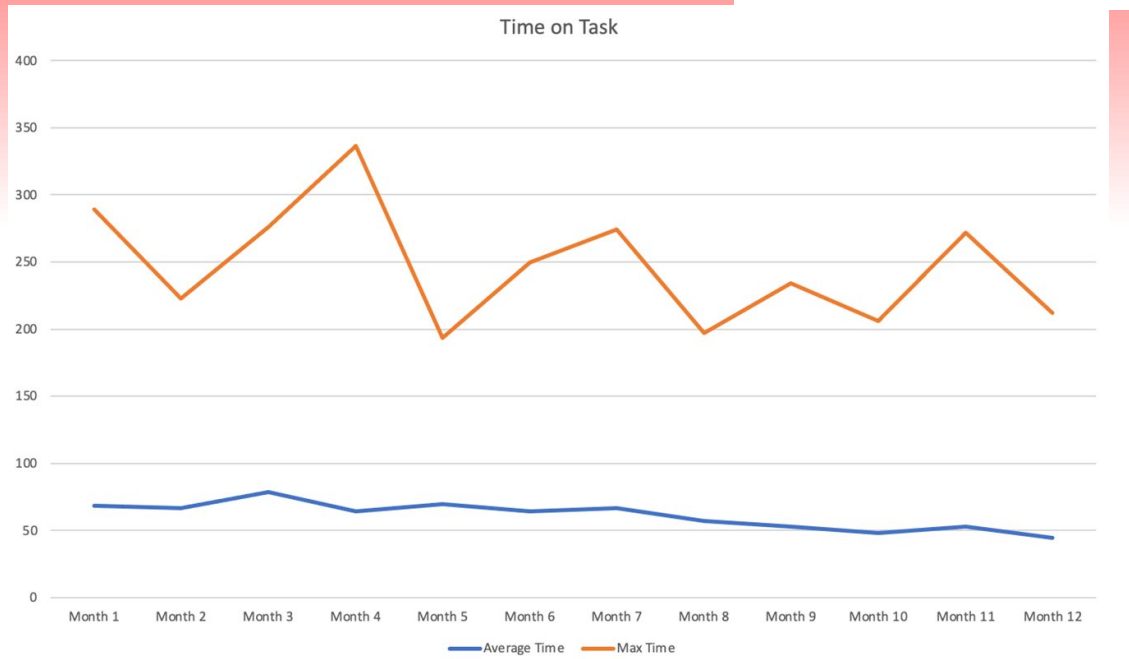
AFS Client Demographics
Ethnicity (AFS Case Management)



Time of Calls
(AFD engagements)

- Average Time: 61 Min
- Longest Incident Time: 5 Hrs. 36 Min

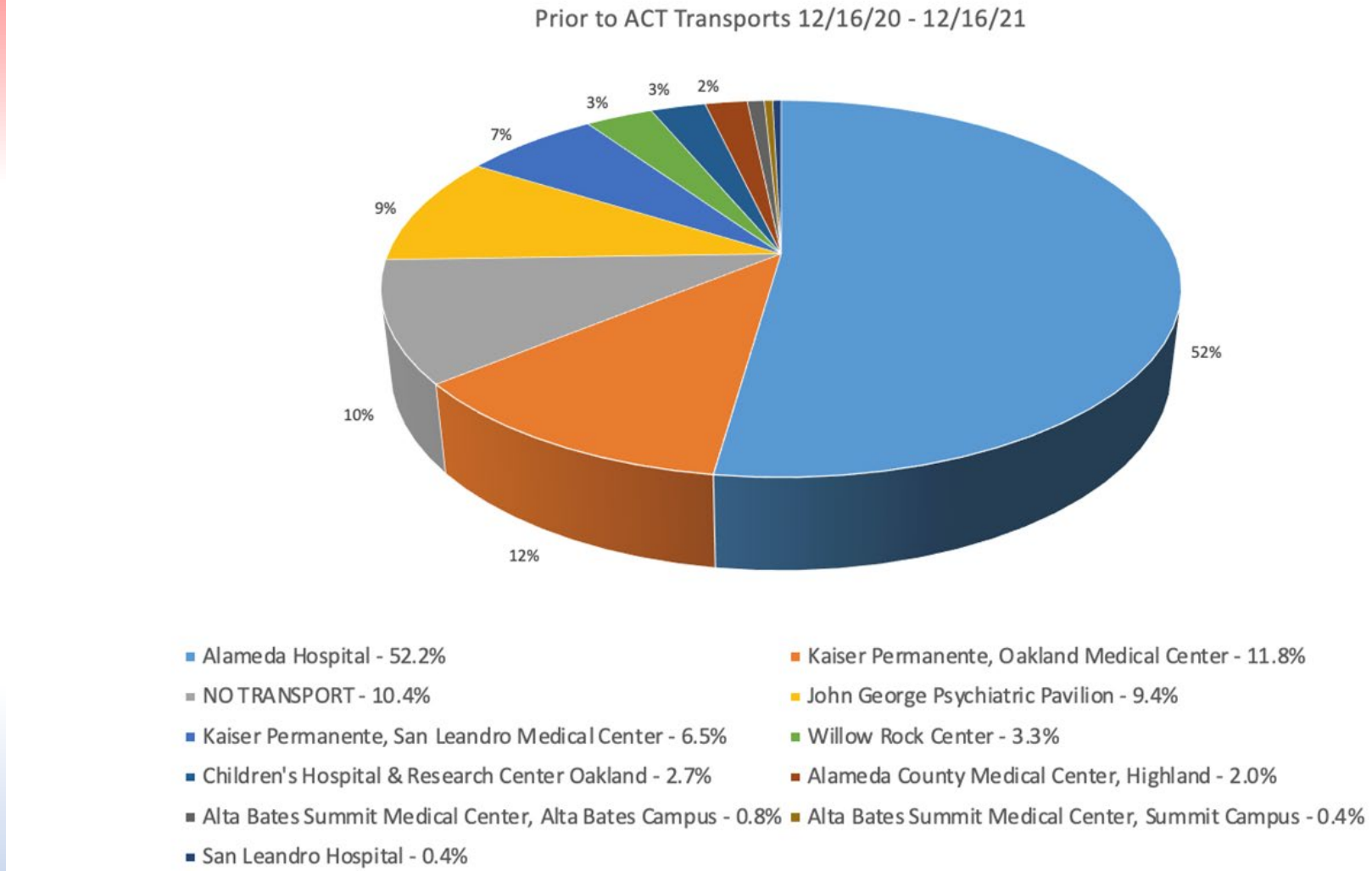




MENTAL HEALTH DESTINATIONS SAME PERIOD PRIOR TO CARE TEAM

90% were transported and
10% did not transport

10 Destinations utilized



ALAMEDA CARE TEAM DESTINATIONS 12/16/21 – 12/16/22

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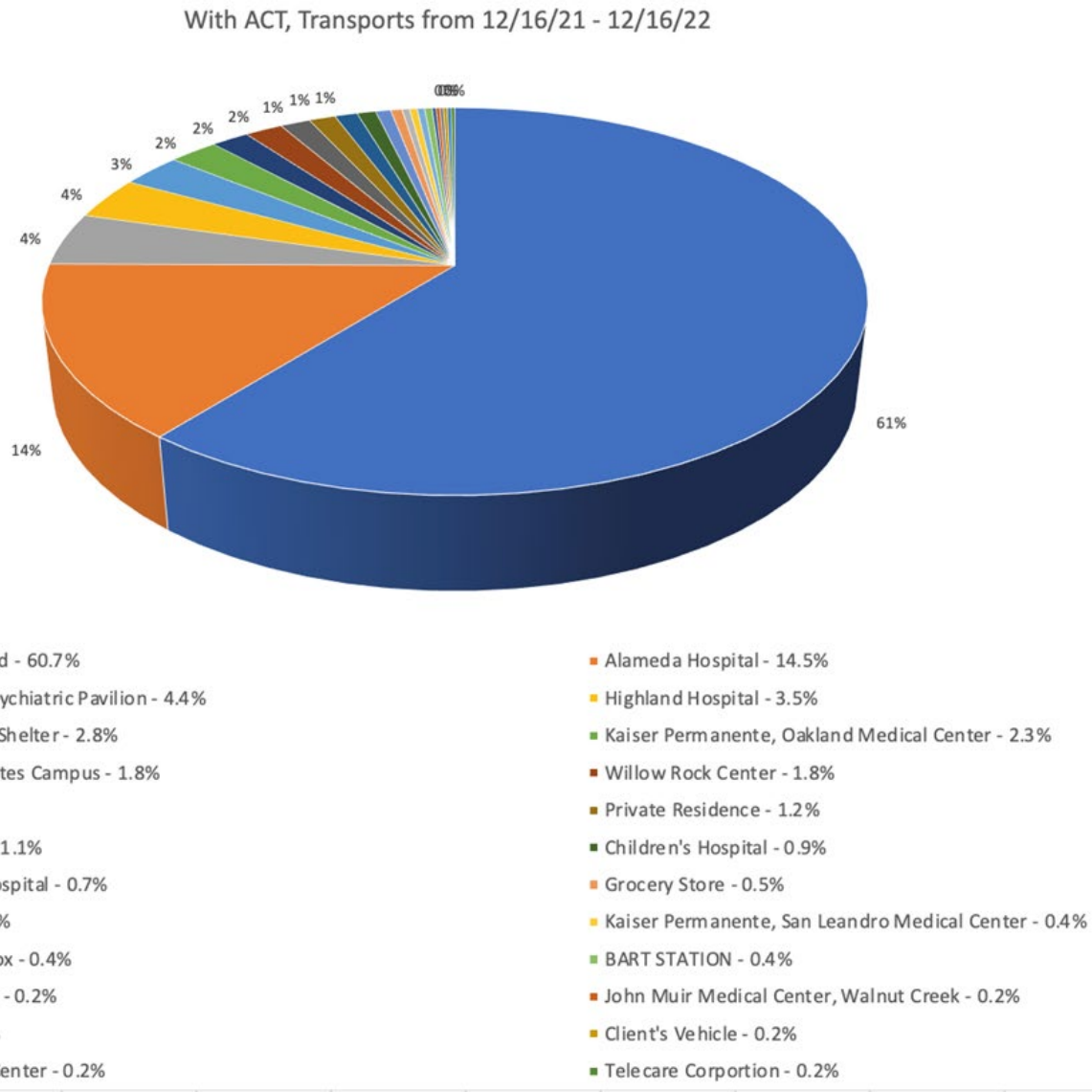
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