



Alameda County
Health Care Services Agency

Alameda County Crisis Services System

An Integrated Approach

**Alameda County Board of Supervisors' (BOS) Presentation
Joint Health & Public Protection Committee**

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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)

| City | CATT | % | EMD | % |
|---------------|------|--------|------|--------|
| Oakland | 382 | 31.57% | 3503 | 46.20% |
| Hayward | 298 | 24.63% | 1016 | 13.40% |
| San Leandro | 321 | 26.53% | 742 | 9.79% |
| Fremont | 25 | 2.07% | 446 | 5.88% |
| Union City | 53 | 4.38% | 288 | 3.80% |
| Livermore | 1 | 0.08% | 286 | 3.77% |
| Dublin | 7 | 0.58% | 238 | 3.14% |
| Pleasanton | 1 | 0.08% | 193 | 2.55% |
| Castro Valley | 67 | 5.54% | 173 | 2.28% |
| Newark | 9 | 0.74% | 117 | 1.54% |
| San Lorenzo | 38 | 3.14% | 88 | 1.16% |
| Piedmont | 8 | 0.66% | 5 | 0.07% |



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).



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

Alameda County Crisis Services System

□ 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!