Alameda Family Services CARE Team Quarterly Report
Year 1, Quarter 1
Dates of Service: Dec 2021 - Mar 2022
Prepared & Submitted April 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. 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 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 Clinical Case Manager's work addresses the program's goal of reducing future crises by assessing and providing needed linkage to services, resources, and support.

II. Program Accomplishments

A. Program Launch: AFS On-Call Clinical Consultation & Case Management Follow-up

The CARE Team launched on December 16, 2021. AFS has been delivering 24/7 on-call licensed clinician consultation by phone and in person to paramedics requesting support in the field since its launch. Two licensed clinicians with extensive professional crisis experience were hired at the start of the program to provide overnight and weekend coverage, augmenting the AFS clinicians already staffing the on-call portion of the program. Additional licensed staff were subsequently hired to support the on-call rotation.

Additionally on December 16, AFS began providing 40-hour per week intensive clinical case management for clients who had been engaged in AFD crisis field calls and then referred for case management. During the first quarter of the program, the AFS Clinical Case Manager (CCM) provided assessments for all consenting referrals using the PRAPARE screening tool, a social determinant of health assessment tool widely recognized in the field. Using this tool provided direction for resource and services referrals and linkages to support decreasing challenges that lead to crisis. The AFS CCM on staff was previously a provider of services to Alameda Point Collaborative in her former role at AFS and was very versed in case management resources, and experienced in supporting people suffering from mental health, SUD issues, and psycho-social stressors. The CCM provided short term, intensive case management to referred CARE Team clients to help attend to the needs and issues that contributed to their crises, with the goal of increasing stabilization and decreasing the need for future crises response.

B. Program Infrastructure Established

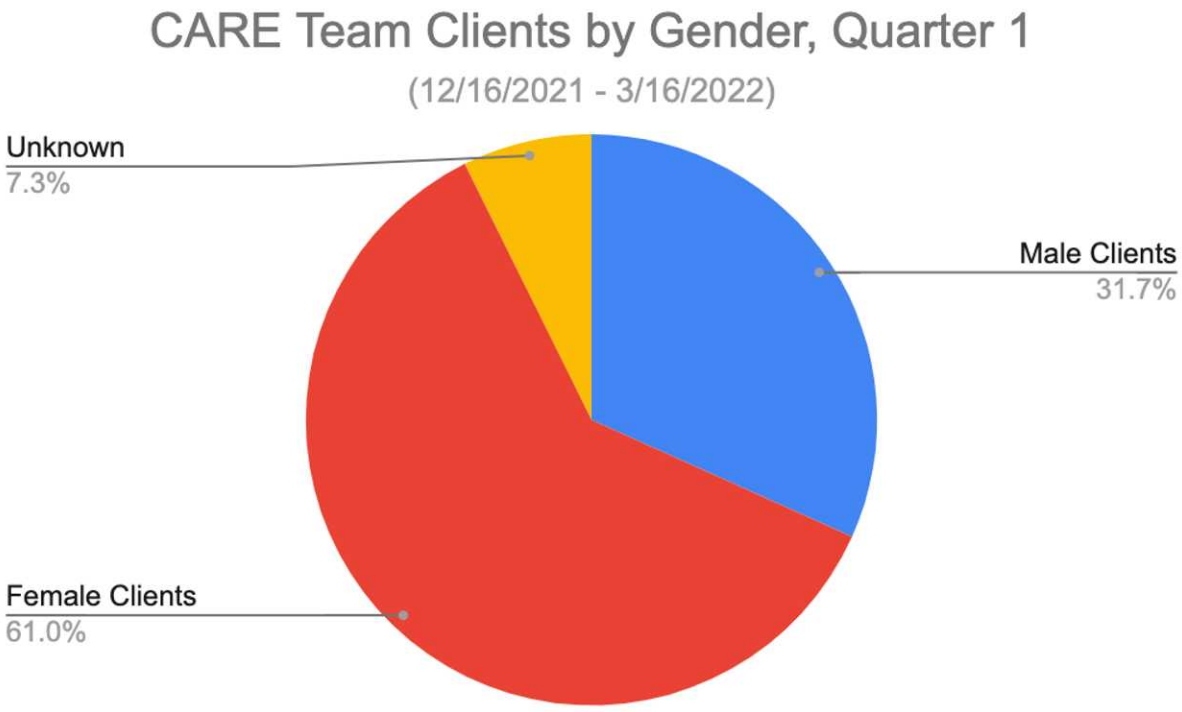
Infrastructure set-up for the AFS CARE Team staff included development of various trainings, establishment of internal program meetings, collaboration meetings with AFD, data system buildout, and various QI/QA activities. AFS CARE Team staff met weekly during the first quarter to develop program policies and procedures, charting and data collection templates for our EHR system, and other program building and QA review structures. The CARE team clinical staff also met weekly, including all on-call clinicians, the CCM, 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 met regularly with AFD Chief of Operations, attended AFD QA/Documentation meetings regularly, and continued to work to improve upon existing

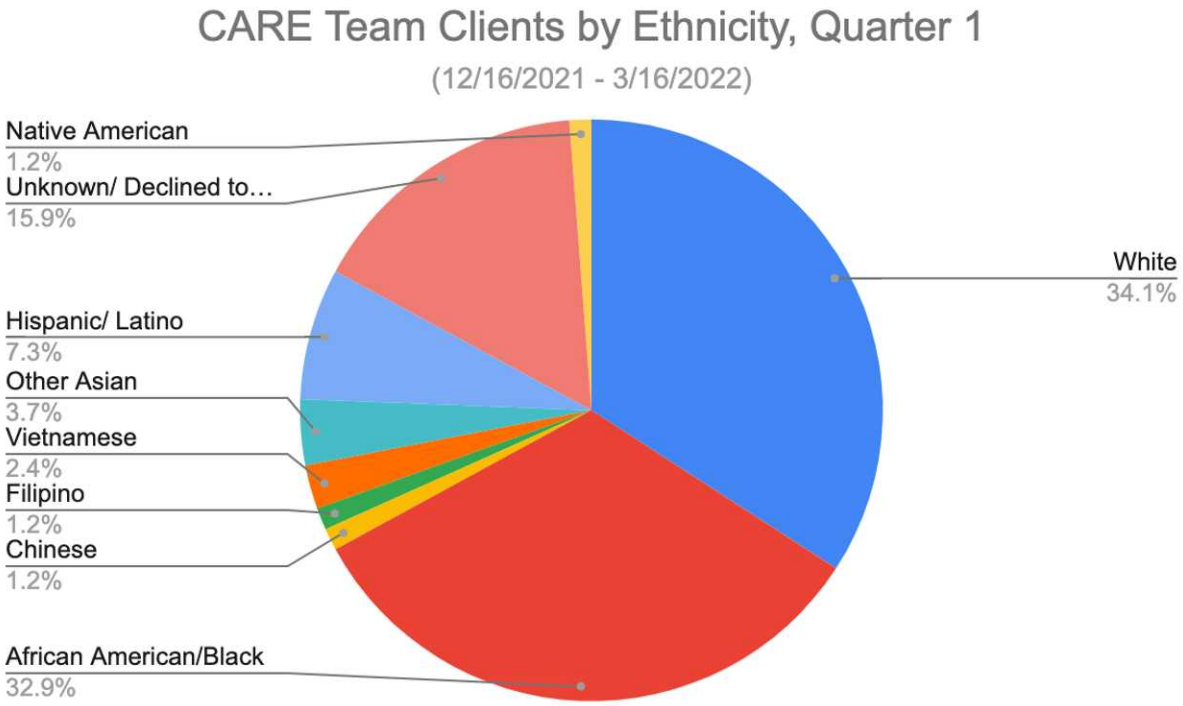
training, documentation, and QA to support oversight of the program and accurate reporting of activities. Case reviews have been discussed and feedback has been continuously sought from paramedics doing the work in the field.

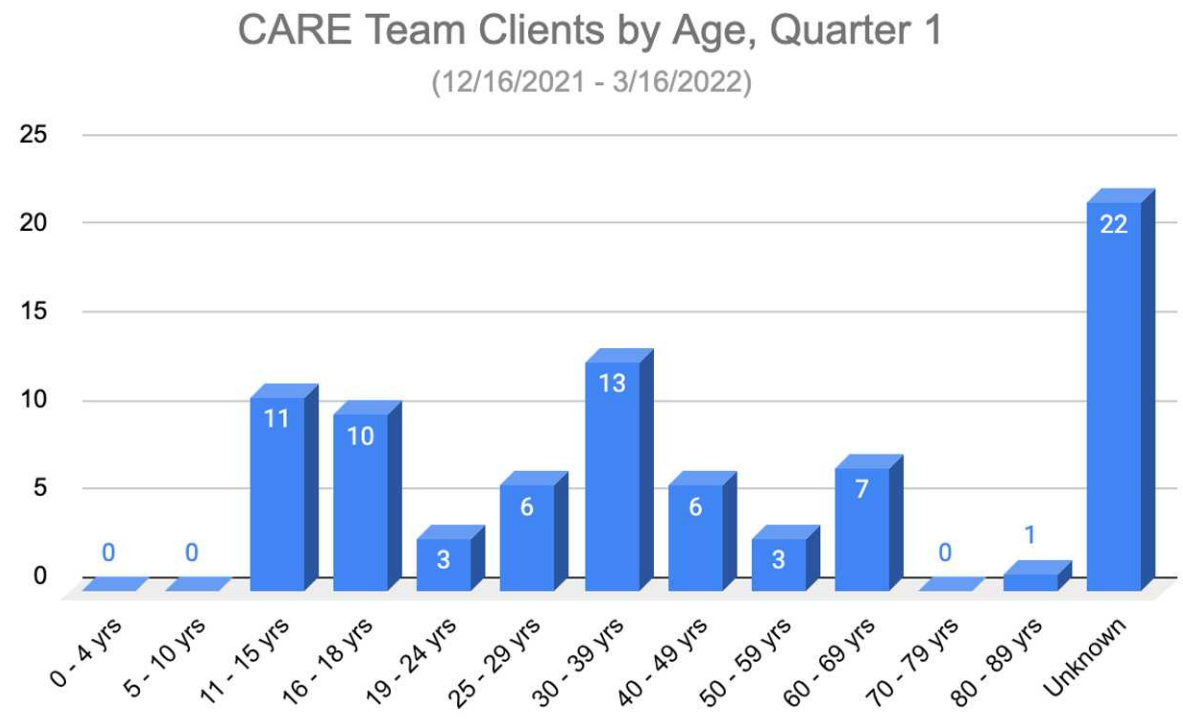
III. Program Data

A. Client Demographics

During the first quarter, the AFS Clinical Case Manager received 89 referrals; 82 were unduplicated cases and 7 were repeat referrals. Of the 82 unduplicated clients, not all accepted case management services and some of the demographic data remains incomplete. However, collected client data shows that a majority were women, and most were White or African American. The age range of clients varied, with a majority of adults and about a third of children aged 18 or younger. The data charts below provide more detail.



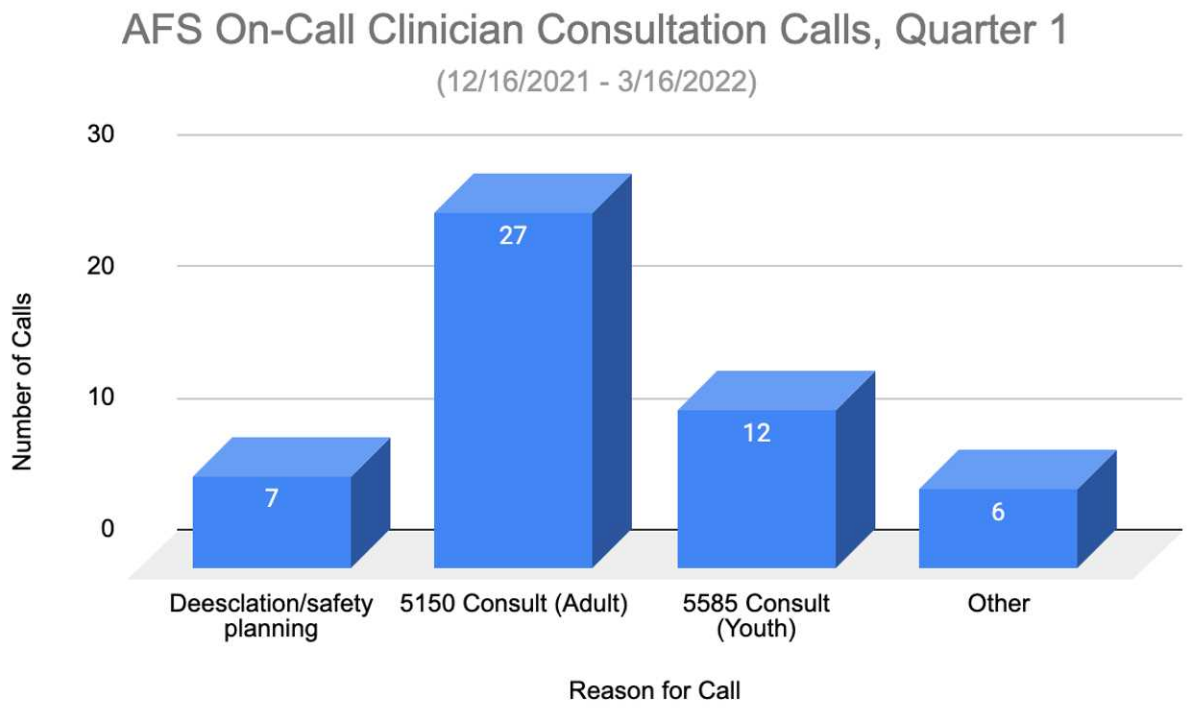

CARE Team Clients by Ethnicity, Quarter 1
(12/16/2021 - 3/16/2022)
Native American
1.2%
Unknown/ Declined to…
15.9%
White
34.1%
Hispanic/ Latino
7.3%
Other Asian
3.7%
Vietnamese
2.4%
Filipino
1.2%
Chinese
1.2%
African American/Black
32.9%

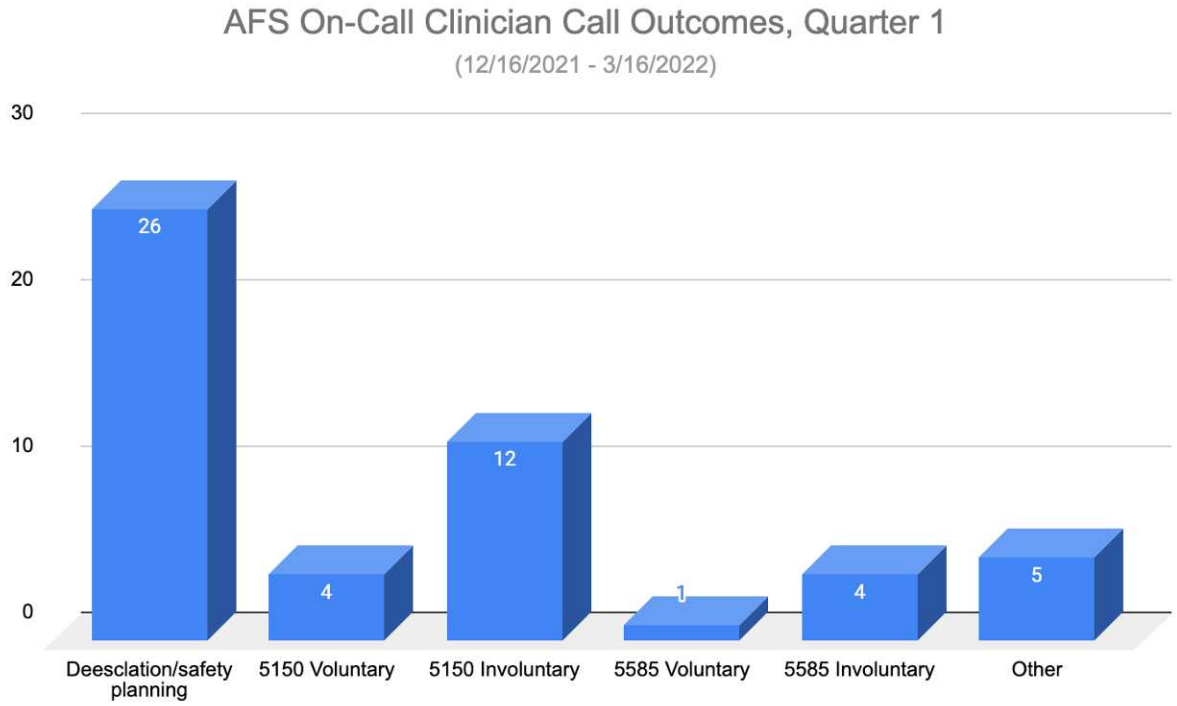

CARE Team Clients by Age, Quarter 1
(12/16/2021 - 3/16/2022)
25
20
15
10
5
0
0
0
11
10
3
6
13
6
3
7
0
1
22
0 - 4 yrs
5 - 10 yrs
11 - 15 yrs
16 - 18 yrs
19 - 24 yrs
25 - 29 yrs
30 - 39 yrs
40 - 49 yrs
50 - 59 yrs
60 - 69 yrs
70 - 79 yrs
80 - 89 yrs
Unknown

B. On-Call Clinical Consultation

All on-call clinicians were required to complete the county 5150 certification process prior to beginning work with the CARE Team. After training with AFS, using the OpenPhone APP, on-call clinicians shared a phone number on their individual phones that is used by the CARE Team to call when there is a consultation need. The on-call clinician active during the shift is then able to receive the AFD call and provide phone consultation. If necessary, when asked to come in person to the site of the call, the on-call clinician will arrive and perform in-person support around crisis de-escalation, safely planning, and assessment for psychiatric holds. The on-call clinician documents details of the consultation and contact information of the person or family for the clinical case management outreach. They then create a client chart in EXYM (the AFS electronic health record system) and complete on-call consultation documentation. The on-call clinician completes their documentation by referring to the AFS CARE Team Clinical Case Manager; this is done using EXYM so the CCM is able to read about the crisis and begin to do outreach to the client/client's family. All on-call clinician documentation and EXYM charting receives QA review by AFS QA staff.

During the first quarter, 52 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.





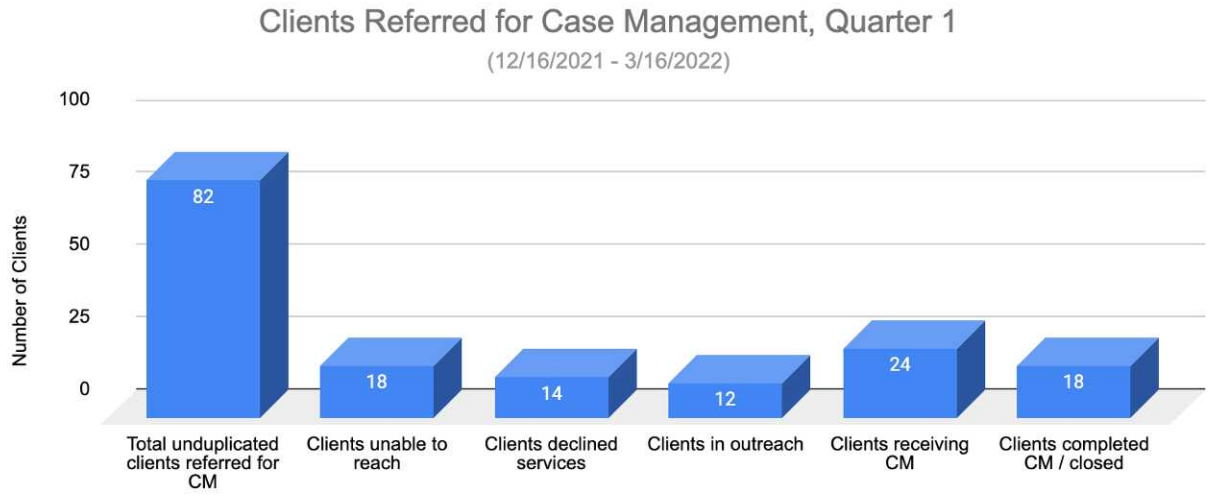
C. Case Management

After the crisis call is complete, clients are then referred to AFS for clinical case management. The CCM provides short term, intensive case management with the goal of increasing stabilization and decreasing the need for future crisis response. The CCM can receive client referrals in four ways:

- the ESO, which is the AFD electronic health record system
- direct phone call referrals from AFD
- direct email/phone call referrals from APD, and
- from the AFS on-call consultants via EXYM and on-call logs.

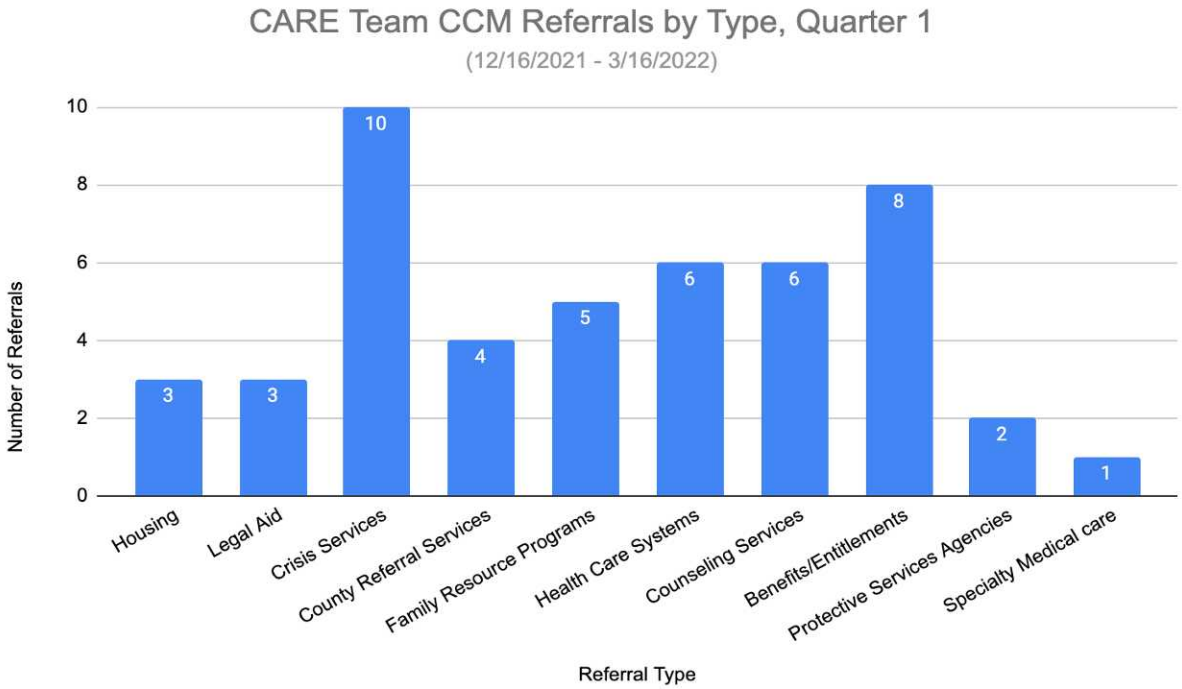
The CCM begins by reviewing referral information and crisis documentation from AFD and AFS and begins outreach including phone, email, USPS mail, and in person visits to introduce self and the services available through case management. If the client or a family member consent to services, and the informed consent documentation is explained and obtained, the CCM performs a social determinants of health assessment using a screening tool called PRAPARE. Based on the needs identified in the assessment tool, the CCM provides resources and services available to help the client and assists in making referrals and linkage to the services and resources the client agrees to pursue.

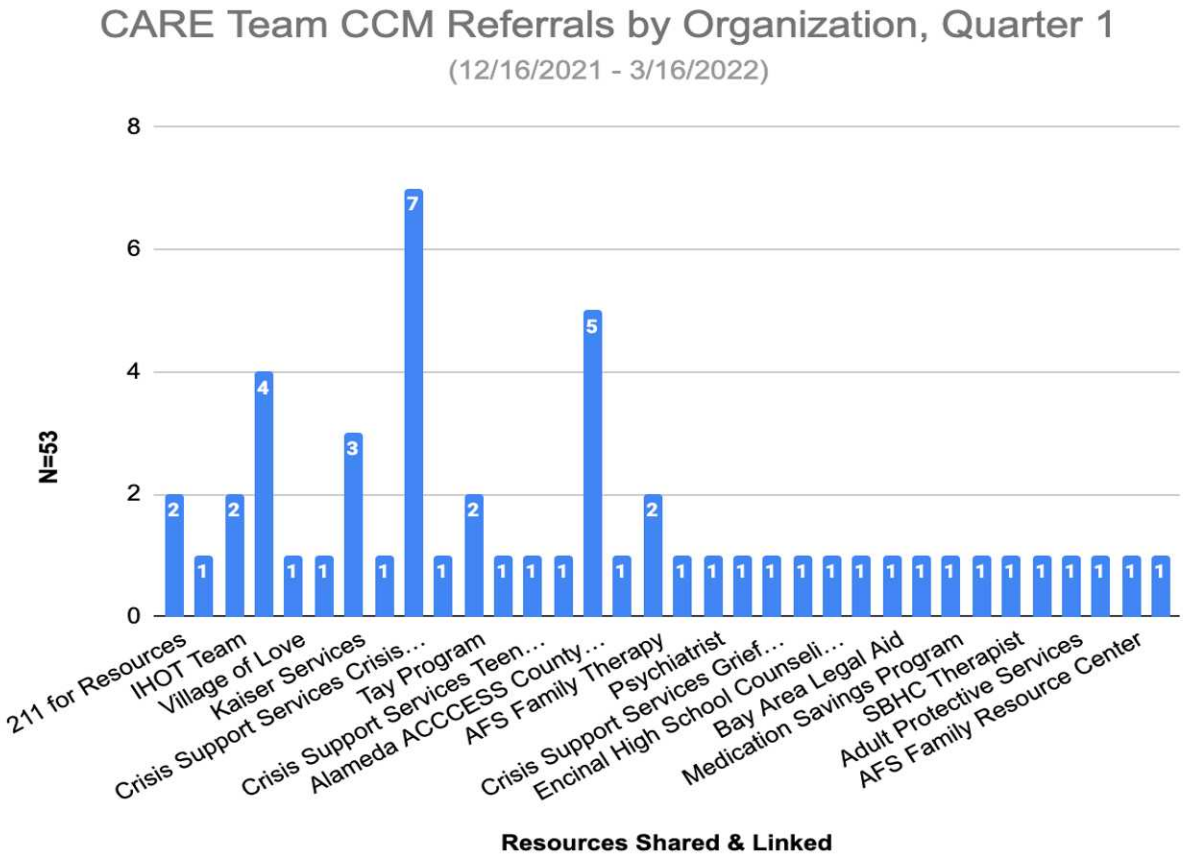
Of the 82 unduplicated clients referred for case management services during this period, some could not be reached, and others declined services. Of the clients who were contacted, some are still in outreach (meaning they have not consented to services, but the CCM is actively working to engage them), 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.



The Clinical Case Manager offers clients referrals and resource linkages for services with a variety of organizations serving the client needs. The CCM also assists clients with applications for 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 at that time.

During this period, the Clinical Case Manager made 53 referrals and resource linkages for services. The data charts on the following page show the CCM referrals by type and also by organization for the first quarter.


CARE Team CCM Referrals by Type, Quarter 1
(12/16/2021 - 3/16/2022)
Number of Referrals
10
8
6
4
2
0
3
3
10
4
5
6
6
8
2
1
Housing
Legal Aid
Crisis Services
County Referral Services
Family Resource Programs
Health Care Systems
Counseling Services
Benefits/Entitlements
Protective Services Agencies
Specialty Medical care
Referral Type


CARE Team CCM Referrals by Organization, Quarter 1
(12/16/2021 - 3/16/2022)
N=53
8
6
4
2
0
211 for Resources
IHOT Team
Village of Love
Kaiser Services
Crisis Support Services Crisis…
Tay Program
Crisis Support Services Teen…
Alameda ACCCESS County…
AFS Family Therapy
Psychiatrist
Crisis Support Services Grief…
Encinal High School Counseli…
Bay Area Legal Aid
Medication Savings Program
SBHC Therapist
Adult Protective Services
AFS Family Resource Center
Resources Shared & Linked

A client satisfaction survey regarding the CCM services they received is performed by an AFS program assistant who collects and shares the results with the CARE team Program Supervisor and QA. Of the clients who responded to the CCM Client Satisfaction Survey, 100% felt that the clinical case management they had received decreased their need for future emergency services.

IV. Client Success Stories

The CARE Team continues to feel proud of the impact on the individuals 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*** - An elderly woman called the CARE Team about having no food. She was assessed by the CARE Team as not meeting requirements for grave disability and was referred for case management. The Clinical Case Manager visited her and found her needing food and that her home was unkempt. She performed an assessment, brought the client groceries, and contacted existing services to see what she was receiving, as the client was unclear. The CCM called Adult Protective Services (APS) and learned that, although there was an open case on her, the social worker had not visited the client in over a year. There had been a service plan of wrap-around services that had intended to be put in place to help her with money management, food access, health care access and visiting support. The social worker received the update from the CCM that the woman had not been paying her bills, that her home was unkempt, and that she was confused and reporting back pain. The APS social worker visited the woman and began the process of putting services in place for her. During her last visit, the CCM was told by the client that she was in tremendous pain but had no way to see a doctor and the CCM called the CARE Team for ambulance services to Alameda Hospital where she would receive a ride back when she was done with the visit. To date, Adult Protective Services has taken over for the care and follow up for the client.

B. ***Client #2*** - A homeless client who had had a CARE Team crisis call due to screaming and outbursts at a temporary resident hotel connected to AFS after the Clinical Case Manager made multiple outreach attempts and visits to the Village of Love, where she was eventually located. The CCM performed an assessment and found the client had co-occurring mental health and SUD

challenges. Over several hours and multiple meetings in a week, the CCM and client completed applications for Medi-Cal, CalFresh, and Food Stamps. The client reported not wanting assistance with SSDI and had a goal of working. The CCM, in the same week, connected the client to a paid job training program at a local company and she was able to sign up and start the next week with paid job training. The client reports decrease in substance use, secondary to getting help, and feeling hopeful about her future.

C. ***Client #3*** - An adult male moved to Alameda to live with a relative, who has a home here. He was unmedicated for a significant mental health diagnosis and having auditory hallucinations and agitated behavior. He did not have any refills left for his medication. The CARE Team was called to the site for assessment and utilized the on-call clinician for support. Although the situation did not meet criteria for a hold, the client needed support and the on-call clinician and AFD asked that the CCM meet the client and his family member with AFD present in the field. The on-call clinician worked to secure a virtual visit that day with a psychiatrist who was able to prescribe the needed medication. The CCM met with the family member at the pharmacy to assist in the pickup and found that the medication was prohibitively expensive. The CCM worked with the pharmacist to identify a RX savings program that significantly reduced the cost of the medication, and the family member was able to afford the medication and the client was able to take his antipsychotic medication the same day. The CCM helped the client fill out a Medi-Cal application as he had no insurance. The client was able to secure psychiatry and medication to stabilize his mental health condition.

V. Training

AFS performed training on two topics, crisis assessment and safety planning, for all members of the CARE Team. In total, six trainings were provided to include all team members with various schedules. A vicarious trauma training has recently been fully developed during the first quarter and a plan to present during the second quarter has been solidified. AFD personnel who responded to the training evaluations answered that they agreed (50%) and strongly agreed (50%) that they had learned new skills and acquired new knowledge from the training.

VI. Program Challenges

The volume of referrals to the CCM has been very high and the attention to each client to develop a relationship, perform a thorough assessment, provide support, linkages to services, resources, and help with applications is time consuming. To provide best care, we are in the process of hiring a second full-time case manager. Additionally, it has been challenging to find licensed clinicians to provide Monday through Friday on-call coverage. In response, the AFS Program Supervisor, who is licensed and has been through the 5150 county training certification, has been on-call with the support of the Executive Director. Our hope is to hire clinicians to cover some of the daytime shifts. One of our current clinicians is condensing her outside work schedule to allow for 2x/week daytime shifts. This will be helpful to the program and current staff.

VII. Looking Ahead

We are in the process of hiring a second CCM to assist in the volume of referrals from AFD to ensure high quality CCM assessment and linkage, sensitive and timely support and attention, and thorough documentation. In addition, we are awaiting feedback from AFD's Union meeting to have requests for support presented and trainings and programming provided by AFS to match the needs of the first responders. Vicarious Trauma trainings, individual and group support, and a monthly debrief and supportive group is tentatively planned, pending approval from the AFD union meeting. We would like to add additional on-call clinicians to support daytime Monday through Friday shifts. We are also adding biweekly meetings between AFS Program supervisor, AFS Executive Director, and the AFD Chief of Operations to regularly review program needs. Lastly, we are happy to report that the Alameda Police Department has begun to submit referrals for case management follow-up as well. We look forward to continuing to develop our relationships with all community partners.