



Alameda Family Services CARE Team Quarterly Report

Year 1, Quarter 2

Dates of Service: Mar 2022 - June 2022

Prepared & Submitted July 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 manager (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 its launch in December 2021. In March, AFS hired an additional, highly experienced, licensed clinician to add to our overnight and weekend coverage team, augmenting the AFS clinicians already staffing the on-call portion of the program. Additionally, in June 2022, AFS hired an additional, full-time clinical case manager to help provide intensive clinical case management for clients who had been engaged in AFD crisis field calls and then referred for case management. The addition of this second clinical case manager ensures AFS' ability to continue providing time sensitive and thorough support of all case management referrals.

B. Program Infrastructure Established

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 weekly 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 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 continue to meet regularly with the AFD Deputy Chief of Support Services, 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.

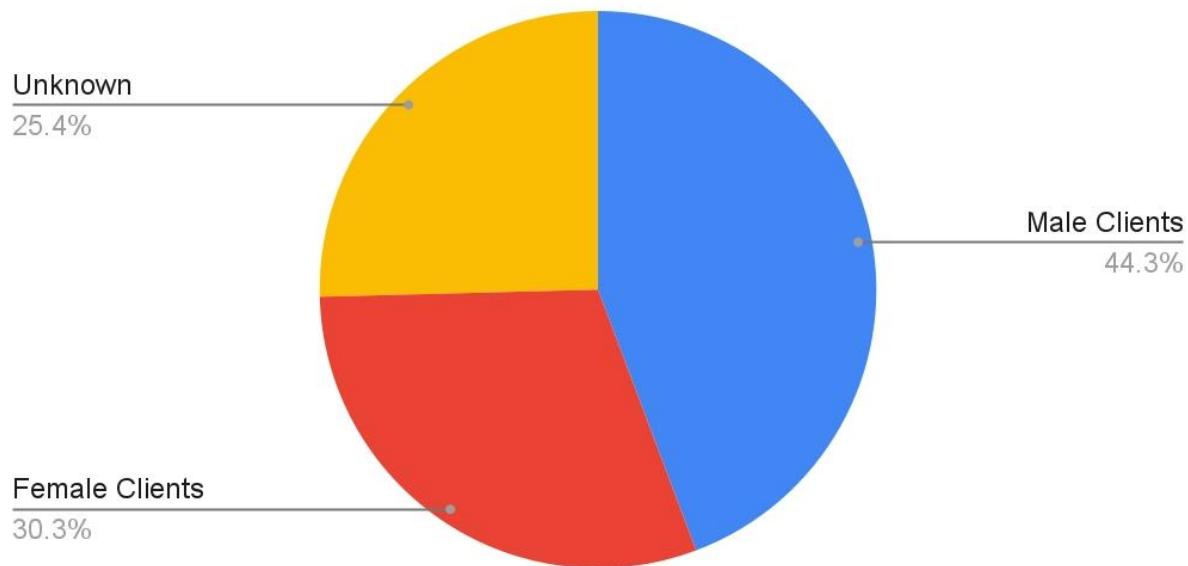
III. Program Data

A. Client Demographics

During the second quarter, the AFS clinical case managers received 122 referrals; 81 were unduplicated cases and 31 were repeat referrals for a small number of individuals who are high users of emergency services. Of the 81 unduplicated clients, not all accepted case management services, and some of the demographic data remains incomplete due to challenges with data collection practices (i.e., clients refusing to answer, etc.). However, collected client data shows that a majority were men, and most were White or African American, with Asian as the next major group receiving services. 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.

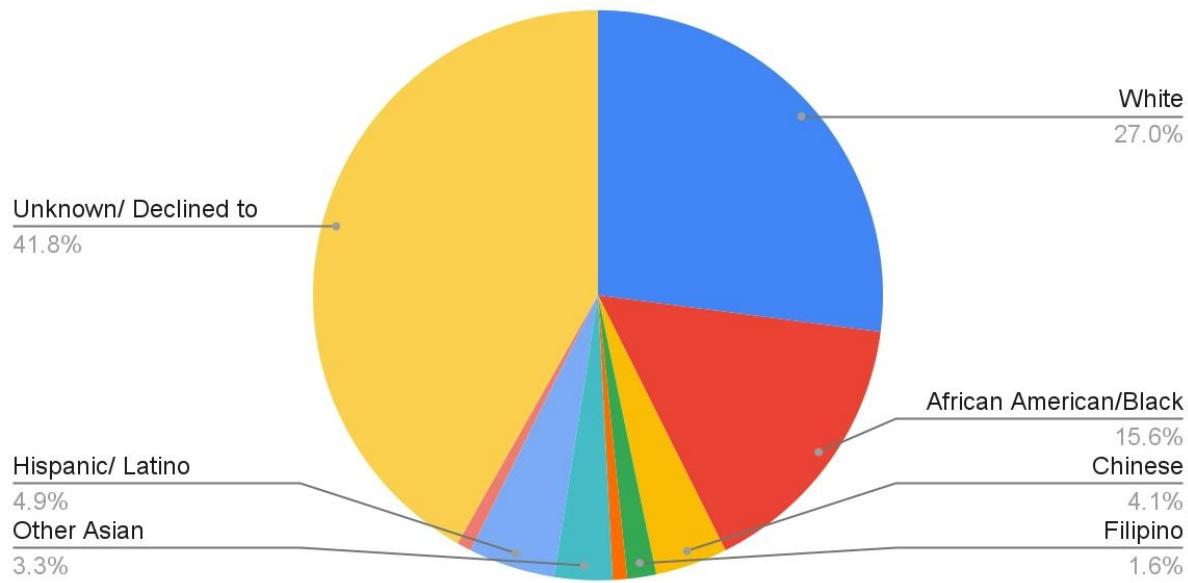
CARE Team Clients by Gender, Quarter 2

(3/17/2022 - 6/16/2022)



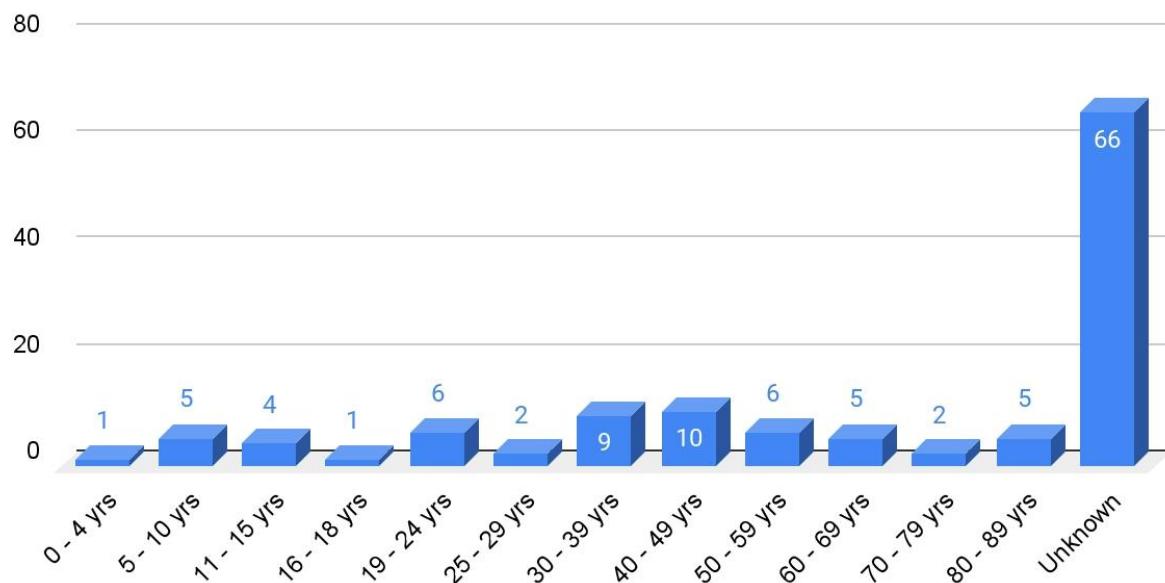
CARE Team Clients by Ethnicity, Quarter 2

(3/17/2022 - 6/16/2022)



CARE Team Clients by Age, Quarter 2

(3/17/2022 - 6/16/2022)



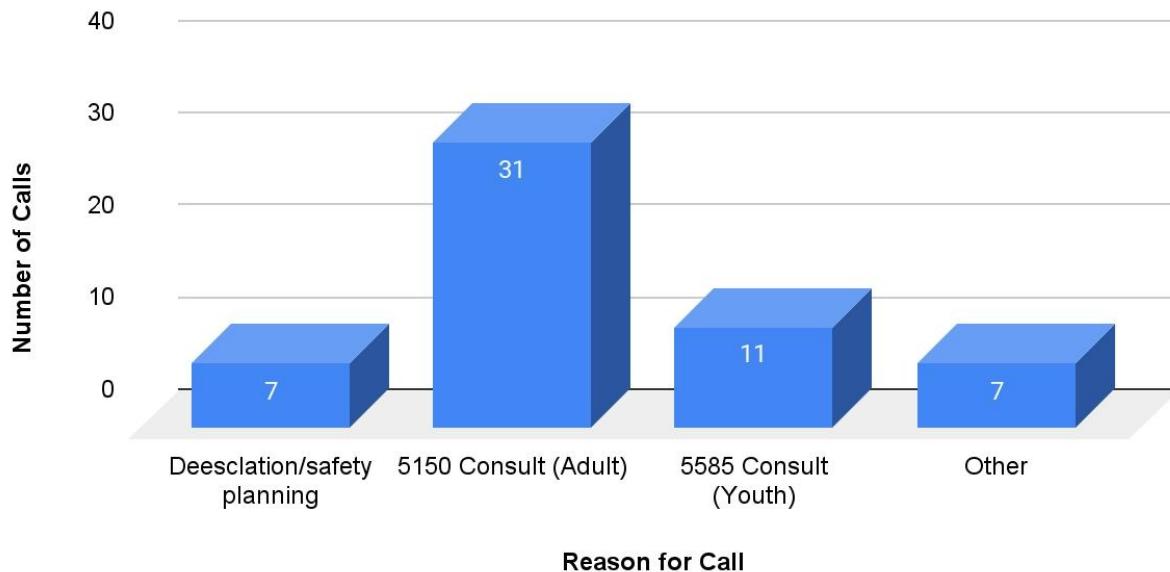
B. On-Call Clinical Consultation

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 has been found 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. Feedback from on-call clinicians and paramedics/EMTs has been that the consultation and collaboration has felt productive and supportive in providing the best intervention to clients and families. The on-call clinicians have continued documenting details of the consultation and contact information of the person or family for the clinical case management outreach and have been completing documentation in EXYM, AFS's electronic health record system. This process has also been efficient for rapid referrals to CCM when the on-call response is complete. The CCM has 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 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 second quarter, 56 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 is 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 20% of cases were recommended for involuntary holds.

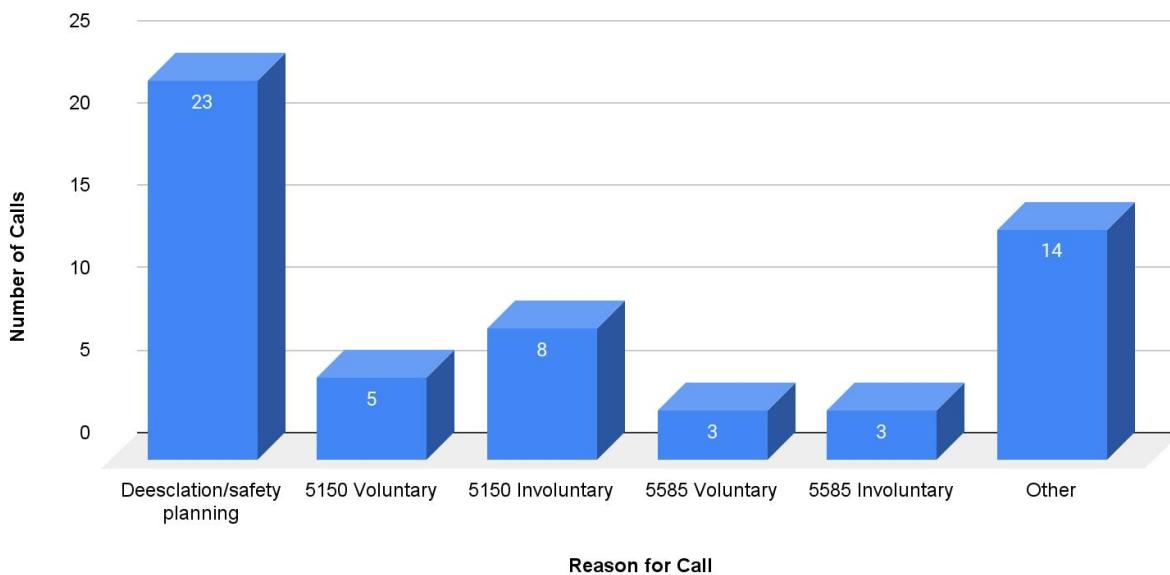
AFS On-Call Clinician Consultation Calls, Quarter 2

(3/17/2022- 6/16/2022)



AFS On-Call Clinician Call Outcomes, Quarter 2

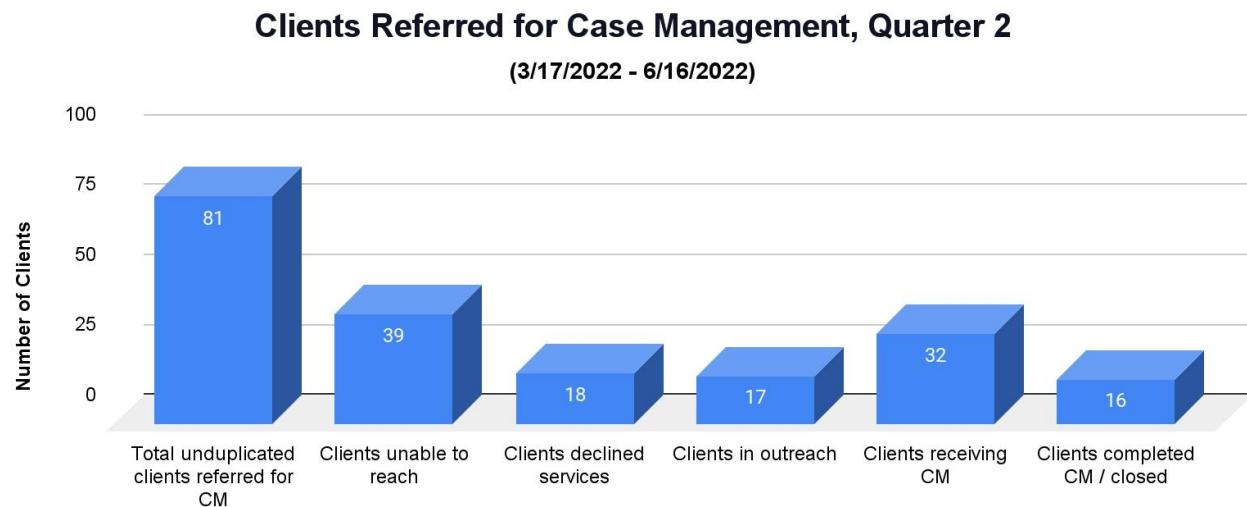
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C. Case Management

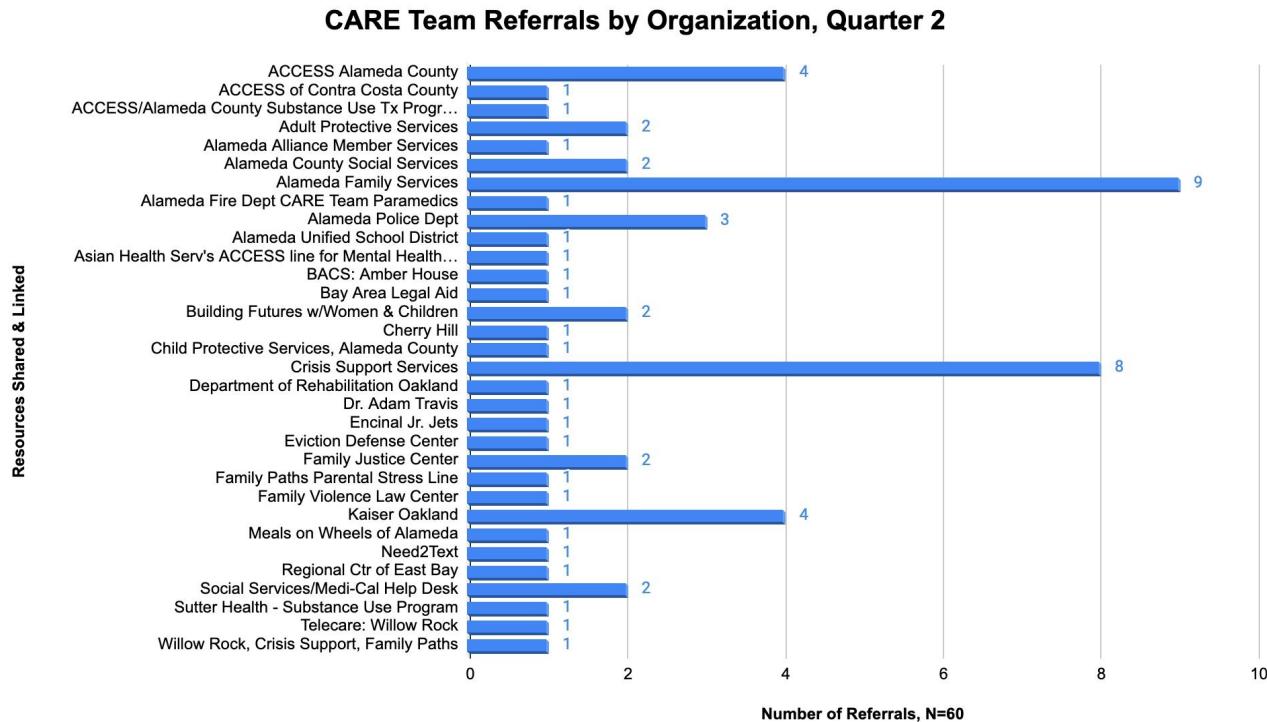
AFS clinical case managers received 122 (81 unduplicated) referrals from the CARE Team paramedics/EMTs, the on-call clinicians, and Alameda Police Department (APD). APD sent 6 referrals.) CCMs continued to provide short-term, intensive case management with the goal of increasing stabilization and decreasing the need for future crisis response.

Of the 122 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. The chart below provides details on the CCM referrals in the second 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 page show the CCM referrals by type and also by organization for the second quarter.



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, 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** - A young adult client had received multiple CARE Team calls that utilized on-call consultation calls within a period of one week, due to the client calling hotlines daily, making threats to harm themself and others secondary to a manic episode. The CCM reached out and developed a relationship with both mother and client and provided supportive resources to the family. The CCM supported the client with daily calls while the client's therapist was on a two-week vacation. Upon connection to CCM services and daily supportive phone calls, at times when it was the most difficult part of the day, by client report, the client stopped making threats and reported feeling better and more able to cope with intense feelings. The client was able to resume services with their therapist without additional crisis calls and avoided a 5150 hold.
- B. Client #2** - A homeless man with major mental illness received multiple police and Care Team calls, utilizing on-call consultation support. The clinical case manager, after extensive outreach, was able to make contact with the client and was able to support the client in connecting to mental health services, including a therapist and psychiatrist. The CCM was also able to reconnect the client to already existing housing services that he had abandoned. This is the start of the process but we are hopeful that he will be able to utilize the existing support services and will have a significant decrease in crisis calls.
- C. Client #3** - A teenage client was identified at school as having suicidal thoughts. The school counselor and vice principal contacted the CARE Team due to their own assessment that showed the youth at moderate risk. The CARE Team met with the youth, school counselor, and vice principal and utilized the on-call clinician for support. Upon assessment due to the level of risk, the CARE Team supported the youth in recognizing the need for a higher level of care and gave hope to the youth that they could feel better. The youth decided that they wanted to voluntarily go to the hospital for support and to feel safer. Upon release, the clinical case manager supported the family in connecting to mental health services.

V. Training

During this quarter, AFS performed training on two topics for all members of the CARE Team: Crisis Assessment and Safety Planning; and Vicarious Trauma.. In total, 8 training sessions were provided to include all team members with various schedules. The Vicarious Trauma training was in response to the request from paramedics and EMTs for support around the emotional impact of the work. Of the responding survey

participants, 100% felt that the Vicarious Trauma course met or exceeded their expectations and 100% felt that the course should be offered again.

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, and provide support, linkages to services, resources, and help with applications is time consuming. It has also been challenging to complete 30-day and 60-day outcome surveys in a timely manner with the volume of case management responsibilities. To address the high volume of referrals and challenges with completing outcome surveys, a second full-time clinical case manager was hired. This will allow the referrals to be divided between two people, assuring high-quality services and the ability to complete outcome calls and address any new requests for services that are identified during these outcome calls.

Additionally, there was a data reporting error in Q1 that we would like to address here. There were only ten 5150s and three 5585s. These errors were due to reporting dates being miscalculated slightly. The problem has been addressed and will not happen again. The total data reported in the Alameda Fire Department's 6-month report captures the correct data.

VII. Looking Ahead

Looking ahead, AFS is looking forward to the results of our data collection collaboration with AFD, which will provide better data analysis for robust reporting of CARE Team services. Additionally, monthly supportive meetings have been scheduled for AFD staff to attend to help mitigate the impact of vicarious trauma that often is a result of connecting to individuals and families in high distress and experiencing mental health crises. The collaboration between paramedics and on-call clinicians continues to strengthen, as we continue getting to know each other and working together to support the community. The county-wide 988 Hotline will begin in July, and we anticipate a higher volume of CARE Team calls, on-call consultations, and clinical case management referrals. The additional staffing that we added during this quarter should enhance our capacity to provide excellent services for a higher number of clients.