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MOBILE TEAMS PROVIDE COMMUNITY-BASED INTERVENTION TO INDIVIDUALS IN CRISIS

Appropriate behavioral health care services provided at the right time, benefit residents and avoid unnecessary demands on community emergency departments and the justice system

OAKLAND – On Monday, July 20, a new community-based behavioral health service launched; the first of its kind in Alameda County and much of the state. Community Assessment and Transport Teams (CATT) serve individuals in crisis by assessing behavioral health and substance abuse issues on scene and triaging resources needs rather than transporting to an emergency room or the local psychiatric emergency services unit. Teams are comprised of an Emergency Medical Technician (EMT) and a Licensed Behavioral Health Clinician operating in Oakland, San Leandro, and Hayward. The program launched with three teams operating Monday through Friday with varied hours from 7 am to 5 pm. Within 30 days, services will increase to seven days a week and staff expansion will continue until 12 teams are operating staggered hours between 7 am to 11 pm, along with service to Fremont.

“We finally have a program that ensures behavioral health care services are provided as the first response to people in crisis,” said Dr. Karl Sporer, Medical Director, Alameda County Emergency Medical Services Agency. “To get here, we had to invent the mental health first responder and that’s a game-changer.”

According to Sporer, CATT teams are able to provide medical and mental health assessment, management, transportation, and referral to individuals presenting with mental health emergencies in the prehospital setting. Similar programs are operating in a few cities with a single clinician, but no one has developed a program this expansive.

The innovative pilot program is a collaborative effort of Alameda County Behavioral Health (ACBH), Alameda Care Connect (Whole Person Care), Alameda County EMS Agency, Bonita House, Inc., and Falck Alameda County, the contracted 911 ambulance provider. If a medical situation is suspected, the EMT completes a medical evaluation to determine if advanced care and transport to a community emergency department is needed. The goal of the program is to provide the care and services that will best meet the needs of the client, without utilizing ambulance transport which is costly and often unnecessary. The licensed behavioral health clinician can make referrals and assist with transport to a shelter, sobering center, wellness center, mental health facility, or other designated destinations that are better matched to the client needs, diverting unneeded demands on community emergency departments and the justice system.

“We are doing what’s right and what’s best for residents of Alameda County,” said Carolina Snypes, Director and Chief, [Falck Alameda County](#). “Community-based intervention addresses individuals in need wherever they are; bringing crisis services with a non-threatening approach.”

9-1-1 calls are triaged by the Alameda County Regional Emergency Communications Center and categorized based upon the caller’s response to questions. If the call is related to behavioral health or substance use and meets criteria for community assessment, a CATT unit will be dispatched instead of an ambulance or law enforcement which can be intimidating to an individual in crisis.

Community assessment teams operate out of SUVs that are modified for client and crew safety. They have access to the Community Health Record (CHR) which allows them to look up any known history about the individual including providers and care plans. The CHR pulls from the Social Health Information Exchange (SHIE) developed by Alameda County’s Care Connect whole person care initiative. In addition to ensuring the right service at first encounter, CATT teams can look for history and case management, evaluate social services benefits including access to food and housing, and ultimately reduce the rate of 5150s by looking for alternatives that are better suited to the individual’s needs. Alameda County has one of the highest 5150 rates in the state, thought by some to be the result of training with law enforcement to avoid incarceration.

“We have the opportunity to reduce stigma and increase access using an interdisciplinary approach that solves concrete needs in real time,” said Lorna Jones, Executive Director, [Bonita House](#). “We are partnering to get individuals to services, creating a plan to stay safe at home with a neighbor or family, engaging in after-care treatment, and following up in a meaningful way once we’ve established rapport.”

The Licensed Clinician will be able to initiate a referral or place clients on a 5150 hold, a reference to the state Welfare and Institutions Code that sets criteria for detaining someone for 72 hours who is considered a danger to themselves or others. The statute too often triggers detainment of an individual in an already overburdened hospital emergency room. It’s an expensive, time-consuming and frustrating process for everyone.

“A clinician has the ability to use clinical skills to address the situation,” said Francesca Tenenbaum, Program Director, Patients’ Rights Advocates, [Mental Health Association of Alameda County](#). “They also have access to all the different resources in the system including contacting the person’s providers so they can truly make involuntary detention the last resort.”

Each CATT team member receives at least 80 hours of training; 40 hours of Crisis Intervention Training and 40 hours of CATT specific curriculum focusing on behavioral health assessments, community resources, and client navigation. This is in addition to the training required to become an EMT or a Licensed Behavioral Health Clinician.

The goal is to expand to 12 teams operating throughout the week where other communities may have one or two units in the field. San Mateo operates a program staffed by a paramedic versus an EMT and does not include a licensed behavioral health clinician. The County of San Diego Mental Health System operates [CAT teams](#) that provide services in the north county inland area.

In 2017, Alameda County Behavioral Health (ACBH) engaged in a Community Program Planning Process (CPPP) to develop its Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for FY 2018-2020. The community was very vocal about wanting alternative crisis services developed that assisted people in crisis who met as well as did not meet the mental health criteria for a 5150 hold. Community Survey data also show that “Persons experiencing a mental health crisis” were identified as the second-most underserved population (54%). Due to the need expressed at the community input meetings and external data on mental health crisis and 5150 rates in Alameda County, ACBH developed a five-year Innovation project to implement a test of concept for how to improve the crisis system through a collaborative approach and change in staffing models paired with technological support and transportation. This was Innovation Project 1: Community Assessment and Transport team (CATT).

For details on Alameda’s CPPP and MHSA FY 18-20 Three Year Plan and the FY 19-2023 MHSA Innovation Plan please go to www.ACMHSA.org under Documents/MHSA Plans or click [here](#).

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