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FIRE CHIEF

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BOARD OF FIRE COMMISSIONERS
FILE NO. 24-026

TO: Board of Fire Commissioners

FROM:  Kristin M. Crowley, Fire Chief

SUBJECT: THERAPEUTIC VAN PILOT PROGRAM FINAL UPDATE

FINAL ACTION:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Corrections	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Denied	<input type="checkbox"/> Received & Filed	<input type="checkbox"/> Other

SUMMARY

This is a report to the Board of Fire Commissioners on the Therapeutic Vans (TVs) pilot observations. It includes the details of deploying Los Angeles County (LAC) Department of Mental Health (DMH) teams from Los Angeles City Fire Department (LAFD) stations, including access to LAFD facilities, equipment and supplies, and other aspects of the work environment.

RECOMMENDATION

The Board:
Receive and transmit this report to the City Council.

DISCUSSION

On October 13, 2021, the Los Angeles City Council approved the LAFD to enter into an agreement with the LACDMH to conduct a one-year therapeutic transport pilot program. Additionally, on June 21, 2023, the Council adopted a motion to extend the pilot from July 1, 2023 to June 30, 2024.

The purpose of this pilot was to determine the feasibility, efficacy, and safety of transferring the care of a 911 patient experiencing an isolated, non-violent mental health crisis from a responding LAFD Paramedic or Emergency Medical Technician (EMT) resource to DMH staff for transport to a Psychiatric Urgent Care Center (PUCC) or specialized mental health emergency room.

The TVs were dispatched to calls for service by LAFD Metropolitan Fire Communications (MFC) and responded out of LAFD fire station parking lots. DMH members utilized a repurposed travel trailer as an operational base/quarters. These resources were staffed by three LACDMH members: a licensed Psychiatric Technician, a Peer Support Specialist, and a Clinical Driver. The City of Los Angeles subsidized the

Clinical Driver's salary. The TVs were available 24 hours a day, seven days a week, except for County Holidays. Routine observations of this pilot indicated that the TV resources maintained a narrow focus on services.

DMH staff lacked the requisite training and thus were unqualified to perform medical assessments or provide emergency medical services. This factor became a limitation when responding to a 911 call. This limitation negated any offset of fire resource response relief. Finally, it was observed that in 2023, fewer than four patients each day met the narrow criteria established for transport by a TV. There proved to be no advantage to having the resource deployed out of an LAFD facility. Staging the resources and staff on city property increased the city's exposure to liability. There were added unintentional costs of having the TVs housed at the LAFD station. Examples of these costs included the need for sworn personnel to manage the Therapeutic Vans' staffing and the trailers' maintenance.

Since the last update in July of 2023, the DMH explored the following additional items in an effort to increase call volume:

1. The DMH will explore the use of telemedicine between the TV staff and a DMH psychiatrist.
2. The DMH will explore the administration of medications ordered by a psychiatrist via telemedicine.
3. The DMH will operate TV 4 and TV 94 from the DMH headquarters at 510 S. Vermont Avenue, Los Angeles, CA 90020, to determine the impact on responses from a DMH facility versus an LAFD facility. The LAFD will continue to dispatch these resources to a like service area as in the first phase of the pilot program.
4. The DMH will explore a proactive patient outreach operation conducted by personnel assigned to TVs 40, 59, and 77 outside of calls to 911 for service. The LAFD and DMH will analyze the impact this proactive approach has on the availability of TVs for response to 911 calls for service.
5. The LAFD and DMH will explore alternate or more effective deployment locations for TV 40.
6. The LAFD will analyze the current dispatch algorithms associated with the TV response for effectiveness.

Despite the implementation of these items, the average number of patients transported per unit declined from a range of 0.06 to 2.53 to 0.14 to 1.25. This was further exacerbated by the inability of the DMH to provide staffing for TV 40 for several months. Although relocation of two of the TVs to the DMH headquarters did help to reduce some of the ancillary costs associated with their operation and maintenance, it did not significantly affect their ability to respond when requested.

LAFD / DMH Therapeutic Vans - Weekly Activity Summary

Sunday (01/28/2024) - Saturday (02/03/2024)

notes:
 *TV40 out of service until further notice

Los Angeles County - Department of Mental Health Therapeutic Vans	TV4/OCB		TV5/OMB		TV7/OVB		TV9/OVB		*TV40/OVB	
	*YTD	Past Week	*YTD	Past Week	*YTD	Past Week	*YTD	Past Week	*YTD	Past Week
Total Days Staffed	33	7	17	3	33	7	33	7	0	0
Incidents with Therapeutic Van Dispatched	101	26	13	2	20	4	81	21	0	0
Incidents with Therapeutic Van On Scene	47	11	8	1	13	2	44	12	0	0
Incidents with Therapeutic Van On Scene with Person(s) Experiencing Homelessness	25	7	4	1	2	0	10	2	0	0
Incidents with Therapeutic Van On Scene AND TV Transported	42	10	7	1	7	1	32	9	0	0
Incidents with Therapeutic Van On Scene AND RA Transported	4	1	1	0	4	1	5	2	0	0
Incidents with Therapeutic Van On Scene AND Patient not Transported by either TV or LAFD RA	1	0	0	0	2	0	7	1	0	0
Incidents with Therapeutic Van On Scene AND TV Transported AND Sentinel Event (24h 9-1-1 rekindle or 2' transport from Exodus to ED)	0	0	0	0	0	0	0	0	0	0
Average number Therapeutic Van Dispatched per shift (24 hrs.)	3.06	3.71	0.76	0.57	0.61	0.57	2.45	3.00	#DIV/0!	#DIV/0!
Average number Therapeutic Van On Scene per shift (24 hrs.)	1.42	1.57	0.47	0.33	0.39	0.29	1.33	1.71	#DIV/0!	#DIV/0!
Average number of Patients transported by Therapeutic Van per shift	1.27	1.43	0.41	0.33	0.21	0.14	0.97	1.29	#DIV/0!	#DIV/0!
Average percentage of time Therapeutic Van Transported vs. Dispatched	42%	38%	54%	50%	35%	25%	40%	43%	#DIV/0!	#DIV/0!
Average percentage of time Therapeutic Van Transported vs. On Scene	89%	91%	88%	100%	54%	50%	73%	75%	#DIV/0!	#DIV/0!

The LAFD currently operates Advanced Provider Response Units (APRUs) with capabilities similar to the TVs and a greater scope of service. APRUs are staffed by an EMS Advanced Provider, who may be either a Nurse Practitioner (NP) or a Physician Assistant (PA) and an LAFD Firefighter/Paramedic (FF/PM). The scope of service for APRUs include:

- Alternate Destination training for FF/PM's that arrange for mental health patients who meet the checklist criteria to be transported to a mental health facility or sobering center via LAFD ambulance.
- APRUs can provide emergent, urgent, and non-urgent treatments including medication prescription and medication refills.
- Prescribe, supervise and direct psychotherapeutic treatments or medications to treat mental, emotional, or behavioral disorders.
- Interact, counsel, and instruct guardians and family members of patients' conditions.
- Complete all necessary clinical documentation in an accurate and timely manner.
- Able to safely treat and release, treat and refer, or treat and transport.
- Treat and assess voluntary and involuntary mental health patients, including writing 5150 holds.

The biggest improvement to the APRUs operational efficiency would be to expand their availability to 24 hours a day, seven days a week. This would make them available during the same hours as the TVs and most LAFD resources. Currently, the APRUs are open for 40 hours a week or less depending on holidays, compensated time off and apparatus maintenance. Furthermore, the hours these resources are staffed occur during daytime hours which often does not reflect the optimum times these incidents occur.

In the case of violent patients, neither the APRUs nor the TVs are equipped to handle these situations. Under these circumstances, Los Angeles Police Department's Mental Evaluation Unit (MEU) would be used to treat these patients. The MEU has the requisite training to de-escalate violent patients in conjunction with restraint training. The LAFD already collaborates with the MEU, as their resources and teams provide valuable insight and knowledge in treating individuals with mental health issues.

CONCLUSION

The premise of the TV program, to transfer the care of a 911 patient experiencing an isolated, non-violent mental health crisis from a responding LAFD paramedic to DMH, is sound in theory. In practice, the results of this pilot have demonstrated, rarely are mental health crisis patients devoid of medical, violence or substance abuse issues. This is reflected in the low average number of patients transported by the TVs. This pilot program demonstrated that the TVs did not provide the workload for LAFD resources as it was initially envisioned. They were only available by request of on-scene resources secondary to completing a restrictive screening tool. This model had a negligible impact on call volume reduction. The number of patients transported per day ranged from 0.14 to 1.25 patients per day per TV. This is despite the improvements

made by DMH since the last update. Patients experiencing mental health crises in conjunction with medical, violent or substance abuse issues require a responder with broader capabilities and preferably the ability to transport to non-traditional receiving facilities. These functions are largely satisfied by the APRUs and their Physician Assistants or Nurse Practitioners. These advanced practitioners also have the ability to write 5150 holds and transport patients to alternative destinations. This is in addition to being able to treat medical complaints or write prescriptions.

As such, the LAFD recommends that the TV pilot program be terminated at the end of Fiscal Year 23/24 and the balance of the allocated funds directed towards a program that is capable of fulfilling the diverse requirements of the City's patients, i.e., the LAFD APRU Program.

Board Report prepared by Peter Hsiao, Assistant Chief, Emergency Medical Services Bureau.