

## **HEART PILOT PROGRAM UPDATE**

### **BACKGROUND**

In May 2021, Hayward’s City Council authorized funding to implement the Hayward Evaluation and Response Teams (HEART) Pilot Program as an alternative response model to reduce reliance on emergency services for individuals needing long-term case management and alleviate the need for police officer intervention. In a one-year period, between September 2023 and September 2024, the HEART program provided 734 instances of case management and mental health linkages for 74 individuals to connect them to existing services and ensure a strong continuum of care provision for those already engaged in services. In total, the program served over 469 individuals and responded to 1,846 calls during this period.

The program, which has been operating as a pilot program since June 2021, continues to evolve to address community needs while meeting the goals of the program and responding to the City Council’s direction. On December 5, 2023, the City Council held a work session on the HEART Pilot Program. While no action was taken by the City Council at this work session, the City Manager provided direction to staff to explore the following next steps:

- Explore permanent funding options to formalize the HEART Pilot Program as a permanent program in the City’s FY 2024-2025 budget;
- Explore expanding the HEART Pilot Program’s hours to 24/7 operations; and
- Explore ways to increase the pilot program’s data infrastructure and capacity

This attachment provides an overview of action steps implemented by staff in response to City Manager’s direction, an update on the pilot program and a summary of program outcomes.

An overview of the program and program timeline is provided as Appendix A at the end of this attachment for reference. More information on the HEART Pilot Program can be found on the [City’s webpage](#).

### **DISCUSSION**

#### **Program Adjustments**

##### ***Explore permanent funding opportunities for a permanent HEART Program***

Following the City Council work session, staff facilitated conversations with the Finance Department and the City Manager’s Office to identify permanent funding sources to transition from a pilot initiative to a permanent program element. The program received a direct funding allocation from Senator Wahab’s office that covers the program’s operating costs in FY 2025-2026; however, there are no dedicated operating funds for FY 2026-2027. Specifically, conversations have focused on transitioning four limited term positions into permanent regular positions, which carries a significant allocation from the General Fund.

Discussions for a permanent model are still ongoing. Staff are continuously working with the City's legislative partners to identify local, state, and federal funding sources, though few of those sources fund ongoing operations.

***Explore expanding HEART's Pilot Program hours to 24 hours a day, 7 days a week***

Due to the collaborative nature of HEART's work, connecting those experiencing homelessness, substance use disorders, and/or mental illness to the right services relies heavily on the hours of community partners, which are often limited to regular business hours. There is a potential opportunity to expand hours for the Police Department's Hayward Mobile Evaluation Team (HMET) to respond to active crisis calls during off-hours; however, this option relies on increasing the hours of County Behavioral Health Clinician or in-house Clinician staff. It also requires addressing current Hayward Police Department vacancies, which is a priority for FY 2025-2026.

As part of the City's FY 2025-26 Budget Planning Process and with consideration of staffing and budget constraints, staff recommends the following pathway to provide emergency overnight shelter and crisis counseling for individuals interested in working with the HEART Pilot Program. These include contracting to secure the following suite of services: 1) four reserved beds at South Hayward Parish (SHP), 2) the Motel Voucher Program, and 3) 988 Suicide and Crisis Lifeline Contract.

- **Four reserved shelter beds at SHP:** One of the biggest challenges for HEART Pilot Program clients, particularly during non-operating hours, is finding shelter beds. First Presbyterian Church of Hayward (FPCH) currently has 23 shelter beds in their South Hayward location. SHP has set aside four beds specifically for the HEART program which would give the HEART teams access to these services seven days a week. Given the challenges of finding shelter options for clients, this collaboration will be an instrumental tool for getting individuals into immediate shelter and reconnecting them to the care system both during and outside of HEART Pilot Program hours. Any beds that are not used by the HEART program each day are opened to the community, so no beds go unused.
- **Motel Voucher Program:** The Community Services Division currently administers the Motel Voucher Program which provides temporary stay to those in the process of obtaining shelter. The Motel Voucher Program has served as an effective tool to provide brief motel stays for those who cannot stay in congregate shelters while the HEART Pilot Program's LINK team works to find appropriate shelter and connect clients to appropriate resources. This program is especially utilized for families and those experiencing health and safety concerns. During non-operating hours, Hayward Police Department Patrol Officers use this program to provide safe, temporary stay to community members who are referred to the LINK team for follow-up. From July 2024 to present, 45 individuals were provided temporary stay before being connected to a shelter, temporary housing, and/or long-term housing.

- **988 Suicide and Crisis Lifeline Contract:** In addition to the above programs, staff are currently negotiating a contract with the County's 988 operator to offer a 24/7 mental health crisis response phone line for those who call the City's Case Management and Mental Health Linkages (LINK) team's phone line while the team is offline. Individuals experiencing a mental health crisis would be connected to a trained crisis counselor who could dispatch emergency services if needed. For those who may not be in crisis, but need on-going support, the trained operators would provide support as needed and refer the caller to the LINK team for follow-up.

***Increase the program's data infrastructure and capacity***

The HEART team's data spans across four different data systems, with limited capacity to track individuals across data sources. In 2024, the program developed more sophisticated protocols for referrals to the LINK team, established systematic methods for better data collection and analysis, and gained access to the County's mental health clinician's data, enabling staff to run reports for HMET data without needing to make requests of the County.

Additionally, Community Services Division staff worked with the County to gain access to the Homelessness Management Information System (HMIS), enabling LINK staff to access more information about what services and programs individuals who are homeless have previously accessed or may be currently connected to. HEART staff are currently working to leverage new HPD software, which provides more reporting features and opportunities to analyze data to improve proactive outreach, inform staffing and resource needs, and more.

**FISCAL YEAR 2025-2026 PROGRAM AND BUDGET UPDATE**

***Program Update***

The HEART program is continuously evaluated by staff to ensure that the program's implementation meets the program's goals and is fiscally responsible. Following an analysis of FY 2024-2025 overtime costs and the current staffing model, HEART leadership team recommends pausing operations of the Mobile Integrated Health Unit (MIHU) in fiscal year 2025-2026.

The MIHU program benefits the City through its rapid response for treating community members experiencing a medical emergency along with a mental illness, substance use, or homelessness issue quickly. The team's response can alleviate fire engines from HEART-related calls, and MIHU staff work closely with the other HEART teams and community partners to provide care to individuals who rely heavily on the emergency response system for health care needs.

MIHU's community paramedics are staffed by Staff Captain firefighters receiving both special assignment pay and overtime in the position. While on MIHU, their firefighter positions are also backfilled to meet staffing minimum requirements which further incurs overtime costs. In fiscal year 2023-2024, the impact of staffing MIHU, not including base salaries and

benefits, was \$2 million. For fiscal year 2024-2025, staff made cost saving adjustments which have significantly decreased overtime costs for the MIHU team; however, the estimated impact for staffing MIHU is \$1.2 million. For these reasons, staff recommends pausing MIHU in the upcoming fiscal year.

However, staff determined that the significant financial impacts and the need to focus on departmental core services necessitates pausing MIHU operations for FY 2025-2026. Staff will continue to re-evaluate the costs and benefits of the program moving forward, including changes to the staffing model to include dedicated community paramedics as a more cost-effective approach to reduce overtime costs.

### ***Program Budget***

The City received a one-time direct allocation of \$1.2 million from Senator Aisha Wahab's office in fiscal year 2023-2024 for the HEART Pilot Program, which staff deferred for use in FY 2025-2026 once other grants were fully expended. This direct allocation will cover almost all of the program's \$1.3 million in operating expenses for FY 2025-2026. Additionally, program expenses are partially offset by approximately \$72,000 in reimbursement through the Medical Administrative Activities (MAA) program.

Historically, the program has been funded through both salary savings from vacancies and limited-term grants. After June 30, 2026, the program does not have guaranteed grant or direct allocation funding.

Transitioning the pilot program to a permanent programmatic element of the City's service delivery system in future years would require 1) a significant allocation of General Funds to cover the cost of ongoing operations and 2) the conversion of four limited-term positions into permanent regular positions and to conduct a competitive recruitment process. A summary of the program's costs is provided below.

**Table 1. Summary of FY 2025-2026 HEART Program Expenses**

<b>Description</b>	<b>Amount</b>
Salaries and benefits for 4.7 FTE	\$886,457
Supplies expenses	\$65,375
Contract services for 24/7 access to HEART	\$345,000
<b>TOTAL PROGRAM BUDGET</b>	<b>\$1,285,532</b>

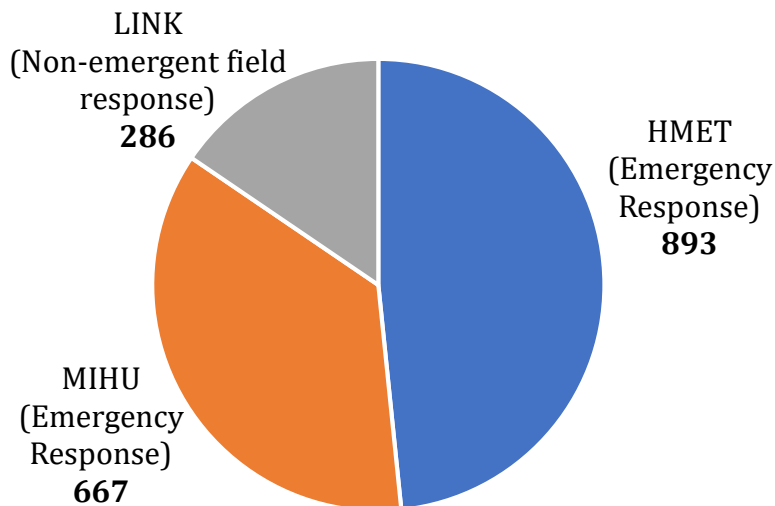
### **PROGRAM OUTCOMES**

Staff continue to refine data collection processes, navigating challenges associated with the use of four different data sources within and across teams. Despite these challenges, staff can report on several key metrics demonstrating program outcomes. The most recent analysis focused on data from a 12-month period from September 2023 to September 2024.

During this 12-month period, the HEART program served over **469 unique individuals**. This number is well below the real total as it is missing HMET's totals, as that data is collected by the County and has not been updated due to County data system upgrades. Staff are working closely with the County and will have access to their data system once the upgrades are completed.

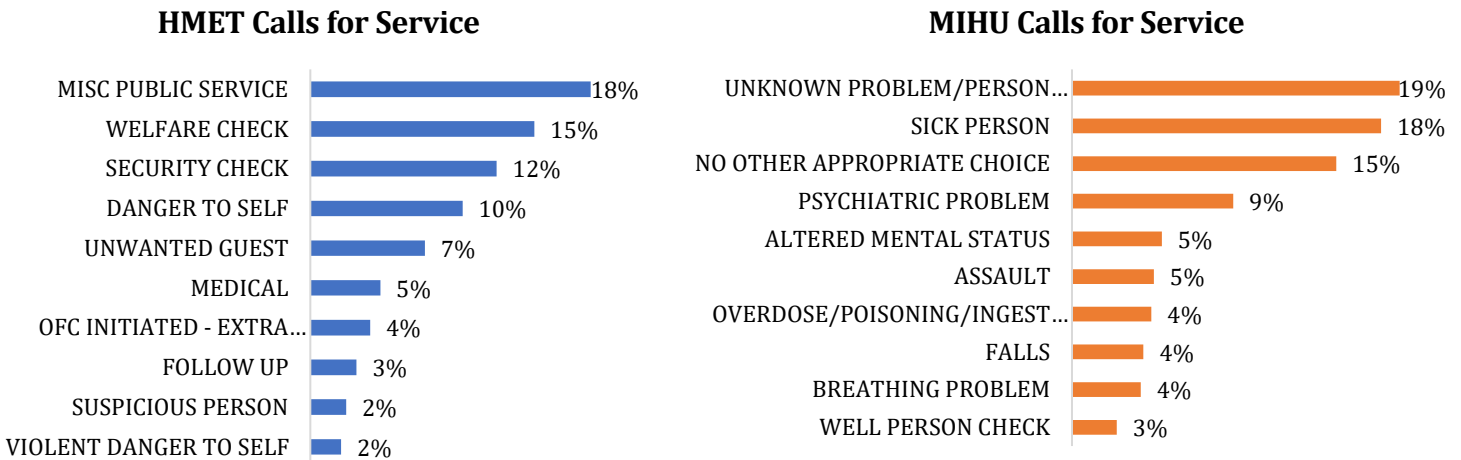
In total, the HEART Pilot Program responded to **1,846 calls** during this period. 1,560 of these calls were emergency response calls or on-the-spot referrals and 286 of the calls (15%) were field responses performed by LINK.

**Figure 1. Call Types Responded by HEART Teams**



### Top Calls for Service

Though there are limitations to the data, staff can analyze the types of emergency response calls that HMET and MIHU respond to. HMET's top call types are miscellaneous public services (18%), which can include a variety of issues including a subject causing a disturbance at a business or residence; welfare check (15%), and security check (15%). MIHU's top call types are unknown problem/person down (19%), which can include calls where an individual appears to need medical attention, sick person (18%), and no other appropriate choice (15%).

**Figure 2. HMET and MIHU Top Calls for Service**

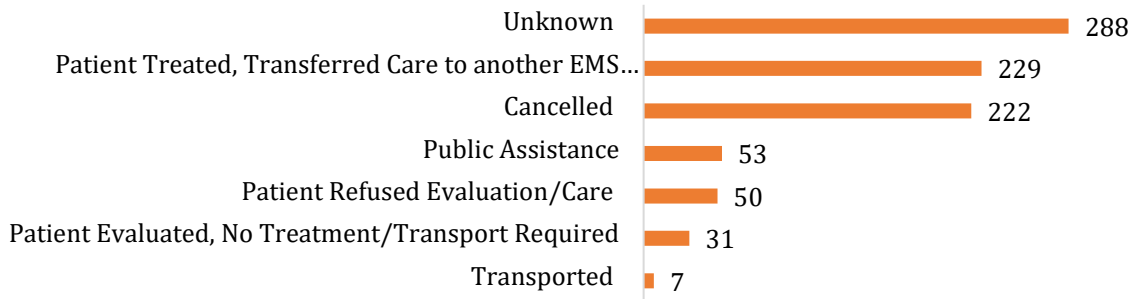
### Response Outcomes & Service Provision

Information on the outcomes of HMET and MIHU responses to calls is available in disposition data for each team, which is tracked in different data systems that each have limitations.

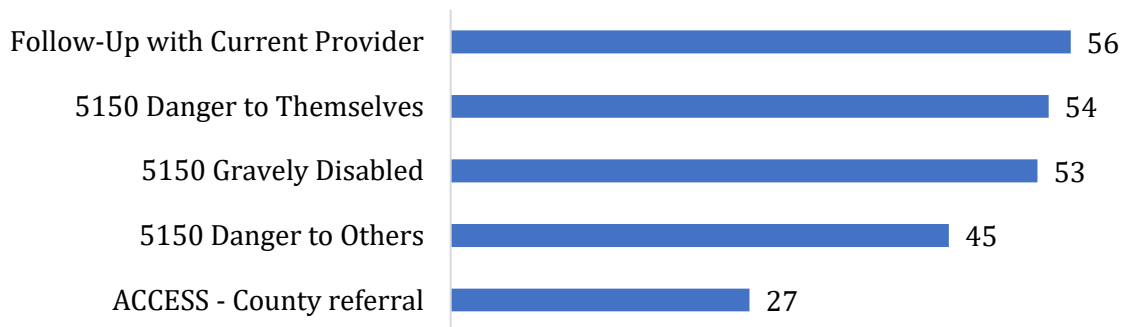
MIHU's disposition data is limited by its data system, which lacks the capacity to collect nuanced data after the initial call response, aside from medical related dispositions. The team implemented a work around by creating a "Public Assistance" disposition to track referrals to services as a possible solution, though that has not always been a reporting option and only makes up 8% of total dispositions. MIHU's disposition data show the top three dispositions as "Unknown", "Patient Treated, Transferred Care", and "Cancelled." The data shows an incomplete picture of the MIHU's work as many of the "Unknown" disposition narratives are HEART-related calls to connect individuals to services.

The data also illustrate the multiple roles that MIHU plays since transitioning from responding to only follow-up calls to responding to mostly 911 calls.<sup>1</sup> As demonstrated by MIHU's second highest (34%, n = 229) disposition, "Patient Treated, Transferred Care to another EMS unit/Released," MIHU has often served as an effective community paramedic ambulance to get to and treat community members quickly, and collaborate with Faulk ambulance to transfer them to care or release them. Additional context in the narratives for the "Cancelled" calls shows that MIHU also works closely with online engines to release them from both HEART related and non-HEART related calls.

<sup>1</sup> In February 2023, MIHU shifted operations to clarify the type of calls they respond to, establishing the standard of responding to non-acute crisis calls with a medical need.

**Figure 3. MIHU Dispositions**

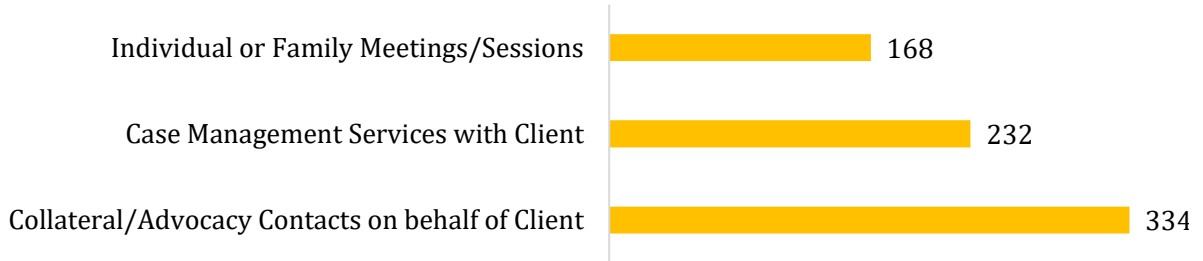
HMET data is often late or unavailable due to ongoing upgrades to the County's data system. For this analysis, staff reviewed data from July 2022 to July 2023. Figure 5 shows HMET's top five services provided during this period. The **majority (55%, n = 163) of HMET's calls for service resulted in psychiatric hospitalization** (5150) for either danger to self, gravely disabled, or danger to others. When possible, HMET practices crisis de-escalation in the field and follow-up with longer term solutions, as shown by 20% (n=56) of cases resulting in follow up with a person's current mental health provider and 10% (n = 27) resulting in referrals to the County's Behavioral Health Care Service's ACCESS Program (10%).

**Figure 4. HMET Dispositions (FY 22-23)**

Unlike the emergency response teams, LINK provides additional services beyond initial referral or response. In addition to the 286 LINK field responses from September 2023 to September 2024, the LINK team also provided a total of **734 instances of case management and mental health linkages** to connect individuals to existing services and ensure a strong continuum of care provision for individuals already engaged in services. Almost a quarter (23%, n=168) of LINK's contacts were the provision of direct mental health services through individual and family meetings. One-third (32%, n=232) of contacts were case management services with the client, including assisting clients with functional life skills such as visits to the DMV, social services, the VA office, court and other appointments/destinations. Nearly half (45%, n = 334) of contacts were collateral/advocacy contacts working across systems and with other providers to close service gaps and support clients to get appropriately connected to the right resources. The top connections to outside resources included

connection to housing/shelter resources, connection/reconnection to existing service providers, and providing for basic needs (food, shower, clothing).

**Figure 5. Services Provided by LINK Team**





## APPENDIX A. PROGRAM OVERVIEW AND TIMELINE<sup>2</sup>

The HEART program is a cross-departmental and inter-agency pilot initiative between the City Manager’s Office, Police and Fire Departments, and Alameda County Behavioral Health Care Services developed to improve access to medical, mental health, and other support services.

HEART aims to achieve **two main goals**:

- 1) Reduce the need for police officers to intervene in calls for service involving people experiencing chronic mental illness, substance use disorders, and homelessness.
- 2) Reduce reliance on emergency services for individuals needing long-term case management and follow-up services.

As of FY 2024-2025, the HEART program includes three teams staffed by employees from the Hayward Police Department (HPD), HPD’s Youth and Family Services Bureau, and the Hayward Fire Department (HFD) that collaborate closely and respond to different scenarios based on community need. Table 2 summarizes each team’s scope, how it is dispatched into the community, and when they are active.

**Table 2. HEART Program Team Descriptions**

	Hayward Mobile Evaluation Team (HMET)	Mobile Integrated Health Unit (MIHU)	Case Management & Mental Health Linkages Team (LINK)
<b>Who is on the team?</b>	HPD District Operations police officers & Alameda County behavioral health clinicians	HFD community paramedics	City mobile mental health clinicians & lead program assistant (case manager), supervised by the behavioral health coordinator
<b>What does the team respond to?</b>	Calls or referrals that indicate someone is in acute mental health crisis, requests for a 5150/5585 assessment of danger to self or others, and welfare checks	Calls or referrals that indicate someone has a medical need and is homeless and/or experiencing substance use or mental health issues (but not in an active crisis)	Calls or referrals for cases that require mental health, social services, and case management and ongoing follow-up and support

<sup>2</sup> For a more in-depth discussion of the HEART program operations and implementation, reference materials from the December 5, 2023 [HEART program implementation update work session](#) and December 17, 2024 the [Let’s House Hayward implementation update work session](#).

<b>How is the team referred or dispatched?</b>	Calls for service through 911 dispatch or direct referrals from HPD or County	Calls for service through 911 dispatch or direct referrals from HFD, or HPD	Calls for service through 911 dispatch or direct referrals from HFD, HPD, other City departments, and community members
<b>When is the team active?</b>	Monday-Friday 8:00 AM – 4:00 PM	Monday-Saturday 8:00 AM – 8:00 PM	Monday-Thursday 8:00 AM – 6:30 PM Friday 8:00 AM – 5:30 PM

HEART has evolved in response to community needs since its inception in 2021. Originally, the program consisted of two teams, with a third team added in June 2023. Below is the program’s implementation timeline.

- February to April 2021: Public Safety Policy Innovation Workshops**  
Community members and City staff participated in a 10-week workshop to identify possible policy solutions and recommendations.<sup>3</sup>
- May 18, 2021: Council Authorized Funding for Public Safety Policy Projects**  
Council authorized funding for and directed staff to implement three recommended projects that collectively made up the original HEART Program.<sup>4</sup>
- June 2021: Launched the Hayward Mobile Evaluation Team**  
HPD formed the Hayward Mobile Evaluation Team (HMET) in collaboration with Alameda County’s Behavioral Health Care Services (ACBHCS).
- August 2021: Behavioral/Mental Health Coordinator Position Filled**  
A Youth and Family Services Bureau Family Counselor was placed in a special assignment as the HEART Program’s Behavioral Health Coordinator.
- January 2022: Launched the Mobile Integrated Health Unit**  
HFD launched the Mobile Integrated Health Unit (MIHU) part-time to provide follow-up services and engage with high utilizers of the 911 system.
- February 2023: MIHU Redefined Scope of Response**  
MIHU shifted operations to clarify the type of calls they respond to, establishing the standard of responding to non-acute crisis calls with a medical need.

<sup>3</sup> Public Safety Outreach Project: <https://www.hayward-ca.gov/your-government/departments/city-managers-office/public-safety-community-outreach>

<sup>4</sup> For additional information about the funded public safety innovation workshop projects, please visit the City’s website: <https://www.hayward-ca.gov/your-government/departments/city-managers-office/hayward-safe/project-implementation-dashboard>

- **June 2023: Launched the Case Management and Mental Health Linkages Team**  
Based on process evaluation findings, staff moved clinical staff from the MIHU ambulances to a separate team, the Case Management & Mental Health Linkages (LINK) Team.
- **December 2023: Council Affirmed Support for a Permanent HEART Program**  
In a City Council Work Session to provide an update on the HEART Program, City Council expressed unanimous support for identifying permanent funding for the pilot program. Following the City Council work session, program staff facilitated conversations with Finance and the City Manager's Office to identify permanent funding for the HEART program. Specifically, conversations have focused on transitioning four limited term positions into permanent positions.