

AD HOC POLICE REFORM

MOTION


As local leaders rethink traditional models of public safety and move toward reform, it is critical to consider existing programs that can be used to quickly implement positive changes. In 2019, Police Department (LAPD) officers were dispatched 20,598 times for calls involving mental illness and 15,544 times for calls to conduct welfare checks. These are two types of calls that in many cases should not require armed officers or full Fire Department (LAFD) engine companies to handle.

In 2018, the LAFD launched its Advanced Provider Response Unit (APRU) program. APRU was an innovation originally vetted by the Public Works Committee and funded through the Innovation Fund. Staffed with an LAFD Firefighter/Paramedic and an Advanced Provider (a Nurse Practitioner or Physician's Assistant), the APRUs offer a vast array of resources outside of the traditional paramedic scope of practice, in order to ensure patients get quality care while ensuring that limited emergency medical resources are not strained handling non-emergency or chronic health issues.

Currently, there are four APRUs deployed throughout the City. This program is ripe for expansion and could be modified to include trained mental health and social work professionals. Expanding this program would relieve the massive burden placed on the LAPD, whose personnel are often dispatched to non-violent calls simply because the City doesn't have another service available for these types of calls. Calls that may be better handled by the APRU include but are not limited to welfare checks, reports of mental illness, intoxication, non-violent disputes, and injury. The County of Los Angeles is responsible for nearly all aspects of publicly funded mental and public health programs, but, with issues such as homelessness, the reality is that City employees are often tasked with responding to these types of issues. The City must think outside the box on how to make swift changes for the health and safety of individuals who require appropriate assistance.

I THEREFORE MOVE, that the City Council instruct the Fire Department (LAFD), with the assistance of the City Administrative Officer (CAO), to present a plan to expand the Advanced Provider Response Units (APRU) from four to eleven, in order to cover more areas of the City and to respond to non-violent, non-criminal calls that would previously be responded to by the Police Department.

I FURTHER MOVE that the City Council instruct the LAFD, with the assistance of the CAO, the County Department of Mental Health, the Los Angeles Homelessness Services Authority and any other City or County departments that are appropriate, to report on the resources needed to integrate mental health and social work professionals into the LAFD's APRUs, to respond to a greater volume and type of non-violent and non-criminal calls.

PRESENTED BY: 
BOB BLUMENFELD
Councilmember, 3rd District

SECONDED BY: _____
MARQUEECE HARRIS-DAWSON (verbal)
Councilmember, 8th District

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Title

Advanced Provider Response Unit (APRU) Expansion Plan / Mental Health and Social Work Professionals / Non-Violent and Non-Criminal Calls

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Mover

BOB BLUMENFIELD

Second

MARQUEECE HARRIS-DAWSON

› [Prehosp Emerg Care](#). Sep-Oct 2020;24(5):693-703. doi: 10.1080/10903127.2019.1666199.
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Advanced Practice Providers in the Field: Implementation of the Los Angeles Fire Department Advanced Provider Response Unit

[Stephen Sanko](#), [Saman Kashani](#), [Terrance Ito](#), [Aaron Guggenheim](#), [Shangnon Fei](#), [Marc Eckstein](#)

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Abstract

Background: To address the growing number of low-acuity patients in the 911-EMS system, the Los Angeles Fire Department (LAFD) launched a pilot program placing an Advanced Provider Response Unit (APRU) in the field so that a prehospital nurse practitioner (NP) could offer patients treatment/release on scene, alternative destination transport, and linkage with social services.

Objective: To describe the initial 18-month experience implementing this new APRU. **Methods:** This is a retrospective, descriptive review of all APRU-attended patients from January 2016 to June 2017. The APRU was an ambulance staffed by an NP and a firefighter/paramedic, equipped with basic point-of-care testing capability, and linked to incidents by either being summoned by on-scene first responders or by monitoring EMS radio traffic. Descriptive statistics were used and outcome measures included counts of clients attended, treat/release rates, impact on total time in service for other LAFD resources, patient need for subsequent re-use of 911 and self-reported experience of care. **Results:** During its first 18 months in service, the APRU attended 812 patients, including 792 911-patient incidents. 400 of these 911-patients (50.5%) were treated and released on scene or medically cleared and transported to an alternative site for specialty care. This included 76 patients with primary psychiatric complaints who were medically-cleared and transported directly to a mental health urgent care center. An additional 18 high utilizers of 911 were attended by the APRU and connected with a social work organization, and 12 of 18 (66.7%) decreased their use of EMS in the 90-days following APRU evaluation and referral. Of the 400 911-patients that did not go to the emergency department (ED), 26 (6.5%) re-contacted 911 within 3 days: all were transported to the ED with normal vital signs and without prehospital intervention, and all were ultimately discharged home from the ED. As a result of APRU intervention, 458 other LAFD field resources were quickly placed back in service and made available for the next time-critical call. **Conclusions:** Advanced practice providers such as nurse practitioners can be incorporated into the prehospital setting to address a growing subset of 911-patients whose needs can be met outside of the ED.

Keywords: EMS; advanced practice provider; ambulance; mobile integrated healthcare; prehospital.