



Crisis Assistance Response and Engagement (CARE)

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Background

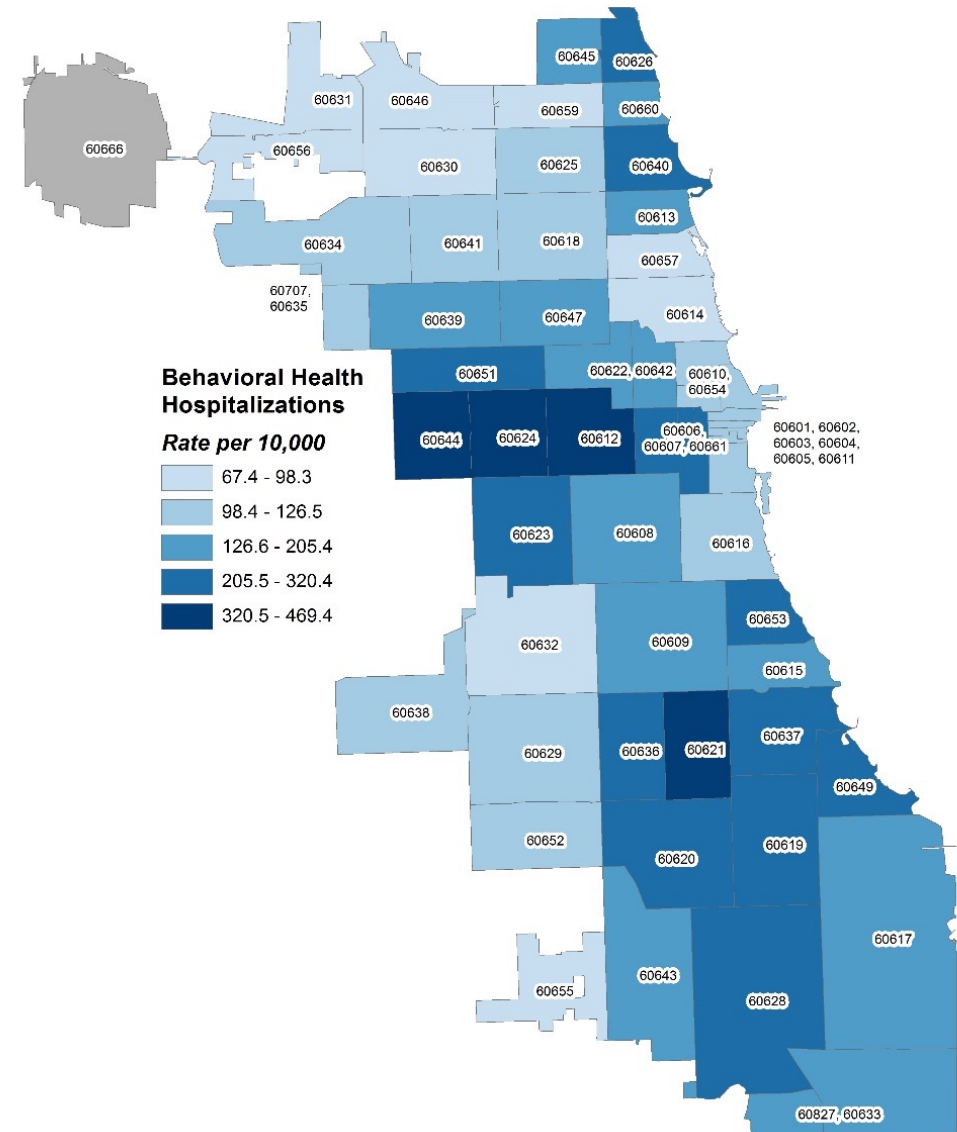


Over 60,000 people per year are hospitalized in Chicago for behavioral health related conditions (2017 data, by zip code). This is nearly twice as many as are hospitalized for heart disease.

Highest hospitalization rates are in high hardship communities on Chicago's South and West sides.

Hospitalizations can be traumatic for patients, overcrowd emergency departments, and require costly deployment of first responder services.

People with complex MH needs often need community-based rather than clinic-based services; ongoing engagement can protect against MH crisis and hospitalization.



PROGRAM PARTNERS



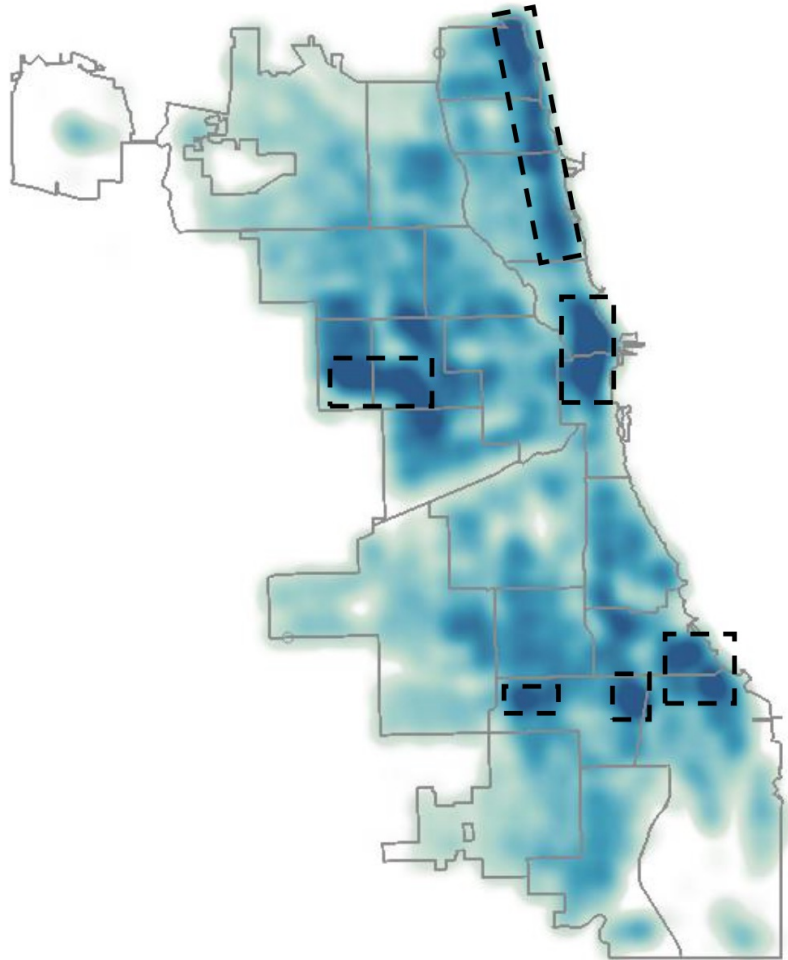
- CARE is a partnership between multiple city/state agencies, overseen by the Mayor's Office. Each agency has its own internal organizational structure and policies.

Agency	Key CARE Roles & Responsibilities
Mayor's Office	Program oversight, strategy development, and communications
Office of Emergency Management and Communications (OEMC)	Dispatch 911 calls to CARE teams, develop call scripts and protocols related to call-taking and dispatch, work with CDPH clinicians in the 911 call center
Chicago Fire Department (CFD)	Staff Community Paramedics on MDR, AR, and Opioid Response teams, work with AIS on vehicle maintenance, manage data integrity and compliance
Region 11 EMS	Provide medical oversight to CFD Paramedics and OEMC Medical Dispatchers, support protocol development and training, conduct data quality assurance and improvement
Chicago Police Department (CPD)	Staff CIT Officers on MDR teams, manage telecommunications and PDTs, conduct personal safety training and support
Chicago	Staff Mental Health Clinicians on MDR and AR





Heatmap of Crisis Calls by Incident Location, 2020 YTD

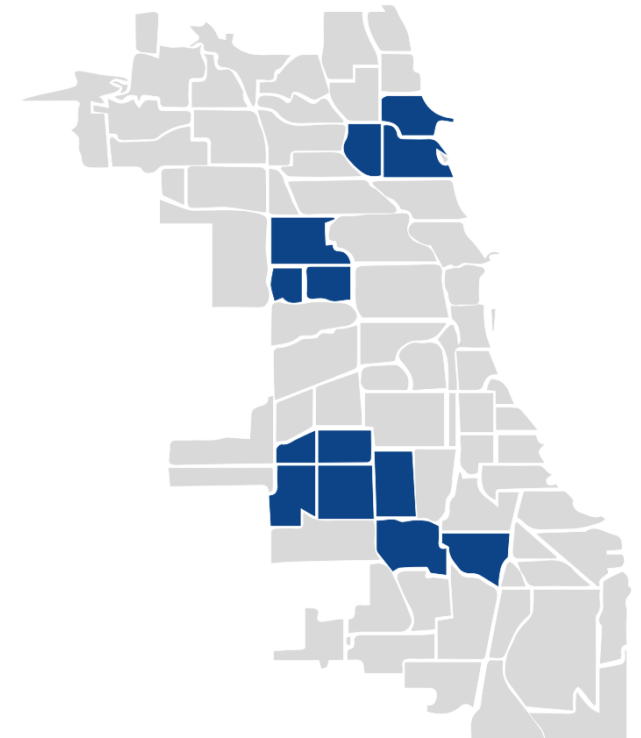


Chicago Alternate Response Pilot *13 Community Areas of Focus*

Chicago Alternate Response Pilot Neighborhoods

1. Uptown
2. North Center
3. Lakeview
4. Humboldt Park*
5. West Garfield Park*
6. East Garfield Park**
7. West Englewood
8. West Elsdon
9. Chicago Lawn*
10. West Lawn
11. Gage Park
12. Auburn Gresham*
13. Chatham*

*OCOS Priority Neighborhoods



★ Comprehensive Crisis Prevention and Response Program

Crisis Assistance Response and Engagement (CARE) Program ensures more than one response option to fit the variety of 911 calls with a behavioral health component



Pre-Response:

For the first time in the City's history, **mental health professionals are staffed in the City's 911 Call Center.**

Respond to mental health service calls that can be resolved over the phone rather than dispatching team of first responders. Provide support and mental health consultation to callers, call takers, dispatchers, and response teams.



Response:

For the first time in the City's history, **mental health professionals are being dispatched from the 911 Call Center to respond to behavioral health crisis calls that require an in-person response.**



Post-Response:

Residents linked to appropriate community-based services to address the underlying needs that contributed to the development of the crisis in the first place.

Piloting use of geographically distributed alternate drop off sites for persons experiencing a behavioral health crisis as alternatives to emergency rooms to provide more comprehensive care.



CARE Program: What to Expect

CARE Teams respond to a range of calls as the only unit or together with police. Sometimes, police may arrive first and then call the CARE Team for assistance.

When they arrive on scene, the CARE Team can:

- De-escalate the person in crisis and conduct a brief psychosocial and needs assessment
- Transport a person to the hospital (non-emergently), crisis stabilization center, shelter, clinic, or other location
- Make referrals to treatment, help navigate housing or shelter needs, and support around socioeconomic needs (employment, food access, etc.)
- Work with family, friends, or staff on scene to provide information and resources on supporting people in crisis
- Follow up at 1, 7, and 30 days after the initial encounter with the individual
- Provide basic clothing, hygiene items, food gift cards, bus passes, and harm reduction supplies

★ CARE teams: 3 Different Teams responding to crisis...

There are 3 CARE teams, each with specific areas of expertise:

- **Alternate Response (AR)** – Respond to 911 calls with a mental health component and offer de-escalation, on-site services, transport to alternate destination, and extensive follow-up.
- **Multidisciplinary Response (MDRT)** – Provide the same services as AR but can respond to 911 calls with greater risk levels.
- **Opioid Response Team (ORT)** – Follow up with individuals 24-72 hours after they have experienced an opioid overdose to offer services and connection to care.



★ ...with 4 specific Trained Experts

Teams are staffed from 4 different roles, each with specific expertise dealing with behavioral health crises:

- **CFD Community Paramedic** – Licensed by Illinois Department of Public Health (IDPH), with Region 11 Community Paramedic certification.
- **CDPH Crisis Clinician** – Terminally licensed by the state of Illinois, with experience resolving behavioral health crises.
- **CPD CIT Officer** – Trained member of MPD’s Certified Crisis Intervention Team (CIT) with specialized training in responding to individuals in crisis.
- **COIP Peer Recovery Coach** – Completed the Illinois-accredited Community Health Worker certification and has lived experience in substance use disorder.

	Paramedic	Clinician	CPD CIT Officer	Peer Recovery Coach
Alternative Response	Yes	Yes		
MDRT	Yes	Yes	Yes	
Opioid Response	Yes			Yes



CARE Service Criteria

- Age: 12-65
- No Violence (ART) – Unknown Violence (MDRT)
- No Weapons (ART) – Unknown Weapons (MDRT)
- No Co-Occurring Medical Crisis

CARE Program Referral Mechanisms

OEMC Dispatch

- **Primary Dispatch:** CARE-appropriate call comes in via 911, CARE team dispatched as independent unit

Non-Dispatch Assist, Follow-Up & Outreach

- **CPD CIT Assist:** CARE team will monitor radio and PDT traffic for appropriate calls to serve as an assist to CPD CIT team
- **Non-Emergent Follow-Up:** CARE team conducts follow-up engagement at 1, 7, and 30 business days after initial contact, as well as follow-up with individuals that have contacted the CARE team directly via the vehicle cell phones
- **Proactive Outreach:** when not responding to active calls, CARE team conducts proactive outreach to individuals, priority populations, and organizations or settings in each district that offer social services, mental health and/or substance use disorder treatment, housing supports, and other community services

Alternate Destination Testimonial

- [Matthew Threshold video, landscape format.mp4 \(sharepoint.com\)](#)





CARE Program Timeline

September 2021: Launched first 2 multidisciplinary response teams on **North and South Sides**

June 2022: Launched 1st alternate response team on **Southwest Side**

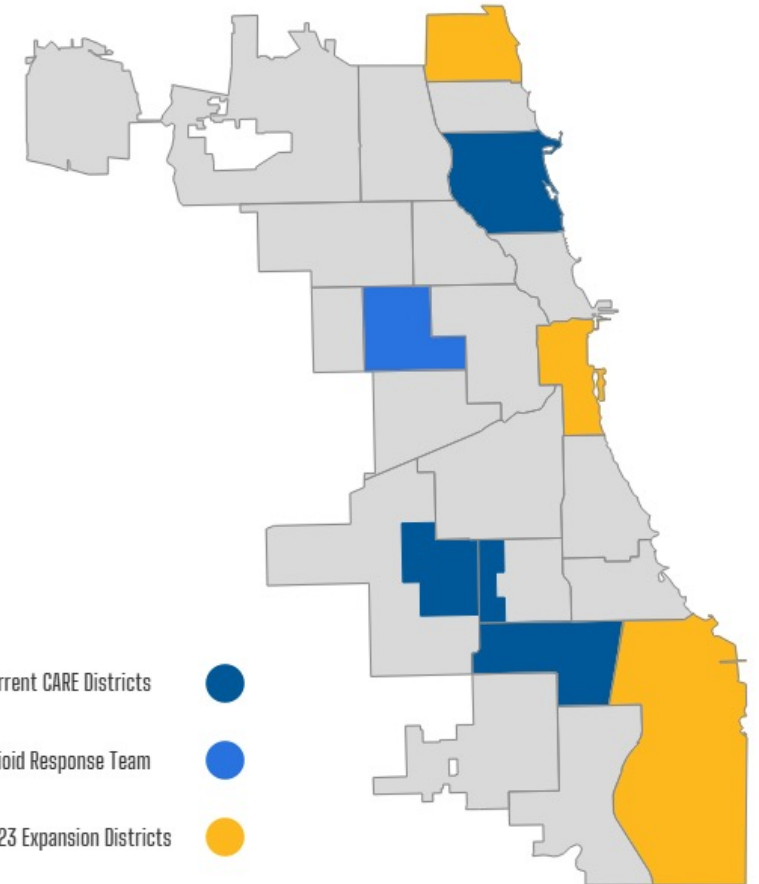
January 2023: Launched Opioid Response Team on **West Side**

March 2023: expansion of eligible call types, age range, and launch of 4th response team in **the Loop**

Summer 2023: Launch 2 more teams in **Far North and Far South**

Late 2023: Pilot Sobering Center and Stabilization Housing as alternate destinations

CARE Team Operating Locations



DASHBOARD DATA: Sept 2021-May 2023



CARE 911 Responses
814

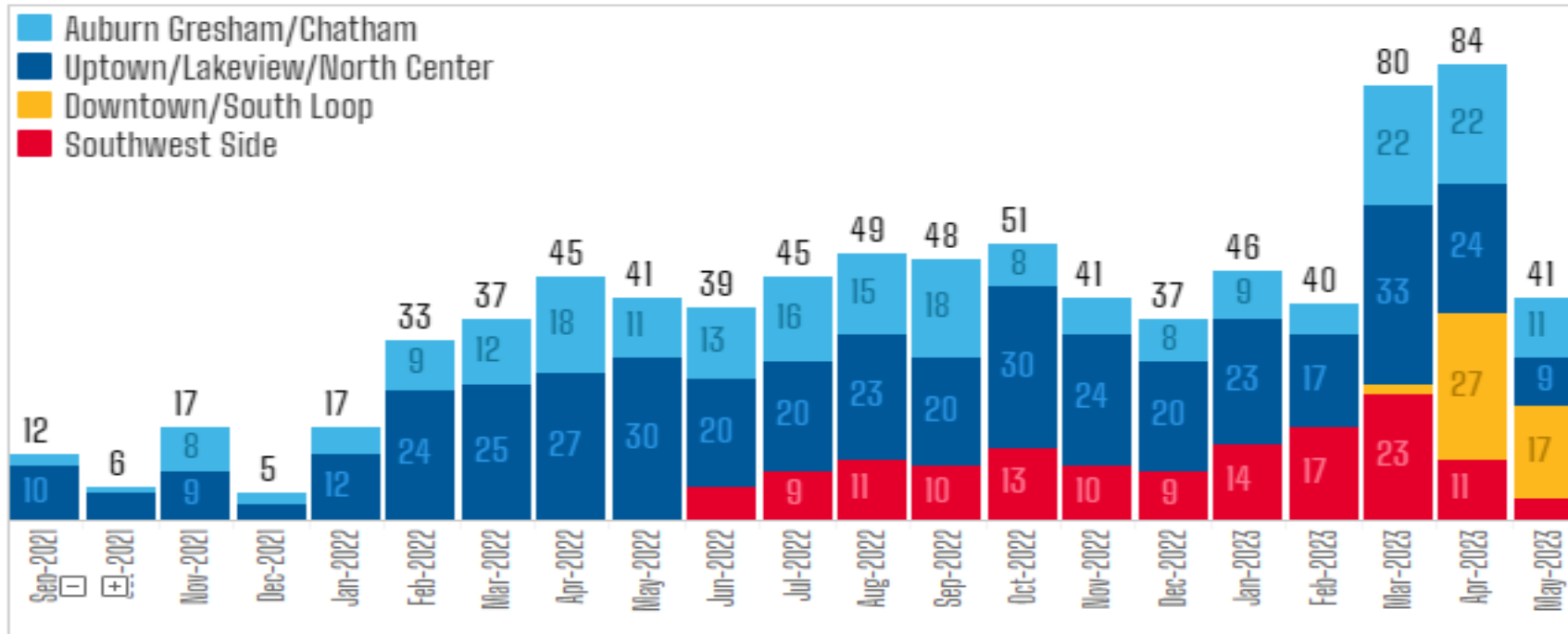
Follow-Up Encounters
632

Use of Force Events
0

Arrests*
0

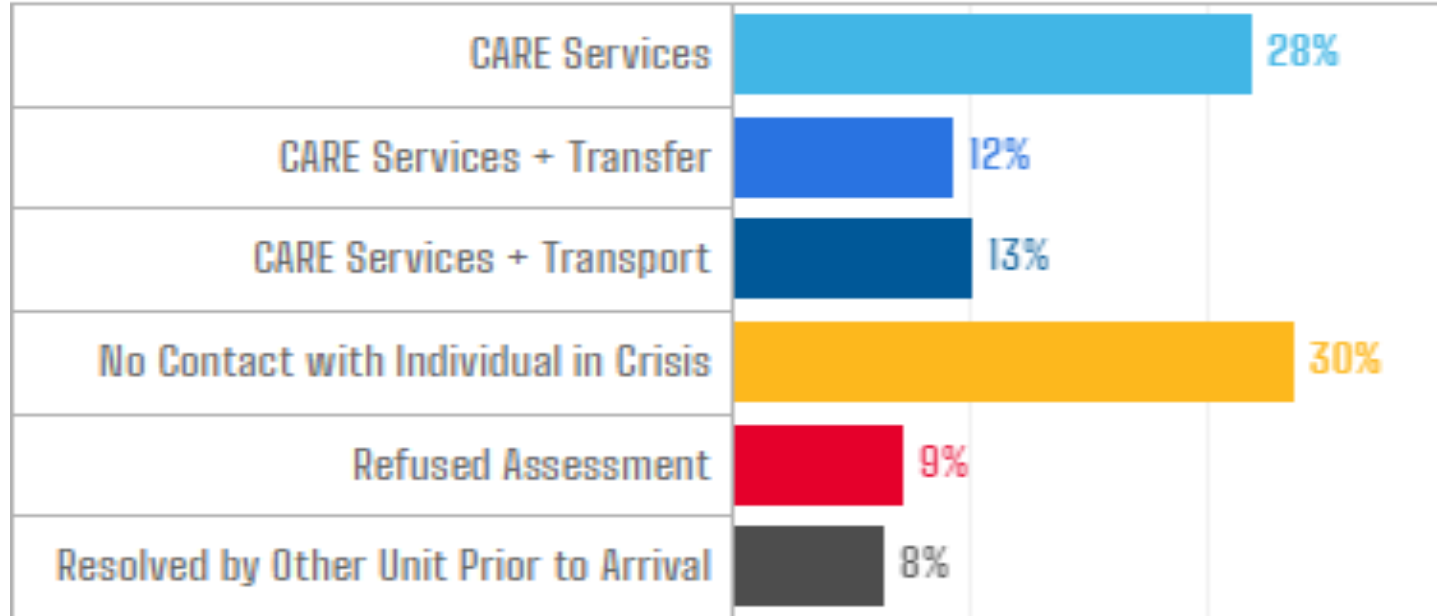
CARE 911 Responses

CARE 911 Responses Over Time by Neighborhood

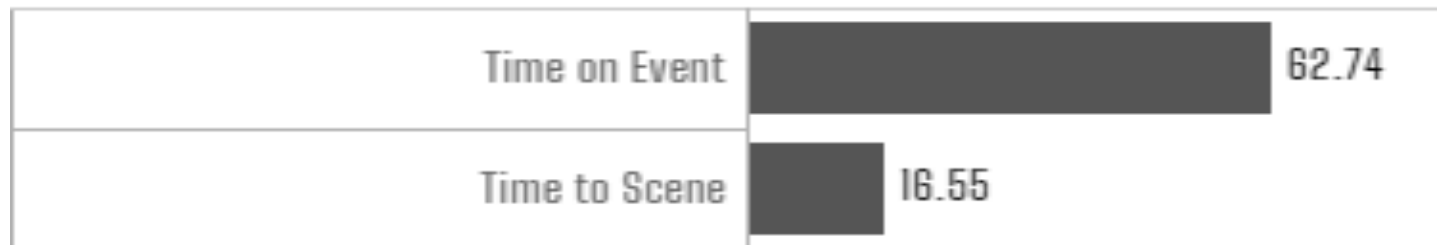


CARE OUTCOMES

All CARE 911 Responses by Outcome



Average CARE Team Service Times in Minutes





CARE Pilot Early Key Learnings

1. Importance of building capacity within 911 call center that is not accustomed to having multiple response options available for behavioral health emergencies; this includes continuous CDPH and OEMC supervisory support and training for call takers and dispatchers on mental health screening and decision making
2. Importance of ongoing roll call trainings and regular communications with CPD patrol leadership to ensure that police know how to request a CARE team
3. Importance of ongoing cross-agency project management to ensure operational alignment and implementation
4. Importance of CDPH/OEMC data collaboration to assure data consistency across different documentation systems (clinical documentation, call center dispatching, etc.)
5. High number of unsheltered individuals whose needs cannot be easily resolved on scene demonstrates the crucial need for supportive housing diversion options structured around needs of people with substance use disorder (SUD), serious mental illness (SMI), and their co-occurrence
6. Importance of continued engagement with alternate response programs around the United States to learn from each other, develop communities of practice, and collaboratively problem solve