

The current report provides updates on the implementation of the Community Alternative Response Emergency Services (CARES) program. CARES is a multi-agency program for addressing non-violent, behavioral health-related crises. It is a type of crisis response team consisting of a community paramedic and a crisis worker that responds to non-violent, behavioral health-related crises. The on-scene goal is to de-escalate, treat and refer the patient to appropriate behavioral health services in the community.

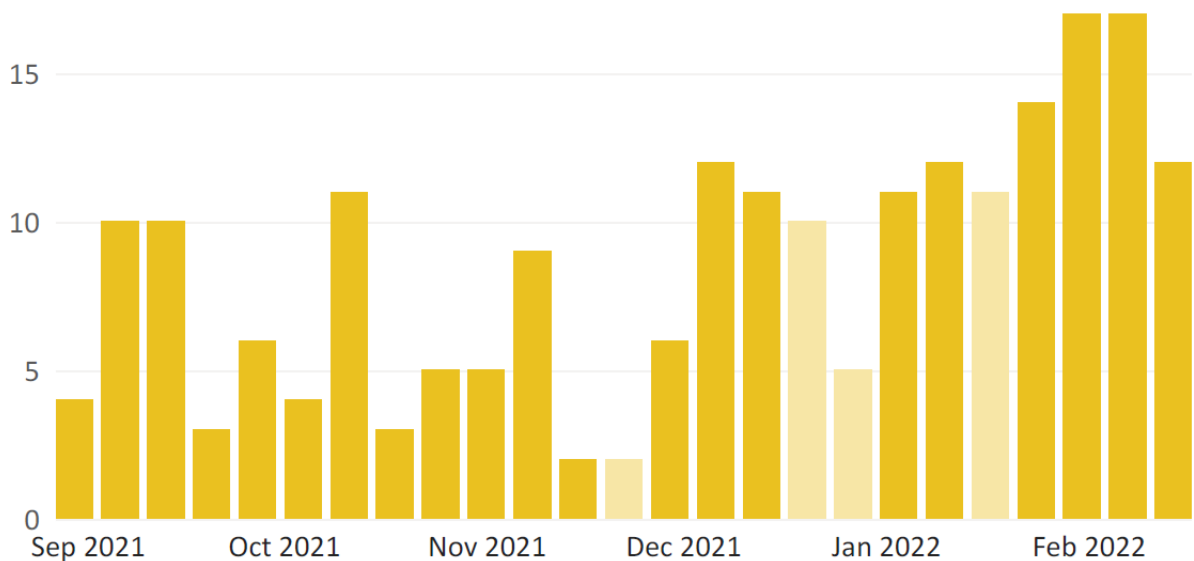
Findings presented in the current report are based on data from start of the program in September 2021 through February 18, 2022. Currently, this report's findings are informed by data collated from the Madison Fire Department and the Journey Mental Health Center. The data from the Journey Mental Health Center has a one week lag, so the report's findings are limited to the date of the most recent data received.

It should also be noted, that some figures in the report have categories shown as "unknown" and "blank." The former means data was entered as "unknown"; the later means no data was entered, or data is still being processed. For example, this occurs in some of figures about demographic variables (e.g., veteran status, gender identity, race/ethnicity). Also, to protect patient confidentiality, all categories with fewer than five patients are grouped into the "other" category. For example, this occurs in the figure depicting race/ethnicity data.

As of February 18, 2022, CARES has responded to 212 total calls. It should be noted that the behavioral health emergencies that the CARES team responds to are time intensive, requiring an average of 53 minutes per call. Below is a figure that displays the number of CARES calls per week from September 2021 through February 18, 2022.

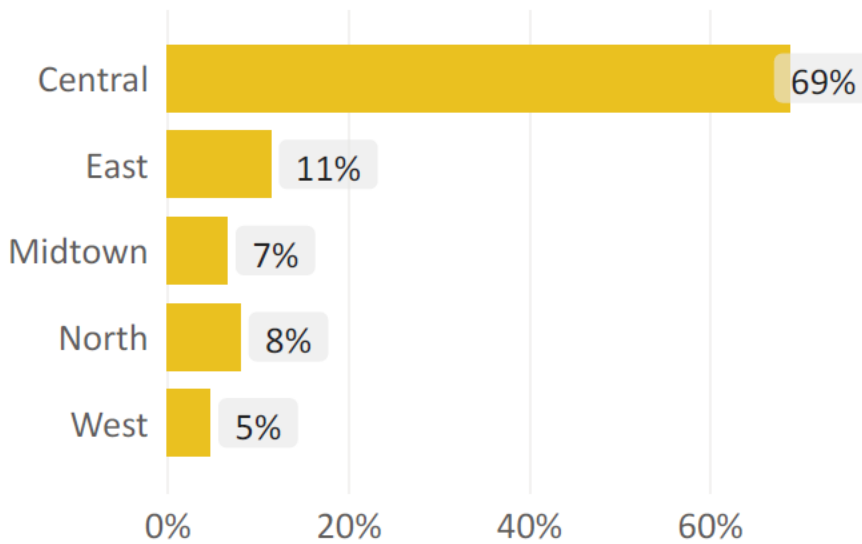
Calls per Week ⓘ

Week Type ● Holiday Week ● Non-holiday Week



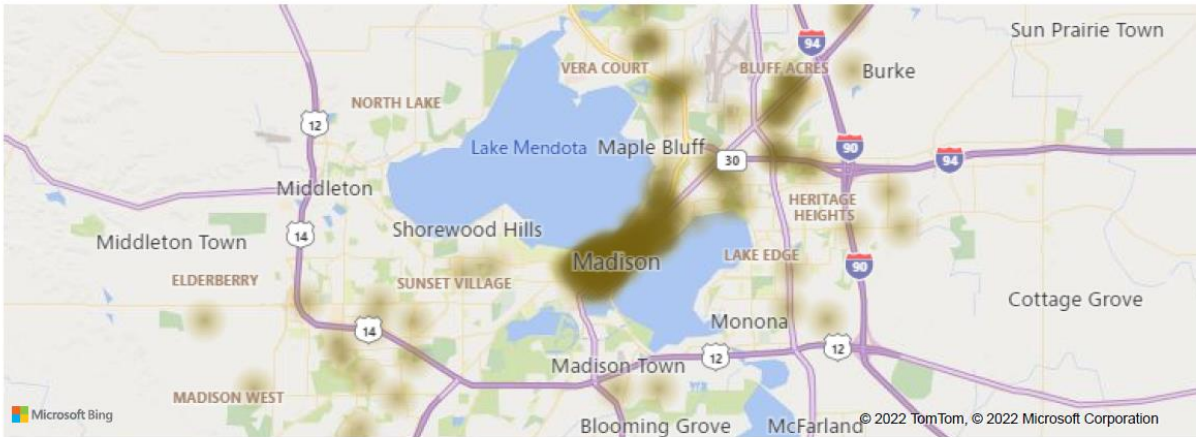
The number of calls per week has varied from 2 calls per week to 17 calls per week. The lower number of calls per week in the first few months of the program's implementation is in part because the program's initial implementation was focused on the central district. Specifically, it should be noted that prior to December 22, 2021 CARES only responded to calls in the central district. Since that time CARES has responded across the other Madison districts too. Also, some weeks' data may be lower in part because of the influence of holiday vacation time on the staffing of the CARES team. The figure below displays the distribution of CARES calls across Madison districts. As you can see, 69% of the calls have occurred in the central district. Again, the program was focused solely on the central district until December 22, 2021. So, as time continues to progress, this skewed distribution of calls across districts will even out some because CARES is now responding across all districts.

Calls per District ⓘ



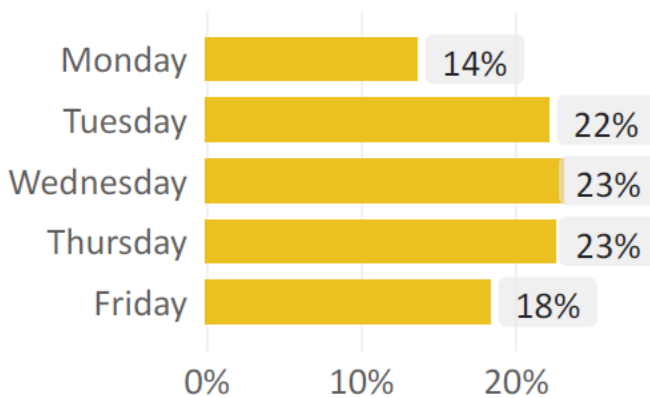
This distribution of calls is also depicted by the geographic analysis presented below.

Call Location ⓘ



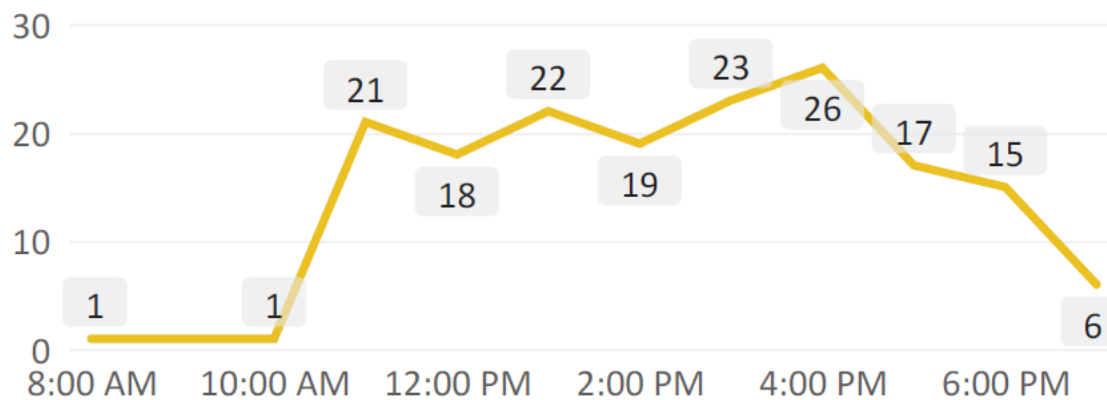
The report also includes data on the distribution of CARES calls across days of the week and time of day. As exhibited in the figure below, there is not a great deal of variance in the distribution of CARES calls across the days of the week.

Calls per Day ⓘ



Also, there is not much variance in the number of CARES calls across the time of day that CARES is in service (11 AM to 7 PM). See the figure below for more details.

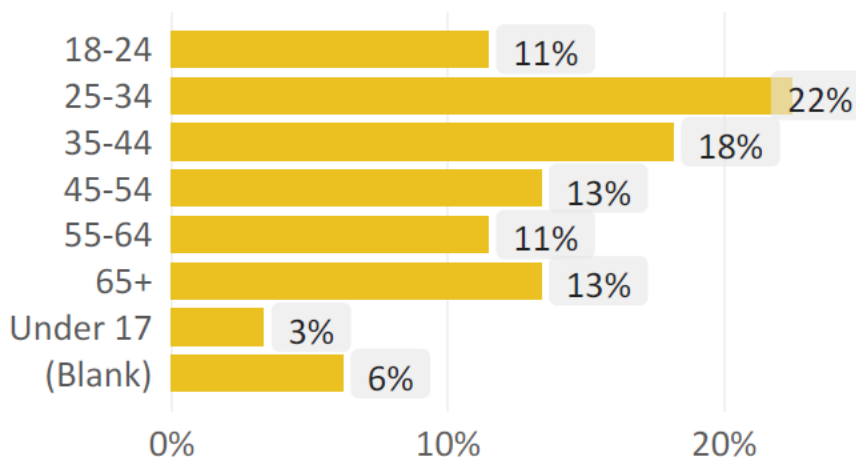
Calls per Time of Day ⓘ



It should be noted that 2 calls occurred before the CARES team's service hours (i.e., the call at 8 AM and the call 10 AM). This is reflective of a couple of calls that were stacked (i.e., CARES-eligible call came in to the 911 center before CARES was in service and was held until CARES was in service). This occurred a couple of times but the program is not continuing it.

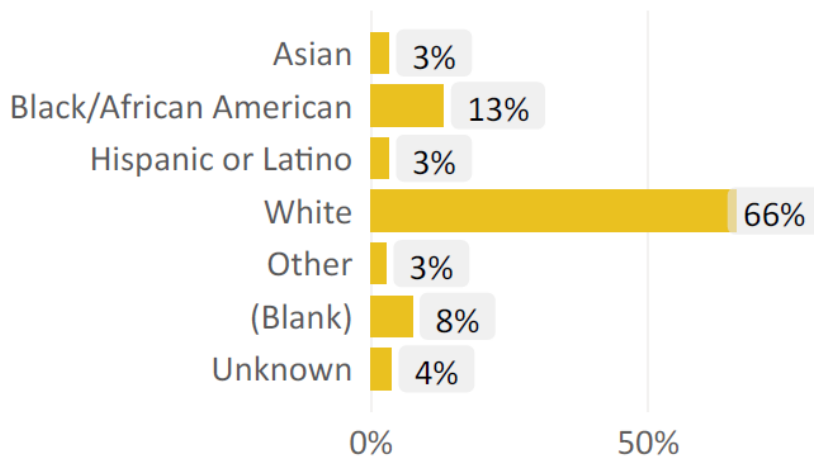
The report also contains information describing characteristics about the patients served by the CARES program. For example, 64% of CARES patients have been previously served by Journey Mental Health and 19% of CARES patients have been served by the CARES program multiple times. As you can see from the figure below, the CARES program has served all age groups. Notably, forty percent of the patients are between 25 and 44 years of age.

Age ⓘ



In terms of sex, 53% of CARES patients are male and 40% are female (7% blank data). As exhibited in the figure below, the majority of CARES patients have been white (66%).

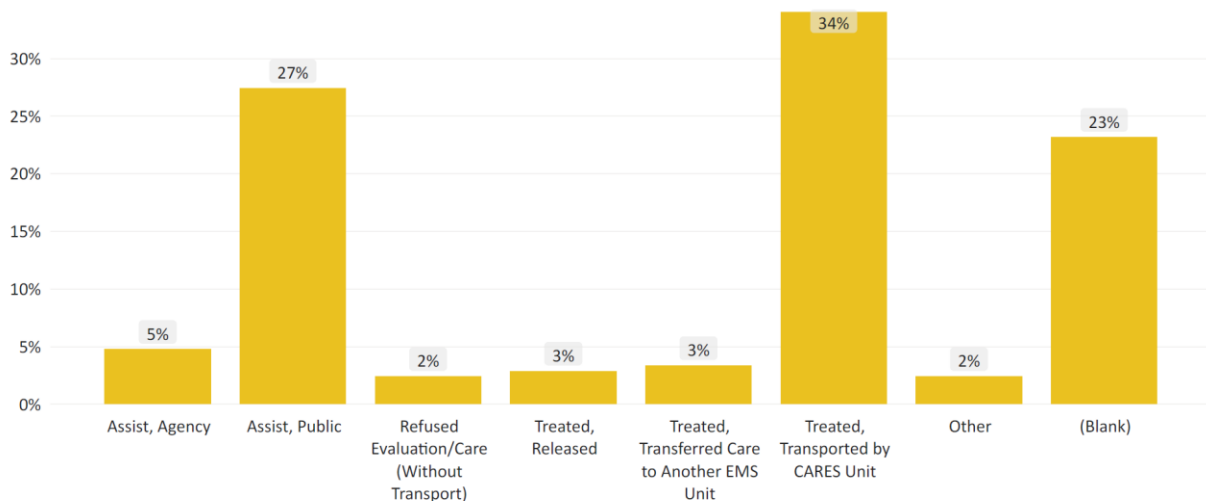
Race/Ethnicity ⓘ



Also, 78% of CARES patients spoke English. Nineteen percent of CARES patients reported experiencing homelessness.

Lastly, the report provides some information on outcomes of the behavioral health emergencies that the CARES team has responded to (see the figure below). For example, 34% of calls involved the CARES team treating the patient and then transporting them. Three percent of the calls involved the CARES team treating the patient and then transferring the care of the patient to another EMS unit. Three percent of the calls involved CARES treating the patient and releasing them (i.e., no transport to services needed). Two percent of calls involved the patients refusing evaluation/care and transport by CARES.

Disposition ⓘ



We continue to routinely collect and monitor all of this operational data to inform the continued implementation of the CARES program and quality improvement efforts. Over time, we will also be refining and adding to the metrics presented in this data snap-shot about the CARES program.