

CARES PROGRAM UPDATES

Community Alternative Response
Emergency Services

March 2022



Program Background

The Community Alternative Response Emergency Services (CARES) program is a multi-agency program for addressing non-violent, mental 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, mental health-related crises. The on-scene goal is to de-escalate, treat and refer the patient to appropriate behavioral health services in the community.

Data Background

Findings presented in the current report are based on data from the start of the program in September 2021 through March 18, 2022 (unless noted otherwise). 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.

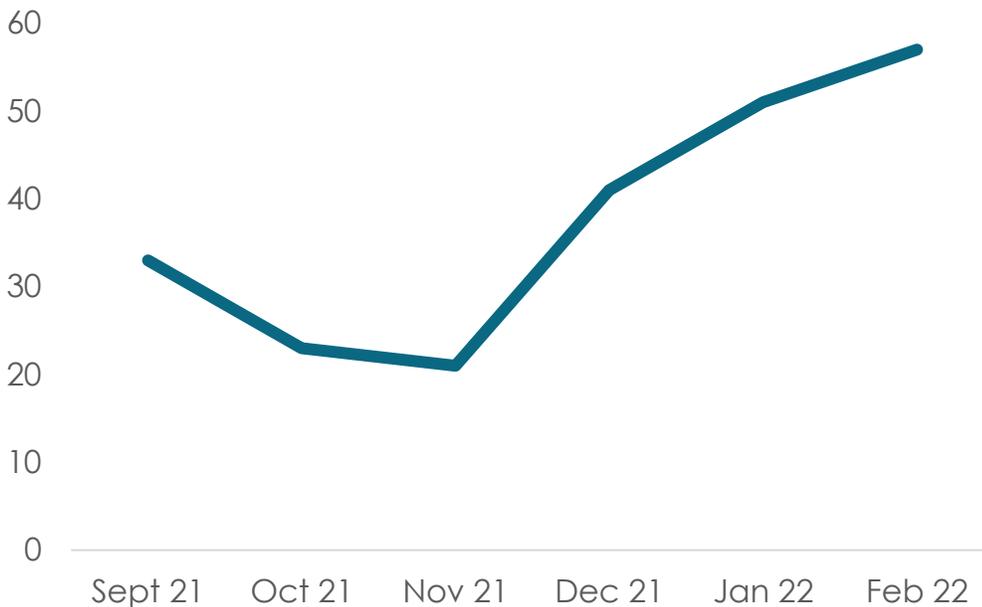
It should also be noted, that some figures in the report have categories shown as “unknown” and “blank.” The former means data was entered as “unknown”; the later means no data was entered, or data is still being processed. For example, this occurs in some of the figures about demographic variables (e.g., 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.

March 2022 Program Updates

As of March 18, 2022, CARES has responded to 257 total calls. It should be noted that the mental 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 month from September 2021 through the end of February 2022.



Number of CARES Responses

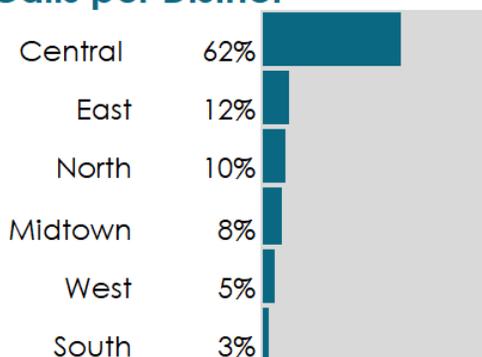


From September 2021 through February 2022, the program has averaged 38 calls per month, with this number ranging from a low of 21 calls in November 2021 to a high of 57 calls in February 2022. The lower number of calls in the first few months of the program's implementation is in part because prior to December 22, 2021, the CARES program only responded to calls in Madison's central district. Since that time CARES has expanded services to all Madison Districts.

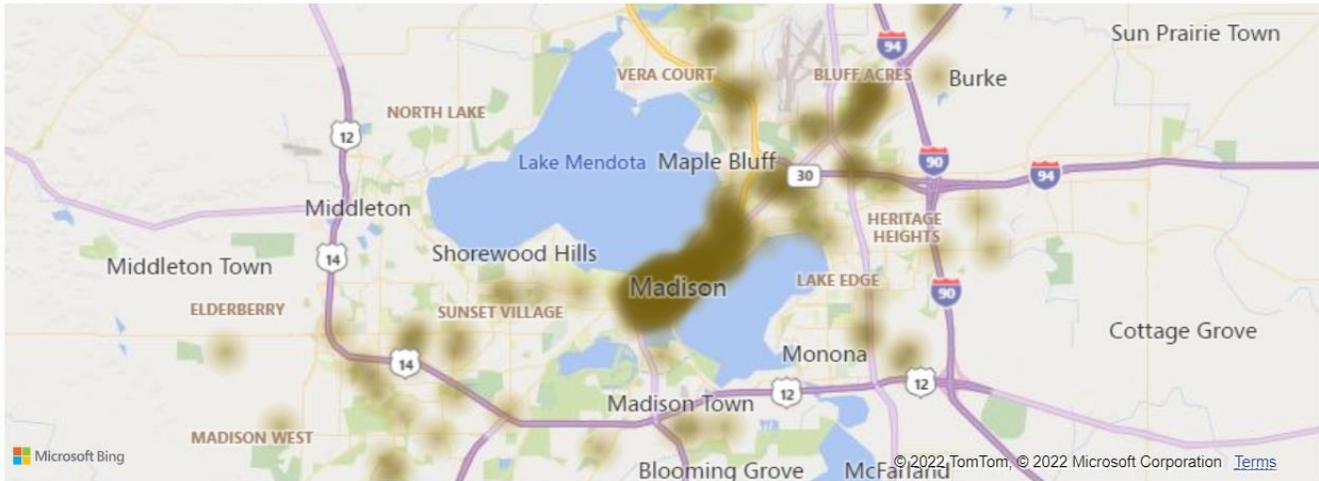
The figure below displays the distribution of CARES calls across Madison districts. As you can see, 62% of the calls have occurred in the central district. Again, the program was focused solely on the central district until December 22, 2021. So, as time continues to progress, this skewed distribution of calls across districts will even out some because CARES is now responding across all districts.



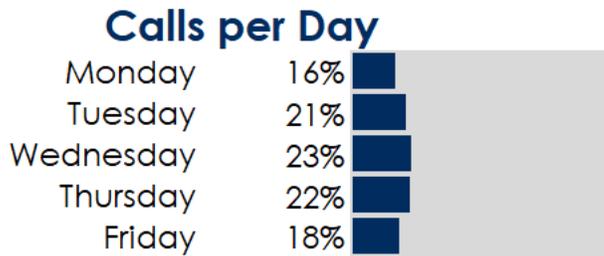
Calls per District



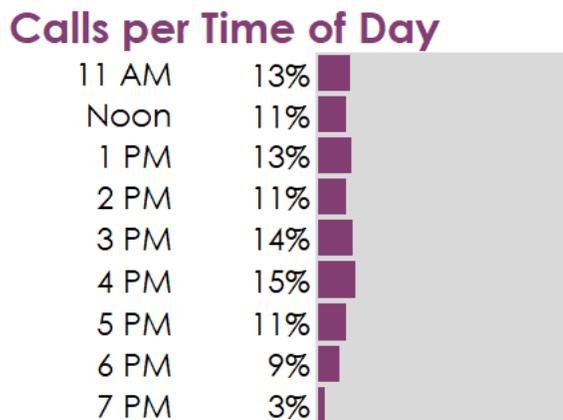
This distribution of calls is also depicted by the geographic analysis presented below.



This 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 percentage of CARES calls across the days of the week.



Similarly, there is not much variance in the percentage 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.



Below is a brief overview of patient history characteristics.



Patient History

64% Previously served by Journey Mental Health

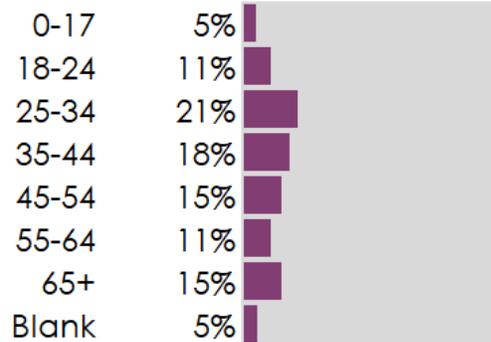
18% Previously served by CARES

18% Experiencing homelessness

As you can see from the figure below, the CARES program has served all age groups. Notably, 39 percent of the patients are between 25 and 44 years of age.

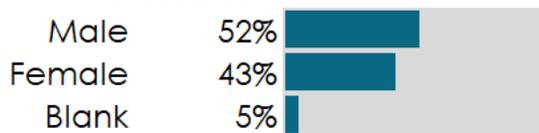


Age of Patients

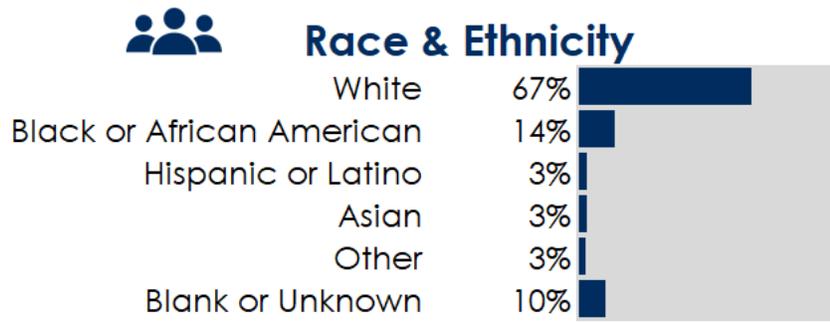


In terms of gender, 52% of CARES patients are male and 43% are female (5% blank data). The computer systems that are the source of this information do not have a non-binary option. Gender is determined via a combination of provider perception and patient self-report. It is not always possible to ask patients to self-report their gender when they are in crisis.

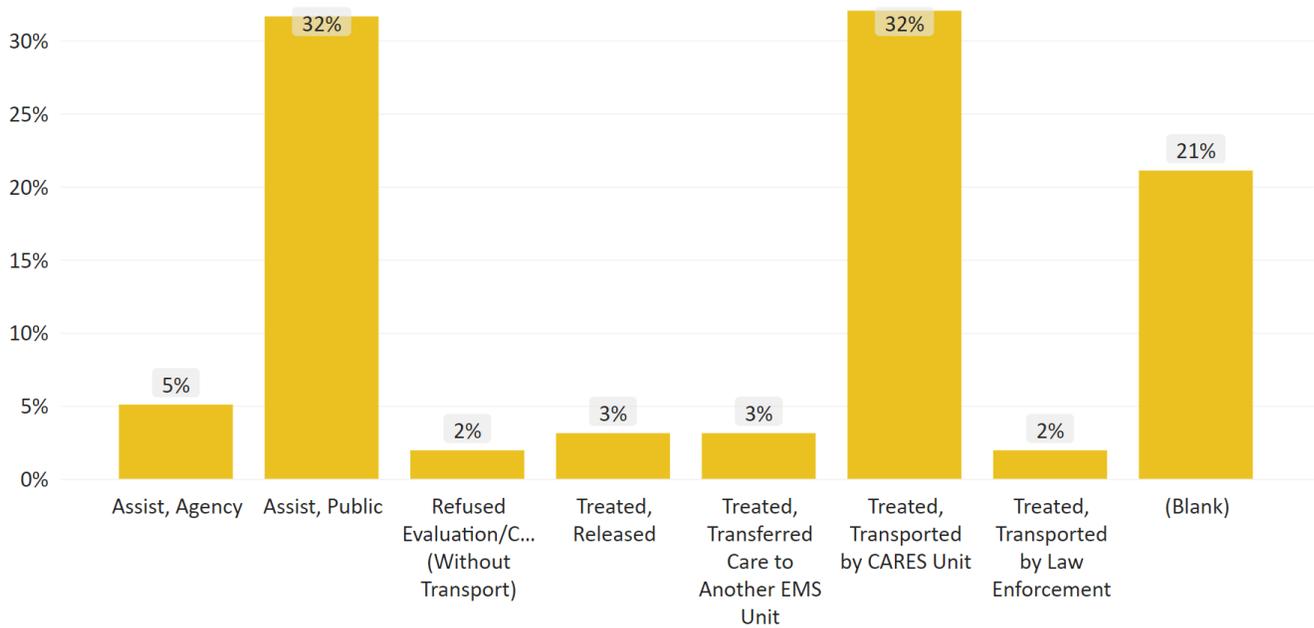
Gender



As exhibited in the figure below, the majority of CARES patients have been white (67%).



Lastly, this report provides some information on outcomes of the mental health emergencies that the CARES team has responded to (see the figure below). For example, 32% 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.



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 report about the CARES program.

