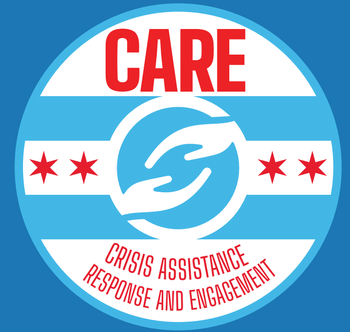


CRISIS ASSISTANCE RESPONSE AND ENGAGEMENT PROGRAM

(CARE) ANNUAL REPORT

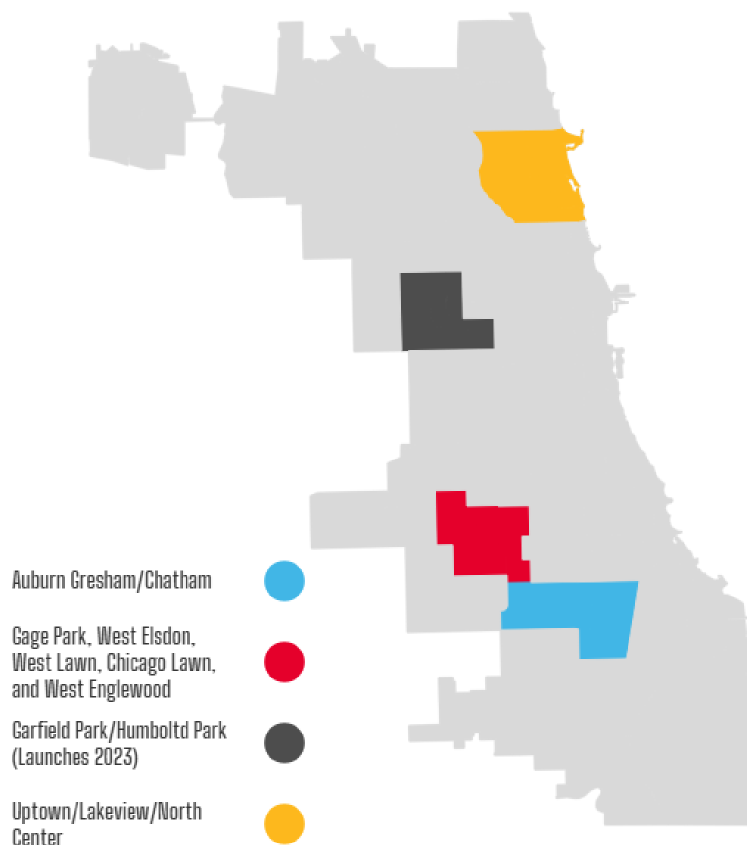
December 8, 2022

Introduction

The Crisis Assistance Response and Engagement (CARE) pilot project is the result of a partnership between the City of Chicago Office of the Mayor, the Chicago Department of Public Health (CDPH), the Chicago Fire Department (CFD), the Chicago Police Department (CPD), the Office of Emergency Management and Communication (OEMC), and EMS Region 11.

This multi- agency effort was created in 2020 in response to recommendations from the Chicago Council for Mental Health Equity (CCMHE). CCMHE is Mayor Lori Lightfoot's behavioral health advisory board and operates under the direction of Chicago' Consent Decree. CARE is being piloted in thirteen neighborhoods with the city's highest number of 911 crisis calls, overdose, and mental health-related emergency department transports.

CARE Team Operating Locations



Introduction

For the first time in Chicago's history, CARE integrates health professionals into the 911 response system. Chicago's CARE program launched several nationally recognized interventions, including:

1) **Pre-response** – Mental health professionals will join staff in the city's 911 emergency communications center. These clinicians will help resolve issues that can be handled over the phone without the need for an in-person response. Embedded clinicians will also provide support and mental health consultation to 911 professionals, seeking to prevent and preempt cyclical calls by addressing underlying needs related to mental health.

2) **Response** – When a dispatched response is required, the City will test three alternative public health-driven team models:

   1. ***Multidisciplinary/Co-responder model:*** Composed of a CFD Community Paramedic, CDPH Mental Health Professional, and CPD Crisis Intervention Team (CIT) officer. Launched in September 2021, this team serves Uptown, North Center, Lakeview, Auburn Gresham, and Chatham.
   2. ***Alternative mental health responder model:*** Composed of a CFD Community Paramedic and CDPH Mental Health Professional. Launched in June 2022, this team serves West Englewood, West Elsdon, Chicago Lawn, West Lawn, and Gage Park.
   3. ***Alternative overdose responder model:*** Composed of a CFD Community Paramedic and a Peer Recovery Specialist. Launching in January 2023, this team will focus on overdose and substance use-related calls and will serve West Garfield Park, East Garfield Park, and Humboldt Park.

3) Post-response – The City is building crisis stabilization centers throughout Chicago to serve as alternatives to emergency departments for individuals experiencing mental health or addiction crises. Additionally, CARE team members will follow up with individuals who receive CARE services 1, 7, and 30 days after their initial contact. Individuals will be linked to community-based services to ensure that they are safe and stable, and that their underlying needs are being addressed.

The pilot operates Monday through Friday between 9:30 AM-5:30 PM (excluding public holidays), and the CARE team responds to calls between 10:30 AM-4:00 PM in pilot districts. The CARE team provides face-to-face engagement, crisis de-escalation, medical and psychosocial assessment, referral or warm hand-off to community resources, non-emergent transport, care coordination, and follow-up for individuals aged 18-65 years identified through a 911 call for a behavioral health crisis. Teams can respond to locations that include places of residence, workplaces, and public settings to calls that do not involve weapons, definitive violence (e.g., punching, spitting, kicking, throwing things), or a criminal act in progress.

A CARE RESPONSE CAN BE INITIATED VIA THREE MECHANISMS:

1. ***Primary dispatch*** – A primary dispatch refers to a call that comes in via 911, is designated CARE eligible by OEMC 911 professionals, and results in the CARE team being dispatched as the sole response to an event.

> For example, a father calls 911 seeking help for his adult child who is demonstrating signs of depression and has threatened to harm himself. The CARE team dispatched as a primary response unit. Upon arrival, the adult child is assessed, and the team determines the best option is to transport the adult child to a clinic to see a therapist. This avoids transporting a patient via ambulance to the emergency room which can be traumatic, and in this case unnecessary since they willingly went to the clinic to seek therapy.

2. ***Assist*** – An assist refers to an instance in which another emergency response team, unit, or individual reaches out to OEMC and requests the CARE team to assist them at an event.

For example, on a cold day, a call came in via 911 about a fire under a viaduct. The Chicago Fire Department was dispatched to the scene. Upon arrival, the team found that a person experiencing homelessness had started a small fire to keep warm and the fire had grown out of control. The CFD team called on the CARE team for an assist. In doing so, the CARE team was able to assess the individual and determined that they were a good fit for a transport to crisis stabilization center.

3. ***Self-dispatch*** – A self-dispatch refers to an event in which the CARE team self identifies via listening to radios and arrives as a secondary unit to the primary response and can offer their expertise.

For example, the CARE team is listening to the radio and hears that someone is threatening suicide. The caller mentions that the person is potentially violent, so the CARE team is not the primary unit dispatched. The team knows that their expertise could be of use in this instance, so they arrive to the event as an assisting unit to offer up their services.

Timeline

In addition to the three afore mentioned mechanisms, the CARE team also conducts the following interactions:

1. ***Follow up calls*** – The CARE team conducts follow-ups with individuals 1, 7, and 30 business days after the initial contact.

2. ***Proactive outreach:*** when not responding to calls, CARE team can conduct 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

   For example, the CARE team was headed to a lunch break. On their way to pick up food, they spotted someone who appeared to be eating or drinking out of a dumpster. The team stopped and offered food and water. In engaging with the person, the team learned they had bipolar disorder. The team offered to connect the person with mental health services.

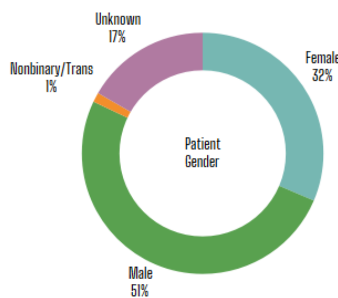
   Additionally, when the team is not responding to calls, they engage with local social service agencies. These outreach initiatives are to help spread the word about the CARE pilot project and get familiar with the types of services available to CARE clients as well as identify gaps in services available to CARE clients.

A Look at Year 1

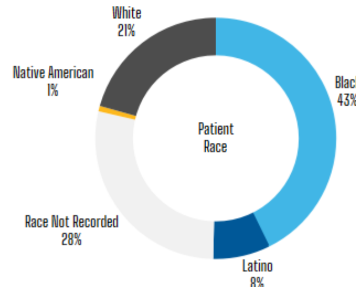
From September 2021 to September 2022, the CARE team successfully responded to 394 calls for service and completed 344 follow ups, with no arrests or uses of force, demonstrating the safety and feasibility of this model in Chicago.

In the visuals below, you will see the demographics (gender, race, and age) of patients the team served in year 1 of operations. Additionally, you will find a breakdown of the locations of events the CARE team is responding to. Outdoor/Public spaces include recreation areas, public transit sites and units, streets, sidewalks, and highways. Private residences include homes, apartments, and residential institutions. Public service buildings include fire stations, police stations, and schools. Private business/ establishments include cultural buildings, religious institutions, gas stations, hotels, retail stores, grocery stores, and restaurants.

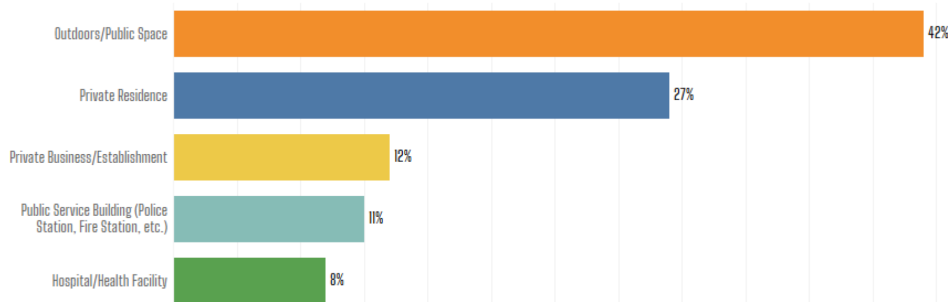
CARE Services by Patient Gender*



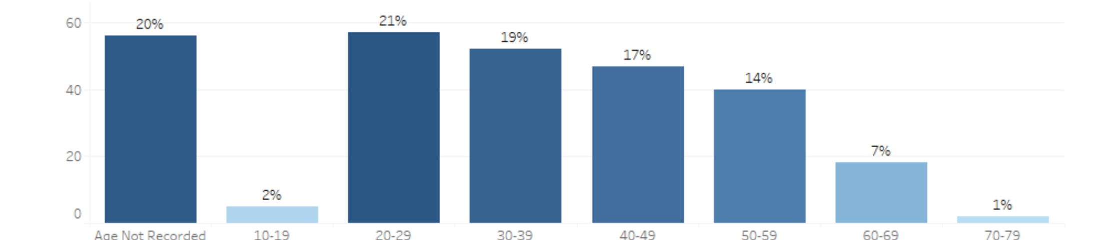
CARE Services by Patient Race*



CARE Services by Location Type



CARE Services by Patient Age*



Interviews with CARE Leadership

The City of Chicago is working with the University of Chicago Health Lab to conduct an evaluation of the CARE pilot project. As part of the evaluation, Health Lab conducted interviews with 17 CARE leadership staff from six partner agencies: CDPH, CFD, CPD, OEMC, the Office of the Mayor, and Region 11 EMS. Findings are summarized below:

WHAT'S WORKING

- Leadership believes CARE is addressing a dire need for trauma-informed services in the community and thus are invested in the success of the project.
- Partner agencies recognize the contributions of each partner agency and understand the benefit of the interdisciplinary partnership.
- Frequent communication between agencies through regular meetings and check-ins helps to foster positive, productive relationships. Many reported that CARE has increased a sense of trust between the agencies.
- Many felt that direct participation by the Mayor's Office provided necessary accountability, oversight, and project management support.

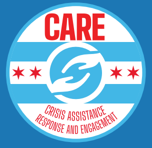
WHAT NEEDS IMPROVEMENT

- Interagency collaboration is challenging for many reasons. This type of collaboration is novel and requires accommodating four agencies' distinct structural factors, regulations, policies, organizational cultures, and leadership structures.
- In addition to communication, it is essential partner agencies have clear information sharing processes.
- Need for additional staffing in two key areas: (1) additional leadership for each partner agency, and (2) additions to frontline staff, including paramedics, clinicians, and officers.

INSIGHTS

- Emergency service personnel experience high rates of mental health issues. As the pilot explores innovative opportunities to address mental health crises, the City is also simultaneously exploring new opportunities for workforce supports.
- The pilot project may benefit from a threefold communications campaign:
  1. Inform the community about the scope of the CARE pilot project
  2. Inform City agencies and staff of the purpose, mission, and vision of the CARE pilot.
  3. Inform policy actors of the gaps in addressing social determinants among communities most likely to interact with CARE for emergency response and help.
     - Community resources are essential in successful diversion of 911-related services from emergency departments and criminal-legal responses. Successful alternative and multidisciplinary responses rely upon continued work to address social determinants.

Key Learnings

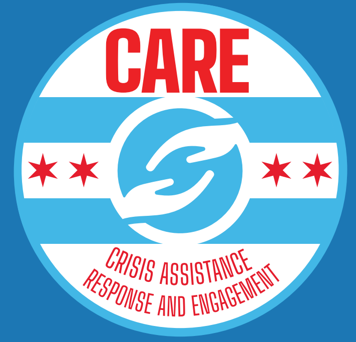


Throughout year one of operations, CARE partner agencies have been learning, troubleshooting, and engaging in quality improvement processes. Below are some of the lessons learned leadership compiled:

- Building ongoing training and capacity building across participating agencies is key to success. For example: continuous roll call trainings in police districts to ensure that officers know about the CARE Program and how to request the teams.
- Prioritizing training for 911 call takers and dispatchers on the program and call triage ensures that appropriate calls are dispatched to the CARE teams.
- Alignment of data systems and processes across agencies is critical to ensure that quality assurance and transparent data reporting can occur.
- Continuing to engage with alternate response programs around the country to develop a community of practice in this space helps support Chicago practitioners.
- Working to support the psychosocial needs of individuals that the CARE team encounters often requires extensive follow-up and case management. Housing resources in particular present a significant challenge for the CARE teams.

Next Steps

- In early 2023, CARE will launch the third and final response model focused on overdose and substance use. The model will include a CFD Community Paramedic and a Peer Recovery Specialist from a community organization. This team will conduct post-overdose follow-up and support on emergency calls related to opioid overdose.
- In addition to the 17 leadership interviews completed conducted by Health Lab, interviews will be conducted with nearly 20 frontline staff –including paramedics, mental health clinicians, police officers, and 911 telecommunicators.
- Chicago was chosen as one of four cities in the United States to work with the Harvard Government Performance Lab, a competitive technical assistance program which assists with the operation of the program.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