Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

• Online: https://dhswi.zoomgov.com/j/1606358142

• **Phone:** 669-254-5252

• Enter the Webinar ID: 160 635 8142#.

Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- <u>Download or view the presentation materials</u>. The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
- Participate live to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: https://www.dhs.wisconsin.gov/wppnt/2023.htm





Community Alternative Response Emergency Services (CARES)





Background

- Historically, the City of Madison's mental health crisis response model has been primarily law-enforcement driven.
- In 2019, MPD estimates it received approximately 7,000 calls related to mental health crises.
- In researching national best-practices around mental health response, the model found to be most patient-centered is one that incorporates unarmed first responders with mental health providers.

Other Models

CAHOOTS (Crisis
Assistance Helping Out on
the Streets) Eugene, OR

STAR (Support Team Assisted Response)
Denver, CO



Objectives

- In an effort to reimagine public safety, the Mayor and the City Council requested the development of a mobile crisis response team to respond to a wide range of non-violent, mental health related crises.
- Goal is to ensure that medical and behavioral health care is integrated from the onset of intervention, increasing patient satisfaction and diverting people away from emergency departments and jails.

Timeline: Preparation

- Summer of 2020 Alder Arvina Martin and Fire Chief Steve Davis establish a plan to begin development of a crisis response team
- November of 2020 Madison City Council approves annual funding for crisis response team
- June of 2021 CARES paramedics and crisis workers are hired and begin training, as well as networking and outreach to community partners
- September 1, 2021 CARES goes into service.

Phase One: Implementation and Evaluation

- Program Started: Sept. 1, 2021
- When: Mon- Fri, 11am to 7pm
- Where: Central District
- Home Base: Fire Station #3 at 1217
 Williamson Street





Phase Two: Expansion

- Responding to calls city-wide (December 2021)
- Second team hired and trained (July 2022)
- Second vehicle added
- Second location added: former Town of Madison Fire Department, 2120 Fish Hatchery Rd
- Monday through Friday, 8am-8pm





Alternative Response to 911 Calls

- 911 Center call-takers are trained to screen incoming calls and dispatch the appropriate resource: Police, EMS, Fire, CARES
- Non-violent behavioral health CFS directed to CARES
- CARES may respond to check person/check welfare calls UNLESS:
 - Weapons or violent behavior involved
 - Sounds of an active disturbance
 - Crime is being reported
 - Police resources needed (e.g. phone ping to locate suicidal person)
 - Ambulance needed (e.g. acute medical emergency or nonambulatory patient)

CARES Operations

- Journey Crisis Worker and MFD Community Paramedic are dispatched in pairs
- All staff carry radios
- Currently in operation 8am-8pm Monday-Friday
- CARES 1: 8am-5pm; CARES 2: 11am-8pm
- Team works four 10-hr shifts (one hour buffer for charting etc)
- Can respond anywhere in the City of Madison
- MFD vehicles have lights and sirens (used minimally)

Useful Tools/Supplies

CARES does not carry any weapons or tools associated with enforcement. They do keep the vehicles stocked with useful items including:

- ALS Medical Bag
- Cooler with water/snacks
- Medication lock box
- Sharps container
- Narcan
- Fentanyl test strips
- Breathalyzer (for assessment purposes only)

- Vomit bags
- Flashlight
- Traffic safety vests
- Resource binder
- Fire extinguisher
- Petty cash for other incidentals needed to resolve a call

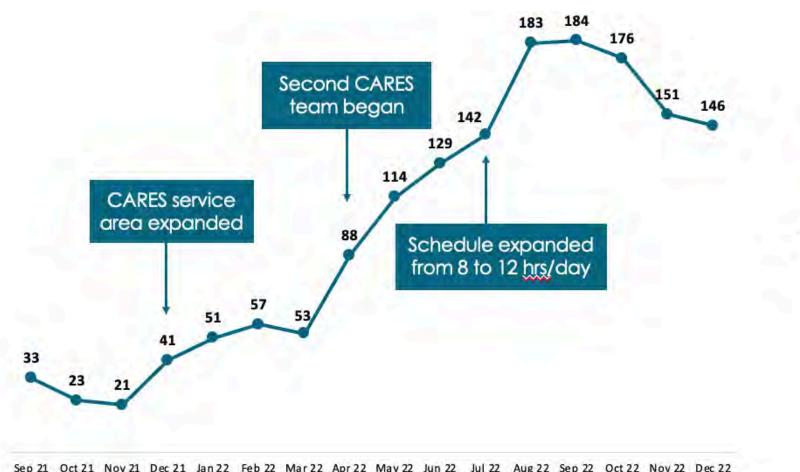
Dispositions

- Team has autonomy and flexibility to determine appropriate resolution for each individual call
- They may simply provide support on site (or via phone call) and disengage
- They can transport a patient anywhere (home, friend's home, shelter, hospital, detox, other resource)
- They may assist a patient in connecting to services, and in some cases contact the patient at a later date to check on their progress
- Crisis Unit will become involved if ED evaluation is needed

How does CARES improve services?

- CARES responded to 935 total calls for service in its first year of operation (over 2,000 to date) – calls that would have otherwise been handled by police and/or EMS.
- Only 3% of CARES patients have required police transport.
- When CARES responds instead of police, it helps keep people out of hospitals and jails.
- CARES connects patients with timely care that is responsive to their specific needs.

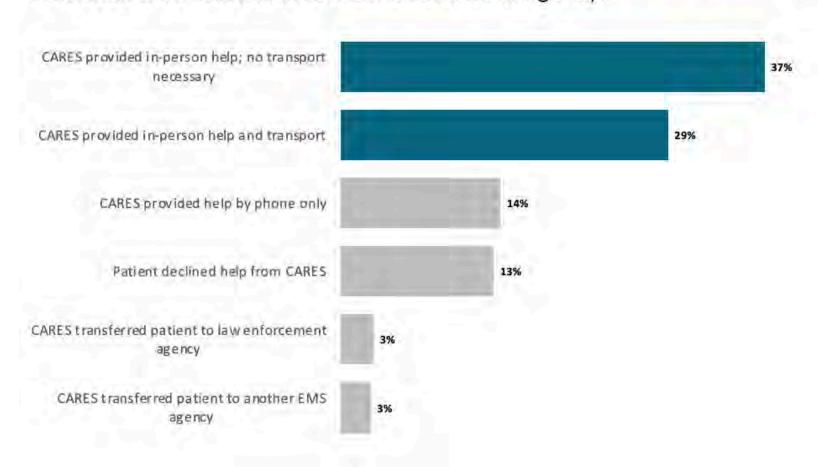
CARES Responses per Month (thru Dec 2022)



1,592 **Total CARES** responses

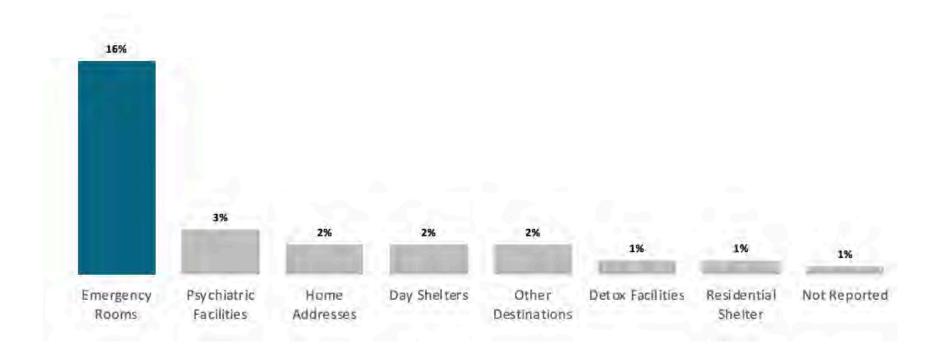
Outcome of CARES Calls

CARES addresses most clients' needs in person. About 1 in 8 people refuse service. Only 3% of all individuals were transferred to a law enforcement agency.



CARES Patient Transports

In total, 29% of CARES clients are transported to another service or destination. Emergency room is the most common transport destination.



CARES responds to 57% of the estimated number of mental health-related calls for service in Madison on weekdays 8am to 8pm



Testimonial

"They immediately developed a rapport with our son and deescalated an already tense situation. This was a classic example of sending the right person to the right call. It reduced trauma for both my son and our family and hopefully reduces the frequency of his trips to seek medical care. It was very comforting to us that we had this team of experts to rely on and work with us over a couple of weeks to obtain the best support for our son. This program is very valuable in our community and from our perspective very needed and successful."

CARES Contacts

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