



# Madison CARES: A New Approach to Behavioral Health

*A look back at the first year of services*

September 2021 through August 2022



*Healthy people. Healthy places.*

## AT A GLANCE

Madison's Community Alternative Response Emergency Services (CARES) program is a mobile crisis response program. CARES teams, consisting of a community paramedic and a crisis worker, respond to non-violent behavioral health emergencies such as: suicidal thoughts, depression, anxiety, agitation, and others. CARES teams also respond to "check welfare" calls (when a concerned individual calls 911 to have an agency check on another person). When people call 911 for behavioral health emergencies or to check on someone's welfare, dispatchers may send CARES teams as an alternative to police. Each CARES response is unique, and focuses on the patient. CARES teams' goals are to calm situations, identify patients' needs and concerns, and address those issues that they can on the spot. When needed, CARES teams will refer and/or transport patients to other services.

The program's goals are to:

- Provide care that meets patients' specific needs
- Connect patients with additional behavioral health services, as needed
- Divert patients from police and emergency rooms when possible



The following are some key findings from the program's first year of services:

- CARES responded to 935 total calls for service, with each response averaging about an hour. CARES made contact with 724 individuals among the 935 total calls for service.
- CARES responded to 57% of the estimated number of mental health calls and 9% of the daily average check welfare calls that occurred in Madison on weekdays 8am to 8pm.
- Only 3% of CARES patients have been transferred to police. This indicates CARES is meeting its objective to divert patients from police, when possible.
- CARES teams only transported 18% of the 724 patients it made contact with to emergency rooms. This indicates CARES is meeting its objective to divert patients from emergency rooms, when possible.



## BACKGROUND

### MADISON CARES: AN ALTERNATIVE EMERGENCY RESPONSE

- Madison's Community Alternative Response Emergency Services program, or CARES, is a collaboration between [Madison Fire Department](#), [Journey Mental Health](#), and [Public Health Madison & Dane County](#).
- The program was included in Mayor Satya Rhodes-Conway's 2020 budget and launched on September 1, 2021.
- CARES teams, consisting of a community paramedic and a crisis worker, respond to non-violent behavioral health emergencies and check welfare calls (when a caller requests 911 to send an agency to check if someone else is okay) in Madison, Monday to Friday 8 am to 8 pm.
- When people call 911 for behavioral health emergencies and check welfare calls, dispatchers send CARES, when possible, as an alternative to police.
- Example call types that might involve CARES include suicidal thoughts, depression, anxiety, confusion, agitation and intoxication.
- CARES teams calm situations, identify patients' needs and concerns, and work with patients to help them out of crises.
- CARES teams also refer and/or transport patients to other services, as needed. Some services include emergency rooms, shelters, rehab centers, and outpatient behavioral health services.

#### The goals of a CARES response is to:

- Reduce patient contact with police and emergency rooms
- Provide patients with help specific to their needs
- Connect patients with additional supportive services in the community

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*"Madison CARES teams focus on the individual. They take the time to calm the situation, identify the person's unique concerns, challenges, and existing sources of support and then work with the person to identify how best to help and support them. That support looks different for each person. For one person, that support may involve the team driving the person to a detox facility and advocating for their needs. For another person, it may involve the team driving the person to their friend's house for social support and a safe place to rest. The nature of the response varies call to call but the goal is to safely resolve the crisis with help that aligns with the patients' specific needs." –Mayor Satya Rhodes-Conway*

## THE NEED IS CLEAR -- OUR COMMUNITIES NEED MENTAL HEALTH SUPPORT

- [The U.S. suicide rate increased 35% between 1999 and 2018](#). In Wisconsin, suicide has increased [32% over the past 20 years and was the 10th leading cause of death](#) in 2020.
- There are [many risk factors for behavioral health crises such as suicide](#), including job loss, depression, anxiety, social isolation, serious illness, substance use disorders, and barriers to health care.
- The COVID-19 pandemic has made these risk factors more prominent. The [percentage of adults with recent symptoms of an anxiety or a depressive disorder rose](#) from 36% in August 2020 to 42% in February 2021.
- Research shows mobile crisis teams like CARES help [connect patients](#) in crisis with appropriate behavioral health services in the community, [reduce hospitalizations](#), and may offer more opportunities for diversion from arrest.
- Public Health Madison & Dane County's [Roadmap to Reducing Violence](#) previously identified a need to expand emergency behavioral health services. CARES is an example of how this goal is being addressed in Madison.

## A NOTE ABOUT THE DATA BELOW

This report's findings are based on data from the start of the program in September 2021 through the end of its first year of services on August 31, 2022. Our findings come from data collected by the Madison Fire Department and Journey Mental Health Center, unless otherwise noted.

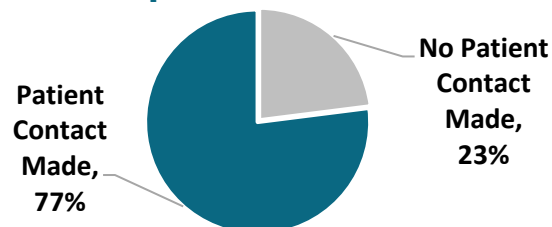
Some charts have a category called "not reported." This occurs when data is entered as "unknown" or no data was entered. Also, to protect patient confidentiality, all categories with fewer than five patients are grouped into an "other" category.

This report shares analyses about the program's operations and impact. Going forward, the program will continue to bolster its data collection and analysis capacity. Doing so, is important to informing the growth and refinement of CARES and informing the public about the program's progress.

## WHO IS SERVED BY CARES?

Among the 935 total CARES responses, 23% did not involve patient contact. This occurs when CARES teams get canceled on the way to an address or arrive and they are unable to locate a patient. For example, CARES responds to check welfare calls and sometimes CARES teams knock on a door and no patient responds.

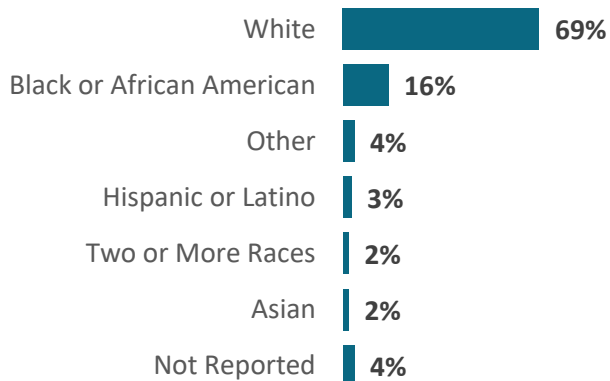
Among all CARES responses, CARES teams made **contact with most patients.**



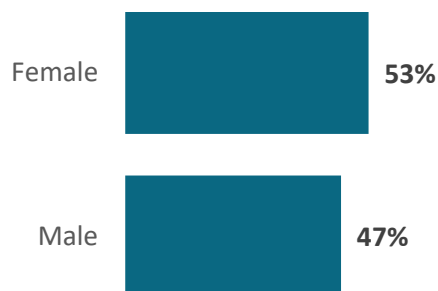
## DEMOGRAPHICS

In its first year of services, the CARES program served a wide range of people who live, work, and recreate in Madison. Below are several charts about the demographics among patients CARES made contact with.<sup>1</sup>

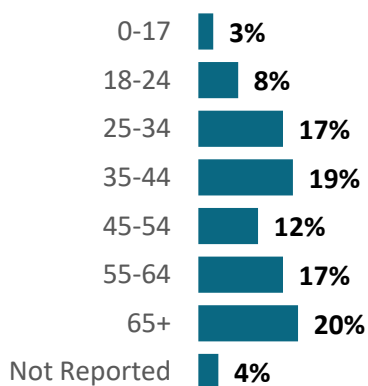
CARES served people of different racial and ethnic backgrounds.



CARES served both male and female patients.



CARES served individuals of all ages.

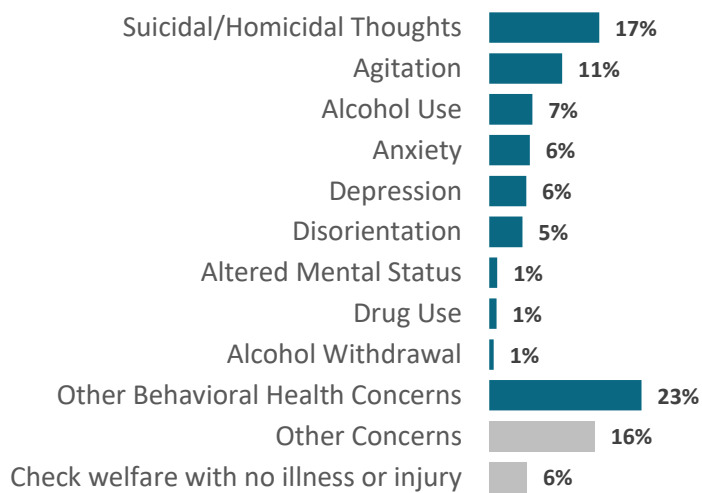


<sup>1</sup> The data collection software that is the source of this data does not have a non-binary gender option. Gender is determined via a combination of provider perception and patient self-report. It is not always possible to ask patients to self-report their gender when they are in crisis.

## NEEDS OF CARES PATIENTS

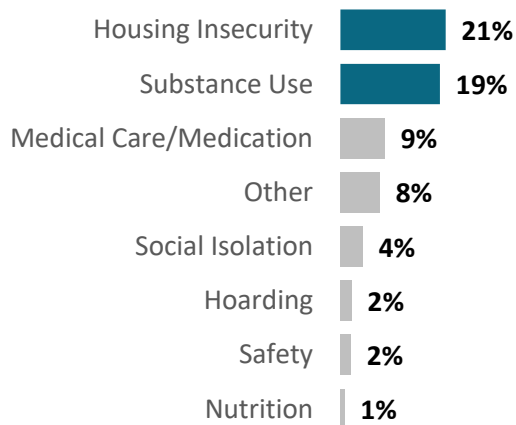
After responding to each crisis, CARES teams enter data about their interaction with patients into software. This software has a short, standardized list of options to describe patients' main concerns. The chart below displays the types of crises experienced by the 724 patients CARES teams made contact with.

### CARES patients experience different types of behavioral health crises:



People experiencing behavioral health crises often have underlying challenges that contribute to their crises and overall wellbeing. For example, 52% of CARES patients report at least one of the challenges in the chart below, with the two most common being housing insecurity and substance use.

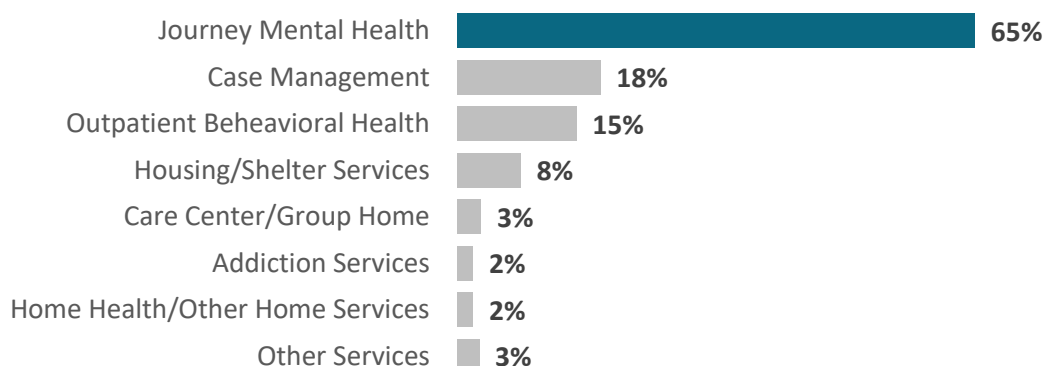
CARES patients report challenges in their lives, with the two most frequent being **housing insecurity** and **substance use**.



## PRE-EXISTING SERVICE CONNECTIONS

The CARES program is one type of behavioral health service within a larger system. There are many behavioral health services in the Madison area that reach the same population. Among the 724 patients CARES made contact with in its first year of service, 78% had an existing connection to at least one of the following behavioral health-related services:

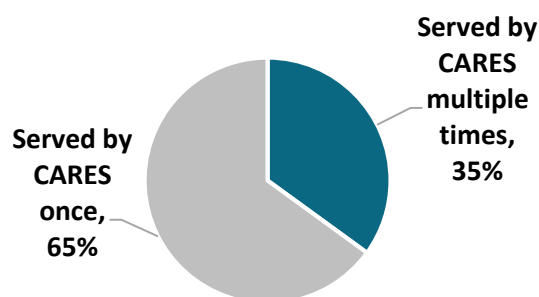
CARES patients have pre-existing connections to other services, with the **most common one being a connection to Journey Mental Health.**



65% of CARES patients had a pre-existing connection to Journey Mental Health services. This makes sense given that Journey Mental Health is the largest provider of behavioral health services in the Madison area. Further, Journey Mental Health provides many different services (e.g., case management, outpatient behavioral health). Therefore, in the chart above, Journey Mental Health is not mutually exclusive from all other categories in the chart. For example, a patient receiving case management at Journey Mental Health is categorized in both “Journey Mental Health” and “case management” categories. Whereas, a patient receiving case management from another agency is only counted in the “case management” category.

Further, now that the CARES program has been in service for a year, there has been sufficient time for people to be served by the program more than once. Among the 724 patients CARES made contact with, 35% have been served by the program two or more times. So, CARES has become a pre-existing service connection for about a third of its patients.

About a third of CARES patients have been served multiple times.



## CARES RESPONSES OVER TIME

During the first year of operations, several programmatic changes were made to expand services. These changes are noteworthy because of their impact on trends in CARES responses over time.

### PROGRAM TIMELINE

Date	Event
<b>September 1, 2021</b>	The CARES program launched with service hours of 11 am to 7 pm Monday through Friday and focused on Madison's central district only.
<b>December 22, 2021</b>	The CARES program expanded its service area to be citywide.
<b>April 20, 2022</b>	A second CARES team was added, allowing two calls to be answered at the same time. This second team was initially in service part-time.
<b>July 25, 2022</b>	Service expanded from 8 hrs./day to 12 hrs./day. Hours are now 8 am to 8 pm Monday to Friday. The second team began full-time service on this date.

### MONTH-TO-MONTH TRENDS IN CARES RESPONSES

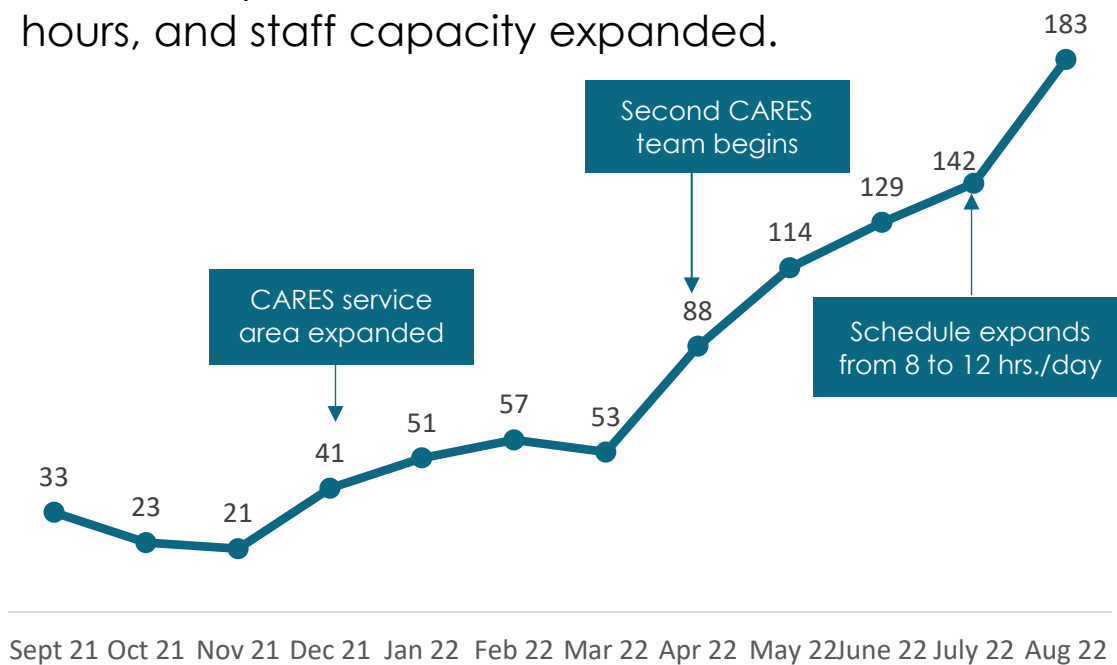
In the first year of services, CARES has responded to a total of 935 calls, averaging 78 responses per month. On average, the duration between when the call was dispatched to when the CARES team cleared the call is 59 minutes. That does not include the additional administrative time associated with these calls. CARES teams use time when not on calls to enter data into electronic health records software and to coordinate with other services (e.g., case management), as needed.

935

**Total CARES  
responses  
in the first  
year of  
service**

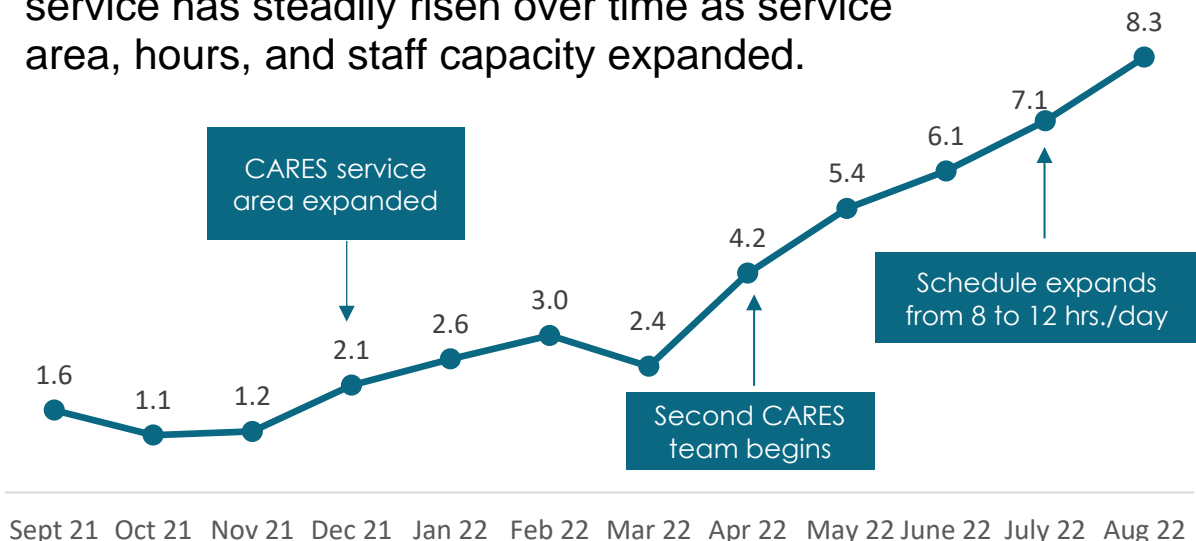


The number of monthly CARES responses has steadily risen over time as service area, hours, and staff capacity expanded.



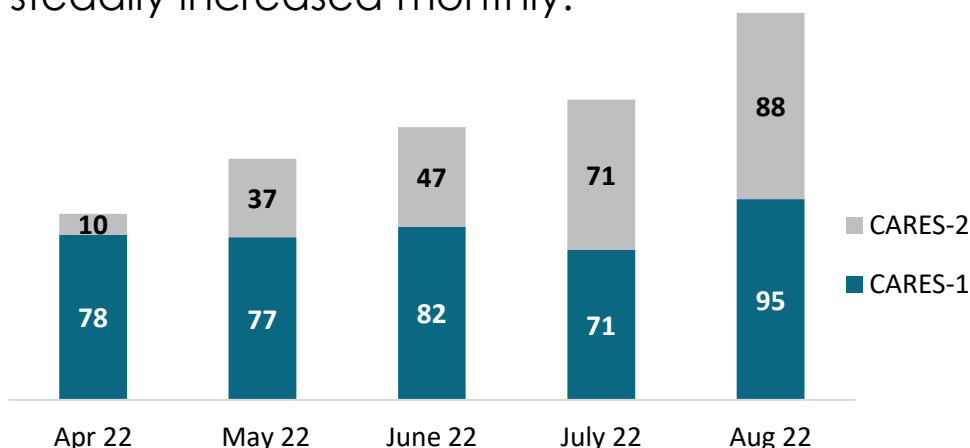
An alternative way to look at this same data is by assessing the number of responses per days the CARES program was in service. In the first year of operations, CARES was in service on average 21 days per month. CARES was periodically out of service due to weekends, holidays, vacation time, sick days, or training days. Across its entire first year of service, the program averaged 3.8 responses per day the CARES program was in service. As service area and hours expanded and staff were added, the number of CARES responses per day increased. With 8.3 responses per days in service, August 2022 was the busiest month for the CARES program.

The number of CARES responses per days in service has steadily risen over time as service area, hours, and staff capacity expanded.



Again, the general increase in CARES responses over time is in part because of programmatic changes. For example, the expansion from one to two CARES teams has expanded the program's response capacity. The second CARES team ("CARES-2") began service on April 20, 2022. CARES-2 operated at about 70% of full-time status until July 25, 2022, when it began to operate full-time. CARES-2 fielded 41% of the 613 CARES responses that occurred from April 20, 2022 to the end of August 2022.

Since adding the second CARES unit, the number of CARES responses has steadily increased monthly.

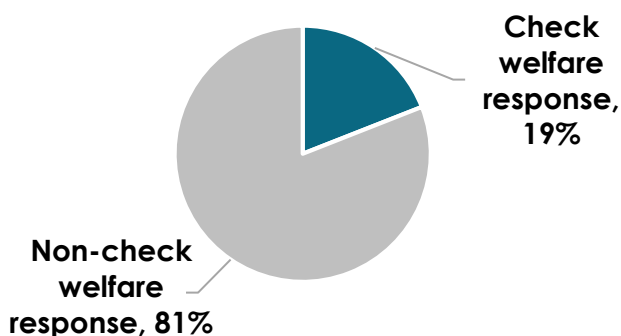


### TRENDS IN CHECK WELFARE CARES RESPONSES

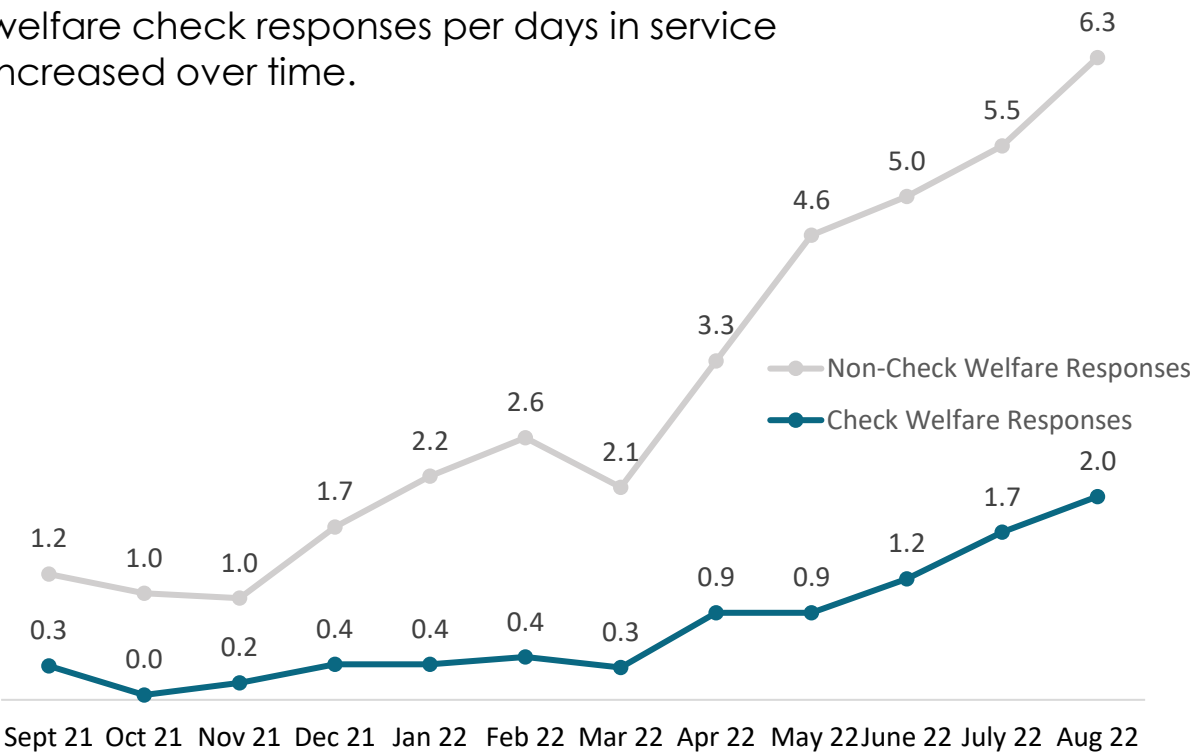
When a friend, neighbor, family member or other concerned individual calls 911 to have an agency check on the welfare of someone, 911 sends police or CARES. For example, if you have not seen your neighbor on their porch in a while and you normally see them out there every day, you may decide to call 911. When available and appropriate, CARES responds to these calls as an alternative to police. Doing so helps police focus on other activity.

Since the start of the program, a little less than a quarter of the 935 total CARES responses involved checking on a person's welfare. As previously discussed, the number of CARES responses per days in service has steadily risen over time. This is the case for both check welfare and non-check welfare responses.

Among all CARES responses, **19% involve checking on a person's welfare**



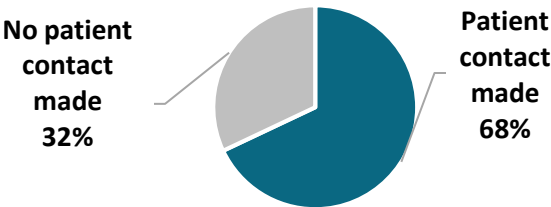
The number of CARES welfare check and non-welfare check responses per days in service increased over time.



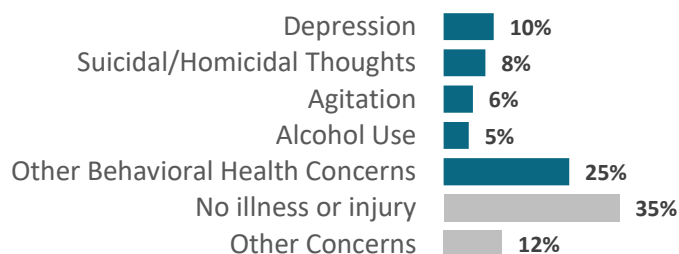
CARES teams successfully made contact with patients on 68% of the 178 check welfare calls they responded to. It makes sense that CARES teams were unable to make contact with 32% of check welfare patients since check welfare calls are called in to 911 by a concerned third party and not the patient themselves.

Among the 121 patients CARES teams made contact with on check welfare responses, 54% of them presented with behavioral health concerns. So sending CARES teams to welfare check calls not only diverts these calls from police, it also helps CARES teams reach more patients with behavioral health concerns.

During check welfare responses, CARES teams **made contact with the majority of patients.**



Among patients CARES made contact with on check welfare responses, **54% of them presented with behavioral health concerns.**

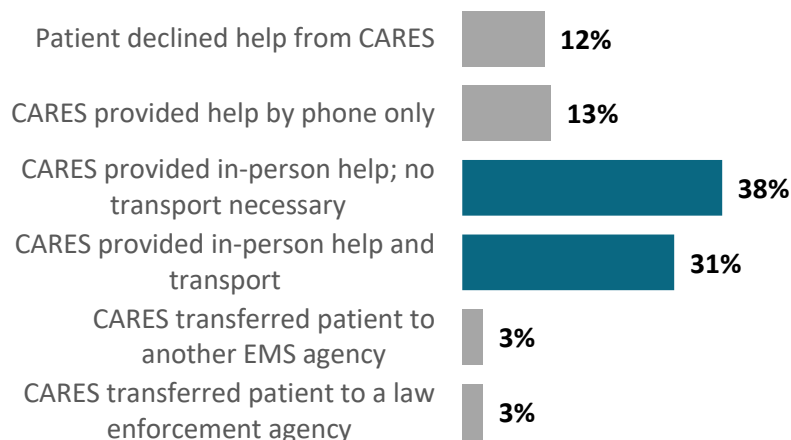


## IMPACT OF CARES

### RESOLUTION OF CARES CALLS

As displayed in the chart below, CARES responses can resolve in several different ways.

CARES addresses most patients' needs **in person**, with some needing additional support through transport to other services or destinations.



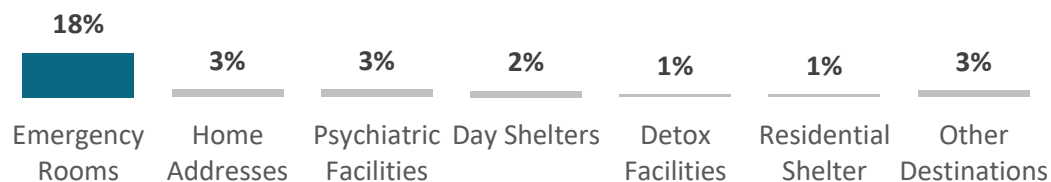
Among the 724 patients CARES teams made contact with, a small portion declined help (12%) or were transferred to another EMS agency (3%) or to a law enforcement agency (3%). A central aim of the CARES program is diverting patients from law enforcement, when appropriate. Doing so, helps destigmatize behavioral health crises, divert people from the criminal justice system when possible, and free up police time and resources for other activity.



In the first year of services, the majority of CARES patients were diverted from police. Only 3% of CARES patients have been transferred to police. When CARES patients are a danger to themselves or others, police place them into protective custody and, as appropriate, transport them to detox facilities or to hospitals to be evaluated further for a potential emergency detention (a 72 hour psychiatric hold). Among the 724 CARES responses with patient contact, only two responses involved a patient being arrested by police.

In addition to diverting patients from law enforcement, CARES also aims to divert patients, as appropriate, from emergency rooms. This is an important goal because diverting patients from emergency rooms [reduces overcrowding of emergency rooms and connects patients with care that is often timelier and more useful for the patient](#). CARES is meeting this objective. Specifically, CARES teams only transported 18% of the 724 patients they made contact with to emergency rooms.

31% of CARES patients are transported to another service or destination, with **emergency rooms being the most common.**



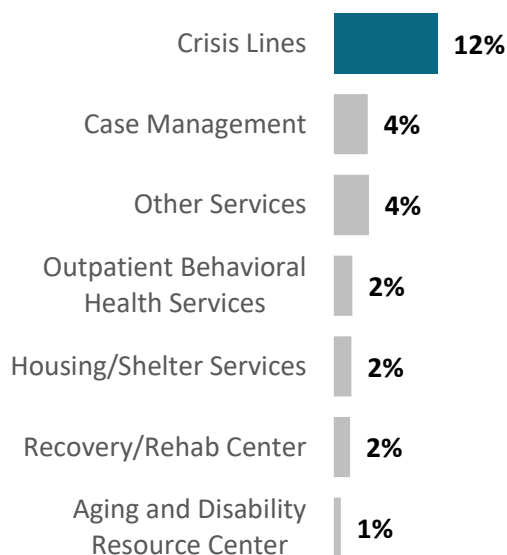
CARES teams only transport patients to emergency rooms after all other options have been exhausted. Before transporting a patient to an emergency room, CARES teams will try to resolve the patient's concerns in the field. If the team cannot resolve the patient's concerns in the field, they will explore driving the patient to other non-emergency room services in the community. However, sometimes these services are not open, do not have capacity, do not permit a patient because of previous inappropriate behavior, or do not align with the patient's needs. Therefore, CARES teams are diverting patients from emergency rooms, whenever possible. In future years, the program will likely be able to divert even more people from emergency rooms when the [Dane County crisis triage center](#) is operational.

## TYPES OF REFERRALS

CARES also refers patients to additional services in the community, either by giving a patient contact information for another service or by directly contacting another service on the patient's behalf. CARES teams referred 24% of the 724 patients they made contact with to at least one type of service. Note many CARES patients do not need referrals to additional services because they have pre-existing connections to services or because their crises were resolved by the CARES team by phone or in person or through transport to additional services in the community.

As displayed in the chart below, among the 724 patients CARES made contact with, crisis lines were the most common type of service patients were referred to (12%). This is because staff working at crisis phone line services are well versed at handling a wide spectrum of behavioral health crises and are available 24/7. When CARES is not in service and a person has concerns or needs someone to talk to, they can call [Dane County's 24-hour crisis line \(which is operated by Journey Mental Health\)](#) or the [988 suicide and crisis lifeline](#).

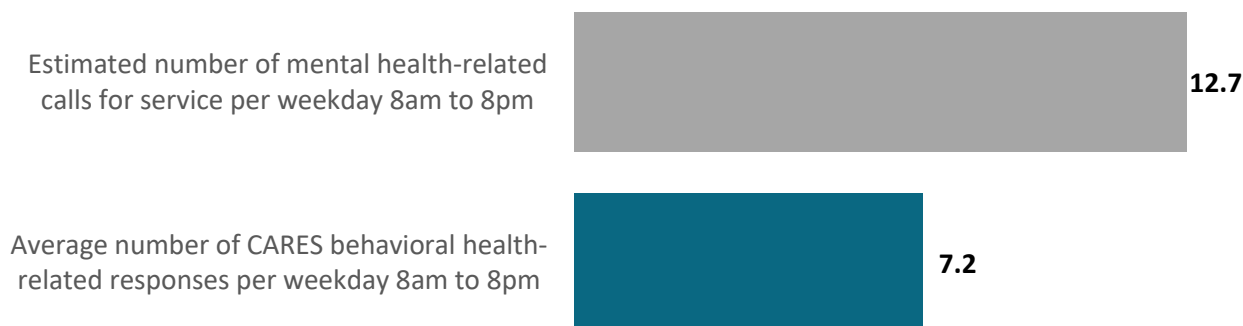
24% of CARES patients were referred to one or more services in the community. **Crisis lines were the most common**, with 12% of all CARES patients being referred to crisis lines.



## IS CARES MEETING BEHAVIORAL HEALTH NEEDS IN MADISON?

CARES responds to two types of 911 calls, behavioral health crises and check welfare calls. With its current staffing capacity, CARES is fielding a large portion, but not all, of the mental health-related calls that occur in Madison during its service hours.<sup>2</sup>

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



It is important to note that the 911 center does not send CARES teams to every mental health-related call that occurs when they are in service. Sometimes the 911 center sends police instead because at times the CARES teams are pre-occupied responding to existing calls or because some calls are not eligible for CARES due to elements of violence. Currently, it's not possible to parse out the specific average number of calls not dispatched to CARES for each of these reasons.

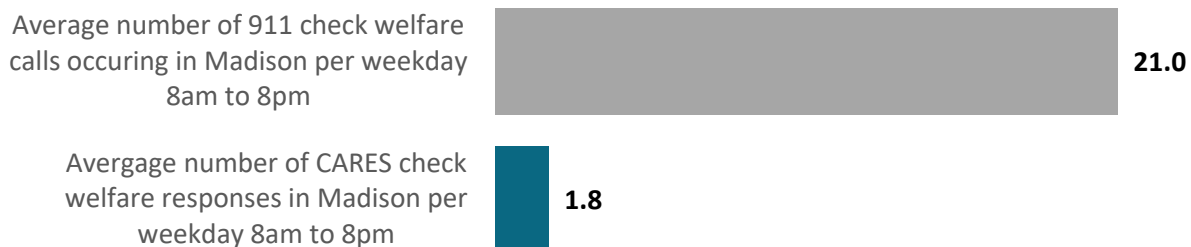
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<sup>2</sup> The average number of CARES behavioral health-related responses per days in service was calculated based on data from 7/25/22 onward. That is the date CARES started operating 8am to 8pm on weekdays. The number of non-check welfare CARES responses were added to the number of CARES check welfare responses involving patients with underlying behavioral concerns. The resulting value was divided by the number of days in service during this time period.

A Madison Police Dept. analyst provided an estimated number of mental health-related calls for service received by Madison police per hour and per day from 2018 to 2020. This data was used to determine the estimated number of mental health-related calls that occur daily during CARES hours (weekdays 8am to 8pm).

In addition to responding to behavioral health crises, CARES also responds to a portion of Madison's check welfare calls received by the Dane County 911 center.<sup>3</sup>

CARES responds to 9% of the 911 center's daily average for check welfare calls in Madison Monday to Friday 8am to 8pm.



Sending CARES to check welfare calls, diverts these calls from police. It also helps the CARES teams reach more patients with behavioral health needs since 54% of the patients involved in CARES check welfare calls have behavioral health concerns. Note that the 911 center does not send CARES teams to every check welfare call that occurs when they are in service because at times the CARES teams are pre-occupied responding to existing calls or because the 911 center finds elements that necessitate a police response. Currently, it's not possible to parse out the specific average number of check welfare calls not dispatched to CARES for each of these reasons.

Overall, CARES teams are responding to 57% of the estimated mental health-related calls and 9% of the average check welfare calls occurring in Madison during their service hours. This data suggests that with additional staffing capacity CARES could respond to more calls during its current service hours, especially check welfare calls. Although it is important to identify opportunities to grow the program in the future, it is also important to acknowledge the program's early success. In its first year of operations, CARES is making a notable impact on how behavioral health crises are responded to in Madison. CARES is diverting many behavioral health calls from police and providing timely support and resources to help with patients' specific needs and crises.

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<sup>3</sup> The average number of CARES check welfare responses per days of service was calculated based on data that occurred since 7/25/22. That is the date CARES started operating 8am to 8pm on weekdays. Specifically, the number of CARES check welfare responses was divided by the number of days in service during this time period.

The daily average 911 check person calls was calculated using data from the Dane County 911 center about the number of check welfare calls in Madison between 9/1/21 and 9/1/22 Monday to Friday 8am to 8pm.



## CONCLUSION

CARES is an innovative program that serves as an alternative to police for non-violent behavioral health calls and check welfare calls. Below are some key findings from its first year of services:

- CARES serves patients experiencing many different behavioral health crises, such as suicidal thoughts, agitation, and anxiety.
- CARES patients report challenges in their lives, with the two most common being housing insecurity and substance use.
- In its first year of services, Madison CARES responded to a total of 935 calls for service, averaging 78 responses per month. In the absence of CARES, many of these calls would have received a police response. Sending CARES instead helps destigmatize behavioral health crises, diverts people from the criminal justice system as appropriate, and frees up police time and resources to focus on other calls for service. Note that mental health emergencies involving violence or the potential for violence continue to receive a response from the Madison Police Department. All Madison police officers receive comprehensive mental health/crisis intervention training and can connect people to services and effectuate emergency detentions when needed. The department also employs six Mental Health Officers with additional expertise to help divert those experiencing acute mental health crisis from the criminal justice system.
- As hours have expanded and staff have been added, the number of CARES responses per days of service has increased. With 8.3 responses per days in service, August 2022 was the busiest month for the CARES program.
- CARES teams only transported 18% of the 724 patients they made contact with to emergency rooms. To accomplish this, CARES teams addressed many crises by phone or in person without transporting patients to hospitals. Also, when patients have needed additional support, CARES teams have driven many of them to non-emergency room services.
- Only 3% of CARES patients have been transferred to police. When CARES patients are a danger to themselves or others, police place them into protective custody and, as appropriate, transport them to detox facilities or to hospitals to be evaluated further for a potential emergency detention (a 72 hour psychiatric hold). Among the 724 CARES responses with patient contact, only two responses involved a patient being arrested by police.
- 24% of CARES patients received a referral to at least one service such as crisis lines, case management, outpatient behavioral health, housing services, recovery/rehab centers, aging and disability resource centers, and other services.
- 19% of all CARES responses are welfare checks. Sending CARES diverts these calls from police. It also helps CARES reach additional behavioral health patients because among the patients CARES makes contact with on check welfare responses, 54% present with behavioral health concerns. Similar, but not identical, programs in other jurisdictions also respond to check welfare calls as an alternative to police. For example, 36% of [Denver's STAR program](#) and 30% of [Eugene's CAHOOTS program](#) are check welfare responses.

- CARES teams are responding to 57% of the estimated mental health-related calls and 9% of the average check welfare calls occurring in Madison during their service hours. With additional staffing capacity in the future, CARES could help take on more calls, especially check welfare calls.

Overall, in its first year of services the CARES program has expanded its capacity to respond to behavioral health crises and check welfare calls by increasing its service area, hours, and staffing. Relatedly, the program has seen steady growth in the number of calls it responds to month-to-month as an alternative to police. CARES has helped address many crises on the spot or through transport and/or referral to additional services in the community. CARES is providing timely, patient-centered care for people experiencing behavioral health crises where they live, work, and recreate in the community. The CARES program will look to continue expanding its important work going forward.

To close, we would like to move beyond the numbers and share some quotes about experiences with CARES:

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*"They immediately developed a rapport with our son and de-escalated 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."* - family member of a Madison CARES patient

*"The CARES team supports the mental health of our homeless population. They are able to have difficult conversations with clients and provide them with professional support."* -Fares Fares, Porchlight Men's Shelter Manager

*"They were able to build trust with a lot of our members so that when they are not doing well mentally, they will ask staff to call CARES before the police."* - Carla Williams, Program Supervisor, Off the Square Club

*"The addition of these highly-trained, trauma informed and compassionate professionals has greatly improved care coordination and overall patient experience during what can often be extremely stressful moments."* - Ben Sanders, Director of Business Development, Miramont Behavioral Health

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