HOMELESSNESS HEALTH CARE & PUBLIC SAFETY

A VIRTUAL SYMPOSIUM | APRIL 6, 2022

2A: Crisis Assistance II

Please introduce yourselves in the chat box. We'll get started soon.


CHICAGO

CDPH
Chicago Department of Public Health

Crisis Assistance Response and Engagement (CARE)

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Senior Director of Crisis Services
Chicago Department of Public Health

1. Expand Mental Health Safety Net System

2. Enhance Violence Prevention Programming that Addresses Mental Health

3. Comprehensive Crisis Prevention and Response

4. System Coordination

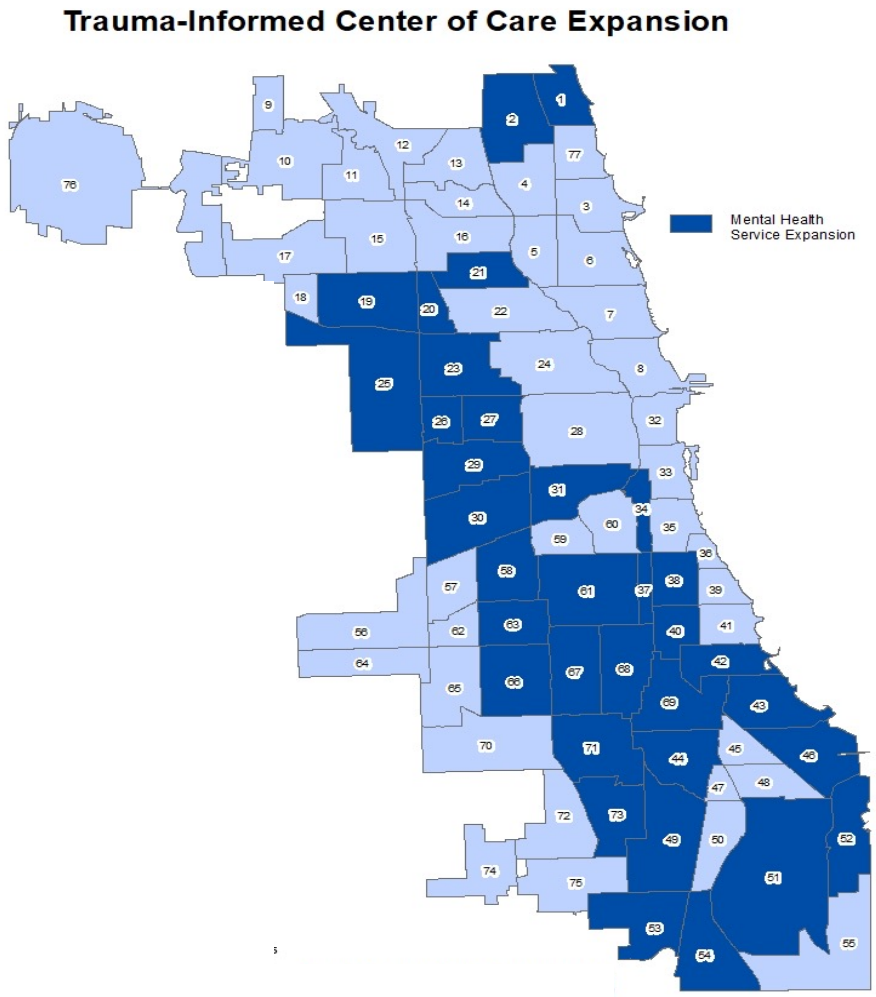
Framework for Mental Health Equity

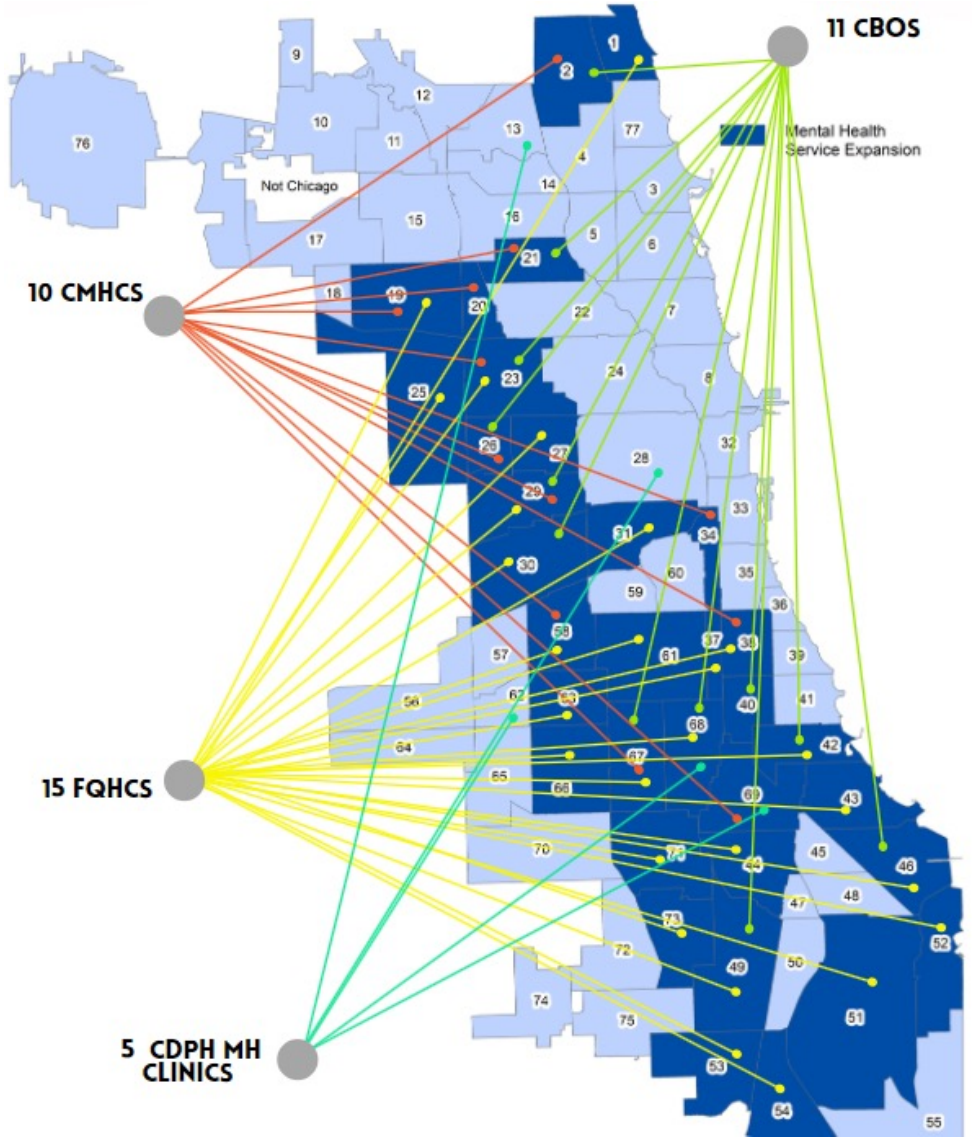
Creating a system of mental healthcare in which all persons can receive care regardless of ability to pay, health insurance status, or immigration status.

MH Safety Net Expansion Data (1/1/21-6/30/21)

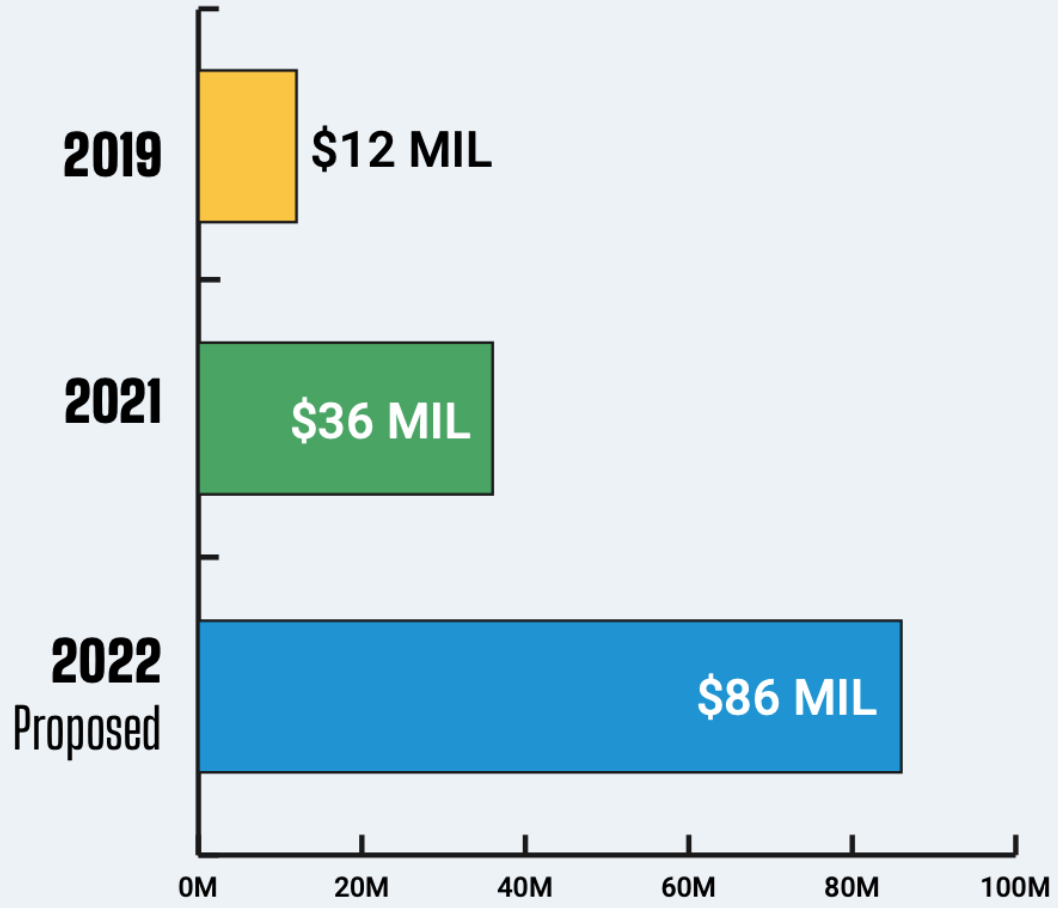
- **14,511** unique persons served from January – June 2021
- **28,676** service units have been delivered
  - 72% services received by adults and 28% received by youth
  - Top 3 Service Types rendered
    - Outpatient Individual Therapy: **18,968** Units
    - Psychiatric Services: **7,692** Units
    - Case Management and Care Coordination: **5,748** Units
- **122** Trauma-Informed Efforts have been implemented
- **78** Partnerships have been established across entities

Expanding Chicago's Mental Health Safety Net System

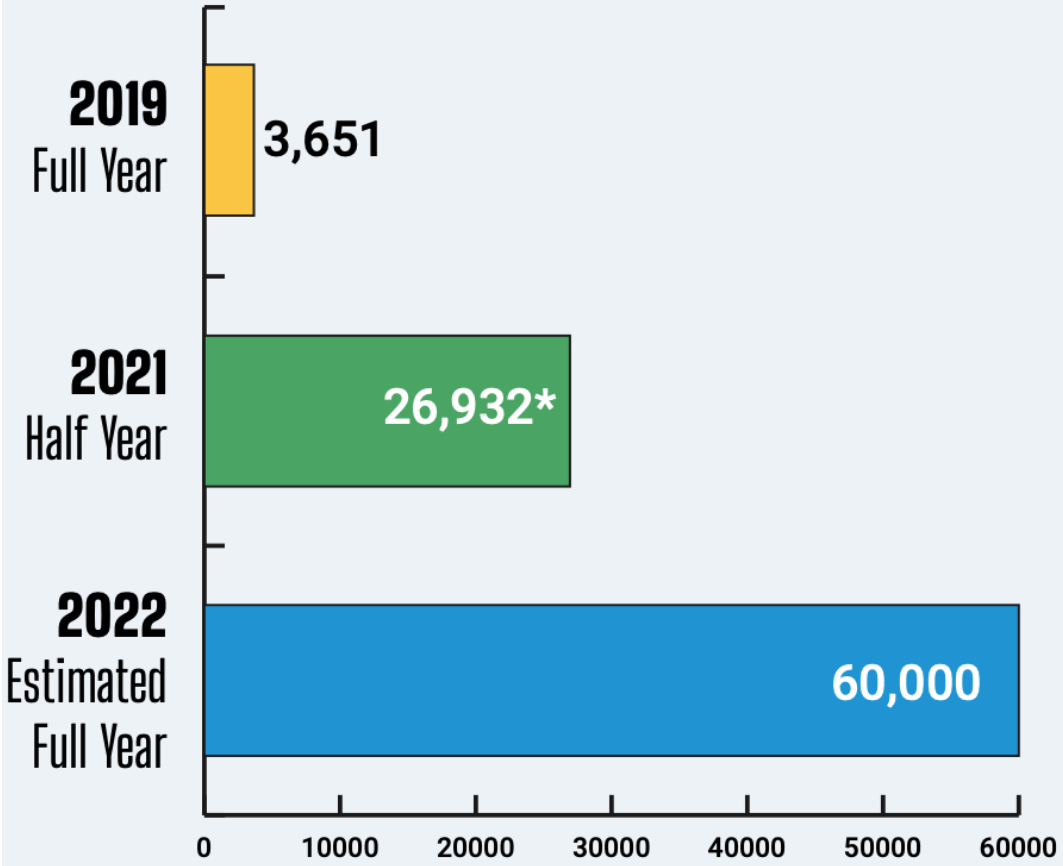




INVESTMENTS



PERSONS SERVED



*Persons served through June 2021

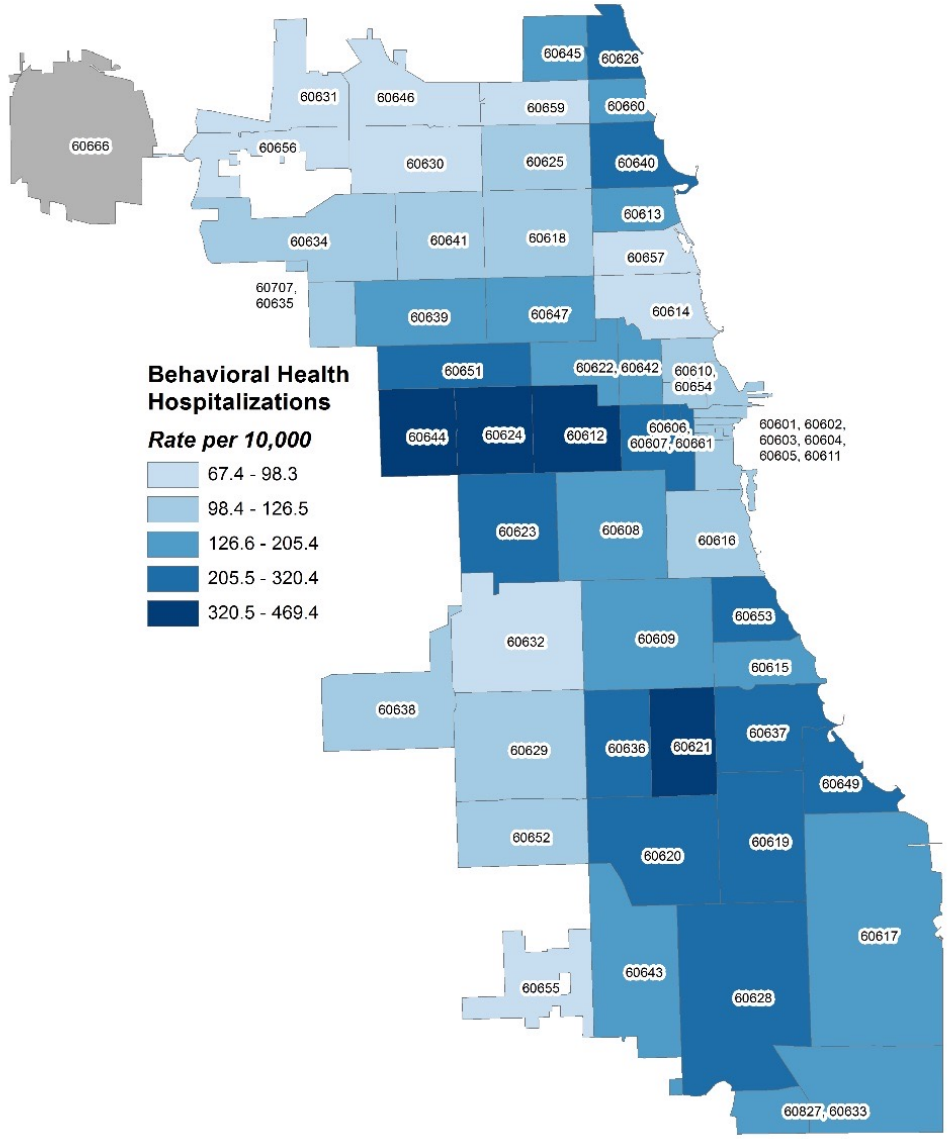
3. Comprehensive Crisis Prevention and Response

Over 60,000 people per year are hospitalized in Chicago for behavioral health related conditions (2017 data, by zip code). This is nearly twice as many as are hospitalized for heart disease.

Highest hospitalization rates are in high hardship communities on Chicago's South and West sides.

Hospitalizations can be traumatic for patients, overcrowd emergency departments, and require costly deployment of first responder services.

People with complex MH needs often need community-based rather than clinic-based services; ongoing engagement can protect against MH crisis and hospitalization.



Comprehensive Crisis Prevention and Response

Crisis Assistance Response and Engagement (CARE) Program ensures more than one response option to fit the variety of 911 calls with a behavioral health component

Pre-Response:

- For the first time in the City's history, **mental health professionals staffed in the City's 911 Call Center**.

- Respond to mental health service calls that can be resolved over the phone rather than dispatching team of first responders.

- Provide support and mental health consultation to callers, call takers, dispatchers, and response teams.

Response Teams:

- For the first time in the City's history, **mental health professionals will be dispatched from the 911 Call Center to respond to behavioral health crisis calls that require an in-person response.**

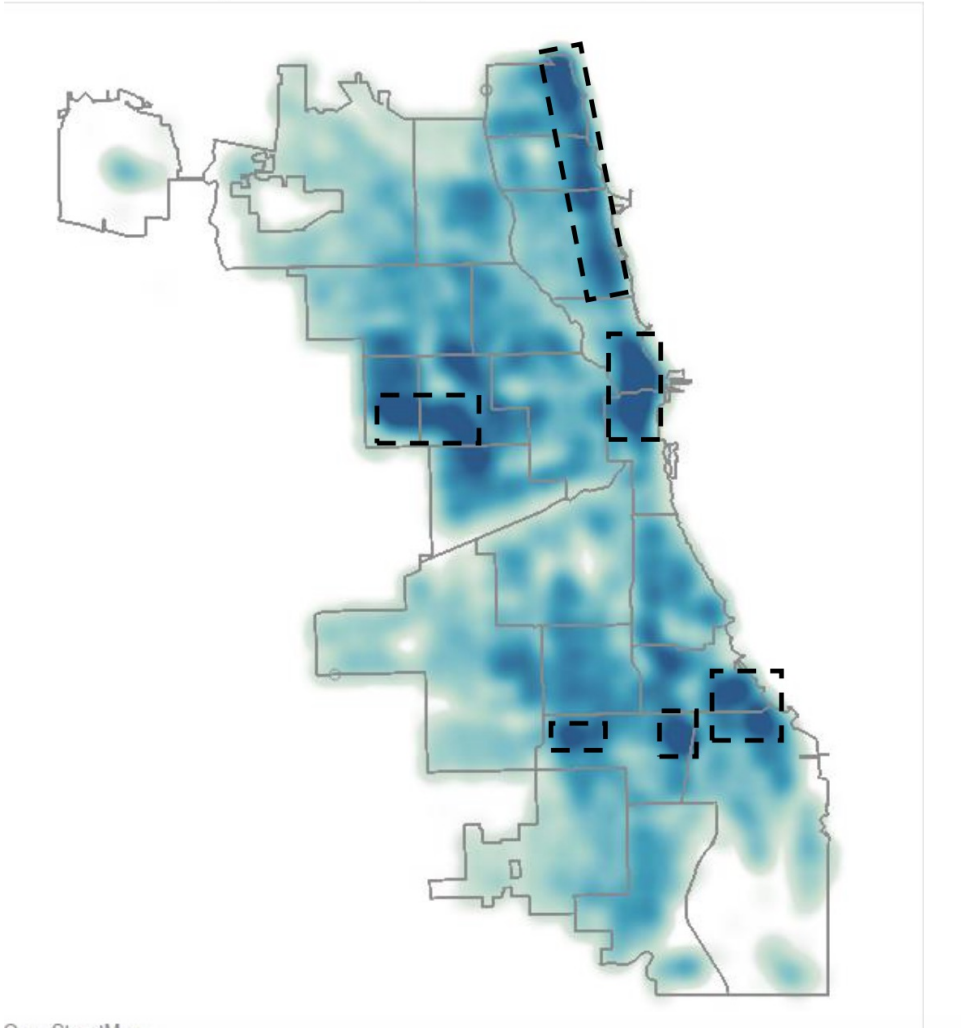
- Three different response teams:
  - Multidisciplinary Response Team: CIT officer + CFD paramedic + MH professional
  - Alternate Response Team: CFD paramedic + MH professional
  - Opioid Response Team: CFD paramedic + peer recovery

Post-Response:

- **Residents linked to appropriate community-based services to address the underlying needs** that contributed to the development of the crisis in the first place.

- Piloting use of geographically distributed alternate drop off sites for persons experiencing a behavioral health crisis as alternatives to emergency rooms to provide more comprehensive care.

Heatmap of Crisis Calls by Incident Location, 2020 YTD



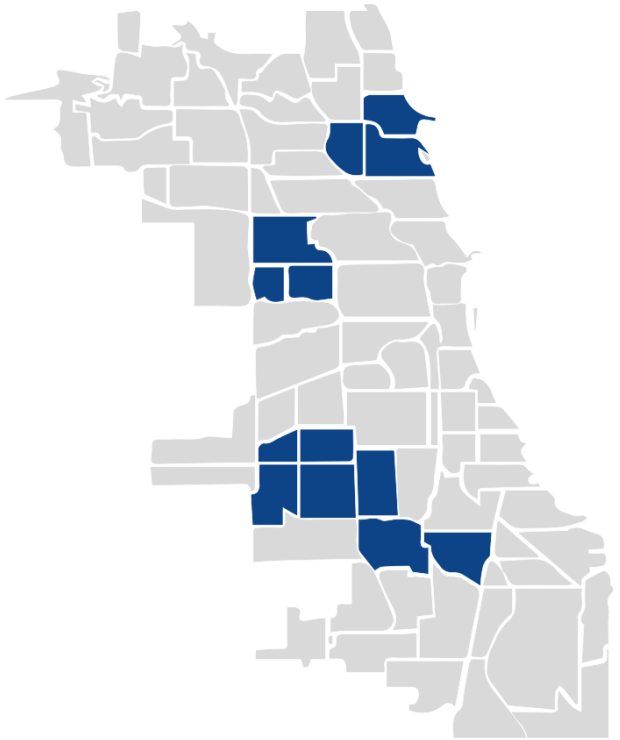
Chicago Alternate Response Pilot

13 Community Areas of Focus

Chicago Alternate Response Pilot Neighborhoods

1. Uptown
2. North Center
3. Lakeview
4. Humboldt Park*
5. West Garfield Park*
6. East Garfield Park**
7. West Englewood
8. West Elsdon
9. Chicago Lawn*
10. West Lawn
11. Gage Park
12. Auburn Gresham*
13. Chatham*

*OCOS Priority Neighborhoods



CARE Program Services

- The CARE team provides the following services for individuals aged 18-64 years identified through a 911 call for a behavioral health crisis:
  - Face-to-face engagement
  - Crisis de-escalation
  - Medical and psychosocial assessment
  - Referral or warm hand-off to community resources
  - Longitudinal care coordination and case management

CARE Program Referral Mechanisms

OEMC Dispatch

- **Primary Dispatch**: CARE-appropriate call comes in via 911, CARE team dispatched as independent unit

Non-Dispatch Assist, Follow-Up & Outreach

- **CPD CIT Assist**: CARE team will monitor radio and PDT traffic for appropriate calls to serve as an assist to CPD CIT team
- **Non-Emergent Follow-Up**: CARE team conducts follow-up engagement at 1, 7, and 30 business days after initial contact, as well as follow-up with individuals that have contacted the CARE team directly via the vehicle cell phones
- **Proactive Outreach:** when not responding to active calls, CARE team conducts 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

CARE Pilot Implementation

CARE Phase I Program Development

Model development and consultation with other sites *Denver, NYC, Tucson, Phoenix, Austin, Dallas, Houston, Philadelphia*	Protocol development & clinician hiring	Protocol updates, active call QA, ongoing call center & team trainings	Public data dashboard expected to launch
Mid 2020-2021	*Summer 2021*	*Fall 2021-Winter 2022*	*April*

Multidisciplinary Response Team: CDPH Clinician, CPD CIT Officer, CFD Community Paramedic

Staff training and simulations	Roll call trainings	District familiarization	Team operational in Auburn Gresham, Chatham, Lakeview, North Center, and Uptown
Aug 10-27	*Aug 30-Sep 3*	*Aug 30-Sept 10*	*Sept 13-Present*

Alternate Response Team: CDPH Clinician, CFD Community Paramedic

District familiarization	*Omicron wave*	Roll call trainings	Start ongoing 911/988 Provider Coordination	Staff training	Team expected to be operational in West Elsdon, Chicago Lawn, West Lawn, Gage Park
Nov 30-Dec 8		*Feb 14-22*	*March 2*	*March 3-4*	*Mid-March*

Clinical Support in Call Center

CDPH Mental Health Clinician in call center	Expected release of 911 call center RFP
Dec 8-Present	*April*

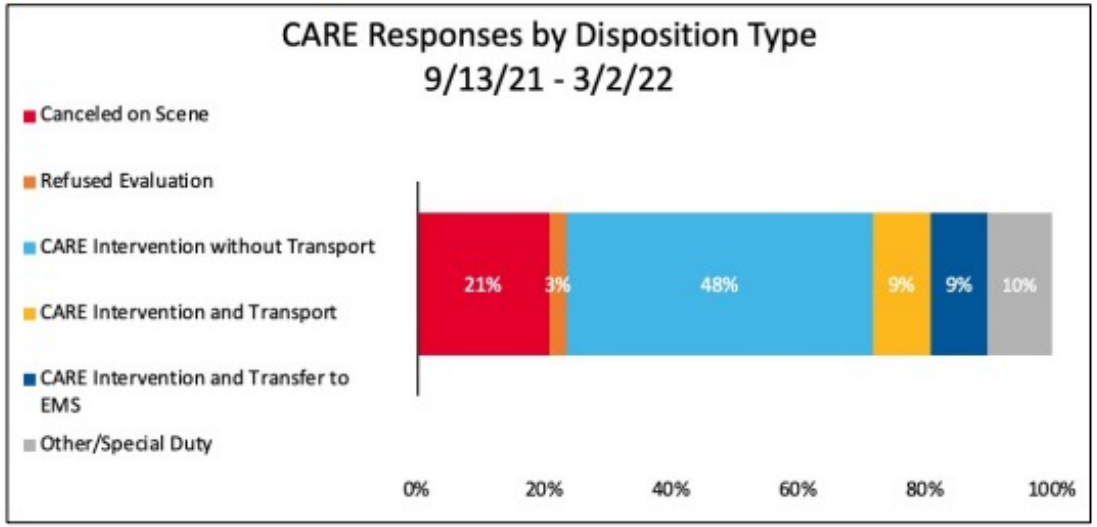
CARE Pilot: Initial Data

Between Sept. 13, 2021 – March 2, 2022, the CARE Team conducted **134 mental health responses**, **18 telephonic consultations**, **0 arrests**, and **0 uses of force**.

The CARE Team certified **2 petitions** for emergency hospitalization.

While responding to calls, **1 CARE Team member sustained 1 on duty injury** and was evaluated and released to full duty on the same day.

The majority of calls result in a CARE intervention (with or without transport to alternate location)



CARE Pilot: Initial Data

The CARE Team has attended **over 35 community outreach events** (e.g. meeting with health care and social service partners; community events) and conducted multiple CPD and CFD roll call trainings in police districts 6, 7, 8, and 19.

21 individuals have received outreach packets that include Narcan, hygiene and wound care kits, gloves and hats, clothing, and snacks.

CDPH and CARE leadership have provided **over 30 days** of OEMC call center and data quality assurance support and consultations. A clinician is now in the call center **3 days/week**. CDPH and OEMC hold **weekly** data validation meetings and are collaboratively developing data quality workflows.

CARE Pilot Early Key Learnings

1. Importance of building capacity within 911 call center that is not accustomed to having multiple response options available for behavioral health emergencies; this includes continuous CDPH and OEMC supervisory support and training for call takers and dispatchers on mental health screening and decision making
2. Importance of ongoing roll call trainings and regular communications with CPD patrol leadership to ensure that police know how to request a CARE team
3. Importance of ongoing cross-agency project management to ensure operational alignment and implementation
4. Importance of CDPH/OEMC data collaboration to assure data consistency across different documentation systems (clinical documentation, call center dispatching, etc.)
5. High number of unsheltered individuals whose needs cannot be easily resolved on scene demonstrates the crucial need for supportive housing diversion options structured around needs of people with substance use disorder (SUD), serious mental illness (SMI), and their co-occurrence
6. Importance of continued engagement with alternate response programs around the United States to learn from each other, develop communities of practice, and collaboratively problem solve

2022 Mental Health Budget

- **Proposed 7x increase in City MH budget between 2019-2022 to $86,000,000 in 2022 with $52,000,000 in proposed new investments.**
- Significant new investments include:
  - 1. **Trauma-Informed Centers of Care Expansion**: $20,000,000 in additional funds to expand the TICC program citywide into all 77 community areas (from existing 35) and build additional capacity in existing community areas to address waitlists and the need for additional mental health staffing.
  - 2. **Crisis Assistance Response and Engagement (CARE):** $15,000,000 in additional funds to support embedding of mental health professionals in 911 Call Center, mobile 911 response teams, and crisis stabilization alternatives in the community.
  - 3. **High-Utilizer Stabilization Housing and Services**: $12,000,000 to launch a stabilization housing program that incorporates specialized mental health, substance use, and primary care services for persons living with complex behavioral health conditions who are also experiencing homelessness.
  - 4. **Sobering Center:** $5,000,000 to launch the City's first sobering center to support persons living with alcohol use disorder who come into contact with law enforcement or emergency response systems due to public intoxication.


CHICAGO

AHN ROOTS

Allegheny Health Network: Reaching Out On The Streets

National Healthcare for the Homeless, April 6, 2022

Daniel Palka
Director, Urban Health & Street Medicine

Reach Out!

Dan Palka

Administrative Director
Allegheny Health Network
Urban Health & Street Medicine
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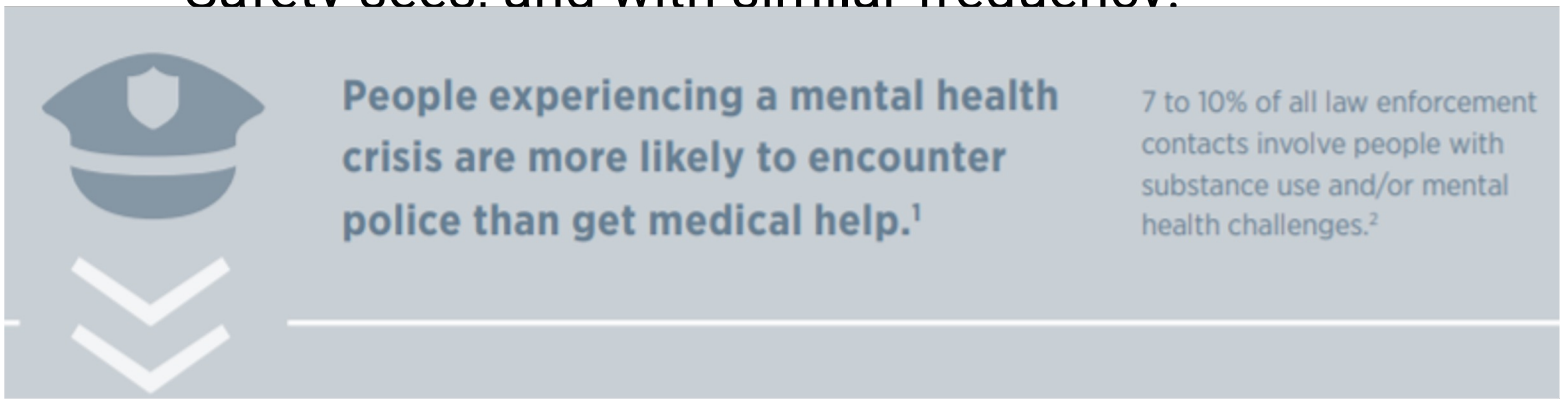
Context

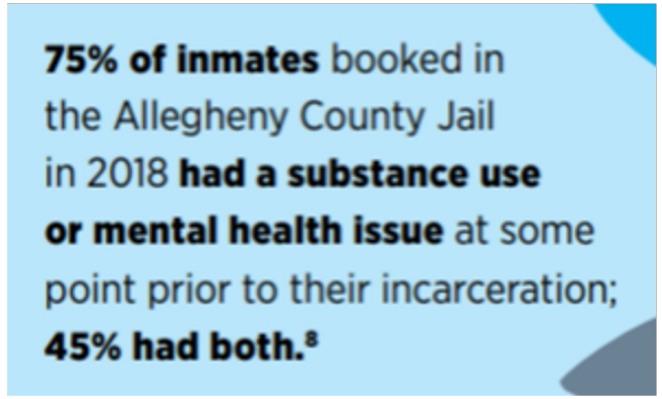
PITTSBURGH

- City of Pittsburgh
  - 1 of 130 municipalities in Allegheny County
  - Population of 303,000 people
  - Basic municipal functions, Public Safety = safety net of safety nets
  - 1,800 Public Safety professionals (fire, police, EMS)
- Allegheny County
  - 1.2m people
  - Jail, current census of 1,700 people
  - Courts, PD, DA
  - Health Department, $40M budget
  - Human Services Department, $1.2B budget
- Health Systems
  - 2 major health systems (Allegheny Health Network & University of Pittsburgh Medical Center)

CRITICAL ISSUES

- Police are increasingly acting as social workers
- People often commit low-level crimes because of poverty, unaddressed behavioral health issues, and a history of trauma
- Jail time and fines often exacerbate underlying issues, which results in more crime
- Frequent Utilizers (those who cycle in and out of jails, hospitals, shelters, and other social service programs at a startlingly high rate) place a tremendous demand on Public Safety, who do not have tools to address underlying issues or mitigate engagements.
- Healthcare systems and outreach groups are seeing the same individuals that Public Safety sees, and with similar frequency.





MAYORAL TRANSITION COMMITTEE RESPONSES

- **When people have their basic needs met, we have less violence.**
- **When communities are encouraged to collaborate and make informed decisions about their own safety**, I think that agency and validation will be empowering to our residents, and **empowered people are often more motivated to participate in concerted efforts to change systemic violence and other inequities**.
- Less police officers and more **specialized community resources** (and knowledge of how to contact them)
- **Safe places to call and go to in the event of mental illness, domestic violence, or other issues.** These places should be easy to find and remember, such as libraries, community centers, or calling 311 and free mental and physical health services to those in desperate situations. **Fix the problems, not the symptoms**.
- Houseless folks often experience being woke up, in the middle of the night, often. The cops claim safety checks but what is really happening is the cops are inducing sleep deprivation instead of providing support. Sleep deprivation is against the rules of war...why are cops using them? **Law enforcement needs to be removed from the lives of the houseless community. They are harming folks...not helping.**

COMMUNITY - ORIENTED POLICING?

Comments

A tent with homeless people in it has been set up at Smithfield St. and Fort Pitt Blvd for the past week plus. I have field two previous 311 requests, and the issue remains. This is not safe for pedestrians and is an eyesore. It needs to be removed, and the City needs to do something about it already.

Comments

There are homeless camps located between the 16th and 31st street bridges along the pedestrian trail on River Ave. There are approximately 7-8 tents between the trail and the riverfront. This presents public safety and public health issues. Ideally the people living there would be compassionately relocated to more suitable accomodations.

Comments

Caller is upset that the homeless are taking up camp here. He says it makes the city look terrible and smells even worse.

Comments

The amount of homeless camps along the trial is ridiculous. Are we going to do anything about them? Never thought I'd have to tell my wife to carry her weapon with her to walk our dog. This is only been an issue the last month or so. Needs to be addressed before it gets warmer out because something will happen. Saw 3 cop cars today while we were walking.

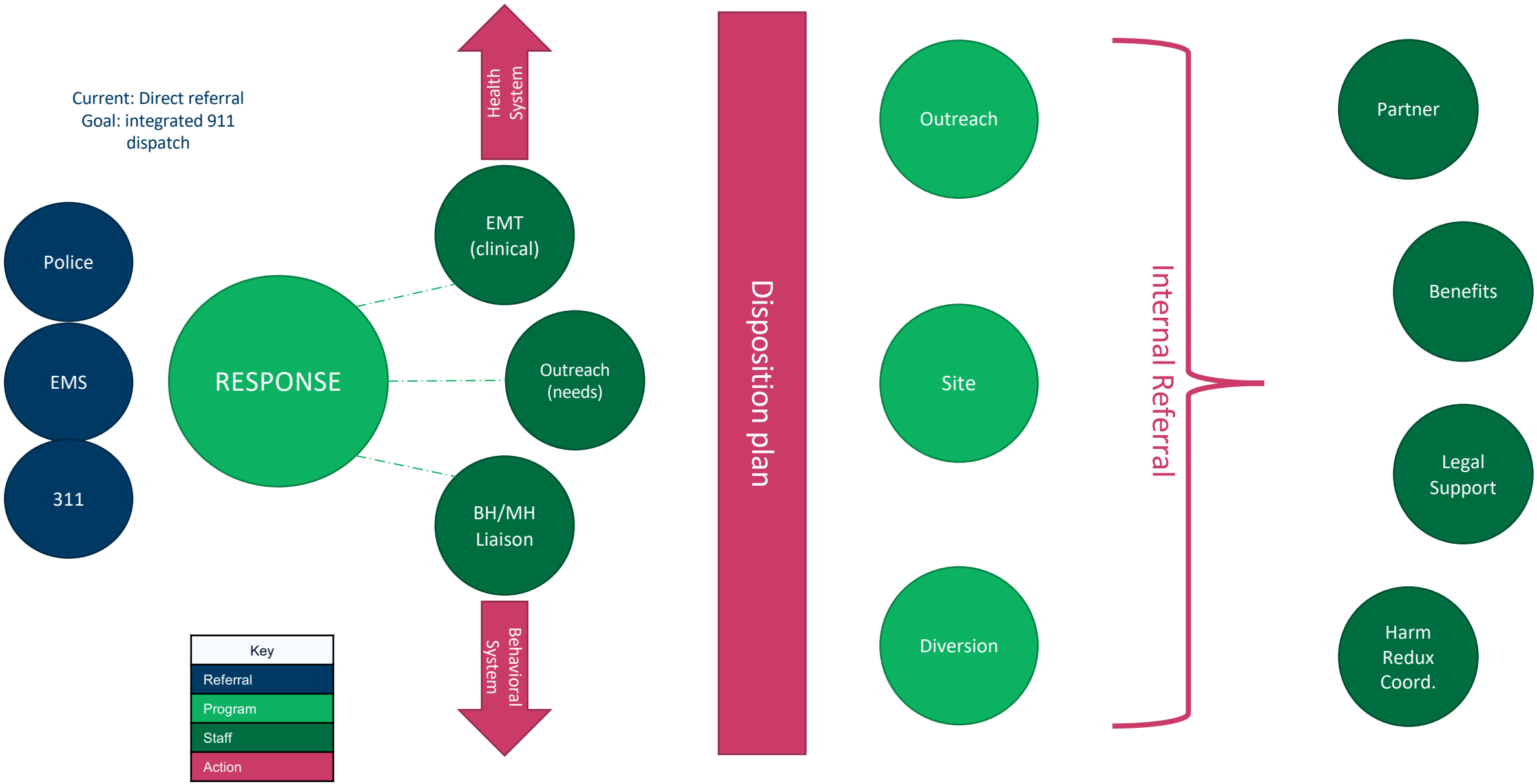
Program Structure

How the four components work to stabilize and move along the continuum of support

Four Core Components of Program

Response	Outreach	Site	Diversion
Co-response	Maintenance & follow-up	Geographic ease of access	Diversion Coordination
Inter-disciplinary	Case management	Space for care	Criminal legal navigation
24/7	Day shift	24/7	24/7

Response Team Client Flow



Response Team Core Competencies

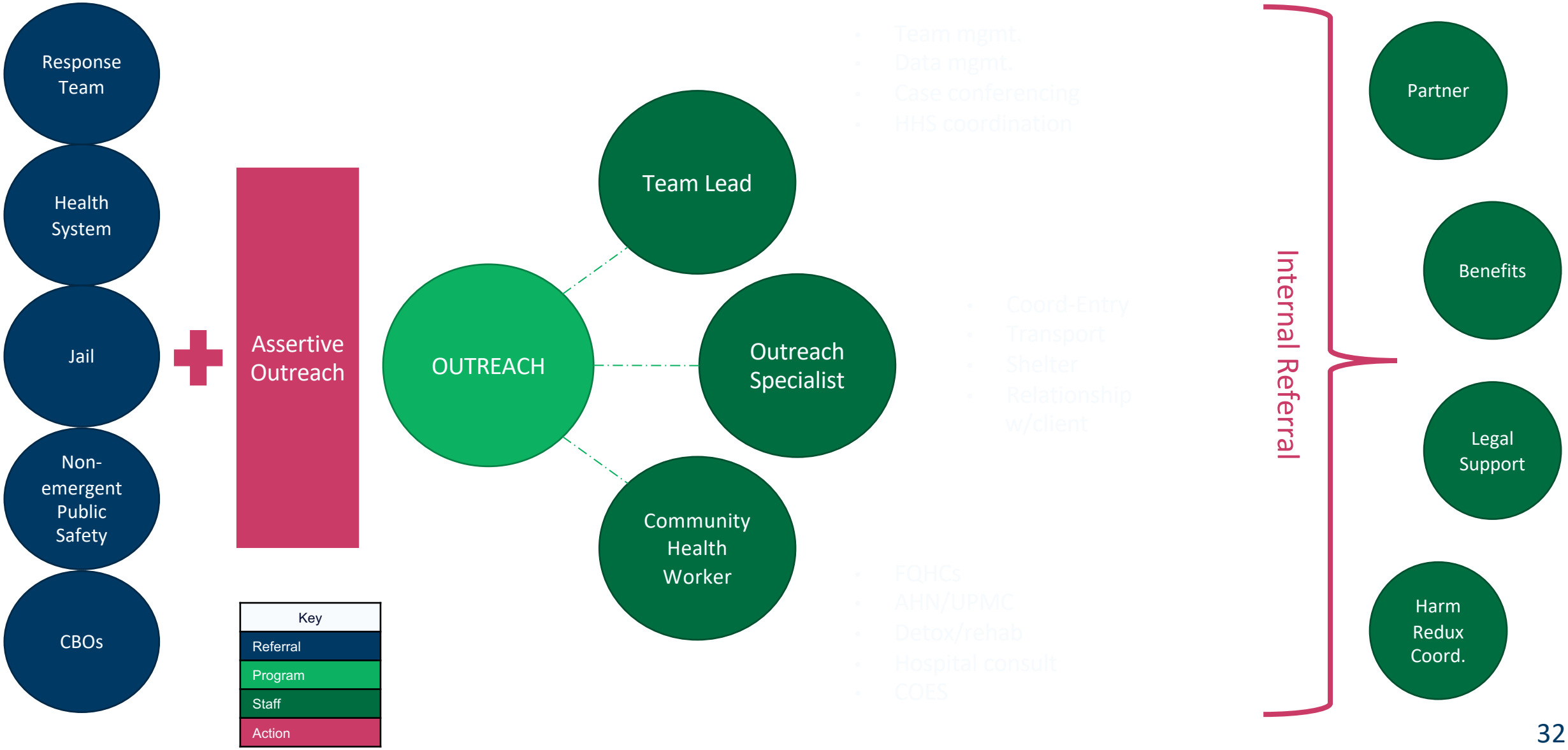
All staff will be trained in:

- Scene management
- Overdose prevention
- Harm reduction
- Addiction/recovery
- De-escalation
- Motivational interviewing
- Mental health first aid
- Unconditional positive regard

EMT	Outreach	Behavioral Health
• First Responder • Relevant certifications • EMS consultation • Health systems, insurance	• Social services knowledge, especially housing/shelter • Case management • Motivational interviewing • Basic first aid	• Addiction/recovery • Mental health first aid • Behavioral health systems, insurance

Recruitment: Freedom House, community paramedicine, professional schools, local schools, internal (career development, internships)

Outreach Team Client Flow



Outreach Team Core Competencies

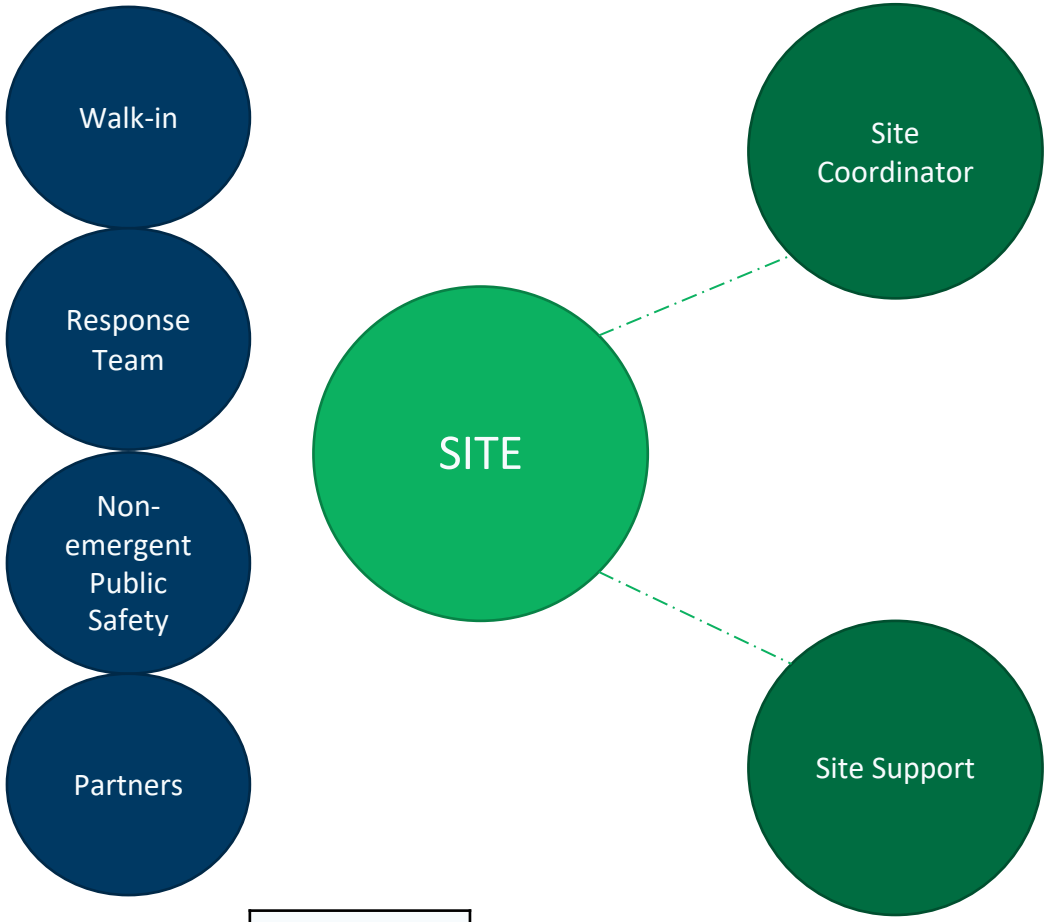
All staff will be trained in:

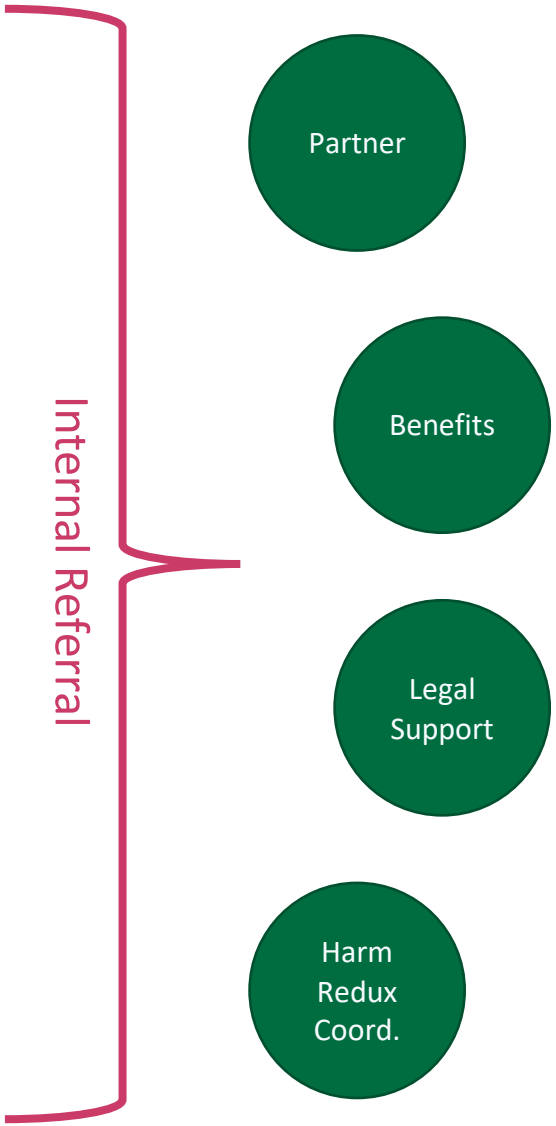
- Overdose prevention
- Harm reduction
- Addiction/recovery
- Housing navigation
- Motivational interviewing
- De-escalation
- Basic first aid & mental health first aid
- Unconditional positive regard

Team Lead	Outreach	CHW
• Human Services mgmt/leadership • Partnership mgmt • Public safety interaction • High utilizers & health systems • Social work	• Social services knowledge, especially housing/shelter • Case management • Motivational interviewing	• Health systems • Health consults • HIPAA/PHI • Insurance

Recruitment: professional schools, local schools, peer specialists, community advisory boards, internal (career ladder, internships)

Site Team Client Flow





Site Team Core Competencies

All staff will be trained in:

- Overdose prevention
- Harm reduction
- Addiction/recovery
- Housing
- De-escalation
- Scene management
- Basic first aid & mental health first aid
- Unconditional positive regard

Site Coordinator

- Human Services mgmt/leadership
- Partnership mgmt
- Public safety interaction
- Social services knowledge, especially housing/shelter
- Social work
- Case management

Site Support

- Entry-level position for homeless services
- Customer service oriented

Recruitment: entry-level candidates from alternative career history, professional schools, local schools, internal (career ladder, internships)

Translational System Change

- Consider what information we are privy to by nature of caring for the city's unhoused population
- Aggregating this data into trends to inform changes in service delivery models

Health System

Utilizing case notes to identify trends in health system best practices and challenges

Criminal System

Capture trends in divertible offenses through referrals for court and jail support

Law Enforcement Assisted Diversion (LEAD)

Police Collaboration

- Currently case conferencing
- LEAD

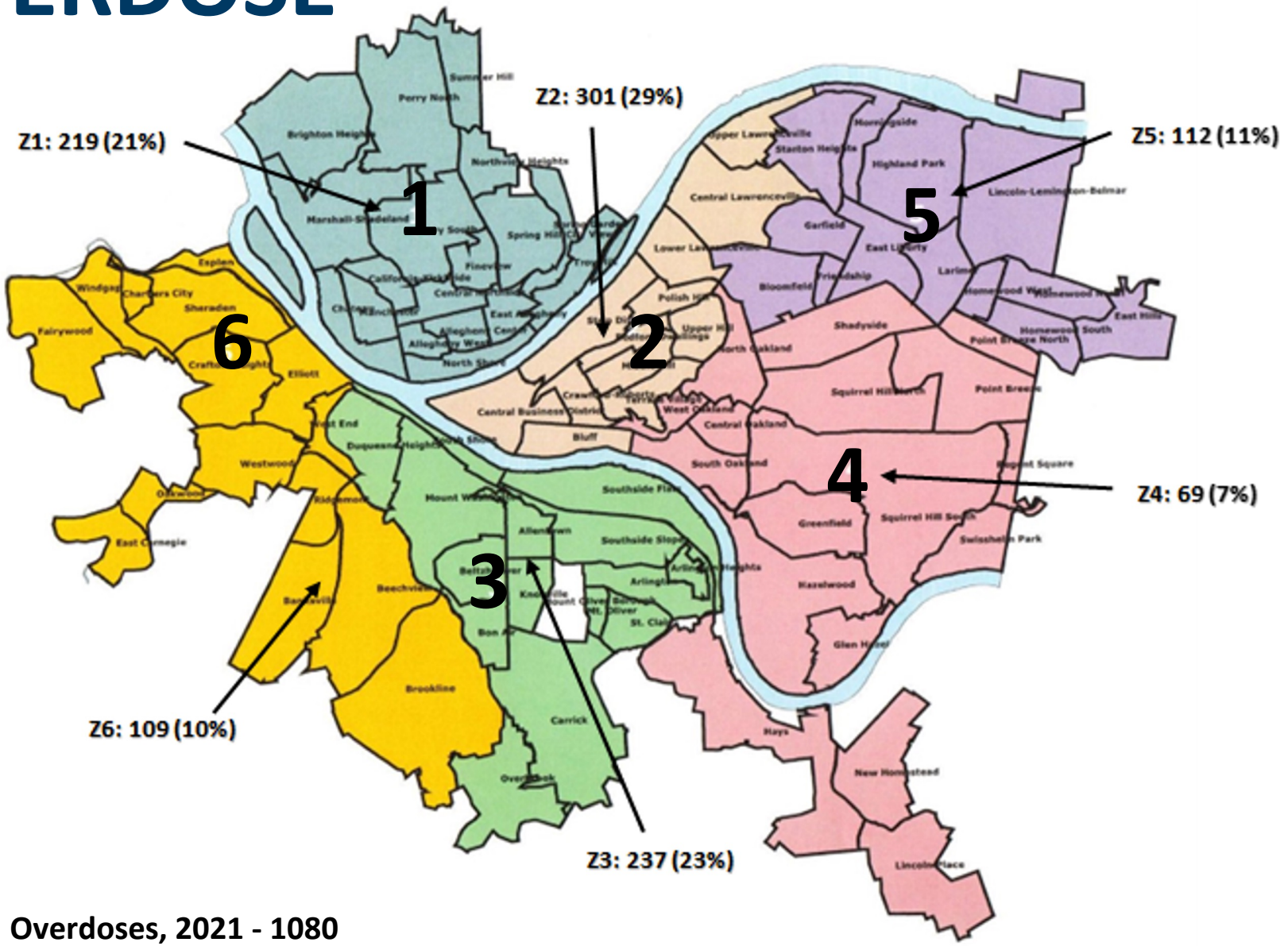
Diversion Coordination

- Response Team call disposition management
- Connect into case management

Overnight Diversion

- Provide overnight capacity for diversion cases
- 24/7 service delivery

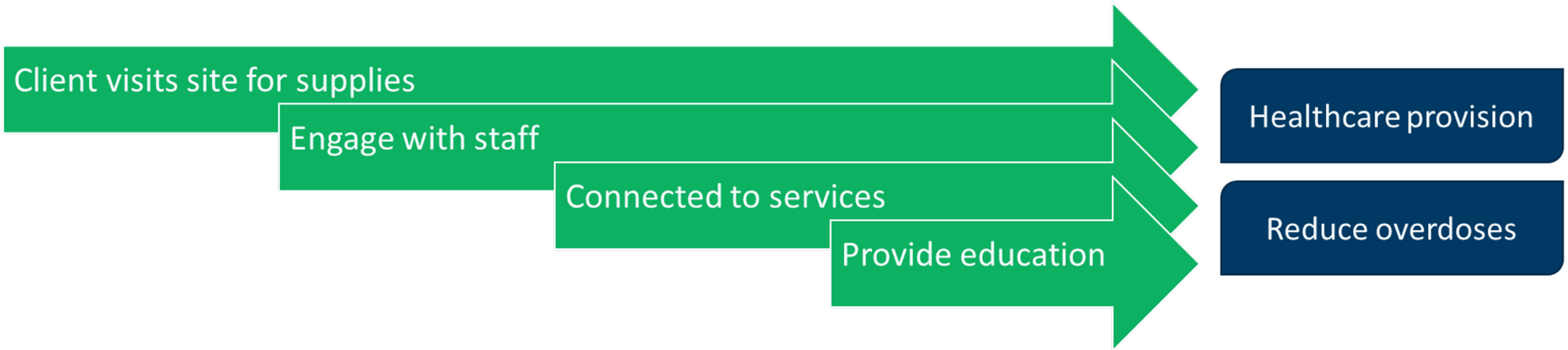
ZONES/OVERDOSE



Total EMS Opioid-Related Overdoses, 2021 - 1080

Harm Reduction: Health & Overdose Prevention

- Creating a culture of acceptance that moves clients from active use to recovery
- Engaging clients who would not be connected to services that stop in for short engagements
- Public health intervention to reduce disease prevalence



Trauma-Informed Practices

- All organizations must consider how their processes create harm, especially when serving populations already experiencing trauma and toxic stress
- Each component of the program needs to be evaluated for how it contributes to or reduces harm
  - Forms and surveys
  - Enrollment processes
  - Site design
- Important, also, for staff retention – staff face increased levels of primary and secondary trauma
  - Internal processes like expense reimbursement, staff wellness, administrative and operations

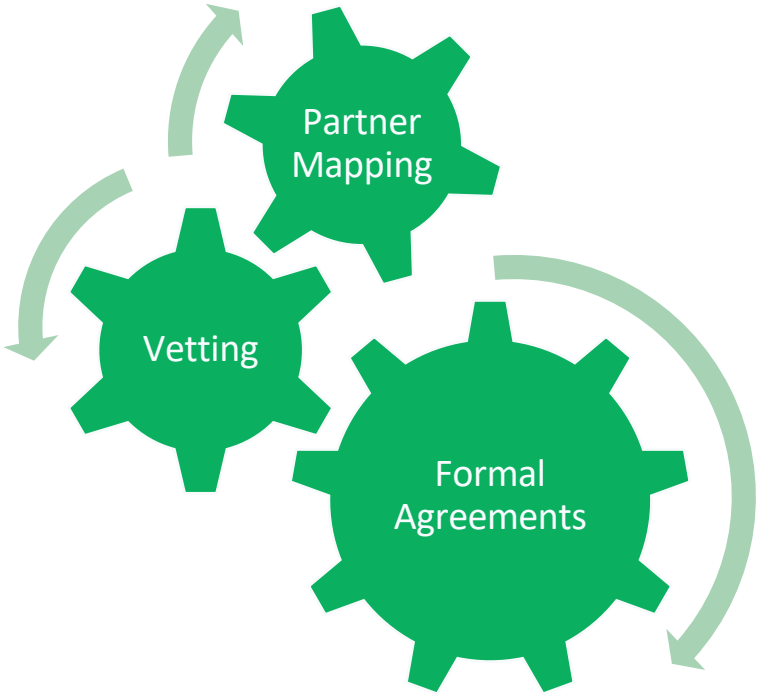
Partnership Mapping

Goals:

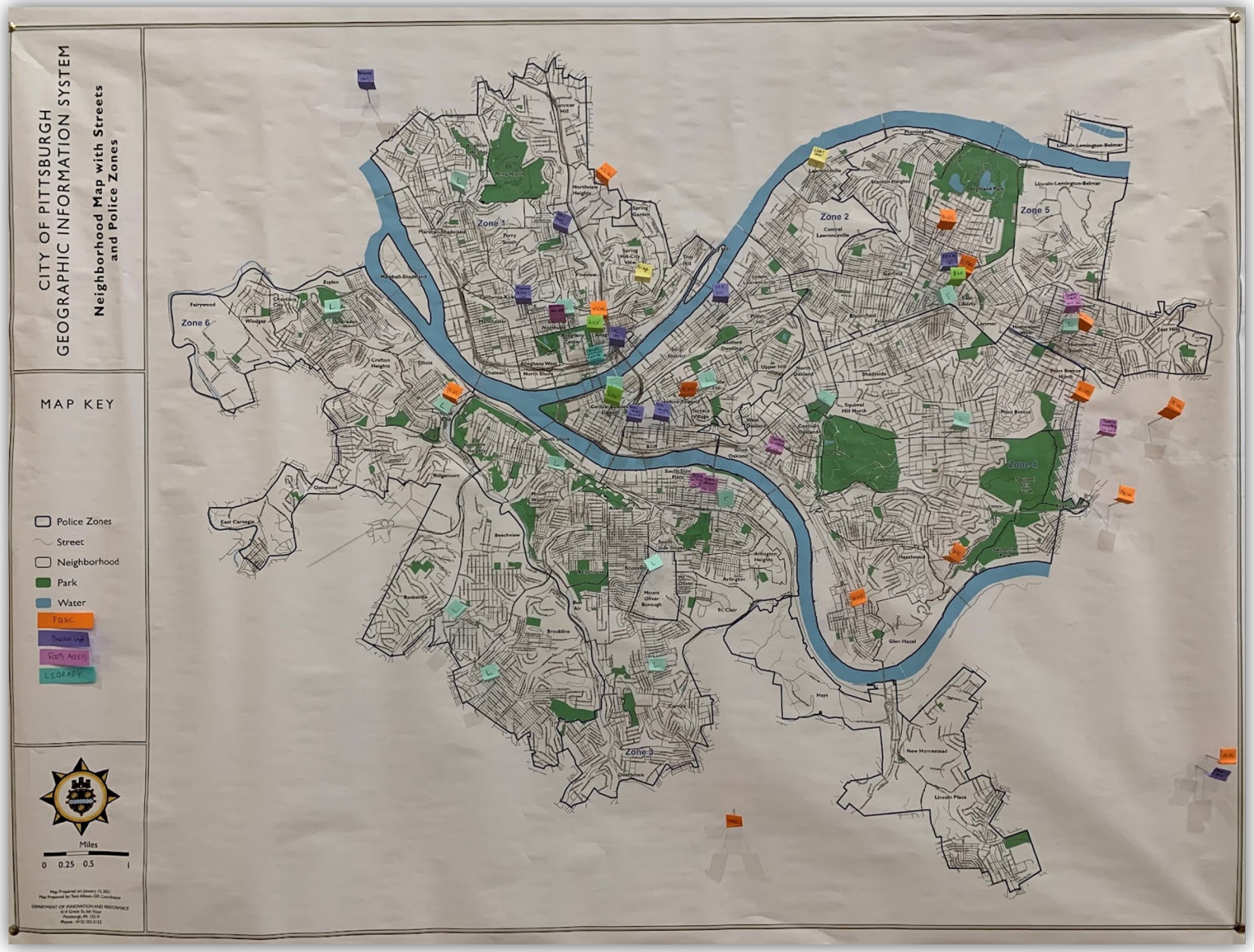
1) Support connecting participants to programs that address SDoH and basic needs that are outside the scope of the program
2) Develop relationships with related partners to reduce duplication, share risk, and increase resources and capacity of system

Vetting:

- Mission alignment: person-centered, harm reduction, trauma-informed
- Scope of work and program need
- Population served
- Location
- Data sharing
- Resources and internal capacity



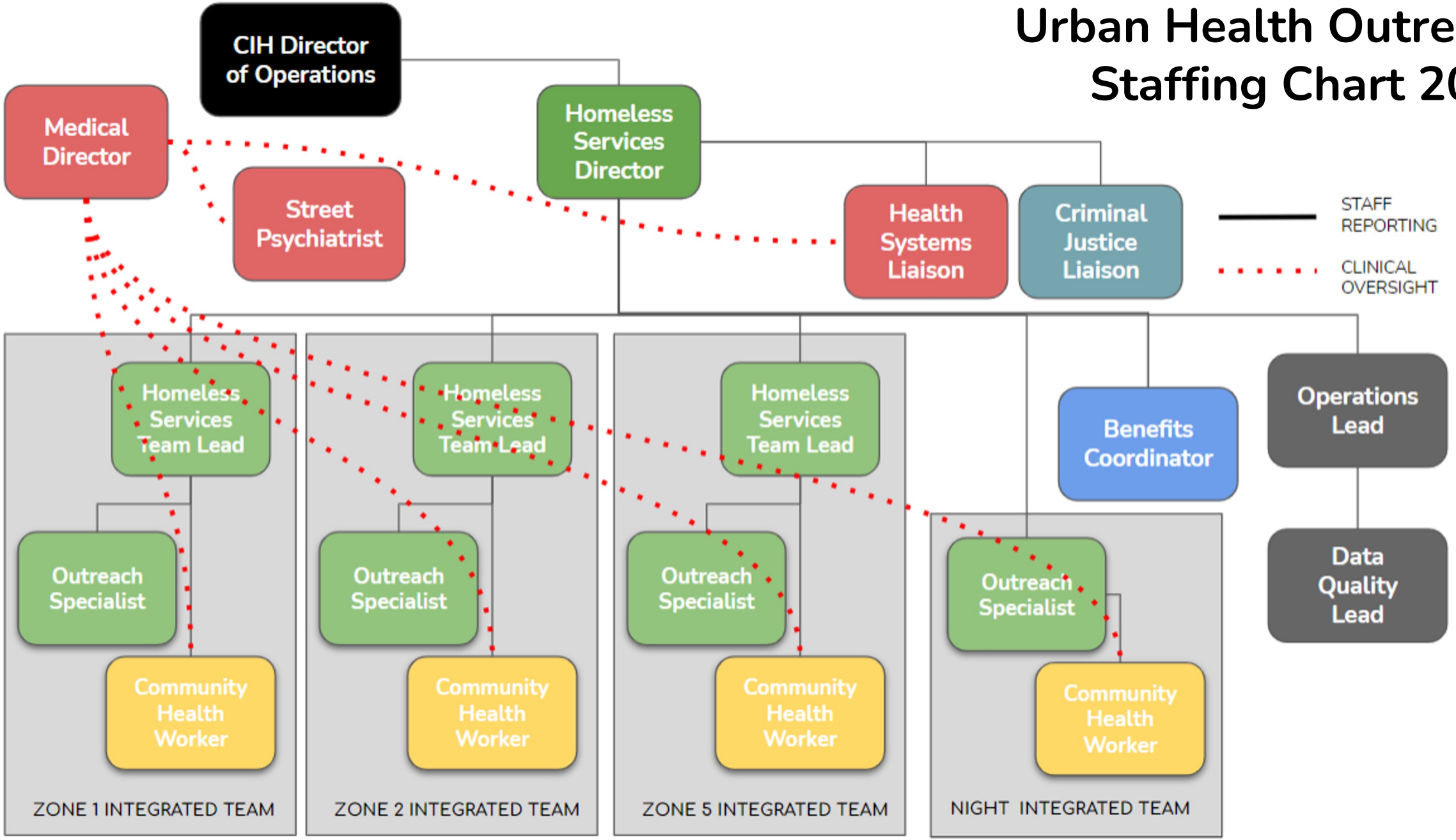
Partnership Mapping



Goals

1) Identify areas of high numbers of partners
2) Highlight service deserts (areas with low number of service organizations)
3) Inform site selection for expansion
4) Identify key partners for service delivery
5) Inform community engagement model

Urban Health Outreach Staffing Chart 2021



URBAN HEALTH OUTREACH OVERVIEW

March 2021-Present

	Unique	Total
Zone 1	366	1927
Zone 2	259	2031
Zone 5	201	1809
TOTAL	826	5767

Benefits Consultations	142
People Vaccinated	213
ROOTS-Assisted Response	543

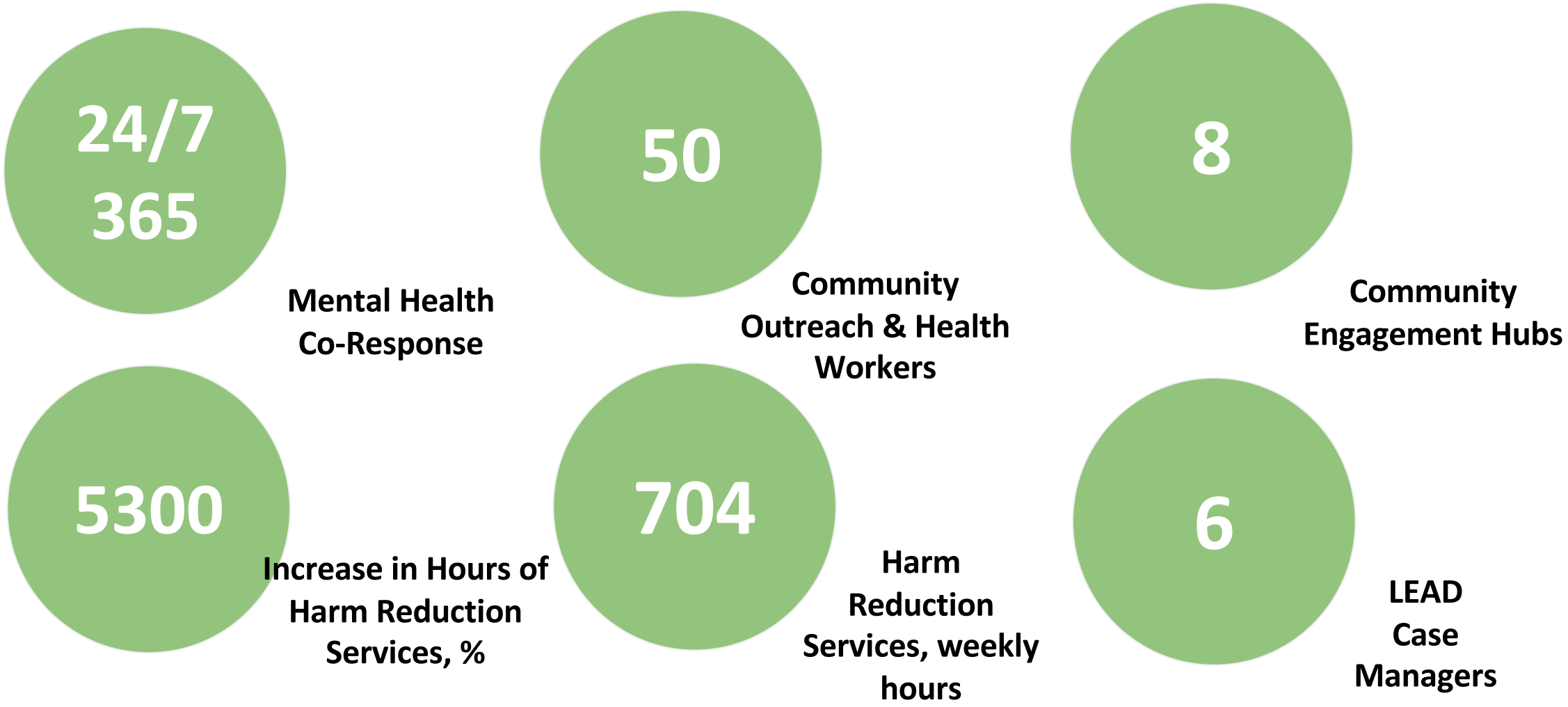
Community Outreach Hubs
Zone 1: Smithfield Street, Downtown
Zone 2: East Ohio Street, Northside
Zone 5: Broad Street, East Liberty

Services

- Case Management
- Benefits Coordination
- Outpatient Health Services
- MOUD Referrals
- Harm Reduction Services
- Housing Connections
- Job Search Services
- Public Health Outreach
- Veterinary Services

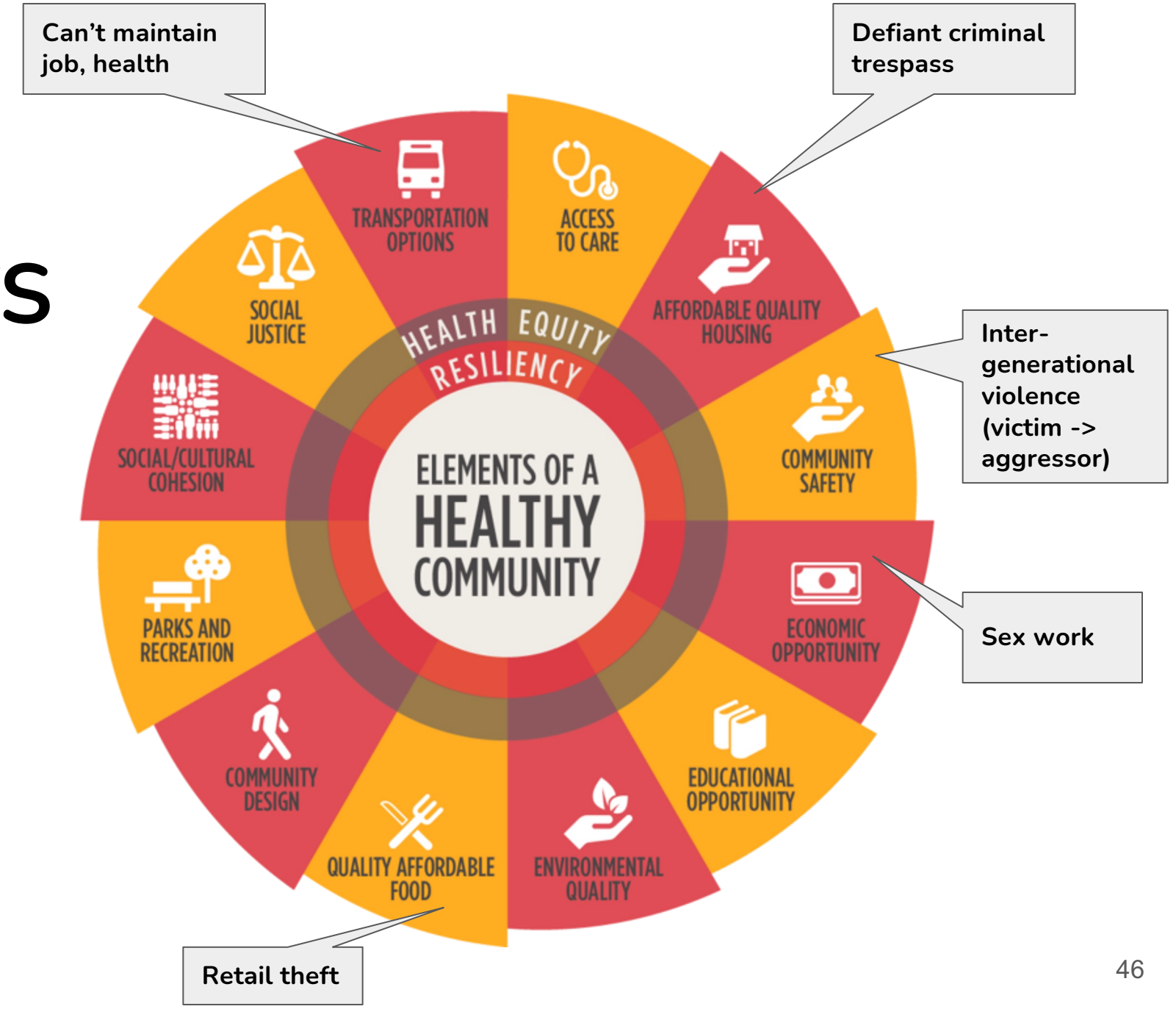
URBAN HEALTH OUTREACH & STREET MEDICINE

FUTURE BY THE NUMBERS



SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the social and environmental factors that are proven to cause homelessness, drug use, mental health issues, and violent crime



BIOMEDICAL CLASSIFICATIONS

- As healthcare providers, we need to be mindful of bio-medical classifications
- Chris Herring has coined the term **“therapeutic penal populism”** to describe the ways in which the criminal legal system has cloaked itself as an arbiter of healthcare interventions predicated on community input, business interests, and the general criminalization of quality of life issues.
- In Pittsburgh, **“wellness checks” by local law enforcement** units have resulted less in meaningful service alignment, and more with fear, oppression, running names and the repurposing of information about an individual’s situation as leverage to comply in response to community outrage. One participant recounted her engagement:
  - “I was afraid, you know? Because he was a police officer, and I didn’t know what he wanted. At first, when I heard him near the tent, I thought it was Mike (SO), but his voice was different. I was terrified.”
- Herring quotes an officer on one such “check” in San Francisco:
  - “A lot of unpaid citations turn into a warrant and that gives you real leverage. Then they’ll respond because they know we can always run their name and arrest. But we’re doing more outreach than anything, I mean we’re citing, but a lot of times you get more by doing the outreach part, because people will work with you a little more.

REALITIES OF PRACTICE

- Perfect places to take people **do not and will not exist** in our (or other) jurisdictions- often the **most reliable intervention is having been present.**
- It is **impossible to connect people** with completely adequate services in our health model
- Outside of the service landscape, what do people need?
  - **Social capital** and the opportunity to build it in their community
  - Instead **we put people into buckets** (MH, housing, legal, MI, PQH9, Referrals, etc.)
- We get to **know people who are "unknown" and help them to reintegrate them** into the collective consciousness of our communities.
- **People matter as do their voices and experiences.**