**Key Components of CHART (CHronic-Utilizer Alternative Response Team)**

CHART is a team of criminal justice, emergency response and service agencies who collaborate in an effort to reduce the impact of chronic utilizers on these systems.

Goal: To identify frequent utilizers of multiple crisis response systems so that intensive case management/care coordination services can be provided in order to determine the right balance of the right intervention with the right person (provider) at the right time and the right location, to decrease system utilization and decrease associated costs.

The structure of the care team is organized into the leadership/identification team and the social services/provider team:

Leadership/Identification Team - representatives from Verdant, Swedish Edmonds Hospital, South Snohomish County Fire and Rescue, as well as the Lynnwood, Edmonds and Mountlake Terrace Police Departments. This team looks for solutions to legal issues related to care coordination and data sharing, to identify CHART participants, and to establish criteria for who should be prioritized for services.

Social Services/Providers Team – representatives from several Snohomish County agencies that provide housing, law enforcement, behavioral health, healthcare, employment, and other supports. This team collaborates to provide intensive care coordination and case management to effectively address the underlying issues that result in chronic or avoidable use of emergency response systems.

Client identification depends on higher utilization rates of each of the respective systems and the impacts across the systems. At this time, CHART criteria includes at least 6 contacts with emergency response systems in past 6 months, with at least 1 contact with three of the core agencies (police, jail, courts, ED, etc.)

Rule outs: Inpatient admissions related to pregnancy, oncology or surgical procedures for acute conditions, advanced age, dementia patients, others?

Service Delivery and Team Engagement

Because the focus of our efforts is on system cost reduction and efficiency, CHART individuals are not required to do anything to participate; however, the team seeks to collaborate with the identified individuals when possible to accomplish goals that mutually benefit the affected systems and improve the circumstances that led to the individuals use of system resources.

The social services team, and to a greater extent the assigned case manager, will provide extensive engagement and outreach, as well as “tenacious” case management for each client. Identified individuals sign a release to have their case discussed at social service team meetings.

Each of the partner agencies commits resources to implementing the proposed plan (such as exceptional booking, quashing of warrants, and transport to alternative locations other than jail/hospital when possible) and works to keep the team updated of any changes and contacts. FOCUS: Reach in AND out - who is already involved and engaged with client; who needs to be involved and engaged.

The case manager will need to be informed of any contacts with participants, as soon as possible. There will be timely follow up by the case manager when they learn of admissions to the hospital or jail. If the case manager is unable to meet the client at these locations, follow up should occur within 24-48 hours after discharge/release. Every effort will be made to ensure contact information and locations of participants are maintained.

Expected Outcomes:

* Impact of program on systems and patients
* Enhanced patient experiences and improved care outcomes
* Positive changes in patient’s actions, behaviors and conditions, and improved quality of life, leading to a reduction in service utilization:
  + Reduced ED visits
  + Reduced contact with law enforcement
  + Reduced utilization with EMS
* Increased housing stability
* Increased use of primary care and/or behavioral health treatment as appropriate