



CBHC

Colorado Behavioral Healthcare Council

*Working together to improve the health of Coloradans
through the delivery of high quality, community-based,
integrated behavioral and physical healthcare services*



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Healthcare Council

Early Diversion

for Individuals with Mental Illness

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Diversion is...

- **SAMHSA:** The goal of diversion is to move the person out of the criminal justice system (i.e., divert or intercept) and into treatment, and to do that **as early in the process as possible.**
- **NAMI:** The primary goal of any police-based jail diversion program (JDP) is to **reduce or eliminate the time** people with mental and substance abuse disorders spend incarcerated and criminal charges by redirecting them from the criminal justice system to community based treatment and supports.
- **Walker S., 2008:** Diversion is a planned intervention with a treatment component and the goal of getting individuals out of the criminal justice system **as early as possible.**
- **CHJ at TASC:** “Diversion” refers to programs that afford an opportunity to address an individual’s behavior **without resulting in a conviction** on an individual’s record.

CBHC Membership: Diversion

- CBHC Membership:
 - Community Mental Health Centers
 - BHOs
 - MSOs
 - Specialty Clinics
- Early Diversion: The use of **evidence-supported models to prevent** individuals who experience **mental illness** from **ever entering** the criminal justice system by **ensuring access to appropriate treatment as early as is safe and before criminal charges** are pursued.

Diversion Opportunities

- **Statewide Pretrial Diversion:** Community-based services (sometimes include types of victim restitution) that are usually managed and funded by states' Administrative Office of the Courts, probation, community corrections, or nonprofit organizations (i.e., CMHCs).
- **Pre-Booking Diversion Programs:** Services that intervene within the CJ system before an individual is charged. Goal is to keep appropriate individuals out of jail (often aimed at mentally ill/SUD individuals.) These may incorporate CJ personnel training and partnerships with BH personnel.
- **Post-Booking Diversion:** Services that intervene within the CJ system after individual is charged. These involve assessment and screening of individuals to develop treatment plans and may allow charges to be waived after completion of the program. Typically housed in courts (with MH partnerships) and provide case management, referrals, and wrap-around services.
- **Post-Plea Diversion:** Individuals plead guilty and then participate in community-based corrections that is coupled with treatment and service programs instead of incarceration.

Early Diversion Evidence

- **Clinical Outcomes:**

- Pre-trial and Pre-Booking diversion participants have the **best clinical outcomes** as compared to individuals on a traditional CJ trajectory (Broner et. al., 2005)
- **Less time in custody, better MH outcomes, better SUD outcomes**
- Best outcomes occur when there is a good match between the MH professional and consumer and when providers have **lower case rates**.

- **CJ Cost and Time:**

- Pre-trial diversion has been shown to consistently **reduce CJ costs** across systems, be **time-effective** (improve processing, smaller dockets), and to best **correlate with reduced overcrowding** in corrections. (Cowell et. al., 2004)

- **Social Determinants:**

- Avoiding a criminal conviction increases an **individual's ability** to become a **productive member of the community**. The conviction itself restricts an individual's pursuit of education, housing, and employment, and creates a platform for enhanced sanctions and consequences upon further justice system involvement. (The Center for Health and Justice at TASC, 2013)

Colorado Examples

- **EDGE (Early Diversion Get Engaged)**
 - Mental Health Partners with Boulder Sheriffs Dept., Boulder & Longmont Police Depts.
- **MHCD Co-responder Program**
 - Mental Health Center of Denver with Denver Police Dept.
- **CRT (Community Response Team)**
 - AspentPointe with Colorado Springs Police and Fire Depts.

Boulder EDGE

- Deputies contact EDGE team if there is need for a MH intervention. Specialty trained clinicians from MHP listen to police radio, ride-along, or may be paged by dispatch.
- MH professionals transfer to crisis center, refer to services, connect to peer support, and do follow-up services.
 - Workforce: 10 licensed MH (LPC/LCSW), 2 peers, 2 post-graduate clinicians

Boulder EDGE

- **Funding:** SAMHSA grant (\$900,000) for pilot & start up, ends 2016.
 - Currently, also operating with a Denver Foundation Grant.
 - Proposing a shared model with police
- **Cost:** Approximately \$600,000 annually.
- **Estimated Savings:** \$3 million annually from ER, Jail, and transient population savings.
 - **Cost-avoidance:** less police calls, wrap-around with MHP, peer utilization

MHCD Co-Responder Program

- Mental health clinicians pair with an officer to patrol & respond to calls.
- MH professionals advise officer on how to respond to calls involving mental illness, assist with MH service coordination/referrals/intake services, facilitate communication for outside entities (i.e, detox, crisis center, psych ER), and initiate MH hold if necessary.
- Article in Denver Post – September 2, 2016

MHCD Co-Responder Program

- Prevention included as MH professionals have option to ID high utilizers in the community and direct to services
- One employee stationed at the Denver County Jail. Makes connections to services. Allows for MHCD intakes to occur during booking.
 - **Funding:** Contract with City & County of Denver (Department of Safety, Crime Control and Prevention Commission) as well as Medicaid (capitation), VA, and third party contributions. 2 clinicians funded by SB-97
 - **Costs:** Total 2016 budget: \$566,000
 - **Savings:** The program started in May, 2016 and will be reporting outcomes in the near future.

Colorado Springs CRT

- Two teams each consist of a Colorado Springs police officer, a Fire Department EMT, and an AspenPointe licensed clinician. Respond to 911 calls that involve mental illness with protocol.
- Community oversight committee regarded as key.
- Since it began in 2014, CRT has diverted 91% of 911 calls related to mental health from emergency departments to more appropriate levels of care.

Colorado Springs CRT

- In FY16, responded to 1944 calls.
 - Of those engaged, 45% were treated in place, 30% were taken to the CSU, 15% needed to be transported to the emergency departments and 9% were directly admitted to psychiatric facilities.
- **Funding:** Colorado crisis contract and police & fire departments personnel contribution
- **Cost:** Approximately \$600,000 annually

National Examples

- Johnson County, Kansas Co-Responder Program
- Bexar County, San Antonio, Texas Jail Diversion Program
- Seattle, Washington LEAD Program
- LA, California, Mental Evaluation Unit (MEU)
- Miami-Dade County, Florida, Criminal Mental Health Project (CMHP)

Johnson County, Kansas

- City police departments with the Johnson County Mental Health Center implementing a co-responder program.
- Includes working with an access team, mobile crisis, after-hours emergency services & a crisis recovery center
- First piloted by Olathe, KS in 2010
 - 12 months pre: 82 MH calls – 54% hospitalization, 1% referral to services
 - 12 months' post: 131 MH Calls – 39% referral to service.
 - In total, 808 instances (in 12 months) of co-responder providing services while riding with law enforcement

Johnson County, Kansas

- Beta program in Overland Park, 2013
 - Post: MH calls were 15-16x less likely to result in ER and 4-5x less likely to result in arrest
- **Funding:** started with a Department of Justice grant, now funded by cities & Police departments with CMHC partnership
- **Costs:** Shawnee county commitment: \$50k, City of Olathe commitment: \$43k

Bexar County, Texas

- 46 “intervention points” including: CIT team, Deputy Mobile Outreach Team (co-responder team), Pre-trial services, court-based services, a 24/7 crisis line, and a Crisis Care Center and more.
- Community partnerships (i.e., CMHCs) provide clinicians and services.
- Divert ~4000 mentally ill individuals to treatment annually

Bexar County, Texas

- **Funding:** State appropriated \$83 million over two years to carry the effort statewide.
 - Case management attempts to get Medicaid coverage ASAP
 - covers 25% - 35% of diversion costs. Grant funding is consistently pursued.
- **Costs:** total startup costs (2001-2003): \$550,00
 - Diverting a typical person through pre-booking: \$370
 - Diverting a typical person through post-booking bond docket: \$238
 - Diverting a typical person through post-booking docket: \$205
- Funded a “**Director of Jail Diversion**” position that bridged inter-systemic boundaries.
- **Saving:** approximately \$5 million in jails and \$4 million in ERs annually

Seattle's LEAD

- LEAD-trained officers make initial assessment of the situation and then decide if suspect is appropriate for diversion (if so, take to LEAD)
 - If referred to LEAD, they will be engaged by a case-management or outreach team.
- **Funding:** Pilot (\$4 million) was funded by private foundations (4 years)
 - City of Seattle committed funds thereafter to scale up the program.
 - Currently, \$900,00 in private foundation funding & substantial in-kind local-level resources

Seattle's LEAD

- **Costs:** average (during startup) \$899 per person per month, (after startup) \$532 per person per month.
- **Value:** Cost-Benefit analysis estimated that WA & Seattle government spends \$1.5 million per year to criminalize, and that LEAD has the potential to cut that number in half.
- Santa Fe and New York City have adopted this model with different target populations.
 - Seattle originally targeted prostitution and minor drug offenses

LA's Mental Evaluation Unit

- Multi-layer program:
 - Co-responders,
 - CIT,
 - Follow- up teams.
- Includes a comprehensive data-sharing procedure while embedding MH professionals in law enforcement agency (LAPD).
- Most recently, new program places police detective with MH professionals to provide long-term intervention and follow-up to high end users.

LA's Mental Evaluation Unit

- MEU is staffed by 61 officer and 34 DMH (Department of Mental Health) clinicians
- Value 2014: 12,813 calls for service. 72% hospitalized (Psychiatric Emergency Department), 5% referred to outpatient services
- Systemwide Mental Assessment Response Team (SMART) houses the co-responder team and has been active since 1993.

FL example: CMHP in Miami-Dade

- CIT training for officers is central to the model
 - Officers transport to CMHCs, MH Courts, etc.
- Includes a continuum of behavioral services with an increased focus on social determinants of health
 - Assisted housing with supports and access
 - Gap funding (for Section 8)

FL example: CMHP in Miami-Dade

- **Funding:** Since 2000, several grants and foundation funding. Also continually funded by the FL Department of Children Families and with Miami-Dade County contributions.
- **Value:** in 2013 CIT officers respond to 10,626 MH-related calls per year.
 - Only nine of these calls lead to an arrest.
 - Miami-Dade was able to close one county jail that year.

Common Themes

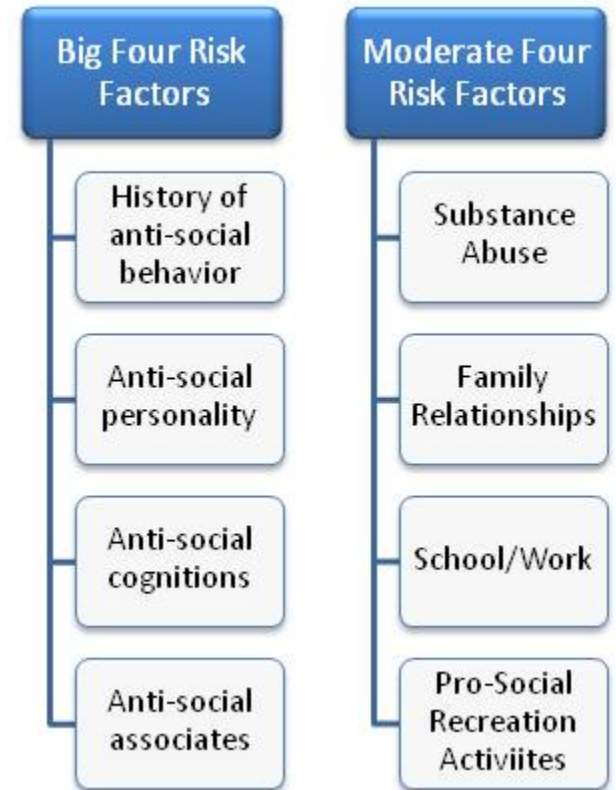
- Cross-Systemic Oversight
 - Committee
 - Dedicated staff/employee
- Community Partnerships
 - Contracts vs. Contributions
- Funding streams consistently unsustainable
 - Where are the savings?
 - Pool funding

Vision

- Sustainable funding
- Workforce needs
 - Consistent presence/specific point of contact
 - 24/7 availability
 - Formalized cross training
- Liaison – consumers, community, partners
- Prevention and social determinants flexibility
- Independent equipment (transportation)

Looking Ahead

- “Intercept Zero”
 - Assessing for Criminogenic Factors
 - Prevention Programs
 - Incorporate into community response
- Alerts Model – Tina Gonzales
Beacon Health Options



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Justice Connect & A Community Crisis Response Plan



With our current process of identifying our Medicaid members being booked into the county jails statewide, the next step in identifying those “Frequent Fliers” is to develop an **Alert System for law enforcement**

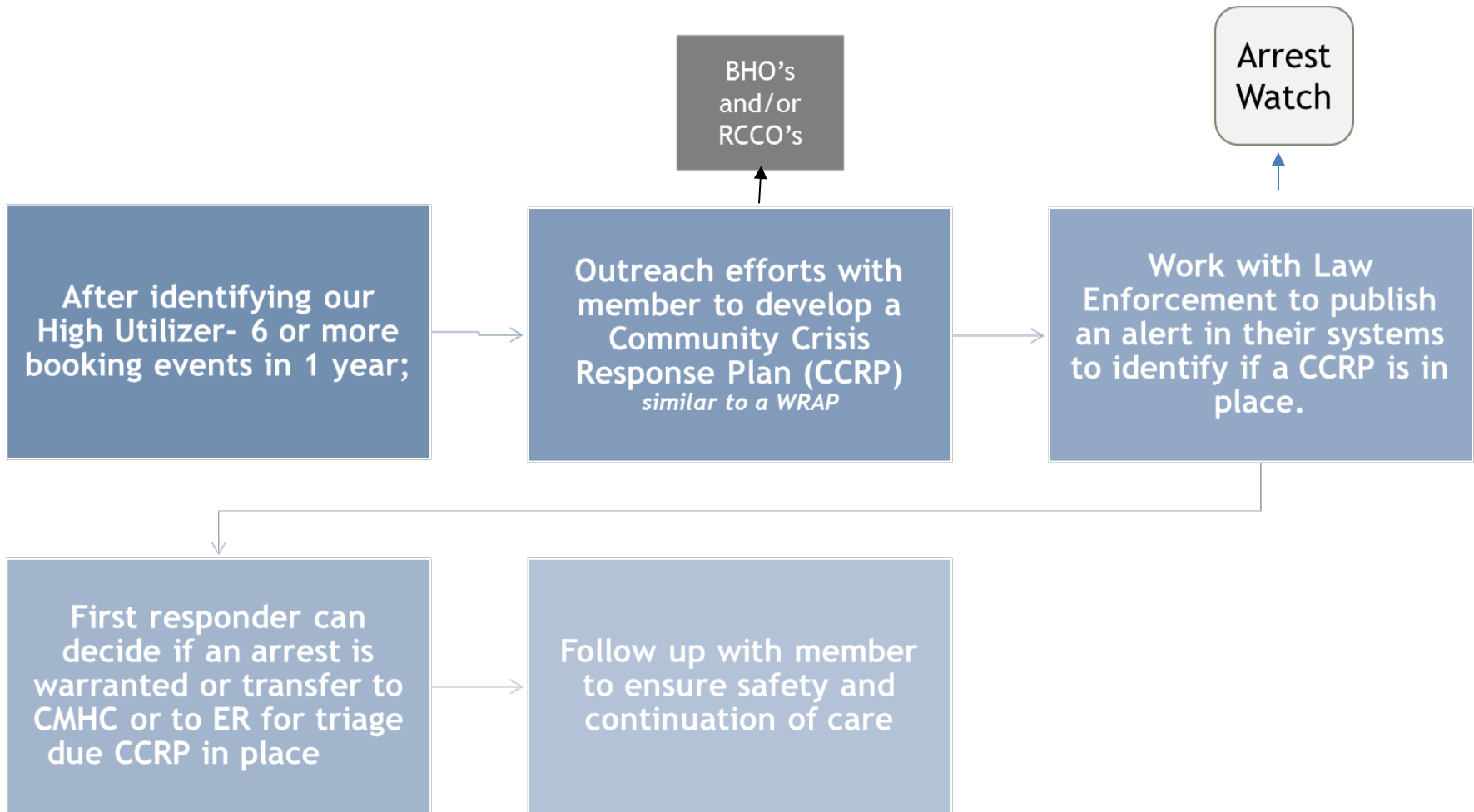
Age Groups	Count of Medicaid ID#
19-24	775
25-35	2086
36-45	1107
46-64	987
65+	12
Grand Total	4967

Gender	Count of Medicaid ID#
F	2068
M	2892
U	7
Grand Total	4967




Jail of Booking Event	Count of Medicaid ID#			
Pueblo County Sheriff's Office	2031	Weld County Sheriff's Office	53	
Mesa County Sheriff's Office	1265	San Miguel County Sheriff's Office	52	
Fremont County Sheriff's Office	758	Pitkin County Sheriff's Office	51	
LaPlata County Sheriff's Office	465	Grand County Sheriff's Office	44	
Alamosa County Sheriff's Office	448	Rio Blanco Sheriff's Office	40	
Montrose County Sheriff's Office	445	Lake County Sheriff's Office	27	
Montezuma County Sheriff's Office	348	Archuleta County Sheriff's Office	21	COSTS
Garfield County Sheriff's Office	343	Washington County Sheriff's Office	16	2015
Chaffee County Sheriff's Office	253	Gilpin County Sheriff's Office	14	\$24,689,832.00
Las Animas County Sheriff's Office	249	Elbert County Sheriff's Office	14	
Otero County Sheriff's Office	231	Clear Creek County Sheriff's Office	11	148 with 5 or more booking events
Delta County Sheriff's Office	217	Jackson County Sheriff's Office	10	
Denver County Sheriff's Office	212	Broomfield Police Department	10	
Moffat County Sheriff's Office	199	Costilla County Sheriff's Office	8	2013-2015
Rio Grande County Sheriff's Office	189	Saguache County Sheriff's Office	7	\$47,858,966.00
Conejos County Sheriff's Office	185	Kit Carson County Sheriff's Office	6	
Prowers County Sheriff's Office	169	Lincoln County Sheriff's Office	5	
Summit County Sheriff's Office	144	Morgan County Sheriff's Office	3	
Bent County Sheriff's Office	127	Custer County Sheriff's Office	2	
Teller County Sheriff's Office	120	Cheyenne County Sheriff's Office	1	
Douglas County Sheriff's Office	112	(blank)		
Gunnison County Sheriff's Office	99	Grand Total	9496	
Routt County Sheriff's Office	98			
Park County Sheriff's Office	95			
Adams County Sheriff's Office	88			
Eagle County Sheriff's Office	82			
Boulder County Sheriff's Office	70			
Larimer County Sheriff's Office	59			

ALERT Process



Intended Outcomes:

Commitment to systems change



Decompress county jails; Alternatives to housing mentally ill in jail;


Safe & quick identification for law enforcement (Diversion from Jail);

Quick crisis mediation and return to community with service plan



Barriers:

Barriers which need to be addressed prior to building early divert system:



Proper Triage protocol in place with CMHC's and/or Providers

Identified options of housing individual in MH crisis other than jail; (such as psychiatric urgent care facilities)

Statewide process to triage and points of contact;



Elements

- Sustainable funding stream
 - Consistent way to assess for cost avoidance
 - Demonstration of cross-systemic influence
- Community Partnerships
 - Oversight and messaging
 - Flow of relationships and funding
- Clarification of responsibilities
 - Which system should respond?
 - Communication protocol

Thank you!

Questions?

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