Project EDGE
“Early Diversion, Get Engaged”
Objectives

- History and Background
- The EDGE Process
- Numbers Served
- Funding: History and Vision for Sustainability and Growth
EDGE Partner Agencies

• Mental Health Partners (MHP)

• Boulder County Sheriff’s Office (BCSO)

• Longmont Police Department (LPD)

• Boulder Police Department (BPD)
EDGE Background

SAMHSA grant awarded in September, 2013 to BCSO and MHP

$966,666 over 3 years: September 2013 – September 2016

One of only three sites awarded nationwide

Targets diversion before arrest, for individuals with serious mental illness and/or addictions
The Sequential Intercept Model

Intercept 1
Law enforcement

- 911
- Local Law Enforcement

Intercept 2
Initial detention/Initial court hearings

- Arrest
- Initial
- First Court Appearance

Intercept 3
Jails/Courts

- Specialty Court
- Jail
- Dispositional

Intercept 4
Reentry

- Prison/Reentry

Intercept 5
Community corrections

- Parole
- Probation
- Community

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Violation

**CCJJ Presentation 5/13/2016**
Goals of the EDGE Program

- Divert individuals with behavioral health conditions from involvement in the criminal justice system and instead engage them in treatment
- Provide on-scene crisis de-escalation and mental health resources
- Connect individuals with evidence-based ongoing treatment options to achieve recovery and improve quality of life
- Provide officers with resources to address crisis calls related to mental health and substance use
- Build a robust infrastructure focused on recovery, treatment engagement, and reduction in criminal justice system involvement
The EDGE Team

- 6 behavioral health clinicians
  - 4 funded by SAMHSA
  - 2 funded by Mental Health Partners
- 2 peer support specialists
  - Both funded by SAMHSA
- EDGE Program Supervisor
  - Funded by Mental Health Partners
- Law Enforcement Liaisons and Officers
Behavioral Health and Law Enforcement’s Team Approach

- A clinician and officer(s) respond to a scene together
- Clinicians are embedded 7 days/week during peak hours at LPD and BPD, with mobile response throughout the county with BCSO
- Officers can contact clinicians directly or request a response through their agency’s dispatch center
- Clinicians can ride along with officers, but more often drive their own vehicles to the scene
What happens on-scene?

- Clinician can assess for emergency psychiatric hold, ongoing mental health and/or addictions treatment needs, and needs for peer support.

- If there is probable cause for criminal charge(s), the officers decide whether to divert or file the charge(s). The clinician may still provide de-escalation and referral services if charges are filed.

- Clinicians can accompany officer to the hospital or MHP Crisis Walk-In Center to provide collateral information and facilitate warm hand-off.
Total Numbers Served

1,450 encounters (Target 1,060) as of 3/31
EDGE Encounters: Age and Sex
1113 unduplicated individuals

Age Distribution:
- Under 18: 17%
- 18-24: 14%
- 25-34: 17%
- 35-44: 12%
- 45-54: 13%
- 55-64: 10%
- 65+: 8%
- Unknown: 9%

Sex Distribution:
- Male: 50%
- Female: 50%
EDGE Encounters: Residence
1113 unduplicated individuals

- Longmont: 48%
- Boulder: 26%
- Homeless: 15%
- Other: 7%
- Unknown: 4%

CCJJ Presentation 5/13/2016
EDGE Encounters by Law Enforcement Agency
What happens after the initial encounter?

- Clinicians follow-up with clients within 24 hours
- Peer Support Specialist facilitates warm hand-off
  - MHP: Screening & assessment, outpatient therapy, psychiatry, benefits specialists, housing assistance
  - Community Services: AA, Imagine!, homeless shelters, food banks, legal aid
- Unique and creative engagement strategies (e.g., meeting clients for coffee, attending Wellness classes together)
Engagement in Follow-Up Care

Overall:
- Yes: 44%
- No: 56%

By Month:

- Mar-14 to Jan-16

- = Target (29%), national benchmark
EDGE Success Stories

1. HT is a young adult living with his parents. He has shown signs of paranoia, aggression, poor functioning, and substance use for over 10 years, but never received treatment. Officers were called after he threw rocks at a parked truck. The truck’s owner agreed to the diversion. HT met with the EDGE peer support specialist and began treatment with MHP.

2. SK often called 911 multiple times per day. The EDGE team collaborated with other MHP teams and officers to create a shared plan for responding to SK more effectively and efficiently, including coordination with the Crisis Walk-in Center. Her calls to 911 have greatly reduced and she is more engaged in care at MHP.

3. TD is homeless and had multiple law enforcement contacts due to reports of “bizarre behavior.” Officers had probable cause to cite for illegal camping, but wanted to divert because they knew TD needed help with mental illness and several chronic physical health conditions. With collaboration between EDGE clinician and peer support specialist and homeless outreach agency, TD is now receiving services at MHP.
Funding Timeline

September 2016
SAMHSA Funding Ends

October 2013 - Sep 2014
SAMHSA Year 1
$322,222

Oct 2014 - Sep 2015
SAMHSA Year 2
$322,222

Oct 2015 - Sep 2016
SAMHSA Year 3
$322,222

Jul 2016 - Jul 2017
MHP FY17
$150,000

Jul 2017 - Jul 2018
MHP FY18
$125,000

Jul 2018 - Jul 2019
MHP FY19
$75,000

October 2013

July 2014
MHP adds 2FTE Clinician for BPD expansion

SAMHSA: $322,222 Per Year
- 4 behavioral health clinicians (2 at 0.75FTE each, 2 at 1FTE each)
- 2 peer support specialists (0.5FTE each)

Mental Health Partners
- 2 behavioral health clinicians (1 FTE each), beginning in FY15
- Program Supervisor
- Data analysis and other overhead support

Denver Foundation Grant Award
- $150,000 Year 1 (payment March 2016)
- $125,000 Year 2 (payment July 2017)
- $75,000 Year 3 (payment July 2018)
# On-Scene Cost Avoidance

## Estimated cost avoidance of $950,962 annually

A common response to a mental health related call consists of 2 officers, dispatcher time, fire, and ambulance. It is estimated that EDGE encounters reduce this emergency response level in the following ways:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Requirement</th>
<th>Cost Avoided per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>1 dispatcher, 1 officer, and full paramedic</td>
<td>$19,560 avoided per year</td>
</tr>
<tr>
<td>10%</td>
<td>1 dispatcher, 1 officer and reduced paramedic</td>
<td>$27,602 avoided per year</td>
</tr>
<tr>
<td>20%</td>
<td>1 dispatcher, 1 officer</td>
<td>$63,205 avoided per year</td>
</tr>
<tr>
<td>60%</td>
<td>1 dispatcher, reduced officer time on scene</td>
<td>$197,304 avoided per year</td>
</tr>
<tr>
<td>4 calls/day</td>
<td>4 calls/day result in avoided emergency response entirely</td>
<td>$643,291 avoided per year</td>
</tr>
</tbody>
</table>

Estimated cost avoidance of $950,962 annually
### Follow-Up Care Cost Avoidance

Estimated total cost avoidance between $605,447 – $721,286 annually

Without an EDGE encounter...

<table>
<thead>
<tr>
<th>Scenario Description</th>
<th>Encounters</th>
<th>Avoided Cost Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>If 87% result in a 1-day jail stay</td>
<td>631</td>
<td>$57,919</td>
</tr>
<tr>
<td>If 87% result in a 3-day jail stay</td>
<td>631</td>
<td>$173,758</td>
</tr>
<tr>
<td>If 3% result in a 6-month jail stay</td>
<td>22</td>
<td>$367,527</td>
</tr>
<tr>
<td>If 10% result in a 3-day psychiatric hold</td>
<td>72</td>
<td>$180,000</td>
</tr>
</tbody>
</table>

Estimated total cost avoidance between $605,447 – $721,286 annually
### Total Annual Costs Avoided by EDGE Intervention:
On-Scene and Follow-Up Care

<table>
<thead>
<tr>
<th>Area</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cities of Boulder and Longmont</td>
<td>$1,672,248</td>
</tr>
<tr>
<td>Expanded reach to Other Areas in Boulder and Broomfield Counties</td>
<td>$1,256,175</td>
</tr>
<tr>
<td>Boulder and Broomfield Counties Combined</td>
<td>$2,928,423</td>
</tr>
</tbody>
</table>
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Conclusions, Discussion, Q&A

Matthew Meyer, PhD
Chief Strategy Officer
Mental Health Partners