

May 13
2016

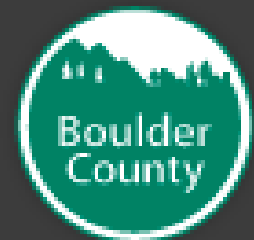
Project EDGE

“Early Diversion, Get Engaged”



Mental Health
PARTNERS
Healthy Minds, Healthy Communities

CCJJ Presentation



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

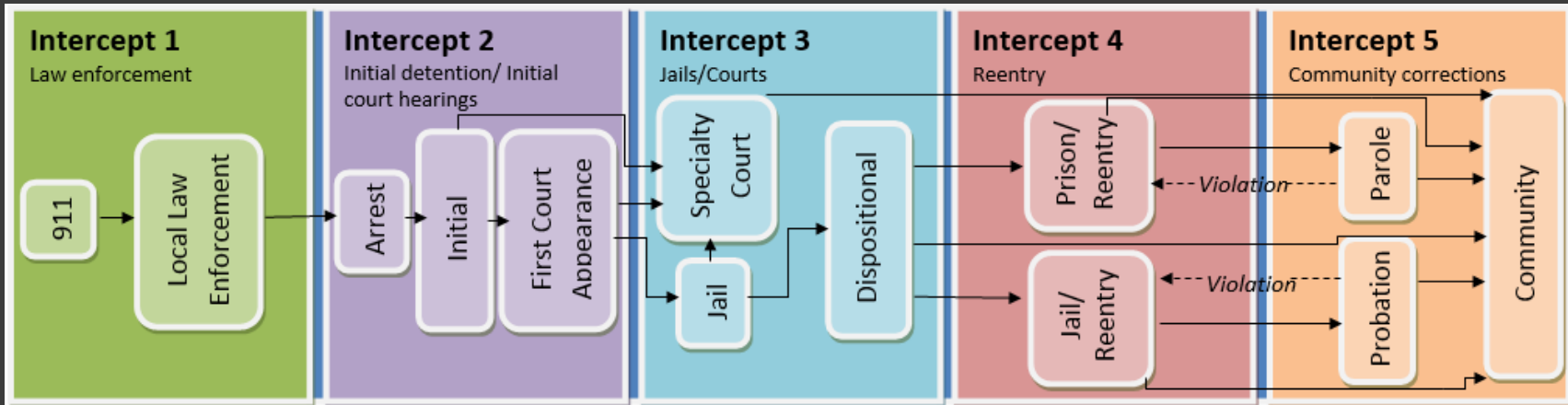
SAMHSA grant awarded in September, 2013 to BCSO and MHP

\$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



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

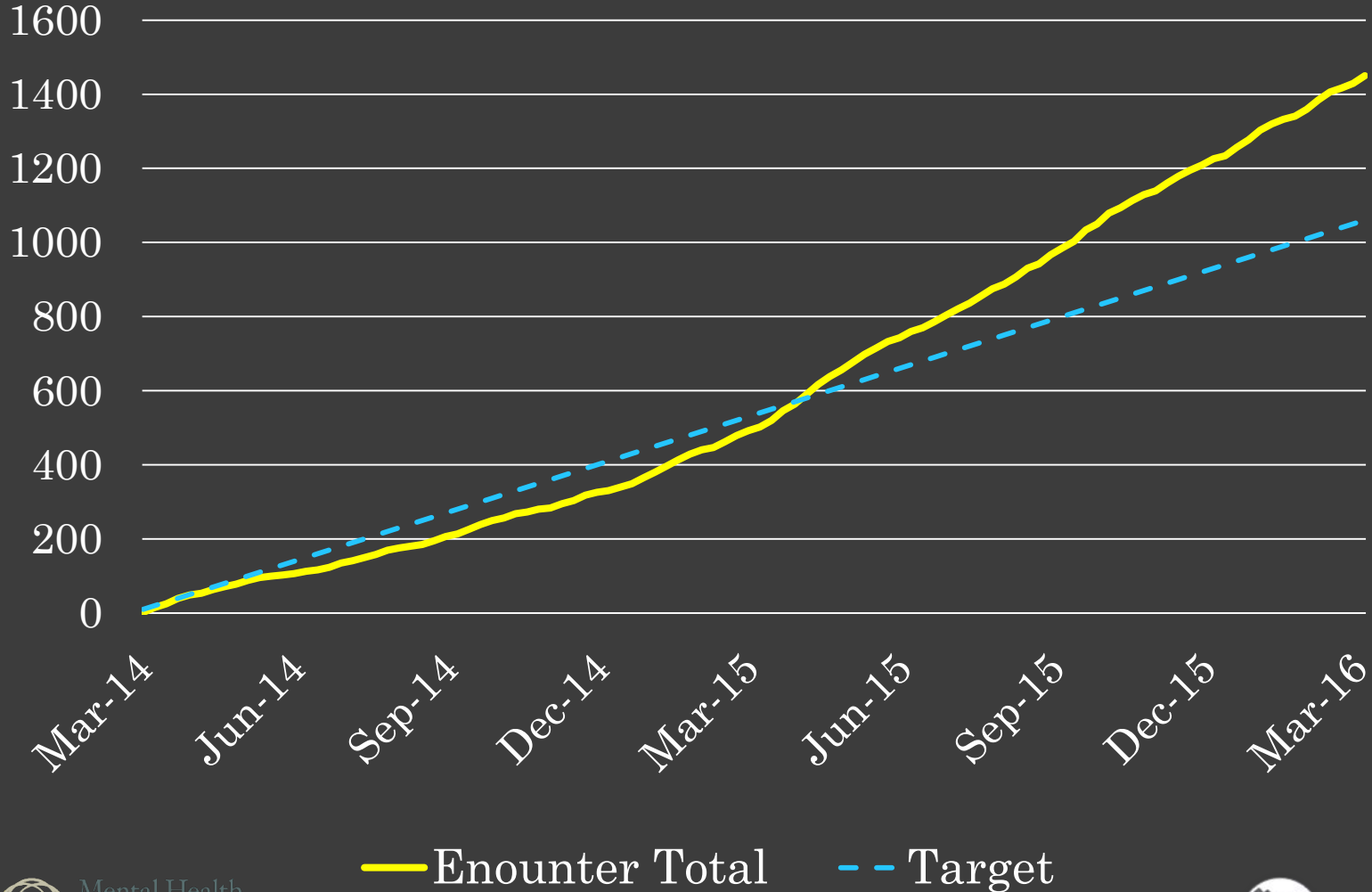
- A clinician and officer(s) respond to a scene together
- Clinicians are embedded 7 days/week during peak hours at LPD and BPD, with mobile response throughout the county with BCSO
- Officers can contact clinicians directly or request a response through their agency's dispatch center
- Clinicians can 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

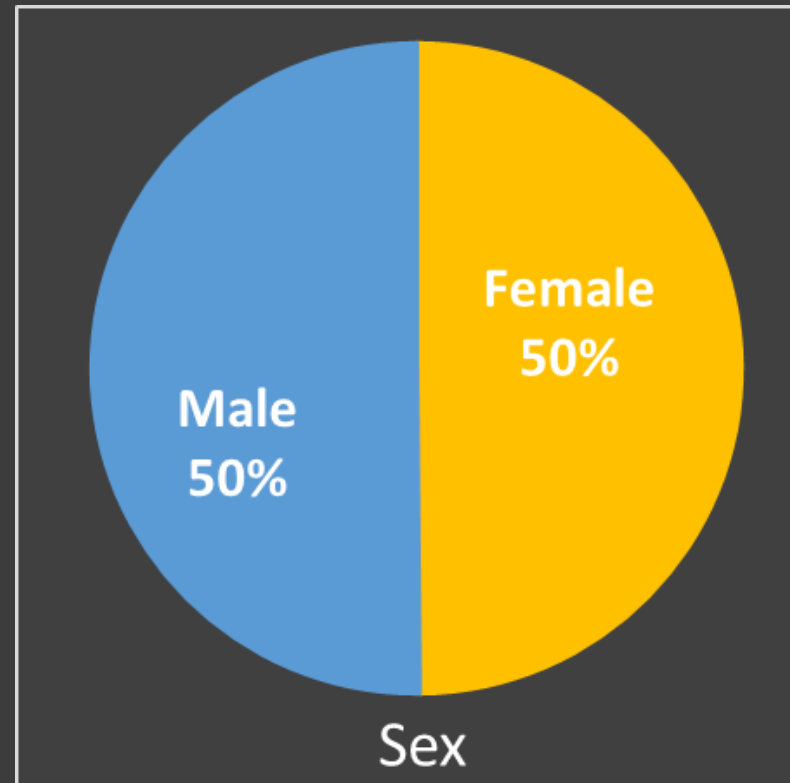
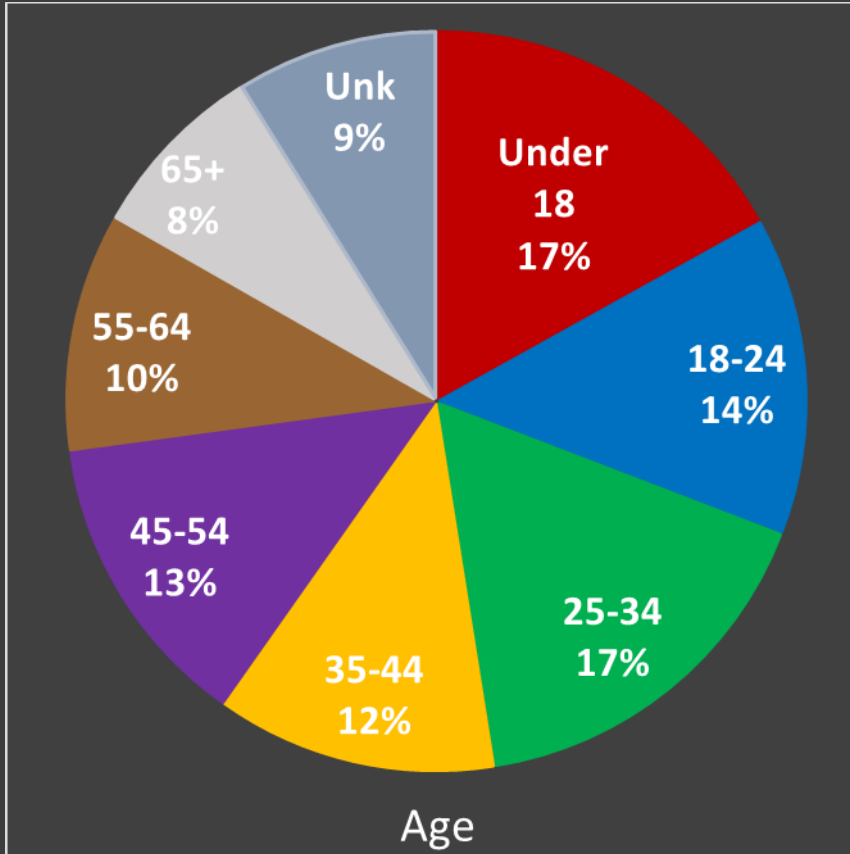
Total Numbers Served

1,450 encounters (Target 1,060) as of 3/31



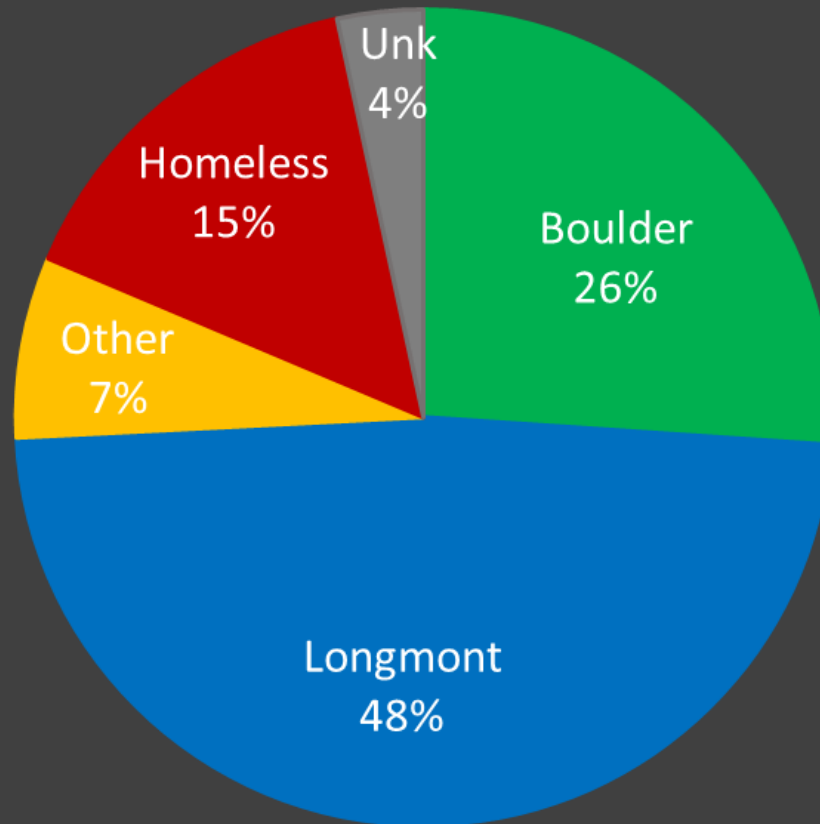
EDGE Encounters: Age and Sex

1113 unduplicated individuals

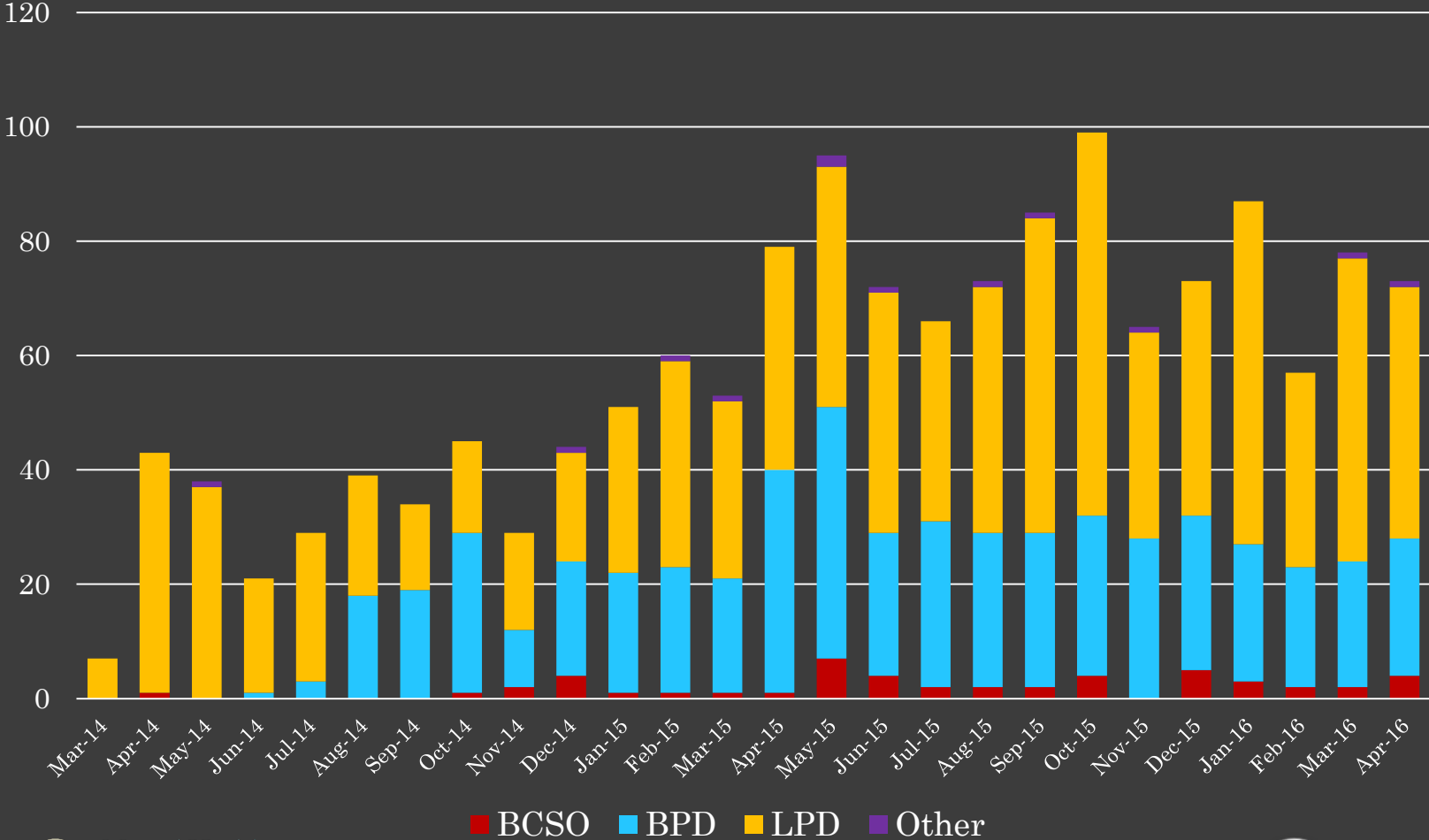


EDGE Encounters: Residence

1113 unduplicated individuals



EDGE Encounters by Law Enforcement Agency

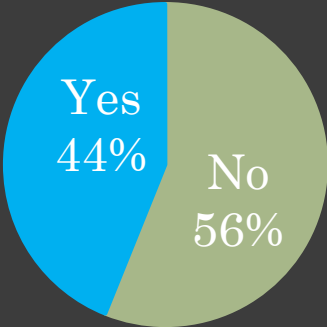


What happens after the initial encounter?

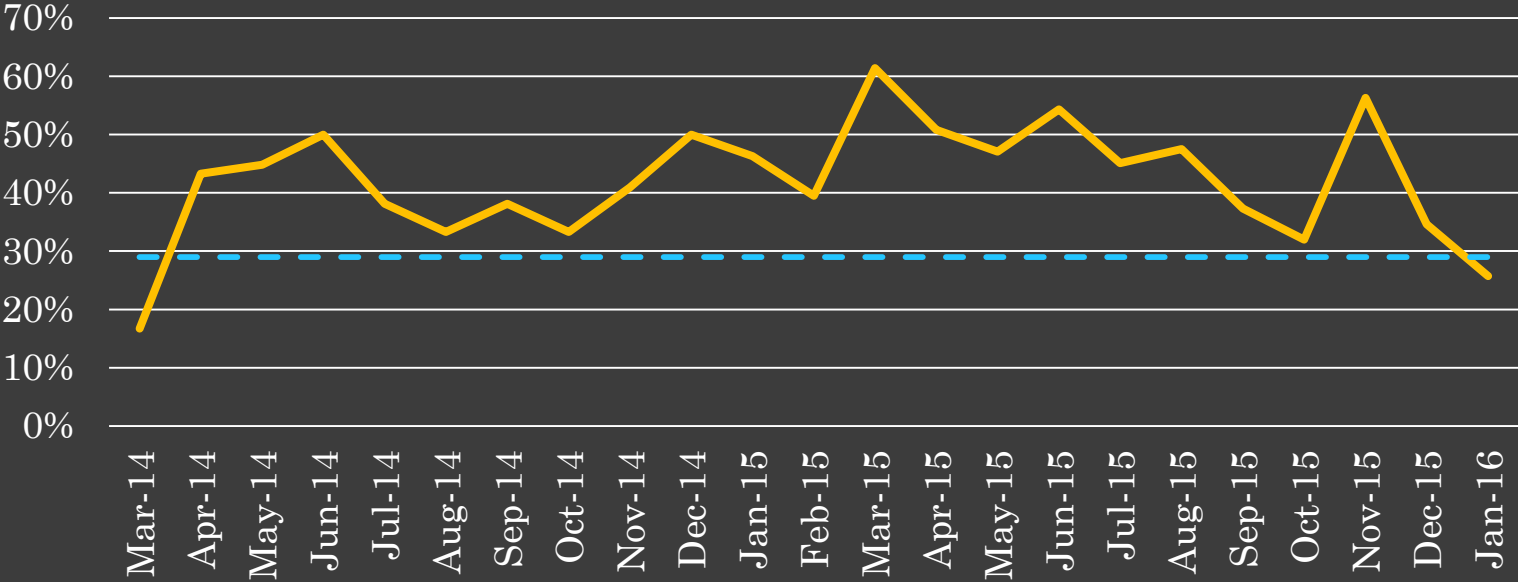
- Clinicians follow-up with clients within 24 hours
- Peer Support Specialist facilitates warm hand-off
 - MHP: Screening & assessment, outpatient therapy, psychiatry, benefits specialists, housing assistance
 - Community Services: AA, Imagine!, homeless shelters, food banks, legal aid
- Unique and creative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

Engagement in Follow-Up Care

Overall



By Month

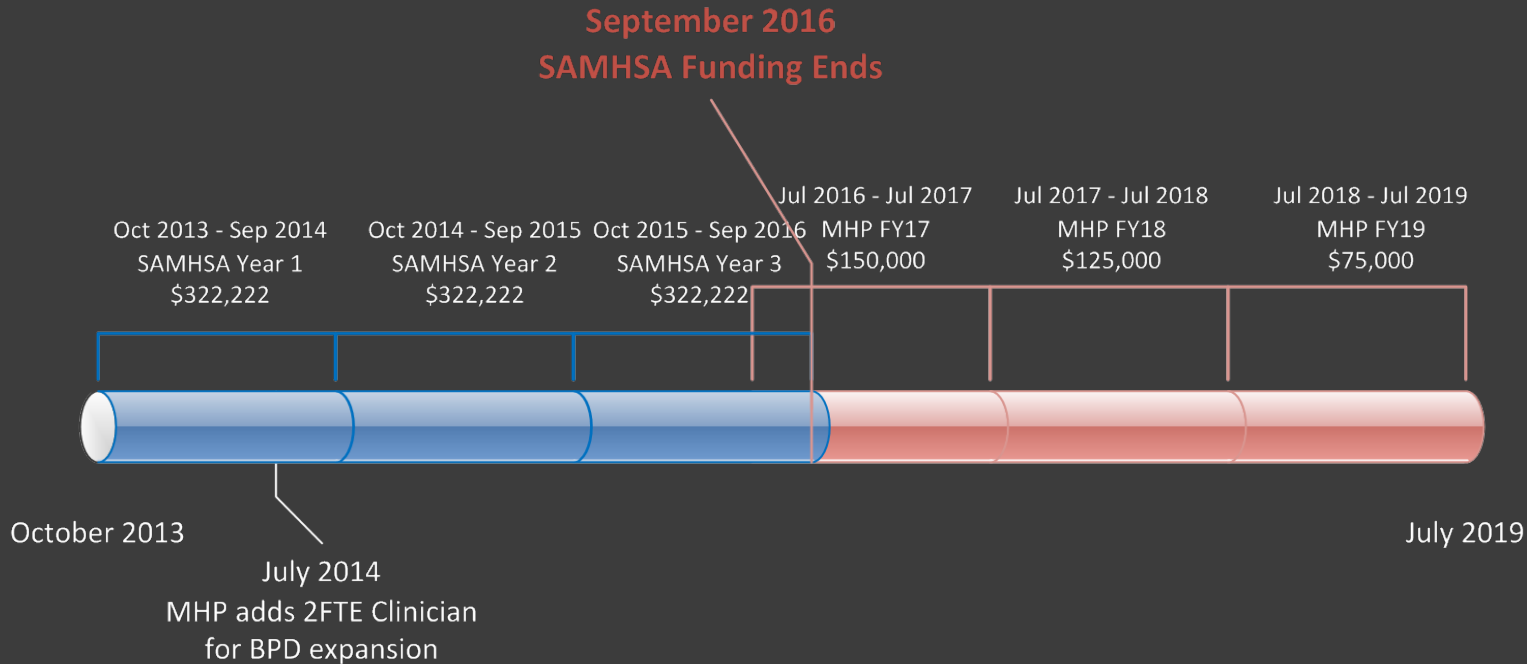


--- = Target (29%), national benchmark

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



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:

10% require 1 dispatcher, 1 officer, and full paramedic

• \$19,560 avoided per year

10% require 1 dispatcher, 1 officer and reduced paramedic

• \$27,602 avoided per year

20% require 1 dispatcher, 1 officer

• \$63,205 avoided per year

60% require 1 dispatcher, reduced officer time on scene

• \$197,304 avoided per year

4 calls/day result in avoided emergency response entirely

• \$643,291 avoided per year

Follow-Up Care Cost Avoidance

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

Without an EDGE encounter...

If 87% result in a 1-
day jail stay

- 631 encounters
- \$57,919 avoided cost per year

If 87% result in a 3-
day jail stay

- 631 encounters
- \$173,758 avoided cost per year

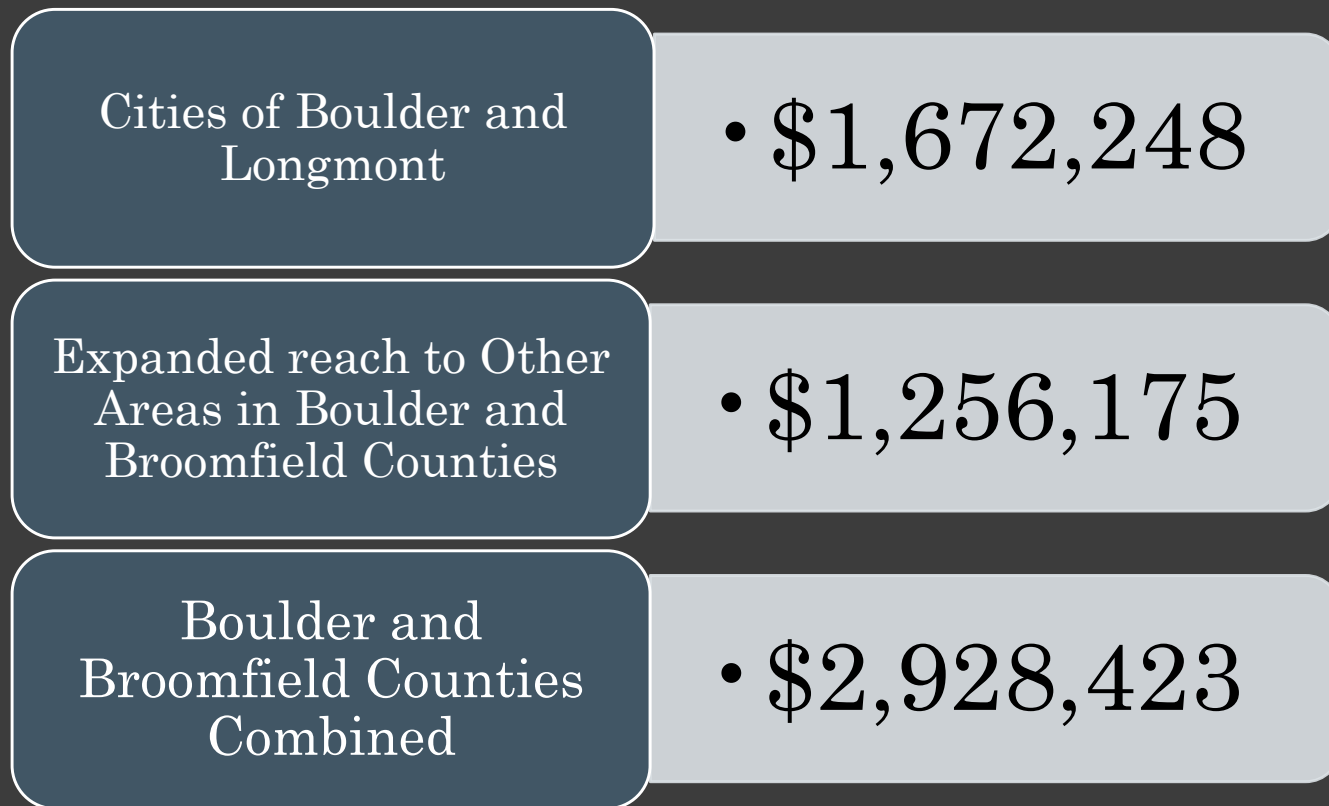
If 3% result in a 6-
month jail stay

- 22 encounters
- \$367,527 avoided cost per year

If 10% result in a 3-
day psychiatric hold

- 72 encounters
- \$180,000 avoided cost per year

Total Annual Costs Avoided by EDGE Intervention: On-Scene and Follow-Up Care



Project EDGE

“Early Diversion, Get Engaged”

Conclusions, Discussion, Q&A

Matthew Meyer, PhD
Chief Strategy Officer
Mental Health Partners



Mental Health
PARTNERS
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