Welcome to 2019 NAMI National Convention

Douglas County Sheriff & Castle Rock Police Community Response Team “CRT”
What is CRT?

• Co-responder program of the Douglas County Mental Health Initiative

• A collaboration between:
  • Law Enforcement
  • Mental Health Services
  • Fire Services

• The purpose of which is to reduce the number of mentally ill individuals calling 911, going to jail and going to the emergency departments
Goals of CRT

- Engage those with a mental illness or substance abuse concerns who are in crisis
  - *In person, on scene, with a trained mental health professional.*
- Engage and follow up with 911 high utilizers
- Provide them with case management to assist them with meeting *their* behavioral health goals
- Connect them to resources and assist them in navigating various systems
Goals for CRT (continued)

• Reduce emergency rooms visits of mentally ill persons
• Relieve patrol officers on scene
• Reduce unnecessary usage of the jail/justice system
• Use fire services ONLY when needed and at reduced rates
• Provide better point of care services for clients
• Stay in contact with clients to help reduce recidivism of illness or substance use
Douglas County Mental Health Initiative
The Backbone of CRT

• A collaboration of 40 plus agencies
• Goal is to improve mental health services through coordination and identification of gaps in the system
• Laura Ciancone, MPH, is the Douglas County Mental Health Initiative Coordinator
• Secured finances through the county to hire mental health clinicians and equipment needed for the CRT
• Douglas County Commissioners have funded $500,000 for CRT as a budget item
• We are the ONLY budget funded CRT in the state of Colorado. ALL other CRT’s are funded through various grants. This allows for unprecedented freedom to execute the job correctly
• DCSO and CRPD provide LE personal and equipment through their budgets
The Teams

- Law Enforcement: DCSO Deputy or CRPD Officer (CIT trained)
- Car Clinician: Licensed or Masters Level Mental Health Professional
- Case Management Clinician: Masters Level Mental Health Professional
- Fire Agencies: CRFD Omega Unit, South Metro ARM car or any paramedic unit
Clinician Duties

• Provide an on scene evaluation of the client to determine level of care required
• Provide knowledge and guidance for families / clients of the different systems and treatment levels
• Coordinate with the mental health systems for the team and for clients

• Can assess for and immediately refer to any level of care needed for substance use disorder or mental health treatment
• Can directly admit patient who need an inpatient level of care (Hospitalization, M1, M .5,EC)
Options based on Evaluation

**Placement**
- Determine payer source / insurance
- Fire called for on scene medical clearance
- Mental health facilities contacted for vacancy
- M1 or Emergency Commitment paperwork completed
- Transport to facility
- Sign ROI (Release of information)

**Treated in Place**
- Determine payer source/ insurance
- Complete safety plan (if needed)
- Suggest treatment options
- Sign ROI if needed
- Connect client to CRT case manager
- Answer any questions of client and family
Case Manager Duties

- After initial crisis, CRT can refer clients that need more help to case management team
- Work with clients insurance provider to find in network treatment
- Make follow up visits, emails, texts and phone calls to assure that clients are working towards their goals
- Help clients overcome barriers to treatment
The Follow Through

• All CRT clients and families have the ability to receive assistance from the case manager
• CRT will continue to follow clients until asked not to or client is connected to a service provider
• Once connected CRT will periodically check in with clients who were connected. This is to help ensure clients are satisfied with services
• If clients are engaged and do not have contact with case manager during a two week period then CRT will attempt a face to face visit to determine if they still need services
CRT Referral Response

- In general, CRT will respond to referrals in person within 72 hours of receiving them.
- If the client was hospitalized, CRT will attempt to contact within five days of referral.
- CRT often contacts family members and asks for them to contact CRT when the client is released.
- CRT makes 2-3 in person attempts on referrals leaving business cards.
- If no contact after 3 attempts, then the person is deactivated.
CRT Data Points From First Year
May 2017 - May 2018
### Age Breakdown of Individual CRT Contacts

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
<th>Percentage</th>
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</thead>
<tbody>
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<td>1%</td>
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<td>10 - 14</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>508</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>
CRT Data Points

- First Year (May 2017 – May 2018)
  - Contacts: 1052
  - Unique Persons: 508
  - Active 911: 418
  - Follow Ups: 634
  - Officer Released: 599
  - Fire Released: 127
  - Arrest Diversion: 62
  - Treated in Place: 60%
  - Placed in Treatment: 10%
  - Other Disposition: 30%

- January 2018 – October 2018
  - Contacts: 1529
  - Unique Persons: 848
  - Active 911: 525
  - Follow Ups: 543
  - Officer Released: 726
  - Fire Released: 90
  - Arrest Diversion: 79
  - Treated in Place: 89%
  - Placed in Treatment: 11%
  - Other Disposition: 0%
CRT is Planning To Grow

- Currently adding a 3rd Case Manager with focus on substance abuse
- Adding 3rd CRT in Parker, Colorado soon
- CRPD budgeted full-time Officer in 2019
- Hope to add 2nd DCSO team in 2019
- Hope to add 4th Case Manager in 2019
Getting started

• Identify and engage key agencies and decision makers around a cause
  • Include people from multi-disciplinary backgrounds

• Understand your community and the gaps that exist; identify a need
  • Utilize data
  • Create a space for stakeholders to strategize

• Rally around a common agenda/goal

• Learn from other programs and explore your options
  • Site visits
  • Share information
Creating and fostering relationships

- Start small, gain traction, gather data
- Work with *willing partners* from multiple sectors
- Establish common goals early and work towards a solution (it takes time)
- Work within the system to change the system
- Support of the Douglas County Mental Health Initiative and Douglas County Commissioners
- CRT Steering Committee
Funding and Sustainability

• Consider funding streams
  • Grants
  • Hospitals
  • County Commissioners

• Develop a common practice with feedback from partners
  • Policy and procedures
  • Communication

• Consider an oversight committee
  • CRT Steering Committee
  • Policy and operations
  • Joint decision making
• “This model of a co-responder program, adapted specifically to meet the needs of our community, has been one of the most profound initiatives I have been a part of in my career. We can literally see improvement in the lives of people who are suffering with mental health issues.”
  – Jason Lyons, Commander, CRPD

• “The CRT program is an amazing example of collaboration and synergy. The CRT provides the solution to the needs of those in crisis by leveraging the capabilities of law enforcement, emergency medical services and mental health professionals into one cohesive team. The right capabilities in the right place, at the right time. It’s pretty rare to see the most cost-effective solution turn out to be the most satisfying for both the clients and the responders.”
  -Rick Lewis, EMS Chief South Metro Fire and Rescue

• “The success behind what we’ve created here is in the collaboration we undertook to achieve the CRT. We worked with dozens of partners, each of whom helped us either overcome an obstacle or informed the process along our way… It’s the collaboration that got us here. Every partner approached this concept with a real concern for those among us who need services, and the people of Douglas County are the real benefactors of that spirit.”
  -James Jensen, Captain, Douglas County Sheriff’s Office
Questions?
Please take a few minutes to give us your feedback about this session

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