



COMMUNITY RESPONSE TEAMS (CRT)

ANNUAL: JAN. 1, 2019 - DEC. 31, 2019

Of the **2,488** encounters:
1,248 = unique individuals served
504 = active 911 calls for service
1,042 = follow-ups and referrals
56 = field medical clearance by Fire/EMS

59% of 911 calls treated in place;
7% direct mental health placement

454 people were referred for case management with **57%** successful engagement

240 Emergency Department & **75** Jail Diversions

688 Patrol Officers released back into service

179 Fire Employees & **73** Fire Vehicles released back into service

Estimated Cost Avoidance for Fire/EMS, EDs and Detention:
\$1,776,101

ANNUAL REPORT

2019

A program of the
Douglas County Mental Health Initiative

Executive Summary – June 2020

Since its inception in 2017,

Douglas County's Mental Health Initiative (DCMHI) Community Response Team (CRT) has streamlined access to care for individuals; successfully avoiding visits to emergency departments for mental health crisis unless medically necessary, avoiding the use of jail when mental health is the primary issue, and – most importantly – connecting people to appropriate mental health resources. CRT is a partnership of County government, law enforcement, mental health clinicians, case managers, fire and emergency medical services (fire/EMS), and mental health providers. Four CRTs were active in Douglas County at the end of 2019.

In 2019, the CRTs served **1,248** unique individuals during **2,488** encounters, responding to **504** active 911 calls for service and **861** referrals/follow-ups where a mental health and/or substance use concern was present. On active 911 calls, once the scene is determined safe, CRTs release other first responders to return to duty. In 2019, **688** law enforcement patrol units, **179** fire/EMS employees and **73** fire/EMS vehicles were released once the CRT arrived. As a direct result of CRT involvement, there were **240** encounters that avoided an emergency department visit and **75** jail avoidances.

For first responders, hospitals and detention alone the estimated cost savings since 2017 exceeds **\$4.9 million**. The CRT program

also generates cost savings for the County, towns, municipalities, health care providers and consumers, and often bypasses the revolving door of crisis contact, the emergency department and/or jail in favor of direct access to mental health or substance use disorder treatment. The CRTs resolved **54.7%** of all active 911 calls and **57%** of all contacts combined – including 911 calls, follow-ups and referrals – at the scene through safety planning, connection to resources and an offer of case management.

- **Only 4% of contacts and 25.7% of 911 calls required transport to an emergency department**
- **7% of contacts and 19.8% of 911 calls resulted in a direct mental health placement**
- **454 people were referred for case management in 2019 with 56.8% successful engagement**

The three most frequent 911 call types to which the CRT responds have been consistent since program inception: welfare check with a mental health component, suicidal subject, and disturbance.

In 2018, data revealed that the largest group served by the CRT program was youth ages 6 to 17. This continued in 2019 when **42%** of individuals served were 17 and younger. Most suicidal subject 911 calls for service come from this age group.

This trend, along with the tragic STEM School shooting in May of 2019, led to the creation of the first-of-its-kind Youth CRT dedicated to mental health responses in K-12 schools. The Douglas County School District (DCSD) and the Douglas County Department of Human Services joined the existing CRT partnership to launch the Youth CRT in November 2019. This youth-focused team shares the goals of the CRT program while working to ensure a connection between what is happening at district, private and charter schools, at home, and in the community.

Looking to the future:

The CRT will partner in The Care Compact, a project of the DCMHI, which will pilot in 2020 with a goal to scale the model in early 2021 for anyone in need of ongoing care coordination for complex needs.

The Care Compact will link existing care coordination service providers through a streamlined network to serve vulnerable individuals with complex mental health, substance use disorder and/or intellectual and developmental disability (IDD) needs. By connecting care coordination services, The Care Compact will reduce duplication, improve transitions between levels of care and ensure fewer gaps in treatment while producing better outcomes for those in need.

The Care Compact organizational partners represent physical health, mental health and substance use disorder services; IDD services; walk-in crisis and acute care; criminal justice; child and adult protection; economic assistance programs; and community



and faith-based organizations that address safety net needs. The Care Compact is designed to coordinate the next tier of treatment services in support of the CRT and other crisis focused services.

Douglas County Commissioners, the Douglas County Sheriff's Office, Castle Rock Police Department, Castle Rock Fire and Rescue, Parker Police Department and South Metro Fire and Rescue continue to demonstrate an unwavering commitment to address mental health needs in our county, by providing staff, funding and in-kind support to the CRT program.

The CRT also receives co-responder grant funding from the Colorado Department of Human Services Office of Behavioral Health and program support from the DCSD, Douglas County Human Services, Caring Communities of Colorado and the Lone Tree Police Department.

About Community Response Teams

Community Response Teams (CRTs) are a unique co-responder program of the Douglas County Mental Health Initiative (DCMHI). The CRTs pair a member of law enforcement with a mental health clinician to respond in the community, overlapping shifts of 40 hours a week, and streamline access to mental health and substance abuse services for individuals in Douglas County. Douglas County CRTs partner with Fire/EMS for specialized field medical clearances, bypassing emergency departments when seeking direct placements into psychiatric care. The teams follow up on each call and offer a case management component to ensure people connect to services following a crisis. As part of our commitment to care coordination, work is underway to electronically network our immediate partners, especially hospitals.

In May of 2019, upon review of 2018 data, and following the STEM School shooting, the Douglas County Commissioners appropriated

\$331,250 to support ongoing funding for the creation of a Youth Community Response Team to respond in schools in Douglas County. The Youth CRT is a joint venture of the County, schools, Douglas County Sheriff's Office (DCSO), including School Resource Officers (SRO), mental health professionals, Fire/EMS, Human Services and community treatment and resource providers. The Youth CRT is designed to complement the efforts of schools to comprehensively address mental health and substance use disorder needs. The Youth CRT responds in the schools and the community while coordinating with the community-based response teams. The aim is to ensure young people and their families are connected to needed mental health and substance use disorder services and there is effective communication between school, home and community. In 2019, 39.9% of the individuals served by CRTs were youth between the ages of 5 and 19. The CRT program expanded from two teams to four during 2019, allowing coverage of the entire county.

“ The CRT program has had an immediate impact on addressing the mental health and substance abuse needs in our community. Repeat calls for service involving the same clients are already being minimized. More importantly though, members of our community with mental health and substance abuse concerns are receiving the resources needed as opposed to an emergency room visit or a night in jail. ”

– **Commander Joe Degenhart**, Parker Police Department

CRT partners include

The Board of Douglas County Commissioners • Douglas County Sheriff's Office • Castle Rock Police Department • Parker Police Department • Castle Rock Fire and Rescue • South Metro Fire and Rescue • mental health clinicians and case managers from Caring Communities of Colorado.

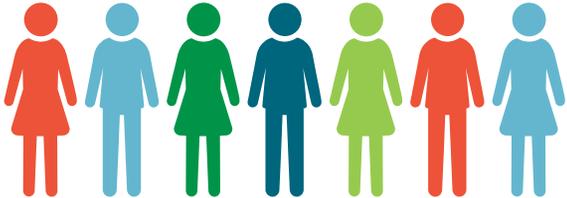
Referrals are also received from the Lone Tree Police Department. The CRTs are supported by the DCMHI and its more than 40 organizational member partners that make up a network of resources.



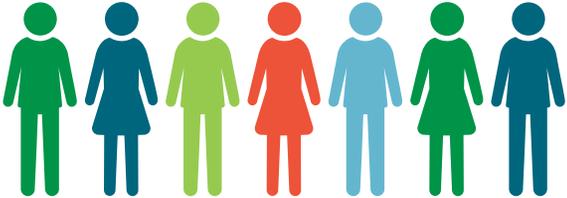
Community Response Team Goals

- 1** » Emergency department diversion for mental health crisis unless medically necessary
- 2** » Jail diversion when mental health is the primary issue
- 3** » Facilitate connection to appropriate mental health resources

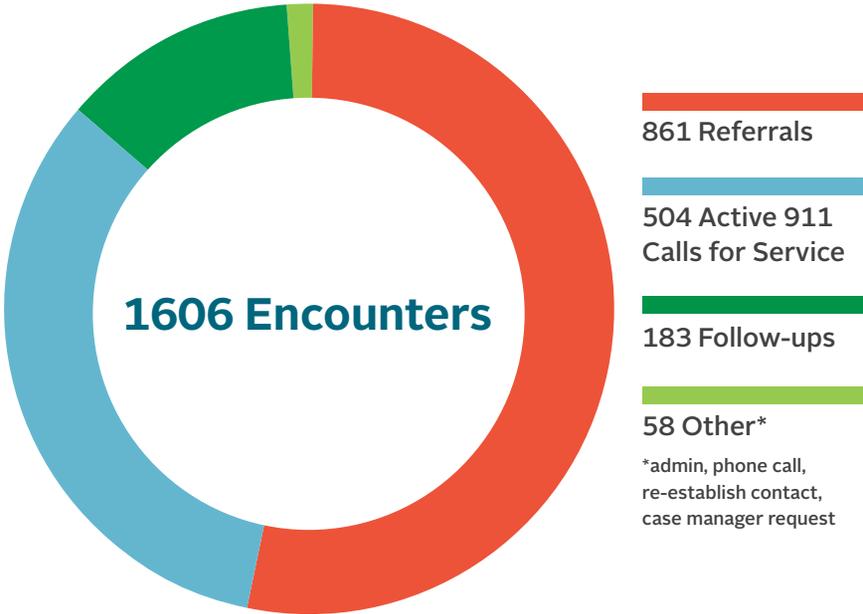
2019 Data: January 1, 2019 – December 31, 2019



1248 Unique Individuals Served



150 Individuals Unable to be Reached



861 Referrals

504 Active 911 Calls for Service

183 Follow-ups

58 Other*

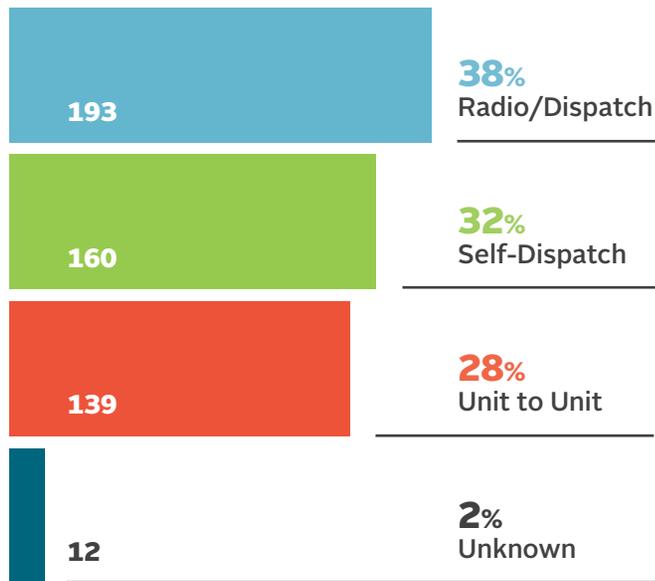
*admin, phone call, re-establish contact, case manager request

“ The Community Response Teams are a perfect example of partners coming together to address a significant problem in our county. Since their inception in mid-2017, the teams have responded to nearly 4,000 911 calls, follow-up visits and referrals from other law enforcement and first responders. Our CRT co-responder program has given help and hope to those with mental health and substance use disorder needs. Getting help for those in need improves the quality of life not only for the individual but for all those in a supportive role, many of whom have struggled to get their loved one the help they need. ”

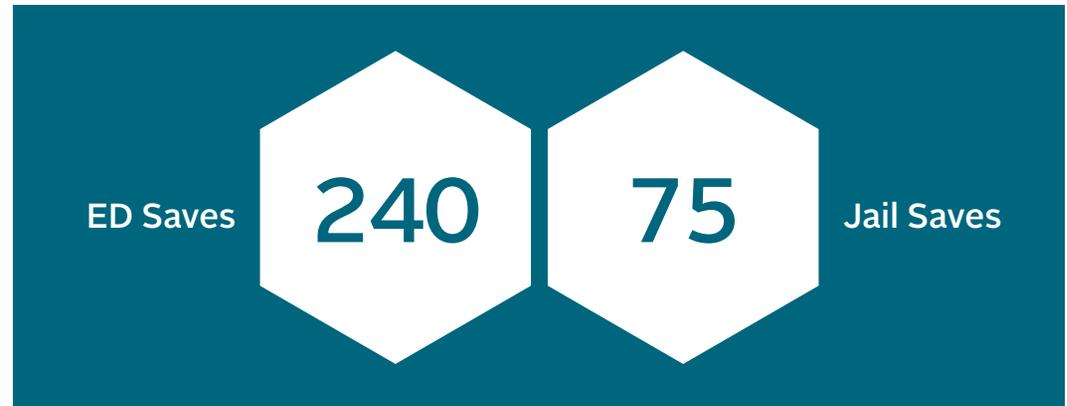
– **Lora Thomas**, Douglas County Commissioner

Mode of Dispatch

CRTs responding to an active 911 call can be dispatched in a number of ways. They may be called by another patrol unit that is already on scene (unit to unit) or called in by radio via 911 dispatch (radio/dispatch). Finally, CRTs watch the Computer Aided Dispatch and self-dispatch if they see a call type that fits their criteria or if they recognize a name or address of a known client.

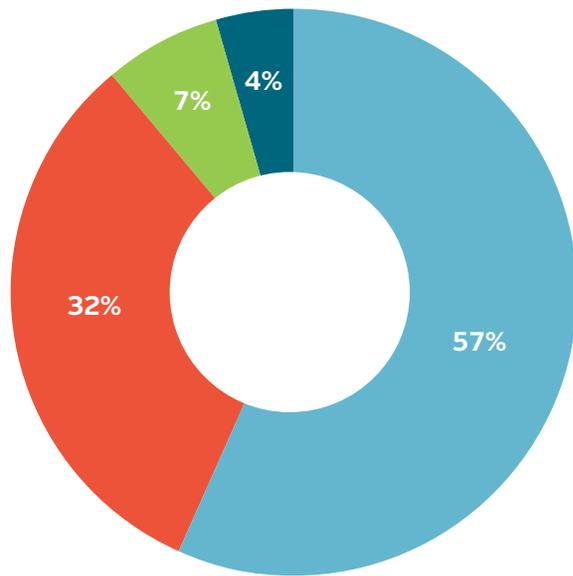


EMS CALLED FOR POINT OF CARE TESTING (POC) = 56



Major Dispositions

Active 911 Calls, Follow-Ups and Referrals • N=1606



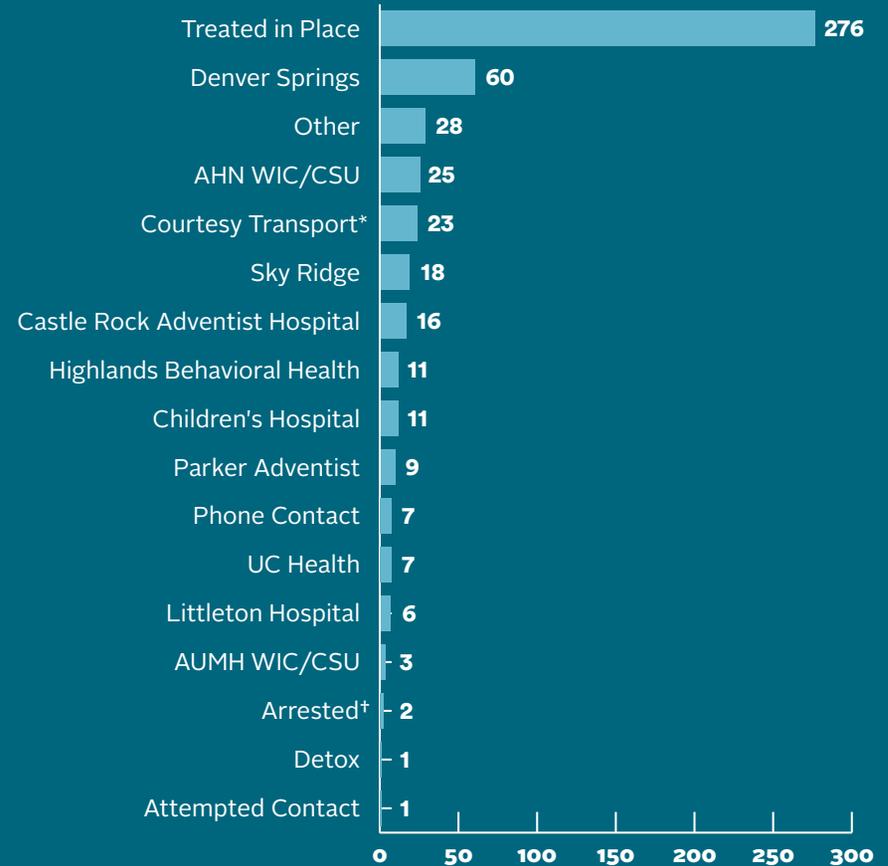
912 Treated in Place
516 Other*

*This includes courtesy transports provided by CRTs, phone contact, connection with family/friends, attempted contact, arrests and individuals already engaged in treatment.

107 Direct Mental Health/Substance Use Placement

71 Emergency Department Placement

Disposition of Active 911 Calls for Service • N=504



*Courtesy Transport: CRT provides courtesy transport occasionally for individuals released from detentions who need to get to the light rail, or home within the county, or when an individual voluntarily accepts a ride to a setting like the crisis stabilization unit for further evaluation.

†Arrested: The CRTs have not arrested any individuals since the beginning of the program. In these cases, law enforcement on scene decided to arrest and CRT could not complete assessment.

Incident Types

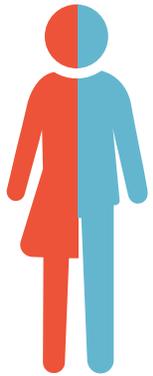


“ We continue to see great value and success with the CRT Program. Working in collaboration with our law enforcement and behavioral health partners ensures that we get people the appropriate treatment at the appropriate facility, in the most efficient amount of time. The overall goals and ideals we have forged on these types of incidents also helps all of us make sure that we are the best stewards for the citizens of Douglas County. ”

– **Rich Martin**
Staffing Chief, Castle Rock Fire and Rescue

Demographics

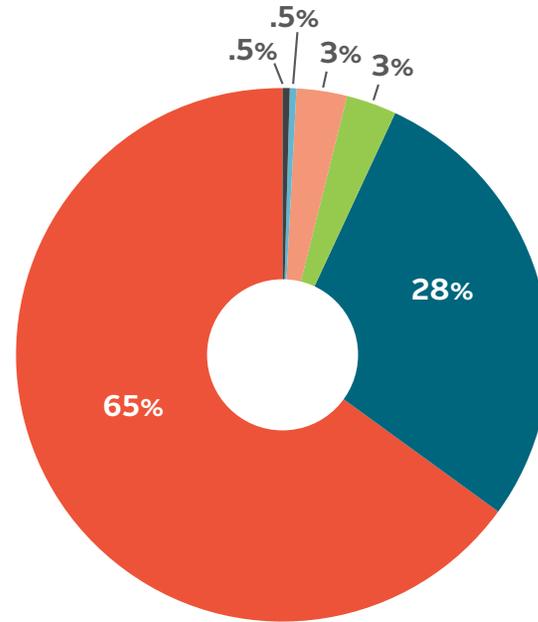
Gender



47.9%
FEMALE

51.2%
MALE

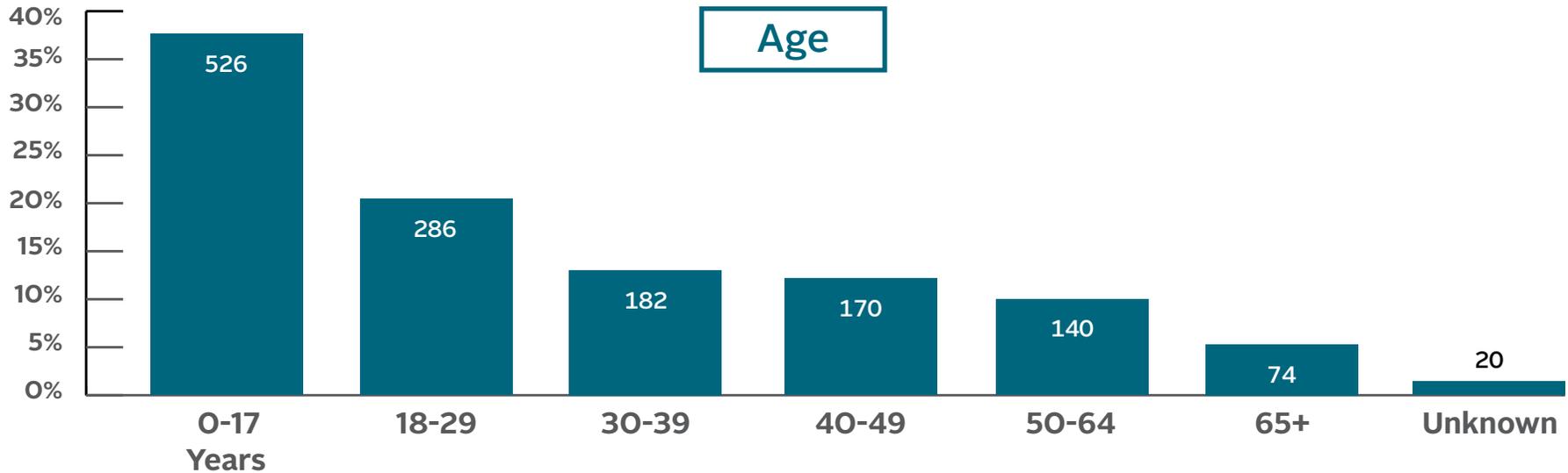
Not Specified 0.9%



Race/Ethnicity



Age



Cost Avoidance

Emergency Department Diversions

ED saves: **240**

Median cost of ED visit for behavioral health: **\$5,615**

Estimated cost avoidance if all 173 individuals had been transported to an emergency department BEFORE REIMBURSEMENT:

\$1,347,600

Jail Diversions

Jail saves: **75**

Base rate for psychiatric protocol: **\$249.11**

General baseline cost of stay per day: **\$11**

Total cost savings of jail diversion for individuals with 3 days of psych protocol and baseline 13-day stay:

\$66,775

Fire/EMS Savings

Medic Unit/Engine Transport to ED: **\$1,069**

Personnel for engine; personnel for medic unit: **\$67.96**

Estimated cost of POC testing: **\$71.51**

Average reimbursement rate for all insurance types **54.4%**

Total cost savings:

\$351,726

Average length of stay for individual waiting for competency evaluation



188
DAYS

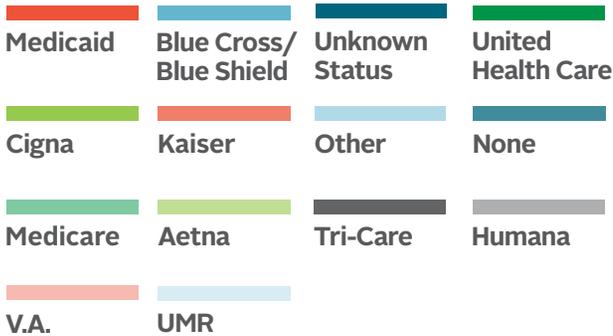
The average cost avoidance of a jail stay for someone awaiting a competency evaluation is



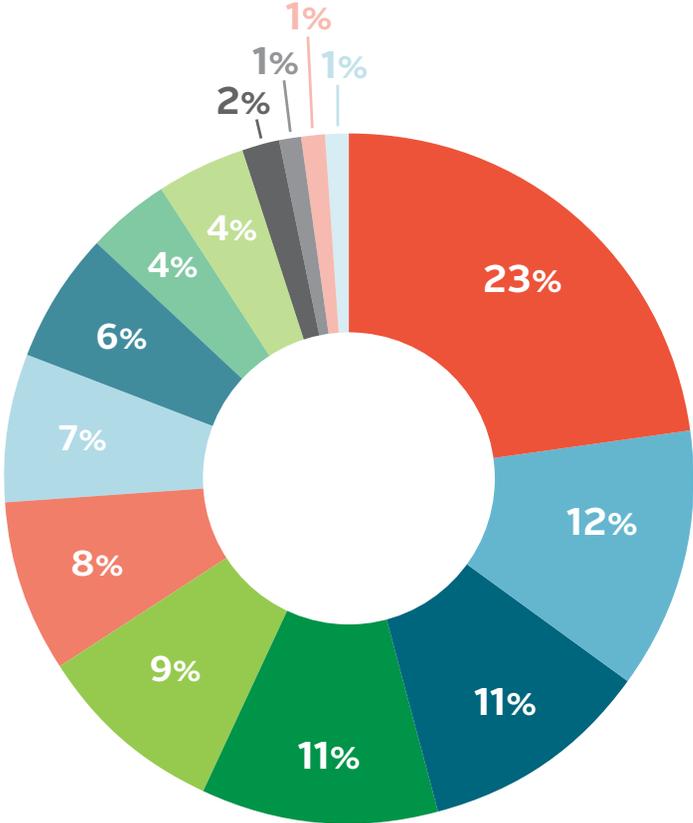
\$28,628.64
PER PERSON

Client Insurances

Insurance by Individual • N=1307



*Some clients have multiple insurance coverages which is accounted for in this chart.



“Mental health affects us all — chances are if you gathered with four other people one would be struggling with their mental health. We are so proud to be a part of a community-wide solution that helps to connect those hurting with resources that can change their lives and bring stability where there seemed to be only loneliness and darkness. We take services directly into the community and connect patients with providers, and ours is a model program that does so while reducing the stigma that sometimes prevents patients from seeking the care they deserve.”

– **Captain Jim Jensen**, Douglas County Sheriff’s Office

Case Management

Each Community Response Team includes a case manager who provides outreach following a mental health crisis. Their role is to determine, with input from the individual or family, what resources

are most needed and how to make ongoing connections to services. Case managers assist with navigation of the care system based on need, age, location and insurance.

Case Management Resources

Anger Management

Art Therapy

Assisted Living

Compassionate Friends/Support Groups

Counseling Services

Department of Human Services

Equine Therapy

Family Therapists

Faith Based Organizations

Follow Up Services

Food Support

Health Services

Housing

Intellectual and Developmental Disability (IDD) Services

Legal Assistance

Other Safety Net Services

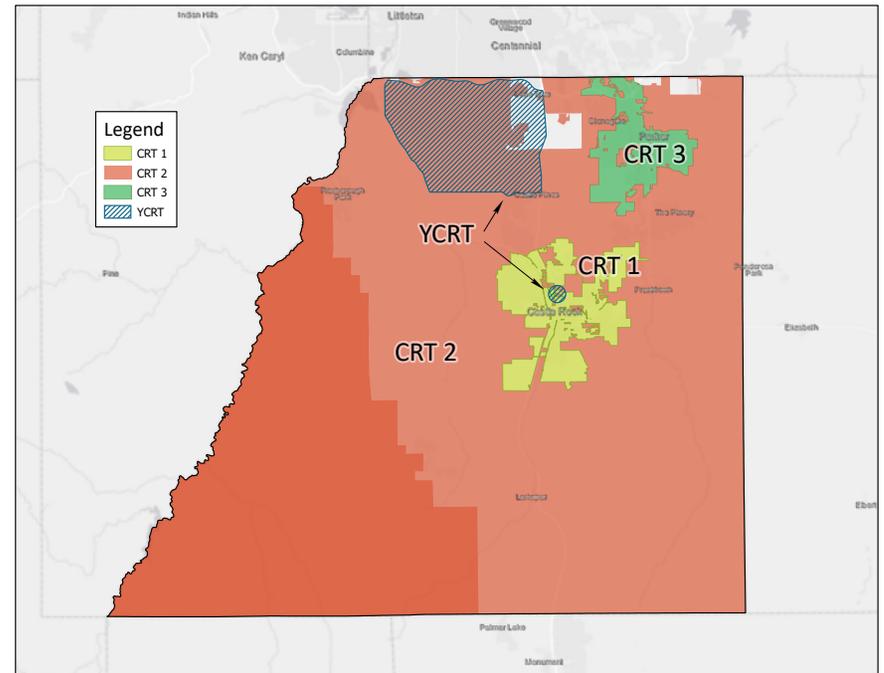
Parenting Groups



454 individuals referred and accepted
258 (56.8%) engaged in services

Community Response Team Coverage

In May 2019, the Community Response Team program celebrated its second year of service in Douglas County. In June, Lone Tree Police Department formally joined the program, utilizing the teams as needed for active 911 calls and referral response. In September, Parker Police Department joined the CRT program, becoming the third team in the county alongside Castle Rock Police Department and the Douglas County Sheriff's Office. With the addition of Parker and the as-needed service in Lone Tree, there is CRT coverage across the entire county.



“ The CRT position has a unique focus that allows an officer to make a tremendous impact in the community. The ability of CRTs to identify and address problems stemming from mental health disorders makes our community a safer place. They are neutralizing potentially explosive and violent situations with compassion, resources and a commitment to follow up and reassess each case if needed. ”

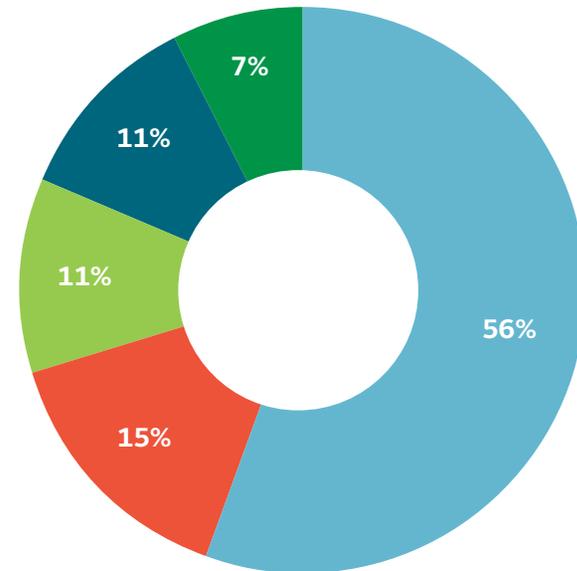
– **Sergeant Kevin Torrens**, Castle Rock Police Department

Youth Community Response Team

The Youth CRT began by serving Douglas County High School and Highlands Ranch area schools from C-470 south to Castle Pines Parkway, and between I-25 and Highway 85 in the Fall of 2019. Approximately 70% of students will be served.

Traditionally, when there was mental health crisis or substance use issue at a school, the SRO had to leave their post to handle the situation. Today, with the Youth CRT responding to schools, SROs, school officials and the Youth CRT coordinate to provide services. The Youth CRT will supplement counseling and behavioral health services that schools already provide to students in need and work with the community-based CRTs.

Nov. 19, 2019 - Dec. 31, 2019
19 Active 911 calls, 11 Referrals



- 15 Treated in Place
- 4 Direct Mental Health/ Substance Use Placement
- 3 Returned to Class
- 3 Spoke to Family/Friends
- 2 Emergency Department Placement

39.9% of individuals served by or referred to the CRTs in 2019 were youth 17 and under.

CRT Program Milestones

May 2017	Pilot program begins with one CRPD/DCSO team operating in Castle Rock with support from CRFD
July 2017	First case manager added to multi-jurisdictional team
September 2017	Pilot period ends
	Controlled expansion countywide post pilot
January 2018	Second case manager and two full-time DCSO and CRPD teams roll out
	SMFR joins CRT program
February 2018	Formalized process to accept referrals from law enforcement and other entities for the CRT response
September 2018	Douglas County receives International City/County Management Association program excellence award for DCMHI and CRTs
October 2018	Soft roll out of web-based case management system Julota
	DCMHI notified it will receive funds through the Office of Behavioral Health (OBH) to continue to grow the CRT
January 2019	Full implementation of Julota
	OBH grant funding approved by BOCC

March 2019	“Blue Print for a Community Based Mental Health System,” including enhancements to the CRT program, completed with consulting assistance from Health Management Associates
April 2019	CRT receives grant funding through OBH
	DCSO presents the CRT program model to the United States Marshal Service in Denver
	CRT communications group established
May 2019	DCMHI Steering Committee and workgroups established from Blueprint
	BOCC approves funding for a Youth CRT
June 2019	CRPD presents the CRT program model at NAMI's Annual National Conference in Seattle, WA
	Lone Tree adopts CRT MOU and CRT begins responding to Lone Tree PD referrals for service
September 2019	Parker PD team rolls out creating a third CRT
	Expanded use of Julota
November 2019	Youth CRT launches in partnership with DCSO, Caring Communities of Colorado, Fire/EMS, DCSD and Human Services

Client Stories

The parents of a young woman diagnosed with schizoaffective disorder, who can become violent when not taking her medication, contacted the CRT when they had trouble getting her injectable treatment. While on a mental health hold, the woman was treated and prescribed the treatment and was doing well after the first dose. Her discharge plan included an appointment at a community provider to receive her next injection, however due to insurance billing issues, she could not receive the treatment. Within two hours of being contacted by the family, the CRT spoke to community providers, collaborated with the woman's medical team and arranged for her to receive her injection. The family reports that the young woman is feeling wonderful and credits the CRT with helping her access this much needed treatment.



Photo for representation only.

Katie, a client in the CRT case management program did not return calls from her case manager, James for several days, despite multiple attempts to get in touch. When she finally called James, Katie insisted that she was fine, but James could tell that something was wrong. He accompanied the CRT on a visit to her home. When they arrived, they found that Katie had begun to give away her possessions and was actively planning to take her life that evening. With the assistance of the case manager, the CRT helped Katie into inpatient mental health treatment. She is now doing well and continues to check in with the team to provide updates.

The Youth CRT was contacted by a school counselor to help Jason (17) who was struggling with the loss of a close friend to suicide. Jason was feeling depressed and had reported to the school counselor's office but became frustrated, left school property in his car and ignored attempts to reach him. The Youth CRT was able to reach Jason and convince him to return home where they met with Jason and his father, completed an assessment, and put a safety plan in place. This allowed Jason to attend the funeral of his friend which he would have missed had he been placed on a mental health hold. The Youth CRT case manager was engaged and both Jason and his Dad are attending individual therapy. Jason was also fast-tracked into an animal therapy program and is feeling much better. The Youth CRT provided help and education to the whole family while avoiding a hospital visit and increased law enforcement response.

Collateral efforts by the Douglas County Mental Health Initiative (DCMHI)

The DCMHI has established a governance model of a Steering Committee and four work groups to implement the “Blueprint for a Community Based Mental Health System” in Douglas County. Each work group is focused on one of the following implementation goals:

- 1. Create a networked system of care**
- 2. Rebrand mental health and substance abuse**
- 3. Develop programs and interventions to address gaps**
- 4. Oversee and enhance the CRT program**

The DCMHI has developed a logic model to track short- and long-term goals and prioritize strategies.

Setting Benchmarks for Continuous Program Improvements

CRT uses year-over-year data to set benchmarks for program success and review processes for continuous program improvement.

Examples for outcomes indicators include:

- Contact success for case management
- Avoidance of arrest and emergency department visits by those contacted by CRT
- Follow-up contact by CRTs for each person encountered due to 911 calls, and referrals from other law enforcement officers

The Care Compact pilot

Looking forward, the DCMHI will launch The Care Compact pilot to provide coordinated mental health and substance abuse disorder care for individuals once an initial crisis has subsided. Increasing access to an infrastructure of services will decrease contact with emergency response systems and acute care services such as mobile crisis, inpatient hospitalization, and the CRTs leading to positive health and self-sufficiency outcomes.

“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, EMS 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 Department

Douglas County Mental Health Initiative Organizational Membership

18th Judicial District Court
18th Judicial District Attorney
18th Judicial District Probation
Advocates for Children/CASA
AllHealth Network
ARC Arapahoe & Douglas Counties
Aurora Mental Health
Board of Douglas County Commissioners (BOCC)
Caring Communities of Colorado, LLC
Castle Rock Fire and Rescue (CRFD)
Castle Rock Police Department (CRPD)
Catholic Charities
Centura Adventist Hospitals
Church of the Rock
Colorado Access – Regional Accountable Entity
Colorado Community Media
Denver Children’s Home
Denver Springs
Developmental Pathways
Douglas County Administration
Douglas County Private Citizen
Douglas County Community Justice Services
Douglas County Community Development, Community Services
Douglas County Human Services
Douglas County School District (DCSD)
Douglas County Sheriff’s Office (DCSO)
Douglas County Youth Initiative
HB-1451/Collaborative Management Program
Highlands Behavioral Health
Heart Centered Counseling
Juvenile Assessment Center
Lone Tree Police Department (LTPD)
Manna Connect
NAMI Arapahoe/Douglas Counties
Office of the County Attorney
Other Local Fire Districts
Parker Police Department (PPD)
Peak View Behavioral Health
Signal Behavioral Health Network
Sky Ridge Medical Center/HealthONE
South Metro Fire Rescue Authority (SMFR)
State of Colorado Vocational Rehabilitation
The Rock Church
Tri-County Health Department



COMMUNITY RESPONSE TEAMS (CRT)

CUMULATIVE: MAY 2017 - DEC. 2019

Of the **4,053** encounters:
2,524 = unique individuals served
1,388 = active 911 calls for service
2,621 = follow-ups and referrals
194 = field medical clearance by Fire/EMS

59% of 911 calls treated in place;
12% direct mental health placement

714 people were referred for case management with **54%** successful engagement

586 Emergency Department & **208** Jail Diversions

2,101 Patrol Officers released back into service

382 Fire Employees & **175** Fire Vehicles released back into service

Estimated Cost Avoidance for Fire/EMS, EDs and Detention:
\$4,904,167

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