

COMMUNITY RESPONSE TEAMS (CRT)

CUMULATIVE MAY 2017 – AUGUST 2019

Of the **3,384** encounters:
1,975 = unique individuals served
1,194 = active 911 calls for service
2,190 = follow-ups and referrals
183 = field medical clearance by Fire/EMS

60% of 911 calls treated in place;
10% direct mental health placement

545 people were referred for case management with **63%** successful engagement

523 Emergency Department & **192** Jail Diversions

1,851 Patrol Officers released back into service

333 Fire Employees
157 Fire Vehicles released back into service

Estimated Cost Avoidance for Fire/EMS, EDs and Detention:
\$4,380,819



**COMMUNITY
RESPONSE
TEAM**

REPORT

January 1 - August 31, 2019

A program of the
Douglas County Mental Health Initiative

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

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, Inc.
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/CMP Coordinator
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
Tri-County Health 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 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, 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

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, and 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.

comprehensively address mental health and substance use disorder needs. The Youth CRT will respond 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 2018, 37 percent of the individuals served by CRTs were youth between the ages of 5 and 19, and 2019 data shows a similar trend.

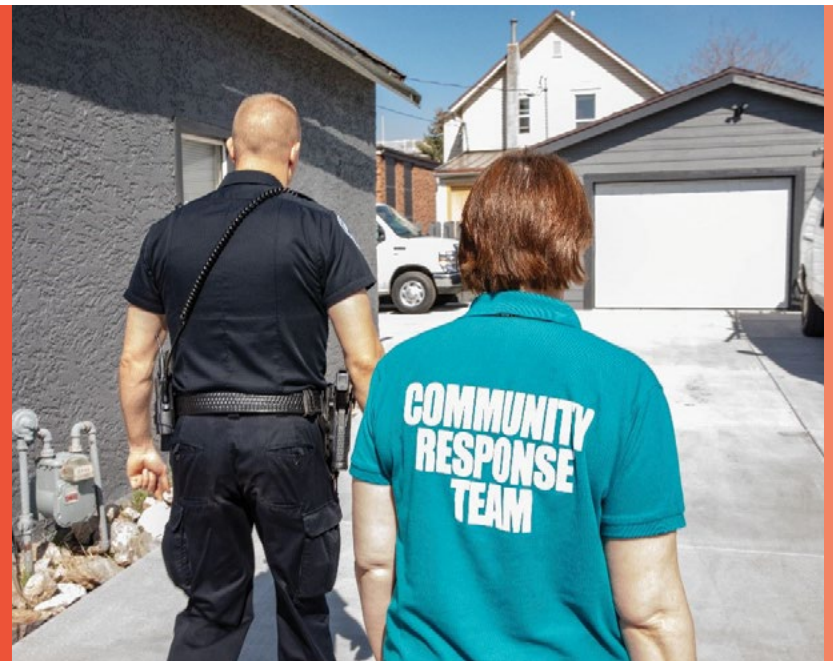
The CRT program expanded from two teams to four teams during 2019, allowing coverage of the entire county. Through Caring Communities of Colorado, the CRT program also

added a clinical supervisor with significant co-responder program development and supervisory experience in the fall of 2019.

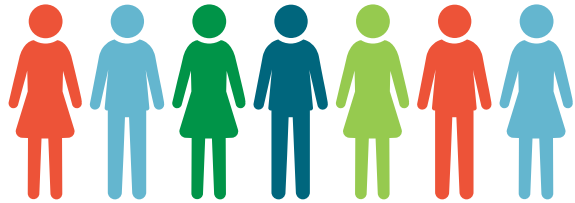
Support for the CRTs is provided through ongoing funding from the Board of Douglas County Commissioners and participating law enforcement and Fire/EMS jurisdictions provide personnel and equipment to the community teams as in-kind program contributions. The Douglas County Community Response Team program also receives a grant from the Colorado Office of Behavioral Health.

“ 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. ”

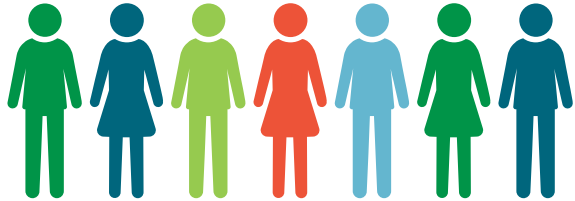
– **Commander Joe Degenhart**
Parker Police Department



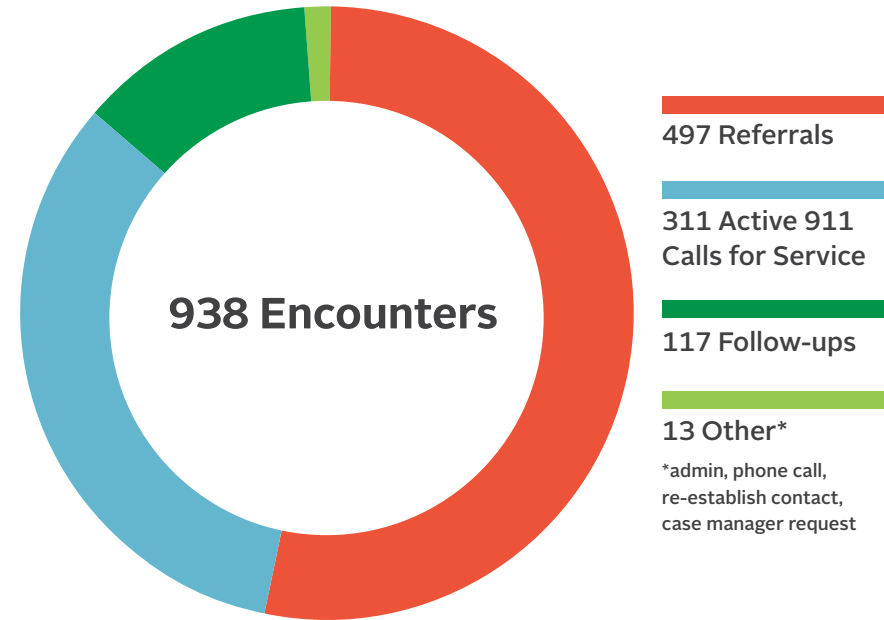
2019 Data: January 1, 2019 – August 31, 2019



773 Unique Individuals Served



76 individuals unable to be reached

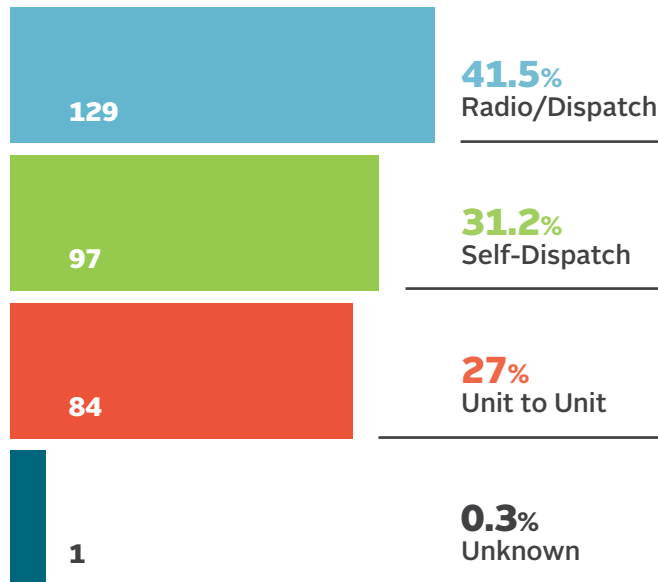


“ The Community Response Teams are a perfect example of partners coming together to address a significant problem in our county. Since their inception in mid-2017, the teams have responded to nearly 3,400 911 calls, follow-up visits and referrals from other law enforcement and first responders. Our CRT 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.

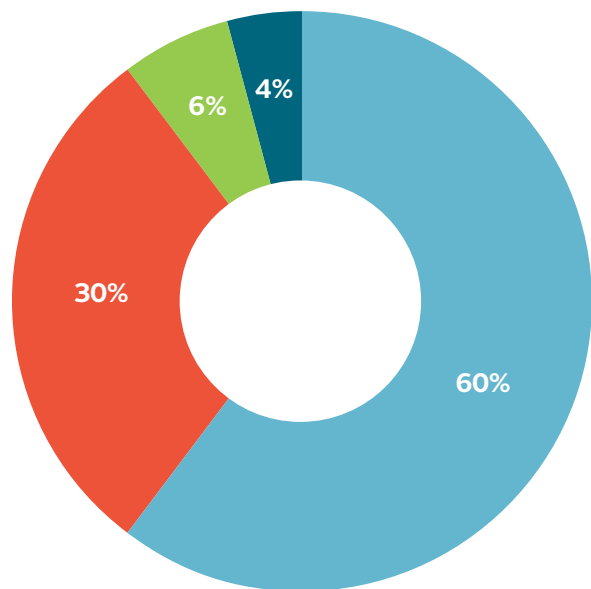


EMS CALLED FOR POINT OF CARE TESTING (POC) = 45



Major Dispositions

Active 911 Calls, Follow-Ups and Referrals • N=938



566 Treated in Place

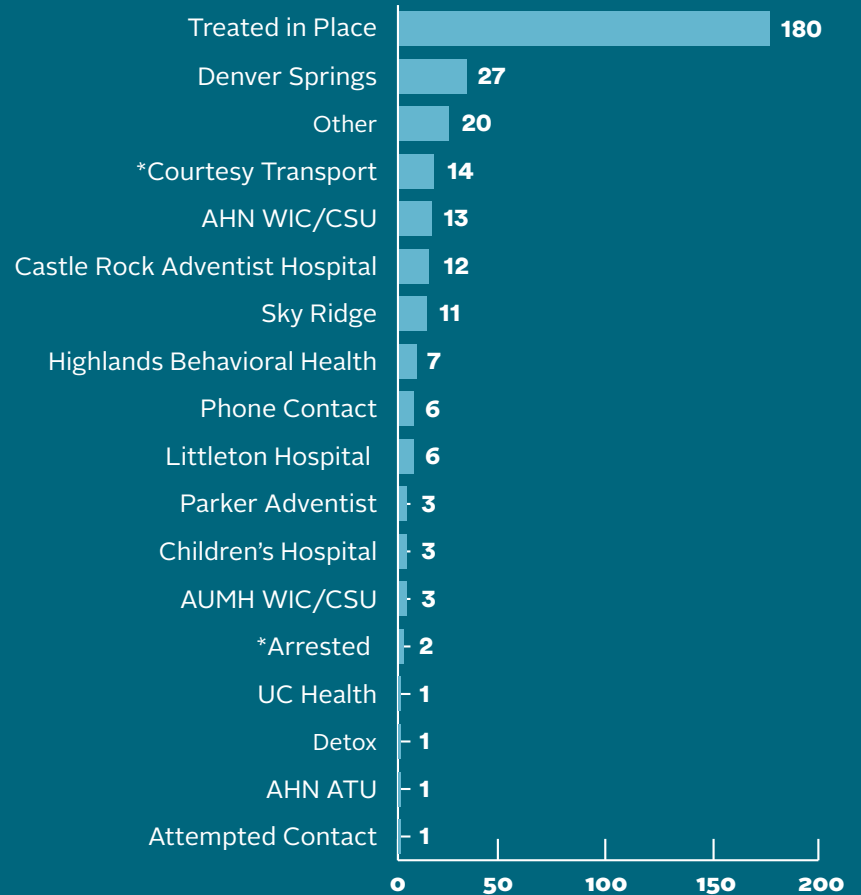
276 Other*

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

57 Direct Mental Health/Substance Use Placement

39 Emergency Department Placement

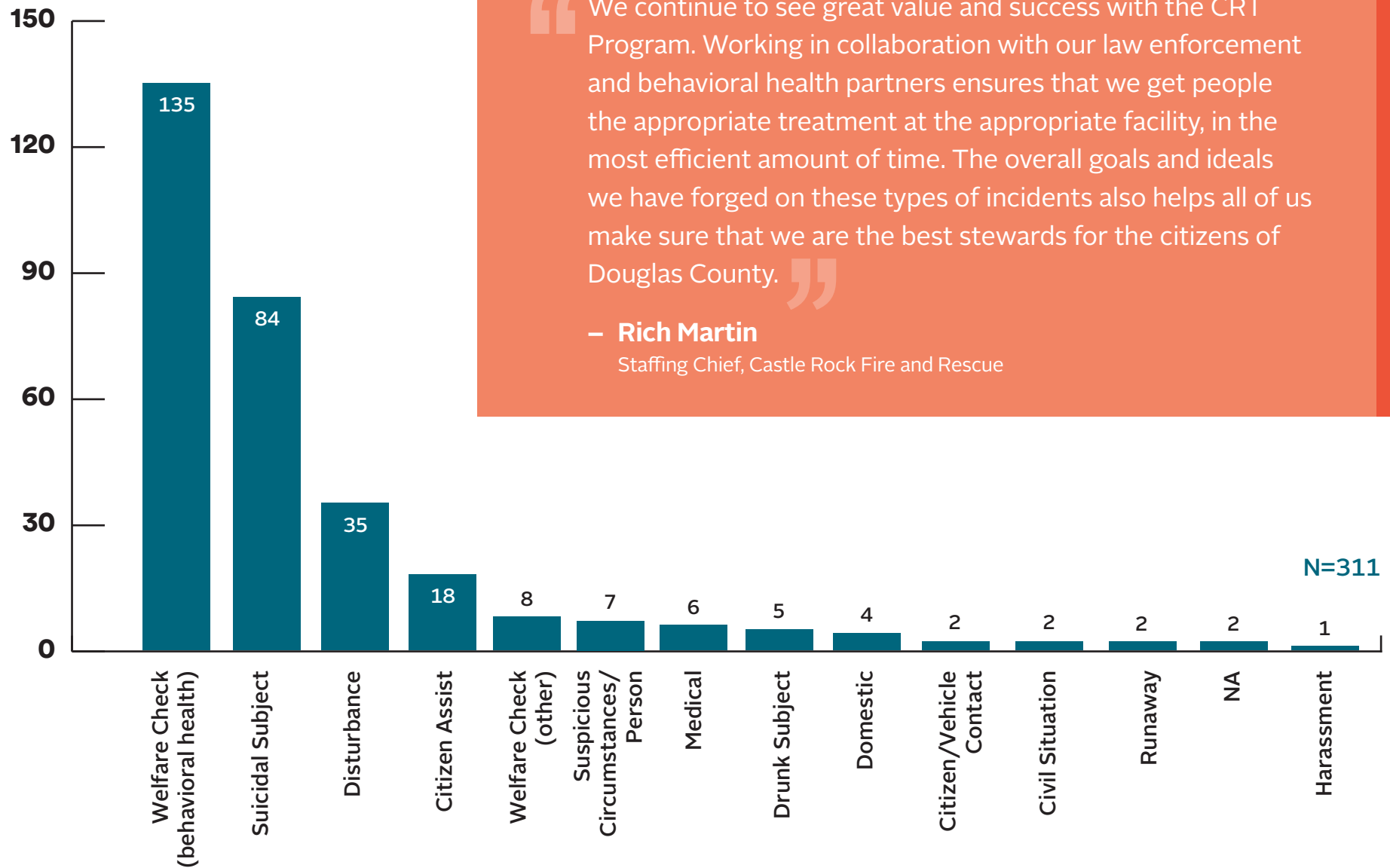
Disposition of Active 911 Calls for Service • N=311



*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.

*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.

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.

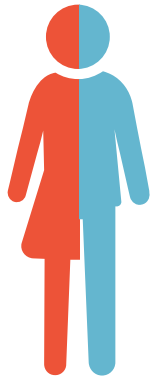


– **Rich Martin**

Staffing Chief, Castle Rock Fire and Rescue

Demographics

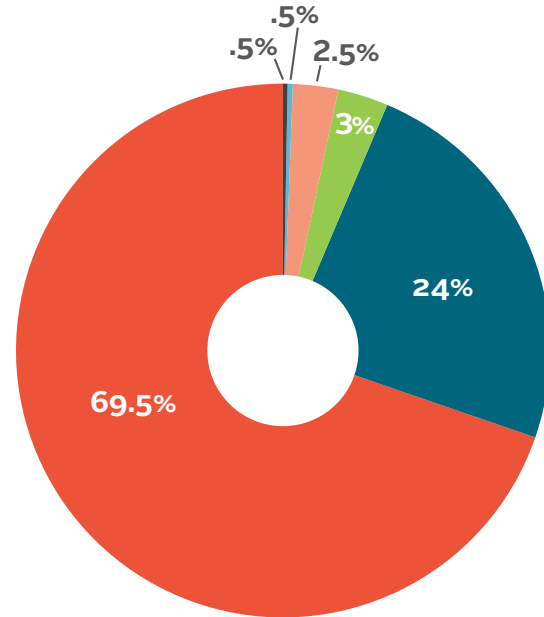
Gender



50.8%
FEMALE

48.4%
MALE

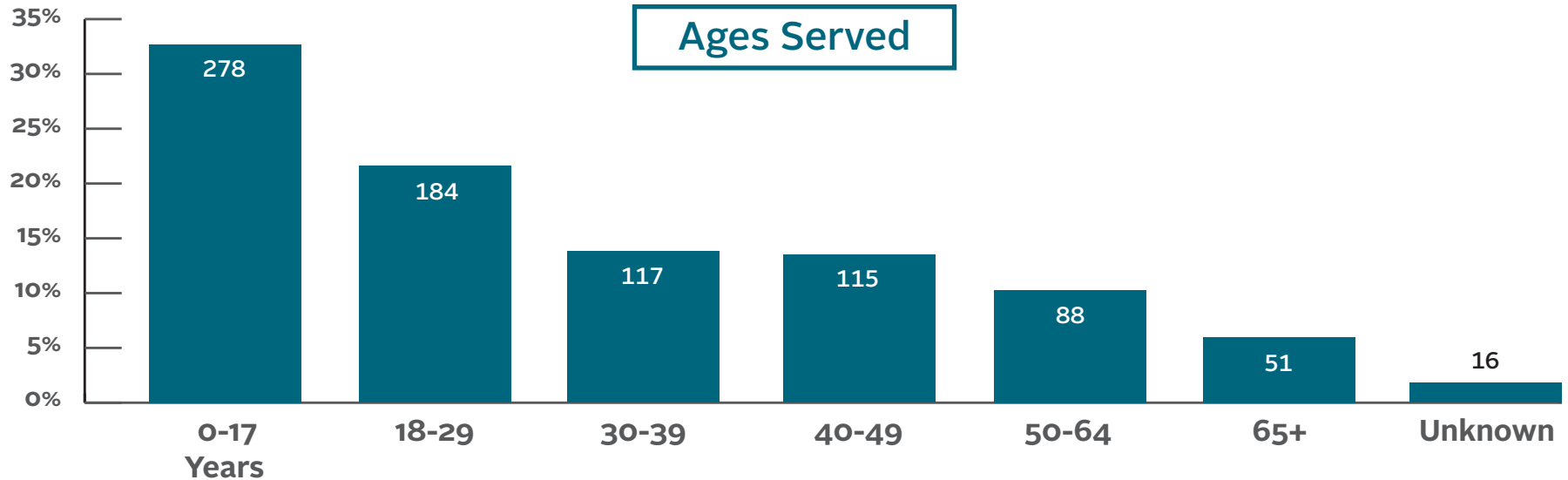
Not Specified 0.8%



Race/Ethnicity



Ages Served



Cost Avoidance

Emergency Department Diversions

ED saves: **173**

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:

\$971,395

Jail Diversions

Jail saves: **58**

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:

\$51,639

Fire/EMS Savings

Medic Unit/Engine Transport to ED: **\$1069**

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:

\$219,719

Average length of stay for individual waiting for competency evaluation



188
DAYS

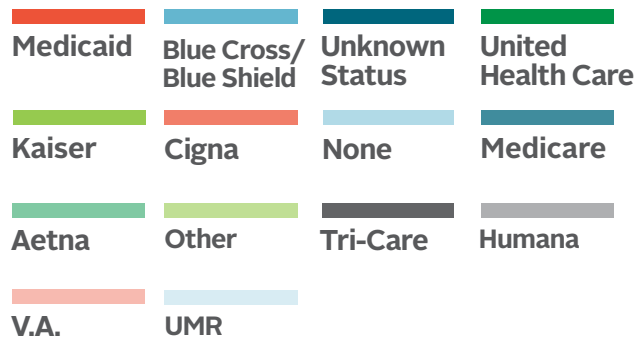
The average cost avoidance of a jail stay for someone awaiting a competency evaluation is



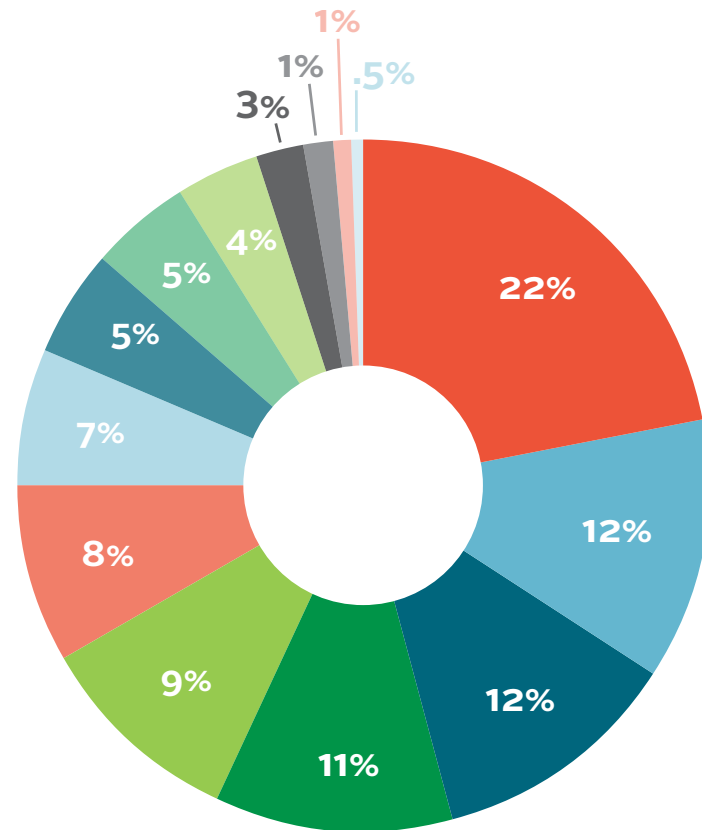
\$28,628.64
PER PERSON

Client Insurances

Insurance by Individual • N=792



*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

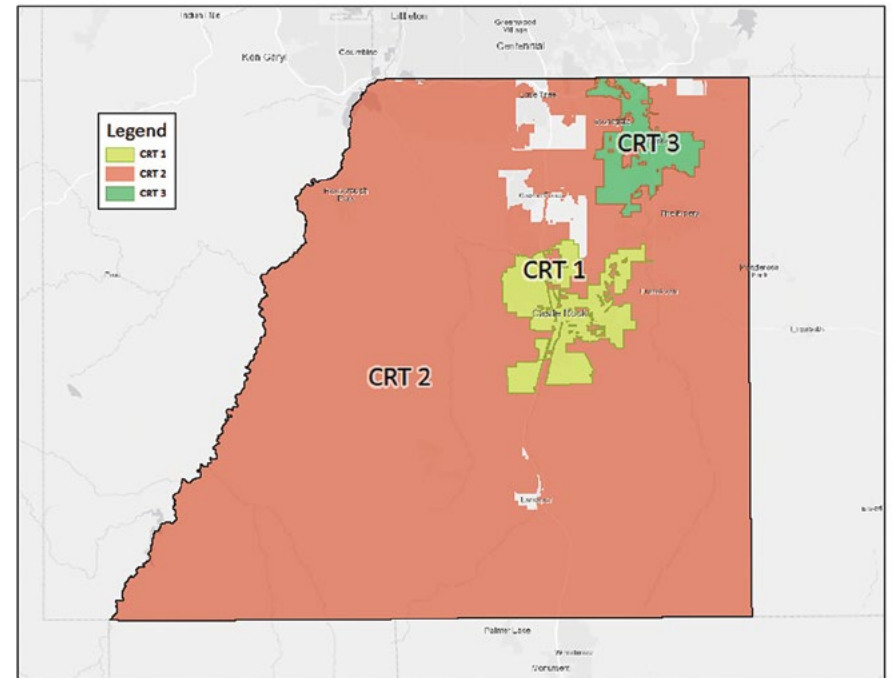
Parenting Groups



261 individuals referred and accepted
169 (64.8%) 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.



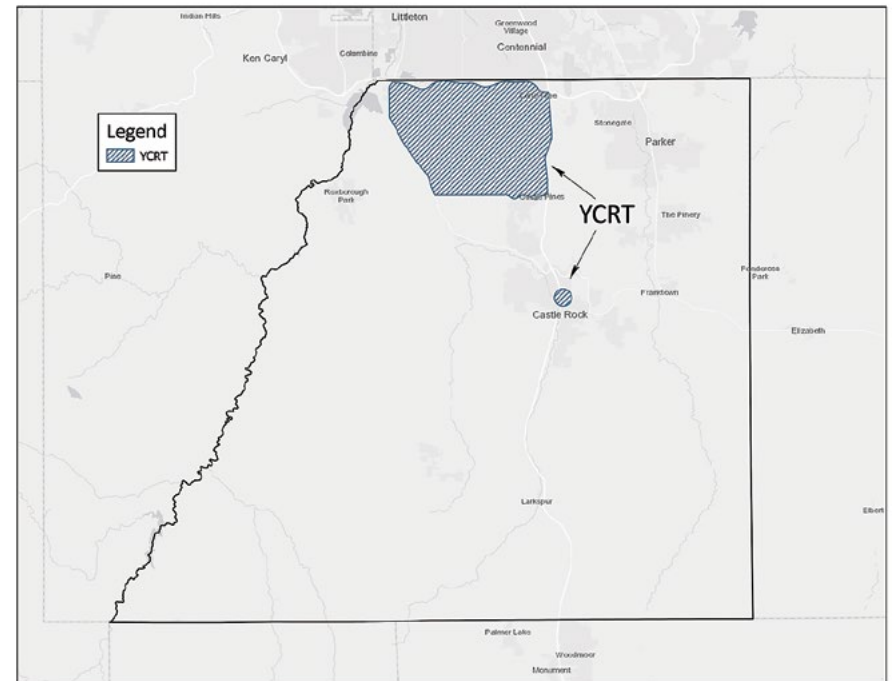
“ The CRT position has a unique focus that allows an officer to make a tremendous impact in the community. The ability of CRTs to identify and address problems stemming from mental health disorders makes our community a safer place. They are neutralizing potentially explosive and violent situations with 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 will begin 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.

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



33% of individuals served by or referred to the CRTs from January through August 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 will roll out in partnership with DCSO, Caring Communities of Colorado, Fire/EMS, DCSD and Human Services

Looking to the Future

JULOTA IMPLEMENTATION

The Community Response Teams and other key partners began managing data and communicating via Julota in Fall 2018. Julota is a mobile-integrated health system that allows traditionally siloed agencies to communicate with each other regarding pertinent client information in order to coordinate care for people contacted by the CRT. The enhanced benefits of this specially designed software system will be realized as more partners are added to the Julota system.

YOUTH COMMUNITY RESPONSE TEAM

After nearly 37% of all calls to the CRTs in 2018 were in response to children and youth aged 5 to 19, it was decided to add a CRT especially for youth. The Youth Community Response Team will include a law enforcement officer from the Douglas County Sheriff's Office, and a clinician and case manager with experience working with youth. The Youth CRT will partner with schools, Human Services, DCSO School Resource Officers and youth-serving organizations to connect what is happening in school, the community and at home for youth experiencing mental health and substance use disorder issues and get young people connected with appropriate resources.

EXPANDED LAW ENFORCEMENT PARTNERS

In 2019, a third Community Response Team was added in addition to the Youth CRT. Currently, there are three full-time CRTs with law enforcement officers from the Douglas County Sheriff's Office, Castle Rock Police Department and Parker Police Department. Each team also includes a clinician and case manager and support as needed from Castle Rock Fire and Rescue and South Metro Fire and Rescue. With the Youth CRT there will be four teams by early November 2019. We continue to track the volume of work to anticipate future needs.

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 current gaps**
- 4. Oversee and enhance the Community Response Team 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
- Successful engagement in case management services
- Reduction in repeat use of 911 by people contacted by CRT
- 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 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

Client Stories

The CRT responded to a report regarding an older woman that was drinking daily and depressed. Recently retired, this individual was also experiencing significant family conflict in part due to substance use in the household. The CRT made a referral for case management to assist the woman to identify specific needs

and action-oriented steps that could be taken to improve her situation. The case manager and client made a site visit together



Photo for representation only.

to a metro area substance use disorder outpatient program, a referral was made, and the woman entered the program. She successfully completed the program and is now substance-free. The case manager shared in a treatment completion celebration and received feedback that the support received made a meaningful impact in her life.

It is not uncommon for the CRTs to encounter complex situations involving a whole family. In this case, a family member with a chronic mental illness was in and out of residential treatment, rotating among multiple facilities and continuing to use substances after returning home. CRT facilitated another direct placement to inpatient hospitalization and made a referral for case management to provide support to the family and plan for the client's return home. The case manager helped the family locate a sober living facility and joined in the effort of persuading the client to move to the facility after leaving the hospital. Currently, this individual is in sober living and is taking prescribed medications.

The CRT met with a woman whose father was extremely concerned about his daughter's mental health and significant fear that was impacting her ability to access treatment and enjoy her life. A CRT case manager followed up and helped her create a written action plan. In this case, talking through the steps and writing a plan was important to reduce her anxiety around leaving the home. The case manager facilitated a mental health evaluation and follow-up appointment with a therapist and walked her through the process of applying for financial assistance. She is now receiving ongoing treatment and disability assistance.



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www.douglas.co.us/mental-health-initiative/