

Diversion Program 2020 Year End Report

Executive Summary:

2020 was a challenging year for the entire Longmont community. Those with mental health and substance use disorders (SUD) were disproportionately affected. The [CDC](#) reported that during the COVID pandemic, an astonishing 40% of adults are currently struggling with diagnosable mental health or SUD. Our teams have risen to the challenge! Our mental health crisis calls for service are up a staggering 118% over 2019 and our case management team conducted 77% more outreach activities than 2019, despite the restrictions of COVID. Each time our CORE team responds to a crisis call for service, patrol units do not, allowing them to focus on patrol related duties. Our LEAD program has been so successful that our mid-year evaluation done through our partnership with CU Boulder, showed a 59% reduction in all criminal justice system contacts. This is among the highest rates in the country. Our public safety based, relationship first approach and evaluation results have put the City of Longmont at the national forefront of diversion work. Our staff sits on several state and national committees, and we are consistently asked to share our work through conference presentations, site visits and program consultations (28 in 2019).

This year also saw significant growth in our partnership with UC Health. Our partnership now includes a staffing contract for paramedics and clinicians, along with their continued involvement in our steering committee. New to our long term partnerships is Colorado Community Health Alliance (CCHA). CCHA administers Medicaid funding for our area. We have a contract to manage care for high cost Medicaid members that are frequent emergency room visitors that have a behavioral health diagnosis. To meet this need, we have created a Complex Care Team (CCT) comprised of a nurse practitioner (through a partnership with the Hopelight Clinic), one of our paramedics, and a case manager. The CCT creates individualized care plans for the most challenging patients we find in our community. These partnerships show the true community support for what we do, and we appreciate every one of our partners.

We are very proud of the work we do for the community, and offer this year-end report as an opportunity to see some of the great work our staff does each and every day.

We value the journey of meeting people where they are at, while caring enough not to stop there.

2020 Data Highlights:

- Our CORE Team made 5,029 contacts, a 21.53% increase over 2019, including 2,841 crisis response calls, a 118.5% increase over 2019.
- 23 Direct admits to a psychiatric hospital.
- 54 referrals to the Complex Care Team, which started in December.
- 168 total participant referrals to Case Management.
- 93 LEAD referrals from Longmont police officers, a 19.23% over 2019.
- 62 Angel participants self-referred for addiction treatment, a 5% increase over 2019.
- Our Case Management team conducted 2,744 outreaches, a 76.58% increase over 2019.

CORE Team					
	2019	Q4 2020	2020 Totals	Year Over Year Increase/Decrease(-)	All Time Totals*
Contacts	4,138	1,221	5,029	21.53%	11,050
Crisis Response Calls	1,300	1,031	2,841	118.5%	4,771
Direct Admits to Psychiatric Hospital	n/a**	3	23	n/a**	23

*All time totals, for all data tables, are from program inception in spring 2018.

**Direct admissions started on April 17, 2020

Complex Care Team Incoming Referrals	
Team began receiving referrals in Dec 2020	
Q4	2020 Totals
54	54

Incoming Referrals to Case Management					
	2019	Q4 2020	2020 Totals	Year Over Year Increase/Decrease(-)	All Time Totals
LEAD	78	29	93	19.23%	244
Angel Initiative	59	15	62	5%	250
Community Health	42	0*	13	-69.04%*	55
Program Totals	179	44	168	-6.18%*	576**

*The decrease was due to the hospitals' changes in protocols as a result of COVID which suspended referrals and prevented case managers from conducting hospital rounds. This was offset, though, by our new incoming CCHA referrals to the Complex Care Team.

**The overall referral total includes referrals during the soft launch of the case management team which included 27 referrals outside of Angel, LEAD, and Community Health.

Outgoing Referrals* from Public Safety Case Management					
	2019	Q4 2020	2020 Totals	Year Over Year Increase+/Decrease-	All Time Totals
All Referral Types	263	81	306	16.34%	654
Housing Assistance	79	17	81	2.53%	188
Substance Abuse Treatment	101	20	102	.99%	235
Mental Health	42	6	40	-5.0%	101

**Referral numbers do not include outgoing referrals related to Angel participants prior to August 2019 when the program transitioned to the Case Management team.*

Engagement & Outreach by Public Safety Case Management					
	2019	Q4 2020	2020 Totals	Year Over Year Increase/Decrease(-)	All Time Totals
All Engagement Types	3,537	1,172	4,576	29.38%	8,583
Peer / Supportive Counseling	531	61	354	-33.33%*	1,099
Outreach	1,554	744	2,744	76.58%*	4,390
Case Management	1,363	335	1,340	-1.69%	2,852

**Engagement needs shifted dramatically in 2020 due to COVID. As a result of lock downs, quarantines, and impacts of isolation on those we serve, the case management team's focus shifted more to outreach, and less to peer counseling, in order to support participants in re-engaging with their case managers and other services.*

2020 Accomplishments

Q4

- Made substantial progress in the expansion of the Crisis Outreach Response and Engagement (CORE / co-responder) team through the addition of paramedics, clinicians and officers. This enabled the CORE team to offer coverage to our community seven days a week as of January 1, 2021.
- The Complex Care Team launched in December.
- Several of the nine LEAD participants who were housed in LEAD units at The Inn Between were able to proceed in their goals to obtain housing and will move into either long term transitional or permanent housing relatively soon. Two did so on January 1 and another two are estimated to do so in March. Yet another is now on the wait list for The Suites. This is good progress!
- We established a relationship with Justice Reskill, a job-skills training program that provides education in technology related fields to justice involved individuals. It is a promising program that we look forward to partnering with so that LEAD participants, and other community members, will be able to obtain the skills necessary to achieve long-term, stable employment in technology and coding.

Earlier in the year

- Delivered our LEAD Evaluation Pilot Report which showed remarkable results:
 - Participants experienced a 59% decrease in all legal incidents, including 50% fewer arrests
 - 35% of LEAD participants who had an arrest record upon entering the program had no arrests after joining LEAD
 - A 25% reduction in hospital transports attributable to peer counseling
- Executed a Memorandum of Understanding between Centennial Peaks and the City of Longmont, allowing direct admission referrals of patients by the CORE and LEAD teams to psychiatric care at this facility. This enables us to avoid obtaining a medical clearance from the hospital, which was a major barrier as participants often refused and thereby prevented them from obtaining the help they needed. LDPS achieved a milestone with its first direct admit on Friday, April 17, 2020.
- Finalized and began utilizing our partnership with the UC Health system to bring increased staffing to our CORE team, pilot some exciting technology, and expand our Community Health program. This enables us to leverage the significant resources of the UC Health system and bring them to our community.
- Kicked off the expansion of our partnership with CCHA, our region's Medicaid provider, through a grant program that comes from cost savings generated last year. The idea is to create a defined, short-term intervention that will transition to CCHA's team for any needed long-term support.
- The CORE (co-responder) team welcomed several new team members: Sergeant Andy Feaster as the team's supervisor; police officer, Jina Pollock; two new clinicians, Maeve Widman and Kristen Dingwall; Dr. Amber McDonald as clinical supervisor to the clinicians; and two new paramedics, Kyle Hoover and John Mateer, bringing the total to 11 CORE team members.
- Public Safety Case Management welcomed a new team member, Peer Case Manager Angie Grimes, bringing us to a total of seven case managers.
- The grant contracts with OBH for LEAD and CORE have been executed and extended through June 2021 with an annual option to renew for up to five more years.
- The Department of Justice approved a one year extension of our Comprehensive Opioid Abuse Program grant, the remaining funding of which provides two additional paramedics and a nurse practitioner who deliver direct services in the field.

Regarding the LEAD program evaluation:

"Congratulations! This is awesome. Fantastic work by you and your entire team. I am proud to have Longmont as one of our LEAD sites. Keep up the great work."

– Executive Director of the LEAD National Bureau and former Albany Police Chief, Brendan Cox

Recognized Nationally and Sought Out as Mentors

Q4

- Presented at the Colorado Behavioral Health Conference on the topic of “Human Connection as Harm Reduction: How One Public Safety Department Is Using the Power of Relationships and Lived Experience to Heal Its Community.”
- Presented, in partnership with the Bureau of Justice Assistance’s COAP / COSSAP program, to the International Association of Chiefs of Police on the topic of “Making Data-Driven Decisions to Enhance Diversion Programs.”
- Presented to the LEAD National Bureau group on the topic of “Referral to Intensive Case Management: How LEAD Complements CIT and Co-Response Programs.”
- Provided consulting support on LEAD and Co-Responder services to communities including Indianapolis, IN; Cheyenne/Laramie County, WY; Snohomish County, WA; Albany, NY; Lakewood, CO; University of Colorado; Front Range Community College, Fort Collins, CO; City of Boulder; and Boulder County.
- Accepted an invitation to serve as part of the State of Colorado’s Criminal Justice Work Group.

There have been 28 jurisdictions and agencies throughout the country that have asked our team to consult with them this year, and we are committed to do everything we can to help diversion programs grow and thrive.

Earlier in the year

- The LEAD Evaluation Pilot Report received national recognition from the LEAD National Bureau, the Police, Treatment, and Community Collaborative (PTACC,) and the Pretrial Justice Institute.
- We provided consulting support to Tucson, AZ Police Department to share our expertise regarding hiring in-house mental health clinicians to our co-responder program.
- Provided consulting services on LEAD and LDPS’s public safety centered comprehensive behavioral health response system to the Chicago Police Department.
- Provided consulting on LEAD and /or Co-Responder services to Cedar Rapids, IA Police Department; Denver Police Department’s new Case Management HUB; Santa Fe, NM Police Department; Espanola, NM Police Department.
- Hosted a site visit for Cheyenne LEAD’s team and are now acting as mentors to their program.
- Conducted an informational session on CORE to the Program Manager of Community Reach Center and the Adams County Mobile Response Team to help inform their program.
- Presented at the CIT International Conference in August on the topic: “Referral to Intensive Case Management: How LEAD Complements CIT & Co-Response Programs.”
- University of Northern Colorado requested that we place their nursing students in clinical training within our Community Health program.
- Represented the Longmont CORE team at the CoRCon first annual co-responder conference in Olathe, KS.

- Represented Longmont LEAD at the Comprehensive Opioid Abuse Program (COAP) conference in Washington, DC.
- Currently serving on the Center for Health and Justice's First Responder Led Diversion Training Curriculum Advisory Panel, a panel advising the US Department of Justice (DOJ) and its Bureau of Justice Assistance (BJA) on the development of a national training curriculum.
- Received and fulfilled a request to serve as a Peer Reviewer for the Journal for Advancing Justice (JAJ) of a manuscript on the topic of "Emerging Best Practices for Law Enforcement Diversion and Deflection Programs."
- Provided consulting to Colorado's State Legislators in their development of Criminal Justice Bill HB20-1017.
- Provided consulting on our CORE program to the Director of Omaha, Nebraska's co-responder program.
- Provided consulting on our CORE and Public Safety Case Management programs to the Program Manager of Boulder County's new co-responder program.
- Provided additional information and education on our Public Safety Behavioral Health Response System to the Program Manager of Community Reach Center and the Adams County Mobile Response Team.
- Provided consulting to the Office of Behavioral Health and Colorado LEAD sites on data standardization for the case management system that they are in the process of adopting, and which Longmont has used since the outset of its diversion programs.
- Denver's [Fox31 News](#) featured our Public Safety Case Management team and their efforts to help those who struggle with addiction and homelessness.
- Denver's [CBS Local News](#) featured our CORE team and the model they've become for innovative alternatives to traditional policing.
- The [Times Call](#) featured the Public Safety Case Management team and their efforts to reconnect with participants who disengaged from intensive case management services during the pandemic.

"Thank you for joining us and for the work that you do! Longmont is a key state leader in diversion and a national front-runner."

– Vincent Atchity, CEO of Mental Health Colorado

What continues to work well?

- Many significant success stories and now data to support them.
- Longmont Public Safety continues to be recognized as a national leader in diversion work.
- Our philosophy of building individual relationships.
- Conversations are happening between community partners that were not happening before. These relationships have proven to be instrumental as we move through COVID-19 and will continue to be so during our recovery efforts.
- Harm reduction philosophy slowly being understood in public safety (and community partners.)
- A cultural shift within Public Safety around how we address substance use and mental health. Patrol in particular is more and more frequently reaching out to CORE and case managers to discuss specific scenarios and the corresponding opportunities for connecting individuals to our programs and resources in the community.
- Systems have been and continue to be built to support all of our comprehensive behavioral health response programs (LEAD, CORE, Community Health, and the Angel Initiative.)
- Significant partner, elected official and community support. A former council member declared “LEAD is the best thing we have in our community”.

What is challenging:

- COVID-19 has exacerbated community member needs related to mental health and substance use disorder and these needs will continue to grow.
 - The CORE team has seen a 20% increase in mental health crisis follow ups from Patrol since the beginning of the pandemic. In addition, prior to the pandemic, only about 30% of the people they responded to were new to the CORE team. Since the pandemic, about 70% of the people are new.
- Meeting the increasing behavioral and physical health needs of the community.
- Long-term sustainable funding sources, particularly in light of the financial impacts related to COVID-19.
- Inadequate amount of treatment providers and other support services (housing, individual counseling, etc.) A lack of such resources existed before and has worsened in light of COVID-19. Most inpatient treatment providers stopped taking new patients during the stay-at-home and the initial safer-at-home orders, creating even longer wait lists which have continued into the Protect Our Neighbors phase. At least one provider (Community Reach Center) has since lost their funding and has discontinued services for the time being and another (Spero Recovery) has postponed opening their women’s residential program.
- Methamphetamines and lack of treatment specific to meth use.
- Some of the community resources that are needed do not yet exist within our community. For example, a centralized drop-off center that is staffed 24-hours-a-day and that has a no-refusal policy to which police can take individuals would provide tremendous positive impact but such a resource is not available in Longmont.

Preview of 2021

- Further expansion of the Community Health program. We are exploring community “pop-up” health clinics in partnership with HOPE, Hopelight clinic and Community Services.
- Six LEAD participants enrolled in the Justice Reskill technical skills training program and will graduate at the end of April with certificates in Front End Web Development.
- Our division is scheduled to present on February 4, 2021 to Colorado Attorney General Phil Weiser and the Substance Abuse Trend and Response Task Force Presentation on the topic “Human Connection as Harm Reduction: Longmont Public Safety’s Approach to Behavioral Health Response and Case Management.”
- Our division is scheduled to present in March to the Law Enforcement and Public Health conference, on the topic “Human Connection As Harm Reduction: How One Public Safety Department Is Using the Power of Relationships and Lived Experience to Heal Its Community.”
- Sergeant Andy Feaster, the supervisor of the CORE team, is scheduled to present in June at CoRCon, the Co-Responder conference on the topic “It Can't Just be Police: Incorporating Police and Fire in Co-response Programs.”
- In April, an article authored by Assistant Public Safety Chief Dan Eamon titled “Changing the Goal to Relationship Building. How to Bring Positive Change to Public Safety” will be published in the International Association of Chiefs of Police's *Police Chief Magazine*.
- In the first month of 2021, we have provided diversion consulting / continued consulting to four communities including Marion County / Salem, OR; Lakewood, CO; City of Boulder; and Boulder County.

Participant Stories of Success: Please see the accompanying document.