



Diversion Program Summary

Addiction and untreated mental illness ripple outward to affect the lives of the individual, their family, their friends and their community. How do we find a way forward? A widely used attempt to combat the behavior is the criminal justice system. However, it has proved impossible to arrest ourselves out of the problem. Substance use disorders are a disease. Their cumulative affect has created a public health crisis that needs a different approach. Harm-reduction-based resources and support can help prevent those with substance use disorder and other behavioral health issues from remaining in the vicious cycle of arrest and incarceration.

The Longmont Department of Public Safety is leading the way in innovative programs to combat our public health crisis of substance use disorders and/or untreated mental health issues. By helping individuals address their addictions and manage their mental health issues, we reduce the harm to the individual and the community. The following programs work to reduce the reliance on the criminal justice system, and minimize the social and health impacts of behavioral health issues by helping one individual at a time.

Longmont Law Enforcement Assisted Diversion (LEAD)

Longmont LEAD is part of our comprehensive behavioral health response system. The system includes a primary response co-responder program, a community health program and the Angel Initiative. LEAD focuses on reducing the usage of the criminal justice system for the public health issue of addiction. Police officers use their discretion to divert or refer individuals struggling with addiction into a harm reduction based case management program. Public safety based case managers utilize an assessment to determine individualized needs and work with community partners to meet those needs. Case managers then use an outreach philosophy to “meet them where they’re at” and build individual capacity to confront addiction and build life skills.

The Referral Process for LEAD

All LEAD referrals must come via City of Longmont police officers. Officers can divert any charge related to an underlying addiction, not just possession charges. This could be shoplifting to support an addiction, a trespass or disturbance as a result of intoxication, etc. If officers develop probable cause, they will offer the individual a choice to meet with a case manager within 14 days and complete an assessment in exchange for dropping the charge. If a case manager is available, we will meet the individual and the officer on scene. If the individual does not complete the assessment, the charge can be revisited (this has only happened once). All other interactions or previous interactions with law enforcement are handled as normal. Officers can also refer an individual into LEAD

without developing probable cause through a “social referral” process. We strongly believe our police officers know our community the best and are the best judges of who is an appropriate referral into LEAD.

Crisis Outreach Response and Engagement (CORE)

The CORE team is a primary response co-responder team that is dispatched to mental health related 911 calls. Once on scene, members apply their specialized skill sets to divert individuals with behavioral health conditions from the criminal justice system and the emergency room - redirecting them to appropriate treatment and care. The team focuses on building relationships with clients while working to help people improve their quality of life. The team includes a behavioral health clinician, a paramedic, and a specially trained police officer.

The Referral Process for CORE

CORE referrals come primarily from 911 mental health crisis calls as well as from officer referrals as requests for follow up for encounters that happen when the CORE team is off duty.

Community Health

The Community Health Program serves community members who frequently access treatment through the Emergency Department for chronic health conditions, such as diabetes or heart disease, that are more effectively managed in Primary Care settings. Participants often lack social support, the ability to advocate for their own care, and struggle to navigate the medical system. Focusing on the whole person, the team works with them to help determine their needs and ensure their needs get met, build a relationship with them, and work with them to create a lasting connection to a medical home in our community. The team is made up of a paramedic and a case manager.

The Referral Process for Community Health

The Community Health Program receives referrals from community partners, primarily hospitals, for patients who frequently access treatment through the Emergency Department or who are at risk of readmission to the hospital.

The Angel Initiative

Longmont’s Angel Initiative offers a helping hand to community members who are suffering with substance use disorder. Those seeking treatment can walk into the Public Safety Department to ask for help and apply to the program. They will be connected with a peer case manager who will refer them to one of many addiction treatment options based on their individual needs. Once in treatment, the peer case manager will connect them to resources that can help with housing, employment, and other needs.

The Referral Process for Angel

The Angel Initiative is a self-referral to the Public Safety Department for connection to addiction treatment.



Case Management: (The Magic):

Our Case Management team supports all four pathways. Peer Case Managers each hold up to 25-30 participants in varying degrees of engagement. Upon receiving a new referral, case managers complete forms to help us understand someone's demographic information, their immediate needs and sign ROIs; followed by an assessment. The assessment is a tool that provides a collaborative platform for the case manager and participant to begin building a relationship, assist the case manager in understanding historical information that may be impacting the person's current behavior and identify person-centered goals to guide their partnership and work. Case managers approach these relationships from a harm reduction philosophy, with a spirit of acceptance, compassion and respect for autonomy. We believe the participant is the expert on their needs and has the capability to determine the best approach to creating change. This is not always an easy or intuitive role; however, it does lend to case managers building transparent relationships with participants and truly walking alongside them as they work together to improve the participant's quality of life. This includes but is not limited to, transportation assistance to vital medical or mental health appointments, comprehensive care coordination with external community partners (i.e. probation, primary care providers, hospital staff, jail personnel, housing partners/housing authorities, mental health providers, and employment services), linking to housing resources, managing housing needs within the LEAD apartments, assisting with applying for eligible benefits and health insurance and building life skills aligned with the participant's goals. Our case management philosophy is one of assertive outreach. We do our work in the community, with our participants. The goal is to build a trusting individual relationship that allows us to "bridge the gap" when services are unavailable or the individual is not yet ready. We can't fix the lack of availability of treatment and services, our solution is meaningful relationships that keep participants engaged.

Operational Workgroup and Steering Committee:

Our program is deeply rooted in community support. Every month, an Operational Workgroup of community partners (DA, police, public defender, treatment providers, hospitals, public health, housing providers, etc.) meet to review new referrals, problem solve individual cases and develop community solutions for barriers to care. The Steering Committee provides overall guidance and is comprised of the District Attorney, our Municipal Judge, the Public Defender's office, the COO of Long's Peak Hospital, and a representative from a counseling service.

Community Partner List

Agape Safe Haven, Behavioral Health Group, Boulder County Jail, Boulder County Community Justice Services, Boulder County District Attorney, Boulder County Probation 20th Judicial District, Boulder County Public Health, Boulder County Sheriff's Office, Boulder Office of the State Public Defender, Centura Health / Longmont United Hospital, Colorado Community Health Alliance, Colorado Consortium for Prescription Drug Abuse Prevention, Front Range Clinic, Harvest Farm, HOPE – Homeless Outreach Providing Encouragement, Hopelight Medical Clinic, The Inn Between of Longmont, Longmont Community Services, Longmont Municipal Court, Longmont Probation, Krupnick Counseling, Mental Health Partners, North Range Behavioral Health, OUR Center (Outreach United Resource Center,) The Red Point Center, UC Health / Longs Peak Hospital, and many more.

What makes our model different?

- All staff including case managers and mental health clinicians are Public Safety employees. None are contracted through providers. This gives us much more flexibility in how we respond and adjust based on the needs of our community.
- Multiple pathways to refer those with addiction and mental health issues provide better access.
- Longmont LEAD offers a true pre-arrest model as opposed to a *pre-booking* model. Avoiding actual booking makes the process faster and easier for our officers as well as for our partners, such as the DA. We're able to hold people accountable, though, since probable cause allows us to pursue charges at a later date if a participant doesn't follow through.
- All drug related crimes are eligible for diversion through Longmont LEAD. By making our eligibility criteria broad, we avoid time consuming screenings on the part of our officers. It is fast and easy for them to know if someone is eligible.
- Longmont LEAD's referral form is one page long, making it very convenient for officers to complete and refer.

What has worked well:

- Conversations are happening between community partners that were not happening before
- Some significant success stories
- Harm reduction philosophy slowly being understood in public safety (and community partners)
- Systems have been built to support LEAD
- Significant partner, elected official and community support. One council member recently declared "LEAD is the best thing we have in our community"
- A cultural shift within Police and Fire around how we address substance use and mental health

What is challenging:

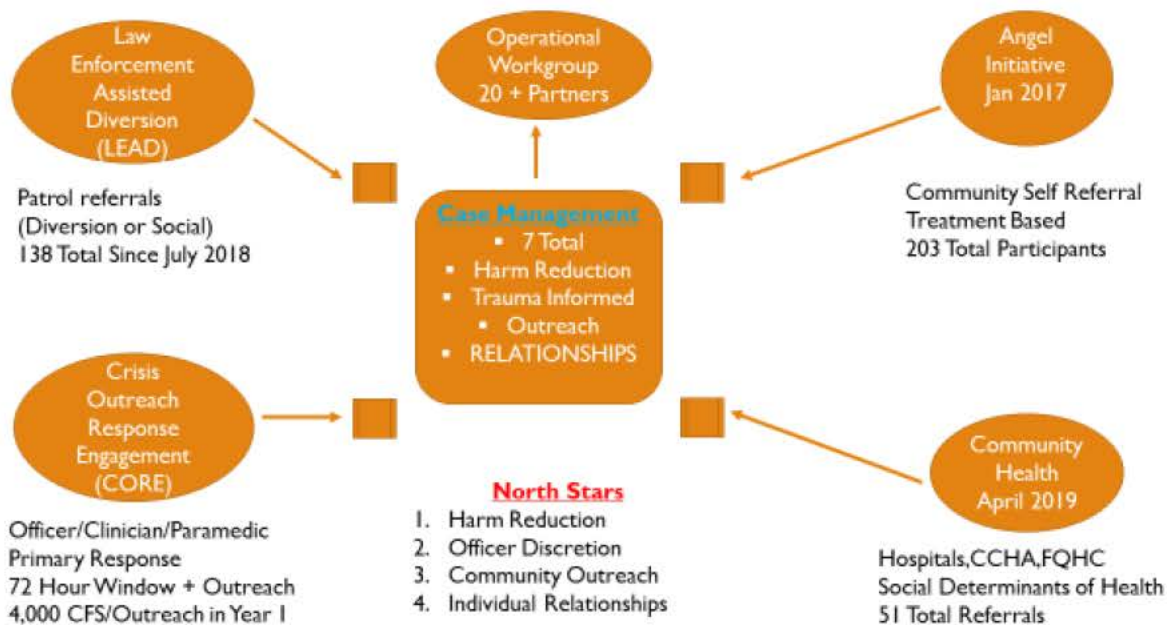
- Long-term sustainable funding sources
- Methamphetamines
- Inadequate amount of treatment providers and other support services (housing, individual counseling, etc.)
- Some of the community resources that are needed do not yet exist within our community. For example, a centralized drop-off center that 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.

Longmont Data Highlights:

- 138 LEAD referrals from Longmont police officers (since July 2018)
- 203 Angel participants self-referred to ask for treatment (since January 2017)
- 51 Community Health referrals by our hospital partners (since May 2019)
- 1,300 crisis response calls with over 4,000 contacts by our co-responder team in first year
- 21 partner agencies serve on the Operational Workgroup

- More than 40 community partners actively engaged in providing services to LEAD participants, receiving more than 300 referrals and “warm hand-offs” from LEAD case managers.
- Access to 100+ treatment providers
- 20% decrease in public safety contacts (police and fire) for the 80 participants engaged in LEAD for at least 180 days.
- For the first time, Fire Service calls decreased in 2018, directly attributed to several high-utilizers enrolled in LEAD.

Longmont’s Diversion System



Stories of Success:

LEAD participant John was referred to the program as a result of his substance use disorder and began working closely with one of our Peer Case Managers in June of 2018. John was homeless and well known to Longmont Public Safety, having generated hundreds of calls for service from police and fire with many transports to the emergency room. He was well known to community service providers as someone with a history of behaving in a hostile and antagonistic manner, resulting in John’s isolation from independently accessing services to improve his quality of life. Due to his lack of housing, we chose to take a “housing first” approach with John and moved him in to one of the LEAD apartments.

One of the first things he did after joining LEAD was to begin to repair relationships with the front line staff at many of the agencies from which he had been banned. He wrote letters of apology and asked for forgiveness. People were willing to give him another chance with the understanding LEAD staff would walk alongside him as he

rebuilt vital interpersonal skills. John also set a goal to reconcile with his mom, and has since re-established communication with her, and is continuing to work toward strengthening their relationship. He shared recently that he has a completely different, and positive, relationship with Longmont's police officers than he did prior to joining LEAD. In his words, "The Longmont Police are great, and I even call some of the officers my friends." Over the past year, he has become a passionate advocate of the LEAD program and has shared his story and insights at several community forums.

During his engagement with LEAD, John was able to start focusing on his health and medical care needs. He now has glasses and received significant dental care including dentures. Through our harm reduction approach, John was able to reduce his drug use significantly within the first six months of participation in the program, and after one year of engagement in LEAD, John entered a 12-month treatment program that focuses on helping men who are coming out of homelessness and addiction to achieve self-sufficiency, where he is now successfully working toward this goal!

Story #2:

One of our first LEAD referrals was a well-known community member "E" who has been struggling with homelessness and alcoholism for over a decade. E had generated over 300 public safety calls for service in a one year period, is undocumented, has several chronic medical conditions and only speaks Spanish. He had been cycling in and out of the criminal justice system and the ER for years. He was unable to connect with many service providers because of documentation status and significant alcoholism. Officers referred E into LEAD. Our case managers made contact, and using a harm reduction approach, did not address the substance use disorder, but instead started working on immediate needs and building a relationship. They discovered that E's feet were in significant pain, making it difficult to walk, only fueling his desire to drink and not feel the pain. They took him to our partner agency, the Hopelight Clinic, which sees patients regardless of insurance or documentation status. They determined that E had an infection in his feet that was causing the pain. Antibiotics were given, but through discussion, E had concerns that the medication would be stolen on the street if he had them. Not to be deterred, our case management coordinator decided she would solve the problem. Every day for two weeks, she found E in the community on her way into work (wherever he was), and brought him the day's medication with some food. She doesn't speak Spanish, but they found a way to communicate, she got to know his support system in the community, and build a solid relationship. That's what LEAD is, and what our case managers do. The infection cleared up, E felt better, and they started working on the next challenges. They took E into our LEAD housing units, which he has successfully transitioned into permanent supportive housing through a community partner, has completely fallen of the public safety radar, is connected to community partners, and is working on an employment plan. He is so unknown to public safety now, that officers that have been hired in the last two years do not even know his name. Three years ago, that would been thought impossible.