CITY OF Longmont
Department of Public Safety

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.

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Intensive 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

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.

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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.

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Longmont Data Highlights as of October 2020:

- 219 LEAD referrals from Longmont police officers (since July 2018)
- 242 Angel participants self-referred to ask for treatment (since January 2017)
- 58 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 160+ treatment providers.
- For the first time, Fire Service calls decreased in 2018, directly attributed to several high-utilizers enrolled in LEAD.

Longmont LEAD Data Highlights

For 133 LEAD participants evaluated in 2019, findings included:

- A 59% reduction in the number of all legal incidents after first contact with case management
- A 50% reduction in arrest rate after first contact
- 35% of participants were not arrested again, and 32% did not receive another summons after first contact
- 25% reduction in ER transports, specifically for those who engaged in peer counseling within the program

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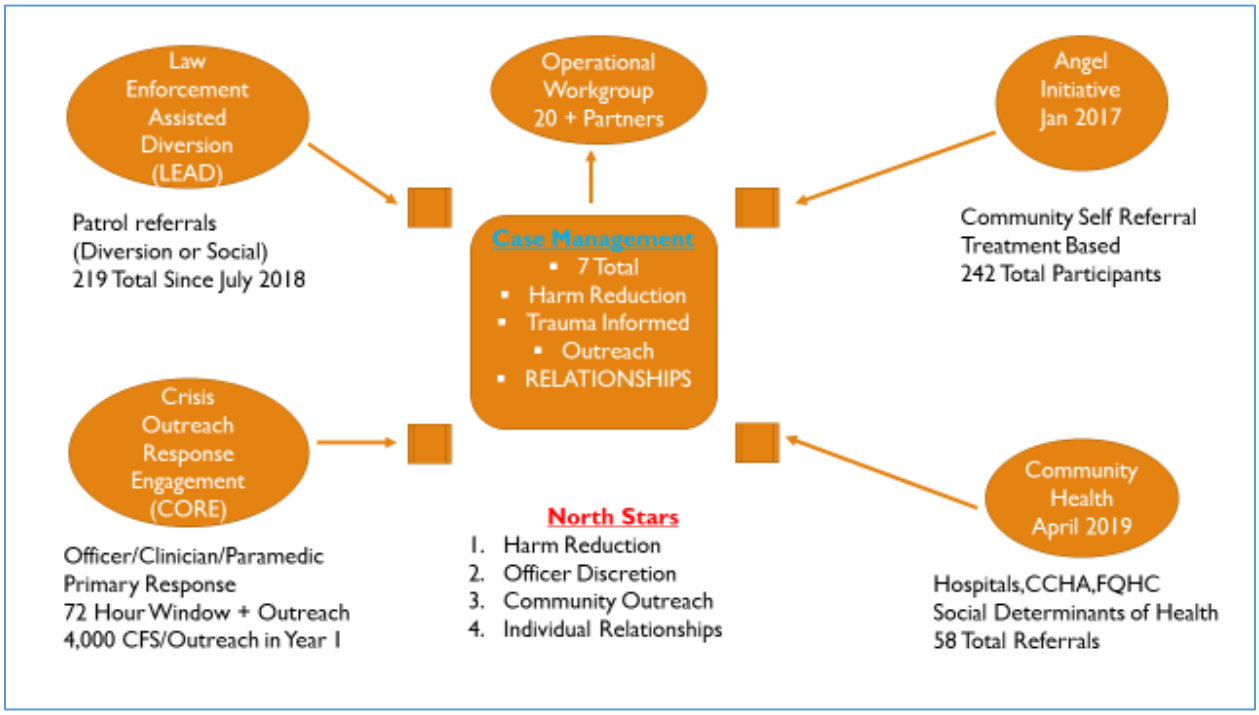
Longmont's Diversion System



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