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THE MILE HIGH CITY

Improving Outcomes through Innovative Approaches

Mayors Innovation Project
January 17, 2017



- Denver is a world class city where everyone matters!
- Building the infrastructure to support those most vulnerable:
 - Denver’s Road Home
 - Office of HOPE
 - Affordable Housing Permanent Fund
 - 3x5 Challenge
 - Office of Behavioral Health Strategies
- Highlighting three innovations in this presentation

- Focus on the adult, “high utilizer”, high cost populations to reduce utilization through targeted support and interventions
 - Social Impact Bonds
 - Co-Responder Program
 - Outreach Court



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Using a Social Impact Bond to Support a Homelessness Strategy

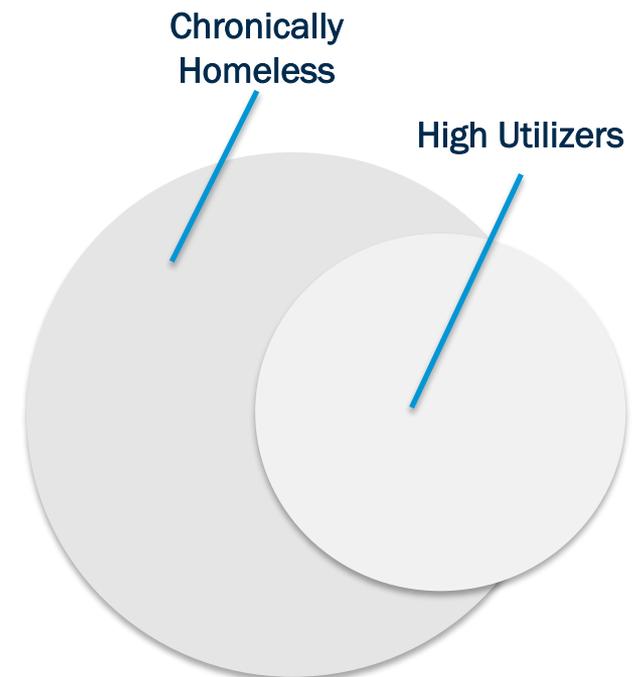
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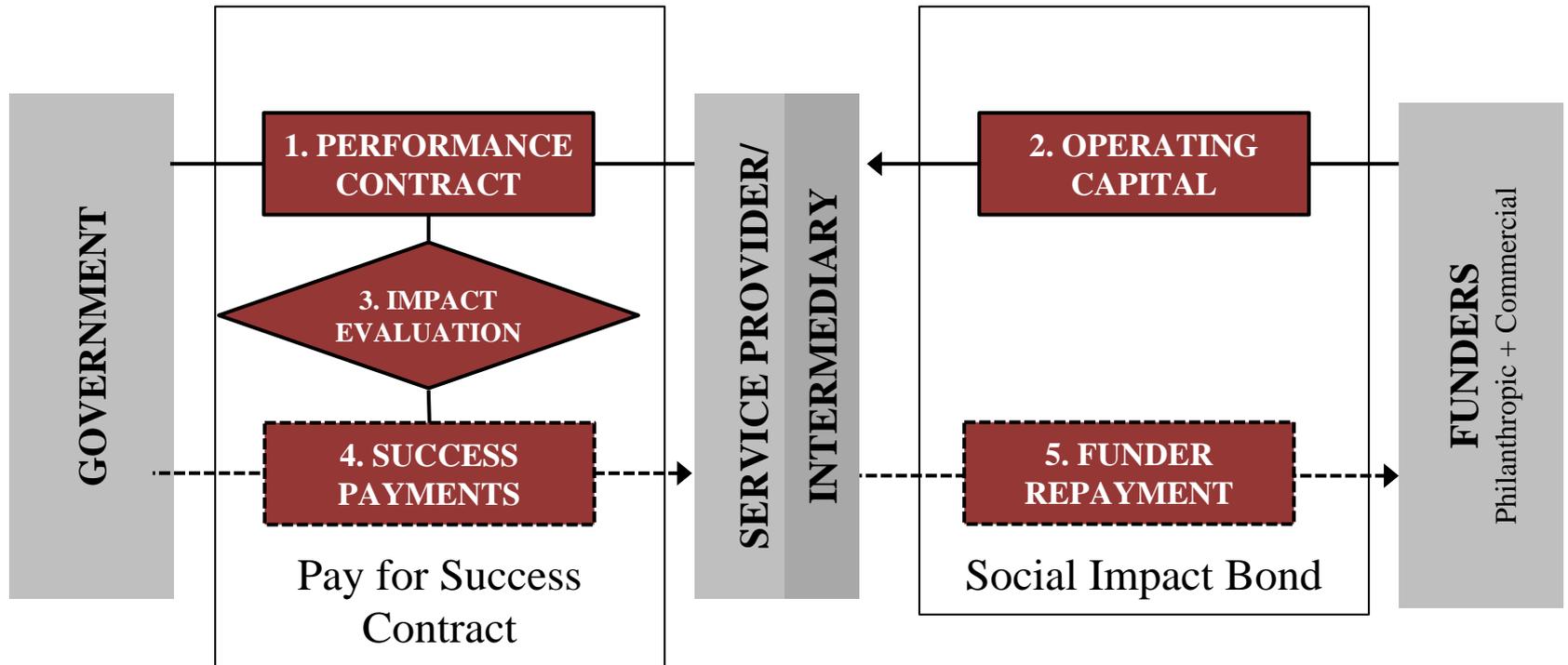
We are currently paying for costly, ineffective emergency and penal services.

High Utilizers (“Front-End Users”)

Individuals, typically chronically homeless, who are frequently before the court, in jail, and habitually using a spectrum of resources.

- Frequent usage of emergency rooms, detox, and ambulatory services.
- High level of public safety usage (i.e. arrests, jail admissions and discharges).
- **Low-level offense types:**
Public nuisance (22%), Alcohol (30%), Panhandling (4%), Trespass (19%), Drug (11%), Other (14%)





By properly serving this population, the City can both reduce costs and create long-term solutions...

Eligibility Criteria

Eligible participants are individuals with a record of at least eight arrests over the past three years; and a documented case of transiency at the time of their last arrest (i.e. homelessness).



Housing First



Intensive Case Management

Project Goals:

- 1) Demonstrate that housing and intensive case management can improve lives *and* reduce taxpayer costs.
- 2) Add to the City's capacity to house vulnerable populations.
- 3) Develop new mechanisms and funding to pay for case management services that formerly received federal support.

Size:

- 250+ chronically homeless individuals

Duration:

- 5 years of SIB funding, additional time for evaluation and payment

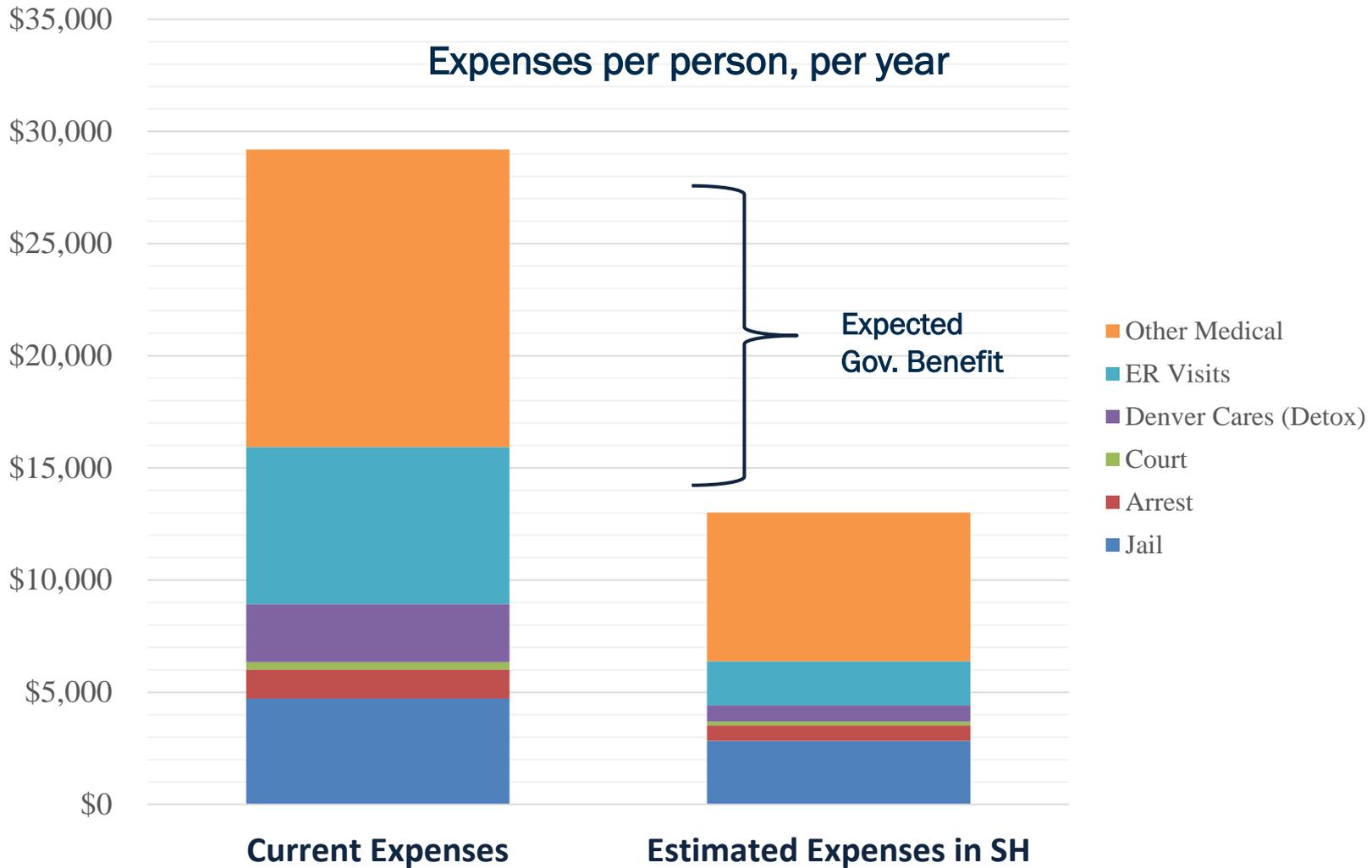
Services:

- 2-3 new Assertive Community Treatment teams (ratio of ~ 1 case manager to 10 individuals)
- Connection to preventative health + additional services

Housing Details:

- Possible use of two new housing developments with an anticipated **210 new units** of housing (one Mental Health Center of Denver (MHCD) building, one Colorado Coalition for the Homeless (CCH) building, new 20 units at CCH's North Colorado Station, 30 units at St. Francis' new building).
- Provision of additional services and subsidies to 40 units that are vacant through turnover and/or landlord recruitment.

Costs: Homeless vs. Supportive Housing



*Estimated expenses in supportive housing do not include the cost of supportive housing.



Denver will Pay for Outcomes in Two Areas

(1) Housing Stability

- City only pays if a participant spends at least one year in housing.
 - Thereafter, payments made on days in housing minus days spent in jail.
 - If participant does not meet one year threshold, they can replace that unit with a new participant.
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(2) Jail Bed Day Reduction

- Payments made based upon the percentage reduction seen between participants and non-participants over 5 years.
 - No payments made below 20% reduction.
 - Maximum payment at 65% reduction.
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Denver Co-Responder Program

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- 2005 - Denver Police Department (DPD) Crisis Intervention Team (CIT) training
 - 97% DPD officers received 40 hours of CIT training; 9-1-1 dispatch also trained
 - CIT infused in DPD academy
 - All Denver Sheriff Deputies will be trained by December, 2017
 - Denver Fire department is exploring training in CIT
- CIT provides critical mental health awareness and de-escalation tools, but officers are not clinicians
- 2016 - DPD Crisis Intervention Response Unit (CIRU) was created to ensure focus on integrated crisis response

Partnership among

- Department of Safety - police, fire and sheriff
- Mental Health Center of Denver (MHCD)
- Office of Behavioral Health Strategies (OBHS)

Launched as a pilot program in April 2016

Current Operations

- Primarily 3 police districts
Central, East, Southeast Denver
City-wide as requested
- 6 licensed clinicians
Monday-Sunday 10-12 hours/day
- Services:
 - ✓ Ride and respond with DPD
 - ✓ Respond with DSD re involuntary commitment actions
 - ✓ Targeted case management for persons in the justice system
 - ✓ Response to calls from city agencies
 - ✓ Follow-up services and referral
 - ✓ Ensure coordination across systems and agencies



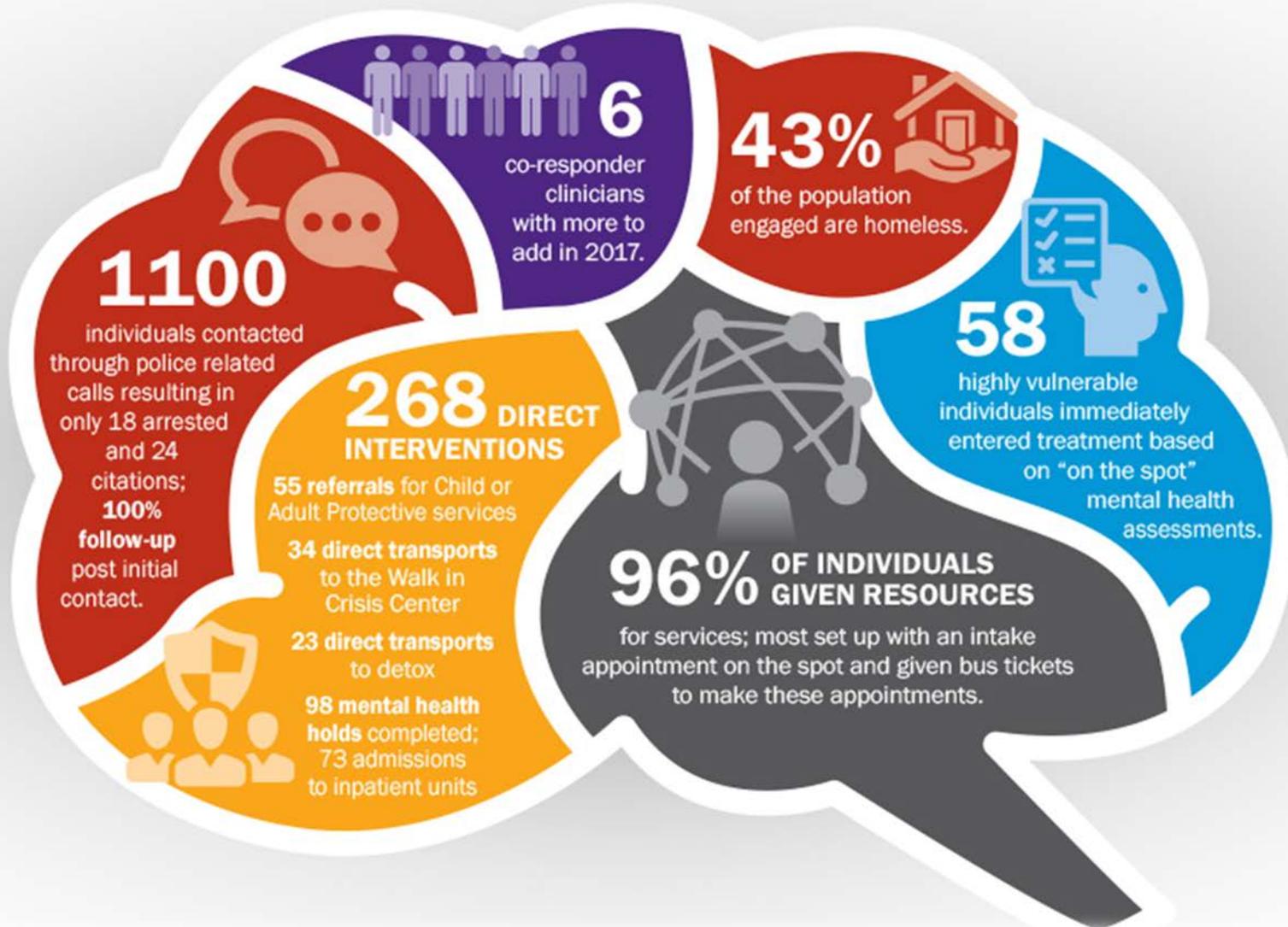
- Evolving process versus ridged protocols
- Response delivered in a way that meets unique needs of communities
- Staff characteristics and skills are key!
- Separate and equal: access separate databases but carry police radios and wear safety vests; proficient in bike techniques
- Proactive follow-up and flexibility reduces the need for new police contact
- Staff co-located with DPD

“The co-responder program allows police to be police and not social workers”

Regina Huerter, Executive Director, OBHS

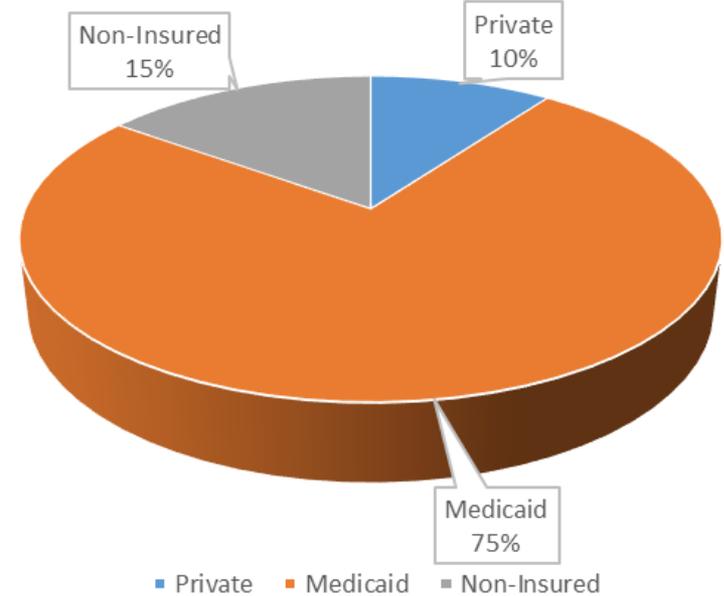


Different Action Different Outcomes

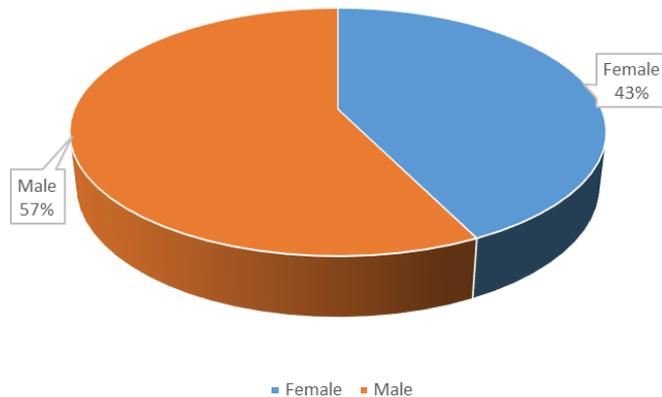


- Services are generally “medically necessary” and therefore Medicaid billable
 - 85% of costs have been covered by Medicaid
- 57% of contacts are male and 43% are female
- 43% of contacts are considered transient and experiencing homelessness

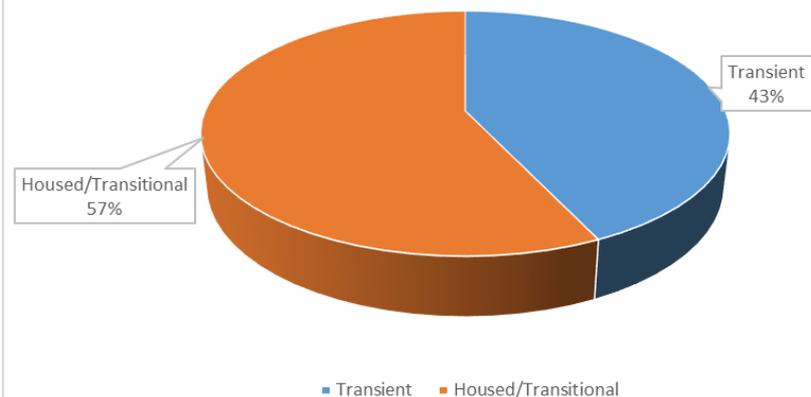
Co-Responder Insurance Provider (N = 1100)



Co-Responder Gender Breakdown (N = 1100)



Co-Responder Housing Status (N = 1100)



“... we recognized that increasingly our officers were being called to handle potentially non-criminal situations involving residents with suspected or known mental health issues,” said **Denver Police Chief Robert C. White**. “We established the Crisis Intervention Response Unit (CIRU)... The teams proactively respond to residents who are struggling with mental health issues to ensure they receive the care and resources they need.”



- Increase # of co-responders:
 - Operate in all police districts
 - Operate with Fire Department
 - Operate with Denver Public Schools



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Denver Outreach Court

US Conference of Mayors

January 17, 2017

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Denver's Outreach Court is community based

City: County Court, Sheriff Department, City Attorney's Office, Office of the Municipal Public Defender, Denver Human Services and Office of Behavioral Health Strategies

Community and State: The Denver Rescue Mission, Mental Health Center of Denver, Co-Access (Medicaid BHO)

- Reduce number of FTA warrants issued
- Clear tickets and active municipal ordinance cases
- Increase participant stabilization, access and utilization of resources



Denver's Outreach Court is designed to increase stabilization and reduce future interactions with the justice system for persons experiencing homelessness.

- Add-on docket twice per month at downtown homeless shelter
- System agencies can identify and address individuals' needs
- City Attorney and Defense Counsel may provide options appropriate to history of the offender as well as level of need
- Current municipal cases and warrants are cleared; Fines and fees are waived
- On site:
 - Mental health and addiction services
 - Medicaid enrollment and health care navigation
 - Child support navigation and adjustment (Winter 2017)
 - Restorative-based Useful Public Service – Sheriff Work Crew

Denver's Outreach Court opened December 7, 2016. Numbers are already promising after only *three* court sessions.

- 75% more cases cleared when compared to three similar dockets
- Homeless have more cases per person (average 3.24 to-date)
- Related warrant costs avoided comparing similar dockets

OUTREACH COURT vs. COURTROOM 4A

8:00 a.m. Docket

vs.

8:00 a.m., 9:30 a.m., 10:15 a.m. Dockets

Session #	Date	# Cases	# Defs	% +/- Previous Date	8:00 a.m., 9:30 a.m., 10:15 a.m. Dockets				8:00 a.m. Docket	
					Cases Set	Vacated	FTA's	% FTA's	Cases Heard	Defs Heard
1	12/7/2016	35	9	N/A	51	9	13	31%	29	29
2	12/21/2016	49	18	40%	56	12	20	45%	24	21
3	1/4/2017	64	21	31%	50	5	13	29%	32	32

- ✓ Recognize and build on strengths and readiness for change.
- ✓ Be proactive.
- ✓ Work together to maximize and align resources.
- ✓ Support innovation within systems and communities.

The greatest challenge to our innovations is the uncertainty of the Affordable Care Act, in particular Medicaid expansion.



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Questions?

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