



Project EDGE Outcomes Data

Precipitating Event for Call to Law Enforcement

- EDGE is often called out to respond to situations where there is no criminal activity, but where law enforcement needs assistance deescalating a situation with a mentally ill individual. Despite the lack of clear criminal activity, these cases are difficult and time consuming for law enforcement staff to find a way to help the person in crisis.
- When there is the possibility of a low-level criminal charge resulting from the individual's symptom presentation in the situation, the most common precipitating events are: trespassing, assault, harassment, disturbance, theft, criminal mischief, domestic violence, destruction of property, child neglect, obstruction. Other charges include public indecency, prohibited occupancy and disorderly conduct.
- EDGE is also called out for situations in which law enforcement would previously have sent the individual to the emergency room or put them on a 72-hour M1 Hold for Evaluation in which behavioral health treatment may be mandated. EDGE clinicians can work to connect the client to community-based, rather than institutional, behavioral healthcare.

Presenting Status

Project EDGE is a crisis response initiative, intended to function as a referral program in partnership with law enforcement. EDGE clinicians conduct a brief assessment of the individual's situation to determine their needs, but do not make a diagnosis of a behavioral health condition in the field. Anecdotally, the most common

symptom presentations in the field are suicidality and delusions.

Trend in Number of Arrests

- Once a client is contacted by EDGE there are several possible outcomes depending on whether or not the charges can be diverted, and whether or not the individual agrees to participate in the EDGE program. EDGE participation and use of referral to treatment is voluntary.
- Overall, the number of EDGE encounters continues to increase, and the majority of individuals contacted agree to EDGE and are diverted from criminal charges.

Key: LPD (Longmont Police Department); BPD (Boulder Police Department); BCSO (Boulder County Sheriff's Office)

- Most individuals have one EDGE contact and then have no further documented law enforcement contact; however, some individuals receive repeat contacts. The program has anecdotal evidence that the number of these "frequent flyer" or high utilizers has decreased with EDGE contacts, resulting in an overall decrease in repeat calls.
- EDGE also responds to a high number of youth under age 18 and has an important impact in prevention of law enforcement contacts early on.

Hospital Diversion

• To date, of the 98 instances where a M1 hold was considered, EDGE was able to divert 68 individuals (69%) into community-based treatment instead of hospitalization. This results in significant savings for the hospital system.

Approximately 20% of all individuals contacted by EDGE
have at least one emergency department visit before or after
EDGE contact. Of those individuals, each individuals
averages 1 fewer emergency department visit post EDGE
contact.

Trend in Number of Suicides

• EDGE is often called to respond to situations where the person presents with suicidality or active suicide ideation. Of the limited number of clients with trackable data regarding suicide, zero individuals contacted by EDGE have committed suicide.

Trends in Substances Used

- EDGE does not track the type of substance an individual may have used at the time of the encounter. This information may be included in the narrative of the clinical notes but is not in a reportable field.
- As evidenced above, 10.6% of individuals contacted by EDGE are sent to detoxification.

Homeless Individuals

EDGE additionally serves a significant number of homeless individuals who receive law enforcement contact due to lack of shelter (e.g., trespassing, unlawful camping) or symptom presentation. Approximately 16% of the 1,046 EDGE clients to date reported they are homeless.

For More Information Contact:
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