



The Office of Behavioral Health Overview

May 6, 2020



COLORADO
Office of Behavioral Health
Department of Human Services

Today's Agenda

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- Children, Youth, and Family Behavioral Health
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Welcome



COLORADO
Office of Behavioral Health
Department of Human Services



Overview of the Office of Behavioral Health



COLORADO
Office of Behavioral Health
Department of Human Services

Office of Behavioral Health Overview

- Oversees and regulates a comprehensive public behavioral health care system
- Pays for services to prevent and treat mental health and substance use disorders through contracts with behavioral health providers
- Provides training, technical assistance, evaluation, data analysis, funding, and administrative support to behavioral health providers and relevant stakeholders
- Administers the two state mental health hospitals at Fort Logan and Pueblo



What is Under the OBH Umbrella?



Office of Behavioral Health

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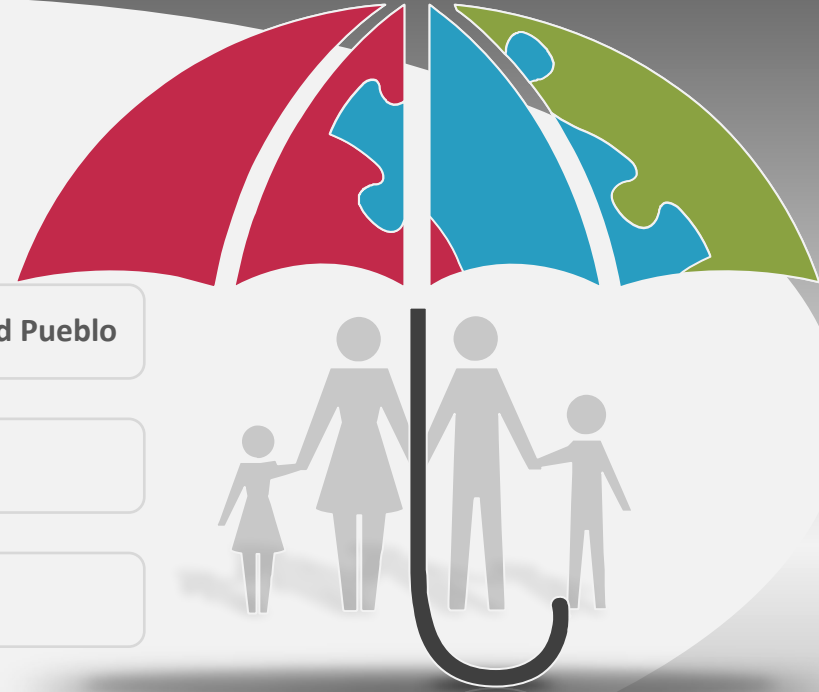
Colorado Mental Health Institute (MHI) Division - Fort Logan and Pueblo

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Communications and Policy

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Community Behavioral Health Division



Community Behavioral Health

DATA & EVALUATION

The Data & Evaluation team supports CBH operations as well as innovative projects. They ensure OBH collects and reports data from behavioral health providers.

BUSINESS & SUPPORTIVE SERVICES

This work unit is responsible for the development, management, and monitoring of all resources (fiscal/FTE) of CBH, contract facilitation and management, purchasing oversight, and budgeting authority.

LICENSING & DESIGNATION

The Licensing and Designation team is responsible for the licensing and designation of approximately 725 behavioral health providers across Colorado.

ADULT TREATMENT & RECOVERY

The Adult Treatment & Recovery team contracts with both provider agencies and Managed Care Organizations (MSOs and ASOs) for a full continuum of mental health, substance use disorder treatment services and behavioral health crisis services.

CRIMINAL JUSTICE

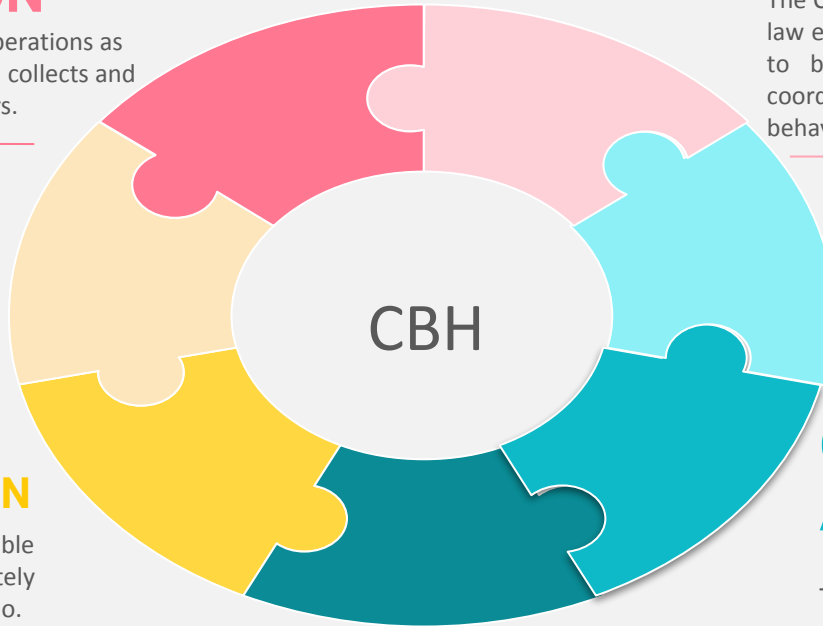
The Criminal Justice team works closely with partners in law enforcement and criminal justice to improve access to behavioral health services and to facilitate a coordinated community response for those in a behavioral health crisis.

PREVENTION

The Prevention team addresses state and system-wide issues concerning funding, provision and delivery of primary prevention substance misuse services.

CHILDREN, YOUTH, AND FAMILY

The Children, Youth and Family Services team provides program oversight, development, and resources to providers, children, youth, families, and stakeholders to ensure effective developmentally appropriate behavioral health service provision.



Community Behavioral Health Major Contracts

Community Mental Health Center: The CDHS Office of Behavioral Health contracts with seventeen Community Mental Health Centers for the provision of mental health treatment services to individuals and families who are low income or not covered by insurance throughout Colorado.

Administrative Service Organizations: The CDHS Office of Behavioral Health contracts with the following Administrative Services Organizations (ASOs) to provide a network of walk-in crisis centers, crisis stabilization centers and respite and mobile crisis services in their regions.

Managed Service Organizations: The CDHS Office of Behavioral Health contracts Managed Service Organizations (MSOs) to manage and monitor substance abuse treatment services for adults and adolescents who are uninsured or under-insured in seven state Sub-State Planning Areas (SSPA). These include: involuntary commitment, medication-assisted treatment and overdose prevention programs, offender treatment services, Strategic Individualized Remediation Treatment (STIRT) and opioid treatment programs, outpatient and residential treatment services, withdrawal management services, women's treatment services, and the community-based Circle Program.



Behavioral Health Task Force

- On April 8, 2019, Gov. Jared Polis directed the Colorado Department of Human Services to spearhead Colorado's Behavioral Health Task Force. The mission of the task force is to evaluate and set the roadmap to improve the current behavioral health system in the state. This includes developing Colorado's "Behavioral Health Blueprint" by June 2020, with anticipated implementation of recommendations starting in July 2020.
- The task force is comprised of 25 members. There are also three subcommittees with 25 members each. Those subcommittees are:
- **State Safety Net**: This subcommittee shall offer a roadmap to ensure that every Coloradan, regardless of acuity level, ability to pay, or co-occurring disabilities, can obtain appropriate behavioral health services in their community.
- **Children's Behavioral Health**: This subcommittee should develop a plan to address how we deliver and manage children's behavioral health and improve outcomes.
- **Long-Term Competency**: Consistent with a recent consent decree entered into by the Colorado Department of Human Services, this subcommittee should develop a comprehensive plan for individuals in the criminal justice system who have been found incompetent to proceed and future solutions to increase community interventions as a means to reduce demand on forensic solutions to mental health.





Regulatory Authority



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What is 27-65?

- It is the law that secures the care and treatment for persons with mental health needs.
- It defines and establishes how mental health services shall be provided.
- It provides for services suited to the needs of the person.
- It provides for the protections of individual rights for those who are being treated under this law.



OBH's Role in 27-65

- Develop and enforce rules regulating the services covered under Title 27, Article 65, C.R.S.
- Designate facilities to provide services covered under Title 27, Article 65, C.R.S.
- Monitor facilities to these laws, rules and regulations.
- Create and update all legal forms (M-Forms) associated with these services.
- Develop and update the OBH Procedural Manual which accompanies the Behavioral Health rules.
- Facilitate the Mental Health Advisory Board for Service Standards and Regulations.



Holds

Transportation Hold

- Used for those individuals who may appear to have a mental health disorder and in need of screening for a 72 hour hold.
- Used when an intervening professional is not sure if an individual meets 72 hour hold criteria.
- Used for a person who will not go voluntarily to be screened for a 72 Hour hold.
- IS NOT* an evaluation or treatment (transportation only).
- Is resolved upon a facility receiving the individual for screening (or after 6 hours).
- IS NOT* a replacement for a necessary 72 hour hold.
- IS NOT* to be used when a person is willing to go voluntarily to be screened for a 72 hour hold.
- IS NOT* to be used once the person has been evaluated.

72 Hour Hold

- Used to detain an individual who meets criteria for a hold (imminent danger to self or others or gravely disabled).
- Used when an intervening professional is clear that an evaluation and treatment is needed.
- Used for a person who will not go voluntarily for evaluation and treatment.
- Does include an evaluation and any necessary treatment.
- Must be resolved (dropped) by a professional person or advanced practice nurse.
- Resolution of the hold must be made prior to the end of the 72 hours based on the evaluation.
- Person must be continually evaluated for voluntary status.
- Person can be transferred to designated facilities if not taken there initially or no bed availability.





Child, Youth, and Family Behavioral Health



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Senate Bill 19-195

In accordance with Senate Bill 19-195, the Office of Behavioral Health will be working to enhance our children and youth behavioral health system. Over the next several months, OBH will be:

1. Partnering with Health Care Policy and Financing to implement high-fidelity wraparound services for eligible children and youth who are enrolled in Medicaid and at risk of out-of-home placement or in an out-of-home placement.
2. Partnering with Health Care Policy and Financing in designing and recommending a child and youth integrated funding pilot program that addresses the challenges of fragmentation and duplication of behavioral health services.
3. Submitting recommendations by July 1, 2020 to develop a statewide screening, assessment, and single referral and entry point for children and youth.

November Update:

OBH is currently identifying areas of overlap with currently existing efforts and stakeholder groups, including the Family First Prevention Services Act and the Behavioral Health Task Force. OBH continues to outreach existing stakeholder group to increase alignment and reduce redundancy.



Children, Youth, and Family Behavioral Health

The Children, Youth and Family Behavioral Health Team provides program oversight, development, and resources to providers, children, youth, families, and stakeholders to ensure effective developmentally appropriate behavioral health service provision.

- Transition Age Youth Programs
 - ASCENT - First Episode Psychosis (FEP)
 - Healthy Transitions Program
- Children and Youth Mental Health Treatment Act



Children, Youth, and Family Behavioral Health

Transition Age Youth Programs



- **ASCENT - First Episode Psychosis (FEP):**
- **Overview:** The ASCENT program is a holistic approach to mental wellness and is funded through the Colorado Office of Behavioral Health. ASCENT utilizes SAMHSA guidelines to provide up to three years of wraparound services of Coordinated Specialty Care to youth and young adults 15-29 years of age (upon intake) who have experience an onset of psychotic spectrum illness within the last 24 months.
- **Specialized Services Include:** Individual Therapy, Employment/Education Support, Life and Social Skills Building, Coping Skills, Symptom Management, Case Management, Medication Management and Primary Care Coordination, Group Therapy, Family Education and Support, Peer Specialist Support, Community and In-home Services, Healthcare Education, and Coordinated Services and Evaluation.
- **Currently offered through the following Community Mental health Centers:** AllHealth Network, AspenPointe, Axis Health System, Aurora Mental Health Center, Community Reach Mental Health Center, Jefferson Center for Mental Health, and North Range Behavioral Health
- **For more information, please visit:** AscentColorado.org



Children, Youth, and Family Behavioral Health

Transition Age Youth Programs

- **Healthy Transitions:**
- **Overview:** Healthy Transitions is grant funded through SAMHSA and collaborates with Urban Peak and other community partners to provide developmentally appropriate, trauma-informed, evidence-based, culturally and linguistically competent, integrated services and supports to youth 16-25 years of age experiencing serious mental health disorders, emotional disturbances and/or co-occurring intellectual developmental disability whom are homelessness or at risk of homelessness in the Denver Metro and Colorado Springs communities. The program also aims to increase public awareness, improve cross-system collaboration and increase service capacity and expertise related to transition age youth through infrastructure and organizational change at the state/tribal level.
- **Specialized Services Include:** street outreach to increase engagement activities, strengths-based case management, and recovery support services to include: employment, education, benefits enrollment, mental health treatment, permanent supportive housing, continued tenancy services and life skills training.



Children, Youth, and Family Behavioral Health

Children and Youth Mental Health Treatment Act

- **Overview:** The Children and Youth Mental Health Treatment Act (CYMHTA) allows for families to access mental health treatment services for their child or youth. CYMHTA is an alternative to child welfare involvement when a dependency and neglect action isn't warranted. CYMHTA funding can be available when there is no other appropriate funding source for treatment, such as private insurance. **Offered Statewide.**
- **Basic Eligibility:**
 - Must have a mental health diagnosis
 - Must be at risk of out of home placement
 - Isn't eligible for Medicaid
 - Accesses the program prior to their 18th birthday
 - Doesn't have a pending or current dependency and neglect action with child welfare
- **Types of services CYMHTA has funded:** Residential Treatment, Neurofeedback, Intensive In-home Services, Respite, Family Therapy, Equine, Animal Assisted Therapy, and Medication Management. Parents can access a CYMHTA Assessment by calling a local mental health agency.
- **For more information, please visit:**
<https://www.colorado.gov/pacific/cdhs/children-and-youth-mental-health-treatment-act>





Adult Treatment and Recovery



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State Targeted Response to the Opioid Crisis

Overview of Statewide Opioid Grants

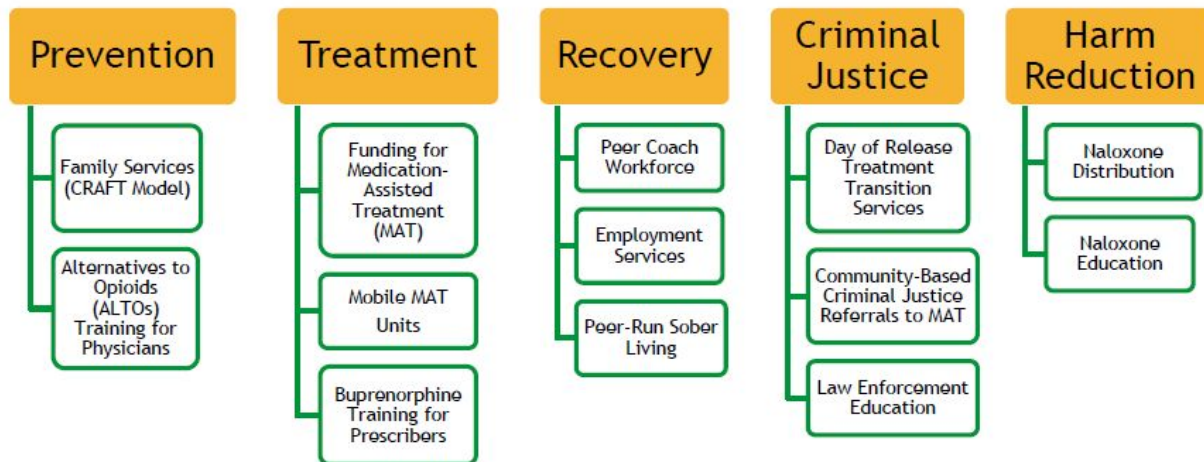
State Targeted Response (STR) Grant

In May 2017, OBH received \$15.7 million over two years from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the STR Grant. This grant will end in April 2019.

State Opioid Response (SOR) Grant

In September 2018, OBH received \$38 million over two years for the SOR Grant from SAMHSA. Several activities will be an extension of the STR Grant and will end September 2020.

Funded Activities



Adult Treatment and Recovery

Emergency Room Inductions

- **Overview:** OBH used two SAMHSA grants, our State Targeted Response to the Opioid Crisis (STR) grant and our Medication Assisted Treatment, Prescription Drug and other Opioid Addiction (MAT PDOA) capacity expansion grant to support three hospitals to initiate MAT with people entering the Emergency Department.

Denver Health began initiating MAT through their ED with support from our MAT PDOA grant.

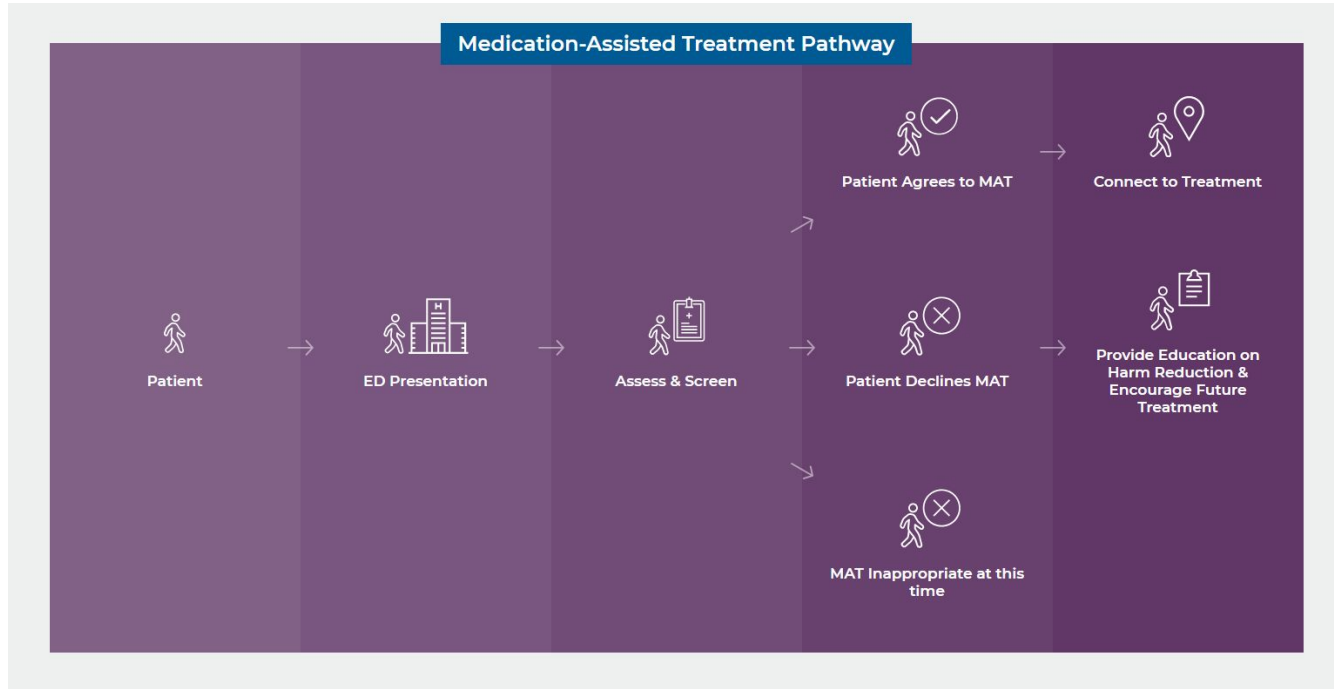
UC Anschutz and Saint Anthony's North participated in a pilot using the SOR grant to begin this work, in partnership with the Colorado Hospital Association (CHA). The funding helped build the pathways to identify appropriate patients, offer and initiate care, and connect the patients to ongoing community based care upon discharge.

- For more information, please visit: ColoradoMAT.org



Adult Treatment and Recovery

Emergency Room Inductions



Adult Treatment and Recovery

Alternatives to Opioids

- **Overview:** OBH has also been working with CHA: The CO's CURE Initiative (Colorado's Opioid Solution: Clinicians United to Resolve the Epidemic) to further efforts around reduction in the use of opioids for pain, and an increase in safer, alternatives to opioids (ALTOs) using SOR funding. They are currently conducting a pilot in 10 hospital inpatient units. This pilot is similar to their past pilot to reduce opioid use within EDs that was very successful and that has not been implemented in most if not all Colorado hospitals.
- For more information, please visit: <https://cha.com/opioid-safety/cos-cure/>



Adult Treatment and Recovery

Transition Specialist Program

- **Overview:** Rocky Mountain Human Services (RMHS) Transition Specialist Program supports the transition of children and adults from various behavioral health and substance use treatment settings to community living. RMHS transition specialists are committed to providing comprehensive, person-centered support to help individuals and families identify needs, define goals and access resources. Peer-bridgers are also available to provide unique supports to clients based on their own personal experience with mental illness and recovery.
- **Services Provided:**
 - Transition specialists who provide intensive, person-centered support to help individuals and families identify needs, define goals and access resources.
 - Peer bridgers who provide unique support to clients based on their own personal experience with mental illness and/or substance use and recovery.



Adult Treatment and Recovery

Transition Specialist Program

- Eligibility Criteria: Clients need to meet all three of the following eligibility requirements
 - Receiving some or all of the following treatments:
 - Individuals currently on a 72-hour hold
 - Individuals currently on a certification for short-term treatment or extended short-term treatment
 - Individuals currently on a certification for long-term treatment
 - Individuals currently on an emergency commitment (substance use disorders)
 - Individuals currently on an involuntary commitment (substance use disorders)
 - Has a significant mental health or substance use disorder, which would be defined as one of the following:
 - The individual has two or more 72-hour holds in the last 12 months
 - The individual has been certified for short-term treatment, extended short-term treatment or long-term treatment at least one time in the last 12 months
 - The individual has been arrested or detained two or more times related to an alcohol or substance use disorder in the last 12 months and does not have a probation or parole officer
 - Is not currently engaged in consistent behavioral health treatment
 - The individual has not received any behavioral health services (outside of the crisis services, emergency care, assessments, inpatient hospitalization or emergency commitments at a withdrawal management center) in the last 45 days



Adult Treatment and Recovery

Transition Specialist Program

- Where are services:
- Staff are located throughout Colorado, including in Denver, Fort Collins, Colorado Springs, Pueblo, Grand Junction and Durango. Our workforce is mobile. Our transition specialists and peer bridgers work with clients and staff in hospitals, Colorado Crisis Services, withdrawal management facilities and emergency departments, as well as families and clients in their homes and community.
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- For more information, please visit: www.rmhumanservices.org/tsp-referrals
 - tspreferrals@rmhumanservices.org
 - Fax to 303-636-5635
 - Call 303-636-5766



Adult Treatment and Recovery

Momentum

- **Overview:** Momentum Program helps clients that have barriers to discharge but do not need a hospital level of care. The program supports the transition of children and adults from inpatient mental health institutes and hospitals to community living. Rocky Mountain Human Services (RMHS) care managers are committed to providing intensive, person-centered support to help individuals and families identify needs, define goals and access resources. Peer-bridgers are also available to provide unique supports to clients based on their own personal experience with mental illness and recovery.

- **For more information, please visit:**

- **Denver Metro:**
 - Karen Levine, klevine@rmhumanservices.org
- **Outside of the Denver Metro:**
 - Nija Gilman, ngilman@rmhumanservices.org
- **Referrals:**
 - momentumreferrals@rmhumanservices.org,
 - fax to 303-636-5635 or call 303-636-5957



Eligibility criteria for children and adolescents (under age 21) include the following:	Adults (21+) must meet at least one of the following:
<ul style="list-style-type: none">● Individuals with psychiatric admissions greater than two weeks, or three or more psychiatric hospitalizations within the last year.● Individuals with psychiatric hospitalizations of three weeks or more and with multiple-system involvement (e.g. juvenile justice, child welfare, school detention/suspensions, IEP) within the last year.	<ul style="list-style-type: none">● Currently hospitalized in a mental health institute or other acute care psychiatric hospital for one month or longer with significant barriers to discharge.● Currently hospitalized and have three or more inpatient psychiatric hospitalizations at a mental health institute or other approved acute care psychiatric hospital in the previous 12 months.● Currently hospitalized and a defendant pleading "Not Guilty by Reason of Insanity."● Currently hospitalized and a defendant determined "Incompetent to Proceed."● Currently hospitalized with a history of psychiatric hospitalization, significant psychiatric behavioral health needs and significant barriers that have prohibited a successful transition into a home community.

Adult Treatment and Recovery



Assertive Community Treatment (ACT)

- **Overview:** ACT is an evidence based practice designed to provide intensive, community based treatment to individuals with severe behavioral health issues who have a history of repeated psychiatric hospitalizations and who may not respond to traditional models of treatment.
- **Specialized Services Include:** Multi-disciplinary teams with small caseloads, providing comprehensive and time-unlimited services to individuals in the community, including assistance with case management, psychiatric crises, medications, benefits, housing, employment, managing finances, and therapy.
- **Currently offered through the following Community Mental health Centers:** AllHealth Network, AspenPointe, Aurora Mental Health Center, Axis Health System, Centennial Mental Health Center, Community Reach Center, Health Solutions, Jefferson Center, Mental Health Center of Denver, Mental Health Partners, Mind Springs Health, North Range Behavioral Health, San Luis Valley Behavioral Health Group, Solvista Health, Southeast Health Group, SummitStone Health Partners, The Center for Mental Health.
- **For more information, please visit:**
<http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345>

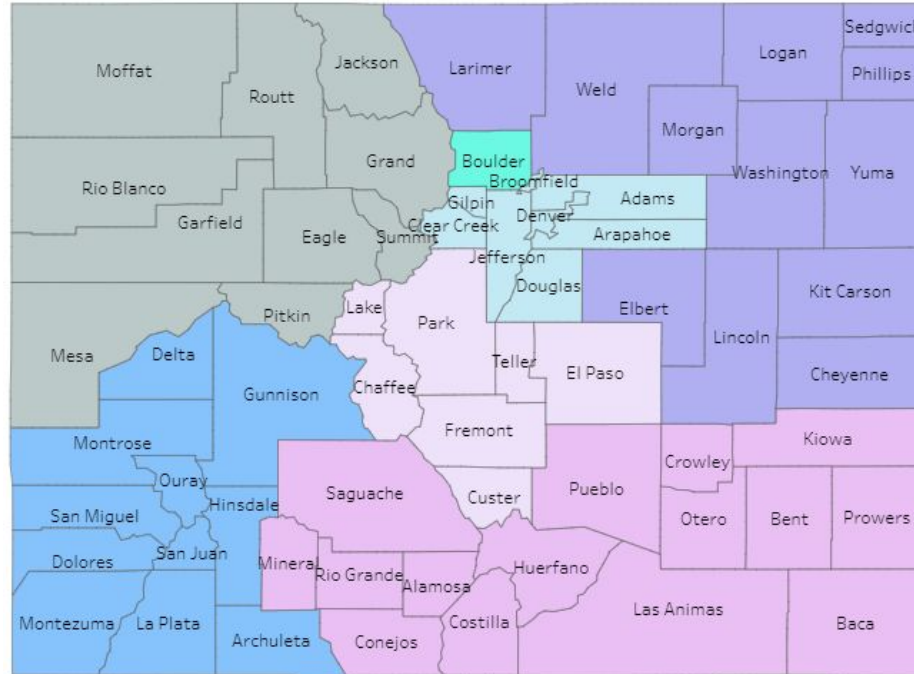


MSOs



- The CDHS Office of Behavioral Health contracts with Managed Service Organizations (MSOs) to manage and monitor substance abuse treatment service programs for adults and adolescents who are uninsured or under-insured in seven state Sub-State Planning areas (SSPAs).
- These include:
 - Involuntary Commitment
 - Medication-assisted treatment
 - Overdose prevention programs
 - Offender treatment services
 - Strategic Individualized Remediation Treatment (STIRT)
 - Opioid treatment programs
 - Outpatient treatment
 - Residential treatment services
 - Withdrawal management services
 - Women's treatment services
 - Community-Based Circle Program

MSO Region Map





Colorado Crisis Service Overview



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Colorado Crisis System Changes

- Crisis services are now managed across seven regions, instead of four, to align with the state's Medicaid regions. The annual budget for Fiscal Year 2019-2020 among the regions is \$29.35 million, which is an increase of \$1.5 million from the previous fiscal year.
- Increased using mental health block grant dollars, based on availability of federal funds

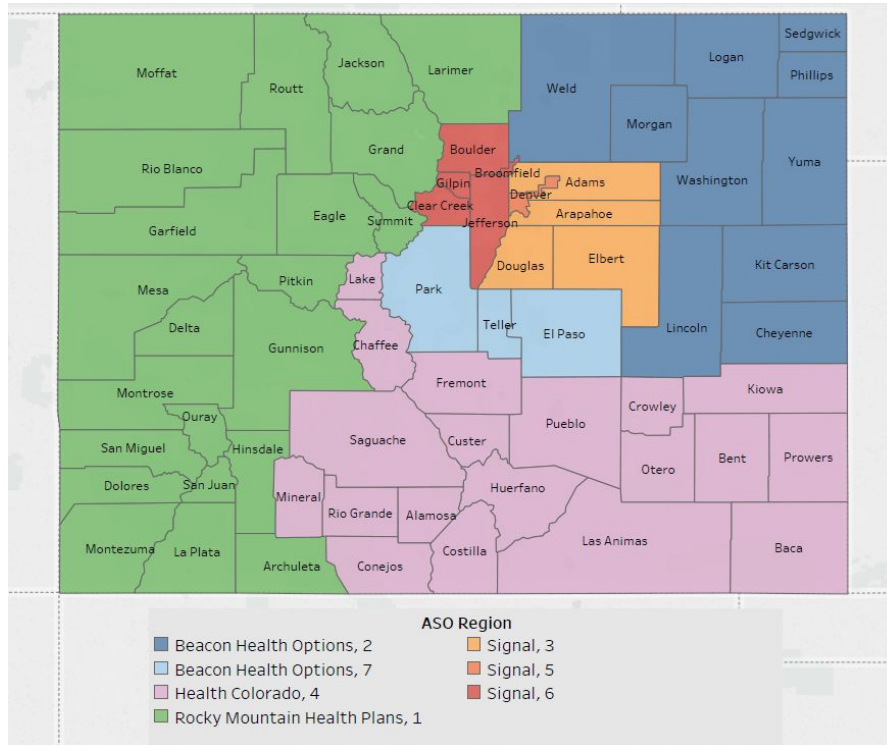


Colorado Crisis System Changes - ASO Role

- Responsible for fiscal and data reporting
- Indirect/Administrative cost for the ASO has increased to better support shared capacity for data collection and reporting, information technology, including telehealth and community partnerships, and performance management.
- Manage performance-based payments as available
- Maintain a crisis network capable of ensuring access and continuing contracted services within the region(s)



Colorado Crisis System Changes - ASO Role



Colorado Crisis System Changes - Mobile Crisis

- Paired mobile response dependent on risk factors such as responding to a client at home
 - Paired options include:
 - Clinician and peer
 - Two clinicians
 - Clinician and case manager
 - Clinician and law enforcement
 - Clinician and other first responder
- Prioritize community response (non-ED, non-facility)
- Establish MOUs with hospitals without available behavioral health evaluators
- Follow up within two days for those individuals that did not go to a higher level of care (by ASO or provider)
- If request was initiated by the Statewide Crisis Line, the mobile team shall update the Crisis Line with the outcome of their visit within 24 hours
- Hotline is contracted with a training organization to establish a triage protocol for mobile response that dictates whether mobile is dispatched or not as well as other safety and practice protocols
- Request for mobile services must be accepted from law enforcement and child welfare, unless exigent circumstances exist



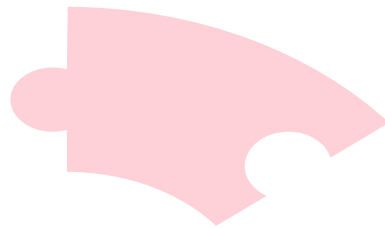


Criminal Justice



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Justice Work



The Criminal Justice Services Team within in the Office of Behavioral Health (OBH), Division of Community Behavioral Health is tasked with providing program oversight, technical assistance, and programmatic monitoring of services for individuals involved in the criminal justice system. The team assesses service quality, serves as a contact for external agencies involved with behavioral health service provision and advocacy for individuals involved with the criminal justice system.

The Criminal Justice Services Team is responsible for program implementation and funding oversight for the following: Co-Responder Programs, DUI Services, Jail Based Behavioral Health Services, Law Enforcement Assisted Diversion, Medication Consistency, Offender Behavioral Health Services, and the Strategic Individualized Remediation Treatment Program.

JBBS Purpose and Contracting Structure



COLORADO

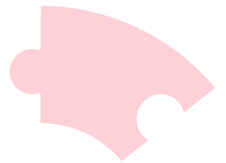
Office of Behavioral Health

Division of Community Behavioral Health

Jail Based Behavioral Services JBBS

The Jail-Based Behavioral Health Services program funds the provision of evidence-based behavioral health services within county jails in the state of Colorado and provides continuity of care extending into the community upon re-entry.

The Office of Behavioral Health contracts with sheriff departments statewide either individually, or as a multiple county partnership, who in turn partners with local community providers to provide Behavioral Health Services within the jail. Currently, there are two types of contracts for JBBS. The comparison below shows what is covered under these contracts.



JBBS Program History

The Jail Based Behavioral Health Services (JBBS) Program has been operational since October 2011

The goal is to provide behavioral health services to inmates while supporting continuity of care within the community after release from incarceration.

The focus of the original JBBS programs is to provide services for adults with substance use disorders and co-occurring substance use and mental health disorders.

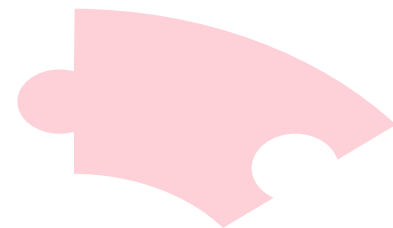
Services included are:

Screening

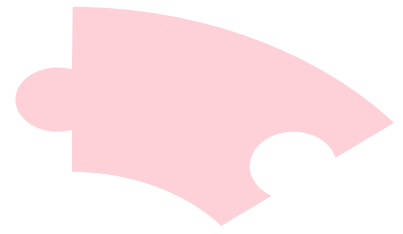
Assessment

Treatment

Transitional case management services



JBBS Substance Use Disorder (SUD)



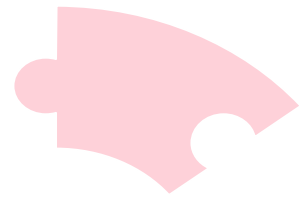
The Office of Behavioral Health was allotted \$5,366,446 for the Jail Based Behavioral Health Services (JBBS) SUD Program for fiscal year 18-19

JBBS SUD is funded through HB 10-1352, and was expanded in October 2012 through SB 12-163.

Sheriff departments are recipients of these funds, either individually, or as multiple county sheriff departments as a partnership.

Sheriff departments have partnered with local community providers who are currently licensed by OBH to provide services within the jail and have the capacity to provide free or low-cost services in the community to inmates upon release.

BBS Mental Health (MH) Expansion



In May 2018 the Colorado General Assembly passed Senate Bill 18-250, which allocated additional funding to the JBBS program to address gaps in services for mental health disorder

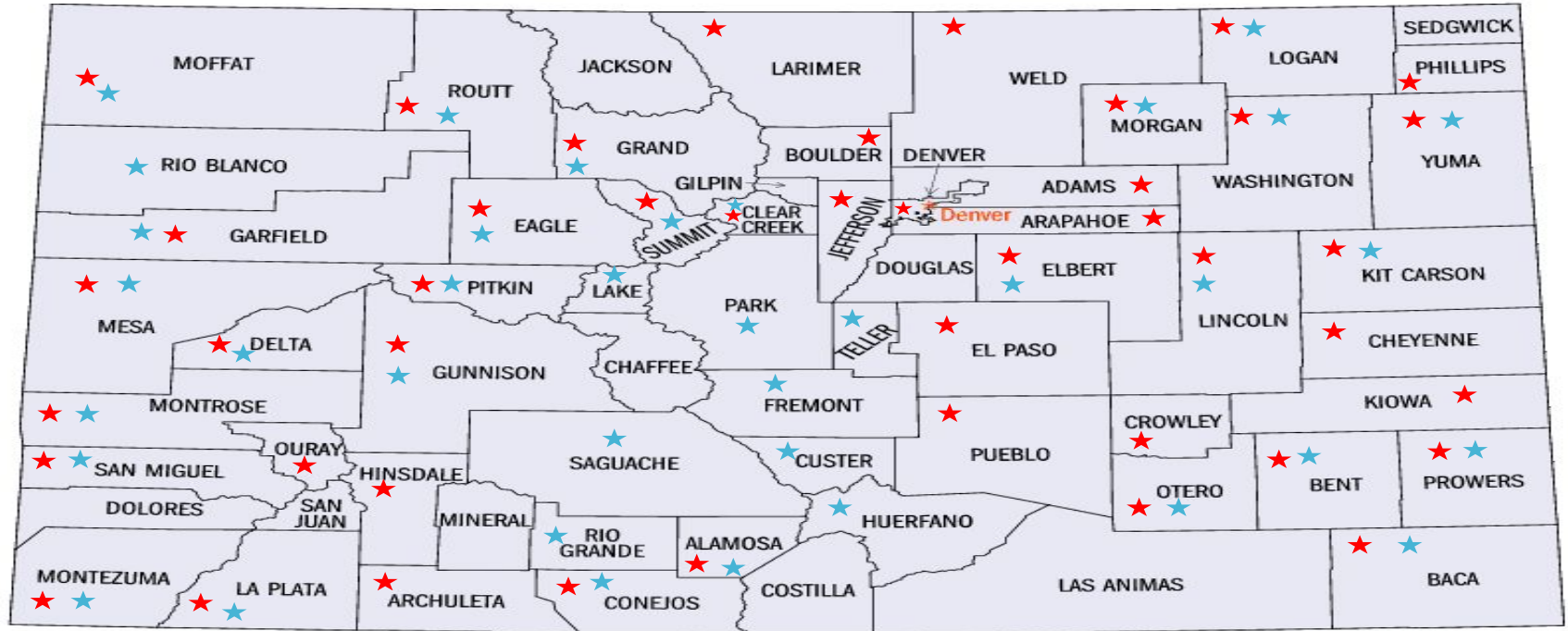
All funds are to be used to provide behavioral health services for adults (18 years of age and older) with mental health disorders or co-occurring substance use and mental health disorders.

Services Include:

- Screening
- Assessment
- Diagnosis
- Treatment
- Psychiatric prescription medications

JBBS Counties

Existing Programs ★
Eligible Counties Programs ★



JBBS SUD

Comparison of Services

JBBS MH

Legislation funding established from SB 12-163 (Correctional Treatment Board) and SB 2013-215

Legislation established from HB 18-250

Contract began for Garfield Catchment 7/1/2013 and ends on 6/30/2020

Contracts beginning 3/1/2019 and ends on 6/30/2020

Population Served: Substance Use Disorders and Co-Occurring

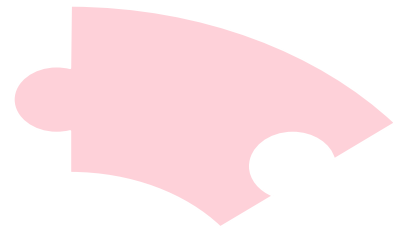
Population Served: Mental Health, Substance Use Disorders, Co-Occurring

Contract Catchment: Garfield County as the Fiscal Agent (Eagle, Garfield, Grand, Mesa, Moffat, Pitkin, Routt, Summit,)

Separate contracts for: Garfield, Moffat, Routt and Summit
No contracts in: Mesa, Pitkin, Eagle, Grand

Contract Modified and Merged into a single JBBS contract (5 year) beginning July 1, 2020

Co-Responder Work



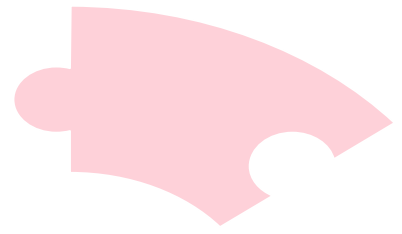
- The Co-Responder model of criminal justice diversion consists of two-person teams comprised of a law enforcement officer and a behavioral health specialist to intervene on mental health-related police calls to de-escalate situations that have historically resulted in arrest and to assess whether the person should be referred for an immediate behavioral health assessment.
- The following communities receive up to \$362,500 per fiscal year from the Marijuana Tax Cash Fund to operate Co-Responder for a five-year term:
 - City and County of Broomfield
 - Denver County
 - El Paso County
 - City of Evans
 - City of Grand Junction
 - Larimer County
 - City of Longmont
 - Pitkin County

Program Goals

1. Prevent unnecessary incarceration and/or hospitalization of individuals with behavioral health issues
2. Provide alternate care in the least restrictive environment through a coordinated system wide approach.
3. Prevent duplication of mental health services
4. Facilitate the return of law enforcement units to patrol activities.



Program Configurations



Primary Response

- Team or unit model
- Responds together

Secondary Response

- Availability throughout agency
- Responds when called

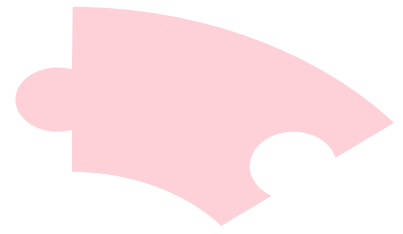
Hybrid or Tailored

- Mix of response & duties

May have additional, dedicated case management or EMS available



Co-Responder Design



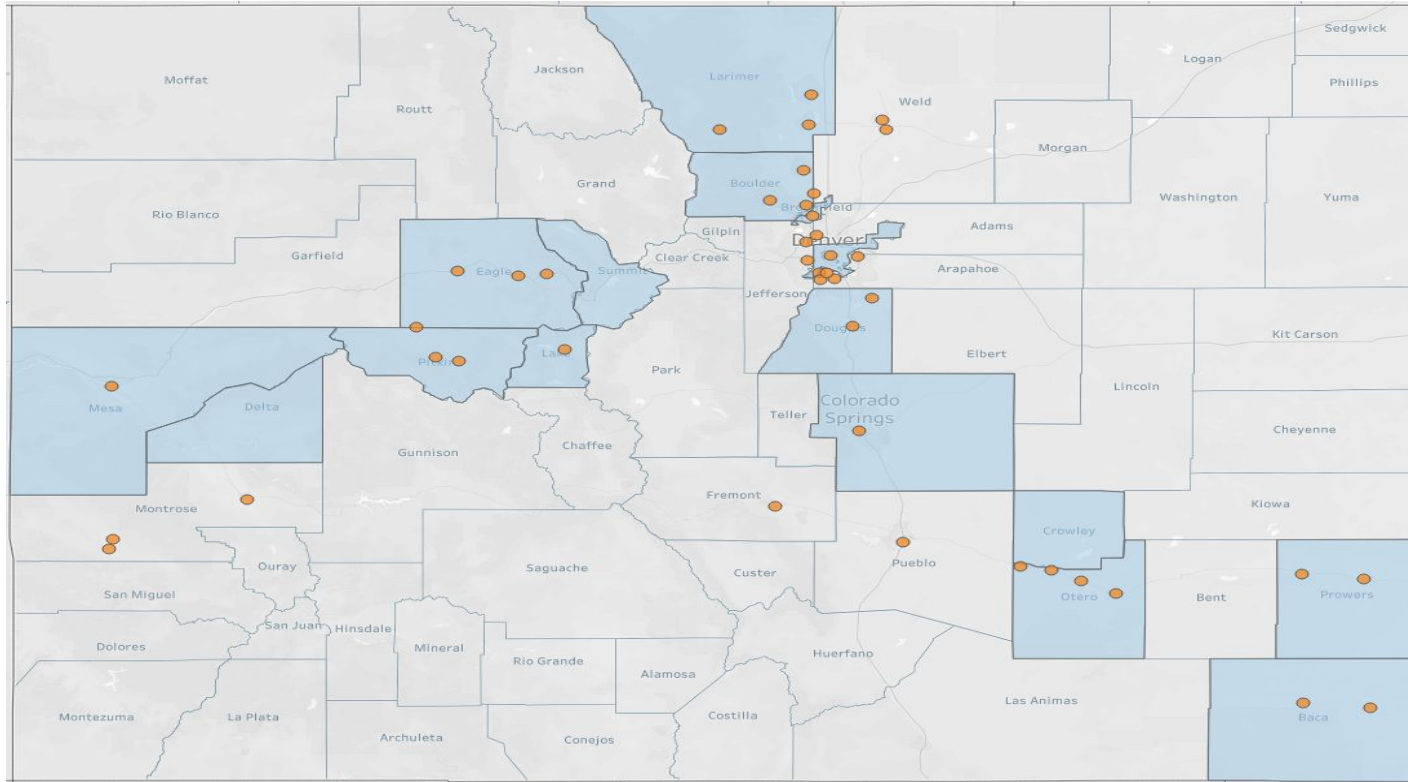
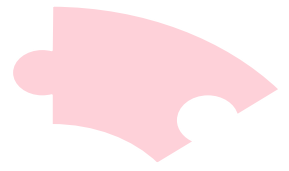
10 Essential Elements

1. Collaborative planning and implementation
2. Program design
3. Specialized training
4. Call taker and dispatch protocols
5. Stabilization, observation, and disposition
6. Transportation and custodial transfer
7. Information exchange and confidentiality
8. Treatment, supports, and resources
9. Organizational support
10. Program evaluation and sustainability

https://www.bja.gov/publications/le_essential_elements.pdf The Essential Elements of a Specialized Law Enforcement-Based Program. Bureau of Justice Assistance & Council of State Governments Justice Center



Program Reach





Questions



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