Project EDGE
Early Diversion Get Engaged

EDGE: Case Examples

[The following were sent to SAMHSA grant project officer, Roxanne Castaneda, 10/30/14 upon her request.]
*Identifying information has been removed to protect privacy. Client initials are fictitious.

Client H.T.

H.T. is a young adult living with parents, and has been showing signs of paranoia, aggression, and poor functioning for over 10 years. H.T. also has substance use issues, although the mental health symptoms began prior to any substance use. H.T. broke the headlights of a car parked on the street due to symptoms of paranoia. After H.T.'s parents contacted law enforcement, officers and EDGE clinicians attempted contact over multiple days, but H.T. ran away each time. Officers and the EDGE clinician made contact with the owner of the car, who agreed to the diversion from criminal charges and connection to treatment instead. H.T.'s parents felt overwhelmed and unsure of community resources. Prior to contact with the EDGE program, H.T. had never received mental health or substance use treatment.

After officers and an EDGE clinician finally made contact, H.T.'s symptoms had escalated and the client was taken to the emergency department and placed on a mental health hold. An officer and an EDGE clinician met with H.T.'s parents to discuss community resources, including options for assistance with their own feelings of stress and anxiety. The EDGE clinician explained what happens while H.T. is in the hospital, next steps after discharge, and options for intensive behavioral health services. An EDGE peer support specialist met with H.T. while in the hospital and after discharge, to assist with follow-up.

Client A.N.

Law enforcement was called to a local store in response to an attempted shoplifting incident. Officers observed that the individual, A.N., was clearly in distress, so they called for an EDGE clinician to respond. Upon arrival, officers told the clinician that A.N. seemed manic and was escalating quickly; the clinician noted that A.N. was hyperventilating, had pressured speech, and was crying. A.N.'s young child was present, and officers were concerned that A.N. was unable to care for the child. The officers stated that if A.N. continued to escalate, they would file criminal charges, write an involuntary mental health hold, and take the child into protective custody.

However, the EDGE clinician was able to de-escalate the crisis, help A.N. calm down enough to discuss symptoms and identify most pressing needs, and avoid criminal charges and hospitalization. It was determined that A.N. was interested in a medication change, did not have a primary therapist, and wanted to attend support groups for bipolar disorder. The clinician also spoke with the store managers, who agreed to the diversion. The EDGE clinician was able to develop a safety plan with A.N. and facilitate coordination between mental health services and the other agencies from which A.N was receiving services.

Client S.D.

S.D. is homeless and had multiple contacts with law enforcement in the days leading up to the initial contact with an EDGE clinician, due to reports of "bizarre behavior." Officers stated that there was probable cause to arrest S.D. for illegal camping, but that they did not want to make the arrest; the officers knew S.D. needed help, but they did not know what services were available or how to access them. These contacts occurred overnight, when no EDGE clinician was on duty, so the officers consulted with the clinicians during the morning shift change.

Since several officers, on both overnight and day shifts, knew that S.D. often stayed at a particular park, an officer and EDGE clinician attempted contact, via ride along model. They found S.D, who agreed to seek services in order to avoid future law enforcement contact; however, S.D. was afraid and nervous because of disabilities, mental health needs, and homelessness. Assessment at the mental health center was unavailable at the time of the contact, so S.D. was referred for services for the following day. After this initial contact, EDGE clinicians and officers lost contact with client for approximately 2 weeks. But after intensive collaborative efforts with officers, a local senior center, and a homeless outreach agency, contact was made. S.D. expressed interest in getting help for depression, and has a history of stroke and other medical conditions. The homeless outreach agency and EDGE staff collaborated on getting the client transportation assistance to a mental health intake appointment. Peer Support Specialists met with the client to enhance engagement.

Client E.F.

Sibling called law enforcement because E.F. was slurring speech, and has a history of mental health problems and substance use. E.F. has bipolar disorder, and is attempting to transition from homelessness to living in an apartment. E.F. reported a history of difficulty accessing mental health treatment and long periods of time without medication. E.F. suffers from severe pain after an accident 20 years ago. E.F. self-admitted to the hospital days before the EDGE contact, but was discharged because did not meet inpatient criteria.

E.F. agreed to begin the intake process at the mental health center. E.F. expressed a desire to get help transferring Medicaid services because of the recent move to Colorado from out of state. The peer support specialist met with E.F. and her sibling to discuss the role of MHP's benefits specialists and other treatment options. E.F. was tearful, and was thankful for the support.

Client L.E.

L.E. is homeless and has no contact information. L.E. was contacted by officers due to potential criminal charges for prohibited occupancy in a condemned house for the second day in a row. Officers noted evidence of mental health and substance use issues and called for an EDGE clinician to respond to the scene. The EDGE clinician learned that L.E. was not receiving any behavioral health treatment. The officer and EDGE clinician facilitated a warm hand-off by taking L.E. directly to the mental health center for an intake and screening appointment.