



The Receiving Center (RC) aims to offer our communities a first line of crisis intervention. This program offers an alternative to incarceration and emergency department utilization and functions as a crisis response site offering brief crisis stabilization. A pre-booking, jail and emergency room diversion program, the Receiving Center functions as a centralized drop off site for individuals experiencing mental health, substance use, or other behavioral crises.

The Receiving Center opened in December 2019 as a result of a collaborative planning process between multiple Davis County agencies including law enforcement, behavioral health, county and city attorneys, county leaders and others. This program takes referrals from the community, family, law enforcement, hospital and self-referred individuals who meet the target population below.

Consumers of this program generally stay up to 24 hours or until the crisis has stabilized. Participants will receive a suicide assessment, physical health screening by a nurse, an evaluation by a licensed therapist, meet with a recovery support peer, medication management and medication assisted treatment when necessary. Once stabilized, individuals will be linked to a treatment program and discharged.

Objectives of the program include:

1. Development of a collaborative infrastructure aimed at diverting individuals with behavioral health and substance use needs away from jails and emergency rooms and to appropriate community-based treatment.
2. Integration of the receiving center into an effective and strategic community-based crisis response system built to serve individuals in crisis and subsequently reduce costs related to incarcerations, prosecution, and emergency department overuse.
3. Facilitate connections and leverage partnerships amongst community behavioral health social service agencies to facilitate continued engagement in treatment and jail diversion post Receiving Center discharge

Target Population:

1. Age 18 and over
2. Mental Illness (showing signs of mental illness including thoughts of suicide or self-harm behavior)
3. Substance use crisis (active use, intoxication and seeking help)
4. Misdemeanor crimes with a drug nexus such as
 - a. Intoxicated (must be able to walk under their own power)
 - b. Drug Paraphernalia
 - c. Drug Possession
 - d. Theft (related to substance use or mental illness that does not require restitution)
 - e. Trespass (related to substance use or mental illness)
 - f. Other drug or mental health related offense
5. Warrants
 - a. Low level drug offense warrants (Both in and out of county)
 - i. The RC will help the individual to address the warrant.

Exclusionary Criteria

1. Person on Person crimes (such as domestic violence and assault)
2. DUI
3. Has injuries or medical concerns (must be cleared before entering the Receiving Center)
4. Combative, assaultive, danger to others

Discharge stabilization

- Linkage to informal supports and family to return home or to community placement.
- Follow up with behavioral health and/or substance use provider and support services.
- Referral to medication and management services
- Review of all scheduled court hearings, warrants, monitoring, and treatment appointments
- Development of a crisis stabilization plan with recommendation to include one informal support that outlines actions to take during the next crisis.

Guiding Principles

- Centralized, single point access for law enforcement
- No refusal policies and procedures: Services will not be refused if a person is too intoxicated (not to include exclusionary criteria as defined herein) to provide accurate and detailed emergency information.
- 24/7/365 access
- Legal foundations for admission
 - Criminal: Citation not issued with alternative diversion to receiving center in lieu of jail. Potential citation if person does not engage in treatment related services for at least 60 days.
 - *Civil: Unable to be civilly ordered at this time*
 - Voluntary: Law enforcement or Civilly referred with no criminal charges or judicial oversight
- Integrated in existing care models with strong ties to community supports and treatment providers.

Expected Outcomes and Program Measures

- Increase in jail diversion.
- Increase in community-based disposition outcomes.
- Reduction of incarceration rates for clients with minor possession charges
- Decrease utilization of emergency departments.