



Developing and Successfully Implementing Your Co-Responder Program

Law enforcement officers are often called upon to respond to people who are having a mental health crisis, are intoxicated, experiencing homelessness, or who have other health and social service challenges. Indeed, recent studies have shown that as many as 10 percent of all police calls involve a person with a mental illness.¹ This has led many law enforcement agencies to seek out alternatives to arrest or hospitalization to position their officers for success in these calls and to help ensure best outcomes for the people in need. One growing approach is by pairing health care professionals with law enforcement officers to respond to these types of calls through police-mental health collaboration response models² known as Co-Responder Teams (CRTs).³

CRTs are a critical tool for law enforcement when responding to people in mental health crisis. According to one study, officers in communities with CRT programs are more likely to transport people to mental health treatment programs and resolve incidents informally and without arrest than officers in communities without these programs.⁴ Below are the basic components of CRT programs and practical tips to start and successfully implement your own.

What is a Co-Responder Team?

CRTs may look different across various jurisdictions, but central to core of the program model is that a specially trained officer and a mental health crisis worker respond together to address mental health calls.⁵

Variations in Co-Responder Programs: Variations on this core program model include differences in the type of health professional the officer is paired with (e.g., peer support specialist, emergency medical services), whether they physically respond together (i.e., sometimes the health professional is available by phone or video call), and whether they respond to specific types of calls (i.e., whether they respond directly to 911 calls or only respond after an event, or whether they respond to specific needs, such as to someone who overdosed).⁶

Why Implement a Co-Responder Program?

CRTs provide law enforcement officers the resources necessary to effectively and safely respond to calls involving people in mental health crisis. They can immediately meet the need of that person by providing on-scene crisis de-escalation, screening and assessments, and referrals to ongoing treatment by a mental health professional. Jurisdictions across the country implementing CRTs have found that they reduced the use of force, decreased arrests, decreased hospitalizations/ER visits, and reduced the officer's time on scene.⁷ Ultimately, they are used to meet the goal of connecting people to community-based services that promote wellbeing and lead to fewer repeat mental health service calls.

1. Alysson Gatens, *Responding to Individuals Experiencing Mental Health Crisis: Police-Involved Programs* (Illinois: Center for Justice Research and Evaluation), <https://www.jrsa.org/pubs/sac-digest/vol-28/il-polinvprogrms.pdf>.

2. The Council of State Governments (CSG) Justice Center, *Police Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs* (New York: CSG Justice Center, 2019), <https://csgjusticecenter.org/publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/>; and "PMHC Toolkit," Bureau of Justice Assistance, accessed July 20, 2020, <https://bjia.ojp.gov/program/pmhc>.

3. "Crisis Intervention Team (CIT) Programs," National Alliance on Mental Illness, accessed July 20, 2020, [https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-\(CIT\)-Programs](https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs).

4. Melissa Reuland, Matthew Schwarzfeld, and Laura Draper, *Law Enforcement Responses to People with Mental Illness: A guide to research-informed policy and practice* (New York: CSG Justice Center, 2009), <https://csgjusticecenter.org/publications/law-enforcement-responses-to-people-with-mental-illnesses-a-guide-to-research-informed-policy-and-practice/>.

5. The CSG Justice Center, *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs* (New York: CSG Justice Center, 2019), 9.

6. Ashley Krider et al., *Responding to Individual in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers* (Delmar, NY: Policy Research, Inc and National League of Cities, 2020), <https://www.prainc.com/wp-content/uploads/2020/03/RespondingtoBHCrisisviaCRModels.pdf>.

7. Amy C. Watson, Michael T. Compton, and Leah G. Pope, *Crisis Response Services for People with Mental Illness or Intellectual and Developmental Disabilities: A Review of the Literature on Police-based and Other First Response Models* (New York: Vera Institute of Justice, 2019), <https://www.vera.org/publications/crisis-response-services-for-people-with-mental-illnesses-or-intellectual-and-developmental-disabilities>.

Four Tips to Ensure a Successful Co-Responder Program

1 Develop collaborative, cross-system partnerships

- Assemble a planning team or interagency workgroup with your local health care provider.
- Develop information-sharing agreements and memorandums of understanding that outline each agency's commitment to the program.
- Engage community champions, such as community organizations and advocacy groups, that represent consumers of mental health services, people with lived experience, and their family members to inform the planning and design of the program.

2 Outline the program goals, policies, and procedures

- Work with your health and social service partners to develop a mission, vision, and goals statement for the program.
- Jointly develop written policies and procedures that are clear and comprehensive. These policies and procedures should outline the roles and responsibilities of both the law enforcement and health agency, including staffing, training curricula, information-sharing practices, and work standards.

3 Inventory your community's services and needs

- Based on this inventory, establish under which situations or types of calls the CRT will be deployed, and determine what types of assessments, supports, and services the team will provide.
- Ensure that the CRT is able to connect people with longer-term community-based supports, such as housing, mental health, or substance use treatment and peer supports.

4 Assess outcomes and performance to determine if any changes are needed

- Establish baseline data on key metrics before implementing the CRT or at the outset of implementation (e.g., total number of crisis calls; outcomes of those contacts including arrest, diversion, and connection to care; frequency of use of force; total number of repeat encounters to measure progress) to have data to compare your progress against.
- Develop a process for collecting and analyzing data on these key metrics.
- Use this data to continually improve the program and facilitate funding efforts to keep the program sustainable.

Examples of Success Across the Country

The **Boston, Massachusetts** Police Department's CRT fielded more than 1,000 mental health calls between 2011 and 2016. Of those calls for service, only 9 resulted in arrest. Instead, with the help of the co-responding clinician, many of the calls (approximately 400 calls) were able to be resolved on the scene.⁸

From January 2018-December 2019, the **Boulder Early Diversion Get Engaged (EDGE) program in Colorado** diverted 829 people. Based on 2016 cost analysis, the CRT program saves the county approx. \$3 million annually by reducing incarcerations and hospitalizations.⁹

In 2018, 65 percent of the co-responder calls in **Arlington, Massachusetts** resulted in de-escalation (along with follow-up and/or referral to a provider).¹⁰

The collaboration between the **Houston** Police Department and The Harris Center for Mental Health and IDD, our local mental health authority, has been the reason for the many successes we have accomplished in better serving our community, particularly those who are living with or affected by mental illness.

– Sr. Police Officer Rebecca Skillern,
Mental Health Division,
Houston Police Department

ADDITIONAL INFORMATION: if your jurisdiction is interested in starting or enhancing your CRT or other police-mental health collaboration response model, visit the the CSG Justice Center's Police Mental Health Collaboration webpage at <https://csgjusticecenter.org/projects/police-mental-health-collaboration-pmhc/> for tools and resources.

8. Melissa S. Morabito et al., "Police Responses to People with Mental Illnesses in a Major U.S. City: The Boston Experience with the Co-Responder Model," *Victims and Offenders* 13, no.8 (2018): 1093-1105.
9. The EDGE program, Boulder County's CRT, is a collaboration between the Boulder Sheriff's Department, the City of Boulder, and Mental Health Partners in Colorado. Email correspondence between the CSG Justice Center and Mental Health Partners, September 14, 2020. See also Frank Cornelia and Moses Gur, "Early Diversion for Individuals with Mental Illness" (PowerPoint presentation, Colorado Behavioral Healthcare Council, September 8, 2016), https://cdpsdocs.state.co.us/ccij/committees/MHJTF/Materials/2016-09-08-Diversion_presentation.pdf.
10. Bureau of Justice Assistance, Justice & Mental Health Collaboration Program (Washington, DC: Bureau of Justice Assistance and CSG Justice Center, 2019), <https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/jmhcp-program.pdf>.