



Co-Responder Teams

Mental Health and Law Enforcement Partnership



A Co-Responder Team Model is:

- Collaborative
- Multi-disciplinary
- Community-based

Geared toward harm reduction and facilitation of improved outcomes. Models vary by community, and many include a behavioral health professional and first responder.

WHAT IS A CO- RESPONSE?

A Co-Responder model pairs law enforcement and behavioral health specialists to respond to behavioral health-related calls

- Teams respond to 911 and nonemergency calls that are routed and triaged through dispatch
 - CORE also responds to referrals made by Patrol, and self-dispatch to calls
- Up to 20% of all calls to LE involve a mental health or substance use component
- Teams use the combined expertise of officers and behavioral health specialists to de-escalate situations, provide on scene behavioral health screening and assessment, and referral or linkage to needed services
- Call outcomes range from leaving the individual with necessary resources (safety planning), transporting the individual to a hospital, and/or providing support and resources for family members and others on-scene
- Co-Responder programs allow for follow up with individuals after the initial encounter
- Provides a unique, specialized response to those in crisis that may otherwise not happen
- Allows parallel documentation between two organizations which historically have not communicated frequently
- No two co-responder models are the same, though many can be similar in design
 - EMT/Therapist models
 - Secondary Responses

NO WRONG DOOR SYSTEMS THINKING

- Working together to achieve common goals so that the system is more than the sum of its parts.
- Least restrictive = less costly
- The “health first” approach only involves police when necessary, and they have clearly defined roles.
- Response Partners
 - Mobile Crisis Teams
 - CIT Partnerships
 - EMS Partnerships
 - Emergency Departments



COMMUNITY NEEDS

- Unmet physical and behavioral health needs.
- Increased feelings of hopelessness.
- Youth are experiencing increased conflict at home, less connection and greater isolation.
- Law Enforcement time on non-crime related calls prevents them from engaging in proactive policing.
- Increased substance use concerns.



WHY COMMUNITY RESPONSE?

- Improve support and resource navigation in non-criminal calls for service
- Helps community members navigate a fragmented system when in crisis
- Improves job satisfaction for patrol staff and other first responders
- Creates synergy between law enforcement, first responders, mental health providers and community supports
- Reduces calls to 911 by high utilizers
- Potential reduction in transports and unnecessary ER utilization



COMMUNITY RESPONSE MODELS

- Primary Response
 - Law-enforcement/BHP paired response
- Secondary Response
 - Single BHP response
- Non-LEO paired response
 - EMS/BHP



DURANGO PD CORE TEAM



- The Team
 - Police Department Staff
 - Sergeant Will Sweetwood
 - Officer Patrick Jackson
 - Officer Jon Mizner
 - Axis Clinical Staff
 - Director Molly Rodriguez, LPC
 - Manager Matt Teague, LCSW
 - Therapist Elizabeth Gleason, LPC
 - Therapist Michaela Collins, LPCC
 - Therapist Sam Lewarchick, LPCC





PROGRAM DEVELOPMENT

- CORE was developed following both national changes to ‘use of force’ laws, and a change in public perception of what policing should look like
- Durango PD saw these changes coming and felt the need for innovative programs to meet the community needs, and alleviate traditional call types from the force that are generally not criminal in nature and which they do not have the expertise to handle most effectively
- Partnership between Axis Health System and Durango Police Department started in 2020
 - Axis serves 11 counties
 - Provides access to primary care, dental, behavioral health, and crisis services
- The program expanded from one officer and clinician in February 2021, to two teams with 7 days of 12-hour coverage

FUTURE OF POLICING

- Co-Responder programs have been around in a small number of communities for decades, however, following national shifts in policing practices, models like this are spreading across the country
- Focus on collaborative, community approaches
 - The CORE program is just one example of how collaboration among community agencies can improve outcomes
- Accountability, transparency
 - Ongoing shifts are leading to more measure to keep officers accountable for actions including mandatory body cameras, reporting, contact cards





CORE GOALS

Reduce the use of emergency services (police, fire, ambulance, hospital ER)

Bring clinical expertise to triage and address acute on-scene needs

Avoid unnecessary M1 holds, emergency room trips, and criminal justice involvement



TYPES OF CALLS

- Welfare Checks
- De-escalation
- Risk assessments
- Suicide Prevention, Assessment & Intervention
- Conflict Resolution and Familial Support
- Resource Connection and Care Referrals
- Referrals from law enforcement during off hours



A Typical Day

- Dynamic and Flexible
- Case Review and Follow-Up
- Direct Dispatch
- Community Engagement
- Care Coordination
- Documentation



DURANGO PROGRAM STATS

	2022	2023	2024 (YTD)
Total Calls	1,064	1,100	973
Follow-Up Contacts	227	351	465
Arrests	25 (2%)	17 (2%)	13 (1%)
Legal Holds	85 (8%)	95 (9%)	33 (3%)
Treated in Community	918	941	883
Top Call Type	CIT	CIT	CIT

ROLE OF COMMUNITY RESPONSE PROGRAMS IN YOUR COMMUNITY

- What problems this program could potentially solve.
- What gaps are we focused on eliminating?
- Why is this a good solution for this community?
- What data do we NEED vs want?
- Are there certain populations who need more support than others?
- Examples
 - Improving connection to SDoH services
 - Improving health outcomes for the community
 - Reducing law enforcement time on non-criminal calls





HOW TO START A RESPONSE PROGRAM





QUESTIONS

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