

Co-Responder Teams (CoR Teams)

Requirement: Contract

Frequency: Monthly

Due Date: 8th of each month

The Co-Responder model of criminal justice diversion pairs law enforcement and behavioral health specialists to intervene and respond to behavioral health-related calls for law enforcement service. These teams utilize the combined expertise of the officer and the behavioral health specialist to de-escalate situations and help link individuals with behavioral health issues to appropriate services.

The program and team structure may vary between counties in order to meet the needs of the individual community. There are generally two approaches to providing this service:

1. An officer and behavioral health specialist ride together in the same vehicle for an entire shift, or
2. the behavioral health specialist is called to the scene, and the call is handled in partnership with the law enforcement officer.

On scene, the team works not only to de-escalate the situation, but also provide behavioral health screening and assessment, call disposition planning and referral or linkage to needed services. The planning at the end of the encounter depends on numerous factors, and outcomes can range from leaving the individual with necessary resources, transporting the individual to the hospital or walk-in clinic, and providing support and resources for family members and other on scene.

Programs should also make every effort to follow up with individuals after the initial encounter. The follow up will vary by program: some may have care coordinators embedded as part of the Co-Responder team, others may refer to various outpatient services. Programs should work with community partners to ensure resources are available to assist individuals across the continuum of care.

Training is essential to the success of the Co-Responder teams. There should be a cross-training that occurs between law enforcement and the behavioral health provider. Ideally the behavioral health specialist should attend a Crisis Intervention Team (CIT) training, law enforcement specific de-escalation, and when possible Citizen's Police Academy. Both team members should attend cultural competency and trauma informed care training for the criminal justice population, and behavioral health de-escalation.

Training should also be provided to the communications staff at each law enforcement agency. Communications staff (dispatchers) are the first to interact with a caller in crisis. These staff need to accurately identify calls that involve a behavioral health crisis and ensure they are correctly dispatching the Co-Responder teams. The communications staff must understand the purpose of the specialized program and how it works – particularly what types of calls for service should be directed to the Co-Responder teams. Communications staff must be provided with up-to-date information on staffing patterns during all shifts and over all areas the Co-Responder teams cover. They should also be trained to correctly record the calls so data can be accurately tracked. ¹

¹ <https://pmhctoolkit.bja.gov/learning#learning-about-pmhc-programs>

Network Service Provider Responsibilities:

1. Ensure LSF Health Systems (LSFHS) is aware of staffing vacancies as they occur.
2. Maintain data and upload monthly Co-Responder Program Report to the LSF SharePoint by the 8th of each month. The Template for this report is incorporated herein.
3. Attend required trainings: cultural competency, CIT, de-escalation, and trauma informed care for the criminal justice population. Maintain evidence of these trainings in the personnel chart.
4. Maintain a record of referrals made and follow-up activities with individuals the Co-Responder teams interact with
5. Establish a Memorandum of Understanding (MOU) with the partner law enforcement agency that clearly outlines the roles and responsibilities of each partner on the CoR Team.
6. Establish MOUs with local Mobile Response Teams to insure there is a system in place for referring crisis calls after CoResponder hours.
7. Attend criminal justice meetings in the Network Service Provider coverage area to educate on the program and share the data tracked by the team.

Program Goals:

1. Reduce the amount of time law enforcement spends responding to crisis calls involving behavioral health.
2. Divert individuals from jail, emergency departments, and/or crisis units when appropriate.
3. Produce and submit MOUs.
4. Reduce recidivism to jails, emergency departments, and/or crisis units.
5. Identify the repeat callers and connect them with care coordination services.
6. Reduce use of force in calls involving a behavioral health crisis.
7. Increase connections to resources.
8. Conduct a minimum of 7 formal outreach activities each year. This includes presentations conducted during community meetings, at board meetings, marketing efforts, tabling events, etc.

Measure	Outcome
Reduce the amount of time law enforcement spends responding to crisis calls involving behavioral health.	90% of calls will have less than 60-minute response time

Divert individuals from jail, emergency departments, and/or crisis units when appropriate.	60% of all calls will end in diversion
Produce and submit MOUs. & Increase connections to resources.	Identify the most frequently used referrals sources and create MOUs allowing the consumers efficient access to services.
Reduce recidivism to jails, emergency departments, and/or crisis units.	60% of all calls will be one-time events in the FY
Reduce use of force in calls involving a behavioral health crisis.	90% of all calls will have no use of force