Developing and 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 show that as many as 10 percent of all police calls involve a person with a mental illness. 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 models known as Co-Responder Teams (CRTs).

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. 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 the program model is that a specially trained officer and a mental health crisis worker respond together to address mental health calls.

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).

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. 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.

Four Tips to Ensure a Successful Co-Responder Program

1. Develop cross-system partnerships
   Assemble a planning team or interagency workgroup with your local health care provider.

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.

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.

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.

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

Request Free Support

If your jurisdiction is interested in starting or enhancing your CRT or other police-mental health collaboration response model, visit the Law Enforcement-Mental Health Collaboration Support center at csgjusticecenter.org/resources/le-mh-collaborations-support-center for in-depth subject matter expertise. The Center offers free training, resources, and specialized support to communities wanting to improve their law enforcement responses to people with behavioral health conditions or intellectual and developmental disabilities.

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