

REFERENCE SOURCES FOR POLICE-BASED EMBEDDED MENTAL HEALTH CO-RESPONDER PROGRAMS

	Page
<hr/> <i>1 - The Embedded Mental Health Co-Responder Model</i> <hr/>	2
<hr/> <i>2 - References Describing How Co-Responder Programs Work</i> <hr/>	3
<hr/> <i>3 - Guidance and Direct Assistance To Those Implementing Co-Responder</i> <hr/>	6
<hr/> <i>4 - About Collaboration Needed To Implement a Co-Responder Program</i> <hr/>	10
<hr/> <i>5 - Grants and Other Means of Financing a Co-Responder Program</i> <hr/>	12

1 - The Embedded Mental Health Co-Responder Model

The police-based, embedded mental health co-responder model was developed at the police departments of Vancouver, BC, and the Los Angeles in the early 1990's. It is a proven, evidence-based best practice for police that has seen much greater use in the past few years. In short, it means the creation of specialized 2 person teams comprised of a well-trained officers paired with mental health professionals for the purpose of a better response to mental health related calls. It enables necessary law enforcement responses to evolve as rapidly as possible into an on-scene, professional mental health response. This is diversion at the earliest possible point of the Sequential Intercept Model, which maximizes taxpayer savings and minimizes trauma to those in crisis. Practitioners and researchers both note the increased use of out-patient services and reduction in transfers (to inpatient services) by the police. They note that on-site assessments are more accurate and enable clinicians to communicate with, and partner with, family and friends of the individuals in crisis. That enables better short-term outcomes and preventative follow-up work that, research and experience shows, can actually prevent repeated law enforcement contacts with the same individuals. This last effect is one reason why so many law enforcement agencies have implemented this model in the past years. But, the best reason to consider a co-responder is that, time and again, research and experience shows this model produces the best outcomes for citizens in crisis.

VIDEO'S -- What Co-Responder Looks Like:

Video: Framingham, MA, Jail Diversion Program. <https://www.youtube.com/watch?v=5alqN4jlepY>

Video: Olathe, KS, PD Mental Health Co-Responder. <https://www.youtube.com/watch?v=aYKohC5ATx8>

Video: Victoria, Aust., video says much. <https://www.youtube.com/watch?v=sM55p3RdH3A>

Video: Seattle, WA, wins with CIT +co-responder. <https://www.youtube.com/watch?v=R-MmPVSGcnM>

Research of Seattle's Program: Title: "A descriptive evaluation of the Seattle Police Department's crisis response team officer/mental health professional partnership pilot program"

International Journal of Law and Psychiatry, Volume 44, 2015, Pages 109-122

Jacqueline B. Helfgott, Matthew J. Hickman, Andre P. Labossiere

Research shows this city, with an existing CIT program, sees improvement in outcomes from incorporating co-responder. "Fundamental change in how the department responds to behavior health incidents." "more nuanced dispositions"

Video: Quincy, MA, tries partnering. <http://www.wcvb.com/chronicle/taking-treatment-to-the-streets/36866314>

Video: Reno, NV, co-responder is preventative. <http://www.wcvb.com/chronicle/taking-treatment-to-the-streets/36866314>

Audio: NYC starts a big-apple-sized program. <http://www.wnyc.org/story/clinicians-team-police-respond-mentally-ill/>

Video: Northern BC police say they are tying co-responder because they keep having repeated contact with the people they "drop off" for treatment. <https://www.youtube.com/watch?v=CLK8FWiCMt4>

Webinar Archive: Innovative Law Enforcement Strategies for Interacting with People that Frequently Require Emergency and Crisis Services

July 31, 2012

In this webinar, held July 26, 2012, representatives from the Houston Police Department and the Los Angeles Police Department will discuss the programs they have developed to work more effectively with individuals with mental illnesses who frequently come in contact with law enforcement and emergency services personnel.

To watch an archived recording of this webinar, click [here](#).

To download a PDF of the PowerPoint presentation used in this webinar, click [here](#).

<https://csgjusticecenter.org/law-enforcement/webinars/webinar-archive-innovative-law-enforcement-strategies-for-interacting-with-people-that-frequently-require-emergency-and-crisis-services>

Officers, Co-Responder Seek to Employ ‘Right Intervention’ for People with Mental Illnesses in Overland Park, KS

March 31, 2016

Megan Younger, a social worker with 16 years of experience in emergency mental health services, has been the designated co-responder embedded in the Overland Park Police Department since May 2014, a position made possible by a Bureau of Justice Assistance Justice and Mental Health Collaboration Program grant awarded to the City of Overland Park in 2013.

Link1: <https://csgjusticecenter.org/law-enforcement/posts/officers-co-responder-seek-to-employ-right-intervention-for-people-with-mental-illnesses-in-overland-park-ks/>

Link2: <http://www.khi.org/news/article/kc-area-program-changes-how-police-deal-with-people-in-mental-health-crisis>

Overland Park, KS, Co-Responder Statistics Illustrate Good Outcomes, Good ROI

See Attachment B: Overland Park Evaluation.

The Overland Park Police Department’s Mental Health Co-Responder Project

Presented by Alex M. Holsinger, Ph.D., Dept. of Criminal Justice & Criminology- UMKC

Statistics regarding “likelihood of ER referral and/or arrest post-co-responder initiation” :

- Mental health-related calls for service 13 to 14 times less likely to result in ER and/or arrest post-co-responder
- 12.5 to 13.5 times less likely to result in ER and/or arrest, while controlling for whether or not arrest was deemed a possibility
- 21.2 to 22.3 times less likely to result in ER and/or arrest, while controlling for whether or not substances were involved.

- 22.2 to 23.5 times less likely to result in ER and/or arrest, while controlling for BOTH arrest possibility and substance involvement.
- Initiation of the co-responder resulted in large reduction in composite outcome, as well as the statistical probability of composite outcome while controlling for potentially important mitigating factors.

Summary of PERT program that serves all jurisdictions in San Diego County, CA.

<http://police.escondido.org/pert.aspx>

Co-Responder in Toronto - described and evaluated.

Succinct description: <http://www.torontopolice.on.ca/community/mcit.php>

Research evaluation: <http://www.stmichaelshospital.com/crich/reports/mcit/> CRICH found that MCITs are helping to keep care in the community by preventing unnecessary admissions to the Emergency Department and interactions with the justice system.

Pilot Program, With One Co-Responder Team, Proves Taxpayer Savings & ROI.

<https://www.saskatoonhealthregion.ca/news/media-centre/news-releases/Lists/Posts/Post.aspx?ID=222>

Very Thorough Evaluation Of A Pilot Program – attached PDF.

See Attachment C. "PACT Evaluation". The pilot program in Red Deer became permanent.

Police and Crisis Team (PACT) Pilot Evaluation Report December, 2011 to March, 2013

Report prepared by:

Donna Thompson, Program Evaluator, Red Deer Primary Care Network

Jason Taylor, Community Facilitator, Social Planning Department, The City of Red Deer

July, 2013 FINAL

“Conclusions

PACT, the mobile response team, as proposed, consisting of a psychiatric nurse and police officer was deemed successful in responding to those in mental health crises in Red Deer. Team members worked well together and assimilated the “right fit” in working with clients, RCMP, health sector and community agency staff. The PACT model and approach chosen for Red Deer worked well.

....

PACT was regarded as client-centric by both clients and agency staff. Clients shared they were less distressed and coping better after their interactions with PACT. They were treated with respect, their concerns were listened to and they felt comfortable in the presence of PACT. Clients acknowledged the expertise of PACT and that the team filled a system gap regarding mental health crisis help in Red Deer. Follow-up calls were appreciated. Even though client GAF scores were not heavily weighted toward poor mental health functioning with severe symptoms, it is clear from their case stories that many clients had difficult and complex situations that brought them to the point of calling PACT.

...

PACT helped clients get the help they really needed, which was not always medically oriented. Relationship issues, including partner abuse; marital discord; parent-child conflict; homelessness; grief; employment problems; eviction; no income; substance abuse; legal issues and parenting concerns were linked to their mental health crisis. For many clients, connections to agencies focused on housing, income support, and anger management were more appropriate. A number of factors, including coping skills and perceived self-worth, as well as characteristics specific to one’s social and physical environments, culture and socio-economic status, can influence mental health. These factors can contribute to social disorders, aggressive tendencies, family conflict, negative parenting practices and peer influences, school-related difficulties and social isolation, all of which can

play a role in mental illness, delinquency and criminal acts (*Improving Health of Canadians: Mental Health, Delinquency and Criminal Activity*, CIHI, 2008). Not only is treatment necessary in dealing with client situations, but also prevention in helping clients build resiliency and develop life skills. Many PACT clients were directed to resources to facilitate these.

...

All stakeholders – RCMP, Health and community-based organizations indicated continued support for PACT and feedback pointed to the need for a second team to cover more hours during the day and weekends, if possible. Clients who were diverted from hospital and cells were connected with AHS Mental Health Services, walk-in medical clinics or to community agencies for assistance. These included Parkland Youth Homes Society, Central Alberta Family Services, Safe Harbour Society, The Red Deer Housing Team, Suicide Information and Education Services or Canadian Mental Health Association. Agency staff commented on the welcome resource PACT was to their clients and staff in time of need and indicated their collaboration with PACT was of benefit to all. The health, justice and community sectors recognized that PACT was a welcome resource alleviating drain on these organizations and averting high costs to health care and justice system.

Framingham (MA) Jail Diversion Program

Sarah Abbot, PhD, welcomes questions and correspondence about the co-responder model. Her organization, Advocates, has run a co-responder program in Framingham for 11 years. The population served is approximately 100,000. She successfully replicated the program for Marlborough, MA, in 2008. Then in 2015, she developed and launched a regional program that serves four small communities. Contact Info: 508.532.5904, SAbbot@Advocates.org. Sarah Abbot has given STAMP Minnesota permission to share her outstanding manual, written to assist government entities trying to start a co-responder program of their own. See *Attachment A: Framingham Manual*.
Advocates Step-by-Step Toolkit.

Duluth Police Department's Co-Responder Program.

Winner of the Minnesota Chiefs of Police Association's 2016 Excellence in Innovation Award. <http://www.duluthbudgeteer.com/opinion/columnists/4021484-police-team-social-workers>
Chief Michael Tusken & Lt. Nagorski have said they welcome inquiries from law enforcement and local government managers. mtusken@duluthmn.gov cnagorski@duluthmn.gov

CSG: Law Enforcement Mental Health Learning Sites

Jurisdictions around the country are exploring strategies to improve the outcomes of encounters between law enforcement and people who have mental disorders. As a growing number of communities engage in the development of specialized policing responses (SPR), many struggle with the program design process, and are unsure how to tailor models from other jurisdictions to their own distinct problems and circumstances.

In an effort to expand the knowledge base for law enforcement agencies interested in starting or enhancing a SPR, The Council of State Governments (CSG) Justice Center, with assistance from a team of national experts and the U.S. Justice Department's Bureau of Justice Assistance (BJA), selected six police departments to act as national law enforcement/mental health learning sites. Located across the country, these learning sites represent a diverse cross-section of perspectives and program examples, and are dedicated to helping other jurisdictions improve their responses to people with mental illnesses. Selected were the Houston (TX) Police Department, the Los Angeles (CA) Police Department, the Madison (WI) Police Department, the Portland (ME) Police Department, the Salt Lake City (UT) Police Department, and the University of Florida Police Department.

<https://csgjusticecenter.org/law-enforcement/projects/mental-health-learning-sites/>

The Law Enforcement/Mental Health learning sites collectively reflect the range of strategies a law enforcement agency might consider when developing a collaborative initiative to address

the needs of individuals with mental illnesses in their community. As centers of peer-to-peer learning and support, learning site personnel are committed to providing guidance to agencies in other jurisdictions that are interested in creating or expanding their own Specialized Policing Responses.

The six learning sites will host site visits from interested colleagues and other local and state government officials over a two-year period, answer questions from the field, and work with Justice Center staff to develop materials for practitioners and their community partners. Download the following files to learn about the technical assistance (TA) offered by the learning sites:

[TA FAQs !\[\]\(d84e7ea36f695d92cb39ec32c307ac93_img.jpg\)](http://csgjusticecenter.org/wp-content/uploads/2015/05/LE_FAQ.pdf) http://csgjusticecenter.org/wp-content/uploads/2015/05/LE_FAQ.pdf

[TA Request Form !\[\]\(feabb98897b440bc8695a03336a6e2df_img.jpg\)](http://csgjusticecenter.org/wp-content/uploads/2015/05/LE_TA_Request.pdf) http://csgjusticecenter.org/wp-content/uploads/2015/05/LE_TA_Request.pdf

What is a Learning Site & What Are Their Responsibilities? 

https://www.google.com/url?q=https://csgjusticecenter.org/wp-content/uploads/2013/03/Overview_of_learning_sites.pdf&sa=U&ved=0ahUKEwimofiSt8DNAhWn44MKHQOMCyIQFggVMAg&client=internal-uds-cse&usg=AFQjCNGvhVgizFOIrbKA7e6-aG_1nYSNTg

HOUSTON - site with the most copied embedded co-responder program.

Contact

Frank Webb

CIT Coordinator

Houston Police Department

17000 Aldine Westfield Rd.

Houston, TX 77073

frank.webb@cityofhouston.net

(832) 394-2347

Rebecca Skillern

Police Officer

17000 Aldine Westfield Rd.

Houston, TX 77073

(832) 394-2348

Rebecca.skillern@houstonpolice.org

About the Justice Center

The Council of State Governments Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. Staff provides practical, nonpartisan advice and evidence-based, consensus-driven strategies to increase public safety and strengthen communities.

LEARNING SITE: Los Angeles Police Department | CSG Justice Center

Multi-layered approach including CIT, **co-responder**, and follow-up teams; Comprehensive data collection and information-sharing procedures; Embedded ...

<https://www.google.com/url?q=https://csgjusticecenter.org/mental-health/learning-sites/los-angeles-police-department&sa=U&ved=0ahUKEwjZoZWksMDNAhUi6YMKHVWqB0YQFggKMAI&client=internal-uds-cse&usg=AFQjCNE7dKxBNw4WokfFWTQvFW-lsI4WA>

Planning and Implementation Guide for JMHCP Category 1 Grantees

JMHCP = Justice and Mental Health Collaboration Program

via Bureau of Justice Assistance (US –Dept. of Justice)

Feb 3, 2016

About the Planning & Implementation Guide

The Council of State Governments (CSG) Justice Center has prepared this Planning & Implementation (P&I) Guide to support grantees in developing and refining justice and mental health initiatives to improve outcomes for people with mental disorders who are involved with the criminal justice system. The guide is not intended to serve as a step-by-step blueprint, but rather to cultivate discussion on best practices; identify considerations for your collaborative effort; and help you work through key decisions and implementation strategies.

While the guide was developed as a tool for grantees, it also serves as an important tool for your CSG Justice Center Technical Assistance provider (TA provider) to understand the status and progress of your project, the types of challenges you are encountering, and the ways your TA provider might be helpful to you in making your project successful.

You and your TA Provider will use your responses to the self-assessment to collaboratively develop priorities for technical assistance.

Any questions about this guide should be directed to your TA provider.

https://www.google.com/url?q=https://csgjusticecenter.org/mental-health/posts/pi-guide-for-jmhcp-grantees-law-enforcement/&sa=U&ved=0ahUKEwiqv9rvsMDNAhXn7IMKHQVUBjc4FBAWCAgwAQ&client=internal-uds-cse&usg=AFQjCNFLlgAb6BpZC8VrhIwmc_oTi6pzlQ

Orientation Workshop Questions for CJMHCP Grant Recipients

FY2011 JMHCP Grantee Orientation Event March 8-9, 2012 1

Breakout Session by Program Type:

Law Enforcement

(Specialized Policing Responses, Including CIT and Co-Responder)

Session Goals:

- ❖ Making connections among practitioners and programs
- ❖ Identify different approaches to achieving similar goals
- ❖ Identify resources, people, and organizations that can support JMHCP programs

-
Have you identified all of the stakeholders you want involved in the planning process, and have you met with any resistance getting them engaged? If you have experienced resistance, how have you attempted to overcome it?

-
How do you share information with other law enforcement agencies and/or mental health agencies? What challenges have you experienced?

-

What is the protocol for officers who want to refer people to mental health services rather than arrest or informal responses? Is there a crisis reception center or other mental health service provider that will coordinate a quick and convenient drop-off for law enforcement? Are there mobile crisis teams or other mental health crisis responders who can take custody of an individual?

-

As a team, and with your evaluator, have you discussed the advantages of creating your data collection tools upfront/before your program gets underway? As a group, have you thought about which data elements are important to collect for day-to-day operations and for informing future sustainability?

----- PDF download at https://www.google.com/url?q=https://csgjusticecenter.org/wp-content/uploads/2013/03/Breakout_Session_by_Program_Type_-

Justice and Mental Health Collaboration Program (JMHCP) 2012 Technical Assistance Orientation Webinar

December 5, 2012

This webinar will provide an overview of the kinds of technical assistance that will be available to 2012 Justice and Mental Health Collaboration Program grantees and how they can take advantage of these resources. Grantees will have the opportunity to [...]

<https://csgjusticecenter.org/mental-health/webinars/justice-and-mental-health-collaboration-program-imhcp-2012-technical-assistance-orientation-webinar>

PERT (Psychiatric Emergency Response Team) – A multi-jurisdictional co-responder program covering all of San Diego County (CA).

PERT is a partnership between local law enforcement and PERT Inc., a non-profit organization allied with [San Diego County Health and Human Services](#), [National Alliance on Mental Illness \(NAMI\)](#), and the [Community Research Foundation \(CRF\)](#). CRF administers PERT with funding from HHS (75%) and the Mental Health Services Act (25%).

PERT has a Coordinating Council to provide oversight, coordination, communication and collaboration among its members. The Coordinating Council members include CRF/PERT, participating law enforcement agencies, and San Diego Psychiatric Hospital (aka County Mental Health Hospital [CMH]). The Coordinating Council operates according to the provisions of a Memorandum of Understanding (MOU). The representative of any participating agency may request a review of the MOU. Clinicians must be licensed through the state of California as one of the following: a Registered Psychiatric Nurse (RN), Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), or Psychologist. There are 30 PERT teams covering the county during the hours of 6am to midnight.

<http://police.escondido.org/pert.aspx>

Now There Are Nine Cities in Johnson County KS Bound by Memorandums of Understanding to Split The Costs Of One Shared Co-Responder Program

<http://www.kansascity.com/news/local/community/joco-913/northeast-joco/article82298477.html>

Collaboration Assessment Tool

There is a common denominator among jurisdictions that have launched successful initiatives to address the needs of people with mental illness in the criminal justice system: some meaningful collaboration between at least one component of the criminal justice system and one component of the mental health system precedes the development and implementation of the initiative. The worksheets below are intended to help criminal justice and mental health organizations assess their existing level of collaboration; questions apply to the organizations' specific collaborative activities and initiatives. With this goal in mind, these worksheets should be completed by both criminal justice and mental health representatives and their answers should represent a consensus.

The worksheets are organized according to four assessment categories:

- Knowledge Base
- System Collaboration
- Service Coordination
- Resources

How to fill out the worksheets

To answer questions within each category, download the files below and identify where your jurisdiction's collaborative efforts fall along a continuum of four response options. You should answer these questions with the current status of your initiative in mind, not your future plans. Words and phrases in red are defined in the glossary in the order they appear in each section.

- [Collaboration Assessment Tool Glossary](#) (click link)
- [Collaboration Assessment Tool Worksheet](#) (click link for PDF of 10pg worksheet)

Original source : <https://csgjusticecenter.org/mental-health-projects/cp-technical-assistance/technical-assistance-tools/collaboration-assessment-tool/>

WEBINAR for Law Enforcement Agencies: The Justice and Mental Health Collaboration Program

April 20, 2016

In this webinar, officials from the U.S. Department of Justice's Bureau of Justice Assistance (BJA) and The Council of State Governments Justice Center explain the Justice and Mental Health Collaboration Program and how law enforcement agencies can apply for this grant.

<https://csgjusticecenter.org/law-enforcement/webinars/webinar-for-law-enforcement-agencies-applying-for-the-justice-and-mental-health-collaboration-program>

9 Keys for Police to Secure Private-Sector Funding

July 15, 2015

This article from PoliceOne provides steps that law enforcement agencies can take to obtain private sector funding. Additionally, the article provides a list of eligible foundations as a starting point for agencies on their search.

<https://csgjusticecenter.org/law-enforcement/publications/9-keys-for-police-to-secure-private-sector-funding>

2012 Justice and Mental Health Collaboration GRANT Program Brochure

January 1, 2013

Details about the grant program, administered by the Bureau of Justice Assistance, created to help states, units of local government, Indian tribes, and tribal organizations improve responses to justice-involved people with mental illnesses or co-occurring mental health and substance abuse [...]

<https://csgjusticecenter.org/jc/publications/2012-justice-and-mental-health-collaboration-program-brochure/>

WEBINAR: Responding to the FY16 Justice and Mental Health Collaboration Program Solicitation

April 13, 2016

Hosted by The CSG Justice Center with funding support from the U.S. Department of Justice's Bureau of Justice Assistance

In this webinar, officials from the U.S. Department of Justice's Bureau of Justice Assistance and The Council of State Governments Justice Center explain the [Justice and Mental Health Collaboration Program \(JMHCPC\)](#) and its application process. JMHCPC is designed to increase public safety and improve access to effective treatment for people with mental disorders

involved with the criminal justice system by facilitating collaboration among the criminal justice, juvenile justice, mental health treatment, and substance use systems. Each grantee is given the opportunity to tailor their programming to respond best to the particular needs of their community.

Download a [PDF of the presentation](#).

The Planning and Implementation Guides for JMHCP grantees are available on [this page](#).

or go directly to: https://csgjusticecenter.org/wp-content/uploads/2016/02/JMHCP_County_PI_Guide.pdf

→Link to Webinar: <https://csgjusticecenter.org/mental-health/webinars/responding-to-the-fy16-justice-and-mental-health-collaboration-program-solicitation/>