



Co-Response in Solving City Problems



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What does it look like to “just get them help”?

- Defining co-response
 - History and Current Application
- Current Uses
- Current benefits and future opportunities
- How City Managers can utilize co-response programs to improve community outcomes.
- Considerations before starting a co-response program
- Barriers to Starting and Maintaining these Programs
- Conclusion
- Resources

*“If I had asked the people what they wanted,
they would have said a faster horse.”*

- Henry Ford

- ~ 1950s – 1980s: Legislation and case law addressing the intersection of mental health, program funding, and law enforcement significantly change the availability of resources and ability for outside entities to impact the course of care for someone with a mental health condition.
 - **Impact: Mental Health facilities closed and care moved to an outpatient setting with community mental health centers and a focus on the “least restrictive treatment setting possible.”**

911 becomes a lifeline for families

- ~ Late 1980s/Early 1990s in Los Angeles, California in response to an acknowledgement of the impact of legislation impacting access to mental health resources decades earlier.
- **Impact:** Police recognize the individuals previously served by the mental health institutions are now marginalized and ostracized in society, leaving them facing situations of homelessness and increased substance use secondary to a lack of resources and access to them.



So where are we today?

- ~ 2010 – 2015: Public safety departments across the nation begin to take note of the success in early programs, such as L.A.P.D. and the CAHOOTS program in Eugene, OR.
- 2015: Co-response programs and other forms of mobile integrated healthcare begin to crop up across Colorado.
- 2021: Mobile integrated healthcare programs and co-response begin to create a foothold in public safety due to the success these programs have demonstrated in meeting the needs of the community.

How did FCPS start their program?

- 2015: Talk about a co-response program begins at FCPS
 - The department understands they are seeing a rise in interaction with individuals with a un/under-managed mental illness leading to police interaction.

- 2018: First co-responder is hired with FCPS
 - Cost savings to the hospital and community are quickly demonstrated.
 - Less arrests secondary to a mental health condition, increased diversion to appropriate resources to prevent future legal interaction.

- 2020: A community paramedic is officially added to the team
 - Fort Collins has a large aging community, as well as individuals concerned to leave their homes due to COVID. This brings care to those who otherwise would not have access.

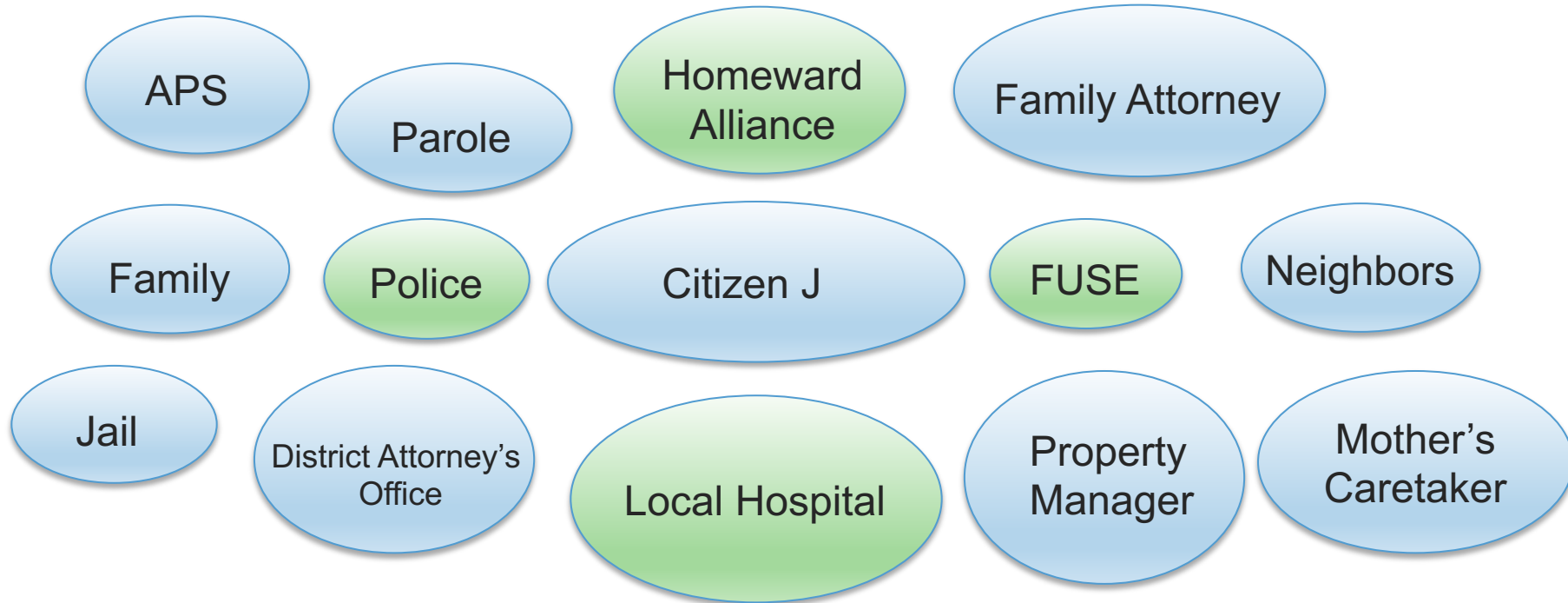
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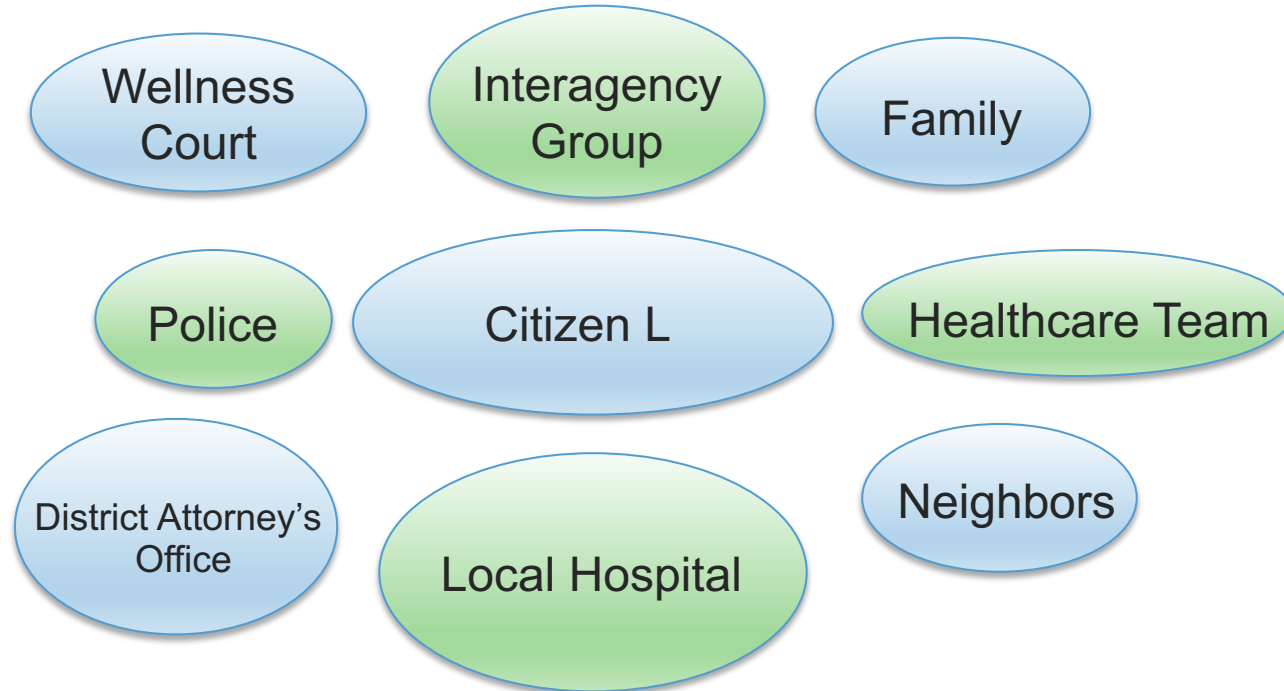
- 2021: Program design and implementation, including funding and infrastructure, significantly improve based on data gathered from beginning of the program. This leads to a program that is data-driven with a focus on best practices and evidence-based design.
 - Increased mental health training and support for officers responding to the needs of citizens on and off the streets.
 - Colorado State University joins FCPS to be one of the first three universities in the country to offer a program for their community.
 - FCPS looks to double the size of the team in late 2021/early 2022.

The Data Supports this Approach

- **Calls for Service:** 833
- **Referrals from officers:** 174
- **Diversions:** 121
- **95%** of our contacts are stabilized in place.
- Specialized MHRT officers **represent 2%** of sworn resources and **handle 3%** of all patrol calls.
- Co-response teams average **50% less police resources** on calls than patrol officers.
- **Roughly half of the calls taken by MHRT are self-initiated**, demonstrating the commitment to early intervention and developing and maintaining relationships with those we serve.
- **Call types MHRT responds to cover a wide range** and cannot be minimized. Top calls tend to include suicide attempts and suicide threats, but also include anything from traffic stops to assists to disturbances and more.
- This program provided a **conservative cost savings** to agencies and the communities in 2020 to the tune of **more than \$350k***.

Case Example





What Does this Look Like?

- Immediate benefits:
 - A licensed clinician rides in a police vehicle assisting on calls with de-escalation, risk assessment, and care coordination.
 - Increases training related to mental health for officers through 1:1 work with a clinician on scene to enhance knowledge and skills around mental health, de-escalation, and community resources.
 - Safer scenes for all involved.



What Does this Look Like?

- Short- and Long-term Benefits
 - **Cost savings to hospital** through reduced ambulance transports, reduced repeat emergency department presentations, and redirection of patients to more appropriate levels and types of care.
 - **Cost savings to citizens** and increasing the number of citizens with healthcare coverage.
 - **Increased sales taxes and revenue** due to increased people in cities that have these programs.

The Proof is in our Community

- Peripheral Benefits
 - **Reduced incarceration rates** for individuals with a mental health condition involved in criminal behavior secondary to un/under-managed mental health needs.
 - **Diversion** to appropriate community resources.
 - **Increased health outcomes** for vulnerable populations.
 - **Strengthening of community relationships** between law enforcement and the communities they serve.

Who Benefits from these Programs?

- Public safety agencies – police, fire, emergency medical services.
- Healthcare organizations – hospitals, urgent care clinics, primary care offices, mental health agencies.
- Community partners – Clients that have become hard to find are often found by corresponder teams and their care coordinated more comprehensively leading to increased services and better health outcomes.



Who Benefits from these Programs?



- Businesses – People feel more safe shopping in different areas, generating more sales and tax for the city, when business owners and citizens know they can call someone to check on them without the worry of officers arriving and ticketing/arresting someone.

Who Benefits from these Programs?

- Citizens – The feedback our department has received from those we serve has been overwhelmingly positive.
 - “You’re a civil hero!”
 - “This is great, every city should do what Fort Collins is doing!”
 - “I’m just so grateful you were here, this is a great program!”
 - “I’m proud to live in a city that offers this, it’s so needed!”



Benefits of expanding co-response

- There are still several opportunities to expand these programs to have a larger impact on cities:



- **Hoarding/"High Fire Load" Locations/Homes** – meeting our citizens where they are and helping them work through the root of the problem as opposed to manage city sanctions that typically only lead to a short-term improvement as opposed to problem solved.



- **Support to the aging population** – cities benefit when their citizens stay there. Allowing people to age in place and provide in home services is becoming increasingly important.



- **Understanding citizen complaints** – Co-responders are experts in communication and listening, as well as helping bridge gaps in understanding between groups.

Benefits of expanding co-response



- **Increased tourism** – People tend to travel where they feel safe and enjoy the area.



- **Code enforcement** – What people can manage in public, they often struggle to manage in private. Providing citizens with mental health needs leading to interactions with code enforcement not only connects the citizen to the right resource, but solves the problem for all affected.



- **Increased community safety (drug and human trafficking)** – These types of activities thrive where they can easily hide and are not adequately addressed. Co-responders understand the root causes that factor into these issues and can collaborate across organizations to provide the ongoing support to reduce these problems.

Co-response isn't for everyone

- When considering implementing a co-response program on any level, a few things must be in place:
 - Buy in
 - Stakeholders, early adopters, leaders, community
 - Climate/Attitude of Partner Departments/Groups
 - Do they recognize the need? Has a community health needs assessment (CHNA) been completed recently?
 - Resources
 - These programs take a village – who are your partners and what resources do you have?

Thinking Differently about the Future

- No one is coming to save us.
 - Healthy communities are safe communities. What is your city doing to manage safety innovatively and in a manner to leads to sustainable improvements for those who live there?
- Legislation takes time to change and isn't always the answer
 - Crux of this work is separating the judicial system from the healthcare system. Although we know change is needed in these areas, it's going to take years to begin understanding the true impact of last centuries legislation.

Thinking Differently about the Future

- How we conceptualize leadership and service at a city level requires us to rethink what it means to meet the needs of those we serve. Integrating community health needs assessments, identifying and observing down stream impacts of different interventions, and their impact on the financial and efficient sustainability of a city is crucial.
- This requires a different way of thinking on many levels.
 - Social return on investment – SROI
 - Just because it is difficult to measure the direct impact of such programs does not negate their utility or absolve us of our duty to serve and problem solve.
 - Sending a social worker isn't a "silver bullet" for complex community issues.
 - Re-envision our current resources – officers are a bridge to resources.

Questions and Discussion

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FCPS Mental Health Response Team (MHRT) Website:
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