CRISIS RESPONSE: RIGHT SERVICE, RIGHT PLACE, RIGHT TIME
Chief Rick Brandt
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COMMUNITY STRUGGLE
Many 911 dispatch calls are behavioral health in nature
- High cost to public safety
- Waste of resources
- Extensive time on scene
- Repeated cycle of system use

CO-RESPONDER MODELS EMERGE
- Los Angeles originated...
  East Coast followed...
  Missouri creates statewide model...
  Co-Responders in Colorado...

“Necessity is the mother of all invention”

CO-RESPONDER MISSION
- Right Service: Behavioral health intervention
- Right time: At time of crisis (911 called)
- Right place: On scene
Get officers back in circulation as quickly as possible
REDUCE FUTURE 911 SYSTEM UTILIZATION

GEM TEAM
Greeley-Evans Mobile Team
- Colorado Department of Human Services (CDHS) released RFI for Co-Responder teams
- The City of Evans received one of 8 awards to last 5 years.
- Responding Partners
  Evans Police Dept
  Greeley Police Dept
  North Range Behavioral Health
- Steering Committee also includes:
  Weld County Sheriff
  Weld County Dispatch
  North Colorado Medical Center
  UCHealth

GEM STRUCTURE
Secondary Response Model
4 Master’s level clinicians
2 assigned in each department (EPD/GPD) as call volume indicates
2 peer specialists
Individuals in recovery with lived experience provide follow-up contacts and offer support to get connected to the behavioral health system
WHAT TRAININGS AND RESOURCES WERE NEEDED?

Training for Law Enforcement:
- Mental Health First Aid
- QPR: Question-Persuade-Refer

Training for Clinicians:
- CPR
- CPI: Crisis Prevention Institute de-escalation skills
- FTO – Field Training Opportunity (ride alongs, scene staging, etc.)

Resources:
- Secure Van
- Radios
- Uniforms
- Vests
- Cell phones/Laptops
- Oral Swabs
- Office Space
- Client engagement incentives

Greeley Fire Department

- City Block Grant & OBHS
- Top 125 “high utilizers” of the 911 system

Partnerships
- Greeley Fire Dept
- North Colorado Health Alliance
- North Range Behavioral Health
- High Plains Library District
- Sunrise Community Health Center

SQUAD ONE STRUCTURE

Primary Response Model
Prevention component

1 Master’s level clinician
- Provides de-escalation, assessment, behavioral health system connection

1 Community Paramedic
- Medically clears on scene, determines urgent medical attention needs

1 Care Manager
- Aligns on-going resources: primary care appt, shelter information, etc.

LET'S TALK NUMBERS

GEM mobile team
- Official launch: Nov. 2018
- 2 Co-Responders on 150 On Scene interventions
- Time:
  - Average Co-Responder time: 35 minutes
  - Average officer time on scene: 18 minutes

Squad One
- FY 18-19 July 1st – May 31st
- 547 Clinical Services provided
- Call Reduction
- Greeley Fire Estimates: Calls down 500+ for the year

CO-RESPONDER MODEL OUTCOMES

- Prevent behavioral health calls from escalating
- Divert BH calls to appropriate service
  - Reduce recidivism
- Cost Avoidance to county/city government
  - Officer Time on scene reduced
  - Efficient resource deployment
  - Reduction of calls
LESSONS LEARNED

- Confidentiality
- Cross training “definitions”
- Shared Release of Information
- Mental Health System Coordination

MYTH BUSTING

- Myth: Officers just want to get back in service.
  - Truth: Many officers are willing to spend a bit more time on scene to prevent future calls.

- Myth: Behavioral Health calls are just suicide calls.
  - Truth: Any time there is a feeling!

- Myth: “Mentally Ill” commit crimes.
  - Truth: People with mental health issues are more likely to be victims of crime than to commit a crime.

- Myth: Placing a person in a facility is the best option.
  - Truth: Lasting recovery is better achieved when the person can remain in their community.

- Myth: The Counselor can make this guy get treatment.
  - Truth: Free will, civil liberties, and the right to decline treatment.

What’s on your mind?

Thank you

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