



Boulder County Co-Responder Annual Report

2022

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Executive Summary: Boulder County Co-Responder Annual Report 2022

The Boulder County Co-Responder Program was launched in late 2020, pairing law enforcement and behavioral health professionals (Co-Responders) with expertise in mental health, addiction, counseling, and social work to respond to calls for service determined to have a behavioral health component. Program services also include clinical case management that provides ongoing support to community members following a service call or as a direct referral from law enforcement. The end of 2022 marked two full years of Co-Responder services since the program's inception. Over this time, the program experienced significant growth and community recognition, and has resulted in numerous positive impacts on community health for over a thousand Boulder County residents. The following report highlights program impacts, successes, and challenges over the first two years of implementation and outlines future directions for the program. This executive summary captures key program highlights.

Boulder County Co-Responder Program Service Highlights

The Co-Responder Program responded to more than 1,000 behavioral health related calls in both 2021 and 2022. **The call volume increased by 37% between 2021 and 2022.**

2021
1070
contacts
for service

Total Calls



2022
1463
contacts
for service



Returning Law Enforcement to Service

2021-2022:

Co-Responders are consistently on scene longer than law enforcement; returning law enforcement to service

2021:

59% of contacts involved no law enforcement present on scene

2022:

59% of contacts involved no law enforcement present on scene

A primary benefit of the Co-Responder Program is the ability to provide needed behavioral health interventions to community members that also **allow law enforcement to return to service more quickly.**

When Co-Responders interact with community members, they often assist them in **identifying, enrolling in, and accessing needed community-based behavioral health services.** New behavioral health enrollments reflect the number of individuals who were not previously enrolled in behavioral health services and were referred to and gained access to these services by Co-Responders to help address their underlying behavioral health needs and symptoms.



New Behavioral Health Service Enrollments

2021 **163** community members enrolled in services

2022 **277** community members enrolled in services

Some community members who interact with the Co-Responder Program are already enrolled with a primary behavioral health care provider and receiving outpatient services. However, if the level of existing services are not sufficient to meet the needs of the community member, **Co-Responders will often refer the community member to a secondary behavioral health service provider** to increase the intensity of service or to bridge an identified service gap. In other cases, the Co-Responder is able to meet the individual's need and no additional service is required. In either case, the Co-Responder Program fills a gap in services and provides necessary support during a time of crisis for community members.



Community Members Receiving Support from Co-Responders While Already Enrolled in Behavioral Health Services

2021
356
community members

2022
277
community members

Program Innovations, Successes, and Future Opportunities

The Boulder County Co-Responder program has been highly successful in its first two years of operation and shows great promise for continued community impact. Key innovations of the program, successes, and collaboration and growth opportunities are highlighted here and discussed further, among other highlights, in the full report.



Hub and Spoke Model – The Co-Responder Program has evolved into a “hub and spoke” model with central operations out of Boulder County Community services and local community service provision, including in more rural communities in the county, through “nested” Co-Responders in local law enforcement offices. The Hub and Spoke model has allowed for optimal community reach while simultaneously optimizing use of resources.



Local Funding – Collaborative funding streams from the county and from local communities have accelerated the expansion of the Co-Responder Program, allowing for the nesting of Co-Responders in local communities, while also leveraging funding at the county level.



Law Enforcement Partnership – The success of the Co-Responder Program relies on collaboration between Co-Responders and law enforcement and the trust built between the two teams. Levels of return to service, rapport between teams, and co-training opportunities highlight some of the ways in which law enforcement and Co-Responders are collaborating effectively.



Expansion of Coverage – The Co-Responder Program has expanded continuously since its inception in late 2020 – starting with services focused on unincorporated Boulder County, with expansion into Ward, Lyons, Erie, Lafayette, Superior, and Nederland – driven by community demand and need. Co-Responders are now nested in Superior, Erie, Lyons, and Lafayette with more expansion planned. The program also intends to extend hours of coverage in the coming year by leveraging additional funding streams.



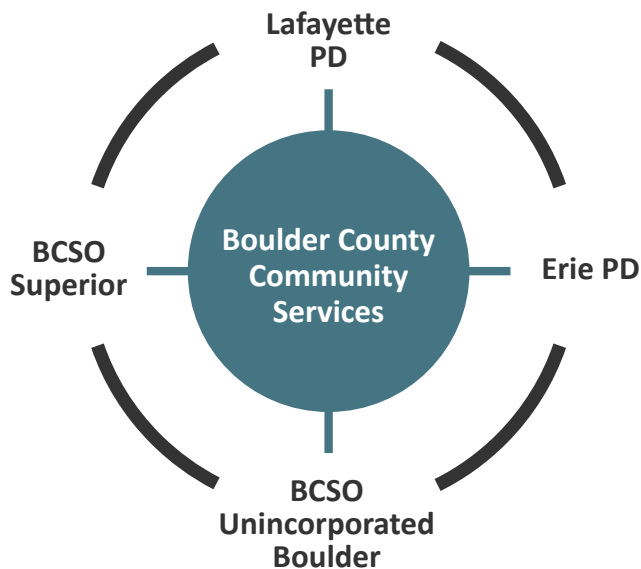
Collaboration with Other Initiatives Including 988 – The Co-Responder Program is closely monitoring the roll out of the 988 Suicide and Crisis Lifeline, planning for collaboration and reducing redundancy, and preparing for potential increase in demand for services as visibility of crisis response services increases.

Introduction

The Boulder County Co-Responder Program was created through a collaborative partnership between Boulder County Community Services and the Boulder County Sheriff’s Office with support from a five-year grant from the Colorado Office of Behavioral Health (OBH), now the Behavioral Health Administration. Over the last five years, program staff and geographic response have expanded with additional funding from the Towns of Erie and Superior, City of Lafayette, and Boulder County Departments of Community Services and Housing and Human Services. The program pairs law enforcement with Co-Responders who have expertise in mental health, addiction, counseling, and social work to respond to calls for service determined to have a behavioral health component. Data in this report represent two full years of program outcome data for the years of 2021 and 2022.

Boulder County Co-Responder Hub and Spoke Model

As the Boulder County Co-Responder Program has grown, it has been designed as a “Hub and Spoke” model. This model designates Boulder County Community Services as the “**hub**” with four “**spoke**” agencies (Lafayette Police Department, Erie Police Department, Boulder County Sheriff’s Office (BCSO) Unincorporated Boulder, and BCSO Superior) contracting with the hub to support local communities. Although Co-Responders are housed in specific locations, they are cross-trained to support any individual in need within Boulder County.



The “Hub”

The hub component of this model is housed within Boulder County Community Services, which provides administrative and clinical oversight to the spokes in the network. The hub centralizes resources, information, and practice standards that can be directed out to Co-Responders when needed, maximizing efficiency across the entire system.

The “Spokes”

The spokes are the local law enforcement agencies where Co-Responders are nested in each community. Co-Responders provide primary and secondary response as well as Clinical Case Management services. Co-Responders are cross-trained so they can provide services in other communities that are part of this larger service structure.

Service Profile

Critical data are captured each time a Co-Responder receives a request or referral and provides services. This section of the report summarizes data from 2021 and 2022 on service profiles, representing the type of service (active calls, clinical case management referrals, and follow-up calls), as well as key characteristics of community members served (such as gender, ethnicity, race, and age).

Total Provision of Services

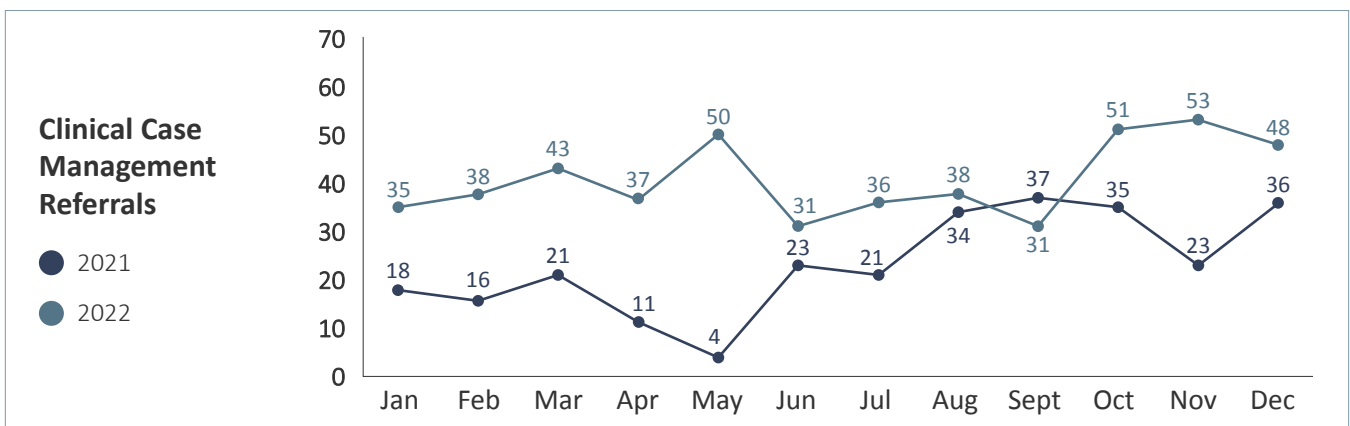
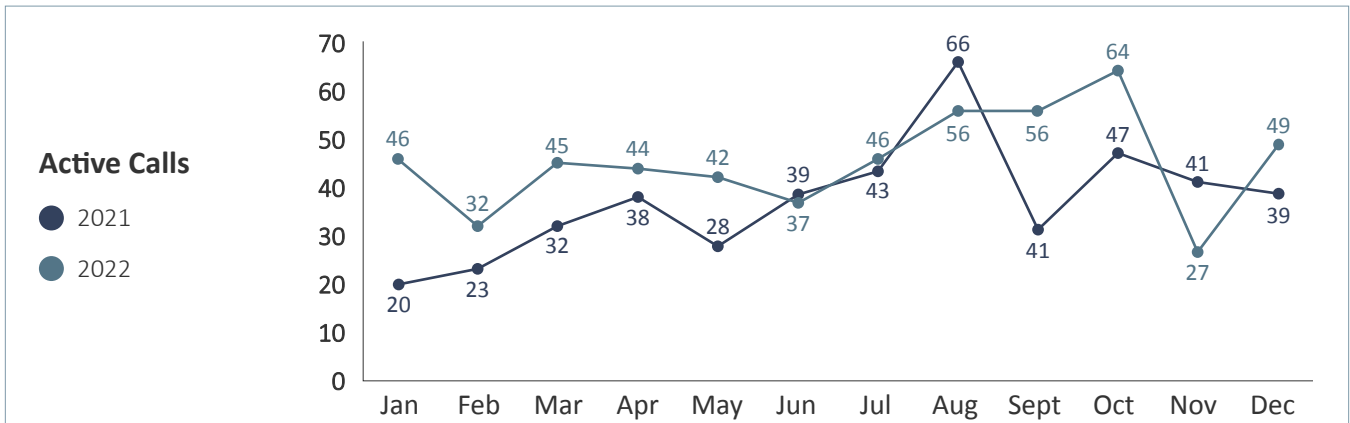
Services provided by the Co-Responder Program are made up of three types:

- 1 Active Co-Responder Calls:**
A Co-Responder is contacted and arrives after law-enforcement is on scene.
- 2 Clinical Case Management Referrals:**
A request is made for a clinical case manager only (non-active call).
- 3 Follow-ups After Calls:**
Calls that could include law enforcement with a Co-Responder, Co-Responder only, or clinical case manager follow-up with an individual who previously was in contact with the Co-Responder Program either through an active call or clinical case management referral.

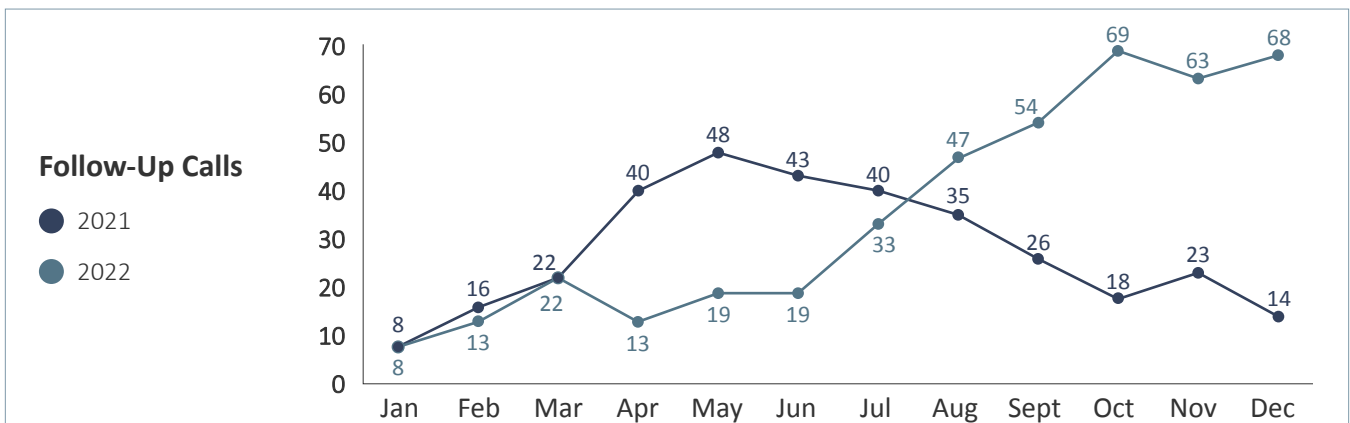
In every service area, active calls, clinical case management referrals, and follow-ups with community members have increased over time. Since calls to the scene and clinical case management referrals are facilitated by law enforcement, this would suggest that the partnership between the Co-Responder Program and law enforcement is continuing to grow.

	2021	2022
Active Co-Responder Calls	458	544
Clinical Case Management Referrals	279	491
Follow-ups After Calls	333	428
Total	1,070	1,463

While call totals varied month to month across 2022, there were increases in the overall volume of calls for all three service types in 2022.



While follow-up calls decreased across 2021, they increased over the course of 2022 as more Co-Responders were nested in communities and built relationships with local organizations and law-enforcement officials.

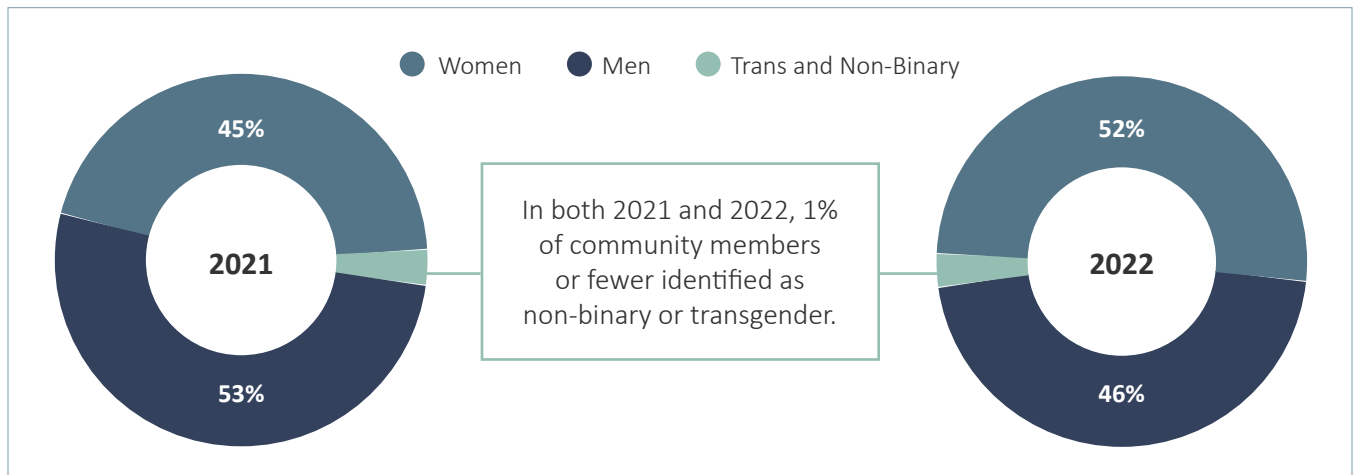


It is important context to understand that key community events, including the shooting at King Soopers supermarket and the community recovery from the Marshall Fire occurred during the data collection period for this report. The Marshall Fire took place on December 30, 2021, and the shooting at King Soopers took place on March 22, 2022. These events disrupted many community members' sense of safety and comfort, whether they were directly or indirectly affected. The wildfire uprooted families and neighbors, changing the landscape of communities, in some cases permanently. Shootings, fires, and other community disasters heighten the need for behavioral health support in the community, and the Co-Responder Services Program is often a first line of community support.

Community Member Demographics

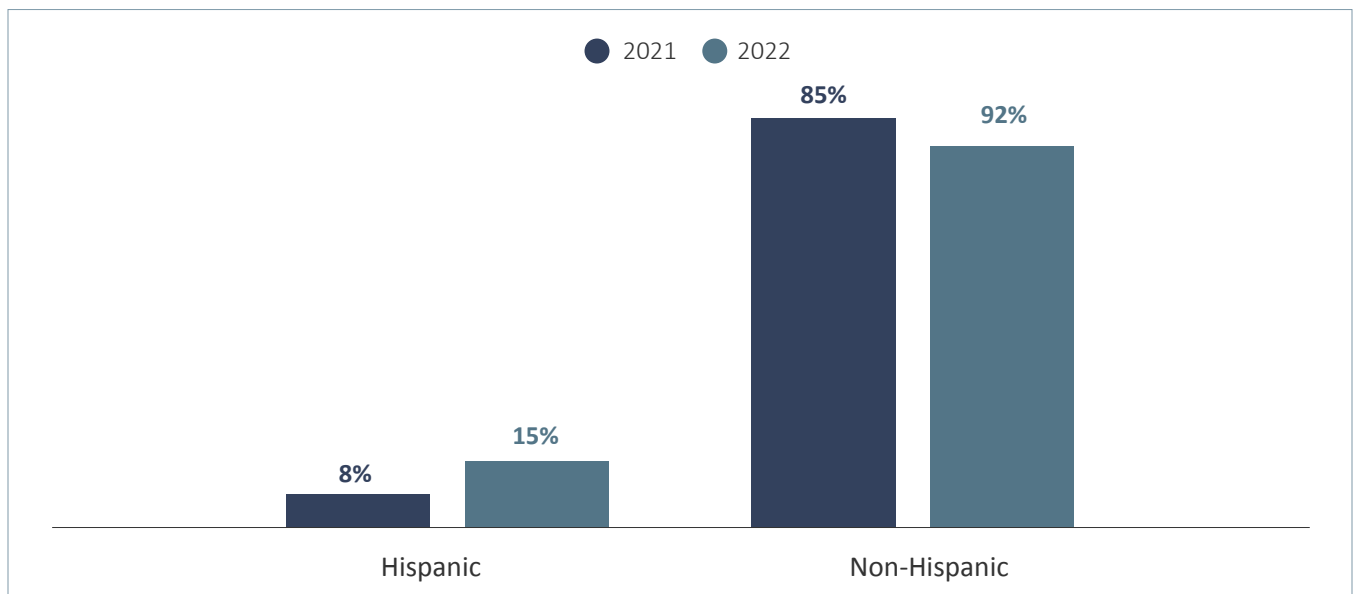
The data below describe the demographics of community members who received services from the Co-Responder Program. **“Community member” is used to describe someone who received services on scene with a Co-Responder and law enforcement, and individuals who are referred directly to the Co-Responder Program for clinical case management services.** The population most likely to be served by the Co-Responder Program across 2021 and 2022 was white, non-Hispanic, with an average age of 39.

Since the start of the Co-Responder Program, men and women have received services from Co-Responders in almost equal numbers.

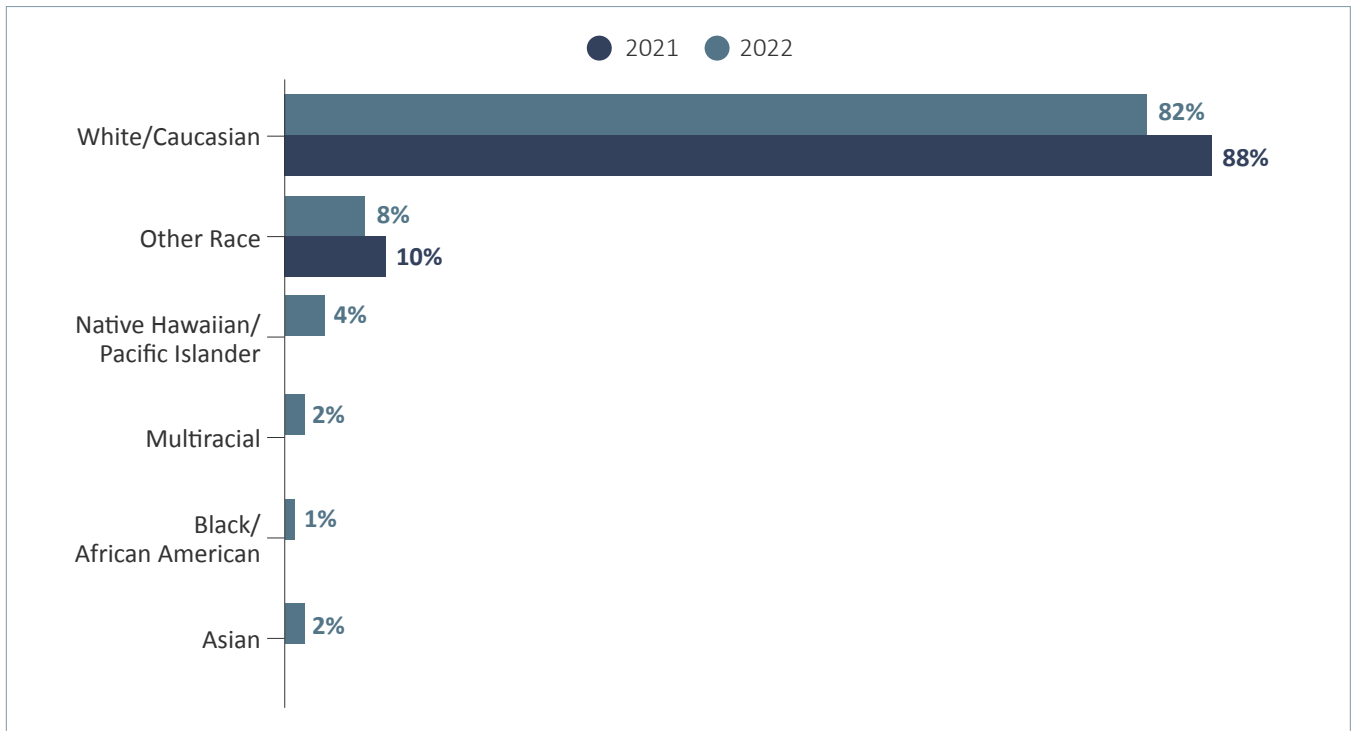


While the overall percentage of gender non-conforming clients was similar between 2021 and 2022, the number of trans and non-binary community members served through the program increased in 2022. Because trans and non-binary people are at higher risk for many adverse mental and behavioral health outcomes, the increased service to these populations highlights the ongoing efforts of Co-Responders to meet the needs of people who have traditionally been marginalized across Boulder County.

The percentage of community members who identified as Hispanic nearly doubled from 8% in 2021 to 15% in 2022.

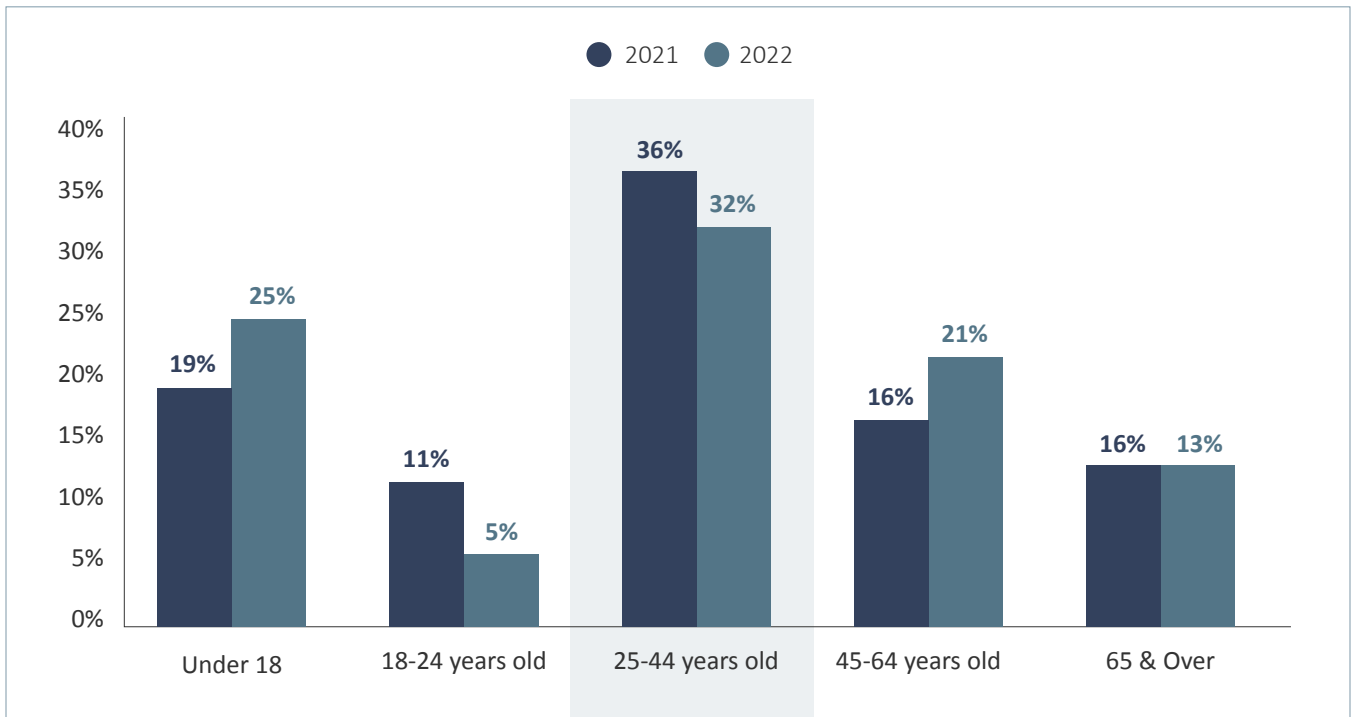


The majority of community members identified themselves as being white in both 2021 and 2022.



In 2021, less than 1% of community members identified as Asian, Black/African American, Multiracial, and Native Hawaiian/Pacific Islander. Also, less than 1% of community members identified as American Indian/Alaska Native in both 2021 and 2022. In 2022, no community members identified as Native Hawaiian/Pacific Islander.

In 2021 and 2022, most community members were between 25 and 44 years old, followed by community members under 18 years old.



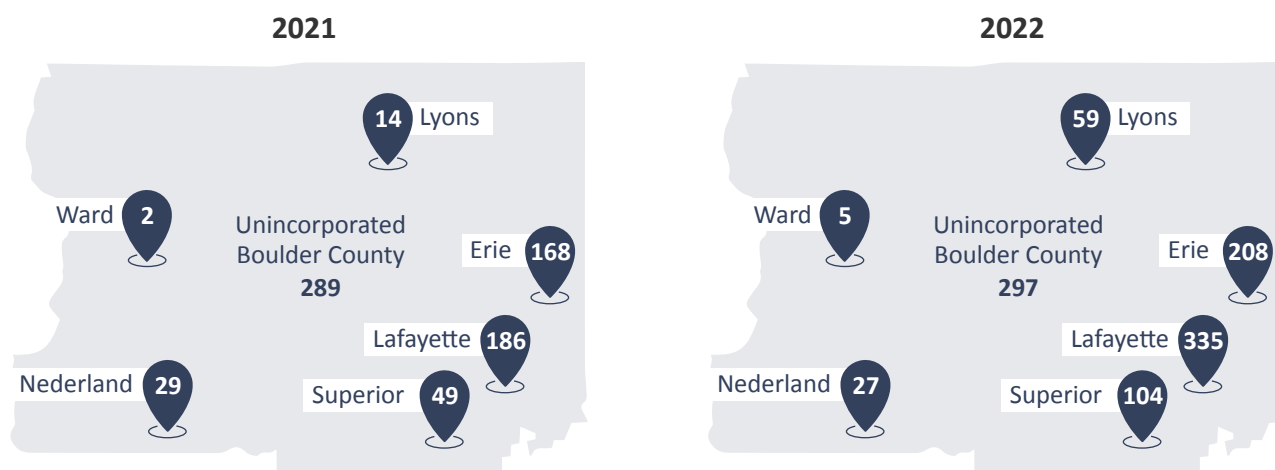
Contact Profile

Contact Profile describes details about Co-Responder service calls, including location, length, and the types of interventions that are provided through the program.

Location of Clients

There was an increase in active calls and clinical case management referrals across almost all regions covered by the Boulder County Co-Responder Program. The biggest increases were in Lyons, which had over a 300% increase in service volume, Superior, which had over a 100% increase in service volume, and Lafayette which had a more than an 80% increase in service volume.

In 2021, most calls and referrals for service (39%) occurred in Unincorporated Boulder County, however in 2022 the greatest number of calls and referrals for service occurred in Lafayette (32%).



The table below shows totals of all active and clinical case management referrals per month in 2022 in each area of Boulder County served by the Co-Responder Program.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Unincorporated Boulder County	28	31	32	17	33	8	25	26	25	26	22	24	297
Erie	16	11	23	26	20	12	7	15	28	25	7	18	208
Lafayette	22	19	25	19	24	35	33	37	24	43	22	33	336
Lyons	4	0	1	0	1	5	5	4	3	11	15	10	59
Nederland	3	2	3	4	3	0	2	3	1	0	4	2	27
Superior	8	6	4	15	11	8	10	8	6	9	9	10	104
Ward	0	1	0	0	1	0	0	1	0	1	1	0	5
Total	81	70	88	81	92	68	82	94	87	115	80	97	1,035

A Focus on Rural Areas of Boulder County

The Boulder County Co-Responder Program serves a large area of Boulder County that includes mountain areas and many small towns, including Lyons, Nederland, and Ward, with unique personalities, resources, and needs. Despite area differences, they share common challenges and barriers to accessing behavioral health care that subsequently impact their need for and utilization of the Co-Responder Program. For example, rural residents in Boulder County must travel long distances to obtain behavioral health care services. This issue is compounded for residents without vehicles, as public transportation does not serve many of these areas. Additionally, with recent mental health workforce shortages, it has become increasingly difficult to find providers who are accessible, available to take new clients, and who will accept Medicaid insurance — particularly in small communities and rural areas. Finally, rural residents may experience more stigma related to needing or receiving mental healthcare given smaller populations and fewer trained professionals, which can lead to concerns around anonymity and confidentiality.

Given the gaps in behavioral health care services in rural areas, Co-Responders meet an important need and are often the only resources available for community members who are struggling with behavioral health challenges. To gain the trust of community members in rural areas, Co-Responders focus on building relationships with residents. This is accomplished, in part, by spending time in local coffee shops, churches, and other areas frequented by community members. Co-Responders also provide general assistance such as helping older adults, shoveling sidewalks, or helping to clean up community areas, which helps with relationship development, trust building, and reduction

Nature of Co-Responder Provided Service

Background

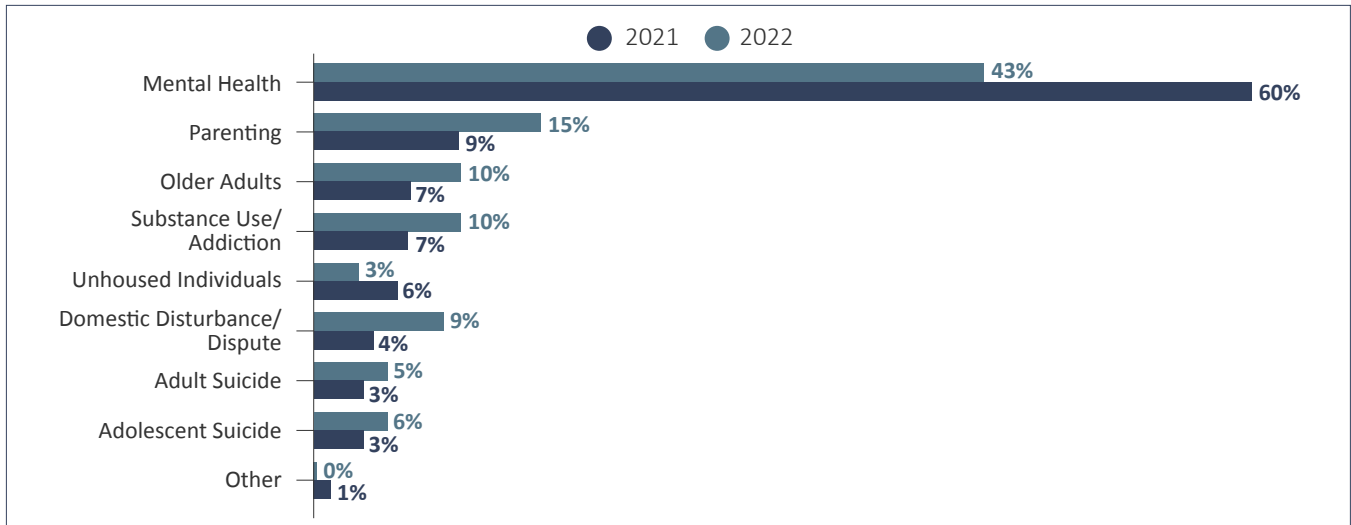
The Boulder County Co-Responder Program was initiated in 2020 after the onset of the COVID-19 pandemic. Lockdowns, quarantines, and school closures continued in the community well into 2021 and the nature of calls during that time reflect the unique stressors and behavioral health needs in the community including parenting conflicts, adolescent issues, and domestic disputes. Because many schools and businesses were still using remote operations, access to Co-Responder services allowed more families to seek out support in their homes, meeting an important need during a very stressful time. In addition, at the end of 2021, more than 1,000 families in the Superior and Louisville area were affected by the Marshall Fire, which added compounding stress and burden to the behavioral health system in Boulder County.

For Boulder County residents it is likely that the events of 2020 and 2021 were tied to the rise of poor mental health and substance use disorders in the community. The Co-Responder team has experienced an increase in community members reporting depression, anxiety, and post-traumatic stress disorder. For people who were already at high-risk for mental health and other behavioral health struggles, the isolation of the previous year likely perpetuated ongoing mental health and substance use concerns.

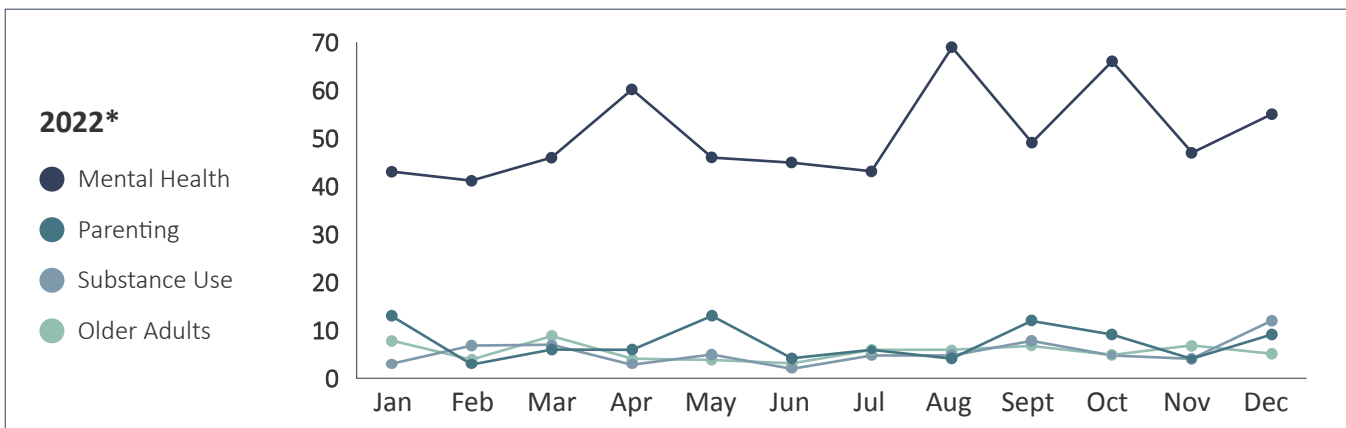
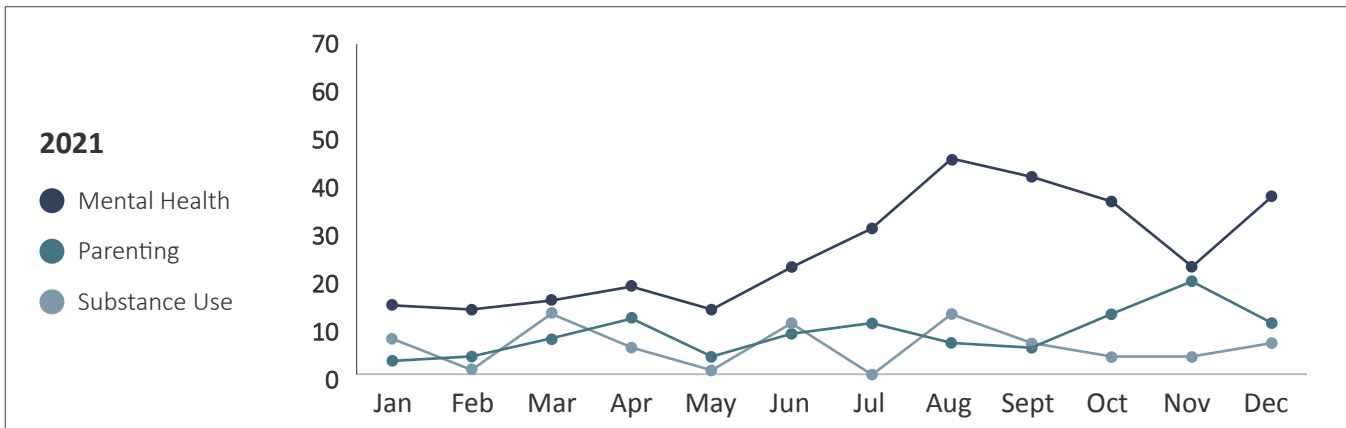
Service Data

This section of the report includes data on services provided by the Co-Responder Program and include active calls and clinical case management referrals.

In 2022, mental health support accounted for 60% (n=622) of Co-Responder active and clinical case management referrals (up from 42% of calls in 2021), followed by parenting, older adult, and substance use related calls.



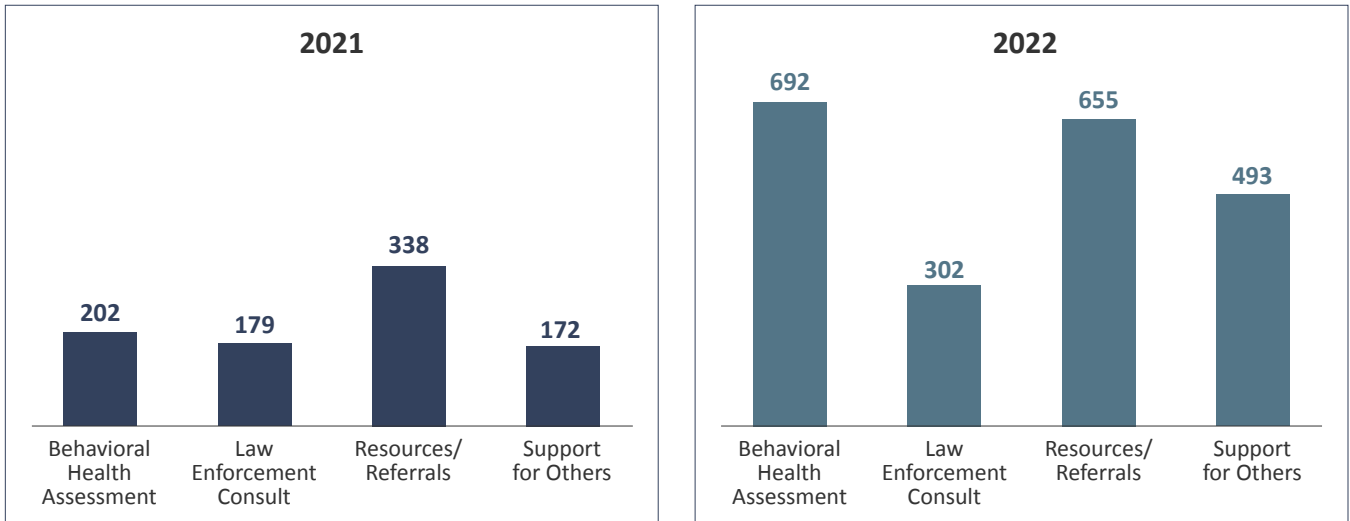
Below are the top four service types broken out by month from 2021 and 2022. Mental health related calls remain the most common type of active call and clinical case management referral.



Note: Previous reports have included the top three categories of calls and referrals. In 2022, Substance Use and Older Adult related calls and referrals tied for the third spot, so four categories are reported for 2022.

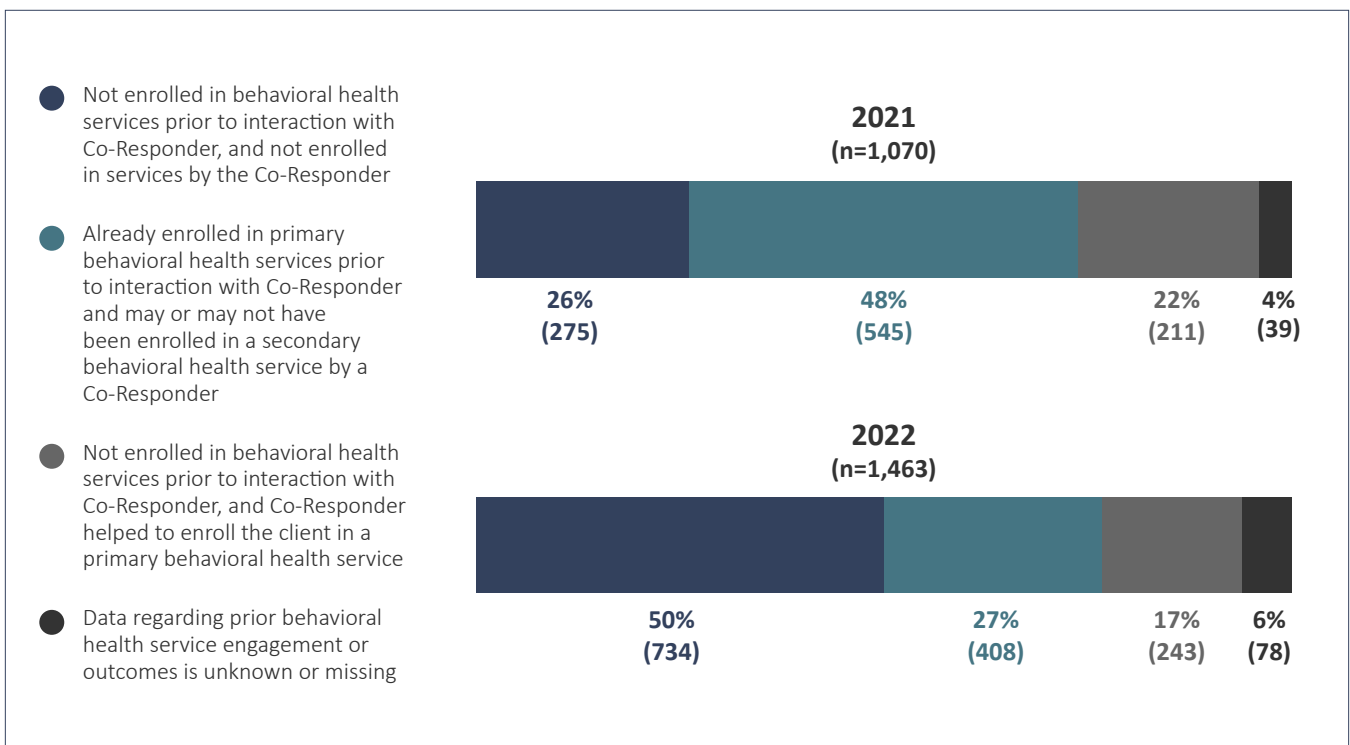
Co-Responders often offer multiple services to individuals and families in need during a single call or service. Data provided below highlight supports for community members' primary, secondary, and tertiary needs. Because multiple services can be offered during a single contact, totals are greater than the number of calls or referrals.

In 2022, the most commonly delivered service was a behavioral health assessment. 47% of all community members received a behavioral health assessment from a Co-Responder in 2022, an increase from 41% in 2021.

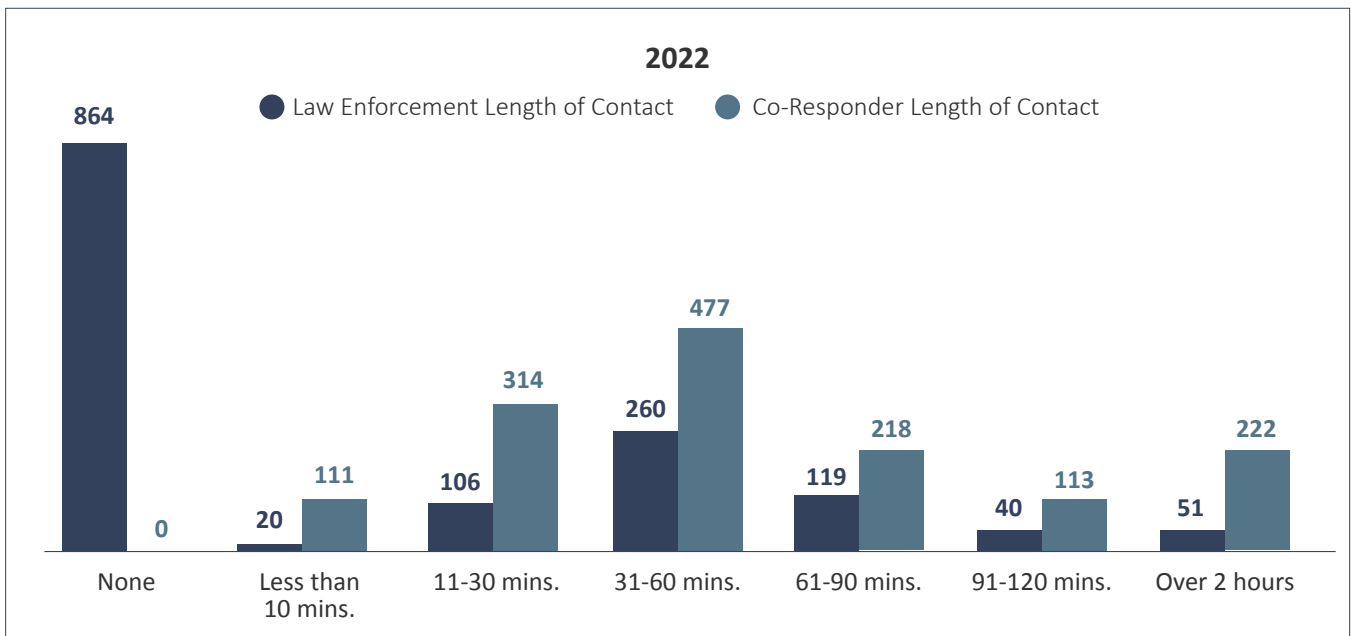
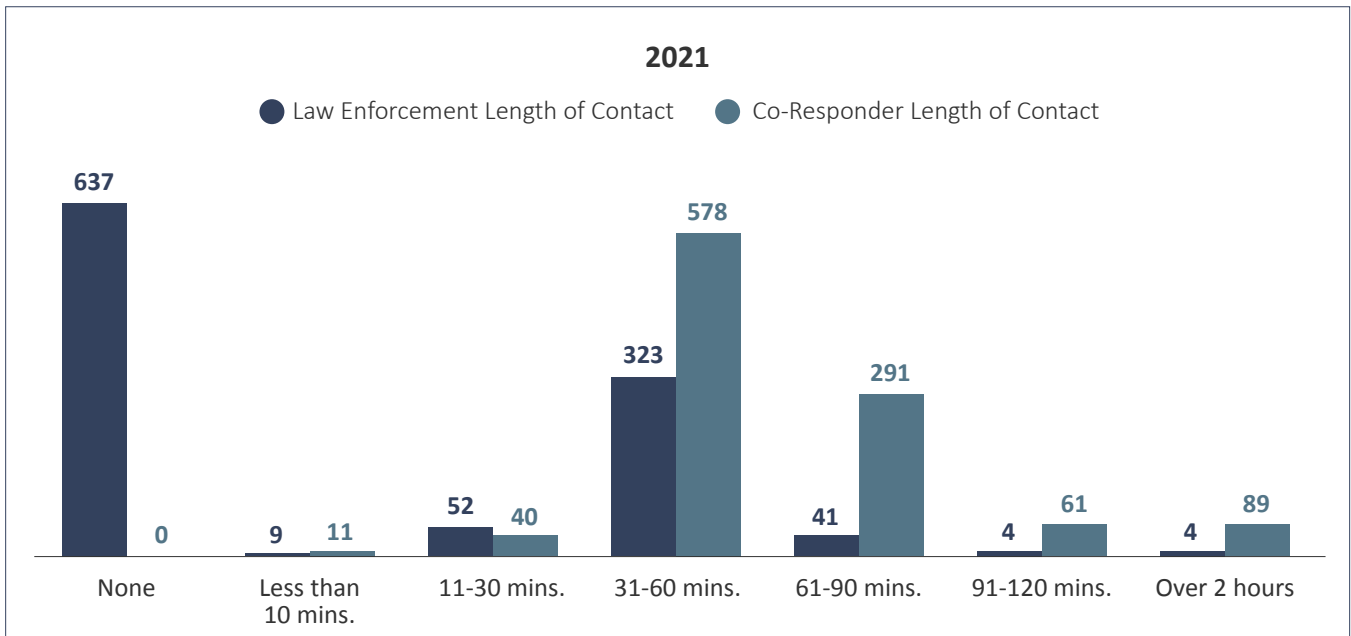


In 2022, over a quarter of community members (27%) were already enrolled in behavioral health services when they received services from the Co-Responder Program, indicating a potential gap between the services they were receiving and the extent to which these were meeting their needs.

However, this was a decrease from 2021 when nearly half of community members were already enrolled in behavioral health services when receiving support from Co-Responders.



In 2022, 864 calls were resolved through clinical case management and without any law enforcement involvement which was an increase of over 200 calls from 2021.



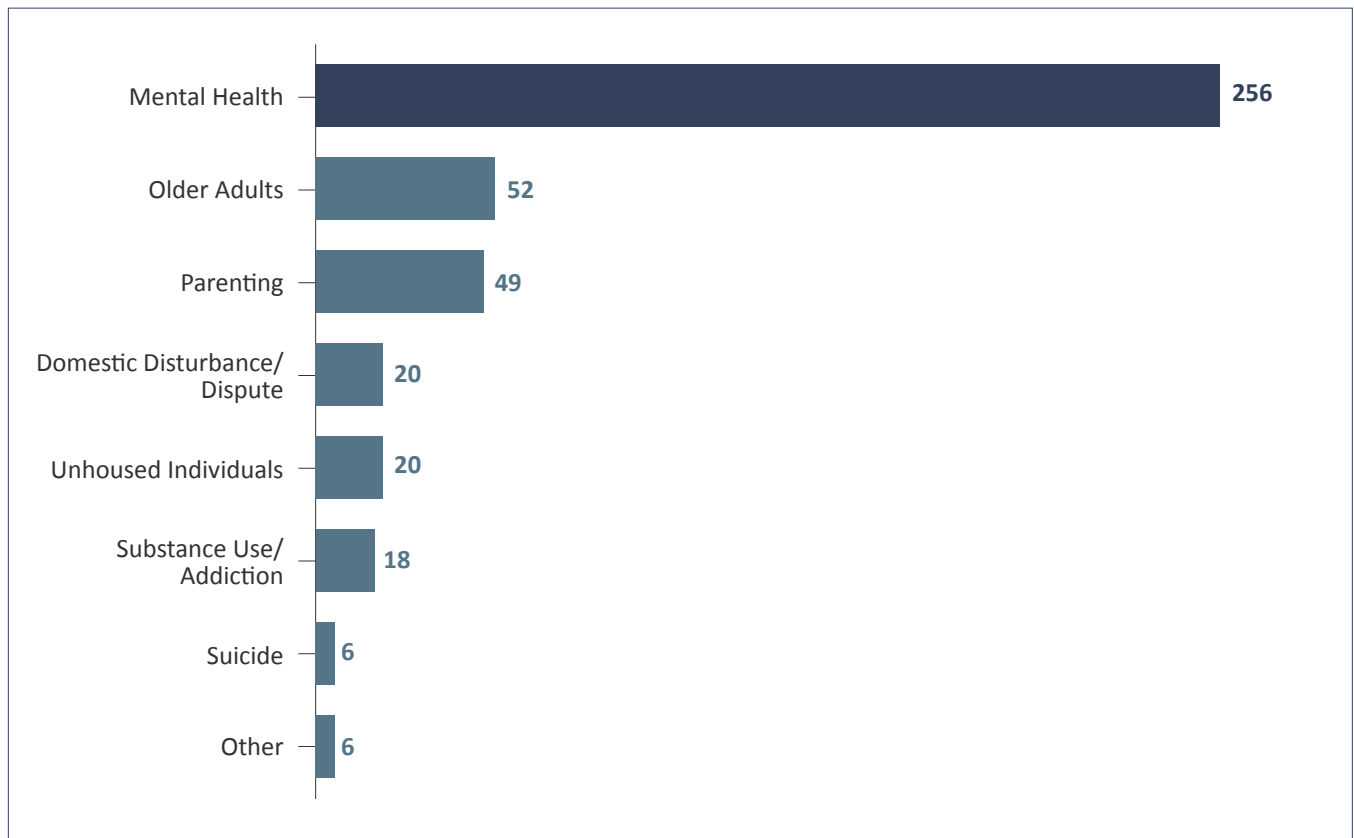
Without the availability of clinical case management services, those who initially come into contact with a Co-Responder might experience ongoing calls to law enforcement for unresolved issues. Clinical case management cases remain open until the community member is actively receiving viable, community-based treatment or other necessary services. Setting up services, particularly those involving treatment, can be challenging and may take a considerable amount of time. Co-Responders will often bridge the service gap until an individual is successfully enrolled in a service, enabling community members to stabilize without higher levels of intervention. Also, because law enforcement officials can directly refer community members to a case management clinician, they are able to pass on difficult cases and more quickly return to their regular duties.

Another area where the partnership between Co-Responders and law enforcement is paying dividends is in overall crisis mitigation. Co-Responders use de-escalation strategies to intervene and calm a scene in approximately 36% of calls. While law enforcement officials have extensive training in verbal de-escalation techniques, Co-Responders have specialized training in communicating with people experiencing mental health crises, or those who have cognitive impairments or intellectual disabilities. Co-Responders focus on aligning their response to specific community member needs, often saving time for law enforcement officials, and reducing the need for law enforcement to use force.

Follow-Up Calls

Another important way Co-Responders engage with community members is through follow-up services. Every individual who interacts with a Co-Responder on scene receives follow-up services tailored to the need of the individual and many receive multiple follow-up contacts.

Most follow-up contacts were made regarding mental health needs.



Mental health issues are common and often go unaddressed. Follow-up calls provide a critical service to community members experiencing mental health symptoms through phone or face-to-face contact with the Co-Responder team to ensure they are receiving the support and services needed. Follow-up services provide community members with extra support to manage symptoms, broker additional services and treatment needed, and educate friends and family members on how to lower the risk of relapse and improve treatment outcomes. The Boulder County Co-Responder Team takes following up with community members seriously, knowing that these contacts can help a community member with faster mental symptom health recovery and the prevention of future deterioration.

Program Implementation

Nested Co-Responders

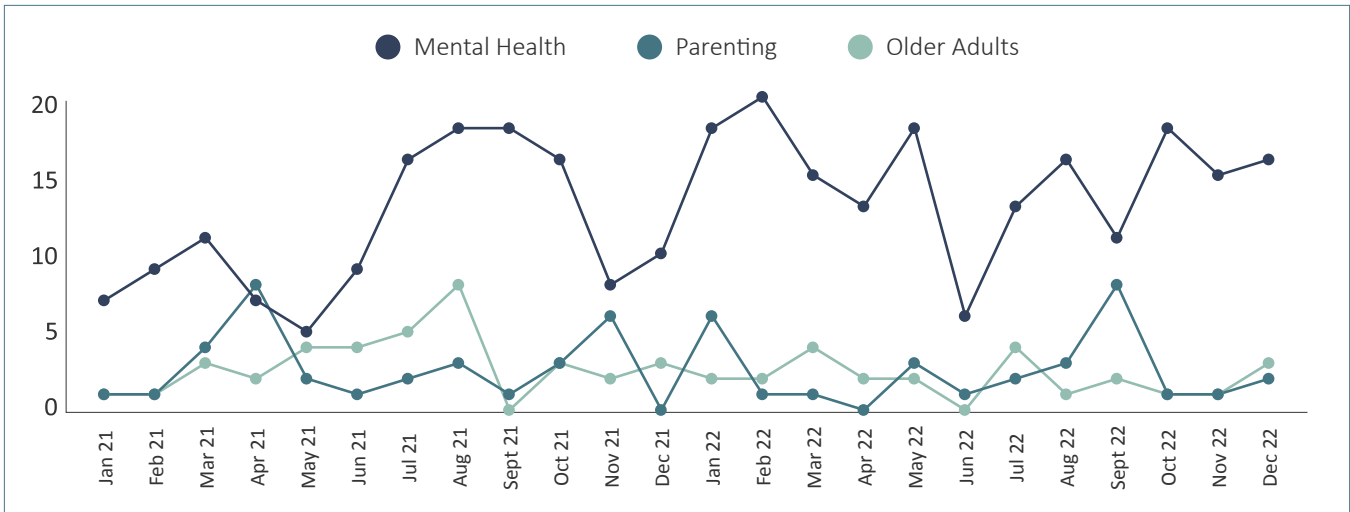
In many areas of Boulder County, Co-Responders are nested within local law enforcement agencies where they build close, collaborative relationships with law enforcement and develop a deep understanding of the community. The data presented below reflect the activities of Co-Responders by each of their related communities.

Unincorporated Boulder County Calls/Referrals for Clinical Case Management

Many distinct and unique communities exist within the unincorporated areas of Boulder County, which includes Allenspark, Coal Creek Canyon, Eldora, Eldorado Springs, Gold Hill, Gunbarrel, Hygiene, Nederland, and Niwot. Co-Responders working across these communities respond to calls for service and receive clinical case management referrals through the Boulder County Sheriff's Office dispatch.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Calls/CM in 2021	18	19	30	21	16	19	30	37	33	27	21	17	288
Calls/CM in 2022	28	31	32	17	33	8	25	26	25	26	22	24	297

Calls pertaining to mental health, parenting, and older adults made up the top three areas of need in unincorporated Boulder County in 2021 and 2022. The graph below shows the monthly case data for each of these areas.



Note: Y-axis ranges have been adjusted to improve readability. As a result, local government charts are not directly comparable.

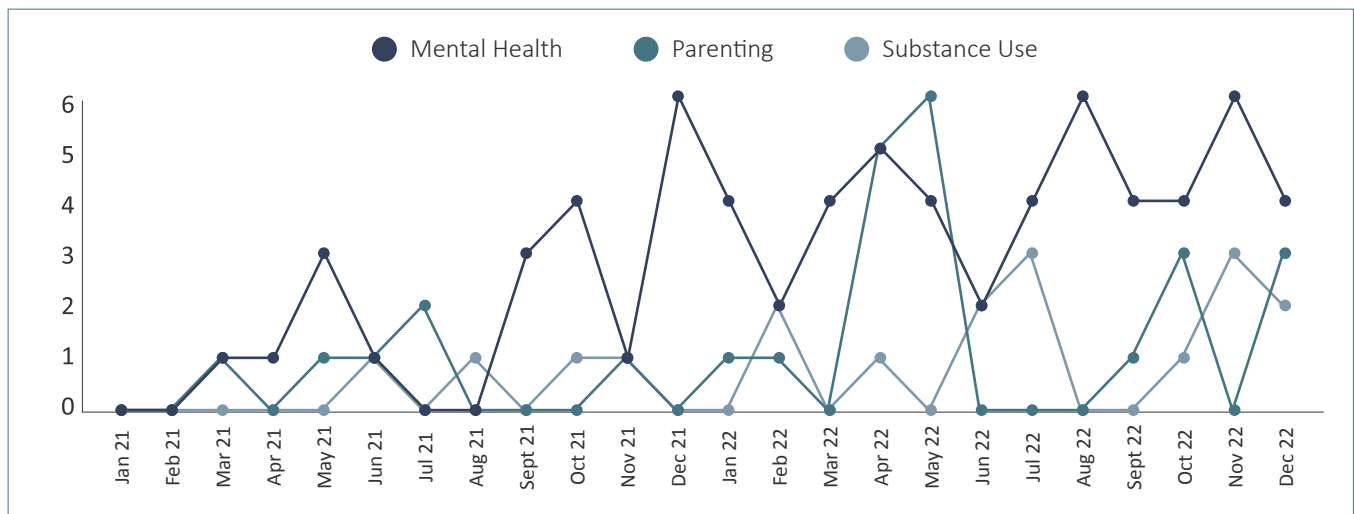
Town of Superior Calls/Referrals for Clinical Case Management

In January of 2022, the Superior Town Council approved funding to hire a full time Co-Responder to be stationed at the Superior Substation. It is important to note that shortly after this position was hired, the Marshall Fire occurred causing many residents of Superior to be displaced. This staff member provided critical crisis counseling services to fire victims at disaster relief centers and worked directly with Superior residents to assist them in rebuilding their lives. The availability of a Co-Responder stationed in Superior during this time of crisis time was critical for supporting rebuilding efforts and promoting community healing.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Calls/CM in 2021	0	1	3	4	5	3	3	4	3	5	4	14	49
Calls/CM in 2022	8*	6	4	15	11	8	10	8	6	9	9	10	104

*Indicates the date when the Co-Responder was nested in the community.

In Superior, calls pertaining to substance use, parenting, and mental health made up the top three areas of need in 2021 and 2022. The graph below shows the monthly data for each of these areas.



Note: Y-axis ranges have been adjusted to improve readability. As a result, local government charts are not directly comparable.

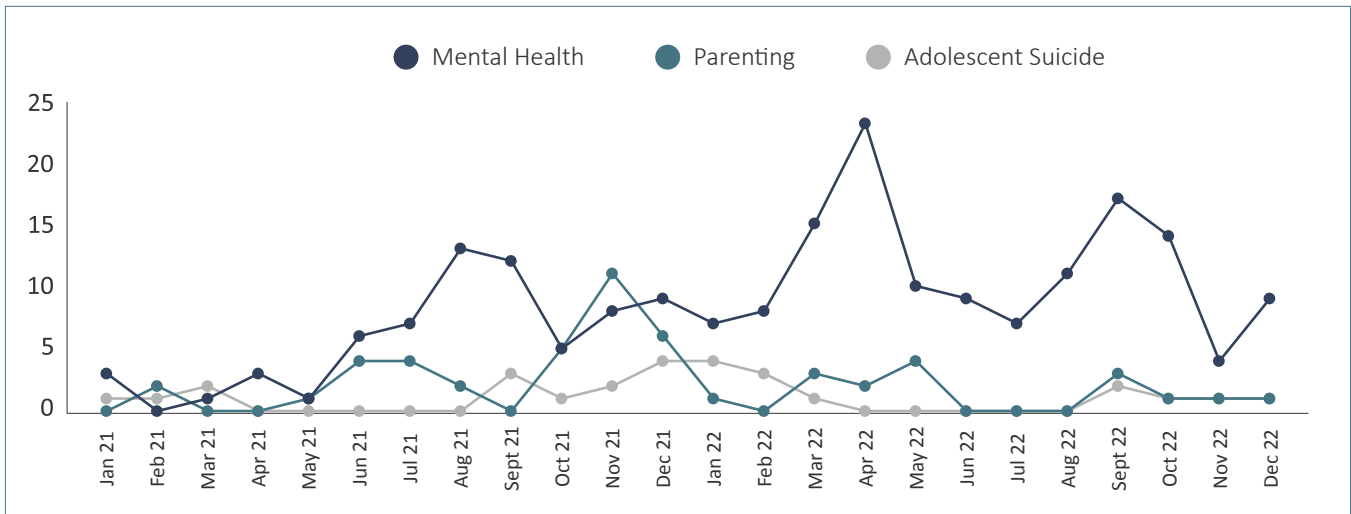
Town of Erie Calls/Referrals for Clinical Case Management

In January of 2021, the Erie Town Council approved funding for a full-time Co-Responder position to be stationed at the Erie Police Department. Since this hiring, the Boulder County Co-Responder Program's partnership with Erie has continued to grow.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Calls/CM in 2021	8*	4	10	4	3	16	15	27	16	17	25	23	168
Calls/CM in 2022	16	11	23	26	20	12	7	15	28	25	7	18	208

*Indicates the date when the Co-Responder was nested in the community.

In Erie, calls concerning mental health issues, parenting, and adolescent suicide made up the top three areas of need in 2021 and 2022. The graph below shows the monthly data for each of these areas.



Note: Y-axis ranges have been adjusted to improve readability. As a result, local government charts are not directly comparable.

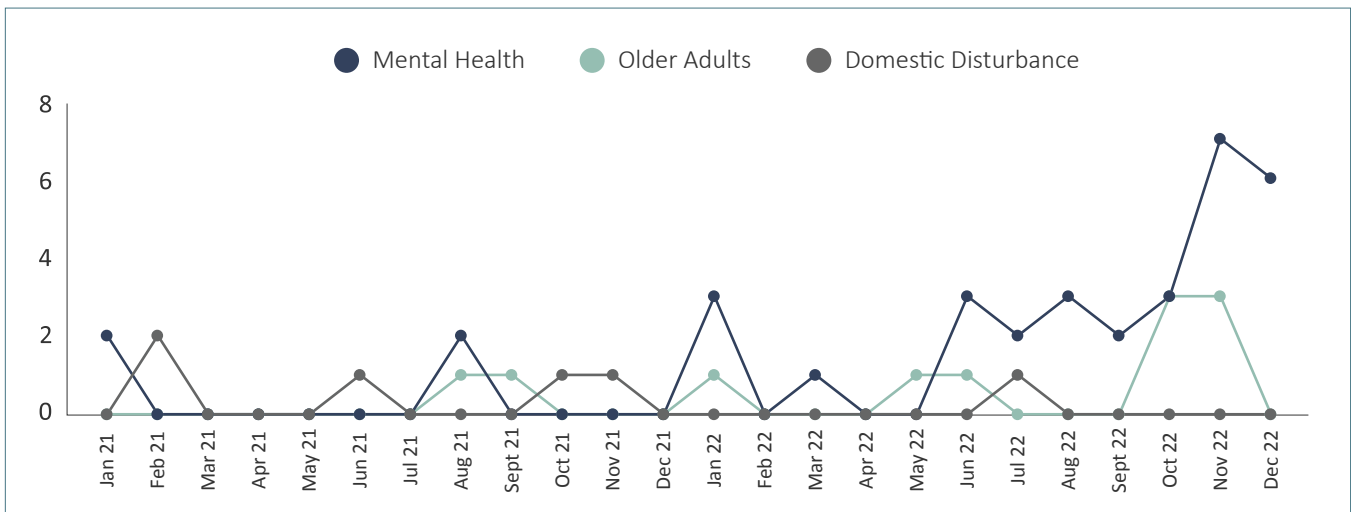
Town of Lyons Calls/Referrals for Clinical Case Management

In May of 2022, a Co-Responder was placed in the Lyons substation. In addition to Lyons, this position provides coverage for the towns of Jamestown, Ward, and additional mountain areas. Community members in these areas consistently struggle in their efforts to access behavioral health services. This newly placed Co-Responder has helped the team understand gaps in services and has promoted strategic engagement with local entities on how these needs might be filled. Although this Co-Responder has been nested in the area for only a short period of time, their impact is evident in the data presented below with call volume increasing since the time of Co-Responder placement.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Calls/CM in 2021	2	2	1	0	0	2	1	3	1	1	1	0	14
Calls/CM in 2022	4	0	1	0	1*	5	5	4	3	11	15	10	59

*Indicates the date when the Co-Responder was nested in the community.

In Lyons, calls pertaining to domestic disturbance, mental health and older adults made up the top three areas of need in 2021 and 2022. The graph below shows the monthly data for each of these areas.



Note: Y-axis ranges have been adjusted to improve readability. As a result, local government charts are not directly comparable.

City of Lafayette Calls/Referrals for Clinical Case Management

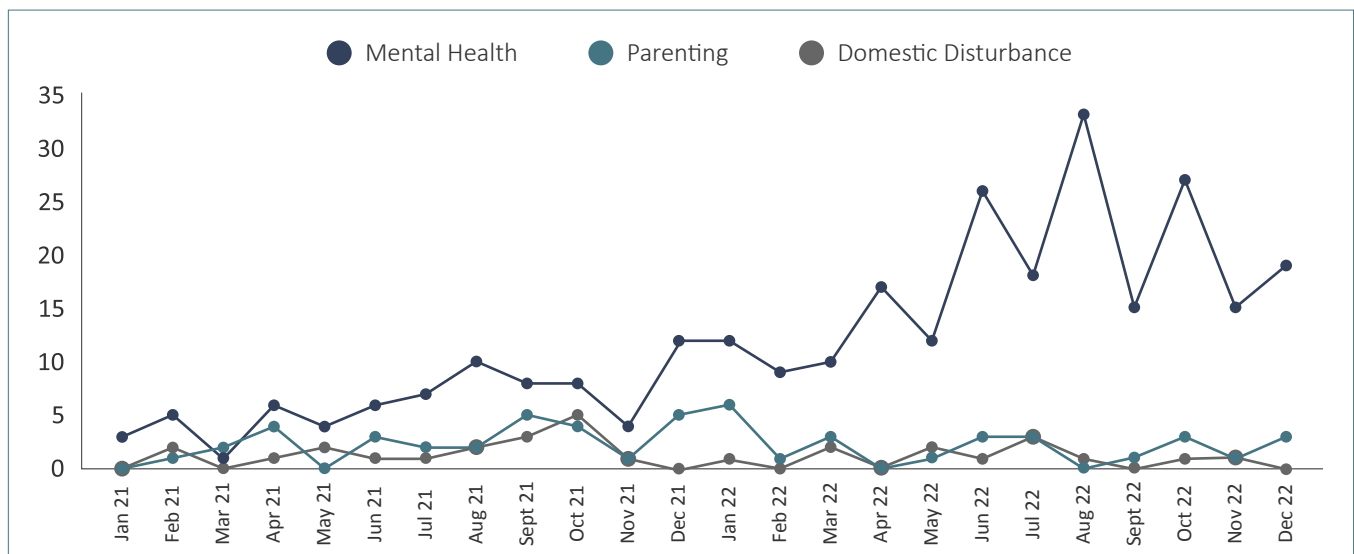
As part of a public safety ballot initiative, the Lafayette Police Department was granted additional funding in 2021 to implement co-response efforts, which resulted in the nesting of a full time Co-Responder in the Lafayette Police Department in March of 2022. A second nested Co-Responder was hired in May of that year. The city also approved funding for two more positions to be hired at a later date. Per the data below, it is clear that nesting Co-Responders within departments has had a positive impact on ability to increase service provision and serve more community members. Additionally, hiring a second Co-Responder at the department enabled both staff opportunities to expand their roles in the community which included:

- Providing training to law enforcement, community members, council members, and non-profits
- Holding primary response (riding with law enforcement) in the evenings
- Working with complex clinical case management clients
- Participating in training related to conducting threat assessments
- Having the ability to stay on calls for longer periods of time without an interruption in service

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Calls/CM in 2021	8	11	7	18	7	20	13	24	23	25	10	20	186
Calls/CM in 2022	22	19	25*	19	24*	35	33	37	24	43	22	33	336

*Indicates the date when the Co-Responder was nested in the community.

In Lafayette, calls pertaining to domestic disturbance, parenting, and mental health made up the top three areas of need in 2021 and 2022. The graph below shows the monthly data for each of these areas.



Note: Y-axis ranges have been adjusted to improve readability. As a result, local government charts are not directly comparable.

Key Successes

This section discusses key successes of the program in 2021 and 2022, including the addition of nested Co-Responders in multiple localities, and the development of new collaborative relationships.



1. Hub and Spoke Program Model

Implementation of the Hub and Spoke Program model has helped to overcome the challenges of providing co-response service to a large and diverse area of Boulder County. Nesting Co-Responders in local city and town departments helps staff understand the unique behavioral health needs of communities and how these might be best addressed. In addition, this model allows the Co-Responder Team to partner with local government officials in funding efforts, explore collected data, and create reports that help educate the community about efforts. Finally, having the “Hub” based in Boulder County provides staff a large network of programs and services that can be accessed more quickly and in ways that better meet the unique needs of community members.



2. Leveraging Funding

“Hub” management including leadership, supervision, and administration for the larger program, is funded by Boulder County and serves all the local jurisdictions and staff. This centralized program management function has allowed smaller cities and towns with limited budgets to have co-response services nested within their communities without the burden of paying for administration and related costs of managing the program within their organization. This has made these critical services available to communities that otherwise may not have had the resources or infrastructure to develop them on their own.



3. Partnership with Law Enforcement

The Boulder County Co-Responder Team has partnered effectively with law enforcement agencies across the county. This is reflected in data that show call volume and clinical case management referrals increasing in every geographic area. Activities of staff have also expanded to incorporate additional areas that benefit law enforcement and the broader community, which include becoming trained as members of the SWAT negotiation team, serving in an advisory role for cadets, providing training for new recruits, and participating on oral boards for open law enforcement positions.

Challenges

This section outlines some of the challenges faced by the Co-Responder program during its development, including some of the ways these have been successfully addressed.



1. Starting Smart

During the initial start-up phase, the Co-Responder Project Manager conducted an in-depth review of current co-response programming across the state. Leads were contacted and asked to share employee training manuals as well as policies and procedures documents. After contacting approximately 20 programs it was clear that the speed with which programming had been developed in other areas had not allowed sufficient time to build critical administrative infrastructure. Many programs relied on training that was developed for clinical positions that did not reflect the unique aspects and crisis components of the Co-Responder role. Additionally, many programs had not developed policies and procedures regarding the implementation of services or the ways in which the partnership with law enforcement should function. This prompted a larger literature review of community policing and best practices in crisis response. This review culminated in the development of an employee training manual that aligns clinical best practices with the unique mission/vision of local law enforcement agencies and continues to support the onboarding of new Co-Responders.



2. Rapid Growth

The Boulder County Co-Responder Program began operations in December 2020 with four employees. As services ramped up and partnerships grew, call volume and clinical case management referrals expanded greatly. Further, staffing continued to grow, tripling in size, which put added stress on management and infrastructure, and necessitated changes in program management and both administrative and funding approaches. Concerns began to emerge over change saturation that could lead to employee fatigue and risks to the larger program. In efforts to maintain the project's integrity, vision, and passion, the team became deliberate about how to best manage change, leading to the development of a strategic plan. The team also began meeting regularly to discuss how to continue to expand smartly, monitor fatigue, and integrate inter-team support. The team continues to maintain a high level of performance and a growing connection to their respective communities.



3. Understanding the "Lens" of Law Enforcement

Setting up a successful co-response effort requires cross-training efforts given that law enforcement's primary focus is on community safety and upholding laws, while Co-Responders focus on addressing behavioral health symptoms, wellness, and recovery. An early philosophy adopted by the Boulder County Co-Responder team was to "seek to understand first, then to be understood." That is, it was important to first understand how law enforcement approach a scene and what their "lens" is when first interacting with community members. Obtaining this perspective required participating in simulations, reading books, joining associations, reviewing body camera footage with law enforcement, and attending law enforcement training. Being open to learning more about how law enforcement approach scenes has enabled Co-Responders to acquire scene safety skills and to better understand why law enforcement responds and acts in certain ways in the community. This has helped to ensure that Co-Responders are able to effectively partner with law enforcement during high-risk situations and has opened the door to law enforcement becoming curious about the unique role of the Co-Responder and how their skills can be beneficial to resolving issues on-scene.

Conclusions and Next Steps

As the Boulder County Co-Responder Project evolves and expands, a number of efforts are taking place to ensure ongoing effectiveness and added value. These include the following:



1. Expansion of Coverage

Over the next year, the program will examine ways to expand coverage days and hours by looking into additional funding opportunities with partner agencies and through the support of Federal and State grants. In addition, the program was awarded a grant from the Colorado Department of Local Affairs to place a Co-Responder in the Town of Nederland. While the current team has been serving this area, having a dedicated Co-Responder will greatly improve the speed of response and better meet the needs of community members in an area that lacks many behavioral health services.



2. Integrating Wellness Programming

The Boulder County Co-Responder Team has experienced little staff turnover since its inception. Staff retention is critical to the consistency of efforts and therefore providing supports to combat burnout and compassion fatigue will be a primary focus over the coming years. To this end, a comprehensive wellness program will be implemented to educate, identify, and treat trauma-related symptoms clinicians experience in the course of their work. In addition, efforts will be made to integrate law enforcement officials into preventative services efforts so that they might also benefit.



3. Continue to Research the Unique Needs Within the County

Over the next couple of years the team will research the specific behavioral health needs and service gaps that are unique and variable by towns, cities, and rural/mountain areas across Boulder County. This information will be used to develop tailored strategies with local governments, agencies, and organizations to develop responsive and innovative ways to bridge these gaps so that services better reflect characteristics and needs of different communities.



4. Explore Opportunities to Collaborate with Service Navigation and 988 Service Initiatives

Over the next year, Boulder County will be piloting an effort to support navigation and access to behavioral health services. Ultimately, navigation support will be offered to community residents, but is being first piloted with select behavioral health initiatives. The Co-Responder Team will collaborate with the leads of this initiative to begin building and testing these efforts and to assist with policy formation. Additionally, the team has been working with county leadership regarding the roll-out of the national “988” crisis line which routes callers to the National Suicide Prevention Lifeline and supports connection to crisis response teams. Boulder County is in the process of exploring crisis response implementation models and the Co-Responder Project Manager will collaborate on this effort to determine how the two models can best complement each other and avoid duplication.