ADAMS COUNTY
HEALTH DEPARTMENT
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Co-Responder Services Assessment Memorandum

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CC: Adams County Manager's Office: Daniela Garcia (American Rescue Plan Act Administrator)

FROM: Colorado Health Institute

RE: Adams County Co-Responder Program Findings and Potential Action Steps

DATE: February 29, 2024

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Melissa Walker

INTRODUCTION

Adams County Health Department (ACHD) contracted with the Colorado Health Institute to assess behavioral health services and supports in Adams County through a mixed-methods quantitative and qualitative assessment approach. As part of the Adams County Behavioral Health Services and Supports Assessment funded by Adams County American Rescue Plan Act (ARPA) Tranche 2 funds, this memorandum details findings and potential action steps related to co-responder programs in Adams County.

The purpose of this memo is to inform ARPA Tranche 2 funding allocated to fill gaps in co-responder services and support the strength and sustainability of co-responder programs in Adams County. The memo includes an overview of co-responder programs in Adams County, findings from co-responder program interviews and survey results, and potential action steps to address programmatic gaps and opportunities.

These results will also be included in the complete Adams County Behavioral Health Services and Supports Assessment that will serve as a blueprint for Adams County organizations to improve the availability, accessibility, and acceptability of behavioral health services.

Tony Hake

METHODOLOGY

Six of seven existing co-responder programs serving Adams County, and seven of eight law enforcement agencies were interviewed (see Table 1).

Co-responder staff and law enforcement were asked about programmatic successes and challenges, short-term and long-term needs for population(s) served, and gaps in services and/or coverage. In addition to interviews, a survey gathered additional information from co-responder programs on staffing and vacancies, coverage, data collection, and barriers to meeting community needs. Program information available online was also reviewed to inform this assessment.

Table 1. List of Key Informant Interviews and Surveys Conducted by Jurisdiction.

JURISDICTION	ROLE	KEY INFORMANT INTERVIEW	SURVEY
Aurora	▪ Crisis Intervention Program Manager	X	X
Brighton	▪ Reaching Hope Executive Director Reaching Hope Case Manager ▪ Brighton Deputy Chief of Police	X X	X –
Commerce City*	▪ City Manager ▪ Assistant City Manager ▪ Commerce City Chief of Police	X X X	– – –
Federal Heights	▪ Crisis Co-Responder ▪ Federal Heights Chief of Police ▪ Federal Heights Police Department Operations Manager	** X X	** – –
Northglenn	▪ Crisis Response Unit Program Manager ▪ Northglenn Chief of Police	X X	X
Thornton	▪ Co-Responder Program Coordinator ▪ Thornton Police Officer ▪ Thornton Chief of Police	X X X	– – –
Unincorporated Adams County	▪ Associate Director of Clinical Services ▪ Adams County Patrol Captain ▪ Adams County Sheriff	X X X	X X –
Westminster	▪ Co-Responder Program Supervisor ▪ Westminster Police Chief	X X	X X

** Municipal leaders (i.e. City Manager and Assistant City Manager), law enforcement, and staff from Commerce City were also interviewed. Commerce City is the only municipality currently without a co-response program in Adams County.*

*** Was not interviewed or surveyed due to capacity constraints.*

CO-RESPONDER PROGRAMS OVERVIEW

FUNDING

Most co-responder programs in Adams County utilize a mix of funding sources, including short-term grants (federal, state, and local) and municipal general funds. As such, programs may experience instability of funding, gaps in funding between grant cycles, and funding that limits program staffing and resources.

According to program representatives, Aurora's program started in 2018 through grant funds and, as of 2023, is now fully funded by the City of Aurora. This example highlights how grant-based funding has been used by some programs to garner more sustainable public funding.

Table 2. Population and Size of Municipalities and Unincorporated Adams County[2]

LOCAL GOVERNMENT	POPULATION	SIZE (SQUARE MILES)
Arvada*	2,868	1
Aurora*	48,657	59
Bennett*	2,654	4
Brighton	40,822	19
Commerce City	64,214	36
Federal Heights	14,124	2
Lochbuie*	1	0.3
Northglenn	37,521	6
Thornton	142,307	37
Unincorporated Adams County	100,558[3]	1,005[4]
Westiminster*	70,458	17

**Municipalities with an asterisk cross multiple counties. Population counts and square miles below are only inclusive of Adams County. Co-responder programs are indicated in green.*

Another program, Northglenn's Crisis Response Unit, is currently grant funded, but efforts are underway in 2024 to fund the program through the city. Brighton's newly launched program is funded through a three-year cost-sharing grant from the Bureau of Justice Assistance, which will be sustained by the city after the grant award ends.[1]

Westminster's program is funded through both grants and city funds. Thornton's program is funded by grants from opioid settlement funding and the Department of Local Affairs.

REACH & GAPS

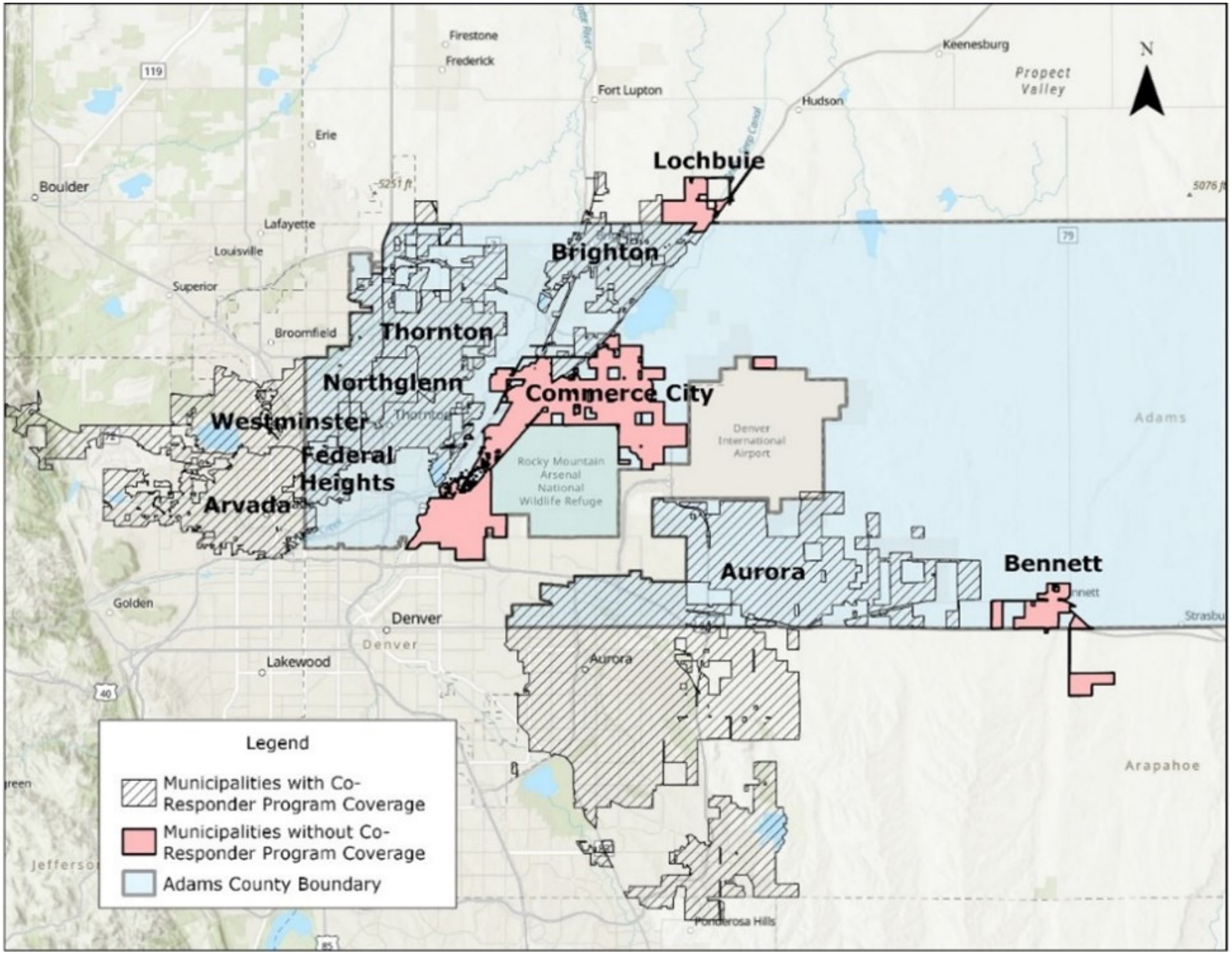
Adams County (see Table 2) is home to the cities of Brighton, Commerce City, Federal Heights, Northglenn, and Thornton; and portions of Arvada, Bennett, Aurora, Lochbuie, and Westminster. Unincorporated communities include Henderson, Strasburg, Watkins and Welby.

Municipalities in Adams County with co-responder programs are all located in the most populated areas of the county, and include Aurora, Brighton, Federal Heights, Northglenn, Thornton, and Westminster (see Table 2 and Figure 1, page 6). The Adams County Sheriff's Office, currently in partnership with WellPower, operates a co-responder program that serves unincorporated Adams County. The most populous city in Adams County without a co-responder program is Commerce City.

Most of the eastern part of Adams County is unincorporated and services and supports tend to be concentrated in the western part of the county. Given the lack of comprehensive public transportation spanning the region, location of services, and differences in infrastructural supports between incorporated and unincorporated areas, people living in eastern Adams County often have limited or no access to resources and supports.

Figure 1. Adams County Municipalities and Co-Responder Programs Location and Reach

NOTE: Due to the size and geography of Adams County, much of the eastern side of the county is not depicted in this map.



STAFFING & VACANCIES

The co-responder model typically pairs law enforcement officers or first responders with behavioral health professionals when calls for service have a mental health or substance misuse component. The number of co-responder staff by program in Adams County ranges from one to seventeen. The Westminster and Northglenn programs are fully staffed based on available funding, while unincorporated Adams County, Aurora, Brighton, Federal Heights, and Thornton programs have at least one vacancy (see Table 3). Co-responder staff include licensed and unlicensed behavioral health professionals (referred to as "co-responders" in Table 3) as well as case managers, program managers, program coordinators, law enforcement officers, and emergency medical technicians/first responders.

Co-responder program models vary, differing in staffing structure, methods of response, dispatch protocols, and various (often overlapping) referral sources.

- Aurora's program has nine clinical co-responders who may pair with any of five law enforcement officers dedicated to co-response or with EMS personnel serving two mobile response units. Aurora also has a targeted violence prevention program with officers specifically trained in violence prevention.
- Northglenn's four co-responders can self-dispatch to an active scene. Similar to Aurora's program, Northglenn's co-response unit supports community outside of responding to calls for service. Staff at this program work with the municipal court and with code enforcement to address other community concerns and challenges.
- Thornton has two officers specifically dedicated to co-response and allows clinicians to self-dispatch when mental/behavioral health-related calls come in.
- Unincorporated Adams County's dispatch identifies calls with a mental/behavioral health component and assigns these

Table 3. Co-Responder Program Full-Time Equivalent Staff and Vacancies by Role

Parentheses indicate full-time equivalent vacancies as reported by programs in December 2023

STAFF	AURORA	BRIGHTON	FEDERAL HEIGHTS	NORTHGLENN	THORNTON	UNINCORPORATED ADAMS COUNTY	WESTMINSTER
Case Managers	2	1	0	0	0 (1)	0	1
Co-responder (Clinicians)	7 (2)	.25 (.75)	0	0	1 (1)	1 (1)	4
Co-Responders (Unlicensed)	0	-	1	4	0	0	0
Emergency Medical Technicians	2	-	0	0	0	0	0
Officers	5	-	0	0	2	0	0
Program Coordinators	1	0.05	0	1	1	0 (.25)	1
Total	17 (2)	1.3 (.75)	1	5	4 (2)	1 (1.25)	6

calls to any officer available. The officer then alerts the co-responder and the pair responds to the incident together.

- Westminster describes their program as an independent response model, wherein co-responders are able to self-dispatch and typically dispatch separately from law enforcement officers.
- These differing co-responder program models, dispatch protocols, and referral systems may influence both program staffing and initial engagement with people experiencing behavioral health crises based on who arrives first at the scene.

COVERAGE

Coverage throughout the week varies by program, and no program within Adams County has overnight or 24/7 coverage. Coverage is dependent on staffing. Morning shifts, both weekday, and weekend, are the least likely to be staffed (see Table 4).*

** Federal Heights is not depicted in this table as they are currently experiencing staffing capacity constraints and coverage and hours of operation were not available to inform this assessment.*

Table 4. Weekday and Weekend Coverage by Program

NOTE: X indicates full coverage

	WEEKDAYS (Monday - Friday)			WEEKENDS (Saturday - Sunday)	
	6 a.m. to 8 a.m.	8 a.m. to 6 p.m.	6 p.m. to 11 p.m.	8 a.m. to 1 p.m.	1 p.m. to 11 p.m.
Aurora	-	✓	✓	Saturday Only	Saturday Only
Brighton**	-	Wednesday Only	-	-	-
Northglenn	✓	✓	✓	-	-
Thornton	-	Monday – Thursday	-	-	-
Unincorporated Adams County	-	Tuesday, Wednesday, and every other Monday	Tuesday, Wednesday, and every other Monday	-	-
Westminster	-	✓	✓	✓	✓

*** THE BRIGHTON CO-RESPONDER PROGRAM RECENTLY LAUNCHED IN 2023 AND CURRENTLY HAS LIMITED COVERAGE.*

FINDINGS & POTENTIAL ACTIONS STEPS

Co-responder programs say they are called upon for similar reasons, including, well-being checks, family disturbances, substance use, and suicidality. Several programs also shared specific populations they are commonly called in to support, including individuals with intellectual or developmental disabilities, older adults, youth, and transient or unhoused populations. Interviews from all respondents were synthesized and survey responses were analyzed to identify the following findings and associated actions.

1 Co-Responder programs say their biggest external challenges are gaps in services and supports across the behavioral health continuum.

When asked about the biggest challenges they face, all co-responder programs cited shortages in community resources and services in Adams County. These gaps were most pronounced in two areas: behavioral health services and crisis services (including crisis stabilization and withdrawal management). The lack of local or proximal resources were noted as drivers of transportation-related issues that create barriers to accessing services and supports.

Gaps in Behavioral Health Services

Adams County's behavioral health system does not meet the need for behavioral health services across the continuum of care. As of December 2023, there were 93 inpatient and outpatient mental health facilities and 295 inpatient and outpatient substance use treatment facilities within a 30-minute drive of Adams County municipalities, all of which are south and west of Brighton. There are only seven mental health facilities within Adams County; the other 55 are in neighboring counties.

Law enforcement personnel and co-responders alike cited shortages in behavioral health services, especially substance use treatment in Adams County. These services are often critical in providing cognitive and behavioral therapies, medication-assisted treatment, recovery supports and referrals for needs such as housing.

→ ***Program Voice:*** *"Getting people into long-term substance use treatment is nearly impossible. Beds aren't available, and they're expensive, even for people with decent insurance."* – Co-Responder Program Representative

Programs repeatedly raised the need to re-establish and increase juvenile assessment, treatment, and diversion resources in Adams County. Multiple programs spoke about the gap created by the closure of an Adams County program that provided screening, assessment, and referral to community services for youth who are at risk of becoming involved in the juvenile legal system.

→ ***Program Voice:*** *"Don't have (juvenile assessment program facility redacted) because they closed that down. As a co-responder we use these programs to keep people out of the ED."* – Co-Responder Program Representative

Several programs shared that they often receive calls to help residents who have intellectual or developmental disability, autism, or dementia. These programs cited the challenge of connecting individuals to appropriate care in a timely manner, noting that waitlists for services are often long and the process to receive care is difficult.

ACTION: Prioritize ARPA Tranche 2 funding that supports the following:

- Re-establish juvenile assessment programming
- Expand the behavioral health workforce

Gaps in Crisis Services

Nearly every program shared the need for Adams County to have a walk-in crisis center, crisis stabilization unit, and withdrawal management center (also known as detox). In 2021, the Adams County Detox/Withdrawal Management Facility and 24/7 Walk-in Crisis Center managed by Community Reach Center closed. Currently the only location in Adams County to offer crisis and withdrawal management services is the Fitzsimons Center, operated by Aurora Mental Health and Recovery. This facility, while technically in Adams County, is in the southwest part of the county and is not conveniently located for most Adams County residents. With limited local detox facilities, patients are often sent to emergency departments (EDs) for detox, which is neither effective nor a reliable avenue to connect patients with continued care. While efforts are underway in Adams County to stand up a detox center, the current challenges that face Adams County in the absence of a detox and 24/7 walk-in crisis center cannot be understated.

- ***Program Voice:*** *"Currently, there is nowhere to take individuals who are intoxicated. This takes up resources in the hospital and does not solve the issues. These individuals 'sober up' and are discharged without receiving treatment."* – Co-Responder Program Representative
- *"We also need these services in the city because otherwise the officer doesn't have the time to drive someone outside of the city. It's hard to tell people you need these things, but we can't do that for you, go to Denver."* – Co-Responder Program Representative
- *"When we place someone on an M1 hold* – transportation is a challenge. Ambulance companies don't want to do the transport, but we don't want to transport people in a mental health crisis in the back of a police car – it's not person centered. We see opportunity to explore how do we work well with our medical community, getting people where they need to be."* - Law Enforcement Partner

An *M1 HOLD* is placed when an individual is deemed to be in imminent danger of harming him or herself or someone else or is "gravely disabled". An M1 Hold relies on Colorado Statute 27-65-101 Care and Treatment of Persons with Mental Illness. When a person is placed on a mental health hold, it means that they can be held for up to 72 hours for a psychiatric evaluation. The following persons may place a 72-hour hold:

- **A certified peace officer.**
- **A physician or licensed psychologist with a license in the state of Colorado.**
- **An APRN with psychiatric/mental health training (i.e. Psychiatric NP).**
- **A licensed marriage and family therapist, licensed professional counselor, or licensed addiction counselor who by reason of postgraduate education and additional preparation has gained knowledge, judgment, and skill in psychiatric or clinical mental health therapy, forensic psychotherapy, or the evaluation of mental disorders.**
- **A licensed clinical social worker.[5]**

In the absence of detox and adequate walk-in crisis services, hospitals and emergency departments (EDs) continue to be a main source of support for Adams County residents experiencing behavioral health crises. Hospitals, EDs and the carceral systems rarely have wraparound services and care (e.g. mental health and substance use treatment, care coordination and case management) necessary for supporting an individual toward stability and recovery following a crisis situation. Additionally, interaction with hospitals and/or the carceral system may result in additional trauma to the individual experiencing or recovering from crisis.

Programs note increasing availability and access to local services (in Adams County) that help provide stability during and after

a crisis, including non-hospital facilities that make services available for less than 24 hours, will improve outcomes and reduce unnecessary hospitalizations and/or incarcerations.

ACTION: **Prioritize Tranche 2 funding to support the sustainability of a detox center conveniently located in Adams County.**

Gaps in Community Resources

Co-responder programs cited challenges outside of the behavioral health system related to housing, transportation, and general community resources such as community centers and community-based organizations that create safe spaces and provide resources for populations disproportionately impacted by behavioral health issues. These challenges are due to a lack of services, limited services, or difficulties connecting people to services.

- ***Program Voice:*** *"[helping] people stay housed and get into housing is the biggest beast and learning curve for our program."* – **Co-Responder Program Representative**
- *"We need day centers, help with educational programs, walk-in crisis, detox, and shelter. For the people we are helping the question is where do we send them? We also have poor transportation in Adams, and it isn't free (no free buses or scooters). We really need free transit."* – **Co-responder Program Representative**

Almost all programs interviewed noted the importance of having connections with other organizations and resources (such as case managers, individuals with training in working with unhoused populations, and community members who can provide navigation of resources such as rental assistance and insurance enrollment). Being able to provide and/or connect to these types of resources when responding to calls was a priority for programs.

- ***Program Voice:*** *"We get a lot of referrals from other co-responder teams."* – **Co-Responder Program Representative**

ACTION: **Prioritize ARPA Tranche 2 funding to increase and improve care coordination and case management among providers, systems, and across jurisdictions.**

ACTION: **Engage the Adams County Co-responder Community of Practice to identify and prioritize opportunities that increase community resource sharing and improve coordination of services and supports across jurisdictions.**

Tony Hake

2 Staffing capacity and training gaps are the most significant internal challenges.

Staffing Shortages

Staffing impacts coverage and a co-responder program's ability to meet demand. Among survey respondents, co-responder programs estimate that they can respond to 70% to 100% of the calls occurring during staffed hours with current levels of staffing. The biggest barrier to responding to 100% of calls, during both staffed and unstaffed hours, was personnel shortages. No co-responder program within Adams County has overnight or 24/7 coverage.

The term "full staffing" can imply an inaccurate reflection of capacity. One survey respondent noted that even though their program is considered fully staffed based on their budget, they do not have full coverage when someone is out for a personal or sick day. Their program prioritizes employee health and allows employees to take time off as needed, even if that means capacity will be lower. This allows employees to "pay attention to their own mental health needs and encourages them to not burn out on other people's emergencies." Co-responders shared that, while this approach is helpful in reducing staff burnout, the underlying issue is not enough available funding to fill staffing gaps and provide sustained coverage.

→ ***Program Voice:*** *"Calls, referrals, have grown every time we add a team member, so there's a need."*
– Co-Responder Program Representative

Staffing shortages were also cited by law enforcement. Two surveyed entities noted that reductions in law enforcement staffing have created barriers around when and how law enforcement and co-responders can respond to active calls. These changes have made dispatch and referrals more challenging.

ACTION: Prioritize ARPA Tranche 2 funding to address gaps in geographical reach, staffing shortages, and staffing capacity gaps.

Barriers to Staff Recruitment and Retention

Many programs said that it is hard to hire fully licensed clinicians into the co-responder role for various reasons. Colorado is experiencing a behavioral health professional workforce shortage, compounded by challenges with funding, pay structures, acuity of service needs, and hours of coverage. Rates of compensation are often tied to funding source and may not be competitive when compared with comparable positions in private practice. In addition, the desire of programs to provide coverage on nights and weekends may also create difficulties with hiring and retention. Finally, as the nature of calls for service may vary greatly and encompass a variety of different types of crisis situations, service needs can range widely in acuity from day to day, program to program, and practice to practice.

Given the shortage of clinically licensed professionals at the local, state, and national level, some programs have re-evaluated what licensure and/or experience they require. Currently, four of seven programs have staff who are working toward or are already provisionally licensed. Some have opted to hire provisionally licensed clinicians with a master's degree while one program spoke specifically of their requirement for staff to have a bachelor's degree and at least five years of experience working in behavioral health-related crisis situations. This program noted that crisis experience is critical to co-responder expertise; they explained that many fully licensed clinicians gain experience in outpatient settings, which may not fully equip them to work as co-responders engaged in higher acuity encounters.

- ***Program Voice:*** *"Also taking a look and making sure that people are being appropriately compensated for the time they spend and the nature of the work should be built into expansion/restructuring of programs."* – Law Enforcement Partner/Co-Responder Program Representative

- *"Turnover… is because people come in who are used to therapeutic/outpatient mental health and the co-responder role is very different and very demanding. And you are getting paid less than private practice and the hours/schedule are worse than private practice."* – Co-Responder Program Representative

ACTION: Engage the Adams County Co-responder Community of Practice and community partners to identify and obtain consensus around policy and systems changes to improve recruitment and retention. Support the exploration and potential implementation of identified policy and systems change.

Training and Credentialing Needs

Co-responders: Adams County co-responder programs develop and implement their own training requirements. The amount and type of training provided to co-responder staff can vary across programs based on available resources and program goals. Co-responder programs have ongoing learning and development needs and could benefit from trainings, practice-based experience, and professional development opportunities. A social services organization and an Adams County government department identified training needs for co-responders specific to working with unhoused populations.

In recognition of the desire and need for programs to not "re-create the wheel" with training, the Colorado Co-Responder Alliance (COCRA), was established in 2023. COCRA is an alliance of mental health-based co-responders in Colorado hosting quarterly meetings and events to connect all co-responder teams in Colorado to train and share information. The Adams County Co-Responder Community of Practice started convening in August 2023 to share best practices and lessons learned, explore evaluation tools to inform sustainability, and bring together programs and community partners to enhance collaboration and utilization of resources.

Carceral System: The carceral system is best understood as a comprehensive network of systems that include formal institutions, such as law enforcement and the courts, monitoring, surveillance, criminalization, and incarceration of people.[6] The carceral system is highly complex with many parts and agents that are constantly interfacing and changing frequently. Complex systems require ongoing training and quality improvement across all parts of the system. Co-responder programs interact with and are responsive to the actions of the carceral system. Opportunities for ongoing education and process improvement were highlighted by co-responders.

Co-responder programs identified a need for training for dispatch, deputies, and the court system. Programs identified a need for ongoing relationship-building with dispatch and law enforcement officers and ongoing training on how to utilize co-responder programs. In Adams County, some, but not all, law enforcement staff are trained in Crisis Intervention Team (CIT) courses and more officers would benefit from CIT and continued trauma-informed response training.

- ***Program Voice:*** *"CIT training is very comprehensive, and co-responders don't currently have a standard of practice for any of this." In the case of un-licensed co-responders, "concerned that they might be replacing a CIT trained officer with someone who doesn't have training – danger to clinician, danger or damage to community."* - Co-Responder Program Representative

"The Crisis Intervention Teams (CIT) model was developed in 1988 in Memphis, Tennessee, as a partnership between the police department, advocacy groups and treatment providers for people with mental illness, and other community stakeholders to manage crisis situations involving mentally ill subjects. Since that time, many law enforcement agencies have adopted the program and have realized significant benefits in their communities through dramatic declines in injury rates among both citizens and police officers, decreased utilization of the SWAT team to resolve crisis situations and the diversion of people with mental illness from incarceration to community-based mental health services. The goals of CIT are to train law enforcement officers in the recognition of mental illness, to enhance their verbal crisis de-escalation skills, and to provide more streamlined access to community-based mental health services. By engaging mental health consumers with appropriate community supports, the well-being of the individual and the safety of the community can both be enhanced."[7]

Co-responder programs and law enforcement expressed differing views on what practices and roles are best suited to place M1 holds when they are needed.

→ ***Program Voice:*** *"Often, officers feel like an M1 hold is absolutely necessary but, in many cases, clinicians are able to de-escalate and create an alternative safety plan."* – Co-Responder Program Representative

Co-responder programs with both licensed clinicians and law enforcement officers have options for which role can place an M1 hold. Some co-responders asserted that M1 holds should only be placed by officers who have comprehensive mental health training or by officers in consultation with a licensed mental health clinician. Conversely, several law enforcement agencies expressed concern over liability when co-responders place M1 holds instead of officers.

→ ***Program Voice:*** What's Working? Co-Responder programs offer formal and informal cross-training between law enforcement and behavioral health disciplines that generally leads to greater understanding and shifts agency culture.

Co-responder programs noted challenges with the court system. For example, one program discussed lack of shared understanding of mental health challenges and conditions as well as processes, such as M1 holds and extreme risk protection orders (ERPOs).

→ ***Program Voice:*** *"The court system doesn't understand how the M1/M3/M4 process works. They think it goes through the Behavioral Health Administration (BHA), so there are additional trainings needed."* – Co-Responder Program Representative

One solution proposed is incentivizing courts to take advantage of the trainings offered by the BHA on ERPOs. The Colorado Co-Responder Alliance recently offered training and information on the newly revised 27-65 statute and M-hold forms which could be shared with the courts. Another proposed solution was to create a dedicated liaison to the court.

ACTION: **Explore ways to support co-responder programs, law enforcement, and the court system with training needs. This may include sharing existing training resources, funding the development of trainings that do not exist, providing incentives to complete training, and/or contracting with community partners to provide needed training.**

3 Co-responder programs vary in their ability to quantify met and unmet community needs and evaluate program impact.

Co-responder programs shared the types of data they currently collect and the data management systems they use. All co-responder programs track the number of contacts/encounters, outcomes, and follow-ups. Data availability varies by program, and overall estimates for calls were not readily available from co-responder programs when this assessment was conducted.

Four of seven programs reported having data, reports, or analyses that quantify the extent to which community needs are being met. However, of these, one program reported concerns regarding the accuracy of data currently collected, and one program shared that they have raw data, but currently no way of generating reports. The remaining two programs noted they do not quantify this yet, but they are working on it. Most programs track information manually which is time consuming and creates administrative burden. For data management, two programs use or are switching to ImageTrend, but the other four programs use different systems.

Co-responder programs experience multiple data-related challenges including, but not limited to, lack of data standardization, lack of consistent and shared metrics, and barriers to bi-directional communication and data sharing between programs.

Lack of Standardized Data Collection

The lack of standardized data collection procedures poses a challenge for programs in understanding and assessing community need and program impact. It leads to lack of data uniformity both within and across programs. For example, definitions of a "successful encounter" vary from program to program, making the comparison of outcomes challenging. While data standards are a recognized need, programs also cited a desire to have flexibility in their reporting to capture metrics that they deem important in understanding encounters, outcomes, and program impact. Funders often require reporting of metrics that do not align with how programs measure impact. For example, when funders require data to be reported in a way that does not match how programs collect or aggregate their data, programs experience administrative burden and less capacity to support data analysis.

→ ***Program Voice:*** *"The actual work being done does not fit into categories provided [by the funder] so it must be twisted to fit. The [funders' reporting] systems were built without a real understanding of the work or what might constitute 'success'."* Co-Responder Program Representative

Data and Information Sharing Gaps

The variety of data systems used (both inter- and intra-departmentally) make it challenging for data to be shared across programs and agencies. Challenges related to information sharing across collaborating agencies (e.g., legality, confidentiality concerns, incompatible technologies) can present additional barriers to care coordination and case management especially for "high utilizers" who cross jurisdictions. High utilizers are people who come in contact with co-responder programs frequently. Lack of data sharing may also create barriers to addressing follow-ups, responding to ongoing community needs, and mitigating gaps in services and supports for short and long-term care and recovery.

Various funding sources (and therefore distinct reporting requirements), different software, and inconsistent definitions of measures across reporting platforms make it difficult to generate meaningful data analysis within programs and to aggregate data across programs. These factors also make it challenging for co-response programs to generate meaningful reports and advocate for continued and/or new funding.

ACTION: **Prioritize ARPA Tranche 2 funding to support co-responder programs to standardize data collection and data utilization, define shared metrics to quantify met and unmet need, and demonstrate sustainable program impact.**

4 Community engagement and evaluation is needed to understand co-responder programs' potential for reducing inequities.

Understanding Community Perspectives and Opportunities to Reduce Inequities

Evidence from other states as well as initial evaluation in Colorado suggest that co-responder programs improve interactions between community members and law enforcement and increase connections to appropriate services.[8] Co-responder teams may be positioned to link historically disenfranchised and under-resourced populations to treatment and services and divert unnecessary incarceration and hospitalizations. Improved data collection (see finding #3) can support analyses that illustrate potential variation in disposition of call, outcomes, and follow-up by demographics of people served.

While this assessment was informed by co-responder program staff, law enforcement personnel, municipal leaders and community partners, Adams County may also consider assessing the experiences of community members who have interacted with co-responder programs. Understanding what is working well and could be improved from the perspective of community members may illuminate gaps and opportunities not captured in this memorandum. For example, Denver's STAR program is currently undergoing a multi-year assessment and has been able to use community-level data to better tailor response options to meet community needs.

ACTION: Work with the Adams County Co-Responder Community of Practice to establish equity-focused data analyses and identify methods for engaging with community members to solicit additional feedback about programs' strengths and potential.

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LOOKING AHEAD

Adams County's co-responder programs offer a person-centered and equitable alternative to addressing behavioral health concerns among people in Adams County. These programs rely on the availability of a robust, accessible, and coordinated network of community-based services and supports. Increasing the availability of services and supports, including substance use treatment, as well as bolstering the workforce with needed training and supports, can expand co-responder reach and effectiveness. Additionally, exploring alternative models that bring a health focus and do not always require law enforcement may also increase reach and effectiveness. Research into existing models, analyzing existing program data, and continued community engagement can inform the feasibility and viability of these options. Future investments can target these needs and opportunities.

In addition to the Adams County ARPA Tranche 2 funding for this assessment, Adams County Health Department (ACHD) has an additional $1.9 million ARPA funds to address co-responder service gaps and evaluate outcomes of co-responder programs to create a county-wide plan for sustainability. In May 2024, ACHD will release a Notice of Funding Opportunity to support co-responder services gaps and a Request for Proposal to contract an evaluation consultant to support shared outcomes and sustainability.

Lastly, the Adams County Co-Responder Community of Practice (CoP), established in August 2023, is well-positioned to support many of the action steps outlined in this memo. The CoP's purpose is to provide the space for co-responder programs serving Adams County to share best practices, lessons learned, improve coordination among programs, and inform a county-wide sustainability plan.

A NOTE OF THANKS

Thank you for the opportunity to support this important work. If you have any questions about the findings in this memo, please contact the ACHD Behavioral Health Team at BehavioralHealth@adcogov.org.

ENDNOTES

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5. Involuntary Mental Health Treatment. January 2024. Accessed at https://bha.colorado.gov/resources/involuntary-mental-health-treatment

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8. Colorado Health Institute. Explore the 2023 Colorado Health Access Survey: Timely, topical research to improve well-being in Colorado and beyond. December 2023. Accessed at https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/OBH%20CoResponder%20FINAL.pdf