

STUDY

ASSESSING THE IMPACT OF CO-RESPONDER TEAM PROGRAMS



A Review of Research

A RESEARCH SUMMARY OF:

Academic Training to Inform Police Responses. (2021, March). *Assessing the Impact of Co-Responder Team Programs: A Review of Research*. Academic Training to Inform Police Responses.

TOPIC AREA:

- Co-responder teams
- Behavioral health crises
- De-escalation
- Police response to mental health needs

QUESTIONS ANSWERED:

- What are co-responder teams, and how can these teams help law enforcement agencies respond to community members experiencing a behavioral health crisis?
- What are the goals of co-responder teams?
- Does the available research evidence suggest that co-responder teams are successfully achieving their goals?
- What is the impact of co-responder teams?
- What factors help or hinder the effective implementation of co-responder teams?



KEY FINDINGS

- The goals of co-responder models include enhancing crisis de-escalation, increasing connection to services, reducing pressure on the criminal justice system, reducing pressure on the health care system, and promoting cost effectiveness.
- Co-responder teams pair police officers with mental health professionals in a combined effort to jointly respond to calls for service involving community members that may be experiencing a behavioral health crisis.
- The goals of these joint responses include enhancing safety, de-escalating crisis situations, diverting individuals away from the justice system, and connecting community members experiencing a behavioral health crisis to the appropriate services.
- There is a growing body of research that investigates the effectiveness and impact of co-responder teams. However, this research has largely been limited to descriptive analyses, meaning that studies that use more rigorous research methods are needed.

- The available research shows promising evidence of the effects of co-responder models in many outcomes. For instance:
 - Calls for service receiving a co-response are associated with a reduction in use of force and lower rates of community member injury compared to calls that did not receive co-response.
 - Co-responder response teams are more likely than traditional police responses to refer community members to behavioral health services. However, further research is needed to investigate the long-term effects of these referrals.
 - Descriptive analyses find that calls responded to by co-responder teams are less likely to result in arrest than calls responded to only by patrol units.
 - There is some evidence to show that co-responder teams are associated with a reduction in time spent by officers responding to behavioral health crises. However, these reductions in time are contingent upon the sufficient availability of co-responder teams.
 - Co-responder teams are associated with a reduction in the percentage of behavioral health crisis calls for service that end in hospitalization.
 - Preliminary evidence shows these programs are cost effective, with several studies finding that the costs associated with a co-responder team response are less than the costs associated with the traditional police response.
 - There is mixed evidence of the effects of co-responder teams on reducing emergency department transports. Some studies find that behavioral health crises responded to by co-responder teams are associated with reductions in transports to the emergency department, while other studies report an increase.
- Surveys and interviews with police officers, mental health professionals, and community members that have come into contact with co-responder teams revealed the following perceptions of the model:
 - The belief that co-responder teams facilitate effective de-escalation of crisis incidents.
 - Appreciation for the co-responder's teams' referrals to health services.
 - Satisfaction with the services provided by these teams.
 - Positive perceptions of co-responder teams on the part of community members, including the belief that these teams helped to reduce their stress during encounters with the police.
- Interviews with stakeholders also revealed several factors critical to the successful implementation of co-responder teams. For instance,
 - Communication and collaboration between law enforcement agencies and community health service providers.
 - Clear policies and procedures relating to joint responses to behavioral health crises.
 - Thoughtful staffing to ensure that only the most appropriate officers and health services professionals are involved in these co-responder teams.
 - Cross-training co-responders on the policies of the other agency.
 - Public communication campaigns to ensure that the community, law enforcement, and health service providers alike are all aware of the program.
 - Early identification of available behavioral health services in the community in the process of creating a co-responder team to prevent confusion later when trying to make appropriate referrals.
 - Sufficient funding and staffing.

METHODS USED:

- This article provides a review of all the available research regarding co-responder teams, featuring 37 total doctoral dissertations, peer-reviewed articles, and reports.
- The included studies feature descriptive analyses, surveys, and stakeholder interviews.

LIMITATIONS:

- The research in this area is still relatively new and largely limited to descriptive analyses. Further research is needed before any definitive conclusions can be made.
- Co-responder teams often tailor their response to fit the needs of their community, meaning that there is substantial variation in design and delivery across teams. As such, it may be difficult to generalize findings across communities.

HOW DO THESE FINDINGS APPLY TO MY AGENCY?



Co-responder teams provide a promising option for improving police response to community members experiencing a behavioral health crisis.



The available empirical evidence suggests that co-responder teams can help de-escalate crisis incidents, reduce the use of arrest, reduce use of force, and reduce the amount of time patrol officers spend on calls for service involving a behavioral health crisis.

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