



CO-RESPONDER PROGRAM

*Meeting the needs of the
community*

What are Co-Responders?

- The **Co-Responder model** pairs law enforcement and behavioral health specialists to intervene and respond to behavioral health-related calls for police service.
- Calls come from dispatch and co-responders are requested as the operator deems appropriate.

- These teams utilize the combined expertise of the officer and the behavioral health specialist to de-escalate situations and help link individuals with behavioral health issues to appropriate services.
- On scene, the team works not only to de-escalate the situation, but also provide behavioral health screening and assessment, call disposition planning and referral or linkage to needed services.

- The planning at the end of the encounter depends on a number of unique factors, and outcomes can range from leaving the individual with necessary resources, transporting the individual to a hospital or crisis center, and providing support and resources for family members and others on-scene.
- The program also follows up with individuals after they leave the initial encounter. The team often works with other community resources, providing coordination with various systems of care.

Goals and Results

- The goal of the program is to provide law enforcement with appropriate alternatives to arrest as well as additional options to respond to non-criminal calls.
- Utilization of the program has resulted in the reduction of harm, arrests, and use of jails and emergency departments and promotes the development of and access to quality mental and substance use disorder treatment and services.

Results

- Co-Responder Programs offer formal and informal cross-training between the law enforcement and behavioral health disciplines that generally leads to greater understanding and shifts agency culture.
- Since the start of this program, we have had approximately 500 calls among the co-responders.

Types of Calls and Outcomes

Types of Calls

- Suicidal/homicidal threats
- Psychosis
- Post-partum
- Substance abuse related
- Domestic violence related
- Clients needing medication adjustments
- Clients neglecting their mental health treatment

Types of Calls and Outcomes

Outcomes of those Calls

- Hold with intent to file petitions
- WES referrals
- Voluntary hospitalizations
- Outpatient recommended follow-ups
- Provided resources to families needing education and/or assistance with mentally ill family members

Case Examples

- Case #1: Citizen with Schizoaffective disorder threatened to burn down apartment complex and refused to go to the hospital. Client had fire brick starters, matches, and lighter fluid. Team was able to de-escalate client and get client to go to hospital where they were placed on an involuntary hold and stabilized through commitment to WellStar.

Case Examples (Continued)

- Case #2: Citizen with depression diagnosis that presented as suicidal and was found in their car contemplating driving the car over a cliff. Stressed over financial issues with school and not feeling like they had support. Co-responder team was able to de-escalate and talk the person into going to get help voluntarily.

Case Examples (Continued)

- Case #3: Citizen was undergoing a psychotic break and was thinking their house was under attack and had multiple weapons placed throughout the house. Client was hearing and seeing things that were not there. Co-responder team educated spouse on petition process and transported client to hospital.



CRISIS CONTINUUM OF CARE

Changing How We Respond to Mental Health Crisis

- 100 WellStone staff members dedicated to emergency/diversion services
- 988 Call Center (someone to call)
- Co-Responder Team (someone to respond)
- WellStone Emergency Services/Crisis Center (somewhere to go)
- Jail Diversion Program
- Community Mental Health Officer
- Crisis Intervention Training with Law Enforcement
- One-at-a-Time Interdisciplinary Team
- Assisted Outpatient Treatment

Crisis Diversion Center OPENING IN SEPTEMBER!



Wellstone Behavioral Health | Exterior View of New Crisis Center

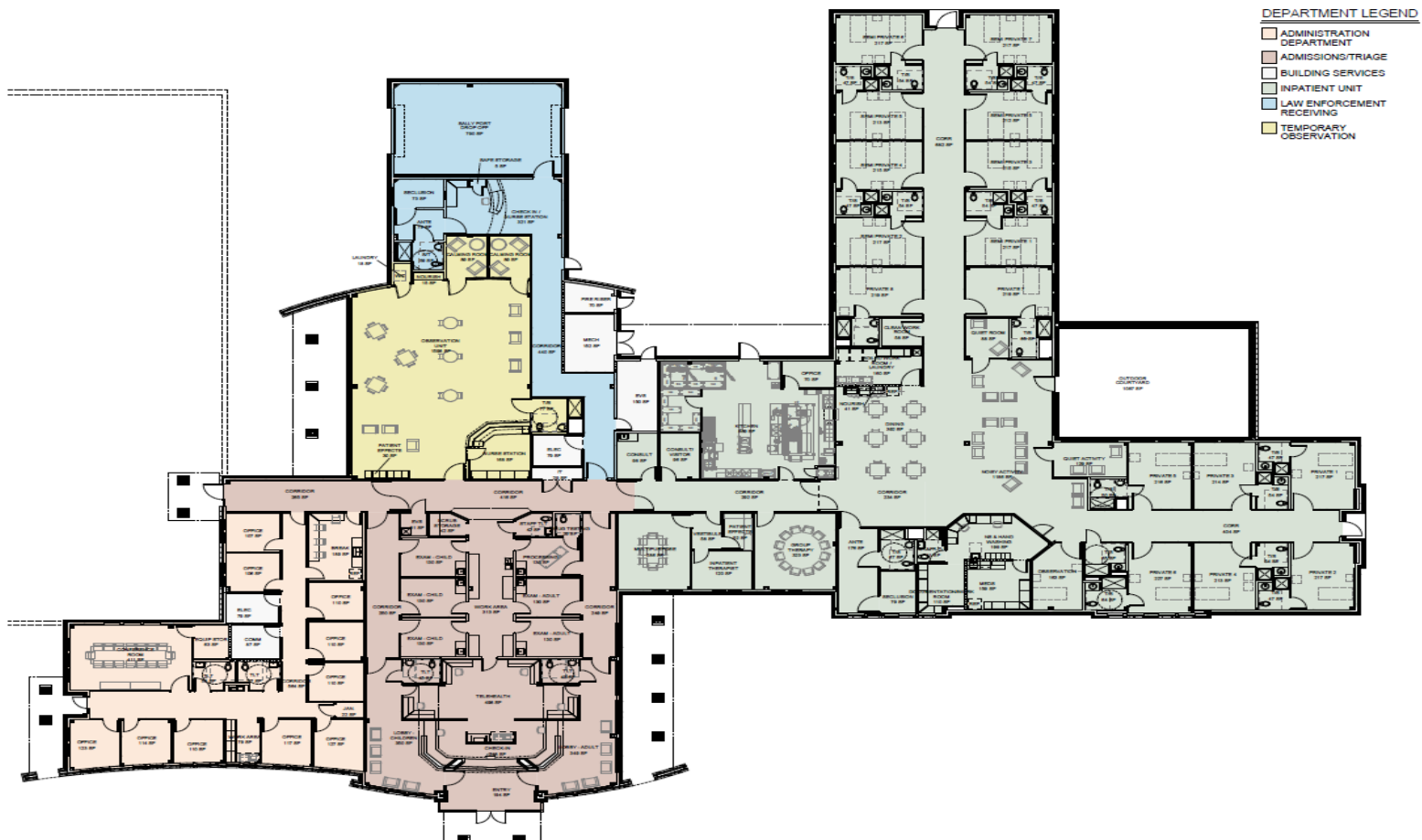


Temporary Observation Unit



Extended Observation Unit





Diversion Center

- Call Center with Triage Therapists via phone or video conferencing available 24/7
- Software to integrate into hospitals for admissions and discharges.
- 24/7 nursing, CRNP/Psychiatrist
- Onsite screening, referral and placement
- 10 Temporary Observation Unit beds
- 16 Extended Stay Unit beds (up to 7 days for stabilization)
- Care managers providing wrap around services

Access and No Wrong Door

- The Diversion Crisis services are intended for utilization by anyone, anywhere, at any time.
- WellStone Emergency Services provides services to individuals and their families who walk-in seeking services 24/7/365, 24/7/365 first responder drop and roll capacity for both voluntary and involuntary evaluation and treatment.