

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Date of Request: November 7, 2024

Please mark one: Bill Request or Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

Yes No

1. Type of Request:

Contract/Grant Agreement Intergovernmental Agreement (IGA) Rezoning/Text Amendment

Dedication/Vacation Appropriation/Supplemental DRMC Change

Other:

2. **Title:** (Start with *approves*, *amends*, *dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves a Grant Agreement from the Caring for Denver Foundation in the amount of \$2,106,665, from 09/01/2024 to 11/30/2025, for the Co-Responder Program in support of the Crisis Intervention Unit (CIRU). CIRU is designed to improve outcomes, streamline services, and create system efficiencies for those with behavioral health issues who have come to the attention of Denver's first responders and criminal justice stakeholders; Citywide; POLIC-202476915.

3. Requesting Agency:

Denver Police Department

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Chris Richardson – and – Emily Lauck	Name: Chris Richardson – and – Emily Lauck
Email: Chris.Richardson@denvergov.org Emily.Lauck@denvergov.org	Email: Chris.Richardson@denvergov.org Emily.Lauck@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed:

(who, what, why)

Nationally, 6 to 31 percent of all police contacts are with individuals with mental illnesses, making effective responses to this population critical for community safety and well-being (Morabito et al. 2018; Watson et al. 2010; Wilson-Bates 2008). To this end, police departments have introduced specialized training, such as crisis intervention teams (CITs; Vickers 2000). CITs consist of police officers who have gone through advanced training in dealing with mental health and behavioral crises; they have been installed in 2,700 communities nationwide as of 2019, representing 15–17 percent of all police agencies (Helfgott, Hickman, and Labossiere 2016; Rogers, McNiel, and Binder 2019). Although specialized training for police officers continues to prove helpful in the US and abroad, it is not enough. Escalated interactions resulting in arrests and violence persist, and individuals remain without short- and long-term support (Boazak et al. 2020; Comartin, Swanson, and Kubiak 2019; Compton et al. 2014; Herrington and Pope 2011; Macauley 2021; Marcus and Stergiopoulos 2022; Rogers, McNiel, and Binder 2019; Skubby et al. 2012; Watson and Fulambarker 2012).

To better meet community needs, Co-Responder models are increasingly used by police departments worldwide. Originating in Los Angeles in 1993, a co-responder program typically pairs mental health professionals with police officers to respond to 9-1-1 calls involving mental health crises. However, there is significant variation in how these models have been implemented (Krider and Huerter 2020). Denver, starting with co-response solely with the Denver Police Department has expanded and grown to

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incorporate other first responder teams to better outcomes for individuals that interact with Fire, Sheriffs, Park Rangers, and the Regional Transportation Departments as well as local university.

Denver’s Co-Responder program began in 2016 as a partnership between police officers and mental health clinicians. By sending mental health experts to accompany police officers, the Co-Responder program is intended to divert individuals from excessive engagement with the criminal-legal and crisis-response systems by connecting them to culturally and geographically appropriate community support and services. The program also strives to improve coordination across systems and service providers and cut down on unnecessary costs related to engaging with individuals with mental or behavioral health needs (WellPower, 2022).

Through these clinical partnerships, responders are generally more effective in de-escalating crises, preventing injuries, and reducing pressure on the criminal-legal and healthcare systems by linking individuals to appropriate community services (Shapiro et al. 2015). In fact, scholarly evaluations of co-responder programs have found them to be effective in reducing pressure on the criminal-legal system, resolving cases successfully, averting crisis escalation and injury, facilitating proper referrals to non-law enforcement services, increasing service use, and saving money (Allen Consulting Group 2012; Bailey et al. 2021; Helfgott, Hickman, and Labossiere 2016; Kisely et al. 2010; Rosenbaum 2010; Shapiro et al. 2015).

Over 8 years the impact to the collaboration has led to over 30,000 calls for service with only 2% of that total amount leading to arrest or citation. The unforeseen impact of an established co-responder program over the last 8 years extends beyond that of the direct support given to the individual in the community. Embedding clinical staff and their viewpoint in first responder culture has created significant impact through a working standard amongst the Denver police districts lending a lens of a trauma informed, client centered approach to public safety service delivery. Leaning on a philosophy and skill set not previously seen or understood amongst Denver public safety and partner agencies prior to 2016, clinicians are now able to give academy trainings, roll call trainings, update first responders on new resources, and problem solve larger system needs in order to best serve the interaction with any members of the community. A trust has also been established and strengthened as a result of the pairings, showing that the pairing is a force multiplier for support and fostering the mission of the Denver as a city.

References

- Allen Consulting Group. 2012. “Police, Ambulance and Clinical Early Response (PACER) Evaluation.” Melbourne, Australia: Allen Consulting Group. <https://www.health.vic.gov.au/publications/police-ambulance-and-clinical-early-response-pacer-evaluation-report>.
- Boazak, Mina, Sarah Yoss, Brandon A. Kohrt, Wilfred Gwaikolo, Pat Strode, Michael T. Compton, and Janice Cooper. 2020. “Law Enforcement and Mental Health Clinician Partnerships in Global Mental Health: Outcomes for the Crisis Intervention Team (CIT) Model Adaptation in Liberia, West Africa.” *Global Mental Health (Cambridge, England)* 7: e2. <https://doi.org/10.1017/gmh.2019.31>.
- Helfgott, Jacqueline B., Matthew J. Hickman, and Andre P. Labossiere. 2016. “A Descriptive Evaluation of the Seattle Police Department’s Crisis Response Team Officer/Mental Health Professional Partnership Pilot Program.” *International Journal of Law and Psychiatry* 44: 109–22. <https://doi.org/10.1016/j.ijlp.2015.08.038>.
- Morabito, Melissa S., Jenna Savage, Lauren Sneider, and Kellie Wallace. 2018. “Police Response to People with Mental Illnesses in a Major U.S. City: The Boston Experience with the Co-Responder Model.” *Victims & Offenders* 13 (8): 1093–1105. <https://doi.org/10.1080/15564886.2018.1514340>.
- Shapiro, G. K., A. Cusi, M. Kirst, P. O’Campo, A. Nakhost, and V. Stergiopoulos. 2015. “Co-Responding Police-Mental Health Programs: A Review.” *Administration and Policy in Mental Health* 42 (5): 606–20. <https://doi.org/10.1007/s10488-014-0594-9>.
- WellPower, 2022, “Co-Responder Program,” *WellPower*, <https://www.wellpower.org/coresponder/>

6. City Attorney assigned to this request (if applicable):

Troy Bratton

7. City Council District:

Citywide

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8. ****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

Key Contract Terms

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):

Grant agreement > \$500K

Vendor/Contractor Name (including any dba's):

Caring for Denver Foundation

Contract control number (legacy and new):

POLIC-202476915

Location:

Citywide

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** _____

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):

N/A

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
	\$2,106,665	\$2,106,665

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
	15 months	11/30/025

Scope of work:

The Crisis Intervention Response Unit (CIRU), or co-responder unit, is designed to improve outcomes, streamline services, and create system efficiencies for persons with behavioral health issues who have come to the attention of Denver's first responders and criminal justice stakeholders to improve the lives of the community members of the City and County of Denver. Since inception in 2016, the CIRU team has expanded to:

- 23 Police Clinicians
- 3 Fire Department Clinicians
- 1 Denver Sheriff Clinician
- 1 Parks and Rec Clinician
- 4 RTD Clinician
- 1 jail-based clinician

CIRU consists of 33 licensed mental health clinicians who work in close partnership with Denver first responders, responding to calls involving individuals who suffer from mental illness and/or co-occurring substance use issues who are in crisis, to provide the most effective services for resolution. Crisis is defined uniquely by the individual in the community and treated in a Co-Response format to best decrease current stressors and replace with long term community-based supports. While trying to meet the community

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need it's important to note that not all crisis identified as behavioral health concerns requires a formal treatment referral but rather identifying community resources, alternative crisis options, and long-term community supports in any area identified by the individual. The most important marker to success is the immeasurable relationship forged by a collective and collaborative approach to meeting the needs of the individual.

CIRU has also expanded to include a specialized group of clinicians who work with the Denver jail and court systems to provide intervention and support to those involved in the criminal justice system. The CIRU seeks to reduce the number of people who suffer from mental illness in the jail system, improve the sharing and coordinating of information across systems and service providers, and reduce overall costs relating to the use of emergency services. From our inception in April 2016 to now, we have created valuable connections and become an important support for the City and County of Denver.

Engagement in crisis includes a client centered approach utilizing de-escalation techniques to assist an individual with immediate needs, as well as hand off to long term services as requested by the individual.

Was this contractor selected by competitive process? Yes, grant application **If not, why not?**

Has this contractor provided these services to the City before? Yes No

Source of funds:

Caring for Denver Foundation Grant; Fund: 12601; Cost Center: 3512800

Is this contract subject to: W/MBE DBE SBE XO101 ACDBE N/A

WBE/MBE/DBE commitments (construction, design, Airport concession contracts):

N/A

Who are the subcontractors to this contract?

N/A

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