

**Denver City Council
Safety, Housing, Education, & Homelessness
Committee**

**Denver Police Department and
Mental Health Center of Denver**

**Crisis Intervention Response Unit
(Clinical Co-Responders)**

October 23, 2019



The Co-Responder program began as a pilot partnership within Denver's Crisis Intervention Response Unit (CIRU) in April of 2016. It operated exclusively as a patrol co-responder program with the Denver Police Department (DPD) and was extremely successful in collaboratively problem solving police calls with individuals experiencing behavioral and mental health distress.



Emphasizing success of the CIRU Co-Responder program and its financial benefit (impact on jail and criminal justice costs), **in January 2018 the Mental Health Center of Denver was awarded \$1.2 million by the State's Department of Health Care Policy & Finance (HCPF).**

Through the additional funding, the CIRU Co-Responder program has more than doubled its service capacity, and significantly expanded its scope of collaborative outreach and

interventions.

Denver Opportunity Index

Communities within Denver experience different opportunities and challenges. The Department of Safety is committed to responding and adapting to these challenges in ways that improve outcomes to ensure everyone in Denver has an equitable path to prosperity and wellness.

The Denver Opportunity Index (DOI) second pillar is Behavioral Health. **The Denver Police Department's Crisis Intervention Response Unit exists to support positive behavioral health outcomes across the City.**

2016

- Apr: Initial pilot program (4 clinicians)
- Jul: Through Senate Bill 97, **two clinicians** added
- Aug: **Behavioral Health Navigator** added
- Oct: **Social Impact Bond** collaboration added

2017

- Jan: **Denver Forensics At-Risk cases** added
- Feb: **Denver Police Department Intelligence Unit and Special Victims cases** added
- Jul: **Denver Hoarding Taskforce** added
- Oct: **Denver Police Department's Countering Violent Extremism Project** added
- Nov: **Denver Fire Department** referrals added

2018

- Mar: **Crisis housing and management** added
- May: **Eight clinicians** added to **cover 7 days per week in all six Denver Police Districts**
- Jun: Assistance with **Denver Sheriff Involuntary Treatment pick-up orders** to address compliance

2018 Data

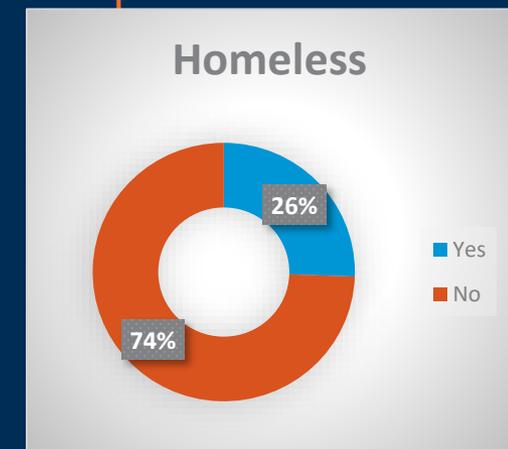
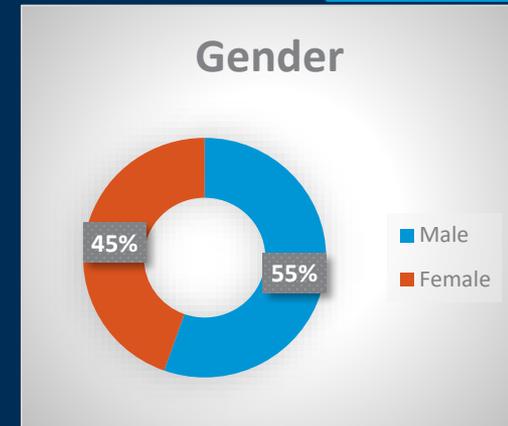
1,725 Individuals Contacted

55% Male

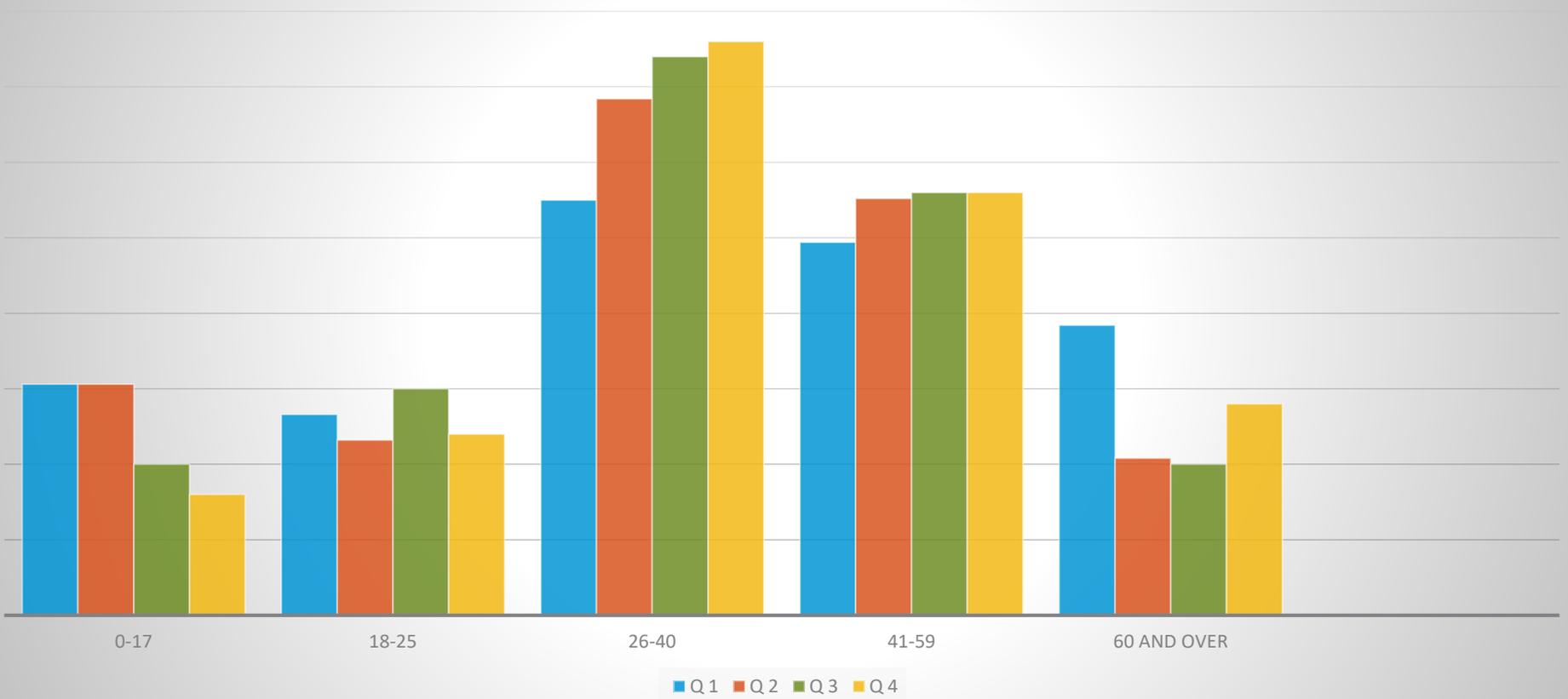
45% Female

74% NOT Experiencing Homelessness
(at time of crisis)

26% Experiencing Homelessness
(at time of crisis)



Age



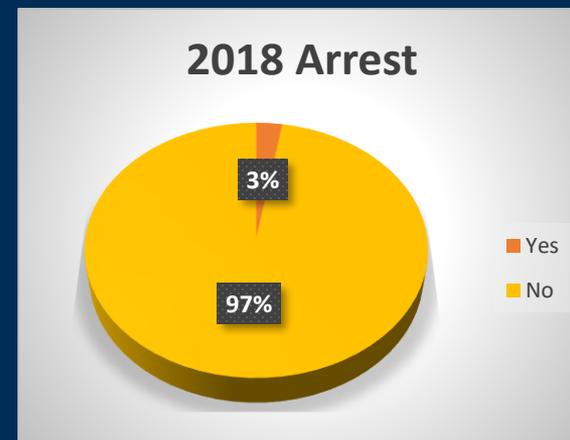
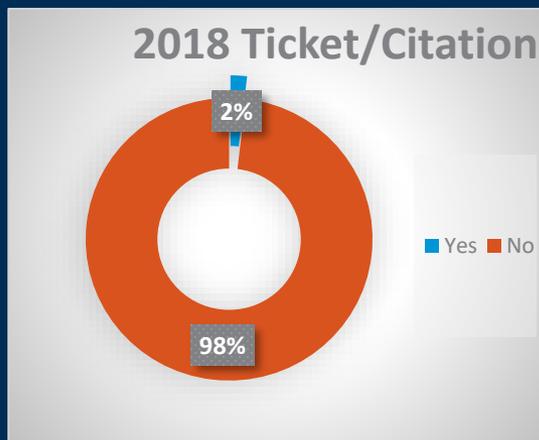
Of the **1,725 individuals contacted**, 567 individuals (23%)** were directly connected to MHCD services to engage in mental health supports and recovery-based services. Clients are able to access case management services, therapeutic supports, and psychiatric care. 100% of individuals that are engaged in the community are given info related to Crisis services in the Denver

**** Individuals in acute crisis are often able to be provided crisis-based services on scene with supportive community led alternatives to 911/police response to meet future needs. Individuals that have chronic behavioral health symptoms that rise to the level of EMS systems are treated with options that allow low barrier, wrap around services from formalized treatment providers. **There are a variety of reasons someone may not be referred to behavioral health specific options which could include, but is not limited to, already being actively engaged in services and needing reconnection, solely needing access to community resources, or having the ability to address concerns with current environment.** Building on the key elements of trauma informed service delivery: trustworthiness, safety, choice, collaboration and empowerment, CIRU seeks to provide access to services that are welcoming and create an environment of healing.**

2018 Attempted Suicide Intervention

CIRU adopted the 24hr post contact support protocol that involves individuals being contacted face-to-face when possible, and at minimum phone call for additional support and resource connection. In 2018, 156 police initiated referrals where co-response was not initially present, 67% of individuals had direct contact with a clinician to access supportive services post hospital discharge with 24hrs. 33% of individuals where no contact was made were commonly the result of transient status and difficulty locating or contacting post hospital evaluation.

In 2018, the number of calls clinicians went on to provide crisis intervention that resulted in a citation/ticket or arrest were low with **only 32 citations/tickets and 37 arrests**. Often, interactions that result in citation or arrest were primarily criminal in nature and the mental health component was secondary or tertiary.



Questions?

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