

# How County and City Co-Response Programs are Improving Behavioral Health Care in Washington

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Washington State Association of  
Counties County Leaders Conference



The Co-Responder Outreach Alliance (CROA) is a statewide organization of field experts consisting of first responders, behavioral health professionals, and project managers working in co-response programs.

The Co-Responders Outreach Alliance (CROA) is an organization consisting of first responders, behavioral health professionals, and project managers working in the co-response field. The organization was created in 2018 and represents police and fire agencies from across Washington State. CROA has a three part mission: (1) to enhance the understanding of co-response programs and co-response best practices in Washington State (2) to promote the use of co-response to assist individuals with behavioral health issues (3) to advocate for laws and policies that support co-response where appropriate—and other programs and approaches when not. CROA is nonpartisan and non ideological. Members support practical, real world approaches and opportunities to collaborate.

# What is “Co-Response?”

Co-response programs are partnerships between **first responders** and **human services professionals** to respond to emergent behavioral health and complex medical needs. First responders include law enforcement, firefighters, and emergency medical service clinicians. Human services professionals include behavioral health clinicians, social workers, community health workers, and/or peer support workers. These partnerships provide in-the-moment crisis response and follow-up where clients are connected to appropriate community resources. The goal is to divert people with behavioral health issues from the criminal justice and emergency medical systems.



## What's the Importance of Co-Response in the Crisis System?

**Many** requests for behavioral health response are made through crisis lines.

Responses to these requests are often (though not always) provided by teams working in behavioral health agencies.

**Most** requests for behavioral health response are made through 911.

Responses to these requests are provided by fire, EMS, and police. Co-response evolved as a way to better respond to these calls for service by integrating behavioral health expertise into the emergency system.

# Why Co-Response in Addition to Mobile Crisis Teams?

- First response agencies need a way to respond to 911 calls involving behavioral health-particularly crisis calls and frequent calls involving chronic health issues
- There are many crisis calls that mobile crisis teams cannot or will not respond to alone because of safety issues
- There are many crisis calls that involve medical issues and the need for a medical response
- MCTs do not typically provide transportation in Washington; co-response teams often do
- MCTs do not typically provide long term follow up and case management services; co-response teams often do.

# University of Washington Landscape Analysis

- In 2022, UW worked with state organizations representing law enforcement and fire departments to develop a list of potential co-response programs
- Designed and disseminated a 20 min online survey to everyone on the list
- 100 percent participation (or close to it)
- Reviewed survey responses with expert on co-response programs
- Cleaned, analyzed, and mapped survey responses
- Used publicly available data to add additional geographic information to map (e.g., population areas, legislative districts, etc.)



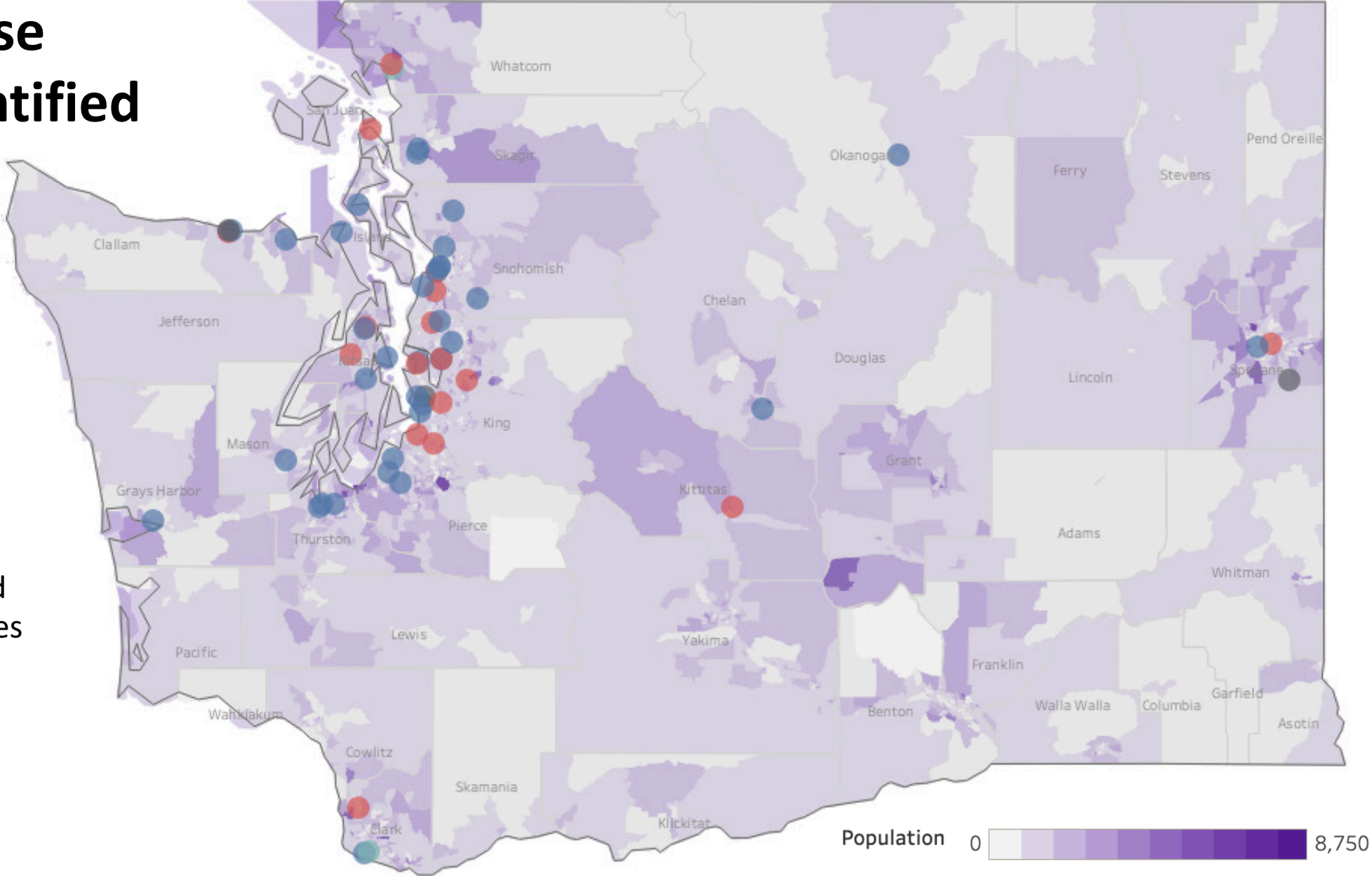
# Results





# 61 Co-Response Programs Identified

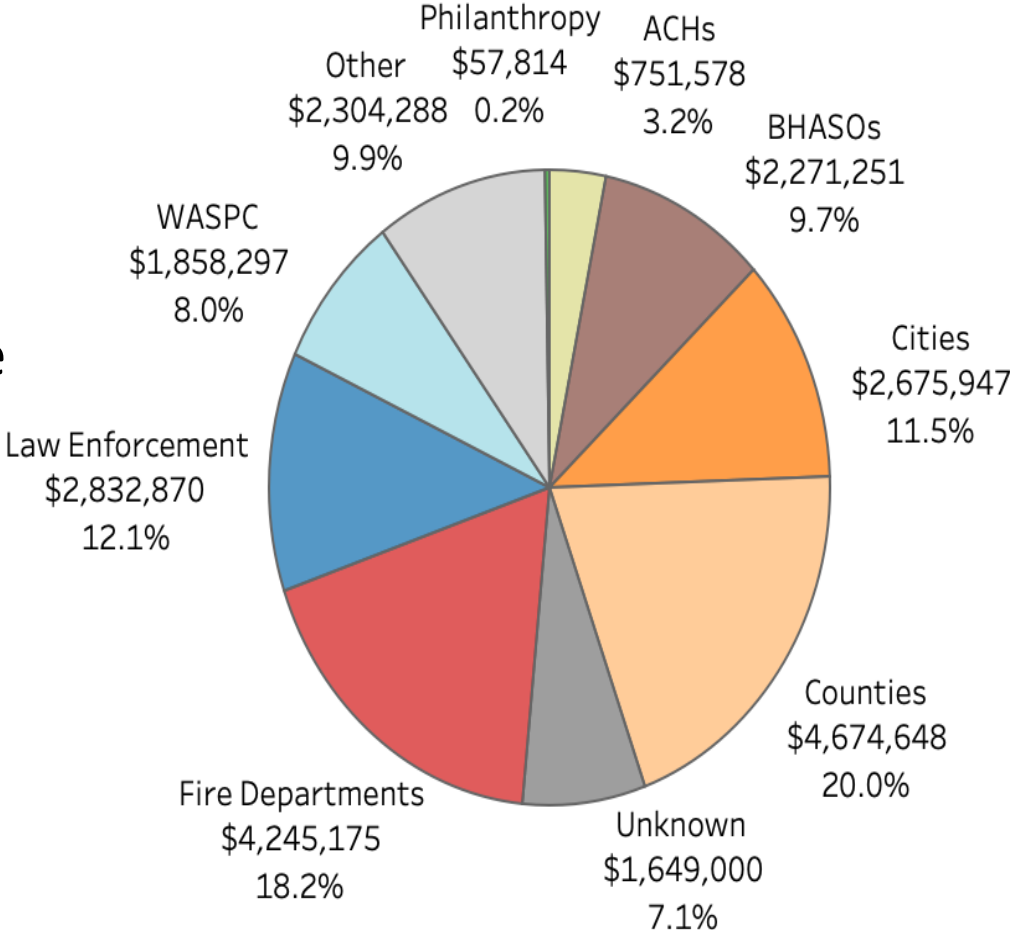
- 35 Law enforcement programs
- 20 Fire department programs
- 3 Programs based in other agencies
- 3 Unknown (no response)





# Funding Sources

**\$23,320,868** in total funding across the state (53 programs reporting)





# **Response Systems Division: system improvement through direct service**

Erika Lautenbach, Health & Community Services Director  
Malora Christensen, Response Systems Manager



WHATCOM COUNTY  
**HEALTH AND  
COMMUNITY  
SERVICES**





Whatcom County Council

Public Health Advisory Board

Erika Lautenbach  
Director

Finance/  
Admin

Org/Comm  
Development  
Division

Environmental  
Health  
Division

Communicable  
Disease  
Division

Community  
Services  
Division

Response  
Systems  
Division

Ground-Level Response and Coordinated Engagement (GRACE) Program

Law Enforcement Assisted Diversion (LEAD) Program

Mental Health Court Program

RSD Nurse Practitioner Program

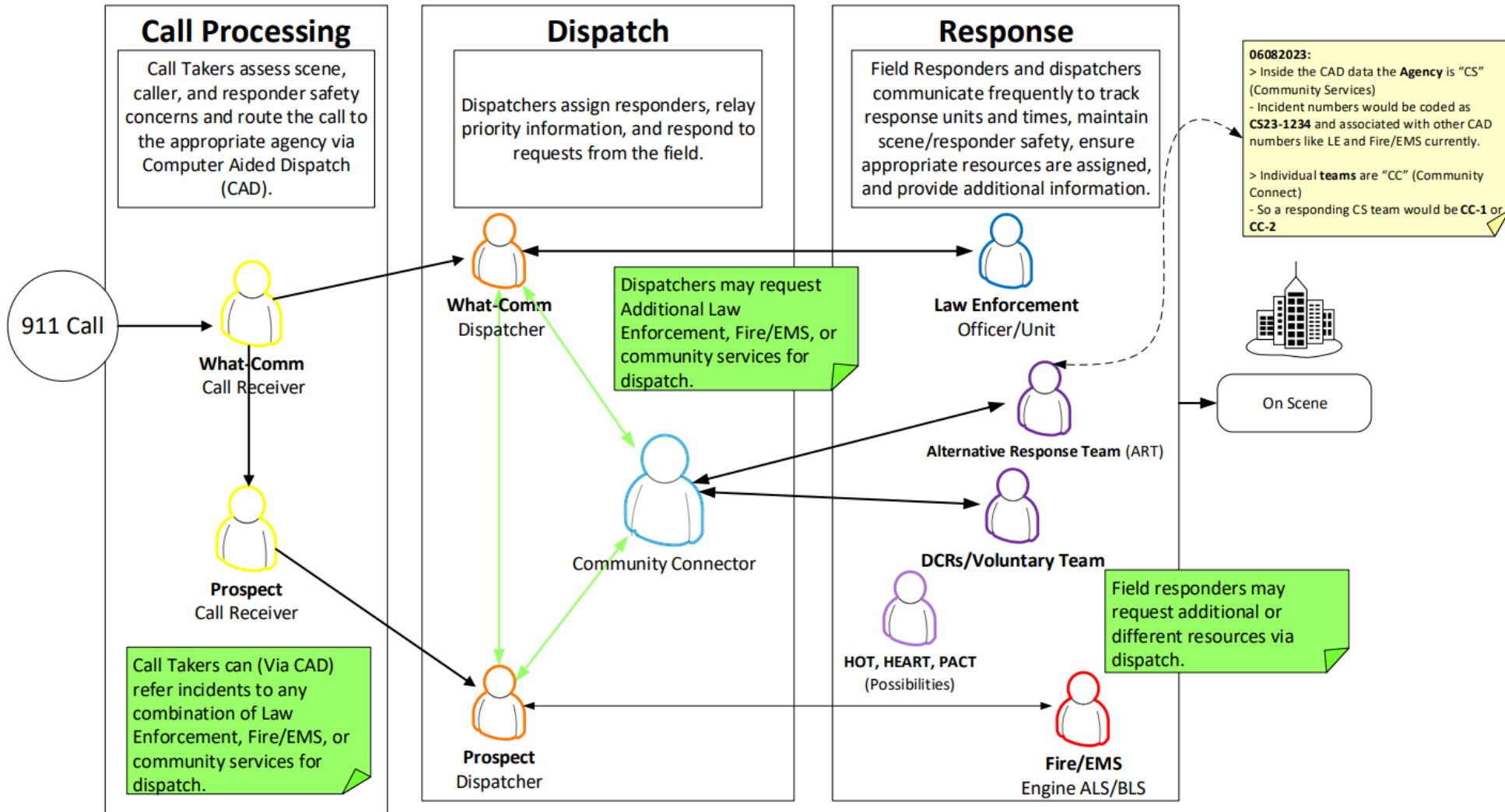
Alternative Response Team (ART) & Co-Responder Program



# Improving Behavioral Health Response in Whatcom County

- ✓ Alternative Response Team
- ✓ Embedded Community Connect at 911 dispatch
- ✓ Co-Responder program with Sheriff's Office








# Spokane Regional Behavioral Health Unit

Est. 2019










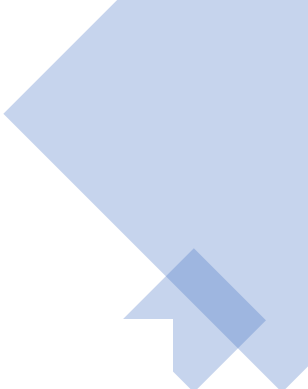


# BHU

- Spokane County Sheriff's Office
  - Spokane Valley Police Department
  - Spokane Police Department
  - Frontier Behavioral Health
    - SPD Supervisor and Mental Health Coordinator
      - 3 county deputies
      - 3 city officers
      - 3 mental health clinicians
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- Grant funded through Washington Associations of Police Chiefs (WASPC)
  - Supported by individual agencies
  - Co-Responder model –clinician paired with LE
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- Patrol resource
  - Reduce the impact that people experiencing behavioral health crisis has on patrol calls for service
  - Support long term solutions for repeat callers and contacts
  - Mitigate risk
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- Benefits

- Larger service area
- Regional resources
- Flexibility to meet the needs of the community/departments

- Challenges

- Multi-agency collaboration
  - Patrol dependency
  - Limited capacity
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# Lacey Police Department Co-Responder Program Mobile Outreach Team (MOT)



Robert Almada  
Chief of Police





# City of Lacey Strategic Response to Homelessness

- Rooted in Human Dignity, Compassion, Empathy, and seeking improved outcomes through collaboration and cooperation
- Focus on linking persons in crisis to resources
- Use of civilian and sworn outreach to build trust and relationships
- Behavioral Health outreach, comprehensive case management, wrap around services individualized to each person
- Compassionate Care Fund, True Responder Fund
- Clothing, water, blankets, assistance with cell service, documents, etc.
- Rapid Response team to address abandoned property and debris

# Mobile Outreach Team (MOT)



What does MOT do?

- MOT is a community-based outreach team with the ability to respond and provide crisis services in the community. They can respond to scenes with or without law enforcement, and help community members in crisis and provide much-needed resources.

When did MOT begin?

- Lacey Police Department partnered with Olympic Health and Recovery Services in August 2021 to form MOT.



# Community Resource Unit (CRU)

- Focus on crime prevention, fugitive apprehension, targeted enforcement in problem areas, homelessness, and community engagement.
- Current number of established unhoused individuals in the city is: 12.
- Serve as the liaison for our co-responder team, MOT.





# MOT: FAQs

How many people make up the MOT?

- MOT has 2 teams, each consisting of 1 crisis clinician, and 1 peer specialist. There is also a designated crisis responder, who provides evaluations for involuntary treatments and assesses risk and safety factors of clients in crisis.

Team A:

- Sunday-Wednesday 8AM-6PM

Team B:

- Wednesday-Saturday 12PM-10PM

Designated Crisis Responder (DCR) Hours:

- Wednesday-Saturday 12PM-10PM

# Wrap-Around Services Utilized by MOT

- Community Action Council
- South Sound Behavioral Hospital
- Animal Services (SNAP)
- Family Support Center
- Drexel House
- Veterans Hub
- DSHS
- BHR
- PiPE
- Hope Village
- Sea Mar
- True Blood
- DOL
- Thurston County Public Works
- Salvation Army
- Thurston County Public Health
- Providence Community Care Center
- Choice Regional Health Network
- Intercity Transit
- Saint Vincent DePaul
- The Other Bank
- WorkSource
- Catholic Community Services
- SafePlace
- CLEAR
- SideWalk
- Housing Authority of Thurston County
- Thurston County Food Bank
- Union Gospel Mission
- Capital Christian Center
- Build-A-Bus
- Purple House
- Sacred Heart
- Interfaith Works
- Rosie's Place
- Westminster Presbyterian Church
- Northwest Justice Project
- American Red Cross
- St. Peter's Hospital



# Outreach & Engagement Success

- Build rapport
- Easier access wrap-around services
- Help getting enrolled in county/state resources, in-patient/out-patient treatment
- Help finding employment and housing
- Provide for continuity of care & comprehensive case management
- Achieve improve outcomes



# MOT Impact on the Community

- Rapid response to community crisis
- Increase efficiency of an officer's time
- Collaboration and communication between law enforcement and behavioral health practitioners
- Decrease in arrests/jail admissions
- Decrease in voluntary and involuntary psychiatric hospitalizations
- Decrease in repeat calls for service

# Why Working with County BH-ASO Critical to Success





# Co-Responder Services Funding Breakdown

- **Medicaid: 40%-50%**
  - Currently, MA and BA level clinicians are supported for reimbursement for crisis intervention services in WA state. Certified Peer Counselors cannot be reimbursed for a crisis intervention service.
- **Federal Block Grants: 10%-20%**
  - Mental Health Block Grant and Substance Abuse Block grants are used to offset some costs. This does require additional data collection, but not too cumbersome for behavioral health agencies historically funded by FBG.
- **Local Funding- City of Lacey: 40%**
  - Each law enforcement jurisdiction contributes approximately 40% of the costs for the 4 FTE. They also provide in-kind support in the form of radios, equipment, jackets, etc. Lacey Police Department also has limited discretionary funding for transportation, food, clothing, etc. for the individuals served.



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Questions?

Thank you!