Meeting Section A: Presentation

Jefferson Center For Mental Health (JCMH)

- **Recording Time Stamp:** 1:08
- **Overview Co Responder Program:**
  - Co responders coordinate with area law enforcement.
  - First co responder program started in 2014.
  - In the last 6.5 years, the program has expanded and now partners with 5 law enforcement agencies.
  - Many similarities in program within each agency, but there are some differences depending on what municipalities and agencies need.
    - One similarity: all co responders can ride with any officer, during any shift. This gives them the opportunity to know a variety of officers.
    - Arvada now has cars assigned to co responders. This allows them to go out and meet officers at the scene.
  - Referral Program: Co responders will reach out via phone to follow up and see if individuals need to be connected to services – or additional information or support.
    - 2020 Co Responder Referrals: almost 2,000.
    - This is evidence that services are being use. It’s possible that this number may go up next year once pandemic begins to subside.
  - Co Responder Program Barriers:
    - Funding
      - A few smaller agencies have worked with larger agencies to apply for grants together.
    - Ability to hire the right clinicians
      - Arvada was innovative. They reached out to the media that promoted segments on air where they could talk about why law enforcement wants co responders, and how the program is beneficial.
        - They also offered the co responder positions a signing bonus.
      - The Jefferson Centers For Mental Health has established an internship program for potential future co responders with a goal of encouraging a career path in this section of social work and counseling.

Arvada Partnership

- **Recording Time Stamp:** 14:50
- Initiated in 2016 but expanded in 2020
• Currently expanding staffing from 2 clinicians to 4
• Overall Goals: Reduce officer time and increase on-scene contact with clinicians (they have seen more success when clinicians are on scene than when they just follow up).
• Co responders drive in separate vehicles from officers.
  o This allows for more time for responding to behavioral health calls (than would driving with an officer who responds to a variety of calls.)
• Average 2 behavioral health calls/day.
• 15 new referrals/month.
  o Co responders handle 1/3 of those referrals, instead of officers
• On average, 3-4 high utilizers/month (both longer and shorter term).
  o Sometimes as high as 12/month.
• Barriers to program: recruiting and retention of clinicians.

Meeting Section B: Questions, Discussion, Other Updates

Questions – Please refer to the recording for full answers to the following questions:

• Are calls routed through dispatch and then go to law enforcement?
  o Recording Time Stamp: 20:32
    ▪ Arvada – all calls come through dispatch to officers, then co responders.
• Are there barriers or shortages in the housing front?
  o Recording Time Stamp: 21:41
    ▪ Arvada – High number of homeless clients.
    ▪ JCMH – Manages over 400 housing vouchers and runs residential programs and assisted care facilities.
• What are the program differences between urban areas and mountain areas?
  o Recording Time Stamp: 24:13
    ▪ Isolation and time to arrive at the scene is the biggest difference between urban and most rural areas. Mountain areas sheriffs want to increase the number of co responders.
• What modality of supportive treatment housing is available for people who are too sick to care for themselves - even when in treatment?
  o Recording Time Stamp: 26:08
    ▪ Assisted care facilities, medical facilities. JCFMH is looking to expand supportive housing availability.
• What are the hours for the mental health responders? Do they have an on-call 24-7?
  o Recording Time Stamp: 28:18
    ▪ Typically, Monday through Friday, 8 AM – 6 PM
• What strengths and qualities make a good clinical co responder?
  o Recording Time Stamp: 31:28
    ▪ Good clinical skills, personality & temperament, comfortable working with law enforcement.
• Do the co responders carry firearms or other weapons?
  o Recording Time Stamp: 34:16
- Arvada – No. Co responders are offered self-awareness trainings to learn to recognize threatening situations.

Mental Health Colorado Announcements: (use descriptions on website)

- Mental Health Colorado 2021 Legislation. Please refer to this website for the full list of bills we’re supporting.
  - House Bill 21-1021: Peer Support Professionals Behavioral Health: Expands the reach of peer recovery support service programs by ensuring that peers are more widely available, reasonably compensated, and well trained.
  - SB21-154 988 Suicide Prevention Lifeline Network: Colorado’s suicide rate is one of the highest in the nation, especially for youth. Studies show most suicide attempts are made within three hours or less of someone having suicidal thoughts, and some in as little as 5 minutes. Colorado needs a fast and easily accessible support system for individuals in need of immediate mental health services and supports. The proposed bill would enact federal legislation establishing the 9-8-8 crisis response number and creates a sustainable funding option for receiving and responding to those calls in the community.
  - HB21-1258 Rapid Mental Health Response For Colorado Youth: Allocates funding to provide screenings and 3 free mental health sessions to support Colorado’s youth in pandemic recovery. The program will begin no later than May 31, 2021 and will run until June 30, 2022.
  - HB21-1211 Regulation of Restrictive Housing in Jails: Ends the use of solitary confinement in Colorado jails for people with specific health conditions. As with many other states in the nation, individuals with serious mental health conditions are entering the criminal justice system at alarming rates, often as a result of unmet health needs. Not only are individuals with mental health conditions more likely to be incarcerated longer, they are also more likely to be placed in solitary confinement while in jail. The practice of solitary confinement has detrimental impacts on individuals with health conditions such as mental health disorders and dementia. Multiple studies have shown that the psychological stress created from solitary is comparable to the distress of physical torture.

- Other Updates:
  - Consumer Advisory Committee: We’re creating a consumer advisory committee to make sure our unique role as the consumer voice for Colorado is fully represented across the state. We will need help in identifying candidates. More information will be provided at a later date.
  - Prosecutor-Led Diversion – This group is about produce a high-level overview of the various prosecutor-led diversion programs. The overview will inform legislative offices and candidates to help others understand more desirable mental health platforms.
  - Stakeholder Meeting: Emergency Mental Health Procedures: This group gathers to discuss how services are provided to individuals experiencing a mental health emergency and ways to improve emergency mental health procedures in Colorado. Stakeholder meetings will be held on the second and fourth Monday of each month from 11:30am to 1:30pm. Click here for more information and to receive the zoom link.