

Boulder County Co-Responder Evaluation

Quarterly Report



This report presents data collected through the Boulder County Co-Responder Services Program between January and June 2022. The report includes performance measurement and other process and outcome data for the purpose of monitoring program progress and outcomes. Data analysis and presentation is conducted by the OMNI Institute (www.omni.org).

Data Presented: January – June 2022

The Co-Responder Unit was developed after the Boulder County Sheriff Office was awarded a 5-year Co-Responder Services Program grant from the Colorado Office of Behavioral Health (OBH). The Unit pairs law enforcement with a co-responder trained in behavioral health provision to respond to calls for service determined to have a behavioral health component.

Data from these interactions are tracked and submitted to OBH. This report summarizes Co-Responder Services Program data from 574 calls, including case management referrals and follow-up support, in Boulder County between January 2022 and June 2022.

Data in this report include:

- ◀ **Call Profile**
 - ◀ Call Numbers and Types
- ◀ **Caller Profile**
 - ◀ Demographics
- ◀ **Contact Profile**
 - ◀ Location
 - ◀ Call length
 - ◀ Interventions
- ◀ **Service Utilization**
 - ◀ Community Need
 - ◀ Type of Assistance
- ◀ **Effectiveness of Co-Responder Approaches**
 - ◀ Service Enrollment

Program Highlights

246 active co-responder calls

252 of calls required **de-escalation services** from the co-responder

31% of contacts were in **Unincorporated Boulder County**

30% of callers **received a behavioral health assessment**

21% of callers were **formally enrolled in behavioral health services**

60% of calls were primarily **mental health related**



Call Profile

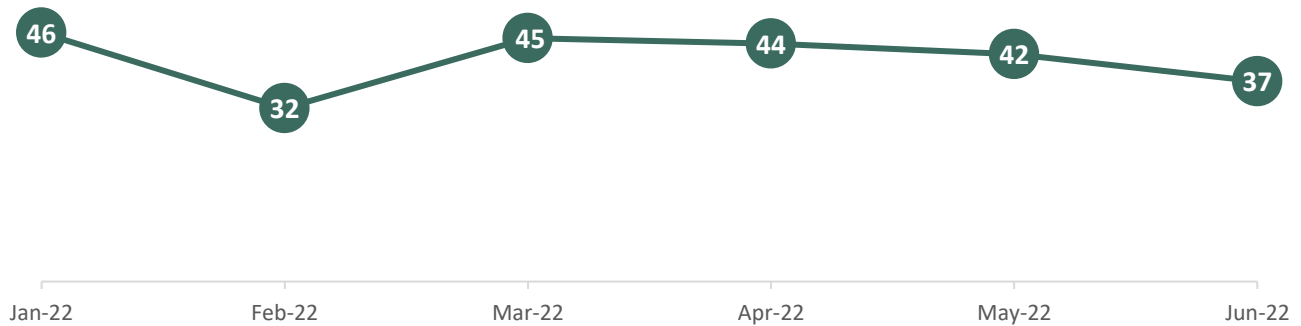
The data below describe the number of calls that required co-responder and/or other behavioral health support.

Number of Calls for service by Contact Type

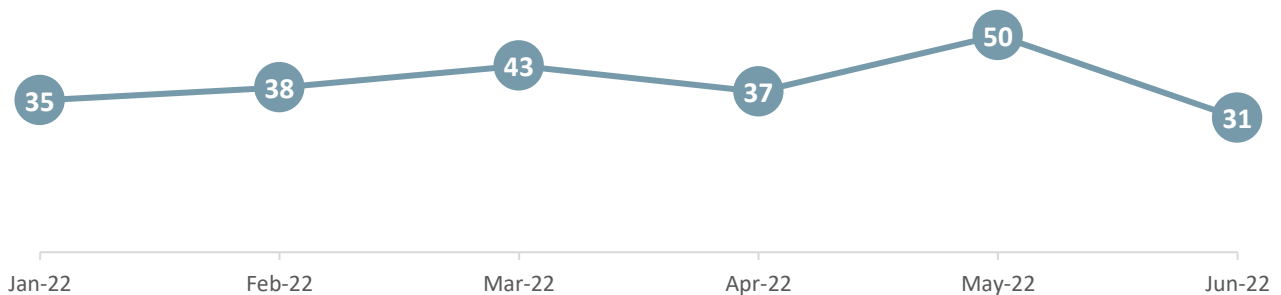
1. **Active Co-Responder Calls** - Active call, co-responder is contacted and arrives after law enforcement
2. **Case Management Referrals** - Clinical case manager only (non-active call)
3. **Follow-Up** - Follow-up contact with individual (law enforcement with clinician, clinician, or clinical case manager)

The Boulder County Co-Responder Team has responded to a total of **480** active co-responder and case management referral calls between January and June 2022.

246 total Active Co-Responder calls



234 total new Case Management Referrals



94 Follow-up Calls



Every individual who receives a behavioral health call on scene also receives follow-up and case management services, tailored to the current need of the individual.*

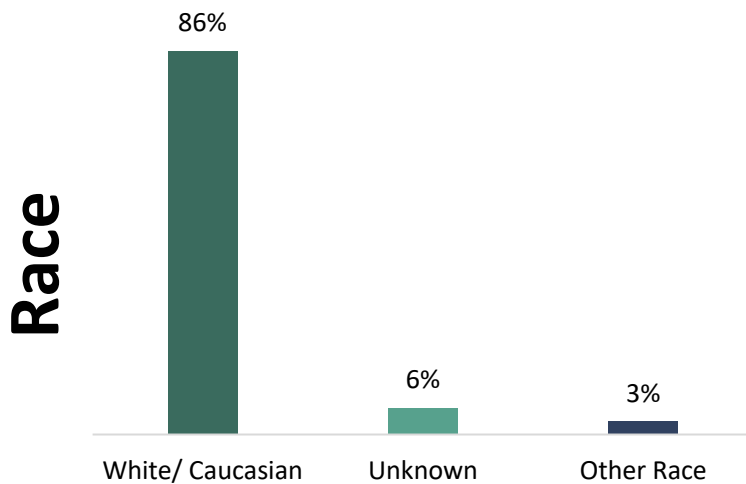
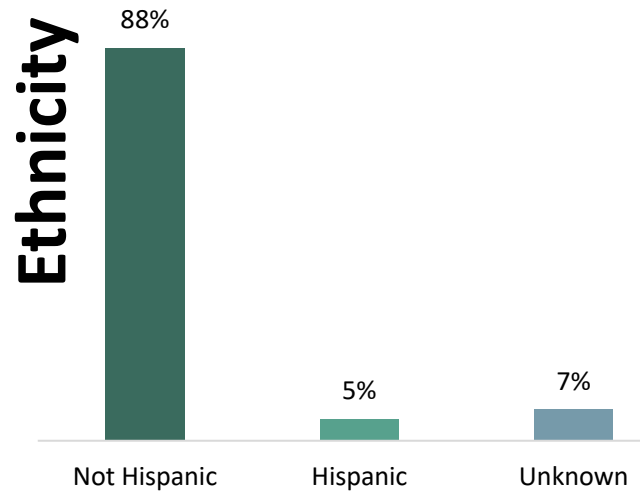
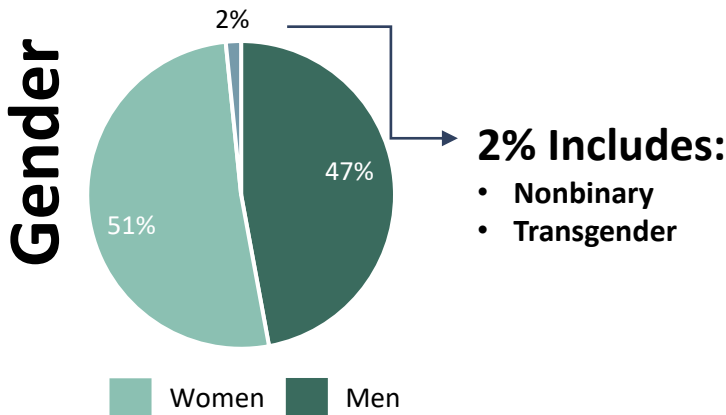
*Individuals may receive multiple follow-ups and total may include duplicate clients.



Caller Profile

The data below describe Co-Responder Services Program participant demographic characteristics.

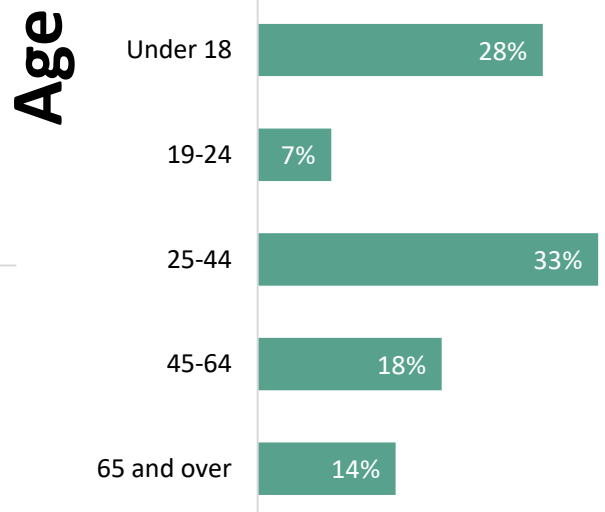
The population most likely to utilize the Co-Responder Services Program identified as **white, non-Hispanic women**, with an **average age of 37**.



2% or less include:

- Asian
- Black/African American
- Multiracial

Average Age: **37**
Age Range: **5 to 93**





Contact Profile

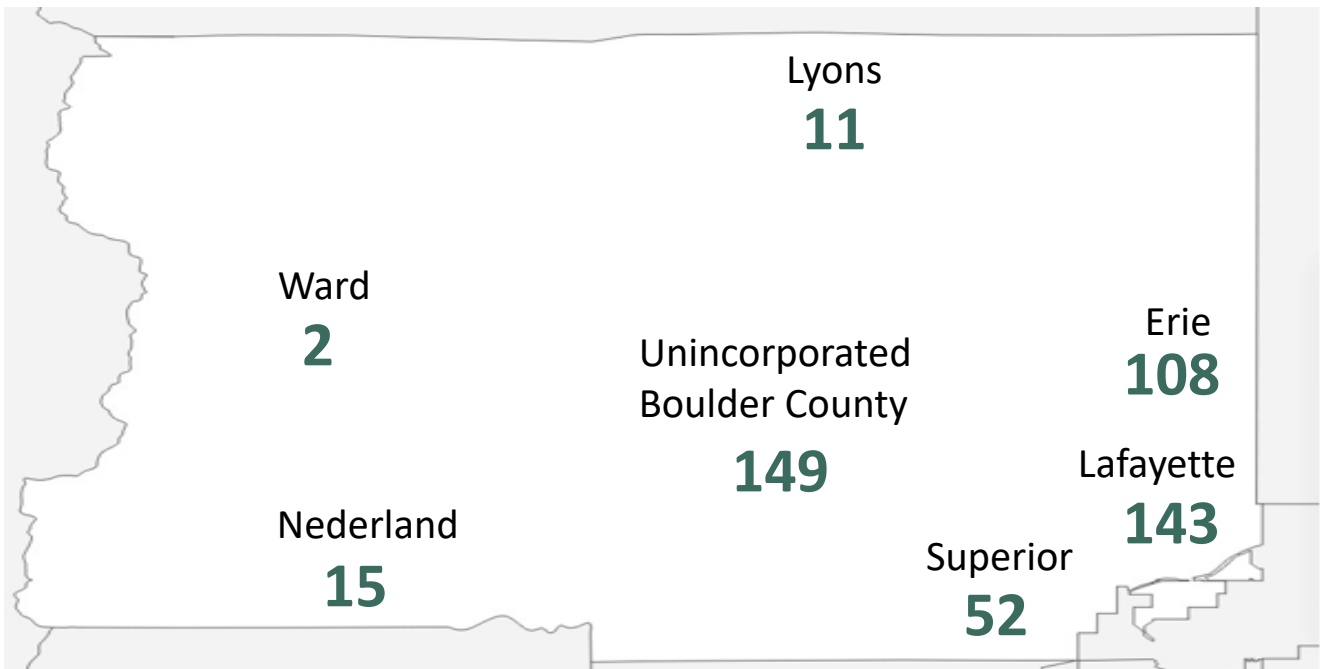
This section of the report outlines details about co-responder service calls, including location, length, and interventions provided.

Location of Calls (Hot Spots)

The map of Boulder County and corresponding table below show the frequency of active co-responder and case management referral calls by geographic location.



31% of calls occurred in **Unincorporated Boulder County**

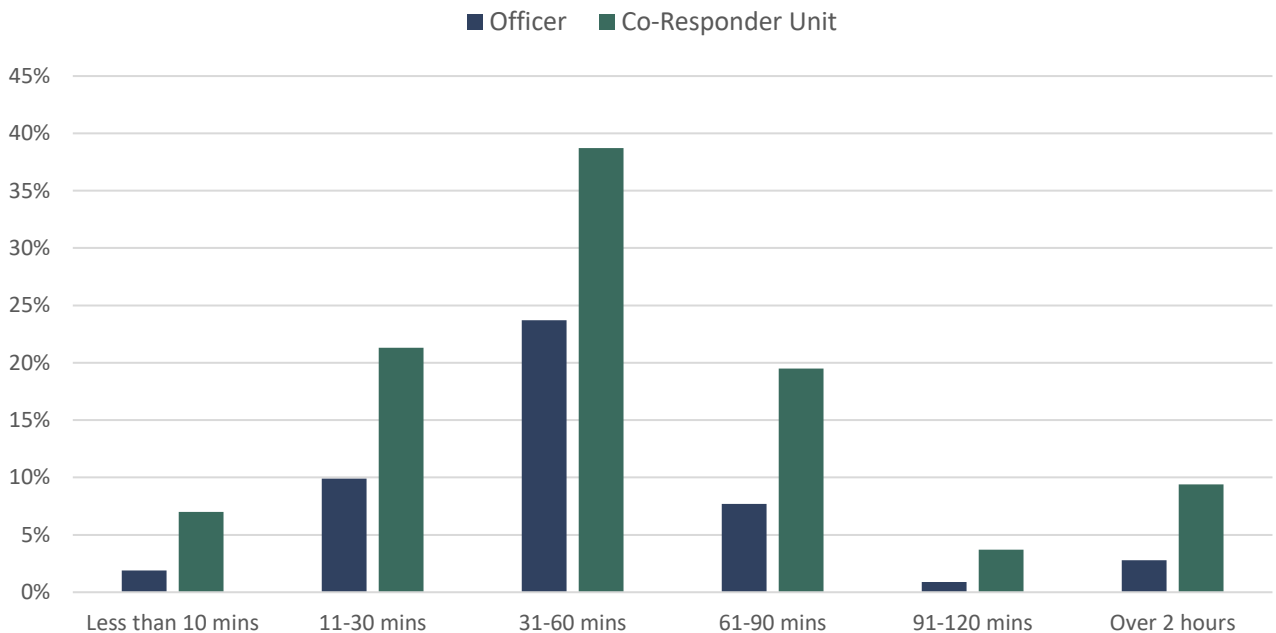


	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	Total
Unincorporated Boulder County	28	31	32	17	33	8	149
Erie	16	11	23	26	20	12	108
Lafayette	22	18	25	19	24	35	143
Lyons	4	0	1	0	1	5	11
Nederland	3	2	3	4	3	0	15
Superior	8	6	4	15	11	8	52
Ward	0	1	0	0	1	0	2
Totals	81	69	88	81	93	68	480

Length of Calls: The Longest Amount of Time Spent on a Call

The amount of time that law enforcement and co-responders are on scene relates to the goal of reducing the amount of time officers are needed and freeing them up to support other community needs.

The majority of co-responders and officers **spent between 31 and 60 minutes on scene.**



304 active calls, case management referrals, and follow-up calls were resolved through clinical case management. Without co-responder services, case management referrals may have resulted in multiple calls to law enforcement.



Co-Responders were on scene longer than officers, supporting community members in need of behavioral health support.

De-Escalation Interventions

One of the valuable services co-responders can provide is de-escalation interventions/services for individuals in crisis.



Out of 574 active calls, referrals, and follow-up calls **252 (44%)** calls provided **crisis interventions and services** to de-escalate crises.



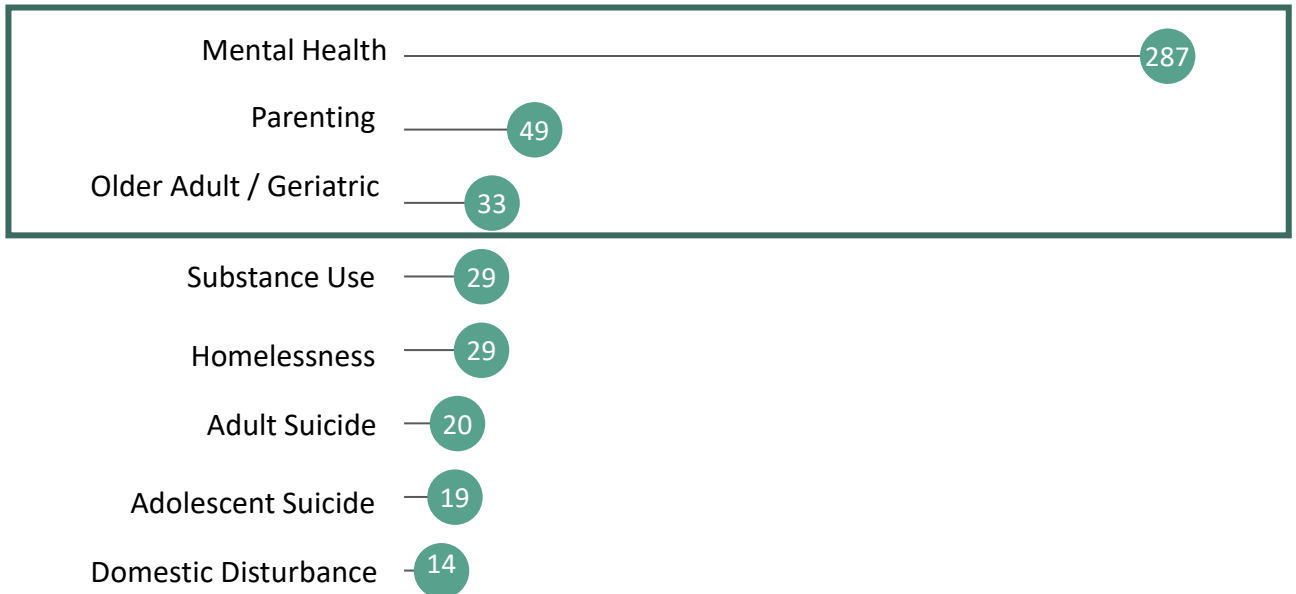
Service Utilization

The following data address changes that have occurred in service utilization as a result of the Co-Responder Services Program.

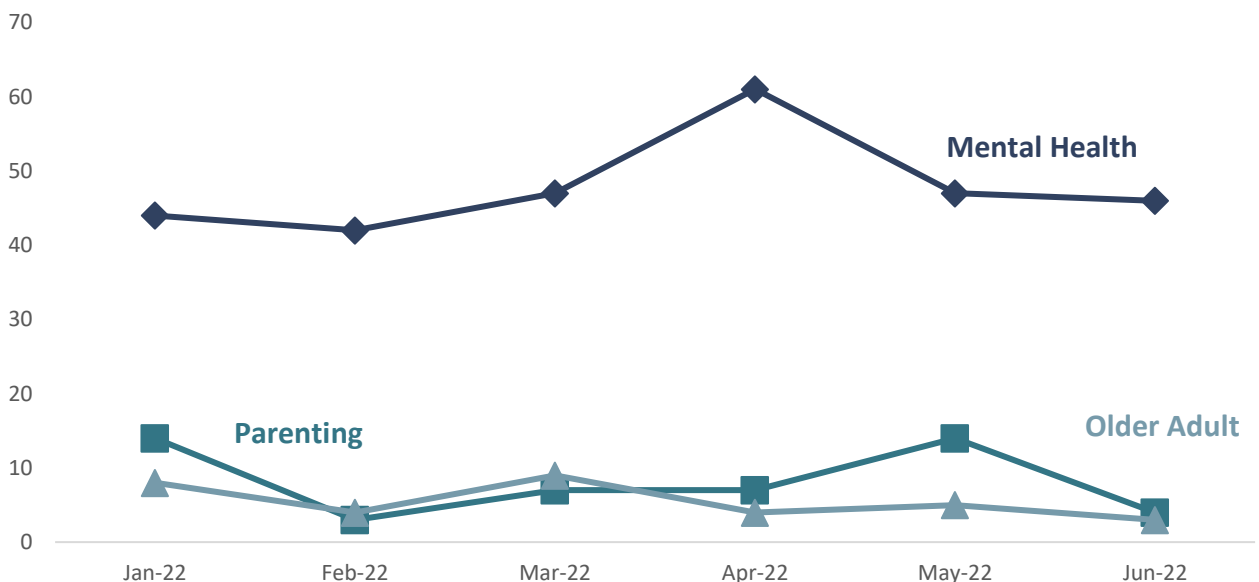
Nature of the Call



Mental Health support accounted for **60%** of co-responder calls, followed by parenting and older adult related calls.

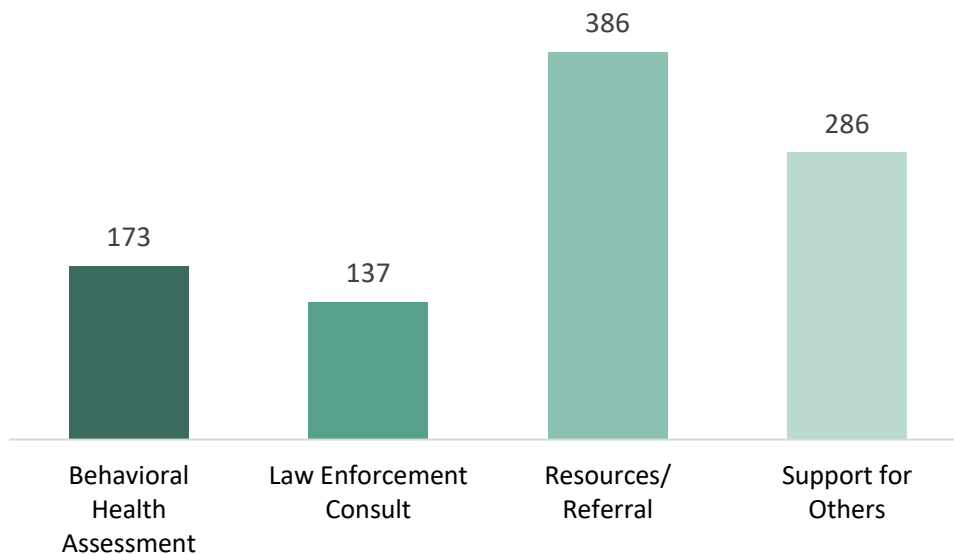


Below are the **top three call types** broken out by month, from January – June 2022.



Type of Assistance Offered: Response Options

Co-Responders often offer multiple services to individuals and families in need during a single call. Below outlines the services delivered according to their primary, secondary, and tertiary needed supports (primary being the top needed support)*.



30% of callers received a **behavioral health assessment** from the co-responder



Effectiveness of Co-Responder Approaches

The Co-Responder Services Program's primary goal is to ensure those in need are connected and enrolled with the appropriate behavioral health services.

Individuals Enrolled in Behavioral Health Services**

21% enrolled in behavioral health services after contact with co-responder team

34% already enrolled (not enrolled in behavioral health services after contact with co-responder team because already enrolled in behavioral health services)

39% not enrolled in behavioral health services after contact with the co-responder team

6% unable to discern whether primary individual is enrolled in behavioral health services or not

165 (34%) of callers were already enrolled in behavioral health services when seeking support from co-responders, indicating that co-response is filling gaps in services.

*Because multiple services can be offered to a single individual, totals are greater than the number of calls.

**Includes active calls and case management referrals; does not include follow-up calls.