

Law Enforcement Transparency and Accountability Commission (LETAC)

Colorado Springs, Colorado

Recommendation to Colorado Springs City Council regarding Crisis Response Teams

ADOPTED: July 6, 2021

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EXECUTIVE SUMMARY

The term **Crisis Response** refers to calls for service from interdisciplinary teams of law enforcement officers, medical personnel, and mental health professionals trained in crisis intervention. The City of Colorado Springs first implemented an approach to crisis response in 2014 and has since expanded the program three times. The City's current program is a collaboration among the Fire Department, Police Department, and Diversus Health, funded by the City's General Fund and various grants.

Recommendation: Expand the City's use of Crisis Response Teams (CRT) to meet the needs of the City of Colorado Springs.

Goals: Based on a) presentations from CSPD, CSFD, and Diversus Health; b) review of CRT models of other jurisdictions; c) research collected and summarized by the National Alliance of Mental Illness and Crisis Intervention Team International; d) input from Colorado Springs residents and relevant organizations; and e) the personal experience and professional expertise of Commission members, LETAC identifies the following goals for expansion of the City's use of Crisis Response Teams:

1. Expand CRT coverage (e.g., 24/7 coverage, additional shifts and/or teams, new models, etc.) so that Crisis Response services are more available as appropriate to Colorado Springs residents.
2. Decrease reliance on police officers as sole responders to mental health crises.
3. Reduce use of force by police officers.
4. Increase safety to police officers and other first responders.
5. Provide intervention and treatment to residents in need of mental health services who may not have been previously identified.
6. Create more reliable funding so that CRT operations are less dependent upon grants that may not be stable or sustainable.
7. Continue to align the City's CRT approach so that it matches or exceeds best practices in comparable jurisdictions.

This recommendation does not advocate specific operational approaches or budget allocations for reasons described in the full report, below.

FULL REPORT: Recommendation / Crisis Response Teams

Recommendation: Expand the City's use of Crisis Response Teams (CRT) to meet the needs of the City of Colorado Springs.¹

Goals:

1. Expand CRT coverage (e.g., 24/7 coverage, additional shifts and/or teams, new models, etc.) so that Crisis Response services are more available as appropriate to Colorado Springs residents.
2. Decrease reliance on police officers as sole responders to mental health crises.
3. Reduce use of force by police officers.
4. Increase safety to police officers and other first responders.
5. Provide intervention and treatment to residents in need of mental health services who may not have been previously identified.
6. Create more reliable funding such that CRT operations are less dependent upon grants that may not be stable or sustainable.
7. Continue to align the City's CRT approach so that it matches or exceeds best practices in comparable jurisdictions.

Background and Current Status

Crisis Response refers to calls for service from interdisciplinary teams of law enforcement officers, medically trained personnel, and mental health professionals trained in crisis intervention. LETAC has explored these questions: 1) What approaches to crisis response (procedures, policies, models, etc.) have been adopted by the City, and how do we know they are effective? 2) From the perspective of overall public safety, how do we effectively allocate resources between traditional policing and crisis response?

In recent years, many communities have implemented crisis response and intervention programs to address behavioral and mental health crises with public safety implications.² Specific approaches vary: some programs are well established with long track records, while newer pilot initiatives (such as STAR in Denver) offer the opportunity to see how communities are basing new approaches on generally recognized best practices while also tailoring their own programs to local needs and resources.³ Some models include a sworn police officer in the initial responding team; some do not.⁴

According to the City's current CRT partners (CSFD, CSPD, and Diversus Health), the use of Crisis Response Teams (CRTs) in Colorado Springs began in 2014. Since then it has been expanded three times, recognizing that "in many instances a mental

¹ LETAC's recommendation does not specify a particular operational approach. (See note 3, below.) Possibilities include expanding CRT availability to 24/7, increasing the number of teams available during busier shifts; and/or adopting new models.

² Approaches to crisis response (also called crisis intervention) vary, as do estimates of the total number of programs. CIT International places the number of programs at 3,000. See Usher, L. (2019), *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health*. The 244-page guide can be found here:

<https://www.citinternational.org/resources/best%20practice%20guide/cit%20guide%20interactive%20web%20version%20final.pdf>.

³ Denver's Support Team Assisted Response (STAR) Program released an evaluation of its pilot program on January 8, 2021. Of note here is that a team of Denver city employees and members of participating non-profits visited Eugene, Oregon, in June 2019, to learn about their CAHOOTS program, a widely cited and well-regarded initiative. According to the STAR report, the visit "reinforced the need to develop a program that included government and non-government partnership to ensure not only an appropriate response to individuals in need but to build a network of services." Beyond that common denominator of successful programs, local variation is possible, desirable, and necessary. See a description of the STAR program and download the evaluation here:

<https://communityresourcehub.org/resources/support-team-assisted-response-star-program-evaluation/>.

⁴ Ibid.

health crisis is not a criminal event.”⁵ Each CRT consists of a police officer trained in crisis intervention to provide scene security, a responder with medical training (i.e., EMT/CSFD), and a licensed mental health care specialist. Four Crisis Response Teams are currently in place. CRT 1 is deployed M-Th, 10AM-8PM; CRT 2 is deployed F-M, 10AM-8PM; CRT 3 is deployed M-Th, 2PM-12AM; CRT 4 is deployed Th-Sun, 2PM-12AM.⁶

During 2020, calls for service with a CRT unit numbered 3,709, citywide. Total CRT funding between Police and Fire Departments for 2021 is \$1,215,250. Of this total, approximately 60% is from the City’s General Fund. The remaining 40% is supported through grants, with a majority of such funding considered “stable,” with other amounts “varied and small [requiring reapplication] every year [and therefore] less stable.”⁷ Diversus Health, the third partner in the City’s CRT model, report that they “have four clinicians dedicated to [CRT] and have no intention to make changes to that...as long as our funding remains” as is.⁸

As part of the “listening and learning” process undertaken by LETAC in the first half of 2021, the Commission invited input from individual residents and local organizations regarding issues related to policing and public safety, including Crisis Response.⁹ The Commission has heard stories that have praised the work of the City’s current Crisis Response Teams. LETAC has also heard assertions of calls for service where lack of CRT availability—in addition to burdening public resources¹⁰—produced less than optimal results for community members and law enforcement responders. While this input is of course anecdotal, LETAC believes this points to both an appreciation of a current CRT approach that is working well and a recognition that we should further expand the program to address unmet needs in the community.

Benefits and Justification

According to a presentation to LETAC by the City’s current three CRT partners and a summary of research from the National Alliance on Mental Illness (NAMI),¹¹ the benefits of successful implementation of such programs can include:¹²

- reductions in arrests, incarceration, and recidivism;
- declines in instances of use of force;
- identification by behavioral health care specialists of individuals who would benefit from services in non-crisis settings;
- diversions from emergency rooms by providing the appropriate level of care, including development of safety plans, direct admission to in-patient facilities, and coordination with outpatient services;
- enhancement of safety for both responders and the public;
- associated cost savings as public safety and mental/behavioral resources are efficiently allocated.

A Note on Budget Allocations and Operations

LETAC believes that successful implementation and expansion of CRT can, in fact, result in savings when all costs to City taxpayers are considered. However, LETAC’s recommendation does not advocate for any specific increase in levels of spending, reallocation of individual department budget resources, or changes in operational approach. While the Commission’s authorizing ordinance does include “assisting City Council with budget, appropriation, and resource allocation

⁵ Presentation by CSPD, CSFD, and Diversus Health to LETAC, 3/15/2021.

⁶ Ibid.

⁷ CSPD follow-up communication to LETAC, 4/7/2021.

⁸ Diversus Health follow-up communication to LETAC, 4/7/2021.

⁹ See LETAC agendas and minutes from regular March/April meetings and the February listening session: <https://coloradosprings.gov/letac>.

¹⁰ This can take many forms, e.g., a visit to the Emergency Room which might have been diverted, or an arrest resulting in jail time for what is essentially an acute mental health crisis that a trained Crisis Response Team may have been able to de-escalate effectively.

¹¹ National Alliance on Mental Illness. (n.d.). “Crisis Intervention Team (CIT) Programs.” Retrieved June 22, 2021, from:

[https://nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-\(CIT\)-Programs#:~:text=CIT%20programs%20also%3A%201%20Give%20police%20officers%20more,incarceration%20is%20costly%20compared%20to%20community-based%20treatment.%20](https://nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs#:~:text=CIT%20programs%20also%3A%201%20Give%20police%20officers%20more,incarceration%20is%20costly%20compared%20to%20community-based%20treatment.%20)

¹² See also Appendix.

recommendations,”¹³ the Commission neither has the expertise nor the complete information needed to propose a specific budget amount by which CRT should be expanded.

Budget and human resource allocation for the three-way collaboration among CSFD, CSPD, and Diversus is intricate and interdependent: what one entity is able to do depends to an extent on what other partners are able or willing to manage. In addition, possible models/approaches for CRT are dynamic and may evolve to reflect this interdependent reality. For example, CSFD has informed LETAC¹⁴ that to add another level to CRT *without* a police officer,¹⁵ would cost approximately as follows:

Paramedic	\$80,000
Vehicle (minivan)	\$35,000
Clinician	\$80,000
Blood panel machine for vehicle	\$10-12,000
<u>Computer for vehicle</u>	<u>\$2,500-3,000</u>
Estimated overall total	\$210,000

At present, there are four CRT teams with Police, Fire, and Diversus personnel. Combined spending by Police and Fire Departments is \$1,215,250, which would place total City departmental spending at \$303,812.50 per team. But this figure does not provide an adequate foundation upon which to base a recommendation regarding expansion of the current approach or adoption of other models. First, this figure does not include net spending by Diversus Health, which has not been made available to LETAC. Second, while at present CSPD contributes four officers to CRT, in fact well over 100 police officers are trained in crisis intervention; therefore, there may be ways to expand coverage which adjusts the current approach. As with budget, such determinations are beyond the scope of LETAC’s expertise and the information at our disposal.

In short, LETAC leaves to individual departments, budget planners, and elected officials the specific details of funding and expansion of the existing approach or inclusion of new models.

¹³ See Colorado Springs City Ordinance 20-44 here: [View.ashx \(legistar.com\)](#)

¹⁴ Conversation between LETAC chair and A. Cooper and S. Johnson, CSFD, Community and Public Health Division, 6/30/2021.

¹⁵ Denver’s STAR and Eugene’s CAHOOTS programs do not include a police officer as part of the initial response team. See “Denver Support Team Assisted Response (STAR) Program Evaluation,” January 8, 2021. The report notes: “Other cities with similar alternative responses, like Eugene’s CAHOOTS program, report needing to call for police assistance a small minority of the time” (p. 6). See full report here: <https://Communityresourcehub.Org/Resources/Support-Team-Assisted-Response-Star-Program-Evaluation/>.

APPENDIX: Crisis Response (Intervention) Team Talking Points

The following is excerpted from *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises*, by L. Usher, et al., published by Crisis Intervention Team International (2019), pp. 202-03, available here:

<https://www.citinternational.org/resources/Best%20Practice%20Guide/CIT%20Guide%20Interactive%20Web%20Version%20Final.pdf>

Note: The terminology used here is “Crisis Intervention Team (CIT)”, rather than the more familiar CRT terminology used in the Colorado Springs model.

Although approaches vary from place to place, a well-implemented, sustainably managed Crisis Response program can have these benefits:

CIT helps law enforcement

- By developing the mental health crisis response system, CIT reduces the reliance on police to respond to mental health crisis events.
- In a CIT program, mental health advocates and mental health agencies support law enforcement agencies by helping to identify the best community resources to respond to difficult mental health crisis calls. These partners also help develop specialized training for officers and dispatchers on recognizing and responding to mental health crisis situations.
- CIT training helps officers and deputies safely de-escalate a mental health crisis situation and divert individuals to services, instead of jail, when appropriate.
- CIT improves crisis system coordination, reducing the time that an officer or deputy has to spend in transferring a person for an emergency psychiatric evaluation. Instead of waiting many hours in the emergency department, officers can get back to patrol more quickly.
- CIT helps people with mental illness access mental health treatment and recovery supports, reducing the need for repeat calls for service.

CIT helps mental health agencies

- By partnering with advocates and law enforcement, public mental health agencies have a unique path to educating legislators about the need for mental health and avoiding damaging cuts to mental health services.
- Criminal justice partners, advocates, and other service providers support mental health agencies in identifying people with complex needs and strategize together about ways to proactively reach out and avoid repeat crisis situations.
- CIT program partners identify gaps in the crisis response system and supportive services and mobilize a strong group of allies to lobby for the needed services in a community.

CIT helps individuals in crisis and their families

- CIT enhances access to crisis services, reducing contact between people in crisis and law enforcement and the criminal justice system.

- CIT raises community awareness about mental illness and provides opportunities to advocate for needed mental health services and support.
- CIT training helps law enforcement officers respond to a person in crisis more safely and empathically, reducing the trauma that individuals and their families experience.
- CIT promotes recovery by reducing trauma, keeping people out of the justice system, and connecting people to needed mental health services and support.
- CIT officers avoid taking people to jail whenever possible.
- CIT reduces the stigma associated with mental health conditions by reducing the role of law enforcement and the criminal justice system in crisis response.