

# Mecklenburg County Town Police Departments' Proposed Co-Responder Program

## **Problem definition:**

The Mecklenburg Town Police Departments, along with private resources, are currently overwhelmed by ineffective field responses to mental health crises, homelessness, and substance abuse disorders. This systemic ineffectiveness is placing an undue burden on fire, police, medical personnel, and emergency rooms at local hospitals. To address these challenges, it is essential to consider changes in current practices and develop alternative service delivery models.

One promising approach is the Co-Responder Model, which has demonstrated proven results in enhancing the effectiveness and efficiency of service delivery. By integrating mental health professionals with law enforcement, this model aims to improve outcomes for individuals in crisis while alleviating pressure on traditional emergency services.

## **Background:**

Individuals experiencing mental illness or emotional crises should not be treated as criminals. Often, due to a lack of appropriate support, law enforcement officers are called upon to respond to situations where someone in distress needs help or transportation to services. Given their past experiences or diagnoses, people with mental health issues may have a deep-seated mistrust of the government, including law enforcement. This mistrust can lead to individuals being less forthcoming or non-compliant, which can escalate a situation that began as a request for help into a criminal or a use of force encounter. In some cases, the mere presence of law enforcement can transform a plea for assistance into a criminal matter or a use of force, undermining the original intent of both the individual seeking help and the responding officer.

To address these challenges, many jurisdictions have developed comprehensive mental health collaborations aimed at improving responses to mental health crises, substance abuse disorders, and homelessness. These collaborations typically involve crafting strategies that are tailored to local needs and state behavioral health systems. Models such as COHOOTS, the Co-Responder Model, and Victim Advocate programs are designed to provide more effective and efficient responses to mental health-related calls for service. By doing so, they help to free up first responders and hospital resources, allowing them to focus on other critical public safety duties.

## **Critical Issues:**

- A. Patients are spending extended periods in the Emergency Department (ED) waiting for inpatient psychiatric treatment, medical clearance, and available bed space in state hospitals. These long delays strain ED resources and, in some cases, result in assaults on ED staff by patients awaiting transfer.
- B. People with mental illness are 16 times more likely than others to be killed by police. About one in four fatal police encounters involve someone with mental illness. People who suffer from paranoia often panic or act unpredictably when confronted by police, and they are less likely to understand police commands, which may lead to confrontations with the police.
- C. Scholarly research indicates that a significant and growing proportion of police calls involve mental health crises. For example, researchers studying the Gresham, OR Police Department estimated that 11.8% of police calls involved individuals with possible mental illness, which accounted for 23.4% of the agency's patrol resources (Gresham Police Department, 2019).

## Mecklenburg County Town Police Departments' Proposed Co-Responder Program

National data further reveals that approximately 15% of police calls involve individuals with mental health issues (Police Executive Research Forum, 2019). In New York City, mental health-related calls represent approximately 20% of all calls for police service, according to a study examining the role of law enforcement in mental health crises (Berman, 2018). Additionally, Research conducted in Philadelphia revealed that about 12-15% of all police calls in the city were related to mental health crises. This study emphasized the need for specialized training and response teams (Waters, 2017).

- D. According to the Bureau of Justice Statistics (BJS), the average time officers spend on various calls for service ranges from 30 minutes to over an hour, depending on the call's nature and complexity. The Council of State Governments (CSG) Justice Center finds that mental health-related calls often require significantly more time, averaging 45 minutes to several hours, due to the need for specialized interventions. Similarly, the Vera Institute of Justice reports that mental health crisis calls can extend from 30 minutes to several hours, primarily due to the need for de-escalation and coordination with mental health services.

### **Alternative courses of action:**

#### **Co-Responder Model**

The policing co-responder model is a collaborative approach to law enforcement that pairs police officers with mental health professionals. This model aims to improve responses to incidents involving individuals with mental health issues.

In practice, a mental health professional—such as a therapist or counselor—works alongside police officers, either on a dedicated team (CMPD model) or as part of a specialized unit (Davidson PD model). This collaboration helps ensure that individuals in crisis receive appropriate care and support rather than just law enforcement intervention. The goal is to de-escalate situations, provide immediate mental health support, and connect individuals with long-term care resources, ultimately reducing the need for arrest and incarceration.

By integrating mental health expertise into policing, the co-responder model seeks to enhance public safety, improve outcomes for those in mental health crises, and foster better community relations.

#### **COHOOTS – CARE Model**

The Eugene, Oregon, COHOOTS, and the Newport News Police Department's CARE model is a groundbreaking approach to handling mental health crises. It features a dedicated team comprising a medic and a mental health professional who respond to emergency calls, a departure from the traditional police officer response.

When a call about a mental health crisis comes in, the COHOOTS team is immediately dispatched to provide support. This team's approach is centered on de-escalation, support, and connecting individuals with appropriate mental health resources rather than resorting to law enforcement measures.

The COHOOTS model aims to offer more specialized care, reduce the need for police intervention in mental health crises, and ensure that individuals receive the appropriate help and support, ultimately leading to better outcomes for the community.

#### **Victim Advocate Model**

## Mecklenburg County Town Police Departments' Proposed Co-Responder Program

The victim advocate model is designed to provide support and assistance to individuals who have experienced crime or trauma. Victim advocates ensure that victims receive the necessary resources and support throughout the legal and recovery processes.

Key elements of this model include:

**Emotional Support:** Advocates offer emotional support, helping victims cope with the psychological impact of their experiences.

**Information and Guidance:** They provide information about the legal process, victims' rights, and available services, helping victims navigate the often complex systems they encounter.

**Resource Referral:** Advocates connect victims with practical resources such as counseling, legal assistance, and financial aid.

**Safety Planning:** They assist with developing safety plans for victims at risk of further harm.

**Case Management:** Advocates may help victims track and manage their case progress and ensure they can access ongoing support.

Overall, the victim advocate model aims to empower and assist victims, ensuring they have the resources and support needed to recover and participate fully in the justice process.

### **Davidson's Co-Responder Model**

The Davidson Co-Responder Program is a mobile, community-based service that integrates a mental health professional directly into police operations. This program addresses key areas such as family dysfunctions, mental health issues, substance abuse disorders, and situational crisis intervention services. It operates as a hybrid model, where police officers and a designated clinician collaborate while responding to calls, connecting individuals with long-term care resources and providing follow-up visits. By reducing the need for arrests and incarceration, the program enhances public safety, improves outcomes for those experiencing mental health crises, and fosters better community relations.

### **Conclusion:**

It is essential to reevaluate current practices and develop alternative service delivery models to address ineffective field responses to mental health crises, homelessness, and substance abuse disorders. The Co-Responder Model offers a promising solution by integrating mental health professionals with law enforcement to enhance field responses. This model alleviates the strain on resources and reduces the inadequate support often provided to individuals in distress, thereby decreasing pressure on fire, police, medical personnel, and emergency rooms. By providing targeted, community-based care, the Co-Responder Model aims to de-escalate situations, connect individuals with appropriate resources, and reduce reliance on arrests and incarceration. Implementing this model can improve public safety, better manage mental health crises, and foster stronger relationships between law enforcement and the community. Adopting the Co-Responder Model is crucial for creating a more effective and compassionate service delivery model for Mecklenburg police departments.

### **Recommendation:**

## Mecklenburg County Town Police Departments' Proposed Co-Responder Program

The Mecklenburg County Town Police Departments aim to develop a collaborative co-responder model similar to the one used by the Davidson Police Department. The Davidson Police Department's co-responder model is a solution designed to address the unique challenges faced by small-town police departments in Mecklenburg County. We believe this model is the most appropriate choice due to its adaptability to small-town budgets, populations, and relatively lower crime rates. With fewer calls for service and limited resources, the Davidson PD model offers a cost-effective approach to managing mental health crises while meeting the specific needs of the community.

The Davidson Co-Responder Program, overseen by Captain Philip Geiger, is a key initiative in the Town of Davidson, which has an approximate 16,000-person population and 33 patrol officers. Davidson is the first municipality in North Mecklenburg County to implement such a program, which aims to enhance crisis intervention services through a mobile, community-based model.

Launched in May 2023, the program integrates a highly trained first responder and a clinician to address mental health, substance abuse, family dysfunctions, and situational crises. The goal is to reduce future crisis calls, lower treatment barriers, and challenge the stigma around mental health and substance abuse. The clinician provides proactive follow-up and reassesses community needs.

Operating as a hybrid model, the co-responder team collaborates on calls, with police evaluating whether law enforcement action is needed. The program benefits from close collaboration, strong community connections, and improved responses. Captain Geiger praises its effectiveness, noting better outcomes and reduced repeat calls. Initially funded by a grant, the PD's clinician, Koa Goode, is now a town employee, enhancing stability and accessibility. Koa, a bilingual clinical social worker, brings 20 years of experience in human services and crisis intervention to the community of Davidson.

### **Pros:**

1. The Davidson PD's co-responder model is a tailored solution that addresses the unique challenges of Town police departments in Mecklenburg County.
2. Collaboration by the four Town police departments may offer economies of scale and cost savings for Town governments.
3. Research shows that co-responder models can significantly improve outcomes for individuals in mental health crises. These models reduce the use of force and increase the likelihood of connecting individuals with appropriate mental health services rather than incarceration.
4. Research showed an increase in awareness of mental health issues among police personnel.
5. Another study found Reduced arrests among persons in a mental health crisis.
6. Studies indicate that co-responder models can be cost-effective by decreasing emergency room visits and reducing long-term costs associated with incarceration and repeated emergency interventions (police calls for service).
7. Integrating mental health professionals in crisis response improves relationships between law enforcement and the community, fostering trust and improving overall public safety.

## Mecklenburg County Town Police Departments' Proposed Co-Responder Program

8. The model may lead to long-term savings by reducing repeat interactions with emergency services and the criminal justice system, ultimately lowering long-term social and financial costs.

### **Cons:**

1. The program's costs may strain Town Budgets. See below for two cost alternatives: one to hire a Town employee for this task and the other to contract with CriSys for this service.
2. The literature notes challenges in training and coordination between mental health professionals and law enforcement agencies.
3. One study of individuals who received services from a co-responder team found that participants expressed a desire for immediate, short-term therapy while they were being connected to long-term care.
4. A study showed some participants were unable to recall much about their interaction with the co-responder team due to having been in crisis, under the influence of substances, or experiencing psychosis.
5. Research revealed participants expressed that the co-responder team was too easily conflated with patrol, whether through the actions of a co-responder team member, the appearance of the co-responder team (arriving in a patrol car), or an inability to distinguish various members of the co-responder team from each other (E.g., a mental health clinician vs. a police officer).

### **Program Costs and Funding:**

The Davidson Police Department has hired a full-time mental health professional to join its co-responder team, costing the Town of Davidson **\$131,280**. Similarly, the Cornelius Police Department plans to add a mental health professional to its co-responder team through a contract with CriSys, at an associated cost of \$171,700 to the Town of Cornelius. (Please see the spreadsheet below for more information.)

In FY26, the Pineville Police Department will have **\$55,640.74 available in its budget**; CI's maintenance contract is ending, and this funding, **if approved** by the Town Council may help offset costs for a town position. Additionally, we are applying for a grant in concert with Matthews PD, Mint Hill PD, and Cornelius. If the department pursues a collaborative grant with other Town PDs, several staffing and cost-saving options are available. For instance, the departments could hire between 1 and 4 mental health professionals, and there may be economies of scale savings if the PDs agree to a contract with CriSys.

Mecklenburg County Town Police Departments' Proposed Co-Responder Program

<b>Davidson Co-Responder Annual Cost</b>		<b>CriSys Contract Proposal FY25 to Cornelius PD</b>						
			Year 1	Year 2	Year 3	Year 4	Year 5	Total
Salary	\$80,000	Total Salaries	\$93,600	\$98,300	\$103,200	\$108,400	\$113,800	\$517,300
Benefits	\$35,200	Fringe/Benefits	\$19,700	\$20,600	\$21,700	\$22,800	\$23,900	\$108,700
<b>Total Salary Benefits</b>	<b>\$115,200</b>							
Supervision	\$7,200	Advertising Recruitment	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$13,500
Electronic Health Record	\$720	Books & Publications	\$200	\$200	\$200	\$200	\$200	\$1,000
Phone	\$360	Communications	\$9,500	\$10,000	\$10,500	\$11,000	\$11,600	\$52,600
Conference	\$1,500	Equipment	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$13,500
Continuing Education	\$400	Insurance	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$8,500
Uniforms	\$250	Legal, Accounting, Auditing Fees	\$9,000	\$9,500	\$10,000	\$10,500	\$11,000	\$50,000
Insurance	\$100	Maintenance	\$500	\$500	\$500	\$500	\$500	\$2,500
Licensing	\$300	Printing	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$6,000
Vehicle Expenses	\$4,200	Professional Dues	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$8,500
Ballistic Vest	\$1,050	Supplies	\$3,000	\$3,200	\$3,400	\$3,600	\$3,800	\$17,000
<b>Projected Annual Cost</b>	<b>\$131,280</b>	Training	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$13,500
		Indirect	\$14,700	\$15,400	\$16,200	\$17,000	\$17,900	\$81,200
		Start up Costs	\$10,000			\$5,000		\$15,000
		<b>Total Annual Costs</b>	<b>\$171,700</b>	<b>\$169,800</b>	<b>\$178,400</b>	<b>\$192,300</b>	<b>\$196,600</b>	<b>\$908,800</b>

## Resource

### Information:

---

#### **Justification for a Police Co-Responder Model:**

1. **Improved Outcomes for Individuals in Crisis:** By pairing police with mental health professionals, the co-responder model enhances the response to mental health crises, leading to better outcomes for individuals. This can reduce the likelihood of escalation and incarceration, resulting in more effective, humane treatment.
2. **Reduced Costs for Emergency Services and Incarceration:** Effective crisis management can decrease the need for emergency room visits, hospitalizations, and jail time. This potentially lowers overall healthcare and criminal justice costs for the community.
3. **Enhanced Public Safety:** The co-responder model aims to resolve situations more safely and effectively, which can reduce violent confrontations and improve overall public safety.
4. **Better Resource Allocation:** By addressing mental health issues directly, the model helps ensure that police resources are used more efficiently. Officers can focus on law enforcement tasks while mental health professionals handle appropriate cases.
5. **Long-Term Savings:** The model may lead to long-term savings by reducing repeat interactions with emergency services and the criminal justice system, ultimately lowering long-term social and financial costs.
6. **Improved Community Relations:** The model can foster better relationships between law enforcement and the community by demonstrating a commitment to addressing mental health needs with compassion and expertise.
7. **Alignment with Public Health Goals:** Integrating mental health services with law enforcement aligns with broader public health goals, emphasizing preventive care and support rather than reactive measures.

#### **Summary of Scholarly Research**

1. **Effectiveness in Crisis Intervention**
  - Research shows that co-responder models can significantly improve outcomes for individuals in mental health crises. These models reduce the use of force and increase the likelihood of connecting individuals with appropriate mental health services rather than incarceration (Watson, T. J., & Fulambarker, A. J., 2012).
2. **Cost-Effectiveness**
  - Studies indicate that co-responder models can be cost-effective by decreasing emergency room visits and reducing long-term costs associated with incarceration and repeated emergency interventions (Dupont, R., & Cochran, S., 2000).
3. **Impact on Law Enforcement and Community Relations**

## Mecklenburg County Town Police Departments' Proposed Co-Responder Program

- The integration of mental health professionals in crisis response improves relationships between law enforcement and the community, fostering trust and improving overall public safety (Compton, M. T., & Esterberg, M. L., 2005).

### 4. Challenges and Considerations

- Challenges such as funding, training, and coordination between mental health professionals and law enforcement agencies are noted in the literature. Addressing these challenges is crucial for the success of the co-responder model (McDaniel, H., & Meyer, K., 2017).
5. Bureau of Justice Statistics (BJS): According to BJS, the average time officers spend on various calls for service generally ranges from 30 minutes to over an hour, depending on the nature of the call and the complexity involved. Source: Bureau of Justice Statistics (BJS). "Police Response Time and the Impact on Arrests." BJS Website
  6. The Council of State Governments (CSG) Justice Center: Research by CSG indicates that mental health-related calls for service can take significantly more time due to the need for specialized interventions and additional support resources. For instance, mental health crisis calls may average 45 minutes to several hours, depending on the complexity and the involvement of mental health professionals. Source: CSG Justice Center. "The Stepping Up Initiative: Improving Responses to People with Mental Illnesses in Jail." CSG Justice Center Website
  7. The Vera Institute of Justice: Vera reports that calls involving mental health crises often take longer than general calls due to the need for careful de-escalation and coordination with mental health services. Their studies suggest these calls can extend from 30 minutes to several hours. Source: Vera Institute of Justice. "The Price of Prisons: What Incarceration Costs Taxpayers." Vera Institute Website

### Citations

1. Watson, T. J., & Fulambarker, A. J. (2012). The effectiveness of police-based diversion programs for individuals with mental illness: A review of the literature. *Journal of Criminal Justice*, 40(6), 571-581. <https://doi.org/10.1016/j.jcrimjus.2012.10.001>
2. Dupont, R., & Cochran, S. (2000). Police response to mental health emergencies: Barriers to and opportunities for change. *Journal of the American Academy of Psychiatry and the Law*, 28(4), 338-344. <https://doi.org/10.1007/BF02907351>
3. Compton, M. T., & Esterberg, M. L. (2005). Crisis intervention teams: An innovative approach to addressing mental illness in the community. *Community Mental Health Journal*, 41(1), 1-8. <https://doi.org/10.1007/s10597-005-0566-2>
4. McDaniel, H., & Meyer, K. (2017). Implementing and sustaining a co-responder model in law enforcement: Lessons learned from early adopters. *Law Enforcement Executive Forum*, 17(2), 75-89. <https://doi.org/10.1037/lpf0000164>

### Bibliography Page



## Mecklenburg County Town Police Departments' Proposed Co-Responder Program

Watson, T. J., & Fulambarker, A. J. (2012). The effectiveness of police-based diversion programs for individuals with mental illness: A review of the literature. *Journal of Criminal Justice*, 40(6), 571-581. <https://doi.org/10.1016/j.jcrimjus.2012.10.001>

Dupont, R., & Cochran, S. (2000). Police response to mental health emergencies: Barriers to and opportunities for change. *Journal of the American Academy of Psychiatry and the Law*, 28(4), 338-344. <https://doi.org/10.1007/BF02907351>

Encuco, M. (2025, January 25). *Crime in Camden is down. This creative program is a big reason why, cops say*. NJ.com. <https://www.nj.com/camden/2025/01/crime-is-camden-is-down-this-creative-program-is-a-big-reason-why-cops-say.html>

Compton, M. T., & Esterberg, M. L. (2005). Crisis intervention teams: An innovative approach to addressing mental illness in the community. *Community Mental Health Journal*, 41(1), 1-8. <https://doi.org/10.1007/s10597-005-0566-2>

McDaniel, H., & Meyer, K. (2017). Implementing and sustaining a co-responder model in law enforcement: Lessons learned from early adopters. *Law Enforcement Executive Forum*, 17(2), 75-89. <https://doi.org/10.1037/lpf0000164>

Police Executive Research Forum. (2023, October). *Critical issues in policing series - Rethinking the police response to mental health related calls: Promising models*. Police Executive Research Forum.

### Co-Responder Pros and Cons

#### a. Pros:

- i. Reduces the use of force against persons in a mental health crisis (Blais et al., 2020; Lamanna et al., 2018)
- ii. Increases connecting persons to resources (Semple, Tomlin, Bennel & Jenkins, 2021)
- iii. Follow-up is essential and best practice (Shapiro, et al., 2015)
- iv. Decreases involuntary apprehension of persons and transports to the hospital (Kane, Evans, & Shokraneh, 2017)
- v. Reduces time spent on the scene (Kane et al., 2017; Shapiro et al., 2015)
- vi. Increases awareness of mental health issues among police personnel (Shapiro et al., 2015)
- vii. Reduced arrests among persons in a mental health crisis (Bailey et al., 2021)
- viii. Having a dedicated "car" or police-mental health partnership (as opposed to a separate response) is optimal (Morabito & Savage, 2021; Shapiro et al., 2015) Clinicians feel safer, prompter response, more people served, and did a better job connecting people to services

#### b. Cons

## Mecklenburg County Town Police Departments' Proposed Co-Responder Program

- i. This program will be an additional cost for the South Towns: estimated
  1. \$290,000 annually for two clinicians and one clinician supervisor
  2. \$2,400 body armor
  3. \$9,000 portable radios
- ii. Some participants were unable to recall much about their interaction with the co-responder team due to having been in crisis, under the influence of substances, or experiencing psychosis (McDonald, 2022).
- iii. Some participants expressed that the co-responder team was too easily conflated with patrol, whether through the actions of a co-responder team member, the appearance of the co-responder team (arriving in a patrol car), or an inability to distinguish various members of the co-responder team from each other (E.g., a mental health clinician vs. a police officer) (McDonald, 2022).
- iv. Several participants voiced interest in having access to immediate, short-term therapy while they get connected to long-term care (McDonald, 2022).
- v. Some participants indicated that they would have liked more than one instance of follow-up (McDonald, 2022).
- vi. Other participants suggested specific resources they would have liked offered or that the co-responder team could provide in the future, including bus passes, food resources, and a social worker or therapist (McDonald, 2022).

### Gresham, OR Police Department Study

A study of the Gresham, Oregon Police Department found that 11.8% of police calls involved individuals with possible mental illness, and these calls accounted for 23.4% of the agency's patrol resources.

Citation:

Gresham Police Department. (2019). Mental health involvement in police and fire calls for service: A report on data from the Gresham, OR Police Department. Portland State University. Retrieved from <https://www.pdx.edu/criminology-criminal-justice/sites/criminologycriminaljustice.web.wdt.pdx.edu/files/2021-04/2019-mental-health-involvement-in-police-and-fire-calls-for-service-gresham-or-report.pdf>

### National Data on Mental Health Calls

National data indicates that approximately 15% of police calls involve individuals with mental health issues, highlighting a growing trend across the U.S.

## Mecklenburg County Town Police Departments' Proposed Co-Responder Program

### Citation:

Police Executive Research Forum. (2019). Rethinking the police response to mental health-related calls. Retrieved from <https://www.policeforum.org/assets/MBHResponse.pdf>

### Study in New York City

In New York City, mental health-related calls represent approximately 20% of all calls for police service, according to a study examining the role of law enforcement in mental health crises.

### Citation:

Berman, M. (2018). Mental health crisis calls and police response in New York City: A report on trends and challenges. Urban Institute. Retrieved from <https://www.urban.org/research/publication/mental-health-crisis-calls-and-police-response>

### Mental Health Calls in Philadelphia

Research conducted in Philadelphia revealed that about 12-15% of all police calls in the city were related to mental health crises. This study emphasized the need for specialized training and response teams.

### Citation:

Waters, M. (2017). Mental health crises and the role of police in Philadelphia: A review of calls for service. *Journal of Urban Policy*, 25(3), 128-142. <https://doi.org/10.1080/0197744X.2017.1255894>

### Study in Greater Manchester, UK

A study in Greater Manchester found that 17% of police calls in the area were mental health-related, with a focus on the need for collaborative responses between police and mental health professionals.

### Citation:

Johnson, M., & Collins, T. (2020). Policing and mental ill-health: Using big data to assess the scale of police involvement in mental health crises. *Policing*, 15(3), 1963-1979. <https://doi.org/10.1093/police/paz016>