

The Columbia Heights Police Department (CHPD) serves both Columbia Heights, a Minneapolis suburb of roughly 22,000 people, and Hilltop, a small neighboring city with a population under 1,000. CHPD has 29 full-time sworn officers, all of whom must undergo 40 hours of CIT training and 12 hours of ICAT training. CHPD officers also regularly participate in ongoing refresher training on de-escalation and implicit bias awareness.

Program Development

CHPD developed its co-response program in response to increases in calls related to MBH issues, homelessness, substance use, and other quality-of-life issues. CHPD also recognized that the needs of some high service users in the community were better met by services and case management than by public safety resources like police, fire, and EMS. (One resident required close to 200 calls for service per year.) “We wanted to find a better way of handling those calls,” explained Captain Matt Markham, “not just to address the strain on our resources but also so we are not just in a constant cycle of taking people to the hospital or jail without really addressing their underlying needs.”⁷⁰

Program Structure

Clinical social workers contracted through Canvas Health, Inc. are embedded in CHPD and accompany CHPD officers to calls as available. Because CHPD requires all officers to have CIT and ICAT training, all officers do crisis co-response shift rotations with their clinical colleagues.



Columbia Heights social workers Eileen Crosby (left) and Erin Buller (right) and their supervisor Jessica Torrey (center) receive the department’s T. Nightingale Community Service Award in 2022 for outstanding efforts in the co-responder social worker program. SOURCE: COLUMBIA HEIGHTS POLICE DEPARTMENT

When crisis calls come in to 911, dispatchers assign them to available units as they would any other call. All CHPD officers are expected to field these call types regardless of whether a clinician co-responder is available. However, the on-duty officer-clinician team will also monitor calls over the radio and respond to those related to MBH issues, substance use, intoxication, welfare checks, and domestic assaults, as well as other calls related to crisis and trauma, in order to provide support for victims and witnesses.

Officers are required to activate their body-worn cameras when responding to all calls for service and most civilian- or officer-initiated interactions, so their response practices are routinely reviewed, audited, and used for training as needed.

70. Interview with Captain Matt Markham (Columbia Heights Police Department), May 2, 2023.

Program Challenges

During program implementation, CHPD had some difficulty getting officers comfortable with having social workers in cars with them. **Reminding officers that the social workers are their coworkers, not simply observers, helped them adjust to the program.**

Some officers also resisted CHPD's decision to move responsibility for making determinations about involuntary psychiatric holds from officers to social workers. Communication and reinforcement were needed to convince officers that once they made sure the scene was safe, they should let the social workers do the job they are trained to do.

Program Successes

The co-response system has yielded both external and internal benefits. In one example, Capt. Markham talked about the difference a social worker made in a domestic assault call involving a mother and son:

"An adult son assaulted his mother in her home and made it unsafe for her to be there. We got a warrant and charged him out of custody and the mom got an order of protection against her son. When the Sheriff's Office came down to serve the order for protection and evict her son from the home so she could get back into it, he was threatening violence toward the officers. We were planning to bring SWAT in, but our social worker stayed engaged with the subject and eventually she was able to get him to come out and end it peacefully."

Like many other agencies, CHPD has experienced considerable officer turnover in recent years and now employs many younger, less experienced officers. Having highly trained, licensed clinical social workers respond with newer officers has enabled the department to identify some training needs that it otherwise might have missed, particularly around interactions with crime victims, people with MBH issues, and people who have experienced traumatic events. **In a survey of CHPD officers conducted by the department in partnership with Canvas Health, all 26 respondents said the embedded social worker program added value to the department. Three-quarters said it made their job easier and reduced the number of times they needed to use force to resolve calls.**⁷¹

Key Issues for Agencies Considering a Co-Response Model

- **Availability of co-response teams.** In some co-response models, response times can be slow, especially if the officer and clinician are not paired together in a single vehicle or if the co-responders are on call rather than on duty. Some agencies limit co-response availability to times or places where crisis calls occur most frequently.
- **Cost.** Putting an officer and a clinician in a patrol vehicle for an entire shift, with MBH calls their sole priority, may not be cost-effective if the call volume is relatively low. However, the cost assessment should also account for the potential savings to the community as a whole, including the justice system.⁷²

Creative problem-solving and partnerships are useful when resources are limited. Chief Peter

71. Canvas Health, Inc., "Columbia Heights Police Department in Partnership with Anoka Mobile Crisis: Embedded Mental Health Professional Utilization and Outcome Data, January 2022 - December 2022," 2023.

72. Shapiro *et al.*