



Aurora **MOBILE RESPONSE** Team

Support and resources for those in crisis

OFFICIAL REPORT



Data Collected From: August 25th 2021- March 12th, 2022

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Aurora Mobile Response Team Program Description

MISSION

To alleviate the strain on first responders, emergency departments, and the criminal justice system through the provision of trauma-informed crisis intervention care during active, low-intensity behavioral health calls for service that come through the City of Aurora Public Safety Communications Center and by promoting the appropriate utilization of community and public safety resources.

PROGRAM DESCRIPTION OVERVIEW

The Aurora Mobile Response Team (AMRT) partners mental health and medical professionals to serve as an additional emergency services response for individuals identified to be experiencing a behavioral health crisis to supplement the Aurora Fire Rescue, Aurora Police Department and the Aurora Police Department's law enforcement co-responder model, the Crisis Response Team. AMRT shall coordinate with City of Aurora Public Safety Communications (dispatch) Department to appropriately respond to active, low intensity calls for service. AMRT staff are unarmed and shall not be used in replacement of law enforcement officers when an arrest is necessary, or safety is compromised. AMRT shall not respond to calls for service where weapons are present or in situations of active violence toward others, self or property.

Two primary benefits to the creation of this alternative response model are:

- (1) Allows City of Aurora public safety agencies, Aurora Fire Rescue and Aurora Police Department to attend to lifesaving and crime-related calls for service; and
- (2) Provides the Aurora community with an additional service and expands the competency and scope of emergency services.

PROPOSED MEASURABLE OUTCOMES

1. Reduce the number of low acuity behavioral health and medical calls that law enforcement and fire personnel must respond too.
2. Reduce the number of individuals transported to emergency departments for low acuity behavioral health and medical related concerns.
3. Reduce the number of non-warrant arrests for individuals experiencing homelessness or mental health concerns.
4. Connect individuals to appropriate on-going behavioral health services.

LOGISTICS

Staffing

The City of Aurora identified two partner agencies to help facilitate the implementation of the AMRT. The Aurora Mental Health Center and Falck Rocky Mountain Inc. were chosen to supply staff for the AMRT. Current staffing is as follows:

- (1) City of Aurora, Housing and Community Services Division Program Manager- 1 FTE
- (2) Aurora Mental Health Center- Licensed Mental Health Professional (LPC, LCSW, LMFT)- 1 FTE
- (3) Falck Rocky Mountain Inc.- Paramedic- 1 FTE

Agreements for staffing were entered with the City of Aurora and the agencies in December of 2020. These agreements set guidelines for compensation, scope of work and expectations of the agencies and their staff. City of Aurora- Program Manager is currently housed under the Housing and community Services Division and reports directly to the Homelessness Programs Manager. The AMRT program manager serves as an administrator for operations, program development, quality assurance, stakeholder relationships and oversees the AMRT frontline staff. City of Aurora program manager maintains communications with the AMRT staffs' respective agency supervisors to ensure job satisfaction, staff proficiency and all other relevant staffing matters.

AMRT Leadership Team

In preparation for the implementation of the AMRT, City of Aurora management identified community and public safety stakeholders. City of Aurora staffed organized a program working group to assist in the development of operational logistics. This working group includes leadership from the following agencies and departments:

- (1) City of Aurora Housing and Community Services

- (2) Aurora Police Department
- (3) Aurora Fire Rescue
- (4) Aurora Public Safety Communications
- (5) Falck Rocky Mountain Inc.
- (6) Aurora Mental Health Center
- (7) Aurora Research Institute
- (8) Aurora City Management Team

This leadership team/ working group effectively determined various aspects of the AMRT pilot phase including but not limited to pilot location, pilot phase length, staffing, and proposed procedures.

Pilot Location

The AMRT leadership team consulted Aurora public safety agencies and utilized call volume data from Falck Rocky Mountain, Aurora Police Department Crisis Response Team and Aurora Fire Rescue to pinpoint a geographical location where appropriate AMRT calls for service (nonviolent, behavioral health, low acuity medical) were concentrated. Upon review, it was determined that the highest call volume occurred in the northwest Aurora region, north of E 6th Avenue and West of I-225. The AMRT currently does not operate out of one specific city building and does not have a designated office.



Pilot Phase Hours of Operations

Using the same data pool, the AMRT leadership team set the hours of operation as Wednesday through Saturday 10:00 AM-8:00PM with the long-term goal of achieving 24/7 city-wide coverage. The current set hours of operation reflect the identified peak days and time for behavioral health calls for service that came through City of Aurora dispatch.

Pilot Start Date and Duration

The AMRT pilot period began September 8, 2021 and ended March 8, 2022. AMRT leadership was interested in the potential fluctuation of call volume through the changes in season and therefore decided on a six-month pilot period.

POLICIES AND PROCEDURES

Safety

Safety was identified to be the main concern amongst stakeholders for implementing an unarmed alternative response team in the City of Aurora. AMRT leadership developed and implemented the following safety precautions to ensure the safety of both staff and community members:

- (1) The availability of ballistic vests to staff
- (2) The training and utilization of police technology (radios and motor docked computers)
- (3) Training given by APD SWAT on scene safety and awareness
- (4) Training on call triaging and the early identification of safety concerns
- (5) Training given to City of Aurora dispatch, Aurora Police Department, Aurora Fire Rescue and the community about the purpose, function and limitations of the AMRT
- (6) Quality assurance checks completed by AMRT program manager
 - a. Program manager reviews calls for lapses in safety protocols and ensures that the team is being utilized appropriately and safely.

To date (3/28/22), the AMRT has not requested emergent police assistance for safety concerns.

Cultural Competency

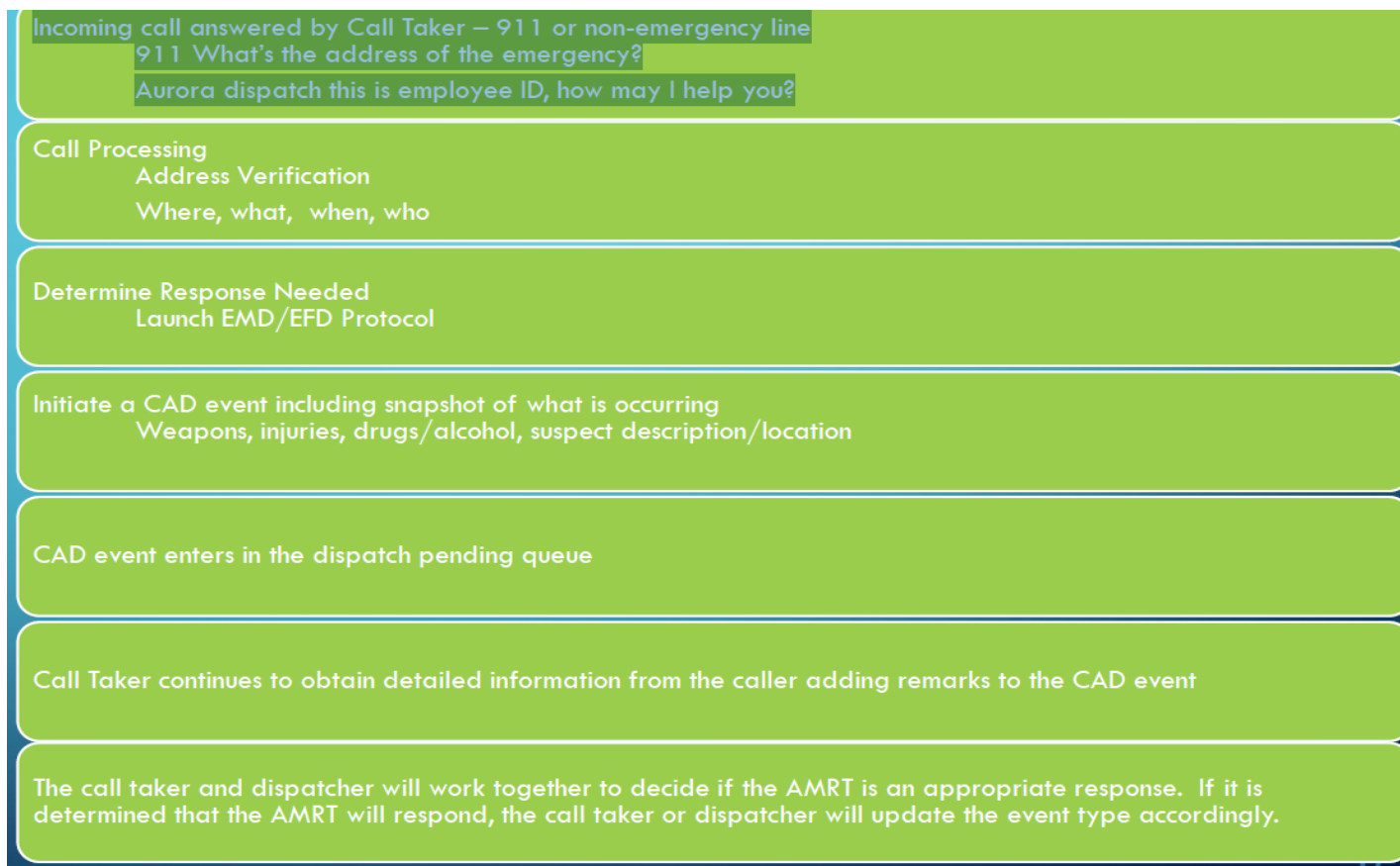
AMRT leadership reviewed the 21CP report and the Attorney General's report that were conducted as a review of the Aurora Police Department and Aurora Fire Rescue to ensure that the AMRT was meeting the expectations of the community and state for public safety. From this, AMRT leadership identified the importance of cultural competency trainings. The following trainings were given by subject matter experts to the AMRT staff:

- (1) Human Trafficking Awareness
- (2) LGBTQ+ Affirming Care
- (3) Harm Reduction Best Practices
- (4) Mental Health First Aid for First Responders
- (5) Traumatic Brain Injury Awareness

Dispatching Protocols

City of Aurora Public Safety Communications worked collaboratively with AMRT leadership to determine dispatching protocols for the AMRT. It was decided that City of Aurora dispatch would not directly dispatch the AMRT to allow AMRT staff to appropriately triage and assess call notes for safety and subsequently add themselves to calls deemed appropriate. **See Page 6**

In addition to protocols for the appropriate dispatching and utilization of AMRT staff, the AMRT leadership and Public Safety Communications(PSC) explored ways to track city-wide 24/7 need for AMRT. PSC created a code to be input into call notes where an AMRT response would be appropriate. **See Evaluation Plan pg 6-10.**



Infographic of City of Aurora call-taking protocols regarding the identification of appropriate AMRT calls.

DATA COLLECTION AND EVALUATION

Collection Methods and Data Points

AMRT staff input all encounters into a protected spreadsheet that reflects the data that Office of Behavioral Health currently requests of co-responder teams across the state of Colorado. Data are sent to the Aurora Research Institute for analysis. All infographics and statistics are attributed to Aurora Research Institute staff. Data were collected for the following:

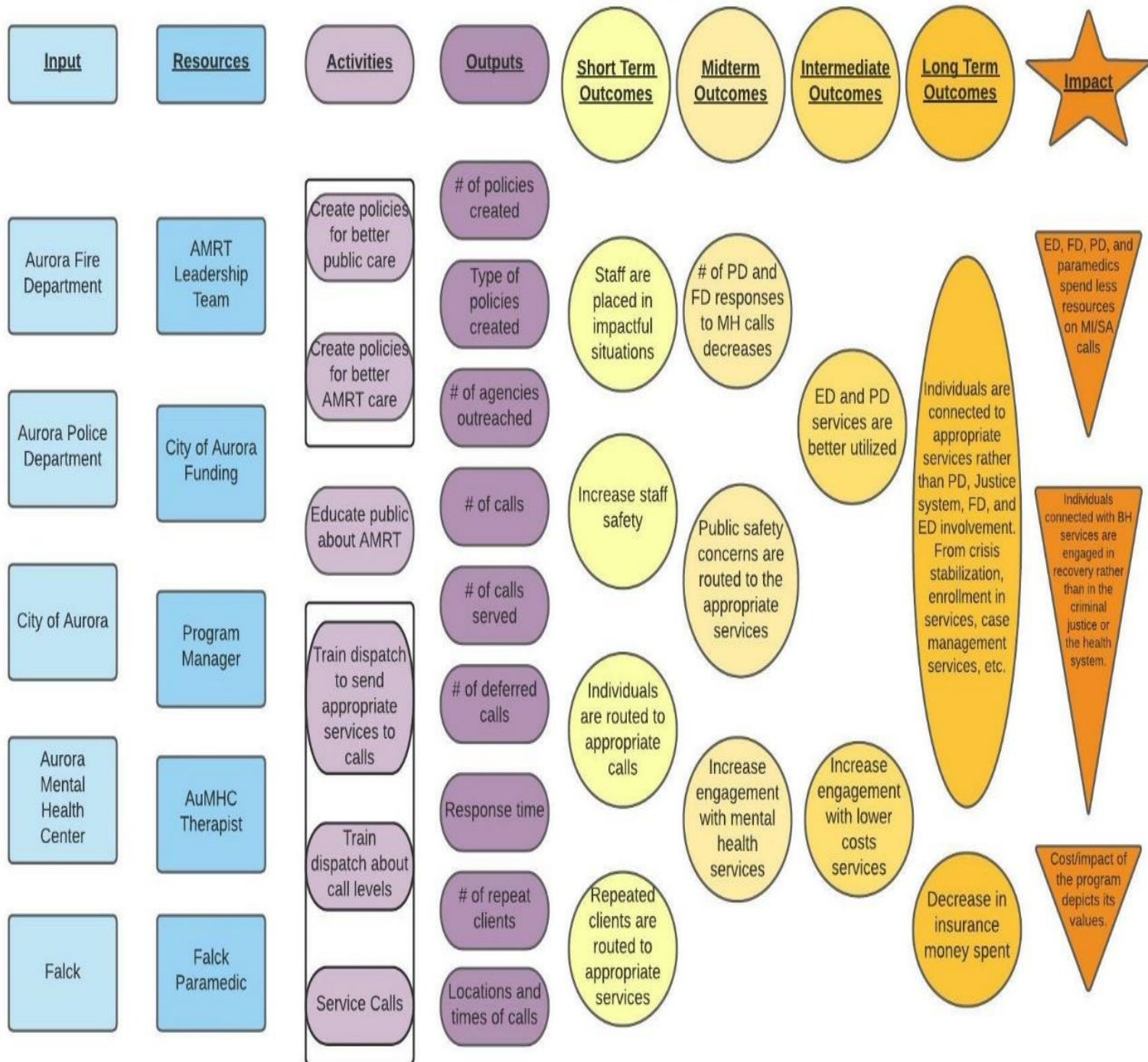
Client Demographics	Location of Call
Jail Diversion	Emergency Dept. Diversion
Call Outcomes	Client Insurance
Client Experiencing Homelessness?	Type of Assistance Provided
Resource Referrals Provided	Police Requesting AMRT
Police Needed by AMRT After Arrival	AMRT Able to Relieve Police From Scene

Evaluation Plan

The Aurora Research Institute was tasked with evaluation the AMRT program outcomes and created the following logic model.

AMRT Logic Model

Goal: alleviate the strain on first responders by providing trauma informed crisis intervention care during active low intensity behavioral health calls for service and promoting the appropriate utilization of community and public safety resources.



The following points were identified as key indicators of performance and overall need.

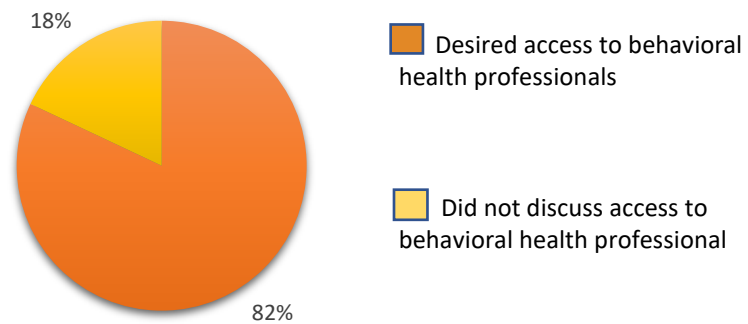
- (1) Perceived need by public safety and community partners
- (2) Call outcomes
- (3) Cost savings through diversion

Perception Surveys

"It (mental health) plays a role in a majority of calls for service, even if the individuals are undiagnosed or involved with narcotics."

-Police Officer statement from the perception survey

AMRT leadership and the Aurora Research created a precursory perception survey that was distributed to Aurora Fire Rescue, Aurora Police Department District 1, Falck Rocky Mountain, Aurora Mental Health Center, and Aurora Public Safety Communications. This survey inquired about the respondent's volume of interactions with individuals experiencing behavioral health crises, initial perceptions about the addition of an alternative response model, and the desire to have access to behavioral health professionals within public safety. Results of the survey are as follows:



- (1) 82% of the respondents discussed needing access to social workers, behavioral health specialists, or psychiatrists (Figure), 18% of respondents did not discuss the need/ desire for access to behavioral health professionals.
- (2) Additionally, results showed that survey respondents:
 - a. Identified needing additional mental health resources to cover welfare checks, homeless calls, and resource assistance;
 - b. Stated Aurora needed a team to respond to calls that did not involve police response;
 - c. 80% believed the AMRT could fill the gaps in the crisis services system;
 - d. All the respondents stated they supported a team like AMRT.

Community Engagement

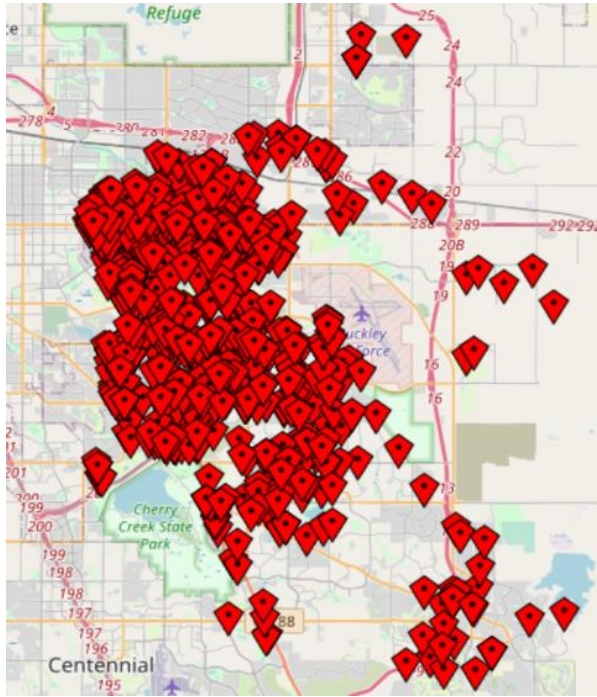
Leading up to the launch of the AMRT pilot period, City and AMRT staff produced communications material for distribution to the Aurora community including a flier for businesses, a rack card for Aurora residents and multiple media interviews. The team also engaged with businesses in person up and down the Colfax corridor to inform owners of the services that AMRT offers and how to contact the team.

AMRT leadership has also collaborated with other alternative response groups across the country individually and through alternative response working groups and associations. The AMRT is a member of the Alternative Mobile Services Association which has allowed unlimited access to scholarly articles, evidenced based practices, alternative response conferences and more. AMRT is also a member of multiple working groups for alternative response models across the nation to include the Harvard Kennedy School Community of Practice, the International Crisis Response Association, and the Colorado Co-Responders Program Managers Meeting held by the Office of Behavioral Health.

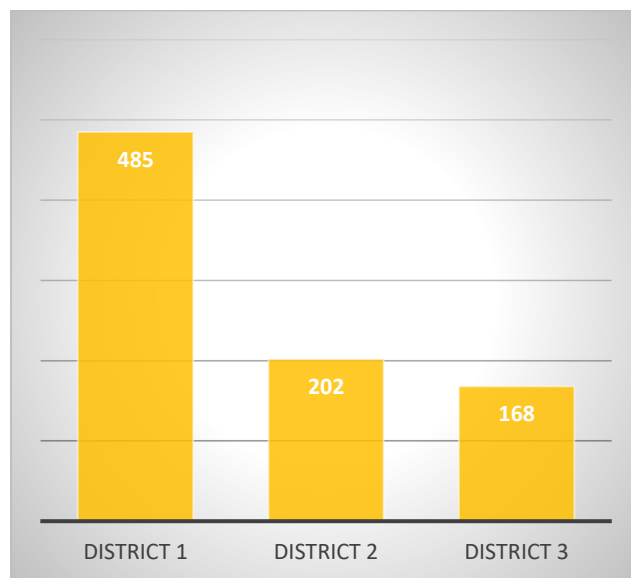
OUTCOMES

Dispatch Data

An additional data point to evaluate perceived need was the extraction of dispatching data for calls marked “#AMRT.” This code was created by Public Safety Communications to note that a call would be appropriate for AMRT. This code was input by call-takers and dispatchers 24/7 to identify the overall need for 24/7 AMRT operations across the city.



	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12 AM	1	5	1	1		1	2
1 AM	2	3	1	1		1	2
2 AM		3	1	3	1		1
3 AM		3	2	1		1	3
4 AM	1			1			
5 AM		2	1	2		1	1
6 AM	2	2	4	4	1		
7 AM	1	3	2	5	3	1	4
8 AM	4	12	8	7	8	5	3
9 AM	7	14	10	3	3	11	7
10 AM	16	8	7	6	4	11	5
11 AM	9	15	9	8	10	11	9
12 PM	10	10	11	19	12	6	11
1 PM	8	14	7	13	6	6	8
2 PM	5	17	12	4	4	5	14
3 PM	5	8	13	8	4	6	6
4 PM	6	6	11	5	6	5	6
5 PM	5	5	9	8	6	4	6
6 PM	2	9	13	12	1	9	11
7 PM	6	8	3	10	5	6	6
8 PM	6	8	4	4	2	1	4
9 PM	7	7	9	4	1	2	3
10 PM	4	5	1		2	3	7
11 PM		6	3	1	3	4	2



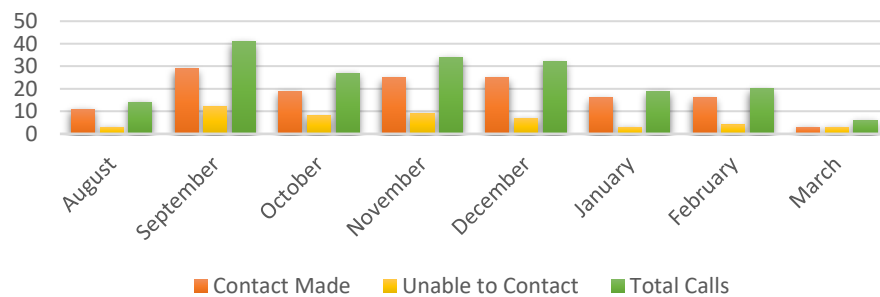
As of 3/12/2022, dispatch identified 893 calls for service where an AMRT response would have been appropriate. It is estimated that this number is likely higher as data rely on call-takers discretion. Calls were identified across almost all hours of the day, 7 days a week in every police district, showing a significant need for 24/7 city-wide AMRT operations.

Demographic Data

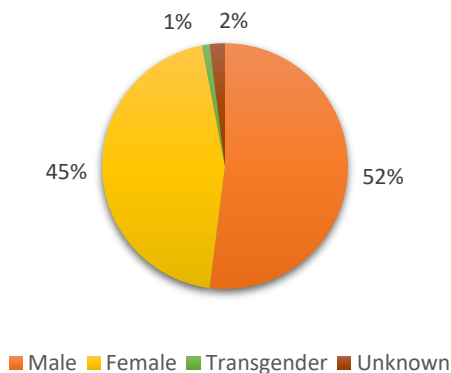
"I want to thank you for the amazing job in getting my daughter to comply with getting into the ambulance to be taken to the hospital for stabilization. I cannot thank you both enough. All that week no one was able to convince (her) to get into an ambulance. Wow, I was so amazed. Again, I thank you both sooo much. I would recommend you both for the excellent communication with me, the mom, and her provider, and most of all the communication with my daughter to agree on going to the hospital. Wow just amazing work with mental status."
-AMRT client's mother

The AMRT team, comprised of one paramedic and one licensed mental health professional, was successfully able to respond to 187 calls for service within a 6-month period, reaching individuals from a variety of backgrounds for a multitude of circumstances.

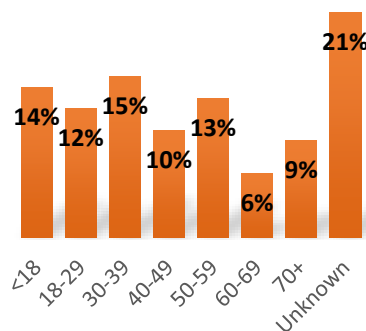
AMRT Calls Responded To



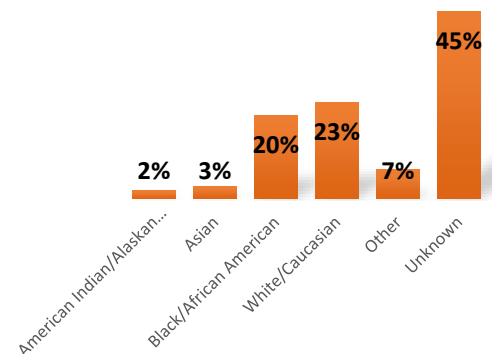
Client Gender



Client Age



Client Race



The average demographic for an AMRT client was that of an 30-39 year-old Caucasian male. It should be noted that there were a number of calls for service where no individual was contacted due to the client having left prior to arrival/ call was cancelled. This was a barrier in demographic data collection due to the inability to track gender identity, age, or race of a client that was not physically contacted by the AMRT.

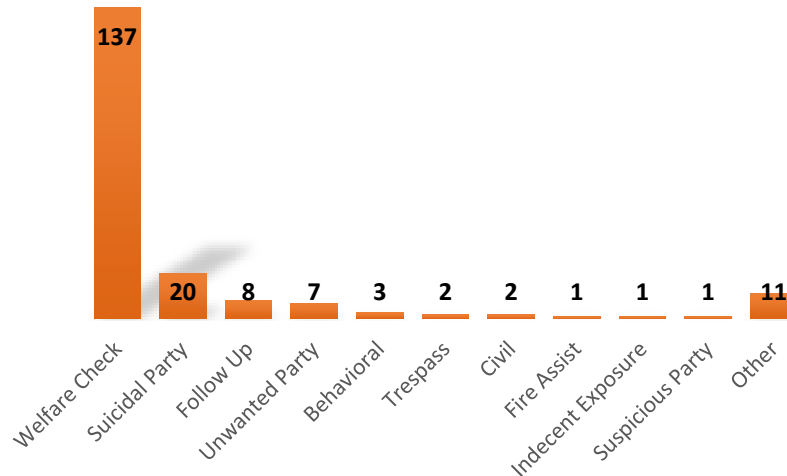
Analysis of call data also showed:

- (1) 13% of individuals contacted by the AMRT were identified to be experiencing homelessness
- (2) 14% of clients contacted by the AMRT were already enrolled in behavioral health services prior to AMRT contact.
- (3) 5% of individuals contacted by the AMRT became enrolled and actively participated in on-going behavioral health services after initial contact with the AMRT. This is seen as a major success as the team does not currently have a case management component and was still able to guide clients towards on-going care.

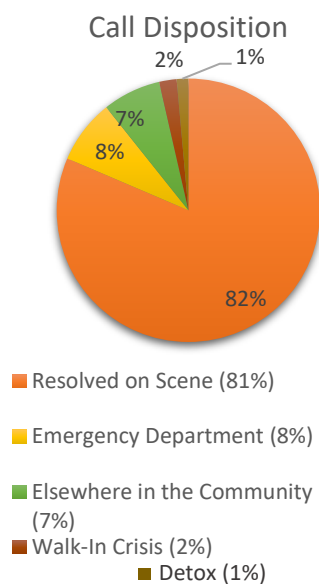
Call Types and Outcomes

Call types are assigned by City of Aurora Public Safety Communications call takers. The AMRT responded to 187 calls for service within a 6-month period. The predominant call types were welfare check (N= 137), suicidal party(N=20), follow up/outreach (N=8).

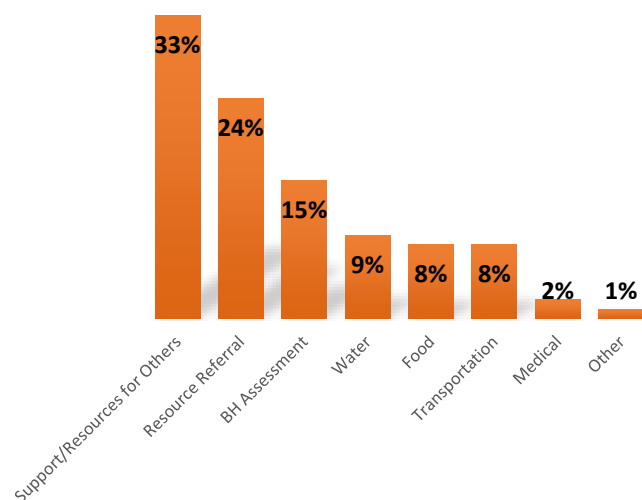
Call Types Responded To



Of the 187 number of calls, a majority of calls were resolved on scene (81%), meaning that the AMRT was able to avoid utilizing a higher level of care (emergency departments) by successfully de-escalating the individual and ensure that the client was safe to remain in the community. The AMRT transported 8% of clients to an emergency department for either mental health or medical concerns and 2% of clients were fit for a less restrictive mental health intervention, the “Walk in Crisis Center” which is provided by Aurora Mental Health Care. A function of the AMRT is offering courtesy transports and approximately 7% of clients were transported elsewhere in the community, and 1% of clients were transported for detoxification services. The top three types of assistance provided by AMRT staff were support and resources for others (33%), resource referrals (24%) and behavioral health assessments (15%).



Assistance Provided



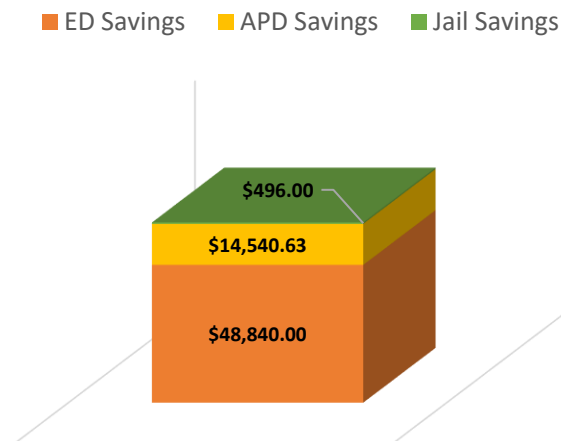
Diversion

A primary goal of the AMRT is to alleviate the strain on public safety partners, emergency departments and the criminal justice system through quick, trauma-informed response to low intensity calls for service. By diverting calls away from law enforcement, fire rescue, emergency departments and jails, AMRT saves the Aurora community time and money. Throughout the pilot period, the AMRT has been able to successfully divert clients away from the inappropriate use of the previously mentioned resources.

AMRT prioritized building relationships and trust with its public safety partners, which prompted public safety officials to utilize the AMRT in day to day operations. Aurora Police Department has recognized the AMRT as a resource and has requested an AMRT response 42 times throughout the pilot period. When AMRT responds to a request for service, AMRT assumes care and allows police officers to go back into service. The AMRT has been the primary and sole response to 145 calls for service that historically would have elicited a police response. This has permitted officers to focus their time and energy toward life-saving and criminal calls for service as intended.

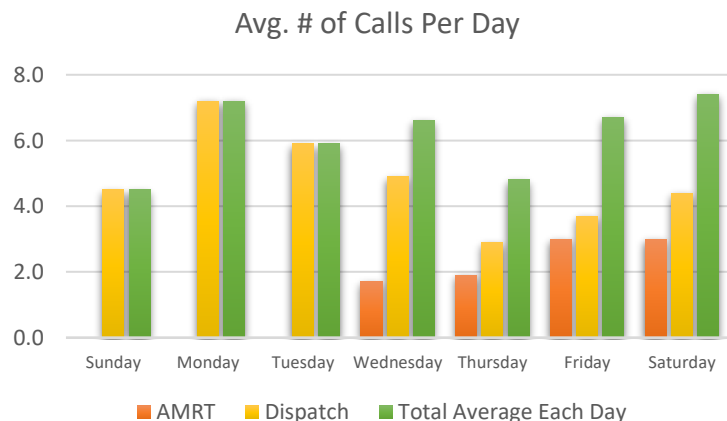
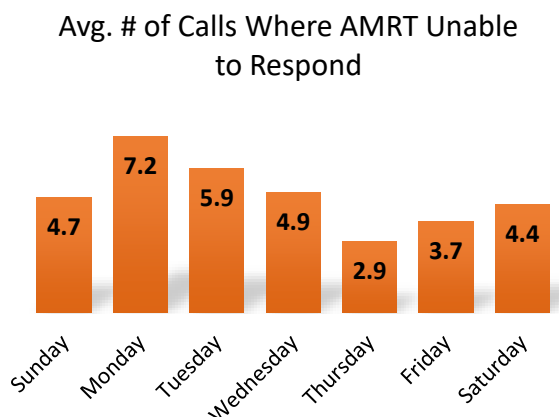
AMRT was also able to divert 12 individuals away from the emergency departments by administering medical care and through behavioral health assessments and intervention. The AMRT also assisted in mitigating new trespassing offenses for two clients through resource referral and courtesy transport.

From the reallocation of police, emergency department and other criminal justice resources, the AMRT accumulated a cost savings of \$63,876.63 from August 25, 2021 – March 12, 2022.



Unmet Need

AMRT currently consists of one team that provides coverage to police district one Wednesday through Saturday, 10AM to 8PM. While the team has alleviated some of the call volume strain, there are a significant amount of calls city-wide that are continuing to fall under the responsibility of Aurora Fire Rescue and the Aurora Police Department.



SUMMARY

Success

The Aurora Mobile Response Team pilot period thus far has yielded favorable outcomes to include:

- (1) Cost savings through diversion away from and the appropriate reallocation of emergency departments, jails and police and fire resources.
- (2) Numerous calls successfully responded to solely by AMRT that did not require additional police assistance.
- (3) A percentage of individuals connected to on-going behavioral health services after initial AMRT contact.
- (4) No client contacts resulting in new criminal charges or jail stays.
- (5) Positive relationships within the Aurora community and its public safety partners.

Recommendations

While the AMRT program has produced favorable outcomes, there is still a significant need across the city throughout all hours of the day. Police, Fire and other public safety agencies are tasked with responding to nonviolent, non-criminal calls for service that would be more suitable for a behavioral health-medical response. Hundreds of calls across almost all hours of the week went unanswered by the AMRT due to minimum staffing. The AMRT also does not include a follow-up or case management component to its services. Follow up services post crisis intervention have shown to help mitigate future crises for an individual and is considered best practice within crisis care.

Additionally, the AMRT is known within its community, but public safety respondents of the perception survey identified needing further education on the program. It can be inferred that the community would also benefit from additional communications about the AMRT program.

To most appropriately respond to the need within the community, it is recommended that the Aurora Mobile Response Team:

- (1) Increase staffing to create additional units to provide coverage for additional days and hours of the week.
- (2) Employ case managers to conduct follow up services to further assist individuals in accessing community resources.
- (3) Deliver additional trainings, communications, and other informational details to public safety partners and the community.