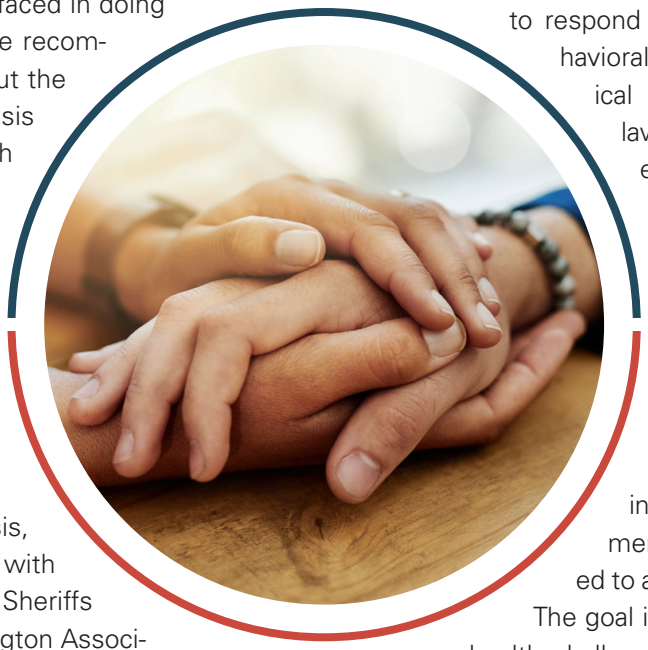
Training Needs for Co-Response Programs: Future Directions

CROA
CO-RESPONDER OUTREACH ALLIANCE

ISSUE BRIEF #2

INTRODUCTION

In 2022, Washington State Senate Bill 5644 called for a landscape analysis of Washington co-response programs by the Co-Responder Outreach Alliance (CROA) and the University of Washington School of Social Work (UWSSW). The purpose of the analysis is to describe the field of co-response as it exists in Washington State today, including barriers that are faced in doing field response work, and to make recommendations to policymakers about the ways in which we can improve crisis response for individuals living with behavioral health issues. From the landscape analysis, a series of issue briefs are being created to highlight key findings and recommendations. In this issue brief, results related to training needs and a proposed plan are shared.



To complete the landscape analysis, CROA and UWSSW partnered with the Washington Association of Sheriffs and Police Chiefs and the Washington Association of Fire Chiefs to conduct a brief survey of co-response programs across Washington. There was nearly 100% participation among identified programs. The survey was analyzed using R software-(4.2.3) and a map of co-response programs was created in Tableau. In addition, UWSSW conducted key informant interviews with 48 first responders and behavioral health professionals who are either managing co-response programs or responding to calls in the field. A thematic analysis was completed to characterize their perspectives in response to a series of semi-structured interview questions.

DEFINITION AND CURRENT LANDSCAPE OF CO-RESPONSE PROGRAMS

Co-response programs are embedded within the emergency response system in some counties and cities. They are partnerships between **first responders** and behavioral health and other **human services professionals** to respond to calls for service involving behavioral health issues and complex medical needs. First responders include law enforcement, firefighters, and emergency medical service providers. Behavioral health and other human services professionals include social workers, behavioral health clinicians, community health workers, and/or peer support workers. These partnerships provide in-the-moment crisis response, follow-up, and in some instances, case management, where individuals are connected to appropriate community resources. The goal is to divert people with behavioral health challenges from the criminal justice and emergency medical systems.

Across the 61 co-response programs that were identified as operating during 2022, **programs report over 445 full-time equivalent (FTE) positions in co-response programs across Washington**. Most behavioral health and human services professionals who are part of co-response programs are employed by the first-responder agency or local government (62%), while less than a third are employed by a behavioral health agency (29%). Most professionals also arrive at emergencies in the same vehicle as a law enforcement officer or firefighter/EMT (67%).

TRAINING NEEDS

For co-response program staff to be effective in the field supporting people experiencing behavioral health emergencies and other emergent health needs, it is vital that they have access to high-quality training, that there are standards in place for program operations, that model protocols and policies exist, and there are opportunities to build regional coordination. Regional coordination needs to occur not only within the emergency response system, but within the 988-led crisis response system and among entities providing treatment, housing, and social services. In WA State, infrastructure to encourage cross-system collaboration currently does not exist.

As a result, every co-response program conducts training differently, operates differently, and experiences different levels of regional coordination. This does not mean that co-response services are ineffective but, rather, that there is a great need for standardization in training and field response practices and for organizing regional systems. There is a wide-open opportunity to improve system coordination across the emergency response system as well as the emerging 988 crisis response system.

Interviewees in co-response programs across the state spoke to these needs. Their responses were consistent and allowed for a proposed statewide training strategy for crisis responders to emerge. Interviewees discussed the need for training across the following four domains as described by Figure 1:

- CORE training
- Discipline and population-specific training
- Program-specific training
- Regional/ resource-oriented training

CORE TRAINING

CORE training is basic training for 911 responders responding to behavioral health calls, whether as a first response, secondary response, or doing follow-up. CORE training is what every first responder and co-responder needs to know to practice competently, compassionately, and safely in the community. CORE training was envisioned by interviewees as something that is provided by a government or a private contracting entity that is based on current best practices, and principles of adult learning, and provides evaluation for training services. Importantly, CORE training must include responders who are currently working in the field, in terms of the planning for and the delivery of training. A certificate program was also envisioned perhaps, tied to a University (ies).

Within the CORE training, interviewees discussed the need to adopt a strong foundational theory or roadmap. This foundation is important because it will help participants during training to organize relevant information, knowledge, and skills to create a context for understanding phenomena and to improve training recall. Theory also helps to explain how human behavior is organized, in this case, around 911 calls for service, thus, aiding in organizing relevant information, skills, and knowledge about that phenomenon. This is in contrast to training that is focused on multiple topics or modules without any organizing thread. Key elements of CORE training would include, but are not limited to: behavioral health and substance abuse identification and field response, situational awareness, safety and communication, strategies for follow-up, relevant state behavioral health laws, cultural competency, managing secondary trauma and suicide prevention skills in the field.

A key component of CORE training is that program supervisors are trained and remain up-to-date with CORE training modules so that they can coach co-responders in the skills they learned until they are fully engrained in practice.It's also vital that CORE training modules provide ample opportunities for people to study and practice the skills, ideally practicing until they achieve competency in the skills so that they can retain the new practice.

DISCIPLINE AND POPULATION SPECIFIC TRAINING

Discipline and population-specific training was a concept that emerged during the interviews as training that fills in gaps that are needed in field response for behavioral health emergencies that are not taught during basic training, graduate school, or during CORE training. Discipline and population-specific training enables the responder to deliver services in the field in way that is congruent with their professional culture and with the communities that they serve. Discipline and population-specific training helps the responder feel empowered and supported in their professional development and in feeling responsive to the specific cultures that are prevalent in the communities they serve. For example, behavioral health professionals could benefit from additional training in brief interventions such as safety planning or cognitive behavior concepts for anxiety and psychosis. Fire/EMS co-responders could use additional training on anti-psychotic medications and medication-assisted treatment for substance use. Training on veterans, youth, and specific cultures can help to inform the day-to-day work of field responders serving these communities. Discipline and program-specific training should be informed by self-direction and be compensated, allowing staff to develop their skill sets in ways that are consistent with their professional orientation and bring added value to their role on their co-response team.

PROGRAM SPECIFIC TRAINING

This is training that is provided by the agency where the co-response program is based, is specific to the program model, policies and procedures, agency requirements, and work cultures. It is necessary to: onboard employees, support first-response and co-response collaboration, teach program technology, documentation, and evaluation needs, and monitor progress to increase program performance. Currently, most programs need to grapple with developing their policies and procedures from scratch. It would be helpful if there was a library of sample policies and procedures that could be modified based on programmatic differences. There are myriad strategies for programs to promote wellness among first responders and co-responders. This will be the subject of a future issue brief.

REGIONAL COORDINATION CREATES OPPORTUNITIES FOR COLLABORATION

Opportunities created by convenings and time spent cross-training across programs and learning about available resources are essential to mitigating the fractured, siloed systems of care delivery that are currently serving people with behavioral health and other social service needs in Washington State. Regional coordination was identified as a high need in the key informant interviews. Regional coordination is critical to learning about available local resources in the human and social service fields, developing collaborations across the 911 and 988 crisis delivery systems, arranging for MOUs with organizations, streamlining referrals for clients for information-sharing purposes, and as a way for programs to learn from each other. Regional coordination can also promote greater system accountability and transparency.

Interviewees felt that there needs to be an entity taking the lead on regional coordination for crisis and emergency response to behavioral health issues. Interestingly, the *Behavioral Health Administrative Service Organizations* or the BH-ASOs were not mentioned consistently by key informants as the entity that should be creating opportunities for regional coordination. BH-ASOs (RCW 71.24.025) are entities contracted with the Health Care Authority to administer behavioral health services and programs under RCW 71.24.381, including crisis services and administration of chapter RCW 71.05, the involuntary treatment act, for all individuals in a defined regional service area. The fact that the BH-ASOs were not always mentioned as the logical regional coordinating body by interviewees was not surprising because historically, crisis services for behavioral health and emergency response systems have operated distinctly. There is an important opportunity for improvement in regional collaboration and coordination in Washington State to meet behavioral health needs.

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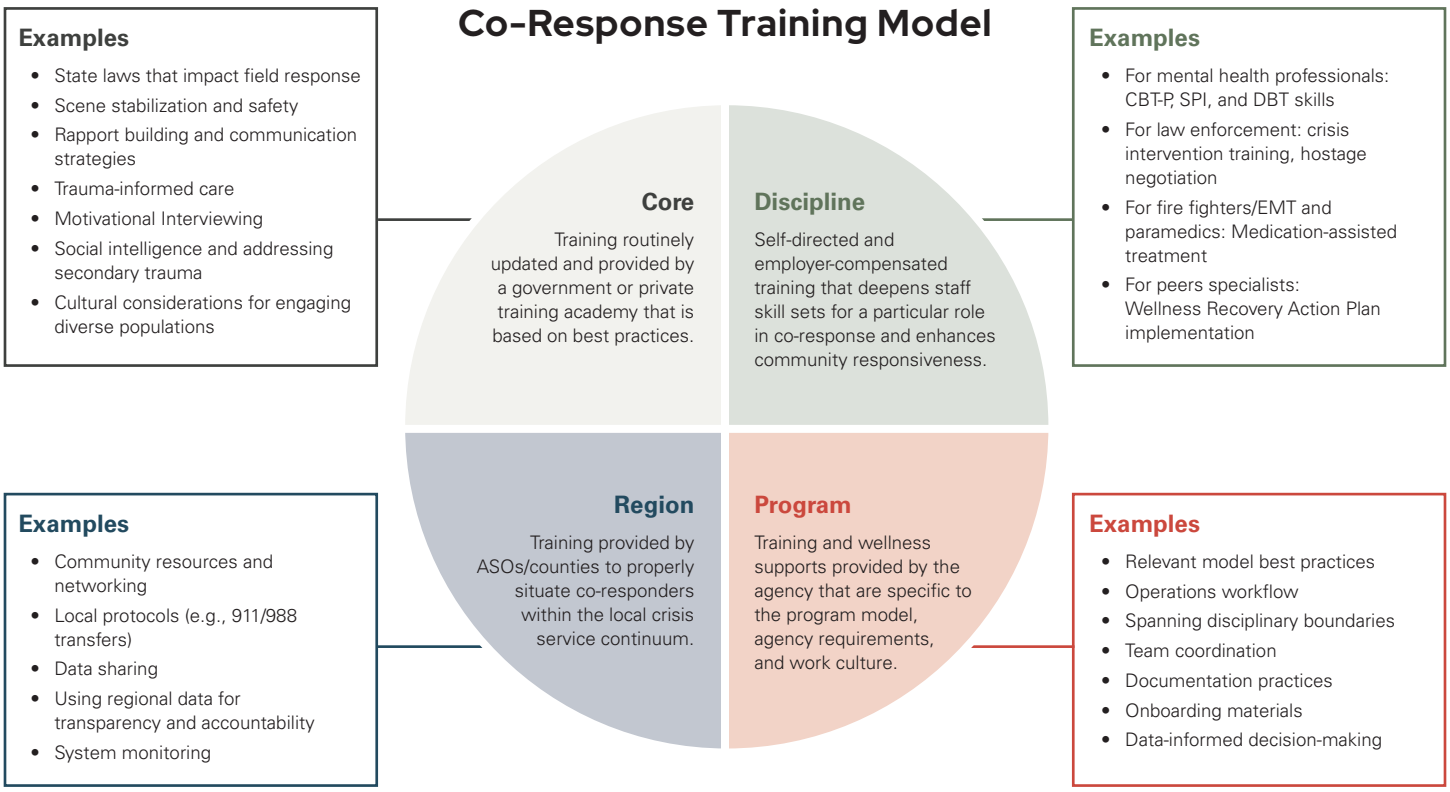
Figure 1. Domains for Co-Response Training



NEEDS OF FIRE/ EMERGENCY MEDICAL SERVICE RESPONDERS

According to the U.S. Fire Administration, only 4 percent of all reported fire department runs are fire-related. Most of the remainder are calls involving health and behavioral health. All firefighters in WA State are certified emergency medical technicians or EMTs and are responding to these calls today with little to no training in behavioral health. Co-response programs bring behavioral health expertise to fire departments and help equip firefighters and EMTs to respond to these kinds of calls. EMTs have a great need for behavioral health training, and would also benefit from the CORE training, customized for their discipline.

TRAINING RECOMMENDATIONS

With the input provided by the landscape analysis at the forefront, the following are proposed recommendations to develop training for co-response in Washington State.

1

Develop training sites to offer CORE training within state BH-ASO regions. These training sites will offer CORE training to co-responders and to emergency medical service personnel. The Criminal Justice Training Commission (CJTC) currently prepares law enforcement for behavioral health-related field response. There is no training equivalent for co-responders and emergency medical service personnel.

- Pilot three regional training sites during the 2023-2025 years and develop the CORE curriculum with the input of an advisory board. The training sites will be based in fire departments that house co-response programs so that two unmet training needs can be filled specifically, for co-responders and emergency medical service personnel.
- The CORE training should be developed in collaboration with UW SSW, CROA, and an advisory board of co-responders some of whom can become future trainers of the curricula. Adaption of CORE training for Fire/ EMS and for peers is envisioned in the future.
- The UW SSW should consider offering a training certificate for the CORE training program and find ways to make it available to MSW trainees in the five schools of social work across the state.

2

The UW SSW and CROA will continue to offer an annual conference focused on making discipline and population-specific trainings available to anyone in the co-response or crisis response fields.

3

CROA develops a library of resources for program-specific training to host on its website for use by co-response programs with critical topics to be shared at quarterly member meetings.

4

CROA should consider becoming an organization that accredits new co-response programs, with completing of the CORE training as being one of several accreditation standards.

5

The BH-ASOS should become the entity responsible for convening the regional crisis care continuum inclusive of the emergency medical system and 988-led behavioral health system. The goal is to increase collaboration, efficiency, transparency, and accountability for the delivery of emergency and crisis response services throughout the region.

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