

CASE
STUDY

Police-Clinician Co-Response Calms Campus Mental-Health Crises

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Frank Zyskowski and Tiffany Bellesi are an officer/clinician pair with the University of Florida Police Department. The university's co-response teams have diverted about 57 percent of cases away from hospitalization and toward outpatient and other care.

If a college student has a mental-health crisis, a uniformed, armed police officer knocking on the door might not be the most comforting, constructive response. It can escalate tensions, leading to panic, misunderstandings, or unnecessary forcible hospitalization or arrest. Often a better course is empathetic listening, calm diagnostic screening, and efficient connection of the student with campus counseling, medical, and other resources.

That's why an increasing number of colleges are instituting co-response programs that pair campus police officers with clinicians to handle wellness checks and other mental-health-related calls.

Municipal police departments have experimented with such programs since the 1970s and started to increase and formalize them in the early 2000s, explains Sarah E. Abbott, a pioneer in the field and director of the Center for Crisis Response and Behavioral Health at William James College in Newton, Mass. Co-response has become even more common in city and county departments since the societal turbulence around George Floyd's murder in 2020

raised awareness of the need for alternative approaches to public safety.

The trend is international, with Australia, Britain, Canada, Ireland, and New Zealand among particularly active countries, Abbott says. She is a board member of the International Co-Responder Alliance, founded in 2021, and in just those few years attendance at its annual conferences has grown from about 100 to roughly 1,000 expected at the next meeting, in Atlanta, in June 2025.

Among factors spurring colleges to follow municipal departments' lead and adopt co-response strategies are wariness toward aggressive policing, fears of racial bias among officers, and the vulnerability of young-adult students adapting to new surroundings and stresses. The University of Florida, the Johns Hopkins University, Oregon State University, and the University of Pittsburgh are only a few of the institutions experimenting with the approach in recent years, and many more have taken note and are piloting similar strategies. (Leaders of early campus co-response programs even wrote a free program-development [guide](#).) Demand appears strong. For instance, Hopkins, since starting its

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Behavioral Health Crisis Support Team program in October 2021, had provided 572 responses as of mid-September 2024, almost all of them for students.

Because the college co-responder programs are in early phases and vary in how they're organized, national statistics are scarce. But recently the Center for Collegiate Mental Health, which is based at Pennsylvania State University and comprises an 800-plus-college network, included co-responder questions in its annual membership survey for the first time. CCMH's director, Brett E. Scofield, says that the center's yearly report, in January 2025, will show that among member institutions in the 2023-24 academic year, 15.8 percent used a co-responder model. Of those co-response teams, 69.9 percent dispatch a mental-health worker employed by the college's counseling center as the clinician.

Social workers are also frequent co-response clinicians. Whether counselor, social worker, or some other type of first responder, these personnel receive special crisis-intervention training. Depending on circumstances, they might respond to a call alone or they might be partnered with a sworn officer — that is, one authorized to carry a firearm and make arrests. Those sworn officers opt into the teams and generally receive special crisis-intervention training of their own. Ideally, the police-clinician partners build trust and, depending on the nature of the call, can decide quickly at the scene which of them will take the lead.

CO-RESPONSE IN ACTION

Meggen T. Sixbey, assistant director of the University of Florida's police department, oversees its Behavioral Services Division. She was trained as a marriage and family therapist, also worked in suicide

prevention and other crisis response, and served as associate director of the UF counseling center.

Since 2021, with the police rank of major, Sixbey has overseen the UF co-responder unit, consisting of two clinicians and eight police officers. Co-response pairs work eight- or 10-hour shifts, providing the service Monday through Friday from 10 a.m. to 2 a.m. for the campus of about 60,000 students, 25,000 employees, and an additional 15,000 UF hospital and related medical personnel.

The UF police had long worked in conjunction with the counseling center, Sixbey says. But especially after George Floyd, not having clinicians in mobile units to respond in the moment was a glaring gap. Officers who opt in to the co-response teams aren't doing it for the extra \$18 a month, says Sixbey, but because "they believe in the purpose of this, the mission and vision of it." They undergo 75 hours of special training and, in some cases, attend the annual ICRA conference.

At first the officers were a bit cool toward the clinicians and didn't call on their services that often, says Sixbey. But soon the officers came to understand that the program helpfully complemented their skills and freed them up to focus on core policing duties. With experience, the officer-clinician teams became more comfortable responding to calls. Word of the co-response teams also spread among students, faculty, and staff, who began sometimes requesting them specifically. So while the teams responded to 100 calls during the 2022-23 academic year, they responded to more than twice that, 215 calls, from January to September 2024.

Among college students, percentages of anxiety, depression, and suicidal ideation remain alarmingly high, and many students come to college with histories of psychiatric



PHOTO COURTESY OF THE U. OF PITTSBURGH

When students need and voluntarily admit themselves for hospitalization, the U. of Pittsburgh's Higher Education Assessment and Response Team transports them in low-key and reassuring ways.

treatment and medication. The literature shows that forced hospitalizations in times of crisis generally are not the best solution, says Sixbey. UF statistics indicate that the co-response teams diverted about 57 percent of cases away from hospitalization and toward outpatient and other care.

"I think it's the next wave of policing," Sixbey says, "especially for higher education."

The University of Pittsburgh's Higher Education Assessment and Response Team, through 2022 and 2023, fielded about a third of the 455 wellness checks on the university's main campus. About 78 percent of HEART responses, through crisis-assessment screening and follow-up care, were diverted from hospitalization, says G. Alexander Sipe, a licensed clinical social worker and an inaugural HEART clinician. And for students who needed and voluntarily admitted themselves for hospitalization, Sipe says, HEART transported them in low-key and reassuring ways.

In voluntary week-later follow-up surveys, 89 percent of students said they would feel comfortable re-engaging with HEART if the need arose, and 30 percent hadn't interacted with police personnel at all, only the clinician, during the response calls.

Perhaps most important isn't what happened but what didn't happen in those HEART responses. There were, says Sipe, zero injuries, zero criminal charges, zero arrests — and zero involuntary commitments to the hospital initiated by HEART.

When Anthony Morgan became Bucknell University's chief of public safety in 2022, he met with some of the campus's then 3,800 students and they urged him to hire unarmed personnel to ratchet down student-officer tensions. Within six months, Morgan instituted a community-service-officer program to supplement public safety's sworn officers. Now, from 6 a.m. to 2 a.m. seven days a week, four community-service officers supplement about 14 sworn officers.

The community officers mostly check on students whom family or friends are worried about, but they might also respond to noise complaints, requests for safe escorts, or when students are locked out of their residences. When students have required psychiatric hospitalization, Morgan says, only community-service officers have been involved because the students went voluntarily.

The community-service officer program costs \$235,000 out of an overall public-safety budget of \$2.1 million. Of 12,581 calls overall, the department responded to 75 mental-health calls in 2023, Morgan says. It's only one aspect of the department's recent efforts to establish good relations with students — others include “coffee with a cop,” an officer-vs.-student volleyball match, and co-patrols by a highly photogenic therapy dog named Digger, otherwise known as Deputy Diggs.

PROSPECTS AND LIMITATIONS

Co-response strategies have a good reputation and are supported by evaluation research, says Shea W. Cronin, an assistant professor of criminal justice at Boston University, but the approach is new and varied enough on campuses that it needs a lot more study. Meanwhile, it's not all or nothing and colleges can experiment with the elements that seem most promising for their circumstances, Cronin says.

For instance, they might pilot co-response during time periods or in parts of the campus that have seen the most wellness checks and similar mental-health calls to police. Or they might intensify crisis-intervention training for all officers — which a lot of colleges already do — so that



PHOTO COURTESY OF HENRY QUI '23, BUCKNELL U.

Therapy dog Digger, aka Deputy Diggs, co-patrols with public-safety officers and is a popular part of the department's efforts to improve relations with students at Bucknell.

the officers have a better understanding of racial tensions, LGBTQ+ student perspectives, and the needs of mentally ill, neurodiverse, and disabled students. Even without clinician partners, that training helps officers handle mental-health crisis calls more tactfully and effectively.

“To have the capacity to respond safely, effectively, and flexibly as needed is what undergirds the entire movement,” says Kurt Michael, a psychologist, an emeritus professor of psychology at Appalachian State University, and senior clinical director of the Jed Foundation, an influential suicide-prevention and mental-health organization. However, budget constraints and a limited clinician hiring pool, especially in rural areas, hinder co-response’s growth among colleges.

That problem, however, is also an opportunity, experts point out — to expand psychology and social-work programs to include more mobile crisis work experience.

“I would love to have pockets of institutional training and standardized curricula to inspire the next generation,” says William James College’s Abbott. “Many clinicians still don’t know this is a job.”

And it’s a job in demand — not just at colleges. Abbott says there are 25 openings for mobile co-response clinicians in Massachusetts alone.

Another hesitation toward co-response at colleges can come from the general counsel’s office. Attorneys understandably worry about the liability involved in having unarmed respondents go into potentially threatening situations. Abbott and Michael

say they don’t minimize those legal concerns. Sworn or community officers and clinicians can never know exactly what kind of situation they are walking into. But there are tradeoffs, and the risk of escalation if you don’t have a well-managed co-response program carries its own liabilities.

Overall, says Abbott, if colleges have the resources to start an effective co-response program, they should.

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“We have a significant mental-health problem with our youth,” says Abbott. According to the 2024 Healthy Minds study, 38 percent of undergraduate students experience moderate to severe depression, 34 percent moderate to severe anxiety, and 13 percent suicidal ideation. While an improvement over two years ago, those figures remain worrisome. It’s not only students with chronic mental-health conditions, Abbott says — college’s academic, social, and romantic stress can cause episodic depression and anxiety in any student.

“It’s fertile ground for a co-responder program on a college campus,” she says. “It just makes sense.”

Questions or comments about this report? Email us at ci@chronicle.com.

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