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# Strategic Scan #3

Community Needs and  
Co-Responder Programs: Goals,  
Design, and Data

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# Overview: Co-Responder Programs

Fire departments across the United States (US) are increasingly responding to community needs that extend beyond traditional emergency incidents. Behavioral health crises, repeat 9-1-1 callers, emergency department overuse, and gaps in existing social and health services have become persistent challenges for many jurisdictions. In this context, co-responder programs that pair first responders with clinicians, social workers, or other human services professionals have emerged as a promising approach to address complex community needs.

The purpose of this Strategic Scan is to provide a snapshot of how local governments are engaging with these programs, the challenges driving their development, and key considerations shaping program design and sustainability. Data for this Strategic Scan were gathered in January and February of 2026 from fire chiefs representing agencies accredited by the Center for Public Safety Excellence® (CPSE®) Commission on Fire Accreditation International® (CFAI®), as well as those holding the Chief Fire Officer® (CFO) credential from the CPSE Commission on Professional Credentialing® (CPC®). As with prior Scans, the findings are not intended to be representative of the fire and emergency service as a whole, but instead offer insight from leaders who are highly engaged in assessing community needs and planning and creating targeted community risk reduction programs.

Results indicate that nearly half of responding fire chiefs currently operate, collaborate in, or are actively planning a co-responder program. Behavioral health crises, repeat callers, and gaps in social or health services are notable as the most significant drivers of interest in these models. While many departments report positive momentum and program expansion, respondents also identified substantial challenges related to long-term financial sustainability, staffing and workforce capacity, legal and regulatory authority, and demonstrating return on investment. Together, these findings highlight both the growing role of co-responder programs and the complexity of integrating them into the fire and emergency service.

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## Survey Respondents

**Total distributed:** 804  
**Responses:** 149  
**Response Rate:** 18.5%  
**Total Designated CFOs:** 106  
**From Accredited Department:** 85

## Service Area Characteristics

**Population:** 1,500 – 2.2 million  
*Median:* 55,000  
**Square Miles:** 0.7 – 1,704  
*Median:* 43.7  
**Density** (pop. / sq. mi.): 10.4 – 12,222.2  
*Median:* 1,804.12

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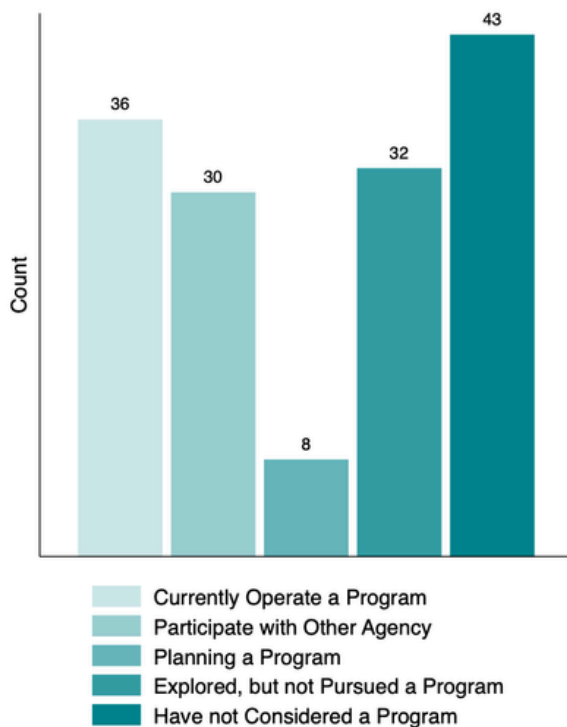
## Co-Responder Program:

“[A] multidisciplinary partnership between first responders and human services professionals responding to emergencies involving behavioral health crises and complex medical needs.”

*Wash. Rev. Code § 71.24.025*

## Co-Responder Program Involvement

Involvement in a Co-Responder Model



Fire chiefs were asked about the extent of their current involvement in providing a co-responder program for their community. Approximately **44%** of respondents either operate a co-responder program, or participate collaboratively with another agency in providing a program. An additional 5% of respondents are actively planning a co-responder program. Together, nearly half of all responding fire chiefs operate, participate in, or are planning a co-responder program. Just over 21% of fire chiefs have explored a co-responder program, but not pursued the program, and just under 29% have not considered a program.

**49% of responding fire chiefs have or are developing a co-responder program.**

# Drivers of Interest in Co-Responder Programs

Respondents who **currently operate** a co-responder program, **collaborate with another agency** to deliver a program, or are **planning a program** were asked several questions about community challenges, contextual issues, program goals, and the 12-month outlook for their co-responder program.

Three challenges emerged as the most prevalent drivers of developing co-responder programs, including the need to respond to behavioral health crises, manage repeat 9-1-1 callers, and address gaps in existing social or health services; just over **91%** of fire chiefs responded with “somewhat” or “to a great extent” for each of these issues. More than 77% indicated that addressing emergency department overuse was important. Smaller proportions indicated that homelessness or housing instability issues were important in program development (74%), or had a specific focus on safety concerns for first responders as a primary driver (63%).

Community Challenge as a Driver	“Somewhat”	“To a Great Extent”	Combined
Behavioral health crises	30%	61%	91%
Repeat 9-1-1 callers / System saturation	34%	57%	91%
Gaps in existing social or health services	39%	52%	91%
Emergency department overuse	41%	36%	77%
Homelessness or housing instability	38%	36%	74%
Safety concerns for first responders	37%	26%	63%

## Fire Chief Comment on **Communities Needs Assessment**:

“Each agency needs to complete a needs analysis to understand the focus of their program. Not all programs are the same. Not all municipalities have the same issues to address. Create a vision to share with other internal/external stakeholders so they understand the program and how to best support and utilize it.”

# Co-Responder Program Context

Respondents were asked to address a number of contextual factors that are important in shaping co-responder programs including funding issues, legal or regulatory issues, and political or administrative issues.

Nearly half of all fire chiefs (48%) responded with “to a great extent” when asked about the impact that long-term financial sustainability has on co-responder program development; just over 84% responded with the top two categories on that scale. Similarly, demonstrating return on investment (ROI) was also an important consideration, with 78% of respondents selecting the top two scale items. Nearly three-quarters of respondents expressed concerns with identifying startup funding, and just under 70% indicated concerns with reliance on short-term grants for funding co-responder programs. Just over 65% of fire chiefs responded with “somewhat” or “to a great extent” regarding concerns related to cost sharing efforts across organizations or jurisdictions.

Funding Issues	“Somewhat”	“To a Great Extent”	Combined
Long-term financial sustainability	36%	48%	84%
Demonstrating return on investment	39%	39%	78%
Identifying startup funding	42%	31%	73%
Reliance on short-term grants	42%	27%	69%
Cost sharing across jurisdictions / organizations	47%	18%	65%

### Fire Chief Comment on Funding:

“Continuation of funding and showing monetary value and impact to local leaders are the biggest hurdles. They love the program and can see the tangible benefits, but want to see a financial impact. This can be difficult to show for an EMS department because the costs and savings do not readily show themselves. The results are often seen in better patient outcomes.”

Several **legal** or **regulatory** issues emerged as important in considering program development. Of these issues, scope of practice limitations was the most cited, with **57%** of fire chiefs responding with “somewhat” or “to a great extent.” Other issues were similarly impactful, including authority to provide non-transport services (55%) and considerations of information sharing and privacy regulations (53%).

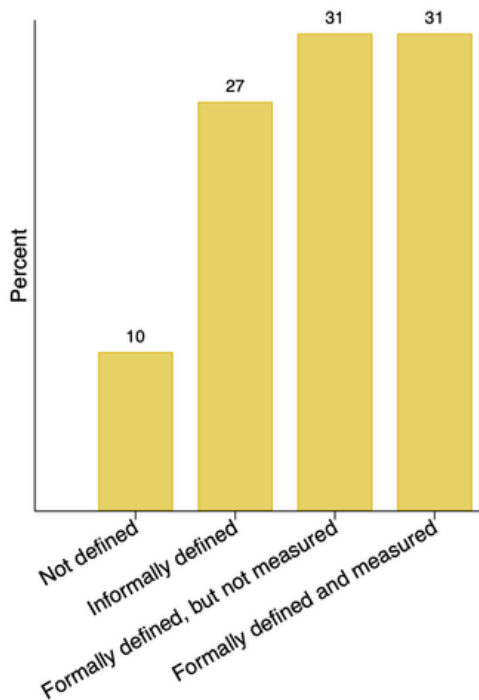
<b>Legal or Regulatory Issues</b>	<b>“Somewhat”</b>	<b>“To a Great Extent”</b>	<b>Combined</b>
Scope-of-practice limitations	42%	15%	57%
Authority to provide non-transport services	40%	15%	55%
Information-sharing or privacy regulations	29%	24%	53%
Licensing or credentialing requirements	39%	10%	49%
Police department roles or limitations	30%	18%	48%

Respondents also noted a focus on several **political** and **administrative** issues. Over half responded with “somewhat” and “to a great extent” regarding concerns about long-term accountability (61%), challenges related to program newness, risk, and innovation (59%), and differing priorities among collaborating organizations or jurisdictions (55%).

<b>Political or Administrative Issues</b>	<b>“Somewhat”</b>	<b>“To a Great Extent”</b>	<b>Combined</b>
Concerns about long-term accountability	44%	17%	61%
Risk tolerance for program innovation	41%	18%	59%
Differing priorities across jurisdictions / organizations	35%	20%	55%
Public perception of program purpose	20%	24%	44%

# Co-Responder Program Goals

Program Goals:  
Improve Behavioral Health Outcomes



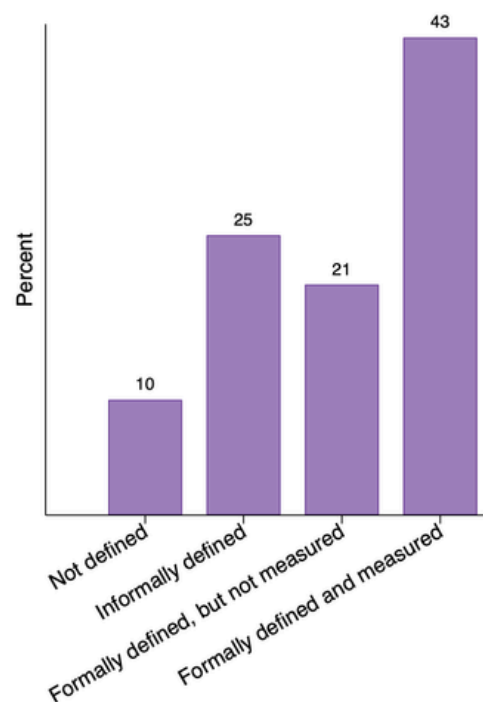
## Behavioral Health

Fire chiefs were asked about the formality and definition of co-responder program goals across several areas of community concern. While just over 37% of respondents had not defined program goals related to improving behavioral health, more than 62% had created formal programs goals in this area. Of those, 31% have created goals, but do not collect data related to program outputs or outcomes, and 31% have both formally defined the goal and also measure progress towards that goal.

## Repeat 9-1-1 Callers

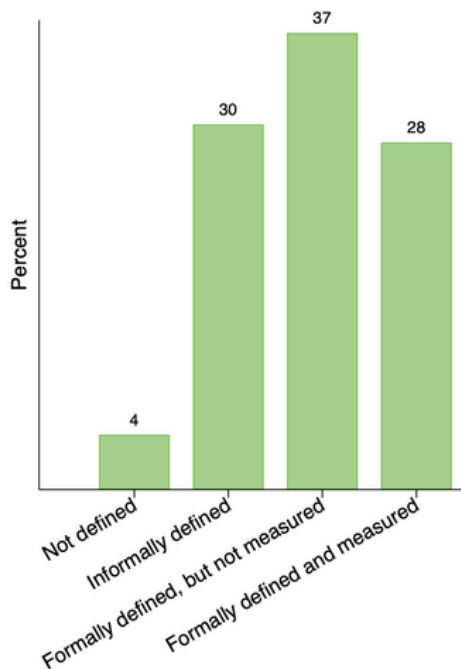
The proportions of fire chiefs who had not defined goals related to reducing repeat 9-1-1 calls, or had only informally defined goals, was similar to goals on behavioral health, with 35% falling in both categories combined. Approximately 64% of respondents have formally defined goals related to reductions in repeat 9-1-1 calls, with the majority of those (43%) falling in the category of being both formally defined and measured as a part of program activities.

Program Goals:  
Reduce Repeat 911 Calls



# Co-Responder Program Goals (continued)

Program Goals:  
Improve Agency Collaboration



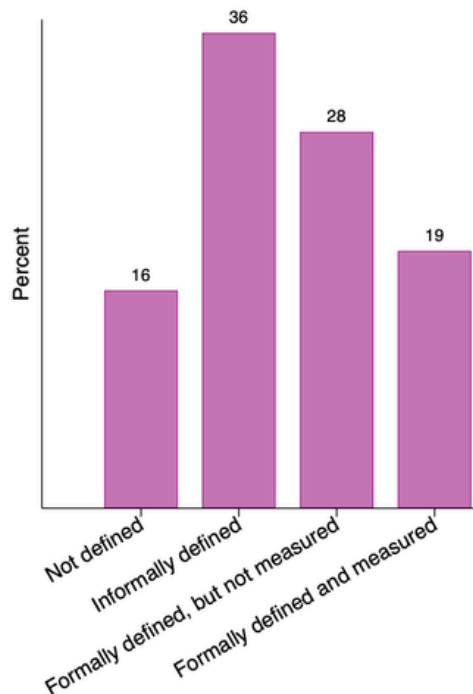
## Interagency Collaboration

Nearly **two-thirds** of fire chiefs reported their goals to improve agency collaboration being either formally defined but not measured or both formally defined and measured. Given the focus on cross-jurisdictional or interorganizational programs, this focus makes sense. Approximately 30% of respondents have created informal goals in this area, while only 4% have not defined any goals related to collaboration.

## Improving Responder Safety

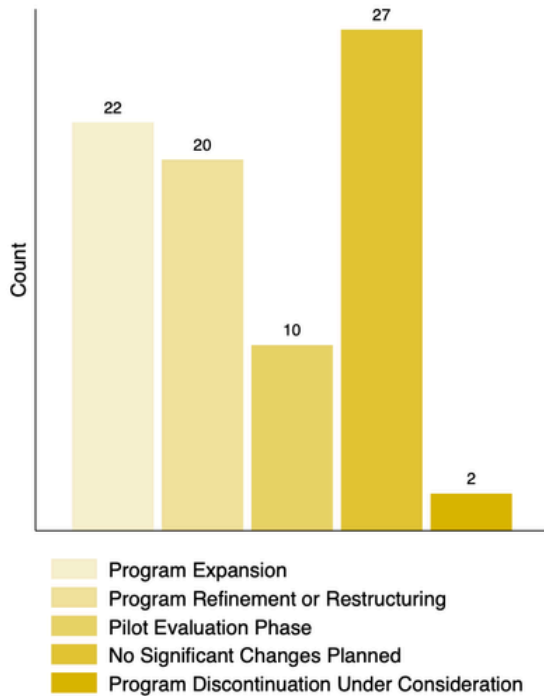
Only **19%** of fire chiefs report both defining and measuring goals related to responder safety, and an additional 28% of respondents have defined goals, but do not measure program outputs or outcomes in this area. More than one third of respondents (36%) had specified informal goals, and 16% have not defined any goals in this area.

Program Goals:  
Improve Responder Safety



# Co-Responder Programs: 12-Month Outlook

Co-Responder Program 12-Month Outlook



## Co-Responder 12-Month Outlook

Fire chiefs were asked about the 12-month outlook for their co-responder program. Nearly **30%** of respondents (22) are expanding their co-responder program, and 27% (20) are refining or restructuring their co-responder program. Just under 14% (10) will continue a co-responder pilot program or start a new pilot program.

Approximately 35% of respondents will make no changes, and just under 3% will discontinue their co-responder program.

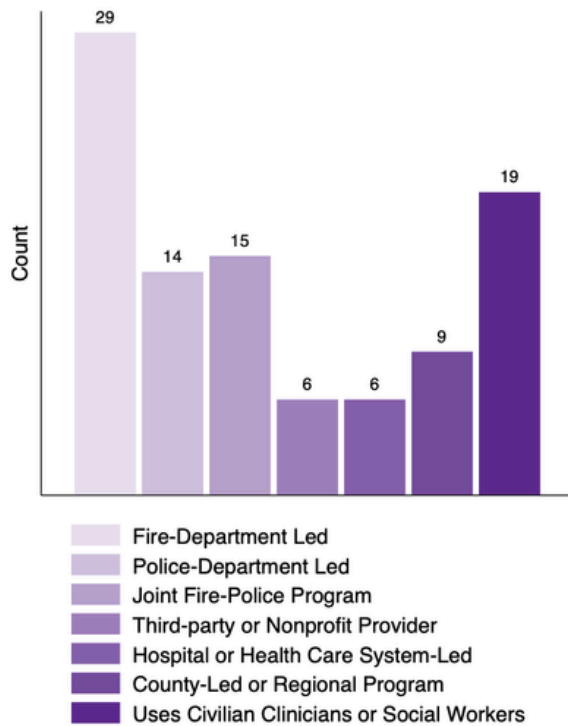


**44% of responding fire chiefs operate or collaborate on a co-responder program**

While the previous data included those planning a program, pages 11-17 include questions only answered by those currently operating or collaborating on a program.

# Co-Responder Programs Design

Co-Responder Program Structure



## Program Structure

Just under **44%** of all fire chiefs who responded that they operate or collaborate to provide a co-responder program noted that the program was fire-department led. Slightly over 21% noted that their jurisdiction’s program is police department-led, while 23% noted that the program is a joint fire-police initiative. Approximately 9% of respondents indicated that they work with either a nonprofit or hospital / health care system, and 14% participate with a county-led or regional program. Nearly 29% of programs use civilian clinicians or social workers.

A total of **26 agencies** indicated more than one choice for organizational structure. Of those, the following were the most common combinations:

Common Structural Combinations	%
Joint Fire-Police Program and Third-Party or Nonprofit Provider	35%
Fire Department and Third-Party or Nonprofit Provider	15%
Joint Fire Department / Police Department Program	15%
Joint Fire-Police Program and Hospital and Civilian Clinicians or Social Workers	8%
Police Department and County-led or Regional Program	8%

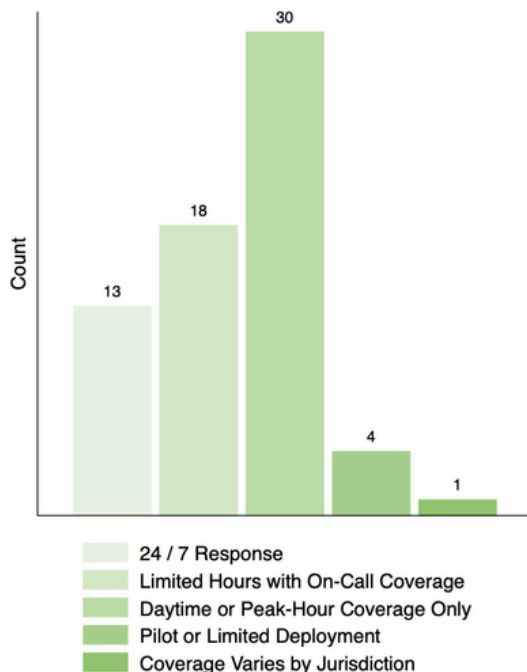
# Co-Responder Programs Design

(continued)

Co-responder programs are highly varied geographic area of coverage. Approximately **45%** of respondents indicated that their co-responder program covers a single jurisdiction, while 38% indicated that their program covers multiple jurisdictions, but within the same county. Just over 13% indicated their program covers a combination of municipalities, counties, or special districts. Only 3% of respondents indicated their program covers multiple counties.

Program Coverage Area	%
Single jurisdiction	45%
Multiple jurisdictions within one county	38%
Combination of municipal, counties, or special districts	13%
Multiple counties	3%

## Co-Responder Program Service Hours



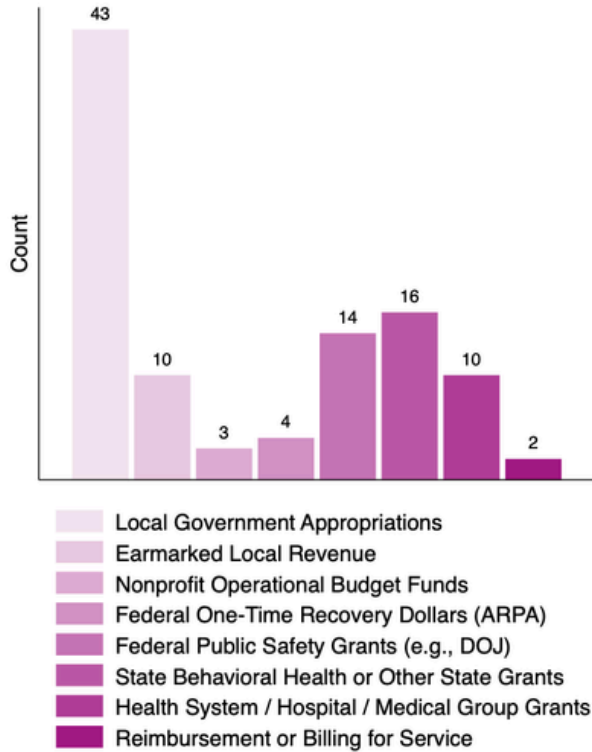
## Program Service Hours

Respondents were asked about co-responder program in-service hours, with a variety of responses from 24/7 coverage to much more limited deployment. Just under **20%** of departments provide 24/7 coverage for their co-responder model.

Approximately 45% of departments provide daytime or peak-hour coverage only, while 33% provide limited coverage via an on-call program or pilot program.

# Co-Responder Programs and Funding

Program Funding Sources



## Program Funding Sources

The vast majority of programs represented here are funded by appropriations from the authority having jurisdiction, with **65%** indicating that funding comes from local government appropriations. Other sources of funding included grants from state agencies, federal agencies like the Department of Justice COPS program, or from health systems or hospitals. The proportions coming from these agencies varied significantly, though local government appropriations, other specific local revenue, and health systems or hospitals provided the largest average and median proportions of total program funds. Only two agencies (3%) report billing for their co-responders services.

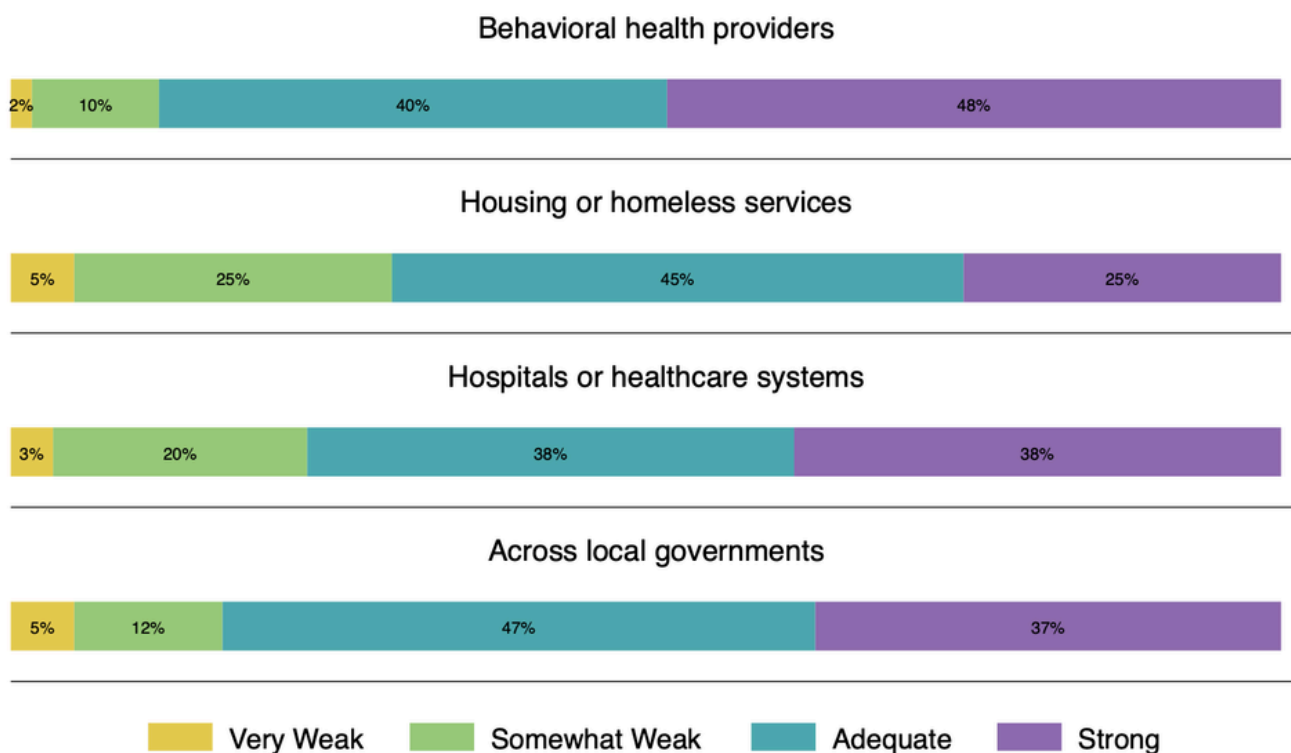
Percentage of Program Funding from Each Source (only those with 5+ observations)	Mean	Median	Min	Max	n
Local Government Appropriations	74%	80%	24%	100%	39
State Behavioral Health or Other State Grants	37%	40%	5%	90%	13
Health System / Hospital / Medical Group Grants	42%	35%	10%	100%	10
Federal Public Safety Grants (e.g., DOJ)	21%	25%	10%	50%	10
Earmarked Local Revenue	64%	75%	10%	100%	9

# Co-Responder Programs and Collaboration

Fire chiefs who currently have a co-responder program were asked about the strength of the relationships with current providers in related public and private services, including behavioral health, housing or homeless services, hospitals and health care systems, and local government agencies.

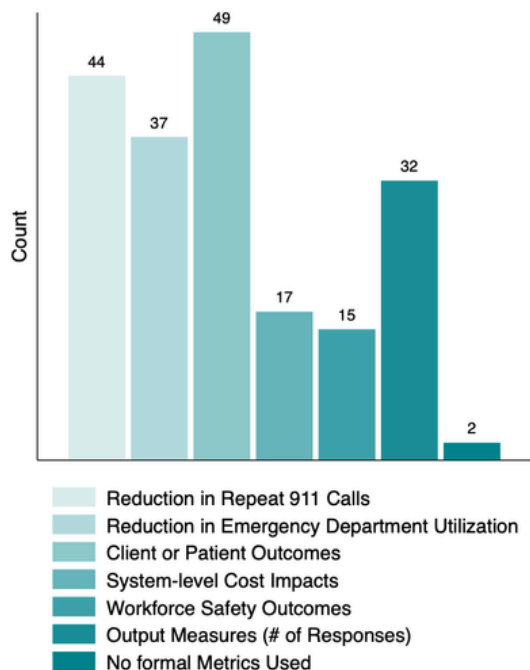
Across these four service areas, relationships with behavioral health providers and local governments were the most robust, with **88%** and **84%** responding with “adequate” or “strong” across each, respectively. These were followed by hospitals and health care systems (76% “adequate” and “strong” combined), and housing and homelessness services (70% combined).

Though relatively small proportions of fire chiefs indicated the presence of any “very weak” relationships, they were evident in approximately 5% of responses for housing / homelessness services and local governments, 3% of responses for hospitals or health care systems, and 2% of behavioral health providers.



# Co-Responder Programs: Outcomes and Data

Co-Responder Program Outcomes



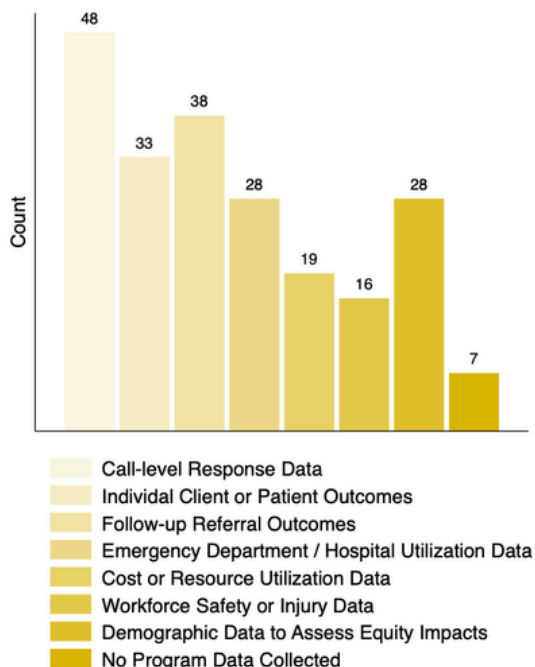
## Co-Responder Program Outcomes

Respondents were asked about the types of specific outcomes that have been created for their co-responder program. Nearly **three-quarters** of respondents have a formal outcome related to improved client or patient outcomes. Approximately 66% have a specific outcomes related to reduction in repeat 9-1-1 calls, while 56% have a specific outcome related to reduction in emergency department utilization. Just over 48% of respondents have outcomes related to bench marking for program outputs.

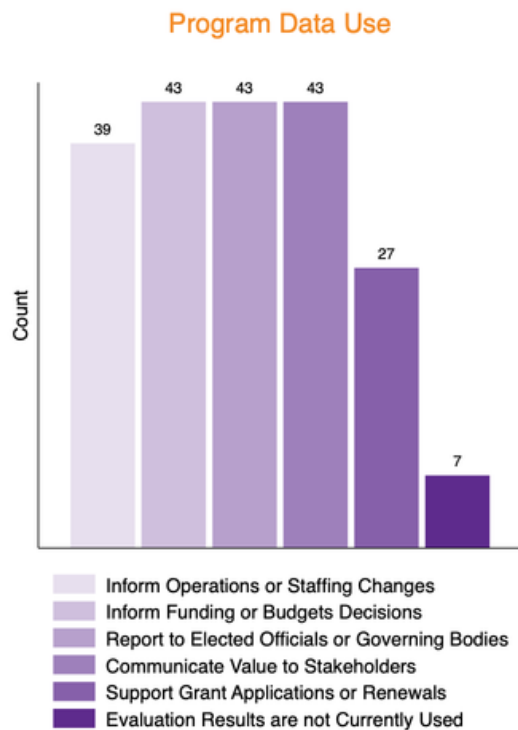
## Co-Responder Program Data Collection

Fire chiefs were asked about the types of program data that are collected to assess their co-responder program. Nearly **73%** of respondents collect call-level response data. Approximately 58% of respondents collect data on referral outcomes and half track individual patient or client outcomes. Approximately 10% of respondents do not collect any data about their co-responder program operations. In addition to the measures here, one respondent noted using “[m]inutes to primary emergency unit back in-service” as a data point.

Co-Responder Program Data



# Co-Responder Programs and Data Use



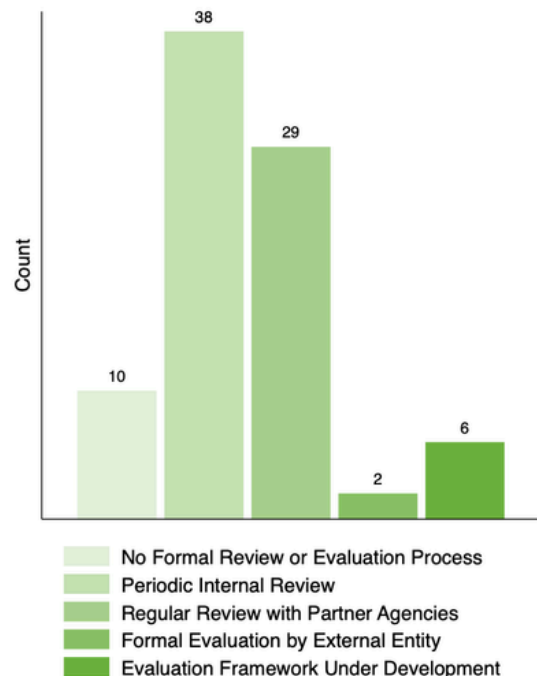
## Program Data Use

Though programs collect different types of data, it is also important to consider the use of those data in decision-making. More than **65%** of fire chiefs indicate that they use data to inform budgets, report to elected officials, and communicate value to stakeholders. Just over 59% of respondents report using data to inform operations or staffing changes, and 41% use data to support grant activities. Nearly 11% of respondents note that they do not use program evaluation data in any of these areas.

## Learning and Continuous Improvement

Fire chiefs were asked about formal evaluation processes for co-responder programs. Nearly 58% of respondents noted that periodic internal reviews occur for their co-responder program. Approximately 44% of chiefs indicated that regular reviews occur with co-responder partner agencies, and 3% indicated that formal reviews by external agencies occur. Just over 15% of respondents noted that they currently do not use any formal review or evaluation process. Approximately 12% of respondents noted that a co-responder program evaluation framework is currently under development.

## Learning and Continuous Improvement



# Co-Responder Programs and Data Use

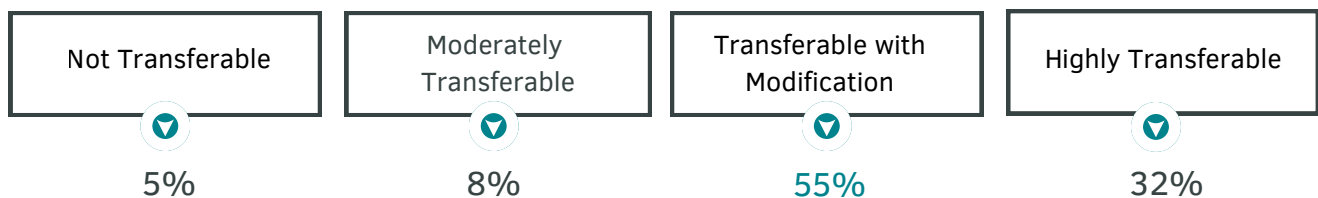
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## Fire Chief Comment on **Data and Program Evaluation:**

“One of the greatest challenges of showing the effectiveness and value of co-responder programs is data analysis across multiple agencies and disciplines. Although several of our teams provide a primary response component to 911 calls the true value is realized through the prevention and harm reduction works done by these teams. Similar to fire prevention efforts, the better you do prevention work the less the public and stakeholders recognize the continued need for increased or improved response components specifically driven by funding constraints.”

# Co-Responder Programs and Transferability

Fire chiefs were asked to reflect on their experiences with program management thus far, and assess the extent to which their program could be transferred to another jurisdiction. Combined, more than **87%** of respondents indicated that their program was either “highly transferable” (32%) or transferable with modification (55%).



## Fire Chief Comment on **Program Evolution:**

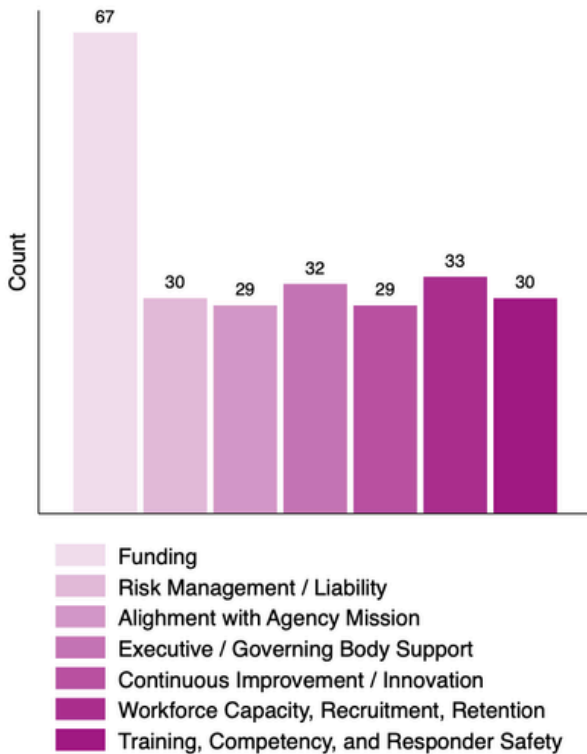
“Know that your co-responder program will evolve and change direction. What your initial ideas are as an agency will grow and change as the needs of your clients do. Support from online staff is critical to the success of your program and communication back to your online firefighter crews is imperative.”

# Co-Responder Programs: Future Programs

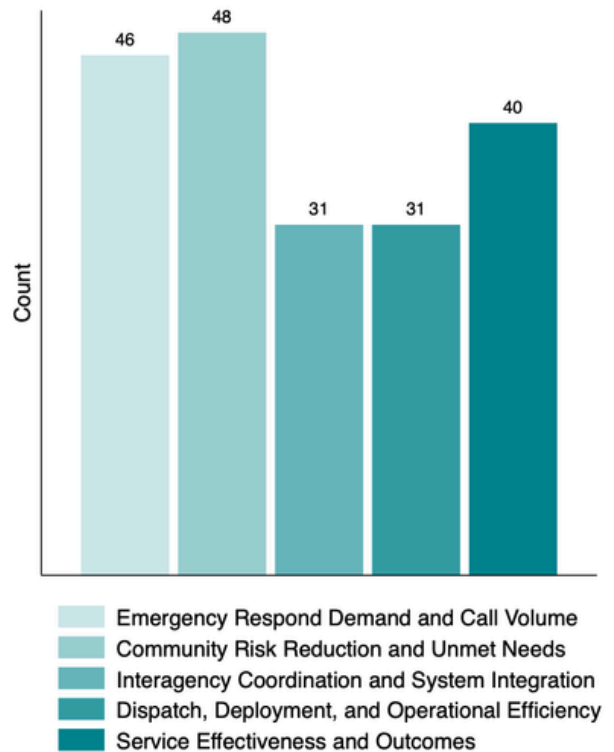
All survey respondents who indicated they had explored the creation a program or that they had not formally considered the creation of a program were asked about the factors that would be the most important considerations.

Nearly all respondents (89%) indicated that funding would be a major organizational issue in thinking about program creation. Between 39% and 44% of respondents indicated that the remaining organizational issues of risk, mission, governing body support, continuous improvement, workforce capacity, and training would be important issues. Approximately 64% of fire chiefs noted that community risk reduction and understanding unmet needs would be important, while 61% of respondents noted the importance of service demands and call volume. More than half of respondents noted that considerations of service effectiveness and outcomes would be important factors.

Organizational Factors



Service-Related Factors



# Co-Responder Programs: Actionable Takeaways

- **Conduct a comprehensive community needs assessment.** Fire department leaders should engage with public health entities to compare their existing community information and all-hazard risk assessment. Leaders should conduct an environmental scan related to behavioral health incidents, repeat 9-1-1 use, emergency department utilization, and unmet social or health service needs to ensure co-responder programs are designed to assist with community risk reduction efforts and optimize resource allocation.
- **Plan for sustainable funding models that reduce reliance on short-term grants.** Given widespread concerns about reliance on short-term grants, departments should identify and predict the expected cost to deliver co-responder programs. Fire chiefs should work proactively with governing bodies and partner agencies to identify stable funding sources, cost-sharing arrangements, and budget strategies that support program continuity through long-term funding sources and/or recovery of expenses.
- **Prioritize workforce readiness and support for co-responder personnel.** Fire chiefs should recognize the unique emotional, clinical, and operational demands of co-responder work and invest in training, supervision, and wellness strategies, such as addressing critical incident exposure, to support retention and boost future recruitment.
- **Establish clear and measurable program goals.** Agency leaders should formally define goals related to behavioral health outcomes, reductions in repeat callers, interagency collaboration, and responder safety, and pair those goals with data collection strategies that support efficiency, effectiveness, and safety of all personnel.
- **Use program data to demonstrate value and inform decision-making.** Fire chiefs should leverage program goal data, referral outcomes, and client or patient impacts to communicate program value, performance, obstacles, and ongoing needs to elected officials. Leaders should establish regular internal and partner-based review processes to assess program effectiveness, and inform continuous improvement over time.
- **Design co-responder programs with adaptability in mind.** Departmental leaders should build flexibility into staffing models, service hours, and deployment strategies and conduct annual program appraisals to identify changes in community needs, service demand, and partner capacity.

# Co-Responder Programs: Conclusion

This strategic scan of community needs and co-responder models demonstrates how local governments are adjusting to increasingly complex service demands. Nearly half of surveyed fire chiefs report current or planned involvement in co-responder programs, signaling a growing acknowledgment that behavioral health crises, frequent callers, and gaps in social services often call for organizational strategies that go beyond traditional emergency response models.

Fire chiefs describe a landscape that is actively changing. Some agencies are expanding or fine-tuning existing co-responder programs, while others are assessing options or developing plans. Across these stages, respondents consistently point to challenges related to long-term funding, staffing and workforce capacity, legal and regulatory authority, and the difficulty of showing return on investment across multiple systems and partners. These challenges highlight the need for clear program design, realistic expectations, and sustained stakeholder engagement.

Concerns surrounding co-responder programs extend beyond fire department leadership alone. Fire chiefs note the need to navigate competing priorities among partner organizations, manage public and political expectations about program purpose, and weigh innovation against accountability and acceptable risk. The broad variation in program structure, service hours, and staffing approaches reinforces that co-responder programs are shaped by local context rather than suited to a single, uniform model.

As with earlier strategic scans, these findings are not intended to represent the fire and emergency service in its entirety. Instead, they offer a focused snapshot of perspectives from accredited agencies and credentialed chief fire officers. The results indicate that CFAI® agencies and CPC® designees are actively pursuing new approaches to meeting community needs and improving integrated service delivery.

Co-responder programs reflect a broader shift toward community-centered emergency services that prioritize prevention and the appropriate use of emergency resources. This strategic scan invites continued discussion around sustainable funding, meaningful evaluation, workforce development, and cross-system collaboration. As fire departments respond to changing community needs, co-responder models are likely to remain a key area for learning, adaptation, and shared practice.



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