

Crisis Response for Rural Communities:

Using Technology and Peer Support to Meet People in Crisis, Where They Are

September 16, 2021

Featuring:

Larry Smith, CRPSS

Grand Lake Mental Health Center

Josh Cantwell, LCSW

Grand Lake Mental Health Center

Kasey Parker

Mental Health Association of Nebraska

Captain Mike Woolman

Lincoln (NE) Police Department



Welcome and Introduction



Dr. Robin S. Engel

Principal Investigator

Academic Training to Inform Police Responses

University of Cincinnati



Today's Moderator



Mike Hatch, MPA

Senior Project Associate

Academic Training to Inform Police Responses

Policy Research Associates, Inc.



Disclaimer

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Introducing Today's Presenters



Larry Smith, CPRSS
Grand Lake Mental Health
Center

- Larry Smith is the Chief Executive Officer, Grand Lake Mental Health Center, Inc. He has been with Grand Lake Mental Health Center for over 25 years.
- Currently, Larry has closed the health care communication gap between hospitals, emergency rooms and police departments by helping to develop a first responder application that allows immediate access to a LMHP, to give clients better care by providing services for them in the least restrictive environment.
- He has taken the backbone/infrastructure of the First Responder application and developed it into a client application and clinician application that will fulfill his goal of allowing the client to receive the services when and where they are needed.
- All this has put the GLMHC model as one of the companies to watch as the Certified Community Behavioral Health Center (CCBHC) gains momentum.

Introducing Today's Presenters



Josh Cantwell, LCSW
Grand Lake Mental Health
Center

- Josh Cantwell serves as Chief Operating Officer at Grand Lake Mental Health Center, Inc. (GLMHC).
- During his 15 years of service, he has held many clinical and administrative roles. He has been instrumental in the development and oversight of multiple innovative programs, including Grand Lake Mental Health Center's 24/7 treatment model. The model focuses on treating individuals in the least restrictive environment and has produced significant outcomes related to the reduction of psychiatric hospitalizations for those living in Northeastern and Northcentral Oklahoma.
- Josh is a firm believer in the philosophy that the impossible is just the possible that is yet to be tamed. Josh has created and published over 20 therapeutic games focusing on mental health and substance use conditions.
- Josh holds a master's degree in Social Work from The University of Oklahoma. He is a Licensed Clinical Social Worker, and a Certified Peer Recovery Support Specialist.

Introducing Today's Presenters



Kasey Parker
Mental Health Association of
Nebraska

- Kasey Parker was the 2nd employee hired in 2006 as the Associate Director of the Mental Health Association of Nebraska (MHA). In July of 2016, she was promoted to Executive Director.
- Kasey has assisted in the development and implementation of the state's first peer-directed and nationally accredited (CARF) programs in Nebraska and is currently the largest peer-run organization in the Midwest, employing approximately 45 peer specialists. These programs include: The H.O.P.E. Supported Employment Program, implemented in 2008, the peer respite Keya House, implemented in 2009 and the law enforcement referral program, developed and implemented in 2011.
- MHA serves over 1,000 unduplicated individuals a year who live with mental health, substance use, trauma and/or have been previously incarcerated.

Introducing Today's Presenters



Captain Mike Woolman
Lincoln (NE) Police Department

- Captain Mike Woolman has been a member of the Lincoln Police Department since September of 1987 and is currently assigned as the commanding officer of the Southeast Team.
- During his career at LPD, he has worked as a Field Training Officer Coordinator, Internal Resource Officer, Planning and Research Sergeant, Southwest Team Captain and Duty Commander. Captain Woolman is also a former commander of the Canine Unit and Field Force.
- He earned a Bachelor of Arts degree from Concordia University in Organizational Management and graduated from the FBI National Academy in 2012.

Crisis Response for Rural Communities: “The GLMHC App”

Larry Smith, CPRSS

Josh Cantwell, LCSW

Grand Lake Mental Health Center, Inc



Using Technology to Help People in Crisis, Anytime, Anywhere



Clinics



Law Enforcement



Schools



Emergency Rooms



Jails



Homes

Police Mental Health Interaction Before MyCare



Police had to drive the individual in crisis to the nearest ER



Where they would wait...

And wait...

And wait...



Now First Responders, Community Partners And Clients Have 24/7, Instant, Face-to-face Access:



To a Recovery Support Specialist



To a Psychiatrist



To a Licensed Mental Health Professional



To a Nurse Practitioner



Providing Treatment in the Least Restrictive Environment

- Access to multiple levels 24/7 care
- Licensed staff dedicated to handling crisis connections
- Is the least expensive environment

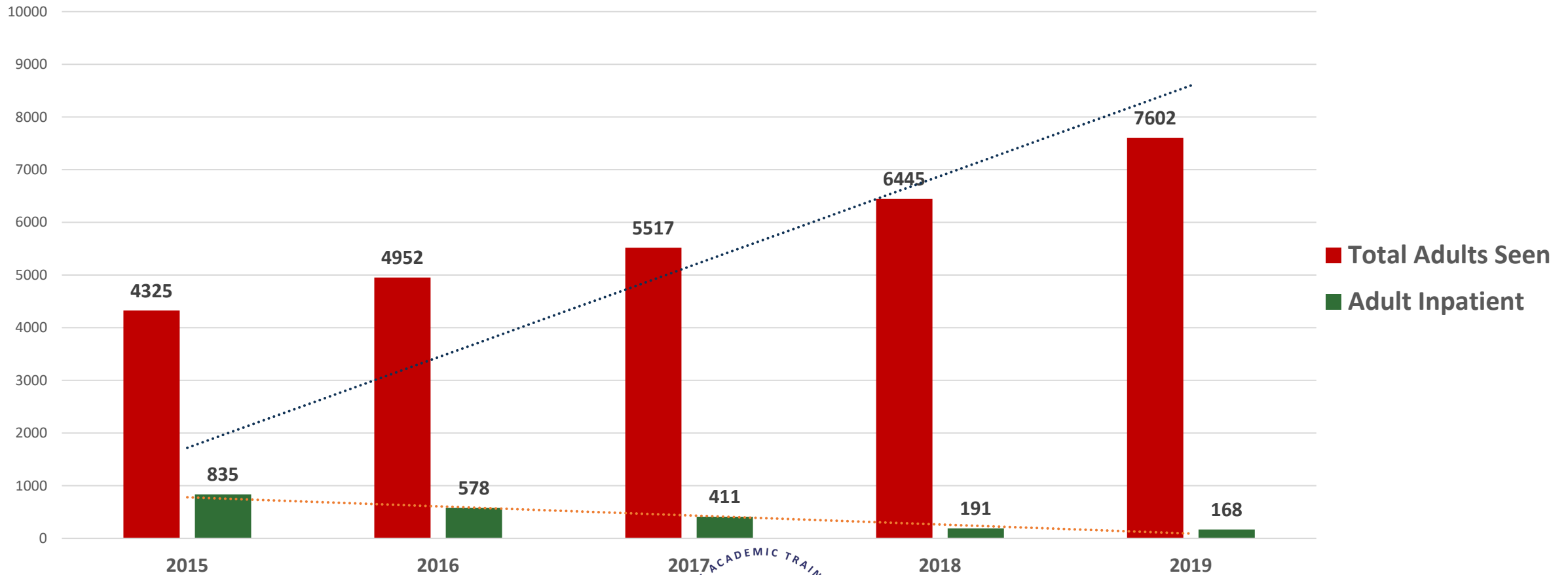


Outcomes – Savings to Police Officers (2016-2021)

- 297 days of non-stop driving instead of being on the streets protecting our communities
- 409,293 miles saved (the equivalent of 16 trips around the world)
- \$221,018 savings in mileage cost
- \$146,526 saved in officer time
- Remember if the client is using MyCare they are calling the Community Mental Health Center not the Law Enforcement



Outcomes – Diversions from Inpatient Hospitalization



Moving Forward

- Filling in the Gaps
- Applying this philosophy to other health conditions
- Example: Brief Stay Therapeutic Homes



A Unique Partnership of People with Lived Experience, Law Enforcement, and Community Partners

Kasey Parker

Mental Health Association of Nebraska

Captain Mike Woolman

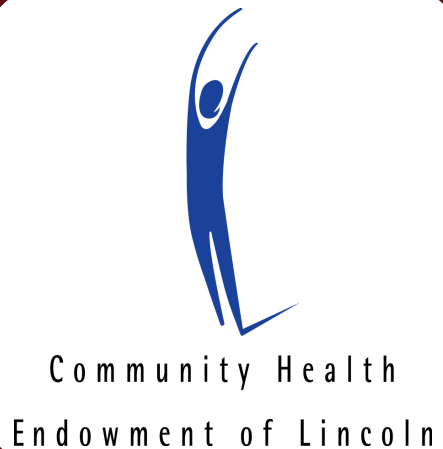
Lincoln (NE) Police Department



Partners



- Mental Health Association of Nebraska
- Lincoln Police Department
- Community Health Endowment of Lincoln



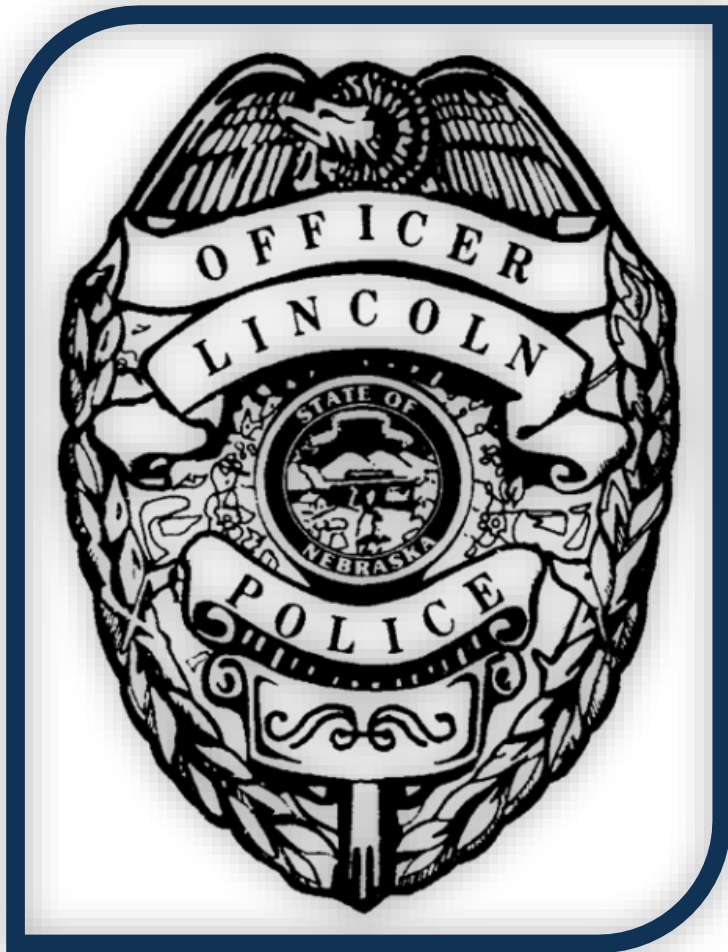
MHA-NE



- Founded in 2001 with only 2 staff
- Currently have 48 staff
- Peer-Developed
- Peer-Implemented
- Peer-Operated
- Person Driven!



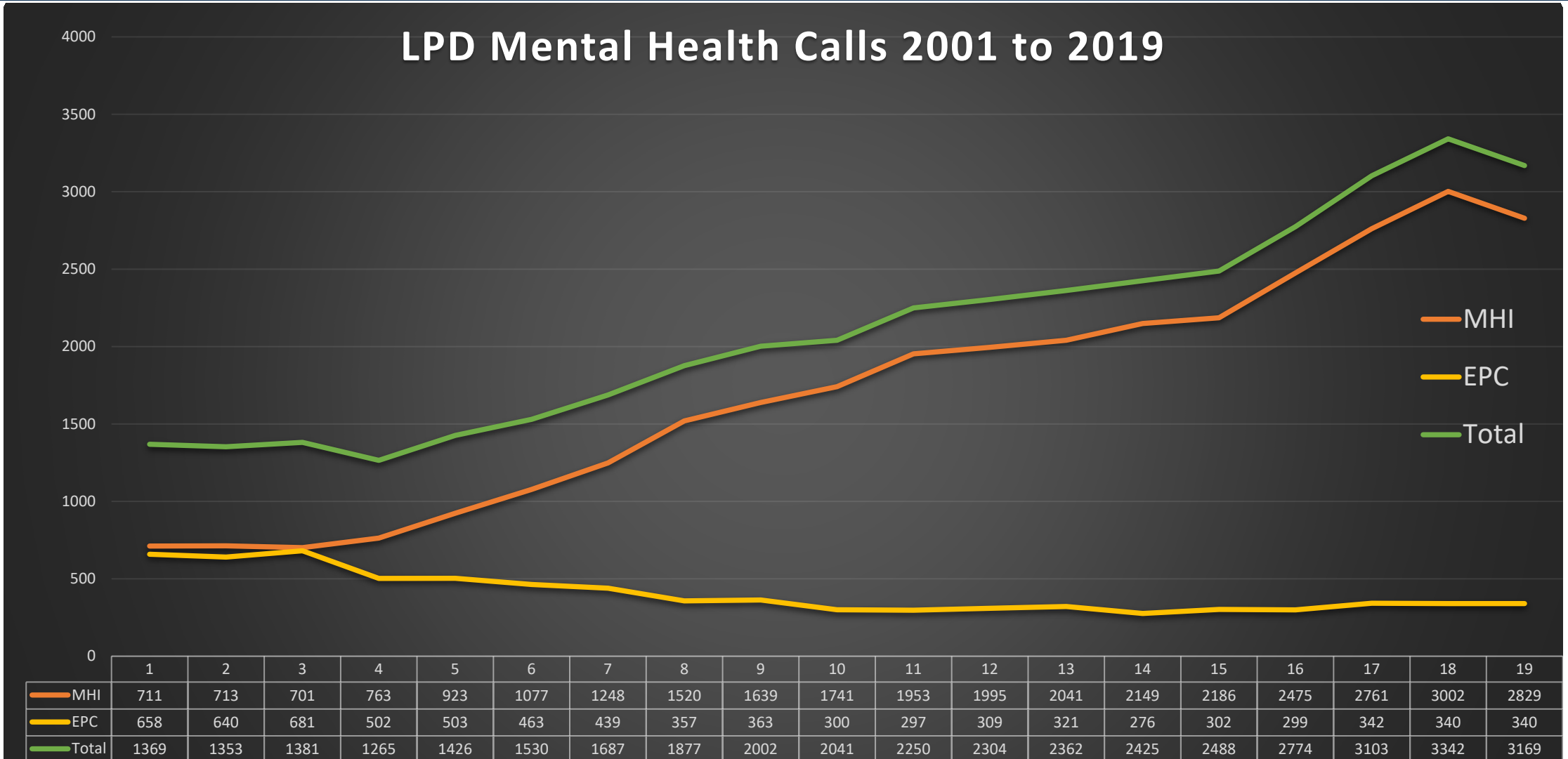
Lincoln Police Department



2020 Lincoln Population: 283,000 across almost 100 square miles

- Total Personnel: 518
- Authorized Commissioned Personnel: 350 (326)
- Calls for Service: 119,764
- Mental Health Investigations: 3200
- Investigations With EPC –304
- No EPC – 2829 (-6.12)

LPD Mental Health Calls (2001-2019)



The Traditional Law Enforcement Approach



Three Traditional Responses:

- Informal “counseling”
- Arrest
- Emergency Protective Custody (EPC)

**What happens when
the cops go home?**

New (*Now Not So New*) Unique Approach



- *“The true ability to assist consumers in crisis requires not only educating and training officers about mental health, but also collaborating with mental health organizations. LPD has partnered with the Mental Health Association (MHA) of Nebraska to create a post-crisis assistance program for consumers. Called the R.E.A.L. Program, the initiative strives to make consumers aware of available mental health services following a mental health crisis, and in turn, avert future crises requiring law enforcement involvement. Notably, it is police officers who initiate the consumers’ voluntary participation in the program.”*

Officer Luke Bonkiewicz #1691, Resource Coordinator, Lincoln Police Department

The R.E.A.L. Program – Respond, Empower, Advocate and Listen

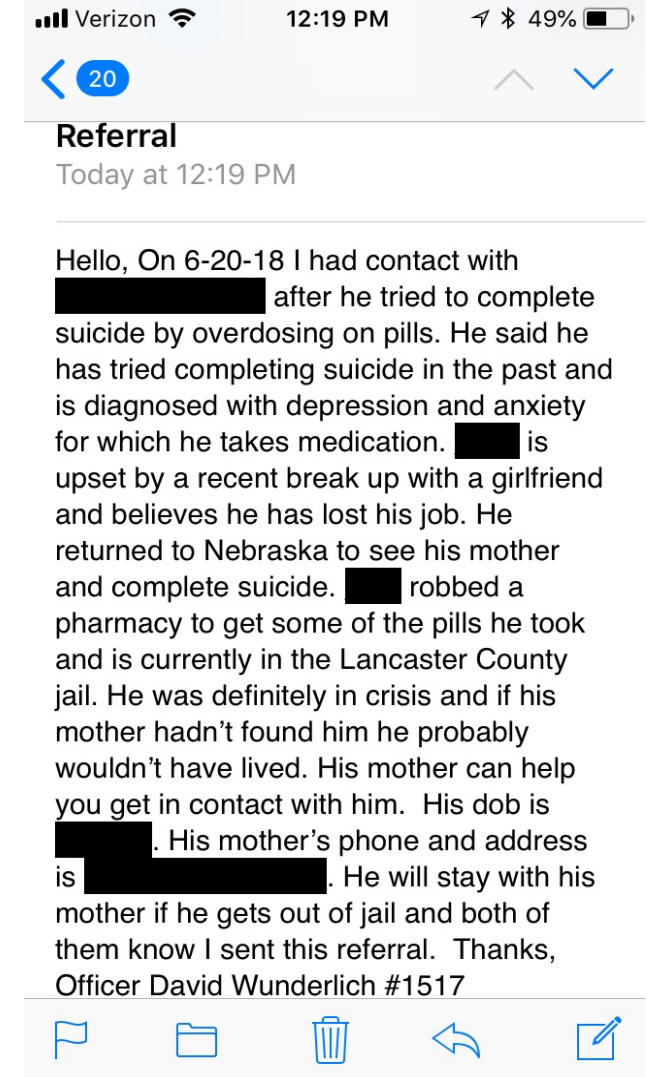
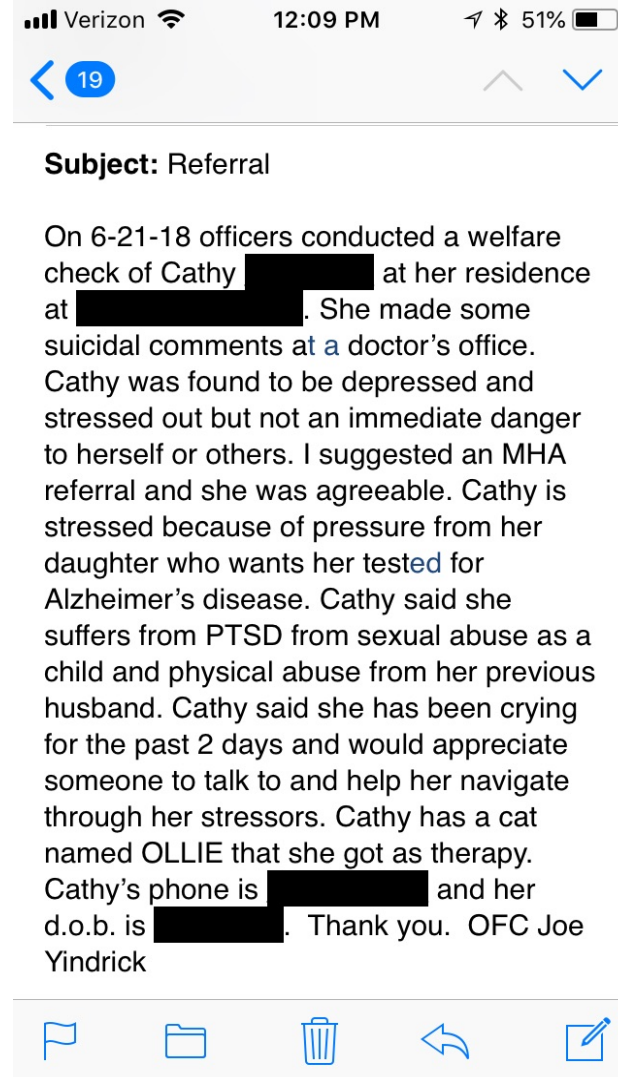


- LPD refers people with mental illness for voluntary help provided by trained Peer Specialists who have lived experience with mental illness and/or substance abuse.
- 4,000 referrals since 2011
 - Currently 5-6+ referrals per week from LPD
 - Other referrals from physicians, bus drivers, landlords, elected officials, other law enforcement, family and self.
- More than 320 (Over 90%) LPD officers have referred to MHA
- Recovery model
- Diversion from higher levels of care

How It Works



- ✓ LPD determines that a R.E.A.L. Program referral is appropriate
- ✓ Responding officer e-mails a referral to MHA-NE that briefly describes contact, explains relevant mental health issues, and provides contact information



How It Works (cont'd)

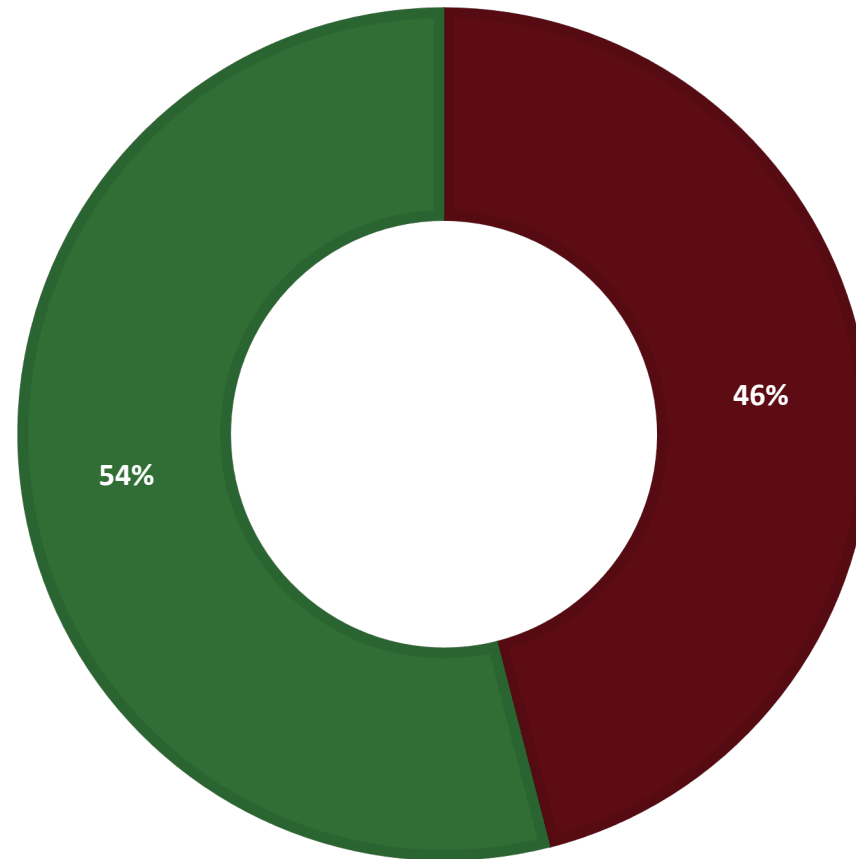


- Peer Specialist contacts the consumer within 24 hours with an offer of free, voluntary, and non-clinical support.
- Credibility and empathy
- Peer Specialists may help the consumer by:
 - Sharing their lived experience
 - Finding a support group
 - Developing a mental health plan (e.g., WRAP)
 - Assisting in finding a psychiatrist, therapist, physician, or other professional
 - Securing housing and/or employment
 - Discussing medication compliance
 - Assisting in developing payment plans
 - Obtaining eligible resources
 - More.....

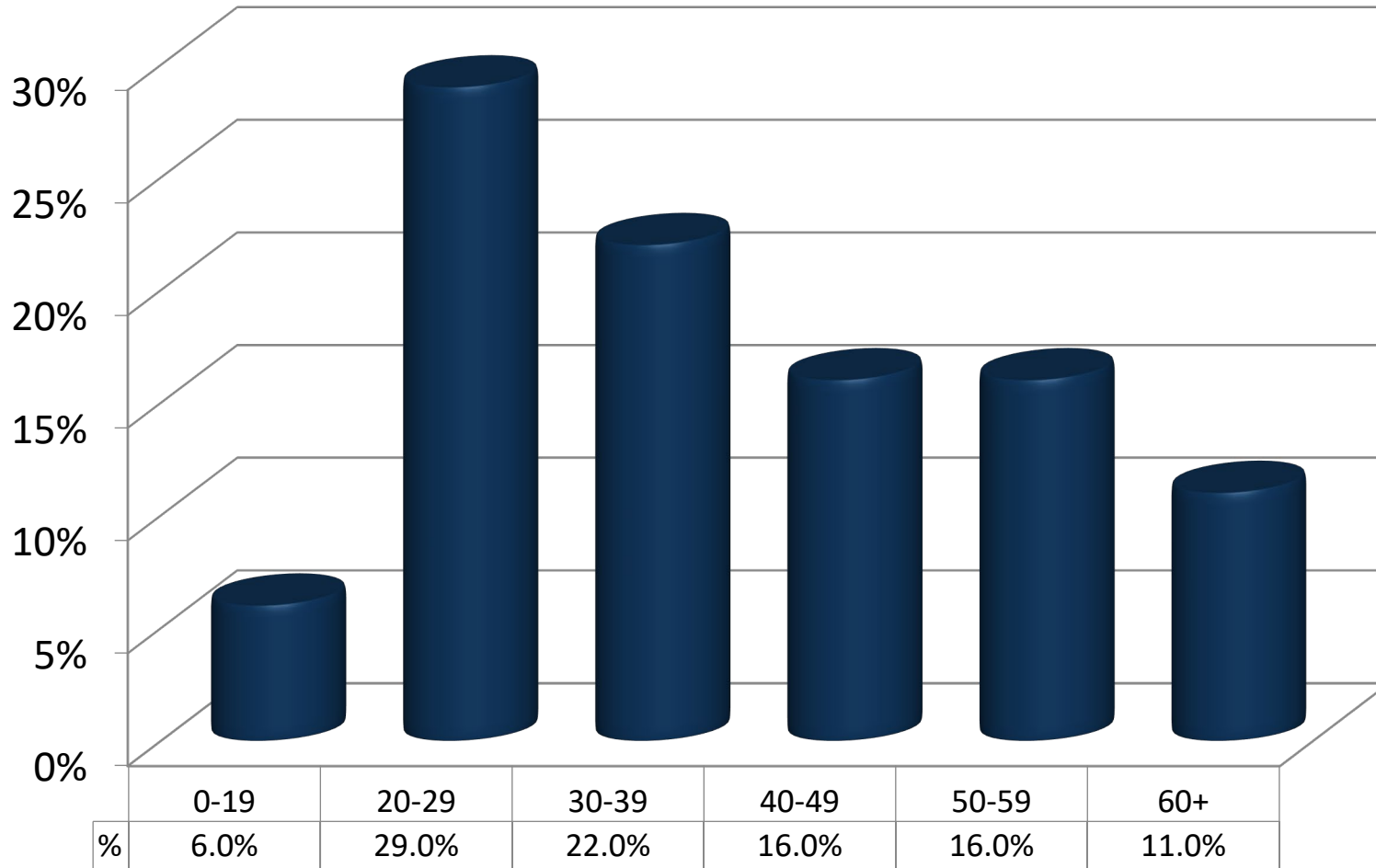
Gender



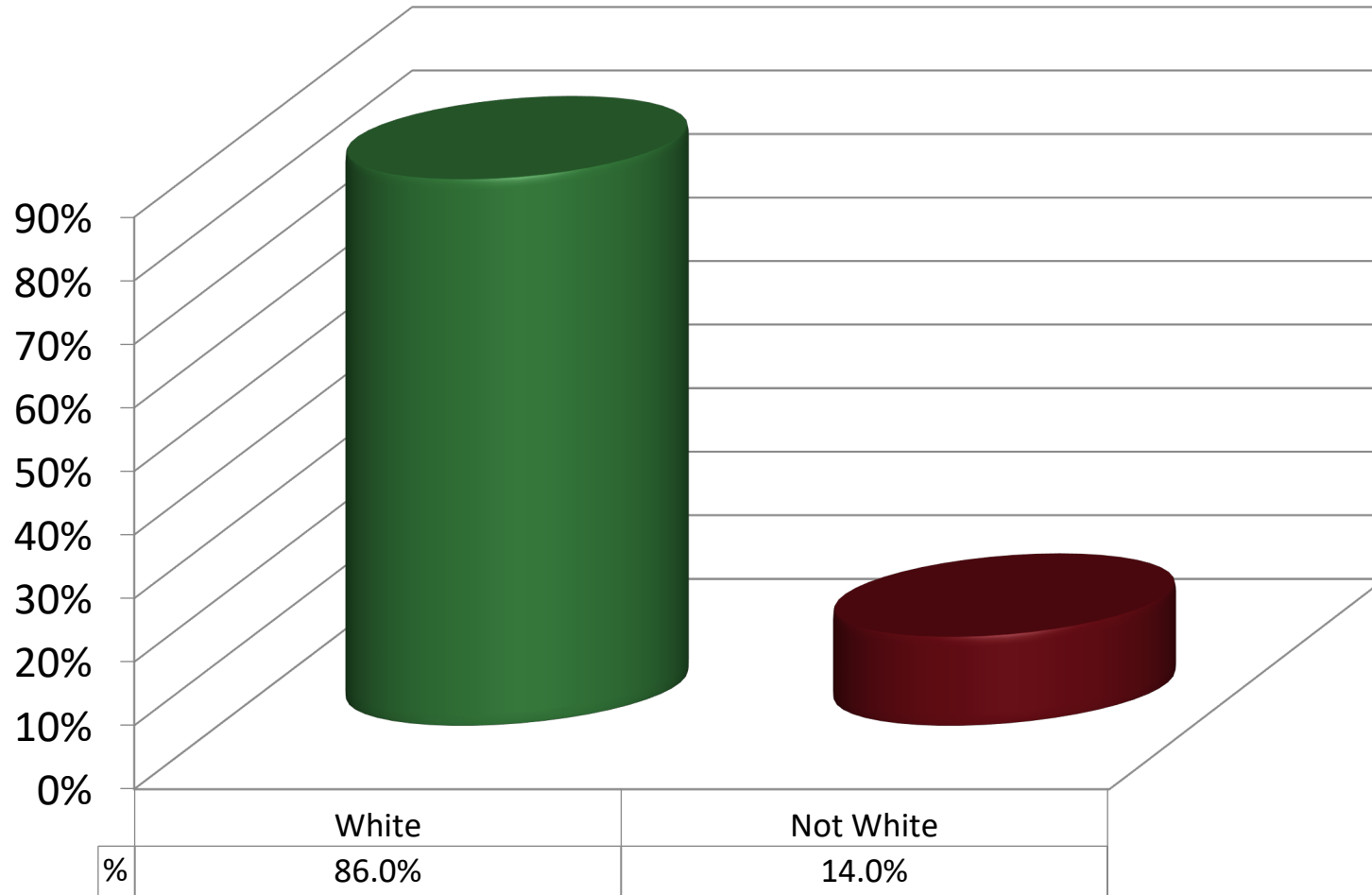
■ Female ■ Male



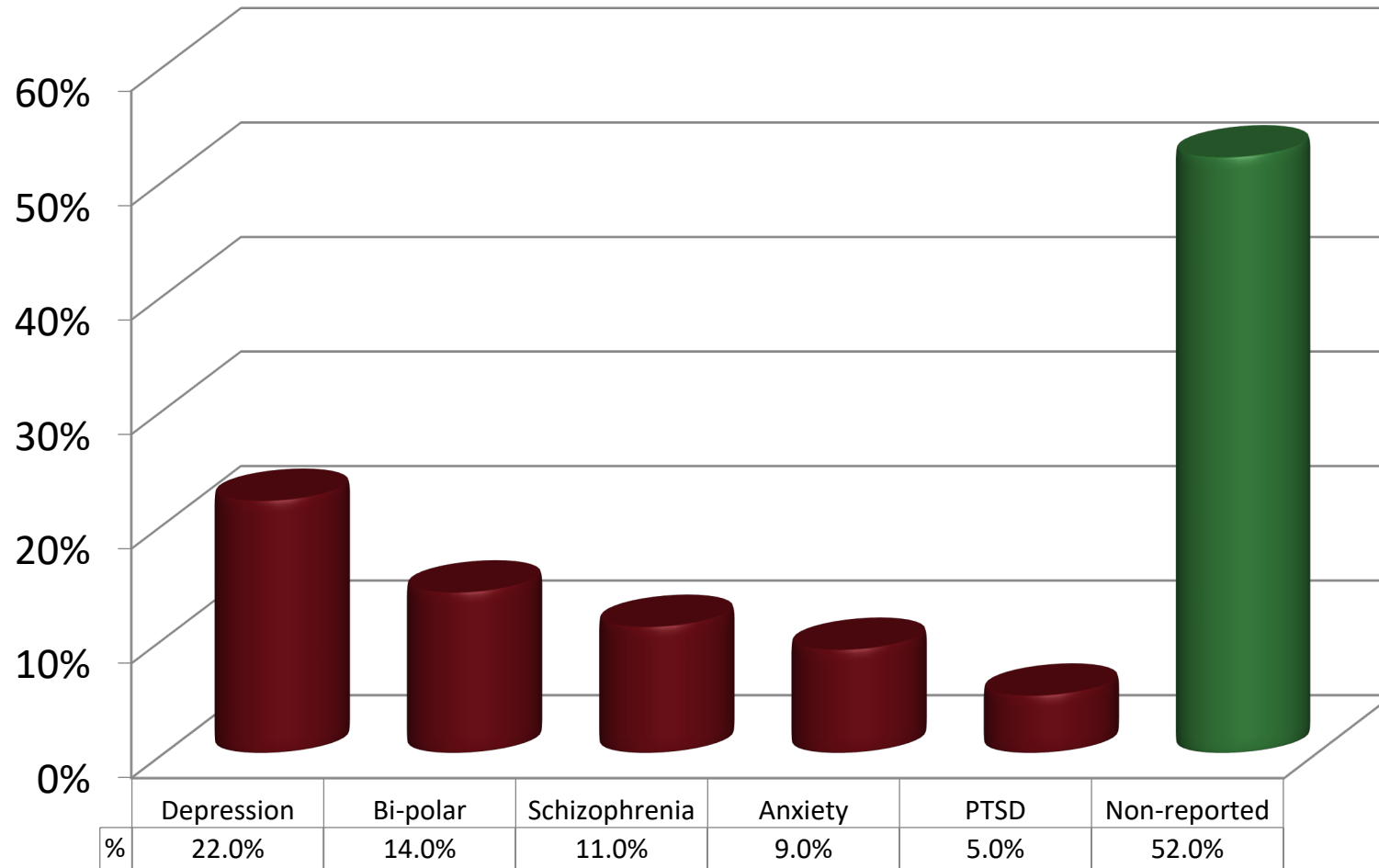
Age Groups



Race/Ethnicity



Self-Reported Mental Health Condition



Successful Contacts



- Out of all referred individuals about 62% are contacted by peers
(This number has significantly increased with additional staff and shorter response time)
- Reasons we are unable to make contact:
 - Homeless
 - Couch surfing
 - No phone - phone dies
 - Unable to locate them
 - Secure buildings / No access

***** 85% of those contacted accept services**

R.E.A.L. Program Findings



- Being referred to the R.E.A.L. Program positively impacts future mental health calls for service and Emergency Protective Custody (EPC):
 - While there is no difference in the number of mental health calls for service or EPC holds 12 months after a law-abated crisis, both are statistically reduced at 24 and 36 months.
 - Significant impact of the R.E.A.L. Program begins 1-2 years after LPD referral.
 - The delayed effect is not surprising due to complexity of mental illness, waiting lists, medication changes, securing employment, establishing a support network and other challenges.
 - There was a statistically significant reduction in the number of mental health calls for service at 12, 24, and 36 months among consumers with lengthier histories of mental health calls. By 36 months, the number of mental health calls for service was reduced by one-third.

3 Key Takeaways



1. It is critical for law enforcement agencies to collaborate with mental health workers and advocates to assist people with mental illness.
2. It may take over a year before the individuals reap the benefits of post crisis assistance program. Anecdotally we do see benefits earlier than one year.
3. Jurisdictions truly committed to aiding their most vulnerable citizens must consistently fund collaborative mental health response programs. The other option -already in full force - is to simply continue spending money cycling and recycling people living with mental illness through jails, hospitals, homeless shelters and other costly ineffective alternatives.

New MHA Collaborations (2020)



24/7 Crisis Response for Adults and Juveniles

- Individuals that do not meet criteria for Emergency Protective Custody and do not need hospitalization
- Field response, telecare or follow up the next day.
- Crisis Team can also assist with individuals generating multiple calls for service
- Expanded Walk in hours – Nights and Saturdays

MHA - Warm Line Expansion and Safe Room

- 24/7 Warm Line Expansion
- 23/59 Living Room

Law Enforcement Training



- New Recruits
- New Dispatchers and LFR
- BETA Training
 - 10 Years
 - Average of 65 per training
- Youth BETA Training –School Resource Officers

The Value of Community Partnerships



- Hospitals
- ACT Teams
- Treatment Centers and Detox
- Emergency and Intensive Case Management
- Director of emergency services
- LPD Record Management System Flagging

Partnerships



Why is this partnership unique?
Should this be *unique* or the *norm*?



Additional Resources For Rural Communities

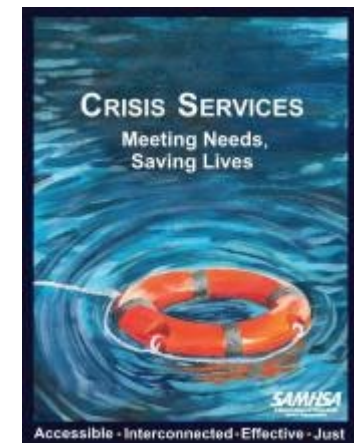


Find Funding Find upcoming and recent funding opportunities, and learn more about FORHP programs.	Rural Health Policy FORHP prepares regular policy announcements focusing on the impact regulations may have on rural communities. Updated: June 10, 2021
Rural Hospital Programs More information on FORHP Rural Hospital programs including the Medicare Rural Hospital Grant and Small Rural Hospital Transitions Project (SRHT).	Rural Community Programs More information on FORHP programs focused on increasing rural communities' access to care.
Telehealth Programs FORHP resources and funded programs for the promotion of health care delivery, education, and health information services through telehealth technologies.	Rural Health Research and Policy Programs Learn more about FORHP research programs and access research results through the Rural Health Research Gateway.
Rural Communities Opioid Response Programs More information on HRSA's response to Substance Use Disorders with a focus on Opioid Use Disorder in rural communities.	About the Federal Office of Rural Health Policy Learn about the history and organization of the Federal Office of Rural Health Policy.

[Federal Office of Rural Health Policy](#)



[Mental Health in Rural Communities Toolkit – Rural Health Information Hub](#)



[Crisis Services Meeting Needs, Saving Lives \(samhsa.gov\)](#)



*Thank you for
attending!*

Learn more about the Academic Training to Inform Police Responses at
<https://www.theiacp.org/projects/academic-training-to-inform-police-responses>