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
Disclaimer

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Introducing Today’s Presenters

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 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 oversite 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.
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 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 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

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<th>Year</th>
<th>Total Adults Seen</th>
<th>Adult Inpatient</th>
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<td>835</td>
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<tr>
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<tr>
<td>2019</td>
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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)

#### LPD Mental Health Calls 2001 to 2019

<table>
<thead>
<tr>
<th>Year</th>
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<th>EPC</th>
<th>Total</th>
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<tr>
<td>2019</td>
<td>2829</td>
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Three Traditional Responses:

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

What happens when the cops go home?
• “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

Subject: Referral

On 6-21-18 officers conducted a welfare check of Cathy [redacted] at her residence at [redacted]. She made some suicidal comments at a doctor’s office. Cathy was found to be depressed and stressed out but not an immediate danger to herself or others. I suggested an MHA referral and she was agreeable. Cathy is stressed because of pressure from her daughter who wants her tested for Alzheimer’s disease. Cathy said she suffers from PTSD from sexual abuse as a child and physical abuse from her previous husband. Cathy said she has been crying for the past 2 days and would appreciate someone to talk to and help her navigate through her stressors. Cathy has a cat named OLLIE that she got as therapy. Cathy's phone is [redacted] and her d.o.b. is [redacted]. Thank you. OFC Joe Yindrick

Referral

Today at 12:19 PM

Hello, On 6-20-18 I had contact with [redacted] after he tried to complete suicide by overdosing on pills. He said he has tried completing suicide in the past and is diagnosed with depression and anxiety for which he takes medication. [redacted] is upset by a recent break up with a girlfriend and believes he has lost his job. He returned to Nebraska to see his mother and complete suicide. [redacted] is being a pharmacy to get some of the pills he took and is currently in the Lancaster County jail. He was definitely in crisis and if his mother hadn’t found him he probably wouldn’t have lived. His mother can help you get in contact with him. His dob is [redacted]. His mother’s phone and address is [redacted]. He will stay with his mother if he gets out of jail and both of them know I sent this referral. Thanks, Officer David Wunderlich #1517
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: 54%
Male: 46%
Age Groups

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<tr>
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<td>20-29</td>
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<td>30-39</td>
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<td>50-59</td>
<td>16.0%</td>
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Race/Ethnicity

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<th></th>
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<tr>
<td>%</td>
<td>86.0%</td>
<td>14.0%</td>
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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:
  o Homeless
  o Couch surfing
  o No phone - phone dies
  o Unable to locate them
  o Secure buildings / No access

*** 85% of those contacted accept services
• 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.
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.
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
  o 10 Years
  o 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
Why is this partnership unique? Should this be *unique* or the *norm*?
Additional Resources For Rural Communities

**Federal Office of Rural Health Policy**

**RHI Hub**

**SAMHSA**

**Mental Health in Rural Communities Toolkit**

**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