



The City of Gainesville's Co-Responder Program

Building a program to serve a community

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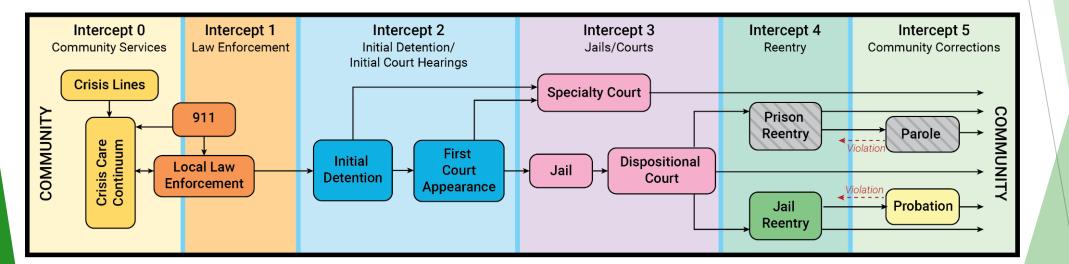
What We Do

- Respond to individuals with mental health and substance use concerns in the community at their point of crisis.
- Act as a liaison between first responders and individuals in crisis to provide the best possible care and mental health treatment that individuals need.
- Provide alternate care in the least restrictive environment through coordination with community mental health and substance use resources.
- Identify and engage top utilizers of services (Acute care services, Inpatient MH/Detoxification services, police services, Emergency Departments, and jail services)

Goals

- Prevent unnecessary incarceration and/or hospitalization of mentally ill individuals.
- Provide community support, follow-up, and care coordination for individuals with mental health and substance use concerns during a crisis.
- Prevent duplication of mental health services
- ► Facilitate the return of law enforcement to their normal duties.

Sequential Intercept Model



A Need for Change

- Increased number of mentally ill individuals in the community coming into contact with LEO during crisis and being placed in jail.
- Increased number of individuals being placed in involuntary inpatient treatment that could have been diverted to less restrictive environments.

Identifying the Need

Data

► Research the needs of the community

Conduct data collection via available sources

- Police data, Data from MH Treatment facilities and organizations, Jails, and from the community.
- Identify Community Resources and receiving facilities (Networking)
 - Build Connections with Community Organizations and Local LEO.

How We Got Started

- Survey of homeless individuals at Grace Marketplace:
 - Survey questions: Demographics, How long they had been there, What caused their homelessness, medical and/or mental health concerns, behavior/violence in a crisis, weapons involved, First Responders helped/did not help during crisis situation, LEO behavior that worsened situation, calming strategies, supports, what is important to them.
- MH Trends from Meridian Baker Acts (Involuntary inpatient and Voluntary Inpatient admissions) & Calls for Service Review.

Funding

LSF Care Coordination Grant – supports the counseling half of the team

City of Gainesville – supports the police officer half of the team

Target Populations

Primary focus is adults in crisis

Individuals involved in emotionally charged situations

► High utilizers of Services



How can this impact communities?

Can prevent unnecessary incarceration of mentally ill individuals.

Allows more individuals with mental illness to connect with community resources and treatment to prevent a crisis situation.

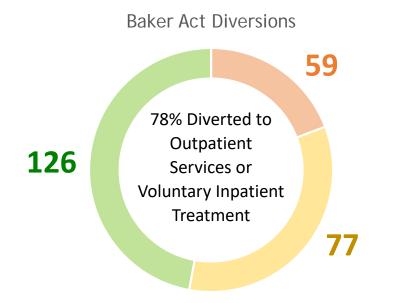
Improve quality of life

Decrease the number of use of force encounters between law enforcement and individuals experiencing mental illness.

Monetary Savings

Stabilizing citizens with mental health concerns can reduce future calls which allows officers to focus on other populations or persons that are dangerous in the community.

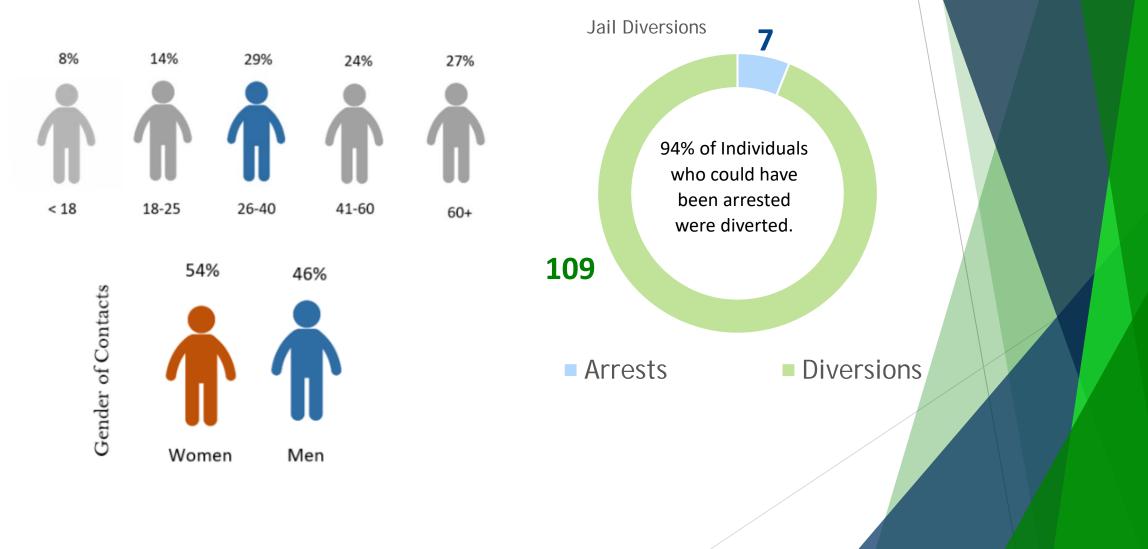
Program Data to Date



Baker Acts Voluntary Inpatient Diversions

- ▶ 924 calls for service
- ► 863 contacts made
- 233 repeat contacts
- ► Homeless: 20%
- ► Veterans: 9%

Program Data to Date



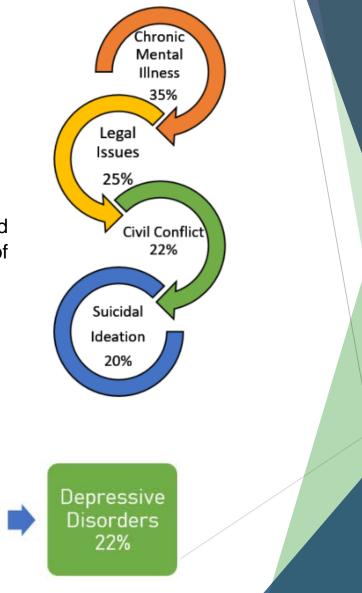
Program Data 2019

Of the individuals

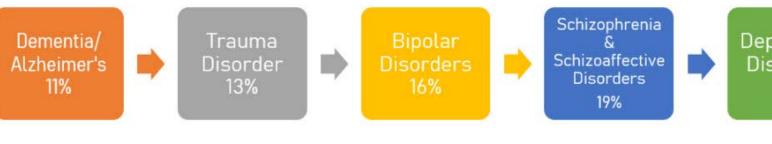
contacted on calls, **60%** had a current mental health and/or substance use diagnosis.

Only **35%** of individuals contacted by the Team reported being in treatment at the time of initial contact.





Clinical Impressions



Co-Occuring: 27%

Replication and Expansion

► Replication:

- Identify and Document Need
- Research grants and funding sources-Apply
- Networking-Identify community partners and have an understanding of how the healthcare system works in your community.

- **Expansion**:
 - ► Data Collection is Key
 - Staffing
 - Other Times for availability coverage (24/7)
 - Support Staff for increased work flow
 - Increase Funding
 - Work toward self-sustainability

Things to Consider

- Identify the goals of your particular program and decide what data to keep track of along with other particular needs.
 - Examples: Data involving special populations, time at receiving facilities, Jail diversions, etc.

MOU

Equipment

Less Lethal Use of Force, Vest & Radio for Clinician, First-Aid/Trauma Kit, Narcan, Laptop/Tablet

► SAFETY!!

Training Considerations

► LEO Training:

- ► CIT
- Mental Health First Aid
- ► Forensic Specialist Training (Sequential Intercept, MH Courts & Operations)
- Trauma-Informed Care
- Clinician Training:
 - ► Tactical Training
 - Tactical Combat Casualty Care (First-Aid) & Contagious/Blood-Borne Pathogens
 - Suicide Lethality Assessment Certification/Training
 - Verbal De-Escalation

Things to Consider: HIPAA

- One of the biggest obstacles that LEO and Mental Health Care Organizations face when merging for Co-Responder type programs is HIPAA.
 - What circumstances allow PHI to be shared between LEO and Clinician regarding crisis calls for service?
 - ► Information sharing between LEO and MH Organization even when the clinician is not present as part of a Co-Responder type program.
- How can we bridge the gaps and communicate effectively on a crisis call for service and still abide by the laws of HIPAA?

Collaboration

- Collaboration with Community Stakeholders is a crucial part of this program.
 - ► Assists in Care Coordination
 - ► Staffing Cases
- Crisis Intervention Team Training (CIT)

Lessons Learned

- The way you perceive the program and its day to day operations will change.
 - Data Collection, police operations for better data support, outcomes change, etc.
- Remember the Stages of Change
 - Small victories are still achievements! Don't always try to fight the whole battle on the first encounter.
- Everyone experiences crisis differently
- ► Be cognizant of burnout, compassion fatigue, and your own needs

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