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.

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
Someone calls 9-1-1 for a MH/SU Crisis or Emotionally Charged Situation.

Co-Responder Team arrives to scene of the call for Intervention/Care Coordination

- Involuntary Inpatient Treatment and/or Jail
- Diversion, but refuse referral
- Voluntary Inpatient Treatment
- Diversion with Outpatient/Community Resource treatment Referral
- Less Restrictive Treatment

Forensic Referral or Outpatient Referral
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

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

Baker Act Diversions

- 126 Baker Acts
- 77 Voluntary Inpatient Treatment
- 59 Diversions
- 78% Diverted to Outpatient Services or Voluntary Inpatient Treatment
Program Data to Date

94% of Individuals who could have been arrested were diverted.

109

Jail Diversions

7

Arrests

Diversions

Age of Contacts

< 18 14%
18-25 29%
26-40 24%
41-60 27%
60+ 8%

Gender of Contacts

Women 54%
Men 46%
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.
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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