



A UNIQUE PARTNERSHIP OF MENTAL HEALTH PEERS AND LAW ENFORCEMENT

Lincoln, NE

PARTNERS & PRESENTERS

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



MENTAL HEALTH ASSOCIATION OF NEBRASKA

MHA-NE

MHA-NE

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





LINCOLN POLICE DEPARTMENT

LPD

LPD

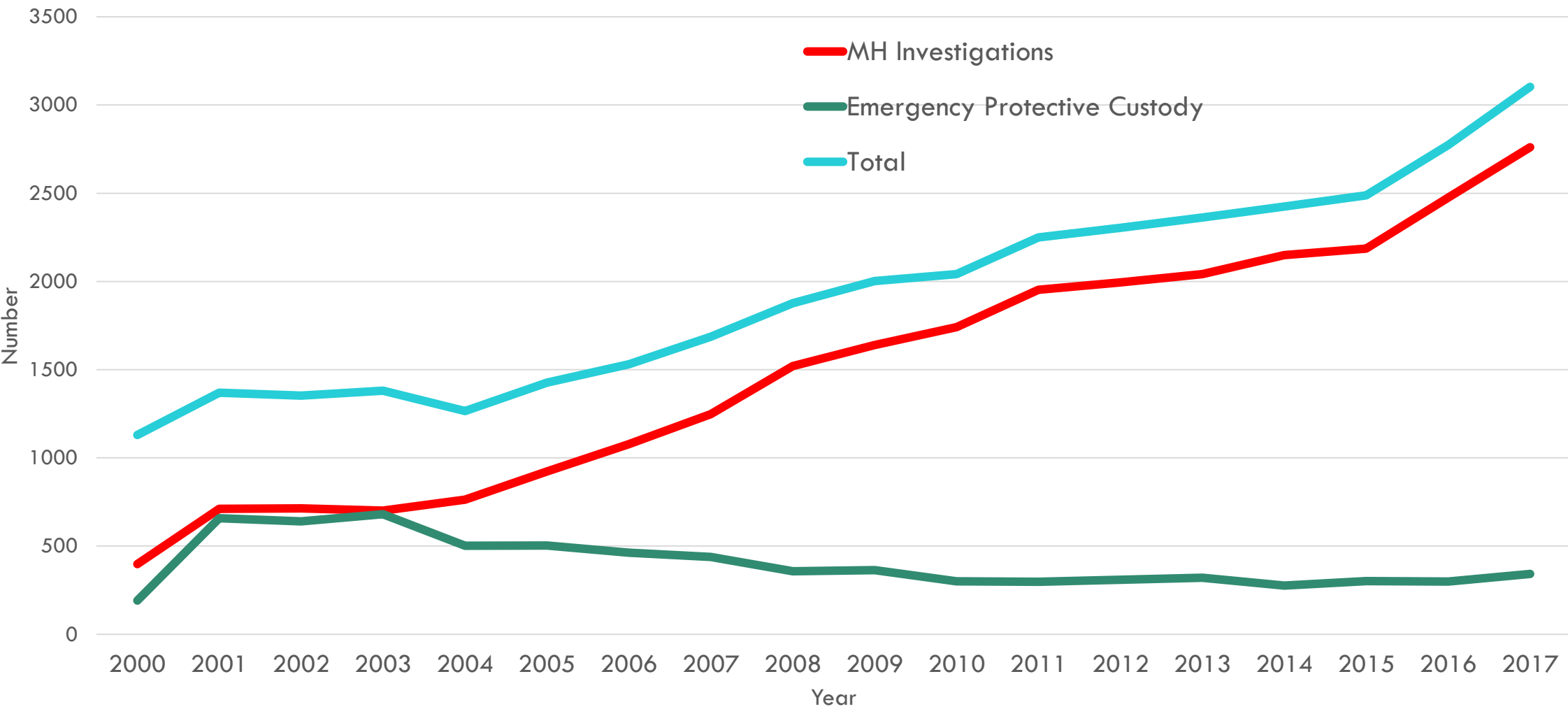
In 2017:

- Commissioned Personnel: 325
- Total Personnel: 475
- Calls for Service: 121,050
- Mental Health Investigations: 2,774



Lincoln Police Department

2000 - 2017



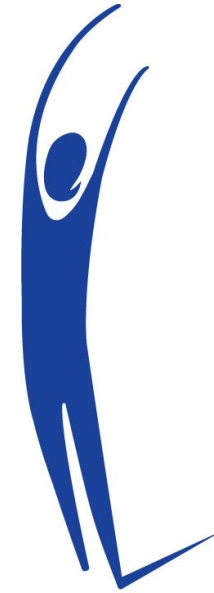


COMMUNITY HEALTH ENDOWMENT OF LINCOLN

CHE

CHE

- Created in 1998 from the sale of Lincoln General Hospital
- Vision is to make Lincoln the healthiest community in the nation
- Assets of \$65 million
- Returned \$30 million to Lincoln
- Focus on transformational philosophy



Community Health
Endowment of Lincoln



CASE STORIES



MELISSA'S STORY

- Schizophrenia and PTSD
- Many hospitalizations
- Psychosis and suicidal ideation
- No employment history

TODAY.....

- Full-time Peer Specialist
- Management Team at MHA-NE
- Married
- Homeowner
- No public assistance



JAMES' STORY

- Mother's death in adolescence
- Sporadic employment
- 30+ year alcohol & meth addiction
- 14 times in treatment
- Prison and jail time
- Poor health

TODAY.....

- Full-time Peer Specialist
- Clean and sober for more than 5 years
- Recent relapse



AIMEE'S STORY

- First drink of alcohol at age 12
- Started doing meth at 19
- 53 criminal convictions
- Mental health psychosis

TODAY.....

- Full-time Peer Specialist
- Clean
- Housed independently for first time in 8 years
- Reunited with children/family
- Works as a Peer Specialist inside the state prison where she was previously housed

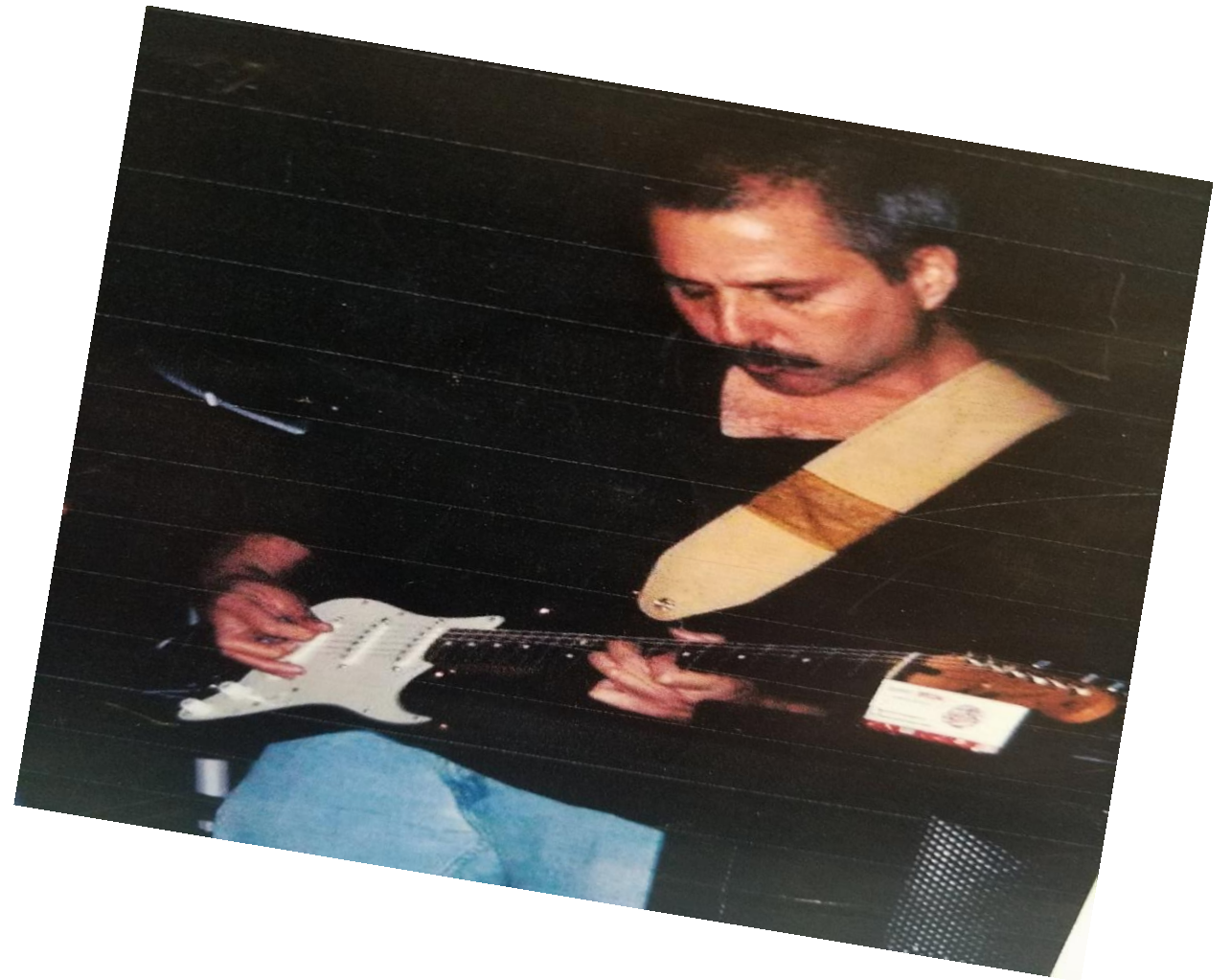


DAVE'S STORY

- Schizophrenia, paranoid type.
- Not guilty by reason of insanity in shooting death
- Psychiatric hospital for 22 years
- Told that he would need assisted living and medication management

TODAY.....

- Full-time Peer Specialist
- Clean and sober
- Lives independently
- Long-term relationship



THE TRADITIONAL LAW ENFORCEMENT APPROACH

Three Traditional Responses:

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

Crisis Intervention Training (CIT)

- What happens when the cops go home?

NEW 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

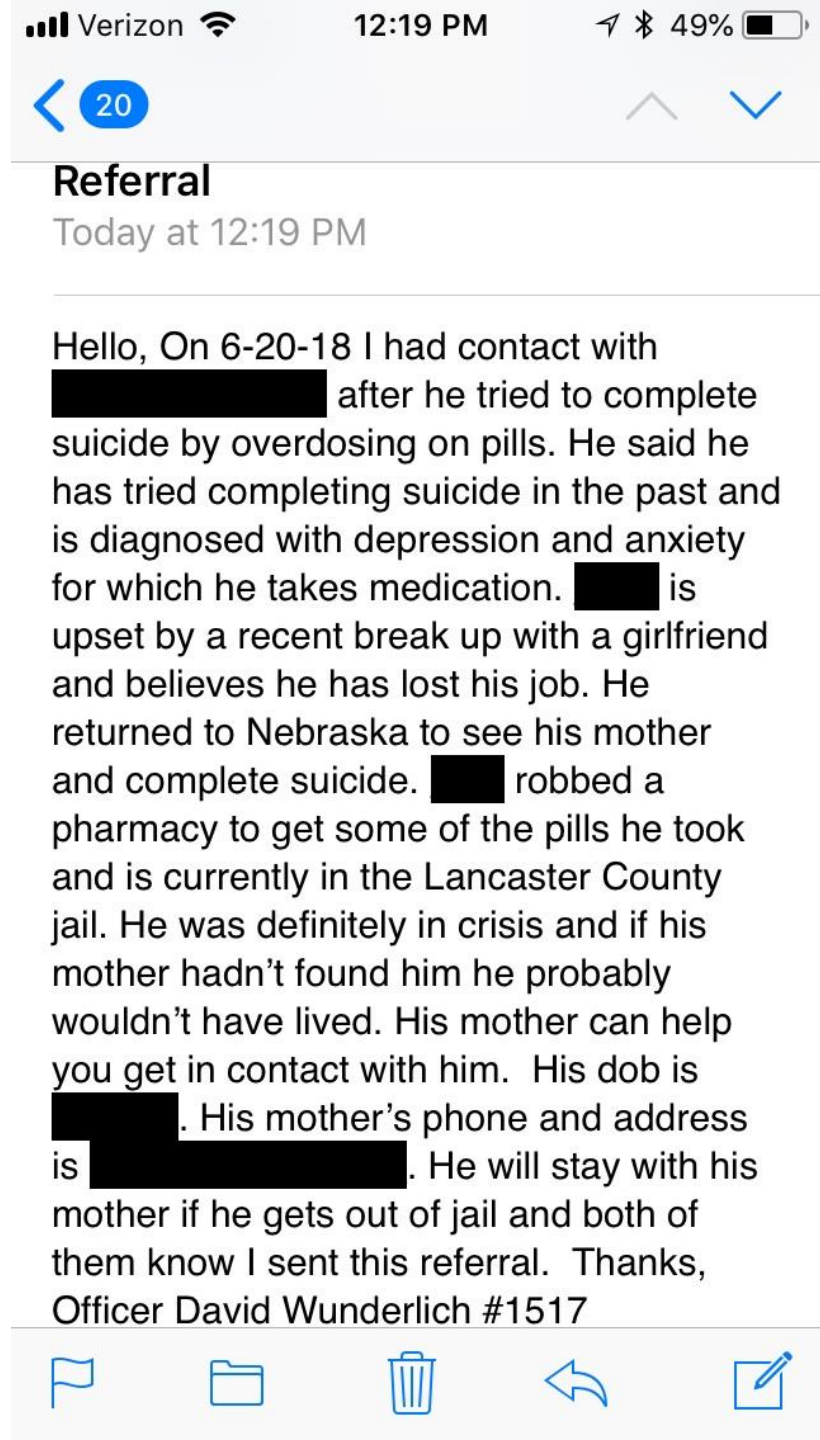
- Respond
- Empower
- Advocate
- Listen

THE R.E.A.L. PROGRAM

- 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.
- 2,400 referrals since 2011.
 - Currently 5-6 referrals per week from LPD
 - Other referrals from physicians, bus drivers, elected officials, other law enforcement, family, self.
- More than 300 (95%) LPD officers have referred
- 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



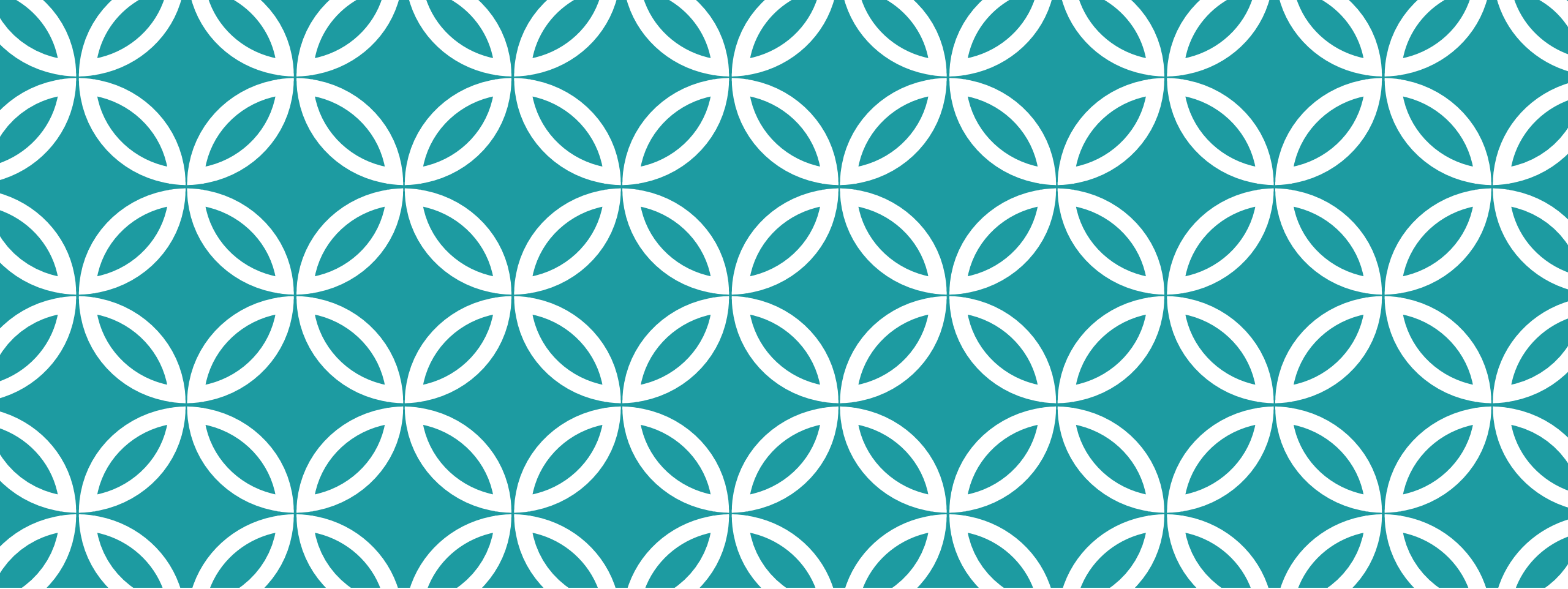
Referral

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] robbed 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

- 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
 - Find a support group
 - Develop a mental health plan (eg WRAP)
 - Assist in finding a psychiatrist, therapist, physician, or other professional
 - Secure housing and/or employment
 - Discuss medication compliance
 - Assist in developing payment plans
 - Obtain eligible resources
 - More.....



SUPPORTIVE SERVICES

Programs of MHA-NE

KEYA HOUSE & WARM LINE

- A comfortable, clean and furnished four bedroom home in a quiet and safe neighborhood.
- Self help and proactive recovery tools to regain and maintain wellness.
- Staffed 24/7 with trained Peer Specialists
- Must be 19 years and older
- 800 unduplicated guests
- Average stay: 5 days
- Average no. of calls to warm line per month: 375



HONU HOUSE

- Peer-Operated Respite 24/7
- New facility opened Summer 2018
- Serves consumers within 18 months of release from Dept. of Corrections, Parole, Post-Release, or Probation.
- Consumers have significant mental health or substance abuse issues who do not wish to live on their own.
- 20 individual bedrooms/14 baths
- 98 stays with average stay of 66 days
- NOT a group home, half-way house, or treatment program.
- Open to consumers who are ready to take charge of their lives.



H.O.P.E: HIGHER OPPORTUNITIES THROUGH THE POWER OF EMPLOYMENT

- 251 participants from prison (in 2017-18)
- 73% success i.e. employed for 90+ days
- Among MHA Peers Specialists.....
 - 14 released from Department of Corrections
 - 10 released from Jail Diversion and Drug Court
 - 3 were on a Mental Health Board Commitment
 - 4 are Veterans



PEER SUPPORT: INSIDE THE WALLS

- Inside all state correctional facilities, including maximum security
- Re-entry planning
- WRAP plans
- Peer support



PEER SUPPORT: INTENTIONAL

- Peer mentoring by long-time inmates who have received 40 hours of training



PEER SUPPORT: OUTREACH

- Re-entry planning for persons released from incarceration
- “Meet them at the door”
- Housing, Furniture, Food, Medical Appointments
- No. Served: 225
- No. in Progress: 40
- No. Housed: 42
- No. of Prevented Evictions: 6



LAW ENFORCEMENT TRAINING

- New Recruits
- Dispatch
- BHTA Training
 - 10 Years
 - Average of 65 officers per training





DOES IT WORK?

Data Evaluation

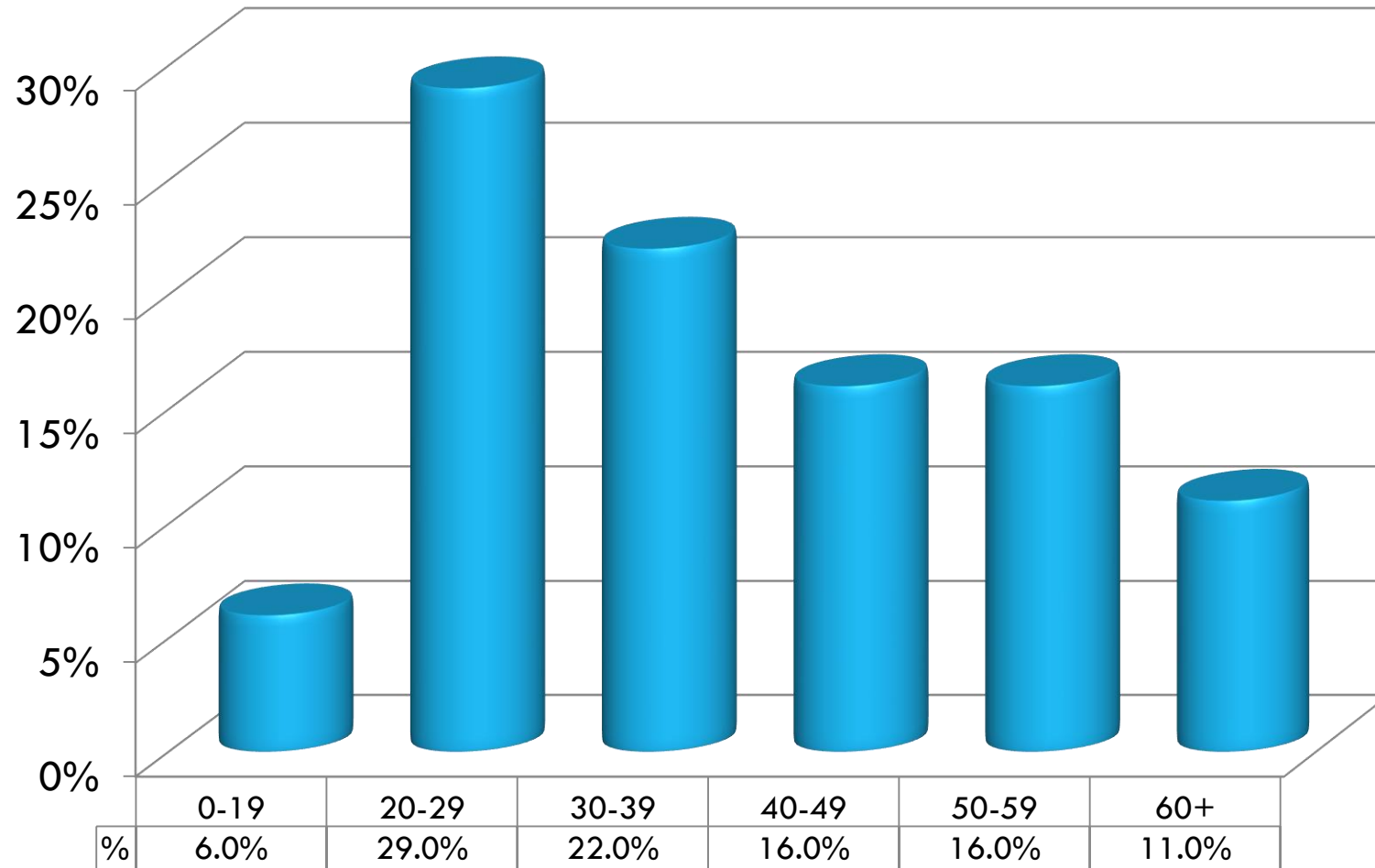
LPD-ABATED MENTAL HEALTH INVESTIGATIONS (N=775):

Category	%
Accepted R.E.A.L. Referral from LPD	53% (N=410)
Were not offered or declined a R.E.A.L. Referral from LPD	47% (N=365)

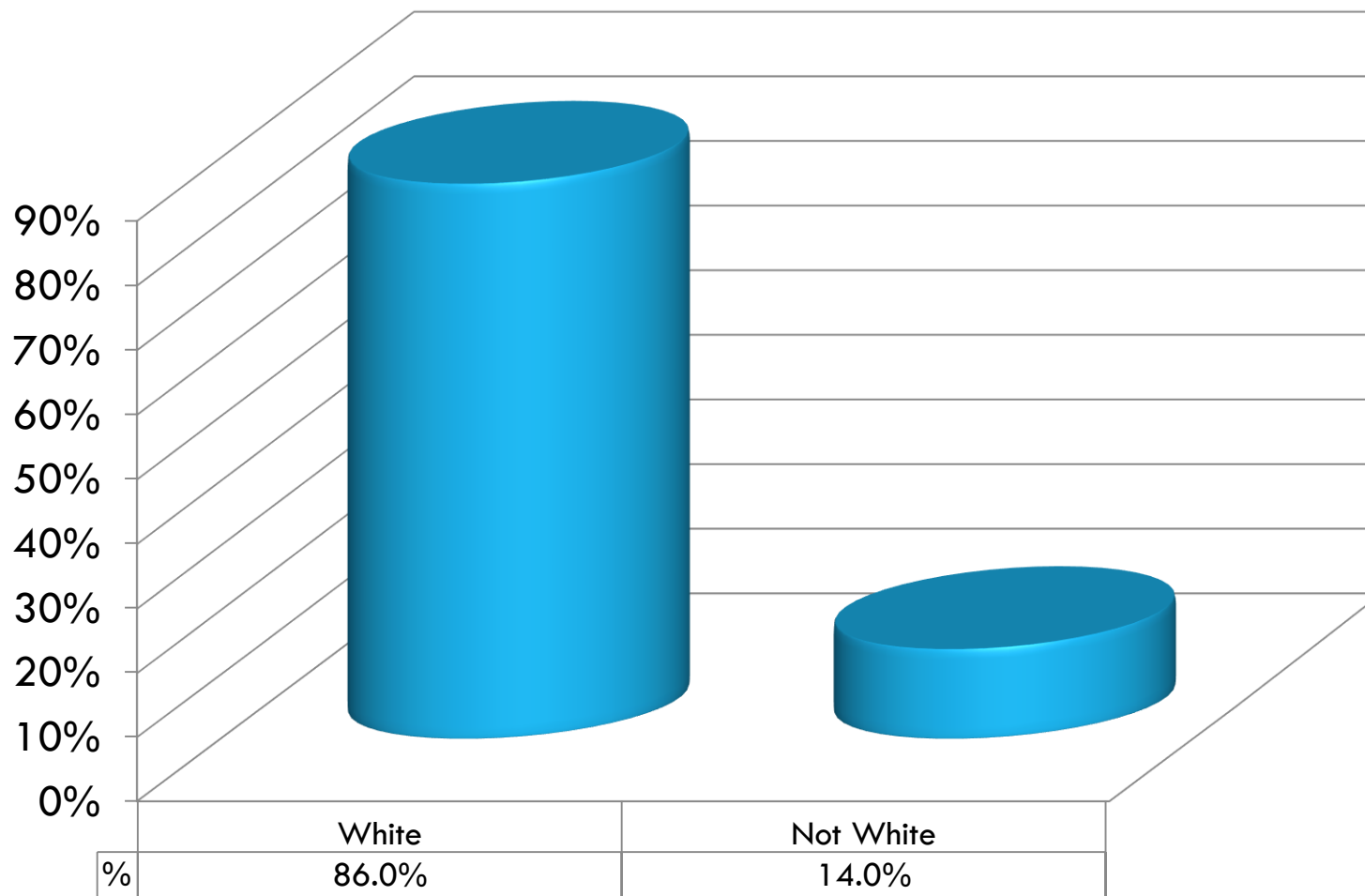
GENDER (N=410):

Gender	%
Female	46%
Male	54%

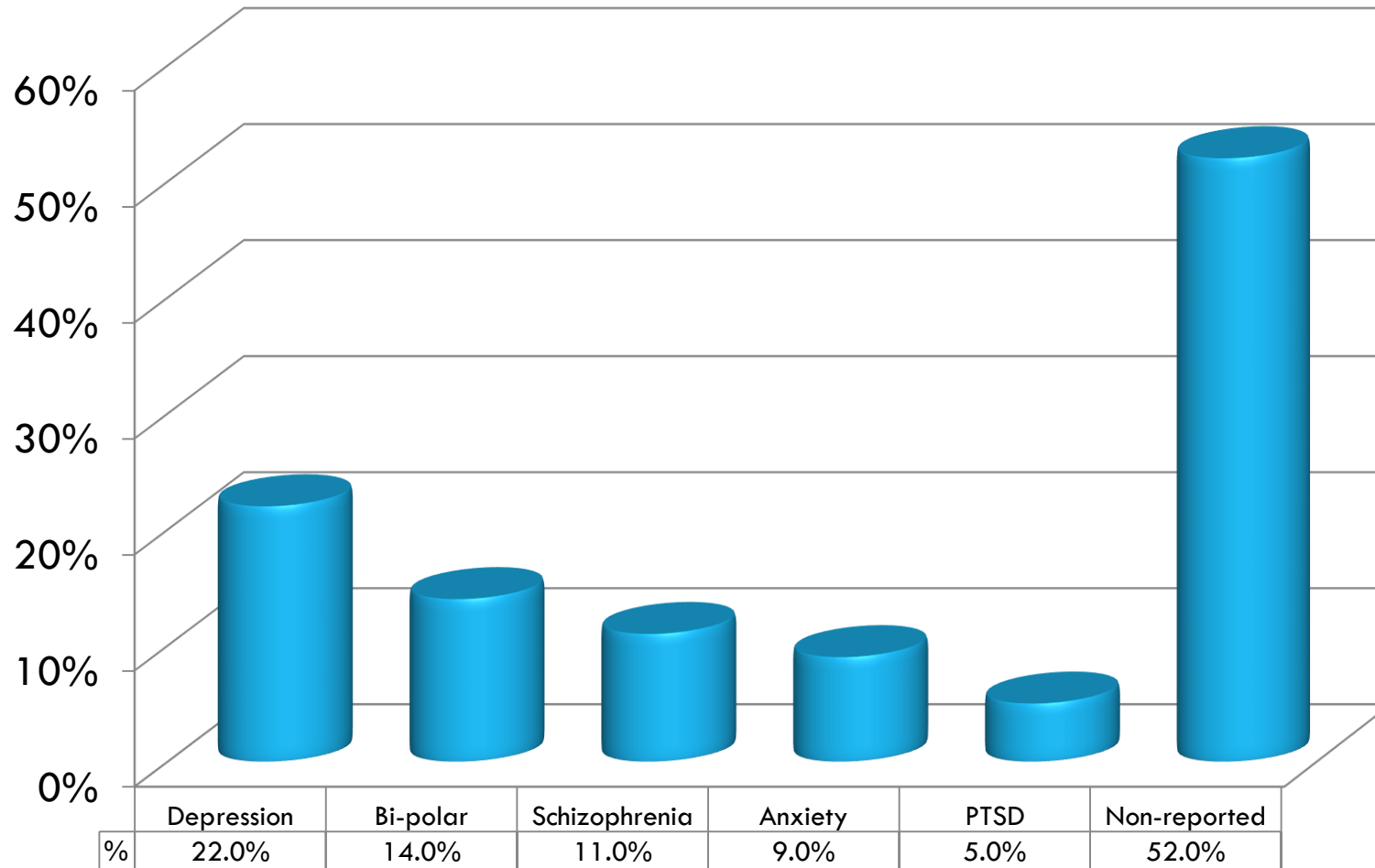
AGE GROUPS (N=410)



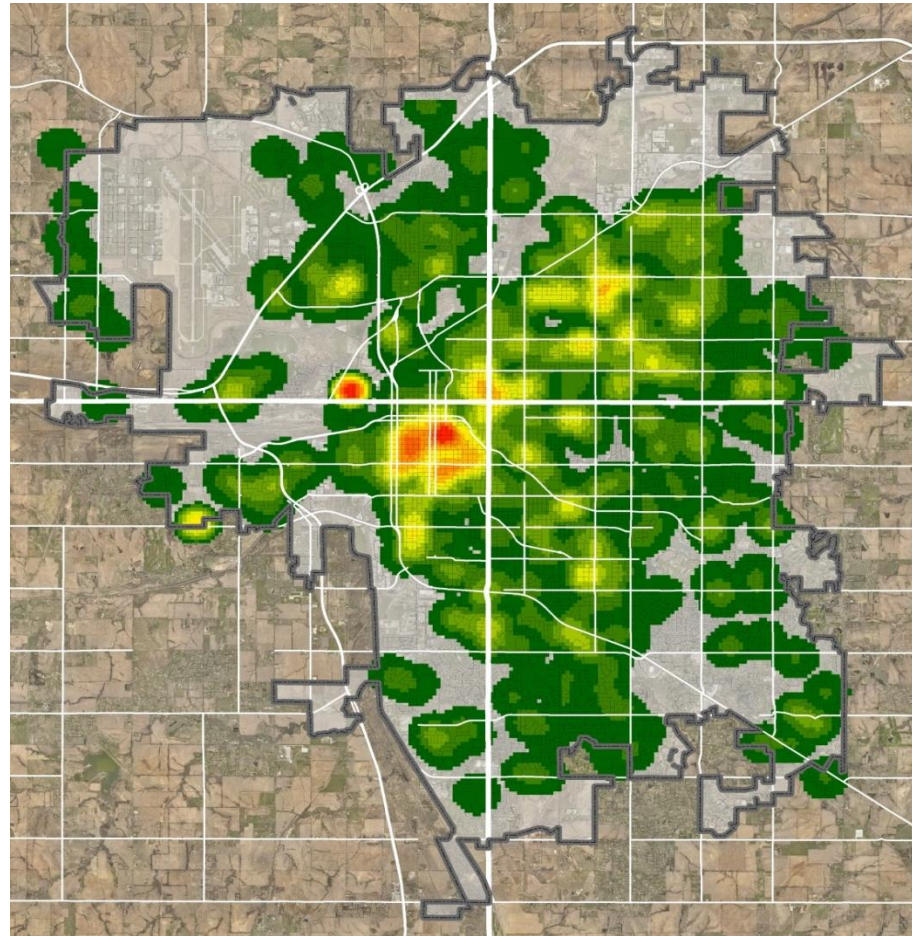
RACE/ETHNICITY (N=410)



SELF-REPORTED MENTAL HEALTH CONDITION (N=410)



LINCOLN (NE) MAP OF REFERRED ADDRESSES (N=410)



REFERRED CONSUMERS (N=410):

Category	%
Unable to be located/contacted	51% (N=210)
Contacted, but declined services	4% (N=15)
Contacted, and accepted services	45% (N=185)



FINDINGS

R.E.A.L. Program

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.

BILL

Bill was taken into EPC and transported to the Crisis Center. LPD officers believed that he could not care for himself due to unaddressed mental health symptoms. Bill was also being evicted from his home due to mortgage non-payment. In most jurisdictions, Bill would be released from the hospital after 72 hours to work out the issues on his own.

R.E.A.L. peer specialists made contact with Bill and listened to his concerns. R.E.A.L. worked with Bill to contact his bank, took him to the Keya House, assisted him with pending legal issues and managing his pension so he could pay rent and save. R.E.A.L. assisted Bill in health care and, upon learning that he had sustained a traumatic brain injury (TBI), helped facilitate a meeting with a TBI expert to learn strategies for coping with his symptoms. With the support of peer specialists, Bill began reaching out to his relatives, including his estranged parents. He re-established relationships, moved closer to them, and now cares for his elderly mother. Bill has not been contacted by law enforcement or been back to the Crisis Center for two years. He does, however, remain in contact with MHA.

“300 police officers rarely agree on anything, but they agree on the value of this program.”

-Tom Casady, Director, Public Safety (Lincoln NE)



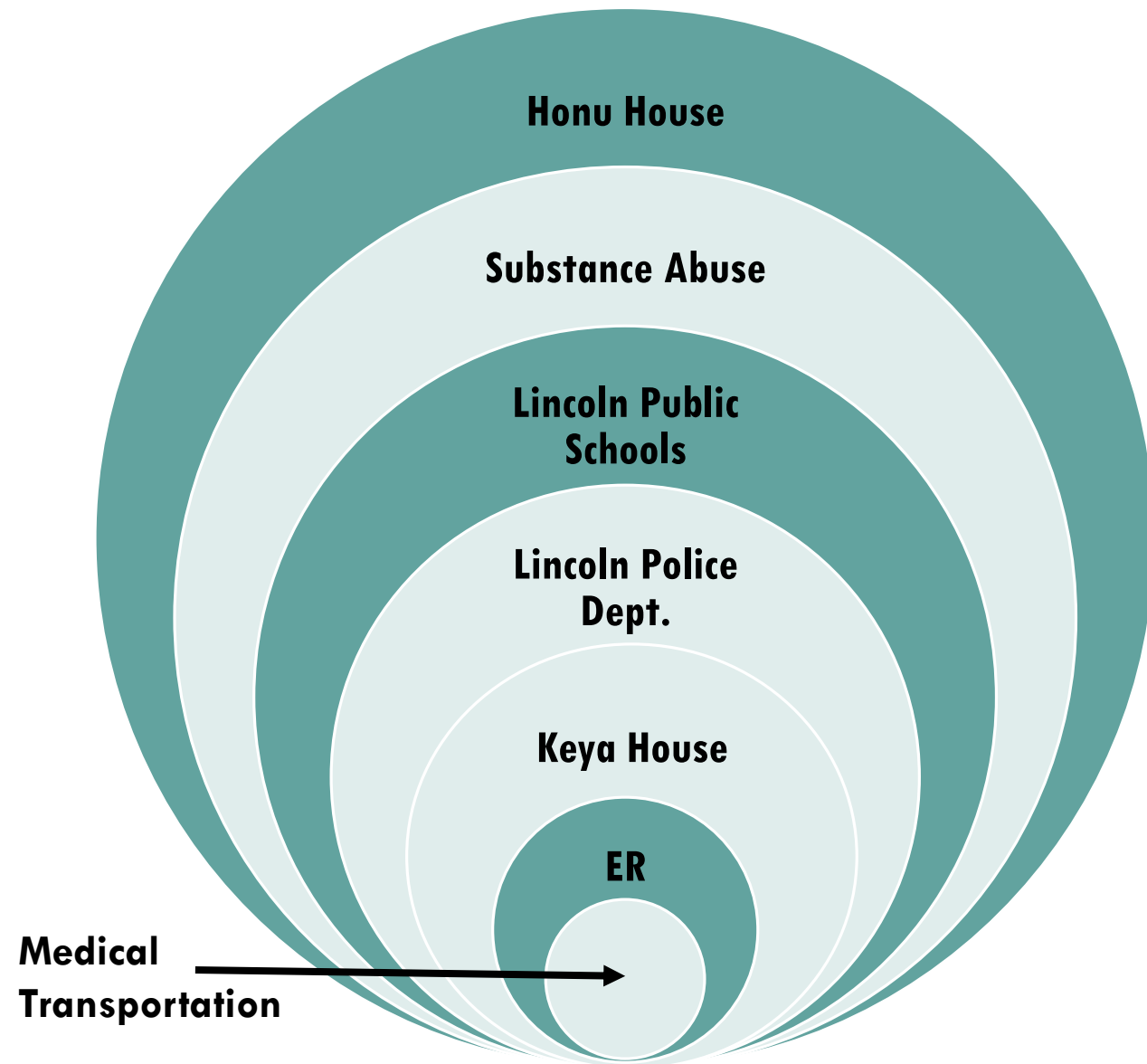
FUNDING & SUSTAINING THE WORK



TRANSFORMATIONAL PHILANTHROPY

Practicing transformational philanthropy requires a fundamental shift in how funders see their role and how they engage with grantees. It is not about individual projects, “playing it safe,” and the status quo. Transformational philanthropy steps out of the shadows, leans its weight into systemic roadblocks, takes risk, and embraces “aha” moments.

Transformational philanthropy seeks nontraditional relationships and trains its eye not solely on the outcomes, but on the process.



TRANSFORMATIONAL PHILANTHROPY

- It's about the soil, not the fruit
- Be prepared to stay engaged for 10 years or more
- Recognize that money won't solve the problem
- Be prepared that the learning curve is steep
- Be the first resort and not the last
- Be part of finding sustainability
- Tell their story. Embrace their work. Celebrate their success.

Excerpted from Promise and Peril: The Front Lines of Transformational Philanthropy
by Richard Woo and Holly Powers, The Russell Family Foundation, 2014



Destenie Commuso



December 5, 2017 · 🌐

I've been so busy with life. That I didn't realize that December 1st I have been at my job for 8 years. Helping myself by helping others. My coworkers are literally my family. My best friends my adopted mom my children's God mother.. and thousands of people I've been able to witness find recovery and wellness and get their lives back and or build lives they never knew they had the ability to have. **Kasey Moyer Ashley Wilksen Kara Severin-Magdanz Chad Magdanz Zack Dillon James Garvey Conni Esser LaDonna Little Elk Sue Brooks Sadarah Laughlin Raina Rae Potter Melissa Ripley Tessa Domingus Jason Witmer Lindsey Marie Wagaman Cody Lemmer Michael Malmkar Allison Havrilek Brittney Marie Warren Laura Crabb Alison Hays Bradley Esser** so many others that don't have facebook...



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23 Comments 1 Share





QUESTIONS?

