

**Transforming Local Government 2013 Case Study Proposal**

**Mental Health Co-Responder Project**

Category: Partnerships

City Manager J. Michael Wilkes

Please consider for an Innovation Award

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**SYNOPSIS**

The Mental health Co-Responder Program is designed to increase earlier identification and intervention for citizens with mental illness who have contact with law enforcement. The goal is to decrease the likelihood that those individuals will be arrested and enter into the criminal justice system because of behaviors related to their mental illness. This program also provides an opportunity to assist citizens of our community who are in a crisis situation and help them get access to the treatment and resources that can have a positive impact on their life. These goals are accomplished by having a licensed mental health professional, in addition to the officers, respond to law enforcement calls for service that involve citizens with mental illness. The mental health co-responder is typically asked to respond to a location at the request of the law enforcement officers, once the scene is stable. A clinical assessment is made to determine the extent to which the citizen is a risk to themselves or others. A decision is then made about the type of intervention that would be most beneficial to the citizen to help them remain safe or regain a level of stability to be able to function appropriately in society. In the days and weeks following the call for service, the mental health co-responder continues to follow up with those individuals to make sure the intervention advice was utilized and/or helpful.

The costs include the salary for the licensed mental health professional, use of an unmarked police vehicle, police radio and other equipment.

The savings of this project are best demonstrated by the increased efficiency and outcomes of law enforcement calls for service that involve those with mental illness. The mental health co-responder’s assistance helps officers to more effectively assess the situation and the factors involved, so that a more desirable outcome can be reached. For instance, at-risk individuals are hospitalized when necessary for his/her safety or that of the community. In other situations, the individual is connected with resources in the community that can help him/her become stable. The mental health co-responder follows up with these identified citizens to encourage them to make use of the resources available or to access them once they are discharged from the hospital. This early intervention can decrease the number of repeat calls for service involving that individual, which saves money for the law enforcement agency. Additionally, there is a potential cost savings to area emergency services. The mental health co-responder is able to assess the citizen in the field or at the police station and keep from tying up ER time and services.

This program is innovative in that the local police department and the community mental health center work in tandem to provide the mental health co-responder position. The mental health co-responder is an employee of the community mental health center due to the requirements for being able to assess and screen for hospitalization. However, the mental health co-responder is housed at the police station and spends all of their time responding to law enforcement calls for service. This provides the mental health co-responder a much clearer picture of how law enforcement must respond to calls involving those with mental illness. It also allows for on-going training of the law enforcement officers about the mental health system and resources in the community.

There has only been one obstacle to the program. The local hospital where a majority of the citizens seek medical treatment contracts with a private mental health service for assessment, screening and placement. When an individual has self-harmed and requests treatment at the local hospital, the police continue to be involved, but the mental health co-responder is not involved. When an individual is suicidal but does not require medical attention, they are transported to a hospital that provides psychiatric services.

This program has achieved several desired outcomes. First and foremost, the program has saved lives. Individuals suffering from a mental illness and/or threatening suicide receive immediate and effective intervention with consistent follow-up by the mental health co-responder. The treatment process time is decreased due to the mental health co-responder being involved from the outset and the relationships she has formed with treatment facilities. This has resulted in a decrease in the amount of time police officers are out of service handling mental health calls, treatment, and placement.

In the year since the inception of the program, there has been a significant decrease in repeat calls for service for individuals suffering from mental illness. Only twelve individuals had a second call for service since this program was implemented. Prior to its implementation, it was common for the police to respond to multiple calls with the same person. The co-responder has responded to 133 calls and conducted 238 follow-up calls. Four individuals have been arrested. One of those was mandatory arrest under state statute for domestic violence. Although arrest data on individuals suffering from mental illness was not tracked prior to the implementation of the program, anecdotal evidence suggests the program has decreased the number of individuals arrested and lodged in jail. One individual suffering from mental illness, for example, was arrested and lodged over 20 times in a three-year period prior to the implementation of this program.

**Presentation Style**

The presentation will be divided into segments. Each segment will begin with a video segment covering a specific portion of the program followed by an interactive presentation, which will include the use of Microsoft PowerPoint. The overarching goal of the presentation is to educate others as to how an interactive partnership like this can produce benefits for law enforcement and mental health professionals, but, most importantly, individuals in the community who suffer from on-going mental illness or find themselves in a state of crisis.

**INTERVIEW Notes**

**Issue: not a lot of good communication between public safety agencies. Mental health cases were being incarcerated rather than referring them to mental health agencies.**

**How did you solve it: working on it, not solved… Results are more cooperation and communication. Embed an employee mental health (co-responder) individual within a public safety agency. Hear everything real-time during an event and be able to offer input on the best resolution.**

**Innovative:**

**Transferability: adapt to an on-call basis. Large governments might have many officers.**

**Partnership element: the mental health co-responder is an employee of Johnson County Mental Health but is stationed within Olathe PD.**

**Results: demonstrate significant decrease in time spent by an officer. Richer experience delivered to citizens between hospital, services, police and Mental Health. Soft and hard dollars cost savings within all of these organizations.**

**Presentation: highlight the higher quality of service to folks with mental illness. Panel presentation with video. Where to go for the grant money.**