Peer Specialists and Police as Partners Preventing Behavioral Health Crises

Kasey Moyer, Executive Director of Mental Health Association of Nebraska
Luke Bonkiewicz, Police Officer, Lincoln Police Department
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
Disclaimer

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Mental Health Association of Nebraska

- Peer Developed
- Peer Implemented
- Peer Operated
- Person Driven!
REAL Program

- 2,200 Referrals
- Over 300 different Officers have referred
- Also referrals from private physicians, bus drivers, schools, Sheriffs Dept., providers, family and self.
- Completely voluntary
- 24/7 peer support
Keya House/ Warmline

- Approximately unduplicated 800 guests
- Average stay is 5 days
- Average 350-400 calls/month
- 24/7 peer support
Honu Home

- 80 Guests Stays
- Average stay is 66 days
- 24/7 support services
Supported employment

MHA- Employees
10 peers DOC
10 peers Jail/Drug Court
3-peers mental health board commitment
3- peer veterans

• 140 participants in 2016-2017
• 112 we know are still working
• 56 in progress
• 33 have obtained employment
Peer Outreach

• 145 individuals served
• 47 current

- Housing
- Furniture
- Food Nets
- Medical Appt.
Peer Support Inside the walls
HONU Expanded

- 20 individual bedrooms/ 14 bath
- Serving those within 18 months of release from DOC
- Serving those living with significant MH or SA who wish to not live on their own
- Assisting Law Enforcement with individuals who don’t need EPC but additional support
Law Enforcement Training

- New Recruits
- Dispatch
- BHTA Training
  - 9th annual
  - Averaging 65 officers per training
What is the R.E.A.L. Program?

• A way for officers to connect citizens to MH resources following a call for service
• Officer e-mails referral to MHA after CFS
• Peer-specialist then contacts mental health consumer
  ➢ Free
  ➢ Voluntary
  ➢ Non-clinical
How do LPD Officers Make Referrals?

E-mail sent from LPD officer to MHA

Three components of referral:
- Type of incident (e.g., suicide attempt)
- Consumer’s contact information
- Brief description of incident
R.E.A.L. Program—Evaluation

GENERAL QUESTIONS

• What is the R.E.A.L Program?

• How do LPD officers use the program?

• Has the program benefited mental health consumers and LPD? If so, how?
What is the Program’s Impact?

• Data: 410 referred individuals, 365 non-referred individuals (N=775)

• NOT a randomized, controlled experiment

• Numerous control variables
What is the Program’s Impact?

• Three outcomes following a MHCFS
  ➢ Whether individuals were arrested
  ➢ # of MHCFS generated
  ➢ Whether individuals were EPC’d

• Three points of time (12, 24 & 36 months after MHCFS)

• Methods of Analysis
  ➢ Logistic Regression
  ➢ Negative Binomial Regression
What is the Program’s Impact?

• Results—disappointing news first
  
  ➢ NO EFFECT on any outcome at 12 month period
  
  ➢ NO EFFECT on being arrested at any time period
What is the Program’s Impact?

Results—better news!

• Moderate negative effect on # of future MHCFS at 24 and 36 months.
  Effect seems to grow stronger over time

• Moderate negative effect on future odds of being taken into EPC at 24 and 36 months (33% & 44%)

  Again, effect seems to grow stronger over time
What is the Program’s Impact?

• Effect greater for individuals with lengthier MHCFS histories
  ➢ Effect seems to grow stronger over time
What is the Program’s Impact?

• Substantive Takeaways
  ➢ It takes at least 12 months (and probably closer to 24 months) to see results
  
  ➢ Peer support program especially effective for those with longer/possibly more serious MH histories
  
  ➢ Effect of program grows stronger over time
Future Research

• Why *exactly* does the program work?

• What aspect is most beneficial?

• Need for replication and verification

• Need to identify procedures that can be standardized and shared
Questions?