

Partnerships to Address Mental Health Calls for Service

Voiceover

00:00

Welcome to *The Beat*—a podcast series from the COPS Office at the Department of Justice. Featuring interviews with experts from a varied field of disciplines, *The Beat* provides law enforcement with the latest developments and trending topics in community policing.

Jennifer Donelan

00:16

Hello and welcome to *The Beat*. I'm your host, Jennifer Donelan. Our guests today are Jessica Murphy, an Emergency Services Deputy Division Director at Johnson County Mental Health Center in Kansas, and Sergeant Robert McKeirnan of the Olathe Kansas Police Department. Thank you both so much for being with us here on the show.

Director Jessica Murphy

00:34

Of course, thanks for having us.

Sergeant Robert McKeirnan

00:36

Thank you.

Donelan

00:36

I'm looking forward to this conversation. So here's the background: Since 2010, the city of Olathe has relied on co-responders to service calls where there's an indication that a mental health or counseling professional would be helpful. Co-responders work to divert individuals with behavioral health issues from the criminal justice system and provide them instead with access to appropriate behavioral health resources. This style of co-response has been increasing throughout the country, as we all know, and it's proving to be extremely effective in many jurisdictions.

And it's something that officers have come to appreciate. The key to successful co-response models is solid organizational partnerships between police departments and municipal mental health and behavioral health departments. Now, our guests today—perfect example of that. So this is going to be a really exciting discussion and I think they're going to have a lot of information that you can use. Sergeant McKeirnan and Jessica, we normally start off by asking everyone the same question: What inspired you to follow this career path? So I'm going to start with Sergeant McKeirnan and ask you why law enforcement, what brought you there?

McKeirnan

01:44

So I actually studied international studies in college and thought that maybe I'd go someplace international and do some helping-the-world type stuff, and as it came time to graduate, we were looking at different options. Someone had talked to me about the police department and they asked if I'd be interested in possibly joining PD. And I'd never really thought about it a whole lot before, but doing some ride-alongs and talking with folks, it scratched a lot of the same itches of being able to talk to a lot of different people that were probably grew up different than I did. Lots of opportunities to help and not just go earn a paycheck or sit in an office but go out into the community and do some good. And I said the same thing that I'm sure lots of cops say in their interview of why do you want to do this, and I really did want to help people and I thought this would be a fun and exciting way to get to do that.

Donelan

02:25

And how long have you been in law enforcement? How many years?

McKeirnan

02:28

Coming up on 15.

Donelan

02:29

15 years. All right. Is it all that you wanted it to be or more?

McKeirnan

02:33

Yeah. I'll tell you what, it has been way more.

Donelan

02:35

Okay. [Laughs] Good answer.

McKeirnan

02:37

Yeah, I thought that I was going to get a chance to help people and we have, but as we're going to talk about today with co-response, this has been by far the most hope-filled and uplifting work that I've had an opportunity to do with the police department. It is an exciting thing every day.

Donelan

02:51

That's awesome. And I know from 15 years ago to now, I know that this wasn't even in the vocabulary when you started. So let's move over to Director Murphy a.k.a. Jessica. Jessica, how did you get started in behavioral health? What was the draw?

Murphy

03:07

So I often say that this field found me, I didn't find it, which I feel really, really fortunate that it happened that way. I've had a series of people who've really guided me towards this career and if it weren't for them, I'd probably be an attorney or an accountant, which are still very admirable careers, but just wouldn't have been right for me. I would say it started when I was younger. I saw my mom growing up. She was just a social worker at heart without being a true social worker. She helped in the church and volunteered and through her work and she got me my first job as a paraprofessional working summer schools.

And I worked with individuals who had autism and were nonverbal. And when I say that that felt good, I don't just mean good. It felt right. It felt like the right thing to do to really be able to help people who couldn't do things for themselves. And I got to fill a gap that they hadn't really, they didn't know that they had, but I got to be there to work kind of alongside with them. And so that kind of started my helper journey. When I got to school, to college, I was thinking speech pathology might be the path and somehow I found my way to psychology.

And you know, I wish I knew what that pivot was, but again, it was just the right path for me. I really got to fall in love with learning about mental health. I ended up taking a job as attendant care at our local mental health center. And I did that. So it was the highest paying job back then, which is really ironic saying that about the mental health field, that that's not always what we're known to be. And it was \$8.50 an hour. So I don't know about high-paying now, is not quite the same either, relative. But I got to help people as an attendant care worker. I got to work in their homes. I got to help people who come out of the state hospital and transition back to the community, teach them grocery shopping and social outings. And it was just neat to be a part of someone's life who is often looked at differently or ostracized from our communities. And so, that's really where I got my start with mental health and it, there was kind of a trajectory for the rest of the steps from there.

Donelan

04:50

And you know, when you talk—both of you talk—I'm a believer that certain professions and careers that are calling and you know, it may sound sappy, but I think that's true because there has to be passion, especially when you encounter some of the scenarios that you encounter, challenges that you encounter. It's really the passion that pushes you through some of those more difficult moments. So I want to take people now on the journey and I'm going to go back to the Sergeant, Robert, and ask you about the fact that you guys have been doing this co-response model since 2010.

You were doing this before it was cool, you know, you were doing this before anybody else really was doing it, quite frankly. It's come up in modern times as everyone is really working to do what they can to improve relations and improve accountability and how best to improve policing in our century. So I want to take you back to the beginning. What was it like when you were first starting out as a police officer on

the streets? Was this even something that occurred to you that, “You know what, gosh, it’d be great if we had mental health people out here with us to help us defuse this.” And was it sort of pie in the sky and what was it that clicked?

McKeirnan

05:57

So for me, when I started out, like you said, we didn’t have co-responders and frankly mental health calls tended to be kind of frustrating to me because we had some good resources in place, we had good places to refer folks, but the knowledge wasn’t there to a degree. Like we did the best we could with what we had. I’ll say that. Like we were doing a good job with what we had, but we didn’t know how much there was that we could do more or maybe different ways to engage other resources.

So when I started out, it felt like most of the calls that I went on that were mental health related, I ended up taking somebody to an ER. And in my mind I was thinking that meant that person was going to stay there to get help, but in reality, you know, 75, maybe even 90 percent of those folks would go right back home again. And it felt like it was just this revolving door that really wasn’t making a whole lot of impact because the person oftentimes is back home before I even went back in service. What I saw when we introduced the co-responders was at first thinking like, you know, we already do a good job of this. We don’t need this extra resource. I’m not sure what this person is going to be here for us to do. But, immediately, really saw the impact that they made because one, the co-responder was providing that assessment that was going on at the hospital, which I didn’t really understand at the time. They were doing that on the scene. So all those folks that were going to the hospital just to get assessed and released, all of a sudden we stopped doing that. So all those folks got to stay in their home and get the resources they needed there as opposed to having to be transported to the hospital in a police car with police.

Oftentimes they didn’t really want to do that so we got to leave those folks there. And then the other thing that I started seeing happen was I was spending a lot of less time actually in the ER because when the co-responders saw how much time we were spending waiting on ER staff, they went in and kind of went to bat for us and said, “Hey, this is not how things should be. You know, we need to streamline this drop off process if we really want to.” A big piece of our co-response program from the get-go was jail diversion.

We said if we are going to divert people from the justice system, we need to have a good way of getting people into the mental health system. And that means it’s got to be streamlined, it’s got to be just as easy or easier than it is to go to the jail. So I started spending instead of four hours at the ER on every transport, maybe 15 minutes or 30 minutes, which was a phenomenal improvement. So I thought, “Hey, that’s pretty cool. I like that.” But when you talk about early work that really shaped today, I go back to a situation where I took somebody to the hospital, the gal was experiencing some pretty severe psychosis, she was becoming violent and she was in a pretty bad spot because she was looking at losing some housing.

We couldn't find any family supports for her and we ended up having to take her to the hospital and oftentimes that's where our police interaction ended in the past. Well, because we had this co-responder, I went back out to check on her two weeks later with one of the co-responders and knocked on the door, not realizing it was going to be the same gal. She answered the door and I barely recognized her. That's how significant the change was.

She was doing really well. She was extremely thankful for the help that we had provided and she was no longer on the verge of losing her housing and she had some supports back in her life, relationships being repaired. And that just hit me like a 100 pound weight of this is how impactful this work can be and how life changing it can be. And oftentimes in police work we see the bad situation and we try to do as much as we can. But oftentimes officers don't think like, "I made a lot of change here today." That was a situation where I looked back and went, "Wow, we got to be part of some really big change." And that's what these programs do.

Donelan

09:13

Change that can last generations. I mean you just don't know how impactful it is. Okay. So, you know, you kind of slid past it and I want to take you back to it—you mentioned there where at the beginning you were, shall we call it suspicious as to whether or not this would work. I've got to imagine that, Jessica, when you first started this work that you ran into a lot of that. I mean I think, Robert, you'll agree with me, law enforcement is a culture and it takes time for cultural changes to occur.

McKeirnan

09:42

Absolutely.

Donelan

09:43

What was it like department-wide initially, if you could describe that because you're probably describing where some departments are right now. They're in that place of we know we should maybe do this, we know others are doing it, but they're pushing up against a lot of negativity. Officers who are like, "You know what, I just, I don't, I think this might be more work. It's not safe for these people to be out here. You know, is this really a valuable way for us to be spending our time?" So talk a little bit about what that was at the beginning when it was first introduced and then, Jessica, if you could follow up with that and tell us about your experiences when you were first launching these programs and perhaps what walls you ran into.

McKeirnan

10:21

I think that's absolutely true, Jennifer. Across the country, law enforcement, we are "show me" people, right? Like you can talk to me all you want, you can tell me about stuff, but at the end of the day—show me. That's what I'm going to believe. I'm going to believe what I can see. And the co-response programs

that really take off and do well very quickly are the ones that do a really good job of showing the people on the ground, this is how we can be a help, this is how we can make this easier for you. This is how we can relieve some of the frustration that goes with not knowing how to help somebody.

So those situations where we feel like there's just not a fix, but then that co-responder comes in and goes, "No, actually, I think we do have a fix here and here's what we can do and this is what it's going to look like and in two weeks this is what it looks like, in four weeks this is what it looks like." And now we see that full picture and go, "Wow, okay this is really useful." So definitely taking the opportunities that are presented to show how effective this work is, that helps a lot for bringing folks around. And that's really what happened at our police department was a lot of "show me." Show me how this is going to work. Show me how it's going to come together.

Show me that it's not just going to be me waiting extra time on a call. Show me that spending the extra 15 minutes or half hour or even hour on the call right now, well, that means that we're not coming back to that person for three times a week like we were before because we spent the extra time. We actually got to the core of it and fixed it then. I think that's what made the big difference for us.

Donelan

11:36

So it's showing people the evidence that this really works. Jessica, could you tell us about what your experiences were when you first started with this? And I don't know if the police departments approached you or you approached them. So if you could talk about how that worked and then any challenges you ran into. Because I think that's probably something that's a reality for some police departments as we speak, as they're trying to make the switch to co-response or have that as part of their programming.

Murphy

12:04

Sure. When I actually got hired in 2017 for this position, for the co-responder team leader back then, I suppose, law enforcement was not a part of our interview process, which we have shifted that since we've hired two new team leaders because that is how embedded and collaborative we have become with law enforcement through these programs is even leadership. Even though it's our positions and we are dedicating those to the programs, we want to have their voice in the decision making of who's going to be in their departments and a part of their work every day.

And so when I started working with officers, I hadn't had a ton of experience prior. I'd worked on our mobile crisis team and so I'd had some interactions where we would call them out to outreach as we'd go on or would partner with them, but it truly wasn't the same. And so it was a new world to me but it was... At first, I would say it wasn't as challenging as I was anticipating because my predecessors had really set a good groundwork for me. We had a really robust CIT program. And so what I learned though is that even though those relationships can be really valuable and deep relationships, that doesn't mean that they just transfer to me just because I'm at the same agency or because I'm in the position.

And so I did have to do some of that work to build those relationships, and that shifts every time you get a new leader or a new co-responder hired into the position that just because we have some of that trust and it's ingrained in the program doesn't mean that it's going to keep transferring to the next person. One person can really shift or build these programs just by their relationships and how they're engaging with the officers. So I would say that it's been interesting to kind of see again just the different people that I've gotten to work with and how they will respond to this program.

Some don't love the idea of us coming in, think that we are in the beginning coming to micromanage their work or tell them what they were doing wrong. And I think that once we got in and you know we're in the trenches with them and we're getting our hands dirty so to speak as well, then they saw that there was true buy in to it. It's not about us telling them what they're doing wrong, it's really just to add another service to what they're doing. They were tasked to do this work for decades, and now it alleviates some of their work is our hope.

Donelan

14:05

And you know, that goes back to what Robert was saying just a minute ago about, you know, the real important piece for his department was that the officers were shown how critical a program that this is. Let's also talk about leadership though, Sergeant. How did that work out? I mean was your chief on board? Was it a top-down message like this is what we're doing, get with the program?

McKeirnan

14:27

Yeah, I think that that also really helps, right? So it's a two-pronged attack, if you like, to have the chief and all of the staff on board and making sure that from the top down is communicated, this is what we're doing, this is where we're going, this is how this program's going to work. Paired with folks on the ground, those co-responders on the ground that are working with the officers every day who are working hard to show them how useful they can be and what they can do to help them. So they're getting from both sides, right? The leadership is saying, "This is what we're doing, and we're going to use this resource." And then the second side, even though you're going to use it, you're also seeing how valuable it actually is.

Donelan

15:02

So, and you know what, I do this a lot. I'm like, okay, wait a minute. Let's pause. I want you to take me back to the beginning and tell me: What is a co-responder? Like, Jessica, are the co-responders, are they all social workers?

Murphy

15:12

Good question. So no, you don't have to be a social worker to be a co-responder. But in Johnson County, our co-responder model is a Johnson County Mental Health Center clinician. So that's a licensed

master's level mental health professional. That can be social work, counseling, marriage and family therapy. So it can be just that kind of behavioral health component. They are our employee, but they're actually going to be embedded inside the police department. So that's where they go to work every day.

They wear a uniform. They're in roll call with the officers, and they work with them day in and day out. I also, I have to mention the cities pay for those positions. So they have, whether they found the investments through grants, you know part of their budget, some have gotten hospital donations to grow their programs. It's from their budget that these programs exist.

Donelan

15:56

Okay Sergeant, paint the picture for me. Also, getting back to basics here, how does it work? So you have the co-responders, they're at your agency, I'm assuming the call comes out, the officers are already out on patrol so it's not come back, pick up a co-responder and go, or is it? Or are they in the cars with them as they're out on their beats?

McKeirnan

16:14

That's a really good question. We started out... So for the first 10 years of our program we did that first model that you described where the co-responders they officed at the police department, they were at our shift changes and they were there at the station every day. So we saw them but they weren't out riding with officers every day, right? When a mental health call would come up, then they would either dispatch themselves out to that call or the officer would call them and ask them to come out to the scene either by phone or by police radio and engage them that way.

The last three years we've switched to what we call behavioral health patrol. So in that model we actually have a dedicated unit we call the advanced crisis intervention team in Olathe where we have specially trained officers that are selected for their ability to do well on these calls, their knowledge of the system. And we pair those directly with a co-responder and their primary mission is to go to 911 crisis calls. So instead of waiting for the officers to identify the call and waiting for the scene to be declared safe and all that, now we have the officer and the clinician go to the call together. They help to identify the call together. They also research the individual or the situation on the way to the call together. So they get that intel as they're approaching and just have, to me, a better deployment of that resource for our particular city. But it works really, really well both ways. I think Jessica's got some more about that.

Donelan

17:24

Sure. Jess, what do you got?

Murphy

17:25

So the other half of our program does what we call secondary response because we are not first responders, we're not going to go lights and sirens unless we're in a patrol car like McKeirnan was talking about. But they will drive a county issued car. So it's not their own personal vehicle but it's a vehicle that we provide them and they will drive without an officer so they drive separate. And the benefits, as he'd said, that's how our program started and had been for 10 years until he added that new response style in 2021.

But we are able to provide that service and that co-response to every call, and we'll get initiated a couple different ways. We can have it where the officer can identify a need and he'll call us out over the radio or by phone. We can self-initiate that we maybe recognize the name or see that there's a need that we can maybe help with. And so we will self-dispatch and we have to stage down away from the call and we will let the officers know that we're available and staging. And what that does is at least goes over their earpiece so they know okay they're nearby but their job is to make sure that that scene is secure before we come on.

Then when we come on we will join them and they're still maintaining the scene to provide that security for us to do our assessment. And so it's a little bit of a different way of doing it. And what we've decided in Johnson County, and I hope to see this nationwide, is it doesn't have to be the same even just because the county, it's a county program, we're able to modify it for what works for each city. The cities that do that secondary response, they're smaller cities and they don't have quite the call volume to support dedicating officers to those calls like Olathe and Overland Park, one of our other cities, do.

Olathe has really also been able to expand that because they did get the grant through the COPS Office and that was able to give them more staff officers and clinicians to partner together.

Donelan

19:03

I love that it's not a one-size-fit-all solution, that you can tailor it based on the needs of your particular agency or the needs of your particular community. And I love, Robert, that your department has tried it two different ways and you've seen the benefits to both because as you were describing, you know if it's a mental health crisis call, that's one thing, but how often do you go on calls that are not dispatched as mental health crises but you get on scene, it can be a traffic stop and you quickly realize this person is in mental health crisis? And so I would assume to have that co-responder with you, that's super beneficial. But in the case that you don't have a co-responder, is there also an option where you can call one out?

McKeirnan

19:44

Being able to call a co-responder out. So either we have our unit out there running around where they have the officer and co-responder together and like Jessica said, that's a great opportunity for them to recognize those calls. And like you said, oftentimes they're not coming in as a mental health call, it

comes in as a burglary or it comes in as suspicious activity because somebody believes something is happening, and then we get on scene and find out that it's not a burglar at all but it has to do with maybe psychosis.

So getting them involved that way is great. Getting them called out to the scene works well. I want to give a shout out to our crisis line in our 988 team in Johnson County as well because when we don't have the co-responders on, we still have that 24/7 access to folks that can give us some advice, any situations and help us navigate the mental health system so that even when we don't have the person there on scene, we can still get good direction on where we can help this person.

Donelan

20:29

Okay. Let's talk results. I know you just gave us a phenomenal example of the one woman who you had dealt with and then visited again two weeks later and just saw a dramatic change for the positive. Wider scale: What have the results that you both—and I'd love for you both to speak to this—that you've seen as a result of these programs being enacted in your area?

McKeirnan

20:50

I know for our program, especially these last three years, we've done some really intense data tracking with the advanced crisis intervention team pairing our officers and co-responders to respond to scenes and we've seen a huge reduction in folks that we interact with that go to jail, that enter the justice system, large reduction in people that are being transported to the ER that don't need to be there. And then, the thing that's kind of hard to quantify or to have great data on, obviously, is like what things did you prevent.

But I'll tell you, there's great stories in this work. Community policing is something that our department has believed in for a very, very long time and has practiced. But this program is like community policing gold. It is all about relationships in the community. It is all about utilizing community partners to accomplish the goals of helping individuals. And the reaction from the community is amazing. So like that gal that we talked about, she had a phenomenal image of the police department because of the interaction we had before.

But then you take like I think last year we had something like 3,000 contacts. So the majority of those contacts, you take those and you say, "Hey, somebody, we treated that person right during their time of crisis and their family saw that we treated that person right during their time of crisis and we did everything in our power to make sure that the person was treated humanely and they were taken someplace to get help as opposed to punishment." And those are the families that then go out into the community and are advocates for the police department.

Those are the people who go out and say, “Hey, I always knew the police department would come if I called 911, but I had no idea they cared so much that they would come out afterward to make sure that I was doing okay and that I was connected to the resources that I needed.” That’s the kind of community policing stuff that we get from these programs that people see the police department really does care.

Donelan

22:30

That’s phenomenal. Jessica, what would you point to as the results of this work?

Murphy

22:35

I would agree with what McKeirnan was saying too. You can see truly lives change. We have spreadsheets upon spreadsheets and we can pull data from our record management system or electronic medical records and that’s what people are looking for is we’re trying to keep people out of the emergency rooms and jail. And so we can put numbers behind that. I also think that we would like to see people focus on, and we try to do this early on where we did a survey for all of the officers. We did it one year before we started the program and then one year after we had the program to measure their perspective of mental health, the mental health system, the department’s response to mental health, their comfort in dealing with mental health calls to see if that shifted with having a co-responder.

And there was one department in particular that I can recall the officer’s perspective of how the department approached mental health calls improved 163 percent. And so that I think is so important as well because, yes, we’re making a difference in people’s lives every day, but making law enforcement’s job easier and more appropriate, more fitting to what they signed on for is also really important. That’s good for retention, which we know nationwide law enforcement is eager to hire more officers into their positions, but we can do things to make that job what they’re supposed to be as officers. And that’s by providing that clinician to be alongside them.

Donelan

23:48

It’s a well-known fact that, well and maybe not so well known in the community unless you’ve had a lot of contact with police that you’re not as aware of, but police have to wear so many different hats and this is one of the major, one of the biggest hats that they wear is counselor, is doctor, and friend, officer, all these different things when they’re out there on the job. And to have this weight carried by someone else despite, you know, maybe the initial challenges of launching a program, et cetera. It’s just got to be such a huge payoff for the officers to have a professional on-site to be able to help de-escalate obviously in a very safe way. So it just seems like the benefits really do.

Now there are risks though and I would like to talk about that a little bit. I mean I know we’ve talked at length here about, you know, some of the pushback and skepticism that can exist in law enforcement about this. Although I think that that’s changed dramatically, right? Sort of a night and day situation over the past five years. But that being said, there’s also though the co-responders, I mean do you find it easy to find folks to fill these roles, Jessica, or are there people who are like, “That’s too dangerous?”

Murphy

24:54

You know, I've had that conversation for sure with some recruits that really more their spouses or family members don't love the idea of them working with law enforcement. What I've seen is really cool though is our police departments have offered to sit down with those family members and talk with them as well to explain the job and explain the safety of the job. These officers protect co-responders like one of their own. It is pretty moving to see that they want to protect the co-responder, they want to make sure that they can do their job safely and so they know that that's what they are keyed in to do when they're on that call.

At the same time though, they're also engaging with the citizens and the people who are struggling. And so just to see that up close and personal of how they're able to pivot between all the things that they need to do on a call has been really, really eye-opening for me over the last seven years I've been involved. But to hire co-responders, we have seen that we need the right person because there are a couple people who have signed onto it and I don't think it's what they expect. You're going to hear things that you probably didn't expect. You'd hear, read reports that police officers are the best writers there are. It's very thorough because they have to be.

And so when we're reading that, it's like you're there at that scene or that call and some of them are very traumatic. So we try to do a good job of prepping people for that coming in, being aware of some of the lessons that we've learned along the way. Because I'm a firm believer I don't want someone to have buyer's remorse when they get hired into this job. So we also require them to do a ride along as the interview process. Our interview process is about two to three months because they have to go through backgrounds and polygraph just like an officer does, which pro tip is a great way to also build buy-in with the police department that you've gone through the same vetting processes that they have.

But we want them to see what this job is going to be so that they aren't surprised when they come into it and do the work. Most love it. We have a great retention in our program because I think, myself included, when I went into the field of behavioral health, I actually thought I wanted to be a therapist, which is also a great job. But I realized very quickly when I got in the crisis side that there's a whole other world of ways to help people. And so when you find this job and it's meant for you, then most of them stay.

Donelan

26:54

You know, you don't know until you know and if there's one job that applies, it's law enforcement. I think a lot of people watch a lot of TV, a lot of movies, they know, even the most intelligent of us think they know what it's like to be a police officer. But until you get out there, until you are up close and personal, you really do not know what it's like. And so that's great that you're exposing them to that so they have at least an idea. No one day is ever the same. Right?

Murphy

27:19

Exactly.

Donelan

27:20

Bam. The officers themselves require support and I know that there's also been a cultural change on that. We're talking about mental health in law enforcement, like we've never talked about it before. You also supporting, I know that they're trained professionals but they are seeing a lot of things that they don't normally see and the average human being should never have to see in their lives. How are you supporting these co-responders in that regard?

Murphy

27:43

One thing I've noticed actually from our culture that's different than law enforcement is we do regular supervision that is very much a mental health world where you'll see your supervisor to discuss cases or just process how things are going routinely. So we do that every other week and we've noticed some of our police departments have started to do that because they see the value of having that face-to-face time with staff that you can get ahead of some of the issues that may happen or just that opportunity for them to know that they're going to get the time to talk to their supervisor at some point.

So we try to ingrain that kind of language of self-care and how do we take care of ourselves and our teammates in those conversations. But we also have what's called the professional quality of life scaling. And so we have our team do that quarterly where they will self-assess how they are doing in the helping field. That's what the assessment is geared towards. And then we will compare it to previous ones to just see are we shifting in a good way or a bad way. One of my gals who started, she's a team leader now, I promoted her two years ago because when she started with us, she came from an inpatient facility, one of our state hospitals. So seeing some of the people who are the sickest and the most symptomatic. And I have them do it when they start, and then she did it at her three-month mark and her scores jumped significantly. So it also reinforces that shift that you made to a new career. Did it make sense? Is it right for you? So that's something that we've been trying to do to help with the wellness for co-responders.

Donelan

29:02

It's awesome. All right, Sergeant, essentially the same question but a little bit different and hopefully I word this right. Is there any unintended benefit of having officers with co-responders these trained professionals and mental health who they're interacting with? Like even if it's not even the call, right? It's just driving around with, talking. You know, I have friends who are in the mental health business and I get off phone calls with them and I'm like, "Man, I feel better." You know, it's just being around them. Have you noticed any benefit from that?

McKeirnan

29:28

Oh, yeah. I totally blame them for my passion now to do this work. [Laughs] Yeah, so when I started out that follow up that I did with a gal and saw that she had such a life change over such a short time, what I was doing there was I had dedicated that day, or been assigned rather, to go out with the co-responder to do outreaches to follow up with folks that they couldn't follow up with by phone or needed to do a face-to-face interaction with. And I'll tell you, I'm on our CIT council here, the steering committee. I helped to teach a lot of the classes at our CIT stuff here in Johnson County and love the CIT program, but I always tell folks in there, you are not going to be a great CIT officer just by going to a 40-hour CIT class. Like you've got to practice this stuff in the field.

If you want to be great at doing interviews, if you want to be great at doing traffic investigations or whatever else it is, you actually have to practice that stuff and what better way to practice it than with a professional who knows this stuff inside and out? So when you go on that call and you finish it up and you get back in the car, what I would always do is, "Why did you ask this question? Why did you talk to them about this thing over here? Why is it that you said that this person was safe to stay at home?" And they would explain that whole situation out or they would talk about, you know, this is what diagnosis that individual had and this is how those symptoms are coming out as part of that diagnosis.

That's the stuff that makes officers just phenomenal resources in these mental health crises that the classes are great but the opportunity to practice it with a professional on an ongoing basis, it is amazing training you can't get anywhere else.

Donelan

30:54

I was going to say, so what you're saying is you're a better officer now because of this.

McKeirnan

30:58

Oh, absolutely. My ability to empathize, my way of looking at the world and looking at the situations that we encounter, has completely changed because of the interactions I had in the conversations I had on that ongoing basis with our co-responders. Definitely a huge impact on my career and I would say multiple other officers as well.

Donelan

31:17

When it comes to policing and responding to incidents, communication is key. So one of the questions I have for you is how do you deal with language barriers? So for instance, if we have someone who's listening who's in an area that has a large predominantly Spanish-speaking community, and I don't know if you all are experiencing that where you are in Kansas, but how do you account for that and accommodate that?

McKeirnan

31:42

So a couple different ways on our side, and I'm sure Jessica has some points here as well. We do have a lot of Spanish speakers and for me it goes way beyond just having someone who can translate into Spanish. It goes into needing to know culture. We've tried to utilize officers that are native Spanish speakers as much as possible. That has helped a lot in our community, especially with mental health when there's a lot of stigma around mental health. Sometimes we find it's even more difficult when we introduce that when there's a cross-cultural component. That's a huge piece for us.

We also have the Kansas School for the Deaf here in Olathe. So we'll use either a live interpreter whenever we can, but we also have some large screens that we'll use for like Via tablet. We'll do it via video chat as a way to try and bridge that gap.

Donelan

32:24

Perfect. Jessica, how about you?

Murphy

32:25

We have access to a network that we can call into at worst case scenario if we don't have an officer that can speak the language that we're looking for, which I mean some of them we absolutely don't. And so we will call into the language line and put someone on the phone to help translate. We've also, worst case scenario in my opinion, but also resourceful, is to use family members to help with translation. I don't love that because it puts people in an uncomfortable position, but in these situations we do our best to find the ways to provide people with dignity.

We want to at least hear from them directly to the best of our ability. And sometimes that is through a translator that's a family member. So we've had that happen plenty of times, but we do our best to find the best way that we can communicate with them.

Donelan

33:05

That's awesome. Great. Thank you both. All right, who can tell me what the ICRA is? What is that, and what's your involvement with it?

Murphy

33:13

I'm happy to start with that one. So that is the International Co-responder Alliance. I'm going to call it probably ICRA for short because I love a good acronym. So that is an alliance that Rob, Karen, and I are both on the board for. I'm the board chair and he's our treasurer and IT—he still hasn't accepted that informal title. We started the alliance with 10 other board members back in 2021. But it really came from the National Co-responder Conference, which we started in 2020 in Johnson County, Kansas. That

came from a lot of phone calls that we would have with programs really across the country who didn't know how to start these programs, would call around to see if they could problem solve and ask questions.

And that was much of what my predecessors did before we had our program. You can't just Google how to build a co-responder program and you're going to get, you know, your wikiHow with all these steps of what to do. So you have to talk to other people who have done it and try to learn from them and problem solve. And so after fielding a lot of those calls, I actually got connected to one gal, her name's Lindsay, she's up in Omaha and is actually on our board as well. She got connected with me through seeing McKeirnan present at CIT International about co-response and she said, "I want to do that program." So reached out, we had some phone calls, had another supervisor reach out, we had some phone calls, and after a while we did a monthly supervisor call.

And I'll tell you, I've not truly felt as connected as I did during those times of getting to talk to other clinicians who were doing the same work as me because I couldn't walk down the hall, the mental health center, 400 people and say like, "Well, how would you deal with this chief? Or how would you do this?" They truly understood the world that I was working in, and it was so validating and normalizing and helpful that I floated the idea of having a conference to them to see if more people wanted to come together and talk about this stuff.

And so had our first one, literally the week before the pandemic and the nation's shut down in March, and sold out. We're calling it a sellout. We really didn't have a number because we didn't know what to cap it as. But I'm going to call it a sellout with like 250 people. And we've just continued to grow since then of being just a network for people to come to and turn to when they have ideas and they want to learn and figure out new things to do with their program. Because what we often hear, this will be a bit of a tangent and I apologize, is we don't have enough mental health calls to have a full time co-responder.

And I'll challenge that and McKeirnan and I can talk people's ear off about that. But there are so many different ways to employ a co-responder and to use that expertise with the calls that law enforcement has. They go on trauma after trauma call, different crises that may not be behavioral health, but just having that check-in call or follow up or that response on scene can make a big difference for people as well. So there's a lot of ways that you can use those co-responders, which that's information that we share and present about at our National Co-responder Conference as well.

Donelan

35:56

I would back you up, if you run into someone else who says we don't have enough mental health calls. Listen, I'm a civilian. But for someone to pick up a gun and use it, for someone to hit someone, you know there's a mental health issue, whether it's super pronounced, but it's happening at that moment. Mental health to me seems to be at the bottom of most of it. So yeah, that makes a lot of sense. So let me ask you, you are currently managing, am I correct, seven law enforcement partnerships? Is that correct?

Murphy

36:23

So we have seven programs and I work with 12 police departments. Some of those are shared programs because just as I said, they didn't have enough to have their own full-time because we're talking about like a police department of four officers. You don't need a 40 hour position, but they can share it and they still have access to that valuable resource and they can contribute to it in a way that's meaningful for their community.

Donelan

36:44

You know what's great about that is no matter how small your department is, there's a need and there's a way that we can help. You just got to get creative with it.

Murphy

36:52

Exactly.

Donelan

36:53

That's great. So listen, you guys have given so much news that people can use and I know that they would love to talk to you about ICRA. How would you quantify how many people you now have involved in the ICRA? Is it both police? Obviously, Sergeant is the treasurer/IT guy. Is it police and the co-responders?

McKeirnan

37:14

Yeah, so we were really intentional at the beginning that this was really open to anybody that's doing crisis work. So we have lots of police, lots of mental health folks that are involved, but there's also co-response programs in the fire discipline as well as emergency medical services. And then we have some programs that are just crisis responders so that they like team with first responders when necessary, but oftentimes may respond on their own. So we have all of those groups represented and actually just earlier this week we hit our 1,000th member.

So we have just over 1,000 members now, which is crazy exciting. You know, when we started having a conference here in Olathe, didn't know what that need was going to look like. How many people really want to know this stuff? And Jessica was being very modest there, but it's been year after year of us increasing how big that conference is, trying to find what the right number is, and we've yet to find that number. It's sold out, and we have to turn away folks every year, which it just goes to show like there's so much desire for this knowledge and to share it with one another.

There's a really exciting new stuff going on with each of these programs and it's a pretty neat organization to be working with.

Donelan

38:14

What are the different benefits that members have through the ICRA in terms of resources? If you make the conference, that's great, but is there any continuation of that and what if you can't make the conference?

Murphy

38:25

Absolutely. So we have a couple different opportunities for members to stay engaged throughout the year. We do have a monthly co-responder coffee break that allows members as well as board members to join in a virtual setting to chat and talk about these programs. We mix it up between doing a webinar, so educational based, and then the other ones are kind of watercooler talk because again, you aren't going to be able to talk with people just naturally about these programs and the work that we do.

And so we wanted to keep people engaged year-round so they are able to join the coffee breaks virtually and just network and build those relationships with other people and see what's going on nationwide, even worldwide. Actually our webinar earlier this week was a gentleman from Australia who shared about their program and his studies worldwide about co-response.

Donelan

39:10

Well, I'm excited and I'm inspired. So speaking of knowledge, if people want to pick your brains, can they contact you? And if so, how? And I'd like to hear from both of you on this.

Murphy

39:20

I'll start. Absolutely. I would be happy to talk with people. It's one of the things that I very much enjoy this job. So my email would be best. And that is my name, so jessica.murphy@iocogov.org and I'll spell that as well. J-E-S-S-I-C-A-dot-Murphy, M-U-R-P-H-Y-at-J-O-C-O-G-O-V-dot-org. You can also find my information on our website for the International Co-responder Alliance and shout through that avenue as well. Our website for the International Co-responder Alliance is www.coresponderalliance.org. That is C-O-R-E-S-P-O-N-D-E-R-A-L-L-I-A-N-C-E-dot-O-R-G.

McKeirnan

40:10

And same for me. That website is coresponderalliance.org. And then my email is rmckeirnan, common spelling, @olatheks.org. So R-M-C-K-E-I-R-N-A-N-at-O-L-A-T-H-E-K-S-dot-org. [rmckeirnan@olatheks.org]

Donelan

40:27

I cannot thank you enough for taking time to share this information with us because I think it's really exciting. I think it's really inspirational, and I really hope people take advantage and get in contact with you both. So thank you both so much for joining us here.

McKeirnan

40:42

Hey, thank you for having us. I really appreciate it.

Murphy

40:44

Yeah, it was our pleasure. Thanks for having us.

Donelan

40:46

Absolutely. We appreciate you and thank you for listening and joining us here on *The Beat*.

Voiceover: *The Beat* Exit

40:52

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Voiceover: Disclaimer

41:50

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