

Confronting a Crisis

Community Tackles Mental Health

Needs in New and Creative Ways

Cpl. Sara Leishear was in a training class when it all came crashing down on her.

“They were talking about a critical incident that officers could respond to,” recalls Leishear, an officer for the Frederick City Police Department. It was an especially difficult topic for someone who had been involved in a police shooting herself. “Just talking about it was very powerful to me. And, I had to leave the room. ... I was experiencing PTSD, but I didn’t realize it.”

That day, Leishear made a decision. “I said to myself, ‘I can’t continue like this. I can’t continue like this for my wife and I can’t continue like this for my officers.’ She asked for professional help, and it made a difference. “You don’t realize how important mental health is until you get to it at a personal point.”

She will sometimes mention her own mental health struggles when she is inter-

acting with someone in crisis. “It opens their ears more,” says Leishear. “I build that rapport and trust more because they are like, ‘Oh, you’re a person. You’re not just a woman in a uniform with a gun and handcuffs.’ No, I’m a fellow traveler.”

Among Leishear’s police duties is supervisor for the department’s Crisis Response Team, or crisis car as it is commonly called. Here, she brings with her a unique perspective. “1,000 percent,” she says.

The Crisis Response Team (CRT), the brainchild of Police Chief Jason Lando, is a multiagency effort bringing together one of two police officers, a rotating paramedic or EMT from the Frederick County Division of Fire and Rescue Services and a rotating health professional from mental health provider Sheppard Pratt.

The team responds to incidents that range from threats of suicide and overdoses to reports of strange behavior. “Addressing crises with a multidisciplinary approach ensures that individuals

By Lisa Gregory

Photography by Turner Photography Studio



receive the support they need for their mental health, somatic health and safety,” says Willa Naegele, a Sheppard Pratt mobile crisis program director and a CRT mental health supervisor.

For example, “If someone is having somatic symptoms such as shortness of breath, the EMTs or paramedics are going to intervene,” explains Naegele. “Alternatively, if there is a safety concern such as a weapon or reported violence the officer is going to secure the scene before the other team members approach. And, probably most commonly, the mental health worker initiates the interaction to gather information about the crisis so the team can work together to deescalate the situation then move on to problem solving and safety planning.”

Adding, “The team has built a rapport and developed a common language that allows them to work together almost seamlessly.”

The CRT monitors fire, rescue and police radio dispatch calls and also responds to officers who call them out directly. As a city initiative, however, the team only self-dispatches to calls within the municipal boundaries.

Through the first four months of this year, the CRT responded to nearly 300 calls.



Cpl. Sara Leishear

COVID Nurse

The elderly woman made a decision. “She was 86 years old, and they told her she needed to be intubated and go to ICU or she was going to die,” says Kasey, a nurse treating COVID-19 patients at the time. “She looked at me and said, ‘I’m not going to the ICU. They can let me die. Somebody younger needs it more than I do. I’ve had a very good life.’”

On her way home after the night shift, Kasey (not her real name) stopped at a liquor store. Wine and vodka helped her forget what she had seen and heard on the job. “These people were worsening right in front of your eyes,” she says. “You could actually watch them deteriorate in front of your eyes in a 15-minute period.”

She was not alone in attempting to block out the misery she witnessed. “One day when I stopped by [the liquor store], I saw four other nurses there,” she says.

Then she found herself in the work parking lot, drinking before her shift began. “That was my tipping point,” she says. Soon after, Kasey entered rehab and counseling and is now sober. “I am seeing a light at the end of the tunnel,” she says.

Mother and Daughter

Hannah and her husband were awakened at 3 in the morning by their teenage daughter, who engaged in self-injury by cutting herself on the arms and legs and couldn’t stop the bleeding. “She cut so deeply she had to come to us,” says Hannah. “We had to take her to the ER.”

COVID-19 took a toll on her daughter. Besides the self-harming, she admitted to thoughts of suicide and developed serious insecurity about her physical appearance. Hannah (not her real name) was struggling with her own severe depression. The pandemic did not help her state of mind. “Those were dark, dark days,” she says.

The two bonded, however. “It gave me an opportunity to be really candid with her about my life and my struggles,” says Hannah.

Mother and daughter are doing better now. Hannah made adjustments to her medications. “About six weeks ago, all of a sudden, I was back to myself,” she says. And her daughter is finding her own way through medication and counseling.

“We’re making it together,” says Hannah.



Stephen Norris

There is evidence, documented and anecdotal, that society is struggling with mental health and a service such as the CRT is very much needed. The post-COVID world continues to be challenging with contributing pressures from social media, political and cultural divisions, and the trauma of mass shootings and other forms of violence. Anxiety, depression, substance abuse and suicide are all on the rise.

Frederick has not been left unaffected. “Last year we saw a 53 percent increase for our walk-in center service over [2021],” says Shannon Aleshire, chief executive officer for the Mental Health Association of Frederick County. ... “We are in a crisis.”

The CRT is just one way the community is responding to the mental health crisis. In August, the county is scheduled to open its crisis stabilization center. The center will provide immediate care to people experiencing behavioral health emergencies, such as substance abuse or a mental health concern and connect them to ongoing community-based care.

The Mental Health Association is moving its existing Jefferson Street walk-in clinic to the crisis stabilization center on Montevue Lane to offer 24/7 care. Currently, walk-in services are limited to Mon-

Advocate

High school senior Jenna Kahn picked the date in December that she wanted to die. But when that day came, “I actually didn’t want to die,” she says. “I just wanted the pain to stop.” She sought out the school psychologist. “I told her, ‘I’m really scared.’”

That incident would lead Kahn, who currently resides in Frederick with her husband, to finally receive a diagnosis of bipolar disorder type one. Once diagnosed, her love of writing would find its way into a blog about her experiences with her mental health struggles. People responded. “At one point I was getting a thousand hits a day,” she says.

Kahn has stepped up and spoken out in other ways. She has given a TEDx talk and she participated in a makeup campaign called the Face of Mental Illness. “I was the model for obsessive compulsive disorder, because I was also diagnosed with that,” she says.

Today, she is an educational consultant with her own business, Study with Jenna, and continues her advocacy work through her professional life. “I go to IEP [Individualized Educational Plan] meetings with families to make sure that they get the accommodations that their kids deserve,” she says. “So, if they’re struggling with a mental health issue or maybe even some type of neurodivergent issue such as autism or ADHD, I’m part of their team to help make sure that they’re getting what they need.”



day through Friday, 10 a.m. to 10 p.m., and Saturday and Sunday, 10 a.m. to 6 p.m. “This [move] will enable anybody to be seen whenever the crisis occurs,” Aleshire says.

The new center, which will be operated by the Mental Health Association under the direction of the

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Frederick County Health Department, will provide an alternative to emergency room visits. Currently behavioral health issues account for approximately 20

percent of emergency department visits at Frederick Health Hospital.

“We’ve been working a lot of years to build this continuum of behavioral healthcare in Frederick County,” says Aleshire. “And I think in a lot of ways we’re ahead of the game as far as the services that are available here.”

The CRT is part of that effort. “The city of Frederick has so many positives to implementing a system like this,” says Andrea Walker, director of behavioral health services for the Frederick County Health Department, “because it’s a program with the right community partners being able to

provide the right services at the right time.”

The Crisis Response Team was put into motion shortly after Lando took the helm at the police de-



Willa Naegele

partment, beginning as a pilot program in July 2021 and offering four hours of service Monday through Friday. “He brought this idea in and there is evidence-based research out there that backs it up,” says Naegele.

In 2021, the police department was awarded a \$280,000 grant from the U.S. Department of Justice to expand the CRT. Today, the program is available

“It’s about saying, ‘I know you and I see you.’”
—Susan Norton

to respond to calls eight hours a day for five days a week.

Once dispatched, the CRT attempts to take a less-intimidating approach than a standard police-only response. The team uses a non-descript vehicle, which was provided through a grant and the participating officers wear what Leishear refers to as soft uniforms—an FPD polo shirt and khakis with police vests worn but not visible.

“We’ve seen over and over again the results of people experiencing a mental health crisis and law enforcement involvement going all kinds of wrong,” says Aleshire. “This is a way that we can make it go all kinds of right.”

That includes making a connection. “You have more of a personal interaction rather than just taking them to the hospital,” says Stephen Norris, a firefighter and EMT and a CRT team member. “You can learn more about their life, their well-being, and how they got to where they’re at now.”

A recent CRT call involved a person who was considered suicidal. “The person we were working with ended up connecting really well with the EMT provider,” says Naegele. “And that provider was able to build rapport with this person and convince them to get in the ambulance and go to the hospital to get treatment.”

According to Naegele, the two bonded over talking about their families. “They were both parents,” she says. “It was just a circumstantial con-



Susan Norton

nection that they were able to make and build that rapport and that trust.”

Perhaps it avoided the potential for a very different outcome. “Whereas if it was just us as mental health workers or just the police there, it could have turned into us having to do an emergency petition which we would like to avoid taking away someone’s rights to make decisions,” says Naegele. “Or it could have turned into a hands-on situation if there was an emergency petition, and they weren’t voluntarily willing to go.”

With outcomes like they have seen so far, the word is spreading about the CRT program and its success. “We are regularly having national and international police agencies reaching out to us,” says Leishear. Inquiries about the program have come as far away as Sweden.

Not surprising. As people continue to hurt there will be a need to continue to help. “It’s about saying, ‘I know you and I see you,’” says Susan Norton, a mobile crisis specialist and a CRT mental health team member.

She adds, “Not all wounds are physical.”

Veteran

Teri Balfour, a disabled veteran who suffers from anxiety and depression, is staying close to home these days. She says she used to enjoy going out and shopping, but the frequent mass shootings and other forms of random violence have the former service member frequently looking over her shoulder. “Part of my anxiety comes from seeing the country I helped to defend become so violent,” she says.

Balfour, who was in the Navy, refers to a specific incident at a department store that had her on edge. “I happened to be at one counter looking over to another, and suddenly saw this guy that I had seen earlier in the store, and he was behaving oddly,” she says. She pulled a clerk aside and instructed her to call security. “She did it right away,” says Balfour.

“You know, 20 years ago I never would have even paid attention to something like that. I’d go to Nordstrom and hang out in the store and try on shoes and breathe in the smells of the perfume department. It was a real pleasure. What happened?”