

**LUTHERAN FAMILY SERVICES
TARGETED ADULT SERVICE COORDINATION (TASC)
LINCOLN, NE
DISCUSSION NOTES – March 5, 2021**

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OVERVIEW

This is a summary of a March 5, 2021, telephone conversation with Arnold A. Remington, director of the TASC Program in the state of Nebraska. The Targeted Adult Service Coordination (TASC) “is a non-fee service program consisting of several levels of services for those entering Emergency Protective Custody or are at high risk of entering Emergency Protective Custody.”

Mr. Remington (Remington) does not have a policy or guidance document relating to the program. However, he provided a copy of the TASC Program Plan. The plan addresses crisis response and case management.

The TASC program has been operating for about sixteen years. It covers sixteen counties in Nebraska. The program works with both county and municipal law enforcement departments. The number of officers in a department can vary: some have 6-12 officers, some have up to 25 officers, and, sometimes, there is just one officer (police chief).

Remington began developing the program in 2005. This was in response to the state of Nebraska’s initiation of behavioral health reform. The state was looking at available programs. At that time, crisis intervention was somewhat new. The programs available in the state were mainly crisis intervention or crisis response; there were no co-responder programs. One of Remington’s main contacts during the process of developing TASC was Major Sam Cochran (ret.), who helped develop the Crisis Intervention Team (CIT) model of crisis response services in Memphis, Tennessee.

TASC is law enforcement-driven. As such, all calls for TASC assistance are through a dedicated law enforcement line. There was some pressure from the state to allow anyone to call. This pressure was not successful. As TASC knows, trains, and works with officers, contact coming

from law enforcement was deemed the best practice. The process is: 1) officer calls TASC on the dedicated law enforcement line, 2) licensed clinician is contacted, 3) triage, 4) resolution through phone, telehealth, or in-person manner. Services are available when needed (24/7) despite the initial thought of providing “after hours” limited service.

In developing the program, Remington targeted the four counties having the highest utilization of officers involved in behavioral health incidents. Then, he provided training and education to officers and clinicians. Some issues in training: not every clinician is good at mental health, officers need to know what clinicians can do and are allowed to do, clinicians need to know what officers can do and are allowed to do, impact on officers (they are susceptible to suicide).

The TASC program is tailored to each law enforcement agency.

POINTS TO CONSIDER

- The importance of partnership among all involved cannot be overstated: law enforcement, clinicians, hospitals, agencies, etc.
- Related to partnership is that law enforcement departments need to be confident in the program. They may ask, “Why are you different?” That is: Is there long-term thinking? Will promises made go away after money runs out? What does the program look like? How does it work?
- Some departments are not interested in programs such as TASC. The answer is to focus on interested agencies. Law enforcement is a culture and officers talk to each other. Subsequent interest of previously uninterested departments will be piqued when hearing of others taking part in TASC-related programs. ¹
- What is law enforcement looking for? Departments are under pressure. What does each department need in planning?
- Cross-training is necessary. Incidents are varied, for example, there may be an active shooter, or a person may want to engage in self-harm, some persons disappear from the scene.
- Planning
 - There must be solid a safety plan for supervision so that when a person is released from a facility they are not alone in community.
 - Local hospital involvement. For example, can hospital keep individual for medical observation until bed is available in facility?
 - Creativity is required, e.g., relatives might help with housing.

¹ Remington works with Policy Research Associates where relevant information and data are derived.

RURAL AND OTHER ISSUES

- Small departments (6-12 officers) may have only 1-2 officers on a shift.
- Driving Time
 - Officer may be on a call in a rural area and then realize clinician is necessary. This results in lengthy wait times.
 - The farthest drive for TASC departments is two hours.
 - Remington noted that officers do not mind spending time on lengthy calls if they are aware of expectations, and there is a plan in place.
- Transportation Limitations
 - Example: Three teenage girls had suicide pact. Arrangements were made for hospital to accept transport. All parents of teens arrived under the influence. Police officers and school officials were tasked with determining transport options.
- Bed Availability
 - There are limited options in rural areas.
- Cell Service – Internet Service Lacking
 - Nebraska had dead zones early in program development but this has mostly resolved.
 - Remington recently offered training in W. Virginia, which has telecommunications issues. One option considered is satellite for internet with related telehealth.
- Facility Issues Examples
 - Call from nursing home.
 - The nursing home expects the officer to “take person away,” but officer cannot do it under federal law. If officer does take the person away, nursing home does not have to do any paperwork AND does not have to take back the patient.
 - Officers take person to hospital for behavioral health, hospital subsequently bills the department.
 - Officers take person to hospital for behavioral health, patient then has open heart surgery, hospital bills department for \$200K.

SUGGESTIONS FOR PROGRAM DEVELOPMENT²

- There must be “buy-in” from departments.
- Do pilot projects.
 - Highest need areas.
 - Get accurate data and numbers.
 - Note that officers in various areas handle things in different ways. For example, officers know people in the community so contact relatives and

² Mr. Remington is happy to speak with anyone wanting addition information.

people known to them in a more informal way. This may impact data collection.

- Develop policies.