

# **Evaluation of Santa Clara County's MHSA Innovation (INN)-07: Post-Crisis Intervention Team Project**

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## EXECUTIVE SUMMARY

This report was commissioned to provide an evaluation of the Post-Crisis Intervention Team (PCIT) INN-07 project funded through Proposition 63, the Mental Health Services Act (MHSA), and developed to address two dominant obstacles to service delivery by the Santa Clara County Mental Health Department: 1) lack of inter-agency communication and collaboration between law enforcement and the mental health system in handling crisis situations and 2) lack of culturally competent responses to assist individuals and families with linkage to appropriate treatment services. Alum Rock Counseling Center (ARCC) was awarded this two year contract on July 1, 2011. However, PCIT did not begin operations until September 1, 2011, after a two month ramp up period and the project ended on June 30, 2013.

**Evaluation Methods:** The evaluation methods listed below were utilized to measure the four learning questions presented and approved by the State.

- San Jose Police Department (SJPD) administrative data was used to assess the numbers of mental health related calls made to SJPD.
- Semi-structured interviews with the SJPD representatives, the patrol officers, and PCIT staff were utilized to obtain feedback on their perceived collaboration, experiences, opinions and suggestions regarding the project.
- ARCC administrative data was used to assess the Information and Referral Cards (ICARs) referral information, clients' characteristics and the PCIT intervention.
- Satisfaction surveys with clients and/or family members were collected to assess the level of satisfaction and the quality of the services at the end of the PCIT intervention.
- Semi-structured interviews with clients three months after the closures of the services were conducted to assess the quality and long-term impact of the PCIT intervention.
- Three-month follow-up with clients and/or family members as part of PCIT administrative data was also used to evaluate the long-term outcomes including the sustainability of the referred services.

**Main Findings:** In general, the findings suggest that the four learning questions were partially satisfied since there were indications that positive collaboration was established between mental health and law enforcement, which contributed to positive responses to individuals and families who received the needed services.

- The report finds that during this project's test period, there was a total of 4,023 mental health calls made to SJPD of which 8.43% Information and Referral Cards (ICAR's) were generated by SJPD. It is important to note here that the total number of 4,023 mental health related calls made to SJPD included callers that were placed on involuntary 72 Hour detentions and transported directly to an emergency psychiatric facility making them ineligible for services through the PCIT. However, there is no statistical data available for recording how many calls fell into this "involuntary hold" category. Since this project aimed

to provide services to callers that did not meet the involuntary hold criteria, it implies that the actual referral number would be higher than 8.43%.

- A total of 112 clients received the entire range of PCIT services, thus achieving one of the project's goals of linkage to an ongoing mental health provider.
- 94% out of 50 clients and/or family member who participated in the "satisfaction surveys" at the end of the PCIT services reported that they received the type of services needed from PCIT.
- The findings further suggest that the INN-07 project contributed to improving the well-being of clients and/or family members who received PCIT services after law enforcement responded to a mental health crisis call.

**Challenges Encountered:** During the two year operational period, the INN-07 project encountered multiple challenges.

- The total number of clients served was lower than expected as the average referral rate from SJPD to PCIT during the two years was 8.43% (339 referrals) of 4,023, the total number of mental health calls received by SJPD. However, as indicated earlier, the actual referral number would be higher than 8.43%.
- At the beginning of the project, obtaining procedural approval from Santa Clara County executive management that allowed the PCIT clinicians to place clients on 5150 holds was challenged, while it was resolved later, it appeared to impede the collaboration and the project procedures at the beginning stage of the project implementation.
- The project launching was ill-timed as it coincided with budgetary, staffing, morale and leadership issues within the SJPD which resulted in layoffs for many SJPD patrol officers.
- PCIT staffs' reliance on SJPD as the primary referral source and clients and/or family members providing consent to services were challenges for providing services to the needed individuals and family members.
- The administrative data available from SJPD did not contain the necessary data (e.g., repeated calls) to assess the impact of the project.
- Obtaining interview/survey information from clients to evaluate the impact of this project after having received the services was a challenge due to the clients' unavailability.

**Recommendations:** Despite the challenges listed above, the current project holds a key implication for future projects.

- Future projects would require some modification in order to make the program more efficient and effective.
- An example of a modification would be to divide this project into two segments or phases: The Clinical Mobile Crisis Response Team (Phase I) would meet SJPD officers at the scene to provide de-escalation, evaluation and crisis counseling and if appropriate transitioning the referral to PCIT (Phase II).

## INNOVATION (INN)-07: POST-CRISIS INTERVENTION TEAM PROJECT

### I. INTRODUCTION

#### 1. Overview of the Project

The San Jose Police Department (SJPD) is often an individual's first contact when experiencing a mental health crisis or a suicide-related event. Santa Clara County did not have a protocol in place that enabled law enforcement to share information with providers of mental health services regarding crisis responses for which they were involved that did not result in a 5150 hold. As a result, law enforcement frequently responded to mental health crisis involving the same individuals at the same locations. Oftentimes, these responses resulted in unnecessary hospitalizations, incarcerations and failure to supply clients with outpatient mental health resources, which had a negative impact on clients as well as their family members. The Santa Clara County Mental Health Department indicated that two predominant obstacles of the system were: 1) lack of inter-agency communication and collaboration between law enforcement and the mental health system to handle crisis situations and 2) lack of culturally competent responses to assist individuals and families with linkages to appropriate treatment services. The INN-07 project, the Post-Crisis Intervention Team (PCIT), was designed and developed to address these limitations. It is important to note that innovation projects are defined as ones that contribute to learning by providing opportunities to "try out" new approaches that may impact current or future practices.

The PCIT was a pilot project, developed in collaboration with law enforcement, which provided contact with the individual who voluntarily agreed to participate within 24-hours, and face-to-face support within 72-hours to clients and their families following a SJPD crisis event. The SJPD submitted an Informed Consent and Referral card (ICAR) to a PCIT staff member. The PCIT member then facilitated linkages to outpatient mental health services and/or provided appropriate community resources for clients and families that began on September 01, 2011. The PCIT was comprised of two teams; each team consisted of a licensed clinician and a peer advocate/family member with lived experience. This partnership was established in an effort to provide a culturally competent approach in resolving the immediate crisis, providing and linking clients to appropriate treatment options.

SJPD data reports indicate that approximately 2000 mental health crisis-related phone calls are made yearly in the City of San Jose. Many of these callers are in some degree of crisis at the time of contact with police and do not meet the criteria to be placed on a 72-hour hold. Nevertheless, these callers do require more immediate mental health services in order to defuse the crisis and to assist the individual in maintaining stability. As a result, the City of San Jose has been selected as the test site for this project because slightly half of the population of Santa Clara County

resides there and San Jose also generates roughly half of the law enforcement mental health dispatches and suicide-related calls in the County.

The aim of this project was to serve individuals of all age groups and/or their families who experience a mental health and/or suicide-related event involving the SJPD. Individuals and families may reside in all geographic regions of the City of San Jose. While the project served all linguistic and cultural backgrounds, the project emphasizes services to Vietnamese- and Spanish-speaking families due to their prevalence in San Jose.

## 2. Learning Objectives and Questions

The PCIT established two innovative elements:

- (1) The creation of a structured line of communication between law enforcement and mental health, that identified mental health and suicide-related calls; and
- (2) The creation of mental health outreach teams consisting of a peer/family advocate and a licensed clinician that facilitated linkages to appropriate mental health services for individuals and their families.

Specific learning objectives and questions which were proposed to and approved by the State's Mental Health Services Oversight and Accountability Commission (OAC) included the following four questions:

- Process Question (PQ) 1: How does a new collaboration between mental health and law enforcement, which structures information-sharing regarding law enforcement responses to mental health crisis, contribute to the provision of immediate, systematic post-crisis responses to individuals and families in need?
- Process Question (PQ) 2: How does the immediate deployment of culturally competent teams comprised of peer/family advocates and mental health clinicians contribute to the provision of timely, compassionate outreach to clients and families who have experienced a mental health crisis?
- Outcome Question (OQ) 1: Using historical law enforcement response data as a baseline for comparison, what is the effect of immediate, compassionate, culturally competent post-crisis intervention on repeat law enforcement responses and response dispositions?
- Outcome Question (OQ) 2: What is the effect of immediate, compassionate, culturally competent post-crisis intervention on individuals and families who have been involved in a law enforcement-related mental health crisis?

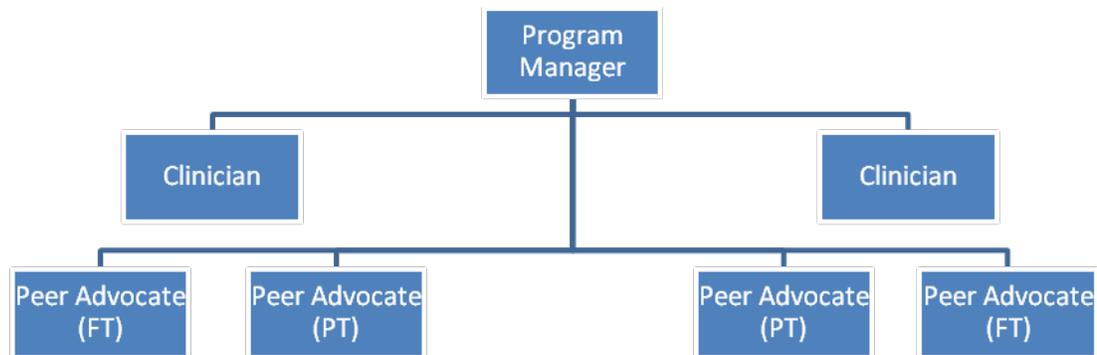
### 3. Service Provider: Alum Rock Counseling Center

Alum Rock Counseling Center (ARCC) was awarded the contract to implement the Post-Crisis Intervention Team project in Santa Clara County. A brief introduction of the PCIT program on 1) program staffing structure, 2) disposition of completed 'Informed Consent and Releases', 3) Outreach process from PCIT to the referred party, and 4) services provided by the PCIT program is presented below<sup>1</sup>:

#### 1) Program Staffing Structure:

- Four PCIT bilingual/bicultural staff: two Spanish bilingual/bicultural staff and two Vietnamese bilingual/bicultural staff.
- A minimum of two staff members responded to calls (generally a Clinician and Peer Advocate).
- The PCI Team provided services 7 days a week and consisted of the following staffing.

Figure 1. Staffing Structure of the PCI Team at ARCC



[Please note that FT stands for full-time and PT stands for part-time.]

#### 2) Informed Consent and Releases (ICARs) Procedures:

- ICARs were completed and submitted by the officers at the end of each shift with their daily paperwork.
- PCIT staff contacted SJPD twice a day to check if there were any ICAR's to be picked up and if so, they were collected.
- PCIT staff also received ICARs in the field from officers who called the consultation line during normal business hours, and were able to begin services immediately.
- The ICAR was updated on March 2012 to include 'Date of Contact.'

<sup>1</sup> Please note that the information presented here was extracted from the PCIT Collaborative team presentation before the Learning Advisory Committee (LAC) by the PCIT manager at ARCC.

- 3) Post-Crisis Intervention Team Process:
  - PCIT staff initiated telephone contact within 24-hours of receipt of the ICAR.
  - PCIT staff accessed the Unicare database to look for open episodes, and review client mental health treatment history.
  - If the consenting individuals named on ICARs were unable to be contacted, the Team would make a home visit to engage and assess the individual.
  - The PCIT set-up face-to-face interviews with the individual's consent within 72 hours to complete an assessment, develop a treatment plan with input from the individual, and provide support until the person was successfully connected to appropriate mental health services and/or needed community resources.
  
- 4) Services and Post-Crisis Intervention Strategies:
  - Risk Assessments were conducted during every contact with a consenting client to ensure their safety.
  - Provided referrals to needed community resources whether connected to Mental Health services or not by assessing for other needs (substance abuse, employment assistance, legal assistance, etc.) and provided supportive referrals to connect with these services.
  - Facilitated linkages to ongoing county mental health services if appropriate.
  - Coordinated and submitted a Post-Crisis Authorization Request to the Santa Clara County (SCC) Call Center if public sector mental health services were indicated.
  - If a client was open to SCC mental health services, PCIT staff obtained a Release of Information in order to update the current treatment providers of the situation that led to the PCIT referral and assist with the adjustment of services by providing critical information regarding the clients' circumstances.
  - Included the referred person and their family members in the post-crisis process.
  - Services provided by bilingual Vietnamese and Spanish speaking staff who understood the cultures, values, beliefs, and norms of the cultures.
  - Services were provided in other threshold languages by PCIT staff.
  - PCIT Clinicians completed the required training to complete a 72 Hour Detention Application in accordance with Welfare and Institutions Code 5150.
  - A Helpline number (408-294-0500 ext.132) for use by program participants was listed on the ICAR and checked three times a day by PCIT staff.
  - ARCC supplied a 24/7 Consultation Line to be utilized by SJPD officers when responding to mental health related calls. PCIT staff met officers in the field when requested during normal business hours.

## II. EVALUATION METHODS

This section describes the general evaluation development procedure followed by evaluation methods, which were based on the nature of the data and purpose of the data.

## 1. The logistics of Evaluation

***Formation of the PCIT Collaborative Team:*** This is a smaller group that generally meets once a month to address interagency coordination and development of services. Participating members include: Project Lead from Santa Clara County Mental Health Department, SJPD representatives, program evaluator, PCIT manager, and ARCC Director of operations. This has been an invaluable group in terms of this program's growth and development. The PCIT Collaborative team has served as a forum to address problems as they have arisen with the program and several growth and development issues have been resolved in these meetings.

***Development of Evaluation plan, methods and instruments:*** The evaluator drafted the evaluation plan and necessary instruments and presented them to the PCIT Collaborative team. Based on the feedback from the PCIT Collaborative team, the evaluation plan, methods, and instruments were revised and sought out for approval. The evaluation methods were discussed on a regular basis with the PCIT Collaborative team and were revised as necessary based on programmatic changes.

***Adherence to the INN's LAC Regulation:*** The Learning Advisory Committee (LAC) were an instrumental part of this innovative project and were tasked with reviewing and assessing the project design, reviewing the project's progress, evaluating data and discussing the lessons learned. The initial evaluation plan and methods were presented before the LAC for their input and the evaluator, in collaboration with the PCIT Collaborative team members, revised and refined the evaluation plan and methods based on feedback from the LAC. The revised /refined plan was then presented to the LAC for their final approval. The PCIT Collaborative team regularly met with the LAC to update on the project's progress and presented on the status of data collected throughout the entire project's time period.

***Approval of IRB proposal and Addendums:*** The evaluator submitted and obtained the MHD Institutional Review Board (IRB)<sup>2</sup> approval of the revised evaluation plan in July 2011, prior to the implementation of the project. Please note that the PCIT project had a few programmatic changes and IRB approval (i.e. addendum of evaluation plan) was secured each time adjustments to the project were made.

***Data Collection:*** Once the evaluation plan and methods were approved, to maintain the privacy and confidentiality of the participants, the evaluator hired and trained student assistants from SJSU to collect the data for this project. Also, the evaluator worked with PCIT staff on the following aspects of the data collection process:

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<sup>2</sup> Please note that, based on the evaluator's status as a contract to this project, the IRB approval from SJSU where the evaluator is employed was also secured prior to the implementation of the project.

- 1) Arranged training sessions with PCIT staff to present the overall evaluation methods and step-by-step data collection procedures
- 2) Monitored the adherence to the IRB procedure – closely communicated with staff to check whether evaluation instruments and data collection procedures were being implemented properly based on the approved IRB.
- 3) Attended the monthly PCIT Collaborative team meetings to discuss the evaluation process and data collection procedures.
- 4) Provided additional trainings to PCIT staff when there were changes on staffing or on the evaluation method.

## 2. Evaluation Methods and Procedure

Below is the summary table of the evaluation method, followed by detailed procedure and methodology of each segment. Also, the project’s specific process and outcome questions are bracketed. All evaluation related materials including consent forms and study materials can be found in Appendix B and C.

Table 1. Summary of INN-07 Evaluation Method

Subjects of data collection	Nature of the Data	Purpose of the Data
SJPD	#1: SJPD administrative data	To assess and compare the numbers of mental health related calls made to SJPD between the control period and the implementation period [OQ 1]
	#2: Semi-structured interview with representatives and the Officers	To assess the level of collaboration between the participating parties (MHD/PCIT and SJPD) [PQ1] [partially OQ1]
PCIT	#3: Administrative data collected by the PCIT staff	To describe the referral rate (ICAR) and to describe participants’ characteristics and the PCIT intervention (PCAR) [PQ1] [partially OQ1]
	#4: Semi-structured interview with staff	To assess the level of collaboration between the participating parties, MHD/PCIT and SJPD [PQ 1] [partially OQ1]

Clients/ Family members	#5: Satisfaction survey with clients and/or family members	To assess the level of satisfaction and the quality of services among clients and/or family members who received the INN-07 project (SJPD and PCIT) [PQ 2][OQ 2]
	#6: Semi-structured interview with clients and/or family members	To assess the long-term outcome and impact of the PCIT intervention [OQ 2]
	#7: 3-month Follow-up with clients and/or family members	To assess the sustainability of the referred services and long term outcome among clients and/or family members who received the PCIT services [OQ 2]

[Please note that the words “client” and “consumer” were used interchangeably in this report including the consent forms and the study materials.]

**#1. SJPD Administrative Data:**

The project evaluator worked with SJPD data analyst to obtain law enforcement data pertaining to the number of 5150s (Crisis Mental Health Calls) and 1056s (Suicide Calls) made month by month for 1) the base line period, which was from September 2010 to August 2011 and 2) the INN-07 project implementation period, which was from September 2011 to June 2013. The evaluator received information on the number of mental health related calls to SJPD Crime Analysis unit on a quarterly basis.

**#2. Semi-structured Interviews with the SJPD Representatives and the Officers:**

***Semi-structured interviews with the SJPD representatives:*** Originally it was planned to interview the patrol officers to assess the level of collaboration in the first year of the project. However, due to the structural changes that occurred at the beginning of the implementation of this project, the SJPD Officers’ awareness of and participation in the INN-07 Project was at the experimental stage. Consequently, an exploratory evaluation method of interviewing the representatives rather than the Officers was recommended by the PCIT Collaborative team. The SJPD representatives, who have been working as representatives between SJPD and MHD since the development of the project, were interviewed in a proxy measure for feedback on the process of the project. At the end of the first year of implementation, there were a total of three SJPD representatives who were involved with INN-07 and all three representatives voluntarily participated in the semi-structured interview to provide their feedback on the project. Once obtaining the consent form from the representatives, the semi-structured interview was conducted at their convenient location and time for an average of 45 minutes to one hour.

***Feedback from the Officers:*** At the end of the project, a purposive sampling method was used. An interview utilizing a “feedback form” survey was conducted with the frontline SJPD officers

who have participated in ICAR program to obtain input on their experience, thoughts, opinions and suggestions regarding INN-07. The evaluator identified and forwarded a list of the badge numbers of the police officers who participated in ICAR program (INN-07) more than 2 times to the representatives.

This formative evaluation method utilizing a feedback form was chosen by the officers and administered with 15 SJPD officers. Each officer picked up the study envelope which contained the consent form and the feedback form that had a series of open-questions from the representative's office. Once the officers filled out the feedback form at their convenient location and time, they put the signed consent form and completed feedback form back into the provided envelop. The officers then returned the sealed envelope back to the representative's office, where the envelopes were picked up by the evaluator.

### **#3. PCIT Administrative Data:**

The PCIT collected the ICAR (Informed Consent and Referral) from SJPD and then recorded the clients' characteristics and the PCIT intervention on the PCAR (Post Crisis Authorization Request) form in an excel format. At the beginning of every month, the evaluator retrieved the de-identified data of ICAR and PCAR from PCIT.

### **#4. Semi-structured Interviews with PCIT Staff:**

PCIT staff members were interviewed twice throughout the project implementation period to assess their perceived collaboration with SJPD and to review the process and progress of the project. During the course of the INN-07 implementation, there were a total of 5 PCIT staff in first year and 7 PCIT staff in the second year who participated in the semi-structured interview. Each staff member was invited to participate voluntarily in the individual interview. Once consent to participate in the study was acquired, the semi-structured interview was conducted at their convenient location and time. The interview took about 45 minutes to one hour.

### **#5. Satisfaction Survey with Clients and/or Family Members:**

The PCIT administered one questionnaire at the end of service with clients and/or family members to assess the level of satisfaction, effectiveness and the quality of the services they received. The PCIT staff explained the purpose of the survey, confidentiality, and voluntary participation to clients and/or family members. If they wanted to participate in this survey, the envelope which contained a consent form and survey was given to them.

The survey was administered at the participant's convenient location with the preferred language<sup>3</sup>. Clients and/or family members filled out the survey, put the signed consent form

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<sup>3</sup> This satisfaction survey along with the consent form was translated into Spanish and Vietnamese. The translated documents were also validated before dispersal.

along with the complete survey back to the provided envelop and sealed it. The sealed envelope was collected by the staff member and the evaluator collected the surveys on a monthly basis.

This questionnaire had two different sections that rated the SJPD and the PCIT staff in regards to timeliness, effectiveness, and cultural appropriateness. A total of 50 participants – 16 clients, 19 family members, and 5 friends, and 10 no response - voluntarily completed a satisfaction survey. The questionnaire included eight items: the first one consisted of three questions which rated SJPD and the second one consist of five questions which rated the PCIT staff. The survey showed strong reliability: Reliability  $\alpha = .87$  for the first one and Reliability  $\alpha = .90$  for the second one.

#### **#6. Interviews with Clients:**

Three months after the closure of the services, clients and family members who received the PCIT services were invited to participate in the semi-structured interview facilitated by the evaluation team which consisted of the project evaluator and research assistants. Since the evaluation team was not allowed to contact clients directly unless clients agreed to participate in the semi-structured interview, PCIT staff made the initial contact with clients using a standardized script provided by the evaluation team which explained the purpose of the interview and that participation was voluntary and confidential.

Clients and/or family members who were interested in participating in a semi-structured interview gave permission the PCIT staff to forward their contact information to the evaluation team. The research assistants contacted clients and/family members and conducted the interview to further assess the level of satisfaction and the quality of the services received. There were a total of 3 clients who participated in the semi-structured interviews - originally, there were 12 clients referred to the evaluator by the PCIT staff. However, when the evaluation team contacted them, nine of them were either not available or did not want to participate in the interview.

#### **#7. Three-month Follow-ups with Clients and/or Family Members:**

At the end of services, clients and family members were informed that the PCIT staff would be contacting them in three months to follow up with their progress and utilization of the referred services as part of the PCIT services. Three months after the completion of services, PCIT staff contacted all 112 clients<sup>4</sup> and/or family members who had received PCIT services to determine whether the clients and families remained engaged in services and in recovery. A total of 22 clients participated in this three-month follow up. The de-identified 22 three-month follow up sheets were provided to the evaluator.

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<sup>4</sup> Please note that there was a high number that PCIT staff were unable to contact due to disconnected phones, no longer lived at the address or did not want to participate.

### III. RESULTS

This section is organized around the learning questions: two Process Questions and two Outcome Questions. Within each learning question is a description of the evaluation methods used, a brief summary of the findings, a detailed description of each method and data it yielded, and conclusion.

**Process Question 1:** How does a new collaboration between mental health and law enforcement, which structures information-sharing regarding law enforcement responses to mental health crisis, contribute to the provision of immediate, systematic post-crisis responses to individuals and families in need?

**Evaluation Methods:** This process outcome question was answered by using two different evaluation methods and data collections: (1) the referral of the ICAR from the Officers to the PCIT service team was calculated and (2) feedback from PCIT staff, SJPD representatives and SJPD officers was collected to evaluate the level of collaboration between SJPD and PCIT.

**Brief Findings:** Based on the above listed evaluation methods, in general, the findings suggest that this process question was partially met. Partial satisfaction may have been rooted in the contextual challenge the project encountered: First, the INN-07 project by its design aimed to provide post-crisis services and did not include a clinical team as part of the field response team. Therefore, one of the key components of this question which was “the provision of immediate responses” was not feasible. Second, there was no statistics available to distinguish between calls that placed individuals on a 72-Hour Detention and those calls that did not, which negatively impacted an accurate depiction of the resulting numbers.

Despite this contextual challenge, findings imply that positive collaboration was established between mental health and law enforcement with those actively working on the project, which contributed to positive responses to individuals and families.

**Detailed Findings:** Below is a detailed description and finding of each method described above.

#### 1) Referral Rate of ICAR and Numbers of the Officers Participated in this Project:

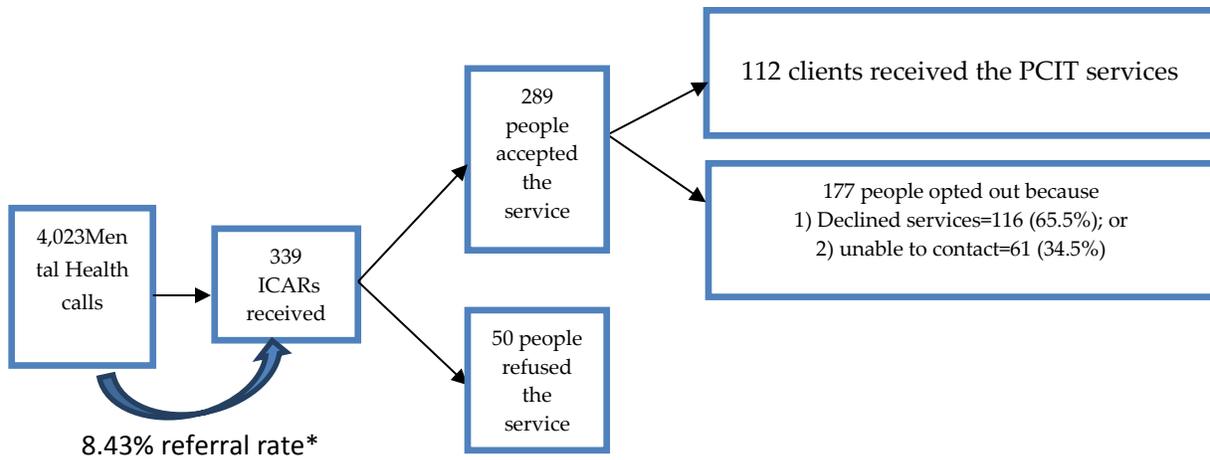
*(1) ICAR Referral Rate:* For time period of this project, **September 1, 2011 – June 30, 2013**, there was a total of 4,023 mental health calls made to SJPD and out of those 4,023 mental health related calls, a total of 339 ICARs were received by the PCIT team from SJPD.

It is crucial to note that the total number of 4,023 mental health related calls made to SJPD also included callers that were placed on involuntary 72 Hour detentions and transported directly to an emergency psychiatric facility making them ineligible for services through the PCIT. Due to this change in status from voluntary to involuntary that granted individuals placed on a 72-Hour Detention access to mental health services more quickly because they are considered to be Level I referrals and must be seen within five business days from discharge. However, there is no

statistical data available recording how many calls fell into this “involuntary hold” category. Since this project aimed to provide services to callers that did not meet the involuntary hold criteria, it implies that the actual referral number would be much higher than 8.43%.

That being said, as shown in Figure 2 below, a total of 339 ICARs were received. Out of the 339 ICAR’s, 289 people (85.3%) initially agreed to receive the PCIT services at the time of contact with SJPD and 50 (14.7%) refused services from PCIT. From the 289 individuals, a total of 112 clients (38.8%) received the PCIT services from beginning to end and 177 individuals (61.2%) opted out of services.

Figure 2. PCIT referral rate and numbers of clients served



\*Please see the Table 2 in the Appendix D which compares the percentage of ICARs versus that of the mental health calls made monthly.

**(2) Numbers of the Officers Who Participated in the INN-07 Project:** Also, 151 SJPD officers (about between 30- 33.6% out of all patrol officers during the project period) participated in ICAR (referrals to PCIT) and out of those 151 officers, 57 referred to the PCIT twice or more. While the exact number of SJPD officers who were on patrol during the project time is unknown, based on the conversation during the PCIT Collaborative team meeting with the SJPD representative officer, it was estimated that about 450-500 officers may have been in the field and responded to dispatched 911 calls.

It is very important to point out that the percentage of the officers who participated in this project, which is about 30 – 33%, is especially significant because, since the project launched, the SJPD encountered several challenges such as budgetary cutbacks, shortage of officers, and leadership changes. Therefore, despite such challenges, about one-third of officers participated in the INN-07 project by completing the extra work required (e.g., sharing the project with the callers and/or family members, filling out the ICAR and ensuring that it was routed to the designated area,

etc.).

## **2) Feedback from SJPD Representatives, SJPD Officers, and PCIT Staff:**

The referral rate described above may point to the actual level of collaboration between SJPD and PCIT; however, consideration must be given due to the fact that it takes time for any innovative project to be successfully and effectively implemented. The collaborative process holds an important implication for future projects by developing strategies to build partnerships. Thus, receiving feedback from SJPD and PCIT staff was sought twice throughout the project to assess the level of collaboration perceived by two groups – mental health service providers (PCIT staff) and law enforcement.

In general, the findings based on interviews with SJPD representatives, SJPD officers who participated in the ICAR referrals, and PCIT staff suggest that there was positive collaboration perceived between mental health and law enforcement when responding to individuals and families in need, which seemed to contribute to the provision of post-crisis responses to individuals and family members. Below are the descriptions and types of feedback in specific detail that were received.

### ***(1) First Year Implementation of INN-07- Semi-Structured Interviews with SJPD Representatives and PCIT Staff:***

The results from the semi-structured interviews with three SJPD representatives and five PCIT staff members are listed below (please see Appendix D for the selected quotations from participants):

- Both parties were satisfied with the current collaboration model – there was no (formal) structure/model before this project and the project was establishing a good collaboration and communication between all the partners
- The program has the potential to have a profound impact on the mental health community.
- The project offers more opportunities to help providers and law enforcement understand each other and to be able to provide culturally competent services.

### ***(2) Second Year Implementation of INN-07- Semi-Structured Interviews with PCIT Staff:***

The main categories that emerged from the semi-structured interviews with seven PCIT staff members are listed below (Please see the Attachment D for more detailed information).

- Staffs were satisfied with the current collaboration model and saw potential in this program.
- The program is innovative and helpful once people received the services.
- Low referral rates from SJPD were challenging.
- In the case of when multiple attempts at linking clients with referrals/PCIT services were refused by the clients or family members, team members were unable to proceed and help the person with mental illness.

- Structural changes at PCIT team were challenging as in disruptive to the function of the team.

**(3) Second Year Implementation of INN-07- Comments Made Directly by SJPD Officers:**

A formative evaluation method utilizing a feedback form was administered with the Officers who participated in ICAR program (INN-07 project) in order to capture their experiences, perceptions, opinions, and suggestions about the INN-07 Project. The results listed below are based on the main categories emerging from the comments made directly by the Officers who participated (Please see the Attachment D for selected quotations from SJPD Officers).

- The Officers were generally satisfied with the current collaboration model – there was no (formal) structure/model before this project.
- Overall, INN-07 project was effective and helpful in helping people in need.
- However, the program was not well known (to the officers) and there was difficulty in getting clients to sign the referral cards. The reporting process is subject to modification.

**Conclusion:** Given the following circumstances which are 1) the referral rate would have been much higher if the number of mental health calls that resulted in a 72-hour Detention had been tracked and measured, 2) there was significant contributions made from the 151 officers who participated in this project despite the contextual challenges, and 3) the general positive feedback from all parties involved pertaining to the collaboration – SJPD representatives, SJPD Officers, and the PCIT staff, this learning objective was partially met as it began to establish a collaborative alliance between County Mental Health and the San Jose Police Department.

**Process Question 2:** Does the immediate deployment of culturally competent teams comprised of peer/family advocates and mental health clinicians, contribute to the provision of timely, compassionate outreach to clients and families who have experienced a mental health crisis?

**Evaluation Methods:** The satisfaction surveys with the clients and/or family members were used as a proxy measure to assess this question.

**Brief Findings:** Similar to Process Question 1, the “immediate deployment of culturally competent teams” was not in place, as part of the project design. During the development of the project, thus, the “immediate deployment” was operationalized as 1) SJPD submitted an ICAR to the PCIT; and 2) the PCIT provided telephone contact with the individual and their families within 24-hours and face-to-face support within 72-hours following a SJPD crisis event. Therefore, the definition of “immediate deployment” for purposes of this report is reflected in the above stated procedure. Based on this operationalization and satisfaction survey results, the findings indicate that the process question is partially satisfied.

**Detailed Findings:** Below are the results of the satisfaction surveys with clients/family members.

Based on the “satisfaction survey” with 50 clients and family members who participated in the satisfaction survey at the termination of the PCIT services, 94% of clients and family members (N=47) responded that they received the kind of service they wanted from PCIT at the time of contact. Also, clients and their family members were very satisfied with the quality of service received their interaction with PCIT staff. This indicates that the deployment of culturally competent teams contributed to the provision of timely, compassionate outreach to clients and families who have experienced a mental health crisis. Please see Table 3 in Appendix D for a detailed description of this result.

Additionally, listed below are some participants’ narrative responses collected from the surveys pertaining to this process outcome question:

- *It was very helpful that the PCIT could meet with me at my convenience.*
- *The telephone check-ins were the most important feature and was extremely helpful.*
- *I was very happy with the quick response of the PCIT staff and the positive support that I received.*

**Conclusion:** The findings indicate that this Process Question was partially met. Again, the partial satisfaction may have been due to the structure of the field response team. The clinical team was not part of the field response team and consequently, the opportunity to engage clients at the scene into treatment may have been missed. However, results from the satisfaction surveys with clients and family members indicated that contact with PCIT staff was positive as they received the type of service they wanted and were very satisfied with the PCIT interaction. This suggests that the deployment of the PCIT culturally competent teams after a crisis situation contributed in meeting clients’ and families’ needs by linking them to proper mental health services efficiently.

**Outcome Question 1:** Using historical law enforcement response data as a baseline for comparison, what is the effect of immediate, compassionate, culturally competent, post- crisis intervention on repeat law enforcement responses and response dispositions?

**Evaluation Methods as Proxy Measures:** This question was answered by two proxy measures since the SJPD database does not track repeat callers.<sup>5</sup> The SJPD Crime Analysis Unit confirmed there is no specific data collection procedure to track the repeated mental health related calls

<sup>5</sup> Please note that these four questions were developed by the personnel of Santa Clara County Mental Health Departments, and approved by both County Board of Supervisors and the State’s Mental Health Services Oversight and Accountability Commission (OAC) in 2010. When it was attempted to modify these questions to correspond to the data availability, OAC was inactive due to administrative issues, making the project retain the original questions.

made to SJPD. However, based on the evaluator's understanding, there have been anecdotal statements from the Officers who responded to the same residence multiple times due to a mental health related crisis. It is presumed that such anecdotal statements might have been the base of the above listed outcome question. Two proxy measures used are 1) testimonial statements from the SJPD officers, and 2) low rate of the repeated ICAR referrals.

**Brief Findings:** Since there was no statistical data available to answer this outcome question, technically this outcome question was not answered. Nevertheless, based on the proxy measures mentioned above, there are some indications that the INN-07 project may have been effective in reducing the repeated mental health calls.

**Detailed Findings:** The above listed evaluation method and corresponding findings are illustrated in detail below:

### 1) SJPD Officers' Perception:

Based on the responses from the SJPD officers who had used the ICAR referral programs, there seemed to be a positive outcome regarding returning to the same residence for mental health calls. Below are some direct quotations from the Officers.

- *I used ICAR for a family in which the mother and her adult son needed mental health services. I was able to have both agree to sign the ICAR form after three calls for service within a 2-week period. Since services were provided, I have not had any return calls for services at the residence.*
- *Very hard to rate this program due to the fact that the outcome is unknown to us. The only way we know is if we stop returning to the same home and hope it was from the ICAR program. I interviewed one person after response team came out. She stated it was nice, but did not help her out in her issues. On the flip side, I have not had to go out to this address as frequent.*

### 2) Low Rate of the Repeated ICAR Referrals:

In addition to the responses from the SJPD officers, further investigation revealed that based on the combination of Unicare number, date of birth, and/or other demographic characteristics, finding shows that the majority of people (94.4%) who were involved with ICAR services did not have any repeated entry into the system. Thus, this very low rate of the repeated ICAR referrals along with the above statements from the patrol officers who participated in ICAR services signify that the INN-07 project may have played a positive role in reducing the repeated mental health calls.

**Examples of Program Success Stories:** Furthermore, as stated earlier, the PCIT Collaborative team regularly met with the LAC to update the members of the LAC about the project's progress.

During the meeting, the PCIT staff presented several success stories of clients who received the PCIT services. While these stories were not collected as part of the evaluation, three client cases were selected from the presentation and are available in Appendix D in order to provide insight pertaining to the success of the PCIT services.

**Conclusion:** Based on the comments made by the patrol officers who participated in this project and the low rate of the repeated ICAR referrals, it seems that this project may have influenced the reduction in repeated mental health crisis calls among clients who received PCIT services.

**Outcome Question 2:** What is the effect of immediate, compassionate, culturally competent post crisis intervention on individuals and families who have been involved in law enforcement related mental health crisis?

**Evaluation Methods:** The project assessed this outcome question by utilizing the following three methods: 1) the second part of the “satisfaction survey” results, 2) the semi-structured interviews with clients and 3) the three-month follow ups with clients.

**Brief Findings:** This outcome question seems to be satisfied based on the findings which indicated that the INN-07 project contributed to improving the well-being of clients and/or family members who received the PCIT services.

Before presenting the results, it is important to describe the demographic characteristics of the 112 clients<sup>6</sup> who received the PCIT services.

**Demographic Characteristics of Clients Served:** In terms of age, the largest group of clients was in their 10s (29.5%), followed by 20s (23.2%). About the gender distribution, there was more male (55.4%) than female (44.6%). In regards to ethnicity, Hispanic was the largest ethnic group (46.4%), followed by Caucasian (19.6%). Also, the majority of those referred were single/never married (76.8%), followed by married (9.8%). Lastly, regarding the current living situation at the time of referral, the majority of referrals were made from: a private residence (83.9%) followed by homelessness (9.8%). More detailed demographic information is presented in Appendix D.

In addition to the above described demographic characteristics, 71 (62.8%) out of 112 clients who received the PCIT services already had a Unicare number, while only 40 clients did not. One person did not have any information regarding the Unicare number. Please note that one person out of 71 received PCIT service twice.

**Detailed Findings:** A brief finding of each method is presented below.

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<sup>6</sup> Legally consumers are allowed to opt out of the PCIT program at anytime in the process. As presented in Figure 2, the number of consumers that were successfully linked to ongoing mental health services was 112.

### **1) Satisfaction Survey Results with Clients and/or Family Members:**

On average, PCIT staff contacted clients 3.30 times (SD=3.75, range: 1-25 times) and family members 3.33 times (SD=4.18, range: 1-26 times). Participants also reported that they were very satisfied with the quality of service received from PCIT (average =3.54, where 1= not satisfied to 4= very satisfied) and with the interaction with the PCIT staff (average = 3.54 with the PCIT clinician and 3.62 with the PCIT peer-advocates, where 1= not satisfied to 4= very satisfied). Table 3 and 4 in Appendix D shows the descriptive results of the items asked on the survey used to measure the quality and effectiveness of the services.

### **2) Semi-structured Individual Interview with Clients:**

As described earlier, three clients voluntarily participated in the semi-structured interviews three months after the services were closed. While interview results from three clients might be considered insignificant from the research perspectives, the information presented here may hold important critiques of the PCIT services since these three clients spent more than one hour to provide their feedback to the research team about the impact of the PCIT services on their wellbeing.

The results from the semi-structured interviews with the clients indicate that:

1. Services were very helpful in addressing the client's mental health symptoms.
2. The quality of life of the client has been improved.
3. There were challenges in obtaining the services initially. However, PCIT staff helped to get the services that the client needed.
4. Clients are satisfied with the PCIT interventions.

### **3) Three-month Follow-ups with Clients:**

Additionally, brief "three-month follow ups" were employed as part of PCIT services to establish whether clients and families' participation in this project resulted in appropriate referrals, if they remained engaged in services and the status of their recovery.

A total of 22 clients participated in this three-month follow up and the results from the "three month follow-up" with the clients indicate that a good deal of "warm hand-off" referrals were made when the services were identified as needed – on average, about 30% out of 22 clients who participated in the three-months follow up were "warm hand-off". A "warm hand-off" included 1) providing transportation assistance and translation; 2) arranging and providing supportive telephone contacts with clients until the first appointment following the crisis event; 3) meeting officers in the field to begin engaging clients; 4) collaborating with the service providers working with clients to ensure positive outcomes; and 5) participating in activities that supported service linkages for clients. Further, about 70% of clients and/or family members received all agreed/referred services and remained engaged in treatment at the time of the three months

follow-up. This finding suggests that PCIT interventions had a positive effect on clients and family members.

**Conclusion:** Based on the satisfaction survey results, the findings suggest that the INN-07 project which was designed to provide compassionate and culturally competent post crisis intervention services was generally successful in meeting client's needs and seemed to contribute to their recovery process. Moreover, the majority of the clients that completed PCIT services continued to receive treatment three months later, suggesting potential long-term benefits for clients involved with the INN-07 project.

#### IV. LESSONS LEARNED AND IMPLICATIONS FOR FUTURE PROJECT

##### 1. Challenges and Resolution Efforts

This project contributed to building a positive collaboration between MHD and law enforcement through the partnership of designing, developing and implementing a service that provided clients with culturally competent services. However, based on the results presented above, the four learning objectives/questions were only partially met due to the following several contextual challenges. In this section, each challenge is presented along with proactive corrective action efforts taken by the project.

**First**, the project encountered a procedural challenge requiring clarification pertaining to project clinicians placing clients on a 72-Hour Detention and then contacting SJPD to transport the clients to Emergency Psychiatric Services (EPS) for an evaluation. The SJPD representative had announced to the patrol officers that project clinicians would place clients on a 72-Hour hold and facilitate clients' transportation to EPS via the County contracted ambulance service. These different interpretations caused a project delay which was resolved by allowing clinicians to place clients on a 72-Hour Detention and then contact the ambulance service to transport the client to EPS. The assistance of SJPD would be utilized only in instances when a client was violent. The PCIT staff informed officers of this service through several presentations.

**Second**, the project launching of September 01, 2011 was ill-timed as it coincided with budgetary and leadership issues within SJPD which resulted in layoffs for many of the SJPD patrol officers, which seemed to negatively impact the project. The PCIT made every effort to increase the referral rates by conducting a series of presentations during the officers shift briefings at SJPD. Further, the PCIT team designed and distributed program brochures and "promotional pens" with the PCIT consultation telephone number on it to the officers during these briefings. In addition, the PCIT team took several additional measures in promoting PCIT

services (e.g., attending the CIT Academy, developing a brochure that was placed at different strategic locations such as EPS and Mental Health Urgent Care (MHUC) for clients and for SJPD to hand out to individuals and their families when responding to a mental health call who may have declined services initially).

**Third**, based on the design of this project the service delivery structure of voluntary participation by clients primarily relied on the referrals by SJPD Officers and the clients and/or family members consenting to receive services. As shown above in Figure 2, 177 people out of 289 people who originally agreed to receive services opted out either because they no longer needed the services or PCIT staff was unable to contact them. Since clients have a legal right to decline services which this project honored, future projects should consider providing resources at the time of initial contact. Indeed, based on the interviews with the officers, it was clear that asking a person dealing with mental health issues to sign a consent form (so that PCIT could contact them) was difficult. Moreover, when referred individuals were homeless or transients, contacting and engaging those individuals was extremely challenging for PCIT staff. The PCIT, if unable to contact the individual by telephone attempted to resolve this issue by making field visits to locate and engage the individual into mental health services. Also, the PCIT provided a 24/7 Consultation Line for use by SJPD officers when responding to mental health related calls and if it was during normal business hours, between 9am and 6pm, a PCIT staff member would meet the officer at the scene for a consultation as part of their service description (please see p. 8)

**Fourth**, the evaluator encountered the challenge pertaining to the SJPD administrative data available and data collection methods relating to gathering information from clients and/or family members to evaluate the project's impact. As pointed out previously, the SJPD Crime Analysis unit does not track the repeated callers and there has been no systematic way to obtain data regarding whether repeated calls were reduced from the control period, which is one of the learning objectives. Also, the project had a lower referral rate than desired (8.43% referral rate: 339 ICAR referrals out of 4,023 mental health related calls). However, as stated on pp. 14-15, it is important to re-emphasize the fact that the 4,023 total number of mental health related calls received by SJPD does not depict an accurate account of callers placed on a 72-Hour Detention and transported directly to EPS, upgrading their status to a higher level of care resulting in accessing ongoing mental health services more quickly and thus becoming not eligible for the PCIT services. Furthermore, given the context for the protection of human subjects, the evaluator relied on the PCIT staff to gather the satisfaction surveys at the conclusion of the services from clients and/or family members, to collect the information about clients' service utilization status after service closure, and to make referrals for client participation in the individual interviews. Although the PCIT staff did their best to collect the data and refer the clients to the evaluator for the individual interviews, because the data was collected based on a completely voluntary basis (since this was part of the evaluation, not part of the services), clients and family members either declined to participate in the study completely or partially which contributed to the size of the

data collected. For instance, while there were 112 clients who received the services, only 50 satisfaction surveys were collected; 12 clients were referred to the interview where only three clients participated; and 22 three-month follow ups were collected. A future project may consider incorporating the satisfaction and three-month follow up as part of the service plan to assess the quality and effectiveness of the project with all clients who received the services.

**Fifth**, staff transition among the PCIT team members during the implementation of the project, although not significant, became an additional challenge. While ARCC was successful in recruiting and hiring culturally competent clinicians and peer advocates, several transitions occurred among staff. For example, it would have been ideal to have comprised the PCIT with one project manager, two clinicians, and four peer advocates throughout the project. In reality, due to the staff turnovers and transition to other positions, there were two project managers, four clinicians and seven peer advocates. The project supervisor who participated during the pre-implementation period left immediately following the launching of the project, then the project manager who coordinated the project and supervised the staff from the beginning left the project prior to the closure of the project. Specifically, toward the end of the project, staff felt the program would not continue and therefore transferred to other positions to ensure their employment. While staff turnover and transitions to other positions were based on the individual's professional development, these staffing issues as well as the transition from one SJPD representative to another during the first year of the project implementation may have negatively influenced the project's outcomes. As an effort to resolve the challenges related to staff turnover and transitions, these challenges were addressed and discussed during PCIT Collaborative meetings. Further, all necessary measures including trainings to new staff regarding data collection procedures were provided. Lastly, PCIT experienced the following two additional challenges: 1) the Consultation line was inactive while an equipment upgrade was in process at ARCC which hindered the officers in accessing PCIT staff when needed, and 2) PCIT relocated from one site to another which appeared to be temporarily challenging to staff. The agency did advise all involved with the project regarding the difficulty with both the consultation line and relocation, and these challenges were resolved in a short period of time.

## **2. Implications for Future Project**

Important implications for future projects can be drawn from the findings of this study. As some officers pointed out, future projects would require modification in order to make the program more efficient and effective.

An example of a modification would be to divide this project into two segments or phases. For instance, Phase I, the Clinical Mobile Crisis Response Team (Phase I) would meet SJPD officers at the scene to provide de-escalation, evaluation, crisis counseling and a referral to PCIT (Phase

II). In Phase II, PCIT would then work with the client to provide linkages to ongoing mental health services or appropriate community resources. It is imperative that officers are provided feedback regarding the consenting clients for which officers responded to since the call was due to a mental health crisis/suicide.

Further, given that 63% of clients who received PCIT services either had prior contact with County Mental Health or were existing clients which provided the opportunity examine the obstacles experienced by clients in accessing and sustaining mental health services.