Police-Mental Health Collaborations: Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs

The Project Coordinator's Handbook

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Project Credits

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About the CSG Justice Center: The Council of State Governments (CSG) Justice Center is a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities. For more information about the CSG Justice Center, visit www.csgjusticecenter.org.

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Introduction

In many jurisdictions, the challenge of responding to people in mental health crises often falls on local law enforcement. Because of this, law enforcement agencies are creating partnerships, known as police-mental health collaborations (PMHCs), with mental health agencies to improve their responses and connect people to needed services. These partnerships also typically include substance use treatment providers since more than 18 percent of adults who have a mental illness also have a co-occurring substance use disorder.[1]

1. National Institute on Drug Abuse, *Comorbidity: Substance Use and Other Mental Disorders* (Rockville: National Institute on Drug Abuse, 2018), https://nida.nih.gov/research-topics/trends-statistics/infographics/comorbidity-substance-use-other-mental-disorders.

While there can be many partners involved in a PMHC, day-to-day operations are typically overseen by a project coordinator and the PMHC's interagency workgroup. Together, these individuals work to set goals for the PMHC, collect and analyze data to establish a baseline and assess progress, and much more. But project coordinators need concrete direction on how to advance the PMHC's objectives and ensure the collaboration continues to meet the community's needs. This comprehensive handbook is designed to guide project coordinators through the process of planning, implementing, and continuously improving a PMHC. It provides concrete action steps that project coordinators can take throughout the PMHC's planning and implementation stages.

This handbook is arranged by the six key questions presented in the PMHC framework (see Related Tools below). Each section, and its subsequent appendix, contains the following components:

An overview that describes the overall goals of each key question and summarizes the role of the project coordinator in achieving these goals;

Project coordinator activities that present concrete steps that they can take to advance the work of the PMHC and are tied to objectives rooted in the components of a successful PMHC (originally outlined in the framework); and

Sample exercises that project coordinators can easily use with the interagency workgroup to assess existing PMHC efforts and guide improvements.

Related Tools

Communities seeking to implement, assess, or improve law enforcement responses to people with mental health needs should also refer to the following tools for more information related to PMHCs.

Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs describes the essential elements of a comprehensive, agency-wide response to people who have mental health needs.

The Police-Mental Health Collaboration Toolkit serves as a clearinghouse for PMHC information and resources.

The Police-Mental Health Collaboration Self-Assessment Tool is designed to assist jurisdictions in evaluating the status of their current efforts to implement a PMHC. The tool helps jurisdictions assess their implementation progress according to the framework.

Sharing Behavioral Health Information: Tips and Strategies for Police-Mental Health Collaborations is a two-page tip sheet and complementary webpage that highlights tips and strategies jurisdictions can use to share behavioral health information safely and legally between the criminal justice and behavioral health systems to improve outcomes for people in their communities.

Question 1:
Is Our Leadership Committed?

Overview

Law enforcement and executives from mental health agencies and substance use treatment providers (also known as behavioral health executives) must be fully committed to the success of the PMHC and publicly indicate that responding to people with mental health needs is essential to their agencies' missions. When leaders express their commitment to the PMHC, there is not only a trickle-down effect that often occurs with staff buy-in, but they also help to ensure that the PMHC becomes part of the fabric of everyday policing.

With support from the project coordinator and the interagency workgroup, these executives convey the importance of the PMHC and lead by example, cultivating buy-in from other stakeholder leaders, engaging elected officials, encouraging the development of new policies, and rewarding staff who support the PMHC's goals. The project coordinator can help keep leaders abreast of the PMHC's progress to maintain their understanding, commitment, and motivation to support PMHC efforts.

Project Coordinator Activities

Objective: PMHC leadership identifies one or more champions within the law enforcement agency who are committed to the success of the PMHC and can lead others to support or sustain efforts.

PROJECT COORDINATOR ACTIVITIES

In coordination with the interagency workgroup and law enforcement leaders, establish criteria for identifying effective law enforcement champion(s) to promote the work of the PMHC (e.g., interests, experience, values).

Help the law enforcement executive identify one or more law enforcement champions for the PMHC who can speak at internal police meetings and events, promote investments in the PMHC, and help gain staff buy-in across all levels.

Ensure these internal champions are represented in the planning, design, and implementation of the chosen response model(s).

Identify ongoing opportunities for the champion(s) to show support for the PMHC, especially when new staff are hired and leadership changes occur.

Objective: Law enforcement and behavioral health leaders engage other system leaders to support and promote the PMHC. They also engage community members to serve as public champions of the PMHC.

PROJECT COORDINATOR ACTIVITIES

Create opportunities for law enforcement and behavioral health leadership to publicly demonstrate their commitment to the PMHC efforts, such as scheduling speaking engagements, identifying advocacy and treatment groups in the community, connecting executives with media partners, and keeping them abreast of townhalls or other opportunities to speak to the community about the PMHC.

Develop talking points about the overall progress and performance of the PMHC for law enforcement and behavioral health leadership to use during speaking engagements and other public-facing events.

Aid executives in identifying one or more community champions for the PMHC who can speak about it effectively in public. The project coordinator may also maintain regular contact with and manage the relationship with these champions to keep them apprised of all PMHC activities.

Objective: Establish an interagency workgroup that reflects the community's demographics and includes a diverse range of perspectives including from community members and other systems leaders such as 988, crisis response, and housing.

PROJECT COORDINATOR ACTIVITIES

Formalize the interagency workgroup and set a clear charge for the members. This may include establishing a vision, mission, or guiding principles for the group; communicating the group's structure, hierarchy, or reporting relationships; and identifying preliminary areas of focus for subcommittees.

- Depending on how the workgroup is formed, the project coordinator may need to compare the makeup of the interagency workgroup to the community's demographics to ensure it is reflective of the jurisdiction and includes people with lived experience in the criminal justice and behavioral health systems. The project coordinator may also have an opportunity to assess the community's demographics and needs first and then invite people to join the workgroup to reflect both.

Conduct assessments of the workgroup to ensure that everyone involved has opportunities to meaningfully contribute.

Oversee day-to-day operations of the interagency workgroup, including meeting schedules and agendas.

Keep the interagency workgroup chairperson (appointed by law enforcement and behavioral health leaders) and workgroup members apprised of the overall performance of the PMHC via progress reports, case studies, and summaries of successes and challenges.

Craft meeting agendas that provide opportunities for all members to participate and create space for members to build rapport and network with each other.

Make recommendations for additional people to be invited to the workgroup when changes are needed, such as when workgroup members are unable to participate any longer or staff turnover happens.

Tip: Developing Subcommittees

Interagency workgroups may have a limited amount of time in which to get work done, especially during the planning stages of an initiative. Often, these workgroups may find it useful to create subcommittees or breakout groups to help accomplish discrete and specific tasks, utilizing the expertise and interest of individual group members and stakeholders. Subcommittees are typically organized around major initiative themes, or project areas, that involve a large number of steps and milestones. For a PMHC, this may include developing subcommittees on training, data collection, quality assurance and performance measurement, and policy and procedure building.

Objective: Establish clear mandates among the partners by developing at least one memorandum of understanding (MOU) between relevant law enforcement and behavioral health agencies that outlines each agency's commitments (e.g., time, staff, financial support) and responsibilities.

PROJECT COORDINATOR ACTIVITIES

Determine what MOUs are already in place, if any, between the law enforcement and behavioral health agencies, and assess whether they are sufficient to meet the needs of the interagency workgroup.

Identify whether additional MOUs are needed, and outline the specific actions or tasks partner agencies should commit to in new, or updates to existing, MOUs.

Help draft new, or update any existing, MOUs.

Objective: Designate funds to support PMHC efforts.

PROJECT COORDINATOR ACTIVITIES

Generate and deliver PMHC performance reports to the interagency workgroup that address funding levels, and use those reports to make a case for increased funding when needed.

Track funds that leaders have already designated for PMHC efforts and make recommendations for new funding opportunities, as appropriate.

Objective: Recognize staff involved in PMHC efforts through internal and external mechanisms to help affect a cultural shift and encourage staff to seek out PMHC positions.

PROJECT COORDINATOR ACTIVITIES

Facilitate ongoing discussions around ways to recognize officers, line-staff, and behavioral health staff involved in PMHC efforts both internally and externally.

Ensure officers and behavioral health staff have an opportunity to provide feedback on any recognition plans so that staff feel valued by them, allowing for refinements as feedback is provided.

In coordination with Communications professionals from the law enforcement and behavioral health agencies, develop talking points for leaders to publicly recognize staff who are helping to advance the work of the PMHC.

General Meeting Facilitation Tips

Some project coordinators will have experience leading stakeholder and workgroup meetings; but for others, this will be the first time overseeing these kinds of operations. Below are some universal facilitation tips for project coordinators of various experience levels:

Maintain neutrality as a facilitator and do not inject personal opinions into discussions. The project coordinator should establish ground rules during the first planning meetings and reiterate them at the start of each meeting.

Provide the group with PMHC data and research from other communities to inform decision-making processes.

Cultivate professional relationships with group members to elicit participation, comfort, and agreement. This includes meeting with stakeholders individually to discuss their questions, misconceptions, or any underlying reluctance or reservation to join the initiative or workgroup. Establishing personal contacts with members may also help the project coordinator manage challenging conversations that may arise in the future, but it should not give off the impression that any one person will receive favors because they have a relationship with the project coordinator.

Provide logistical support and structure to the interagency workgroup, including creating agendas, scheduling speakers and trainings, providing meeting notes and minutes, and following up on questions or action items from meetings.

Develop processes for the workgroup to make decisions and reach consensus (e.g., time allotments for discussions). It is important for meetings to function well, for all voices to be heard (including less vocal participants), and to manage members that tend to dominate conversations.

Take time to foster collaboration by conducting team-building exercises during initial planning meetings and at the start of each meeting and providing ongoing networking opportunities for members. During in-person meetings, the project coordinator should pay close attention to logistical details that can foster closer ties between members, such as providing name tags and cards, using mixed seating at tables and in groups, etc. Break-out rooms can be used during virtual meetings to increase collaboration.

Continually seek to improve the overall operation of the workgroup by regularly surveying members on satisfaction and performance. The results can inform future agendas, strengthen the overall participation of workgroup members, and help resolve issues participants may be experiencing.

*Use the exercises in **Appendix A** to help you determine the needs and structure of your interagency workgroup. You will also be able to determine where gaps may exist and what ways the workgroup can be used to connect to the broader community.*

Question 2:
Do We Have Clear Policies and Procedures to Respond to People Who Have Mental Health Needs?

Overview

Clearly written policies and procedures provide structure and guidance to officers involved in PMHC efforts and empower them to take appropriate action to enhance their safety and the safety of others. These policies and procedures are only effective when they are also disseminated, followed, and enforced.

The project coordinator is instrumental in helping law enforcement and behavioral health leadership and other partner agencies develop and regularly review policies and procedures that encompass the range of issues and scenarios that officers encounter. They can also recommend new policies and procedures where needed and work with leaders to incorporate these into day-to-day operations.

Project Coordinator Activities

Objective: Conduct a comprehensive system-wide process review to see how people who have mental health needs currently flow through the criminal justice and behavioral health systems and the ways in which police officers interact with them. This review should also identify where gaps exist, where racial disparities may occur, and where improvements are needed.

PROJECT COORDINATOR ACTIVITIES

Gather the relevant policies and procedures in place and, with input from the interagency workgroup and available research partners, identify any specific scenarios that are not covered by existing policies and procedures.

Lead the interagency workgroup in developing a process flow chart that illustrates police encounters and includes dispatchers, 911 operators, and 988 crisis counselors to have a clear understanding of how people who have mental health needs flow through the criminal justice, health, and crisis systems.

Develop a process for providing staff with this visual depiction of how people who have mental health needs flow through the criminal justice, health, and crisis systems.

Tip: Selecting a Response Model

Below are some of the response models that a PMHC can use to support its efforts to connect people to services instead of incarceration.

Crisis Intervention Team: The most common response model, Crisis Intervention Teams (CITs) are teams of officers who volunteer for specialized training that equips them with more tools for responding to people in crisis.

Co-responder Teams: This models pairs law enforcement officers with clinicians who respond to crisis calls for service together.

Case management: A proactive approach to linking people with behavioral health needs to services. Under this model, officers do not wait for a crisis call for service, instead engaging with people who have frequent calls for service and behavioral health professionals to make connections before a crisis occurs.

For more information on PMHC response models and to view examples, read the Police-Mental Health Collaborations framework or visit the national Law Enforcement-Mental Health Learning Site program.

Objective: Use the system-wide process review—and process flow chart that illustrates current practices—to select and then implement PMHC response model(s) that address the needs of the jurisdiction.

PROJECT COORDINATOR ACTIVITIES

Research potential response models and reach out to other communities that have adopted them to learn advantages of each, challenges, and best practices.

Present recommendations to the interagency workgroup to help in the selection of at least one PMHC response model that addresses the needs of the jurisdiction.

Conduct periodic follow ups to monitor progress of the selected response model(s).

Objective: Develop clear and comprehensive policies and procedures that (1) align with the chosen response model(s), (2) outline all roles and responsibilities of staff and participating agencies, (3) are reflective of the behavioral health perspective, and (4) give staff clear directions.

PROJECT COORDINATOR ACTIVITIES

Review any new policies or procedures to ensure they outline roles and responsibilities of staff and participating agencies, define frequently used terms, and give specific response guidelines for scenarios that officers and other PMHC staff frequently encounter.

Take inventory of any existing policies and procedures to determine when they need to be updated to reflect the PMHC mission and shared goals and response models selected.

Serve as the liaison between the law enforcement and the behavioral health partnering agencies and assist agency leaders in reviewing their own policies and procedures to ensure they address the needs of the people the response model will serve.

Objective: Develop information-sharing agreements between law enforcement and behavioral health partners to define what information can be shared during an encounter; provide these partners with access to appropriate and timely information needed to better connect people to services and supports.

PROJECT COORDINATOR ACTIVITIES

Investigate which information-sharing agreements are in place and any limitations in what they cover, and make suggestions on new agreements and/or refinements to existing agreements.

Research agreement templates and make recommendations for new templates to be used if needed.

Assist legal counsel in drafting information-sharing agreements to ensure they are in line with best practices on sharing protected health information and any federal, state, and local statutes.

Objective: Circulate PMHC policies and procedures to all staff.

PROJECT COORDINATOR ACTIVITIES

Review policies and procedures to determine if they are updated periodically, in coordination with supervisors and other staff at the partnering agencies.

Follow up with supervisors and staff to make sure they know where to access the most up-to-date policies and procedures.

Provide recommendations to law enforcement leadership for ways to circulate policies and procedures so that all staff are aware of them and notified when they are updated.

Ensure policies and procedures are shared with the public online, when possible, and that the community groups have had a chance to provide input on their development.

Objective: Evaluate PMHC staff performance regularly to ensure policies and procedures are being followed and meet the needs of the jurisdiction.

PROJECT COORDINATOR ACTIVITIES

Convene members of the interagency workgroup and chairperson and any relevant external stakeholders (e.g., research partners) to determine how often reviews should be conducted.

Research opportunities and provide recommendations for surveying staff periodically to determine if they believe the policies and procedures are clear, useful as written, and easy to implement, if they have received adequate training for them, and where there is room for improvement or change.

Conduct focus groups, town halls, and other opportunities to receive feedback from community organizations and the public on how the PMHC is working and whether it is serving the community's needs.

*Use the exercises in **Appendix B** to help you assess which policies, procedures, and information-sharing agreements are currently in place to determine where gaps may exist and how the workgroup can help update the existing policies or create new ones.*

Question 3:
Do We Provide Staff with Quality Mental Health and Stabilization Training?

Overview

Training for all PMHC staff is crucial to the response model's operation and success. In particular, it better prepares officers to appropriately respond to people who have mental health needs and de-escalate crisis situations. The project coordinator can partner with the interagency workgroup to support the PMHC's training efforts such as by researching proven practices in other jurisdictions, providing recommendations for a training manager, and helping identify training curricula and resources for both basic and advanced PMHC topics. In some instances, the project coordinator can also work with the training manager to develop a plan for assessing the effectiveness of the training curricula and identifying recommendations for improvements.

Project Coordinator Activities

Objective: Provide all staff with culturally competent mental health and stabilization training curricula at the beginning of their tenure and throughout their career.

PROJECT COORDINATOR ACTIVITIES

Work with the training manager (and sometimes the interagency workgroup in smaller communities) to assess curricula and determine if the appropriate basic skills are included for all staffing levels.

Research training curricula from different jurisdictions and provide recommendations to adapt or implement new curricula to the training manager and/or the interagency workgroup.

In some instances, review curricula to make sure it is augmented with experiential components and includes hands-on opportunities for officers and dispatchers to practice and hone their skills.

Objective: Provide advanced training consistent with staff roles, skill sets, and experience to help them refine certain skills and give jurisdictions the ability to cover more advanced content than can be included as part of a training academy for new recruits.

PROJECT COORDINATOR ACTIVITIES

Review advanced training topics available for PMHC specialists, in consultation with the training manager, and ensure they are consistent with staff roles and expertise.

Investigate curricula other agencies use and share recommendations for adoption with the training manager and/or interagency workgroup.

Objective: Enlist an array of instructors, including law enforcement, behavioral health providers, people who have mental illnesses, family members, and other experts to teach coursework so that staff learn from varying perspectives and expand their knowledge and skills in a variety of areas.

PROJECT COORDINATOR ACTIVITIES

Support the training manager in identifying and selecting new potential trainers and developing relationships with advocates, family members, and people who have mental health needs. These individuals should be qualified to be able to provide general instruction and offer their firsthand experience interacting with law enforcement officers, behavioral health providers, and dispatchers.

Support the training manager in developing in-house expertise to teach law enforcement or behavioral health topics. This may include researching and adopting train-the-trainer courses or identifying existing staff to support training needs.

Help the training manager identify any gaps in training instructors and provide recommendations for creative solutions, such as coordinating training with surrounding law enforcement agencies to share trainers and reduce overhead costs.

Objective: Evaluate staff trainings on a regular basis to assess their impact.

PROJECT COORDINATOR ACTIVITIES

Assist the training manager in researching and developing training surveys and evaluation forms and convening focus groups. These methods of obtaining feedback will help to assess staff's understanding of the training content and ability to employ tactics taught on an as needed basis, particularly in smaller jurisdictions.

Serve as the liaison between the training manager and the interagency workgroup, providing progress reports based on data collected and analyzed from the pre- and post-training surveys and evaluation forms. Note: this activity is only needed when the project coordinator is not the training manager and if the training manager is not part of the interagency workgroup.

Provide results from the evaluations and feedback from the interagency workgroup to the training manager so they can update the curricula based on the feedback provided.

*Use the exercises in **Appendix C** to inventory your current training program. You can also use the exercises to track implementation progress on any new training curricula and assess the extent to which it is aligned with the PMHC's goals.*

Question 4:
Does the Community Have a Full Array of Mental Health Services and Supports for People Who Have Mental Health Needs?

Overview

Law enforcement can more effectively respond to people who have mental health needs when a full range of mental health and community services are available because they offer a broader range of disposition options. Better understanding of the service landscape, including the utilization of these services, also helps PMHCs pinpoint gaps and make the case for additional resources to increase capacity. By leading the effort to assess existing services in the community, including 988,[2] the project coordinator can help law enforcement and behavioral health leaders identify gaps and begin to prioritize resources to build capacity in support of the PMHC's goals.

Project Coordinator Activities

Objective: Inventory existing behavioral health services and diversion programs to identify gaps and determine if there are eligibility restrictions.

PROJECT COORDINATOR ACTIVITIES

Research service inventory or other mapping techniques (e.g., Sequential Intercept Mapping) the jurisdiction can use.

Lead (or assist a consultant in leading if funding is available) the interagency workgroup through service inventory/mapping. If an outside facilitator is used, the project coordinator can capture action items and help with necessary follow-up.

Coordinate with relevant partners and stakeholders to ensure they are included in the service inventory/mapping process.

Develop plans to update the service inventory/map regularly to ensure it accurately reflects the community's current resources.

2. Deirdra Assey, *How to Use 988 to Respond to Behavioral Health Crisis Calls* (New York: The Council of State Governments Justice Center, 2021), https://csgjusticecenter.org/publications/how-to-use-988-to-respond-to-behavioral-health-crisis-calls/

Objective: Assess existing services and programs to see if they are meeting the jurisdiction's needs and which services are in need of increased capacity to handle the number of people using them.

PROJECT COORDINATOR ACTIVITIES

Identify and provide recommendations to the interagency workgroup of an individual or subcommittee to oversee the data collection efforts that match service inventory to utilization rates (as well as instances where law enforcement referred people for behavioral health treatment or services, but these services were unavailable).

Review data to identify which services need greater capacity, which are being under-utilized, and if there are disparities in access to these services.

In some jurisdictions, help facilitate the transfer of data from partner agencies and provide suggestions for improving utilization.

Objective: Prioritize making necessary services available to people who have mental health needs who come into contact with law enforcement.

PROJECT COORDINATOR ACTIVITIES

Work with leadership from both behavioral health and law enforcement to create opportunities for behavioral health providers to train law enforcement officers on making the best-fit connections to treatment.

Develop talking points for the law enforcement executives and interagency workgroup chairperson about how much additional capacity or services are needed and utilization rates of these services.

*Use the exercises in **Appendix D** to inventory your current behavioral health and community resources. You can also use the exercises to identify where there may be treatment and service gaps across systems, better understand what barriers to treatment may need to be addressed, and identify which partners are best positioned to help expand the capacity of treatment services in your jurisdiction.*

Question 5:
Do We Collect and Analyze Data to Measure the PMHC Against the Four Key Outcomes?

Overview

Comprehensive data collection and analysis allows leaders to gauge the effectiveness of their selected response model(s) and provides concrete information to garner support from public officials and the community. Baseline data should be established early on so progress can be tracked and modifications made when necessary. In-depth data collection equips jurisdictions with the information needed to assess PMHC performance, identify high-need populations or locations, and tailor response model(s) to the types of calls for service the PMHC receives.

The project coordinator (either in consultation with a data collection specialist, or in some cases, as the data collection specialist themselves) helps to ensure that the appropriate data is gathered and reviewed regularly by the interagency workgroup. The project coordinator also plays an instrumental role in helping the interagency workgroup establish shared definitions for terminology such as "mental health calls for service," "repeated encounters," and "frequent arrests" in their community and in setting processes for reporting progress to leaders based on the outcome data.

Four Key Outcomes

The four key outcomes identified below help provide a picture of whether or not a PMHC is successful.

- Increased connection to resources
- Reduced repeat encounters with law enforcement
- Minimized arrests
- Reduced use of force in encounters with people who have mental health needs

For more information on how you can use these outcomes to measure success, read page 3 in *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs*.

Project Coordinator Activities

Objective: Identify which data points should be collected and tracked that correspond to the four key outcomes and the number of mental health calls for service.

PROJECT COORDINATOR ACTIVITIES

Work in tandem with the data specialist to establish data points that correspond to the four outcomes outlined in the framework.

Lead conversations with the interagency workgroup to establish a shared definition for mental health calls for service in their community and associated data points.

Objective: Establish baseline data to measure PMHC progress.

PROJECT COORDINATOR ACTIVITIES

Work with a data specialist or subcommittee to collect baseline data on the number of mental health calls for service and the four key outcomes.

Work with PMHC partner agencies to expand data collection to capture any missing performance measures.

Objective: Develop policies and procedures to guide data collection and analysis, and circulate these to appropriate staff.

PROJECT COORDINATOR ACTIVITIES

Develop processes, timelines, and workplans for the interagency workgroup to receive relevant data reports and analyses.

Help the interagency workgroup identify creative solutions for reducing costs and engaging experts when data staffing capacity is limited (e.g., recommending relationships with local universities that may be interested in helping collect and/or analyze data).

Objective: Develop a process for identifying people who are in mental health crisis and have repeat encounters with law enforcement and then connecting them to community-based resources.

PROJECT COORDINATOR ACTIVITIES

Create a plan to discuss this population on a regular basis, comparing current data against baseline data to measure progress or trends.

Develop a timeline for reporting on connections to treatment, with input from behavioral health representatives, to ensure follow-up services are being provided.

Tip: Developing data-sharing agreements

Information sharing between agencies can be especially challenging; however, many jurisdictions have found creative ways to facilitate sharing information within their PMHC. For information-sharing strategies to be effective, PMHC partners must understand which partners are sharing what data, how the data will be utilized and accessed by partners, and how often the data will be shared. Clear expectations around these processes will help build collaboration and foster trust among partners. *Sharing Behavioral Health Information: Tips and Strategies for Police-Mental Health Collaborations* offers tips for improving data-sharing.

Objective: Appoint an individual or a subcommittee to oversee the collection and analyzation of PMHC data and distribute reports for review.

PROJECT COORDINATOR ACTIVITIES

Identify and then recommend to the interagency workgroup a data specialist or people for a subcommittee who will oversee the collection and analysis of PMHC data. Note: in some instances, the project coordinator may chair this subcommittee or have the experience to take on the data specialist role.

Help the data specialist or subcommittee report the progress and outcome data to the interagency workgroup and other law enforcement and behavioral health leaders.

Objective: Develop a new, or adjust an existing, data management system to collect and track data.[3]

PROJECT COORDINATOR ACTIVITIES

Determine if there is a database or data management system in place.

Assist the subcommittee or data specialist in selecting a new database,[4] if necessary, or customizing and adapting the existing one.

Identify IT staff who might be helpful in developing or adapting these systems (either internally or contracting externally).

Facilitate a process or work with the data subcommittee to facilitate a process for obtaining data from all PMHC partners.

*Use the exercises in **Appendix E** to identify which types of data your PMHC collects and tracks, what mechanisms for data collection are in place, and what gaps need to be addressed in order to accurately measure the PMHC's progress.*

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3. Stephanie Shaw, Robert May, and Elizabeth Fleming, *Integrating Criminal Justice and Behavioral Health Data: Checklist for Building and Maintaining a Data Warehouse* (New York: The Council of State Governments (CSG) Justice Center, 2021), https://csgjusticecenter.org/publications/integrating-criminal-justice-and-behavioral-health-data/.
4. Stephanie Shaw and Robert May, *Selecting a Data Warehouse Vendor for Criminal Justice-Behavioral Health Partnerships* (New York: CSG Justice Center, 2021), https://csgjusticecenter.org/publications/selecting-a-data-warehouse-vendor-for-criminal-justice-behavioral-health-partnerships/.

Question 6:
Do We Have a Formal and Ongoing Process for Reviewing and Improving Performance?

Overview

Regular data-driven assessment is critical to ensuring the PMHC achieves its goals so that response model improvements and decisions are based on data, rather than anecdotes. Data collection practices should be transparent to all agencies involved and results routinely shared with the public. This ensures all findings are delivered to stakeholders and executives involved to guarantee their buy-in, increase funding support, and ultimately help to produce long-term champions of the PMHC.

The project coordinator plays a critical role in developing processes to make sure progress information is shared with law enforcement and behavioral health executives about the PMHC's impact. The project coordinator also ensures progress reports are developed with the goals of the PMHC in mind, carves out time for the interagency workgroup to identify areas that need improvement, and works with the interagency workgroup to develop solutions or response model adaptions based on the needs identified.

Project Coordinator Activities

Objective: Regularly assess the PMHC's performance on all four key outcomes to ensure the PMHC is having its desired impact.

PROJECT COORDINATOR ACTIVITIES

Maintain a relationship with the data specialist or subcommittee to develop reports, match law enforcement and behavioral health data, and measure outcomes against the overall PMHC goals.

Develop a timeline for the data specialist or subcommittee to generate reports, identify who receives the reports, determine their design and format, and incorporate a process for external input from partners.

Objective: Use the interagency workgroup to regularly assess PMHC service capacity.

PROJECT COORDINATOR ACTIVITIES

Carve out agenda time to discuss service capacity with the interagency workgroup.

Develop reports, whether formal or informal, ahead of interagency workgroup meetings to be shared with the group to facilitate discussions about performance review and service capacity.

Objective: Refine policies and procedures based on data analysis and program evaluation.

PROJECT COORDINATOR ACTIVITIES

Regularly review the reports generated, and with the assistance of the data specialist or subcommittee, compare them to the PMHC performance goals to see if the PMHC is on pace to achieve its milestones.

Alert the interagency workgroup when current policies, practices, and procedures are inconsistent with the data findings, and make recommendations on response model adaptions or course corrections.

Objective: Develop a plan to scale and sustain PMHC response models and community services.

PROJECT COORDINATOR ACTIVITIES

Provide the interagency workgroup chairperson and law enforcement and behavioral health leaders with data and results from the performance reviews to help make the case for additional investments and to secure long-term funding.

Present new interventions and field-based research to the interagency workgroup if the response model is not performing well or when adaptions are necessary.

Use performance reviews to keep track of underfunded areas that need further investment, services that are lacking or should be enhanced, and other community needs.

In partnership with the interagency workgroup chairperson, facilitate the interagency workgroup's development of a sustainability plan and develop a timeline for re-assessing the financial health of the PMHC at least annually.

Tip: Developing Communication Protocols for External Partners and Leaders

Information about the PMHC's progress should be shared with external groups to garner buy-in and additional support necessary to grow the program. When mechanisms are in place to receive community feedback and the workgroup is responsive, the initiative can truly reflect the public's interests and needs. There are a number of ways the project coordinator can support the development of these protocols. One way is by creating a plan for when and where to share data and progress reports, with which community groups, and how often. This may include conducting focus groups, developing social media or web-based presences or pages, attending community events, or hosting open houses, coffee hours, or other law enforcement-led community wide forums and meetings. Another way is by investigating national media platforms and conferences at which to share successes and best practices when data and analysis show positive results.

*Use the exercises in **Appendix F** to regularly assess the progress of your PMHC and identify key elements of your response model that are important to sustain long term and potential funding sources.*

Appendix A:
Developing Your Interagency Workgroup

How to Structure and Set Up Your Interagency Workgroup

The exercise below prompts project coordinators to fill in items that help them determine who they should invite to be partners in the interagency workgroup. It may be completed by the project coordinator prior to the first convening of the interagency workgroup, or in the early planning stages in consultation with the interagency workgroup, chairperson, and any additional key PMHC stakeholders that have already been identified, such as representatives from behavioral health, law enforcement, and community organizations.

Step 1:

Establish who will be on your interagency workgroup.

Use the following templates to list out the planning and implementation team members and their roles in the interagency workgroup. Add additional lines if needed.

Planning Team

Name	Title	Organization	Specific Role on Interagency Workgroup	Signed Letter of Agreement Committing to Involvement in Project?
John Doe	Director, Client Services	ABC Treatment Provider	Provides clinical support to ABC Treatment clients and provides workgroup information around availability of and how to implement crises services	☐ Yes ☐ No
Jane Smith	Director, Training Initiatives	Anywhere Police Department	Oversees the training subcommittee and helps develop new training curricula for the PD	☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Implementation Team

Name	Title	Organization	Specific Role on Interagency Workgroup	Signed Letter of Agreement Committing to Involvement in Project?
John Doe	Director, Client Services	ABC Treatment Provider	Provides clinical support to ABC Treatment clients and provides workgroup information around availability of and how to implement crises services	☐ Yes ☐ No
Jane Smith	Director, Training Initiatives	Anywhere Police Department	Oversees the training subcommittee and helps develop new training curricula for the PD	☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Step 2:
Establish the structure of your interagency workgroup.

Answer the following questions to help formalize your workgroup's structure and determine what subcommittees are needed to plan and implement the PMHC.

Structure of the Interagency Workgroup
Is a task force, advisory, or interagency workgroup already in place to oversee the PMHC? If no, what plans are in place to assemble a group and who will oversee that effort?
Answer:
Has the interagency workgroup identified a mission, vision, guiding principle, or statement of purpose as it relates to the PMHC? If not, will the interagency workgroup create any of these?
Answer:
Has the interagency workgroup established a clear leadership and decision-making structure that details whether the project coordinator can make decisions without input from the larger group, if unanimous agreement is required, if certain decisions will be made by specific members of the workgroup, etc.?
Answer:
Where, when, and how often will the interagency workgroup meet?
Answer:

Structure of the Interagency Workgroup

Is there a set length of time for these meetings? If so, what is it?
Answer:

Has the group defined the roles and responsibilities of the project coordinator and chairperson (e.g., when does the project coordinator report out to the group as a whole and to the chair, when and to whom does the chair report to, who initially develops agendas, who runs the meetings, etc.)?
Answer:

Who will be responsible for reporting progress and activities to the executives and other organizing bodies? How often? In what format? To whom?
Answer:

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Developing Subcommittees

Will the interagency workgroup develop subcommittees?

Answer:

What kind of subcommittees do you anticipate creating?

Answer:

How will you staff the subcommittees? Can people volunteer for subcommittees, or will they be assigned?

Answer:

How will subcommittees report back to the main group and how often?

Answer:

Who will chair each of the subcommittees?

Answer:

Step 3:

Determine how your interagency workgroup connects with the community.

Answer the following questions to determine how your workgroup is connected to the broader community.

These answers will help to fully develop the workgroup that will be instrumental in planning and implementing the PMHC.

Connection to the Broader Community
Are there other criminal justice, behavioral health, or similar advisory boards active in the jurisdiction? Will the same stakeholders attend both groups and, if so, how will you eliminate duplication of efforts between these groups?
Answer:
Does the interagency workgroup report to the law enforcement and behavioral health executives, or another body, organization, or group (i.e., other groups mentioned in Step 2)?
Answer:
Are there any local "champions" for mental health and criminal justice issues in your community?
Answer:
Are these local "champions" involved or connected to the PMHC?
Answer:

Connection to the Broader Community

Is there a plan in place to engage them to support the PMHC if they are not already involved?

Answer:

What are the names of local champions?

Answer:

What agencies or community groups do they represent?

Answer:

Who are the additional stakeholders you would like to join the interagency workgroup to ensure there is systems-wide representation?

Answer:

Appendix B:
Part 1. Assessing Your Current Policies and Procedures

The checklist below is designed to help project coordinators assess the current status of the PMHC's policies and procedures and to identify where gaps may exist, and adjustments are needed. One clear indicator of a gap is if certain scenarios below are not covered by policies and procedures in your jurisdiction or the policies and procedures are outdated. By using this checklist, project coordinators will have a better sense of which new policies and procedures need to be developed and which ones need updates.

Instructions:
Check the box reflecting the current status of your policies and procedures for each item, indicating whether a certain activity is (1) in place and current; (2) underway; (3) in the planning stages; or (4) outdated or not in place.

Activities	Implementation Status			
	Yes	Underway	Planning	No
All policies and procedures define frequently used terms, common acronyms, and other key information so that they are clear, transparent, and accessible to all readers.				
Policies and procedures consider and outline any relevant statues or local legislation that will impact the PMHC.				
Written policies and procedures describing each selected response model are up to date.				
Job descriptions and responsibilities for PMHC staff include critical information about knowledge, skills, and the abilities required for each position.				
Performance evaluations for PMHC staff reflect the duties of their positions as described in job descriptions.				

Activities	Implementation Status			
	Yes	Underway	Planning	No
Training protocols include ways to provide mental health and de-escalation/stabilization training at each of the following levels: recruit, in-service, and specialized.				
Policies and procedures are in place to guide in-service trainings about the PMHC for managers, supervisors, and field training officers and to ensure awareness and utilization of the PMHC.				
Training protocols include ways to provide mental health and de-escalation training for call-takers and dispatchers.				
Policies and procedures guide 911 personnel,[5] including dispatchers, call takers, and other staff on how to gather descriptive information when answering mental health crisis calls.				
Policies and procedures ensure that 911 personnel, dispatchers, and other call takers know which officers, teams, or mental health co-responders exist to respond to calls that may involve a person who has a mental health need.				
Policies and procedures direct 911 personnel, other call takers, and dispatchers to create and check off Records Management System (RMS) flags or notify officers of repeat addresses associated with mental health calls for service, people who have mental health needs who are repeatedly in contact with law enforcement, and people who pose a verifiable threat to officers.				
Policies and procedures guide responding officers on how to de-escalate situations. The policy may outline actions that may be taken on scene, such as assessing whether a crime has been committed, determining whether the person's behavior indicates that a mental health need may be a factor, ascertaining whether the person appears to present a danger to self or others, and ensuring that the officer uses skills that safely de-escalate the situation if it involves someone in crisis.				

5. Deirdra Assey, *Tips for Successfully Implementing a 911 Diversion Program* (New York: The Council of State Governments Justice Center, 2021), https://csgjusticecenter.org/publications/tips-for-successfully-implementing-a-911-dispatch-diversion-program/.

Activities	Implementation Status			
	Yes	Underway	Planning	No
Policies and procedures outline the actions an officer may take as it pertains to the disposition of the call.[6] This may include resolutions such as diverting the person to a mental health, crisis, or diversion center when behavior appears to result from a mental health need; arrest of the person when a serious crime has been committed; connection to the person's current mental health care provider, a mobile crisis team, or other mental health crisis specialists; or connection to a friend or family member, peer support group, or treatment crisis center when no formal action (i.e., emergency evaluation or arrest) is taken.				
Policies and procedures outline when to use restraints while detaining people in a crisis situation.				
When jail diversion, crisis, or receiving centers are available to officers, program policies and procedures specify the criteria established by the center for accepting referrals from officers. These can include items such as eligibility criteria and intake procedures, including obtaining information about the person's observable behaviors from officers.				
Policies and procedures govern the exchange of information between law enforcement personnel and mental health program partners.				
Policies and procedures specify which law enforcement personnel are responsible for collecting and analyzing PMHC program data, and where that information is housed or saved.				

6. "988: A Shared Opportunity for Criminal Justice and Behavioral Health Partners," CSG Justice Center, accessed October 25, 2023, https://csgjusticecenter.org/projects/988-a-shared-opportunity/.

Appendix B:
Part 2. Identifying and Reviewing Information-Sharing Policies and Procedures

This exercise prompts project coordinators to indicate what information is currently being shared between behavioral health and law enforcement partners, and then determine where gaps exist in sharing and coordination that can impact PMHC outcomes. It will also help project coordinators begin to identify the barriers that contribute to difficulties in the sharing of information in their community and develop a process for regularly reviewing these policies and procedures in consultation with legal counsel.

Instructions:

Answer the following questions about what information can be legally shared between behavioral health care providers and law enforcement for your community, without a signed authorization or verbal consent from the person who encounters law enforcement. For each scenario below, indicate the amount of information that can be shared. The options are:

a. No information (i.e., no information about the person's behavioral health care or criminal justice involvement can be shared);
b. Minimal information (i.e., limited information can be shared if the person has had contact with the behavioral health care or criminal justice system); or
c. Maximal information (i.e., most or all information that can be shared,[7] as allowed by law, to de-escalate a crisis and determine final disposition or to improve access to behavioral health care in a non-crisis-situation).

For those questions where no or minimal information is selected, also indicate what barriers are preventing you from sharing information.
Examples of barriers may include:

- There is no information-sharing agreement in place.
- A partnership has not yet been established with that stakeholder.
- There are no staff designated to provide the information during a crisis call.
- There are laws specific to your jurisdiction that prevent this type of information sharing.
- There are agency restrictions that prevent this type of information sharing.

---

7. "Most or all-information" can include mental health, substance use, or other medical diagnoses; family member and treatment provider names and contact information; and other protected health information that can provide the officer insight into how to respond and resolve a mental health call for service.

1. To de-escalate a crisis and determine final disposition when the person presents as a threat or danger to self or others:

What can **behavioral health care providers** share with law enforcement officers?
☐ No information
☐ Minimal Information
☐ Maximal Information

What can **law enforcement officers** share with behavioral health care providers?
☐ No information
☐ Minimal Information
☐ Maximal Information

Optional: What barriers are preventing you from sharing information?

2. If no or minimal information was selected for the previous question, what barriers exist that may be preventing the sharing of information?
Answer:

3. When a person does not present as a threat or danger to self or others, what can agencies share to de-escalate a crisis and determine final disposition:

What can **behavioral health care providers** share with law enforcement officers?
☐ No information
☐ Minimal Information
☐ Maximal Information

What can **law enforcement officers** share with behavioral health care providers?
☐ No information
☐ Minimal Information
☐ Maximal Information

Optional: What barriers are preventing you from sharing information?

4. If no or minimal information was selected for the previous question, what barriers exist that may be preventing the sharing of information?
Answer:

5. To connect people to behavioral health care in a non-crisis situation, what information can be used to identify and proactively engage people with frequent calls for service:

What can **behavioral health care providers** share with law enforcement officers?
☐ No information
☐ Minimal Information
☐ Maximal Information

What can **law enforcement officers** share with behavioral health care providers?
☐ No information
☐ Minimal Information
☐ Maximal Information

Optional: What barriers are preventing you from sharing information?

6. If no or minimal information was selected for the previous question, what barriers exist that may be preventing the sharing of information?
Answer:

Appendix C.
Defining the PMHC Training Program

The exercises below are designed to help project coordinators inventory their current training for law enforcement and behavioral health personnel, as well as track the implementation progress on new training programs that are aligned with the PMHC's goals. Steps 1 and 2 should be completed in consultation with the law enforcement training manager and/or interagency workgroup, as well as representatives from relevant stakeholders (such as dispatchers, PMHC specialists, etc.). These should also be reviewed and updated periodically (e.g., yearly).

Step 1:
Inventory your training program.

Complete the following table to indicate who is receiving which kinds of training and for how many hours.

Fill in additional personnel where needed.

Personnel	Type of Mental Health or De-escalation Training (e.g., Crisis Intervention Team [CIT] Training, Mental Health First Aid [MHFA], etc.)	Number of Hours		Percentage of Staff Trained
		Entry-Level/ Recruit Training	In-Service Active Duty Officer Training	
Law enforcement officers				
Law enforcement supervisors/ management				

| Personnel | Type of Mental Health or De-escalation Training (e.g., Crisis Intervention Team [CIT] Training, Mental Health First Aid [MHFA], etc.) | Number of Hours | | Percentage of Staff Trained |
		Entry-Level/ Recruit Training	In-Service Active Duty Officer Training	
Behavioral health care providers				
911 call-takers/dispatchers				
Paramedics/EMTs				

Step 2:
Track your implementation progress on new training curricula.

Check the box reflecting the current status of your mental health and stabilization/de-escalation training program for each item, indicating whether a certain activity is (1) in place and current; (2) underway; (3) in the planning stages; or (4) outdated or not in place.

Activities	Implementation Status			
	Yes	Underway	Planning	No
Your agency has a training plan to provide mental health and de-escalation/stabilization training at each of the following levels: recruit, in service, and specialized.				
Training curricula for the PMHC is collaboratively developed among the following partners and stakeholders: mental health care providers, advocacy groups, and people who have mental health needs and who have had previous contact with law enforcement.				
Aside from law enforcement personnel, trainers also include: ● Mental health program partners; ● People who have mental health needs and/or their family members; and ● Advocates.				
A plan is in place to train or hire a group of instructors, especially if the department does not have the resources or expertise internally. This plan includes: ● Investigating train-the-trainer courses; ● Coordinating training with other law enforcement agencies to reduce or share costs; ● Selecting trainers that are credible and have sufficient experience in mental health crises and law enforcement; and ● Collaborating with community partners on trainer selection.				
Law enforcement personnel who specialize in responding to people who have mental health needs receive extensive knowledge and skills training (e.g., a 40-hour advanced course).				

Activities	Implementation Status			
	Yes	Underway	Planning	No
An advanced training course in in place and includes, at a minimum, instruction on: ● Mental illnesses and their impact on individuals, families, and communities; ● Signs and symptoms of mental illnesses; ● Stabilization and de-escalation techniques; ● Trauma-informed responses; ● Active listening; ● Use of force; ● Disposition options and the corresponding procedures; ● Legal criteria for emergency mental health evaluation and involuntary commitment; ● Community resources; and ● Data collection and information sharing.				
The training also includes any of the following additional topics. *(Please select all that apply.)*: ☐ Cultural competency ☐ Gender responsivity ☐ Implicit bias ☐ Substance use responses ☐ Trauma-informed policing				
The training curricula includes hands-on, experiential learning, with:				
● Scenario-based role playing				
● Simulations/ virtual reality training				
● Presentations by advocates				
● Site visits such as to mental health facilities and ride-alongs with police officers				
● Group problem-solving exercises				

Activities	Implementation Status			
	Yes	Underway	Planning	No
Call takers and dispatchers receive training that addresses:				
• The structure and goals of the PMHC program.				
• Procedures for receiving and dispatching calls involving people with mental health needs.				
• How to recognize and assess a mental health crisis, including appropriate questions to ask callers.				
• How to identify and dispatch appropriately trained officers.				
• Procedures for documenting mental health calls for service and information about the callers.				
Leadership (e.g., managers, supervisors, and field training officers) receive, at a minimum, awareness training about the PMHC.				
Other professionals in a support role (e.g., SWAT officers, hostage negotiators, EMT/paramedics, firefighters) receive, at a minimum, awareness training about the PMHC.				
Mental health professionals who work within the PMHC receive training on law enforcement policies and procedures.				
Mental health professionals who work within the PMHC receive training or hands-on experience on topics such as law enforcement policies and procedures, 911 call-taking and dispatching functions, and booking and jail intake procedures.				
Your PMHC has a process for reviewing and evaluating mental health and de-escalation training (e.g., evaluation forms, post-training focus groups or interviews with staff, course observations).				
The training manager administers pre- and post-tests to evaluate knowledge and skills acquired from the training.				
The training manager has a process in place to modify the training curricula based on evaluation findings and other developments in the field.				

Appendix D:
Assessing Behavioral Health Care and Community Resources

This exercise helps project coordinators inventory the behavioral health care services and resources available in your community. It can also help project coordinators better understand what barriers need to be addressed, what additional services are needed, and who can best help to fulfill the need. It should be completed in coordination with the interagency workgroup and updated once a year.

Developing an inventory such as this is not an easy undertaking; it requires gathering information from a variety of agencies, organizations, and people. As such, your interagency workgroup might consider designating a specific subcommittee to work with the project coordinator to carry out this task. Ultimately, completing this inventory will help your interagency workgroup identify the existing services in your community and determine where there may be treatment and service gaps across systems. Note: just because your community lacks a specific program or service doesn't necessarily mean that it is needed. This will depend on your community's needs and other local contextual factors.

For each service listed in the charts below, fill in the information under each category. The last two columns only require yes or no responses. Definitions for the categories below:

Admission, Eligibility, or Access Requirements: the requirements an agency may have to serve an individual, including location of residence, age, gender, language spoken, diagnosis, criminal justice history, etc.

Capacity Limits: the number of people a facility can treat, how many beds are available, or how many beds are designated for people in contact with the criminal justice system.

Availability Issues: the time a facility is open (or closed), distance an officer needs to travel to the facility, how often services may be offered and where, and ability for the facility to accept custodial transfers (e.g., limited security on staff).

Waiting times: time it takes for a facility to accept, screen, assess or admit the client. For some services, wait times can create a barrier that prohibits the service from being a viable disposition option.

Dedicated Law Enforcement Liaison: refers to a dedicated drop-off point, assigned number of beds, or staff member to accept the individual and ensure custodial transfer is complete. A facility or program with a dedicated law enforcement liaison may assign a dedicated staff member to work with officers and their clients.

LE Familiarity and Understanding: refers to whether officers are familiar with this service/program, if it is part of a roster of referral sources, and whether they understand the admission requirements and how to access the services/program (i.e., is training provided around how to use this service or program).

Crisis Prevention

	Admission, Eligibility, or Access Requirements	Capacity Limits	Availability Issues	Waiting Times	Dedicated LE Liaison (Yes/No)	LE Familiarity and Understanding (Yes/No)
Emergency departments						
Crisis/diversion/stabilization center						
Hotline/warmline						
Mobile outreach						

Outpatient Services

	Admission, Eligibility, or Access Requirements	Capacity Limits	Availability Issues	Waiting Times	Dedicated LE Liaison (Yes/No)	LE Familiarity and Understanding (Yes/No)
Assertive community treatment						
Assisted outpatient treatment						
Counseling services/medication management						
Day treatment						
Educational services						
Employment/vocational services						
Intensive outpatient						
Victim/survivor services						
Walk-in clinic						

Residential or Other Long-Term Services

	Admission, Eligibility, or Access Requirements	Capacity Limits	Availability Issues	Waiting Times	Dedicated LE Liaison (Yes/No)	LE Familiarity and Understanding (Yes/No)
Detox facilities						
Housing for people who have behavioral health needs						
Partial hospitalization						
Rehabilitation						
Residential substance addiction treatment						

Additional Services

	Admission, Eligibility, or Access Requirements	Capacity Limits	Availability Issues	Waiting Times	Dedicated LE Liaison	LE Familiarity and Understanding
Intellectual and development disability programs						
Programs that are trauma informed						
Translation and interpretation services						
Traumatic brain injury services and treatment facilities						
Faith-based wraparound services						
Benefits Navigator						

Scanning Data Resources

Instructions:

Answer the following questions to identify what types of data your PMHC collects and tracks, what mechanisms are in place, and what gaps need to be addressed in order to accurately measure the PMHC's progress. These should be answered in consultation with the data specialist or chairperson of the data subcommittee; primary users of the jurisdiction's data management system (if there is one); and any law enforcement, behavioral health, or other partners that the PMHC has established data and information-sharing agreements with. Once you have completed the exercise, consider bringing the interagency workgroup together to develop a plan to fill the identified gaps.

1. Does your PMHC track baseline data on the number of mental health calls for service?

   _____

2. Does your PMHC track baseline data on the four key outcomes:
   ☐ Increased connection to resources
   ☐ Reduced repeat encounters with law enforcement
   ☐ Minimized or lower rates of arrest
   ☐ Reduced use of force

3. If so, what general patterns and individual demographic characteristics in mental health-related calls for service have you been able to track or identify, if any?

   _____

   _____

   _____

General Patterns

Time of Day	Day of Week	Patrol Sector	Address/Location of Call

Individual Demographic Characteristics

Age	Race	Ethnicity	Gender

4. Does the law enforcement agency collect data on the mental health characteristics of people who come into contact with officers, such as diagnosis, whether the person has an existing case manager, previous treatment connections, hospital transfers, etc.?

5. Has the interagency workgroup defined what constitutes a frequent encounter?

6. Have you been able to identify people who have frequent encounters with law enforcement?

7. Are you planning to track subsequent encounters for the people who have been identified as having frequent encounters with law enforcement and also have mental health needs?

8. Has the interagency workgroup defined use of force in your community?

    _____

9. Does your law enforcement agency track use of force?

    _____

10. Is use of force tracked for people who have mental health needs?

    _____

11. Does your law enforcement agency track final dispositions for mental health calls for service?

    _____

12. Does your law enforcement agency offer and track multiple disposition code options for mental health calls for service, such as transfer to hospital, crisis center or diversion facility, outpatient treatment facility, or hand-off to family/friend, etc. rather than just "non-arrest"? (Please list.)

    _____

    _____

    _____

13. Does the law enforcement agency track where, what facility, or to whom an individual was transported, or where a hand-off occurs?

    _____

14. Does the agency track the time a call takes, and are they able to separate out this data for mental health calls for service?

    _____

15. Has the group established any other key outcome data or benchmarks for success for the PMHC that are important to the community or in service of a grant, funder, or funding opportunity? If so, please enter below:

What type of data is being collected? (e.g., number of officers trained, number of mental health calls for service, etc.)	Who is collecting the data? (Title of position/agency)	What is the data source? (e.g., incident report or other form, database, survey, etc.)

Records Management System:

Answer the next set of questions about the PMHC's records management system.

16. How is program data stored (e.g., in paper files, shared drive, network databases, etc.)?

_____

_____

_____

17. Is there an information management system in place to collect behavioral health data?

_____

18. Is there an information management system in place to collect criminal justice data?

_____

19. List the name of the data system(s) used for your PMHC and which agencies have access to it.

_____

_____

_____

20. Does the information management system allow users to change or re-code calls for service? Can users track how often this occurs?

_____

21. Are there improvements to the information management system that would expand the capacity of the PMHC to collect and analyze data?

_____

Information Sharing and Data Reports:

Answer the next set of questions about sharing information to create data reports.

22. Who (what staff members) have access to the information management system and any protected or confidential data that are stored there?

_____

_____

_____

23. Does your PMHC have data-sharing agreements that outline which staff have access to the information management system and personal identifiable information?

_____

24. Has the PMHC established data-sharing processes for criminal justice and behavioral health agencies to share data and information? If so, what are they?

_____

_____

_____

25. Logistically, how is that data shared between systems (e.g., how is it protected, in what format is it shared in, how often is it shared, and who receives the data)?

_____

_____

_____

26. Are staff available to analyze data and develop reports based on the four key outcomes?

_____

27. Are there established timeframes (e.g., daily, weekly, monthly, semi-annually) for how often reports are generated?

_____

28. Who receives these reports, both internally (i.e., the interagency workgroup and data collection subcommittee) and externally, and how often are they generated for these individuals?

_____

_____

_____

Appendix F:
Part 1. Conducting a PMHC Performance Review

Use this checklist to assess the progress of your PMHC's efforts regularly. It should help project coordinators evaluate the effectiveness of the PMHC, and then gauge which external stakeholders to engage to continuously improve upon these efforts. Complete this checklist in consultation with the data specialist or data subcommittee, primary users of the of the jurisdiction's data management system (if there is one), and any law enforcement, behavioral health, or other partners that the PMHC has established data and information-sharing agreements with.

Instructions:
Check the box reflecting the current status of your PMHC for each item, indicating whether a certain activity is (1) in place and current; (2) underway; (3) in the planning stages; or (4) outdated or not in place.

Activities	Implementation Status			
	Yes	Underway	Planning	No
Program evaluations are conducted at least once a year to assess the impact of the PMHC.				
The results of the program evaluation are used to implement changes in the PMHC's efforts (e.g., revising data collection if results show these are not adequately tracking progress).				
Written MOUs with external agencies, such as the 911 dispatch center or a mental health agency, are reviewed annually to identify any gaps in procedures for their roles and responsibilities to provide PMHC program data, including: Data sources; Data storage; Quality control; and Data analysis.				

Activities	Implementation Status			
	Yes	Underway	Planning	No
If an outside evaluator is used, a contract outlining roles, type of deliverables and a timeline for reporting results is developed for any external evaluators, academic institutions, or other parties conducting the evaluation.				
Outcome measures are evaluated at least once a year to determine if there are new outcome measures, in addition to the four key outcomes, needed to assess performance of the PMHC.				
Your PMHC meets with community leaders, the media, key public officials, and other policymakers to update them on program performance.				
Officers and mental health specialists are regularly surveyed to assess the PMHC's utility and opportunities for improvement.				
Performance management meetings, with PMHC staff and patrol supervisors, are held to discuss items such as workload, process, outcome measures, and rewards staff for progress.				
Process and outcome measures are used to inform budget decisions, such as whether to expand programmatic capacity by geographic area or time of day, add staff positions, fund additional training, shift resources across the agency, etc.				
Reports on progress toward meeting the PMHC's goals are regularly provided to the interagency workgroup, chairperson, and key staff from all PMHC partner organizations.				
The PMHC response model is assessed at least annually and this information is used to make policy decisions in support of the PMHC.				
The PMHC response model is assessed at least annually and this information is used to make budget decisions in support of the PMHC.				
Community services capacity and utilization are assessed at least annually and this information is used to make policy decisions in support of the PMHC.				
Community services capacity and utilization are assessed at least annually and this information is used to make budget decisions in support of the PMHC.				

Appendix F:
Part 2. Developing A Sustainability Plan

This exercise prompts the project coordinator to answer a series of questions to identify key response model elements that are important to sustain long term, potential funding sources, and what champions and other stakeholders will be instrumental in helping ensure the response model's long-term health and sustainability. It should be completed in consultation with the chairperson of the interagency workgroup and revisited in conjunction with any annual, semi-annual, or other periodic reviews the law enforcement agency conducts to elevate their policies.

1. What funding sources can sustain the program long term (e.g., foundation, federal, state, local, private donation, etc.)?

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   _____

   _____

2. Who is responsible for securing funds for program sustainability?

   _____

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   _____

3. Has your interagency workgroup identified the key components that are essential to sustain the response model (e.g., program-specific staffing, treatment interventions, policies, or practices), and which would need to be cut if you do not receive additional funding?

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   _____

4. Who are the key partners to help sustain your program?

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5. Have additional leaders and stakeholders, whose buy-in would facilitate the successful implementation of the PMHC sustainability plan, (e.g., community leaders, agency administrators, service providers, or elected officials) been identified?

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6. Which of the following measures will be taken to maintain or attract interest from the key stakeholders (select all that apply):
☐ Program e-mails or newsletters about the PMHC and successes
☐ Individual meetings with key stakeholders
☐ Program fact sheets or brochures
☐ Special events and meetings/conferences
☐ Media (e.g., local newspapers, radio stations, television stations, online news sources and websites)
☐ Promotion targeting professional groups, associations, and key constituents
☐ Program tours for community leaders, executives, and other stakeholders
☐ Other

7. What additional PMHC response model(s) and community services are you looking to develop or sustain?

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