

# Final Evaluation of Innovation #8: Interactive Video Simulation Training

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**Santa Clara County Mental Health Department**



WELLNESS • RECOVERY • RESILIENCE

**Prepared by:**

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# Executive Summary

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## Introduction

In September 2010, Santa Clara County Mental Health Department (SCCMHD) began the implementation of Mental Health Services Act (MHSa) Innovation #8: Mental Health Interactive Video Simulation Training (IVST) that aims to create and present an effective mental health training delivery system for law enforcement officers in the field in Santa Clara County.<sup>1</sup> Innovation is one of five MHSa components with the aim to “research and disseminate mental health practices and approaches that contribute to learning, and are developed within communities through a process that is inclusive and representative, especially of underserved, underserved and inappropriately served individuals.”<sup>2</sup> As such, Innovation #8 specifically seeks to research if the mental health IVST increases the quality of law enforcement response to individuals experiencing mental health crises in the community, and improves the outcomes of those incidents.

Innovation #8: Mental Health Interactive Video Simulation Training (IVST) involves officers in real time problem analysis and decision making. In this training, officers are exposed to life sized, videotaped mental health crisis scenarios, and must then make appropriate decisions and responses. The training is preceded by curriculum based lesson plans and followed by debrief discussions. The mental health IVST and curriculum teaches officers skills such as de-escalation (e.g. talking slowly, having more patience, asking subject questions), recognizing the signs and symptoms of mental illness, how to provide mental health referrals/resources, and about the voluntary treatment options in Santa Clara County as alternatives to an involuntary mental health hold. By increasing understanding by officers of mental illness and improving their response to mental health calls, Innovation #8 seeks to reduce the need for the use of force, decrease injuries and deaths to officers and people in a mental health crisis, reduce stigma of mental illness and increase access and engagement in services for people with mental illness.

SCCMHD partnered with Resource Development Associates (RDA) to conduct the external evaluation of Innovation #8. This report documents the process of developing the mental health IVST and outcomes of law enforcement training in the mental health IVST during its 11-month pilot phase.

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<sup>1</sup> Santa Clara Valley Health & Hospital System, Mental Health Department, “Mental Health Services Act Summary of Initial (FY11) Innovation Plan,” September 3, 2010:  
[http://www.sccgov.org/sites/mhd/MHSa/INN/Documents/INN\\_Plan\\_to\\_DMh\\_Revised\\_Approved\\_September\\_2010.pdf](http://www.sccgov.org/sites/mhd/MHSa/INN/Documents/INN_Plan_to_DMh_Revised_Approved_September_2010.pdf).

<sup>2</sup> Department of Health Care Services, State of California, “Mental Health Services Act: Proposed Guidelines for the Innovation Component of the County’s Three-Year Program & Expenditure Plan,” Enclosure 1, February 2009:  
[http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice09-02\\_Enclosure\\_1.pdf](http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice09-02_Enclosure_1.pdf).



## Evaluation Approach

The primary goal of the evaluation is to respond to the innovation research questions posed by the Department's Project Team and approved by California Mental Health Services Oversight and Accountability Commission, as well as provide data and analysis on an ongoing basis to inform program improvement. RDA worked with the Innovation #8 staff to develop the following research questions based on the goals of the project.

### Research Questions

#### ❖ Process Questions

- How does the collaboration between consumers, family members, ethnic/underserved communities, NAMI, Mental Health Department staff and law enforcement (as the Mental Health IVST Working Group) impact content and training delivery in the adaptation of IVST for law enforcement mental health training?
- How does the adaptation of IVST impact the training of law enforcement officers to successfully address the needs of mentally ill people in crisis?

#### ❖ Outcome Questions

- Does the adaptation of the Interactive Video Simulator Training (IVST) impact outcomes of calls involving law enforcement officers and individuals in a mental health crisis?  
Outcomes include:
  - The reduction in use of police force in mental health crisis situations.
  - The reduction in number of injuries and/or deaths to both consumers and officers when police officers respond to events involving mentally ill people in crisis.
  - The reduction in unnecessary hospitalizations and incarcerations.
  - The augmentation in the number of referrals to mental health services and the creation of positive outcomes for consumers.
- How does the Interactive Video Simulator Training (IVST) result in increased communication, collaboration and understanding among stakeholders, including consumers, family members, ethnic/underserved communities, law enforcement, and the mental health system?

### Data Sources

RDA used a mixed-methods approach to its data collection and analysis. Data collection tools were developed in collaboration with SCCMHD and were designed to assess the goals of the Innovation #8 project. The following data collection activities were conducted between October 2011 and February 2014:



Data Collection Tool	Dates Administered
<p><b>1. Working Group Stakeholder Interview Protocol</b></p> <p>A working group of stakeholders was established to create the scenario topics and learning objectives, refine the scripts and guarantee the authenticity of the resulting scenes. The evaluation team conducted four semi-structured interviews with five individuals from the Mental Health IVST Working Group. The protocol describes the questions that were asked of the interview participants. Interview participants included family members and consumers, mental health department staff, and law enforcement staff who were engaged in the collaborative process of creating the IVSTs. Interviews were conducted by telephone and lasted 20 to 45 minutes in length. The evaluation team compiled results from the interviews identifying common themes as well as perspectives that may be particular to a stakeholder group.</p>	<p><b>October &amp; November 2011</b></p>
<p><b>2. Law Enforcement Post-Training Survey</b></p> <p>This retrospective pre/post survey of mental health crisis knowledge was administered by the IVST trainers and collected from 565 law enforcement officers directly following trainings at the end of the course. These surveys focused on how much officers had learned from the trainings, how they might use the information they learned from the training to respond differently in the field, and suggestions for improvement to the mental health IVST itself. Surveys were collected after every training event and reflected participation from almost all law enforcement agencies in Santa Clara County.</p>	<p><b>August 2012 – June 2013</b></p>
<p><b>3. Law Enforcement Post-Training Six-month Follow-up Interview Protocol</b></p> <p>The evaluation team conducted six-month post-training follow up phone interviews with a sample of 41 officers who indicated their consent to participate on post-training surveys (see above). Interviews lasted 15 – 30 minutes. The follow-up interview concentrated on how the mental health IVST impacted the way they responded to mental health calls in the field during the six-months following their mental health IVST training. Feedback addressed how officers incorporated elements of the training into their work and collected additional input about how to improve the training and curriculum.</p>	<p><b>May – November 2013</b></p>
<p><b>4. Law Enforcement Liaison’s Technical Assistance Log</b></p> <p>Prior to the implementation of the mental health IVST, SCCMHD employed mental health staff with a background in law enforcement to provide ad-hoc technical assistance (TA) to law enforcement agencies on how to respond to mental health crisis calls in the field. These Law Enforcement Liaisons captured their activities in a TA log. The evaluation team reviewed and analyzed entries in the TA log to understand how the mental health IVST impacted collaboration with the mental health department on mental health calls, the kinds of TA provided, and assessed whether the number of TA events changed pre and post the IVST training.</p>	<p><b>2010 - Present</b></p>
<p><b>5. Project Stakeholders Key Informant Interviews</b></p> <p>The evaluation team conducted interviews with eight stakeholders, including supervision law enforcement officers, Mental Health Department supervisors, and the NAMI director and NAMI peer</p>	<p><b>January – February 2014</b></p>



group facilitators to determine the system-level impact of the mental health IVST. The protocol included questions about the key strengths and challenges, observed and potential of the mental health IVST, suggested modifications or improvements to the program, and dissemination of the model. Interviews were conducted by phone and lasted 45 to 60 minutes. The evaluation team compiled the results of the interviews to supplement findings from the analysis of surveys, interviews with trained officers, and the mental health liaison's TA log.

### **Key Limitations to Data Collection**

Over the course of the project, the evaluation team encountered a few notable challenges to the collection of data on the outcomes of mental health calls and law enforcement agency (LEA) response. These challenges are summarized below and discussed in more detail starting on page 19.

#### **Administrative Tracking & Call Data Tracking**

Administrative tracking of call data was intended to collect outcome data on 5150 and 1056 mental health calls from a sample of Santa Clara County LEAs. RDA learned after meeting with departments' analyst staff that much of this data was not routinely collected and systematically coded in the LEAs data system. A pilot analysis and coding of call notes showed there were too few documented cases of injuries, or deaths to make any significant conclusions about the impact of the mental health IVST on those related outcomes. More importantly though, we learned that not all of the outcomes we were seeking to assess are systematically documented in call notes. As a result, SCCMHD and RDA decided to discontinue efforts to collect call data.

#### **Reporting Party Survey**

RDA worked with SCCMHD to develop a survey of family members of subjects involved in a mental health crisis call to a local LEA. The purpose of the survey was to document how well police officers responded to the mental health call in the community. The results of a pilot of the survey at one LEA yielded a very low response rate). Due to concerns regarding potential validity of findings with such a low response rate SCCMHD and RDA decided to not pursue survey administration in additional LEAs.

#### **Law Enforcement Post-Training Six-month Follow-Up Interviews**

The purpose of the post-training six-month follow up interviews with trained police officers was to better understand how officers have used the skills and knowledge they gained from the mental health IVST in the field since the training. Through the course of conducting these interviews, the evaluation team learned that 13 of the 41 interviews conducted were with officers who were in a detective or investigative role within their agency and not currently working in the field.





## Evaluation Findings

### Summary of Key Findings:

#### Research Question I

**How does the collaboration between consumers, family members, ethnic/underserved communities, NAMI, Mental Health Department staff and law enforcement impact content and training delivery in the adaptation of Interactive Video Simulator Training (IVST) for law enforcement mental health training?**

- **Engaged Mental Health IVST Working Group participants that represent a diverse stakeholder constituency.** Representation by critical stakeholder groups was an explicit goal in the creation of the working group. Members reported that all stakeholder groups had representation on the working group: law enforcement, consumers and family, cultural communities and the Mental Health Department.
- **Integrated meaningful participation from consumers and family members at each step of the process.** Working group participants felt there was ample opportunity to share thoughts and be heard and that they made substantial contributions to the development of the scenes both in the planning stages and during filming. While the trained actors performed in key roles (e.g., the mentally ill individual), family members and consumers (including working group members) filled the supporting parts.

#### Research Question II

**How does the adaptation of the Interactive Video Simulator Training (IVST) impact the training of law enforcement officers to successfully address the needs of mentally ill people in crisis?**

### Summary of Key Findings:

- **Trained nearly 600 officers in Santa Clara County.** In addition to those trained directly by project staff, additional agencies received the IVST training materials and/or technical assistance. Staff also presented IVST at numerous conferences and meetings.
- **Increased officers' self-reported knowledge and skills involved with a mental health call.** There were statistically significant gains in all areas of knowledge and skills measured by the officer post-training survey. The topics for which there was the greatest increase from pre to post were making appropriate referrals for the subject and their family and understanding HIPAA guidelines in life-threatening circumstances. At the end of the training the three highest ranked skills were understanding the criteria for making a mental health hold (5150 or 1056), de-escalation techniques and the signs and symptoms of mental illness.



- **Increased the use of de-escalation skills.** Police officers found the mental health IVST helpful for building their communication skills and overall awareness of a range of de-escalation techniques. As a result of the training, officers learned the value of having patience, slowing things down, and trying better ways to communicate with a person in a mental health crisis.
- **Increased awareness of the broad spectrum of mental illness.** Officers reported an increase in knowledge of mental illness after participating in the mental health IVST. As a result, they are more likely to react differently to a mental health crisis situation, or to first consider the safety of the person rather than immediately see them as a criminal or under the influence of drugs and/or alcohol.

*“Just the overall understanding of mental illness versus under the influence has been really influential. . . A calm demeanor is more effective than an ‘I’m going to beat you up’ attitude.”*

**Research Question III**

**Does the adaptation of the Interactive Video Simulator Training (IVST) impact outcomes of calls involving law enforcement officers and individuals in a mental health crisis?**

**Summary of Key Findings:**

- **Increased the knowledge of resources individuals can be referred to, but it is unclear whether it increased the number of referrals given to a subject or their family.** Thirty-six percent of officers reported during follow-up interviews that the training had an impact on the number of referrals they provide to individuals or families for mental health services. These officers explain that the training has increased their *knowledge* of available mental health resources. Some who did not report a change in referrals explained that they were already providing referrals for mental health services before the training (most frequently NAMI for families).
- **Provided some increased awareness of voluntary transport, but unclear whether it increased its use.** Fourteen officers at follow-up agreed that the training changed the number of times or likelihood that they would provide voluntary transportation to a subject for mental health services (either to Mental Health Urgent Care or another service provider that is not EPS). However, 22 officers upon follow-up said that they were not more likely to provide voluntary transport to individuals after they were trained.
- **Decreased risk of injury to an officer or subject in a mental health crisis situation.** An overwhelming majority (97%) of officers believed the mental health IVST will help prevent or reduce injuries.

*“[Mental Health IVST] teaches us... to prevent use of force because when force is used [there is a] high likelihood of [the] officer and individual being hurt. The training was great because it showed us how to use verbal de-escalation.”*



- **Decreased unnecessary incarceration of people with mental illness is more likely to occur.** Twenty-one interviewed officers believed the mental health IVST will lead to reduced cases of incarceration because of officers' increased awareness and education of mental illness.

#### **Research Question IV**

**How does the Interactive Video Simulator Training (IVST) result in increased communication, collaboration and understanding among stakeholders, including consumers, family members, ethnic/underserved communities, law enforcement, and the mental health system?**

#### **Summary of Key Findings:**

- **Developed a baseline understanding and approach on how to respond to mental health calls between different LEAs.** According to one law enforcement key informant and the Innovation #8 project leadership, the mental health IVST provides officers across LEAs with a similar framework and the skills with which to coordinate their response to mental health calls.
- **Increased collaboration between LEAs and SCCMHD vis-à-vis Law Enforcement Liaisons.** In addition to providing the IVST training, the Law Enforcement Liaisons work collaboratively with individual law enforcement agencies to address the needs of frequent users of police services.
- **Increased opportunities for positive interactions between the community and trained officers by providing culturally competent outreach.** SCCMHD has made two community videos which they plan to post on their departmental website. The bilingual videos are 20 minutes in length and designed to address the concerns of the Vietnamese and Latino communities about reaching out to law enforcement for assistance with a mental health crisis. Each has a panel consisting of a bilingual law enforcement representative, a bilingual clinician, and a client (Vietnamese or Latino) who has experience with the Mental Health Department and law enforcement.

*“The whole county should have the training. We have a lot of mutual aid calls. This ensures a similar approach [is taken when responding to mental health calls].”*

## **Recommendations**

Based on the findings from the evaluation of the mental health IVST, the evaluation team developed several recommendations on how to improve the delivery and the potential impacts of this training:

- ❖ **Ensure that there is a mechanism to continue to offer the mental health IVST.** The evaluation uncovered the many benefits from this innovative training including strengthening de-escalation skills and increasing knowledge and understanding of mental health signs and symptoms. To



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ensure that all current and future officers are trained in this critical and POST certified training, a mechanism should be established to guarantee its continued use.

- ❖ **If needed, prioritize training for those with less law enforcement experience.** While all officers can benefit from this training, the evaluation findings indicated that those with fewer years of experience and less mental health training experienced greater increases in self-assessed change in skills and knowledge than more experienced officers.
- ❖ **Develop a county-wide protocol for responding to mental health calls.** As more LEAs in Santa Clara County are trained in the mental health IVST, the approach to a mental health crisis across different LEAs will become more standardized. However, it was noted by both one law enforcement key informant and Innovation #8 project leadership that a county-wide protocol or policy on responding to mental health calls is needed to reinforce this standard approach. An additional advantage of a universal police response from across the county is alignment of approaches in the case of mutual aid calls.
- ❖ **Enhance call data to better understand outcomes.** The evaluation faced challenges in collecting data on the full range of possible outcomes of calls, thus missing a potentially valuable way to assess the impact of the training. If learning how officers are handling 5150 calls is a priority, then LEAs must address this in their data system. Optimally, outcomes to calls should be coded fields in the officer's report rather than as narrative from the call log.
- ❖ **Develop a more concise resource guide for mental health services.** Some officers commented that the resource guide they were provided for mental health services was quite large and unwieldy. A more useful resource would be a smaller card they can carry in a pocket.
- ❖ **Obtain feedback from family members.** The evaluation also faced challenges obtaining feedback from people who had called for assistance from LEAs for a family member experiencing a mental health crisis. The Mental Health Department may want to consider working with LEAs to obtain this information. One strategy would be to distribute a contact number for a short survey along with a referral brochure of mental health services. When the officer provides the family with the brochure they could ask them to call or go to a link to complete the survey.



# Introduction

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## Background

In September 2010, Santa Clara County Mental Health Department (SCCMHD) began the implementation of Innovation #8: Mental Health Interactive Video Simulation Training (IVST) that aims to create and present an effective mental health training delivery system for law enforcement officers in the field in Santa Clara County.<sup>3</sup> Innovation #8 is one of eight Mental Health Services Act (MHA) Innovation projects that were developed in partnership between SCCMHD and community stakeholders as part of the county's Community Program Planning (CPP) process between 2008 and 2010. Innovation is one of five MHA components with the aim to "research and disseminate mental health practices and approaches that contribute to learning, and are developed within communities through a process that is inclusive and representative, especially of unserved, underserved and inappropriately served individuals."<sup>4</sup> As such, Innovation #8 specifically seeks to research if the mental health IVST increases the quality of law enforcement response to individuals experiencing mental health crises in the community, and improves the outcomes of those incidents.

## Problem Statement

The professional literature is replete with data that dramatically illustrates the intersection of the mental health and criminal justice systems, and presents a strong mandate to develop concomitant training solutions. A recent study by the Treatment Advocacy Center and the National Sheriffs Association states that there are almost four times as many people with mental illness in jails and prisons as there are in state and private psychiatric hospitals. Experts estimate that between 9% and 25% of law enforcement officers' time is spent dealing with people who are mentally ill (NAMI, California Sheriffs Association, Sacramento Police Department, Los Angeles Sheriff's Office). According to the Treatment Advocacy Center, mentally ill people are four times more likely to be shot fatally by police officers than the general public. Similarly, the rate at which mentally ill individuals kill police officers is more than five times greater than that of non-mentally ill individuals. During a recent five-year period 22 officer involved shootings occurred in Santa Clara County; ten of those shootings involved people who were mentally ill. Despite the frequency with which law enforcement officers are expected to manage mental health-related crises, less

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<sup>3</sup> Santa Clara Valley Health & Hospital System, Mental Health Department, "Mental Health Services Act Summary of Initial (FY11) Innovation Plan," September 3, 2010:  
[http://www.sccgov.org/sites/mhd/MHA/INN/Documents/INN\\_Plan\\_to\\_DMH\\_Revised\\_Approved\\_September\\_2010.pdf](http://www.sccgov.org/sites/mhd/MHA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf).

<sup>4</sup> Department of Health Care Services, State of California, "Mental Health Services Act: Proposed Guidelines for the Innovation Component of the County's Three-Year Program & Expenditure Plan," Enclosure 1, February 2009:  
[http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice09-02\\_Enclosure\\_1.pdf](http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice09-02_Enclosure_1.pdf).



than eight hours of the approximately 1000 total hours in the State's Basic Academy Curriculum are related to mental health.

The purpose of this project was to create and present an effective mental health training delivery system for field law enforcement officers by adapting an existing technology in a new and innovative manner. Interactive Video Simulation Training (IVST) involves officers in real time problem analysis and decision making. In this training, officers are exposed to life sized, videotaped mental health crisis scenarios, and must then make appropriate decisions and responses. The training is preceded by curriculum based lesson plans and followed by debrief discussions.<sup>5</sup> The mental health IVST goals include:

1. Reduce deaths and injuries to both officers and people with mental illness in crisis.
2. Reduce the need for the use of force by officers.
3. Reduce unnecessary incarcerations that create obstacles to recovery within the criminal justice system.
4. Increase access and engagement in services for people with mental illness.
5. Reduce the stigma of mental illness.

## **The Mental Health Interactive Video Simulation Training (IVST)**

The mental health IVST is a video-recorded training program that originally included six different scenarios that deal with how police officers respond to individuals in a mental health crisis in the community (four additional scenarios were added in 2013). Each scenario is presented to officers in a classroom setting where they view the video and are prompted to make decisions about how to respond to the situation.

The original six videos in the mental health IVST include:

1. Officers dispatched to residence where father has called concerning his son who lives at the residence and is suffering an episode of mental illness and may be possibly under the influence of alcohol or drugs.
2. Mother calls the police and reports that her daughter, who has a history of mental illness and hospitalizations, is sitting in the back of a pick-up truck in the driveway of their residence and has a large knife.
3. Officers sent to a residence by an anonymous caller reporting a disturbance – yelling and sounds like items being broken or thrown around. When officers arrived, they are met at the door by a family member who doesn't understand or speak English.
4. Officers are sent to a public park bench regarding a homeless veteran who is possibly gravely disabled. He has been talking to himself and scaring people who walked by.

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<sup>5</sup> Santa Clara Valley Health & Hospital System, Mental Health Department, "Mental Health Services Act Summary of Initial (FY11) Innovation Plan," September 3, 2010:  
[http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN\\_Plan\\_to\\_DMH\\_Revised\\_Approved\\_September\\_2010.pdf](http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf).



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5. While on routine patrol of a public park, officer(s) observe an individual who is in possession of an open container of alcohol in a location prohibited by law. Individual appears to be talking to himself or someone who is not present.
6. Officers are sent to a residential treatment center for a possible suicidal youth who had posted suicidal notes on Facebook.

The following additional scenarios were added in the summer of 2013:

- A man with autism in the park
- Prison release and community reentry
- Retired police officer in a potential mental health crisis
- Woman on a school bus in a potential mental health crisis

The video training is operated by an individual who selects the scenes based on the officer's response. At certain decision points, if the officer does not respond in alignment with the curriculum that preceded the video, the scenario waits until the officer is able to respond appropriately. Officers work with trainers to discuss the impact of the officer's behavior on the scenario and alternative responses that may defuse the situation. The mental health IVST and curriculum teaches officers skills such as de-escalation (e.g. talking slowly, having more patience, asking subject questions), recognizing the signs and symptoms of mental illness, how to provide mental health referrals/resources, and about the voluntary treatment options in Santa Clara County as alternatives to an involuntary mental health hold.

## Evaluation/Research Questions

Resource Development Associates (RDA) served as the external evaluator for the mental health IVST project. The primary goals of the evaluation is to respond to the innovation research questions posed by the Department's Project Team and approved by California Mental Health Services Oversight and Accountability Commission, as well as provide data and analysis on an ongoing basis to inform program improvement. RDA worked with the Innovation #8 staff to develop the following research questions based on the goals of the project.

### Research Questions

#### ❖ Process Questions

- How does the collaboration between consumers, family members, ethnic/underserved communities, NAMI, Mental Health Department staff and law enforcement (as the Mental Health IVST Working Group) impact content and training delivery in the adaptation of IVST for law enforcement mental health training?
- How does the adaptation of IVST impact the training of law enforcement officers to successfully address the needs of mentally ill people in crisis?





❖ **Outcome Questions**

- Does the adaptation of the Interactive Video Simulator Training (IVST) impact outcomes of calls involving law enforcement officers and individuals in a mental health crisis?  
Outcomes include:
  - The reduction in use of police force in mental health crisis situations.
  - The reduction in number of injuries and/or deaths to both consumers and officers when police officers respond to events involving mentally ill people in crisis.
  - The reduction in unnecessary hospitalizations and incarcerations.
  - The augmentation in the number of referrals to mental health services and the creation of positive outcomes for consumers.
  
- How does the Interactive Video Simulator Training (IVST) result in increased communication, collaboration and understanding among stakeholders, including consumers, family members, ethnic/underserved communities, law enforcement, and the mental health system?

In this report, we address each of these research questions in the section called Evaluation Findings on page 23. A summary of findings is located at the beginning of the report section and the detailed discussion of each finding is organized under the research question it seeks to answer.





# Evaluation Activities & Methods

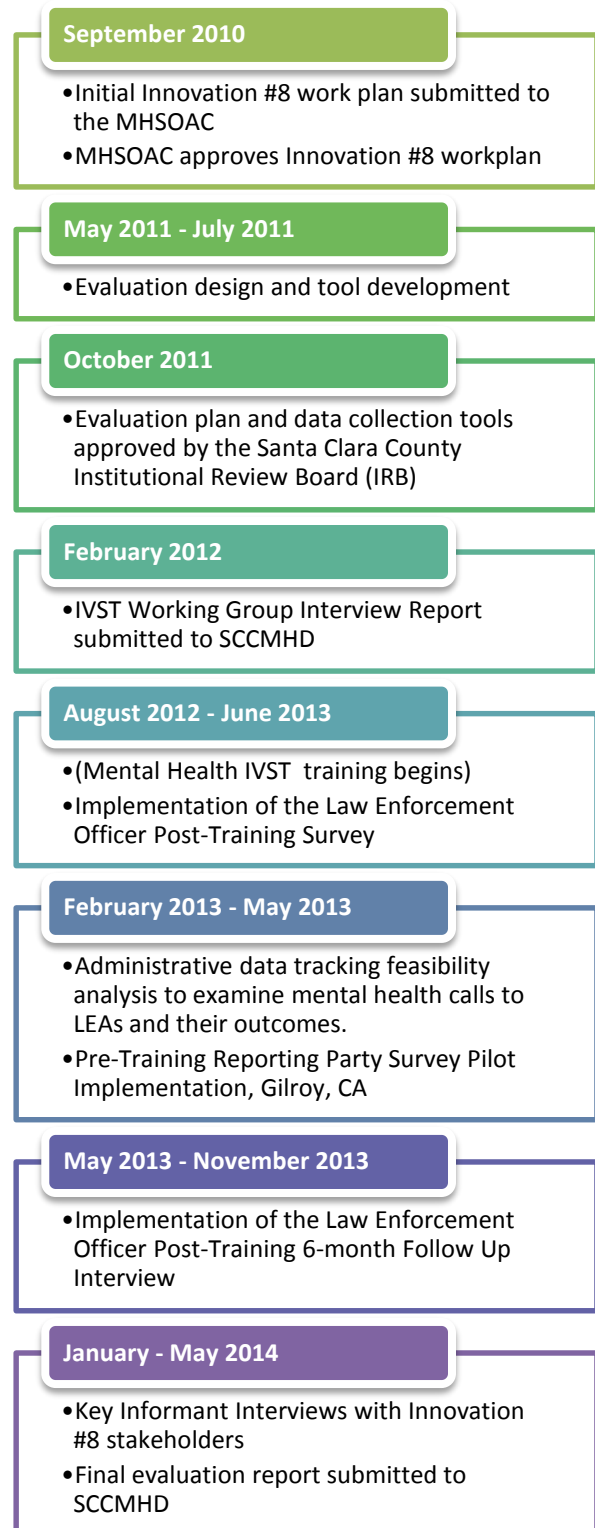
## Evaluation Approach

The purpose of the two-year evaluation is to monitor program progress and to assess the impact of the mental health IVST on participating law enforcement officers. This evaluation synthesizes a mix of qualitative and some quantitative data to answer the Innovation #8 research questions. In this section of the report, the evaluation team summarizes the evaluation design and timeline, explains the different phases of the evaluation, and describes the data collection tools, and the limitations to our data collection and analysis efforts.

## Evaluation Design & Timeline

RDA's evaluation activities' timeline is outlined in Figure 1: Evaluation Activities Timeline. Evaluation planning took place between May 2011 and October 2011. From February 2011 through June 2012, SCCMHD was engaged with developing the mental health IVST program including scripting scenarios, recruiting actors, and filming and post-production of the videos to be used in the trainings with police officers. The results of this phase of the project are described below under "Process Evaluation." In August 2012, SCCMHD began training law enforcement agencies throughout Santa Clara County using the mental health IVST program. Innovation #8 concluded in June 30, 2013 (although, the mental health IVST is still currently being used to train other officers in Santa Clara County) and is discussed in more detail below in "Outcome Evaluation."

**Figure 1: Evaluation Activities Timeline**





## Process Evaluation

The first phase of evaluating the mental health IVST was to document the process for engaging stakeholders in the development of the training scenarios. The “IVST Working Group Interview Report” submitted to SCCMHD in February 2012 describes the extent to which mental health staff, law enforcement officers, service providers, community partners, and consumers and family members were engaged in the scenario development, script writing, and filming. The report also documented the outcomes to be measured in the second phase of the evaluation described below. The full report is included in Appendix B.

## Outcome Evaluation

The impact of the mental health IVST is measured through a mix of pre and post measures of knowledge and skill gained from trainings via surveys, follow up interviews with trained police officers, and key informant interviews with supervising officers and key county mental health staff. Data from key informant interviews and follow up interviews with trained police officers were triangulated with post-training survey results to identify key impacts of the mental health IVST. Anecdotal documentation on the dissemination of the mental health IVST helped the evaluation team to determine the extent to which this model was used in Santa Clara County and beyond.

## Evaluation Data Sources

RDA used a mixed-methods approach to its data collection and analysis. Data collection tools were developed in collaboration with SCCMHD and are aligned with the main goals of the Innovation #8 project. The following data collection activities were conducted between October 2011 and February 2014:

Data Collection Tool	Dates Administered
<b>1. Working Group Stakeholder Interview Protocol</b>	<b>October &amp; November 2011</b>
The evaluation team conducted four semi-structured interviews with five individuals from the working group. The protocol describes the questions that were asked of the interview participants. Interview participants included family members and consumers, mental health department staff, and law enforcement staff who were engaged in the collaborative process of creating the IVSTs. Interviews were conducted by telephone and lasted 20 to 45 minutes in length. The evaluation team compiled results from the interviews identifying common themes as well as perspectives that may be particular to a stakeholder group. See full protocol included in Appendix A.	
<b>2. Law Enforcement Post-Training Survey</b>	<b>August 2012 – June 2013</b>
This retrospective pre/post survey of mental health crisis knowledge was administered by the IVST trainers and collected from 565 law enforcement officers directly following trainings at the end of the course. These surveys focused on how much officers had learned from the trainings, how they might use the information they learned from the training to respond differently in the field, and	



suggestions for improvement to the mental health IVST itself. Surveys were collected after every training event and reflected participation from almost all law enforcement agencies in Santa Clara County. See Appendix C for the survey. Complete results of all surveys collected are included in Appendix D.

**3. Law Enforcement Post-Training Six-month Follow-up Interview Protocol** **May – November 2013**

The evaluation team conducted six-month post-training follow up phone interviews with a sample of 41 officers who indicated their consent to participate on post-training surveys (see above). Interviews were lasted 15 – 30 minutes. The follow-up interview concentrated on how the mental health IVST impacted the way they responded to mental health calls in the field during the six-months following their mental health IVST training. Feedback addressed how officers incorporated elements of the training into their work and collected additional input about how to improve the training and curriculum. To see the protocol in its entirety, refer to Appendix E.

**4. Law Enforcement Liaison’s Technical Assistance Log** **2010 - Present**

Prior to the implementation of the mental health IVST, SCCMHD employed mental health staff with a background in law enforcement to provide ad-hoc technical assistance (TA) to law enforcement agencies on how to respond to mental health crisis calls in the field. These Law Enforcement Liaisons captured their activities in a TA log. The evaluation team reviewed and analyzed entries in the TA log to understand how the mental health IVST impacted collaboration with the mental health department on mental health calls, the kinds of TA provided, and assessed whether the number of TA events changed pre and post the IVST training.

**5. Project Stakeholders Key Informant Interviews** **January – February 2014**

The evaluation team conducted interviews with eight stakeholders including supervision law enforcement officers, Mental Health Department supervisors, and the NAMI director and NAMI peer group facilitators to determine the system-level impact of the mental health IVST. The protocol included questions about the key strengths and challenges, observed and potential of the mental health IVST, suggested modifications or improvements to the program, and dissemination of the model. Interviews were conducted by phone and lasted 45 to 60 minutes. The evaluation team compiled the results of the interviews to supplement findings from the analysis of surveys, interviews with trained officers, and the mental health liaison’s TA log. The protocol is included in Appendix F.

**Key Limitations to Data Collection**

**Administrative Tracking & Call Data Tracking**

Administrative tracking of call data was intended to collect outcome data on 5150 and 1056 mental health calls from a sample of Santa Clara County LEAs. RDA met with representatives from three LEAs and requested an export from their data system to include date, relationship of reporting party to subject and the outcomes of the call. Originally, data was to be collected both pre and post mental health IVST for a sample of trained LEAs in order to determine if the mental health IVST impacted the outcomes of mental health calls. The data request included potential outcomes of mental health calls:





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- Mental health holds (5150 or 1056a)
- Arrests
- Voluntary transport provided
- Services referred
- Use of force
- Injuries to the responding officer, a bystander, or the subject of the call
- Death of the responding officer, a bystander, or the subject of the call

RDA learned after meeting with departments' analyst staff that much of this data was not routinely collected and systematically coded in the LEAs data system. However LEAs suggested that this information may be included in call notes. RDA then developed a narrative abstraction tool to allow coding of the call notes with the goal of assessing outcomes of each call (see Appendix G for the tool).

RDA obtained its first set of call data with coded narratives in March 2013 from one Santa Clara County LEA that would help the evaluation team determine the utility of mental health call data to our research. Most importantly, we wanted to see whether the mental health IVST training would impact outcomes of injuries and deaths to any party involved with a mental health call. Our preliminary analysis of the coded narratives from one LEA showed there were too few documented cases of injuries, or deaths to make any significant conclusions about the impact of the mental health IVST on those related outcomes. More importantly though, we learned that not all of the outcomes we were seeking to assess are systematically documented in call notes. Documentation will vary by officer and by LEA. In addition, the largest LEA in the county in terms of number of calls was not yet scheduled to have the mental health IVST training which also hampered potential power of analysis of these outcomes.

Given the significant cost to benefit ratio of continuing the call data collection and analysis without data from the county's largest police agency along with the variable level of detail in the call narratives, SCCMHD and RDA decided to pursue other evaluation activities to better understand the mental health IVST's impact on mental health call outcomes. Specifically, the evaluation team agreed to augment the number of 6-month post-training follow-up interviews with police officers and to include an analysis of the mental health law enforcement liaison's technical assistance log.

### **Reporting Party Survey**

To better understand the impact of the mental health IVST on police officer response to a mental health crisis in the field, RDA worked with SCCMHD to develop a survey of family members of subjects who were 18 years and older and involved in a mental health crisis call to a local law enforcement agency (see Appendix H for the Reporting Party Survey). The purpose of the survey was to document how well police officers responded to the mental health call in the community. The survey was designed to be implemented pre and post mental health IVST training to see if there was a change in how trained officers responded to mental health calls compared to untrained officers. RDA worked closely with one Santa Clara County LEA to distribute and collect the surveys. Surveys were made anonymous and were available both in paper and online formats.





The results of both pre and post administrations of the survey yielded a very low response rate (we received 9 responses total from two different survey administrations that reached 90 families). Due to concerns regarding potential validity of findings with such a low response rate SCCMHD and RDA decided to not pursue survey administration in additional LEAs. In order to assess the impact of the mental health IVST on the community, RDA interviewed representatives of community stakeholders in its key informant interview process that took place from January – February 2014.

### **Law Enforcement Post-Training Six-month Follow-Up Interviews**

The purpose of the post-training six-month follow up interviews with trained police officers is to better understand how officers have used the skills and knowledge they gained from the mental health IVST in the field since the training. RDA scheduled interviews with a sample of officers from multiple LEAs who consented to participate in the interview process as designated by their post-training survey. The process of interviewing officers required deliberate follow-up and multiple phone calls to reach an officer while they were at their desk and not in the field.

Through the course of conducting these interviews, the evaluation team learned that trained officers assigned to investigative or detective positions were naturally easier to schedule and to interview. In another case, those who were trained at one LEA in the mental health IVST were all systematically reassigned to critical operations within their agency. Although the evaluation team tried multiple strategies to increase our response rate by officers who were actively working in the field, our findings derived from the interview data reflects a variety of police officers both in and out of the field. Overall, the evaluation team was able to conduct 41 interviews total and 13 of those interviews were conducted with officers who identified themselves in a detective or investigative role within their agency and not currently working in the field.

## **Protection of Human Subjects**

RDA's evaluation framework ensured the protection of human subjects from potential risks, harms, and coercion during the research study. Officers were asked to sign a consent form attached to their post-training surveys prior to being interviewed. Consent forms and contact information sign-ups were distributed with the Innovation #8 project staff conducting the training. Prior to any interview with officers or community stakeholders, consent to participate in the interview is obtained prior to any interview questions. Signed consent forms (where documented verbal consent was not obtained) were sent to the evaluation team. In all cases, human subjects were informed that their participation is voluntary and in no way will affect their standing in the department for which they work.

The evaluation team submitted one full Institutional Review Board (IRB) application in December 2011 and one renewal application in October 2012. Both applications were approved by the Santa Clara County IRB. RDA's IRB approval is included in Appendix I.



# Evaluation Findings

## Research Question I

**How does the collaboration between consumers, family members, ethnic/underserved communities, NAMI, Mental Health Department staff and law enforcement impact content and training delivery in the adaptation of Interactive Video Simulator Training (IVST) for law enforcement mental health training?**

The evaluation team conducted four semi-structured interviews with five individuals from the working group. These members represented family members and consumers, mental health department staff, and law enforcement staff who were engaged in the collaborative process of creating the IVSTs. Three of the five were involved in some phase of the selection process for funding of the MHS Innovation projects in Santa Clara County.

### Working Group Composition

**Engaged Mental Health IVST Working Group participants that represent a diverse stakeholder constituency.** Representation by critical stakeholder groups was an explicit goal in the creation of the working group. Members reported that all stakeholder groups had representation on the working group: law enforcement, consumers and family, cultural communities and the Mental Health Department. They perceived that there was an intentional effort made to obtain representation from all key stakeholders. Members also expressed confidence that had they identified additional stakeholders along the way, the project coordinator would have made every effort to recruit a representative to participate in the process. Cultural community representatives were present both in the membership of the working group and on the Learning Advisory Committee, the larger oversight group.

### Role of Working Group

**Integrated meaningful participation from consumers and family members at each step of the process.** Working Group participants uniformly reported that they considered their primary role on the working group to be spokespersons for the stakeholder groups they represented. If they were successful in this endeavor they would ultimately create realistic training videos that would prepare law enforcement officers and, in so doing, benefit the community. Members felt there was ample opportunity to share thoughts and be heard and that they made substantial contributions to the development of the scenes both in the planning stages and during filming. Working group members were involved in focus groups to identify common scenarios in which officers may encounter individuals in a mental health crisis, learning objectives for each scene, script refinement and selection of the professional actors to fill major roles and filled the role of technical advisor during the actual filming of the scenarios. They also had opportunities



to play supporting parts in the scenes. While the trained actors performed in key roles (e.g., the mentally ill individual), family members and consumers (including working group members) filled in some of the supporting parts. For example, the role of a father of a young man who was schizophrenic and off his medications in one scene was played by an individual who in real life is the parent of an adult child with schizophrenia and had made similar calls to police in the past.

The overriding goal was to create scenarios which were authentic and as true to a real field encounter as possible. If they were not realistic they would lose credibility and fail in the goals of the training. For example, from the law enforcement standpoint it was a priority to avoid situations which may require use of force in order that the de-escalation and communication techniques could be emphasized. Thus a great deal of effort was exerted to assure that the situations would appear safe to the approaching officer; scenes took into account the presence of weapons as well as distance from the subject and availability of cover. Mental health department clinicians paid special attention to the presenting mental illness symptomatology (physical presentation and dialogue), that it be consistent with a diagnosis. They discussed with the actors how this should look prior to the shooting of the scene and if the result was not accurate scenes were redone. Family member/ consumers made sure that their perspective and needs were addressed as most of the time it is the family who makes the call for assistance. In one instance when the team reviewed one of the completed scenes and judged that it was not adequately done, they hired new actors and re-filmed it.

The working group also afforded opportunities to assure the cultural competence of the scenes. This began with the initial brainstorming when the group created a situation where some of the roles in a scenario were of mono-lingual Spanish speakers. Another scenario revolved around a young suicidal woman who was Asian and a third included an African-American homeless veteran. During filming attention to accurate cultural portrayal was also a consideration. For example, when the filming crew questioned that the suicidal Asian women did not express enough emotion, the clinician assured them that the actress's portrayal was culturally appropriate.

## **Research Question II**

**How does the adaptation of the Interactive Video Simulator Training (IVST) impact the training of law enforcement officers to successfully address the needs of mentally ill people in crisis?**

**Who was trained?**

**Officers were trained in mental health IVST from almost all LEAs in Santa Clara County.** Between August 2012 and June 2013 the project trained 589 Santa Clara County police officers.. Santa Clara Sheriff's Department incorporated the videos into their Crisis Intervention Team (CIT) training for all officers.





**Table 1: Santa Clara County Officers Trained (August 2012-June 2013)**

Law Enforcement Agency	Number Trained
Campbell PD	33
Gilroy PD	61
Los Altos PD	33
Milpitas PD	65
Morgan Hill PD	31
Mountain View PD	73
Palo Alto PD	71
Redwood City PD	58
San Jose PD (CIT)	56
Santa Clara County District Attorney's Office	49
Sunnyvale PD	59
<b>Total</b>	<b>589</b>

The majority of those participating in the training were experienced officers with three-quarters having more than five years of experience and 43% being CIT trained. Some officers commented on the post training survey or during follow-up interviews that this training served as a refresher rather than providing entirely new material.

**Table 2: Years worked as a police officer**

Years of Experience	Count of Officers	% of Total
Currently in training	21	4%
Less than 1 year	45	8%
1-2 years	13	2%
3-5 years	53	9%
More than 5 years	428	76%
<b>Total</b>	<b>560</b>	<b>100%</b>

**Table 3: CIT training**

CIT Trained	Count of Officers	% of Total
Yes	241	43%
No	316	57%
<b>Total</b>	<b>557</b>	<b>100%</b>

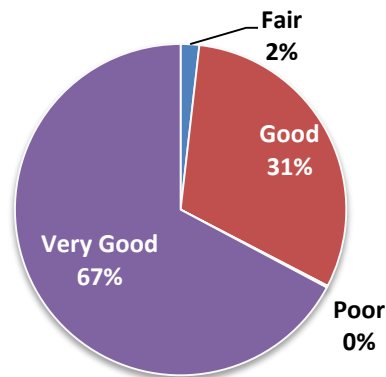
**Feedback on Structure and Content of Training**

**Officers found the quality of the training to be “Good” to “Very Good.”** The first component of the four-hour training was a presentation based on the curriculum developed by the project staff which includes information on prevalence of mental illness, signs and symptoms of mental illness, importance of obtaining services, de-escalation techniques, working with families and providing referrals. Nearly all participants rated this information as “Very Good” or “Good.”



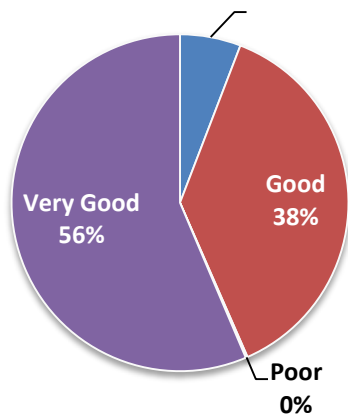


**Figure 2: Quality of information presented before the training videos (n=552)**



The second component of the training was interacting with the videos scenarios. As described earlier, a great deal of effort was made to create scenarios that were realistic and reflective of police officers' experiences in the field. The great majority of officers reported on the post-training survey that the videos did reflect their experiences.

**Figure 3: Quality of how closely the scenarios reflect your experience in the field (n=548)**



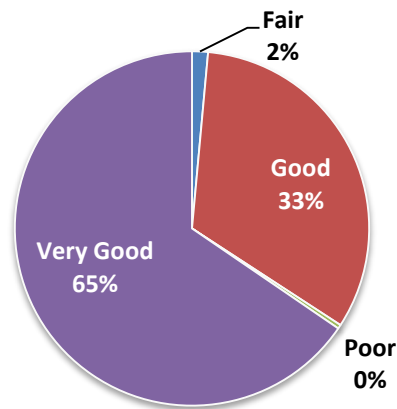
Forty percent of the police officers reported during follow-up interviews that what they found most useful from the mental health IVST was the training's interactive structure. In particular, police officers liked the role-playing and video scenarios. The dynamic, participatory structure helped officers to see situations of mental health crisis differently while in the field. One officer commented on the benefits of the mental health IVST's interactive structure:

*"It's nice for my learning style to actually do and be involved in what we talk about rather than being lectured at."*

The training concluded with a debrief discussion of the video portion of the training and how the situations they engaged in could have been best handled. Again, this attained high ratings.



Figure 4: Quality of the post-training debrief/discussion (n=550)



To a large extent, this innovation was intentionally designed and implemented by police officers. Several of the officers participating in the follow up interviews commented that they found the instructors’ police background most useful to the training. This sentiment was confirmed as well in the key informant interviews. Since the trainers were former police officers, they had first-hand experience, which enhanced their credibility. One law enforcement official, who also manages trainings for his department, remarked:

*“[The] instructors were passionate and were police officers...I’ve seen that whenever [we] can get trainers who have experience on the streets, the training goes over well. It is relevant and useful and reliable.”*

One law enforcement officer who supervises a patrol team commented on the value of the training.

*“Cops are a tough audience to train. It is a success if they leave the training without complaining. I did not hear complaints after this training. Everyone walked away with a piece of information they are utilizing on the street.”*

The complete analysis of the post-training officer survey are included in Appendix D.

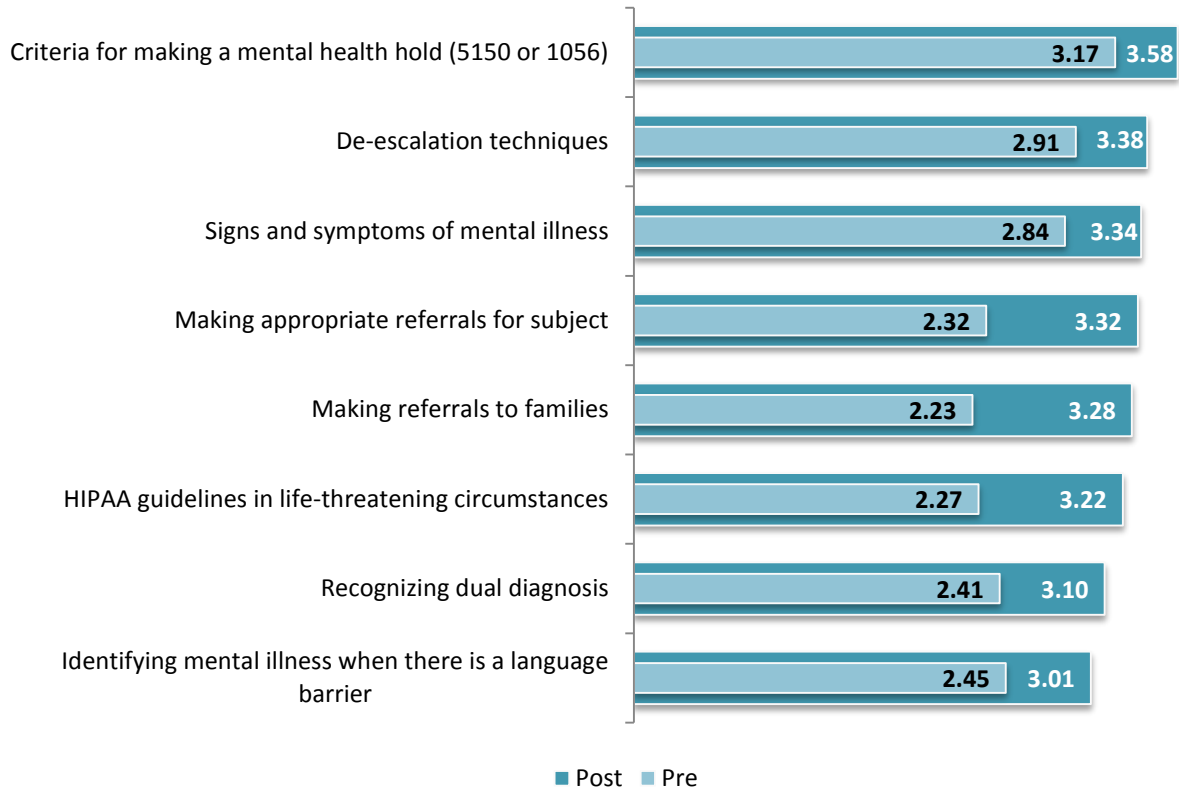
### Increase in Knowledge and Skills

**Increased officers’ self-reported knowledge and skills involved with a mental health call.** At the conclusion of the four hour training officers completed a survey in which they rated their knowledge or skill in specific areas before the training and after the training on a four-point scale ranging from poor to very good. The average pre and post scores for each topic are presented in the figure below. There were statistically significant gains in all areas. The topics for which there was the greatest increase from pre to post were making appropriate referrals for the subject and their family as well as understanding HIPAA guidelines in life-threatening circumstances. At the end of the training the three highest ranked skills were



understanding the criteria for making a mental health hold (5150 or 1056), de-escalation techniques and the signs and symptoms of mental illness.

**Figure 5: Change in Skills and Knowledge**



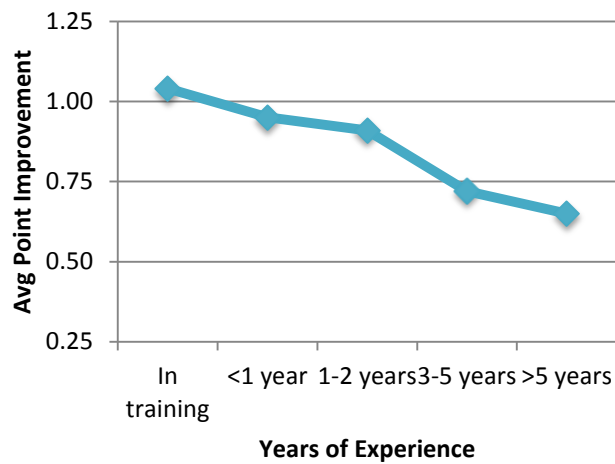
Note: The change from pre (retrospective) to post was statistically significant ( $p < .001$ ) for all topics  
Scores based on: 1=poor, 2=fair, 3=good, 4=very good



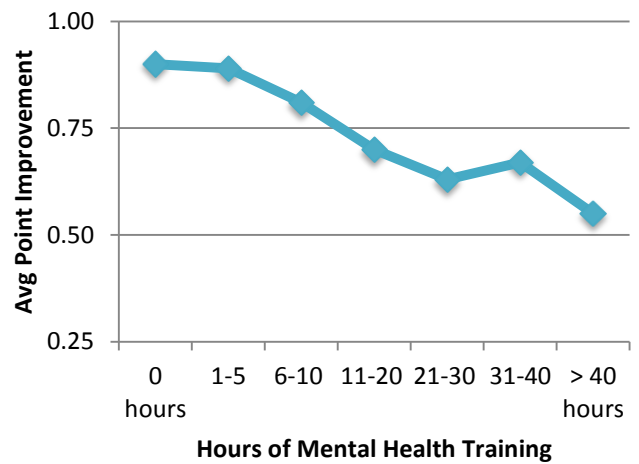
### Who Benefitted the Most from the Training?

**Officers with the least experience or training benefited the most from the mental health IVST.** Officers who had fewer years of experience and hours of mental health training reported greater gains in knowledge and skills on the post-training survey. CIT trained officers reported a lower increase in knowledge (.62 vs .77 points). These findings suggest that if law enforcement agencies must prioritize the mental health IVST training, new officers, officers in training and those who are not yet CIT trained have the most to gain.

**Figure 6: Change in Knowledge by Years of Experience (n=520)**



**Figure 7: Change in Knowledge by Prior Hours of Mental Health Training (n=519)**



Note: Average points of improvement is the difference between pre and post total average self-reported knowledge for the eight topic areas. Correlations are statistically significant ( $p < .01$ ;  $-0.255$  for years of experience and  $-0.271$  for hours of mental health training).

### Preparedness to Address Mental Health Calls

**Officers felt “Well Prepared” and “Very Well Prepared” for a mental health call after the mental health IVST.** At the conclusion of the training, nearly all participants reported on the survey that they felt “well prepared” or “very well prepared” to address the issues involved in a mental health call.

**Table 4 : Preparedness to Address Mental Health Calls**

Level of Preparedness	Count of Officers	% of Total
Very well prepared	195	35%
Well prepared	319	57%
Somewhat prepared	40	7%
Not very well prepared	2	0%
<b>Total</b>	<b>556</b>	<b>100%</b>



At the time of the follow-up interviews the sense of preparedness continued with 83% of officers reporting they feel “very well” or “well” prepared to address the issues involved in a mental health call.

*“I feel like I am more prepared after the training for sure, as far as how to deal with individuals and what to provide for them. But I still have a lot to learn- I’m not a professional in the field. But I am prepared to interact on the level my job requires me to.”*

*“I don’t have a lot of other training, but I did go through the interactive training and scenarios. I have always understood the officer safety part, but the part about slowing questions down, taking time, being direct was new.”*

However, when asked to elaborate on why they feel more prepared, a large number cited it was a combination of training and experience. Several officers reported that it's the many years of experience, practicing out on the streets and learning to interact with all kinds of different people that have made them comfortable addressing someone in a mental health crisis. Other officers referred to receiving CIT training as beneficial. Thus, while increased confidence in addressing a mental health call is not solely attributable to participation in the mental health IVST, the training does reinforce skills and knowledge for officers who have past training and more experience.

### **Knowledge and Skills Applied in the Field**

The follow-up interviewers asked the 28 officers who were working in the field in the last six months to share the most useful information or skills they gained from the mental health IVST training and how they have applied the training in the field.<sup>6</sup> The top two responses were increased use of de-escalation skills (11 officers) and increased awareness of mental illness (10 officers).

**Increased the use of de-escalation skills.** Police officers found the mental health IVST helpful for building their communication skills and overall awareness of a range of de-escalation techniques. As a result of the training, officers learned the value of having patience, slowing things down, and trying better ways to communicate with a person in a mental health crisis. The following explanation provided by an officer best describes this skill:

*“Indirectly I think one of the most useful skills is to slow things down. I know that part of the simulator is a really good learning tool because then you can slow down, communicate, get your thoughts across, [and] listen to them instead of trying to get your point across. It compels you to look for different answers or ask different questions to get the person to respond.”*

One law enforcement key informant commented that he has personally witnessed officers de-escalating a situation and having good dialogue during a 5150 hold. This same officer recounted an incident in which a family called for an adult son who refused to take his medication and had gotten violent. The officers were able to de-escalate the situation, convince him to go with his family to see his doctor the following

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<sup>6</sup> Note: 13 officers who were interviewed were currently in investigative, supervisory or other positions that limited their ability to conduct work in the field.



day and avoid the 5150 hold. The family was quite thankful for the assistance and way they dealt with the situation.

Some of the response techniques police officers recall using since participating in the mental health IVST are:

- Creating more personal space between the person in crisis and themselves.
- Choosing their words and approaching the person carefully, so as to not make the situation worse.
- Staying calm and suspending quick judgment that the person in crisis is under the influence of alcohol or other drugs.

Illustrating these points, one officer said during an interview:

*“Probably two or three weeks after the training, we went to an event where a young woman was locked in the bathroom and she was having a break down. She was holding a knife to her wrist. She was starting to cut herself. I was able to get her to open the door and she was sitting there with the knife. We were able to talk to her and get her to put the knife down and leave the bathroom without any event.”*

**Increased awareness of the broad spectrum of mental illness.** Officers reported an increase in knowledge of mental illness after participating in the mental health IVST. One law enforcement key informant has observed that officers in general now feel more comfortable dealing with the mentally ill whereas, prior to the training, they were more uptight, afraid and did not know what to expect. Several officers stated this has helped them to have a better understanding and appreciation for how people with mental illness experience the world differently. As a result, they are more likely to react differently to a mental health crisis situation, or to first consider the safety of the person rather than immediately see them as a criminal or under the influence of drugs and/or alcohol.

*“Just the overall understanding of mental illness versus under the influence has been really influential—knowing how to interact with people with mental illness rather than [see them as] drug users. The training has helped me understand that there are other things out there that influence people than narcotic use. A calm demeanor is more effective than an ‘I’m going to beat you up’ attitude.”*

One law enforcement supervising officer during a key informant interview described a paradigm shift he has observed among his officers. Trained officers came to understand that, unlike actions that arise from illegal use of drugs, mental illness is not self-induced. They realize this is a disease that individuals did not ask for. Now there is a great deal more compassion from trained officers who have more familiarity with what individuals are going through during a mental health crisis.

In addition to the mental health IVST, during the interviews officers requested further training that provides even more in-depth discussion of the different mental health illnesses and symptoms. While officers feel prepared and comfortable answering a mental health call, they do note that more training,



specifically on the complexity of the different mental illnesses, would be helpful. For example, one officer remarked:

*"I think I need a better understanding of how different mental health issues affect people. When a person has bipolar [disorder] or schizophrenia, it affects them this way or [they] have these types of symptoms..."*

## **Dissemination**

**Provided some opportunities for increased discussion between police officers.** Approximately one-third (35%) of police officers reported during the follow-up interview that they had shared what they learned from the mental health IVST with their colleagues. The remainder did not primarily because the entire team participated in the training. As a result, officers did not feel the need, nor have opportunities to share information regarding the mental health IVST.

Officers from one police department noted an increase in information sharing around mental health referrals. One officer remarked: "I think it's the referral more than the 'how to' from the training. We have had many cases that we have discussed between shifts about the extra step of getting referrals to the liaisons."

For other officers, information sharing transpired not necessarily through talking, but through observation. That is, some officers noted watching a fellow officer successfully implement one of the techniques learned from the mental health IVST and decided to try it as well. The following example provided by one police officer exemplifies both ways in which police officers recall sharing information and techniques after the training:

*"I was on a call with a person in a crisis, and she was bi-polar and moving around a lot in [her] house, wanting to clean and touch things, and [she] wasn't listening to what the other officer with me was telling her to do. The officer was getting very frustrated. He wanted to control the situation, and the more she didn't listen to him, the louder his voice became and the more frustrated he got. I took over, took her hand and talked more calmly with her. And then, after the call, I talked to him and explained to him that in those situations there are other ways to gain control and get cooperation from an individual other than yelling and raising your voice. Later, he said that information was very helpful and he has used it now to get control in similar situations."*

One law enforcement key informant commented that all Santa Clara County LEAs should have this training. Because they have a lot of mutual aid calls, it would be advantageous if all LEAs use a similar approach to responding to mental health calls. Another training officer commented that their LEA cannot afford to send large numbers of officers to a 32 hour CIT training and that the mental health IVST is a more affordable alternative for training all of their officers on the street.

**Promoted an innovative mental health training model for law enforcement that is being used across the nation.** While dissemination of the Innovation #8 product was envisioned to take place long after the



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roll out of the scenarios, it in fact commenced before they were even completed. This phenomenon attests to the high need across the country for law enforcement training on working with subjects who are experiencing a potential mental health crisis. Though other LEAs from around the country have made similar attempts, no one had brought a training of this type to completion.

Key to dissemination was certification by California POST (Commission on Police Officers Standards and Training) of the training as a Perishable Skills-Tactical Communication course which allows officers to earn Continuing Professional Training (CPT) credit for participation in the training.

Also crucial is the ability to make this training portable. Law enforcement agencies will not always pay for officers to travel across the county to obtain training. The project purchased equipment to put in a mobile vehicle so that trainings could be conducted in locations convenient to LEAs across the county.

In order to fully disseminate the training which includes the curriculum, PowerPoint presentation, videos and debrief format there must be a mechanism for agencies to be able to implement the training themselves. Santa Clara County Council developed a legal disclaimer so that agencies could use the materials without the presence of Santa Clara County Mental Health Department staff.

The project's staff also gave presentations of the videos at numerous local, state and national CIT related conferences.

- Most recently they had a well-attended session at the California CIT Association conference in January 2014 held at the College of San Mateo.
- Selected to present at the California POST Basic Academy Curriculum Seminar.
- In September 2011 the Law Enforcement Liaisons and AIS (the filming and production company) presented the mental health IVSTs at the international CIT conference in Virginia Beach. There was a great deal of excitement from the initial presentation and an additional showing during the conference was arranged. Based on the feedback from this conference the demand for the IVST was assessed to be extremely high.
- The Mental Health Department held a VIP roll out presentation on December 2, 2011 for state legislators, county officials, journalists and other interested individuals.
- The Project Coordinator and Manager presented information on the project at the May 2012 Statewide POST conference in San Diego.
- The Project Coordinator presented the project to the International CIT community in Las Vegas in August 2012.

As a result of these efforts the reach of this innovation extended beyond just those trainings conducted by the Mental Health Department for Santa Clara County officers. They were also asked to train approximately 60 officers in San Diego. Agencies to whom the project supplied the training materials





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(curriculum with PowerPoint presentation, videos) or who have indicated a firm commitment to presenting the training include:

- Alameda County
- Oakland Police Department
- Orange County
- Contra Costa County
- City of Oakland
- CA State University System (all campus police departments)
- San Diego County (trained approximately 60 officers)
- Rio Hondo Basic Academy
- Hampden Township, Mechanicsburg PA
- CA CIT Association

This project also has the potential to change the way law enforcement views mental health (5150) calls. The POST commission asked the Mental Health Department Law Enforcement Liaisons to update the mental health LD37 (persons with disabilities) POST procedures. During a week in February, 2012 the Project Coordinator and Project Manager went to Sacramento to work on those protocols.

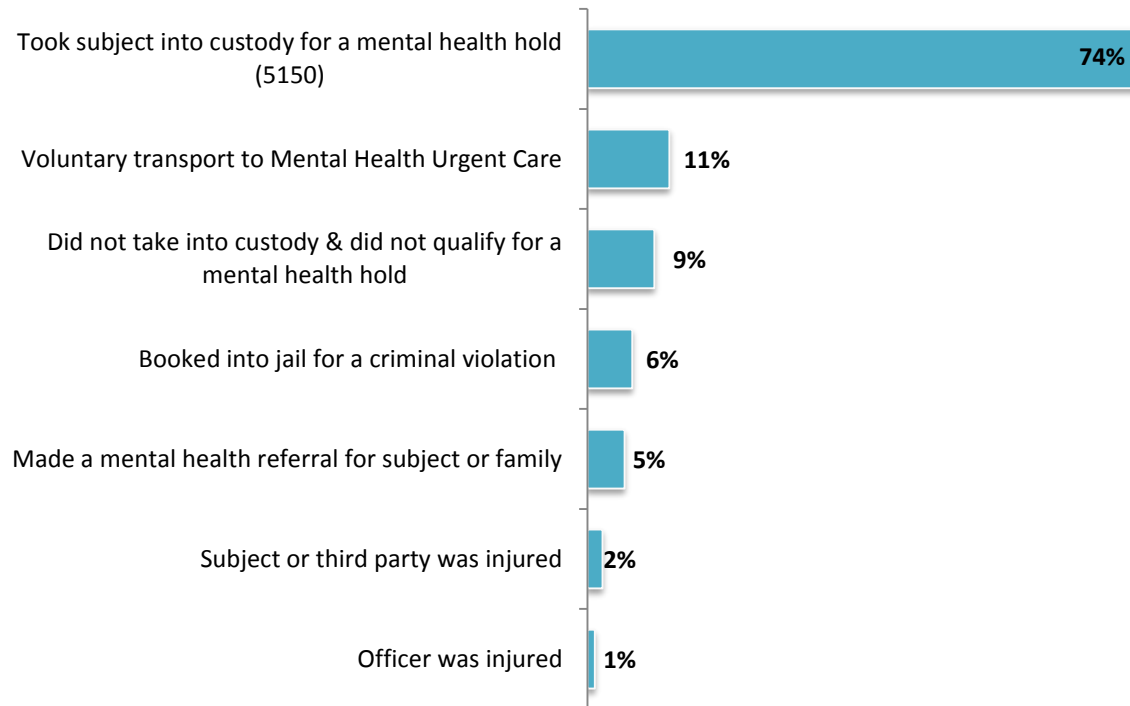
### **Research Question III**

**Does the adaptation of the Interactive Video Simulator Training (IVST) impact outcomes of calls involving law enforcement officers and individuals in a mental health crisis?**

The post-training survey asked officers to think about the most recent call (prior to the IVST training) which involved a subject potentially experiencing and mental health crisis and indicate the outcome(s) of that incident. For the 487 respondents who could recount such a call the most frequent outcome was a 5150 mental health hold (74%). Only 5% said that they had made a mental health referral for the subject or family. Because an incident may result in multiple outcomes (e.g., injury and arrest) percentages exceed 100.



**Figure 8: Outcomes of Most Recent Call Prior to Training (survey n=487)**



While 68% of officers were “very satisfied” and 28% were “somewhat satisfied” with the outcome of the call, a little over one-third (36%) of those who answered questions regarding a recent 5150 call indicated that they would have done something differently as a result of this training. The most frequently cited action was providing a referral for resources followed by using de-escalation techniques.

**Table 5 : Alternative Response to 5150 Call (survey n=177)**

Alternative Response to 5150 Call	Count of Officers	% of Total
Provide additional resources or referrals	102	58%
Use de-escalation techniques	35	20%
Provide transport to mental health urgent care	11	6%
Follow-up with family or EPS/MHUC	7	4%
Provide better explanation of the process to subject/family	7	4%
Better communication with mental health provider	7	4%
Other	8	4%
<b>Total</b>	<b>177</b>	<b>100%</b>

Note: Based on 177 officers who would have done something differently on a recent 5150 call.



The evaluation plan initially included LEA call data and reporting party surveys as sources of data to assess the impact of the IVST on calls involving a potential mental health crisis. However, as discussed earlier in the methodology section of this report, the evaluation faced challenges in collecting this data. As a result the assessment of impact is based on follow-up interviews with officers who were trained in the mental health IVST as well as key informant interviews.

The results that follow are based on follow-up interviews conducted with 41 officers six months after the training. Questions focused on how the training has affected their work in the field. Note that 13 of the officers interviewed were currently in investigative, supervisory or other roles that prevented them from being able to answer all questions regarding use of this training in the field. Additional comments from key informant interviews are included as well.

### **Impact on Referrals**

**Increased the knowledge of resources individuals can be referred to, but unclear whether it increased the number of referrals given to a subject or their family.** Thirty-six percent of officers reported during follow-up interviews that the training had an impact on the number of referrals they provide to individuals or families for mental health services. Some who did not report a change in referrals explained that they were already providing referrals for mental health services before the training (most frequently NAMI for families). For the ten police officers who affirmed the mental health IVST has increased law enforcement referrals to mental health services, these officers explain that the training has increased their knowledge of available mental health resources. As a result, officers feel more comfortable discussing service options with the person in a mental health crisis and/or with the individual's family members. Referrals were made to the following mental health organizations, agencies, or providers: National Alliance on Mental Illness (NAMI), The Parenting Project, EPS, EMQ, Santa Clara Valley Hospital, mental health services in the detention facility, and other county resources.

### **Impact on Voluntary Transport**

**Provided some increased awareness of voluntary transport, but unclear whether it increased its use.** Fourteen officers at follow-up agreed that the training changed the number of times or likelihood that they will provide voluntary transportation to a subject for mental health services (either to Mental Health Urgent Care or another service provider that is not EPS). Officers were likely to cite having more awareness of there being voluntary mental health services, a better understanding of the nature of mental illness, and hearing about other officers providing voluntary transport for individuals in a mental health crisis as reasons for increasing the use of voluntary transport. One interviewee said that other officers just don't know that individuals can be seen for mental health problems before a crisis arises:

*"I did bring that up at the training, most law enforcement agencies didn't know you could just bring people right up to the VA. If you're having a bad day, you can just take them to the VA if they qualify for services. The majority of people in my department are up to speed on this now."*



However, 22 officers upon follow-up said that they were not more likely to provide voluntary transport to individuals after they were trained. Some officers cited that they had already been providing transport prior to the training, subjects get “cold feet” and won’t agree to be transported to voluntary services, the family indicates that they will bring the individual to services, or the policy of their department prevents officers from providing transport (or after certain hours) as reasons for not increasing the use of voluntary transport.

A mental health department staff key informant commented that she is seeing more officers walking clients into Mental Health Urgent Care rather than dropping them off at the front door. This reduces the likelihood that the individual will leave before receiving services and allows for more communication between the police officer and clinical staff regarding the circumstances that led to the call.

### **Impact on Injuries**

#### **Decreased risk of injury to an officer or subject in a mental health crisis situation is more likely to occur.**

An overwhelming majority (97%) of officers believe the mental health IVST will help prevent or reduce injuries. When asked why they think the mental health IVST will help prevent or reduce injuries, police officers’ primary reason is the training strengthens their communications skills with someone who is experiencing a mental health crisis. Learning to stay calm, practice patience, talk slowly, and adopt a non-combative stance are all techniques officers cited as helpful to de-escalating a crisis and preventing or reducing injury. Supporting this finding, two officers explain:

*“[Mental Health IVST] teaches us to talk to [the] person, to find out what [the] crisis is, get them to verbally comply [in order] to prevent use of force because when force is used [there is a] high likelihood of [the] officer and individual being hurt. The training was great because it showed us how to use verbal de-escalation.”*

*“Officers are getting better trained to go into things with a different mindset. They realize it doesn’t always have to be a tactical situation. [They] don’t have to haul the subject out. [They can] go into it differently, softer, ask different, better, more specific questions, spend more time trying to identify issues and problems, rather than trying to just get in and get out. I have seen officers spending more time on calls and trying to identify the issues.”*

A law enforcement key informant commented on the value of reducing lost work time due to injuries and complaints from the public.

*“When people are not happy we have to deal with lawsuits and internal affairs investigations. Anything we can do to reduce officer downtime due to injury or having the community pissed off then that is something we should be doing. This training would likely reduce this.”*

This law enforcement key informant commented that they are seeing more and more calls for 5150 holds. However, the informant stated that interactions between the officers and the subject are better; officers



are able to conduct 5150 holds in a safer environment and diminish the use of force, reducing the potential for injuries to either the officer or the subject.

### **Impact on Incarceration**

**Decreased unnecessary incarceration of people with mental illness is more likely to occur.** Twenty-one officers believe the mental health IVST will lead to reduced cases of incarceration because of officers' increased awareness and education of mental illness. Officers explained that as a result of the mental health IVST training, officers are more likely to assess the situation as a mental health crisis as opposed to a criminal act, or that the person is under the influence:

*“What I’ve learned is that there are some symptoms when people take psych meds that parallel symptoms of being under the influence of drugs or alcohol. I have gotten better at determining what is an alcohol or drug issue, and what is a mental health issue. And taking the time to figure this out and having the skill set to do this also help.”*

Ten officers were not sure if incarcerations would change because of the numerous factors that play into an arrest. As a result, decisions to arrest an individual vary from a case-to-case basis. As one officer stated:

*“I do not know if it would because of the training. I think the training is good, but each case will be individual...It depends on the law violation. Once you have the law violation, there might be incarceration involved.”*

One officer suggested a more fitting goal would be the prevention or reduction of unnecessary arrests:

*“Safety is a top consideration, and secondary is their mental health issues– the training gave us a wider frame of reference for why they are doing this – they aren’t acting this way because they are violent. They are acting this way because of outside stressors. But, they should rephrase the question to ‘unnecessary incarceration.’ We still have to do what needs to happen. Having mental illness doesn’t give someone the ability to do whatever they want. But training helps emphasize treatment rather than unnecessary incarceration.”*

In situations where incarceration is deemed necessary for an individual in a mental health crisis, one key informant from a law enforcement agency commented that officers gained a greater understanding of procedures for when an individual is booked into a jail for a crime and also meets the criteria for a 72 hour hold. They learned that officers must complete a form at the jail to ensure that the individual will be seen and assessed by a mental health provider because jail personnel will not have the information needed for why the person meets criteria for a mental health hold. If they do not complete the form the individual will be released without obtaining needed mental health services. It was this interviewee’s perception that after the training officers were more likely to complete the form in this circumstance.



## Research Question IV

**How does the Interactive Video Simulator Training (IVST) result in increased communication, collaboration and understanding among stakeholders, including consumers, family members, ethnic/underserved communities, law enforcement, and the mental health system?**

As discussed under Research Question 1, the development process of the IVST scenarios provided an opportunity for increasing communication among stakeholders. Implementation and dissemination of the training provided additional opportunities for collaboration and communication.

### Between Different Law Enforcement Agencies

**Developed a baseline understanding and approach on how to respond to mental health calls between different LEAs.** According to one law enforcement key informant and the Innovation #8 project leadership, the mental health IVST provides officers across LEAs with a similar framework and the skills with which to coordinate their response to mental health calls. Having a similar approach increases the likelihood that no matter what LEA responds to a mental health crisis, all calls will be handled similarly with an emphasis on de-escalation, safety for both the officer and subject, and linkages to mental health resources in the county. As one law enforcement key informant emphasized:

*“The whole county should have the training. We have a lot of mutual aid calls. This ensures a similar approach [is taken when responding to mental health calls].”*

### Law Enforcement and Mental Health Department

**Increased collaboration between LEAs and SCCMHD vis-à-vis Law Enforcement Liaisons.** In addition to providing the IVST training, the Law Enforcement Liaisons are available to work collaboratively with individual law enforcement agencies to address the needs of frequent users of police services. These are typically individuals who cause departments to make a large number of calls with no improvement in the situation. Often these individuals have multiple issues including mental illness and homelessness. Upon a request by a LEA, the Law Enforcement Liaison will provide technical assistance to address the underlying needs of these frequent users. They will arrange clinical consultation through Mental Health Urgent Care and the Mobile Response Team as needed, with the goal of reducing the drain on police services. LEAs appreciate this support as demonstrated in a thank you note from an LEA to the Mental Health Department: “You made this one go away.” One law enforcement key informant commented that trained officers are using the liaisons more. She commented that it offers some form of hope for the officers; they tire of dealing with the same individuals with no fix and they have had some successes with the assistance of the liaison.

The Mental Health Department had noticed increases in the number of different agencies reaching out and utilizing this service following the mental health IVST training. Analysis of the technical assistance log



maintained by the liaisons revealed that of the ten agencies trained with the mental health IVST, five made a greater number of calls in the six months following the training than in the six months before the training.<sup>7</sup> The total number of calls from the ten agencies requesting assistance from the liaison increased from 9 in the six months prior to training to 28 in the six month after training began. This is despite liaisons having limited availability during the summer of 2013 due to funding and contract issues.

### **Law Enforcement and Consumers and Family Members**

***Increased opportunities for positive interactions between the community and trained officers.*** NAMI suggests to all its families that when they need to call law enforcement they do so before a situation reaches a crisis level so that they can request a CIT trained officer. However, there will be times when a CIT officer is not available, particularly if a situation is urgent. While the four hours of mental health IVST is not equivalent to 32 hours of CIT training, it does improve the likelihood that a call will result in the reduced use of force and threat of injury.

The mental health IVST videos have been presented at a number of conferences including the California CIT conference in January 2014 in which the breakout session received excellent evaluations. A NAMI support group leader commented:

*“I am grateful that law enforcement and mental health are getting involved with the communities. Communities so need this and building trust and awareness can bring us together.”*

As indicated by anecdotes shared throughout this report and those described below by key informants positive outcomes can lead to improved relationships between families and law enforcement.

1. One key informant described a situation in which an individual who was off of his medications was handled well. The officers let him “rant and rave” and then got him focused and admitting that it was important that he take his medications. The incident ended with the individual agreeing to go in and get his medications and the father shaking the officer’s hands and thanking them for how they handled the situation.
2. Another shared the story of parents who brought cookies to the police station in appreciation for the way officers handled a situation. They had avoided use of force with their mentally ill alcoholic adult son even though he had thrown objects at the officers. They were able to take him into custody safely and without injury.
3. In an interview with a NAMI representative she noted that they have known of officers who follow-up with families after the incident to see if they need more help which she commended.

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<sup>7</sup> Note: the training date used was the first date of training for each LEA.



### **Mental Health Department and Families (including ethnic/underserved communities)**

**Increased opportunities for positive interactions between the community and trained officers by providing culturally competent outreach.** In addition to NAMI being involved in the development of the scenarios they also promote the mental health IVST with their affiliates when they have the opportunity. A key informant says that she suggest to other NAMI representatives that they request that their local police get the training videos.

The Mental Health Department invites its family affairs staff at the Mental Health Urgent Care (MHUC) to connect with families. When a law enforcement agency contacts the Law Enforcement Liaison for assistance they form a plan for the case. There have recently been more calls outreaching to family members. Prior to home visit if they feel from a clinical perspective it would be helpful they bring in family affairs.

The Mental Health Department has made two community videos which they will post on website. The bilingual videos are 20 minutes in length and designed to address the concerns of the Vietnamese and Latino communities. Each has a panel consisting of a bilingual law enforcement representative, a bilingual clinician, and a client (Vietnamese or Latino) who has experience with the Mental Health Department and law enforcement. Videos are designed for community providers and family members to learn about mental health needs and when to call for assistance. Due to several incidents over the last few years ethnic communities did not want to call the police because they were afraid would get hurt. The videos provide information so they know what to expect and what options are available in the community.





## Recommendations

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In the 10 months of training as part of the Innovation #8 project, 589 Santa Clara County police officers and other law enforcement agents were trained in the mental health IVST. In addition to training officers from almost every LEA in the county, this training model was disseminated throughout California and across the nation. This evaluation demonstrates that the mental health IVST increases the knowledge and skills of police officers to respond more effectively to individuals experiencing a mental health crisis in the community. As a result of this training, the risk of injury is reduced for all parties involved, more families will be informed of voluntary services for their loved one with mental illness, and collaboration between the Mental Health Department and law enforcement increased. In the process of evaluating the mental health IVST, the evaluation team developed several recommendations on how to improve the delivery and our understanding of the impacts of this training:

**Ensure that there is a mechanism to continue to offer the mental health IVST.**

- ❖ The evaluation uncovered the many benefits from this innovative training including strengthening de-escalation skills and increasing knowledge and understanding of mental health signs and symptoms. To ensure that all current and future officers are trained in this critical and POST certified training, a mechanism should be established to ensure its continued use.

**If needed, prioritize training for those with less law enforcement experience.**

- ❖ While all officers can benefit from this training, the evaluation findings indicated that those with fewer years of experience and less mental health training experienced greater increases in self-assessed change in skills and knowledge than more experienced officers.

**Develop a county-wide protocol for responding to mental health calls.**

- ❖ As more LEAs in Santa Clara County are trained in the mental health IVST, the approach to a mental health crisis across different LEAs will become more standardized. However, it was noted by both one law enforcement key informant and Innovation #8 project leadership that a county-wide protocol or policy on responding to mental health calls is needed to reinforce this standard approach. An additional advantage of a universal police response from across the county is alignment of approaches in mutual aid calls.

**Enhance call data to better understand outcomes.**

- ❖ The evaluation faced challenges in collecting data on the full range of possible outcomes of calls, thus missing a potentially valuable way to assess the impact of the training. If learning how officers are handling 5150 calls is a priority, then LEAs must address this in their data system. Optimally, outcomes to calls should be coded fields in the officer's report rather than as narrative from the call log.



**Develop a more concise resource guide for mental health services.**

- ❖ Some officers commented that the resource guide they were provided for mental health services was quite large and unwieldy. A more useful resource would be a smaller card they can carry in a pocket.

**Obtain feedback from family members.**

- ❖ The evaluation also faced challenges obtaining feedback from people who had called for assistance from LEAs for a family member experiencing a mental health crisis. The Mental Health Department may want to consider working with LEAs to obtain this information. One strategy would be to distribute a contact number for a short survey along with a referral brochure of mental health services. When the officer provides the family with the brochure they could ask them to call or go to a link to complete the survey.



# Appendices

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## **Appendix A: Working Group Stakeholder Interview Protocol**

### **Innovation #8: Interactive Video Simulator Training**

#### **FOCUS GROUP WITH IVST WORKING GROUP**

Introduction: Thank you for joining us today. My name is \_\_\_\_\_ and I am a researcher with Resource Development Associates. We have been hired by Santa Clara County Mental Health Department to evaluate the process and outcome of the IVST. I am here today to learn more about your thoughts on the role of the working group in the development of the videos. Your responses will help us answer some questions about this innovative effort. We will report out what we hear today but will not be associating your name with any specific comments. We are recording this discussion to help us fill in our notes. However, we will destroy the recording after the transcription is completed. We do want to ask that all comments do stay in the room (that there is the assumption of confidentiality). Also we acknowledge that people may have different opinions and we want to hear them all. Are there any questions?

1. a. Please introduce yourself with your name and the agency, org or group you represent (name tags would be great).  
  
b. We understand that xx was not able to be here today. Is there any other stakeholder group or agency which should have been involved in the development of the IVST but was not (who should have been involved in the working group)?
2. a. How did you learn about this effort to develop IVST for mental health crisis situations in the community?  
  
b. How and why did you join the IVST working group?  
  
c. What did you hope would result from your involvement in the development of the IVST?
3. a. In what ways were you involved in the development of the scenarios, script and video?  
  
b. Are you satisfied with how the working group's input was incorporated into the selection of scenarios, development of scripts and creation of videos?
4. There are a number of different stakeholders represented on this group.
  - a. What did you learn from working collaboratively with consumers, law enforcement, family members, treatment professionals, etc.?
  - b. What did you do as a group to address cultural competency when police make calls? (age, gender, ethnicity)



## Santa Clara County Mental Health Department

### Final Evaluation of MHS Innovation #8: Interactive Video Simulation Training

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- c. What were some of the opportunities that arose from working collaboratively on this project?
  - d. What were some of the challenges that arose from working collaboratively on this project?
  - e. To what extent did developing the training videos increase communication and understanding among consumers, family members (including those who do not speak English), law enforcement and the mental health system?
  - f. Are there any other areas of public service where this collaborative model could be used?
  - g. What suggestions would you have for similar groups using this collaborative approach for a different purpose?
5. What do you see as the outcomes potentially arising from the videos?
- a. Will mental health crisis situations be handled differently?
  - b. Better outcomes among families of different cultures and languages? More referrals for care rather than lock up?
  - c. Reduced future incidents?
  - d. Better relationship between community and law enforcement?)



## Appendix B: Working Group Stakeholder Interview Report

# Santa Clara MHS Innovation #8: IVST Working Group Interview Report



Developed for:  
**Santa Clara Valley Health & Hospital System:  
Mental Health Department**

828 South Bascom Ave, Suite 200 | San José, CA | 408.885.5770



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## Introduction

The National Alliance on Mental Illness (NAMI) estimates that 10% of law enforcement calls for response relate to individuals and families experiencing an acute mental health crisis. Despite the frequency with which law enforcement officers are expected to manage mental health-related crisis events, only six of the approximately 1000 total hours in the State's Basic Academy Curriculum for law enforcement is related to mental health. The aim of this 32-month project, which is funded by California Mental Health Services Act Innovation funds, is to develop a model to bring the perspectives of family members and consumers to law enforcement and improve the quality of officer response during mental health crisis events. This is being accomplished through the innovative development of mental health related scenarios for inclusion in widely used interactive video scenario training.

A working group of stakeholders was established to create the scenario topics and learning objectives, refine the scripts and guarantee the authenticity of the resulting scenes. The group also assured that the perspectives of mental health consumers and underserved ethnic communities significantly inform scenario development. The training videos were completed in the fall of 2011. Resource Development Associates (RDA), the evaluation contractor of this project, conducted an interview study with a sample of working group members to document their experiences with the process of developing the scenarios.

## Evaluation

The evaluation sought to answer the following process-related learning question: *How does the collaboration between consumers, family members, ethnic/underserved communities, NAMI, Mental Health Department staff and law enforcement impact content and training delivery in the adaptation of Interactive Video Simulator Training (IVST) for law enforcement mental health training?*

Resource Development Associates conducted four semi-structured interviews with five individuals from the working group. These members represented family members and consumers, mental health department staff, and law enforcement staff who were engaged in the collaborative process of creating the IVSTs. Three of the five were also involved in some phase of the selection process of MHS Innovation projects in Santa Clara County.

Interviews were conducted by telephone and lasted 20 to 45 minutes in length. Interviewees responded to questions including: *What was the role of the working group? What did you learn from working collaboratively with consumers, law enforcement officers, family members, etc.? What were some of the challenges and opportunities that arose from working collaboratively on this project? How can your experience be applied to other facets of public service?* The evaluator compiled results from the interviews identifying common themes as well as perspectives that may be particular to a stakeholder group.



## Interview Subjects



## Findings

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### Working Group Composition

Representation by critical stakeholder groups was an explicit goal in the creation of the working group. Members reported that indeed the following key stakeholder groups were represented: law enforcement; consumers and family; diverse cultural communities; and the mental health department. They perceived that there was a very intentional effort made to obtain representation from all key stakeholders. Additionally, members expressed confidence that had they identified a missing stakeholder the project coordinator would have made every effort to recruit someone to participate in the process. Cultural community voice was present both in the membership of the working group and on the Learning Advisory Committee, the larger advisory group.

### Role of Working Group

Participants uniformly reported that they considered their primary role on the working group to be spokespersons for the stakeholder groups they represented. If they were successful in this endeavor they would ultimately create realistic training videos that would prepare law enforcement officers and in so doing benefit the community. Members felt there was ample opportunity to share thoughts and be heard and that they made substantial contributions to the development of the scenes both in the planning stages and during filming. Working group members were involved in focus groups to identify common situations in which officers might encounter individuals in a mental health crisis; learning objectives for each scene; script refinement; and selection of the professional actors to fill major roles. Working group members also served as technical advisors during the actual filming of the scenarios.





While the trained actors performed in key roles (e.g., the mentally ill individual), family members and consumers (including some of the working group members) filled in some of the supporting parts. For example, the role of a father of a young man who was schizophrenic and off his medications in one scene was played by an individual who in real life is the parent of an adult child with schizophrenia and had made similar calls to police in the past.

Another working group role was to help create scenarios which were authentic and as true to a real field encounter as possible. All of the resulting scenarios were based on actual situations and incidents. Working group members articulated that if the scenarios were not realistic they would lose credibility and fail in the goals of the training. In addition, due to the participation of law enforcement stakeholders, the working group actively avoided portraying situations that might require use of force in order to emphasize de-escalation and communication techniques. Mental health department clinicians paid special attention to the presenting symptomatology (physical presentation and dialogue), that it be consistent with a diagnosis. They discussed with the actors how this should look prior to the shooting of the scene and when results were not accurate scenes were redone. Family members and consumers made sure that their perspective and needs were addressed as most of the time it is the family who makes the call for assistance. Thus, the training videos placed an emphasis on officers providing resources and referrals to families and consumers. After reviewing one of the completed scenes, the working group decided that the actors did not present a realistic portrayal of the situation, so they hired new actors and re-filmed the scene.

The working group helped to ensure that the scenes were culturally competent. For example, during the initial brainstorming, the group identified a need for a realistic scenario with monolingual characters, as well as the necessity to have other scenes portrayed by actors who reflected a diversity of communities. During the selection of actors they were able to fulfill this requirement and as a result scenes included Latino, Asian and African American characters. During filming, attention to accurate cultural portrayal was also a consideration. For example, when the filming crew questioned why a suicidal Asian woman did not express heightened emotion, the clinician assured them that the actress's portrayal was culturally accurate.

### ***Anticipated Outcomes***

The initial project proposal identified outcomes and benefits anticipated to result from the implementation of the IVST process. Working group members, after having been involved in the actual process of developing the scenarios, were asked what they now see as outcomes that these scenarios could achieve. They reported the following:

#### **Slow things down**

Respondents shared that if officers learned to slow things down there would be a measureable impact on the outcome of crisis calls. Without training, officers might try to rush the situation to obtain resolution. However, a hurried response can escalate a situation with an individual in a mental health crisis. By taking more time to ask questions and wait for responses, officers may be able to avoid using force with possible associated injury to the subject or officer.



**Increase awareness of options**

Through the combination of a PowerPoint lecture, interactive training videos, and debrief session, officers will have an increased awareness of the options they have in a mental health crisis call. They will gain confidence in communication techniques and the tools they have to de-escalate a situation.

**Reduce stigma**

Officers may bring to a potential mental health crisis call their own preconceptions and fears of the mentally ill. A significant portion of the lesson plan discusses the myths and realities of mental illness, and through video simulation, officers can experience positive outcomes associated with responding to crisis calls.

**Reduce stress on family members**

If police officers are calm and are able to de-escalate a situation and keep everyone safe, family members will experience greater confidence that their needs will be met and their loved ones will be taken care of. Encouraging referrals to community resources will increase satisfaction and reduce their sense of isolation.

**End the cycle of repeated response**

A key component of the training is the importance of providing resources and referrals to treatment and support, which will reduce the need for further police intervention. The number of police interventions may even be reduced if police can help individuals in crisis access their medication or medication management services.

**Increase trust in police**

If police officers can conclude a call having safely met the needs of the individual and family, they can help improve community trust of law enforcement. This is particularly true in some ethnic communities

**Reduce tragedies**

The ultimate hope of all involved in this project is that this training will reduce the incidence of death and injury to officers and subjects who are experiencing a mental health crisis.

Despite these anticipated outcomes, respondents wondered how much progress individuals could make with a four-hour training alone. Critical incident training (CIT), which is a 40-hour program, was viewed as likelier to result in large changes in officer behavior. However, all interviewees indicated that if an officer learns only one thing, such as to slow down his or her response, use a de-escalation approach or ask just one more question, the training will have accomplished a great deal.



## ***Potential Future Application***

Working group members extolled the power and potential of IVST for creating change in a variety of service sectors. The formation of a working group of stakeholders alone as an intervention received praise, as sharing experiences from each perspective greatly increased understanding among the participants. For example, mental health clinicians learned why police officers are so concerned about what subjects are doing with their hands. And law enforcement learned from clinicians why asking key questions is so important. Family members and consumers who have experienced mental health crises learned about what it is like for an officer to respond to a call.

Interviewees were asked about how and whether IVST can be applied within other service sectors. In response, they described a range of service delivery settings as well as target recipient or client groups:

### **1. Law enforcement with other subject groups**

The IVST scenarios created from this project revolved around police officers responding to individuals in a potential mental health crisis. However, officers encounter other groups of subjects, including, for example, drug users and prostitutes, for whom specific training could be helpful to create improved outcomes. These are individuals who could also benefit from referrals to community support services.

### **2. Mental health clinicians**

Clinicians making visits in the community or accompanying police officers on 5150 calls could also benefit from this training. IVST was identified as being a potentially superior training approach than traditional role play exercises. IVST provides an opportunity to put theory into practice in a more realistic situation.

#### **First responders**

First responders in many service areas, including firefighters, paramedics and community based providers (e.g., Red Cross), are likely to encounter individuals with mental health issues when they respond to emergencies. Preparation for unexpected behaviors from those who may have a mental health condition exacerbated by the emergency situation would be helpful.

#### **Medical Emergency Departments**

Individuals seeking assistance from emergency departments for a physical ailment may concurrently be suffering from mental illness and be in crisis. Having an opportunity for all levels of staff (reception, triage, treatment) to anticipate how to react to these situations can also improve information gathering, treatment and referral.

#### **School Campuses**

Stakeholders generated a few ideas for how schools could incorporate IVST training. School staff and administrators sometimes encounter angry parents. Learning how to diffuse situations and create better outcomes could be the goal of this type of training. Teachers and counselors must often work with families of cultures different from their own with varying communication styles and expectations about the relationship between parents and schools. Scenario training could



help them learn to ask the right questions and understand how better to communicate. Some schools have instituted peer youth mediator, peer pressure or bullying prevention training for students. IVST could enhance their preparation over the traditional role play due to the very real feel of the situation.

#### **Front desk service providers**

The situation whereby individuals are on opposite sides of a counter presents a barrier in communication. There are many settings in public services for which training could improve communication and service provision and create a better experience for the public. These might include social services, license application offices, permit offices, etc.

## **Conclusion**

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The interviews of working group members sought to assess how the collaboration among consumers, family members, ethnic/underserved communities, NAMI, Mental Health Department staff and law enforcement impacted the content of Interactive Video Simulator Training (IVST) for law enforcement mental health training. Findings indicate that the working group included essential stakeholder groups and members played an integral part in the development of the scenarios. Their primary role was to represent the voice of various communities to assure that resulting scenarios were true to life. Everyone interviewed for this report felt pleased and proud to be a part of this effort and hopeful that trainings will strengthen the relationship between law enforcement and the larger community and save lives. One interviewee commented that it was the highlight of their career experience.

Those interviewed expressed that there was great potential for the application of this strategy to a range of other service sectors. When asked for suggestions for future similar efforts, respondents indicated that it is critical to include people who have real life or field experience as well as shared goals. Creating an atmosphere whereby everyone has an equal voice is essential, as is selecting people who can express the needs of the community they represent.



## Appendix C: Law Enforcement Post-Training Survey

### Santa Clara Innovation #8: Interactive Video Simulator Training

#### OFFICER POST-TRAINING ASSESSMENT

Thank you for completing this brief assessment. Your responses will help us learn how well officers feel the training you just completed increases their preparation to handle situations with individuals experiencing a potential mental health crisis. Your answers will be combined with those of other officers completing this training. Your answers are anonymous and will not be placed in your file. This form will be sent to our evaluators who are assessing the effectiveness of this innovative interactive training video. We would greatly appreciate your completing all items on BOTH SIDES of this form.

1. How many years have you worked as a police officer?
  - Currently in training
  - Less than 1 year
  - 1-2 years
  - 3-5 years
  - More than 5 years
  
2. Are you a CIT trained officer?
  - Yes
  - No
  
3. How many hours of mental health training have you had prior to this training?
  - 0 hrs
  - 1-5 hrs
  - 6-10 hrs
  - 11-20 hrs
  - 21-30 hrs
  - 31-40 hrs
  - >40hrs
  
4. In a typical month, approximately what percent of your workload (time) involves dealing with people who are mentally ill?
  - 0%
  - 5%
  - 10%
  - 15%
  - 20%
  - 25%
  - 30% or more
  
5. Please rate your knowledge or skill of the following *before* and *after* today's training. Place an X in one box under the BEFORE section *and* an X in one box in the AFTER section.

	BEFORE the training				AFTER the training			
	Very Good	Good	Fair	Poor	Very Good	Good	Fair	Poor
a. De-escalation techniques								
b. Signs and symptoms of mental illness								
c. Recognizing and dealing with dually diagnosed subjects								



d. Criteria for making a mental health hold (5150 or 1056)								
e. Making appropriate mental health referrals if subject does not meet threshold for a mental health hold								
f. Making referrals to families for services when subject refuses help								
g. HIPAA guidelines in life-threatening circumstances								
h. Identifying persons with mental illness when there is a language barrier								

6. How well prepared do you now feel you are to address the issues involved in a potential mental health call?

- Very well prepared
- Well prepared
- Somewhat prepared
- Not very well prepared

7. a. Think about the most recent call which involved a subject potentially experiencing a mental health crisis. (If you have not had such a call please skip to question number 8)

What was the outcome(s) of this incident? (check all that apply)

- Took subject into custody for a mental health hold (5150)
- Took subject into custody and booked into jail for a criminal violation
- Voluntary transport to Mental Health Urgent Care or another service provider
- Determined subject did not qualify for a mental health hold – did not take into custody
- Made a mental health service referral for subject or family  
 (agency or organization referred subject or family to: \_\_\_\_\_  
 \_\_\_\_\_)
- Subject or third party was injured
- Officer was injured
- Other: \_\_\_\_\_

7.b. How satisfied are you now with the outcome of that call?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied



**Santa Clara County Mental Health Department**  
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7.c. Thinking about this most recent incident and based on the training you just completed what would you have done differently? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Please rate the quality of the following aspects of today’s training by placing an X in the correct box:

	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
a. How closely the scenarios in the interactive training videos reflect your experiences in the field.				
b. Quality of information presented before the interactive training video				
c. Quality of the post-training debrief/discussion.				

7. Do you have any suggestions for improving this training?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for your time today.*



## Appendix D: Law Enforcement Post-Training Survey Results

### Participant Evaluation of IVST Trainings Complete Results from September 2012 – June 2013

#### Key Findings:

1. 565 surveys were collected from: Santa Clara County District Attorney; Campbell, Gilroy, Los Altos, Milpitas, Morgan Hill, Mountain View, Palo Alto, Redwood City, and San Jose Police Department, and the Sunnyvale Department of Public Safety.
2. Following the video simulator training, officers reported the highest degree of knowledge and skill related to making a mental health hold (5150 or 1056).
3. Following the video simulator training, officers reported the least degree of knowledge and skill related to identifying persons with mental illness when there is a language barrier.
4. Following the video simulator training, participants reported the greatest knowledge gain regarding the following topics: de-escalation techniques, recognizing the signs and symptoms of mental illness, and making appropriate mental health referrals if the subject does not meet the threshold for a mental health hold.
5. Following the video simulator training, 92% of participants felt well prepared or very well prepared to address potential mental health calls.
6. Participant recommendations for improving the training include: make a pocket-size guide of services and referrals to give to subjects and/or family members as well as serve as a reference for officers; include more scenarios in the video-simulator and integrate people with lived experience into the training; improve the video quality, including making the response time faster; offer the training annually; and use the small group format for officers to discuss the scenarios.

#### 565 Surveys administered:

Police Department or Agency	# of Surveys Administered	% of Total
<b>Campbell Police Department</b>	30	5%
<b>Gilroy Police Department</b>	57	10%
<b>Los Altos Police Department</b>	31	5%
<b>Milpitas Police Department</b>	64	11%
<b>Morgan Hill Police Department</b>	31	5%
<b>Mountain View Police Department</b>	65	12%
<b>Palo Alto Police Department</b>	67	12%
<b>Redwood City Police Department</b>	58	10%
<b>Santa Clara County District Attorney</b>	49	9%
<b>Sunnyvale Department of Public Safety</b>	58	10%
<b>San Jose Police Department</b>	55	10%
<b>Total</b>	<b>565</b>	<b>100%</b>







**How many years have you worked as a Police Officer?**

Years of Experience	Count of Officers	% of Total
Currently in training	21	4%
Less than 1 year	45	8%
1-2 years	13	2%
3-5 years	53	9%
More than 5 years	428	76%
<b>Total</b>	<b>560</b>	<b>100%</b>

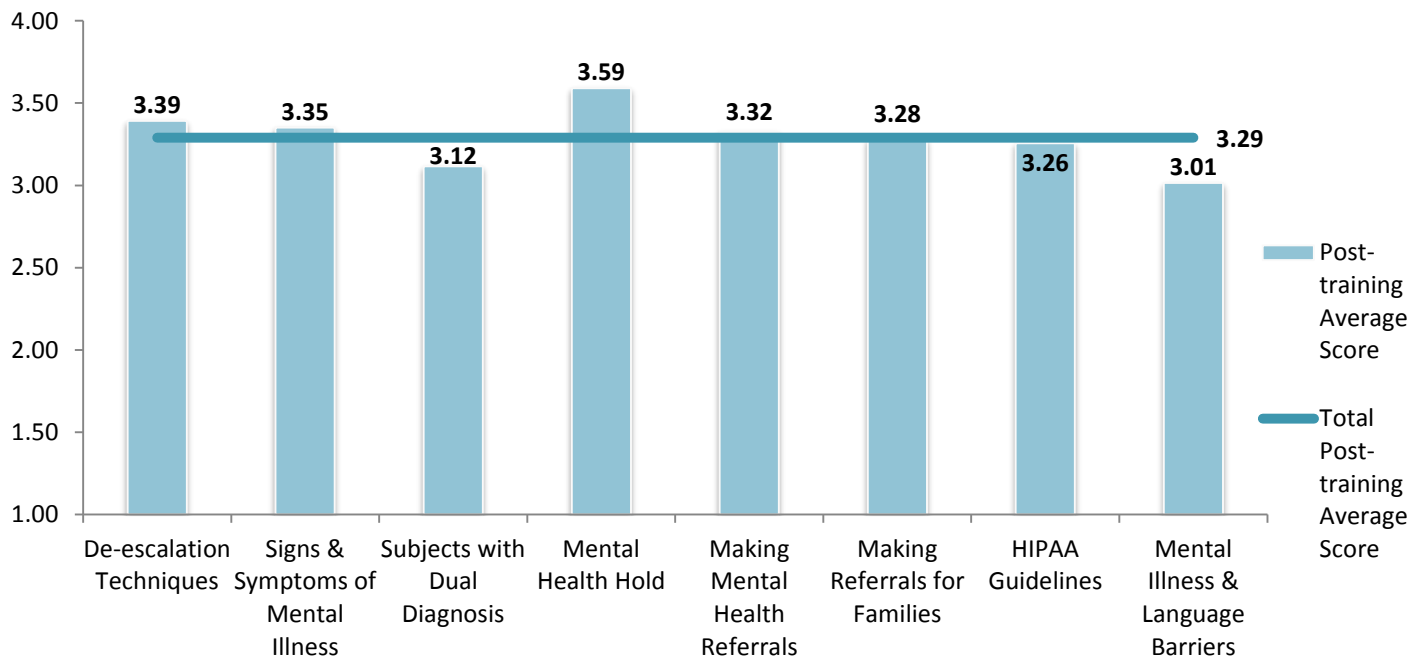
**Are you a trained CIT Officer?**

CIT Trained	Count of Officers	% of Total
Yes	241	43%
No	316	57%
<b>Total</b>	<b>557</b>	<b>100%</b>

**How well prepared do you now feel you are to address the issues involved in a potential mental health call?**

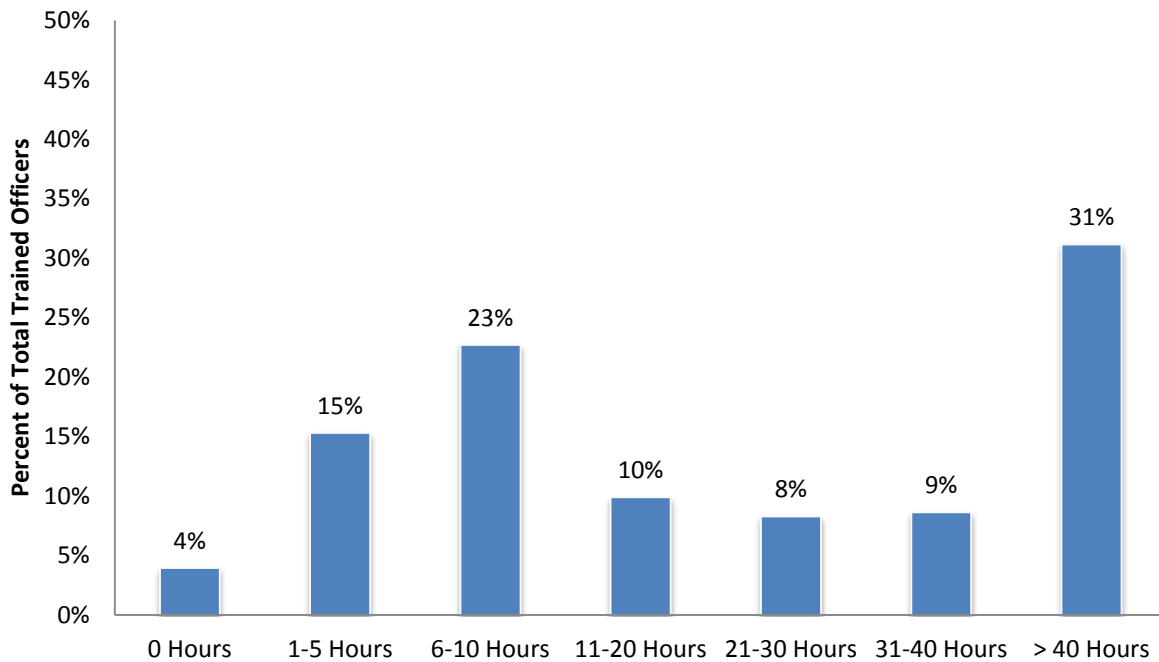
Level of Preparedness	Count of Officers	% of Total
Well prepared	319	57%
Very well prepared	195	35%
Somewhat prepared	40	7%
Not very well prepared	2	0%
<b>Total</b>	<b>556</b>	<b>100%</b>

**Average Knowledge and Skill Following Trainings (By Training Topic)**

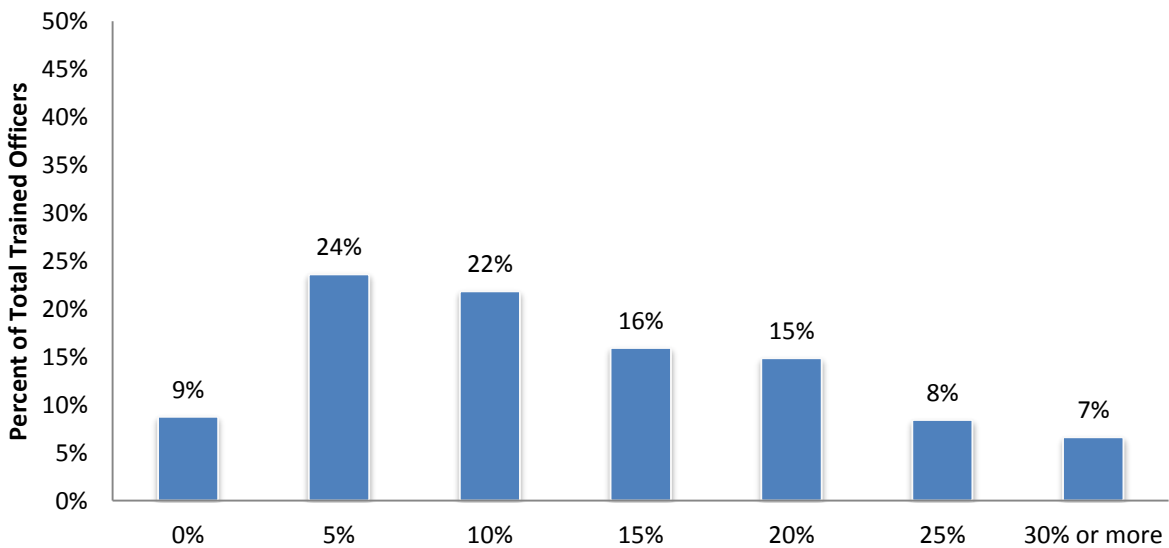




**How many hours of mental health training did you receive prior to this training? (n=555)**



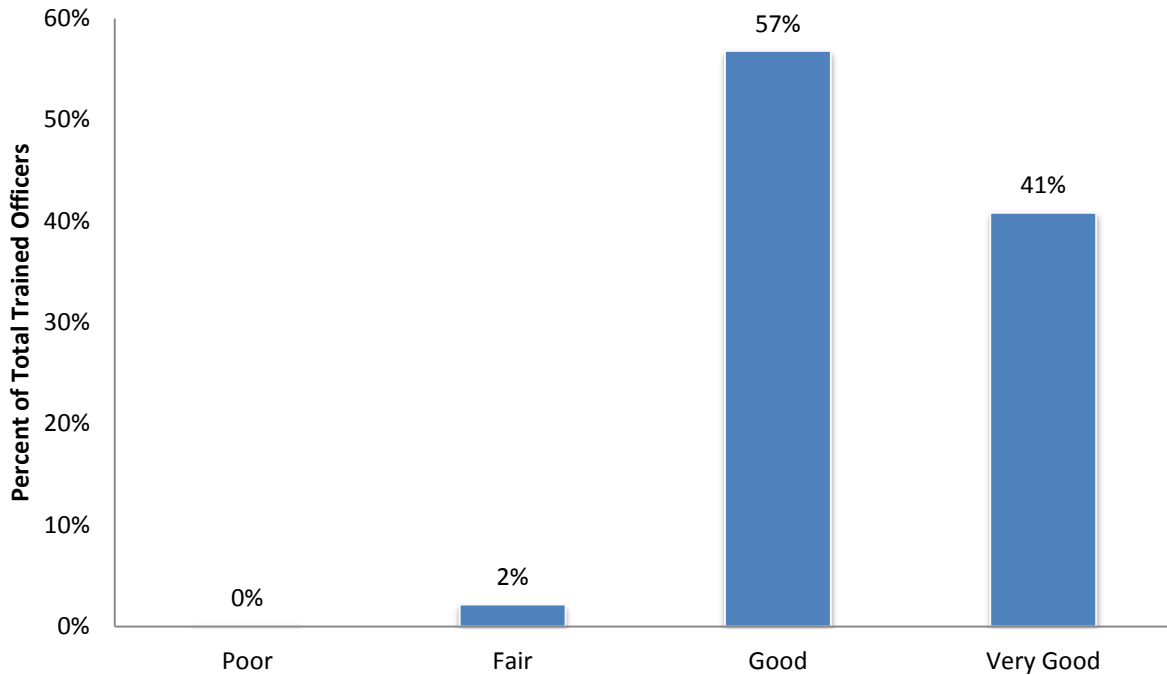
**In a typical month, approximately what percent of your workload involves dealing with people who are mentally ill? (n=559)**



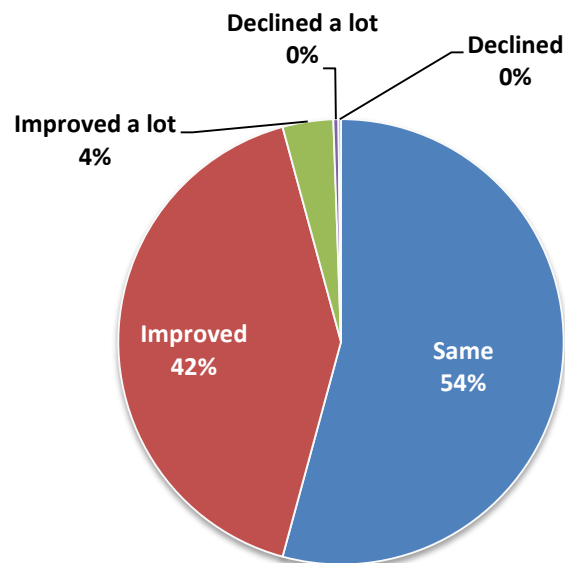


## De-escalation Techniques

Knowledge and skill following trainings (n=544):



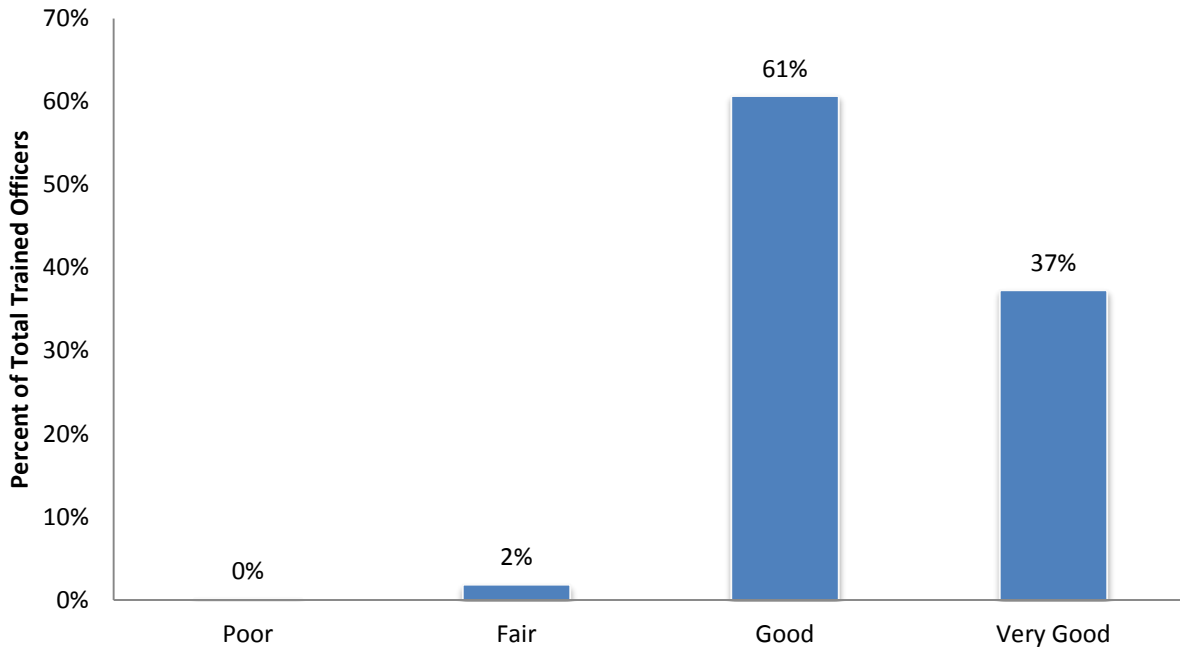
Percentage of Officers who reported change in knowledge and skill (n=544):



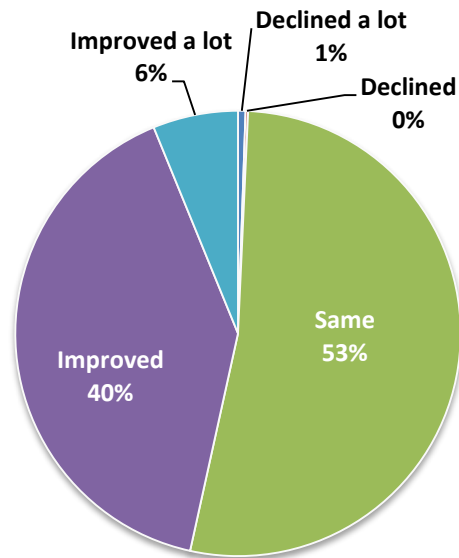


## Signs and Symptoms of Mental Illness

Knowledge and skill following trainings (n=539):



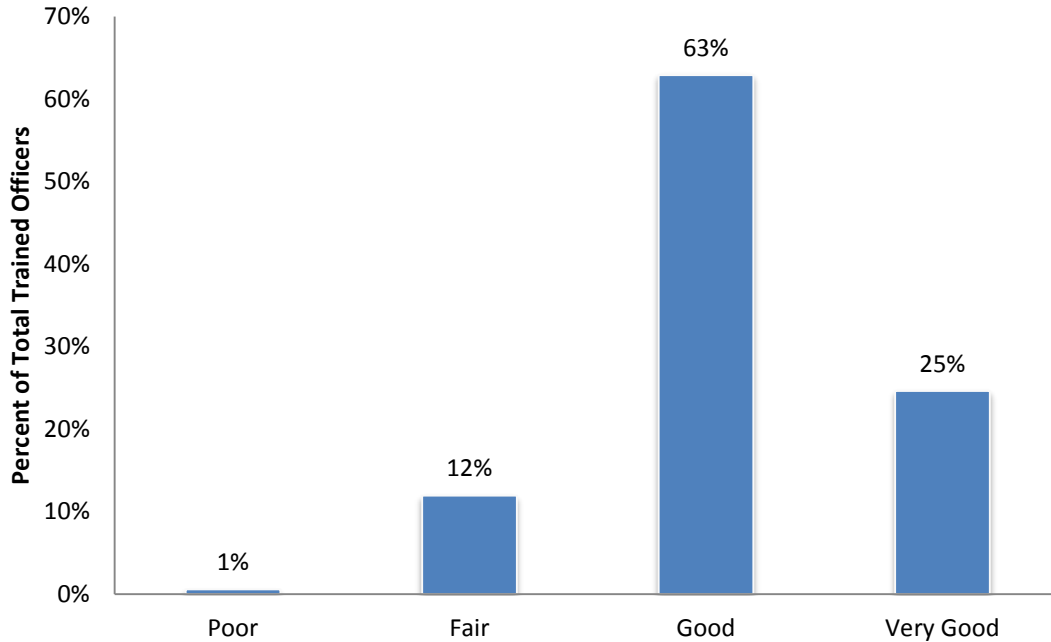
Percentage of Officers who reported change in knowledge and skill (n=550):



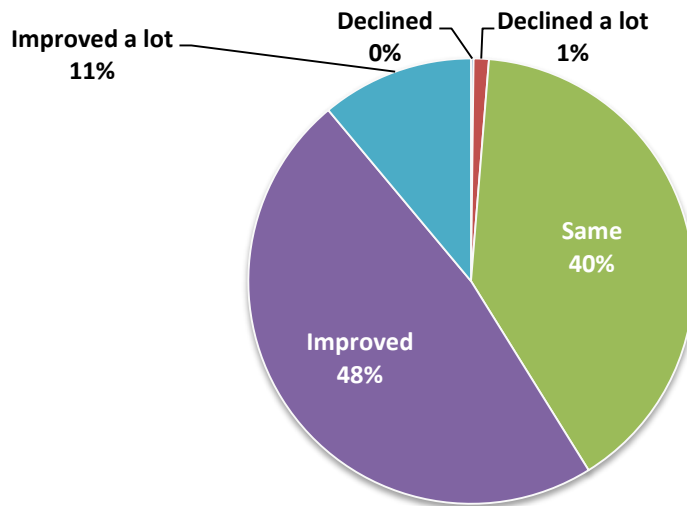


## Recognizing and Dealing with Subjects with Dual Diagnoses

Knowledge and skill following trainings (n=536):



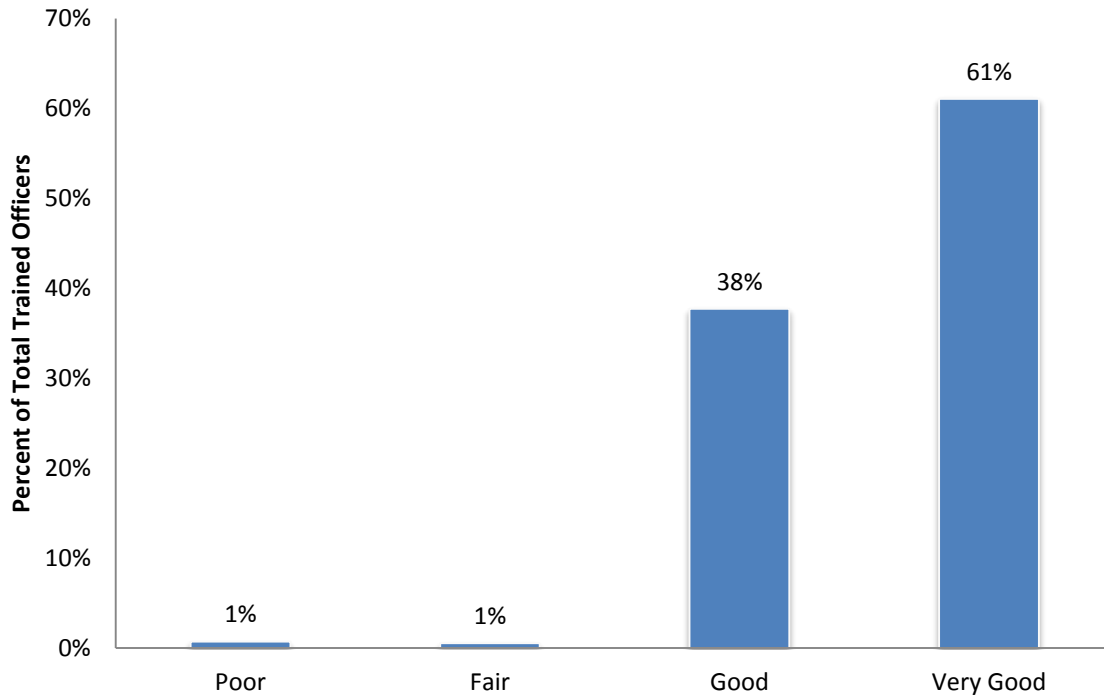
Percentage of Officers who reported change in knowledge and skill (n=542):



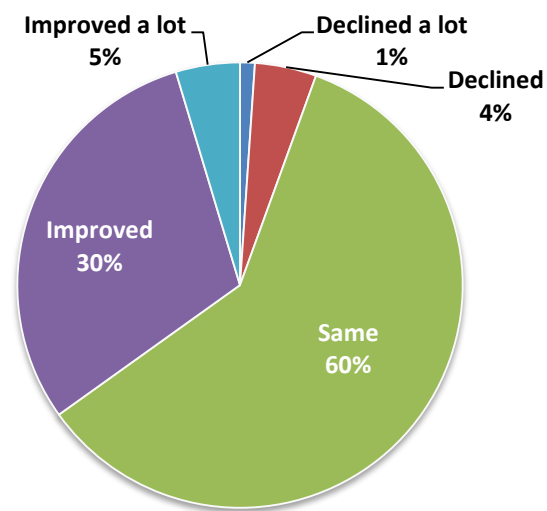


## Criteria for Making Mental Health Hold (5150 or 1056)

Knowledge and skill following trainings (n=557):



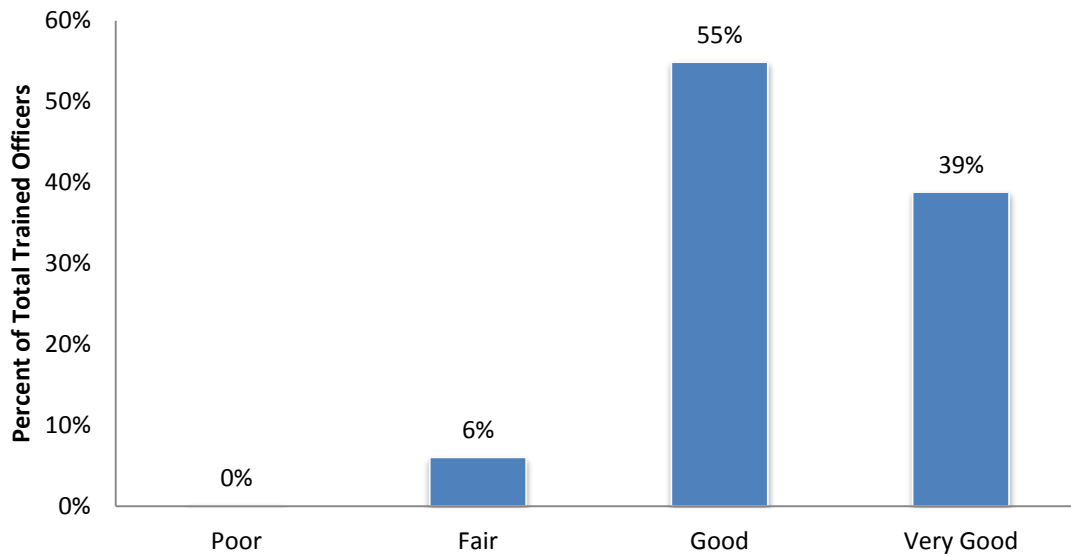
Percentage of Officers who reported change in knowledge and skill (n=559):



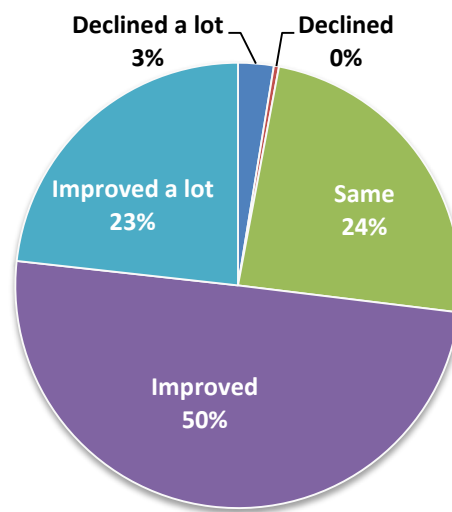


## Making Appropriate Mental Health Referrals if Subject Does Not Meet Threshold for a Mental Health Hold

Knowledge and skill following trainings (n=543):



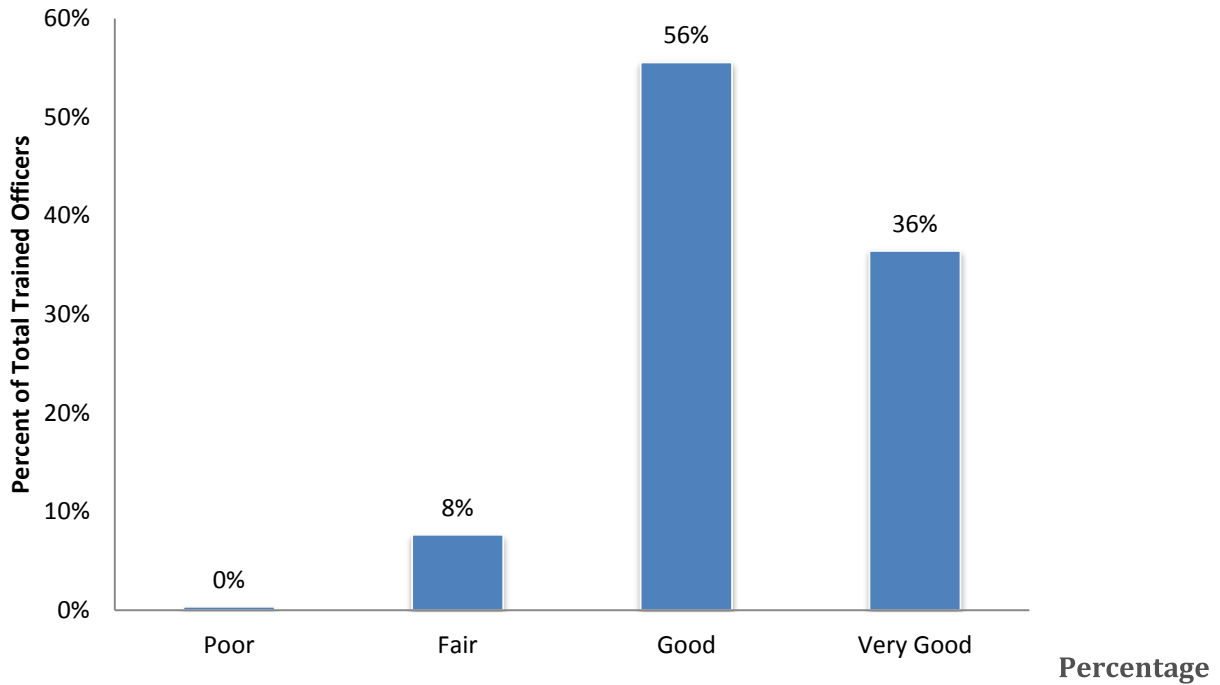
Percentage of Officers who reported change in knowledge and skill (n=542):



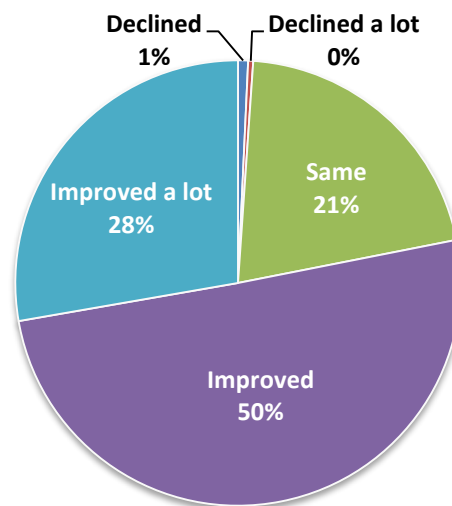


## Making Referrals to Families for Services when Subject Refuses Help

Knowledge and skill following trainings (n=549):



of Officers who reported change in knowledge and skill (n=542):

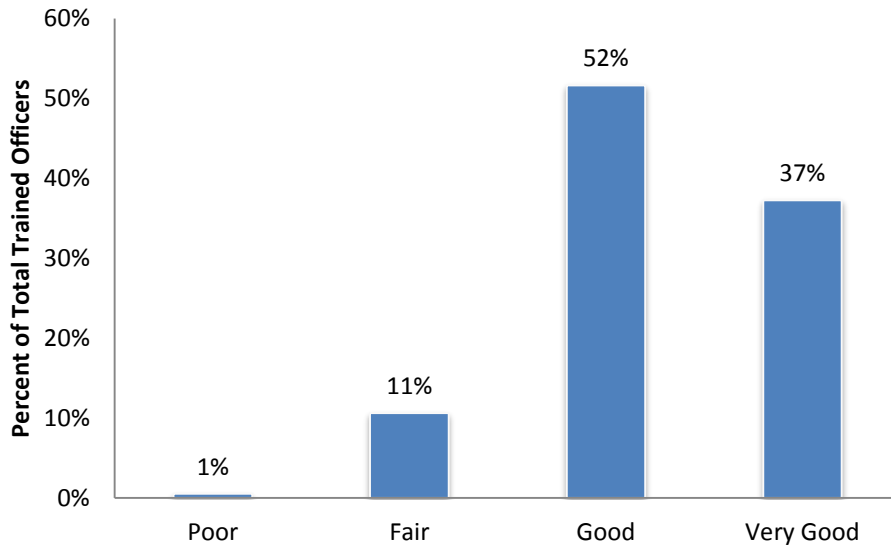




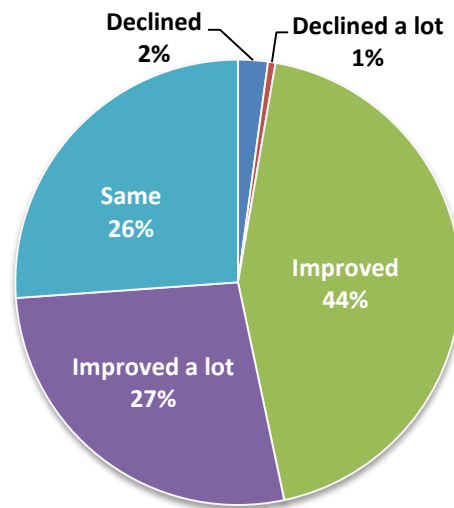


## HIPAA Guidelines in Life-Threatening Circumstances

Knowledge and skill following trainings (n=556):



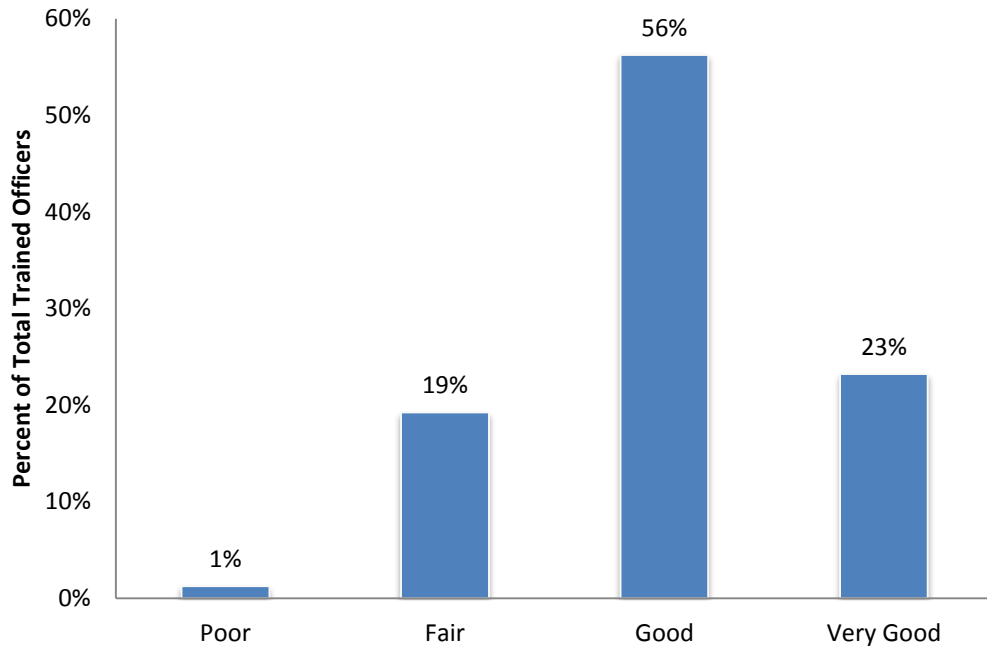
Percentage of Officers who reported change in knowledge and skill (n=555):



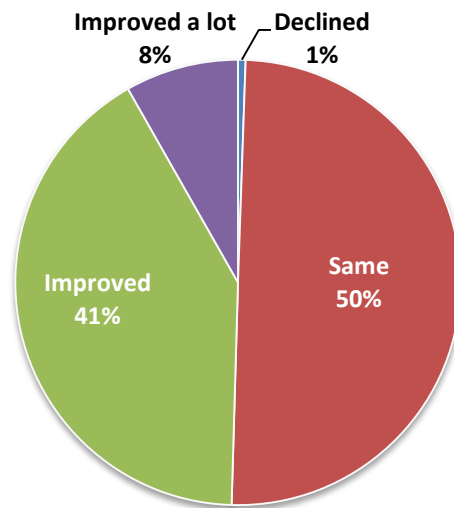


## Identifying Persons with Mental Illness When There is a Language Barrier

Knowledge and skill following trainings (n=551):



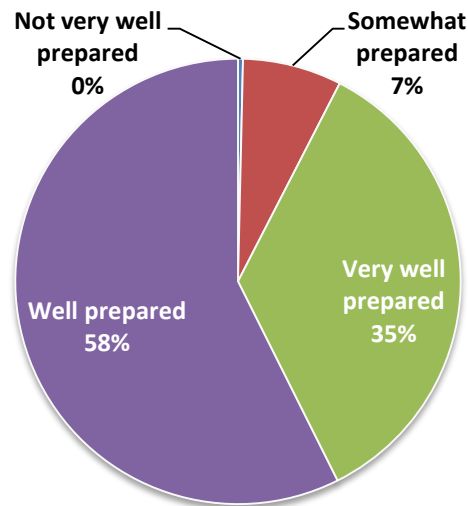
Percentage of Officers who reported change in knowledge and skill (n=547):



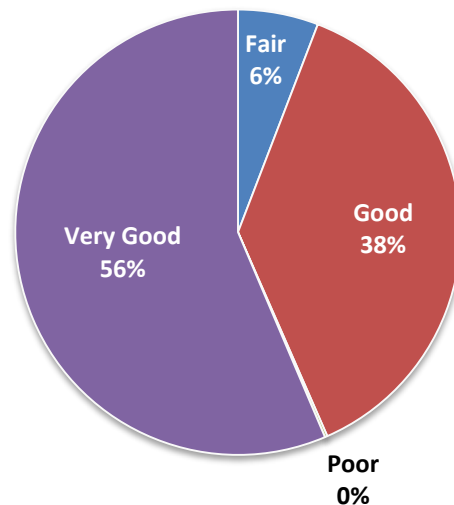


## Other Survey Responses

How well prepared do you now feel to address the issues involved in a potential mental health call? (n=556)

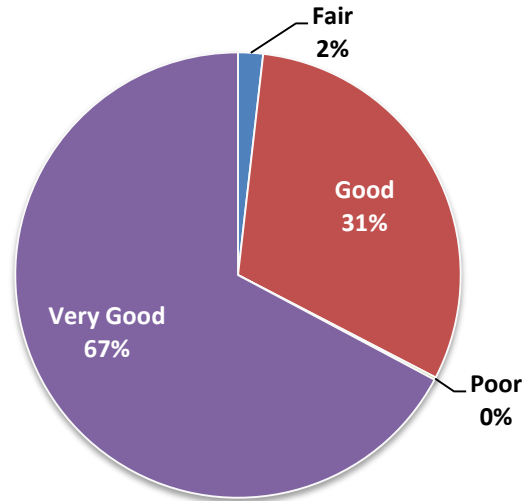


Rate the quality of how closely the scenarios in the interactive training videos reflect your experience in the field (n=548):

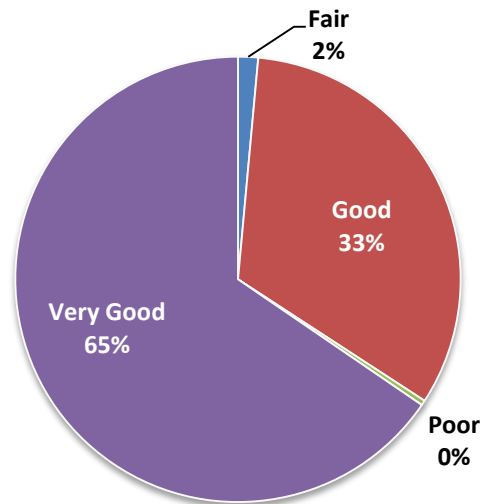




Rate the quality of the information presented before the interactive video (n=552):



Rate the quality of the post-training debrief/discussion (n=550):





### **Suggestions for improving the IVST:**

Overall, 120 trained police officers provided feedback on the mental health IVST. Out of that feedback, 61 officers provided 1 or more suggestions for improvement to the training. The following is a summary of the most frequent suggestions that officers provided.

- 31 requests for additional scenarios to be incorporated into the IVST. Some officers suggested scenarios, including:
  - Alcohol abuse and other mental health issues (co-occurring disorders).
  - Helping families with children or young adults that are “5149 ½” but refuse help.
  - How officers approach pat-downs, standard enforcement equipment, and general officer safety in mental health situations.
  - The process of handing out referrals/resources to individuals/families.
  - Other mental health issues, such as: Schizophrenia, Autism, and juveniles (under 12) with mental health issues.
  - One officer suggested a review of how to fill out 5150 forms in the scenario training would be helpful.
- Nine requests for additional resources/referral guides for mental health services in Santa Clara County to be distributed as part of the IVST. One suggestion included a “check-list” for how to approach mental health and commitment issues.
- Six requests that the quality of the video be improved or that the scenarios were more responsive to training participants.
- Four requests for smaller breakout/discussion groups during the training.
- Three suggestions to make video scenarios of real-life events.
- Two suggestions were made to integrate mental health consumers as trainers in the IVST.



## Appendix E: Law Enforcement Post-Training Six-month Follow-up Interview Protocol

### Innovation #8: Interactive Video Simulator Training OFFICER FOLLOW-UP INTERVIEW

About six months ago, you participated in an interactive video training on responding to subjects who are experiencing a mental health crisis. We are following up with some officers to further assess the effectiveness of this training. Your responses will help us learn how to better prepare officers to handle subjects in a potential mental health crisis in the field. Your answers will be combined with those of other officers. Your answers will not be placed in your file and will be confidential. Thank you.

1. How many years have you worked as a police officer?
  - Currently in training
  - Less than 1 year
  - 1-2 years
  - 3-5 years
  - More than 5 years
  
2. Are you a CIT trained officer?
  - Yes
  - No
  
3. How many hours of mental health training have you ever had: \_\_\_\_\_
  
4. a. What was the most useful information or skill you received from the training?  
b. Which of these have you been able to put into practice in the field? *Ask for a story or example.*
  
5. How well prepared do you feel you are to address the issues involved in a potential mental health call?
  - Very well prepared
  - Well prepared
  - Somewhat prepared
  - Not very well preparedExplain:
  
6. How many times since the training have you been on calls with a subject experiencing a potential mental health crisis (your best guess is fine)?



**Santa Clara County Mental Health Department**

*Final Evaluation of MHS Innovation #8: Interactive Video Simulation Training*

---

7. a. Think about the most recent mental health call. What was the outcome(s) of this incident? (check all that apply)
- Took subject into custody for a mental health hold (5150)
  - Voluntary transport in Mental Health Urgent Care or another service provider
  - Took subject into custody and booked for a criminal violation
  - Determined subject did not qualify for a mental health hold – did not take into custody
  - Made a mental health service referral for subject or family?  
(agency or organization referred subject or family to: \_\_\_\_\_)
  - Subject or third party was injured
  - Officer was injured
  - Other: \_\_\_\_\_
- b. How satisfied are you with the outcome of that call?
- Very satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Very dissatisfied
- c. What de-escalation techniques did you use on this call?
- d. Did you provide a referral to subject, family or friends? If yes, to where?
- e. To what extent do you think the IVST training you took last year affected how you handled this call?
- A great deal
  - Somewhat
  - A little
  - Not at all
- Please explain: \_\_\_\_\_
8. Looking back to the last time you made a mental health hold (5150 or 1056) what factors led you to believe that the person was a danger to him/herself or others or was gravely disabled?
9. Have you shared any of the information or techniques you learned at the IVST with other officers?
- Yes
  - No





Please explain if yes:

10. What kind of support have you received from your department to use the new skills you have learned? (e. g. talk about in staff meetings, additional training)

---

11. Do you have any additional training needs for subjects in a potential mental health crisis?

---

12. Do you have any suggestions for improving the mental health IVST training program?

---

***Thank you for talking with me today.***





## Appendix F: Project Stakeholders Key Informant Interview Protocol

### Innovation #8: Interactive Video Simulator Training

#### KEY INFORMANT INTERVIEWS/FOCUS GROUPS

(with managers, county clinic directors, county-level decision makers)

Thank you for talking with me today about the mental health Interactive Video Simulator Training project. We want to discuss the impact this innovation has had as well as likelihood for continued use and dissemination. We would like to list you as an individual who has contributed their opinion to the impact of the IVST innovation. Is this ok? Because of your important role in the county there may be occasions where we want to link your name to a comment. Please let us know at any time if you want your opinions grouped or not shared.

1. How familiar are you with the mental health IVST innovation? (*Encourage individual or group to share what they know and fill in missing or out of date information if necessary.*)
2. What did you hope would be the outcomes of this innovation?
3. Please share from your knowledge the impact the mental health IVST innovation has had within Santa Clara County on:
  - a. People in mental health crisis and their families
  - b. Your organization or agency/other organizations or agencies
  - c. The impact on police departments and the ways police handle calls
  - d. Other county agencies
4. a. What have been the opportunities for creating and implementing IVST training within Santa Clara County police departments?  
  
b. What have been the challenges of creating and implementing IVST training within Santa Clara County police departments?
5. a. What have been the opportunities for creating and disseminating the IVST training product to police departments outside of Santa Clara County?  
b. What have been the challenges of creating and disseminating the IVST training product to police departments outside of Santa Clara County?
6. What is the continued potential for dissemination?
7. What is the potential long-term impact of this innovation at the county or national level?
8. Any additional comments?



## Appendix G: Administrative & Call Data Tracking Tool

CITY OF \_\_\_\_\_ POLICE DEPARTMENT

Mental Health IVST Project

*Refer to CAD disposition notes and police reports to complete this form.*

Name of data entry personnel: \_\_\_\_\_

Case#: \_\_\_\_\_ Date of call: \_\_\_\_/\_\_\_\_/\_\_\_\_ Call Type:  5150  10-56a

Master Name Index Number: \_\_\_\_\_ Location:  Residence  Other: \_\_\_\_\_  Unknown

Relationship of reporting party to subject:

- Relative  Service Provider (medical, social worker, etc.)  Self  Unknown  
 Friend/acquaintance  Other (bystander, store-owner, etc.) \_\_\_\_\_

5150 hold?	Arrest?	Voluntary transport?	If <i>voluntary</i> transport provided, where?		Referral provided?	Where referred?	Use of force?
<input type="checkbox"/> Yes <input type="checkbox"/> No/ unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No/ unknown	<input type="checkbox"/> Yes, by Police <input type="checkbox"/> Yes, by EMS <input type="checkbox"/> Yes, by other: _____ <input type="checkbox"/> No/ unknown			<input type="checkbox"/> Yes <input type="checkbox"/> No/ unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No/ unknown
Injury to officer?	Injury to bystander?	Injury to subject?	Death to officer?	Death to bystander?	Death to subject?	Other relevant outcomes & notes including CAD disposition:	
<input type="checkbox"/> Yes, by subject <input type="checkbox"/> Yes, by officer <input type="checkbox"/> Yes, by other <input type="checkbox"/> No/ unknown	<input type="checkbox"/> Yes, by subject <input type="checkbox"/> Yes, by officer <input type="checkbox"/> Yes, by other <input type="checkbox"/> No/ unknown	<input type="checkbox"/> Yes, by subject <input type="checkbox"/> Yes, by officer <input type="checkbox"/> Yes, by other <input type="checkbox"/> No/ unknown	<input type="checkbox"/> Yes, by subject <input type="checkbox"/> Yes, by officer <input type="checkbox"/> Yes, by other <input type="checkbox"/> No/ unknown	<input type="checkbox"/> Yes, by subject <input type="checkbox"/> Yes, by officer <input type="checkbox"/> Yes, by other <input type="checkbox"/> No/ unknown	<input type="checkbox"/> Yes, by subject <input type="checkbox"/> Yes, by officer <input type="checkbox"/> Yes, by other <input type="checkbox"/> No/ unknown		



## Appendix H: Reporting Party Survey

### REPORTING PARTY SURVEY

Sometime in the last three months you contacted the [city] Police Department requesting assistance. The following questions pertain to that incident. Please answer to the best of your recollection. Complete both sides of this questionnaire.

**1. What is your relationship to the individual about whom you called?**

- I am a family member
- I am a friend or acquaintance
- I was a bystander and did not know the individual personally
- Other: \_\_\_\_\_

**2. Where did this incident take place?**

- At a residence
- At a business
- In a public setting (e.g., street, park)
- Other: \_\_\_\_\_

**3. What did the officers do after they arrived? *Check all that apply.***

- They spoke to the individual
- They arrested the individual
- They took the person to obtain mental health or healthcare services
- They provided the individual or the family with a referral for mental health or other services (where referred? \_\_\_\_\_)
- I don't know
- Other: \_\_\_\_\_

**4. Was anyone injured after the police arrived? *Check all that apply.***

- The individual about whom I called was injured
- One or more police officers was injured
- A bystander was injured
- No one was injured
- I don't know
- Other/Explain: \_\_\_\_\_

**5. To what extent did the officers' actions and words calm the individual about who you called?**

- Not at all
- A little
- Somewhat



- A great deal
- I don't know

Explain: \_\_\_\_\_

**6. Did the officers respect the culture of the individual?**

- Yes
- No
- I don't know

Explain: \_\_\_\_\_

**7. If the primary language of the individual is not English, how did the officer(s) communicate with the individual and family if present?**

- The officers spoke the language of the family
- One of the family members spoke English
- The officers had a translator
- There was no one who spoke the language of the individual

**8. How satisfied were you with the response of the police officers?**

- Not at all satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied

Explain: \_\_\_\_\_  
\_\_\_\_\_

**9. Would you call the police again if you had another similar situation?**

- Yes
- No
- Not sure

Explain: \_\_\_\_\_  
\_\_\_\_\_

*Thank you for completing this survey.*



## Appendix I: Santa Clara County Institutional Review Board (IRB) Approval

Dedicated to the Health  
of the Whole Community



Mental Health Administration  
828 South Bascom Avenue, Suite 200  
San Jose, California 95128  
Tel (408) 885-5700  
Fax (408) 885-5788

DATE: 12/13/2011

TO: Jennifer Susskind, MCP  
Ryan Wythe  
Courtney Graham, MSW  
Patricia Reyes, MPH

FROM: Hung Nguyen, M.S.  
Chair, Health Services Institutional Review Board  
Santa Clara Valley Health & Hospital System

RE: Evaluation of Santa Clara Valley Mental Health Department's Interactive  
Video Simulator Training

The Health Services IRB has approved the above referenced project for implementation. Your project contains procedures for the protection of privacy, confidentiality and health and safety of the participants consistent with federal and other applicable regulatory guidelines necessary for research integrity.

Your IRB number is 12-11.

This IRB approval is valid until 01/01/2013.

Any change in the research project which significantly alters the procedures or risks must be submitted for review by the IRB prior to the implementation of such change, including a change in investigators. Any complications should be reported at once to the IRB before continuing with the project.

Please keep the IRB Committee informed of the project's progress on a regular basis over its duration. At the end of the study, please provide the IRB with a report of the findings or copy of any published articles.

The Department of Mental Health is a division of the Santa Clara Valley Health & Hospital System. Owned and operated by the County of Santa Clara.



