

PROGRAM INFORMATION:

Program Title:	Crisis Acute Care-Law enforcement Field Clinician (LEFC)	Provider:	Department of Behavioral Health
Program Description:	<p>The role of the Law Enforcement Field Clinician is to educate law enforcement officers about mental health, writing 5150 holds, and the 5150 process. This is accomplished by assisting law enforcement in responding to mental health crisis calls (in vivo training), both in the field and through phone consultation. Formal didactic training is also offered. Field response support is designed to assist with de-escalation and evaluation of crisis needs and mental health resources. The goals are increased safety for the persons served, the community and the officer, quick resolution of the crisis, and appropriate, timely mental health intervention for the person served and family.</p> <p>The allocated positions for the program consists of 3 Mental Health Clinicians. The program operated at an average vacancy rate of 0% throughout FY 17-18.</p>		
Age Group Served 1:	ALL AGES	Dates Of Operation:	June 10, 2009 - Current
Age Group Served 2:		Reporting Period:	July 1, 2017 - June 30, 2018
Funding Source 1:	Prevention (MHSA)	Funding Source 3:	Medical FFP
Funding Source 2:	Early Intervention (MHSA)	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Actual Amount:	\$353,314
Number of Unique Persons Served During Time Period:	376
Number of Services Rendered During Time Period:	428
Actual Cost Per Client:	\$940

TARGET POPULATION INFORMATION:

Target Population: Individuals experiencing acute mental health symptoms for which law enforcement is requesting assistance in assessing for Danger to Others (DTO), Danger to Self (DTS), or Gravely Disabled (GD).

CORE CONCEPTS:

- **Community collaboration:** Individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** Adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** Services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Access to underserved communities

Cultural Competency

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Please describe how the selected concept (s) embedded :

Individuals served include those who are vulnerable due to their mental health symptoms, medically fragile, and lack of access to housing.

Diverse staff, staff trainings on cultural awareness, referrals to culturally and linguistically appropriate community services, and outreach at cultural events are provided to reflect respect for cultural values of the persons served.

Person-centered services include person- driven goal setting and to linkage to a range of services in the person's path to recovery, which stress the importance of hope, personal responsibility, self-advocacy, choice and respect.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

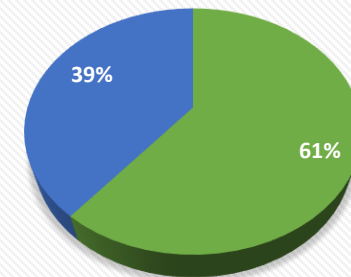
1. Effectiveness-

a. Accuracy of Mental Health Evaluation by Law Enforcement

- i. **Objective:** To link persons served to mental health services as needed during interaction with law enforcement.
- ii. **Indicator:** Percent of holds for which law enforcement did not initially identify a mental health need.
- iii. **Who Applied:** Any person served by the program. This may include duplicates as this data measures encounters; persons served may have more than one encounter with law enforcement and clinician.
- iv. **Time of Measure:** FY 17-18
- v. **Data Source:** LEFC database
- vi. **Target Goal Expectancy:** The Department is developing target goals.
- vii. **Outcome:** In total 334 holds were issued by the clinician during a law enforcement encounter. Of those, 39% were encounters where law enforcement did not initially identify a mental health need.

	Encounter Counts
Law Enforcement Anticipated Hold	203
Law Enforcement Non Anticipated Hold	131
Total Holds	334

Law Enforcement Anticipated/Non Anticipated Holds



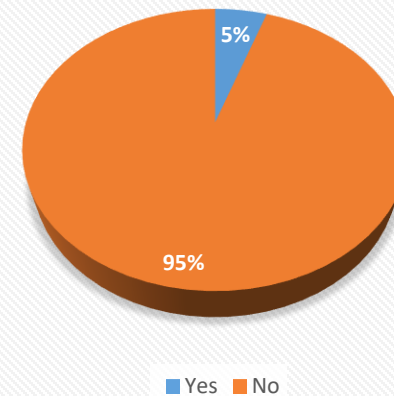
■ Law Enforcement Anticipated Hold
■ Law Enforcement Non Anticipated Hold

b. Charged with Crime During a Law Enforcement and Field Response Interaction

- i. **Objective:** To provide intervention, which may reduce or avoid placement of individuals in jail when persons served is in need of mental health services.
- ii. **Indicator:** Percent of persons served who were not charged with a crime during law enforcement and field response encounter.
- iii. **Who Applied:** Any person served by the program. This may include duplicates as this data measures encounters; persons served may have more than one encounter with law enforcement and clinician.
- iv. **Time of Measure:** FY 17-18
- v. **Data Source:** LEFC database
- vi. **Target Goal Expectancy:** The Department is developing target goals.
- vii. **Outcome:** 95% of encounters with law enforcement did not result in a charge with a crime with clinician intervention.

Charged with a Crime at the Scene

	Encounter Counts
Yes	19
No	343
Total Encounters	362

Charged with a Crime at Scene

2. Efficiency

a. Cost per Person Served

Costs include all staffing and overhead costs associated with operation of the program.

- i. Objective: To maximize the use of resources and keep within budgeted costs.
- ii. Indicator: Total program costs compared to number of unique persons served.
- iii. Who Applied: Persons served by the program.
Persons served for this data represents persons who received any specialty mental health services in FY 17-18.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar and Financial Records
- vi. Target Goal Expectancy: To keep within departmental budgeted costs for the program.
- vii. Outcome: Compared to prior year, the cost per person served for FY 17-18 increased by 23%, mainly due to a 24% increase in program costs. The increase is attributed to increased salary and benefit costs and operational expenses and to the addition of one clinician in May of 2018.

Note: The cost per client includes data for direct client services and does not reflect time spent on remote consultations with law enforcement.

Cost per Person Served

	FY 16-17	FY 17-18
Unique Persons Served	371	376
Program Cost Actuals	\$283,944	\$353,314
Cost per Person Served	\$765	\$940