PROGRAM TITLE: PEI Crisis Field Clinician PROVIDER: Department of Behavioral Health

### PROGRAM DESCRIPTION:

The role of the PEI Crisis Field Clinician is to assist law enforcement in responding to mental health crisis calls through on site support, phone consultation, and linkage to mental health resources and training. On-Site support is designed to assist with de-escalation, the writing of 5150 holds, and mental health resource identification that can be used in place of criminal justice interventions. The goal being increased safety, quick resolution of the crisis, and appropriate, timely mental health intervention for the consumer and family in crisis.

The Department has implemented an updated satifaction survey that will explore the officer and family anticipated outcomes with and without field clinician involvement. The department is testing a family survey that seeks to identify the perceived benefit from the perspective of the family related to family outcomes.

### **AGES SERVED:**

$\boxtimes$	Children	▼ TAY
$\boxtimes$	Adult	

DATES OF OPERATION: June 10, 2009- Current DATES OF DATA REPORTING PERIOD: Jan 2012-Dec 2012

## **OUTCOME GOAL**

 The Department of Behavioral Health's participation with law enforcement will increase justice system resources for response to saftey and criminal behavior.

### **OUTCOME DATA**

- 60.7% of calls where the LEFC resonded to a crisis with law enforcment resulted in increased communication and collaboration across agencies.
- In 57.1% of the cases where LEFC was requested officers anticipated that without LEFC response a 5150 hold would have been

Individuals with mental illness who engage with law enforcement will have more efficient access to crisis services, receive treatment more sensitive to their mental condition, experience fewer legal concerns and costs related to the encounter with law enforcment, have improved saftey and experience less discrimination.

Anticipated outcomes for family supporting a loved one with mental illness during a law enforcement interaction includes: Improved saftey of the loved one, fewer financial burdens due to legal consequesd related to the crisis, and decreased family distress.

written. However, after LEFC response a 5150 hold was written 67.3% of the time. Though a hold was more likely to be written when LEFC responded than when they did not, clinician's believe that the calls they are asked to assist on are "more complex" or "less clear" cases involving mental illness.

- 66.2% of officers reported increased safety for the subject when LEFC was utilized and 44.1% of officer respondents reported that Public safety was increased during a crisis call when the LEFC was utilized.
- 67.1% of calls where the LEFC responded to a call with law enforcement resulted in more efficient access to crisis treatment for the individual with mental illness.
- Of the calls where the LEFC accompanied law enforcement, officers reported that LEFC provide additional assistance with deescalation of the client in 43% of the cases.
- 22.2% of Officers reported that using the LEFC resulted in improved in collaboration with family, or support persons, of the individual in crisis.
- Various means for collecting family response to services have been unsuccessful. Mostly due to timing sensitivity and lack of interest on the part of the support persons.
- 55.6% of support persons expected that their loved one would be placed on a 5150 hold without the involvement of the LEFC. However, when the LEFC participated in the mental health

Responses to indicate satisfaction of services provided by the Crisis Field Clinician and less law enforcement time spent on scene (cost savings).

call only 37.5% of individuals were placed on a hold. Per clinician report, families are reporting dissatisfaction that hospitalization is not the resolution to the call.

- Of the calls where the LEFC accompanied law enforcment in the field families and support persons identified increased collaboration with Mental Health (55.6%) and increased collaboration with Law Enforcement (55.6%) as benefits to LEFC presence on the call.
- 47.6% of officers felt that LEFC involvement reduced officer time spent on the call.
- 85.6% of officers strongly agreed that LEFC involvement expedited the handling of the call.
- 85% Officers strongly agree the LEFC was prompt in responding to the call.
- 90.4% of officers who utilized this service reported that they would recommend this service to their colleagues. 9.6% of officers would not recommend this service to their colleagues
- Additional comments include: "Officer looking for proactive idea to resolve long-term problem of using 911 services for non-emergencies."
- "Great service for PD. Makes 5150 process work better."
- "Great service. Subject was anxious talking to deputies. Clinician helped calm subject down to determine problem."
- "Great help on a not so clear call solution. Able to interact with subject and bring to resolution."
- "Provided me with information I was not aware of."

### **DEPARTMENT RECOMMENDATION(S):**

Based on outcomes and measurements reported, the Department recommends continued MHSA Funding for the PEI Field Clinician program for FY 2013-14.

The Department of Mental Health (DMH) continues to support the continuation of this program over the next period to provide support and education to various law enforcement agencies, including Fresno Police Department, Fresno County Sheriff's Department, Clovis Police Department, and rural law enforcement agencies.

This program has provided ongoing training, support, and education to Fresno County's mental health first responders and has severed as a vital conduit of communication between the Department of Mental Health and law enforcement agencies. Outcomes have consistently shown that the Law Enforcement Field Clinician (LEFC) program has increased collaboration, increased access to mental health services, increased client and community safety, and has served as a model for interagency collaboration and support.

The Department recommends consideration of expansion of this team to address coverage during times of high need and coverage of shifts where there is not currently a clinician assigned. Specifically, staffs to work weekend shifts, evening shifts, and night shifts. Law enforcement agencies have been clear that these are prime hours of need for them. The LEFC Team and law enforcement officials feel that this service would benefit the general community as well as the officers and persons with mental illness.