

Team Two: Summary and Analysis of Evaluation Data

Evaluation Overview

The Vermont Cooperative for Practice Improvement & Innovation (VCPI) is facilitating the data and evaluation implementation and tracking for the Team Two Grant. VCPI developed and implemented tools to evaluate both the delivery of the training and its impact on service delivery in the field. The results will inform practice and performance improvement and support continuous quality improvement for law enforcement and mobile crisis teams.

Implementation of the evaluation tools occurred at the time of each training and six months following the training. Specifically, training participants completed a survey by hand, in person at the completion of the initial 1-day Team Two training and a post-six month follow-up survey that was emailed to participants and completed online by participants.

Evaluation Goals

1. To evaluate the effectiveness, relevance and delivery of the training and training materials and participant perceptions to improve training
2. To evaluate and assess the amount of learning and the extent that participants/learners have advanced in knowledge, skills or attitude due to the training
3. To evaluate the impact of the training and application of learning on service delivery and collaboration in the field

Evaluation Methods

- 1. Process Evaluation (Survey)**
 - a. Monitor and track regional training sites
 - b. Monitor and track training participants and counts
 - c. Training participant survey at time of training
- 2. Outcome Evaluation (Survey)**
 - a. Training participant survey post six months from time of training
 - i. Outcome evaluation domains
 1. Application of learning and impact on service delivery
 2. Level of collaboration between law enforcement and mobile crisis

General Data

1. Participant/Site Information

Initial Training Date	Six Month Post Date	Team Two Training Participant #	Vermont Site
7/25/2014	1/25/2015	26	Washington/Barre
8/23/2014	3/23/2015	39	Franklin
9/24/2014	3/24/2015	14	Rutland
1/7/2015	7/7/2015	24	Springfield
2/3/2015	8/3/2015	18	Royalton
2/20/2015	8/20/2015	13	Newport
4/28/2015	10/28/2015	14	Bennington
5/20/2015	11/20/2015	32	South Burlington
9/15/2015	3/15/2016	16	Springfield
10/1/2015	4/1/2016	16	Middlebury
10/19/2015	4/19/2015	21	St. Johnsbury
11/4/2015	5/4/2015	32	South Burlington
5/2/2016	11/2/2016	28	Brattleboro
5/18/2016	11/18/2016	36	Burlington
5/24/2016	11/24/2016	26	Lamoille

2. Aggregate Data

Please refer to the following attachments for aggregate data results:

1. Attachment A - Initial Survey Results
2. Attachment B - Post Six Month Survey Results

Overview

Since the launch of this initiative, the Team Two Training has been provided to over 350 people in 13 geographic regions in Vermont. Training participants include Mobile Mental Health Crisis workers and Law Enforcement personnel. The philosophy behind the Team Two training is one of collaboration, information sharing and resource management for law enforcement and mental health crisis teams when responding to a situation from the legal, clinical and safety perspectives. Training provides responders a clear understanding of the limitations and expectations of their fellow responders and evaluates the legal, clinical and safety aspects of the situation. “Train the Trainer” trainings have also been held to build capacity to maintain the learning and assure responders have the same interpretation of statutory issues.

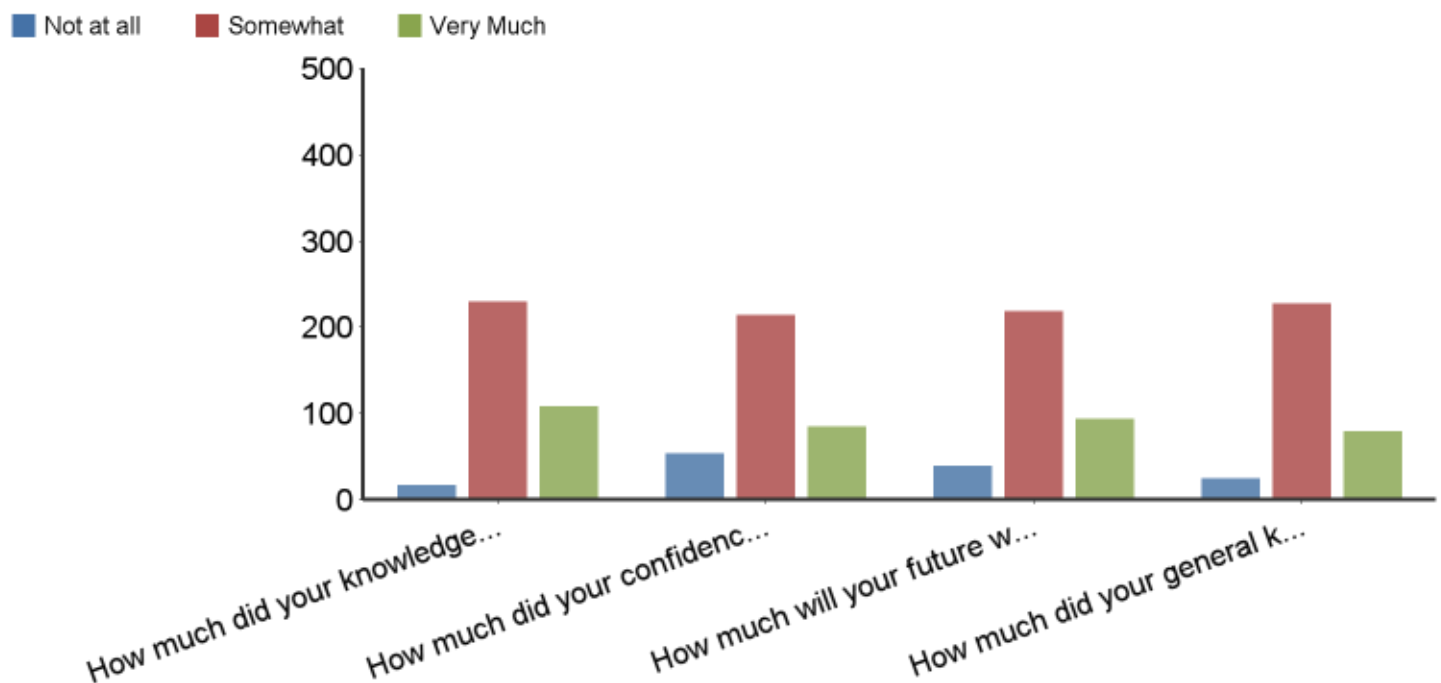
The delivery of the 1-day comprehensive training is structured with joint participation of mobile crisis teams and law enforcement to create a learning community that promotes collaboration, information

sharing, resource management and increased communication between these two responder entities. The content of the training includes: 1) statute, warrant and legal and safety protocol information related to mental health crisis response, 2) field based scenarios and mock examples with facilitated discussion, 3) content related to Autism awareness and response and; 4) a panel presentation of consumers. This structure of content delivery provides an engaging and collaborative framework for training participants.

Data Analysis / Evaluation Goals

- 1. To evaluate the effectiveness, relevance and delivery of the training and training materials and participant perceptions to improve training:** The overall reaction of the training participants to the quality, delivery and organization of the training was very positive. Over 95% of participants rated the quality, organization, information and style as good to excellent. It should be noted that 99% of participants rated the knowledge of the presenters as good to excellent with rating it as excellent or good. The evaluation of participant's perceptions of the training is significant as negative reactions to training significantly reduce the possibility of learning.
- 2. To evaluate and assess the amount of learning and the extent that participants/learners have advanced in knowledge, skills or attitude due to the training:** Survey evaluations were completed at the initial training and post-six months from the completion of the training to assess the amount of learning that occurred due to the Team Two training. The evaluation surveys assess the extent that participants have advanced in knowledge skills or attitudes and how the uptake of this knowledge has been sustained.
 - a.** In the initial survey 12 evaluation questions were developed to assess the level of knowledge related to the delivered Team Two curriculum content. Participants rated themselves as having, "foundational, intermediate or advanced knowledge." Examples of questions include, "Can apply recommended safety practices when responding to a mental health crisis", "Is able to build strategies for building rapport and trust with people experiencing mental health crisis", and "Understands and can assess patterns of escalation and de-escalation in people". Of the ten content areas for self-assessing level of knowledge 92% of participants rated their level of knowledge as intermediate to advance. It is notable that in areas of "applying recommended safety practices", "building rapport and trust with people experiencing mental health crisis" and "understands and can assess patterns of escalation and de-escalation in people, "93% (an increase of 22% from 71% reported as of March, 2016) of participants rated their level of knowledge as "advanced". These aforementioned skills are critical to appropriately and therapeutically supporting individuals experiencing mental health crisis and supporting the goal of improving outcomes for these individuals during a mental health crisis. It should also be noted that 95% (an increase of 7% from 88%


reported as of March 2016) of participants reported that their general knowledge in the identified skill areas increased “somewhat to very much”. Related to the questions of, “How much did your confidence in responding to a mental health crisis increase”, 84% reported “somewhat” to “very much”.



- b. Note: Post Six Month Survey Response Rate:** The post six month survey is delivered to participants via email and completed online. To date, 12 of the training sites have received post six month surveys. High survey response rates help to ensure that survey results are representative of the target population. Acceptable response rates for surveys administered online is 30%. After disseminating the evaluation link to 8 training sites, and sending reminders to complete it, the response rate for the Team Two post survey was 18%. As this rate was below our desired target, and we strategized around efforts to improve the response rate. We decided to offer an incentive for completing the post evaluation: participants would be entered to win an Amazon gift card. It is important for Team Two participants to understand that their input is significant in terms of this program’s continuation and sustainability.

In December, 2015 we sent out a marketing campaign to all of the Team Two participants to date that are ready for the post survey, which increased the return rate


to over 29% in just 2 weeks! As of June 2016, with continued strategies and efforts, we have achieved a return rate of over 30%.



Complete the Team Two Follow Up Survey & be entered to win a \$50 Amazon gift card!

Information on your experiences with the **Team Two** initiative is imperative to continued programming and opportunities. Complete the **Follow Up Survey** by **January 10th**, and be entered to win a **\$50 Amazon gift card!** *Winners will be drawn on January 15th!*

[Click here to go to the survey.](#) Questions? Email: r.johnson91@snhu.edu.
Thank you!



- c. The post six month survey evaluation asks participants to rate how their general knowledge in the same content areas as the initial survey have increased with the rating of “not at all, somewhat, very much”. Of the respondents 80% indicated that their knowledge increased “somewhat” to “very much.” Areas that had high reported self-assessed knowledge post six months include, “Understands the role of law enforcement and mental health crisis teams as first responders” and “Understands the characteristics of individuals on the Autism spectrum and alternative methods of communication”. It should be noted that specific content areas noted more significant decreases in self-assessed knowledge post six months.
- d. **Recommendation:** It is important for Team Two to consider both the delivery of content/skills/knowledge and the practical application of these principals in real-world settings for participants. Consideration of ongoing support/training/TA for participants

would support the implementation of the practices/knowledge. This could be accomplished through an ongoing Learning Community and continued access to content experts and ongoing support/TA.

- 3. To evaluate the impact of the training and application of learning on service delivery and collaboration in the field:** Evaluation at this level is an attempt to answer the question of whether the training/learning has been transferred back to the job. This evaluation measures the transfer of learning and represents a solid assessment of the training's effectiveness. The application and implementation of learning in the field is critical to achieving the overall goals of the Team Two Initiative. Attention to implementation and application is key to improving outcomes for consumers and building collaboration and capacity within the system and sustaining a best practices model for mental health crisis response.
- a. The initial and post six month survey asked participants to rate, "How much will your work in the field be impacted or changed" rated as "not at all, somewhat, very much".
 - i. Initial survey results: Not at all: 11% | Somewhat: 62% | Very Much: 27%
 - ii. Post survey results: Not at all: 7% | Somewhat: 46% | Very Much: 46%This data indicates a high percentage of participants report that their work in the field has been impacted or changed and these gains have been retained over the 6 month period.
 - b. The post survey asked participants to rate, "How much is your new knowledge and skill being used in your current work".
 - i. Post survey results: Not at all: 4% | Somewhat, 54% (an increase of 5% since March 2016) | Very Much: 58% (an increase of 16% since March 2016)This data indicates that the knowledge/skill from the training continues to be utilized by participants in the field over the 6 month period.
 - c. The initial and post survey evaluation asked participants, "How would you rate the current level of partnership and collaboration between mobile crisis workers and law enforcement officers in your community?"
 - i. Initial survey results: Poor: 1% | Fair: 25% | Good: 46% | Very Good: 28%
 - ii. Post survey results: Poor: 2% (a reduction of 2% since March 2016) | Fair: 18% | Good: 53% | Very Good: 25%
 - d. The initial and post survey evaluation asked participants, "Based on current levels of collaboration how would you rate the impact of that partnership on the experiences of individuals and families at a time of crisis?"
 - i. Initial survey results: Poor: 1% | Fair: 23% | Good: 53% | Very Good: 23%
 - ii. Post survey results: Poor: 1% | Fair: 18% (a reduction of 2% since March 2016) | Good: 59% (an increase of 4% since March 2016) | Very Good: 22%
 - e. These two data points indicate that participants' perceptions of collaboration and the impact of this collaboration for consumers is consistently "Good to Very Good."

- f. The initial survey asked, “What three things do you think are working best, in terms of your collaboration with law enforcement or mobile mental health crisis.” A brief list is below, please reference the aggregate data for the full list:
- i. Open communication
 - ii. Cooperation, rapport, respect
 - iii. Good working relationships
 - iv. Working as a team
 - v. Shared responsibility & decision making
 - vi. Responsiveness & ease of access to MH knowledgeable mental health clinicians, screeners, hotline (having someone available immediately); rapid responses
 - vii. Least restrictive measures are taken; less escalation
 - viii. Sharing of information & training
 - ix. Embedded social worker(s)
 - x. Street/ community outreach
 - xi. Training together increased interaction in actual situations/ team approach
- g. The initial survey asked, “What three improvements would you like to see?” A brief list is below, please reference the aggregate data for the full list.
- i. More training like Team Two
 - ii. Meeting more regularly
 - iii. Understanding available resources (housing, transportation, etc.)
 - iv. More education around the statute of the MH law
 - v. Consistent expectations around roles
 - vi. Resources when drugs/alcohol are involved
 - vii. More assistance for children
 - viii. Uniform resource guide
 - ix. Embedded social workers(s) in every law enforcement office/agency; address overall staffing shortages
 - x. 24/7 availability; availability of crisis line
 - xi. Information about planning
 - xii. Information transfer (about clients/patients)
 - xiii. Better safety
- h. **Recommendations:** It is important that the voices and experiences of consumers inform the Team Two efforts. It would be recommended that Team Two work to create outcome measures that would capture the experience of individual families at a time of crisis. This could be accomplished through focus groups or interviews with individuals and families. Additionally, it is recommended that Team Two develop Vermont-specific resources and tools, as Vermont is a pilot site for this model of collaboration between mental health crisis workers and law enforcement.



Summary

This initial evaluation indicates that Team Two training has successfully and effectively provided training and education to over 350 law enforcement and mobile mental health crisis workers statewide. It is also indicated that these efforts have had an impact on services delivery and collaboration in the field. The comprehensive regional training efforts of the Team Two initiative are essential to improving services and response to mental health crisis.

VCPI looks forward to continuing to support the Team Two data and evaluation and will continue to make efforts to tap in to team members' distinctive areas of expertise – to make this an informative and helpful evaluation. We will continue to utilize existing and recommended process and outcome measures to evaluate the efforts of Team Two and to inform practice and performance improvement for law enforcement and crisis teams to improve the outcomes and experiences for individuals and families.

Attachment A – Team Two Initial Survey Results

1. Please rate the following regarding the overall delivery of the training:

#	Question	Excellent	Good	Fair	Poor	Response	Average Value
1	The overall quality of the training	187	152	13	1	353	1.51
2	The organization of the training	206	140	8	-	354	1.44
3	The information provided was:	175	161	17	2	355	1.57
4	The presentation style was:	182	155	12	1	350	1.52
5	The knowledge of the presenters was:	256	92	4	-	352	1.28

2. Please rate your knowledge and skill in the following areas using the scale as described below:





Foundational: Beginning level of knowledge and skill

Intermediate: Somewhat knowledgeable and able to apply




Advanced: Very knowledgeable and able to apply

No Knowledge: No knowledge at all

3. Understands the legal issues and statutes for mental health and law enforcement first responders

#	Answer	Bar	Response	%
1	Foundational		34	9.60%
2	Intermediate		191	53.95%
3	Advanced		126	35.59%
4	Not Knowledgeable		3	0.85%
	Total		354	100.00%





4. Understands the role of law enforcement and mental health crisis teams as first responders.

#	Answer	Bar	Response	%
1	Foundational		17	4.83%
2	Intermediate		146	41.48%
3	Advanced		189	53.69%
4	Not Knowledgeable		0	0.00%
	Total		352	100.00%





5. Has knowledge and understanding of issues related to the following:

#	Question	Foundational	Intermediate	Advanced	Not Knowledgeable	Response	Average Value
1	Issuing a warrant	71	137	129	18	355	2.26
2	The criminal process	53	132	162	7	354	2.35
3	Custodial responsibility	55	172	117	10	354	2.23





6. Can apply recommended safety practices when responding to a mental health crisis

#	Answer	Bar	Response	%
1	Foundational		12	3.45%
2	Intermediate		99	28.45%
3	Advanced		235	67.53%
4	Not knowledgeable		2	0.57%
	Total		348	100.00%





7. Can conduct a preliminary assessment in a crisis situation to determine whether to access mobile crisis

#	Answer	Bar	Response	%
1	Foundational		24	6.82%
2	Intermediate		118	33.52%
3	Advanced		202	57.39%
4	Not knowledgeable		8	2.27%
	Total		352	100.00%





8. Understands the range of appropriate responses to a mental health crisis

#	Answer	Bar	Response	%
1	Foundational		22	6.29%
2	Intermediate		138	39.43%
3	Advanced		187	53.43%
4	Not knowledgeable		3	0.86%
	Total		350	100.00%





9. Is able to utilize strategies for building rapport and trust with people experiencing mental health crisis

#	Answer	Bar	Response	%
1	Foundational		12	3.40%
2	Intermediate		123	34.84%
3	Advanced		215	60.91%
4	Not knowledgeable		3	0.85%
	Total		353	100.00%





10. Understands and can assess patterns of escalation and de-escalation in people

#	Answer	Bar	Response	%
1	Foundational		17	4.80%
2	Intermediate		106	29.94%
3	Advanced		226	63.84%
4	Not knowledgeable		5	1.41%
	Total		354	100.00%

11. Understands the characteristics of individuals experiencing Autism and recommended alternative methods of communication

#	Answer	Bar	Response	%
1	Foundational		49	13.84%
2	Intermediate		182	51.41%
3	Advanced		116	32.77%
4	Not knowledgeable		7	1.98%
	Total		354	100.00%

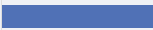



12. Understands and has knowledge of local community resources available to people during a time of mental health crisis

#	Answer	Bar	Response	%
1	Foundational		22	6.23%
2	Intermediate		169	47.88%
3	Advanced		161	45.61%
4	Not knowledgeable		1	0.28%
	Total		353	100.00%

13. Based on your participation in today's Team Two training please rate the following areas:

#	Question	Not at all	Somewhat	Very Much	Response	Average Value
1	How much did your knowledge and understanding related to the limitations and expectations of your role and fellow responders increase?	17	229	108	354	2.26
2	How much did your confidence in responding to a mental health crisis increase?	53	214	85	352	2.09
3	How much will your future work in the field be impacted or changed?	39	218	94	351	2.16
4	How much did your general knowledge in the previous skills areas (Questions 11-22) increase?	25	227	79	331	2.16

14. How would you rate the current level of partnership and collaboration between mobile crisis workers and law enforcement officers in your community?

#	Answer	Bar	Response	%
1	Very Good		98	27.76%
2	Good		163	46.18%
3	Fair		87	24.65%
4	Poor		5	1.42%
	Total		353	100.00%

15. Based on current levels of collaboration how would you rate the impact of that partnership on the experiences of individuals and families at a time of crisis?

#	Answer	Bar	Response	%
1	Very Good		80	22.66%
2	Good		187	52.97%
3	Fair		82	23.23%
4	Poor		4	1.13%
	Total		353	100.00%

16. What [three] things do you think are working best, in terms of your collaboration with law enforcement or mobile mental health crisis? (See pages 9-15 for additional responses.)

Care in local emergency room Safety in unsafe situations Client treatment
There has been a lot more communication with MH services
our communication, collaboration and trust that we can depend on each other to be there to help when needed
Trust Communication
Good working relationship with WCMH
Help minimize crisis situations, less escalation More humane treatment of person in crisis Least restrictive measures are taken
Updates

Everyone ultimately wants to help the person in crisis Mental health workers have a great source of resources for us
mental Health response to scenes Mental Health taking over Emergency Process
Knowing the staff Having some goal in mind Availability
Working with law enforcement to decide who will take the lead during a response PD responding quickly and helping to keep clients safe until crisis is available PD keeping clinicians and clients safe
Typically someone is available to respond to an incident to promote assistance Embedded worker Typically make over the EE process
Work as a team in the community Familiar with each other client community Knowledge of resources
We just developed a relationship with Howard outreach
More often than not, I have experienced collaborative efforts between police departments and our crisis services (specifically developmental) Street outreach team in Burlington When we are involved, there is often the perception that we will try to convince the police to release a client; the reality is that we think, in terms of safety (of clients, of community, of staff), and if we question safety then we, too, think that being detained is appropriate
Communication Trust Respect and helpful
Communication Cooperation Respect
the county I am in has a lot of resources I can tell agencies are striving for more collaborative approach as a team
Communication, better understanding of a mental health crisis on the part of law enforcement response
Street outreach responding and assisting Resources offered Prior knowledge shared
(none listed)
Ask for support when going to a home and get it. Delivery warrants Support at hospitals Doing welfare check when sources are not available
no response given
Open communication Understanding of staffing limitations Better police understanding of appropriate resources to a MH crisis
Free sharing of information - recognize we are on the same team
Rapid responses when Flexibility Patience
Responds when called Gives direction if not understanding level of crisis
Team approach to resolve situation/same goals Equal partnership Familiarity with/between police-crisis workers

CSAC contacts MPD when checking on someone who has been reported as threatening A general awareness (VSAC & MPD) of the more active clients in the community Joint trainings
Having a mobile crisis team is essential to the alternatives program
Teamwork Local
Knowing most of the screeners Always hearing from them when paged Good rapport between most
Good rapport with CMCTR ability to access CMCTR weekend, VTA WCMH
MH response in our area Openess to call More visits with mental health/law enforcement
(none listed)
Applying for warrants Communication between agencies
I think that police are becoming more comfortable with the thought of mental health clients. I think when we get an opportunity to go into the field it has been successful.
Understanding what is expected
Ease of access to services cooperation between agencies knowledge of subject matter
Having street outreach responding as well to mental health calls Having them "deal" with repeat callers Information sharing about patients to better understand them so can respond appropriately
Maintaining a good rapport Assisting in offering up valuable, important information
Brattleboro PD are very open to new ways of thinking
Our understanding of each other wanting to help the indiv in crisis As a D/O I recognize the skills of the MMHC workers, and I would hope they recognize mine.. we need ea other
training with them as a team Increased interaction at actual situations
No response given
Timely reponse, embedded community outreach, disclosure of information
We are able to understand that we each may have different objectives. A level of professionalism is met (reasonable level) We are able to help most of consumers we work with met some/all of their psychotic needs.
Communication Presentation Feedback
I think that that as an agency we work well with local law enforcement I think we are skilled and can offer good support in mental health crises Our crisis team has a great relationship with local law enforcement
responding to a MH crisis Assessing the situation through communication and accessing information De-escalating or resolving the situation with minimal to no danger (maintaining overall safety)

Coming together today A+++ Team work (police + mental health) in crisis situation Sharing info and resources
Willingness to help, same goals, collaboration
Everybody works together Everybody understands each other job functions Team effort
Brand new so really unsure but I'd say the responsiveness of law enforcement has been helpful.
They are helpful They respond They care
Easy to get a hold of someone Knowledgeable about what the needs are and how to help with problem given everyone works as a team willing to do the work
Communication Working relationship Knowledge
WCMH - response Interaction with staff This training
Call hotline Voluntary administration for MH function
Understanding of each other's roles Agreement to work with each other Knowing what we can bring to the table in certain situations
Info sharing More instances of quicker intervention Earlier recognition of MH subjects
Being able to get assistant.
Crisis worker embedded in St. Albans PD Better service Communication
-Understand each others jobs -How to put together a safety plan -Knowing who you are working with
Mobile crisis team when they are able to respond First call - are incredible Act one - great for PC
Consultation First response Resolution
Bennington Police Dept. works really well with VCS and know the procedures, SCA her communicate fairly well and are able to identify who needs to be brought in.
Health and welfare checks Exchange of info in Emergencies
Know the MH team Know how participants work with each other Am confident in their ability and mine
Timelines once a person is at ER, crisis usually responds quickly. Open sharing of previous incidents.
Communication between mobile crisis and law enforcement Understanding each other's roles The disposition on how to reach to the situation
I feel like the law and mental health crisis team are communicating Knowing each other limitations
Collaboration up Changes in Law Availability of crisis to work with LE
Communicating and meeting regularly. Local crisis responding to scene

Communication Working together as a team/building rapport Recourses
I have very little experience with this type of collaborations I am not currently working with crises, but maybe in the future.
Embedded worker They apply for EE warrants They are willing to come out to the scene
open communication Personnel knowledge of the workers of the process Accessibility and the fact that they respond quickly.
Law enforcement are usually very willing to assist with welfare checks. Crisis workers collaborate after there is an issue.
Good communication Consistent follow-up
Embedded crisis worker Apply for EE warrants
Just having them available
Open line of communication between departments Knowing the people involved
Trainings Beginning communication
Ability to de-escalate situations Ability to understand individual situations Ability of both agencies to work together
Ease of access
Exchange of information and communication Trust and respect
Increased communication in terms of needs Understanding individual viewpoint Communicating via phone
The departments I have worked with are always working to help out when needed. Officers have been respectful during assessment process regarding time.
Ability to assess alternatives Timely responses Understanding limits of professionals
Ability of law enforcement to respond quickly and maintain safety Law enforcement is patient and good listeners Willing to team with MCT to call and be called.
More communication Mental health workers on scene Faster resolution to crisis issues for all involved
Communication Recognition of resources Shared responsibility
Having clinician embedded in police dept. Early calls to crisis when mental health issues arise. Working relationship with Rutland County Police Dept.
support shared information respect of each others knowledge
Response
Preventive ways and collaboration before a crisis occurs Ongoing and scheduled meetings with law enforcement and crisis team Early involvement in a crisis heads up to possible needing police assistance
Officers know when to access crisis team Communication with law enforcement when on site of crisis with them Flexibility and collaboration when clients are needing safe transport to hospital
WCMHS is quick to respond WCMHS is willing to meet at residences The department has a diverse population of people with life experiences i.e. vets, family with mental health issues
Street outreach team involvement Better collaboration with mental health services with repeat callers Communication
Working side by side with HCRS
good amount of information and training
Respect Trust Integrity

Communication, respect and expertise
Seems to be communication effectively Ability to contact easily providing additional recourses
Flexibility and collaboration
Open communication Personal coach knowledge Familiarity with local mental health clients
Ability to work through a situation Analyze what's going on Where to find help
The ability to access a multitude of resources. Having access to individuals trained in dealing with mental health related issues on scene in order to prevent criminal misconduct. The ability to access important information in a timely fashion when responding to calls.
Ability to reach them during an incident to use our combined experience to assist individuals in crisis Set people to help they need
Some of the police are very knowledgeable Mobile crisis is generally very responsive
Haven't been in Franklin County/Grand Isle very long, so not super sure...but so far law enforcement has been clear in communicating their needs to crisis and has been accomodating for us (whether that means taking a suggestion of ours that they don't necessarily agree with, waiting for crisis to arrive somewhere, etc.).
Ease of access to case workers and screeners Crisis line
Crisis worker embedded in local police dept. Knowledge of community resources
It looks- from outside- that the team vision and RMHS collaboration is working
Mental health warrant, for involuntary hospitalizations in a time of crisis Willingness to get consumers' help Resources/networking
Having someone available
Working to get more units out in the field with the police Having multiple classes a year to help police Having social workers available 24/7
Understanding of our program and our ability that allows the law enforcement team to respond accoringly
Having trainings/ like this Having civilians /outreach workers working within the police depts. clear communication between the police and crisis
Availability of crisis workers Comfortof law enforcement in reaching out to crisis workers Availability of crisis workers to law enforcement
Local LED will call us with CHINs-related concerns before DCF. Crisis can use LEO to do wellness cgeck of clients. Crisis + LEO due relationship of trust.
Actual field contact and experience together handling crisis situations Co-training such as this that allow understanding of the limitations and capabilities of the "other half"

As a clinician, I don't need to collaborate much with law enforcement.
Personally know MH team members We know what to expect from them, and they of us
Response time is good We are able to cooperate very well Time on call is recorded
Its a better use of time
Char communication
Everyone is concerned for the wellbeing of the mentally ill person / [individual with mental health condition(s)] Law enforcement realize all mental health responses are not criminal matters, but rather a chance to make a positive outcome for a person who wanted help A summary- mutual explanation (?-hard to read hand writing) with DCF
Limit on scene time Quicker to positive outcomes
EES emergency workers' collaboration re: policy Ensure people's safety during mental health crisis Optimizing (positive) outcome for clients in crisis
Responsiveness Empathy/Understanding Wiliness to help
First call WHBW Spectrum
Training like this to insure continuity Possible after active reviews between LE/Mental Health Informing each other of one's expectations.
Knowledge of some individual involved
Great communication Prompt response
Ability to get along and work together.
Call and response Law enforcement are able to speak with mobile mental health about relative information Keeping all parties aware of further plans
Increased communication Better understanding of roles on both sides more focus on what works for clients
Crisis will come to scene They write mental health warrant Always very helpful with police in answering questions
Communication Resources Coming to the scene
Process for immediate contact, ease in meeting and ER once in a while barracks, quick response to ER by workers
crisis worker on staff with police dept
Offices based in our village. Face to face interaction on a regular basis Understanding of the restrictions of each group.
I am very new to this positon, but I know that we have good communication and law enforcement is reliable/helpful

When to contact Procedure when in touch Rapport between screeners and officers.
Bridgette Archambault at NCSS+ kids NCSS Crisis Team Vermont DCF- most of the time
1. NCSS has a mobile crisis worker embedded within City PD (seems to help) 2. Communication between parties 3. Responsiveness
MH workers are very good about writing
Better working relationships Sharing of information is somewhat better MH workers are taking a more active role in applying for EEs
Personal relationship with staff members Post experiences with mental health staff in hospital crisis
Open lines of communication Willingness to help Willingness to maintain safety
Communication Teamwork organization
Our street outreach program Law enforcement willingness to work collaboratively with us-- open to listening to us when seeking their assistance
Communication Cooperation
Having mental health workers at our police department
Communication of information known Willingness to work together
Resources Collaboration on solutions to how to deal with individuals Partnership to resolve incidents that can't be handled by just one agency alone
Communication has come a long way Past few years players are[more] greatly familiar with each other
Use of Street Reach Team Collaboration during well checks
Officer knowing responders Trust in each other Availability
Many resources available
Communication
Be able to reach out and speak with mental crew Better understanding of signs of autism
Team work Communication Understanding
Law enforcement - Local Crisis team - ER
LEO very supportive and protective, help crisis workers do their jobs LEO call crisis when needed for a consult
The best three things are having a contact person to inform of a situation in community, going to a crisis call in collaboration.
Recognition Interface Connection

17. What [three] improvements or changes would you like to see? (See page 17 for additional responses.)

Communication to a point
Giving information Making a plan with law enforcement
Information sharing Planning
The ability to speak with mobile crisis on the phone I have seen mobile crisis deploy to a scene
I don't have much experience with Clara Martin Center
Info gathering/ recording Access to groups for assistance
Communication Understanding of limitations of services Rapport
There is a desire for further communication and cooperation on both sides Shared resources allow for better cooperation
when we call they have someone available to talk to If we bring them to ER they will be seen eventually
Fast response of evaluation personnel Open communication with staff and plan of PT at hospital
Relationship with case worker Understanding of roles for scene safety Communication with staff often call - follow up
Communication Interaction Safety
Time response After hours calling Contact person
Evaluations with CSAC for mental health.
VSP in New Haven are great to collaborate with sheriffs when contracting re: EE's great!
Communication!
Involvement with street outreach relaying information Giving us information while on scene
Communication between HCRS and the police Accessibility of HCRS
Being able to meet and openly discuss problems we both face
Communication with law enforcement is very good to ensure that a person's mental health issues are addressed while also protecting the safety of mental health workers Good preliminary work between dispatch and mental health Law enforcement is receptive to the suggestions of mental health workers
Communication between law enforcement and mental health professionals. Partnership between law enforcement's mental health professional.
Better communication
Communication between involved and willingness to work together Response team with mental health (professionals) Knowledge of staff
Communication Timely response by WCMH Appropriate follow through by our agency and WCMH
On call worker and response Willingness to help I think we work well with HCRS but the relationship with state police and other surrounding towns could be strengthened. I think that is has gotten better since this training but I wish they would call us first to see if we can respond to the scene before bringing client to the ER.
We are told that crisis workers will respond to the field, but had yet another incident where the crisis worker refused to do so.
I have never been called by the Bennington PD. Any mobile crisis calls have been with the State Police. The mobile crisis calls that I have been on have been wildly successful.
Shortage of workers

Improved education about what services we provide	Improved communication	Our outreach team
N/A		
Communication with law enforcement		
Transferring important information about subjects	Relying on the resources provided	Assistance when making judgment calls
Field visits by screeners. After hour contact with EE screeners. Screeners write warrants etc.		
Clinicians are available when need and willing to drive to a mutual location to meet		
Clinicians understand and help new officers		
Having an embedded social worker		
Responding quickly to requests for assistance/ information		
Involvement with every day police activity/ rapport with embedded social worker		
Communication, directives, safety planning		
Having 24 hour access		
Understand we control the scene and the time		
Communication Knowledge Background		
Team work Respect		
Educating one another in our respective areas or experience/expertise		
Collaborating to find resolve to situation in a timely manner		
Understanding one another limitations		
Mutual understanding of incident		
Having an expert [on] scene		
Established working relationship		
A mutual understanding of roles		
Support in a common goal-- safety		
Better understanding of rules through communication		
More effective crisis intervention by law -- further.		
More resource awareness to == [need] increases after incident		
Our ability to call on them 24-7 and be listened to and accept their advice and assistance in helping clients in crisis		
Patience and understanding - we have the same goal		
Clear expectations		
Willingness to be flexible		
Generally good communication		
The attempt at this point for collaboration where previously there had been none by either L.E. or Mental Health Services		
Availability of counselors crisis line		
Mental health crisis worked traveling to the scene when needed.		
Communication Expectations		
Rapport and team members		
Willingness to sit and talk with client during crisis		
Availability of law enforcement during intense experiences		
Compassion toward clients in crisis building response.		

Attachment B – Team Two Post Six Month Survey Results





- 1. Based on your participation in the Team Two Training and any follow-up activities over the past 6 months please rate the following areas:**

#	Question	Not at all	Somewhat	Very Much	Response	Average Value
1	How much has your knowledge and understanding related to your role and fellow responders role increased?	5	30	21	56	2.29
2	How much has your confidence in responding to mental health crisis increased?	7	26	23	56	2.29
3	How much will your future work in the field be impacted or changed?	4	26	26	56	2.39
4	How much is your new knowledge and skill being used in your current work in the field?	2	29	23	54	2.39





2. How much has your general knowledge in these skill areas increased?

#	Question	Not at all	Somewhat	Very Much	Response	Average Value
1	Understands legal issues and statues for mental health and law enforcement first responders	4	29	23	56	3.34
2	Understands the role of law enforcement and mental health crisis teams as first responders	5	19	32	56	3.48
3	Has knowledge and understanding of issuing a warrant	5	28	23	56	3.32
4	Has knowledge and understanding of the involuntary commitment process	6	25	25	56	3.34
5	Has knowledge and understanding of custodial responsibility	8	29	19	56	3.20
6	Apply recommended safety practices when responding to a mental health crisis	2	30	24	56	3.39
7	Conducting a preliminary assessment in a crisis situation	8	25	22	55	3.25
8	Understanding a range of appropriate responses to a mental health crisis	2	26	27	55	3.45
9	Ability to utilize strategies for building rapport and trust with people experiencing mental health crisis	8	21	27	56	3.34
10	Understands and can assess patterns of escalation and de-escalation in people	7	26	23	56	3.29
11	Understands the characteristics of individuals on the Autism spectrum and alternative methods of communication	5	31	20	56	3.27
12	Understands and has knowledge of local resources available during a mental health crisis	5	32	19	56	3.25

3. How would you rate the current level of partnership and collaboration between mobile crisis workers and law enforcement officers in your community?

#	Answer	Bar	Response	%
1	Very Good		12	21.43%
2	Good		33	58.93%
3	Fair		10	17.86%
4	Poor		1	1.79%
	Total		56	100.00%

4. Based on current levels of collaboration how would you rate the impact of that partnership on the experiences of individuals and families at a time of crisis?

#	Answer	Bar	Response	%
1	Very Good		12	21.43%
2	Good		33	58.93%
3	Fair		10	17.86%
4	Poor		1	1.79%
	Total		56	100.00%

5. Are there any gaps in the current response system in your region? If yes, please describe.

- Response at the scene; response time
- More training surrounding PTSD, TBI
- Familiarity with teams and their roles
- Lack of crisis beds; need to triage when there are multiple crises is challenging for staff
- Lack of sufficient staff
- Further enhancement of communication between mental health crisis workers and law enforcement
- More consistent readiness level of teams

6. Please list three training areas that you would benefit from. These can include a review of content above or new training topics related to the collaboration between law enforcement and mobile crisis.

Text Entry
more on autism rights around gun possession how we might prevent or divert frivolous trips to the emergency room
1) Legal issues - going through examples that are not that clear (legal grey areas). 2) Custodial responsibility. 3) Local resources - need a guide for the region the training is in that breaks these down into function (Intensive Outpatient Mental Health, Substance Abuse, Dual Diagnosis, Economic Education and help, Housing help, Food assistance, ...) and goes more deeply into the services each provide, who is eligible, and how to refer.
Crisis intervention Mental Health intake process (protocols, standards, criteria...etc.) Involuntary commitments
I would benefit from training regarding de-escalation techniques and how to talk to a person experiencing a mental health crisis while waiting for a counselor to get to the scene.
1. All areas of warrants 2. Need a much better understanding of the involuntary commitment process. 3. Need a better understanding of crisis teams, what constitutes an activation and what is the expectation for law enforcement/crisis teams.
Better understanding what the legal limitations are from a Law Enforcement standpoint Specific training for individuals with an Intellectual Disability and on the Autism Spectrum Safety protocols for non-law enforcement personnel
unknown
New scenarios.

Repetitive training in some subjects to keep a solid foundation between mental health and law enforcement. It should be mandatory for Judges to attend Team Two trainings. I feel they really don't have a finger on the pulse of what mental health specialist or law enforcement deal with. I feel that if they participated in some of Team Two scenario based training it would provide them a view of what really happens at ground zero.

Critical Incident Training, Recognizing types of mental health crisis, De-escalation techniques