

Half Moon Bay CARES

Final Evaluation Report

September 2023



About the Researcher

Applied Survey Research (ASR) is a social research firm that helps people build better communities. We do this by creating meaningful evaluation and assessment data, facilitating information-based planning, and developing custom strategies. ASR has the advantage of bringing more than 40 years of experience working with public and private agencies, health and human service organizations, city and county offices, school districts, institutions of higher learning, and charitable foundations. Through our community assessments, program evaluations, and related studies, ASR provides the data-based insights that communities need for effective strategic planning and community interventions.

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Executive Summary

On June 16, 2020, the Half Moon Bay City Council held a study session to hear from the community and discuss law enforcement policies. In the summer of 2020, city staff initiated a community feedback effort through eight focus group meetings with groups identified as vulnerable, underrepresented, or having expertise in specific topic areas. These groups included Latinx community members and leaders, community members experiencing homelessness, service providers, non-profits, youth, faith leaders, and mental health professionals. One theme from the focus groups contributed to a new partnership and collaboration:

- *Many respondents believe law enforcement is asked to do too much and respond to situations they are not trained or qualified to address – mostly around mental health crisis and cultural competency issues.*

Since March 2022, the City of Half Moon Bay, the San Mateo County Sheriff's Office and the non-profit El Centro de Libertad have been implementing a pilot multi-disciplinary response program aimed at improving outcomes of mental health related 911 calls, increasing stabilization after these calls, and improving the Sheriff's Office response to high-level 911 calls.

While there have been challenges, implementation of the Crisis Assistance Response and Evaluation Services (CARES) Program has been a success. Over the course of the CARES Program pilot the CARES Team responded to calls from dispatch and other sources including Sheriff's deputies and citizen reports. They made contact with hundreds of individuals, stabilizing or safely transporting them when needed, and providing follow-up with nearly all that were served. They built trusting relationships with other service providers and many of the clients, while also making great strides in growing community awareness of their services. The Sheriff's Office requested their services outside their jurisdiction multiple times and the CARES Team was able to accommodate these requests. Discussions about formally expanding beyond their service area have begun.

OVERVIEW OF PILOT PROGRAM DATA

Applied Survey Research (ASR), CARES Team evaluation partner, and the program team created goals and objectives as part of the evaluation plan for the pilot program. Below are highlights of evaluation data collected, by goal area.

GOAL #1: IMPROVE OUTCOMES OF MENTAL HEALTH RELATED 911 CALLS

Objective: Provide a non-law enforcement, mental health-focused response to low-level 911 mental health calls.

Highlights: From March 2022 to June 2023, the CARES Team responded or co-responded to 453 calls for service.

- The majority of calls that the CARES Team responded to were "wellness checks" (75%).
- Fifty-seven (57) clients (13%) were transported by the CARES Team to another location for additional care and support (such as a mental health facility, hospital, jail, residence or shelter).

- Only 18 calls (4%) responded to by the CARES Team required escalation to either law enforcement or fire/medical support.
- The highest percentage of CARES Team calls were referred by the Sheriff's Office (46%). More CARES Team referrals were from citizen reports than from Public Safety Communications (PSC) dispatch (29% compared to 19%).
- Sixty-five percent (65%) of clients were stabilized on site, potentially diverted from jail or hospital admittance.

GOAL #2: INCREASE STABILIZATION AFTER MENTAL HEALTH RELATED 911 CALLS

Objective: Provide referrals to clients and their families during and after mental health related 911 calls.

Highlights: From March 2022 to June 2023, the CARES Team made 237 referrals to support services.

- Fifty-one (51) referrals were made specifically to County Behavioral Health and/or recovery services.
- One hundred and forty-three (143) referrals were made to community-based organizations for services and support, including housing, food assistance, legal aid, medical/dental services, homeless services, and support groups.
- The CARES Team provided 20 referrals for individuals other than the primary client.
- Fifty percent (50%) of referrals were deemed "successful" by the CARES Team definition of "a client is able to connect to services that the CARES Team recommends".
- Ninety-six percent (96%) of calls received at least one follow-up action.

GOAL #3: IMPROVE LAW ENFORCEMENT AND FIRST RESPONDER RESPONSE TO HIGH LEVEL 911 CALLS

Objective: Divert low-level mental health 911 calls to non-law enforcement response teams.

Highlights: During the overall pilot program timeframe, 221 (49%) calls were responded to as a co-response with the CARES Team and the Sheriff's Office, and 232 (51%) were service calls with a CARES Team only response.

- Broken down over time, in the first quarter 72% of calls were responded to as a co-response, compared to 53% of calls responded to as co-response in the final quarter.
- Ninety-two percent (92%) of surveyed Sheriff's Office Coastside Patrol Bureau staff/deputies felt that as a result of the partnership with the CARES Team, they have more time to address other incidents or activities.
- Seventy-two percent (72%) of surveyed Sheriff's Office Coastside Patrol Bureau staff/deputies felt that the partnership between the CARES Team and the Sheriff's Office has improved community trust in law enforcement.
- Seventy-three percent (73%) of surveyed Sheriff's Office Coastside Patrol Bureau staff/deputies felt they are better equipped to do their job as a result of the partnership with the CARES Team.

Additional Highlights:

To gather feedback on the impact of the pilot program, ASR conducted surveys with Sheriff's Office Coastside Patrol Bureau staff/deputies, CARES Team staff and members of the Half Moon Bay Mental Health Workgroup.

- The majority of all three surveyed groups responded that the CARES Team has made the community safer (55% Sheriff's Office, 58% Mental Health Work Group, 87% CARES Team Staff).
- Seventy-two percent (72%) of Mental Health Work Group respondents strongly agreed or agreed that the CARES Program is working to address the issues raised in the 2020 Public Safety Focus Groups.

Project Background

In March 2022, the City of Half Moon Bay launched the pilot program, Crisis Assistance Response and Evaluation Services (CARES). The CARES program is a community-based response team for low-level mental health crisis calls placed to San Mateo County Public Safety Communications (PSC). Traditionally, these calls were directed to law enforcement and emergency services only. While many of these crisis events require a high-level response, many do not require the full response of police and medical personnel.

The City contracted with a local non-profit service provider, El Centro de Libertad, to pilot an alternative response to mental health-related 911 calls traditionally answered by fire, ambulance, or law enforcement. During the pilot, service calls appropriate for the CARES Team included welfare checks, suicidal ideation and other mental health distress, substance abuse, and low-level, nonviolent concerns related to behavioral health. The type of calls that were diverted were those where there was no immediate threat of violence, or medical emergency. These calls did not include reports where medical emergencies or acts of violence were active. However, the CARES Team were sent to some of these calls to provide assistance to first responders. Calls to PSC for incidents involving those experiencing homelessness could also be included as "low-level" if no clear criminal act or medical emergency was initially reported.

The benefit of this community-based response team proved evident on two fronts:

- By removing these minor crisis calls from the normal workload of the SMCSO, it provided law enforcement and first responders additional time for processing higher-level incidents.
- Mental health calls receiving a CBO response, in a non-law enforcement vehicle without the traditional lights or sirens, and marked emergency vehicles, had a better chance of de-escalation, clearing the way for connections to other services, in the pursuit of stabilization.

The CARES Team operated mainly within the city limits of Half Moon Bay, in addition to the Moonridge Farmworker Housing Community. The pilot started with one 2-person mobile unit and expanded to two mobile units in September 2022. Each mobile unit was made up of specially trained behavioral health professionals trained in Basic Life Support from the American Red Cross.

The Process

A two-person team received calls from the PSC Center, with a 30 minute or less response time to the location of the incident. El Centro's team arrived at the location and assessed the crisis for any immediate threat to subjects of the incident and other persons, or emergency medical needs. If these elements were

present, the PSC Center elevated the incident to one of a more traditional response. When the team arrived at a location and the assessment determined the situation was consistent with a CBO response, de-escalation techniques were immediately used, to ensure a foundation for stabilization. Once de-escalated, a plan of action was developed with full client participation. These plans included appropriate agency referrals, including warm hand-offs when possible. The use of Motivational Interviewing was essential in this process, ensuring complete buy-in from the client.

In some cases, these plans included referral to Psychiatric Emergency for immediate observation and treatment. If possible, in these cases, especially with fully cooperative clients, the CARES Team would facilitate this transport and hand-off. This was done in the El Centro vehicle, without handcuffs, and with dignity for the client seeking help.

On dispatches involving the homeless population, the El Centro staff immediately made contact with the LifeMoves HOT Team, to request a supplemental response to the location. LifeMoves is the recognized leader in providing stabilization services to individuals experiencing homelessness. Once the HOT Team arrived at the location, all efforts were made to assist them in any way needed.

Evaluation Method and Design

RESEARCH DESIGN FOR PROCESS AND OUTCOME EVALUATION

As part of the evaluation process, ASR confirmed key outcomes and in collaboration with the CARES Team, reviewed tools used to measure outcomes in accordance with best practices. The program's evaluation employed a mixed-methods design, utilizing quantitative and qualitative data to assess the various overall program measures' progress toward accomplishing outputs and outcomes associated with implementation, including surveying stakeholders at the completion of the pilot program. Process and outcome measures of the evaluation utilize data from multiple sources and perspectives (assessments, surveys). ASR accessed program data from El Centro's database and developed a data collection tracker to collect, monitor and analyze all process and outcome measures related to the evaluation plan (listed below).

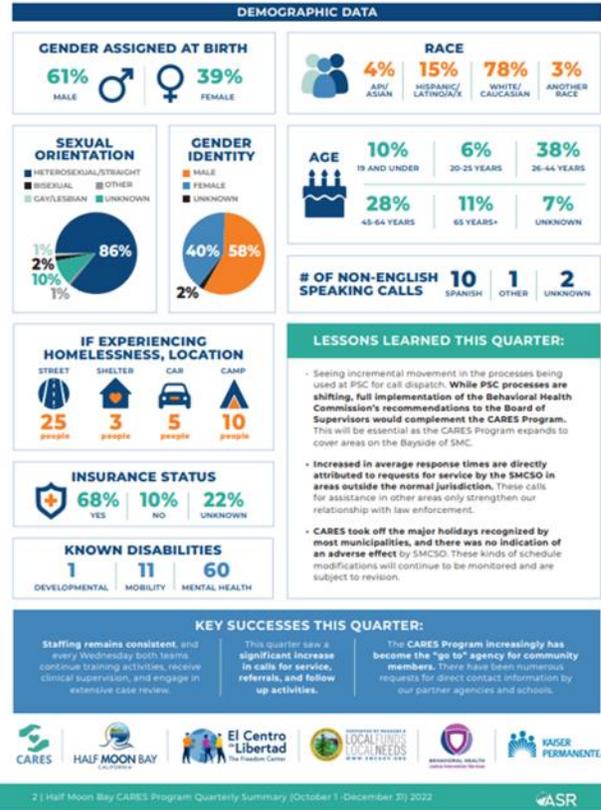
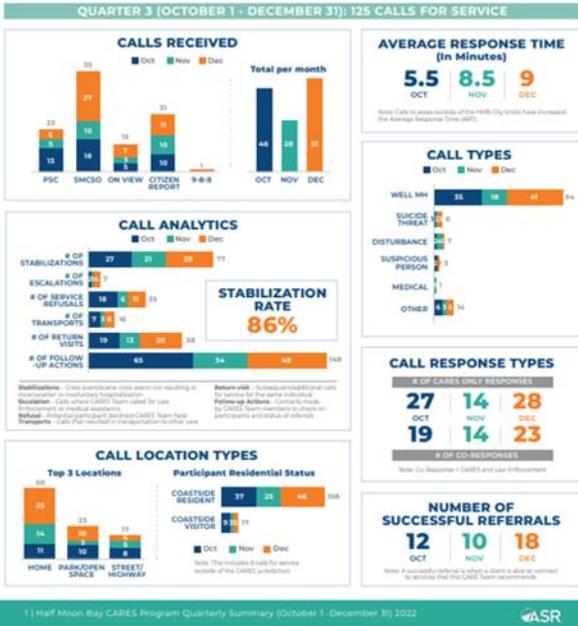
DEVELOPMENT OF QUARTERLY VISUAL SUMMARIES

ASR utilized program data from El Centro's database and monthly reports to create a quarterly visual summary (below), and a final comprehensive visual summary at the end of the program pilot. The visual summaries provided a tool for the program to track and monitor key measures (like average response time and stabilization rates), successes and challenges. They also served as a tool for reporting back to stakeholders and partners.

HALF MOON BAY CARES PROGRAM

CRISIS ASSISTANCE RESPONSE & EVALUATION SERVICES (CARES) QUARTERLY SUMMARY

In March 2022, The City of Half Moon Bay launched the pilot program, Crisis Assistance Response and Evaluation Services (CARES). The CARES program is a community-based response team for low-level mental health crisis calls placed to San Mateo County Public Safety Communications (PSC). The City has contracted with a local nonprofit service provider, El Centro de Libertad, to pilot an alternative response to mental health-related 911 calls traditionally answered by fire, ambulance, or law enforcement. Service calls appropriate for the CARES team include welfare checks, suicidal ideation and other mental health distress, substance abuse, and low-level, nonviolent concerns related to behavioral health. The type of calls that would be targeted are those where there is no immediate threat of violence, or medical emergency. Included here is a quarterly summary of data related to this pilot program.



PROCESS AND OUTCOME INDICATORS

GOAL 1: IMPROVE OUTCOMES OF MENTAL HEALTH RELATED 911 CALLS	
PROCESS MEASURES (HOW MUCH AND HOW WELL)	
# of calls, by type of call	453 total
Well MH	341
Disturbance	32
Suicide Threat	19
Suspicious Person	14
Medical	10
Other	37
# of calls requiring non-English language services	53
# of clients transported by CARES Team	57
# of service calls requiring escalation to law enforcement or fire/medical	18
# of calls, by source	453 total
San Mateo County Sheriff's Office (SMCSO)	208

	<i>Citizen Report</i>	130
	<i>Public Safety Communications (PSC)</i>	84
	<i>On View</i>	28
	<i>9-8-8</i>	2
	<i>Fire/Medical</i>	0
	<i>Other</i>	1
# of calls, by location		453 total
	<i>Home</i>	175
	<i>Commercial Office</i>	73
	<i>Park/Open Space</i>	56
	<i>Street/Highway</i>	52
	<i>Other Public Building</i>	49
	<i>Retail Business</i>	46
	<i>Restaurant</i>	2
	<i>Industrial Farm</i>	0
# of calls to external jurisdiction		24
# of clients engaged (<i>provided support or services beyond initial contact</i>)		357
# of return visits (<i>subsequent calls for same client</i>)		179
OUTCOME MEASURES (IS ANYONE BETTER OFF)		
# of calls where client was diverted from jail or hospital systems (<i>home stabilization</i>)		294
% of calls where client was diverted from jail or hospital systems (<i>home stabilization</i>)		65%
GOAL #2: INCREASE STABILIZATION AFTER MENTAL HEALTH RELATED 911 CALLS		
PROCESS MEASURES (HOW MUCH AND HOW WELL)		
# of referrals, total		237 total
	<i>County Behavioral Health and/or recovery services</i>	51
	<i>County services other than County Behavioral Health or recovery</i>	43
	<i>Community Based Organizations</i>	143
# of successful referrals		118
# of clients already connected to services		192
# of referrals for individuals other than primary client		20

# of follow-up actions	590
OUTCOME MEASURES (IS ANYONE BETTER OFF)	
% of calls receiving follow-up interactions, by number of follow-up actions	
<i>Received at least 1 follow up action</i>	96% (n=437)
<i>Received a second follow up action</i>	57% (n=260)
% of clients reporting improved mental health status as a result of CARES referrals to services/support (see data difficulties below)	
% of clients reporting increased stability as a result of CARES referrals to services/support (see data difficulties below)	
GOAL #3: IMPROVE LAW ENFORCEMENT AND FIRST RESPONDER RESPONSE TO HIGH LEVEL 911 CALLS	
PROCESS MEASURES (HOW MUCH AND HOW WELL)	
Average response time	8.1 minutes
# of service calls with first responder and CARES Team co-response	221
# of service calls diverted to CARES Team only	232
OUTCOME MEASURES (IS ANYONE BETTER OFF)	
% of total PSC calls diverted to CARES Team (see data difficulties below)	
Cost of LE only response (LE time, ambulance, hospital etc.) vs CARES Team response (see data difficulties below)	

Data Difficulties

With any pilot program, there are changes related to data collection as the program adapts and learns: The evaluation plan and measures also change as a result. Below are some of the data points initially identified that were not collected, and why this was not possible.

Contacting clients after the CARES Team provided referrals to gather data related to the medium or long impact of those referrals proved challenging. Therefore, the following data was not collected: number of clients reporting improved mental health status as a result of CARES referrals and number of clients reporting increased stability as a result of CARES referrals. As a result, ASR was unable to calculate the percentages below.

- % of clients reporting improved mental health status as a result of CARES referrals to services/support
- % of clients reporting increased stability as a result of CARES referrals to services/support

Data on the total number of calls that came into the PSC during the pilot timeframe was not acquired for the evaluation so ASR was not able to calculate the percentage of calls that were diverted to the CARES Team.

- % of total PSC calls diverted to CARES Team

ASR did extensive research into similar programs nationwide, looking for best practices and examples of cost-benefit analyses of this type of model. A summary of the types of analysis and considerations are included in the Cost Benefit Analysis section later in this report. However, because the issues surrounding this type of comparison are complex and nuanced, ASR decided against using costs to compare the approaches, and instead recommend using time saved by law enforcement.

- Cost of LE only response (LE time, ambulance, hospital etc.) vs CARES Team response

In general, determining an unduplicated number of clients served was a challenge. Collecting identifiable, demographic data on the scene of calls when clients were in crisis sometimes proved difficult as clients may not have felt comfortable providing this information or may not have even been capable of providing this information at the time. Additionally, many clients were contacted by the CARES Team multiple times, sometimes refusing services and sometimes accepting services. There were also some clients that were initially contacted who refused to provide any information, so they could not be deduplicated from the list of clients.

Although individual crisis incidents may be resolved by the CARES Team, the complex nature of dealing with ongoing mental health issues, and potentially other co-occurring issues like substance use disorder or housing challenges, means that additional or subsequent crisis incidents may occur leading to multiple contacts with the CARES Team. Over the course of the pilot, the CARES Team tried to build trust and rapport with these individuals so they could be effective in supporting them each time they came in contact with them.

Evaluation Results

DEMOGRAPHIC DATA OF CLIENTS SERVED BY CARES TEAM

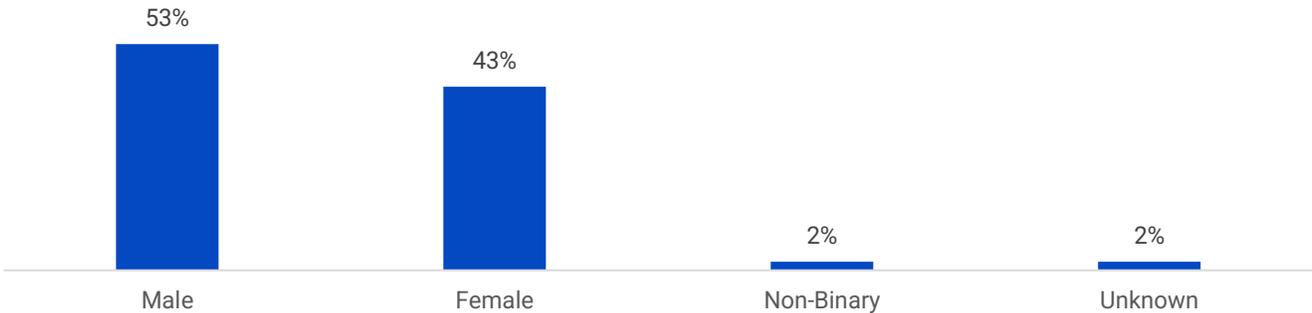
During the pilot phase, more males than females were served (56% compared to 44%), the majority of clients identified as White/Caucasian (77%) and were between the ages of 25 and 64 (64%). In total, 53 calls required non-English language services. Thirty-eight percent (38%) of calls were for clients currently experiencing homelessness. Sixty-nine percent (69%) of clients were insured, and 84% of calls were for were Coastsiders residents.

Gender Assigned at Birth of Clients Served by CARES Team



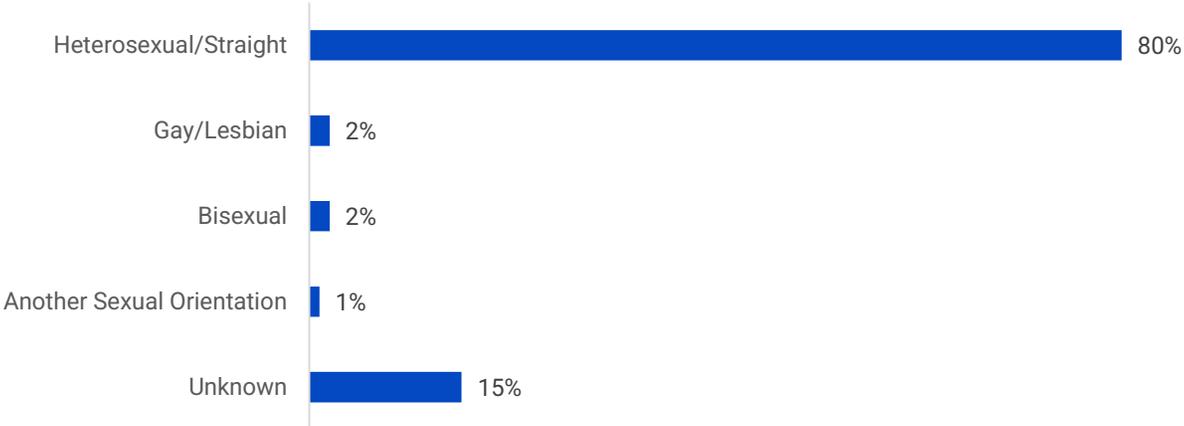
n=453
Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Gender Identity of Clients Served by CARES Team



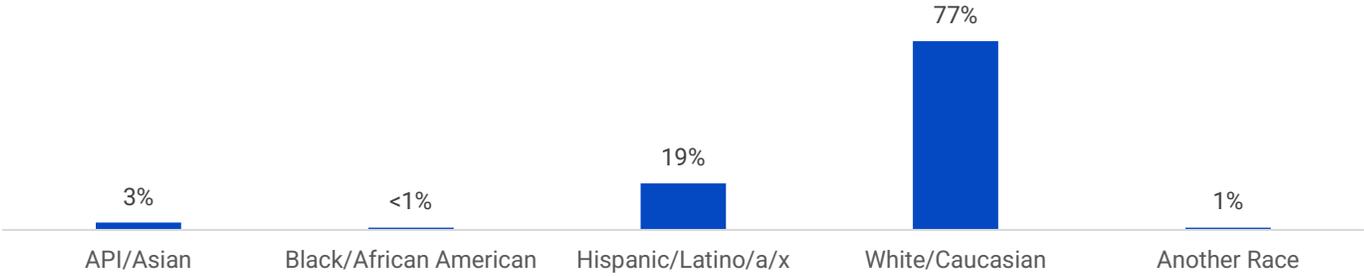
n=453
Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Sexual Orientation of Clients Served by CARES Team



n=453
Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Race of Clients Served by CARES Team

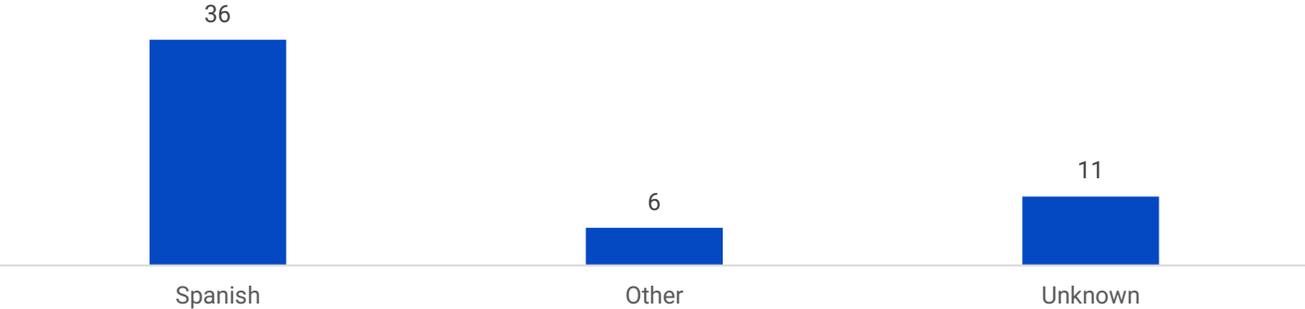


n=453

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Note: Responses may not add up to 100% due to rounding.

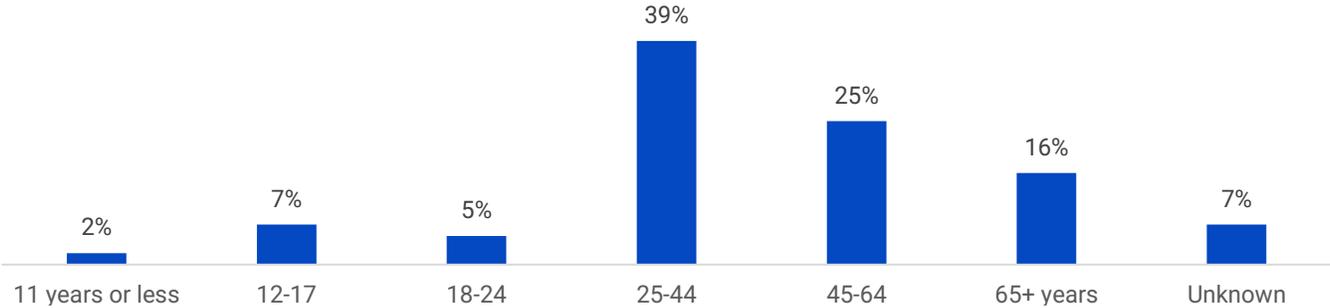
Number of Calls Responded to by CARES Team Requiring Non-English Language Services



n=53

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Age of Clients Served by CARES Team

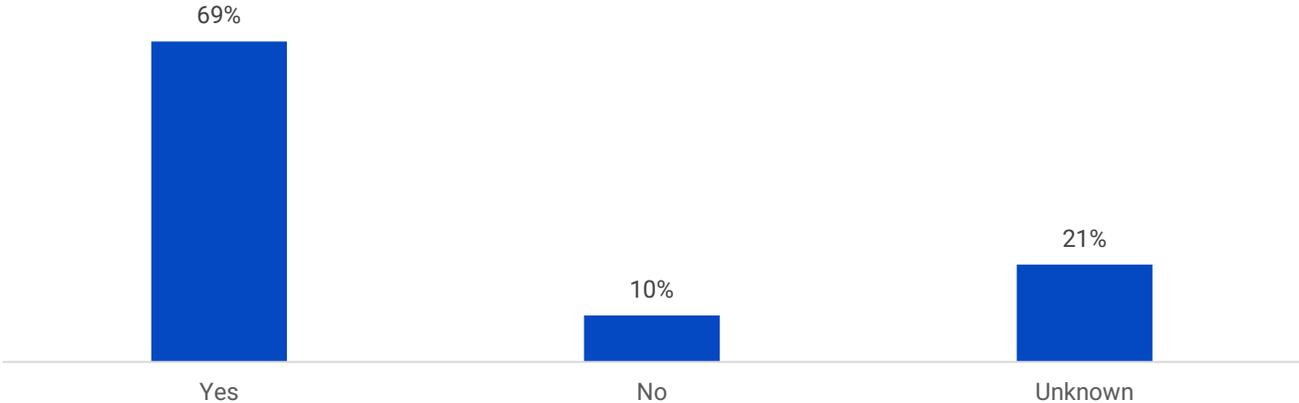


n=453

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

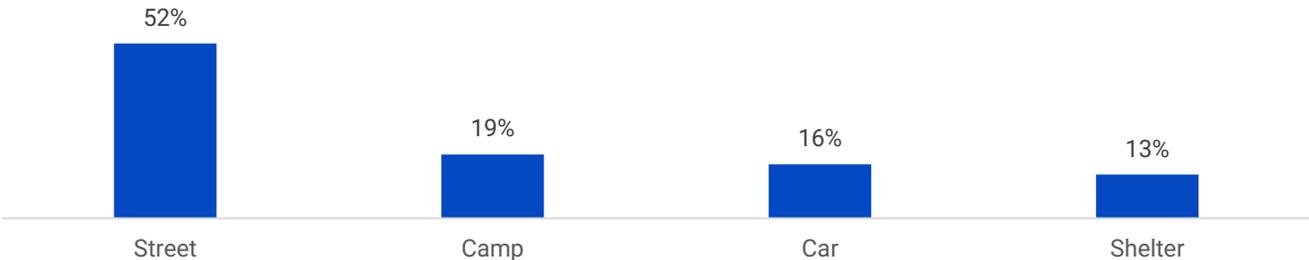
Note: Responses may not add up to 100% due to rounding.

Insurance Status of Clients Served by CARES Team



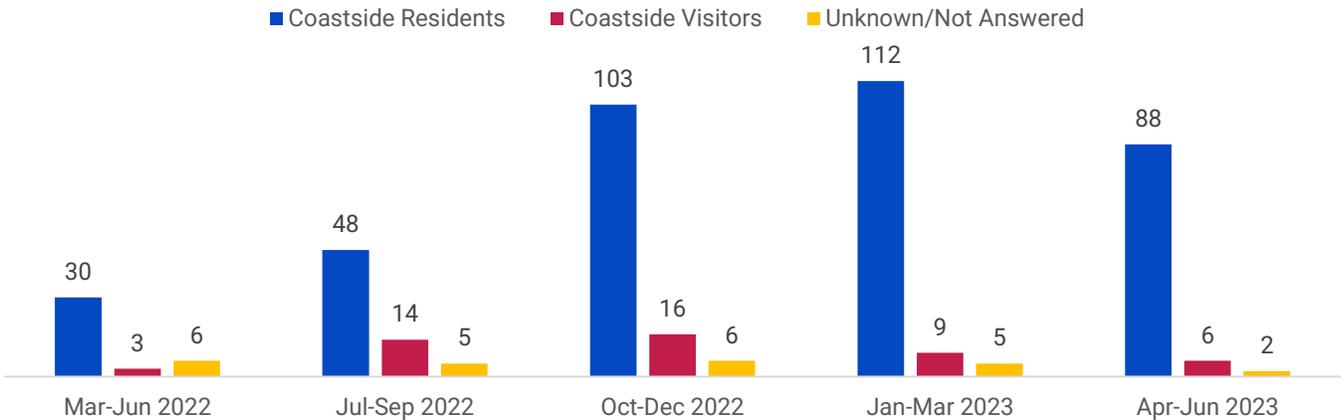
n=453
Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Location of Clients Experiencing Homelessness Served by CARES Team



n=170
Overall, 38% of calls were to support people experiencing homelessness.
Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Number of Coastside Residents and Visitors Served by CARES Team, by Quarter



Coastside Residents n=381, Coastside Visitors n=48, Unknown/Not Answered n=24
Overall, 84% of calls were for Coastside residents.
Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: Numbers are not the unduplicated number of clients because the CARES Team served some clients multiple times.

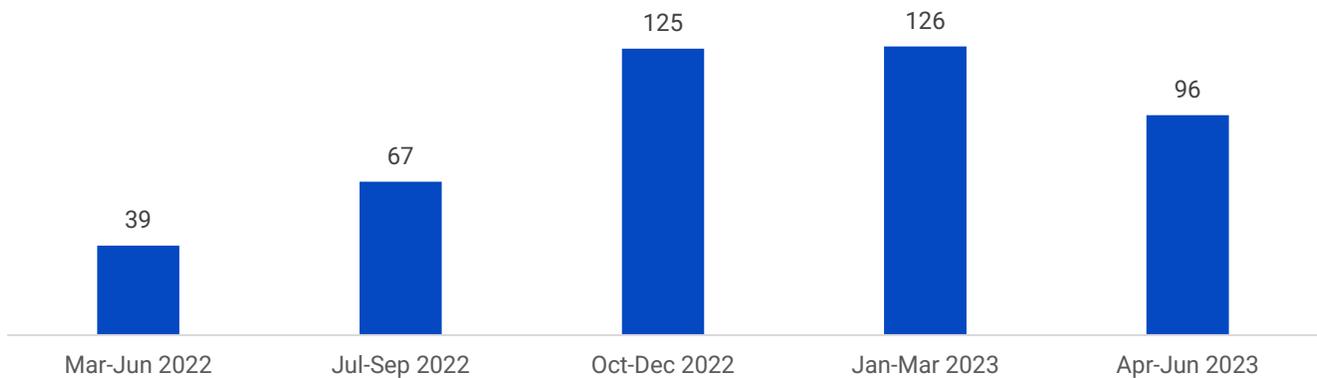
Data Discussion by Goal Area

GOAL 1: IMPROVE OUTCOMES OF MENTAL HEALTH RELATED 911 CALLS

Objective: Provide a non-law enforcement, mental health-focused response to low-level 911 mental health calls.

From March 2022 to June 2023, the CARES Team responded to 453 calls. The majority of calls that the CARES Team responded to were “wellness checks” (75%). Fifty-seven (57) calls (13%) were transported by the CARES Team to another location for additional care and support (such as a mental health facility, hospital, jail, residence or shelter). Only 18 calls (4%) required escalation to either law enforcement or fire/medical support. The highest percentage of calls were referred by the Sheriff’s Office (46%), with Citizen Reports accounting for 29% of referrals. Quarterly data showed between 62% and 70% of calls were stabilized on site, potentially diverting from jail or hospital admittance.

Total Number of Calls Responded to by CARES Team, by Quarter

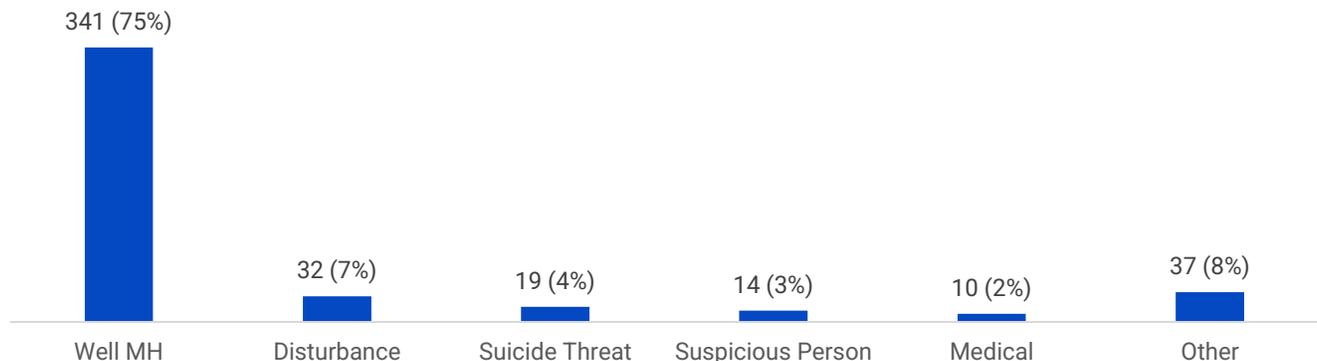


n=453

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Types of Calls Responded to by CARES Team



n=453

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Note: Responses may not add up to 100% due to rounding.
 Note: Well MH refers to a "wellness check".

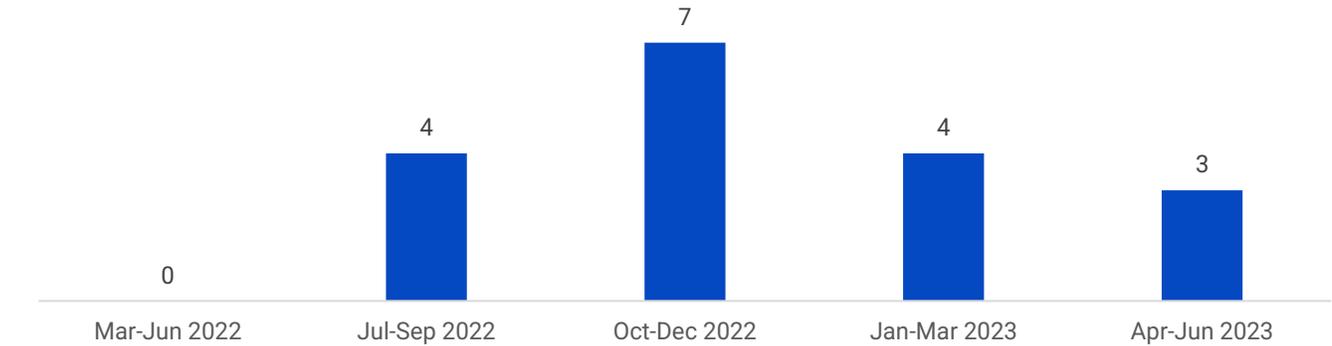
Number of Calls Requiring Transport by CARES Team, by Quarter



n=57

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.
 Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.
 Note: Clients could be transported to a mental health facility, hospital, jail, residence or shelter.

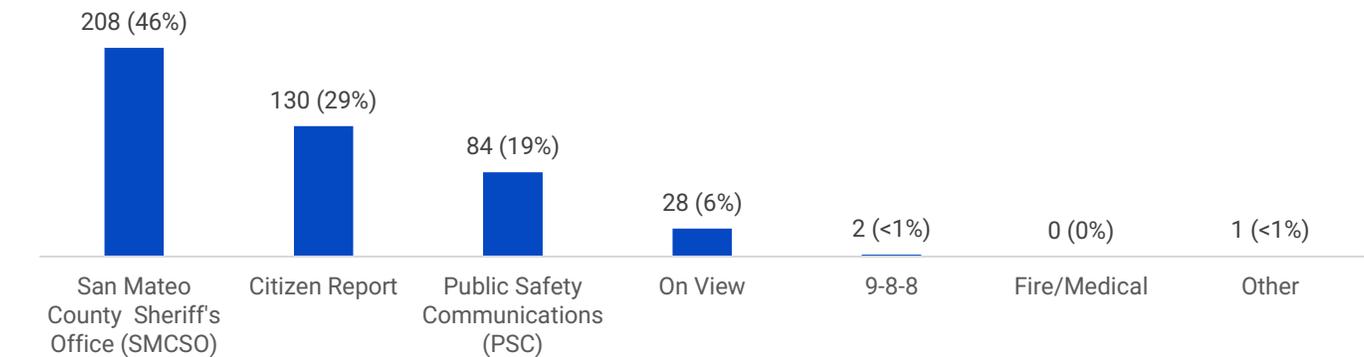
Number of CARES Calls Requiring Escalation to Law Enforcement or Fire/Medical, by Quarter



n=18

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.
 Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

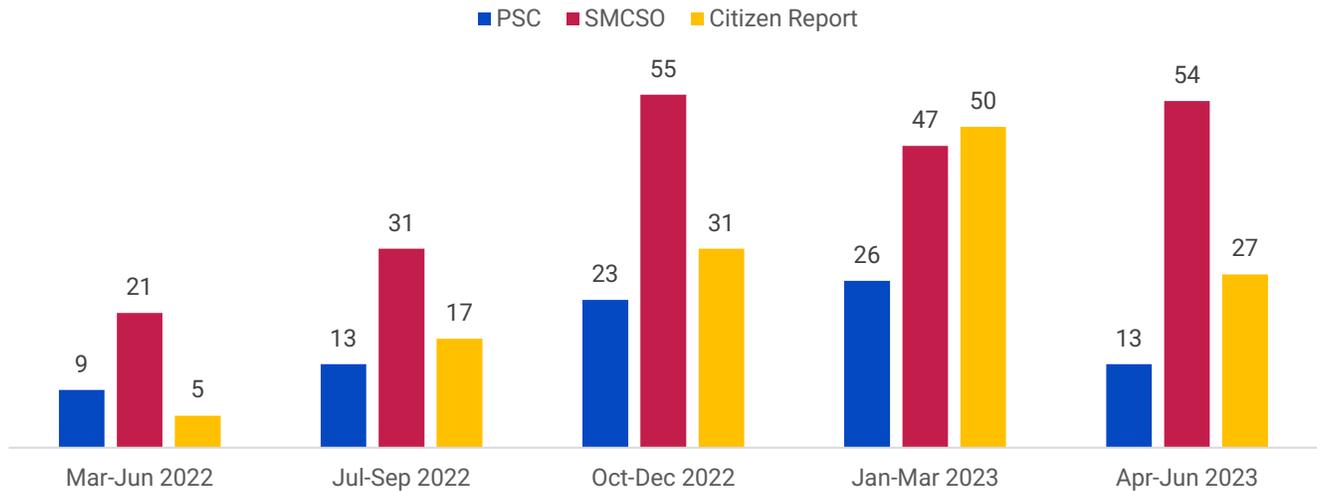
Calls Referred to CARES Team, by Source



n=453

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.
 Note: Responses may not add up to 100% due to rounding.

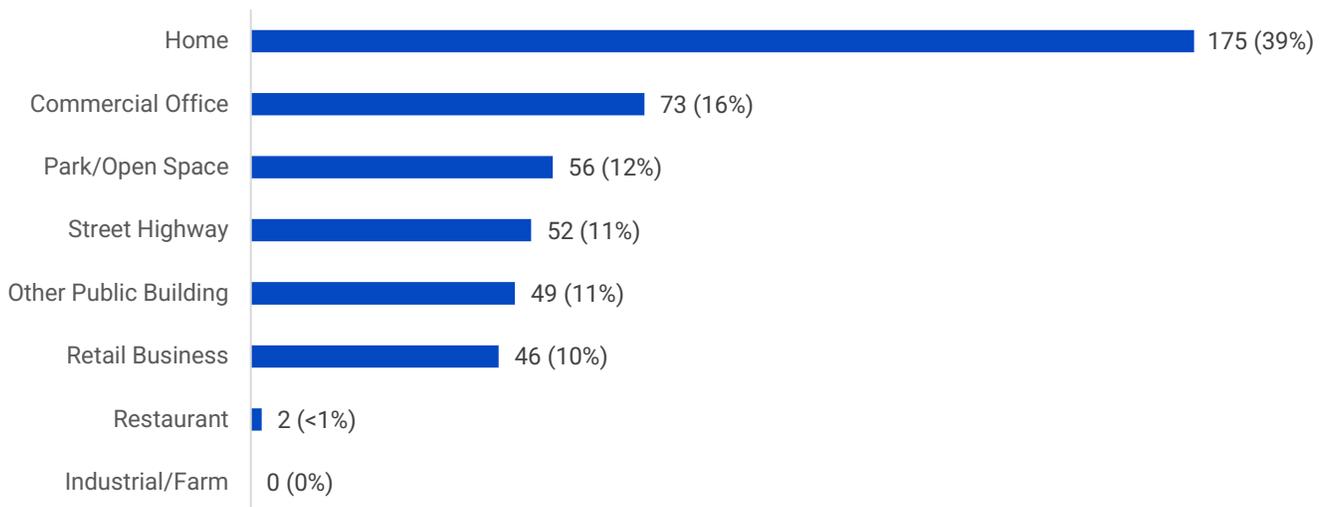
Number of Calls by Referral Source and Quarter (Top 3 Sources)



PSC n=84, SMCSO n=208, Citizen Report n=130 Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

CARES Team Calls, by Location of Service

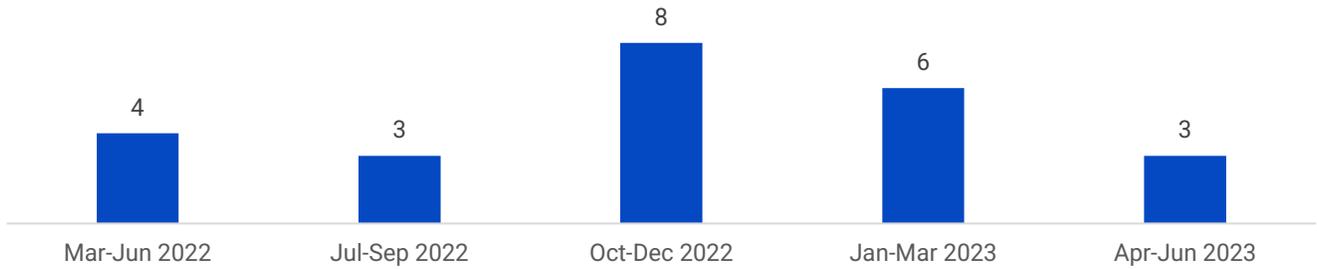


n=453

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Note: Responses may not add up to 100% due to rounding.

Number of Calls Responded to by CARES Team to an External Jurisdiction, by Quarter



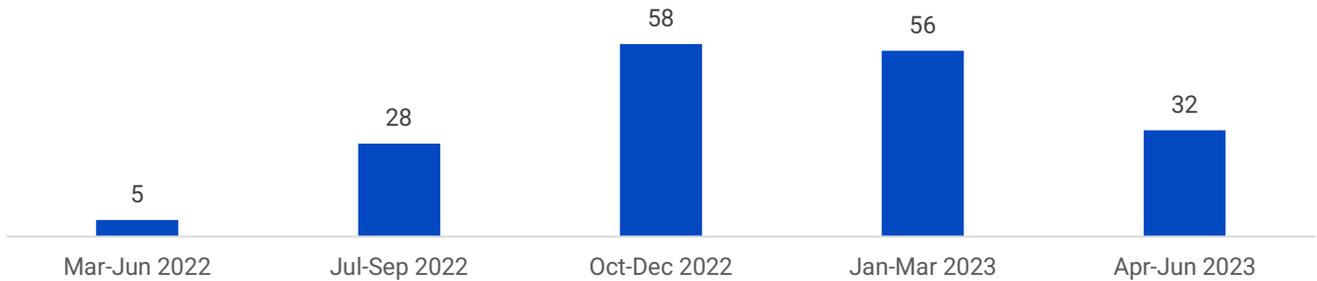
n=24

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Notes: External Jurisdiction locations include La Honda, Moss Beach, and Pescadero.

Number of Calls Receiving Return Visits by CARES Team, by Quarter

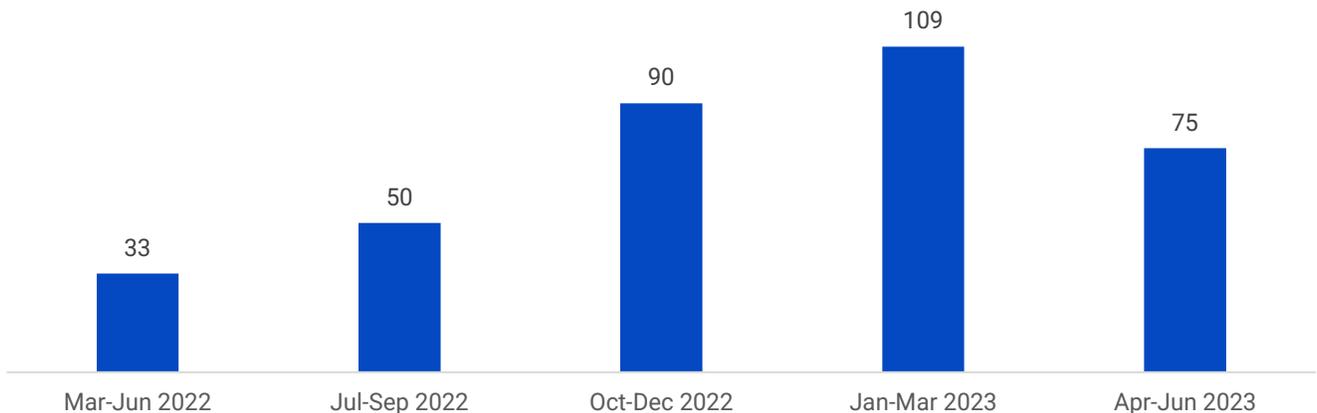


n=179

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Number of Clients Engaged by CARES Team (Beyond Initial Contact), by Quarter

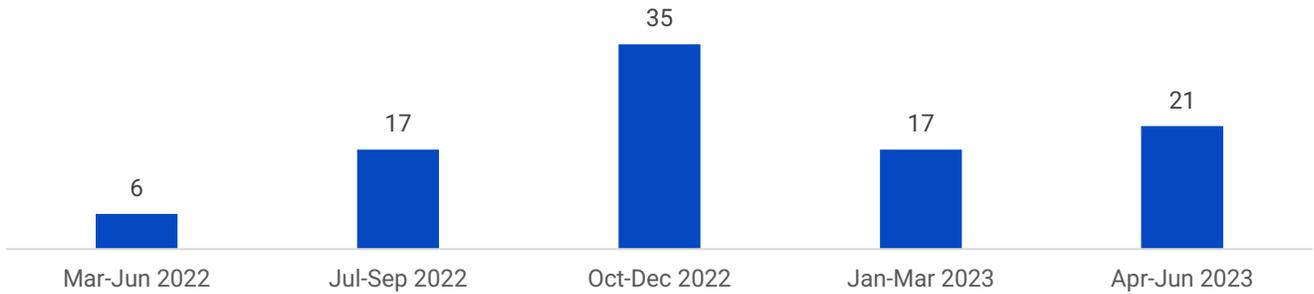


n=357

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Number of Clients Refusing Additional Services and Support from CARES Team (Beyond Initial Contact), by Quarter



n=96

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Number of Calls Where Client was Diverted from Jail or Hospital System by CARES Team (Home Stabilization), by Quarter

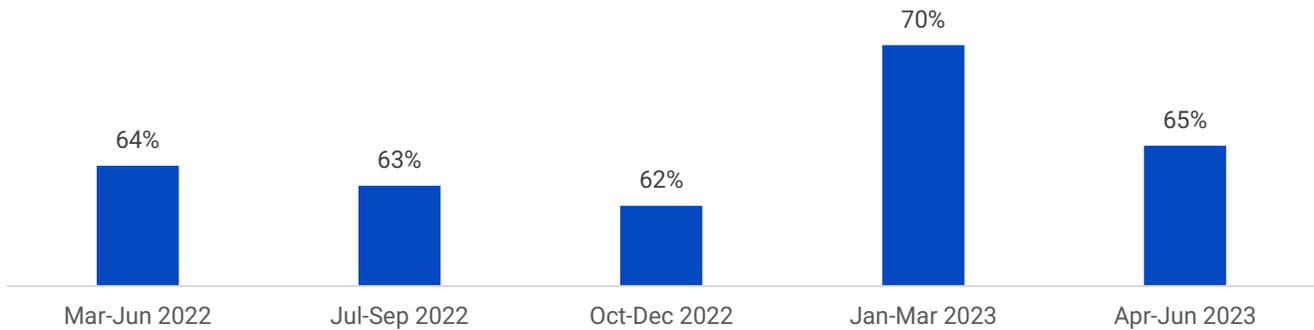


n=294

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Percent of Calls Where Client was Diverted from Jail or Hospital System by CARES Team (Home Stabilization), by Quarter



Mar-Jun 2022 n=39, Jul-Sep 2022 n=67, Oct-Dec 2022 n=125, Jan-Mar 2023 n=126, Apr-Jun 2023 n=96

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

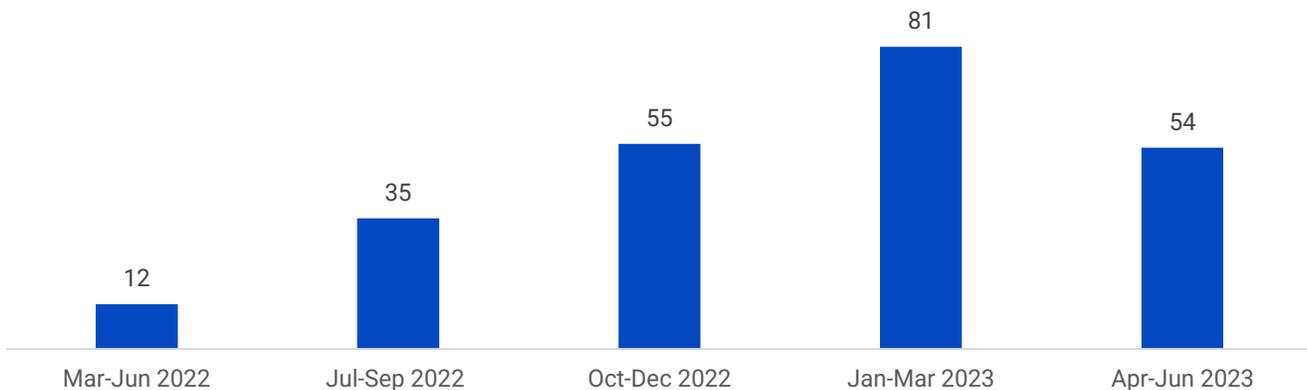
Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

GOAL 2: INCREASE STABILIZATION AFTER MENTAL HEALTH RELATED 911 CALLS

Objective: Provide referrals to clients and their families during and after mental health related 911 calls.

From March 2022 to June 2023, 237 referrals were made by the CARES Team to support services, with 51 referrals specifically to County Behavioral Health and/or recovery services. One hundred and forty-three (143) referrals were to community-based organizations for services and support, including housing, food assistance, legal aid, medical/dental services, homeless services, and support groups. The CARES Team also provided 20 referrals for individuals other than the primary client. Overall, 50% of referrals were deemed “successful” by the CARES Team definition of “a client is able to connect to services that the CARES Team recommends”. Ninety-six percent (96%) of calls received at least one follow-up action.

Number of Referrals, by Quarter

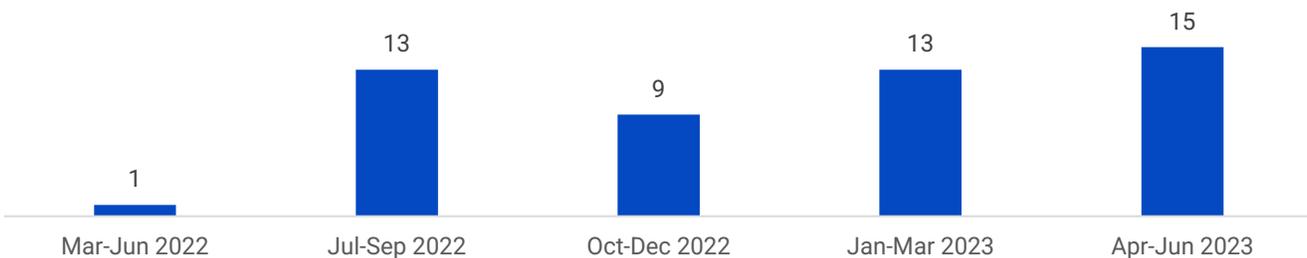


n=237

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Number of Referrals to County Behavioral Health and/or Recovery Services by CARES Team, by Quarter



n=51

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Number of Referrals to County Services other than Behavioral Health and/or Recovery Services by CARES Team, by Quarter



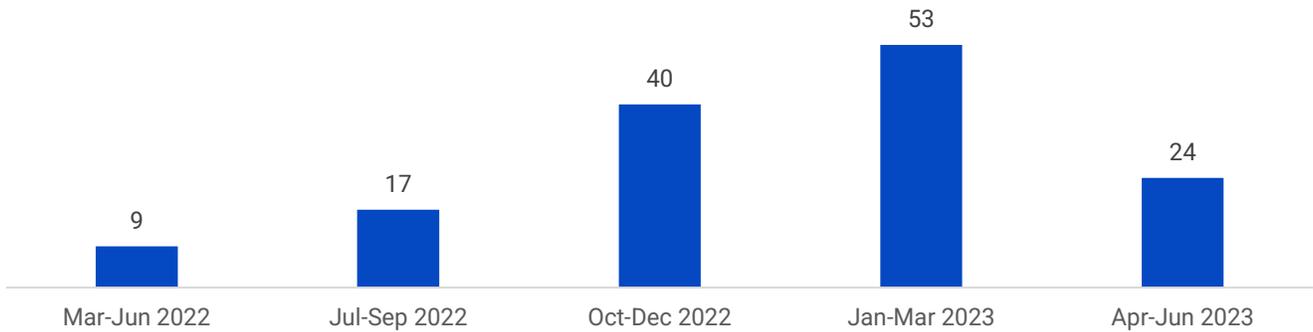
n=43

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Note: Other County services include legal aid and medical/dental services.

Number of Referrals to Community Based Organizations (CBOs), by Quarter



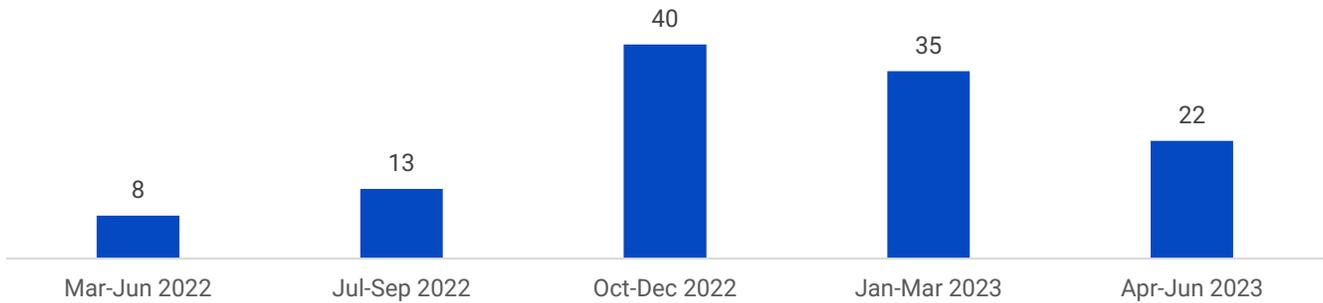
n=143

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Note: Types of services and support that CBOs provide include housing, food assistance, legal aid, medical/dental, homeless services, anger management training, and support groups.

Number of Successful Referrals to Any Program or Service, by Quarter



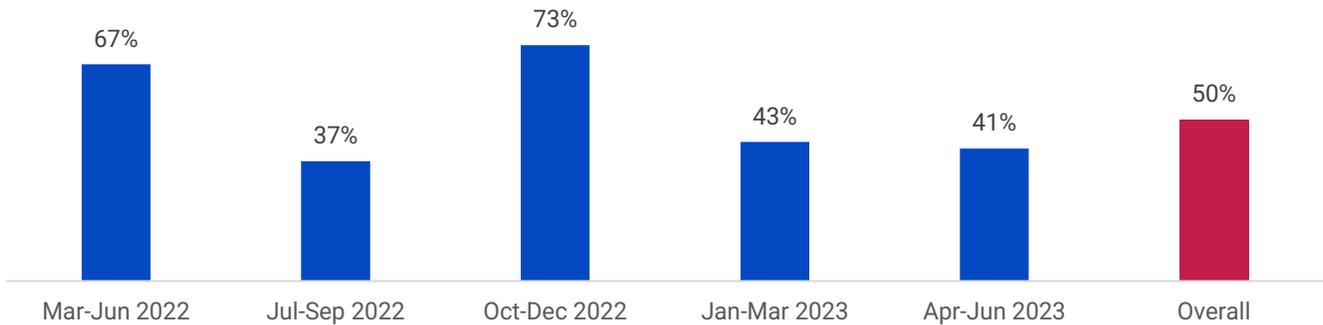
n=118

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Note: Successful referral is defined by the CARES Team as “a client is able to connect to services that the CARES Team recommends.”

Percent of Successful Referrals to Any Program or Service, by Quarter and Overall



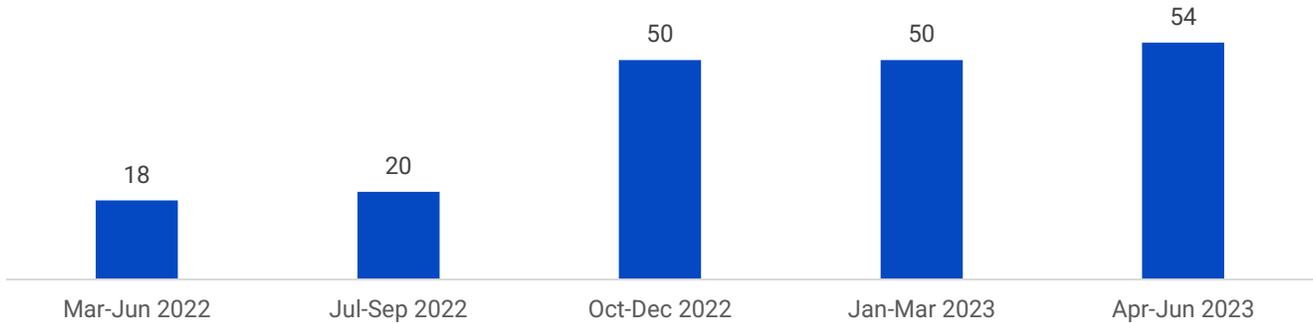
Mar-Jun 2022 n=12, Jul-Sep 2022 n=35, Oct-Dec 2022 n=55, Jan-Mar 2023 n=81, Apr-Jun 2023 n=54

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Note: Successful referral is defined by the CARES Team as “a client is able to connect to services that the CARES Team recommends.”

Number Already Connected to Services, by Quarter

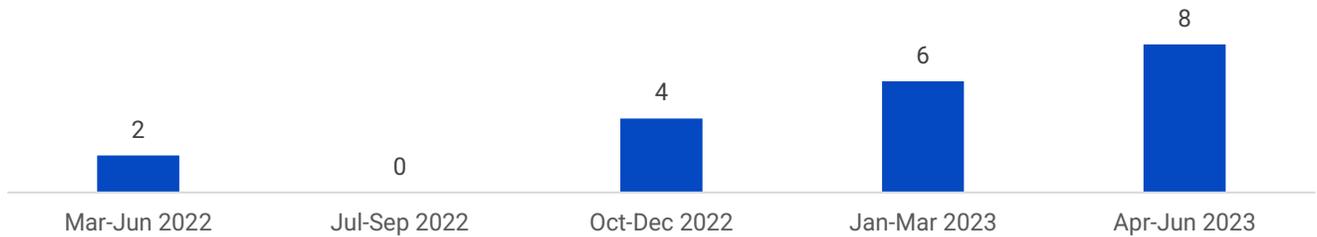


n=192

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Number of Referrals for Individuals other than Primary Client, by Quarter

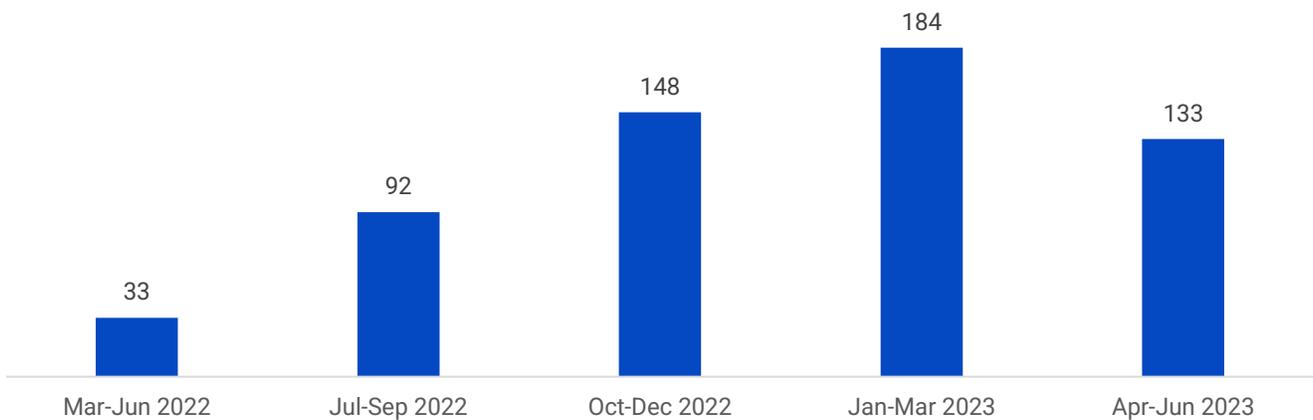


n=20

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Number of Follow-Up Actions, by Quarter

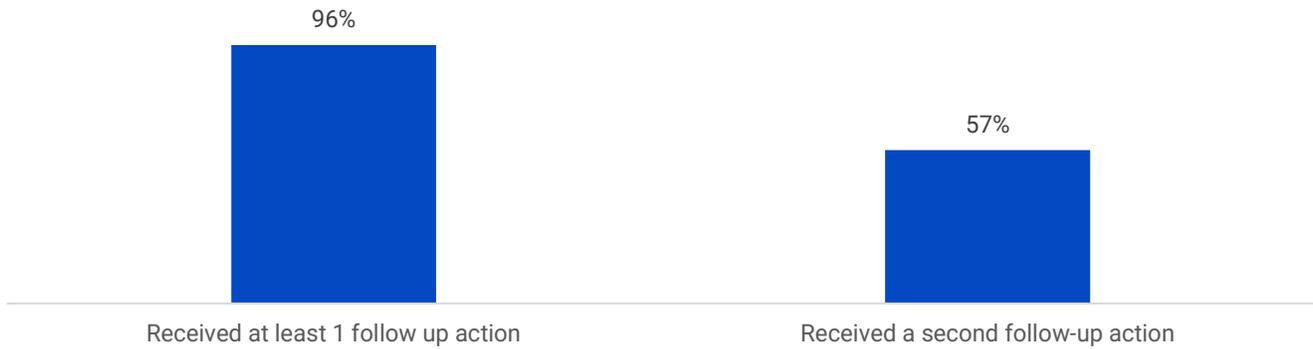


n=590

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Percent of Calls Receiving Follow-up Interactions, by Number of Follow-up Actions



Received at least 1 follow up action n=437, Received a second follow up action n=260

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

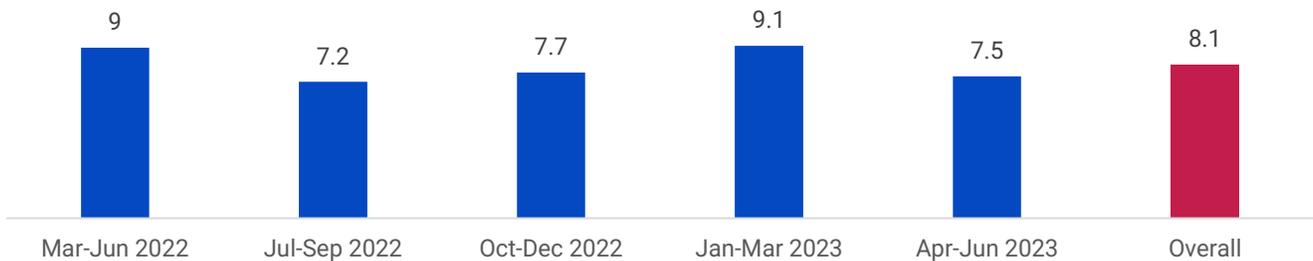
Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

GOAL 3: IMPROVE LAW ENFORCEMENT AND FIRST RESPONDER RESPONSE TO HIGH LEVEL 911 CALLS

Objective: Divert low-level mental health 911 calls to non-law enforcement response teams.

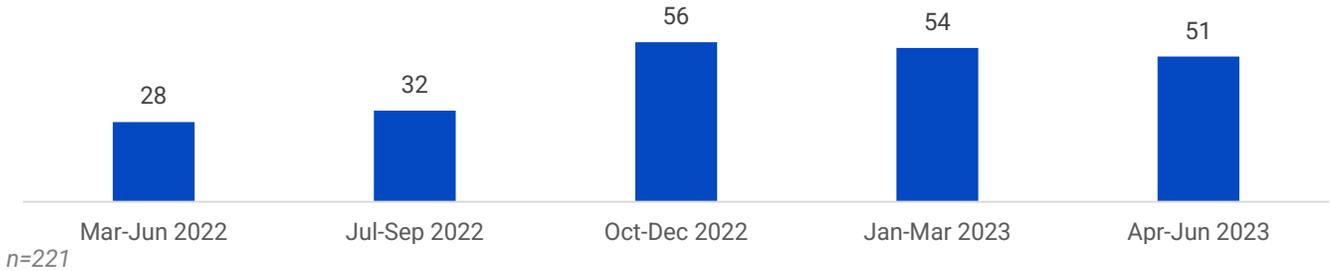
During the overall pilot program timeframe, 221 (49%) calls were responded to as a co-response with the CARES Team and the Sheriff’s Office, and 232 (51%) were service calls with a CARES Team only response. Broken down over time, in the first quarter 72% of calls were responded to as a co-response, compared to 53% in the final quarter.

Average Response Time in Minutes, by Quarter



Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

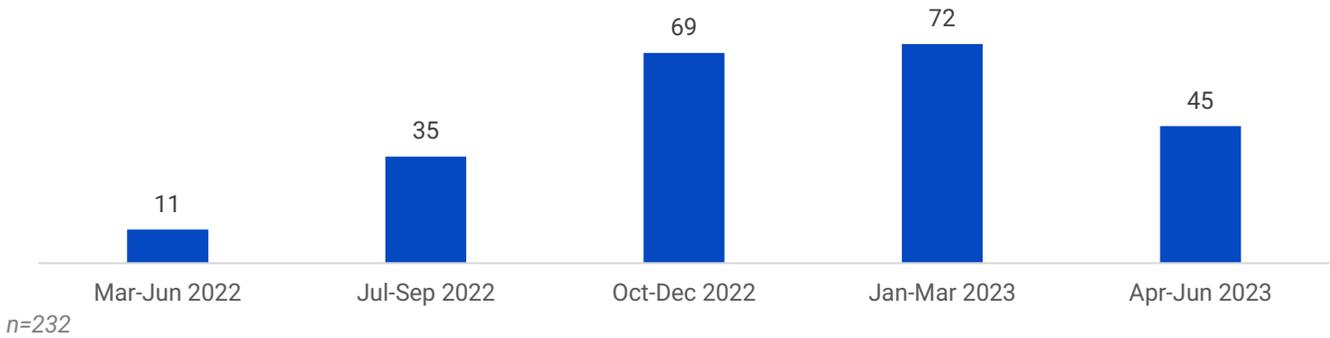
Number of Service Calls with First Responder and CARES Team Co-Response, by Quarter



Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

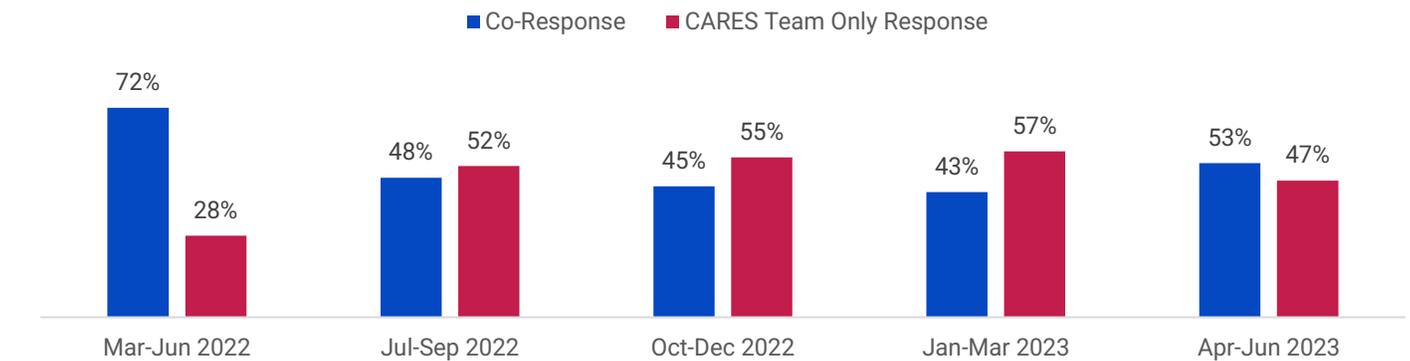
Number of Service Calls Diverted to CARES Team Only, by Quarter



Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Percent of Service Calls, by Diversion Type and Quarter



Co-Response Mar-Jun 2022 n=28, CARES Team Only Response Mar-Jun 2022 n=11, Co-Response Jul-Sep 2022 n=32, CARES Team Only Response Jul-Sep 2022 n=35, Co-Response Oct-Dec 2022 n=56, CARES Team Only Response Oct-Dec 2022 n=69, Co-Response Jan-Mar 2023 n=54, CARES Team Only Response Jan-Mar 2023 n=72, Co-Response Apr-Jun 2023 n=51, CARES Team Only Response Apr-Jun 2023 n=45

Note: The project launched on March 15, 2022. The 15 days in March were included in the first quarter data.

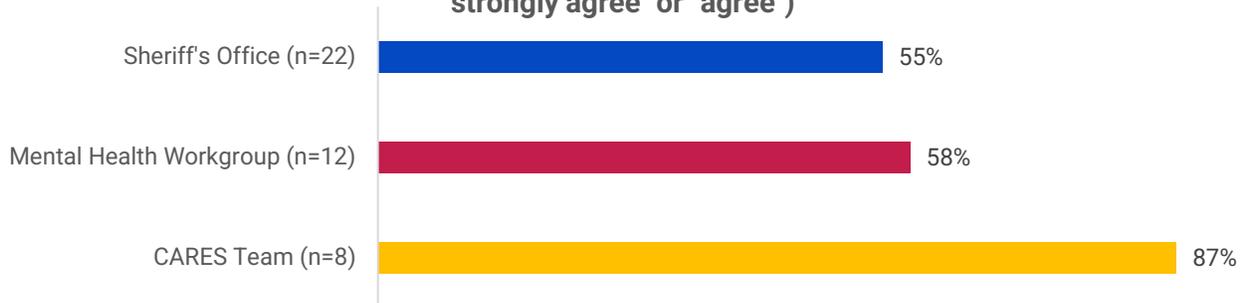
Note: N is not an unduplicated number of clients because the CARES Team served some clients multiple times.

Input From CARES Program Stakeholders, Sheriff's Office and CARES Team Staff

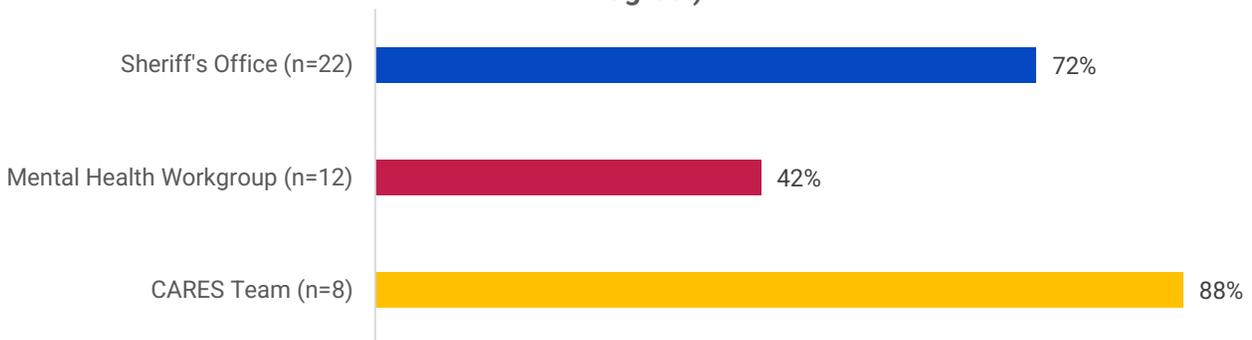
To gather feedback on the impact of the pilot program, ASR conducted surveys with Sheriff's Office (Coastside Patrol Bureau) staff/deputies, CARES Team staff and members of the Half Moon Bay Mental Health Workgroup. The majority of all three groups reported feeling that the CARES Team has made the community safer (55% Sheriff's Office, 58% Mental Health Work Group, 87% CARES Team Staff). Importantly, 72% of surveyed Sheriff's Office staff/deputies felt that the partnership between the CARES Team and the Sheriff's Office has improved community trust in law enforcement, 95% felt they have more time to address other incidents or activities, and 73% felt they are better equipped to do their job as a result of the partnership with the CARES Team. Fifty-five percent (55%) of Sheriff's Office staff/deputies felt that there has been a reduction in repeat encounters.

QUESTIONS ASKED OF ALL SURVEY RESPONDENT TYPES

The CARES Team has made the community safer. (Respondents choosing "strongly agree" or "agree")



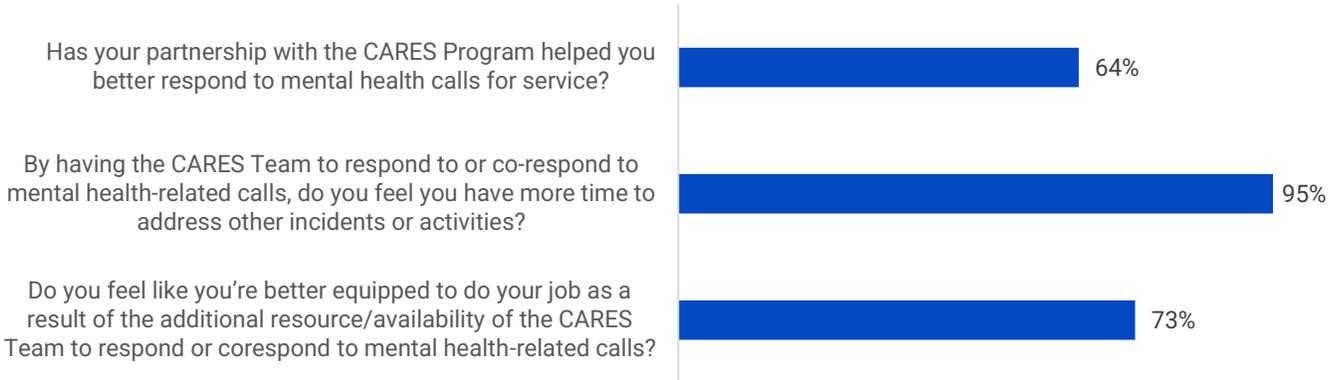
The partnership between the CARES Team and the Sheriff's Office has improved community trust in law enforcement. (Respondents choosing "strongly agree" or "agree")



Note: Fifty percent (50%) of Mental Health Workgroup survey respondents responded, "no opinion or unsure".

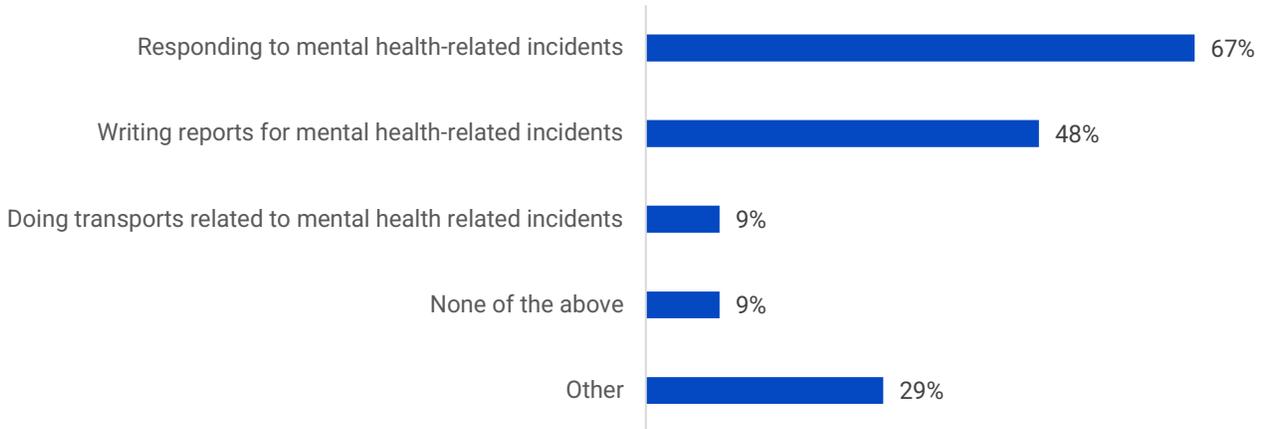
SHERIFF'S OFFICE SURVEY DATA

Impact on Sheriff's Response to Mental Health Calls (Respondents choosing "yes")



n=22

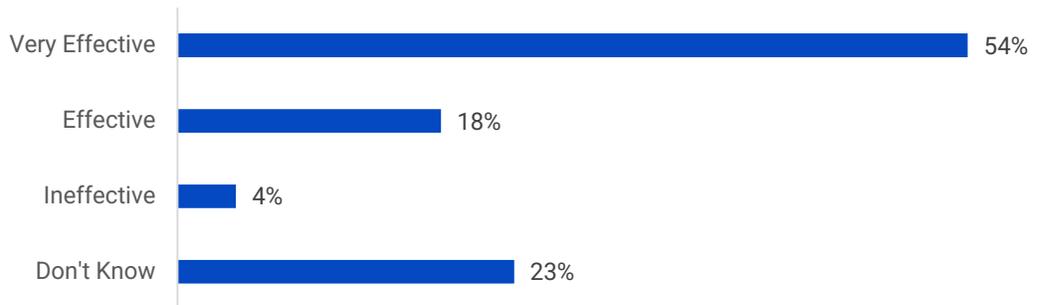
Because of the CARES Teams help in responding or co-responding to mental health-related calls, do you feel like you spend less time...



n=22 respondents offering 44 responses

Note: Multiple response option so percentages do not add up to 100.

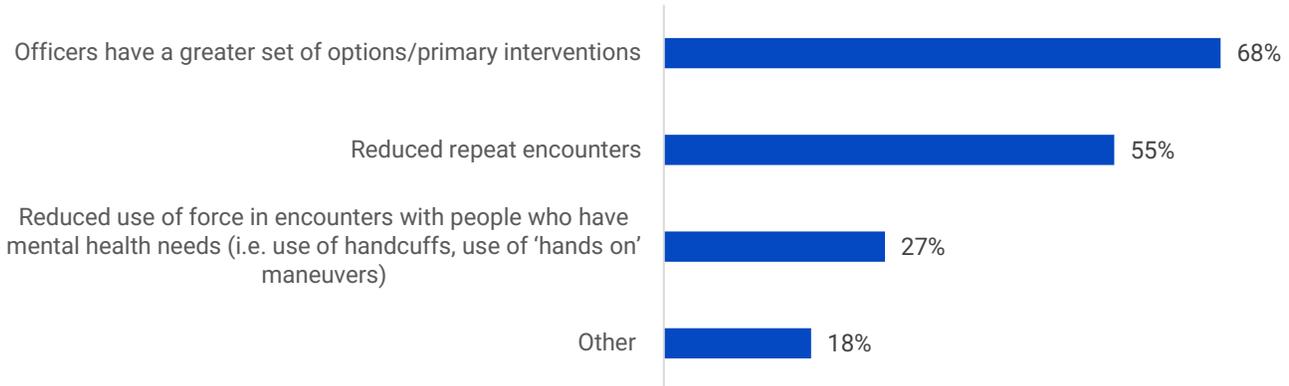
How effective has the CARES Program been in supporting calls related to mental health?



n=22

Note: Responses may not add up to 100% due to rounding.

What impact has the CARES Program had on your jurisdiction's ability to respond to mental health-related calls for service?



n=22 respondents offering 48 responses

Note: Multiple response option so percentages don't add up to 100.

Has your partnership with the CARES Program helped you better respond to mental health calls for service? (Selected quotes)

- CARES Team is trained in mental health crisis calls. They help deputies to assist people in crisis and always follow up to assist those in need. CARES team members are passionate and eager to make a community a better place. I highly recommend the CARES Team.
- Having mental health professionals at the scene is a great help to effectively evaluate the situation and provide help.
- CARES allows us to provide better resources for individuals that need assistance, but aren't engaged in criminal activity
- There have been times where subjects do not meet the criteria for a WI 5150 hold and they do not feel comfortable with Law Enforcement and CARES has done a great job at providing service to those individuals.
- The CARES Team has built relationships with those in need in the community
- By not responding as much! Better to let CARES, who are mental health experts, handle those
- They are a tool on our tool belt that allows us to more adeptly manage calls that are strictly of a psych related nature, using individuals with training more advanced than that of the average patrol deputy.

"The CARES Team flexibility in dealing with any situation that comes their way has been incredible. They are so easy to work with and have fit seamlessly into how we manage calls of a certain type while on patrol."
 -SMCSO Survey Respondent

In terms of your work with the CARES Team and responding to mental/behavioral health calls, what has been working well and what has been challenging?

Working Well	Challenging
<ul style="list-style-type: none"> • Responding to MH-related calls <ul style="list-style-type: none"> ○ Responding through dispatch ○ Responding to appropriate calls heard over the radio ○ Having a clinician respond to calls ○ Less threatening 	<ul style="list-style-type: none"> • Not available after/hours and evenings • Need more communication post calls to debrief and discuss follow-up activities

Working Well	Challenging
<ul style="list-style-type: none"> ○ Neutral mediator ○ Alternative response decreases likelihood of deputies having to use some type of force ● Knowledgeable <ul style="list-style-type: none"> ○ Ability to calm people down ○ More knowledge about resources ○ Familiarity with clients allows for more effective plans for service ○ Being able to take over on MH-related calls when it's safe ○ Self-sufficient ● Relationship Building/Collaboration <ul style="list-style-type: none"> ○ Easy to work with ○ Flexible ○ Collaborative ○ Built trust and rapport with community ○ Public requesting them specifically ○ Building relationships with families reducing repeat calls for service ● Follow-up Services/Reducing Repeat Calls for Service <ul style="list-style-type: none"> ○ Following up on referrals ○ Extensive follow up and schedule proactive check-in meetings reducing repeat calls for service 	<ul style="list-style-type: none"> ● When they don't have a clinician they can't do as much ● Deputies not knowing the roles of the CARES Team or not knowing new members of the CARES Team

CARES TEAM SURVEY DATA

When co-responding with law enforcement to mental/behavioral health calls, what has been working well and what has been challenging?

Working Well	Challenging
<ul style="list-style-type: none"> ● Collaboration/coordination of efforts and support ● Communication/sharing and planning together ● Trust ● Response time ● Helpful when someone has a known history of being aggressive or having weapons 	<ul style="list-style-type: none"> ● Lack of understanding of the limited resources, especially after hours ● When individuals have had bad experiences or just don't trust law enforcement they may be unwilling to be helped ● Ensuring the calls are within the CARES scope ● Law Enforcement's lack of understanding of the CARES Team limitations with respect to client's rights ● Inability to write involuntary holds ● Law Enforcement not allowing CARES Team to approach without them ● Law Enforcement leaving scene too soon, especially when a 5150 is needed ● Hard to clearly understand communications on the radios

In implementing the CARES Program in general, what has been working well and what has been challenging?

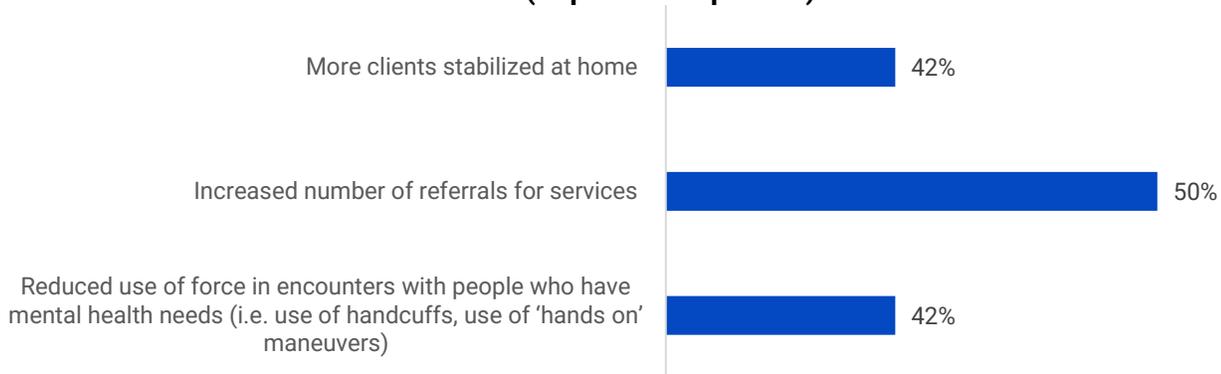
Working Well	Challenging
<ul style="list-style-type: none"> • Collaboration with Law Enforcement and other local agencies • Staff with varying backgrounds, education, and approaches • De-escalate situations/Putting people at ease • Referrals • Response times • Increasing community awareness of the services and building trust • Trainings provide additional ways to assist clients 	<ul style="list-style-type: none"> • Getting dispatch to utilize the CARES Team for calls • Lack of resources to meet people's needs, especially those that require longer ongoing support • Office location is hard to find for law enforcement and clients • Employee burnout • Lack of back-up staff to assist/cover shifts • Lack of leadership/support for staff when certain difficult situations arise

"It's a great program and benefits many. It's amazing to see the outcomes when we work together as a community."

-CARES Team Survey Respondent

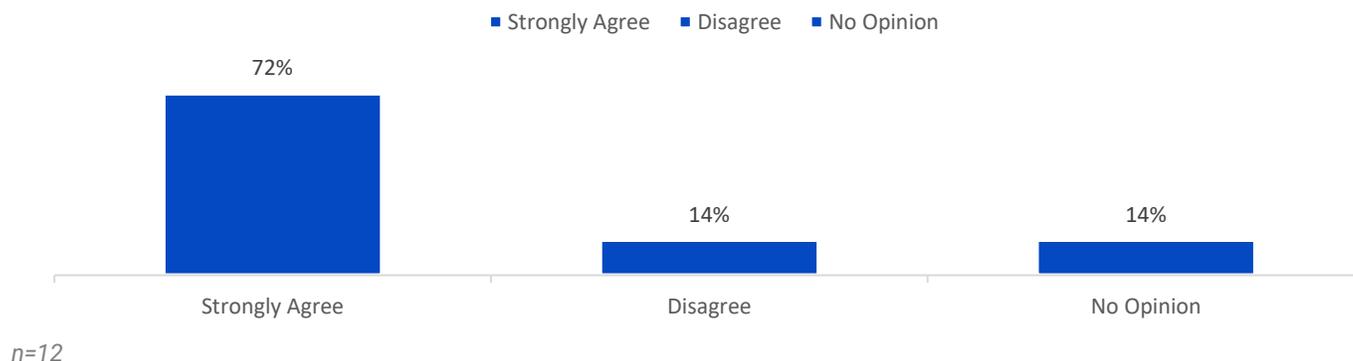
MENTAL HEALTH WORKGROUP SURVEY DATA

What types of impacts have you seen as a result of the CARES Program? (Top three responses)



n=12
 Note: Multiple response option so percentages do o't add up to 100.

The CARES Program is working to address the issues raised in the 2020 Public Safety Focus Groups.



Cost-Benefit Analysis

As an additional aspect of the pilot program evaluation, ASR was asked to conduct preliminary research into the cost benefit analysis of a multi-disciplinary Team (MRT) response to mental health 911 calls. What ASR found is that there is very little research being done on this topic. There are a number of challenges in trying to do this type of analysis including acquiring the necessary call data and specific budgetary information, and differences in definitions and understanding of call codes and what calls are/are not appropriate for an MDT response. Another potential barrier could be due in part to the potentially controversial issue of reducing law enforcement budgets. ASR found that looking at the benefit to MDT-type responses might be best addressed by looking at time savings for law enforcement, rather than financial savings.

Below is a summary of the different ways to examine savings with an MDT-type response.

ASR found that the following components were important to consider when comparing the benefit of a MDT response, either as a co-response with law enforcement or an MDT-only response:

1. Call Cost Comparison

- Average cost of law enforcement-only response (costs could include: salaries, overhead, vehicles, mileage/gas etc.)
- Average cost of an MRT-only response (costs could include: salaries, overhead, vehicles, mileage/gas etc.)
- Average cost of a co-response
- Additional considerations: number and type(s) of MH-related calls that could be diverted

2. Hospital/Jail Transport Savings

- Average cost of a law enforcement-only transport to hospital/jail (costs could include: salaries, overhead, vehicles, mileage/gas, officer time waiting)
- Average cost of an MRT-only transport (costs could include: salaries, overhead, vehicles, mileage/gas etc.)

3. In-Custody/Hospital Stay Expense Savings by MRT Stabilizing at Home/Onsite

- Cost per day, per person in jail
- Approximate cost per day, per person in a medical/psychiatric facility
- Additional considerations: community benefit of individuals being stabilized on site/at home, less strain on emergency rooms, and emergency psychiatric facilities

4. Law Enforcement Time Savings

- Potential time savings by law enforcement with MRT only response or co-response
- Potential time savings by having support to, or handing over to the MRT to, de-escalate/stabilize
- Potential time savings for law enforcement in transport/travel time to jail, hospital or mental health facility, and wait times at facilities
- Potential time saving in spending less time writing reports for longer incidents

While this pre-liminary research was done, and some cost and time estimates were gathered, it was not concrete enough to share in this report. With the emergence of these types of programs throughout the country, this type of analysis is greatly needed to truly understand cost and time-related benefits. This analysis should be done in partnership with local government and law enforcement agencies to ensure access to the necessary data, and to be able to work with a common understanding of call types and other parameters that could be defined differently if not defined together. Taking these steps will allow for a more precise analysis.

Conclusions

FACTORS CONTRIBUTING TO SUCCESS

Overall, the CARES Program pilot in the City of Half Moon Bay was very successful in achieving its goals and objectives to provide a non-Law Enforcement, MH-focused response to MH-related calls, and provide referrals to clients and their families during and after MH-related calls. The success of this program was demonstrated by the growth in call volume over time, increased number of CARES Team-only responses as the project progressed, increased call sources (expanding beyond just the dispatch center to include calls directly from Sheriff's deputies and citizen reports), high stabilization rate, and provision of follow-up activities provided to nearly all clients served. Some of the factors that contributed to this pilot's success include:

- Ongoing **relationship building with local law enforcement** leadership and deputies/staff and approaching the **partnership with humility and in the spirit of cooperation and collaboration**
- Participating in a wide array of community events and activities and doing **ongoing outreach to local stakeholders** to build community awareness and trust
- **Development of a CARES database** at the onset of the program, with **regular review and data sharing**
- **Quality, well-trained staff and effective staffing structures** that ensure CARES Team members are supported
- Getting the **right tools in place prior to the launch of the program**, including the appropriate vehicle, tablets, radios, appropriate medical supplies, etc.

- Development of a **comprehensive list of resources and County and local partner organizations** to utilize in supporting clients post-incident and implementing a system of **consistently following up with clients 1-2 times** to support connection to services

CHALLENGES

As with any new program, there were also challenges that were experienced and lessons learned along the way. Below is an overview of some of the main challenges that the CARES Program faced:

- **Implementing the model as designed (providing a CARES only response when appropriate)**
 - Building trust and familiarity with the PSC to increase dispatch calls to the CARES Team without law enforcement deployment when appropriate
 - Long established protocols that require law enforcement to be present when medical or fire release a call which also led to fewer calls where CARES Team could respond without law enforcement present
- **Determining the necessary qualifications for CARES Team staff**
 - Recognizing that maintaining a reasonable pool of Emergency Medical Technicians to staff the teams was not necessary so long as those hired were trained in Basic Life Support Training from the American Red Cross, which is equivalent to the medical training received by law enforcement
- **Balancing robust data collection with the need to be sensitive to client's needs and comfort during and after crisis**
 - Being intentional about what data is actually needed to measure program success, to limit the amount of information collected on the scene of incidents

RECOMMENDATIONS

As the program continues to operate in the City of Half Moon Bay and discussions on the possible expansion of the program into other parts of San Mateo County proceed, it is recommended that the program continue to collect, review and share data so that fidelity, effectiveness, and longer-term impacts can be measured. As communities across the country grapple with implementing their own alternative response/co-response models there is a need to better understand the client's experience as well as the true cost-benefit to the communities they serve. These are recommended areas for deeper evaluation in the future.

CONCLUSION

Despite challenges, the authentic partnerships that were developed between the City, the Sheriff's Office, and El Centro de Libertad, allowed the Half Moon Bay community to successfully add an effective alternative response option for mental health-related crisis calls. As a result of this partnership, many local stakeholders reported increased trust in law enforcement and believe the community is safer overall. The implementation of the CARES Program pilot went smoothly and has proven to be an important new resource for those dealing with mental health crisis in the City of Half Moon Bay and other nearby Coastside communities in San Mateo County.

Logic Model

INPUTS	ACTIVITIES	SHORT TERM OUTCOMES	LONG TERM OUTCOMES
<p>City of Half Moon Bay</p> <p>El Centro de Libertad</p> <p>San Mateo County Public Safety Communications (PSC) Center</p> <p>San Mateo County Sheriff's Office</p> <p>Applied Survey Research</p>	<ul style="list-style-type: none"> • SMC PSC diverts calls to El Centro Team • El Centro 2-person teams respond, assesses the crisis for threats and emergency medical needs. If present, El Centro elevates the incident to a traditional Law Enforcement response. • El Centro utilizes de-escalation techniques to work towards stabilization. • Plan of action developed utilizing motivational interviewing with client, including referrals to services and warm handoffs as needed (also may include referral and transport to psychiatric emergency for emergency treatment, done by El Centro staff). • For those experiencing homelessness, El Centro works with LifeMoves HOT Team who provides stabilization for this population. 	<ul style="list-style-type: none"> • Improved response to mental health and other crisis calls • Improved outcomes for those experiencing mental health, SUD or other type of non-violent crisis • Improved connection of residents to mental health, substance abuse and other social services • Decrease in negative/violent interactions with law enforcement • Reduced/more efficient utilization of first responder and hospital resources 	<p>Improved community well-being</p> <p>Decreased hospitalizations</p> <p>Decrease in tax dollars spent on law enforcement MH response</p>

Appendix A. Definitions

- **Successful Referral:** A successful referral means the CARES Team completed the warm hand-off and the client's care is now in the hands of the agency we referred them to.
- **Coast side residents:** Those with a home or residency on the Coast.
- **Coast side visitors:** Those that call someplace other than the Coast "home".
- **External jurisdiction:** These are calls for assistance by the SMCSO that are outside of our normal operational boundaries.
- **Stabilizations:** Crisis event/scene crisis event not resulting in incarceration or involuntary hospitalization.
- **Escalation:** Calls where CARES Team called for Law Enforcement or medical assistance.
- **Refusal:** Potential participant declined CARES Team help.
- **Transports:** Calls that resulted in transportation to other care.
- **Return visit:** Subsequent/additional calls for service for the same individual.
- **Follow-up Actions:** Contacts made by CARES Team members to check on participants and status of referrals.

Appendix B. Sheriff's Office Open-ended Survey Responses

Has your partnership with the CARES Program helped you better respond to mental health calls for service? If yes, how?

- *Gives the community a resource with follow-up.*
- *CARES Team is trained in mental health crisis calls. They help deputies to assist people in crisis and always follow up to assist those in need. CARES Team members are passionate and eager to make a community a better place. I highly recommend the CARES Team.*
- *by giving a non-law enforcement option, may diffuse a situation.*
- *Only used them on one call and they were able to handle a non-police matter*
- *Helped by making our response to these calls appear less threatening to the patient.*
- *Having mental health professionals at the scene is a great help to effectively evaluate the situation and provide help.*
- *CARES allows us to provide better resources for individuals that need assistance, but aren't engaged in criminal activity.*
- *No longer responding to mental health only/ non-criminal crises.*
- *The help better escalate the situations.*
- *I like how they handle the call in a non-LE matter.*
- *To be honest I have had very little interaction with them.*
- *There have been times where subjects do not meet the criteria for a WI 5150 hold, and they do not feel comfortable with Law Enforcement and CARES has done a great job at providing service to those individuals.*
- *The CARES Team has built relationships with those in need in the community.*
- *By not responding as much! Better to let CARES, who are mental health experts, handle those.*
- *I work in the records bureau of the substation, my only contact with them has been when they have come in to assist their client to obtain housing by getting a clearance letter from me. I will say most of the time I come in contact with them and their clients they are very calm, and organized and it makes the process of helping their client easier because I can see they trust the CARES Team in their abilities so if they do not want to give me some info the CARES Team has provided that for me with the authorization from their client.*
- *They are a tool on our tool belt that allows us to more adeptly manage calls that are strictly of a psych related nature, using individuals with training more advanced than that of the average patrol deputy.*

What impact has the CARES Program had on your jurisdiction's ability to respond to mental health-related calls for service? Other (please describe):

- *I like how they handle calls for service with minimum guidance from Deputies. It is a great alternative on how to handle the situation with good outcomes and no force to be used.*
- *I'm assigned to nights (5pm to 5am) and have little to no interaction with CARES.*

- *The one person who can place people on 5150WI holds does not work. CARES can only do follow up and CARES does not work for in progress calls.*
- *I have seen the people have an automatic change in their emotions when talking to me in a positive way after CARES talks them down. Their way of talking to me sometimes can be standoffish but I can see that change after CARES explains to them the procedures.*

In terms of your work with the CARES Team and responding to mental/behavioral health calls, what has been working well?

- *Collaboration*
- *They are easy to get along with.*
- *CARES Team members are very engaged in the community and have great knowledge of the people they are already dealing with.*
- *responding through dispatch*
- *They can handle non-police matters.*
- *Clinicians willing to respond and assist with repeat clients.*
- *Having CARES responding to people who are in crisis that does not call for police intervention decreases the likelihood of deputies having to use some type of force during the incident.*
- *The CARES Team provides a less threatening appearance to mentally disturbed individuals, which builds rapport. They also provide resources that Law Enforcement may not know about.*
- *Their familiarity with frequent / repeat calls for service allows for more effective plans for service.*
- *CARES answering up for calls.*
- *That they have out radio and are listening to and responding appropriately. the fact that members from the public request them specifically instead of Deputies. They do great in following up with referrals.*
- *Again, little interaction but it seems to help.*
- *Allowing the CARES Teams to take over on mental health related calls when safe to do so.*
- *I have limited experience with CARES as they operate during the day.*
- *CARES has been able to conduct extensive follow-up and schedule pro-active check in meetings with subjects, reducing repeat calls for service.*
- *CARES Team has been assisting with building relationships with the families of those in need which helps the overall interaction with repeat calls.*
- *CARES will handle the non-criminal mental health calls and they are self-sufficient. They are the ones who should handle those calls, not law enforcement.*
- *I'm assigned to nights (5pm to 5am) and have little to no interaction with CARES.*
- *Their ability to calm down people.*
- *Someone is crisis CARES cannot help. It needs to be someone who is calm and wants help, but when it gets to the point where 911 is called, it is past that point.*
- *I like that they are a neutral mediator between the person/client and me.*

- *The CARES Team flexibility in dealing with any situation that comes their way has been incredible. They are so easy to work with and have fit seamlessly into how we manage calls of a certain type while on patrol.*

In terms of your work with the CARES Team and responding to mental/behavioral health calls, what has been challenging?

- *Continued unsupported behavior by close family members.*
- *No communication with CARES on their follow-ups.*
- *It is always challenging to deal with people experiencing mental health crisis. In any situations, the CARES Team makes the process easier.*
- *when no clinician with them.*
- *I've only been assigned to coast for two months, so my sample size is limited.*
- *CARES not available after 1900 hours.*
- *The roles are new to deputies out in the field and understanding the roles of the CARES Team and how we can effectively work together to assist one another.*
- *It's sometimes difficult dealing with repeated calls where the person doesn't want assistance, although it seems people tend to respond better to CARES during mental health calls.*
- *Having no CARES Team at night has been challenging.*
- *CARES work hours, does not cover night shift.*
- *Not knowing the new members to the Team. Lack of communications with the outcome of services they provide to the public.*
- *The restrictions with transporting people*
- *They are only on duty during the day. During the night shift, we have several calls for service which could be handled by the CARES Team.*
- *It would be beneficial to have follow up/debrief meetings with CARES. Typically, once we hand off a call to CARES we do not know the disposition of it.*
- *The CARES Team does not work at night and it would be helpful to have them available.*
- *CARES is not on at night. There have been many calls at night when CARES would have been a better option to respond instead of deputies, but we did not have that option.*
- *I'm assigned to nights (5pm to 5am) and have little to no interaction with CARES.*
- *When they do not have a clinician, many times they can do nothing with people who don't want to go, but need to.*
- *I do not recommend they come to calls right away. They can do the follow-up work with resources. They just show up to calls and pass out a card for the future.*
- *I have not had challenges with the CARES Team I have only had a few interactions with them and it has all been positive.*
- *The CARES Team has specific hours that do not lend them to being available after hours / evenings. It would be great to have them operating during more than just business hours.*

Because of the CARES Team help in responding or co-responding to mental health-related calls, do you feel like you spend less time. Other (please describe):

- *This is a good thing because it makes deputies available for priority calls for services.*
- *Trying to find resources.*
- *I have limited experience dealing with CARES due to their hours of operation.*
- *I feel like once we establish a pattern of calls with an individual experiencing mental health issues, CARES has helped to intercede when Deputies are not needed, thus reducing our response to some mental health-related calls.*
- *I'm assigned to nights (5pm to 5am) and have little to no interaction with CARES.*
- *I have been able to complete [my work] in less time because the person/client seems to be less angry or annoyed with me.*

Is there anything else you would like to share about the impact of the CARES Program?

- *The CARES program seems to be working out well.*
- *So far it has been a great program and expanding the hours has been very helpful.*
- *Law enforcement should not respond to mental health calls unless there is a criminal component or exigent danger of death/great bodily injury. The CARES Team should be 24/7.*
- *I'm assigned to nights (5pm to 5am) and have little to no interaction with CARES.*
- *This is great program in theory for now I would like to see it more in action before I can make a determination.*
- *The CARES Team does great work. We are lucky to have them, and the only critique would be to have them here more often / more hours, and potentially get a wider range of languages they can speak so as to be helpful to a wider variety of those in need, without language issues being a barrier to providing/accepting treatment.*

Appendix C. CARES Team Staff Open-ended Survey Responses

When co-responding with law enforcement to mental/behavioral health calls, what has been working well?

- *If there has been a history of an individual being aggressive or known for having weapons, it has been helpful to have law enforcement co-respond.*
- *The response time.*
- *Knowing that CARES is not associated with law enforcement but also having law enforcement present.*
- *the cooperation of the sheriffs,*
- *Law enforcement has been supportive, working with us to collaborate.*
- *collaboration and coordination of efforts*
- *collaboration, sharing, planning together, trust.*
- *Communication and collaboration when working with a client has been great.*

When co-responding with law enforcement to mental/behavioral health calls, what has been challenging?

- *Sometimes the individual that needs the help has had a negative experience with law enforcement and can feel intimidated or unwilling to be helped.*
- *Making sure the call is in our scope of practice.*
- *Sometimes the lack of understanding of the CARES Team limitations with respect to the client's rights, by law enforcement and others, which we try to explain to the best of our abilities. The inability to write involuntary holds. The request for CARES staff to stay longer during night hours. There is a lack of understanding when it comes to the lack of resources in San Mateo County past 5pm.*
- *getting the sheriffs to allow us to approach without them.*
- *Sometimes, at a mental/behavioral health call, the law enforcement officers leave or disengage from the scene-- which is not helpful when we are trying to 5150 or need their support.*
- *lack of resources for some of the mental health needs in the community*
- *The radios and not being able to hear clearly what dispatch is saying.*

In implementing the CARES Program in general, what has been working well?

- *The collaboration between law enforcement and CARES.*
- *We have been able deescalate situations that require mental health training.*
- *The staff with varying backgrounds, education, approaches but mainly the empathetic spirit and overall willingness to see/help the human being in need of help. The companies, individuals, organizations or others who see the potential and support the program any way possible.*
- *referrals and response times*

- *I think increasing community trust in calling us for help has been successful, as well as the collaboration with law enforcement.*
- *Spreading word of us throughout the community, Collaboration with deputies, collaboration with local agencies.*
- *The nontraditional approach to issues puts people at ease*
- *CARES has been working well and the trainings we get help further our ways of assisting clients.*

In implementing the CARES Program in general, what has been challenging?

- *Getting dispatch to remember to use CARES on the coast.*
- *Burn out with employees.*
- *Lack of back-up staff to assist/cover shifts for other staff who may need a day off or have an emergency. Lack of leadership/support for current staff when certain difficult situations arise. Lack of a counselor/social worker/case worker/ therapist to follow up with cases that require longer or ongoing follow ups than just 2.*
- *Hours of operation should be extended, getting PSC to direct dispatch us.*
- *The location of our office is difficult to navigate to, for both law enforcement and clients.*
- *The lack of resources to meet people's mental health needs.*
- *Clients knowing where the CARES office is located seems to be a struggle.*

Is there anything else you would like to share about the impact of the CARES Program?

- *Its a great program and benefits many. It's amazing to see the outcomes when we work together as a community.*
- *There are similar programs out there, or ones trying to get funding/started, but the secret is the staff. Starting with only 2 and now 4, the staff and its incredibly careful, knowledgeable and empathetic approach/spirit that cannot be duplicated/cultivated. Our staff's spirit to help others is original stemming from personal experience to professional experience and innate in our soul.*
- *I believe the impact on the community has exceeded all expectation and doubt.*

Appendix D. Mental Health Workgroup Open-ended Survey Responses

Is there anything else you would like to share about the impact of the CARES Program?

- *The fact that we are rethinking public safety and equity in services by removing law enforcement from mental health crisis calls makes us a more just and equitable community. I believe that everyone deserves to be treated with dignity and respect, regardless of their mental health status. By removing law enforcement from mental health crisis calls, we are sending a message that we value the safety and well-being of all members of our community.*
- *Unsure type and scope of mental health assessment and services provided by CARES.*
- *It has been a pleasure to work with the HMB and El Centro teams on this project.*
- *the greatest impact has been the ability to get MH help instead of being punished for having MH issues.*
- *Would be helpful to see data about the program to learn more after effectiveness and outcome-based results as I only know word of mouth information.*
- *I think the CARES program needs to collaborate with the SMART team with the county so that there isn't an overlap in services.*
- *Response too slow. Can't write 5150s. Heavily relies on Sheriff intervention.*
- *I wish there was information shared about the actual impact of the program, and/or what services/interventions there have been. I really haven't heard anything, so I have no opinion on whether it has been helpful or not.*
- *CARES worked with the police department to provide de-escalation services at HMB Pride this year.*