

# TOOLKIT CONTENTS

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# Starting a Multidisciplinary Response Team: A Toolkit for Communities



Prepared by Applied Survey Research in cooperation with the City of Half Moon Bay, El Centro De Libertad, and the CARES Team.

## Introduction

This toolkit is for any community that is looking to develop a Multidisciplinary Response Team (MRT) to offer an alternative response to mental health-related 911 calls traditionally answered by fire, ambulance, and/or law enforcement. After the City of Half Moon Bay, in partnership with El Centro de Libertad and the County of San Mateo launched the Crisis Assistance Response & Evaluation Services (CARES) pilot program in March 2022, information was documented to capture what was needed to launch the program, lessons learned along the way, and keys for success. It is the hope that other communities can use this information to launch their own programs to further support their communities.

## Development & Preparation

### Where to Start

**Do Your Homework: Before developing your local plan it is important to learn from other communities that have implemented similar programs, as well as those individuals most impacted in your own community.**

- Research and connect with other communities that have implemented similar programs. Some examples include:
  - [CARES Program, Half Moon Bay, CA](#)
  - [CAHOOTS, Eugene, OR](#)
  - [City & County of San Francisco Street Crisis Response Team, CA](#)
  - [Denver Support Team Assisted Response \(STAR\), CO](#)
- Look at the data for other alternative response/Multidisciplinary Response Team (MRT) models, as well as local data related to mental health-related crisis calls/responses
- Do a “ride-along” with public safety/law enforcement

### Laying the Groundwork

#### **Identify Key Partners and Gain Support in Your Community**

Engage your local community in determining needs and shaping the model. Be sure to include:

- Law Enforcement
- City/County Government
- Health and Mental Health Care Providers/Systems
- Non-profits supporting the community’s mental health needs
- Those that have experienced mental health crisis calls including those directly served and their support systems

# Implementation

## Planning

Once you have done your research and begun to engage and enroll system and community stakeholders, planning can begin. Planning should be a collaborative process that results in a program that is in response to your community's needs.

- Create a draft budget
- Develop strong business and communication plans
- Determine where funding will come from for start-up, as well as long-term funding streams. Potential sources include:
  - Ongoing city/county funds
  - Public safety tax levies
  - Grants
  - Private foundations
  - Medicaid funding/reimbursement

**Implementation of the model will require policy and protocol development to ensure consistency and shared understanding.**

**Determine what equipment & supplies will be needed for your MRT to operate.**

- Transportation Equipment: vehicle acquisition, use, and maintenance protocols
  - Consider developing a weekly vehicle checklist
- Communication Tools (e.g., radios, iPads, phones, etc.): acquisition, use, and maintenance protocols (including codes, etiquette)
- Compile/Maintain Referral Resources:
  - Create a field sheet with info (organization, contact name, contact title, phone, email, etc.)
  - Consider programming numbers/contacts into team member phones

**Develop protocols related to staff the MRT:**

- Develop team roles and responsibilities [see **Agency Staffing** below]
- Determine dress code

### Keys to Success:

- Approach the work with humility and a spirit of collaboration.
- Become a “go-to” agency and a known, trusted community support through relationship building and outreach activities.
- Establish clear protocols for dispatch from 911 and 988 call centers.
- Develop tools for data collection and tracking, and be data driven.
- Hire quality, appropriately skilled, and culturally responsive staff.
- Actively communicate and build individual and team capacity.
- Provide service referrals and follow-up outreach.

## Policy & Protocol Development

- Agency Shift protocols:
  - Detail process for beginning shifts/check-in
  - Identify tasks to be completed during downtime/between calls (e.g., review previous day's incident reports, conduct necessary follow-up activities, complete documentation)
  - Detail process for ending shifts/check-out & transitions between teams (if applicable)

**MRT Team dispatch and response protocols should be developed to determine agency workflows and activities:**

- Team dispatch protocols
- Documentation protocols (e.g., incident reports, consent forms)
  - Note: Create a strong data collection system to track progress, outcomes, successes, and challenges [See **Monitoring & Evaluation** section below]
- Referral and follow-up protocols
- Security Protocols (e.g., information security (including HIPAA), facilities/vehicle security)
- Safety protocols (including weapons considerations)
- De-escalation protocol
- Mandated reporting
- Determining the crisis and appropriate intervention
- Protocols for determining holds and transports
- Assessment (yourself, environment, person, actions)
- Disposal of contraband (e.g., narcotics, hypodermic needles)

**Policies and protocols should also be developed in partnership with other first-responder agencies and key partners to determine roles and workflows.**

- Protocols for different types of calls (i.e., who gets dispatched to each type of call)
- Protocols for dispatching calls (i.e., working with the call dispatch center to utilize MRT when appropriate)
- On-sight incidents/citizen report protocol
- Protocols for co-response (i.e., law enforcement and MRT response)
- Protocols for elevating a call to law enforcement
- Protocols for elevating a call to medical response

Agency Workflow  
Development

Collaboration  
with System  
Partners

## Agency Staffing

**Developing a team that has the right skills and attitudes to successfully respond to mental health-related calls is critical.**

- Qualifications - Consider what qualifications are needed to adequately staff the response teams, while also considering skills and abilities of your hiring pool locally.
- Teams composed of one specially trained behavioral health professional, and one emergency medical technician (EMT) would be ideal, but is not necessary for success.
- Consider hiring culturally responsive and reflective staff when possible and/or those with lived experience
- Hiring process (background checks, fingerprinting, etc.)
- Effective, data driven scheduling

*“After extensive consultation, it was determined that certified EMTs were not needed on the CARES Teams. Instead, all staff will receive Basic Life Support Training from the American Red Cross. This certification is good for two years and is the equivalent of the training received by law enforcement officers.”*

*-CARES Team Program  
Leadership*

## Training/Capacity Building

**In addition to hiring qualified individuals to staff your MRTs, ongoing capacity building should be an integral component of your program.**

- Dedicate time for internal agency teams to meet weekly to advance training, receive clinical supervision, and engage in extensive case review.
- Actively build individual and team capacity. Consider what trainings are needed, which should be required or optional, if there should be a renewal schedule for each one. *[See Appendix B for examples and links]*

## Ongoing Community Outreach & Stakeholder Engagement

**Plan for ongoing community outreach and relationship building with local law enforcement leadership and officers, schools, partner agencies, community groups, and the broader community.**

- Continue to engage, co-create and build trust with partners
- Ensure community outreach, education and engagement is a regular part of program activities

## Monitoring & Evaluation

### Evaluation Metrics

**Developing an evaluation plan at the onset of the program will be critical in determining program fidelity and measuring impact. This information will be critical for reporting to funders, partners and the broader community.**

In trying to capture data for demonstrating outcome measures and program impact, consider who has a valuable perspective. This can include:

- MRT staff,
- Local law enforcement partners and other first responders,

- Local mental health providers and stakeholders, and
- Individuals who have received services and/or their families or other close supports.

*Note: Doing any additional data collection with individuals served should be done with great care and sensitivity to ensure that it is trauma informed and appropriate.*

## Data Collection

**Developing a database from the onset of a project ensures that strong documentation and data collection procedures become ingrained in program workflow.**

The development of tools for data collection and tracking should include processes for ensuring it is used to fidelity and refined as needed throughout program planning and implementation. Consider the use of an integrated, web-based tool that allows for data entry using tablets at calls for services connecting the incident reports and other program forms to the program database. The database should capture the data needed for reporting to funders and for overall program evaluation.

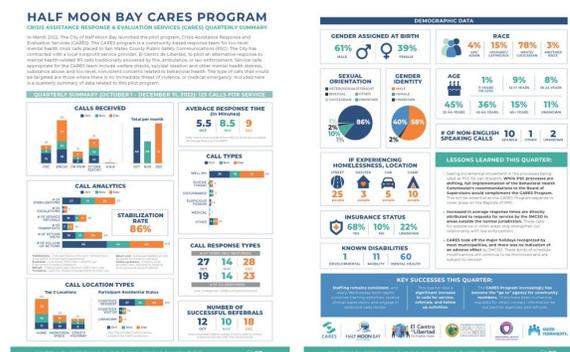
Although data is very important, decisions should be made to reduce the data collection burden on staff and clients whenever possible. One area to review is client data that is not critical for the MRT response and follow-up, like full legal names and social security numbers, which can be uncomfortable questions for clients to answer.

## Data Reporting & Sharing

**Developing ongoing data reports is essential for measuring program success and areas for improvement.**

Some things that should be considered when developing your reporting format should include: who the audience is/who it will be shared with, what data is shared, when or how often data should be shared, and how the data is shared. Some programs choose to upload the ongoing data reports to their public websites.

It is also important to ensure it is a short and easily understandable format to maximize engagement and utilization, like an infographic or visual summary. Here is an example of the quarterly visual summaries that were developed for Half Moon Bay's CARES Program [For a full-page view see **Appendix D**]:



## Cost-Benefit Analysis

**Conducting a cost-benefit analysis can provide critical information for communities to understand the cost, time and community impacts of providing an additional crisis response option.**

In addition to studying the process and outcomes measures outlined above, it is also important to consider other aspects of the program and any potential benefit to support program sustainability and the potential for scaling the program. Limited data could be found on assessing the cost analysis between a traditional law enforcement response and an MRT response. 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 MRT response. Another potential barrier could be due in part to the potentially controversial issue of reducing law enforcement budgets.

Below is a summary of the different ways savings could be examined to further evaluate an MRT response or co-response:

Call Cost Comparison	<ul style="list-style-type: none"> <li>• Average cost of law enforcement-only response (costs could include: salaries, overhead, vehicles, mileage/gas etc.)</li> <li>• Average cost of an MRT-only response (costs could include: salaries, overhead, vehicles, mileage/gas etc.)</li> <li>• Average cost of a co-response</li> <li>• Additional considerations: number and type(s) of mental health-related calls that could be diverted</li> </ul>
Hospital/Jail Transport Savings	<ul style="list-style-type: none"> <li>• Average cost of a law enforcement-only transport to hospital/jail (costs could include: salaries, overhead, vehicles, mileage/gas, officer time waiting)</li> <li>• Average cost of an MRT-only transport (costs could include: salaries, overhead, vehicles, mileage/gas etc.)</li> </ul>
In-Custody/Hospital Stay Expense Savings by MRT Stabilizing at Home/Onsite	<ul style="list-style-type: none"> <li>• Approximate cost per day, per person in jail</li> <li>• Approximate cost per day, per person in a medical/psychiatric facility</li> <li>• Additional considerations: community benefit of individuals being stabilized on site/at home, less strain on emergency rooms, and emergency psychiatric facilities</li> </ul>
Law Enforcement Time Savings	<ul style="list-style-type: none"> <li>• Potential time savings by law enforcement with MRT-only response or co-response</li> <li>• Potential time savings by having support to, or handing over to the MRT to, de-escalate/stabilize</li> <li>• Potential time savings for law enforcement in transport/travel time to jail, hospital or mental health facility, and wait times at facilities</li> <li>• Potential time savings in spending less time writing reports for longer incidents</li> </ul>

With the emergence of these types of programs throughout the country, this type of analysis is greatly needed to truly understand cost, time, and community-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.

## Conclusion

Developing an MRT for your community adds another thread to the web of crisis response and mental health support for those in need. Doing the work in partnership with other responders, providers and community stakeholders ensures more buy-in and a program that is more tailored to meet the needs of your community.

## For More Information

### Questions?

For more information about how to implement a MRT program, please contact:

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City Manager

[MChidester@hmbcity.com](mailto:MChidester@hmbcity.com)

#### **El Centro de Libertad**

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## Appendix A. CARES Program Info Sheet



The City of Half Moon Bay, in partnership with El Centro de Libertad and the County of San Mateo, has launched the Crisis Assistance Response and Evaluation Services (CARES) pilot program.

The CARES team responds to 911 calls involving individuals experiencing a mental health crisis. The team consists of a certified emergency medical technician (EMT) and an experienced behavioral health care clinician.

The CARES team is **specially trained** on the use of culturally competent de-escalation, crisis intervention, motivational interviewing, and suicide prevention tools to work with individuals in crisis. **Bilingual services** are provided in Spanish and English.

Following initial assessment, the CARES team provides clinical interventions, **in-person “warm” handoffs** to service providers, and follow-up to ensure individuals and families have the support they need while navigating care systems. Ongoing collaboration with local and regional non-profits, government agencies, and the community will be key to the success of the program, and the long-term success of its participants.

The CARES team is dispatched in instances where there is no immediate threat of violence, with Sheriff’s Deputies on standby when a higher level of response is needed. **Types of calls** appropriate for the CARES team include suicidal ideations, persons under the influence of drugs or alcohol, persons experiencing a mental health crisis, parents calling with concern for an adolescent exhibiting unusual behavior, or community members reporting persons in some form of emotional distress.

The CARES team response is an alternative to law enforcement, fire, or other first responders. Comparable programs have shown that this kind of response to behavioral health emergencies helps divert individuals from costly visits to emergency rooms and unnecessary entry into the criminal justice system and helps **prevent the physical harm or loss of life** that sometimes result from armed crisis response.

This pilot program is sponsored by the City of Half Moon Bay and County of San Mateo.

### Program Highlights

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911 DISPATCHES THE CARES TEAM TO MENTAL HEALTH-RELATED CALLS

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CARES TEAM ASSESSES, DE-ESCALATES, AND STABILIZES

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PARTICIPANTS ARE LINKED TO THE CARE THEY NEED

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CARES TEAM PROVIDES NEXT DAY FOLLOW-UP

#### Contact Information:

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[www.hmbcity.com/cares](http://www.hmbcity.com/cares)



## Appendix B. Recommended Trainings

- [Adult Mental Health First Aid Training](#)
- [Youth Mental Health First Aid Training](#)
- [Culture and Diversity 4-hour Cultural Competency Training](#)
- [SI and Suicide Risk Assessment Children and Teens](#)
- [Motivational Interviewing](#)
- [Mental Health Medications Update 2012](#)
- [Prevention and Management of Disruptive Behavior](#)
- [Trauma Specific Services](#)
- [Dual Diagnosis: Understanding Co-Occurring Mental Illness and Substance Use Disorders](#)
- [Common Comorbidities with Substance Use Disorders](#)
- [Supporting Families Impacted by Mental Health Problems, Substance Abuse, and Trauma](#)
- Crisis Intervention - 40 hours in person
- Radio Protocol Training - 2 hours in person
- MRT Ride Along Shadowing

## Appendix C. Recommended Program Evaluation Metrics

DEMOGRAPHIC DATA	PROCESS MEASURES (HOW MUCH? HOW WELL?)	OUTCOME MEASURES (IS ANYONE BETTER OFF?)
<ul style="list-style-type: none"> <li>• Gender assigned at birth</li> <li>• Gender identity</li> <li>• Sexual orientation</li> <li>• Race/Ethnicity</li> <li>• Age</li> <li>• Insurance status</li> <li>• Known disabilities</li> <li>• If experiencing homelessness – location (street, shelter, car, camp)</li> </ul>	<ul style="list-style-type: none"> <li>• # of calls</li> <li>• # of calls, by source</li> <li>• Types of calls</li> <li>• # of calls requiring non-English language services</li> <li>• # of calls for residents vs. # of calls for visitors to jurisdiction</li> <li>• # of calls for service outside jurisdiction</li> <li>• Call location types</li> <li>• # of service refusals</li> <li>• # of clients engaged (# of calls minus # of service refusals)</li> <li>• # of clients transported</li> <li>• # of return visits</li> <li>• # of follow-up actions</li> <li>• # of referrals, total</li> <li>• # of referrals to behavioral health and/or recovery services</li> <li>• # of referrals to services other than behavioral health or recovery (specify)</li> <li>• Average response time (in minutes)</li> <li>• # of escalations (# of service calls requiring law enforcement intervention and # of service calls requiring FIRE/EMS intervention)</li> <li>• # of service calls diverted to MRT only (as opposed to # of co-response calls)</li> </ul>	<ul style="list-style-type: none"> <li>• # of clients engaged during 911 calls who were diverted from jail or hospital systems (home stabilization) / % of clients stabilized at scene (no transport needed)</li> <li>• # of successful referrals</li> <li>• % of clients reporting satisfaction with de-escalation techniques utilized by MRT</li> <li>• % of family members or other people present during calls reporting satisfaction with de-escalation techniques utilized by MRT</li> <li>• % of clients with prior 911 mental health call experience reporting increased satisfaction with MRT (vs. law enforcement-only response)</li> <li>• % of clients receiving follow-up interactions</li> <li>• % of clients reporting improved mental health status as a result of MRT referrals to services/support</li> <li>• % of clients reporting increased stability as a result of MRT referrals to services/support</li> <li>• % of total calls diverted to MRT</li> <li>• Cost of law enforcement-only response (time, ambulance, hospital, etc.) vs. MRT response</li> </ul>

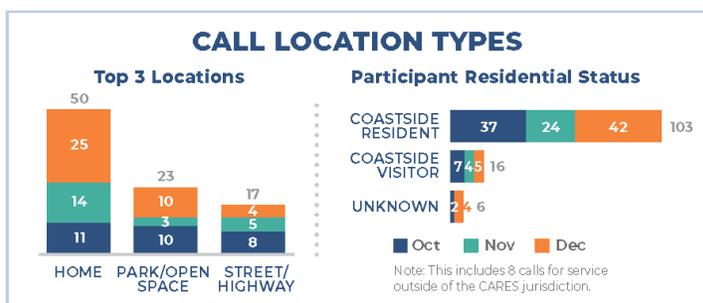
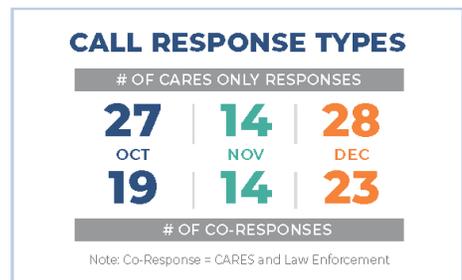
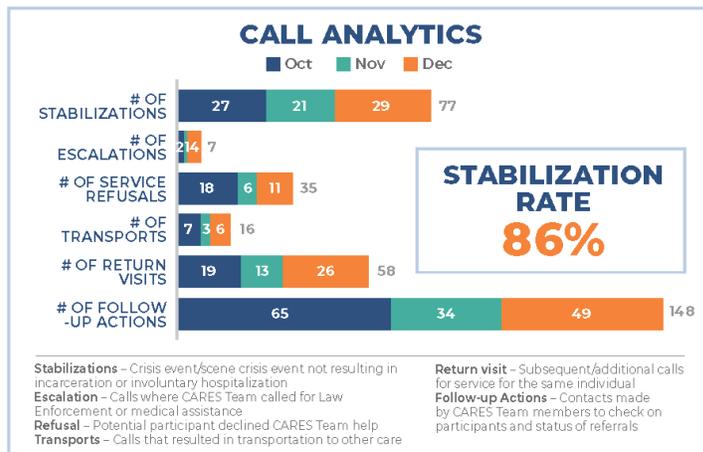
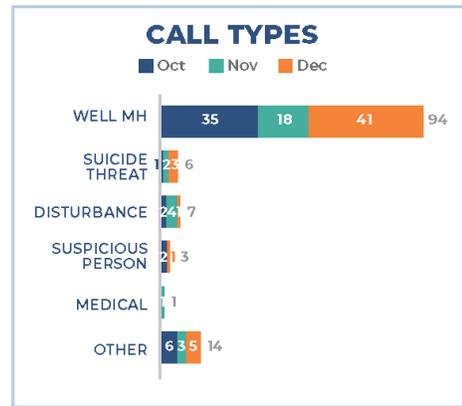
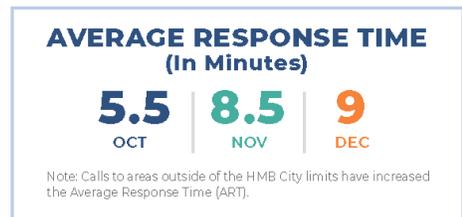
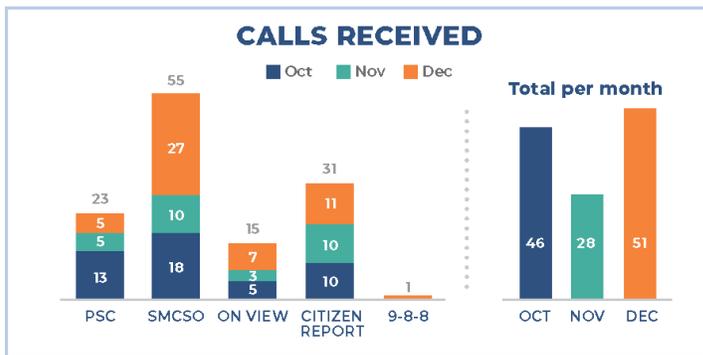
# Appendix D. CARES Program Quarterly Visual Data Summary

## HALF MOON BAY CARES PROGRAM

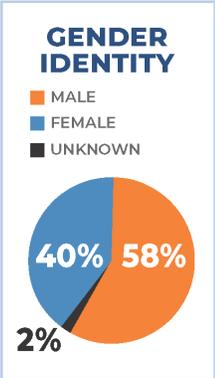
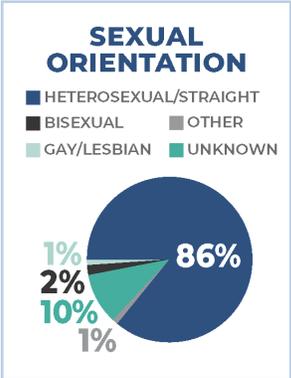
### CRISIS ASSISTANCE RESPONSE & EVALUATION SERVICES (CARES) QUARTERLY SUMMARY

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.

#### QUARTERLY SUMMARY (OCTOBER 1 - DECEMBER 31, 2022): 125 CALLS FOR SERVICE



DEMOGRAPHIC DATA



LESSONS LEARNED THIS QUARTER:

- Seeing incremental movement in the processes being used at PSC for call dispatch. **While PSC processes are shifting, full implementation of the Behavioral Health Commission's recommendations to the Board of Supervisors would complement the CARES Program.** This will be essential as the CARES Program expands to cover areas on the Bayside of SMC.
- **Increased in average response times are directly attributed to requests for service by the SMCSO in areas outside the normal jurisdiction.** These calls for assistance in other areas only strengthen our relationship with law enforcement.
- **CARES took off the major holidays recognized by most municipalities, and there was no indication of an adverse effect** by SMCSO. These kinds of schedule modifications will continue to be monitored and are subject to revision.

KEY SUCCESSES THIS QUARTER:

Staffing remains consistent, and every Wednesday both teams continue training activities, receive clinical supervision, and engage in extensive case review.

This quarter saw a significant increase in calls for service, referrals, and follow up activities.

The CARES Program increasingly has become the "go to" agency for community members. There have been numerous requests for direct contact information by our partner agencies and schools.

