
Impact Report

Implementation Reports

Dispatch
Co-response
Follow-up & Continuity of Care

Background Reports

Theory of Change
Program Impacts: Technical Report

**Theory of
Change**

October 2024

San Mateo County, California
Community Wellness and Crisis Response Team

Pilot Program: December 2021 through June 2024

by the John W. Gardner Center for Youth and Their Communities

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Create knowledge.
Ignite change.

Overview

Many 911 calls fielded by police officers in the United States involve a mental health component, prompting cities and counties across the country to deploy new models of emergency first-response collaborations between police and mental health providers. For more than two decades, San Mateo County has used several models to address community mental health-related crises.

A combination of factors—including input from community organizations and constituents—has led county leaders to seek even more approaches to address mental health crises. To do so, the San Mateo County Executive’s Office collaborated with the county’s Behavioral Health and Recovery Services, StarVista (a nonprofit offering counseling and crisis prevention services), and police agencies within the county’s four largest cities: Daly City, Redwood City, San Mateo, and South San Francisco.

In December 2021, this partnership began implementing the Community Wellness and Crisis Response Team (CWCRT) Pilot Program, which provides a mental health clinician co-responding with a sworn law enforcement officer to 911 calls for service that involve someone experiencing a mental health-related crisis.

The county engaged Stanford’s John W. Gardner Center for Youth and Their Communities to conduct an independent evaluation of its co-responder program implementation and outcomes.

Developing a Theory of Change

The first step in an evaluation that attends to both implementation and outcomes is to develop a “Theory of Change” (TOC). A TOC consists of two elements—a graphic representation and a narrative—that describe the intended inputs and outcomes of a program and the theory or logic underlying the relationship between the two.

The TOC is more than just a program overview: it makes explicit the “if-then” assumptions embedded within the program design.

The TOC for San Mateo County’s CWCRT Pilot Program includes a problem statement, core program elements, outcomes, and goals. This TOC was developed during the first few months of the pilot program’s implementation through a collaborative process that involved key program partners, and it was then used to inform the design of the pilot program evaluation.

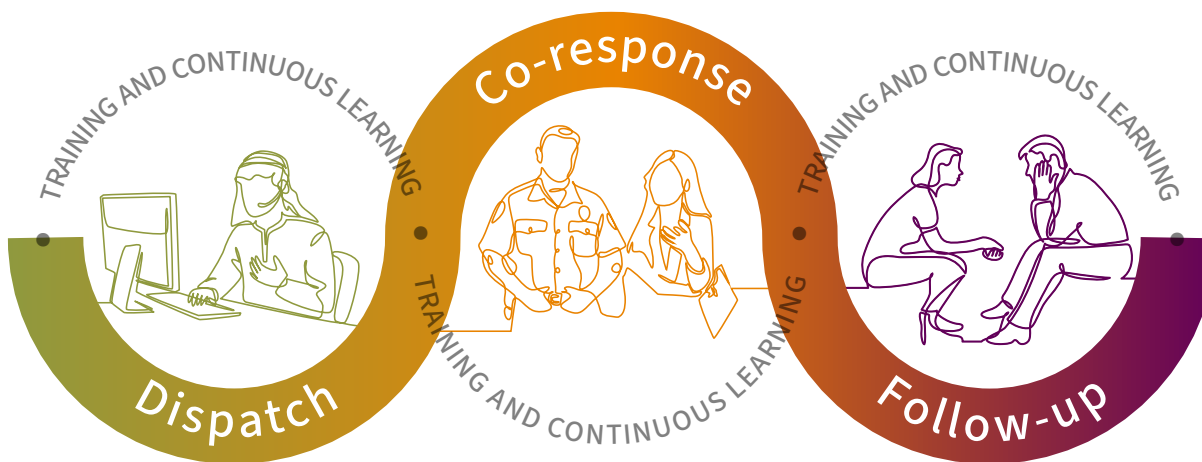
In general, a TOC is a living document. In the field of program design and implementation, pilot program evaluation findings often invite reflection upon and even revisions to a program’s original TOC. This brief, released alongside the pilot program evaluation findings, provides a description of the original TOC that informed the pilot program implementation and evaluation; it does not capture any updates that may have been made in response to the pilot’s evaluation findings as the program developed and changed.

Problem Statement

A TOC begins with a statement that describes the core challenge or “problem” that will be addressed by a program. The CWCRT Pilot Program’s problem statement is written as follows:

In San Mateo County, community members are encouraged to call 911 when experiencing a crisis that requires immediate assistance. Emergency responders dispatched to the incident (police, fire, medic) do not typically have clinical mental health expertise, yet many of the incidents to which they (particularly law enforcement) are dispatched involve a mental health component. Assuming high prevalence of such crises—and that the individuals involved would benefit from a response that includes clinical expertise—San Mateo County and four cities within the county piloted a Community Wellness and Crisis Response Team program that partners police officers with mental health clinicians in a first-responder framework.

San Mateo County, California Community Wellness and Crisis Response Team



Core Program Elements

Four core elements are central to the CWCRT Pilot Program’s design and implementation:

Dispatch. When a 911 call involves a known or suspected mental health component, a “co-responder team” consisting of a law enforcement officer and a mental health clinician is dispatched to the scene.

Co-response. At the scene, the law enforcement officer and the mental health clinician function as a co-responder team to address the needs of clients and resolve the situation. The law enforcement officer takes the lead on de-escalating and ensuring the safety of everyone present, including the mental health clinician. Once the scene is secure, the clinician takes the lead on assessing the client and determining the appropriate intervention, such as whether an involuntary psychiatric detention (or “5150 hold”) is required, and guiding the client toward appropriate health services.¹

Follow-up focused on continuity of care. Following the resolution of the call, the mental health clinician makes a follow-up call (typically over the phone) to foster continuity of care and facilitate the client’s connection to resources, including those available through San Mateo County’s Behavioral Health and Recovery Services.

Professional development and capacity building. By centering the program on a collaborative response to crises, the pilot program includes formal and informal opportunities for capacity building of individual law enforcement officers and mental health clinicians, their respective agencies and organizations, and cross-sector systems of collaboration.

1. These actions are pursuant to section 5150 of the Health and Safety Code, which provides legal authority to detain a person involuntarily for assessment, evaluation, and treatment “when a person, as a result of a mental health disorder, is a danger to others, or to themselves; or is gravely disabled due to a mental disorder,” defined as being unable to provide for their own basic needs such as food, clothing, or shelter.

Outcomes

If implemented as designed, these core program elements are expected to facilitate measurable improvement toward the program's short- and long-term outcomes. The TOC articulates several short-term outcomes that can be measured during the course of the CWCRT Pilot Program implementation and provide "lead indicators" or early signals about the degree to which the program is on course to achieve its long-term outcomes.

Over the course of the pilot period, partners anticipate that a CWCRT co-response to a mental health-related crisis will meet the immediate needs of the client and resolve the crisis without further complicating the individual's wellbeing—as evidenced by short-term outcomes such as reduced rates of involuntary psychiatric detentions, program-related calls for service, arrests, and police use of force in co-response situations.

In addition, partners anticipate that within the first two years of implementation, the CWCRT Pilot Program will:

- Improve cross-sector collaboration in ways that optimize the emergency response provided to individuals experiencing a mental health-related crisis;
- Connect individuals in crisis to appropriate mental health services beyond emergency psychiatric services.

As a result of improving the quality of the emergency response and connecting individuals in crisis to appropriate resources, partners believe those who receive a CWCRT co-response will be better resourced and less likely to dial 911 to access mental health support in the future. This will reduce strain on local emergency services by reducing the frequency of mental health-related incidents, enabling law enforcement and other emergency responders to attend to crises to which they are appropriately trained.

If the program achieves these short-term outcomes, it will be well-positioned to achieve its intended long-term outcome, which is for individuals receiving emergency services via 911 for a mental health-related crisis to experience lower rates of involvement with the criminal justice system.

Goals

If the long-term program outcome is achieved, then the program will advance the long-term goal of contributing to the improvement of public safety and public health in San Mateo County through cross-sector collaboration and coordination among law enforcement, criminal justice, and health and human services.

Conclusion

Program evaluation begins with a sound TOC that reflects the assumptions embedded within the original program design, which is revisited as needed through to the conclusion of the evaluation.

While the initial TOC provides the foundation for program implementation and evaluation, it is a living map that adapts to changing circumstances over the course of program implementation. Such contextual changes require adjustments to core program elements or short-term outcomes prior to the evaluation's completion. In addition, study findings themselves often inspire modifications informing future program implementation.

Thus, the CWCRT Pilot Program TOC informs all aspects of the evaluation plan, including research on program implementation and impacts. Reference to this TOC may be found in the three implementation briefs, the program impact brief, and the impact technical report that comprise the research findings resulting from this evaluation plan.

CWCRT Pilot Program Theory of Change

Problem Statement

When experiencing a crisis that requires immediate assistance, community members are encouraged to call 911. Emergency responders dispatched to the incident (police, fire, medic) do not typically have clinical mental health expertise, yet many of the incidents to which they—particularly law enforcement—are dispatched involve a mental health component.

Given the prevalence of such crises, and recognition that the individuals involved would benefit from a response to their emergency that includes additional clinical expertise, San Mateo County and four cities within the county are piloting a Community Wellness and Crises Response Team Program, partnering law enforcement officers with mental health clinicians within a first-responder framework.

Core Program Elements

DISPATCH

Co-response team dispatched to 911 calls with a known or suspected mental health crisis.

CO-RESPONSE

Co-response team de-escalates the situation, assesses the client for risk to self/others, provides appropriate intervention, and guides client toward appropriate health services.

FOLLOW-UP

Mental health clinicians follow up with client to connect them to resources through Behavioral Health and Recovery Services.

PROFESSIONAL DEVELOPMENT

Intentionally fostering capacity building of individuals (professional growth and development), organizations (norms, policies, processes), and systems (e.g., cross-sector collaboration and coordination related to data).

Short-term Outcomes

Co-response team meets the immediate need(s) of the client experiencing a crisis involving a mental health component as evidenced by:

Reduced rate of use of force

Reduced rate of arrests

Reduced rate of criminal offenses

Reduced case-to-incident ratio

Improved cross-sector collaboration optimizes response to individual experiencing a crisis with a mental health component

Improved community utilization of mental health services and resources

Reduced strain on emergency services and systems

Long-term Outcomes

Individuals receiving emergency services via 911 for a crisis involving a mental health component experience positive outcomes including but not limited to low rates of involvement with the criminal justice system (e.g., reduced recidivism).

Goals

Improve public safety and public health throughout San Mateo County through cross-sector collaboration and coordination among law enforcement, criminal justice, and health/human services.

About the Gardner Center

Stanford's Gardner Center conducts research in partnership with school districts, nonprofits, foundations, and government agencies to generate practical solutions that advance equity for young people and their communities.

<https://gardnercenter.stanford.edu>



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