

CASE STUDY REPORT

January 2019

Post-Crisis Response Team (PCRT) Project

DuPage County Health Department

INNOVATION CHARACTERISTICS

New or creative | Transformational | Collaborative | Co-produced | Replicable



The Post-Crisis Response Team (PCRT) Project in DuPage County, Illinois is an innovative, cross-sector partnership designed to address the mental health needs of individuals involved in the criminal justice system by providing linkages to behavioral health treatment and other social service resources. The DuPage County Health Department (DCHD) partnered with the DuPage County Sheriff’s Office to implement this multi-pronged pilot. This project was implemented with funding and support from the Robert Wood Johnson Foundation (RWJF) through the Public Health National Center for Innovations (PHNCI) Public Health Innovations Implementation Grant Program.

The PCRT Project involves two main components: 1) a cross-sector team that provides a mental health component for individuals who come in contact with the criminal justice system, and 2) standardized coding for mental health 911 calls in order to improve data collection and analysis. This case study describes how DCHD is implementing the two components of the PCRT project, project results, recommendations for expanding the PCRT scope, and considerations for other communities seeking to adopt the PCRT.

INNOVATION FOCUS

Topic Areas

Systems Redesign, Mental and Behavioral Health, and Criminal Justice

Summary

The PCRT project implements a cross-sector approach to addressing the intersection of mental health and criminal justice. The PCRT follows up on 911 calls with a mental health component and refers individuals to mental and social services as needed. The project also includes a data refinement component to streamline the crime reporting codes used to identify 911 calls with a mental health component.

Location Served

DuPage County, Illinois

Partners

The Sheriff’s Office and other key criminal justice and behavioral health stakeholders (behavioral health providers, the police, state attorneys, public defenders, and jails).

Target Audience

Individuals experiencing mental health issues and those who interact with the criminal justice system.

Background

In DuPage County, Illinois, mental health was identified as a top five need by Impact DuPage, a cross-sector, collective impact initiative dedicated to increasing awareness of community needs and promoting community well-being. Throughout the county, community organizations and leaders were actively engaged in identifying strategies to address mental and behavioral health issues, which fostered an environment receptive to establishing the Post-Crisis Response Team (PCRT) project. The PCRT project is designed to:

- Reduce the number of individuals with mental health issues in the criminal justice system;
- Minimize these individuals' risks of recidivism and repeated interactions with law enforcement;
- Connect residents who may be experiencing a mental health crisis with appropriate mental health care; and
- Standardize law enforcement reporting of interactions with individuals experiencing a mental health crisis.

The need for the PCRT project was identified in October 2015, when DCHD relocated its Crisis Services Program to the same campus as the DuPage County Jail and Sheriff's Office. Because the Crisis Services Program is open at all hours, individuals recently released from incarceration began to approach the program in search of services. Because of the increasing number of individuals from the criminal justice system, the health department and Sheriff's Office began discussions to identify ways to better coordinate their activities, and eventually focused on a preventive approach that engaged individuals in mental health services post-crisis. To gain a better understanding of potential models for addressing mental health issues post-crisis, DCHD staff conducted a scan of community models for addressing mental health issues in the criminal justice system and identified the Behavioral Health Unit, created by Portland Police Bureau in Portland, Oregon, as an existing model that could be tailored to their community. DCHD discussed this model with the Portland-based law enforcement office, including their policies, protocols, best practices, and lessons learned, to inform the core components of the PCRT project in DuPage County.

The PCRT Project

The PCRT project implements a cross-sector approach to serving individuals who come in contact with law enforcement and have mental and behavioral health service needs. The project's primary activity is the activation of a cross-sector team, comprised of a mental health clinician and a sheriff deputy with social work experience, to follow up on 911 calls with individuals experiencing a mental health crisis. To identify individuals in need of follow-up, the DuPage County Sheriff's Office manually reviews 911 calls from across the county to identify calls with a mental health component. The Sheriff's Office shares the selected calls with the team (the PCRT), and the team conducts in-person, follow-up visits for identified calls. For the follow-up visits, the sheriff deputy is uniformed, and the team travels in a police car for safety purposes. During the follow-up, the PCRT assesses the need for linking individuals to mental health and social services and for referring individuals to the appropriate services as needed. This follow-up is conducted with the individual involved in the 911 call and/or their family members. The team also provides brief intervention and risk assessment, if needed. By including a member of law enforcement along with a mental health professional, the PCRT shifts the focus from arrest to treatment and referral and builds trust between law enforcement and individuals who may have repeated interactions with law enforcement. The follow up visit includes making referrals to appropriate mental health services and other social services within the community, such as community health workers.

In addition to the cross-sector PCRT team, DCHD seeks to standardize the Uniform Crime Reporting (UCR) codes used for mental health calls in DuPage County. Currently, different UCR codes are used across 37 municipal police departments, 35 of which are fully within DuPage County, and aligning them will improve the ability of DCHD to estimate the number of call follow-ups needed from the PCRT and ultimately improve assessment of mental health needs using population-level data. The UCR codes component of the project involves data collection and analysis

activities to compile the codes currently used and development of a standardized coding system, as well as activities to support the adoption of standardized codes that indicate a 911 call with a mental health component.

Key Design Activities

Staff from DCHD and the Sheriff's Office held regular planning meetings to jointly conceptualize the project and develop draft policies and procedures to guide implementation. Specific activities that supported the design and implementation of the PCRT project included:

- Developing standard operating procedures for review, referral, assessment, and follow-up of individuals in need of mental health/social services;
- Developing qualifications for PCRT members;
- Establishing the PCRT team by identifying a Sheriff's deputy with social work experience to serve full time, as well as a mental health clinician from DCHD;
- Conducting a Sequential Intercept Mapping workshop (described below), attended by key criminal justice and behavioral health stakeholders, including behavioral health providers, the sheriff's office, police, state attorneys, public defenders, and jails; and
- Beginning implementation of the PCRT on a reduced schedule (i.e., where the team was only active during certain times) before expanding to the full schedule.

Sequential Intercept Mapping is a process by which stakeholders from different sectors work together to identify opportunities for community change to improve services and reduce involvement in the criminal justice system. In this workshop, DCHD convened stakeholders who assessed the criminal justice and mental health system; identified how individuals with mental health issues encounter law enforcement; identified priority areas, opportunities for collaboration, innovation, data collection, and analysis; and developed a plan for addressing gaps across the system. This group also established workgroups focused on a 24/7 Receiving Center and Post-Incarceration Support that reviewed national models to develop recommendations for DuPage County.

DCHD also implemented the following activities to support the UCR Codes project component:

- Having a dedicated staff person work on data analysis for the program;
- Reviewing existing UCR codes used for interactions with individuals experiencing a mental health crisis;
- Conducting data collection from county law enforcement offices to assess their crime reporting practices and identify the most commonly reported UCR codes; and
- Standardizing reporting processes for 911 calls with a mental health component throughout the county's law enforcement agencies.

Considerations for Replication, Adoption, and Adaption

Planning for Replication. DCHD and the Sheriff's Office developed standard operating procedures for the PCRT project, with replicability in mind. Throughout implementation, the project team has been documenting lessons learned and updating the standard operating procedures to reflect potential improvements, changes made, and challenges. The health department and the Sheriff's Office plan to collaborate on disseminating information about the PCRT project and its outcomes, once that information is available. Potential venues identified for dissemination include conferences, other in-person venues, and online best practice databases. They have also indicated that they are open to providing technical assistance to communities looking to adopt the intervention.

Considerations for Potential Adopters. One consideration for adoption is the community's readiness for such an innovation, including the existing relationship between the health department and law enforcement, and the current priorities of the respective sectors. It is also important for entities seeking to implement a cross-sector approach to addressing mental health issues to understand the culture of partner organizations. It will also be essential for adopters to ensure that the mental health and law enforcement arms of the innovation have a mutual understanding of the importance of client confidentiality and that all parties develop and adhere to stringent guidelines for client confidentiality. In terms of staff and training needed to implement the innovation, project staff highlighted the importance of having someone on the PCRT who has training and/or knowledge in social work, the criminal justice population, and law enforcement. It is also important for law enforcement officers engaged in the innovation to undergo Crisis Intervention Team (CIT) training to become aware of mental illness and signs and symptoms.

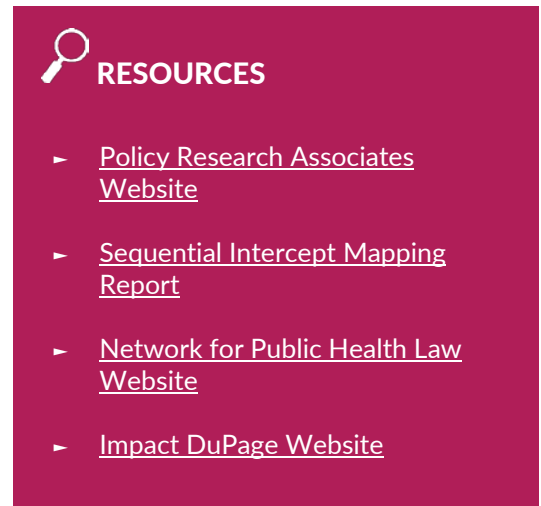
Potential Modifications to the Innovation. One component of the PCRT project that could be altered is the mechanism for 911 call follow-up. In DuPage County, initial outreach occurs in-person, but in other communities, in-person follow-ups may not be an option or may not be a good fit for the community, so they could consider conducting follow-ups via phone or another method. Other entities should seek to engage residents in a way that fits their organization, resources, and community. Project staff also noted that other communities could choose whether to utilize police uniforms and a police car versus a plainclothes officer and non-police car for conducting outreach. Additionally, DCHD is a large, well-resourced organization that can conduct referrals and follow-ups in-house, but others seeking to implement the innovation may need to modify this approach by contracting with partners to conduct certain project activities.

Agency-Level Support. DCHD leadership are comfortable with innovation, change, and quality improvement. Agency leadership encourage staff to identify areas for quality improvement. The health department also has a QI tool library and an internal QI committee. This has created a culture that is accepting of innovation and focuses on sustaining innovative practices. External factors, such as resource constraints, have also stimulated innovation at the health department by necessitating the identification of new mechanisms for carrying out their work. Buy-in from the executive director and other health department management and leadership has also been key to this project. Health department supervisors and staff who provide direct services to residents helped identify the problem and develop potential solutions.

Sustainability. Factors that will promote sustainability of the PCRT project included: project activities to align law enforcement and public health data systems; evaluation of the PCRT (see below); cost and resource savings from connecting individuals to behavioral health services rather than the criminal justice system; and community stakeholders' commitment to mental health. Additionally, DCHD is currently working to capture all post-crisis services provided through the PCRT team (clinician and sheriff's deputy) that are billable to insurance and exploring the extent to which the health department can contract with municipal police departments in the county to fund the staff positions required for the PCRT.

Implementation Experiences

DCHD's experiences with implementation provided some lessons learned that hold implications for entities seeking to replicate, adopt, or adapt the PCRT model. Some of the challenges experienced by DCHD include:



RESOURCES

- ▶ [Policy Research Associates Website](#)
- ▶ [Sequential Intercept Mapping Report](#)
- ▶ [Network for Public Health Law Website](#)
- ▶ [Impact DuPage Website](#)

- **Identifying and recruiting individuals to inform the UCR standardization process.** UCR code standardization across 37 municipalities and the Sheriff's Office proved to be a larger, more complex task than initially anticipated. DCHD experienced challenges identifying and recruiting individuals to participate in interviews. DCHD modified their approach and instead implemented a short survey for municipalities that assesses their crime reporting procedures. They found that municipalities were more willing to respond to a short survey than participate in a telephone discussion, and 29 municipalities participated in the survey and reported that 51 different UCR codes were being used.
- **Gaining buy-in for changes to UCR protocols.** DCHD experienced challenges identifying specific codes for mental health calls that all jurisdictions agree to. Some law enforcement offices are not receptive to overhauling the UCR coding process and/or disagree with the new codes proposed.
- **Organizational perspectives.** The different perspectives of law enforcement and public health has been another challenge for the project. Public health focuses on prevention and treatment, while law enforcement focuses on public safety.
- **Staffing the project.** DCHD and the Sheriff's Office have struggled to identify appropriate individuals to serve on the PCRT. Initially, the PCRT included emergency services counselors, but the staff were overwhelmed with competing priorities and found it difficult to manage their tasks and complete the necessary paperwork. Ultimately, staff in the health department's new forensic behavioral health unit were trained to serve on the PCRT and address the staffing issues.
- **Procedures for follow-up.** DCHD also made changes to the 911 call follow-up procedures. Initially, the innovation targeted the individual from the 911 call for follow-up. After observing that the individuals on the 911 calls were not always ready to engage with the PCRT or be linked to services, follow-up efforts were broadened to include engagement, education, and support for the family.
- **Tracking external referrals.** Similarly, there were some challenges tracking external referrals. Maintaining consistent contact with clients and tracking the extent to which clients are successfully linked to services also requires significant resources and time; sometimes clients do not attend scheduled meetings with the PCRT. To address the issue of consistent contact, the project team distributed magnets with the PCRT contact information and the number for a national suicide prevention line.
- **Maintaining partner engagement.** Ongoing engagement of a large group of diverse partner organizations has also been challenging.
- **Collecting data.** The project team highlighted the importance of data collection and tracking, especially in terms of identifying individuals in need of the intervention and also for assessing program outcomes. This was a challenge from the outset due to law enforcement and the health department having separate data systems. This challenge was addressed by hiring a data analyst to support the development of a standardized system for UCR codes.
- **Geographic challenges.** Providing response services across the entire county and over a large geographic area has been challenging, especially doing so from a central location.

Results

The project team is evaluating the PCRT by analyzing program data in order to facilitate quality improvement and track progress towards project outcomes. The evaluation is tracking various indicators, including the number of clients that the PCRT engages, referrals, length of participation in the PCRT, and successful linkages to services. The project team meets monthly to discuss challenges and potential improvements identified through the evaluation. DCHD is revising their data systems to be able to identify clients that are contacted again in the future.

To date, DCHD and the Sheriff's Office have achieved the following results from the PCRT project:

- Linked individuals in the community to mental health and social services that they had not previously received.
- Developed new and strengthened relationships with partners. Following the Sequential Intercept Mapping workshop, there has been improved collaboration and communication between the sectors involved that led to an emphasis on a whole community approach to addressing mental health in the criminal justice system and additional workgroups and subsequent projects.
- Identified six priority areas through the Sequential Intercept Mapping workshop. The county's Behavioral Health Collaborative—a cross-sectoral group of behavioral health and criminal justice individuals and organizations—agreed to address two of the priority areas and has established workgroups to review and establish recommendations for a 24/7 receiving center and post-incarceration support.
- Strengthened partnership between DCHD and the Sheriff's Office that also led to the identified need for and subsequent hire of a re-entry specialist to help integrate individuals into the community after they are released from jail. According to DCHD staff, the health department is also now viewed as the “go-to” for some of the law enforcement office's mental health projects, including offering CIT training to police officers.
- Identified two crime reporting codes—in addition to the standardized suicide codes—that should be utilized by all municipal police departments to identify 911 calls with a mental health component. The codes include one code for a mental health crisis that did not include a suicide threat, and one code for a mental health crisis that included a suicide threat. The project team recommended these codes to the Sheriff's Office, and the Sheriff will then pass along the recommendations to the Chief's Association. The Chief's Association will determine whether the two codes will be the only mental health-related codes included in the new crime reporting Records Management System (RMS).
- Observed improved success in linking clients to mental and social services within the community after altering the PCRT's approach to include family members in follow-ups.

Next Steps

DCHD is exploring strategies to expand the PCRT project to other municipalities within the county. They plan to analyze data from the standardized reporting codes in order to identify municipalities that would benefit from the PCRT. The UCR code standardization process will support expansion into other communities, as it will improve reporting, align data systems, and facilitate the review and referral of 911 calls to the PCRT. DCHD will continue to recommend a standard set of UCR codes for implementation in the new RMS, which will be implemented countywide in late 2019. Going forward, DCHD would like to research other effective models for mental health crisis response.

For More Information about the DuPage County Post-Crisis Response Team (PCRT) Project:

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