Wilder Research

Law Enforcement-Social Services Collaborations

Evaluation Framework

Background

In 2019, the East Metro Crisis Alliance commissioned Wilder Research to develop an evaluation framework intended to assess the impact of collaborative efforts between law enforcement and social service agencies to better serve individuals with mental health and substance use needs. To develop this framework, Wilder Research held a convening and conducted interviews with several agencies who have implemented collaborative programs or plan to in the future. Agencies were asked about program goals, program impact, and their current data collection practices.

Despite differences in capacity, resources, location, and local supports, these collaborations share a goal of better serving individuals with mental health and substance use needs. Drawing on input from law enforcement agencies, this framework identifies several goals and priority indicators that most agencies reported they would be able to collect. These indicators could be compiled across agencies to see system-level impact from these programs.

This framework also identifies additional data agencies could track to further strengthen their evaluation practices. Law enforcement and social service entities can collaborate to identify which of these indicators are best suited to assess whether their program is meeting its goals and the best method for collecting this information. Although this framework was designed with the east metro in mind, it can be used by agencies outside the east metro.

Program goals

Agency representatives identified a variety of goals their programs are working toward or hope to work toward in the future. These goals fall into six categories: improving individuals' connections to available resources, shifting and reducing the burden of mental health/substance use-related incidents on law enforcement, improving incident outcomes, improving community safety, improving relationships among agencies and between individuals and police, and reducing costs.

Improve individuals' access to and engagement with resources and services

- Increase or sustain engagement with social services and other resources
- Increase awareness of available resources and services
- Increase compliance with treatment plan and medications

Shift/reduce burden of calls and incidents involving mental health/substance use

- Reduce number of calls from high utilizer individuals
- Reduce repeat calls for same individuals and same locations
- Reduce number of 911 calls
- Reduce number of SWAT callouts
- Reduce time spent responding to incidents
- Reduce burden on patrol officers

Improve incident outcomes

- Increase diversions from emergency departments and reduce number of hospital transports
- Increase diversions from criminal justice system and reduce number of arrests
- Reduce number of incidents involving use of force or a weapon
- Reduce number of incidents involving suicide attempts or completions

Improve community safety

- Reduce crime
- Reduce recidivism

Improve relationships

- Improve relationships with individuals served and their families
- Increase trust of police
- Increase trust and collaboration between law enforcement and social service agencies

Reduce costs

- Reduce costs to law enforcement and criminal justice systems
- Reduce costs to hospitals and costs related to hospital transports

Priority impact indicators

Several factors were considered in identifying priority impact indicators:

- The number of respondents that identified the indicator in their interview or during the convening
- The feasibility of collecting data about the indicator (e.g., collecting qualitative feedback from individuals served would be resource-intensive)
- The feasibility of analyzing the collected data (e.g., analyzing qualitative data would be resource-intensive)
- The extent to which the indicator is consistently defined across agencies (e.g., the number of calls by repeat individuals served is more consistent across agencies compared to the number of calls from "high utilizers," as this term is defined differently)
- The extent to which an indicator is a consistent assessment of impact across agencies and program design (e.g., programs using a follow-up model would conduct more follow-up activities than programs focused on real-time co-response)
- The extent to which an indicator directly assesses the program's impact (e.g., crime rate would be an indirect measure)
- The extent to which an indicator is a comprehensive assessment of a certain goal (e.g., tracking diversions from hospital emergency departments is more comprehensive than tracking the number of voluntary hospital transports)
- The extent to which an indicator could be used to assess additional indicators (e.g., number of diversions from hospital emergency departments could be used to quantify its associated costs, such as hospital transports)

When asked about the potential impacts and goals of their program, agencies frequently described improving connections between individuals served and the resources or supports available to them in their community; reducing or shifting the burden of calls or incidents, particularly from repeat callers or locations; and improving incident outcomes by increasing diversions from emergency departments. Figure 1 includes these goals and their associated indicators.

Agencies could also use priority indicators in conjunction with other indicators. For example, referrals to external services may be associated with reduced calls for service from repeat individuals. Combining indicators may help agencies demonstrate a fuller picture of the individuals they serve and their program's impact.

1. PRIORITY IMPACT INDICATORS AND CORRESPONDING GOALS

Goal	Priority impact indicators
Improve connections to resources and services	Number of individuals referred to external services
	Number and type of external services referred to
Shift/reduce burden of calls and incidents involving mental health/ substance use	Number of calls from/incidents involving repeat individuals served
Improve incident outcomes	Number of individuals diverted from hospital emergency departments[a, b]

[a] The timeframe used to measure this indicator should align with a program's design. For example, real-time co-response programs would indicate whether there was a diversion immediately after the incident, while follow-up programs may choose to track whether an individual was diverted over a certain period of time. Diversions over time could be tracked either by collecting self-report data from individuals served or through other data sources, such as EMS agencies.

[b] It is important to note that a hospital emergency department may be the ideal outcome for some incidents.

Process indicators

Process indicators include information regarding the implementation of a program, such as who received services and what they received. Although this type of data does not demonstrate impacts or progress toward program goals, it can be helpful for programs to understand the population they are serving. Figure 2 includes process indicators agencies may be interested in collecting.

2. PROCESS INDICATORS

Category	Process indicators
Totals	Number of incidents responded to
	Number of individuals served
Demographics and characteristics of individuals served	Race/ethnicity
	Gender
	Age/birth date
	Unsheltered/homeless status
	Has/does not have a mental health diagnosis
	Specified mental health diagnosis
Follow-up activities	Number of follow-up visits with individual served
	Number of follow-up calls with individual served
	Number of follow-up letters with individual served
	Number of follow-up visits with family members or caregivers of individual served
	Number of follow-up calls with family members or caregivers of individual served
	Number of follow-up letters with family members or caregivers of individual served

Data management

Agencies may vary in their existing data tracking and management processes and in their capacity to track additional data. Based on input from each participating agency, general recommendations for data management include:

- Add a mandatory drop-down box to reporting forms to indicate whether a call or incident involved an individual with mental health or substance use needs. Depending on the system, this field could differentiate these incidents and allow program data to be filtered and extracted. Additionally, this field could be used to notify program staff of incidents and that the individual involved may need follow-up services. CAD flags may also be useful to indicate whether an address is associated with an individual served by the program.
- Identify a data management system to track data. Depending on the agency, some of this data could be tracked in the agency's records management system (RMS) and later extracted. Agencies may also choose to create their own database in a program such as Microsoft Access or Excel.
- Track data in a way that allows data to be extracted by individual, by event, and by address.
- Some indicators may require a subjective decision by program staff. Agencies should provide guidelines for making these decisions; develop clear and consistent definitions for terms such as "high utilizer," "diversion," and "use of force;" and ensure that all staff tracking this data understand and use the same definition.

Additional impact indicators

Programs can further their evaluation efforts by collecting additional outcome data. Figure 3 includes additional impact indicators programs may want to consider tracking.

When identifying additional impact indicators to use in evaluation, agencies should consider how their program is designed. For example, programs using a follow-up model may be more interested in how frequently program staff are reaching out to individuals they've served compared to programs focused on real-time co-response.

Other systems or agencies may have data available to demonstrate impact. For example, one agency reported the fire department in their jurisdiction experienced a decrease in behavioral health and psychiatric transports since the launch of their program. In addition, county data may be used to demonstrate increases in service utilization, such as an increase in mobile crisis responses or case management intakes. Availability of these data at an individual level may depend on data privacy regulations.

Call volume as an impact indicator

Many agencies identified call volume as a potential indicator of reducing or shifting call burden, but agencies also shared several concerns regarding this indicator. Identifying the cause of changes in call volume may be a challenge, making it difficult to draw conclusions about a program's impact. For example, calls may decline if individuals are connecting with resources that better meet their needs, but they may increase if individuals become more aware that they can receive support by calling the agency directly.

Call volume may also be affected by how agencies receive and divert calls. For example, agencies may experience an increase in 911 calls if their program does not divert incoming mental health and/or substance use calls directly to their program, but 911 calls may decline if the program encourages individuals to use a direct phone number. Similarly, programs may encourage individuals to proactively call for service through a non-emergency line with the hope that this will prevent a future 911 call. Depending on the agency, there may not be a way to track or differentiate between calls to the program and calls to 911 or a non-emergency number.

Lastly, call volume may not be an indicator of the number of people actually served; some individuals may not ultimately receive services beyond the initial call.

To assess their program's impact through call volume effectively, agencies should consider:

- How calls to the program are received and/or diverted, and whether these are differentiated from other calls in data tracking processes.
- Whether calls are coded by type. For example, call codes could be used to determine changes in the frequency of certain call types that may be of particular interest to the program, such as overdoses or proactive requests for support.
- Whether call volume data is best presented when supplemented with other data. For example, presenting call volume as well as the number of individuals refusing services may provide a more precise indicator of the number of individuals actually served.
- Whether there are other indicators that may be better suited to assessing changes in call burden. For example, tracking the number of calls from and/or incidents involving repeat individuals served may be better suited to assessing changes in call burden than actual call volume.

3. ADDITIONAL IMPACT INDICATORS AND CORRESPONDING GOALS

Goal	Impact indicators
Improve access to and engagement with resources and services	Number, type, and/or frequency of external services received[a]
	Method of referral (e.g., accompanied individual to resource/service in-person, called resource/service on behalf of individual, etc.)
	Individual's compliance with treatment plan (e.g., attending therapy, meeting with case manager, etc.)[a]
	Individual's compliance with medications[a]
	Frequency of contact with individual's providers[a]
	Individual's awareness of available services[a]
Shift/reduce burden of calls and incidents involving mental health/ substance use	Number of calls from/incidents involving repeat locations
	Number of calls from/incidents involving high utilizer individuals served
	Number of calls from/incidents involving high utilizer locations
	Number of calls from/incidents involving individuals with history of threatening or engaging in violence
	Number of direct calls to the program
	Number of non-emergency calls for service
	Number of 911 calls
	Number of SWAT callouts
	Feedback about the program from officers and other law enforcement staff, particularly patrol officers[b]
	Length of time spent responding to calls/incidents

[a] This indicator would require collecting follow-up data from individuals or their families, their case manager, or another social services provider.

[b] This indicator would require surveying or interviewing law enforcement staff or staff from other agencies.

3. GOALS AND ADDITIONAL IMPACT INDICATORS (CONTINUED)

Goal	Impact indicators
Improve incident outcomes	Number of individuals diverted from criminal justice system[c, d]
	Number and type of diversionary measures taken when an individual is diverted from criminal justice system
	Number of incidents in which an individual refuses program services
	Number of arrests
	Number of incidents involving use of force
	Number of incidents involving officer injury
	Number of incidents involving injury of individual served
	Number of incidents involving a suicide attempt
	Number of incidents involving a suicide completion
	Number of incidents involving alcohol use
	Number of incidents involving another substance (not alcohol)
	Number of incidents involving a weapon
	The length of time from first incident to civil commitment
	Number of voluntary hospital transports
	Number of hospital transports on hold
	Number and type of outcome after transport hold (e.g., 72-hour hold, voluntary agreement to stay at hospital, discharged, etc.)
Improve community safety	Crime rate
	Recidivism rate
Improve relationships	Feedback from individual served (e.g., overall satisfaction, perceptions of program staff, level of trust, etc.)[a]
	Feedback from family of individual served (e.g., overall satisfaction, level of trust, strength of relationship with staff, etc.)[a]
	Frequency of outreach to individuals served
	Feedback from social service agencies or other agencies involved in the program (e.g., changes in level of trust, changes in level of collaboration, etc.)[b]

[a] This indicator would require collecting follow-up data from individuals or their families, their case manager, or another social services provider.

[b] This indicator would require surveying or interviewing law enforcement staff or staff from other agencies.

[c] The timeframe used to measure this indicator should align with a program's design. For example, real-time co-response programs would indicate whether there was a diversion immediately after the incident, while follow-up programs may track whether an individual was diverted over a certain period of time. Diversions over time could be tracked either by collecting self-report data from individuals served or through other data sources, such as the Minnesota Court Information System and/or the Minnesota Bureau of Criminal Apprehension.

[d] It is important to note that the criminal justice system may be the ideal outcome for some incidents.

3. GOALS AND ADDITIONAL IMPACT INDICATORS (CONTINUED)

Goal	Impact indicators
Reduce costs	Costs associated with individuals served diverted from criminal justice system[e]
	Costs associated with arrests[e]
	Costs associated with individuals served diverted from hospital emergency departments[e]
	Costs associated with hospital transports[e]
	Costs associated with civil commitments[e]
	Costs associated with SWAT callouts[e]
	Costs associated with civil litigation regarding use of force[e]

[e] Reduced costs could be approximately calculated using the average or median cost of this event and the number by which these events have decreased.

Appendix: Summary of interview and convening findings

The selection of priority indicators, process indicators, and additional outcome indicators was informed by respondent input during the convening and interviews. All respondents were asked whether they currently collect or would like to collect each of the indicators listed in Figure 4. Each indicator could have a possible total of seven agencies that either currently collect or would like to collect this data. If a row does not add up to seven, it indicates that one or more agency did not currently collect that data and they were not interested in collecting it.

4. AGENCY DATA COLLECTION BY INDICATOR

Indicator type and goal	Indicator	Currently collect	Would like to collect
Process indicators	Race/ethnicity	5	1
	Gender	7	0
	Age/birth date	7	0
	Unsheltered/homeless	3	3
	Has/does not have a mental health diagnosis	2	4
	Specified mental health diagnosis	1	4
	High utilization rate	4	3
	Received in-person visit	3	4
	Received phone call	4	2
	Received a letter	4	2
Impact indicators: Improve access to and engagement with resources and services	Received information about a service or referral to a service	5	2
Impact indicators: Shift/reduce burden of calls and incidents involving mental health/ substance use	Number of 911 calls agency-wide	7	0
	Number of 911 calls by individual served	3	4
Impact indicators: Improve incident outcomes	Number of arrests agency-wide	5	1
	Number of arrests by individual served	3	4
	Individual served arrested	6	1
	Involved use of force	5	2
	Officer injury	4	2
	Suspect/individual served injury	4	1
	Involved a suicide attempt	6	1
	Involved substance use	5	2
	Individual served diverted from criminal justice system	2	5
	Individual served transported to hospital	4	3
Impact indicators: Improve relationships	Feedback from individuals served	0	6

In addition, respondents were asked to identify program goals and any additional indicators that would demonstrate the impact of their programs. Figure 5 presents these indicators and the frequency with which they were identified. Convening respondents are counted as one respondent in this table, for a possible total of five respondents for each indicator. It is important to note that respondents were not explicitly asked about each of these indicators. Thus, if a respondent did not identify a certain indicator, it does not necessarily mean they are uninterested in using that data.

5. INDICATORS VOLUNTEERED BY RESPONDENTS

Goal	Indicator	Number of respondents
Improve access to and engagement with resources and services	Individual's compliance with medications	3
	Individual's compliance with therapy appointments	1
	Individual's compliance with case manager appointments	1
	Individual's awareness of available services	3
	Frequency of contact with individual's providers	1
Shift/reduce burden of calls and incidents involving mental health/substance use	Number of SWAT callouts	1
	Number of repeat calls	4
	Number of calls from/incidents involving individuals with history of threatening or engaging in violence	1
	Length of time spent responding to calls/incidents	2
	Feedback from patrol officers	2
Improve incident outcomes	Number of individuals diverted from hospital emergency departments	4
	Number of individuals diverted from criminal justice system	2
	Number and type of diversionary measures taken when an individual is diverted from criminal justice system	1
	Number of incidents in which an individual refuses program services	1
	Number of transport holds	4
	Number of suicide attempts	1
	Number of suicide completions	1
	Number of incidents involving a weapon	1
	Number of civil commitments	2
	The length of time from first incident to civil commitment	1
	Number and type of outcome after transport hold (e.g., 72-hour hold, voluntary agreement to stay at hospital, discharged, etc.)	1

5. INDICATORS VOLUNTEERED BY RESPONDENTS (CONTINUED)

Goal	Indicator	Number of respondents
Improve community safety	Crime rate	1
	Recidivism rate	1
Improve relationships	Feedback from social service agencies or other agencies involved in the program (e.g., changes in level of trust, changes in level of collaboration, etc.)	3
	Feedback from individual served or their families (e.g., overall satisfaction, level of trust, strength of relationship with staff, etc.)	4
Reduce costs	Costs associated with hospital transports	3
	Costs associated with individuals diverted from emergency departments and hospitalizations	3
	Costs associated with individuals diverted from criminal justice system	1
	Costs associated with SWAT callouts	1
	Costs associated with civil litigation regarding use of force	1

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