



TRUST Augmentation

Palo Alto, Mountain View, and Los Altos
Final Evaluation Report, 2024



TRUST Augmentation

Final Evaluation Report

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RDA Consulting, 2024





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Background and Program Design

Program Overview

As the death of George Floyd in 2020 catalyzed the launch of equity and inclusion programs and expansion of alternative service models for police, three municipalities in northern Santa Clara County (SCC)—the Cities of Palo Alto, Mountain View, and Los Altos—banded together to identify an alternative response to mental health crises in their cities.

Congresswoman Anna Eshoo, advocated for the City of Palo Alto to receive a \$2 million federal Community Project Funding grant (earmark) from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2022 to fund programming for mental health response in these three cities. Around the same time, SCC's Behavioral Health Services Department (BHSD) established the Trusted Response Urgent Support Team (TRUST), a program that provides crisis mental health response without the involvement of law enforcement. As the TRUST program fulfilled the original purpose of the earmark, in agreement with SAMHSA, the three cities decided that the earmark would be repurposed to *augment* the County-funded TRUST program. The one-year earmark, awarded in September 2022, was subsequently extended an additional year through September 2024. This program will be referred to in this report as the TRUST Augmentation or the Augmentation; the three cities implementing the program will be referred to as the Augmentation Cities.

In September 2023, the City of Palo Alto, on behalf of the Augmentation Cities, contracted with RDA Consulting (RDA) to complete an evaluation of the implementation and outcomes of the one-year pilot project.

The TRUST Program

The County TRUST program, authorized for up to five years of implementation through a grant, intends to provide an alternative to law enforcement response for individuals experiencing a mental health crisis by providing appropriate phone and field-based de-escalation services, follow-up, and referrals to services as needed. Other crisis response teams in SCC which are designed to *include* law enforcement, namely the City-County partnership Psychiatric Emergency Responses Team (PERT) and the County's Mobile Crisis Response Team (MCRT), are expected to address calls that involve a high risk or threat of violence (including suicide).

TRUST has four distinct service areas in SCC: North County, South County, West Valley, and San Jose. Services are provided by two contracted mental health service providers – Pacific Clinics and Momentum for Health. Pacific Clinics operates the field teams that respond in South County, West Valley, and San Jose and operates the program's 24/7 phone line (from which all teams are dispatched). Momentum for Health operates the program's field responses in the North County service area only, which consists of the following jurisdictions: Los Altos, Loyola, Moffett Field, Mountain View, Sunnyvale, Palo Alto, Stanford, Alviso, Milpitas, Santa Clara, and Mount Hamilton.

TRUST Program Services

- **Call Center.** A 24/7 call center that fields calls referred from 988 or the County Behavioral Health Line (1-800-704-0900). SCC BHSD operates the County's 988 line, which serves as the access and referral point for TRUST. When callers dial 988 from a SCC area code, they are given a menu of options. By dialing the option for 988, callers are connected to the

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TRUST call center. The call center provides on-demand over-the-phone mental health support, symptom management, and de-escalation support. Additionally, the call center provides referrals to additional services and connection to field team response services that send a mental health professional to the client's location in SCC¹.

- **Field Teams.** Four field teams serve SCC; one field team is dedicated to serving the North County. Each team includes a mental health worker, first aid provider, and a peer specialist. The field teams respond to in-person behavioral health related crisis calls, perform needs assessments, and provide behavioral health stabilization and resolution onsite, necessary transport, and connection to other resources for further care, including connection to emergency medical services and psychiatric care, if needed. Additionally, when not actively dispatched, the field team is present in the community, making connections, building relationships and increasing the community's familiarity with the program. The field teams address every situation on a case-by-case basis, providing responsive care without involving law enforcement.

The Augmentation

The TRUST program *Augmentation* is committed to enhancing the services provided by TRUST through additional community outreach, case management, and mental health first aid training in the three Augmentation Cities. Through outreach and engagement with the community, augmentation services aim to increase awareness and utilization of the TRUST program. The Augmentation also includes one-on-one client case management services that allow for additional follow-up and assistance with navigating mental health and other social services. Lastly, the Augmentation involves training over 1,000 individuals in Mental Health First Aid (MHFA) — a curriculum designed to develop community members' ability to identify and respond to mental health crises, including referring individuals to appropriate crisis services such as TRUST.

Augmentation Services

- **Community Outreach Workers.** Eight community outreach workers—also known as “Promotores”—engage with residents, businesses, and community-based organizations throughout Palo Alto, Mountain View, and Los Altos to raise awareness about the North County TRUST program. Momentum for Health set a goal for its Promotores to each engage an average of 10 community contacts each week. Over 48 working weeks in the project year, this would result in 480 community contacts for each team member.
- **Case Management.** Two case managers provide support for individuals who have been visited by the TRUST field team. Case managers provide follow up support and service linkages (including behavioral health, healthcare, housing, education, etc.). Case managers also assist clients with system navigation and help those who qualify for public assistance apply for benefits (including Medi-Cal, CalFresh, General Assistance).
- **Mental Health First Aid Training.** Through the Augmentation, Momentum for Health is also funded to provide MHFA training to over 1,000 school personnel, social service providers, families, and community members. Participants will be equipped to assess mental health needs, deescalate crises, and make referrals to appropriate behavioral health services and resources. The goal is, within a year, to deliver this training to 1,040 participants. The Promotores are each formally trained to deliver the training. Since Promotores are prepared to deliver both MHFA training and TRUST community outreach, Momentum for Health has added community outreach content to the end of the MHFA

¹ Pacific Clinics handles all calls and dispatch. When callers are in North County, they route calls to Momentum for Health.

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training curriculum, allowing staff to simultaneously provide information about TRUST and deliver the standardized MHFA curriculum. For the purposes of this report, outreach activities conducted as part of MHFA training events are denoted separately from other community outreach (which are referred to as “street outreach”).

Momentum for Health

The City of Palo Alto, acting as the lead agency among the Augmentation Cities, contracted with Momentum for Health, one of the largest behavioral health services providers in SCC to provide the TRUST Augmentation services. The Momentum for Health team is experienced with and specially trained to assist individuals who are in urgent need of support for mental health and substance use conditions. As the contracted service provider for TRUST services in the North County region of SCC, Momentum for Health also responds to TRUST calls for service in 11 jurisdictions (i.e. the Augmentation Cities plus eight others). Representatives from the Augmentation Cities meet once per month with Momentum for Health leadership to discuss Augmentation progress.

Community Advisory Board

The Community Advisory Board (CAB) is composed of TRUST staff, County staff, community members with lived experience of mental health crises, family members of individuals with lived experience, service providers (partner agencies, Emergency Medical Services, Behavioral Health Services Department programs), community leaders and peers. The North County CAB meets monthly to obtain progress updates from the County on TRUST's implementation and program awareness. In addition, the CAB convenes to build community trust, review the process of linking clients to services, review performance measure data, and discuss and troubleshoot program needs and challenges.²

² There are four CABs total—one for each region implementing the TRUST program in Santa Clara County.

Observations on the Implementation of the TRUST Program: October 2023 – April 2024

In the process of planning and executing the Augmentation Evaluation, RDA made several observations regarding the implementation of the SCC TRUST program that may have an impact on the implementation or outcomes of the Augmentation project. Because the Augmentation is intended to build upon the TRUST program, limitations and challenges in TRUST inherently create limitations and challenges for the Augmentation.

- **Communication and collaboration:** RDA observed significant challenges in communication among the three primary partners involved in TRUST (i.e. SCC BHSD, Pacific Clinics, and Momentum for Health). While reaching out to these stakeholders for secondary data, there were numerous instances of confusion regarding whose primary responsibility it was to collect or share data. Partners expressed lack of clarity regarding roles in the TRUST program as they relate to data, shedding light on lack of clarity in roles in the overall administration of the program.
- **Program structure and contracting:** SCC BHSD chose to hire two separate contracted service providers to deliver TRUST services, and the contracts for these two providers have significantly different scopes of work, including significant differences in the geographical reach of each provider. Pacific Clinics is responsible for the 24/7 call center as well as three field teams, responding to the majority of the SCC service area. Momentum for Health is responsible for only one field team and services a much smaller service area. Pacific Clinics and Momentum for Health are not in regular contact with each other and do not share oversight over service delivery. This structure has inherently resulted in differences in how services are delivered in the SCC's four service areas. These differences have not been fully evaluated or communicated. Additionally, RDA observed that the imbalance in the size of service area of the contracts has resulted in distrust between service providers and BHSD.
- **988 And Field Team Capacity:** Stakeholders and Augmentation survey respondents expressed perceptions that the capacity of 988 and TRUST field teams is not currently able to meet the demands for service. Callers have experienced long wait times and confusion about getting connected to care via 988, resulting in low levels of trust that clients will get the care they need when they need it. These challenges could reduce the potential of diverting calls from 911 to TRUST.

Evaluation Overview

Overview

In September 2023, the City of Palo Alto contracted RDA Consulting to conduct an eight-month evaluation of the TRUST Augmentation. The purpose of this evaluation is to assess the effectiveness of the TRUST Augmentation in the three Augmentation Cities. RDA developed an Evaluation Plan, in collaboration with the Augmentation Cities, in October 2023. To inform this plan, RDA and the Augmentation Cities conducted interviews with key TRUST program stakeholders and reviewed documentation of the Augmentation's Federal and Local goals and objectives. RDA utilized a mixed methods evaluation design and approach, which leveraged both qualitative and quantitative data and both primary and secondary data. Data collection, analysis, and current reporting are guided by three overarching evaluation questions.

Overarching Evaluation Questions

- 1. To what extent is the TRUST Program Augmentation meeting its intended local and federal goals?**
 - In what ways or areas was the TRUST Program Augmentation successful in achieving its intended goals?
 - In what ways or areas did the TRUST Program Augmentation experience challenges in achieving its intended goals? In what ways were challenges addressed?
- 2. What programmatic and contextual factors influence progress towards goals?**
 - What factors contribute to or support progress towards goals?
 - What factors limit or detract from progress towards goals?
- 3. What are the unintended outcomes or secondary benefits of the TRUST augmentation?**
 - For clients?
 - For communities?
 - For system partners?

TRUST Augmentation Program Goals and Objectives

When working to answer evaluation question one, RDA considered two sets of goals outlined in the Augmentation's grant proposal: (1) the **local goals** (LG), representing the impact that Palo Alto, Mountain View, and Los Altos seek from the Augmentation services, and (2) the **federal goals** (FG), representing the intended goals of the SAMHSA award.

Local Goals

LG 1	Establish TRUST program proof of concept, with a focus on North County.
LG 2	Determine TRUST program sustainability.
LG 3	Support sustained crisis de-escalation.

Federal Goals

FG 1	Increase the capacity of the local Palo Alto, Mountain View, and Los Altos communities to respond to mental health crises.
FG 2	Increase collaboration between nonprofit organizations focused on mental health response.
FG 3	Expand awareness about the mental health programs available to the public.

Federal and Local Objectives

Each goal also includes one or more specific objectives. In partnership with the City of Palo Alto, RDA identified new federal and local objectives ("NEW") and refined existing local objectives ("REVISED") to allow for a more complete and responsive assessment of progress towards each goal. These objectives are in addition to those established and written into the SAMHSA award. Of note, while language for the federal goals and some existing objectives reference "mental health programs" and "crisis response services," the new and revised objectives intentionally focus on the TRUST program and augmentation. RDA assumes that "mental health programs," "the programs," "crisis response services," and "alternative response model" described in the stated goals and existing objectives are referring to the TRUST program and the augmentation services funded by SAMHSA in North County. [Appendix A](#) contains the complete list of objectives and their corresponding Federal and Local Goals.

Methodology and Limitations

Data Sources

The following table outlines the data sources RDA used, including the timelines for data collection through each method, whether RDA collected the data (i.e. primary) or received it from another party (secondary), and the number of participants included.

Data Source	Primary or Secondary	Description	Timeline
Community Survey	Primary	179 surveys completed	January 17 – April 29, 2024
Key Informant Interviews (round 1)	Primary	5 (45-min) interviews with stakeholders from: <ul style="list-style-type: none"> • City of Palo Alto • City of Los Altos • City of Mountain View • Santa Clara County • Momentum for Health 	October 2023
Key Informant Interviews (round 2)	Primary	5 (30-min) interviews with stakeholders from: <ul style="list-style-type: none"> • City of Palo Alto • City of Los Altos • City of Mountain View • Santa Clara County • Momentum for Health 	April 2024
Augmentation Service Delivery Data	Secondary	Data details services delivered, including: <ul style="list-style-type: none"> • Case Management • Outreach • MHFA training 	July 2023 – April 2024
TRUST Call Data	Secondary	Number of calls made to TRUST program over time	November 2022 – March 2024
SCC Behavioral Health Call Data	Secondary	Number of calls made to 988 over time	November 2022 – March 2024

Data Collection & Analysis

Community Survey

RDA administered the Community Survey, which included 20 total questions using the online survey platform Alchemer. RDA coordinated with representatives from the City of Palo Alto, Los Altos, and Mountain View, as well as Momentum for Health, to distribute the survey to residents, businesses, community-based organizations, and MHFA training participants. [Appendix B](#) provides the full survey.

To analyze the survey, RDA used Alchemer's reporting tool and Microsoft Excel. RDA included skip logic in the survey design to only present certain questions to participants who met criteria (e.g., direct experience with the TRUST program). Participants were allowed to skip questions, resulting in differing numbers of participants (n) for each survey question. The findings below include the respective n values for survey data analysis.

Key Informant Interviews

RDA conducted two rounds of Key Informant Interviews (KIs). KIs were conducted either one-on-one, or one-on-two (i.e., one interviewer and two participants) using pre-planned questions ("protocols") and a semi-structured approach. The interviewer used the protocol to guide the conversation, asked follow-up questions as necessary, and skipped questions as needed to meet time constraints. Interviews with City representatives included staff from respective jurisdictions' City Manager's Office and Police Department. [Appendix C](#) provides the interview protocols.

Interview data was analyzed using an adapted and simplified thematic analysis approach. Given that each interview was unique, and stakeholders were asked differing questions depending on their role, themes were gathered for each interview. These themes were then synthesized across interviews to determine key findings.

Augmentation Service Delivery Data

Momentum for Health collected and shared the following data, in spreadsheet format, regarding Augmentation services:

- **Case Management Data** includes a log of clients (with personal information removed), the date the TRUST team first contacted each client, the date the client was referred to Case Management services, the categories of referrals provided to the client, referral notes, and the status of the case (i.e. open or closed). To analyze this data, RDA utilized Microsoft Excel to calculate and summarize the total number of clients, number of referrals per client, and list of referral categories.
- **MHFA Training Data** contains the dates of scheduled trainings, modality (i.e., online or in person), the number of attendees, and completion or cancellation notes. Microsoft Excel was used for analysis. The RDA team used Excel formulas to calculate the total number of completed training sessions and total number of attendees for each session. Additionally, the team created a pivot table to determine the number of completed trainings and attendees per month.
- **Outreach data** included dates of outreach activities along with the staff member responsible, the number of contacts for that date, the businesses or entities contacted,

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resources provided, and any additional notes. RDA analyzed these data in Microsoft Excel using pivot tables to calculate the number of total contacts per month and the number of outreach staff per month. The team then calculated the average number of outreach contacts per staff person per month, and subsequently the number of outreach contacts per staff person per week (dividing by the number of weeks in each month).

TRUST Call Volume Data

Pacific Clinics collected and shared data on the volume of calls for service to the TRUST call center. This data contained the aggregate number of calls to TRUST during the data collection period (November 1, 2022 through March 31, 2024). Additionally, Pacific Clinics tracks the zip code of callers and provided RDA with a monthly breakdown of the number of calls by zip code with a comparison chart of zip codes relevant to geographical areas of the Augmentation Cities.

RDA analyzed TRUST call volume data in Microsoft Excel. Using pivot tables, we identified the monthly number of calls for each city of interest, and then combined those numbers to demonstrate the total number of calls to TRUST for the three Augmentation Cities for each month.

988 Call Volume Data

SCC BHSD delivered call volume data in a spreadsheet, which details the aggregate number of calls per month. SCC BHSD also provided data regarding the total number of 988 calls that were referred to TRUST, and RDA has presented this total alongside the TRUST call volume data from Pacific Clinics (i.e., the number of TRUST calls that Pacific Clinics reports receiving from 988). While these numbers unexpectedly differ, it is possible that some calls may have dropped (e.g., if a caller hung up while waiting for their call to be connected from 988 to TRUST), resulting in Pacific Clinics documenting fewer calls received compared to the number 988 reported referring to TRUST.

Limitations

- **Secondary data access, availability, and quality:** The availability and quality of the data collected by third parties has inherent implications on RDA's findings. RDA encountered the following challenges and limitations with secondary data sources:
 - Augmentation partners do not have established data reporting or data sharing processes or agreements in place (see "observations on the implementation of the TRUST program")
 - Data was not available regarding call or response volumes from 911 related to mental health crises.
 - TRUST call center data does not include tracking of repeat calls for service.
 - Case Management data does not include numbers of contacts per client.
 - SCC 988 data does not include caller location.
- **Qualitative data sources:** KIs and open-ended survey questions elicited qualitative data, which is inherently limited in its usability for drawing causal conclusions. Data collected

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through these methods describes experiences and perceptions of participants but is not generalizable to a broader population.

- **Survey distribution:** Survey distribution and self-selected participation influence the quality of data collected through the community survey. Survey participation is inherently dependent on a variety of factors which could limit the reach of the survey (e.g., community survey fatigue). Given that participation is voluntary, those who chose to participate may share experiences or beliefs that are not representative of the community more broadly.
- **Comparative analysis:** Given the evaluation timeframe, the window of opportunity for primary data collection activities, and the lack of baseline data, RDA is unable to complete comparative analysis of conditions before vs after implementation of the program. Additionally, due to the overlapping timelines of TRUST implementation and Augmentation implementation, it is not possible to entirely isolate the impacts of the Augmentation from impacts of TRUST.

Evaluation Findings

RDA developed evaluation findings to address the evaluation questions and are presented in this report in two groups: Implementation Findings and Outcome Findings. Letters denote findings that can be directly tied to a specific Objective within the Federal and Local goals. [Appendix A](#) has the full list of objectives and their corresponding letters.



Light blue dots signify findings that relate to Federal Goals 1-3, with letters indicating the related Objectives A-O.



Dark blue dots signify findings that relate to Local Goals 1-3, with letters indicating the related Objectives P-W.

Implementation Findings

Summary of Findings

Momentum for Health has substantively implemented all three Augmentation services—community outreach, case management, and MHFA trainings—despite challenges in implementation.

Staffing challenges, including both hiring and turnover, impacted implementation of each service area.

Challenges in the implementation of the SCC's TRUST program created challenges in the Augmentation implementation as well. These challenges are highlighted in the Background section of this report.

Momentum for Health staff adapted and were able to mitigate some implementation challenges by finding creative solutions to service delivery, bringing in support from other programs during staff vacancies, and troubleshooting challenges in communication with other partners.

Outreach & Advertising

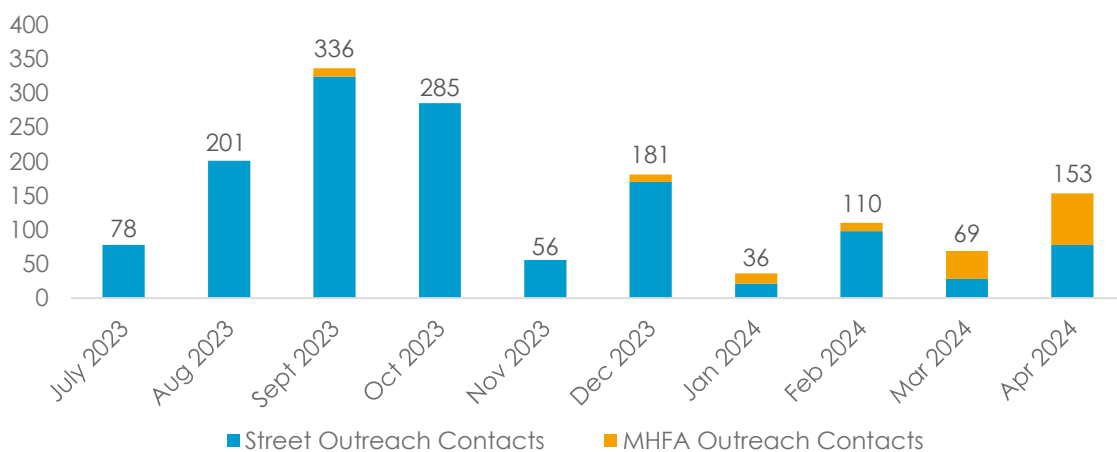


Community outreach started out slowly, peaked in September 2023, and then gradually declined through April 2024.



- The total number of contacts per month varied substantially, ranging from 36 at the lowest (Jan 2024) to 336 at the highest (Sept 2023).
- On average, the community outreach team reached 150 total contacts per month.

Figure 1. Total Outreach Contacts by Month



Source: Momentum for Health Outreach and MHFA tracking

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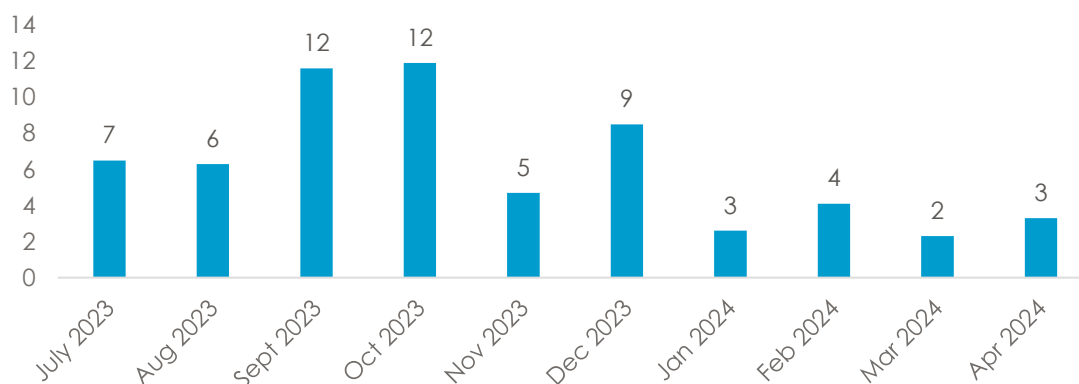
- Momentum for Health experienced a staffing transition in program management for community outreach between September and December 2023. Beginning in January 2024, the outreach team reoriented and focused efforts on scheduling and delivering MHFA trainings, which may explain the reduced outreach contacts between January and April 2024 (as the same staff are responsible for both of these two work streams). MHFA training attendees received information about TRUST that is very similar to the information provided in street outreach; the outreach provided in this way is denoted in orange in Figure 1 above.



Between July 2023 and April 2024, Promotores averaged about six street outreach contacts per person per week.

- When completing street outreach activities, Promotores log contacts individually. These numbers do not include outreach conducted as part of MHFA training events.
- The average number of outreach contacts per Promotore/a per week ranged from 2 at the lowest point (Mar 2024) to 12 at the highest point (Oct 2023) (see Figure 2).
- Momentum for Health experienced some challenges early on in hiring and retaining outreach staff. Outreach staff are also responsible for MHFA trainings. As a result, the number of active Promotores (i.e., those who logged at least one community outreach visit in a given month) varied significantly, ranging from two (Jan 2024) to eight (Aug 2023).

Figure 2. Average Number of Street Outreach Contacts (per person per week)



Source: Momentum for Health outreach tracking



The TRUST team established contact with the Police Departments in each city and ensured that Officers received information about TRUST.

- In early Kils (October 2023), Police Department (PD) representatives shared that they had not yet built relationships with TRUST but were interested in communication and collaboration.
- As of March 2024, the Community Collaborator had met with the Police Chiefs in each city, and 207 PD officers have received TRUST information.
 - Mountain View: 90 officers
 - Palo Alto: 85 officers
 - Los Altos: 32 officers

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J

With support from a contractor, Momentum for Health launched social and physical advertising regarding TRUST with significant reach in the Augmentation Cities.

M

- The contracted provider placed 25 ads at bus and transit shelters around North County between October-November 2023 using Augmentation funds. Ads remained present through the end of the evaluation period.
- Ads were placed in multiple languages including English, Spanish, and Vietnamese.
- A Facebook ad that ran from Dec 2023 - April 2024 resulted in over 10,500 link clicks and reached almost 300,000 users.



Case Management

B

Momentum for Health provided Case Management services to a total of 69 clients between July 2023 and April 2024.³

- 69 clients received case management services between July 2023 and April 2024.
- On average, each client received two referrals.
- 114 referrals were provided, including for food, housing, health insurance, substance use, long-term mental health services, employment, and legal aid.

E

Momentum for Health has not been able to connect clients to Case Management in the way they originally envisioned, but the team has adapted and found new ways to reach clients with this service.

V

W

- TRUST services include a follow-up phone call after a client has engaged with the program. In designing the Augmentation, Momentum for Health expected that the simplest method to enroll clients in Case Management services would include a referral during these TRUST follow-up phone calls. However, Momentum for Health expressed that they perceive a restriction from SCC on providing referrals to Case Management in only Augmentation cities (i.e. and not the rest of the North County service area) as this creates variability in the core TRUST service delivery. As such, Momentum for Health has refrained from using this method for connecting clients to the Augmentation Case Management service, making connecting clients to this service much more challenging.
- Additionally, Momentum for Health's TRUST team shared that it is challenging to assess whether a client is interested in Case Management during the initial contact with TRUST, given that clients are in crisis and may be unable to consider their long-term needs.
- Momentum for Health has adapted to these challenges by:
 - Having Case Managers go out with TRUST team, providing an opportunity to establish initial contact with clients.

³ Source: These data all come from Momentum for Health's Case Management tracking.

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- Providing Case Management outreach separately at community events, connecting with community members who may not have interacted with TRUST yet but who are likely to rely on crisis services and/or to benefit from Case Management for mental health.

MHFA Trainings

D

Momentum for Health is currently not on track to meet its goal of training 1,040 individuals in MHFA by September 2024, although implementation improved significantly in March and April 2024.

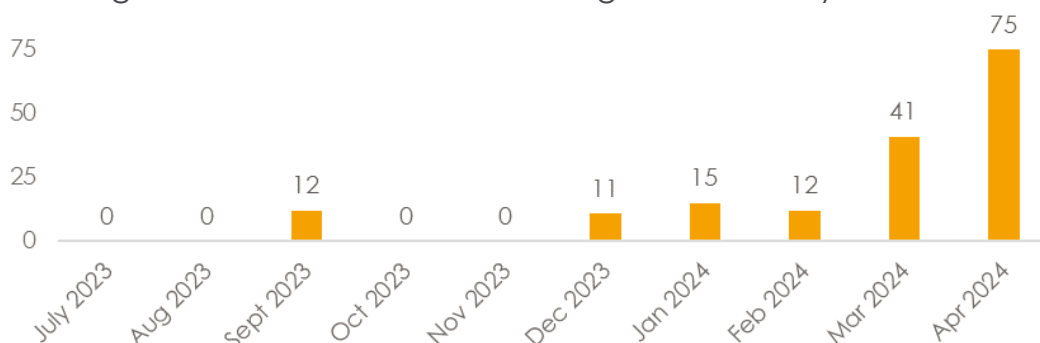
- The team conducted 15 training events with 169 attendees⁴
- In April 2024, the team held the most training events (6) and the highest number of attendees of any month (75)

E

Momentum for Health faced several challenges in implementing the MHFA component of the Augmentation services and is still working to adapt.

- Momentum for Health experienced turnover in the Program Manager that manages MHFA trainings, which created delays in planning and delivering training events. This position remained vacant between mid-August 2023 through mid-December 2023 (during that period, a staff person from another program supported the team part-time).⁵
- Promotores are responsible for both community outreach and MHFA training organization and delivery, requiring a time tradeoff between organizing the formal training events and going out into the community to do street outreach.⁶
- MHFA virtual curriculum requires significant pre-work, making it difficult for individuals to commit and participate.⁷
- Four trainings were cancelled between July and Nov 2023 due to low enrollment, but no events were cancelled between December 2023 and April 2024.⁸
- Beginning in April 2024, registration and attendance for MHFA trainings increased substantially, and Momentum for Health reports that this trend is likely to continue for the remainder of the grant period.

Figure 3. Number of MHFA Training Attendees by Month



Source: Momentum for Health MHFA tracking

^{4,8} Source: Momentum for Health's MHFA tracking.

⁵⁻⁷ Source: Key Informant Interviews (October 2023 and April 2024).

Outcome Findings

Summary of Findings

Community members, Police Departments, and staff from the three Augmentation Cities have developed new and enhanced awareness of how to respond in a mental health crisis, including awareness of the availability of TRUST as a resource.

Utilization of TRUST steadily increased throughout the Evaluation period.

Case Management services resulted in positive client outcomes.

Individuals who have engaged directly with TRUST shared mostly positive experiences with TRUST staff, but additional clarity about TRUST services is needed.

Momentum for Health experienced staff vacancies and as a result has not been consistently equipped to operate at full capacity.

Awareness

A

Community awareness of TRUST and knowledge of how to respond in mental health crisis situations demonstrate significant capacity in the Augmentation Cities, with continued room for growth.

C

- About three out of five stakeholders surveyed (59%) know how to respond in at least some mental health crisis situations, and two out of five (40%) are aware of the TRUST program by name.

K

- Given the reality that multiple mental health crisis programs exist in SCC (namely, two others that are distinguished from TRUST by their inclusion of law enforcement), the volume of survey respondents who are aware of TRUST by name demonstrates effective community outreach.

Figure 4. Level of Knowledge about how to Respond to a Mental Health Crisis

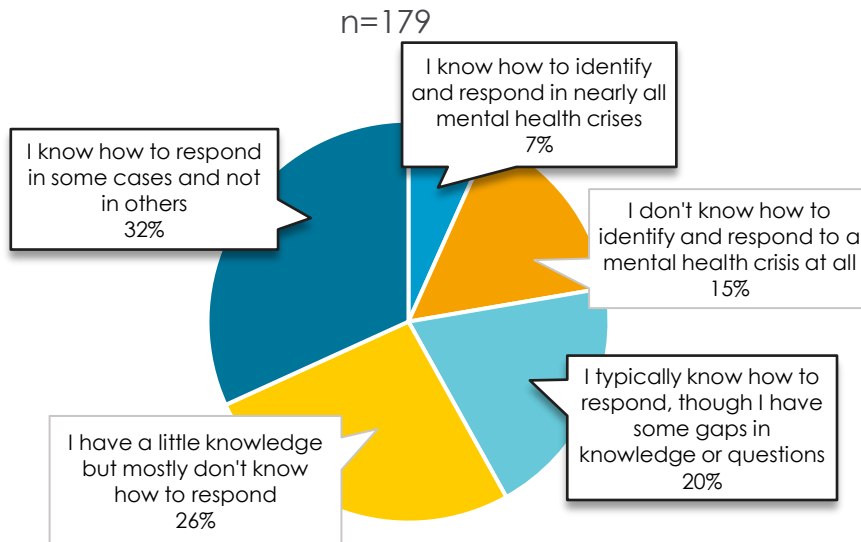
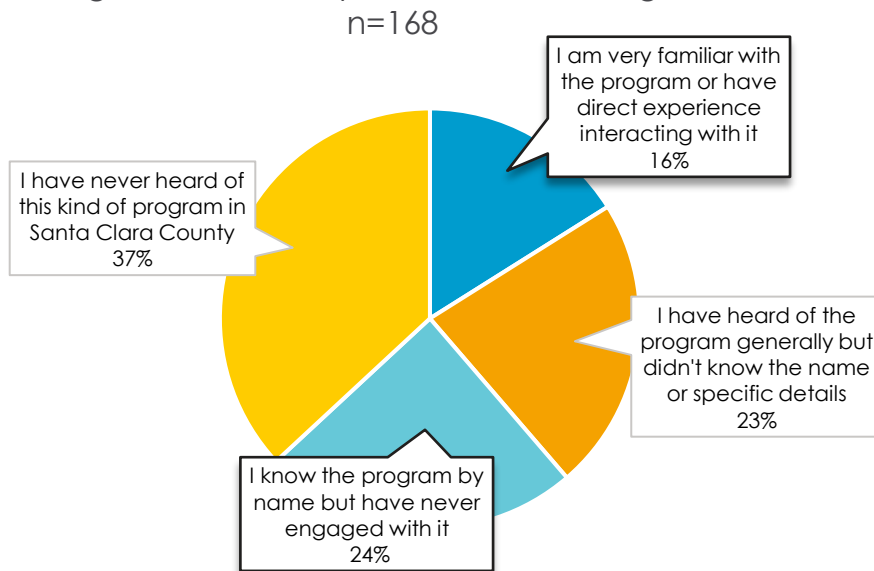


Figure 5. Familiarity with the TRUST Program



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- A
- C
- E

Police Chiefs in each city have demonstrated understanding the value and purpose of TRUST and have disseminated information about the program to their officers, but they are wary of referring community members to the program.

- Police Chiefs in each city shared in Kils that they understand how and when to access TRUST and have disseminated information to their Officers.
- At the same time, the Police Chiefs interviewed in April 2024 shared that they are hesitant to direct community members to TRUST because they perceive that the program doesn't have enough capacity to respond to community needs in a timely manner.



– Police Chief

- C
- D

MHFA Trainings have promoted a culture of mental health awareness among city staff (an unintended benefit).

- One City stakeholder noted that since staff have participated in MHFA trainings, there has been a noticeable shift in culture, including more awareness and less stigma around mental health issues, as well as more understanding about how to react when a community member is displaying concerning behavior in a public forum.

Utilization

- A
- P

Utilization of TRUST steadily increased between November 2022 and March 2024.

- Utilization of TRUST increased during the Augmentation period in the Augmentation Cities, in the North County more broadly, and even in SCC overall.
- Given that TRUST was a new program as of Nov 2022, some of the gradual increase in utilization might be due to the gradual implementation and outreach related to the overall program.
- At the same time, the highest *three* utilization months for TRUST calls (Jan '24, Feb '24, Mar '24) and for TRUST calls in North County (Dec '23, Jan '24, Feb '24) have all been after the implementation of the Augmentation (i.e. July 2023), suggesting that Augmentation efforts may have bolstered utilization.

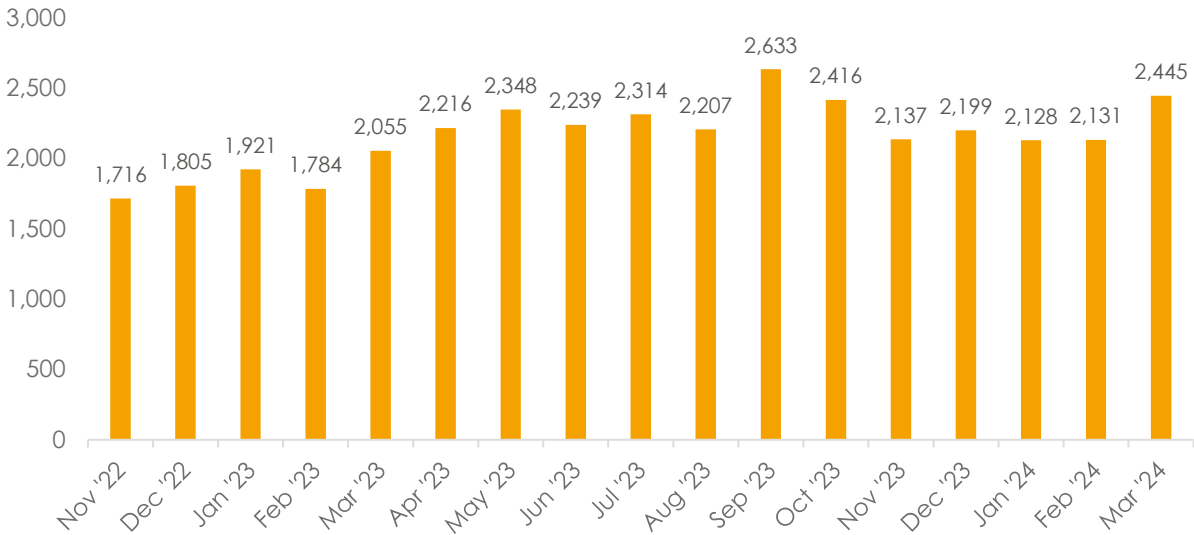
Totals Calls:

November 2022 – March 2024

- Calls to 988: 36,694*
- Calls referred to TRUST (all of SCC): 4,685*
- Calls received by TRUST (all of SCC): 3,446**
- Callers to TRUST from N. County: 611**
 - 18% of all TRUST calls
- Callers to TRUST from 3 Augmentation Cities (combined): 197**
 - ~6% of all TRUST calls
 - 32% of N. County calls
- Dispatches to TRUST N. County: 130***

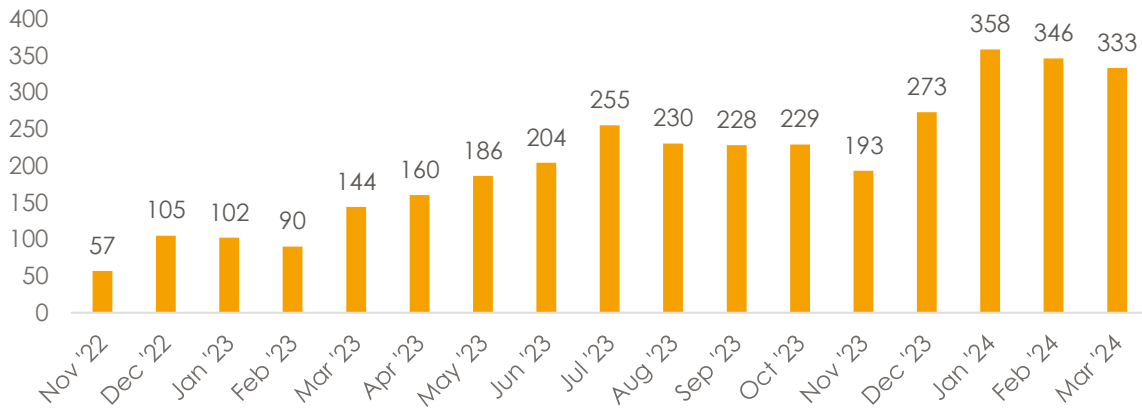
*Source: SCC BHS data
**Source: Pacific Clinics call data
***Source: Momentum for Health dispatch data

Figure 6. Total Number of Calls to 988 in Santa Clara County by month



Source: SCC BHSD

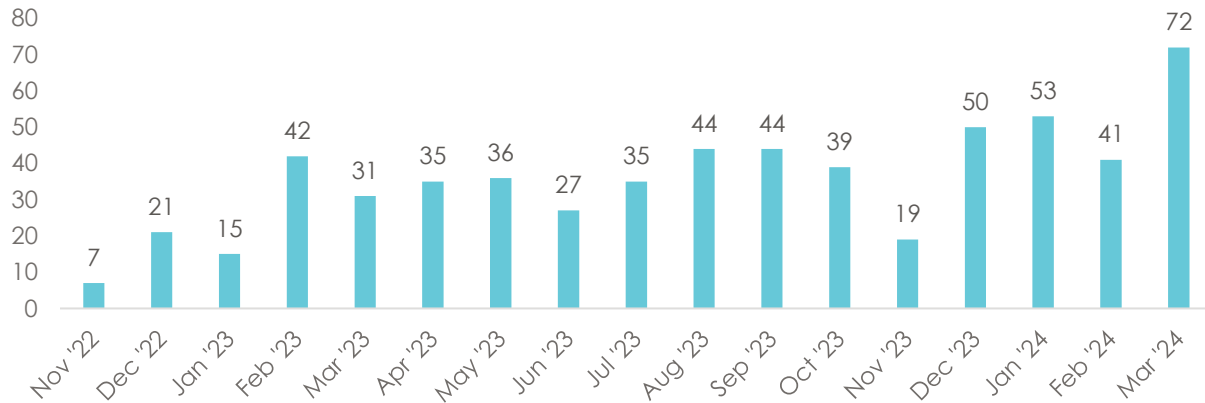
Figure 7. Total Number of Calls Received by TRUST by Month (includes all of SCC)



Source: Pacific Clinics

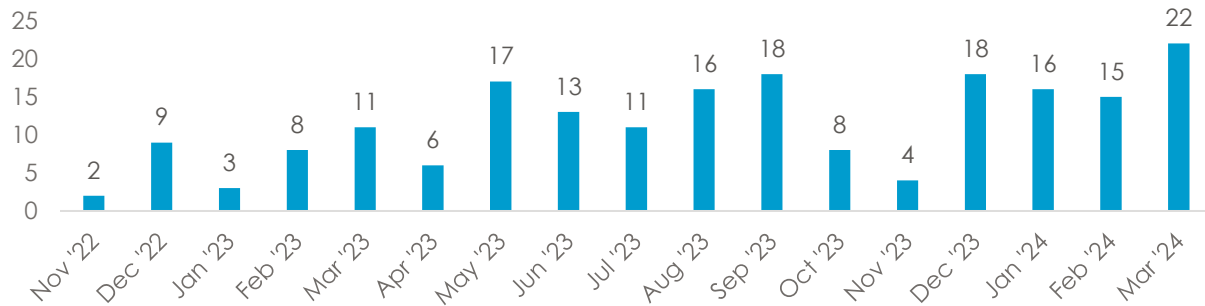
TRUST Program Augmentation Evaluation

Figure 8. Total Number of Calls to TRUST in North County
(Includes all 11 jurisdictions in N. County TRUST service area)



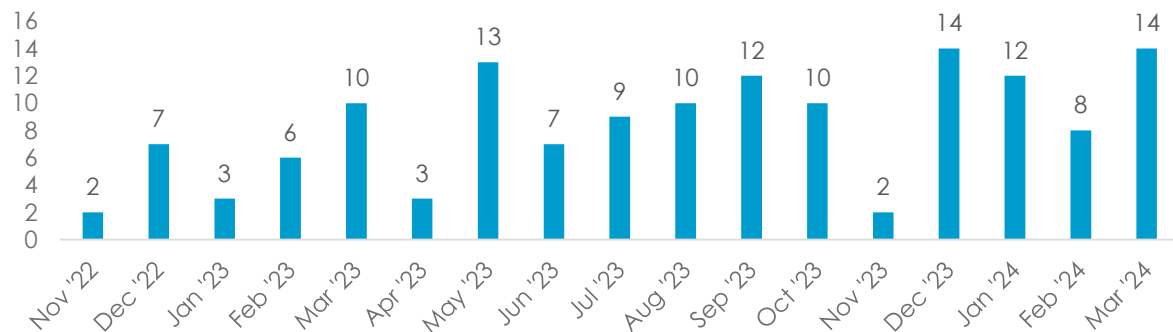
Source: Pacific Clinics

Figure 9. Total Number of TRUST calls by Month
Los Altos, Mountain View, and Palo Alto only



Source: Pacific Clinics

Figure 10. Dispatched TRUST responses in N. County by Month
Los Altos, Mountain View, and Palo Alto only



Source: Pacific Clinics

Improving Client Care

B Clients who have received Case Management services have benefited from this additional support.

- On average, the 69 clients who received Case Management services between July 2023 and April 2024 received two referrals.⁹
- Case Managers provided 114 referrals were, including to food, housing, health insurance, substance use, mental health, employment, and legal aid.¹⁰
- In KIs, stakeholders shared examples of how Case Management clients positively impacted specific individuals (one client example shared below).

"One client...his mom lives in China or somewhere very far, he lives by himself, and there have been periods where he will call [TRUST] 5-6 times a week. We connected him to a case manager, and now he has that extra support. The Case Manager has guided him to other resources [for ongoing mental health support], so he wasn't solely relying on 988 and TRUST. By Case Management being involved, it takes pressure off the TRUST team. He's calling much less frequently and the Case Manager has a relationship."

– Momentum for Health staff

F Mental Health providers and CBOs have some familiarity and confidence in the services provided by TRUST, and there is room to improve collaboration and referrals.

- Respondents in the Augmentation Evaluation Community Survey who identified as mental health providers or CBO representatives shared the following factors influencing confidence in providing referrals to TRUST:
 - Positive experience/opinion of the program and staff
 - Lack of knowledge/ understanding of the program
 - Perception or experience of difficulty accessing services
 - Long response times
 - Need for TRUST services available in Spanish

"The trust program services are excellent. Accessing those services is difficult. Every time I call 988 the process is different and lengthy. Often multiple phone calls are required to get one field service initiated. Can take multiple hours before a field team is sent out, not because the team is busy but because access to them is slow and confusing."

– Augmentation Community Survey respondent
(self-identified as either MH provider or CBO)

^{9,10} Source: These data come from Momentum for Health's Case Management tracking.

TRUST Program Augmentation Evaluation

Figure 11. Among Community Service Providers, Experience Providing a Referral to TRUST n=41

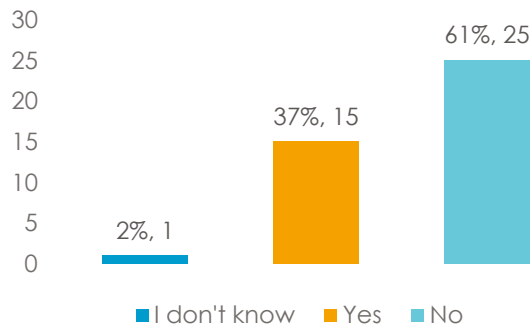
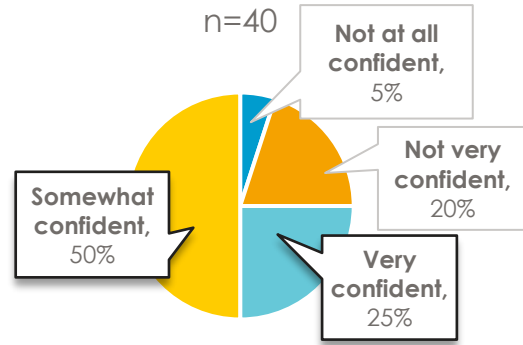


Figure 12. Among Community Service Providers, Level of Confidence in Providing a Referral to TRUST n=40



T

Individuals who have engaged directly with TRUST shared mostly positive experiences with TRUST staff, however these individuals also noted some confusion about what TRUST does and described challenges with accessing services as well.¹¹

- Survey respondents who identified as having direct experience with TRUST services (n=25)¹² reported a mix of both positive and negative impressions and experiences:
 - Several individuals who have called for support on behalf of family members describe staff as helpful, knowledgeable, and supportive.
 - Stakeholders report confusion and inconsistent messaging about what TRUST does and does not provide.
 - Some individuals have experienced long wait times.

“The TRUST clinicians were amazing; they came summer 2023 when we were having an extremely hard time managing our adult son that we care for at home who has schizophrenia. I think that having the team come to our home helped keep our son out of the hospital which is always our goal.”

– Augmentation Community Survey respondent (with direct experience with TRUST)

“[One of the negatives was] their lack of response when calling for a client in need of support. I was on hold for over an hour.”

– Augmentation Community Survey respondent (with direct experience with TRUST)

¹¹ Source: Community Survey.

¹² Respondents include mental health providers and CBO representatives.

Sustainability

S

Momentum for Health has experienced staff vacancies and as a result has not been equipped to operate at full capacity.¹³

U

- In early KIs, Momentum for Health staff noted that hiring outreach and case management staff was slow going.
- In follow up KIs, we learned that there has also been significant turnover across the team, including with Case Managers, Outreach Staff, and the Manager overseeing the outreach team.
- Momentum for Health has worked to assess job descriptions and pay scales to ensure that open roles are competitive and communicated clearly.

T

Key stakeholders see potential in TRUST and the Augmentation but believe that more outreach and greater communication and collaboration is needed for it to have the fullest impact.¹⁴

U

- While Police Department representatives expressed that they understand and appreciate the intent behind TRUST (i.e. providing an alternative to police involvement for mental health crises, building relationships with community members to deescalate crises and support in the long term), due to long response times for 988 and TRUST, they do not yet feel comfortable referring people in crisis to the program.
- City representatives expressed that they see the potential in the program but there is need for more outreach.
- Momentum for Health staff expressed that it takes significant time to establish a program like this one in the community, and they believe that it will only be more successful with time.

"It would be cool if this case management piece could go on a little longer, because now that we have relationships, there's so much benefit...the data doesn't necessarily show it, because it was such a slow ramp up. We had 47 dispatches in March, the highest we've ever had. It would be really cool if we can continue this part of the program; residents are really responding. It just took a while for all the wheels to start turning."

– Momentum for Health Augmentation Staff

^{13,14} Source: Key Informant Interviews (Oct 2023 and April 2024).

Conclusion

Over the course of the Augmentation Evaluation period, the Augmentation Cities and Momentum for Health made substantial progress toward the project's goals and objectives; however, opportunities for improvement remain. As the project continues implementation, RDA suggests building further on the Augmentation's progress to date by improving data gathering approaches and strengthening implementation outreach and partnerships.

Data Gathering Considerations:

1. Explore opportunities for improving communication and collaboration between Augmentation partners and the SCC TRUST Program Manager. Clarifying data collection and data reporting roles, responsibilities, and processes, in particular, would likely strengthen the implementation of the Augmentation.
2. Improve Augmentation services data collection practices, especially to collect the number of contacts per Case Management client, to demonstrate the full scale of services delivered.

Implementation Outreach and Partnership Considerations:

3. Explore possibilities for TRUST teams to provide a warm handoff to the Case Management team. While noting the desire for consistency of TRUST follow up services, there may be a way of communicating the availability of Case Management services to individuals who reside in the Augmentation Cities that does not disrupt TRUST follow up.
4. Consider additional outreach opportunities for enrolling MHFA training participants who may have particular motivation to complete the full course due to their exposure to the public. This might include public school staff (K-12 and post-secondary), additional city and county agency staff, and police officers.
5. Seek opportunities for engaging with mental health service providers and community-based organizations to answer questions regarding TRUST's role and troubleshoot barriers to referrals.

Appendix A: Federal and Local Goals, Objectives

Federal/Local Goal	Federal/Local Objectives
<p>Federal Goal 1. Increase capacity of the local Palo Alto, Mountain View, and Los Altos communities to respond to mental health crises.</p>	<p>A. Divert 15% of calls for service from emergency services/public safety personnel to this alternative response model on a per annum basis.</p>
	<p>B. Lower the number of repeat contacts related to behavioral health crisis by 10%¹ by providing linkages and follow-up services to individuals post-crisis.</p>
	<p>C. NEW (moved here from Local Goal 1): Expand community member awareness on how to respond to mental health crises.</p>
	<p>D. NEW: 2,000 individuals trained in MHFA in North County.</p>
	<p>E. NEW: Contributing and Limiting Factors (i.e., program elements, environmental factors)</p>
<p>Federal Goal 2. Increase collaboration between nonprofit organizations focused on mental health response.</p>	<p>F. By September 2023, increase public perception that nonprofits are collaborating to make mental health programs known and available to the public by 10%.²</p>
	<p>G. NEW: CBOs perceive increased collaboration among organizations focused on mental health response</p>
	<p>H. NEW: North County mental health providers report making referrals, receiving referrals, and/or feeling confident making referrals to the North County TRUST team.</p>
	<p>I. NEW: Contributing and Limiting Factors (i.e., program elements, environmental factors)</p>

¹ And/or achieve a lower number of repeat contacts compared to repeat contacts in non-augmented parts of the County (i.e., San Jose and South County).

² The same individual may be interacting with multiple organizations. The hope is that the TRUST program augmentation might encourage deeper collaboration and mutual awareness of nonprofit organizations focused on mental health response.

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<p>Federal Goal 3. Expand awareness about the mental health programs available to the public.</p>	<p>J. By Sept 2023³, each city government will have shared information about the mental health programs to social media at least twice.</p>
	<p>K. By April 2023⁴, public awareness of the programs will be at higher levels than it is today with at least 20% of respondents knowing about the available programs and how to access them.</p>
	<p>L. By Sept 2023⁵, at least 25% of law enforcement officers in each City will be trained to provide resources to potential clients.⁶</p>
	<p>M. Within a month of hiring the community collaborator position, each chief public safety officer will have met with the community collaborator to discuss integrating alternative responses into ongoing public safety officer training.</p>
	<p>N. NEW: Each Promotor/a will engage in two community contacts per day each week (for an average of 10 contacts per week)</p>
	<p>O. NEW: Contributing and Limiting Factors (i.e., program elements, environmental factors)</p>
<p>Local Goal 1. Establish TRUST program proof of concept, with a focus on North County.⁷</p>	<p>P. REVISED⁸: Increased use of services over time.</p>
	<p>Q. REVISED⁹: Understand and troubleshoot barriers to TRUST utilization in North County</p>

³ Given the extension, we assume this to be approximately 9 months into the program.

⁴ Given the extension, we assume this to be approximately 9 months into the program.

⁵ Given the extension, we assume this to be approximately 9 months into the program.

⁶ For Palo Alto, all sworn officers were briefed in 2023 on the TRUST program and provided program info both via email and handouts. Melissa is collecting this data for the December 2023 report.

⁷ One objective previously aligned with this Local Goal was moved to Federal Goal 1: Expand awareness of how to respond to mental health crises.

⁸ Previously: Increase call volume to 988 and the program, particularly in North County.

⁹ Previously: Represent North County residents' needs to ensure program coverage for North County calls.

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	<p>R. Maximize team availability for North County response.</p>
	<p>S. NEW: Contributing and Limiting Factors (i.e., program elements, environmental factors)</p>
<p>Local Goal 2. Determine TRUST program sustainability.¹⁰</p>	<p>T. REVISED¹¹: Stakeholders have a positive perception of the TRUST program's effectiveness and sustainability.</p>
	<p>U. NEW: Contributing and Limiting Factors (i.e., program elements, environmental factors)</p>
<p>Local Goal 3. Support sustained crisis de-escalation.</p>	<p>V. Provide consistent connections for people in need to relevant resources.</p>
	<p>W. NEW: Contributing and Limiting Factors (i.e., program elements, environmental factors)</p>

¹⁰ Effectiveness of augmentation services will also be informed by analysis of other objectives (increasing awareness, increasing capacity, sustained crisis de-escalation).

¹¹ Previously: Assess TRUST effectiveness.

Appendix B: Augmentation Evaluation Community Survey

Crisis Mental Health Response Community Survey 2023

Introduction:

The cities of Palo Alto, Mountain View, and Los Altos are currently piloting the addition of several services to enhance SCC's TRUST program. **TRUST (Trusted Response Urgent Support Team) is an alternative mental health crisis response program that is separate from law enforcement.**

The following survey seeks to understand whether and how you are aware of these and related mental health crisis services in your area.

Responses will be reviewed in aggregate only, and your individual responses will not be attributable to you.

This survey is expected to take approximately 5 minutes. The first 200 individuals to complete the survey will receive a \$5 gift card in appreciation for their time. If you have any questions about the survey, please contact the RDA Consulting Project Manager Dina de Veer at ddeveer@rdaconsulting.com.

Your response will help North County cities determine the appropriate supports for mental health crisis services in the future. Thank you!

Introductory questions (used for skip logic filtering and subgroup analyses):

1. Do you live or work in Santa Clara County?
 - Yes, I primarily live/work in North County (i.e. Palo Alto, Mountain View, or Los Altos)
 - Yes, I primarily live/work in South County (i.e., Gilroy, Morgan Hill)
 - Yes, I primarily live/work in San Jose
 - I do not live or work in Santa Clara County (please name your county of residence: ____)
2. Which of the following describes you? Please select all that apply. If none of these describe you, you may leave this question blank.
 - Resident of Palo Alto, Los Altos, or Mountain View
 - Community Health Worker (i.e., Promotor/a)
 - Community-based organization (representative)
 - Law Enforcement
 - Local Business Owner
 - Mental Health First Aid (MHFA) training participant
 - Mental Health Service Provider or Professional
 - Momentum for Health staff
 - Pacific Clinics staff
 - Santa Clara County or City employee (please describe)
 - Something else (please describe:____)

TRUST Program Augmentation Evaluation

3. Have you ever interacted with the TRUST program, either as a client, calling for assistance for yourself, or calling on behalf of someone else? *Please select all that apply.*
 - Yes, on behalf of myself
 - Yes, on behalf of someone else
 - No, I have not
 - I'm not sure

Questions for everyone:

4. To what degree are you familiar with the TRUST program? (Note, the TRUST program is Santa Clara County's alternative mental health response program that is separate from law enforcement. The program provides over-the-phone and in-person mental health crisis services; in-person responses include a team comprised of a Crisis Intervention Specialist, First Aide Professional, and a Peer Support Specialist)
 - I have never heard of this kind of program in Santa Clara County
 - I have heard of the program generally but didn't know the name or any specific details
 - I know the program by name but have never engaged with it
 - I am very familiar with the program or I have direct experience interacting with it
5. (If "1" is not selected above) Do you know how to access TRUST services for yourself, a family or community member?
 - Yes
 - No
6. Which mental health services in your community are you aware of? *Please select all that apply.*
 - Community counseling and case management
 - Day treatment and rehabilitation
 - Acute psychiatric, emergency, and inpatient services
 - Crisis and transitional residential treatment
 - Patient rights and advocacy
 - Vocational services
 - Community residential and supported housing
 - Suicide and crisis hotline
 - Mental health urgent care
 - Family and children services
 - Adult and older adult services
7. To what extent do you agree that local mental health providers are collaborating to address community mental health crisis needs?
 - I strongly disagree
 - I somewhat disagree
 - I don't know/I am neutral
 - I somewhat agree
 - I strongly agree
8. Do you know how to identify and respond to a mental health crisis in your community? *Select the statement that best aligns with your current knowledge.*
 - I don't know how to identify and respond to a mental health crisis at all
 - I have a little knowledge but mostly don't know how to respond
 - I know how to respond in some cases and not in others
 - I typically know how to respond, though I have some gaps or questions
 - I know how to identify and respond to nearly all mental health crises

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Questions for service providers (selected in question 2):

9. Have you ever referred a client to the TRUST program?
 - Yes
 - No
 - I don't know
10. How confident do you feel in referring your clients to the TRUST program if/when they need crisis mental health support?
 - Not at all confident/I definitely would not refer a client
 - Not very confident/I am unlikely to refer a client
 - Somewhat confident/I might refer a client
 - Very confident/I would definitely refer a client if appropriate
11. Please describe any factors that might influence whether you have chosen or would choose to refer your clients to the TRUST program. (open-ended)
12. Have you ever received a referral for your agency's service from the TRUST program?
 - Yes
 - No
 - I don't know

Questions for TRUST clients (answered "yes" to question 3):

13. How did you first connect to the TRUST program? (Open-ended)
14. Were you provided with any resources, service linkages or referrals following your encounter with TRUST? (Note: this might include things like information on how to apply for Medi-Cal, a referral for housing services, or a referral for long-term mental health care for example)
 - Yes
 - No
 - I don't know
15. (If 'yes' to above) How many resources or linkages to services were provided to you following your encounter with TRUST?
 - 1
 - Several (i.e. 2-4)
 - Many (5+)
 - I don't know
16. What type/s of resources were provided? Please select all that apply
 - Mental health information
 - Contact information for additional mental health services
 - A referral to an inpatient mental health facility/center
 - A referral to a long-term mental health provider (i.e. therapy/counseling)
 - A referral to a provider of other needed services (such as housing, food assistance, workforce development, or medical insurance)
 - Information about accessing government assistance (such as Medi-Cal, Cal Fresh, or Unemployment benefits)
17. What has contributed positively or negatively to your experience interacting with the TRUST program? (Open-ended)

Demographic questions:

18. What is your racial/ethnic identity? Please select all that apply.
 - Asian

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- Black or African American
 - Latino/a/x or Hispanic
 - Native Hawaiian or Pacific Islander
 - Native American/Indigenous or Alaska Native
 - White
 - Prefer to self-describe: _____
 - Prefer not to state
19. What is your gender identity? Please select all that apply.
- Male
 - Female
 - Transgender
 - Gender nonbinary or genderqueer
 - Prefer to self-describe: _____
 - Prefer not to state
20. What is your current age?
- Under 18
 - 18 - 24
 - 25 - 34
 - 35 - 44
 - 45 - 54
 - 55 - 64
 - 65 or older
 - Prefer not to state

If you are in the first 200 respondents for this survey, you may opt to receive a \$5 gift card by email. Please provide your email address below (note: your email address *will not* be reviewed with your responses to any other survey question).

Appendix C: Key Informant Interview Protocols

TRUST Augmentation Evaluation: Round 1 Key Informant Interview (KII) Protocol for Local Stakeholders

October 2023

Date	
Interviewee	
Division	
Interviewer	
Note taker	

Introduction

Thanks for taking the time to join us today. My name is _____ and this is my colleague _____. We are with a consulting firm called RDA Consulting and we are excited to have partnered with the Cities of Palo Alto, Mountain View, and Los Altos to support evaluation of the North County's augmentation of Santa Clara County's Trusted Response Urgent Support Team (TRUST). The evaluation will consider how North County's additional support enhances the TRUST program, which provides mental health and behavioral health crisis response without the use of law enforcement.

We are conducting interviews with stakeholders in the City and County, like yourself, to understand how you serve community members and what information you use to inform your program's services and processes. We hope that these conversations will help us to develop expectations and plans for collecting community and client data to evaluate the augmentation in North County.

I will be facilitating our talk today and _____ will take notes. We won't be attaching your name to anything that is said. That said, please let me know if there is anything you share today that you would *not* like captured in the notes; additionally, you are welcome to skip any question at any time. We respect your confidentiality.

This interview will last approximately X minutes. [Ask if it would be okay with them if we record the call for note taking purposes]

Do you have any questions before we begin?

TRUST Program Augmentation Evaluation

Augmentation = outreach, case management and mental health first aid

Mountain View: outreach = promotores (community-based health outreach worker; term used in the field)

Interview & Notetaking Guide

Introductions

- **To get started, I'd like to begin with introductions. Please share:**
 - Your name [if needed]
 - Your organization or department
 - Your role and how long you have been in that role
- How is your department/agency engaged with the TRUST program and the North County augmentation? *(brief response; as time allows)*

Notes:

Understanding of the Augmentation

- **From your perspective, how has the SCC TRUST program been going in North County (i.e. Palo Alto, Mountain View, and Los Altos) in its first year?**
 - **What successes, if any, have you observed?**
 - **What challenges or barriers, if any, have you observed?**
- What outcomes or impacts do you expect to see from the North County's augmentation of the SCC TRUST program?
 - What do you see as the potential added value of the augmentation for your agency/dept? For the community/ies you serve?
- What progress has been made to date in implementing the augmentation, from your perspective? (i.e., what plans and activities are already underway?)
- What do you see as the next steps in implementation, thinking about the next few months?

Notes:

Engagement with Police Dept/s

- **Can you walk through the specific ways that the Police Dept in your city/ies interacts with the TRUST program?** [ask County and Momentum also]
 - *Probe (if time): How are calls routed from Police to TRUST? Does TRUST ever call Police?*
 - *Probe (if time): How is your department training officers to provide resources about TRUST to the public?*
 - *Probe (if time): Has your Chief Public Safety Officer had contact with the Community Collaborator for TRUST? What is that engagement like?*

TRUST Program Augmentation Evaluation

<ul style="list-style-type: none">• What data, if any, is collected when Police outreach to TRUST for dispatch?<ul style="list-style-type: none">○ Probe (if time): How is the data tracked?○ Probe (if time): How are calls categorized? Is there categorization for labeling a call as mental health-related?○ Probe (if time): Is call volume measured? Location? How?
Notes:

City & County Program Monitoring

<ul style="list-style-type: none">• What types of data is Momentum for Health sharing with your municipality / County [Jamina]?<ul style="list-style-type: none">○ Probe (if time): How is this data currently being shared? With what frequency? In what way(s) are you utilizing or reporting this data?• How is that Community Collaborator role going?<ul style="list-style-type: none">○ What are their primary responsibilities?○ How are they communicating back to communities they are serving?• How are the MHFA trainings being planned and advertised? [not for Jamina]<ul style="list-style-type: none">○ Probe (if time): Will participants pre-register?
Notes:

Closing

<ul style="list-style-type: none">• Is there anything else we haven't discussed that you would like to share?
Notes:

Thank you!

Appendix C: Key Informant Interview Protocol 2

TRUST Augmentation Evaluation: Round 2 Key Informant Interview (KII) Protocol for Local Stakeholders

April 2024

Date of Interview:	
Interviewee & Affiliation:	
RDA Interviewer:	

Introduction

Good (morning/afternoon). Thank you so much for taking the time to speak with me today. As you (may) know, RDA Consulting is partnering with the Cities of Palo Alto, Mountain View, and Los Altos to support the evaluation of the North County's augmentation of Santa Clara County's Trusted Response Urgent Support Team (TRUST). The purpose of the evaluation is to assess how the North County's additional resources and supports enhance the TRUST program.

We are conducting 30-minute follow up interviews with stakeholders in the City and County, like yourself, to gather your perspective on the implementation and outcomes of the augmentation project since we last spoke in October of 2023, as well as any factors you see that have contributed to implementation successes or challenges.

We won't be attaching your name to anything that is said. That said, please let me know if there is anything you share today that you would *not* like captured in the notes; additionally, you are welcome to skip any question at any time. We respect your confidentiality.

Would it be alright with you if I record our conversation today, solely for internal note-taking purposes?

Do you have any questions before we begin?

Internal notes

Augmentation = outreach, case management and mental health first aid

Outreach = promotores (community-based health outreach worker; term used in the field)

Interview & Notetaking Guide

Introductions & Context (All)

- **[If this is their first interview with RDA] To get started, I'd like to begin with introductions. Please share:**
 - Your name
 - Your organization or department
 - Your role and how long you have been in that role
- **In what ways has your department/agency engaged with the TRUST program and the North County augmentation (since last spoke in October 2023)?**
 - Probe (as needed): Have there been any notable changes or developments in the implementation of the augmentation from your perspective(s) over the past six months?

Notes:

Augmentation Progress (All)

I would like to ask you a few questions about your observations of the TRUST program in North County as well as the augmentation services specifically.

- **From your perspective, how has the SCC TRUST program been going in North County (i.e. Palo Alto, Mountain View, and Los Altos) (since we last spoke in October 2023)?**
 - What successes, if any, have you observed regarding the implementation of the TRUST program overall?
 - What specific challenges or barriers, if any, have you observed regarding the implementation of the TRUST program overall?
- **How do you think the augmentation services have been going (as a reminder, this includes the addition of case management, community outreach, and MHFA training in North County)?**
 - What successes, if any, have you observed specific to the augmentation services?
 - What challenges or barriers, if any, have you observed specific to the augmentation services?

Notes:

MH Crisis Diversion & Engagement with Police Dept/s (All)

- **From your perspective, to what extent has the TRUST program and/or augmentation been successful in diverting MH crisis response needs from 911?**
 - What components of the TRUST program and/or the augmentation have been particularly effective in supporting this diversion?
- **Can you walk through the specific ways that the Police Dept(s) interact(s) with the TRUST program?**

TRUST Program Augmentation Evaluation

<ul style="list-style-type: none">○ Probe: How would you describe the relationship between the (police) department(s) and TRUST?○ Probe: How is(are) the department(s) training officers to provide resources about TRUST to the public?○ [For Cities only] Probe: Approximately how many officers have received information and resources about TRUST to date in all? (We can also follow up, if you don't have this number off-hand.)
Notes:

Data & Program Monitoring (SCC)

<ul style="list-style-type: none">● What types of data is the county currently sharing with other stakeholders regarding the TRUST program?<ul style="list-style-type: none">○ Probe (if time): How is this data currently being shared? With what frequency? In what way(s) are you utilizing or reporting this data?● How does the county support and evaluate the TRUST program's implementation and effectiveness in each of its service areas?<ul style="list-style-type: none">○ Have you seen any differences between service delivery in the North County compared to San Jose and South County?
Notes:

Data & Service Delivery (Momentum for Health Only)

<ul style="list-style-type: none">● We would like to better understand the data that you're currently collecting regarding follow up services and case management.<ul style="list-style-type: none">○ Can you walk us through the current data collection process (if there is one) for both of these scenarios?<ul style="list-style-type: none">■ An individual has an in-person contact with Momentum for Health's TRUST team and then receives a follow up phone call■ An individual has an in-person contact with Momentum for Health's TRUST team and is then connected to Case Management services with the Augmentation team● In our preliminary evaluation findings, we noted that only 46 individuals had participated in a MHFA training as of January 24, 2024.<ul style="list-style-type: none">○ Is there any additional context you would like to provide regarding this finding, such as the challenges experienced in delivering this training?
--

TRUST Program Augmentation Evaluation

<ul style="list-style-type: none">○ How has Momentum for Health adjusted its approach (or in what ways have you considered adjusting your approach), if at all, to address the challenges in delivering this service?
Notes:

Closing (All)

<ul style="list-style-type: none">● What, if anything, has been particularly unexpected or surprising to you about the implementation of TRUST Program or the augmentation services?● Have you observed any unexpected outcomes or impacts on providers, CBOs, Cities, community members, or other stakeholders as a result of the TRUST program or augmentation services?● Is there anything else we haven't discussed that you would like to share?
Notes:

We greatly appreciate your input. Thank you!