

Department of Homeland Security (DHS)
FY2021 Targeted Violence and Terrorism
Prevention (TVTP) Grantee Evaluation

Site Profile

Palm Beach County Sheriff's Office (PBSO)



Developed for:



Science and
Technology

Developed by RTI International
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List of Abbreviations

211	211 Helpline – Palm Beach and Treasure Coast
BJA	Bureau of Justice Assistance
BSD	Behavioral Services Division
CP3	Center for Prevention Programs and Partnerships
DHS	Department of Homeland Security
ESGI	Emergency Services Group International
IMP	Implementation and Measurement Plan
JMHCP	Justice and Mental Health Collaboration Program
LINC	Linking Individuals in Need of Care
PBC	Palm Beach County
PBSO	Palm Beach County Sheriff's Office
SEFBHN	Southeast Florida Behavioral Health Network
TTT	Train-the-trainer
TVTP	Targeted Violence and Terrorism Prevention
TVU	Targeted Violence Unit





Executive Summary

The Department of Homeland Security's Science and Technology Directorate contracted RTI International to conduct research and evaluation of the Palm Beach County Sheriff's Office (PBSO) FY2021 Targeted Violence and Terrorism Prevention (TVTP) grant, aimed at preventing mass violence in Palm Beach County (PBC). The evaluation team conducted a process evaluation of all components of the grant project and an outcome evaluation of the bystander training activity, with a focus on identifying project accomplishments, challenges, and recommendations for future grantees. The team reviewed training curricula and other materials provided by PBSO, observed a training in June 2023, and interviewed staff and project partners. A summary of findings is in Table ES-A.

PBSO successfully hired two new detectives to increase the overall capacity of their Behavioral Services Division (BSD). Between April 2022 and September 2023, the BSD conducted 1,368 field assessments, ultimately identifying 149 individuals who evidenced signs of behavioral health concerns and risk for violence. Of these individuals, 75 were referred to PBSO's project partner, Southeast Florida Behavioral Health Network (SEFBHN), for the provision of mental health, substance use, and housing services. PBSO shared lessons learned from the BSD's co-responder model at their first-ever Threat Management Symposium for law enforcement, security, and behavioral health professionals.

In addition to direct service provision, PBSO engaged in a series of training and outreach events to raise awareness of mass violence prevention and response. A total of 178 community members participated in bystander training, which taught participants how to respond to and provide emergency care after a mass shooting. Among individuals who voluntarily took pre- and posttests, knowledge of this topic increased from 53% to 91%. Staff at the 211 Helpline (211) were presented with information about the BSD's Targeted Violence Unit (TVU) and how it triages cases. In addition, PBSO developed two additional activities—a series of nine presentations to charter schools in the county and a Golf Scramble, which extended their outreach to the PBC community beyond what was originally conceived under their Implementation and Measurement Plan.

Table ES-A. Summary of Findings

 <p>Objectives</p>	<ul style="list-style-type: none"> • Increase awareness of indicators of mass violence risk among community members and 211 staff. • Increase PBSO's capacity to assess and provide resources for individuals at risk of committing mass violence.
 <p>Outputs & Outcomes</p>	<ul style="list-style-type: none"> • Two detectives hired and trained to manage cases of individuals meeting criteria for involvement with PBSO's BSD; worked 268 cases. • 32 staff for 211 Helpline trained about PBSO's BSD. • 164 community members and behavioral health professionals completed bystander training to prevent casualties during mass shootings. • 14 individuals certified as trainers as part of bystander training course. • Increased bystander training participants' knowledge scores from 53% to 91% immediately after the training. • \$13,907 in donations raised during PBSO's Golf Scramble for mental health organizations in PBC. • Promoted engagement with the mental health crisis information site, Palm Beach County Aware and Care. • One law enforcement threat management conference held for 164 representatives of local, state, and federal law enforcement agencies and private security organizations. • 10 charter school student outreach assemblies held.
 <p>Challenges</p>	<ul style="list-style-type: none"> • Lack of baseline or follow-up data inhibited PBSO from demonstrating outcomes of threat assessment and resource referral activities. • Inconsistent collection and storage practices prevented the evaluation team from reviewing data associated with trainings, threat assessment, and resource referral. • Difficulties hiring and retaining a civilian law enforcement liaison inhibited coordination between PBSO and 211 in training and policy development activities. • Lack of suitable trainings about risk factors associated with mass violence led to selection of a training focused on emergency response.
 <p>Recommendations</p>	<ul style="list-style-type: none"> • Designate a team member to be responsible for data management. • Formalize expectations with partners. • Match training curricula to project objectives.

Site Profile: Palm Beach County Sheriff's Office

Palm Beach County Sheriff's Office (PBSO) was awarded a 2-year grant by the Department of Homeland Security (DHS) Center for Prevention Programs and Partnerships (CP3) in 2021 and was selected by CP3 to undergo an independent evaluation by RTI International. This site profile reviews PBSO's grant design,¹ implementation, accomplishments, challenges, and relevant recommendations for future programming in Targeted Violence and Terrorism Prevention (TVTP). After completing an evaluability assessment, a process and outcome evaluation was conducted on PBSO's FY2021 TVTP grant, the findings of which are detailed in this report. The evaluation team examined the processes PBSO followed when implementing this grant to learn what mechanisms may contribute to a project's effectiveness and to detail project accomplishments at the output level. Evaluators also conducted an outcome evaluation of PBSO's bystander training. This report examines the evaluation findings, challenges encountered, and recommendations for the TVTP grant program.

Palm Beach County Sheriff's Office

PBSO is the primary local law enforcement entity in Palm Beach County (PBC), Florida. Alongside 23 municipal police agencies, PBSO serves a county population of approximately 1.5 million people, which is geographically divided between 18 districts. In addition to its more traditional policing duties, PBSO provides clinical assessment and support for persons in behavioral health crisis who come to the attention of law enforcement in their districts. These services are overseen by PBSO's Behavioral Services Division (BSD). Staffed by sworn law enforcement as well as civilian therapists and case

managers, the BSD operates through a co-responder policing model. In line with this model, both law enforcement and clinical staff respond jointly to calls for service. Their work ensures not only that individuals in crisis receive behavioral health support but also that any threat they may pose because of their mental health or substance use issues is investigated and mitigated. Where a specific threat exists and appears credible, the BSD's Targeted Violence Unit (TVU) becomes involved. As such, the TVU is tasked with reviewing and managing cases that, without intervention, could result in targeted violence or terrorism.

Due to the increased demand for BSD's services in recent years, PBSO applied for and received funding through the Bureau of Justice Assistance (BJA) Justice and Mental Health Collaboration Program (JMHCP) in 2018.² Through the JMHCP grant, PBSO sought to reduce the likelihood of mass violence by increasing collaboration between police, mental health, and education systems in PBC and by increasing community awareness of support mechanisms. As a result, PBSO co-created Project Aware and Care as well as the associated Linking Individuals Needing Care (LINC) program. Project Aware and Care led to the development of a website where resources for individuals and families concerned about another's behavioral health could locate support. The LINC program formalized cooperation between PBSO and SEFBHN to ensure individuals in behavioral health crisis who came to the attention of PBSO's officers could receive a direct linkage to services and ongoing support. Anticipating the end of their JMHCP grant in December 2022, PBSO applied for DHS TVTP grant funding in 2021. In so doing, they sought to extend efforts undertaken through their JMHCP grant while pursuing new opportunities to prevent mass violence.

¹ Contact DHS for PBSO's full Implementation and Measurement Plan, which outlines its goals, target audiences, objectives, activities, inputs, time frame, anticipated outputs, performance measures, and data collection plan.

² Atkin-Plunk, C. A., & Crichlow, V. J. (2023). *Evaluation of the Palm Beach County School and Community Violence Prevention Project*. Florida Atlantic University.

Grant Summary

PBSO's FY2021 TVTP grant consisted of two components to prevent mass violence in PBC: (1) Threat Management Support and Resource Provision and (2) Training and Outreach Events.



Threat Management Support and Resource

Provision. PBSO added two new detectives to the

BSD unit to meet the increased demand for the

division's services. These additional detectives responded to and investigated calls for service received by the BSD, collaborated with clinical staff to identify at-risk individuals, managed caseloads, and supported the BSD's other detectives in their casework. PBSO leveraged their existing relationship with SEFBHN to ensure that individuals whom their BSD teams identified as moderate or high risk received initial and ongoing assistance in accessing recommended behavioral health treatment. To learn about and share best practices in assessing and mitigating community threats, PBSO hosted a national Threat Management Symposium for law enforcement and private security professionals.



Training and Outreach Events.

PBSO organized a series of training and outreach events related

to mass violence in PBC. Two activities originally

planned under the grant application—bystander training and the TVU's 211 Helpline (211) staff training—focused on emergency response to mass shooting events and the function of the BSD, respectively. During the course of the grant, PBSO added a series of student outreach assemblies and a Golf Scramble to further spread information throughout the county.

Evaluation Design and Methods

RTI conducted a process evaluation of PBSO's grant project, focusing on the two main components identified above. This process evaluation, described below, discusses how project activities were carried out not only to understand PBSO's development decisions but also to describe how their project operated. Some of PBSO's objectives were not measurable with the data collected. In these cases, the team identified successes that could be measured through the various elements of the evaluation.

Beginning in March 2023, the evaluation team held regular meetings with the PBSO grant team to track progress toward project objectives. In addition, researchers interviewed staff from PBSO and SEFBHN, observed a 211 training session, and reviewed project documentation. The evaluation team was unable to observe or collect data from the student outreach assemblies due to the logistics of receiving parental consent.

In addition to the process evaluation for the full project, RTI conducted an outcome evaluation of PBSO's bystander training, an activity under the Training and Outreach component. Knowledge-based pre- and posttests were administered for training sessions held on July 28 and August 7, 2023. The evaluation team analyzed the data produced from these tests to examine the change in knowledge among training participants.



Findings

Threat Management Support and Resource Provision

This section examines process evaluation findings regarding the Threat Management and Resource Provision, which corresponds with Goal 1, Objective 1.2 in PBSO's Implementation and Measurement Plan (IMP).

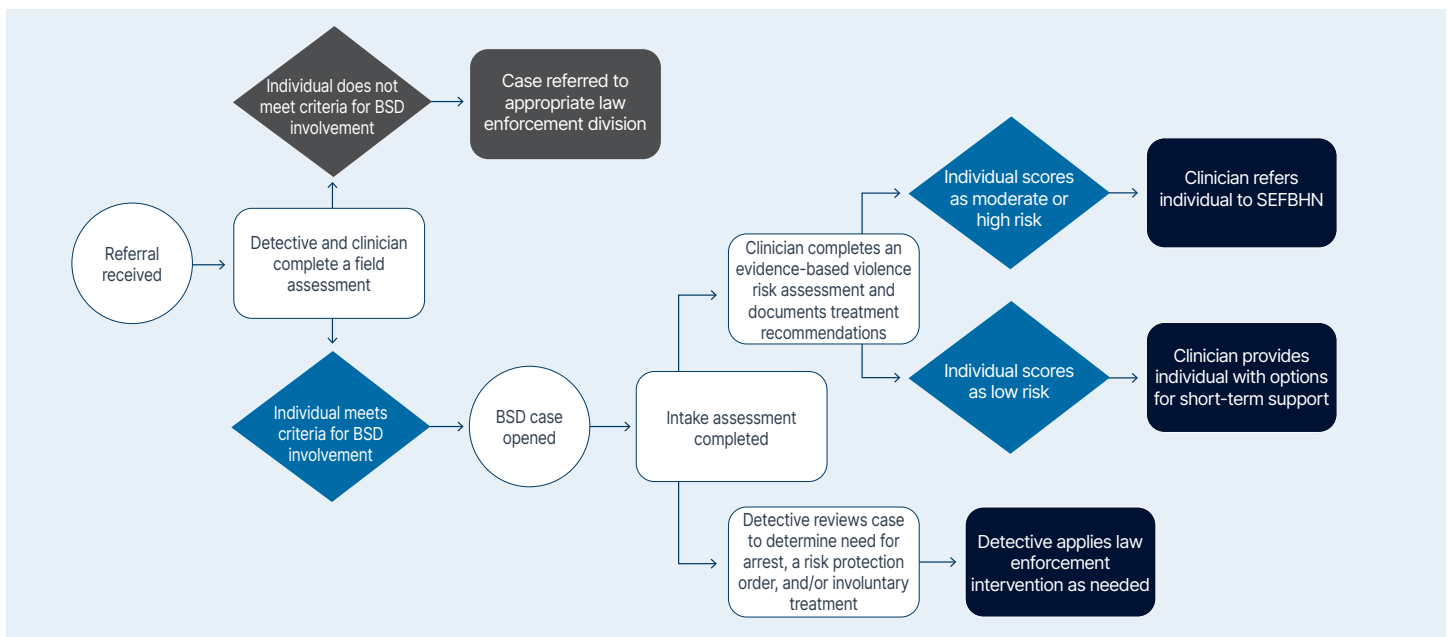
OBJECTIVE 1.2:
Increase the capacity of PBC to respond to persons identified at risk by increasing the capacity of PBSO's Behavioral Services Division threat assessment teams and through recidivism reduction.

Detectives and Clinicians Jointly Review, Assess, and Manage Cases

Throughout their period of performance, PBSO maintained a team of sworn detectives and clinicians in their BSD. Together, they were responsible for reviewing cases within PBSO's jurisdiction where an individual (1) had been identified as at risk of harming themselves or other community members and (2) whose behavioral health may have contributed to that risk. The BSD learned of potentially at-risk individuals through patrol officers who, while responding to general calls for service, determined that an individual should be assessed for ongoing risk to public safety due to an apparent mental health or substance use concern. The BSD also received referrals from federal and other local law enforcement.

Once received, each referral underwent a field assessment, during which a paired detective and clinician reviewed the reported facts of the case and met with the individual of concern to identify appropriate next steps for preventing the individual from harming themselves, their family, or others in their community. To prevent imminent violence where credible threats were identified, the detectives conducted arrests for related law violations, issued risk protection orders, and invoked Florida's Mental Health Act ("Baker Act") for firearms removal and involuntary emergency mental health assessment. For a full overview of the process through which cases were identified and managed, see Figure 1.

Figure 1. BSD Threat Management Process





Addition of Two New Detectives Through Grant Funding Increases BSD's Capacity to Respond to Referrals

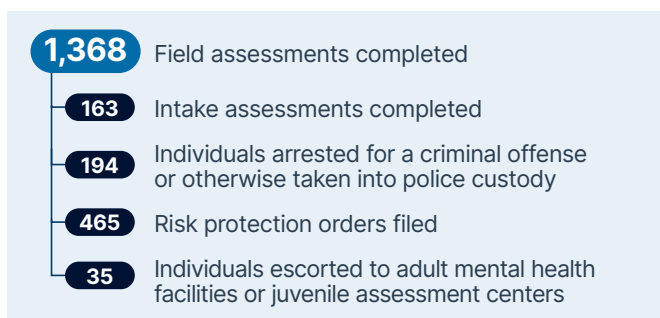
As part of their project, PBSO hired and onboarded two additional detectives to increase the division's overall capacity to respond to calls for service and, in turn, to increase their chances of preventing mass violence in PBC. Both detectives completed the division's required trainings and began responding to service calls by March 2022. PBSO reported that the addition of both detectives was crucial to the BSD's ability to respond to and manage referred cases, which they reported as having increased steadily in the years preceding their grant project.³ From March 2022 to September 2023, the new detectives worked 268 of 1,453 cases, representing nearly 20% of the unit's total referred cases. PBSO shared that, by increasing the BSD's detective count from eight to ten, their unit was able to review referrals more thoroughly, potentially preventing otherwise-eligible cases from being identified as ineligible and referred elsewhere.

BSD Completes Field Assessments, Intake Assessments, and Risk Assessments

Because of the collaborative nature of the BSD's work, PBSO provided data on the entire unit and was unable to disaggregate the cases of the two new detectives. From April 2022 to September 2023, the entire BSD completed 1,368 field assessments—initial responses to calls for service—averaging 76 per month. Outputs of these field assessments are presented in Figure 2.

Of these, detectives and clinicians determined that 163 individuals met criteria for ongoing BSD involvement (i.e., those

Figure 2. Field Assessment Outputs⁴



³ During the grant project they averaged 77 cases per month, compared to previous years' averages of 26 and 52 cases per month.

⁴ These data represent the total output of the BSD from April 2022 to September 2023. They do not represent the exclusive outputs produced through PBSO's grant-funded activities.

⁵ These numbers exclude one score that was not recorded.

⁶ PBSO refers to these resources in Objective 1.2 as targeting "recidivism reduction." For clarity, while these resources may have affected recidivism rates for the individuals that the BSD encountered who had prior criminal convictions, it is important to note that the BSD also engaged with individuals who had no prior interactions with the criminal legal system. In these cases, it would be more accurate to state that the BSD's services sought to reduce repeated law enforcement contact.

whose threatening behavior presents a risk to community safety) and completed intake assessments.

After completing a BSD intake assessment, clinicians requested the individual's permission to assess their generalized risk for violence. The clinicians evaluated those who agreed to participate using one of three evidence-based general violence risk assessments: the Violence Risk Screening-10 (V-RISK-10) for adults, the Structured Assessment of Violence Risk in Youth (SAVRY) for teenagers, or the Early Assessment Risk List (EARL) for youth under 12 years old. Of the 145 evaluated individuals, 101 were identified as "high risk" for committing future violence, 40 as "moderate risk," and 7 as "low risk."⁵

The assessing clinician reviewed each individual's risk assessment results in addition to the individual's behavioral, legal, and personal history to make their clinical recommendations - whether mental health-, substance use-, and/or housing-related. Following the initial assessment, clinicians reviewed the case with the clinical team to discuss the individual's dynamic risk and protective factors and to finalize clinical recommendations. Individuals assessed as low risk received limited direct support from the BSD. Those who scored as moderate or high risk were eligible to receive free long-term support for accessing behavioral health services. These individuals were referred to PBSO's project partner, SEFBHN. As part of the referral, the clinicians included their recommendations for services to meet each individual's identified needs.⁶

BSD Risk Assessments Focus on General Violence

Per Goal 1 of their IMP, PBSO had intended for the detectives and clinical teams to identify and mitigate threats from individuals "at risk of committing mass violence." The risk assessment tools utilized were validated for violence risk assessment, but not specifically for mass violence. Prior to the grant project, BSD clinicians employed a targeted violence-focused risk assessment tool. However, the clinicians determined this tool was not the right fit for the BSD program, considering the immediate need for intervention. Therefore, it is not possible to determine whether the individuals identified in the risk assessments as moderate and high risk for generalized violence were at particular risk for committing mass violence.



SEFBHN Provides Behavioral Health Services Referrals and Support in Accessing Services

As discussed above, 141 individuals met criteria for referral to SEFBHN over an 18-month span from April 2022 to September 2023. Of those individuals, 75 (53%) were subsequently referred. The evaluation team did not receive data regarding the 66 other eligible individuals who were not referred. While some proportion of those not referred may have refused services, others may have been arrested or taken to a mental health facility for more acute treatment, thereby transferring responsibility for the individual's care to another clinical entity.

Through SEFBHN, individuals were directly connected to a community treatment provider, selected based upon the BSD's clinical recommendation and in consultation with SEFBHN's care coordinator. Figure 3 shows the number of individuals who were assessed for and received the various services offered. Individuals were assessed for, and may have received, multiple services through SEFBHN; therefore, the total number of individuals assessed for these various services (129) varies from the number of individuals referred by the BSD (75).

SEFBHN collected data on BSD-referred clients between October 2022 and September 2023. SEFBHN's data collection system did not track individuals' referrals from the BSD and their resultant assessments and utilization of SEFBHN services due to concerns about client confidentiality. As such, the evaluation team was unable to determine individual outcomes.

Figure 3. SEFBHN Service Utilization



SEFBHN provided each BSD-referred client with individualized support to address any barriers they encountered in enrolling in and/or attending treatment. This generally entailed assisting with medical insurance application, treatment copayments, transportation arrangements, and, in some cases, full payment for out-of-network services. Additionally, SEFBHN's care coordinator conducted weekly phone check-ins with clients. In so doing, SEFBHN reported that they were able to troubleshoot any issues the individual may have been experiencing in receiving services and to encourage compliance with their treatment recommendations. The SEFBHN care coordinator shared general client updates with the BSD clinicians on a weekly basis. Continued behavioral health treatment was intended to minimize recurring law enforcement contacts.

PBSO measured the success of service linkage by the number of individuals who engaged in and ultimately completed treatment. Unfortunately, SEFBHN provided data at monthly, aggregated levels, which did not allow for tracking individual outcomes. These summary data indicate that 61 individuals whom the BSD referred ultimately received services from SEFBHN and either completed these programs or were discharged for various reasons.⁷ These outputs are displayed in Figure 4.

Figure 4. SEFBHN Client Outputs



⁷ PBSO did not begin providing grant funding to SEFBHN until October 2022. As such, only those activities performed between October 2022 and September 2023 were evaluated. SEFBHN client output data did not include date of client entry into recommended services due to concerns about client confidentiality.



BSD and SEFBHN Coordination Enables Timely and Individualized Behavioral Health Support

By coordinating with SEFBHN, PBSO reported anecdotally that they felt they were able to link individuals of concern with community-based providers in a shorter time frame than if attempting to connect to services on their own. Between October 2022 and September 2023, individuals received their first service appointment within, on average, 17 days of referral to SEFBHN, with some individuals being seen the same day and others waiting as long as 104 days. SEFBHN and the BSD suggested that the wide variation in wait times could be due to a variety of factors, including the need for emergency behavioral health care, provider availability, and changes in the referred individual's life circumstances.

By providing timely and individualized behavioral health support, PBSO surmised that service linkage with SEFBHN reduced individuals' risk of committing violence. However, no risk assessments were completed following the individuals' initial risk assessment to compare scores. As such, the research team was unable to verify this assertion. Individuals, once engaged in treatment, routinely interacted with behavioral health clinicians, which may have increased the chances of new or continuing concerning behavior being identified early and mitigated.

Threat Management Symposium Enables Knowledge Sharing

While not initially planned as a project activity, PBSO sought to share their experiences in providing community threat assessment and management with others performing similar work. To this end, they hosted a national Threat Management Symposium for law enforcement and other public safety professionals. At this two-day event, speakers presented on lessons learned and promising practices in operating a co-responder team focused on preventing mass violence. Additionally, attendees exchanged information related to threat management operations in their own jurisdictions and organizations. Across both days of the event, 162 individuals attended, representing 67 distinct local, state, federal, and school law enforcement agencies, private security firms, research and educational institutes, and other government organizations. PBSO received anonymous feedback about the symposium from nine attendees. Seven of the attendees reported that the conference was informative. All surveyed attendees reported that they anticipated returning to their agency with new information, specifically citing topics related to threat management team structure, staffing, and operating procedures. PBSO recounted that they had also received informal, positive feedback from numerous attendees, prompting them to begin planning for the symposium to be held annually.





Training and Outreach Events

This section examines process and outcome evaluation findings regarding PBSO's training and outreach events, which corresponds with Goal 1, Objective 1.1 in PBSO's IMP.

OBJECTIVE 1.1:

Increase the capacity of Palm Beach County to identify persons at risk by providing bystander training and training for the 211 Resource Center staff

PBSO Pivots Training Curriculum and Audience in Response to Limited Training Options and Enrollment

As part of its awareness-raising activities, PBSO held a series of bystander trainings for the public. As originally described in the program narrative, the goal of these trainings was to “increas[e] awareness and improv[e] the likelihood of persons acting on what they ‘see.’” During the first months of the grant period, PBSO sought to identify an established training program that would provide information on risk factors, behavioral change, and action steps related to mass violence. PBSO and partners at SEFBHN noted during interviews with the evaluation team that it was challenging to find such a training in Florida and within budget. PBSO ultimately contracted Emergency Services Group International (ESGI), provider of *The Active Bystander* training. Modeled after FEMA's personal preparedness course and the Stop the Bleed campaign, this program teaches civilian participants to provide emergency care in the aftermath of a violent attack. This program did not offer preventative information about noticing and reporting concerning behaviors to prevent mass violence, as originally conceived within PBSO's IMP.

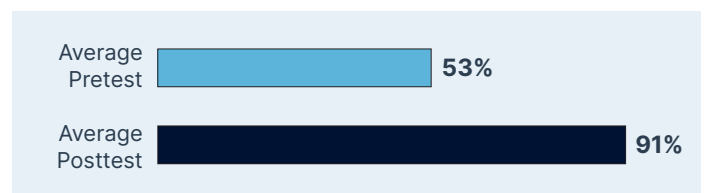
A staff member from SEFBHN was trained by ESGI during the summer of 2022 to deliver both a general training program and a train-the-trainer (TTT) version of *The Active Bystander*. While PBSO originally intended to target the training to law enforcement, PBSO received limited enrollment by law enforcement and subsequently expanded its training recruitment to include fire departments, the SEFBHN behavioral health network, community neighborhood groups, and local school districts. Over the course of the grant

period, six training sessions were hosted for a total of 164 participants. In addition, 14 individuals participated in a TTT session. Data were not collected from the TTT participants, and the evaluation team did not receive confirmation as to whether the TTT-trained participants facilitated any trainings during PBSO's performance period.

Pre- and Posttests Indicate Statistically Significant Knowledge Gains on Reconceptualized Training

During the initial four training sessions, facilitators administered satisfaction surveys for the participants to complete after the presentation.⁸ Following discussions with the evaluation team, a knowledge-based pre-/posttest was administered for the final two training sessions held on July 28 and August 7, 2023. This 15-question test examined participants' knowledge of active-shooting events, including typical characteristics and methods of emergency response to reduce civilian casualties. Of the 42 individuals who attended these two training sessions, 19 (45%) completed both the pre- and posttest. Participants scored an average of 53% correct on the pre-test, increasing to an average of 91% correct on the posttest. This 37% increase was statistically significant, suggesting that the difference in scores was unlikely to be due to chance (see Figure 5).⁹

Figure 5. Aggregated Pre-/Posttest Scores for The Active Bystander Training



⁸ These data were not available to the evaluation team for review.

⁹ These differences were statistically significant using paired, two-tailed t-tests ($\alpha = 0.001$). This means that there was less than a 0.1% likelihood that a difference of this much or greater would occur due to chance.



While the test-takers appear to have benefited from this training, these results cannot be generalized to the larger group of training participants; individuals who chose to participate in the pre- and posttests may be different from those who did not. For example, the group of self-selected test-takers may have had a higher level of interest in the topic than non-test-takers and could have paid closer attention during the training, which may produce differences in scores.

Training Informs 211 Helpline Staff on PBSO Processes

211 is a 24/7/365 nonemergency crisis hotline that offers guidance for community members and links them to supportive resources. As individuals in crisis may disclose warning signs for mass violence during these calls, PBSO sought to increase the capacity of 211 staff to identify and respond to at-risk individuals by (1) training all call-takers about the risk factors for mass violence and associated resources and (2) implementing revised reporting protocols for center staff. After a delay at the start of the grant, PBSO and 211 formalized a Memorandum of Understanding and 211 hired a full-time Law Enforcement Liaison. However, the liaison resigned shortly after taking the position, and 211 were unable to hire a replacement. Given that the updates to 211 protocols were to be designed and implemented by the Law Enforcement Liaison, this aspect of the grant was not completed.

PBSO designed a training to inform 211 staff about the TVU. As previously described, the TVU is responsible for handling cases exhibiting risk factors for mass violence. The TVU began training 211 staff in the fall of 2022, ultimately holding three training sessions for 32 staff. This training primarily provided information about the role of the TVU and their process for investigating and resolving cases. Training participants noted in interviews following the training that although it was helpful to learn about the TVU's co-responder model, there was little information provided that they could put into practice, as the unit does not take direct referrals from civilian organizations. The training did not include information about risk factors for mass violence or resources that 211 could access. While a knowledge-based pre-/posttest was administered to training participants, these data were not maintained by PBSO and were therefore unavailable to the evaluation team.

Unexpected Activities Increase Awareness and Address Gaps in School Campaigns

Following the inception of the grant, PBSO added a Public Awareness Campaign to their activities under Objective 1.1. The purpose of this campaign was to advertise Project Aware and Care—a mass violence prevention website—to the wider community and raise funds for local mental health organizations. Initially, PBSO planned to implement a public marketing campaign and organize a 5K race. However, over the grant period, PBSO eliminated the marketing campaign and changed the 5K race into a Golf Scramble. This fundraising event was held in September 2023, raising \$13,907.14 for local mental health agencies. The 108 registered attendees were also exposed to Project Aware and Care through the distribution of branded materials and signage at the event. PBSO was unable to access data on traffic to the Aware and Care website before and after the event to assess whether the event succeeded in raising awareness and utilization of Aware and Care resources.

An additional activity that was not originally planned was a series of student assemblies that provided information about warning signs for mass violence and resources for reporting. This presentation was developed after the two new detectives hired to the BSD under the grant identified that charter schools were not receiving outreach from PBSO. Between January 2023 and September 2023, the detectives presented to at least 10 schools. As a result of these trainings, PBSO reported that students had approached the detectives to report concerning behaviors or request additional resources. Given the nature of the presentations—delivered to large groups of students during the school day—PBSO was unable to collect additional data from these events.

PBSO BSD detectives, hired under this grant, presented to at least 10 charter schools that were not already receiving outreach from PBSO. After the presentations, students reportedly approached the detectives to report concerning behaviors or request additional resources.

Challenges

Demonstrating Project Results. Both PBSO and their project partner, SEFBHN, experienced difficulties in collecting data suitable for performance measurement. While outputs were recorded across PBSO's performance period, the absence of comparable baseline or follow-up data precluded outcome analysis. As a result, the evaluation team was unable to speak to the objective impact of adding two new detectives to the BSD or referring individuals to SEFBHN.

Storing Data. PBSO faced challenges throughout the grant process in collecting and consolidating data from team members and partner agencies. In several cases, data were collected but were not appropriately stored to allow for evaluation analysis. This includes data such as the 211 training pre-/posttests or *The Active Bystander* satisfaction surveys.

Identifying Training Curricula. PBSO sought to deliver trainings about risk factors for mass violence and reporting procedures. However, they faced difficulties in identifying appropriate, validated curricula that were also within program budget. The trainings they delivered, while reputable, ultimately did not provide information about mass violence prevention. This is evidenced by the training delivered to 211 staff focusing on what happens when a case is referred to the TVU instead of prevention awareness and actionable information relevant to their role as nonemergency call-takers. The bystander training offered to the general public, while providing helpful information on how to respond to a mass shooting, did not teach attendees how to identify and report warning signs to prevent these events from occurring.

Retaining a Law Enforcement Liaison. A key position under PBSO's grant project, as initially designed, was the 211 Law Enforcement Liaison. While 211 successfully hired an individual to fill this role, they resigned shortly after, and 211 did not identify a replacement. Without this liaison, the BSD had to take on the role of training 211 staff and new mass violence-specific protocols went undeveloped.

Discussion

IMP Accomplishments

PBSO partially achieved its objective of increasing the county's capacity to respond to at-risk individuals through BSD assessments and SEFBHN service linkage (Objective 1.2). However, the evaluation team was unable to quantify the change in overall capacity based on the available data. Regarding the BSD's capacity, PBSO hired two new detectives within the first 6 months of the grantee's performance period. Once onboarded, the detectives managed approximately 20% of the BSD's referred cases. In this way, the BSD was better equipped to manage the increasing number of calls their unit received for assessment. Based on the increased division of labor and anecdotal information, the detectives' hiring positively influenced the BSD's capacity to respond to at-risk individuals.

Regarding SEFBHN's service linkage, PBSO referred 53% of all eligible individuals to the behavioral health network for assistance in accessing and maintaining clinically recommended behavioral health services. Over 1 year, 61 individuals received recommended mental health, substance use, or co-occurring disorder treatment services or housing support after being referred by the BSD.¹⁰ During that same period, 14 individuals successfully completed treatment, while others were either discharged or remained in ongoing treatment.¹¹ Unfortunately, due to the sensitivity of SEFBHN's client data and the agency's documentation procedures, the evaluation team was unable to determine the individual-level outcomes of their service linkage. Moreover, because individual cases were not tracked across SEFBHN and the BSD, there were no data to demonstrate the outcomes of service linkage over time. As such, the evaluation team was unable to determine whether clients served by SEFBHN were at a reduced risk for violence or new law enforcement contact.

¹⁰ Individuals were assessed for, and may have received, multiple services through SEFBHN.

¹¹ SEFBHN did not provide data to confirm the total number of BSD-referred participants enrolled in treatment programs across PBSO's performance period.

PBSO partially achieved its objective of increasing the county's capacity to identify individuals at risk for engaging in mass violence (Objective 1.1). PBSO delivered bystander training to a reported 178 participants, achieving demonstrated knowledge gain, though the training did not teach attendees how to identify individuals at risk for engaging in mass violence. They intended to train 300 community members but encountered a number of challenges, including delays in finding and implementing a training and lack of buy-in from the initial intended law enforcement audience. PBSO did meet their goal of training all 211 staff. However, neither the training provided to community members nor the training provided to 211 staff focused on risk factors for mass violence and methods of reporting concerns. While not included in the IMP, the Golf Scramble and student outreach assemblies did provide information that would equip participants to detect warning signs for mass violence and know where to report them.

Sustainability

PBSO created its grant project with sustainability in mind. The majority of PBSO's project activities were performed by the BSD unit, which has been in operation for several years prior to the grant project period of performance. Moreover, the activities themselves built on processes and structures that the BSD had established prior to the grant, including the use of evidence-based risk assessments and the LINC program. PBSO obtained permanent internal funding to sustain the two new detectives' positions after the grant ended, which they anticipated will be integral for managing expected caseload increases. The BSD is expected to continue responding to calls for service and referring at-risk individuals to SEFBHN. Interviews with SEFBHN staff indicate that the partnership has been positive; they anticipated continuing to support individuals referred to them by the BSD. However, PBSO did not provide information to confirm whether they would continue providing SEFBHN with funds for indigent clients. PBSO reported that they were continuing to schedule student outreach assemblies in PBC and were preparing to host their second Threat Management Symposium.

Recommendations for the TVTP Grant Program

✓ Designate a Data Lead.

DHS should consider having grantees appoint one team member responsible for data management and include a continuity plan should there be staff turnover. The designated Data Lead should be charged with (1) gathering data from all relevant team members and partners as the project progresses, and (2) storing these data in a centralized, secure location. Assigning responsibility for data management to one individual can assist in preventing data loss during the project.

✓ Formalize Expectations with Partners.

Whether a partnership precedes or is created as a result of the grant project, grantees should discuss their expectations with partners at the outset. This is applicable to both project

implementation and measurement expectations. Through this discussion, grantees can address resource gaps, clarify data needs up front, and determine whether adjustments to planned activities may be necessary due to a partner's organizational context or other needs.

✓ Match Training Curricula to Project Objectives.

When developing or purchasing training curricula, grantees should ensure that the content is tailored to match the overall project objectives. Where no existing trainings meet the project objectives, grantees should consider options such as developing their own training or adapting their project to find other ways to obtain their objectives.

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