

Community Mobile Response Teams (CMRT)

FAQs

In-Home Outreach Team (IHOT)

Operated by: Santa Clara County, Bill Wilson Center, and Starlight

Q: Is the 120 days limit a set timeframe?

A: It is not necessary for many clients to stay open with IHOT for that length of time; however, some clients are extended past the 120 days as well if there is no waitlist or more time is needed to connect client to services.

Q: What is the function for a peer support worker? What do they do?

A: Take on specific clients and go out in teams to meet with clients; Peer Support worker with community worker or clinician and try to engage client and hopes is that they may relate better and make them feel more comfortable.

Q: How does the IHOT team ensure that monolingual clients are given the appropriate support they need?

A: There is bilingual staff available to meet the needs of monolingual clients, and if staff is not available in the language needed, then the language line is utilized

Q: How can staff with the Suicide & Crisis Hotline know that a client has had 2 plus contacts with Emergency Psychiatric Services and/or other systems of care within the last year?

A: They can ask the client during the call, and IHOT will later screen for eligibility.

Q: What is needed so that the County IHOT team can screen for eligibility?

A: The client's name and date of birth are needed. It is also extremely helpful to have their address or location, and contact number on their referral.

Q: Can we tell callers that they are being referred to IHOT?

A: Yes, you will tell them that you think they would benefit from this program

Q: How difficult is it to provide follow up to homeless clients?

A: Find out if there is a general area the client stays and IHOT will go look for them, or ask if there is an emergency contact person that IHOT can contact or they can put an alert in HMIS and they will call IHOT from shelter or through Emergency Psychiatric Services (EPS) or jail.



Trusted Response Urgent Support Team (TRUST)

Operated by: Momentum and Pacific Clinics

Q: What is the main goal of TRUST?

A: The main goal of TRUST is to keep individuals in Santa Clara County who are emotionally distressed out of jails and hospitals and in a safe space within the community in which they live.

Q: What type of services does TRUST offer?

A: TRUST provides low-risk de-escalation assistance, referrals, and stabilization services in Santa Clara County. All TRUST team members are compassionate, trauma-informed and culturally sensitive, and seek to provide behavioral health and basic medical assessment services through phone or in-person support.

Q: How is TRUST different from other services already offered?

A: TRUST is available to meet community members where they are versus in a clinical setting and can provide a wide range of services based on the individual's unique needs. We bring the support to you.

Q: Who can access TRUST services?

A: Any Santa Clara County resident can access TRUST services. However, if the person in need is under the age of 18, TRUST will transfer them to the county's youth mobile crisis provider.

Q: What happens if someone calls TRUST from outside of Santa Clara County?

A: TRUST is only for Santa Clara County residents. To access behavioral health services outside of Santa Clara County, callers should dial 988.

Q: Is there a fee for contacting TRUST? Do you need insurance for services?

A: No, there is no fee for contacting the TRUST team or accessing TRUST in the community. The team will respond to calls whether a person has insurance or not. Sometimes there may be a cost, if an individual needs a higher level of services such as emergency medical transport.

Q: What type of calls does TRUST respond to?

A: TRUST responds to calls that do not pose a public safety risk. These calls are oftentimes preventative and may involve individuals and/or family members of individuals who are intoxicated, disoriented, or struggling with their mental health, encountering suicidal thoughts, dealing with extreme grief or are emotionally distressed.

Q: What type of training does the TRUST team have? Will the TRUST team have crisis intervention and de-escalation training?

A: Yes, all TRUST staff are trauma-informed and trained in de-escalation and crisis resolution. The teams will be able to assess and de-escalate crisis and low risk behavioral health situations or access emergency services for assistance when needed.



TRUST Continued....

Q: What can I expect when the TRUST team arrives?

A: The TRUST teams will arrive in a vehicle that has the TRUST logo. Each team will have 2-4 people with both professional and lived experience. This may include a Crisis Intervention Specialist, First Aid Responder, and a Peer Support Specialist. The TRUST team, who will be easily identifiable in TRUST attire, will arrive, assess the situation, and provide trauma-informed care in the form of interventions, referrals, and safety planning.

Q: Does TRUST provide transportation?

A: Based on the severity of the situation, the TRUST team can provide transportation to a sobering center, crisis stabilization unit, or mental health urgent care.

Q: What happens if a situation escalates after the TRUST team arrives?

A: Though TRUST responds to calls that are initially deemed low-risk, sometimes the situation will change when the team arrives on-site. When these situations occur, TRUST will defer to higher levels of community support, including law enforcement and/or emergency medical services. When additional community supports are engaged, the TRUST team will remain on-site to support those teams with mental health or psychiatric support as needed.

Q: Does TRUST write 5150 holds?

A: TRUST has the ability to assess for involuntary holds for individuals who are proactively seeking help, though it is ultimately up to the evaluating team to determine if the individual is meeting criteria, which may include not eating or sleeping, being unhoused, etc.

Q: What type of follow up care does TRUST provide?

A: The TRUST team will provide resources for continued care. One to three days after initial contact, a TRUST team member will conduct a follow-up call to provide additional resources and support as needed. This service may apply to both the individual in distress as well as their family members, friends, caregivers and/or neighbors.



Mobile Response Stabilization Services (MRSS)

Operated by: Pacific Clinics

- Q:** If someone in the community calls and says their child is displaying symptoms of mental health, would you dispatch a team to their location?
- A:** First, we screen over the phone and assess the safety risk level to determine if over the phone or in-person response is more appropriate. The team will then coordinate which staff will respond and determine an ETA and provide that to the caller. MRSS can respond anywhere in the community (i.e., schools, homes, medical facilities, etc.)
- Q:** What languages are you equipped to support?
- A:** Team currently staffs English and Spanish speakers on the team, for other language needs the team uses an over the phone translation service to support with calls or in person language needs
- Q:** Would MRSS respond to a call where parents are having an argument with their child who is not attending school or doing homework and child is being volatile, verbally aggressive and/or experiencing ongoing explosive outburst towards parents.
- A:** Yes, ultimately the family defines the crisis. Anything beyond a typical fight that they are unable to manage or de-escalate, MRSS can go out and provide de-escalation and try to resolve prior to crisis and assist with brief family mediation.
- Q:** What information is needed if you have a caller in crisis?
- A:** First and last name of person in crisis, school name/ location of the youth, zip code, phone number of individual calling, caregiver information if person is a minor, what is the current crisis (what is happening right now) safety concerns, any medical needs.
- Q:** Is it MRSS staff who answer the calls?
- A:** In general, yes. If an MRSS staff is unavailable to answer the call, then a third-party answering service called “Physicians Answering Service” will answer. The answering service will gather the basic information, disconnect with the caller, contact MRSS staff and provide them the detailed collected. MRSS will contact the caller within 5-10 minutes.
- Q:** Can a young person call for themselves?
- A:** Yes, anyone can call; it can be the person in crisis or a concerned 3rd party (i.e., parent, provider, doctor etc.)
- Q:** Does your program provide follow up services after a response?
- A:** If there is a need, we can arrange for over the phone or in-person follow ups for up to 30 days
- Q:** How close do you work with school counselors? Do you talk to the school district about your services?
- A:** Yes, most of our calls are by school counselors during school hours. MRSS teams try to keep the counselors updated and involved so counselors can support the youth when they return to school.



MRSS Continued....

Q: Do you provide trainings or presentations to school staff?

A: Yes, we will go out to the schools and provide them trainings and presentations to help them practice possible safety screening questions with youth and how to access our services if needed

Q: Do you have support with law enforcement to come out with you?

A: Most of the time MRSS does not respond with law enforcement. However, there are situations where either law enforcement asks us to do an assessment and help stabilize a youth that they have responded to or MRSS teams will activate law enforcement directly if there is an immediate safety concern that staff cannot support themselves. MRSS staff are not hands on and cannot restrain in the field. Some examples of when MRSS may activate law enforcement could be if the person in crisis is threatening others with a weapon or is actively harming another person.

Q: Does MRSS provide training to law enforcement?

A: MRSS provides trainings and outreach with law enforcement throughout the county and collaborates with their crisis teams and officers.

Q: Who is staffed on the team?

A: Our team consists of Family Specialists, who are Bachelor level and/or have lived experience trained as mental health supports and Clinicians who are Master level Licensed and Licensed Waivered Clinical Social Workers, Marriage Family Therapists, and professional Clinical Counselors. Typically, a Clinician and Family Specialist will respond to crisis calls together to support both the person in crisis as well as their caregiver/supports to stabilize the current crisis. Depending on the level of acuity, a team of Family Specialists or a team of Clinicians may respond to the crisis call.

Q: What is the process if all MRSS teams are busy?

A: There are times when our staff is unavailable due to being dispatched out to other crises, in those situations our team can support the caller by determining most appropriate immediate support via phone. This can typically mean either activating a different crisis support team or law enforcement (if there is immediacy) or exploring ways for caller to monitor and maintain safety until an MRSS team member becomes available.



Mobile Crisis Response Team (MCRT)

Operated by: Santa Clara County

Q: How does someone access MCRT?

A: MCRT resources are available by calling 988, calls will be screened, and support is provided based on level of mental health need.

Q: What is the general response time?

A: Between 20-30 minutes, Clinicians are spread throughout the county; however, there may be delays based on availability.

Q: Does MCRT always co-respond with Law Enforcement?

A: MCRT does not co-respond with Law Enforcement on all calls, they assess and evaluate the call for behaviors and safety conditions and request Law Enforcement when necessary.

Q: Does law enforcement who co-respond with MCRT wear uniforms?

A: Law Enforcement agencies wear uniforms based on their policies, some consist of casual identifiable attire with badges and utility belts, while others may be in full uniform.

Q: What can I do if I believe a 5150 was not warranted or the process was not explained before participating in the assessment?

A: Individuals can file a grievance or complaint to the hospital.

Q: What typically happens during a 5150 (72-hour) hold?

A: If a person meets the legal criteria stated within W&I Code 5150 they will be transported to an Lanterman-Petris-Short (LPS) facility and may be held for up to 72 hours. The person will not be discharged from the LPS facility until an evaluation with a psychiatrist is completed. If the psychiatrist determines that a client requires additional time within an LPS milieu to facilitate stabilization, a legal hearing will be held. At the hearing, the LPS staff will need to present evidence that continued hospitalization (of up to 2 weeks pursuant to W&I Code 5250).

Q: Which facilities are dedicated LPS facilities?

A: Designated facilities include: Santa Clara Valley Medical Center EPS, Stanford University Hospital, El Camino Hospital in Mountain View, Palo Alto Veterans Hospital (VA Patients Only), Good Samaritan Hospital, Kaiser Santa Clara (Kaiser Patients Only) and Pacific Clinics Crisis Stabilization Unit (Ages 6 - 17)

Q: What kind of treatment will clients receive after discharge from a LPS facility?

A: Upon discharge, staff at the LPS facility will offer voluntary resources (i.e., therapy services, case management services, psychotropic medication, crisis residential, etc.) for the client (and family/support) to pursue within the community.

Q: Can someone other than the individual experiencing a mental health condition call for support?

A: Yes, anyone can call for support.



Psychiatric Emergency Response Team (PERT)

Operated by: Santa Clara County

911 Referral Only

Q: Are officers Crisis Intervention Trained?

A: Yes, PERT Officers and Clinicians are Crisis Intervention Trained.

Q: If SACS called 911, would they be able to request the PERT Team

A: Yes, they may request PERT, but a response is dependent on availability and circumstances of the call.

Q: What if Law Enforcement responds to a call and they do not have a Clinician paired with them but see they need mental health support?

A: Law Enforcement may decide to request a PERT response over the radio, or they may contact PERT and request a consultation to support their response to the call. Law Enforcement may also resolve the call appropriately, and they may decide to submit a referral to PERT to follow up with the individual.

Q: How do they handle a caller who needs Mental Health support but is under the influence and are afraid to ask for help in fear they will get in trouble for being under the influence?

A: In circumstances where there is a misdemeanor crime, not involving violence or threats of violence, law enforcement attempts to balance the need for a physical arrest with providing the individual with mental health services as recommended by PERT. If appropriate, law enforcement may cite and release the individual if certain conditions are met.

