

SAN GABRIEL VALLEY COUNCIL
OF GOVERNMENTS

San Gabriel Valley
Crisis Assistance
Response &
Engagement Program

SGV CARE



CRISIS ASSISTANCE
RESPONSE &
ENGAGEMENT



Why Mobile Crisis?

In California, people experiencing a behavioral health crisis are increasingly unable to get the care they need. In virtually no corner of the state can they or their families be assured they will get the right care, in the right place, at the right time.

National Alliance on Mental Health, CA Chapter

Program Intent

Create a Fourth
Response Type

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Police Department

Public Safety - threats to
persons and property.

Fire Department

Fire Safety

EMS/EMT

Medical Emergencies

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Mental and Behavioral Health
Emergencies

What is Mobile Crisis?

Research shows that alternative response programs build trust within communities and improve outcomes for both residents and first responders.

Co-Response Models

Vary in practice, but they generally involve law enforcement officers and behavioral health clinicians working together to respond to calls for service involving an individual experiencing a behavioral health crisis.

Alternative Response Models

Intended to be an additional tool for dispatchers to respond to non-violent 911 calls, complementing the police, fire, and EMT first responders. Generally accepted best-practice involves 2-3 person teams including a minimum of one clinician.

911 Diversion Programs

The LA County roll-out of 988, is an example.

SGV CARE Teams

Two-person teams:

- Clinician
- Peer Support Specialist/EMT

Pilot Cities

Four cities piloting the program:

- Cohort: Arcadia, San Marino, South Pasadena
- Montebello

Call Types

Resource for dispatchers & officers

- Mental Health
- Person in Distress
- Connection to Services

Flexibly defined to best meet the needs of the cities

Follow-up

Where appropriate & possible the team follows up with clients according to national guidelines:

- 72-hours
- 1 week
- 30 days

SGV CARE Overview

Building on Best-Practices & Consensus



Current

- Successful Connection to Services
- Utilization Rate (new calls vs. follow-up)
- % of eligible calls dispatched for team
- Continual Refinement

Moving Forward

- Utilization Rate
- Successful Call Outcomes
- Officer Time Spent on Mental Health Calls

Program Goals

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Phase 1: Call Eligibility & Dispatching Process

Call Code Alignment

No two mobile crisis programs are the same, police officers used their discretion to determine which calls to respond to.

Exclusionary Criteria

Report or history of weapons, violent calls, criminal activity, serious medical needs.

Dispatch

If conditions are met and call is SGV CARE eligible, dispatcher will call team by phone.

911 Call

Dispatch

Police

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Phase 2: Call Eligibility & Dispatching Process

Call Code Alignment

An in depth process including dispatchers and Police Chiefs was conducted to identify clearly and precisely which calls the Team will provide alternative response to.

Exclusionary Criteria

Report or history of weapons, violent calls, criminal activity, serious medical needs.

Dispatch

If conditions are met and call is SGV CARE eligible, dispatcher will call team by phone.

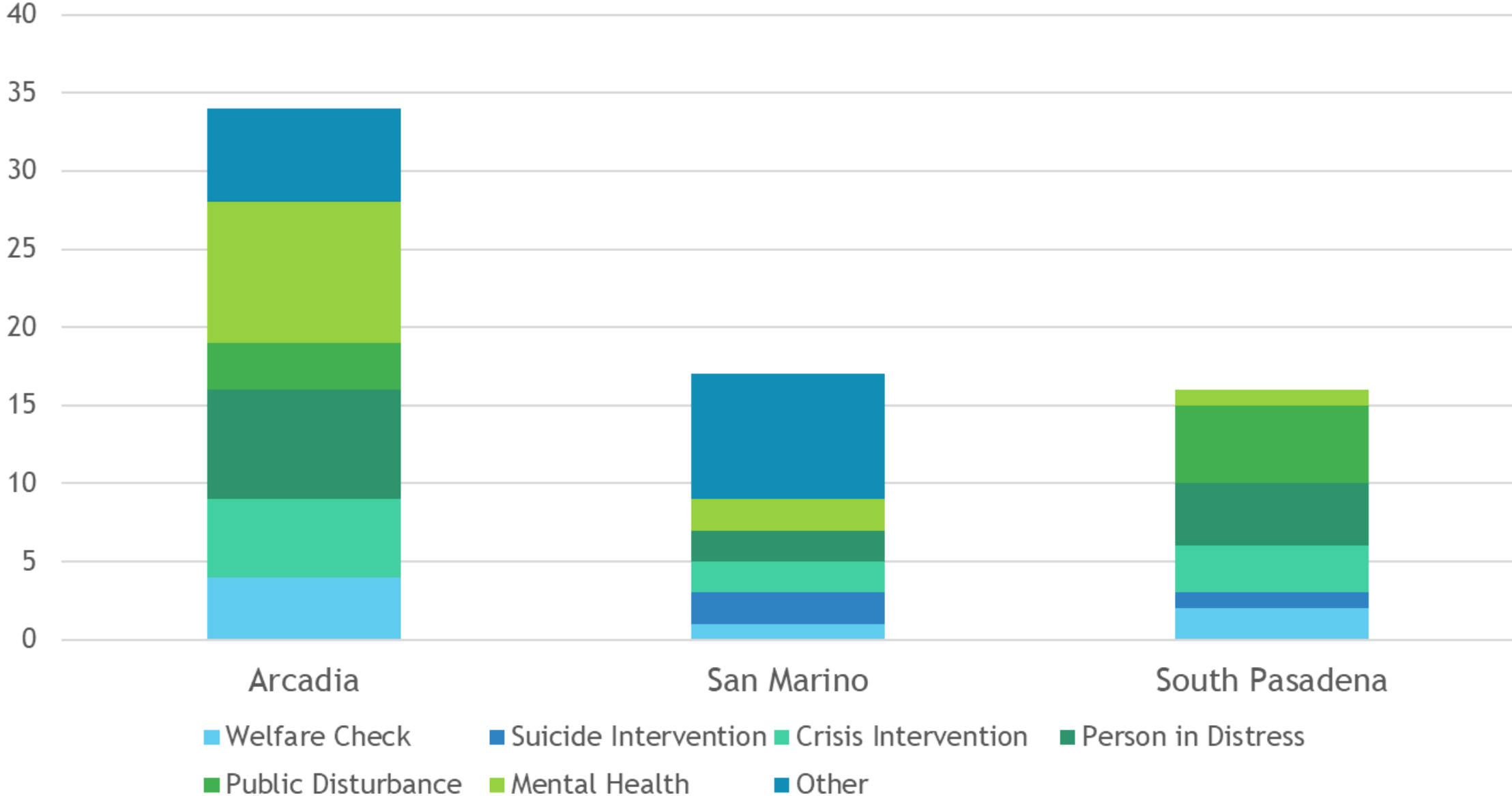
911 Call

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Police

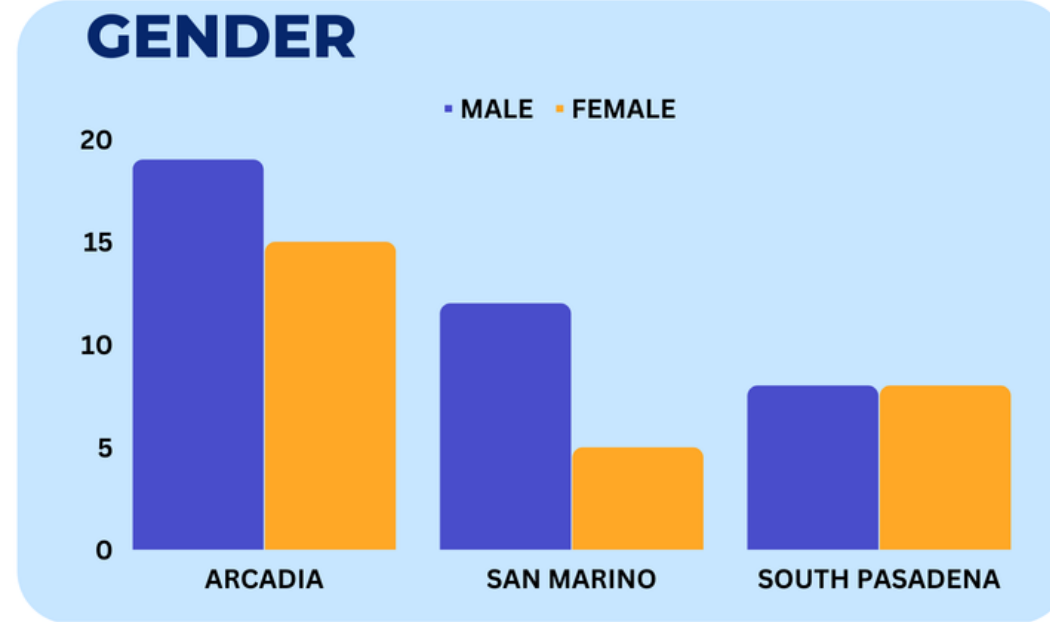
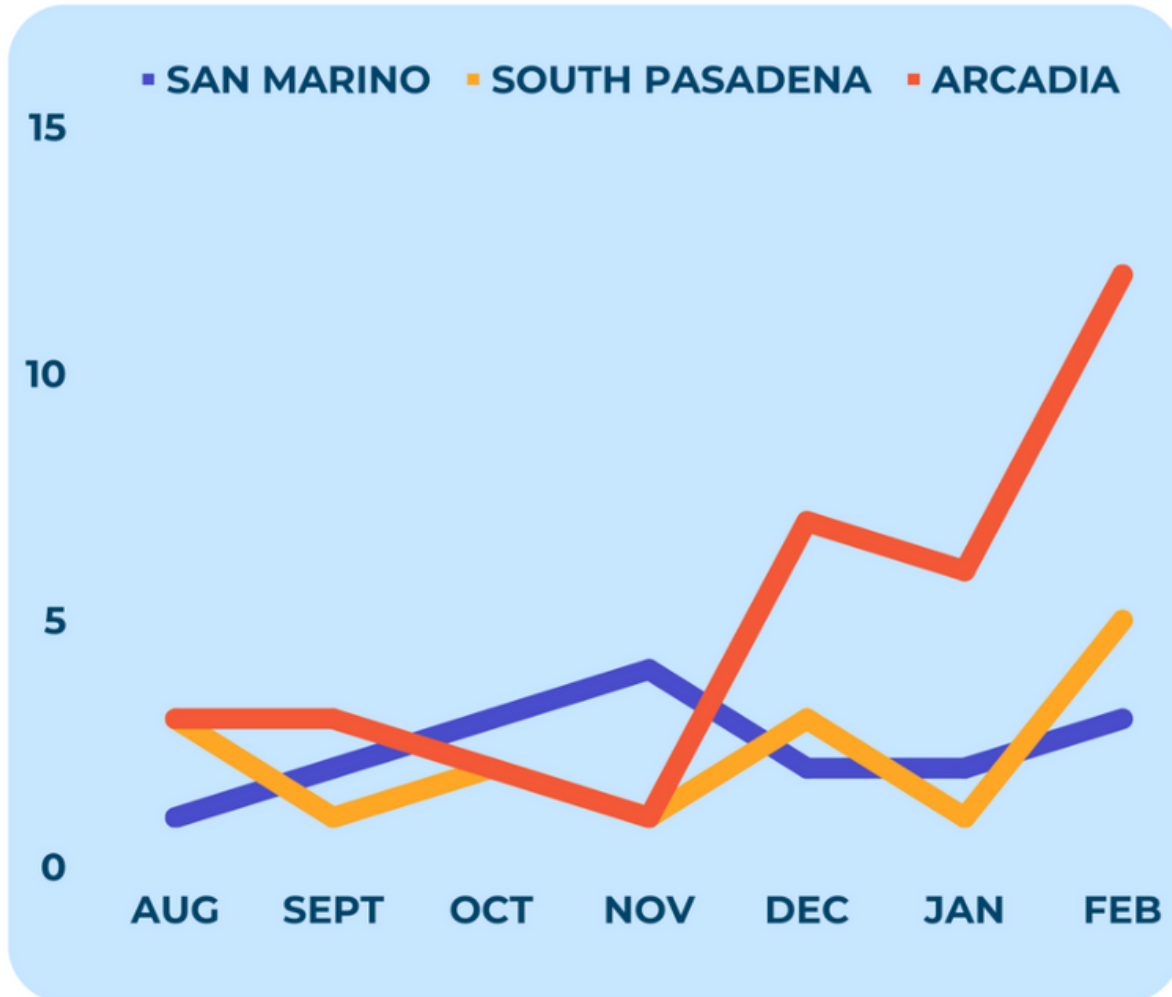
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Response Types



Program Metrics

CONTACTS BY CITY - COHORT



**UNHOUSED/
HOMELESS**

49.2%

**AVERAGE
ENCOUNTER
TIME**

**69.4
MINUTES**

**AVERAGE
RESPONSE
TIME**

**12
MINUTES**

Program Evaluation

Participants have access to individual SharePoint sites with City specific info.

The SGV CARE team responded to a call from a middle school about a student that was reportedly verbally threatening their teacher. The team responded and assessed the student, during which they were able to diffuse the situation and bring the student back to baseline, where they expressed frustration and stress over expectations at home. Rapport was established and further guidance on emotional regulation and how to make the student feel safe. The student expressed gratitude and felt better after discussing the situation with the SGV CARE team.

Arcadia - SGV CARE Pilot Program Participant

The SGV CARE team received a call regarding a client experiencing psychosis and ideating self-harm. Speaking with the client's mother, the team obtained a history of the individual's bipolar disorder as well as their lack of medication compliance. The mother expressed her concern over the client's state of mind and reported that there had been a physical altercation between her and the client. An evaluation was made and the client was placed on a 5150 hold. Working with SPPD the client was successfully transported to the hospital, where he was connected with outpatient services.

Upon follow-up with the client's mother a few weeks later, she was very grateful to the SGV CARE team for how they handled the situation. It was confirmed the client had subsequently been complying with his treatment plan.

South Pasadena- SGV CARE Pilot Program Participant

Phased Approach

Building multi-jurisdictional consensus

Phase 1 - Pilot

Launching as a co-response model in partnership with existing first responders.

Phase 2 - Alternative Reponse

Identifying which calls calls to respond to was the biggest hurdle and the main reason for taking a phased approach.

Phase 3 - Expansion

Codifying the program and bringing new cities online with a comprehensive program document to sign-on to.

Funding

Advocating to bring funding for programming to our region.

Start-up Costs

Launched with Measure H Funds.

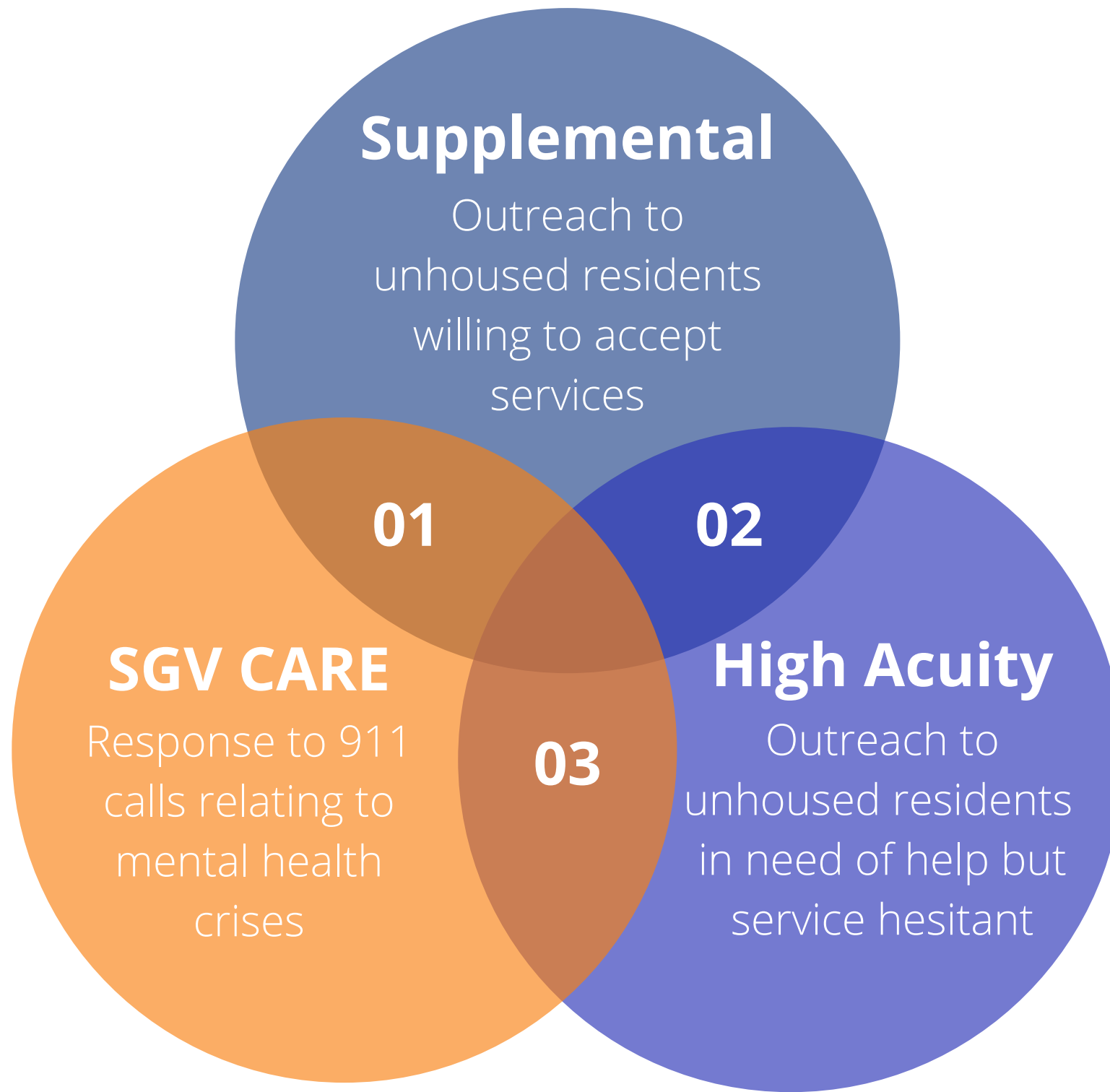
Earmarks

\$850,000 with support from State Senator Portantino.

\$1,500,000 with support from Representative Judy Chu and Senators Dianne Feinstein and Alex Padilla.

Partnerships & Grants

Coordinating with L.A. County DMH to facilitate Medi-Cal reimbursements.



01 Welfare check on an unhoused resident initiated by a call to 911 or Police Department

02 Initial outreach to unhoused client

03 Follow up with an unhoused resident who had experienced a mental health crisis

SGVCOG Continuum of Services

Questions?

San Gabriel Valley Council of Governments

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