Tri-City Mental Health Authority
Crisis Care Mobile Units Grant Project
Mobile Crisis Stabilization and Support Services for Youth
Action Plan

Tri-City Mental Health Authority
Mental Health Student Services Act
Program Development Phase Plans

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Crisis Care Mobile Units

Final Action Plan

Introduction

Contracted Agency Name	**Tri-City Mental Health Authority**
Name of Planning Project Contractor	Octopod Solutions (stakeholder engagement) Peabody Communications (policies and procedures)

Stakeholder Involvement and Coordination: Methodology for Action Plan Development

Methodology

To develop the Crisis Care Mobile Units (CCMU) Action Plan, Tri-City Mental Health Authority (Tri-City/TCMHA) went through the process of obtaining information from community stakeholders (including youth and young adults, parents, educational institutions, law enforcement, providers of medical, behavioral and mental health, and community and faith-based organizations) to guide project design and implementation. In March 2022, Tri-City hired a consultant (Octopod Solutions) to facilitate community stakeholder engagement meetings and solicit qualitative feedback from participants. In addition, Tri-City staff gathered quantitative data (from internal agency records, city, county, and regional sources, including US Census demographic statistics) to establish community context and status of mental health crisis response in the area.

To coordinate community stakeholder engagement sessions, Tri-City first consulted with nine project partners:

1. Pomona Police Department
2. Claremont Police Department
3. La Verne Police Department
4. Pomona Unified School District
5. Claremont Unified School District
6. Bonita Unified School District
7. The School of Arts and Enterprise
8. Cal Poly Pomona
9. University of La Verne

Staff met with organizational leadership and administration to build acceptance of and willingness to actively support and participate in the sessions and greater CCMU project. Tri-City and partners encouraged involvement from youth and young adult constituents. Then, in May and June 2022, Tri-City and consultant Octopod Solutions facilitated 12 stakeholder meetings attended by 114 people. The sessions were geared towards middle and high school students and their parents/guardians, higher education students, adults who support youth, and members of the community interested in crisis care for youth. Tri-City also reached out to individuals and groups whose focus is supporting youth populations at risk, including youth who identify as LGBTQ+, are in the foster care system, and/or have been expelled or suspended from school.

Participants in the stakeholder engagement sessions represented additional community sectors and organizations that include:

- Youth and family members with lived experience
- National Alliance on Mental Illness (NAMI)
- LA County Department of Mental Health (LACDMH)
- LA County Dept of Child and Family Services (LAC DCFS)

- Los Angeles County Office of Education (LACOE)
- Ronyon Elementary School
- The Claremont Colleges
- Western University of Health Sciences
- Mt. San Antonio College
- PFLAG (Parents and Friends of Lesbians and Gays) Claremont
- Pomona Pride Center
- Just Us 4 Youth
- San Gabriel/Pomona Regional Center
- Pomona Hope
- Sycamores
- God's Pantry
- Unhoused services agency
- Tri-City Mental Health Authority staff

Tri-City and Octopod Solutions also facilitated targeted meetings and interviews with staff members from:

- Pomona Police Department (PD)
- Claremont PD
- La Verne PD
- Pomona Unified School District
- Tri-City (specifically staff who work with youth and young adults in crisis)

Consultant Octopod Solutions compiled stakeholder feedback and created a final report that summarizes major themes, key findings, what works and does not work, potential initiatives and interventions, and plausible next steps that arose from community engagement. The final report is available for viewing via Tri-City's website.

To obtain additional information and feedback, Tri-City staff created a data request form for law enforcement to complete with qualitative insight as well as statistics related to crisis response. Tri-City staff connected with law enforcement personnel to obtain information that involved a combination of interviews and conversations as well as agency-generated reports.

Tri-City staff started facilitating grant partners planning meetings in June 2022. Participating grant partners provided additional insight and guidance on how to design the CCMU action plan based on acquired data from and about the local community. Planning sessions were held at least once per quarter:

- June 29, 2022
- August 17, 2022
- September 21, 2022
- October 19, 2022
- November 30, 2022

- January 25, 2023

In addition to CCMU-specific project staff, Tri-City facilitated planning meetings with internal staff from different departments including finance, best practices, crisis care, adult and children's clinics.

- August 10, 2022
- September 14, 2022
- October 10, 2022
- November 14, 2022
- January 12, 2023
- January 17, 2023

To learn more about CCMU project planning and implementation in comparable locations across California, Tri-City staff reached out to and consulted with other grantees. They include:

- County of San Mateo: August 1, 2022
- The City of Berkeley: August 23, 2022
- County of Ventura: September 29, 2022; and
- County of Los Angeles: October 4, 2022.

Throughout the planning process, staff attended and participated in subject matter trainings and conferences related to crisis care and mobile response whose information, experience, and insight contributed to the formulation of Tri-City CCMU Action Plan.

Training Topic	**Training Facilitator**	**Date**
Keepin' it in the Community: The Power and Role of Collective Hope and Action for Crisis Recovery	Center for Applied Research Solutions (CARS) Crisis and Recovery Enhancement (CARE) Technical Assistance (TA) Center Conference	June 29, 2022
CCMU Planning: Data	Advocates for Health Partners and Charlie Seltzer	July 12, 2022
CCMU Planning: Action Plan Overview	Advocates for Health Partners and Charlie Seltzer	August 9, 2022
CCMU Working Meeting: Selecting the Right Candidate	Center for Applied Research Solutions	August 30, 2022
CCMU Working Meeting: Crisis Workforce Retention	Center for Applied Research Solutions	September 13, 2022
Transforming Together, Culturally and Linguistically Responsive Care	Southern Counties Regional Partnership	September 14-16, 2022
Crisis Response Team Schedules	Center for Applied Research Solutions	September 27, 2022
Mobile Crisis –Staffing Model Exploration Part 2	Health Management Associates	October 3, 2022
Mobile Crisis – Finance Exploration	Health Management Associates	October 4, 2022
CCMU & BHJIS Working Meeting: Building	Center for Applied Research Solutions (CARS)	October 11, 2022

sustainable systems through community partnerships		
CCMU & BHJIS Working Meeting: Purposeful outreach and awareness of culturally responsive services in communities	Center for Applied Research Solutions (CARS)	October 25, 2022
Behavioral Health Policy Conference	California Council of Behavioral Health Agencies, California Institute for Behavioral Health Solutions, County Behavioral Health Directors Association	October 26-27, 2022
DiSC Assessment Training	Boyer Consulting	November 2-3, 2022
Culturally Responsive Suicide Risk Management as a Justice Diversion Opportunity	Crisis and Recovery Enhancement	November 9, 2022
CCMU Working Meeting: Best practices for creating a Call Center Team	Center for Applied Research Solutions (CARS)	November 15, 2022
CCMU & BHJIS: Working Meeting - How to triage crisis calls and determining need for mobile crisis dispatch	Center for Applied Research Solutions (CARS)	December 6, 2022
Integrating Behavioral Health Peer Support Specialists into Crisis Response	Bureau of Justice Assistance's Academic Training Initiative to Inform Police Responses	December 8, 2022

Tri-City staff members reviewed best practices for mobile crisis units that include:

- Substance Abuse and Mental Health Services Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care
- Crisis Assistance Helping Out On The Streets (CAHOOTS)
- Crisis Intervention Team (CIT) International
- Expanded Mobile Crisis Outreach Team (EMCOT)

Tri-City hired another consultant—Peabody Communications—to help write CCMU policies and procedures. This consultant is collaborating and working with the implementation team for development of policy, procedures, and task flows for the CCMU project that meet federal, state, and local guidelines for mobile crisis care. Topics include human resource management and staffing policies, and documents regarding the following topics:

- Staff Safety and Staff Retention,
- Risk Management,
- Crisis Care Procedures,
- Call Center Procedures,
- Fiscal, Medicaid and Billing Procedures,
- General Operating Principles,
- Continuous Quality Improvement,

- Quality Assurance,
- Compliance with Privacy and the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
- Community Partnership Engagement,
- Cultural Competency and Data Collection, and
- Technology And Outcomes.

Stakeholders/Partners

Stakeholders/Partners	Affiliation	Contribution
Kristyne McPhail, Mental Health Support Specialist	Bonita Unified School District	Stakeholder engagement participant
Mark Rodgers, Senior Director, Student Services	Bonita Unified School District	Action plan partner Stakeholder engagement participant
Joshua Salazar, Student Identity Development & Education Coordinator, Pride Center	Cal Poly Pomona	Action plan partner
Ramon Coronado, Care Services Coordinator	Cal Poly Pomona	Action plan partner Stakeholder engagement participant
Mike Ciszek, Captain	Claremont Police Department	Action plan partner
Brad T. Cuff, Assistant Superintendent	Claremont Unified School District	Stakeholder engagement participant
Lisa Banks-Toma, Mental Health Coordinator	Claremont Unified School District	Action plan partner Stakeholder engagement participant
Ashley Cortez	Community member	Action plan partner
Ruben Cueva	Community member	Action plan partner
Enrique Villa	Gente Organizada	Action plan partner
Petra Zamora, Housing Director	God's Pantry	Stakeholder engagement participant
Anthony Hostetler, Credible Messenger	Just Us 4 Youth	Action plan partner
Eric Vasquez, Founder/CEO	Just Us 4 Youth	Action plan partner
Gabriela Mutuc	Just Us 4 Youth	Stakeholder engagement participant
Nora Jacob	Just Us 4 Youth	Stakeholder engagement participant
Sulettma (Suly) Gutierrez, Credible Messenger	Just Us 4 Youth	Action plan partner
Tremale Ratcliffe, Program Supervisor (Youth & Young Adult Employment Services)	Just Us 4 Youth	Action plan partner
Name unknown	LA County Department of Mental Health	Stakeholder engagement participant
Isaura Campos-Argumosa, Supervisor	LA County Dept of Child and Family Services	Action plan partner

Monica Rivas, Assistant Regional Administrator	LA County Dept of Child and Family Services	Action plan partner Stakeholder engagement participant
Sandra Sharma, Supervisor	LA County Dept of Child and Family Services	Action plan partner
Frank Cambero, Detective	La Verne Police Department	Action plan partner
Jay Alvarado, Sergeant	La Verne Police Department	Stakeholder engagement participant
Ezequiel De La Torre, Coordinator I, Community Schools Initiative	Los Angeles County Office of Education	Stakeholder engagement participant
Kim Griffin Esperon, Coordinator III, Community Schools Initiative	Los Angeles County Office of Education	Action plan partner
Rigo Estrada, Coordinator, Basic Needs	Mt. San Antonio College	Stakeholder engagement participant
Christina Vera, President	National Alliance on Mental Illness-Pomona Valley	Action plan partner Stakeholder engagement participant
Julie Boucher, Treasurer	PFLAG Claremont	Stakeholder engagement participant
Name unknown	Pomona Hope	Stakeholder engagement participant
Brad Paulson, Sergeant	Pomona Police Department	Action plan partner
Ryan Rodriguez, Lieutenant	Pomona Police Department	Action plan partner Stakeholder engagement participant
Frank Guzman, President	Pomona Pride Center	Action plan partner Stakeholder engagement participant
Patti Azevedo, Program Administrator, Pupil & Community Services	Pomona Unified School District	Action plan partner Stakeholder engagement participant
Janolyn (Jill) Trojanowski, Manager Social Work, Palliative Care & Spiritual Care Services	Pomona Valley Hospital Emergency Room	Action plan partner
Karissa Gonyea, Supervisor, Social Work and Palliative Care	Pomona Valley Hospital Emergency Room	Action plan partner
Name unknown	Roynon Elementary School (Bonita Unified School District)	Stakeholder engagement participant
Name unknown	San Gabriel/Pomona Regional Center	Stakeholder engagement participant
Mark Markarian, Youth Coordinated Entry System Regional Coordinator	Sycamores	Stakeholder engagement participant
Name unknown	The Claremont Colleges	Stakeholder engagement participant
Alexandra Oliva, Director of Student Outreach and Engagement	The School of Arts and Enterprise	Action plan partner Stakeholder engagement participant
Dana Barford, Director of MHSA and Ethnic Services	Tri-City Mental Health Authority	Action plan partner
Debbie Johnson, Program Manager	Tri-City Mental Health Authority	Action plan partner Stakeholder engagement participant

Elizabeth (Liz) Renteria, Chief Clinical Officer	Tri-City Mental Health Authority	Action plan partner Stakeholder engagement participant
Erin Sapinoso, Program Analyst II (Grants)	Tri-City Mental Health Authority	Action plan partner Stakeholder engagement participant
Jessica Arellano, Administrative Assistant	Tri-City Mental Health Authority	Action plan partner Stakeholder engagement participant
Keri Zehm, Program and Outcomes Analyst Supervisor	Tri-City Mental Health Authority	Action plan partner
Kitha Torregano, Human Resources Manager	Tri-City Mental Health Authority	Action plan partner
Nicole Lobato, PhD, Clinical Program Manager—ATC & TCG	Tri-City Mental Health Authority	Action plan partner
Octavio Hernandez, Clinical Supervisor I	Tri-City Mental Health Authority	Action plan partner
Rimmi Hundal, Executive Director	Tri-City Mental Health Authority	Action plan partner
Shawn Smith, Med Support Team/Walk in Crisis/IOET/PACT Manager	Tri-City Mental Health Authority	Action plan partner
Trevor Bogle, Controller	Tri-City Mental Health Authority	Action plan partner
Adrianne Montero-Camacho, SOS Coordinator & Case Manager	University of La Verne	Action plan partner Stakeholder engagement participant
Name unknown	Western University of Health Sciences	Stakeholder engagement participant

Assessment

Questions	Your Responses
Who is affected by mental health and/or SUD crises in your community? Do the crises impact those of a particular age? Race? Geographic location? Economic status? Sexual orientation? Gender identity? Ethnicity? Other?	TCMHA is a joint powers authority for the three cities of Pomona, Claremont, and La Verne in Los Angeles County. It makes mental and behavioral health services available to all area residents, including individuals and families affected by mental health and substance use disorder crises. According to combined data from the U.S. Census Bureau (Quickfacts), Tri-City's catchment area is about 44.73 square miles (Pomona: 22.95 sq. mi.; Claremont: 13.35 sq. mi.; La Verne: 8.43 sq. mi.), and the population is 220,313 (Pomona: 151,713; Claremont: 37,266; La Verne: 31,334). The three cities (Pomona, Claremont, and La Verne) that make up Tri-City's service area are diverse. The predominant ethnic group is Hispanic/Latino (71.4%) in Pomona and white in Claremont (50.7%) and La Verne (45.7%). Pomona has more children (<18)—making up 32%—compared to Claremont (21.2%) and La Verne (24.4%). The amount of foreign-born individuals is 34.1% in Pomona, 17.9% in Claremont, and 16.3% in La Verne. About 65% in Pomona speak a language other than English in contrast to 25.2% in Claremont and 22.8% in La Verne. In Pomona, 13.2% are without health insurance compared to 4.5% in Claremont and 5.2% in La Verne. The median household income is $62,407 in Pomona, $101,080 in Claremont, and $93,473 in La Verne. Pomona has about 17.3% of persons in poverty as opposed to 4.8% in Claremont and 8.4% in La Verne. According to data from the Los Angeles County Department of Public Health: City and Community Health Profiles (2018), about 61% of adults (>18) in Pomona, 78% in Claremont, and 75% in La Verne indicate they receive needed social and emotional support. About 7% of adults in Pomona, and 10% in both Claremont and La Verne are diagnosed with depression. The rate (per 100K) for suicide is 7.9 and drug overdose deaths is 6.8 in Pomona; the rate for suicide is 10.3 and drug overdose deaths is 5.3 in Claremont (corresponding information is unavailable for La Verne). Data from the Los Angeles County Department of Mental Health (FY1819 Activity by Medical Service Area Study) show: - The predominant ages of clients are 11 to 15 in Pomona and 16 to 20 in La Verne. - The predominant gender of clients is female in Pomona and male in La Verne. - The predominant ethnicity of clients is Latino/Hispanic in Pomona and La Verne. Based on conversations with local law enforcement and data provided by city police departments, demographic information of those who reach out to police specifically for assistance with behavioral health crises is not consistently collected, tracked, nor readily available. While these statistics are

	absent, qualitative feedback has been provided that indicates young adults, youth, and children are frequently impacted by behavioral health crises. Grant partners also shared insight on populations affected by mental health and substance use disorder crises. Youth who feel unaccepted or different (even at home or with peers) experience diverse values and beliefs that may conflict with each other and bring about tension. Immigrants who encounter difficulty adapting may experience struggle with different values. The conclusion is the entire community is affected by mental health and SUD crises: family, neighbors, other providers, school, parents, job, medical spaces/emergency room, etc.
What contributes to the crises? Lack of resources? Lack of awareness? Stigma? Poverty? Other?	A shortage of qualified providers contributes to crises. Tri-City is experiencing similar circumstances as other behavioral and mental health departments throughout California—facing a shortage of providers (CalMatters, 2022). A workforce shortage indicates long waits for care and overwhelmed staff in schools and mental health agencies making it difficult for individuals to access the care they need. Community feedback indicates a glaring lack of access to psychiatric hospitals and other crisis facilities. The area suffers from over-capacity at specialized crisis care facilities and shortage of psychiatric emergency hospitals and beds that lead to exorbitant wait times and slow service during episodes of crisis. As a result, these circumstances lead to lack of access to help for youth and adults in crisis whose resolution is often being handcuffed, placed in the back of a police car, and taken to facilities across Los Angeles County, sometimes to great distances away from family and community. Comments from youth over the course of the stakeholder engagement sessions describe systems that are either inaccessible due to cost or other barriers or too busy to serve them in times of need. Direct quotes from community members include: • “Free crisis lines are sometimes full, and they can’t help fast enough” • “I would make therapy free for at least one session, then you can see how money will work out.” Youth also described experiencing criminalization during a mental health crisis. • “I do understand they [police] just want to keep everyone safe, but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it. I feel like it can be handled better to make the person feel safer.” Responses from community stakeholders reveal additional contributors to crises including: • Lack of education and awareness of how to handle crisis for youth themselves, parents/guardians, friends, families, and other adults who support them • Lack of cohesive philosophy around crisis management between school staff, law enforcement and mental health agencies impacts care and service for youth/young adult clients

	• Criminalization associated with law enforcement response to youth and young adults in crisis that creates stigma around illnesses of mental and behavioral health and hinders an individual from seeking necessary help • Support staff without proper training Grant partner feedback describes additional contributors to crises. • People may have a lack of knowledge on how to communicate (between parents and children, partners, loved ones, etc.) what they may be feeling and thinking. • Circumstances like homelessness, the risk or potential to lose one's home, financial constraints that further impact other aspects of life (e.g., access to food), sudden changes to environment (e.g., loss of income, family member being involved in medical related incident requiring hospitalization, death of loved one, or a crisis of their loved one), trauma, academics, involvement in a "system" (e.g., mental health, foster care, juvenile justice), not having a place to go (e.g., in the experience of LGBTQ+ youth who are often unsupported; crisis increases), and generational trauma further impact crisis situations. • Misunderstandings and language barriers (e.g., with monolingual non-English speaking populations) contribute to crises. • Stigma is a factor. • Bias (based on different characteristics e.g., race/ethnicity, gender, age, etc.) often leads to different experiences with crisis. • Suicidal ideation, family fear and paranoia (e.g., in situations that involve mandated reporters), and general lack of information also in the given situation exacerbate crisis.
What are the consequences of the crises? Inappropriate incarceration? Unnecessary hospitalizations? Overdoses? Deaths? Other?	The significance of crises is wide-ranging. Families of individuals in crisis often experience emotional and financial strain. As an example, the Stricklan family spoke at Tri-City's public governing board meeting and was featured in a newspaper article. They have experienced major stress, concern, and fear over their son John's experience with schizophrenia and corresponding mental health emergencies. John had been arrested at least three times in his life and involuntarily held (5150) at least six times. He spent time in jail, was placed in a conservatorship, and spent times in the hospital only to be released without continued care and support. As of the date of the hyperlinked news article, he is still in county jail. Community partner insight describes consequences of crises including incarceration, DCFS involvement, isolation from community, misunderstandings, acute and severe mental health challenges--in the moment and continued after crisis, suffering, mental illness, trauma, depression, anxiety, and multiple [inappropriate] hospitalizations or unnecessary visits to the emergency room or psychiatric hospitals.
Are there areas *where* the crises are more prevalent?	Tri-City's catchment area is made up of the Cities of Pomona, Claremont, and La Verne. Geographically and based on population, Pomona makes up the more than half (~51.3%) of the area's total square

	miles and more than two-thirds (68.9%) of the area's total population. Based on this setup, most crises occur in Pomona. Data from each of the three cities' law enforcement agencies substantiate crises are more prevalent in the City of Pomona. The number of calls for assistance that Pomona Police Department (PD) receives is 123,866 compared to 27,475 at Claremont PD and 16,486 at La Verne PD. Grant partners describe schools and homes as locations where crises often occur.
Are there times *when* the crises are most acute? (Holidays? Weekends? Evenings? Other?	Crises are unpredictable. They can occur at any time—day or night. Community partners have shared scenarios when crises can likely occur. Holidays anniversaries, and seasonal changes (e.g., when it gets darker earlier and for longer) are often challenging times. Instances of loss or sudden changes have a huge impact in the moment but also after time passes with realization and regular reminders of loss. Weekends and times that are outside of regular business hours (when less support is available) see a lot of crises. Timing of crises can be income-based (e.g., around the second or third week of the month when income checks are stretched out). When substance use escalates for a family member or parent/youth, when violence occurs, or when there is a death in the family, crisis can arise. Local emergency department staff indicate an increase in youth coming in when school returns to session and during midterms/finals.
Why do you think the crises exist in the first place?	Based on responses from the local community during Tri-City's stakeholder engagement sessions and action planning meetings, crises occur for several reasons. To start, sometimes the "why" is unknown. In other circumstances, people may have underlying mental health conditions or illnesses that have not been addressed and subsequently require medical treatment. In general, when problems go unaddressed for a long time, a crisis may soon occur. More than one condition may cause compounded difficulties—e.g., co-occurring/co-morbid conditions or dual-diagnoses, including substance use/abuse. Stressors (such as changes in home or environment, issues at school or work, community violence, trauma, natural disasters, terrorism, etc.) can cause intense physical and emotional stress that leads individuals to experience coping difficulties and an inability to function effectively. When loved ones (parents, partners, etc.) have been reluctant or do not know what to do or where to go to participate around a particular issue for someone else, the situation may evolve further and worsen into a crisis. Crises arise when people feel physically, mentally, and emotionally overwhelmed by life stress.
What types of calls are received in your community?	Based on community stakeholder feedback and law enforcement insight, the types of calls that are received in the Tri-City area vary. Calls regarding behavioral health crises include issues of suicides and attempted suicides, drug overdoses, erratic and violent behavior, and harm to self and others. Local community agencies (e.g., Just Us for Youth—Reconnect & Engage Students Quickly program) have shared they receive calls and referrals for students who are chronically absent from school. Schools receive phone calls from parents about substance use on campus where students have access. Parental knowledge of substance use may be minimal, and they feel unsure about how to talk to their children.

What resources and links are expected to be available as referral sources for those in crisis?	Tri-City is the designated mental health authority for local residents, serving children, youth, adults and older adults. The agency expects to be used as a resource and link for referrals for individuals in crisis. Services include: - Outpatient Services (Child and Family and Adult) - Full-Service Partnership (Transition Age Youth and Adult) - Wellness Center: wellbeing programs, TAY resource center, employment services - Peer mentoring - Therapeutic Community Garden - Community Navigators - Housing Support Tri-City's community partners also make additional resources available for those in crisis. For example, God's Pantry staff of counselors, navigators, and life coaches help connect clients with resources that include: housing for transition age youth, food distribution, showers, court appointed classes, employment and workforce development, case management, and substance abuse support. As another example, Just Us 4 Youth operates RES'Q (Reconnect & Engage Students Quickly) to reconnect students on their academic journeys through aggressive outreach and providing academic mentoring, connective and navigation services. Mentors build rapport and trust with clients to ensure academic progress for youth.
What program models and best practices exist that are effective in addressing behavioral health crisis?	Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS) makes National Guidelines for Behavioral Health Crisis Care available through a Best Practice Toolkit. SAMHSA's model presents three core elements to deliver services to "anyone, anywhere and anytime": 1) regional or statewide 24/7 crisis call centers, 2) mobile crisis teams, and 3) crisis receiving and stabilization programs. In establishing Crisis Care Mobile Units, Tri-City will adopt the following SAMHSA best practices: 1. *Incorporate peers within the mobile crisis team;* 2. *Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion;* 3. *Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; and* 4. *Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.* Services will include: • *Triage/screening, including explicit screening for suicidality;* • *Assessment;* • *De-escalation/resolution;*

	• *Peer support;* • *Coordination with medical and behavioral health services; and* • *Crisis planning and follow-up.* White Bird Clinic in Oregon operates Crisis Assistance Helping Out On The Streets (CAHOOTS). CAHOOTS provides mobile crisis intervention 24/7 in the Eugene-Springfield Metro area. It is dispatched through the Eugene police-fire-ambulance communications center, and through the Springfield non-emergency number within the Springfield urban growth boundary. Each two-person mobile team consists of a medic (a nurse, paramedic, or EMT) and a crisis worker who has substantial training and experience in the mental health field. CAHOOTS staff are not law enforcement officers and do not carry weapons; their training and experience are the tools they use to ensure a non-violent resolution of crisis situations. CAHOOTS provides immediate stabilization in case of urgent medical need or psychological crisis, assessment, information, referral, advocacy and, in some cases, transportation to the next step in treatment. Any person who reports a crime in progress, violence, or a life-threatening emergency may receive a response from the police or emergency medical services instead of or in addition to CAHOOTS. The CAHOOTS teams deal with a wide range of mental health-related crises, including conflict resolution, welfare checks, substance abuse, suicide threats, and more, relying on trauma-informed de-escalation and harm reduction techniques. They also handle non-emergent medical issues, avoiding costly ambulance transport and emergency room treatment. CAHOOTS offers a broad range of services, including: crisis counseling, suicide prevention, assessment, intervention, conflict resolution and mediation, grief and loss, substance abuse, housing crisis, first aid and non-emergency medical care, resource connection and referrals, and transportation to services. Crisis Intervention Team (CIT) International offers A Best Practice Guide for Transforming Community Responses to Mental Health Crises and is endorsed by National Alliance on Mental Illness, National Council for Behavioral Health, and Policy Research Associates. CIT programs are community-based programs that bring together law enforcement, mental health professionals, mental health advocates (people living with mental illness and their families), and other partners to improve community responses to mental health crises. Expanded Mobile Crisis Outreach Team (EMCOT) works with the City of Austin first responders to divert jail bookings and emergency department admissions. EMCOT provides real-time co-response for mental health crisis emergency calls and mental health training for first responders. They provide short-term community-based interventions to stabilize a person in a psychiatric crisis and connect them with Integral Care services or other appropriate care. EMCOT is also onsite at Central Booking and at the Travis County Correctional Complex to provide support upon an individual's release.

Sources for data

Quantitative assessment

Quantitative Data Sources	What you learned		
U.S. Census (estimates 2021)	As indicated by data from the U.S. Census, Tri-City's service area is diverse in racial and ethnic makeup, age, culture, and wealth.		
	City of Pomona Population: 151,713 Persons <5 years: 7% Persons <18 years: 25% Black/Af. Am.: 6.0% Am. Ind & AK Nat.: 2.6% Asian: 10.6% Nat. HI & Other Pac. Isl.: 0.1% Two+ Races: 8.2% Hispanic or Latino: 71.4% White: 10.8% Foreign born: 34.1% Other non-English lang: 65.0% Without health ins.: 13.2% Median house. inc.: $62,407 Persons in poverty: 17.3% Population/sq. mi.: 6,495 Land area (sq. mi.): 22.95	City of Claremont Population: 37,266 Persons <5 years: 4.4% Persons <18 years: 16.8% Black/Af. Am.: 5.0% Am. Ind & AK Nat.: 0.5% Asian: 15.0% Nat. HI & Other Pac. Isl.: 0.1% Two+ Races: 8.6% Hispanic or Latino: 23.2% White: 50.7% Foreign born: 17.9% Other non-English lang: 25.2% Without health ins.: 4.5% Median house. inc.: $101,080 Persons in poverty: 4.8% Population/sq. mi.: 2,617 Land area (sq. mi.): 13.35	City of La Verne Population: 31,334 Persons <5 years: 4.8% Persons <18 years: 19.6% Black/Af. Am.: 3.8% Am. Ind & AK Nat.: 0.5% Asian: 10.6% Nat. HI & Other Pac. Isl.: 0.0% Two+ Races: 10.7% Hispanic or Latino: 37.9% White: 45.7% Foreign born: 16.3% Other non-English lang: 22.8% Without health ins.: 5.2% Median house. inc.: $93,473 Persons in poverty: 8.4% Population/sq. mi.: 3,684.8 Land area (sq. mi.): 8.43
Los Angeles County Department of Public Health: City and Community Health Profiles (2018)	Data from the Los Angeles County Department of Public Health indicate different economic statuses across the Tri-City area. Pomona has more residents who fall under federal poverty levels, who experience housing burden, and who have difficulty accessing healthcare than both Claremont and La Verne. Data do show that Claremont has more suicides.		
	City of Pomona Residents <100% [1]FPL: 20% Residents <200% FPL: 52% Lim. Eng. Prof house.: 14% Adults (>18) receiving needed social	City of Claremont Residents <100% [1]FPL: 6% Residents <200% FPL: 12% Lim. Eng. Prof house.: 5% Adults (>18) receiving needed social	City of La Verne Residents <100% [1]FPL: 7% Residents <200% FPL: 14% Lim. Eng. Prof house.: 5% Adults (>18) receiving needed

<table>
<tr>
<td>[1]Federal Poverty Level
[2]Burden = spending >=30% of household income on housing
[3]Severe burden = spending >=50% of household income on housing</td>
<td>and emotional support: 61%
House. with [2]burden: 51%
House. with [3]sev. burden: 25%
Homeless ind.: 689
Adults (>18) w/ diagnosed depression: 7%
Suicides (per 100K): 7.9
Drug overdose deaths (per 100K): 6.8
Adults (>18) with difficulty accessing healthcare: 23%</td>
<td>and emotional support: 78%
House. with [2]burden: 38%
House. with [3]sev. burden: 17%
Homeless ind.: 27
Adults (>18) w/ diagnosed depression: 10%
Suicides (per 100K): 10.3
Drug overdose deaths (per 100K): 5.3
Adults (>18) with difficulty accessing healthcare: 10%</td>
<td>social and emotional support: 75%
House. with [2]burden: 37%
House. with [3]sev. burden: 15%
Homeless ind.: 6
Adults (>18) w/ diagnosed depression: 10%
Suicides (per 100K): UNK
Drug overdose deaths (per 100K): UNK
Adults (>18) with difficulty accessing healthcare: 9%</td>
</tr>
<tr>
<td>County of Los Angeles Department of Medical Examiner-Coroner Annual Report (2019)</td>
<td colspan="3">Death by suicide and accidental death from drugs and alcohol are areas of concern in Los Angeles. Based on data from the Medical Examiner-Coroner, suicide is more prevalent among adults 18 and older, but it does occur among the youth and adolescent population. More Caucasians are identified to die by suicide, followed by Latinx and Asians.

County of Los Angeles
Deaths Reported: 17,940
Cases Accepted: 9,489

Number of cases by manner of death
<table>
<tr><td>Accident</td><td>3,608</td><td>38%</td></tr>
<tr><td>Homicide</td><td>571</td><td>6%</td></tr>
<tr><td>Natural</td><td>4,319</td><td>46%</td></tr>
<tr><td>Suicide</td><td>871</td><td>9%</td></tr>
<tr><td>Undetermined</td><td>120</td><td>1%</td></tr>
<tr><td>Total</td><td>9,489</td><td>100%</td></tr>
</table>
Manner of death—suicide: 871 cases
<table>
<tr><th>Ethnicity</th><th>Number</th><th>Percent</th></tr>
<tr><td>Am. Indian</td><td>1</td><td>0%</td></tr>
<tr><td>Asian</td><td>107</td><td>12%</td></tr>
<tr><td>Black</td><td>66</td><td>8%</td></tr>
<tr><td>Latinx</td><td>224</td><td>26%</td></tr>
<tr><td>Pacific Islander</td><td>2</td><td>0%</td></tr>
<tr><td>Caucasian</td><td>462</td><td>53%</td></tr>
</table>
</td>
</tr>
</table>

<table>
<tr><td></td><td>
<table>
<tr><td>Unknown</td><td>9</td><td>1%</td></tr>
<tr><td>Total</td><td>871</td><td>100%</td></tr>
</table>

Pediatric (ages 0-17) deaths by suicide: 20 cases

Suicide deaths by age group
<table>
<tr><th>Age</th><th>Number</th><th>Percent</th></tr>
<tr><td>0-9</td><td>0</td><td>0%</td></tr>
<tr><td>10-19</td><td>32</td><td>4%</td></tr>
<tr><td>20-29</td><td>153</td><td>18%</td></tr>
<tr><td>30-39</td><td>155</td><td>18%</td></tr>
<tr><td>40-49</td><td>120</td><td>14%</td></tr>
<tr><td>50-59</td><td>160</td><td>18%</td></tr>
<tr><td>60-69</td><td>117</td><td>13%</td></tr>
<tr><td>>=70</td><td>133</td><td>15%</td></tr>
<tr><td>Unknown</td><td>1</td><td>0%</td></tr>
<tr><td>Total</td><td>871</td><td>100%</td></tr>
</table>

Accident deaths—drugs and alcohol: 1,769 cases (49% of accident deaths)</td></tr>
<tr><td>Los Angeles County Department of Mental Health</td><td>Between January and September of 2022, LA County’s Psychiatric Mobile Response Teams (PMRT) received calls for 1,950 incidents in SPA (Service Planning Area) 3—of which the Tri-City service area (Pomona, Claremont, and La Verne) is a part.</td></tr>
<tr><td>Tri-City Mental Health Authority
(internal program reports)</td><td>As noted above and reflective the demographic makeup of the service area, the majority of Tri-City services are provided to Pomona residents. Recipients of the agency’s crisis services are largely Hispanic or White, in the 26-59 age range with a notable amount (6%-18%) aged 25 and under, and nearly evenly split in gender across the different programs.

Supplemental Crisis Services (SCS) are after-hours clinical support available to any resident in Claremont, La Verne and Pomona who is not enrolled in formal treatment services at Tri-City. Trained and experienced therapists who staff this crisis response line are available after hours and on weekends for individuals experiencing significant emotional distress and need assistance during these hours. SCS program data for July 1, 2020 – June 30, 2021 follow.

Number of calls: 244
Age range: 0-15: 0.4%
16-25: 6%</td></tr>
</table>

		26-59: 35% 60+: 9% Not reported: 50%
	Gender:	Female: 52% Male 41% Not reported: 7%
	Race:	Asian/Pacific Islander: 0.4% Black/African American: 7% Hispanic/Latino: 17% White/Caucasian: 18% Another race: 6% Not reported: 51%
	Language:	English: 89% Spanish: 4% Another language: 0.4% Not reported: 7%
	City:	Claremont: 5% La Verne: 7% Pomona: 45% Another city: 28% Not reported: 15%
	During Tri-City business hours, and on a walk-in basis only, Supplemental Crisis Services also provide crisis evaluation and intervention for persons in the Tri-City area who are not enrolled in formal treatment services. Staff trained in crisis assessment and intervention are available to assist persons experiencing significant emotional distress during business hours at Tri-City's Adult Services clinic. Data on the SCS program during business hours for July 1, 2020 – June 30, 2021 follow.	
	Individuals served: 55	
	Age range:	0-15: 4% 16-25: 14% 26-59: 64% 60+: 18%

	Gender: Female: 40% Male: 60% Race: Asian/Pacific Islander: 2% Black/African American: 13% Hispanic/Latino: 42% White/Caucasian: 36% Another race: 7% Language: English: 94% Spanish: 4% Mandarin: 2% City: Claremont: 29% La Verne: 6% Pomona: 60% Another city: 5% How people heard about Supplemental Crisis Line: Community agency: 6% Government agency: 1% Previous client: 26% Family/friend: 14% Internet: 24% Tri-City website: 9% Tri-City Mental Health: 12% Outreach: 4% Primary care: 2% Another: 2% An adjunct service to Supplemental Crisis Services, the Intensive Outreach and Engagement Team (IOET) is a unit of experienced mental health professionals capable of responding to requests for assistance and intervention with any mental health crisis or concern. The goal of the IOET is to assist an individual in identifying any needs, provide support to family members/support system and remove barriers to accessing services. Through close coordination and consultation with community providers, law enforcement and hospitals, the mobile team safely connects an individual to needed care and reduces emergency room visits and arrests associated with a mental health crisis. Data on the IOET program for July 1, 2020 – June 30,

	2021 follow. Individuals served: 982 Age range: 0-15: 6% 16-25: 11% 26-59: 55% 60+: 10% Not reported: 18% Gender: Female: 40% Male: 60% Race: American Indian: 0.2% Asian/Pacific Islander: 1% Black/African American: 12% Hispanic/Latino: 50% White/Caucasian: 15% Another race: 19% Not reported: 3% City: Claremont: 10% La Verne: 4% Pomona: 86% Referral Source: ARC: 4% Family: 1% Hope 4 Homes: 6% Housing: 0.4% Law enforcement: 1% Other: 1% PACT: 1% PMET: 8% PVH: 3% School: 0.1% Self: 1% Streets: 7% Tri-City: 65% VOA: 2%

	Tri-City Referral Source ATC: 2% Housing: 0.1% IOET: 76% Med team: 0.1% MHSA: 0.1% Navigators: 7% Royalty: 1% Supplemental Crisis: 11% SPT: 2% WET: 0.1% Disposition of crisis calls: Referred to Tri-City services: 36% Referred to Navigators: 25% Referred to IOET: 38% Referred to Wellness Center: 7% Referred for follow-up call: 16% Referred to Pomona Valley: 4% Referred to 911/police: 15% Another referral: 17% Tri-City's Child and Family Outpatient Services are provided to children and transition-age youth ages 21 or younger within the cities of Claremont, La Verne and Pomona. The goal is to strengthen the parent/caregiver-child relationship, support the family's capacity to care for their children, and to enhance the child's social and emotional functioning and development. Data on Tri-City's Child and Family Outpatient Services for July 1, 2020 – June 30, 2021 follow. Individuals served: 432 Age range: 0-3: 1% 4-7: 13% 8-12: 23% 13-18: 58% 19-21: 5% Gender: Female: 53% Male: 47%

Race: Asian/Pacific Islander: 1%
Black/African American: 7%
Hispanic/Latino: 79%
White/Caucasian: 7%
Another race: 3%
Not reported: 3%

City: Claremont: 6%
La Verne: 4%
Pomona: 90%

Number of crisis episodes: 24
Number of unique clients with at least one crisis episode: 13

Clients with diagnosis of anxiety and depression based on location and year

	Anxiety 19/20	Anxiety 20/21		Depression 19/20	Depression 20/21
Garey	49%	50%		65%	64%
Royalty	30%	35%		55%	60%

Emergency Department Visits to Pomona Valley Hospital by Reason, Age, and Year

	2019	2020	2021
Self-Harm			
Ages 0 - 25	215	143	196
Age 26 +	234	165	203

	2019	2020	2021
Alcohol/Drug Use			
Ages 0 - 25	644	410	415
Age 26 +	1,687	1,430	1,393

Pomona Police Department (interviews and survey)	Pomona Police Department (PPD) provided information concerning the volume of calls for service and based the numbers on annual averages over the course of a three-year period. To the extent that mental health calls were identified, recorded, or noted at or around the time of service, PPD also provided data on the portion of

<table>
<tr><td></td><td>calls that were specific to mental health.

July 1, 2019 through June 30, 2022 (Results based on Annual Averages)
<table>
<tr><th>Item</th><th>Weekly</th><th>Monthly</th><th>Quarterly</th><th>Annually</th></tr>
<tr><td>Total Calls for Service</td><td>2382</td><td>10,322</td><td>30,966</td><td>123,866</td></tr>
<tr><td>Total Mental Health Calls for Service</td><td>32</td><td>138</td><td>414</td><td>1,662</td></tr>
</table>

Average Calls for Service Response Time for Mental Health: 15.31 minutes</td></tr>
<tr><td>Claremont Police Department (interviews and survey)</td><td>Claremont Police Department (CPD) provided available information about calls for service that the agency received. The annual number of calls for assistance dispatched during the 2021 calendar year is 27,475. To the extent that data specific to mental health were recorded, there were 157 Welfare and Institutions (WI) Code 5150-related cases in 2021. Of the 157, 12 were specifically WI 5585-Psychiatric Evaluation/Juvenile. There were 136 calls with an actual call type of 5150; 371 calls were related to 5150, but some were found to be “negative 5150.” Additional review would need to be conducted to determine if the calls were “negative 5150” or “detained 5150.”

From time called (dispatch) to time arrived on scene, average emergency call response time is four (4) minutes and 24 seconds. For non-emergency issues, response time varies.</td></tr>
<tr><td>La Verne Police Department (interviews and survey)</td><td>La Verne Police Department (LVPD) provided available information about calls for assistance and data on service specifically related to mental health (to the extent that they were recorded).

Volume and types of calls received
<table>
<tr><th>Item</th><th>Annually</th></tr>
<tr><td>Number of calls for assistance (general/all)</td><td>16,486</td></tr>
<tr><td>Of all calls for assistance, number specific to mental health crisis</td><td>71</td></tr>
<tr><td>Of mental health crisis calls, number specific to youth/young adults</td><td>33</td></tr>
</table>

Source of mental health services/crisis calls for youth/young adults
<table>
<tr><th>Item</th><th>Home</th><th>School</th><th>Work</th><th>Community</th></tr>
<tr><td>Source of mental health services/crisis calls</td><td>16</td><td>12</td><td>1</td><td>4</td></tr>
</table>

Mental health services/crisis calls for youth/young adults from schools
<table>
<tr><th>Item</th><th>Elementary</th><th>Middle</th><th>High</th><th>College</th></tr>
</table></td></tr>
</table>

Source of school mental health services/crisis calls	0	2	8	2

Demographics of the youth/young adults requiring mental health services/crisis care

Item	0-5	6-11	12-17	18-25
Age Group	0	0	25	8

Item	Other/ Unknown	Asian	Black/ Afr. Amer.	Hisp./ Latino	Native HI/ Pac. Isl.	White
Race/Ethnicity	3	2	2	13	1	12

Item	Housed	Unhoused
Housing Status	33	0

[Pomona Valley Hospital Medical Center]

Based on information from Pomona Valley Hospital and Medical Center's 2021 Community Needs Assessment Study, mental health is an important issue in the area. Findings include increased percentage of teens and adults who had serious psychological distress and who needed help for emotional/mental health problems. Mental health services were identified as a need in the community.

Mental Health Issues

	2016 data			2019 data		
	LA County	SB County	SPA3	LA County	SB County	SPA3
Percent teens and adults who likely have had serious psychological distress during past year	7.40%	9.20%	5.8%*	15.10%	13.10%	13.50%
% teens only	1.3%*	0.9%*	---	37.30%	26.4%*	50.20%
% adults only	8.00%	10.50%	6.3%*	13.00%	11.30%	9.10%
Percent adults with moderate to severe work impairment past 12 months	11.90%	6.6%*	11.8%*	21.10%	13.80%	18.20%
Percent adults with moderate to severe family life impairment past 12 months	12.80%	16.00%	10.90%	20.80%	20.10%	17.50%
% adults needed help for emotional/mental health problems or use of alcohol/drugs	15.40%	15.20%	15.4%*	20.90%	16.50%	13.80%
% teens needed help for	11.8%*	8.1%*	10.9%*	32.10%	29.7%*	30.7%*

emotional/mental health problems						
% adults ever seriously thought about committing suicide	7.30%	6.90%	8.0%*	13.20%	12.20%	7.50%

Source: 2016, 2017, 2018, 2019 California Health Interview Survey

*statistically unstable

2018 City-Specific Mental Health Issues Over Past 12 Months

	% adults experiencing serious psychological distress	% adults whose emotions interfered with work performance	% adults with family life impairment	% adults who needed help for emotional/mental or alcohol/drug problems
Claremont	12.60%	14.30%	18.10%	22.00%
La Verne	10.90%	11.00%	15.30%	19.20%
Pomona	12.30%	13.50%	16.90%	17.70%

Source: 2018 California Health Interview Survey, Neighborhood Edition

*statistically unstable

(Two distribution methods were used together to provide the broadest opportunity for people to respond to the online survey: 1) Institute of Applied Research (IAR) prepared a link to the online survey which was distributed by PVHMC's outreach team and 2) VuPoint Research conducted the online survey using an established panel of individuals who already agreed to take part in research of this type (targeted by age, ethnicity, and gender).

Have you personally (or a child you care for) experienced any of these health issues?

	IAR		VuPoint	
	# of mentions	% of respondents who answered	# of mentions	% of respondents who answered
Mental health disease	180	70.90%	64	49.60%
Substance abuse	46	18.30%	31	24.00%

NOTE: This is a multiple response question in which the respondent was able to indicate more than one response.

What is the biggest health-related issue or service that people in your community need?

	IAR		VuPoint	
	# of mentions	% of respondents	# of mentions	% of respondents

<table>
<tr><td></td><td>
<table>
<tr><td></td><td></td><td>who answered</td><td></td><td>who answered</td></tr>
<tr><td>Affordable/free health care/ screenings</td><td>475</td><td>70.70%</td><td>140</td><td>48.30%</td></tr>
<tr><td>Mental health services</td><td>441</td><td>65.70%</td><td>133</td><td>45.90%</td></tr>
</table>
</td></tr>
<tr><td>University of La Verne (staff report)</td><td>Data from University of La Verne reveal that students experience emotional distress and seek out counseling services and support. Students at University of La Verne seek out a full range of short-term counseling services such as therapy and psychiatry from the school’s Counseling and Psychological Services.
• Total enrollment (2021-2022): 6,201
• Appointment requests/referrals this academic year (2021-2022): 2,500
• Assistance with hospitalizations: 9

Student Outreach and Support (SOS) consists of two committees and a case manager who work collaboratively to support students in distress. SOS supports students on an individual basis, provides ongoing training to faculty and staff regarding best practices while supporting students and hosts workshops for students around the topic of mental health and well-being.
• Referrals this academic year (2021-2022): 245
• Assistance for students who were hospitalized: 5
• Support for students in emotional distress: 80</td></tr>
<tr><td>The School of Arts and Enterprise (staff report)</td><td>The need for mental health services and social-emotional support is significant at The School of Arts and Enterprise. The school’s Social-Emotional Counselor conducted 430 sessions during the second semester (January-May) of the 2021-2022 academic year.
Sessions per Grade:
6– 38 (8.9%)
7–12 (2.8%)
8–11 (8.2%)
9–115 (27.1%)
10–48 (11.3%)
11–35 (8.2%)
12– 166 (39.1%)
Enrollment at start of year: 697
Enrollment at end of year: 676</td></tr>
<tr><td>CA School Climate, Health, & Learning Surveys</td><td>Many LGBTQ youth are negatively impacted as a result of many factors. Social stigma (e.g., discrimination, harassment, family disapproval, social rejection, and violence) about sexual choices or identities can be particularly difficult. Stigma puts LGBTQ youth at increased risk for negative health outcomes (Centers for</td></tr>
</table>

Disease Control). Results from the CA School Climate, Health, & Learning Surveys provide additional student information regarding sexual orientation and transgender youth in the Tri-City area.

Youth Sexual Orientation, by Grade Level: 2017-2019

Grade	Bisexual	Gay or Lesbian	Straight	Something Else	Not Sure	Decline to Respond
7	3.63%	1.53%	83.73%	2.27%	3.83%	4.93%
9	5.03%	1.77%	84.97%	2.43%	3.30%	2.43%
11	6.77%	2.10%	82.70%	2.27%	3.10%	3.10%
Non-Trad	5.37%	1.37%	84.33%	1.03%	1.23%	6.73%

Transgender Youth, by Grade Level: 2017-2019

Grade	Yes	No	Not Sure	Decline to Respond
7	0.60%	93.23%	2.73%	3.43%
9	1.50%	93.73%	1.90%	2.90%
11	1.00%	95.07%	1.70%	2.23%
Non-Trad	0.80%	91.00%	2.63%	5.57%

The three unified school districts (PUSD, CUSD, BUSD) have limited pupil support service personnel for large student populations (table below). Given the ratios of students to staff, it can be difficult for students to access help, in this case mental health services, from counselors, nurses, and psychologists; none of the districts have social workers.

Ratio of Students to Pupil Support Service Personnel, by Type of Personnel

	2017			2018			2019		
Personnel	PUSD	CUSD	BUSD	PUSD	CUSD	BUSD	PUSD	CUSD	BUSD
Counselor	657:1	883:1	650:1	592:1	708:1	621:1	594:1	631:1	583:1
Nurse	1520:1	1767:1	5692:1	1131:1	1769:1	5604:1	1288:1	1736:1	7182:1
Psychologist	1501:1	812:1	1191:1	1326:1	837:1	1051:1	1195:1	827:1	867:1
Social Worker	--	--	--	--	--	--	--	--	--

Qualitative assessment

Questions	Your Responses
If you conducted key informant interviews, whom did you interview? What did you learn from them?	Tri-City conducted key informant interviews with staff of each of the three cities' police departments in the catchment area: Pomona, Claremont, and La Verne. Additional key informant interviews were conducted with Pomona Unified School District and Tri-City's internal providers who serve youth in crisis. Overall, law enforcement expressed the openness and desire for a collaborative and co-response option with a mental health team, especially during non-business hours (e.g., evenings and weekends) and including training and education. <u>Pomona Police Department</u> (6 officers) • Partnership between Psychiatric Emergency Team (PET) and police department has been beneficial to all citizens impacted by suicidal crisis and homelessness. • Long-term holistic approach works • New medical providers in hospital misunderstand HIPPA; they do not share information. • Partners are needed for support and additional resources. • Mental health team works well. • There is a need for specialized services for specific groups (i.e. culturally competent, veterans, etc.). • Mental health issues are taken more seriously now than before. • Public/professional education works. • Quick fixes do not work. • Parents assume their child will be prescribed medicine(s) and sent home. • Cases are handed off to police department at end of day without full context. • Unclear who is best caretaker in a given situation. • School administrators do not stay after hours and call police department to handle cases even though students get triggered by police. • When school district handles mental health crisis, police department is not told what the outcome is. • Parents do not want to accept services. • Acknowledgment of crisis and connecting to resources works. • Providing training and resources for staff works. • Putting younger officers on mental health team works. • Making mental health part of the culture works. • More mental health clinicians are needed.

	• Faster response times are needed. • Parents could benefit from education and resources. • It would help to have more locations that accept youth outside LA. <u>Claremont Police Department</u> (single person interview) The individual who was interviewed works during the graveyard shift and shared comments that reflected that experience. They were unable to share many reflections regarding partnerships with schools and other organizations because of the hours they are on duty. • Law enforcement officers do not have the immediate training for mental health. • Graveyard shift gets a lot of calls for service regarding mental health help for transient populations in the area; Psychiatric Assessment Care Team (PACT) does not operate in the evening. • Officers cannot often tell if a person is suffering a mental health crisis or a narcotics issue or something else. • Guess is that more than half of parent calls for mental health crisis in the home; they have reached the end of the rope and do not know how to handle it. Parents have not been through training--they just live it and deal with the anguish. • Not a lot of parents will find resources to find out how they can get help for their child. • City of Claremont does not have a 24-7 crisis response team; graveyard shift is even more limited. • Sometimes needing to provide transport makes response more complicated. • Response and transportation issues as well as experiences vary across local hospitals including: Pomona Valley, Charter Oaks, Inter Community, Montclair, Canyon Ridge, Kaiser, Loma Linda, and BHC Alhambra. • Overall, work experience with Charter Oak has been very positive. They offer clear communication if/when they are not able to provide a bed. • Kaiser has been very positive to work with for individuals who have health coverage through Kaiser. • Canyon Ridge has presented problems in communication and lack of clarity on availability. • BHC Alhambra is another very good facility but it is a long drive both for officers and for individuals experiencing crisis. • Law enforcement officers want to get the person into a facility for professional help as quickly as possible so officers can get back to serving the community. • If there is a mental health issue, usually when someone sees a uniform, walls go up. Officers do not have the luxury of taking off the uniform. It is more inviting to have someone who tells you they are not law enforcement. • PACT or other services are more effective for mental health cases. • Crisis and de-escalation for adolescents would be beneficial. • It would be helpful to have more trainings for both professional and personal experiences. A lot of officers have children themselves and are dealing with heavy things; officers go home at night and

	internalize things that can lead to spiraling. • Transportation for youth is a major issue. • Often between hospital and law enforcement, it feels like the left hand does not know what the right hand is doing. • Claremont may not need a dedicated PACT team just for the City, but it may be beneficial to have a resource that is shared between cities. • As an officer, it is beneficial to share first-hand experience. Many officers in the field are very young in their careers and do not have the same first-hand experience, but they are open to training. • There is interest in developing a peer support team for Claremont Police Department. Officers need to be able to take care of themselves before they can take care of others. • Officers and other first responders see traumatic experiences every day. There should be more mental health support for them in dealing with the impact of those experiences. • Officers would be open to the idea of having a counselor in every patrol car. It would benefit both the community and the officer. <u>La Verne Police Department</u> (5 officers) • Focus on importance of constant training opportunities. • Crisis at school site allows for more factors that can be controlled to ensure safety (as long as lines of communication are clear). • Partnership with La Verne schools is focused on student relationships with counselors with understanding of progression before it reaches police department. • Charter Oak is the preferred mental health/psychiatric facility for crisis care. When that facility is at capacity, it can create a cascading set of challenges around accessibility and transportation during a crisis. • It is important to create a personalized care plan and deal with each youth as an individual. • Officers encounter youth on more than one occasion; it is important to build trust within those interactions. • Officers stressed the impact of a 5150/5585 order and the need to make decisions with the implications of those orders clearly understood by care team. • Officers expressed that they want to defer to school counselors whenever possible as first line of resort. <u>Pomona Unified School District</u> (8 staff members) • Pomona Police Department has a great mental health team that is very helpful when needed. When they are not available, responding officers are not as helpful. • More training is needed for officers who are not mental health specialists. • It would be helpful to get feedback from police department when it is utilized for wellness checks in

	evenings, crisis situations on weekends, and during school days use for students not in school. • There is a shortage of providers at all mental health agencies now. • Frequent and regular communication from agencies regarding openings, referral status, and linkage contact concerns is helpful. • There are issues of premature discharge from hospitals and appointments not made prior to discharge. • What works: weekly engagement, consistent regular appointments, timely responses, and taking into account economic hardship and trauma. • Goal is for fewer re-hospitalizations and more progress with services instead. • Consider transportation and other accommodations for a better experience. • Youth are more likely to reach out if they have a good experience. • Drug and alcohol treatment, in-patient treatment, and family therapy on campuses would be helpful. • A dedicated crisis intervention team would be helpful. • A Psychiatric Mobile Response Team (PMRT) and ambulance for Pomona only would be helpful. <u>Tri-City Mental Health</u> (22 service providers who support youth in crisis) • Focus on reducing stigma in approach to mental health care. • It is important to create spaces where mental health professionals can approach youth with honesty and authenticity. • Collaboration across institutions and departments is critical. • Police sometimes have a different definition of what constitutes a crisis versus a behavioral or other issue. • There is lack of clarity around which specific issues police will respond to and which they will not regarding potential safety concerns. • Regarding work with school districts, youth experience varies greatly from one district to another. • Regarding school environments, much is dependent on trust and openness to mental health providers. • Regarding health care facilities (i.e., psychiatric hospitals), it can be challenging to find out information about youth who have been admitted or even availability of beds. • Lack of beds in psychiatric hospitals and other facilities is a major choke point for the entire community and impacts all involved. There are only two psychiatric hospitals in the Tri-City service area; the majority are about an hour away. This distance makes it difficult for individuals in crisis to do voluntary hospitalization and challenging for families to visit their loved ones when they are hospitalized. • There is a need for better collaborative treatment plans with psychiatric hospitals for youth upon discharge, along with continued follow-up. • Identify specific area(s) causing a crisis or exacerbating the crisis; alleviate the crisis by connecting

	youth to getting their needs met. • Approach the crisis through a Whole Person Care lens.
If you held focus groups, describe the participants, how many participated, and what you learned from them?	N/A
If you held town hall meetings, how many people participated? What did you learn from them?	Tri-City hosted seven (7) public community stakeholder engagement sessions in which 67 people participated. They represented youth and young adults ages 25 and under, adults who support youth, and community members from different sectors that include: physical health, mental health, family support, faith-based agencies, youth serving organizations, education, and law enforcement. Participants shared what works, what does not work, and initiatives and interventions to support. What works • Dedicated/trained trauma response team • Peer support • Collaboration/partnership across sectors • Establishing trust • Clear definition of what constitutes a crisis • Follow-up/Follow-through post-crisis What does not work • Access and wait times during crisis • Support staff without proper training • Criminalization • Lack of education/awareness on how to handle crisis • Shortage of facilities/beds Community-supported initiatives and interventions • Increased options for 24/7 care • More beds and staffing • Decriminalization strategies • Culturally competent crisis response • Location-based services • Peer support programs

If you collected any other type of qualitative data, please describe it, and tell us what you learned from it.	Given feedback from local law enforcement, school districts, and emergency room department, cross-sector collaboration and education are necessary. The staffing structure and knowledge base related to mental health, crisis, and to the youth population vary. A mobile crisis response will require coordination and ongoing management of partners, consistent subject-matter training, and regular outreach and engagement with the community regarding services. <u>Pomona Police Department</u> (responses from Tri-City created data request) • A clinician and officer are paired for going out on calls. There are two (2) licensed clinical social workers (potential for 3) and two (2) mental health officers (potential for 3). The work is full time (7:30 am-4:30 pm) Monday through Saturday. Pending a third team, the schedule may include Wednesday through Sunday. Mental health officers with specialized unit experience—five-day Mental Health Intervention Training (MHIT) and Multiple Interactive Learning Objectives (MILO) de-escalation training transition out after three (3) years and go back to patrol. • No specific programs are dedicated to mental health services/crisis care for youth/young adults. • No specific mental health services/crisis care training(s) regarding youth/young adults are offered. • Mental health services/crisis care involves someone in emotional distress (e.g., homicidality, suicidality, aggressive behavior, or extreme agitation). Someone in the community calls, and a reporting party calls 911. A patrol officer assesses the situation. The mental health unit responds to a patrol call; it is a second responder that comes in after patrol officer assesses the situation. • Steps to handling mental health services/crisis calls for youth/young adults involve youth/young adults taking priority. In circumstances of multiple calls, the response considers level of severity and youth/young adult involvement. Using information that includes name and date of birth, police determine age and prioritize calls in community. If the person is in school, the individual is considered to be in a safe environment. The mental health unit meets with family and provide relevant/necessary education. Additional steps taken with youth include: o Consideration of Department of Child and Family Services (DCFS) involvement o Thorough evaluations (e.g., CBT assessment) o Providing extra care for youth • For outreach, prevention, and early intervention, staff mainly follow up with families and provides links to mental health services. They engage quarterly following up with both clients and Tri-City Mental Health on referrals. Staff also participate in psychoeducation with families. • There is a high volume of calls. • When youth are at school (including college), the location is generally considered a safer space because there are people around the person in crisis. These calls are generally not a priority to the police. The hope is for the new crisis mobile team to respond more to schools. The need for services at schools is there. Suicidality is the most prevalent call from schools. Also, there is a need for coverage during evening time. • There is no split between age groups (i.e. adults versus youth).

	Claremont Policy Department (responses from Tri-City created data request) • There is no full-time person who works with youth specifically. A school resource officer handles a child in crisis at school. All officers are trained in 5150 and what to look for. The Psychiatric Assessment Care Team (PACT) deals with youth in community, not in school settings. PACT is open to all. There is no differentiation between youth and adults. • Regarding mental health services/crisis care training(s) specific to youth/young adults, Police Officer Standards and Training (POST) is an umbrella training program in California that covers the minimum requirements to serve and guidelines to follow. In addition to police academy-provided training, officers must go through 24 hours over two years of training. Additional training is provided as necessary. • Regarding mental health services/crisis care, officers evaluate cases to determine if they are or are not 5150s. They try to talk to the person or connect to resources. They call PACT if it is available to evaluate. • Steps to handling mental health services/crisis calls start when the police department receives calls for suspicious activity or people acting out. People contact the police who go out to evaluate and determine if PACT should be called or do 5150. • Outreach includes officers responding to calls and providing Tri-City and PACT as options. • The police department is a reactive agency and is not involved with prevention and/or early intervention programs for mental health services/crisis care for youth/young adults. • The primary reasons for dispatch (e.g., risk of self-harm, risk of violence to others, other erratic behavior, mental health and/or substance use, etc.) vary case-by-case. Whatever call comes in, police go to check it out. • Regarding emergency department transportation, if a case is a 5150, police take the person to a facility. If it is an overdose, police transport person to a hospital for the medical issue. The hospital treats, assesses, and then releases the person. • The police department does not track the number of youth/young adults with co-occurrences of substance abuse and mental health services/crisis. • Regarding the source of mental health services/crisis calls, the majority of calls for youth come from schools (numbers unavailable). The second prominent location for youth calls is the home. • At the different levels of education, the majority of calls for youth are at the high school level. Some are at middle school level. There is a smaller amount at the elementary level. Colleges deal with situations themselves internally with campus safety and on-site staff. Police are usually involved with issues related to suicide or violence. • The demographics of the youth/young adults requiring mental health services/crisis care are not collected/tracked. • Of mental health services/crisis care calls for youth/young adults, the number that is referred to

	continued services and/or care is not collected or tracked. Police arrange meetings with PACT, and PACT does the follow up/referrals. • The recidivism rate (how many of the same youth/young adults return for mental health services/crisis care) is unknown, but there are "frequent flyers." • Police deal with calls for services as the arise. By creating this kind of crisis care mobile unit response team, it can do what is needed and follow up appropriately. The community feeling is one that questions why law enforcement deals with mental health issues. Police acknowledge this sentiment and explain that people call police when something is wrong, including mental health. It would be helpful to have a resource that is available 24 hours a day 7 days a week 365 days a year. People can then call Tri-City for non-criminal mental health calls. <u>La Verne Police Department</u> (responses from Tri-City created data request) • The staffing structure for mental health services/crisis care, specifically for youth/young adults includes one school resource officer who services all La Verne schools. La Verne Police Department has no dedicated specialist for youth crisis care, but a group home (David and Margaret) in the city has a therapist on staff. La Verne police officers occasionally take children on 5150 WIC holds. • No programs are dedicated to mental health services/crisis care for youth/young adults • Officers participate in annual mental health training regarding mental health services/crisis care that includes the youth/young adult population. • Regarding mental health services/crisis care and corresponding criteria to identify such situations, La Verne Police Department has a policy on Crisis Intervention Incidents in which the purpose and scope provide guidelines for response to persons with mental health and emotional crisis needs. They include, but are not limited to de-escalation, reporting and training.] • The steps to handling mental health services/crisis calls for youth/young adults depends on the need at the time. They could range from counseling, 5150 evaluation, and contacting Tri-City. • Staff do not conduct outreach regarding mental health services/crisis care for youth/young adults. • La Verne Police Department is not involved with prevention and/or early intervention related to mental health services/crisis care for youth/young adults. • No information is collected, tracked, or available regarding referrals to continued services and/or care for mental health services/crisis care calls for youth/young adults. • Follow-up measures (e.g. warm handoffs, transportation coordination, etc.) provided to youth/young adults for mental health services/crisis care are based on the situation • The recidivism rate is unknown, however, it is an ongoing concern with the same individuals needing assistance. <u>Pomona Valley Hospital Medical Center 2021 Community Needs Assessment Study</u> Regarding Pomona Valley Hospital Medical Center service, most significant health care needs include:

	• Access to affordable primary care/prevention services and screenings, especially for low-income populations, communities of color, homeless, LGBTQ+, seniors, undocumented populations, and minority groups • Mental health services/resources, especially for marginalized communities (homeless and rural), BIPOC, Medicaid and uninsured populations, underrepresented minorities, youth and aging populations, people with special healthcare needs, and the severely mentally ill • More community-wide partnerships, collaborations, and care coordination, in particular to seniors, minority populations, people with low income and education, special needs patients, LGBTQ+, homeless, undocumented, and marginalized communities (homeless and rural) Major barriers to meeting health care needs include: • Cost/financial issues, e.g., inability to pay due to lack of insurance or underinsurance, lost income from having to leave work to see the physician during usual office hours, lack of transportation to get to a health appointment, etc. • Lack of communication between patient and health care provider, either because of language barriers, providers who do not have an adequate understanding of culturally competent care, or fear/lack of trust in healthcare system • Social determinants of health (SDOH), e.g., healthcare access and quality, language and literacy, economic stability, neighborhood environment, food security and employment • Lack of access to healthcare due to an inadequate number of providers in outlying areas, lack of transportation to appointments, or a lack of understanding of how to navigate the healthcare system • Increasing food insecurity. • Lack of patient health literacy, both general (e.g., the need for wellness appointments and screenings) and specific (relative to specific chronic disease conditions). Identified strategies to address significant health needs include: • Increase the number of primary care providers in the region to improve access and reduce the waiting time to get an appointment for routine or specialty care. • Provide education and resources that support care coordination, including resources that improve communication between patients and providers, procedures to address language barriers, and providing culturally competent care. • Provide education opportunities for the community regarding issues such as obesity/weight loss, healthy lifestyle, nutrition, smoking cessation, need for health screening, importance of follow-up care and wellness checks, and advanced directives. • Continue and increase the level of partnerships with CBOs and other community groups that can help reduce the equity gap in healthcare. Fund, support, and partner with organizations that offer health services as well as those offering services such as youth diversion and violence prevention

	programs. • Increase availability of mental health resources, and work to communicate the availability of those (and other) resources to the community. • Address Social Determinants of Health (SDOH) to build health equity, e.g. increase the diversity of the healthcare workforce, provide diversity, equity and inclusion (DEI) education to the workforce, provide services that promote health literacy and improve trust in the health care system, such as promotoras, and address economic and environment issues. <u>CA School Climate, Health, & Learning Surveys</u> Selected data for the Pomona, Claremont, and Bonita unified school districts include the following: Depression-related feelings • About one third of students in grades 7, 9, 11, and non-traditional settings indicate depression-related feelings. • Females in grades 7, 9, 11, and non-traditional settings indicate depression-related feelings about twice as much as males. • Students who identify as gay/lesbian/bisexual indicate depression-related feelings about twice as much as students who identify as straight. Suicidal ideation • About 14-24% of students in grades 9, 11, and non-traditional settings indicate suicidal ideation. • Students who identify as gay/lesbian/bisexual report suicidal ideation three to four times more than students who identify as straight. Bullying • About 25-35% of students in grades 7, 9, 11, and non-traditional settings indicate bullying and/or harassment. • Females indicate bullying and/or harassment more than males. • Students who identify as gay/lesbian/bisexual indicate bullying and/or harassment twice as much as students who identify as straight.

Resource Assessment

What do you already have?	Your Responses
People are the staff, trainers, consultants, volunteers, stakeholders, partners, community	Tri-City staff and programs make crisis care and services available to residents of its service area: Pomona, Claremont, and La Verne. TCMHA provides crisis services, walk-in support, after hours crisis line support linkage and referrals. In particular, Tri-City's Access to Care

leaders/champions. Who are the people and agencies involved in crisis response that are already available to you? (You don't need to name stakeholders and partners that you've already named.)	department serves as the main entry point for individuals interested in receiving specialty mental health treatment. Interested individuals can call, walk in, or be referred to see a mental health professional to talk about presenting problems and needs before scheduling an intake appointment. If needs are better served in another Tri-City program or with a community provider, staff will provide referrals and a warm hand-off to ensure individuals are connected to appropriate services. The main goal is to support recovery and assist in accessing mental health services to best meet individual and family needs. TCMHA partners with each city's law enforcement agency as well as Pomona Valley Hospital and Medical Center (Emergency Department). In addition to the partners described above, agencies involved in crisis response include LACDMH whose Access Line for Service Referrals operates 24 hours a day, seven days a week, Crisis Assessments, and Field Deployments. Individuals in need of help can access mental health screening and assessment, referrals to a service provider, crisis counseling, mobilized field response teams, and linkages to other services and resources. LACDMH also operates an Emotional Support Warm Line with trained active listeners (available 10:30 a.m. to 9 p.m. daily) and Veteran Line for mental health support and connection to veteran programs (available 9 a.m. to 8 p.m. daily). LACDMH is also launching the Alternative Crisis Response project to improve coordination of crisis calls including the rollout of 988 and connection with 911. Tri-City also collaborates with the California Family Urgent Response System (Cal-FURS) that provides phone-based response, in-home/in-person mobile response during situations of instability for youth and families currently or formerly involved in the foster care system. Tri-City will outreach and explore relationship-building and collaboration with La Verne Fire Department and Los Angeles County Fire Department and associated paramedics and emergency medical technicians. TCMHA also partners with local school systems (Pomona Unified, Claremont Unified, and Bonita Unified School Districts and School of Arts and Enterprise) that have their own crisis response and protocols.
Funding are grants and allocations. Funding is also the things that money buys – office space, vans, desks, computer hardware/software, etc. What funding do you already have to address mobile crisis response?	Tri-City has the following funds to address mobile crisis response: Realignment, Federal Financial Participation, Mental Health Services Act (Community Services and Support), and a California Department of Health Care Services Crisis Care Mobile Units grant. Tri-City is not a Mental Health Plan but is one of two entities in California that receives Realignment Revenues from the State of California and Mental Health Services Act funds. Tri-

	City contracts with Los Angeles County through a Legal Entity Agreement so that the State may pay State General Funds and Federal Financial Participation funds to a Mental Health Plan, in this case Los Angeles County, who then passes those funds to Tri-City. This Legal Entity Agreement provides Tri-City the mechanism to draw down federal and state Medi-Cal funding. Tri-City's approved Mental Health Services Act plans include Community Services and Support (80% or 76% of the total allocation) under which this Crisis Care Mobile Units project may fall. On March 16, 2022, Tri-City's governing board approved to accept $200,000 from the California Department of Health Care Services (CA DHCS) to support Crisis Care Mobile Units planning. The agency is developing and expanding mobile behavioral health crisis services (including linkages to necessary care and support) for individuals ages 25 and younger to prevent and divert involvement in the criminal justice system. Tri-City plans to apply for subsequent implementation funds from CA DHCS to support project operations. Other potential sources of funding include grants from CARESTAR Foundation's Transformations & Innovations Grants Program and CA Department of Social Services Community Response Initiative to Strengthen Emergency Systems grant pilot program. TCMHA is exploring both opportunities in 2023.
Community is the people you live, play and work with. Are there community-based groups that already respond to mental health and/or SUD crises? How knowledgeable is your community about mental health and SUD issues? Does your community support the idea of mobile crisis response?	Based on responses from community members during this project's stakeholder engagement process (March-June 2022), people in the Tri-City area have indicated limited knowledge about mental health and substance use disorder issues and navigating the subsequent system of response and treatment. They expressed support for developing and implementing mobile crisis response. As mentioned previously, stakeholders described what they believe works: a dedicated/trained trauma response team, peer support, collaboration/partnership across sectors, and follow-up/follow-through after a crisis. Tri-City is the mental health authority in the local area. Individualized treatment plans are designed to identify each client's specific needs, including multiple diagnoses and/or co-occurring substance abuse issues. Tri-City's Wellness Center operates a Dual Recovery Anonymous group using the 12-Step recovery format for individuals with a dual diagnosis. Various support groups are also offered on coping skills for individuals experiencing depression, anxiety, grief, and loss. Other community-based organizations in the cities of Pomona, Claremont, and La Verne have limited responses to mental health and substance use disorder crises but do make corresponding resources available.

	- Prototypes' Outpatient Behavioral Health Centers provide comprehensive mental health services ranging from prevention and early intervention to intensive (e.g., residential treatment for substance abuse, shelter, substance abuse services, technical assistance and welfare-to-work support) for men, women and children. Clients can receive individual, group and family therapy, psychiatric treatment, medication management and medication-assisted therapies, case management, referrals and coordination with primary care clinics. - Pacific Clinics serves children, transitional age youth, families, adults, and older adults and offers a range of mental and behavioral health services, foster care and social services, housing, continuing adult education and early childhood education programs to qualifying individuals and families. - Crittenton Services for Children and Families is a nationally accredited behavioral health and child welfare nonprofit that serves the most vulnerable system-involved children, youth, and families. It provides trauma-responsive treatment and interventions (e.g., around-the-clock care; comprehensive mental health services; family-based support services and community-based services) in a holistic and culturally sensitive manner. - Behavioral Health Services-American Recovery Center is a not-for-profit community-based healthcare organization providing substance abuse, mental health, drug-free transitional living, older adult services, HIV/AIDS education and prevention, and other related health services. It offers hope and opportunities for recovery, wellness, and independence through a comprehensive system of affordable human services. - Ettie Lee Youth and Family Services has been "doing whatever it takes" to help vulnerable children and their families develop skills to lead successful lives since 1950. They save lives, change lives, and build hope for children and families through programs and services that include: resources for foster and adoptive parents, short term residential group homes, child nutrition, transition housing, emancipation readiness, mental health, psychiatry and medication, therapeutic behavioral services, substance use disorder services, and wraparound services. - The National Council on Alcoholism and Drug Dependence of the East San Gabriel & Pomona Valleys was established in 1972 and is a community-based prevention and treatment organization.
Organizations are the structures we work in. Consider the following: a. How would mobile crisis response align with existing county mission, vision and values? b. How would mobile crisis	Tri-City was established in 1960 through a Joint Powers Authority Agreement between the cities of Claremont, La Verne, and Pomona to deliver mental health services to the residents of the three cities. Through this collaborative effort, Tri-City has been the designated mental health authority and primary provider of outpatient services for local residents, serving children, youth, adults and older adults alike. Crisis Care Mobile Units align with Tri-City's commitment to providing the highest quality and culturally inclusive behavioral health care treatment, prevention and education to help individuals maintain and improve their mental health. In the

response operate within county organizational policies and practices? c. Are there any policy obstacles or nay-sayers?	spirit of collaboration and accountability, Tri-City has developed and follows a set of core values that reflect this commitment and provides the guidance necessary to meet the needs of the individuals and communities served through CCMU. Core values include a person and family-centered approach to care, focus on recovery through building strengths to achieve goals, culturally-responsive and respectful service, provision of quality-based work for clients and enrichment for employees, community-guided engagement and collaboration, and accountability-driven stewardship. Mobile crisis response will operate in collaboration with the cities of Pomona, Claremont, and La Verne and community partners who work in support of and with Tri-City to deliver mental health and crisis care to area residents. Over the course of the stakeholder engagement meetings during spring 2022, targeted concepts emerged to be applied through this CCMU project. In partnership with local law enforcement, health and mental health providers, schools and community members, Tri-City endeavors to increase supportive mental health response and provide accessible, welcoming, and culturally-relevant crisis care.

Needed resources

What do you need?	Your Responses
People – Do you need more staff? More volunteers? Better training for staff? Do you need to learn more about best practices in mobile crisis response? Do you need more engaged stakeholders/partners? Other?	To implement necessary changes in policies and protocols for 24 hours a day, 7 days a week crisis response, Tri-City needs to hire and train new staff members. A team of 12 people working in a three-shift structure will require different job roles and positions (full-time, part-time, on-call) including peer support specialists, LPS certified staff, licensed psychiatric technicians, project supervisor, staff dedicated to working with family members of clients, and administrative and information technology support staff. Tri-City will streamline internal programs, work to incorporate the efficient use of already existing staff, and hire new people. All relevant CCMU staff will need onboarding, new, and continued training as necessary across different topics (e.g., seeking safety, Crisis Prevention Institute, review of holds, and debriefing). Staff also aim to figure out a system for working with private insurance through establishing memoranda of understanding. In addition to maintaining grant collaborative partnership meetings established during the CCMU planning phase, project staff will also work to develop collaborative relationships with primary care providers, substance use disorder treatment and sober living programs, Indian health care providers, and providers who serve individuals with disabilities. Tri-City

	will work with partners to identify dedicated representatives from each agency with whom to collaborate and communicate directly regarding implementation of this CCMU project.
Funding – includes the things that money buys. Do you need computers, software, vans, office space, promotion and publicity of programs? Other?	In addition to staff, Tri-City's comprehensive mobile crisis response project requires various equipment and items to be fully operational. The agency will outfit specialized vehicles to serve as command centers for field LPS response. Personal protective equipment will be required. Associated information technology including computers and relevant accessories, scanners, printers, cellular phones, and an electronic health record system will be required for project operation and documentation. Office space with security is required for housing staff members and equipment. Additional supplies to house potentially dangerous items client may carry (e.g., lockboxes and gun locks to secure weapons and reduce access to medications and other lethal means) are necessary as well as stock of commonly used medication in emergency situations (e.g., naloxone). Additional funds will be needed for the publicity and promotion of the CCMU project through various communication campaigns and media (e.g., ads on buses, benches, radio spots, newspapers, etc.). Tri-City Mental Health Authority was established in 1960 through a Joint Powers Authority Agreement between the cities of Claremont, La Verne, and Pomona to deliver mental health services to the residents of the three cities. TCMHA is not a county. It is not self-insured and needs insurance carriers. To provide needed crisis care mobile units (CCMU) for the local community, TCMHA needs additional liability coverage (beyond vehicles). It needs to purchase umbrella coverage for the teams to be developed out of CCMU planning. TCMHA intends for such insurance costs to be supported with CCMU funds.
Community – On a 1-10 scale, with 1 being "the community is largely in denial," and 10 being "the community enthusiastically supports the development of mobile crisis response" where is your community? How can you "move" people "up" the scale? Do you have community champions?	Based on feedback from stakeholder engagement sessions and interviews conducted with law enforcement, education institutions, and agency partners, the Tri-City community is a 10. It enthusiastically supports the development of mobile crisis response. Community champions for this project include Tri-City's internal staff, parents and family members of young people who want something else beyond law enforcement response, and current active clients and their families. CCMU grant partners and community stakeholders have expressed support for initiatives that increase options for 24/7 care, decriminalization strategies, culturally competent crisis response, location-based services, and peer support. This CCMU project addresses these identified needs.
Organizations – how could you address mismatches between aims of mobile crisis response and existing county mission,	All three cities and the single county in which Tri-City operates are dedicated to providing services that improve the quality of life for residents. The design and implementation of this mobile crisis response are in alignment with their missions and values and will be

vision, and values – if there are any mismatches? How can you help nay-sayers become yeah-sayers?	tailored to meet their needs. The County of Los Angeles has launched the Alternative Crisis Response (ACR) project, a collaboration between the Department of Mental Health and the Chief Executive Office's Alternatives to Incarceration Initiative. In partnership with law enforcement, fire/emergency medical services, and other health and human services providers from around the county, LA County is attempting to provide urgent and high-quality response to health and human services crisis in alignment with the full rollout of 9-8-8. The City of Pomona improves the quality of life for its diverse community that is the home of arts and artists, students and scholars, business and industry. The City of Claremont is a vibrant, livable, and inclusive community dedicated to quality services, safety, financial strength, sustainability, preservation, and progress with equal representation for its community. The City of La Verne strives to maintain a full range of efficient municipal services to preserve its hometown charm and quality of life while being responsive to the community's current and emerging needs.

Findings

The Tri-City service area (Pomona, Claremont, and La Verne) is in need of mobile crisis services. Residents experience social and emotional issues that can lead to crisis events. Based on data from the Los Angeles County Department of Public Health: City and Community Health Profiles (2018) described above, about 39% of adults (>18) in Pomona, 22% in Claremont, and 25% in La Verne do not receive needed social and emotional support. About 7% of adults in Pomona, and 10% in both Claremont and La Verne are diagnosed with depression.

Death by suicide and accidental death from drugs and alcohol are areas of concern in Los Angeles. The rate (per 100K) for suicide is 7.9 and drug overdose deaths is 6.8 in Pomona; the rate for suicide is 10.3 and drug overdose deaths is 5.3 in Claremont (information is unavailable for La Verne). About 49% of accident deaths resulted from drugs and alcohol (County of Los Angeles Department of Medical Examiner-Coroner Annual Report, 2019). Between January and September of 2022, LA County's Psychiatric Mobile Response Teams (PMRT) received calls for 1,950 incidents in Service Planning Area 3—of which Tri-City is a part.

One finding of note is the general lack of consensus in the local community around the definition of "crisis." The types of calls received in the Tri-City area vary and include issues of suicides and attempted suicides, drug overdoses, erratic and violent behavior, and harm to

self and others. Community agencies have shared they receive calls and referrals for students who are chronically absent from school. Schools receive phone calls from parents about substance use on campus where students have access.

A glaring lack of access to psychiatric hospitals and other crisis facilities contributes to crises. The area suffers from over-capacity at specialized crisis care facilities and shortage of psychiatric emergency hospitals and beds that lead to exorbitant wait times and slow service during episodes of crisis. As a result, these circumstances lead to lack of access to help for youth and adults in crisis whose resolution is often being handcuffed, placed in the back of a police care, and taken to facilities across Los Angeles County, sometimes to great distances away from family and community.

A shortage of qualified behavioral and mental health providers at Tri-City and throughout California necessitates a mobile crisis response team to alleviate long waits for care, overwhelmed staff in schools and mental health agencies, and suffering individuals who need access to care at various times throughout the day.

Tri-City is working in partnership with local law enforcement, hospital emergency room, school districts and higher education institutions, and community organizations to design and deliver a mobile crisis response system. The model Tri-City will follow is based on best practices and blends SAMHSA and California State guidance for service delivery. Tri-City will establish a system for dispatching mobile crisis teams that includes policies and procedures for a mobile crisis services hotline to request mobile crisis services, a standardized dispatch tool and procedures to determine when to dispatch a mobile crisis team, and procedures outlining how mobile crisis teams will respond to dispatch requests. Multidisciplinary mobile crisis teams (including peer support specialists) will provide services, and each individual member will meet federal and state requirements for training and ongoing technical assistance. Tri-City's CCMU will utilize telehealth or telephone capabilities to supplement the mobile crisis teams. Teams will provide services that include: mobile crisis response, initial face-to-face crisis assessment, crisis planning, follow-up/check-in, referrals to ongoing services, facilitation of a warm handoff, and transportation to an appropriate level of care or treatment setting.

This CCMU project will keep clients and community members at the heart of service delivery. Data from and about people being served will inform and drive operations. Access and care will be embedded with cultural competency and linguistic appropriateness. Treatment and action will be tailored to clients, especially children and youth, and including individuals with intellectual and/or developmental disabilities. Furthermore, Tri-City and partners will maintain privacy and confidentiality of its clients throughout the entire project.

Tri-City will maintain its CCMU grant partnership to ensure collaboration with other providers and behavioral and mental health delivery systems. System links between Tri-City, Los Angeles County Department of Mental Health (in particular its Alternative Response to Crisis initiative), three local law enforcement agencies, three local school districts plus charter school, area colleges/universities, and community organizations will be utilized to organize and coordinate project goals, objectives, tasks, and operations. The project will leverage support and resources from partners to deliver needed care to individuals and their loved ones experiencing crisis.

Implementation Plan

Implementation Plan Overview

Overview Questions	Your Responses
Mission statement	Tri-City Mental Health Authority's Mobile Crisis Stabilization and Support Services for Youth project will provide individuals (in particular youth ages 25 and younger) experiencing crisis with care and support, meet their needs, and prevent and divert potential involvement in the criminal justice system. This project will create a system of mobile crisis response that is timely, makes the path to accessing mental and behavioral health care clear, delivers culturally and linguistically relevant resources and services, and determines the appropriate level of law enforcement engagement.
Values statement	The Mobile Crisis Stabilization and Support Services for Youth project is motivated by the value of human life and the vital importance of mental health. Tri-City and project partners follow the philosophy that "crisis services are for anyone, anywhere and anytime" (SAMHSA). The people and agencies involved are committed to delivering help and saving lives. This project drives meaningful community collaboration to understand the root causes of suffering and determine the most appropriate and timely responses. Information and knowledge from and of individuals who experience crisis guide the development of project infrastructure and subsequent operation.
Program rationale	Based on available quantitative and qualitative data and the uniqueness of the local area, Tri-City is dedicated to designing and implementing a Crisis Care Mobile Units project that people have indicated they need and want to efficiently respond to mental and behavioral health emergencies. With particular focus on the needs of youth ages 25 and under, this program is borne out of the need to deter individuals in crisis from criminality and towards timely mental health care, to build community awareness of early signs and symptoms of illness, and to develop adults' capacity to intervene with relevant resources and services to prevent crises from occurring. As indicated in publicly available reports and feedback from the community, the current mental health crisis care system is not meeting people's needs. The demand for emergency mental health care continues to increase. Law enforcement is often the first to respond which can have detrimental consequences—exacerbated mental trauma, added criminality, associated stigma, and physical force or injury. Hospital emergency rooms are often already overburdened with medical and physical crises; patients with mental health urgencies may experience long wait times, short assessments and treatments, and premature discharge. Psychiatric hospital beds are in short supply, and clients may again have to wait a long time and be more troubled by traveling far distances once a bed is found. This Crisis Care Mobile Units project will help to alleviate the burden on law enforcement and hospitals and

	properly address mental health problems in the moment and provide awareness and linkage to appropriate support and resources.

Detailed Implementation Plan

Detailed Implementation Plan			
Goal 1: Provide mobile behavioral health crisis and non-crisis services to individuals experiencing behavioral health crises, including mental health crises, substance use crises, or co-occurring mental health and substance use crises			
Objectives	**Progress Measures**	**Action Steps**	**Timeframe**
1.1 Streamline process for accessing and delivering mobile crisis support	Development and establishment of infrastructure for mobile crisis support	Determine project leadership and administration	February-March 2023
		Enter into formal partnerships with law enforcement and hospital emergency room (memoranda of understanding/agreements)	March-June 2023
		Develop internal and external workflow: protocols, policies, procedures (process mapping)	January-April 2023
		Create call center for three cities in service area	February-June 2023
		Establish MOU with private insurance to obtain necessary funding and coverage	As needed
		Establish finance and sustainability policies and procedures	March-June 2023
		Purchase vehicles and equipment	June-December 2023
		Select and purchase electronic health record system	June-December 2023
		Recruit, hire, and onboard CCMU team members	June-December 2023
		Train CCMU team members	Ongoing

1.2 Connect individuals to facility-based or other follow-up care	Establishment of protocols between Tri-City and other service providers	Coordinate transportation (use of ambulance and/or vouchers); develop memorandum of understanding	As needed
		Coordinate warm handoffs—make initial contact with referral source, support scheduling intake or appointment, and provide reminders	As needed
		Provide necessary referrals	As needed
		Employ Tri-City community navigators and intensive outreach and engagement team	As needed
		Connect individuals in need of medication with a doctor within 72 hours of initial crisis response	As needed
		Follow up with individuals upon release from hospitalization to link to appropriate care	As needed
1.3 Support family of individuals in crisis through their loved one's experience	Development of education and training program for loved ones of clients	Build skills in wellness and self-care, identifying warning signs and symptoms, and providing support	July 2023-ongoing
		Provide prevention education	July 2023-ongoing
		Provide information for understanding hospitalization	March 2023-ongoing
		Provide follow-up care	As needed
		Connect loved ones to NAMI and Wellness Center support groups	As needed
1.4 Deliver mental health and crisis education and training to project partners and community members	Development of education and training program for community partners and members	Provide education on navigating difficult situations	July 2023-ongoing
		Employ an entire person approach (consider trauma, spirituality, culture, and strengths)	February 2023-ongoing
		Provide training to establish safety in the field	June 2023-ongoing
		Teach Community Resiliency Model skills	July 2023-ongoing
		Create informational materials about crisis	March 2023-ongoing
		Provide de-escalation and crisis prevention training	July 2023-ongoing

Detailed Implementation Plan			
Goal 2: Prioritize and deliver services for the youth (ages 25 and younger) population			
Objectives	**Progress Measures**	**Action Steps**	**Timeframe**
2.1 Expand youth participation to identify youth-specific needs	Outreach and engagement of youth	Engage Tri-City youth advisory board	February 2023-ongoing
		Outreach to and engage youth leaders in local schools	February 2023-ongoing
		Conduct surveys for youth and adults who work with youth to obtain information	February 2023-ongoing
2.2 Make crisis care accessible to youth	Co-located crisis team member at Tri-City child and family clinic	Allocate space for youth-serving staff at Tri-City child and family clinic	July 2023
		Hire staff who specialize in serving youth populations	June-July 2023
		Partner with school districts and community partners regarding awareness of mobile crisis units and accessibility for youth and families	July 2023-ongoing
2.3 Improve service delivery to youth	Development and delivery of education and training program for staff and community	Provide youth-related training for project staff, adults who serve youth, and community members	March 2023-ongoing

Detailed Implementation Plan			
Goal 3: Provide efficient response and deliver appropriate care and services to individuals seeking crisis support where they are located.			
Objectives	**Progress Measures**	**Action Steps**	**Timeframe**
3.1 Develop a mobile crisis services hotline	Establishment of mobile crisis services hotline, dispatch tools, and procedures	Establish a hotline number	June 2023
		Create a standardized dispatch tool	June 2023
		Develop procedure for determining mobile crisis team dispatch	June 2023
3.2 Develop crisis care mobile units	Establishment of mobile crisis teams	Design model of crisis response delivery (co-response with law enforcement as appropriate)	July 2023
		Hire positions based on CCMU team composition (licensed clinician and peer support/mental health specialist)	June 2023
		Determine staffing schedule	February-May 2023
		Determine staff housing/location	June 2023
3.3 Use technology to delivery mental health and crisis care	Establishment of information technology system for mobile crisis care	Provide 24/7 hot spot access	June 2023-ongoing
		Create access to and select databases (Welligent, Cerner, Medi-Cal/insurance verification, etc.) use	June 2023-ongoing
		Dedicate information technology staff to CCMU project	June 2023-ongoing
3.4 Provide transportation services	Operate two emergency vehicles	Research vehicle options for required service and cost efficiency	February-June 2023
		Outfit vehicles as necessary and appropriate	June-July 2023
		Obtain necessary Insurance coverage	May 2023
		Make transportation vouchers available for clients and loved ones	July 2023
3.5 Provide services with	Inventory of relevant and	Purchase vehicles for field response	June 2023

necessary and quality equipment	appropriate equipment	Obtain information technology equipment (computer, phones, etc.)	June 2023
		Obtain lockboxes and gun locks	June 2023
		Establish space for naloxone storage	June 2023

Detailed Implementation Plan

Goal 4: Inform individuals how to access care and support services in the event they or someone they know experiences crisis

Objectives	Progress Measures	Action Steps	Timeframe
4.1 Build public awareness of crisis support services	Development of communications plan: marketing campaign, outreach	Organize one community outreach/engagement activity per quarter	March 2023-ongoing
		Create culturally inclusive mobile crisis response awareness campaign	September 2023
		Involve Tri-City Cultural Inclusion and Diversity Committee to ensure inclusivity, accessibility	February 2023-ongoing
		Post CCMU content on website, share on social media platforms	February 2023-ongoing
4.2 Build youth awareness of crisis support services	Partnership with local school districts and youth-serving organizations participate in current suicide prevention campaign.	Devise youth/student-specific campaign and materials	February 2023-ongoing
		Participate in school suicide prevention campaigns	February 2023-ongoing

Detailed Implementation Plan			
Goal 5: Prevent and divert individuals from involvement in the criminal justice system			
Objectives	**Progress Measures**	**Action Steps**	**Timeframe**
5.1 Prevent unnecessary arrest and incarceration	Implementation of criminalization interventions	Train CCMU staff and local law enforcement on navigating difficult situations and crisis de-escalation.	July 2023-ongoing
		Establish and maintain partnership with local law enforcement regarding triage and appropriate response	February 2023-ongoing

Dissemination Plan

Steps for Dissemination	Party Responsible	Timeframe
To disseminate news about Tri-City's mobile crisis response, the organization and partners will create different forms of informational resources (e.g., a pamphlet or flyer, electronic micro-site) for youth, families, clients (and potential clients), and agencies across the catchment area to use as references and guides for the same and aligned information regarding crisis care mobile response services.	Tri-City CCMU project leadership, communications team, and partners	February 2023-ongoing
Tri-City will work with partners to develop a community-wide, multi-sector campaign to increase awareness of crisis care mobile response services.	Tri-City CCMU project leadership, communications team, and partners	February 2023-ongoing
Tri-City and partners will use their own websites and social media accounts (Facebook, Instagram, LinkedIn, and Twitter) to promote CCMU-related activities and news. Tri-City will create dedicated webpages for information specific to the CCMU Project. Partners will also provide information on their websites about this CCMU project and services and resources available to youth and their families.	Tri-City CCMU project leadership, communications team, and partners	February 2023-ongoing

Tri-City will work with project partners to create and make available presentations for regularly scheduled community outreach and engagement sessions (e.g., Coffee with the Principal meetings, The School of Arts and Enterprise School as a Whole meetings, etc.).	Tri-City CCMU project leadership, communications team, and partners	February 2023-ongoing
Tri-City will collaborate with partner law enforcement agencies, hospital emergency room, and local government departments to host and co-host multi-sector community outreach and engagement events where information about the Crisis Care Mobile Units will be shared.	Tri-City CCMU project leadership, communications team, and partners	February 2023-ongoing

Sustainability Plan

Steps toward Sustainability	Party responsible	Timeframe
Tri-City established a collaborative partnership between educational institutions, law enforcement agencies, local hospital emergency room, community organizations, and service providers. This partnership will work together to continue positive program impacts on mobile crisis response and system of care after grant funding ends.	Tri-City and partners	March 2022-ongoing
Tri-City created a new position--Program Analyst II (Grants)—whose duties include continued organization, internal infrastructure building, and organizational preparation for pursuing funding opportunities that contribute to the maintenance of this CCMU project beyond the grant period.	Tri-City (Program Analyst II) and partners	March 2022-ongoing
Tri-City will create campaigns to reduce stigma and discrimination that will live on through the different social media platforms where content and materials will be made available and continue to exist.	Tri-City communications staff and partners	February 2023-ongoing
Tri-City will explore and implement activities to obtain Medi-Cal reimbursement for the CCMU project.	Tri-City finance and best practices staff	February 2023-ongoing
Tri-City is not a Mental Health Plan. It is one of two entities in California that receives Realignment Revenues from the State of California and Mental Health Services Act funds. Tri-City contracts with Los Angeles County through a Legal Entity Agreement so that the State may pay State General Funds and Federal	Tri-City finance staff	February 2023-ongoing

Financial Participation funds relating to Tri-City's Non-EPSDT (i.e. Adult and Expanded Medi-Cal) and EPSDT services to a MHP, in this case Los Angeles County, who then passes through those funds to Tri-City. This agreement provides Tri-City the mechanism to drawdown federal and state Medi-Cal funding as well as EPSDT funding.		
Tri-City will work with project partners to seek out private and other types of funding to support and sustain this CCMU project after the grant term. The partnership will strategize how to solicit funds from foundations and corporations and determine what in-kind support each partner agency can provide to maintain service provision.	Tri-City (Program Analyst II) and partners	February 2023-ongoing
CCMU project partnerships predate the grant program and will continue after funding ends as memoranda of understanding and contracts dictate. Tri-City will renew partnership agreements as necessary to maintain agency collaboration and work.	Tri-City and partners	March 2022-ongoing
The training and community learning that Tri-City will make available through this CCMU project will contribute to continuing crisis care and service delivery.	Tri-City and partners	February 2023-ongoing

Benchmarks

Next steps	Party Responsible	Timeframe
Complete and submit final Action Plan to California Department of Health Care Services	Tri-City Mental Health Authority	February 14, 2023
Submit application for remaining $300,000 CCMU apportionment for implementation	TCMHA/AHP/CA DHCS	April 14, 2023
Continue CCMU project partner meetings	TCMHA and partners	Ongoing

CCMU Program Concept Mapping

Tri-City Mental Health Authority

People in Behavioral Health Crisis

Residents of Tri-City area:
- Pomona
- Claremont
- La Verne

Individuals
- Adults
- Children

Supporters
- Family
- Friends
- Partners
- Co-workers
- Community members

Crisis responders and care/service providers
- Law enforcement
- Mental health providers
- Emergency room staff
- Education/school staff
- Community agencies

Accessing Help

Call centers
- 911
- 988
- 211

CCMU dispatch
- TCMHA phone number

TCMHA programs
- ATC
- Supp. Crisis
- PACT
- IOET
- FSP

CCMU Awareness Training

CCMU Marketing and Outreach

Equipment
- Hardware and software

Mobile Crisis

Tri-City CCMU team:
- 1 licensed [ready] clinician/1 LPS-designated
- 1 peer support/MHS

24/7/365 ops

Law enforcement co-response:
- Unsafe situations
- Criminality
- Violence

Transportation
- 5150 in ambulance
- Adults 18+

Vehicles (2)
- Voluntary transport
- "Therapeutic ambulance"
- Communications center
- Housing/storage
- Insurance

Dedicated staff spaces
- Hardware
- Software
- Info. tech.
- Cell phones
- WiFi access

Behavioral Health & Other Services

- Coordination of warm handoffs
- Provision of necessary referrals
- Connections for individuals in need of medication with a doctor
- Provision of information for understanding hospitalization
- Provision of follow-up care
- Connections for loved ones to support groups
- Provision of transportation vouchers upon release

Outcomes

Impact
- Ease pain and suffering of individuals experiencing behavioral health crises
- Prioritization and delivery of services for youth (ages 25 and younger)
- Efficient response and delivery of appropriate care and services to individuals seeking crisis support where they are located
- Informed individuals who know how to access care and support services in the event they or someone they know experiences crisis
- Prevention of and diversion from involvement in the criminal justice system