

▶▶ Crisis Teams

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▶▶ Psychiatric Mobile Response Teams

- **PMRTs** are LACDMH mental health professionals who provide a non-law enforcement crisis response 24/7/365 for individuals experiencing psychiatric emergencies in the community.
- Each team includes a clinician and peer specialist trained to evaluate individuals at risk of harming themselves or who are unable to meet their basic needs.
- PMRT focuses on de-escalation and compassionate intervention, aiming to reduce emergency room visits, incarceration, or further harm whenever possible.
- If needed, PMRT can also evaluate for involuntary hospitalization and transport, as well as referrals to treatment resources and follow-up services.

▶▶ Psychiatric Mobile Response Team/Mobile Crisis Teams

Item	Response
Level of Service	Crisis Services
Will the program be funded by the Behavioral Health Services Act (BHSA)? (If yes, indicate BHSA funding type)	Early Intervention
If funding type will be Early Intervention (EI), indicate the type of EI component. More than one component may be indicated. (If EI does not apply, delete table row. See notes below for EI component types)	Crisis
Will the program grow, shrink or stay the same? (Please explain, if its growing or shrinking, will the program expand/decrease services in directly operated, contracted?)	It is expected that the program will grow as we continue to recruit to have capacity 24/7 and respond to calls within 60 minutes or less.

▶▶ Priority Goal #1: Access to Care Goal for Improvement

The timely and appropriate use of health services to achieve the best possible health outcomes, inclusive of all modalities. Improving Californians' access to care is necessary for improving outcomes.

- Provide Crisis Services 24/7 with the goal to de-escalate crisis, connect client to services, and avoid higher levels of care
- Follow-up within 24 hours to ensure client/family is connected to services or assist client/family by providing support via phone or in home visits to connect clients to services

▶▶ Priority Goal #2: Homelessness Goal for Reduction

People who are homeless or at risk of homelessness. Addressing the increase in statewide homelessness is crucial to ensuring unhoused individuals living with significant behavioral health needs receive regular access to behavioral health treatment and safe and stable housing where they can recover.

- Providing crisis services 24/7 in the community to de-escalate situations and connect clients to services may prevent clients from eviction or to become homeless.

▶▶ Priority Goal #3: Institutionalization Goal for Reduction

Minimize time in institutional settings by ensuring timely access to community-based services across the care continuum and in a clinically appropriate setting that is least restrictive. Reducing institutionalization entails maximizing community integration and making supportive housing options with intensive, flexible, voluntary supports and services available to all individuals who would benefit.

- By providing crisis services in the community, it allows the teams to de-escalate crisis, provide crisis in place, connect clients to the urgent care centers, obtaining appointments with mental health or their providers decreases the likelihood that clients will further decompensate and ending up in institutional settings.
- The goal of the crisis teams is to make sure that clients get services on the least restrictive setting.

▶▶ Priority Goal #4: Justice Involvement Goal for Reduction

Reducing adults and youth living with behavioral health needs who are involved in the justice system - including those who have been arrested, are living in, who are under community supervision, or who have transitioned from a state prison, county jail, youth correctional facility, or other state, local, or federal carcel settings where they have been in custody of law enforcement authorities.

- Providing crisis services in real time 24/7 allows the community to have access to mental health teams rather than rely on 911. Often times when families call 911, clients may end up being incarcerated.

▶▶ Priority Goal #5: Removal of Children from Home

Goal for Reduction

Removal of children from home, specifically those with an open child welfare status, refers to when children may be removed from their home due to abuse and/or neglect. Providing early intervention and intensive BH services to parents and additional members of the family unit living with a behavioral health condition can prevent family disruption and improve child welfare outcomes.

- PMRT provides crisis services to child welfare youth and families in the community which may prevent families to become part of the Child Welfare System or avoid multiple placement to those families already involved in the system.

▶▶ Priority Goal #6: Untreated Behavioral Health Conditions

Goal for Reduction

An individual's behavioral health condition that has not been diagnosed or attended to with appropriate and timely care.

- Often clients rely on crisis teams for their mental health condition, providing crisis services in the community the teams can connect them to service so they can receive ongoing treatment.

▶▶ Additional Goal: Engagement in School Goal for Improvement

Engagement refers to the degree of attention, curiosity, interest, passion, and optimism that an individual has towards school and related activities, including their enrollment and participation in as well as graduation from school. Enhancing engagement through prevention and treatment of behavioral health conditions can enable individuals to participate actively and meaningfully, leading to improvements in quality of life, independence, and wellbeing.

- PMRT provides services to children/youth at the schools to ensure they get the services they need and to assist them to obtain the services they may need from the school system to fully function and engage on school activities. Many families are not aware of services available through the school system.

▶▶ Law Enforcement

- **Law Enforcement Teams (LET)** are co-response teams consisting of a sworn law enforcement officer and a LACDMH mental health clinician who respond to 911 calls involving mental health crises.
- These teams ensure that the individuals in crisis receive appropriate, specialized care, and safe transportation to the treatment facilities.
- Mental health clinicians work with 41 of the 46 police departments in Los Angeles County.

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Will the program grow, shrink or stay the same? (Please explain, if its growing or shrinking, will the program expand/decrease services in directly operated, contracted?)	It is expected that the program will continue to provide services 18 hours a day.

▶▶ Priority Goal #1: Access to Care Goal for Improvement

The timely and appropriate use of health services to achieve the best possible health outcomes, inclusive of all modalities. Improving Californians' access to care is necessary for improving outcomes.

- Law enforcement teams respond to calls generate through 911 related to mental health with the goal to provide the mental health services they need and to connect them to services to avoid further calls and/or hospitalizations.

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- Providing crisis services 24/7 in the community to de-escalate situations and connect clients to services may prevent clients from eviction or to become homeless.

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Goal for Reduction

An individual's behavioral health condition that has not been diagnosed or attended to with appropriate and timely care.

- Often clients rely on 911 system to seek mental health services, providing crisis services in the community the LET teams can connect them to service so they can receive ongoing treatment.