



**TRUSTED
RESPONSE
URGENT
SUPPORT
TEAM**

Fast Facts

- **More than 1 in 5 U.S. adults** experience mental illness each year
- **50% of all lifetime mental illness** begins by age 14, and 75% by age 24
- **52.1%** of U.S. adults with mental illness **received treatment** in 2024
- The average delay between onset of mental illness symptoms and treatment is **11 years**
- **34.5%** of U.S. adults with mental illness **also have a substance use disorder**
- Caregivers of adults with mental/emotional health issues spend an average of **32 hours per week** providing unpaid care
- **12.3% of emergency department visits** made by U.S. adults each year are **related to mental health**

How was TRUST developed?



TRUST was made *for the community by the community.*



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TRUST Program Purpose

- TRUST staff are specifically trained to help people who need urgent help for mental health and substance use conditions
- Guidance to community resources and additional support
- Over-the-phone symptom management and de-escalation support
- Call-out response services that send a mental health professional to your location
- Transport to alternative locations that supports your client's mental health crisis
- TRUST operates 24/7, 365 days a year (including holidays)

SCC Behavioral Health Mobile Programs

Psychiatric Emergency Response Team (PERT)

Activated through 911 calls

- Consists of licensed BH Clinicians paired with Law Enforcement Officers
- Most Intense Level of Service (High Severity)
- Plain clothes and unmarked vehicle
- Serves Santa Clara, Cupertino, Saratoga, Los Altos Hills, Palo Alto, South County, and unincorporated County

Mobile Crisis Response Team (MCRT)

Activated through 988/Call Center and Behavioral Health Services Department (1-800-704-0900)

- Team consists of BH Licensed and Licensed Waivered Clinicians
- Safety concerns, possibility for a "5150"
- County contracted Law Enforcement Liaisons act as consultants to both BH and Law Enforcement personnel (law enforcement only as needed)

Mobile Response Stabilization Services (MRSS) – ages 4-20

Activated through 988/Call Center and Pacific Clinics Crisis Direct Line (408-379-9085)

- Team provides mobile response and/or crisis intervention for support with de-escalation of behaviors and/or crisis
- Also provides phone-based de-escalation

Trusted Response Urgent Support Team (TRUST)

Activated through 988/Call Center and TRUST Direct Line (408-596-7290)

- Community-based support – non-law enforcement
- Prevention focused on MH and substance use crisis
- Mobile response vehicle in North County, San Jose, West Valley, and South County
- *Lowest level of intervention – no active safety risks*

Activation Examples

Risk Level	Definition	General Criteria	Examples
Emergency 911 (PERT dispatched by 911)	<u>Imminent Risk of Harm Support:</u> <ul style="list-style-type: none"> Definite danger to self/others An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm or require an emergency medical <u>response</u> Active threat to harm others with clear intent, plan and means 	<ul style="list-style-type: none"> Active use of a weapon Active and/or major property destruction Suicide attempt/serious self-harm in progress Violence/Aggressive towards others in progress An acute injury or illness that poses an immediate risk to a person's <u>life</u> Substance induced emergency (psychosis, medical reactions) Intent to cause bodily <u>harm</u> Verbal/behavioral threat 	<ul style="list-style-type: none"> Lethal medications/pills in their immediate possession In the act of suicide Suspected or reported <u>overdose</u> Actively throwing items that could be used as a weapon to cause harm to <u>someone</u> Needs immediate medical attention (Withdrawal symptoms, Adverse side effects from meds, Uncontrolled <u>bleeding</u> or open wounds) Running into traffic
High Risk MCRT (18+) MRSS (20 & under) ↓	<u>Urgent Support:</u> <ul style="list-style-type: none"> Symptoms affects daily functioning and there is an immediate concern that the individual may meet 5150 <u>criteria</u> Exhibits behaviors associated to suicidal ideation, homicidal ideation, or grave disability. Danger to self/others 	<ul style="list-style-type: none"> Homicidal ideation/Suicidal ideation with clear intent, plan and means – No immediate <u>risk</u> Physically aggressive behavior (possible danger to self or others) Property destruction/Fire setting behaviors, possible danger to self or others (Within the last 24 hours) High risk/dangerous behaviors associated with perceptual/thought disturbance or impaired impulse control 	<ul style="list-style-type: none"> Destroying, breaking items Throwing items intermittently or without intent to harm History of fire setting
Medium Risk ↓	<u>Semi-Urgent Support:</u> <ul style="list-style-type: none"> Possible danger to self/others Moderate behavioral disturbance Significant distress, especially in absence of capable supports 	<ul style="list-style-type: none"> Verbal aggressive behavior (threat/hostility) Increasing symptoms of psychosis such as hallucinations and delusions On-going symptoms are escalating and individual not willing to seek mental health <u>treatment</u> Unable to safety plan 	<ul style="list-style-type: none"> Making statements of wanting to hurt themselves/others, no plans or means. Increasing conflict in living environment Not engaging treatment team
Low Risk TRUST (18+) ↓	<u>Non-Urgent Support:</u> <ul style="list-style-type: none"> Minor distress No danger to self or others No major behavioral disturbances Referrals from LE which are identified as non-Urgent 	<ul style="list-style-type: none"> Client needs de-escalation intervention due to observed <u>behaviors</u> Exhibits behaviors associated with suicidal ideation/homicidal ideation without a specific plan or <u>means</u> Property destruction, no danger to self or others and not resulting in <u>LE</u> Mild symptoms of psychosis Clinically unstable due to not taking <u>medication</u> Emotional Distress 	<ul style="list-style-type: none"> Yelling into the air Waving their hands around as if they're talking to <u>someone</u> ADL coaching Mood instability Mediation between caregiver and client Angry/frustrated Client would benefit from connection with outpatient services or resources
Phone Support	<u>Remote Support:</u> <ul style="list-style-type: none"> No distress No danger to self or others No behavioral disturbances FYI from LE/988 	<ul style="list-style-type: none"> De-escalation/stabilization Requesting resources Requesting consultation Requesting phone support/crisis line counseling 	<ul style="list-style-type: none"> Relationship problems Loneliness or isolation

TRUST Team Composition

Operated by: Pacific Clinics and Momentum for Health

Call Center Team: Assess and de-escalate call or dispatch Onsite Field Team

San Jose, West Valley, South County, and North County each have a separate **Onsite Field Team.**

Call Center Team (CCT)

- **Program Manager**
- **Peer Specialist/Peer family, Paraprofessionals**
- *(Ex. Rehabilitation counselor, mental health community workers, and community workers)*

Onsite Field Teams (OFT)

- **First Aide Professional**
(Operating within the scope of Red Cross First Aide)
- **Crisis Intervention Specialist** *(similar to a Rehabilitation Counselor)*
- **Peer Outreach Specialist**

ON CALL LEADERSHIP

The TRUST team has access to on call leadership able to write 5150 holds.



Scenarios

TRUST

Client reports feeling sad and lonely after the loss of his mother. Client reports suicidal ideation and thinks he may be better off with his mother. Client does not have a plan or means however he cannot stop having these thoughts.

MRSS

A 13 year old female tells her friends that she can't take it anymore, school and family life are stressing her out and she no longer wants to be here.

MCRT

Client is paranoid that people are breaking into his home. He hears banging on the windows and doors and sees shadows around his house. Client has stated if they come in, I'll do whatever it takes to protect myself.

Key Differences: level of acuity, type of distress, plan, and intent



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TRUST ACTIVATION FLOW CHART

01

- Triage
- Assess which program is best for situation
- Low Risk = TRUST

988

02

- Call Center will confirm information from 988
- Assess situation and offer support

Call Center

03

- If requested, the field team will be dispatched
- Assess, de-escalate, and refer

Field Team

04

- We offer an optional follow up if requested
- Can be in-person or over the phone

Follow Up

Additions:

We offer a trauma informed, client focused approach. Our program is about meeting the client where they are.

We are an alternative to law enforcement (when the client is not a danger to themselves or others).

Our services are voluntary, and we will do our best to accommodate. We offer transportations and 5150 holds if needed.



TRUST Overview

- **Operated by:** Pacific Clinics and Momentum for Health
- Accessed by calling **988** or **800-704-0900 *1** or **TRUST Direct Line (408-596-7290)**
Call Center Team: Assess and de-escalate call or dispatch Onsite Field Team. Serving all of Santa Clara County.
- **TRUST Onsite Field Teams** are stationed in San Jose, West Valley, South County, and North County.
- **Transportation Locations**
 - Mental Health Urgent Care - (871 Enborg Ct, San Jose, CA)
 - Crisis Stabilization Unit - (101 Jose Figueres Ave, San Jose, CA)
 - Mission Street Recovery Center - (151 W Mission St, San Jose, CA)
- **Available 24/7, 365 days a year**
- **Little to no cost**

Community Collaboration

- The community advocated for the Community Collaborator position
- Community Advisory Board (CAB)
- CCs do outreach across the Santa Clara County community



Community Collaborator

Contact Information

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One call can make a difference

408-596-7290