



COMMUNITY
Medical Centers

Care Link
Mobile Community
Response Team

CITY COUNCIL

March 21, 2023

Agenda Item 15.1



Proposed Model

- 911 Alternative response to mental health and social service needs
- Expansion of Care Link (mobile health care), clinical response focus
- Collaborative Process with City of Stockton, SPD, Fire, County Mental Health
- Community Engagement Approach
- Input from Faith in the Valley and other community partners



MCRT Objectives

Care Link Community Response Objectives

- Decrease recidivism or repeat callers
- Increase follow-up with wrap around services
- Decrease fear or hesitancy to call for police
- Increase community trust
- Decrease costs related to emergency calls
- Divert individuals away from the criminal justice system



Call Types

Care Link Community Response Call Types

- Intoxicated subjects in public places 647(f) PC
- Non-violent subjects under the influence of controlled substances in public places 11550 H&S
- Persons needing non-medical care or treatment for mental illness 5150 W&I
- Persons in need of shelter/housing services occupying public and private property 602 PC, 647(e) PC
- Welfare checks (when no crime is suspected)
- At the request for Police or Fire personnel on scene of an incident

Care Link Community Response Process

DISPATCH

- Calls are made to 911
- Police & Fire respond first and assess for MCRT
- Responders contact MRT for services

MOBILE RESPONSE TEAM

- MCRT responds to the scene/report
- MRCT is staffed with BH clinicians, case managers and support
- Team assesses situation and provides interventions/services
- Conducts initial follow-up

STRATIFICATION & COORDINATION

- Lead coordinator collects data from MRT
- Case is stratified for further follow-up
- Case is referred to follow-up team

FOLLOW-UP

- Assessment of needs
- Home visits
- Referrals
- Linkage to CMC services & programs

ONGOING ENGAGEMENT & RESOURCES

- Primary Care
- SUD & MH
- Shelter & recovery
- OVC (human trafficking)
- TCN (formerly incarcerated)
- HIV & Hep C program

MCRT TIMELINE

	Pre-Implementation	Phase 1	Phase 2	Phase 3
Activity	July	Aug.-Oct. 2022 (3 months)	Nov. 2022-April. 2023 (6 months)	May 2023-June 2025
Develop communications/ dispatch process	X			
Training	1 st Part-time MRT	Train New Team	Train new hires	Ongoing training as needed
Purchase van, equipment, materials	X	1 Follow-up Van	1 Follow-up Van 1 Respond Van	2 MCRT Units 2 Follow-up units
Data collection and evaluation	Develop data collection & evaluation plan	Begin data collection	Ongoing data collection	Data evaluation and program adjustments
Personnel	Planning and implementation teams	Deploy 1st Part- time MCRT unit	Deploy 1st Full- time MCRT unit and 1 Follow-up unit	2 MCRT units 2 Follow-up Units
Hours	Identify peak hours for PT team	20 hours per week	8 am to 5 pm	24 hours
Days Per Week		2.5 Days	5 days	7 days
Geographic areas covered	Identify high- call service areas	High-call service area	Expand City Sector	City Wide



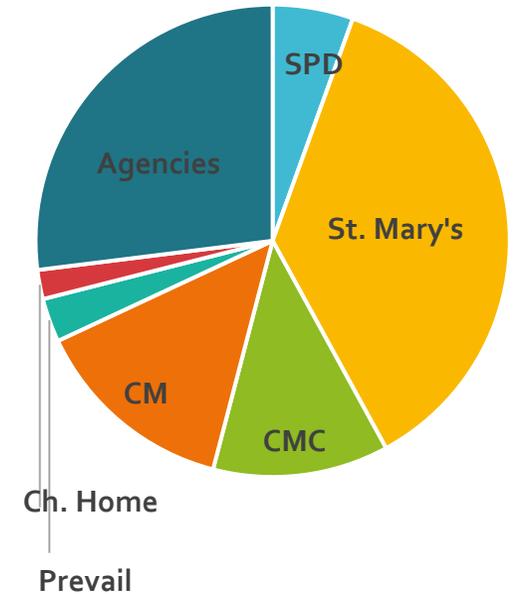
Calls Handled

- Calls Handled by MCRT: 109
- Average Response Time: 10 to 12 minutes
- Average Time on Scene: 40 minutes



Referral Sources

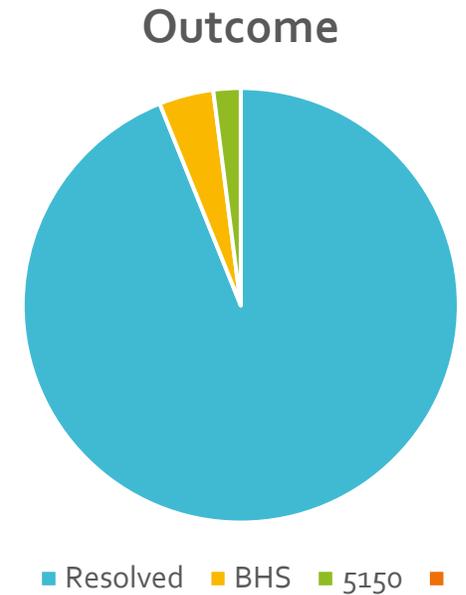
- 911: 0
- SPD: 6
- St. Mary's Dining Hall: 40
- Community Medical Centers: 13
- Community Members: 15
- Prevail: 4
- Children's Home: 2
- Community Agencies: 29





Call Outcome

- Crisis Resolved on Scene: 102
- Client Transported to Hospital: 0
- Client Transported to Behavioral Health Facility: 4
- 5150 Initiated on Scene: 3

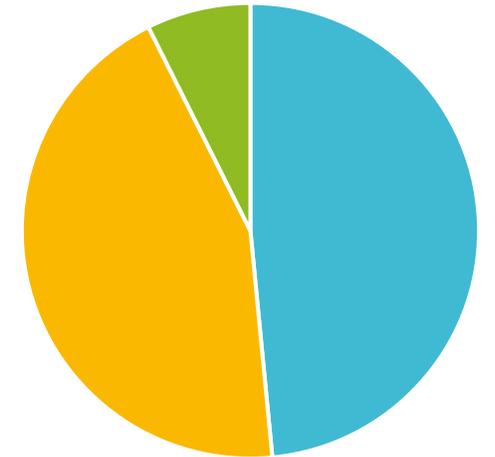




Follow-up

- Direct Client Follow up: 86
- Connected w/existing Provider or Treatment: 79
- Unable to locate individuals: 13

Follow-up



■ Direct F/U ■ Connected ■ Not Linked ■