

# MOBILE COMMUNITY RESPONSE DATA June 2023- August 2023

**City Council Meeting** 

September 26, 2023

Agenda Item 15.1

# MOBILE COMM UNITY RESPONSE

### AGENDA

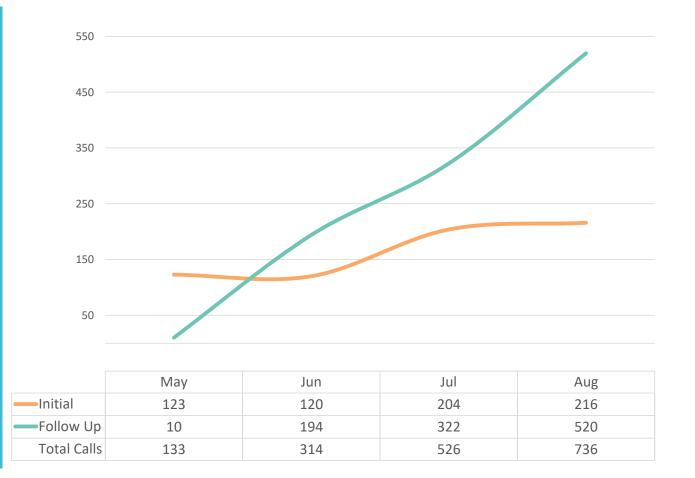
Monthly Call Totals Referral Sources: Who is calling us? Demographics of Persons in Need MCRT Response to Calls Clinical Resolutions and Outcomes Case Studies

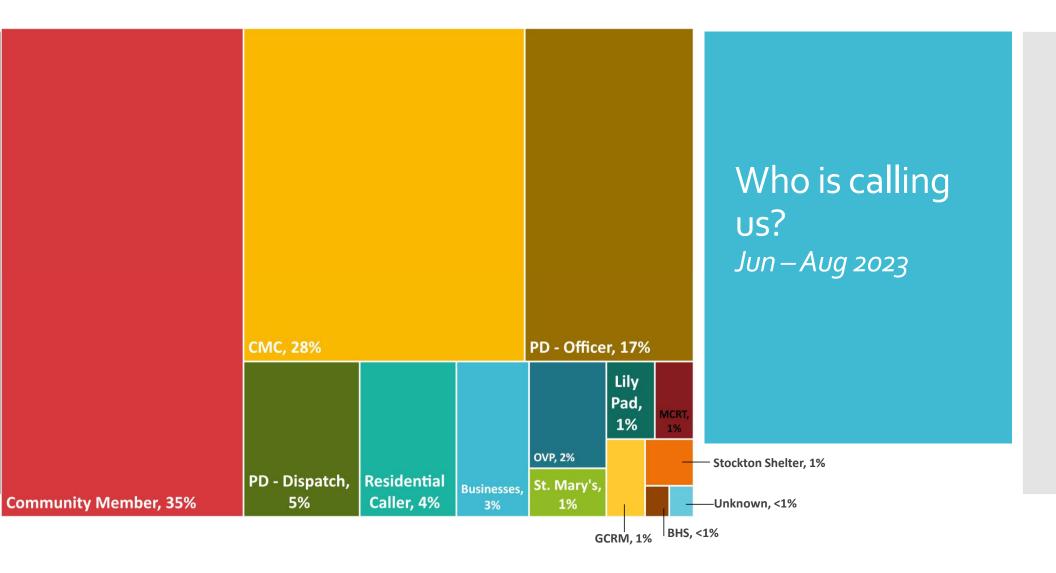
# Calls Over Time

 1,709 total calls April to August

• 1,576 June - August

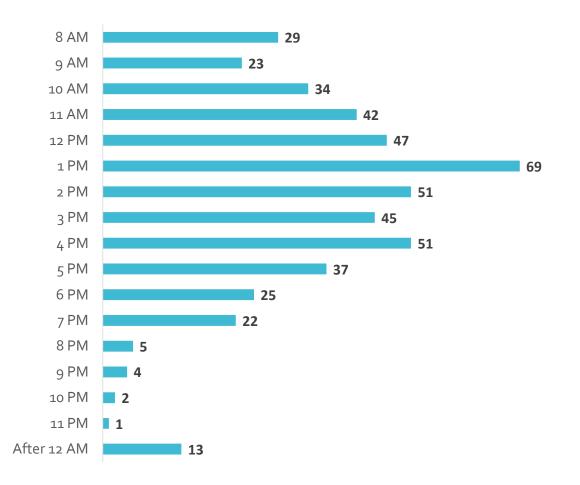
- Incoming initial calls increased 75% between May and Aug
- Follow-up calls increased 61% between July and August





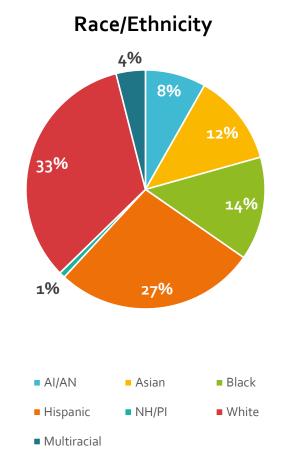
### Call Times Jun – Aug 2023

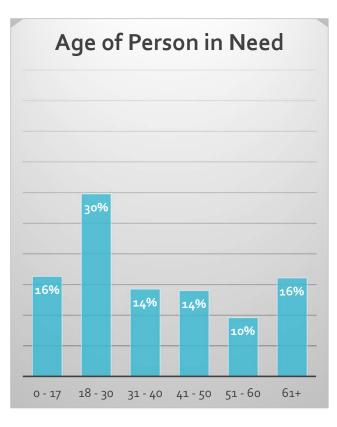
- 428 out of 540 initial incoming calls occurred from 8am-5pm (85%)
- Very few calls came in after 8pm



### Demographics of Persons in Need Jun – Aug 2023

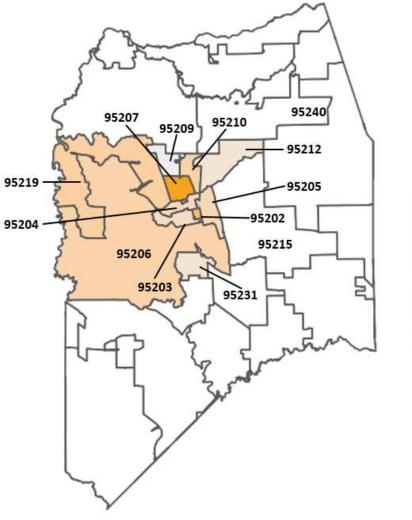
- A third of incoming calls were for White patients
- 30% of incoming calls were for patients aged 18 to 30





MCRT <u>Mobile</u> Responses by Zip Code Jun – Aug 2023

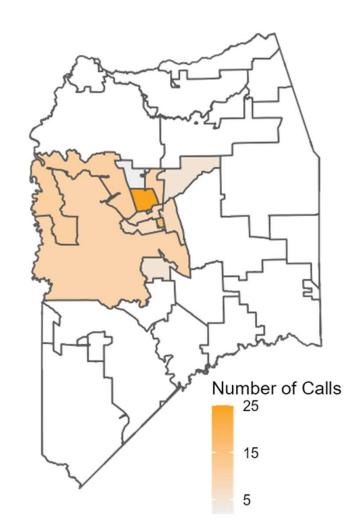
134 calls had a mobile response by MCRT staff.





MCRT <u>Mobile</u> Response by Zip Code *Jun – Aug 2023* 

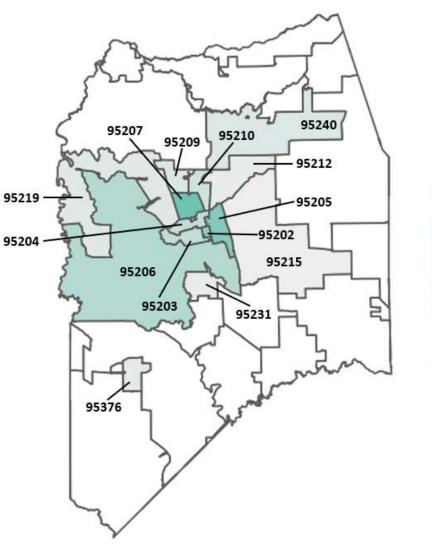
134 calls had a mobile response by MCRT staff.



Zip Code	Count	Percent
95207	25	22.9%
95202	17	15.6%
95219	11	10.1%
95206	10	9.2%
95210	10	9.2%
95204	8	7.3%
95205	8	7.3%
95203	7	6.4%
95212	5	4.6%
95231	5	4.6%
95209	2	1.8%
95213	1	0.9%

### MCRT Phone De-Escalation by Zip Code Jun – Aug 2023

338 calls were deescalated over the phone and did not prompt a mobile response.

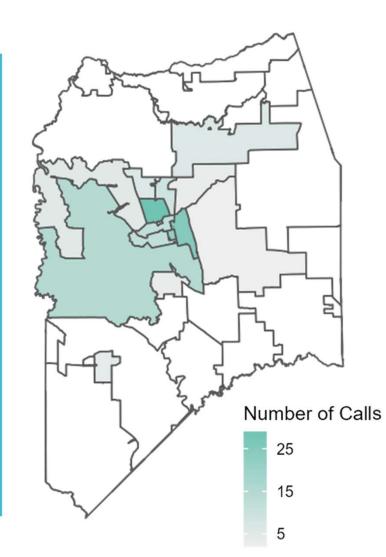


#### Number of Calls



### MCRT <u>Phone</u> De-Escalation by Zip Code Jun – Aug 2023

336 calls were deescalated over the phone.



Zip Code	Count	Percent
95207	29	18.6%
95205	25	16.0%
95202	22	14.1%
95206	15	9.6%
95203	12	7.7%
95204	12	7.7%
95210	9	5.8%
95209	6	3.8%
95240	6	3.8%
95219	5	3.2%
95376	4	2.6%
95212	3	1.9%
95231	3	1.9%
95215	2	1.3%
95201	1	0.6%
95350	1	0.6%
95687	1	0.6%

### Clinical Resolutions Jun-Aug 2023

Clinical Resolution	Number of Total Initial Calls	Percent of Total Initial Calls
R2 Linked Services for MH/BH/SUD/Pysch	67	15%
R1 Assessed for Suicide	49	11%
R10 Remain in Community	39	9%
R3 Linked to Community Resources	32	7%
R17 Validation of feelings/concerns	31	7%
R18 Engaged in open and supportive dialogue	29	7%
R7 Deescalated	26	6%
R21 Assess for Safety	21	5%
R8 Worked with Family Support System	18	4%
R15 Unable to locate for assess	18	4%
R19 Solution Focus planning	15	3%
R13 Referred to CareLink	10	2%
R6 Created Safety Plan	9	2%
R11 Walked away after brief encounter	7	2%
R4 Linked to medical service	4	1%
R16 Motivational Interviewing	4	1%
R5 Transport to Hospital	2	<1%
R12 Declined Transport agaisnt Medical Advice	e <b>2</b>	<1%
R9 Peer Support	1	<1%
R20 Used Mindfulness and breathing techniques	0	0%

### Examples of MCRT Making a Difference

Case Study 1





- Patient's family called due to them being in distress, had MCRT card from a police officer who was out a on a previous call and referred the family for situations like this
- Patient had history of a suicide attempt, car crash, and at time of call, was high on Fentanyl
- MCRT staff met with patient and family at hospital and remained in frequent contact for four days straight
- Despite challenges with getting started, patient completed two week stay at CMC Respite
- Patient was discharged scared, but determined, with plans for support and recovery through CMC programs

### Examples of MCRT Making a Difference

Case Study 2

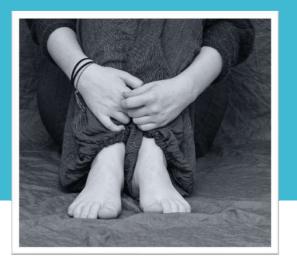


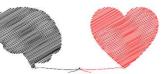


- Police Officer felt that she was experiencing more emotional trauma and referred community member to MCRT.
- MCRT responded to Dameron Hospital and was linked to a Behavioral Health appointment.
- Community member was followed up with as a part of the 30-day case management services and was connected to a housing case manager at CMC where she was approved for low-income housing and is being relocated into a new apartment.

### Examples of MCRT Making a Difference

Case Study 3





- High school student home alone messaging other students about feeling suicidal.
- Police department visited home, confirmed safety of youth but felt with parents working in the Bay Area and circumstances in which the welfare check was prompted, that calling MCRT was a better and faster option.
- MCRT responded to home and spoke with youth (on the front porch) and later connected with parents as they arrived home. Subsequently a Behavioral Health Appt was made available, and the youth got a therapy appt and returned to school safely.

### Thank you!

