

Attachment 2 - Deployments, Service Calls, and Diversions

Department of Health Services (DHS) Mobile Support Team (MST) Deployments and Service Calls

DHS MST initiated a soft launch of the Medi-Cal mandate on April 16, 2024, followed by the implementation of full 24/7 countywide response and a centralized call center on June 2, 2024. Call volumes from the previous year highlight a significant increase in in-field responses—with a greater number of deployments month over month, following the introduction of a 24/7 Crisis Call Center and 24/7 MST field response teams.

This call center now enables community members to contact MST directly, resulting in both increased field deployments and enhanced access to crisis services. Data collected through the call center reflects all incoming calls, though not every call will result in a deployment. Approximately half are addressed through support, resource provision, or referrals to appropriate jurisdictions. Calls with no identified region are classified as "unknown," typically due to caller anonymity or data entry issues. While call volumes are generally consistent across regions, Central County—particularly Santa Rosa—shows a disproportionately high number of calls. Further analysis is needed to determine contributing factors, which may include population density, nocturnal coverage by inRESPONSE, and Santa Rosa's overlap with unincorporated areas.

Mobile Crisis Services Continuum Deployments

The dispatch data for all three mobile crisis teams—MST, Specialized Assistance for Everyone (SAFE), and inRESPONSE—reveals differences in data collection methods and reporting systems, highlighting the need for standardized practices. The upcoming transition to using SmartCare will address this by providing a unified platform for consistent data collection and reporting across all teams. DHS MST, which operates a centralized 24/7 call center, naturally reports a higher volume of calls, many of which do not result in field dispatches but instead involve phone-based support, coordination with partner teams, and appropriate call transfers for mobile crisis response.

All three teams prioritize responding to mental health crises independently of law enforcement, aiming to de-escalate situations without police involvement whenever possible. However, law enforcement may be engaged when necessary to ensure safety, or when officers specifically request support from a mobile crisis team. Data indicates that for both MST and SAFE, 70–80% of calls are resolved without law enforcement presence, underscoring the effectiveness of a non-police crisis response model. Each team's call volume and deployment patterns reflect variations in service areas, operational models, and population densities, further reinforcing the need for standardized data collection to support equitable and effective crisis intervention services across the county.

Mobile Crisis Services Continuum Emergency Services Diversions

SAFE and inRESPONSE have been actively tracking diversion outcomes to assess the broader impact of their mobile crisis teams within the emergency and first responder system. The core objective of these programs is to reduce reliance on higher levels of care—such as emergency departments, law enforcement, and ambulance services—while facilitating connection to appropriate ongoing behavioral health support. Diversion data provides valuable insight into where these teams are effectively reducing the strain on emergency systems. To-date, SAFE has demonstrated the greatest impact through ambulance diversions, while inRESPONSE has shown strong results in diverting calls from law enforcement involvement.

While DHS MST has not previously tracked diversion data, enhancements have been made to SmartCare for FY 2025–2026 to enable consistent diversion tracking across all mobile crisis providers, including

ensuring all providers use common language and criteria when documenting diversions. This improvement will not only support clearer data collection but also strengthen the collective understanding of how mobile crisis services are reducing emergency system utilization and improving outcomes for individuals in crisis across the county.