



# UC HEALTH MOBILE CRISIS TEAM

HAMILTON COUNTY, OH  
Quarter 4 2025

# OPERATIONAL SUMMARY

The Mobile Crisis Team (MCT) saw a 31.1% **increase** in encounters in Q4 2025 (n=2100) from Q4 2024 (n=1602).

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# STAFFING HIGHLIGHTS

## Structure

The Mobile Crisis Team at UC Health operates 24 hours a day, 7 days a week as of April 2023. The leadership structure includes a full-time manager, clinical supervisor, and the director of social services; all of whom are available to support the clinical and operational needs of the team. The clinical team includes clinicians triaging calls, responding to community-based crises, and peer specialists that co-respond and/or follow up with patient referrals to assist them in accessing care and treatment.

## Current Staffing

Recruitment efforts are underway to improve staffing levels on weekend shifts.

Shift/Position	Dedicated FTE	Open FTE
Leadership	2.0	0
Program Coordinator	1.0	0
Triage (1 <sup>st</sup> & 2 <sup>nd</sup> Shift)	2.0	0.6
Weekday Clinician	9.5	0.9
Weekend Clinician	2.5	2.0
Overnight Clinician	3.0	0.75
Peer Support Specialist	5.0	0.5
Total FTE	25.0	4.75

# COMMUNITY MEMBERS SERVED

All data below provides information on all consumers of MCT services in Hamilton County from October-December 2025.

Total Number of Consumers	Quarter 4 Count	Year to Date
Total Served	2100	8022
Unique Individuals Served	1472	5687

By the end of Q4 2025, the Mobile Crisis Team saw a **31.1% increase** in total population served compared to the end of Q4 2024 (n=1602).

Age	Quarter 4 Count	Quarter 4 Percentage
0-17	159	7.5%
18-34	636	30%
35-54	560	27%
55 & Older	545	26%
Age Unknown	200	9.5%

Over half (57%) of Mobile Crisis Team patients are between the ages of 18 and 54.

7.5% of patients are children and adolescents, aged 0-17, and MCT's 55+ population has increased to nearly 1 in 4 patients seen (24%)

Gender	Quarter 4 Count	Quarter 4 Percentage
Female	981	47%
Male	1025	49%
Gender Non-Conforming (Transgender, non-binary, etc)	10	< 1%
Unknown	84	4%

Referral Path to MCT	Quarter 4 Count	Quarter 4 Percentage	Year to Date
Police/Radio	957	46%	3768
Family/Self/Community Member	800	38%	3114
Behavioral Health/Medical Provider	214	10%	742
Other	129	6%	398

From Q4 2025, police/radio referrals *dropped 2%*, for a total drop of 6% this year. Simultaneously, referrals from outside agency providers, family, and "other" have significantly increased, indicating community education and knowledge of MCT's services have become more commonplace and utilized.

Race	Quarter 4 Count	Quarter 4 Percentage
African American	958	46%
Caucasian	812	38%
Other	84	4%
Unknown	246	12%

Primary Diagnosis	Quarter 4 Count	Quarter 4 Percentage
Schizophrenia Spectrum and Other Psychotic Disorders <small>(*includes schizoaffective and psychosis)</small>	586	28%
Bipolar I & II	285	14%
Depressive Disorders	268	12%
Substance Use Disorder	71	3%
Other	872	42%
Unknown	18	1%

Diagnostic information gathered from Mobile Crisis community assessments has remained largely unchanged for many years. This data is somewhat informative, allowing for such insights as

- Nearly all consumer diagnoses that MCT responds to have the potential for the presence of psychotic symptoms/features

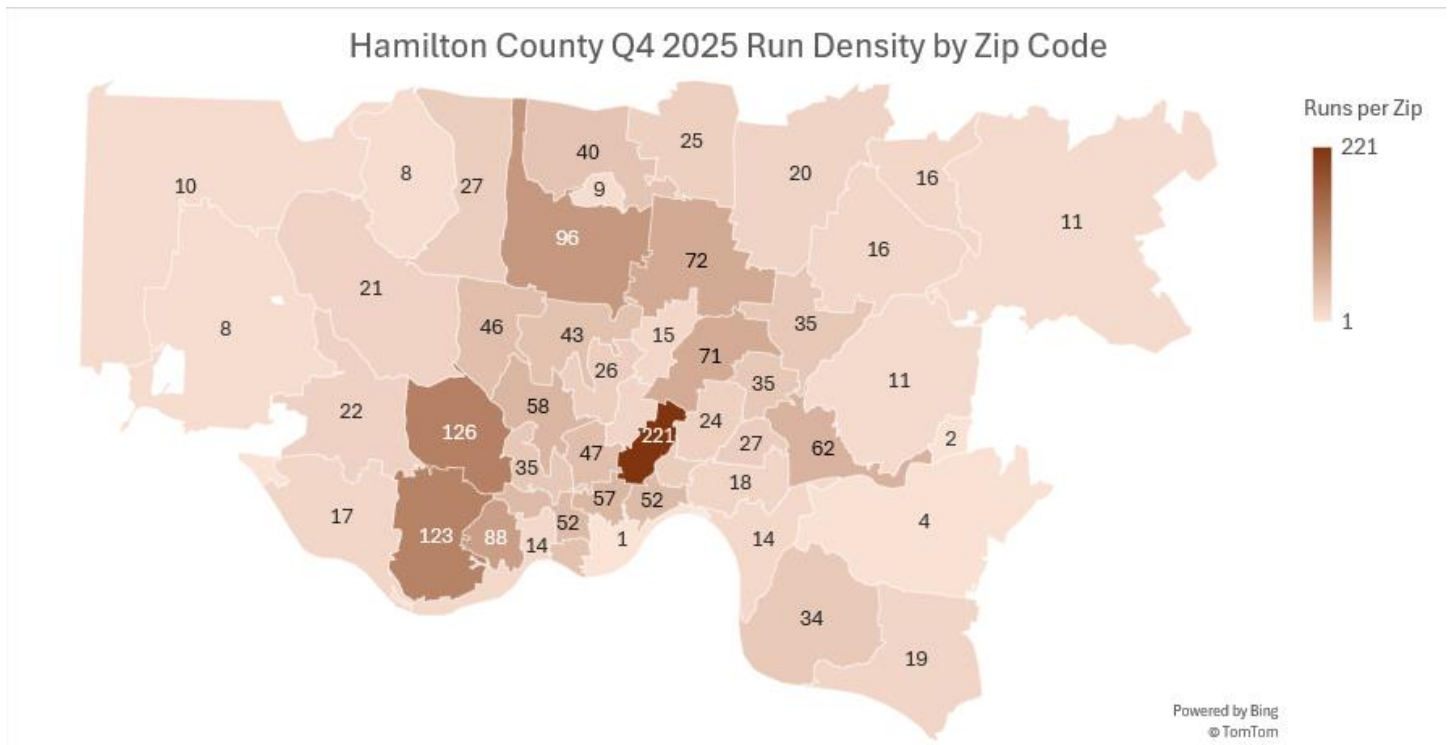
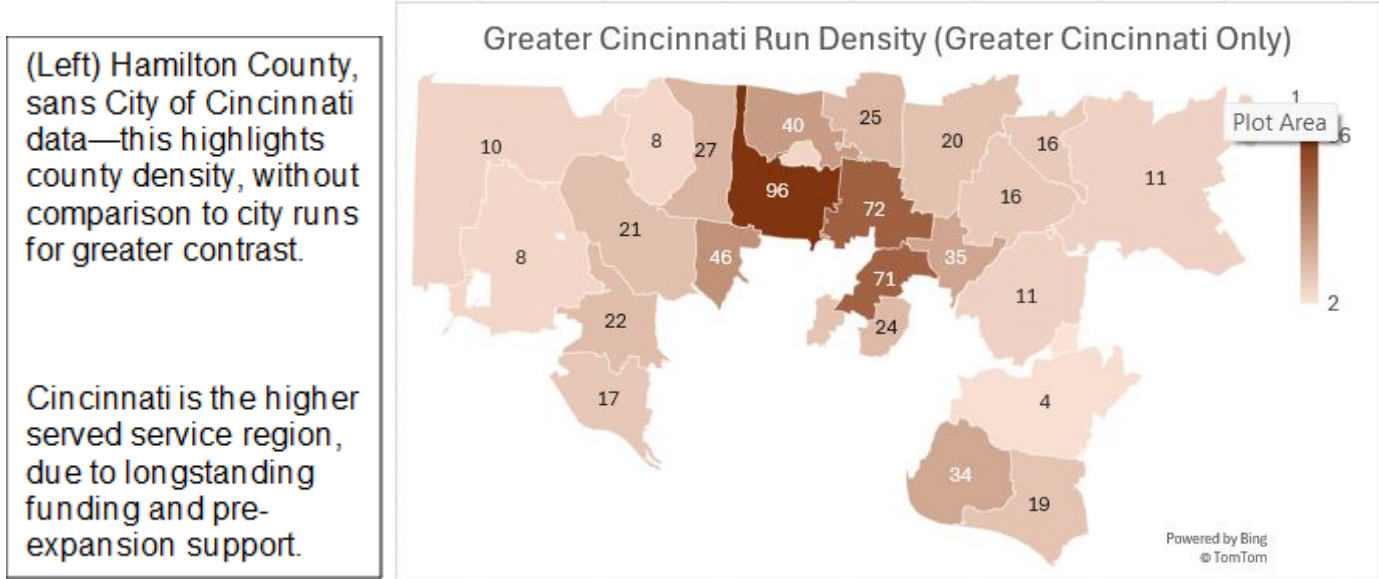
Some barriers to accurately diagnosing and documenting in the community have been addressed and fixed. For example, the number of “unknown” diagnoses has dropped from 10% last quarter to 1% of all documented diagnoses this quarter.

While “Other” is still a large diagnostic category within the context of this report, MCT is collecting much more specific data stratum that is available upon request and more closely married to current DSM-V diagnostics.






# GEOGRAPHIC RESPONSE AREAS

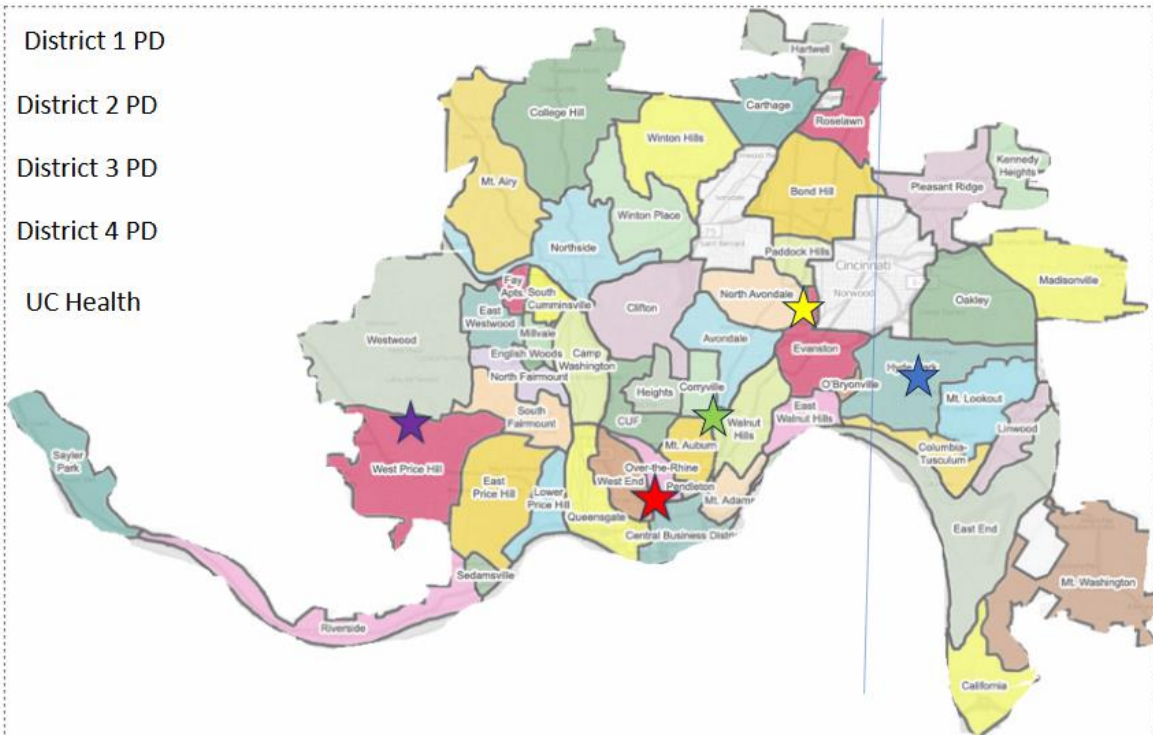
## Outside City of Cincinnati

The first image, County Excluding Cincinnati, shows zip codes and volume of responses outside the City of Cincinnati in Hamilton County in Q4 2025. This has been an area of focus to increase response and integration into county outside of Cincinnati.



# City of Cincinnati MCT Satellite Stations

-  District 1 PD
-  District 2 PD
-  District 3 PD
-  District 4 PD
-  UC Health



## By ZIP Code

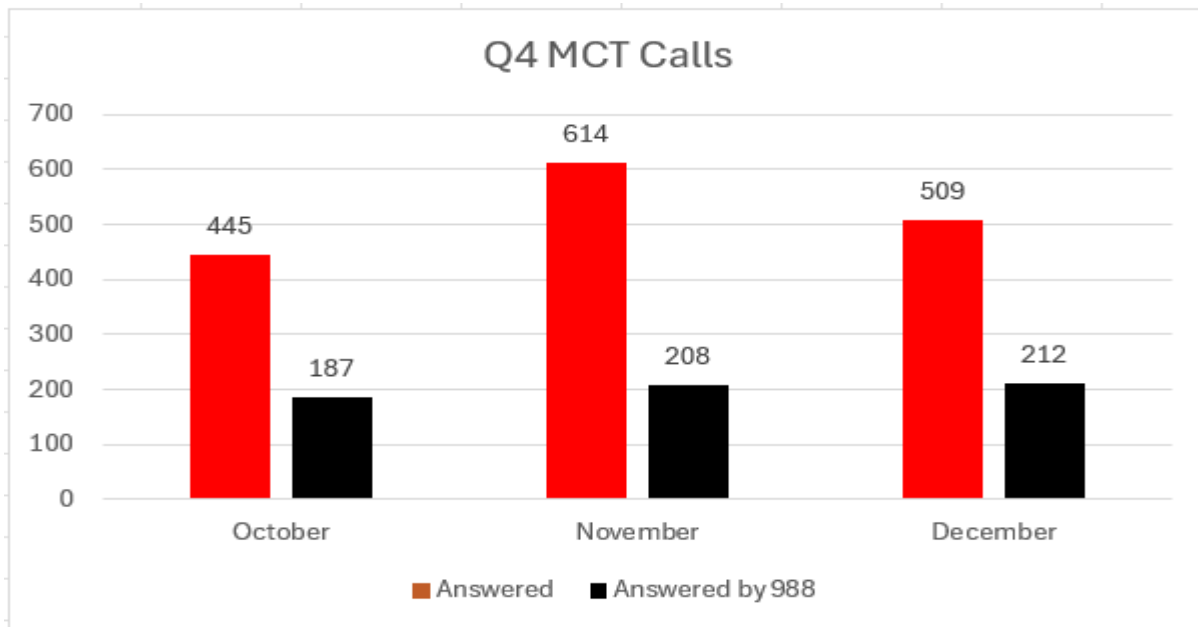
Zip Code	Count	Region
45201	1	Central Business District
45202	111	Over-the-Rhine
45203	43	Cheviot
45204	14	Price Hill
45205	88	East/Lower Price Hill
45206	52	East Walnut Hills
45207	28	Sayler Park
45208	18	Hyde Park
45209	27	Oakley
45211	126	Westwood
45213	35	Pleasant Ridge
45214	52	East Price Hill
45216	15	Carthage
45219	57	Clifton
45220	47	Cumminsville
45223	58	Northside
45224	43	College Hill
45225	35	South Fairmount
45226	14	Hyde Park
45227	62	Mariemont
45229	221	Avondale
45232	26	Winton Place
45238	123	Price Hill
45001	1	County
45002	8	County
45030	10	County
45140	11	County

Zip Code	Count	Region
45174	2	County
45212	24	County
45215	72	County
45217	19	County
45218	9	County
45230	34	County
45231	96	County
45233	17	County
45236	35	County
45237	71	County
45239	46	County
45240	40	County
45241	20	County
45242	16	County
45243	11	County
45244	4	County
45246	25	County
45247	21	County
45248	22	County
45249	16	County
45251	27	County
45252	8	County
45255	19	County
Unknown	97	

**COUNT DOES NOT EQUAL TOTAL RUNS DUE TO COMMUNITY RESPONSES WHERE PATIENT DID NOT HAVE HAMILTON CO. RESIDENTIAL ADDRESS/TRIAGES CALLS OUT TO OTHER COUNTIES.**

# CALL CENTER

The visuals below summarize the phone data for Q4 2025 for the Mobile Crisis Team. Calls are answered by either MCT Clinicians, Peer Specialist or routed to 988 if MCT staff are not available to answer.



The average speed of answer in Q4 was 0:09 and the average length of a triage call was 5:62.

The data shows a 72% phone call answer rate by MCT staff for Q4.

## MCT RESPONSE AND INTERVENTION

MCT Response Type	Quarter 4 Count	Percentage Count	Year to Date
Phone Consultation	615	29%	2056
Onsite Response	1485	71%	5966
<b>Total</b>	<b>2100</b>	<b>100%</b>	<b>8022</b>

A phone consultation can be defined as a call coming into the main Mobile Crisis phone number that is answered by an MCT worker. During this call, it is determined that an on-site response is either not warranted/appropriate, or the call is de-escalated via phone.

An on-site response is defined as either an MCT Clinician and/or peer specialist (alone or in a pair) or MCT paired with law enforcement or a partner agency responding in person to a mental health crisis.

Shift Responding	Quarter 4 Count	Daily Run Percentage	Year to Date
Day (1 <sup>st</sup> shift)	902	43%	3632
Evening (2 <sup>nd</sup> shift)	914	43.5%	3071
Overnight (3 <sup>rd</sup> shift)	284	13.5%	1319

On-site responses have increased by 7% since Q4 2024 (n=1385). This is likely a result of secured staffing and integration with 9-11 county-wide, plus an overall increase in interventions.

92% of the time, MCT responds to on-site assessments within 0-60 minutes. Greater response times include requests to schedule later or at times that work for the patient or referent, or times when MCT is understaffed. MCT is still far exceeding the national benchmark for response times ([SAMHSA](#)).

MCT Response Time	Quarter 4 Count	Quarter 4 Percentage
0-60 Minutes	1370	92%
1-2 Hours	54	4%
2-4 Hours	19	1%
4+ Hours	42	3%
Consult Only	615	29% of total interventions*

Consult-Only refers to each phone encounter the clinicians have with a patient or referent in which the caller is triaged to either have a clinician response ASAP or delayed per need reported by the caller, or if the issue is more appropriate for 9-11 due to the medical emergency. During Consult Only, de-escalation is provided if needed, and if the caller is better served on a non-crisis line, this may be a referral placed by the clinician. *Consult-Only numbers are not included in “response time %”.*

Geographic Region	Quarter 4 Count	Quarter 4 Percentage
District I	230	11%
District II	238	11%
District III	505	24%
District IV	420	20%
Outside of Cincinnati (In Ham Co)	622	30%
Outside of Hamilton County	17	1%
Unknown	68	3%

MCT Interventions	Quarter 4 Count	Quarter 4 Percentage
SOB/Hospitalization	364	17.33%
Assessment/No SOB	465	22.14%
Consult Only	615	29.3%
Attempted Intervention	656	31.23%

District	SOB/ Hospitalization	Assessment/No SOB	Consult Only	Attempted Intervention
D1	58	54	31	86
D2	55	63	30	89
D3	77	106	148	166
D4	64	76	164	113
County	113	165	151	242

\* COUNT DOES NOT EQUAL TOTAL DUE TO COMMUNITY RESPONSES WHERE PATIENT DID NOT HAVE HAMILTON CO. RESIDENTIAL ADDRESS/TRIAGES CALLS OUT TO OTHER COUNTIES.

Resource Responding	Quarter 4 Count	Quarter 4 Percentage
MCT Only	379	18%
MCT with Law Enforcement	1082	52%
MCT with Partner Agency	10	<1%
MCT with EMT/EMS	14	1%
Consult Only	615	29% <i>*no response</i>

## MOBILE CRISIS PEERS

The Mobile Crisis Team peers have completed over 22,110 interventions with patients and collateral Contacts since their inception in 2023. SAMHSA calculates Peer support to be an evidence-based practice that demonstrates cost effectiveness, reduced hospitalizations, increased treatment engagement and decreased behavioral health symptoms ([SAMHSA Advisory](#)).

In Q4 2025, MCT peers served 1621 total patients. Most referrals come from MCT clinician referrals, and Psych Emergency Services (PES) at UC Health, however some internal referrals come from other areas of the hospital. Referrals can also be made by outside community agencies and account for a small portion of current referrals, potentially an area of target for future growth.

Peer Patient Engagement	Total Interventions Provided	Unique Individuals Served
Total Engagement Q1 2025	907	279
Total Engagement Q2 2025	738	211
Total Engagement Q3 2025	2,112	834
Total Engagement Q4 2025	1,621	392
Year to Date Engagements	5378	1716

Referral Sources	Total Unique Referrals
PES Referrals	54
MCT Referrals	308
Other Partner Referrals	30
<b>Total Referrals Q4 2025</b>	<b>392</b>

In 2025, MCT Peers saw a 239% increase in total individuals served (n=53621) compared to 2024 (n=1588). The total unique individuals served in 2025 (n=1716) increased 41% from 2024 (n=1214)

## Peer Recidivism Data

A tracked outcome for MCT peer support specialists is whether a patient who received MCT peer services experiences a mental health or substance use relapse that causes the individual to seek emergency treatment or crisis services, referred to as “recidivism”.

Recidivism is calculated 30, 60, and 90 days after case closure through a chart review to determine if the individual has received crisis or emergency services, or a hospitalization related to MH or SUD. For example, if a patient is closed in December 2024, recidivism will be determined in January 2025 (30-day), February 2025 (60-day), and March 2025 (90-day). This data represents patients closed October 2024-March 2025, where at least 30 days has passed since closure.

Peer Recidivism Data Q4 2025	30-Day Recidivism	60-Day Recidivism	90-Day Recidivism
<b>Total Closed: 161</b>	23/161, <b>14.3%</b>	27/161, <b>16.8%</b>	24/161, <b>15%</b>

The National Institute of Health estimates that 11.1% of individuals visiting the emergency department for a psychiatric condition have substance use disorder ([NIH](#)). Additionally, an estimated 40-60% of individuals with a substance use disorder as high as 80%-90% of individuals with Opioid Use Disorder return to use within six months after a treatment episode ([SAMHSA](#)).

The peer team connects individuals to long-term outpatient services, so they are connected immediately after stabilization—SAMHSA posits that peer support after a treatment episode or crisis event can “decrease psychotic symptoms, reduce hospital admission rates and [provide] longer community tenure,[and] decrease substance abuse and depression”, among many other benefits ([SAMHSA](#)). The MCT peer team shows a ~25% relapse rate among patients they work directly with over 15% lower than SAMHSA’s nationally estimated average in Q4.

## OUTREACH AND EDUCATION

MCT participated in over 13 outreach and education events in Q4 2025. These included:

- Multiple CIT shadowing and presentation engagements
- 911 ECC Dispatch Trainings
- Presentation for Excel Housing Authority
- Education/Presentation for The Crisis Receiving Center
- Trunk or Treat at Addiction Services Council
- Together Tuesdays
- Collaboration with Our Daily Bread

Upcoming for Q1 2026:

- 513 Relief Bus Services
- Mental Health Education for Huntington's Disease
- CIT Steering Committee Data Presentation
- Education/Presentation for Loveland Police Department
- Collaboration with the Hamilton County Health Department
- Together Tuesdays
- City Gospel Missions Community Event

## SUCCESSES AND OPPORTUNITIES

- Fire/EMS: This grant funding opportunity, in which MCT can work more directly with Fire/EMS and improve inter-departmental relations, and while making a bigger impact in the community, is still in the works as contracts are being created and reviewed.
- Peer Specialist Training: Peers are nearly fully staffed (5.0 FTE) and have received 988 crisis call taker training to assist with triaging calls, in addition to being increasingly available for the community.
- Staffing Opportunities: Decreased staffing in Q4 has led to more strained staff and open FTEs which the team is currently interviewing and hiring to fill.
- Staff training & education: more robust training curriculum for all new staff, including clinical and on-the-job competencies and six weeks of shadowing, after which leadership shadows the new hires to sign off on readiness.
- MCT clinicians are working with CPD on safety & situational awareness trainings, completed by officers and aimed to assist MCT workers in the field feel and be safer.
- Hospitalization %: The number of patients brought into a hospital on a Statement of Belief by the Mobile Crisis Team has decreased four percentage points from FY 23-24 to FY 24-25. With a notable increase in interventions, this drop in hospitalization numbers can be attributed to increased MCT clinical skillset (e.g. de-escalation and stabilization) and the MCT peer engagement with individuals for connection to long-term services. This number is expected to drop even more now that Hamilton County's Crisis Receiving Center opened its doors!
- Long Term Funding: An opportunity is to determine a plan for long-term funding. With the success of the expansion, it is vital that this work continues to impact the community and continues to grow. Avenues like county and city funding will be a high priority to fund the 24/7 operations and related positions.

