Mobile Crisis Response

Referral Source & Utilization Report

July 1, 2026 – September 30, 2026 — Johnson & Iowa Counties

Prepared in partnership with Dignity Best Practices | Field Mediation Program Planning

271	90	71	35	87.5%	92%
Total MCR Contacts July - Sep 2026	**Avg Calls / Month** consistent July - Sep	**Avg Call Length** minutes per contact (call length)	**Avg Mins to Response** minutes to arrival	**Resolved w/o Public Safety** of all MCR contacts	**ER Diversion** resolved in community

**Estimated from proportion of contacts not referred to hospital or ER; actual hospitalization diversion rate may vary.*

About This Report

This report summarizes Q1 2026 dispatch data from CommUnity Crisis Services' Mobile Crisis Response (MCR) program, serving Johnson and Iowa Counties in Iowa. The MCR program dispatches licensed mental health counselors to homes, schools, businesses, and public spaces in response to mental health crises — completely free and confidential, with typical response times within 35 minutes of dispatch.

This report was prepared as part of Dignity Best Practices' technical assistance work supporting the design of a Field Mediation Program in partnership with CommUnity Crisis Services. Understanding where MCR referrals originate — and how MCR connects people to community resources — is essential context for designing a complementary field mediation pathway that serves non-violent interpersonal disputes alongside individual mental health crises. This analysis draws on 271 Q1 2026 MCR dispatch records, with free-text fields (concerned caller, referral source, and on-scene referral categories) standardized and deduplicated into consistent categories to produce reliable counts and percentages.

MCR Service Reach

CommUnity dispatches MCR counselors to Johnson and Iowa Counties. Partner agencies cover Benton, Bremer, Buchanan, Delaware, Dubuque, Jones, and Linn counties.

Crisis line: 1-855-581-8111 | Call or text 988

Where Referrals Come From

The “Concerned Caller” field in MCR dispatch records identifies who initiated the call — a direct measure of how people access the mobile crisis system. This is the primary referral source indicator in the Q1 2026 data.

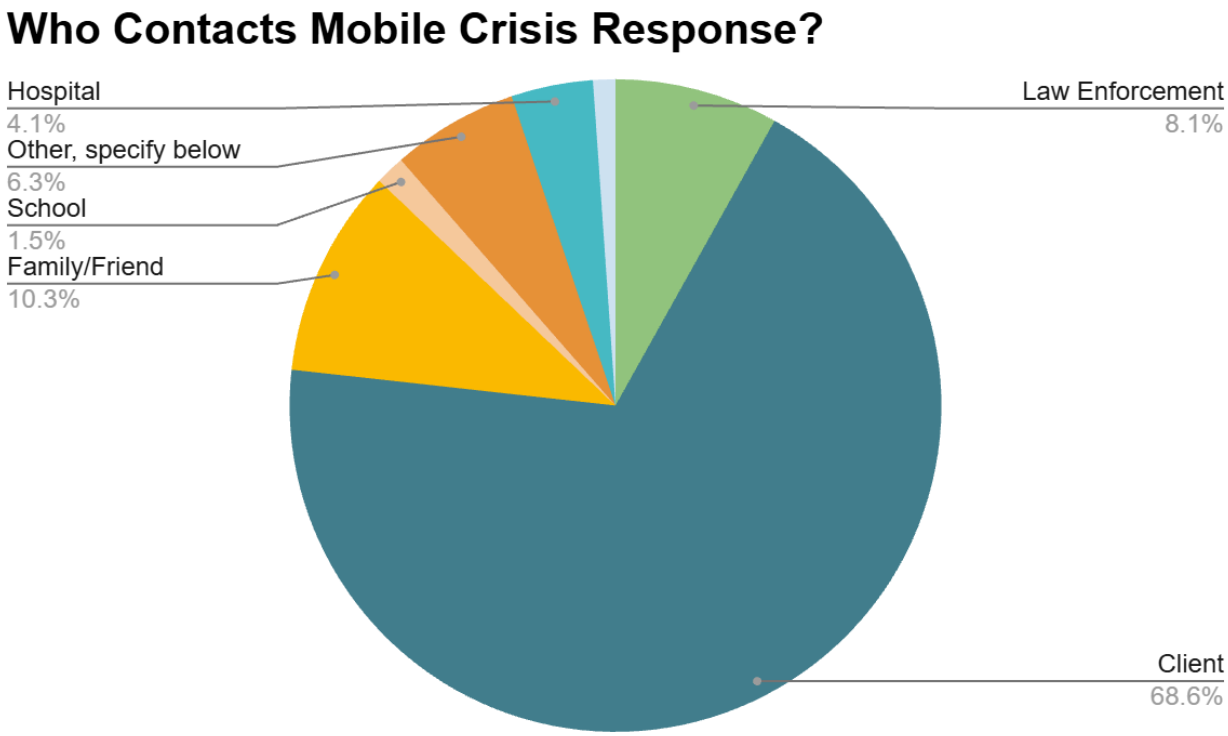


Figure 1: Who contacted Mobile Crisis Response? (n=271, Q1 2026)

Referral Source	Contacts	% of Total	Notes
Client Self-Referral	186	68.6%	Called directly; largest single source
Family / Friend	28	10.3%	Concerned third party initiated call
School	4	1.4%	Significant — reflects school-based crisis need
Unknown / Not Recorded	17	6.3%	Origin not captured at dispatch
Law Enforcement	22	8.1%	LE-initiated warm handoff to MCR
Hospital	11	4.1%	Step-down from higher level of care
EMS / Ambulance	3	1.1%	Johnson County Ambulance referral

Key Finding: Self-Referral as the Dominant Pathway

Nearly three quarters of MCR contacts (68.6%) are initiated directly by the person in crisis. This reflects strong community awareness of the MCR line and confidence in reaching out without an intermediary. It also confirms that MCR functions primarily as a voluntary, community-accessed

service while pointing out a need for more outreach to partner agencies and stakeholders to improve on referral pathways.

School referrals (1.4%) represent a meaningful sub-channel during the school year — particularly relevant as CommUnity and DBP consider how field mediation can complement MCR for school-based conflict and crisis calls. **Q1 took place primarily over the summer months when school was not in session, accounting for the decrease in school referrals.**

Public Safety Coordination and Involvement

Two data fields track law enforcement involvement: (1) whether police were on scene during the MCR contact, and (2) whether the referral into MCR came from an LE agency. These are distinct measures.

237	34	36	29
No LE on Scene	**LE on Scene**	**Referral FROM LE/EMS/Hosp.**	**Referral TO LE/EMS/Hosp.**
87.5% of contacts	12.5% of contacts	13% — warm handoffs in	11% — escalations out

Law Enforcement Agencies Involved (When Present)

Agency	Contacts with LE Present
Iowa City Police Department	17
Iowa City Fire Department	1
Coralville Police Department	4
Johnson County Sheriff Department	5
North Liberty Police Department	0
Iowa State Patrol	1
Agency Not Recorded	6

MCR Operates Safely Without Impacting The Existing Public Safety System

87.5% of contacts did not require additional public safety resources. This is the defining feature of the MCR model: mental health counselors responding to crises independently, in the least-restrictive environment possible.

CommUnity MH Liaison Co-Response Contacts

CommUnity Mental Health Liaisons embedded within local law enforcement offices to respond with officers to assist individuals who contact law enforcement directly via 911 or their non-emergency number.

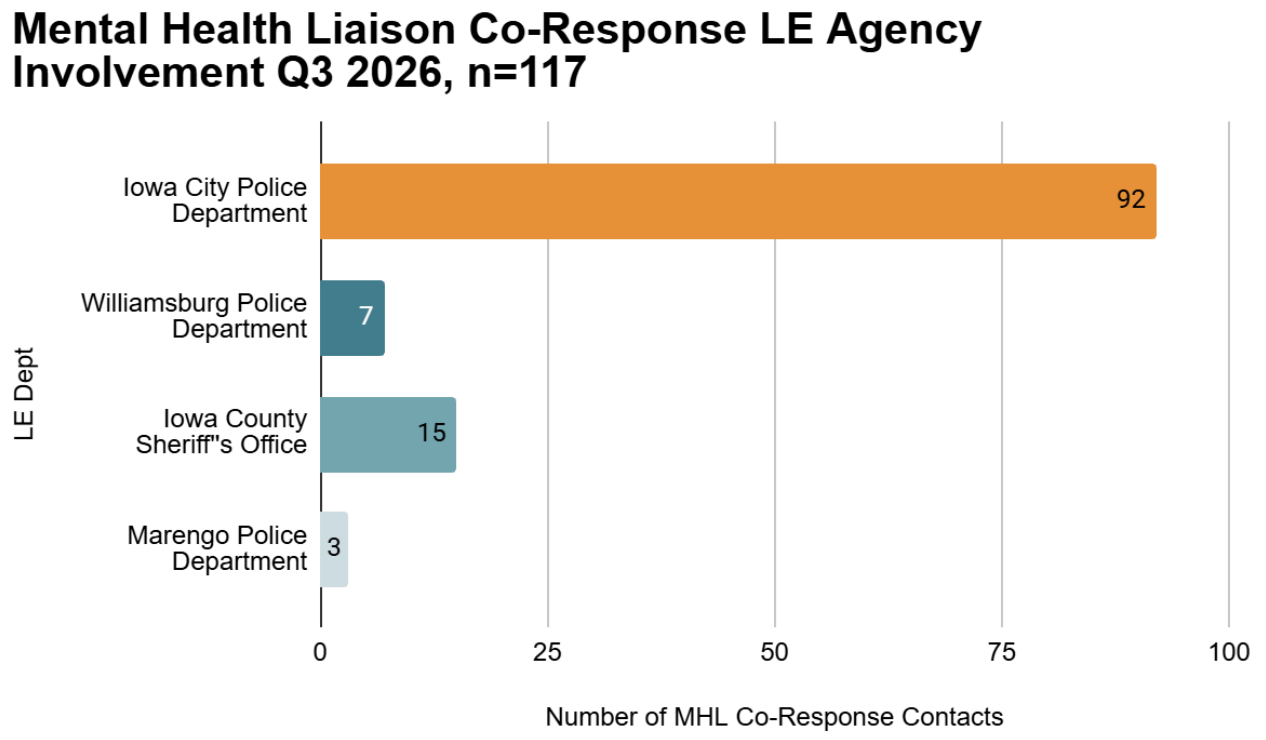


Figure 2: Mental Health Liaison LE Agency Involvement? (n=117, Q1 2026)

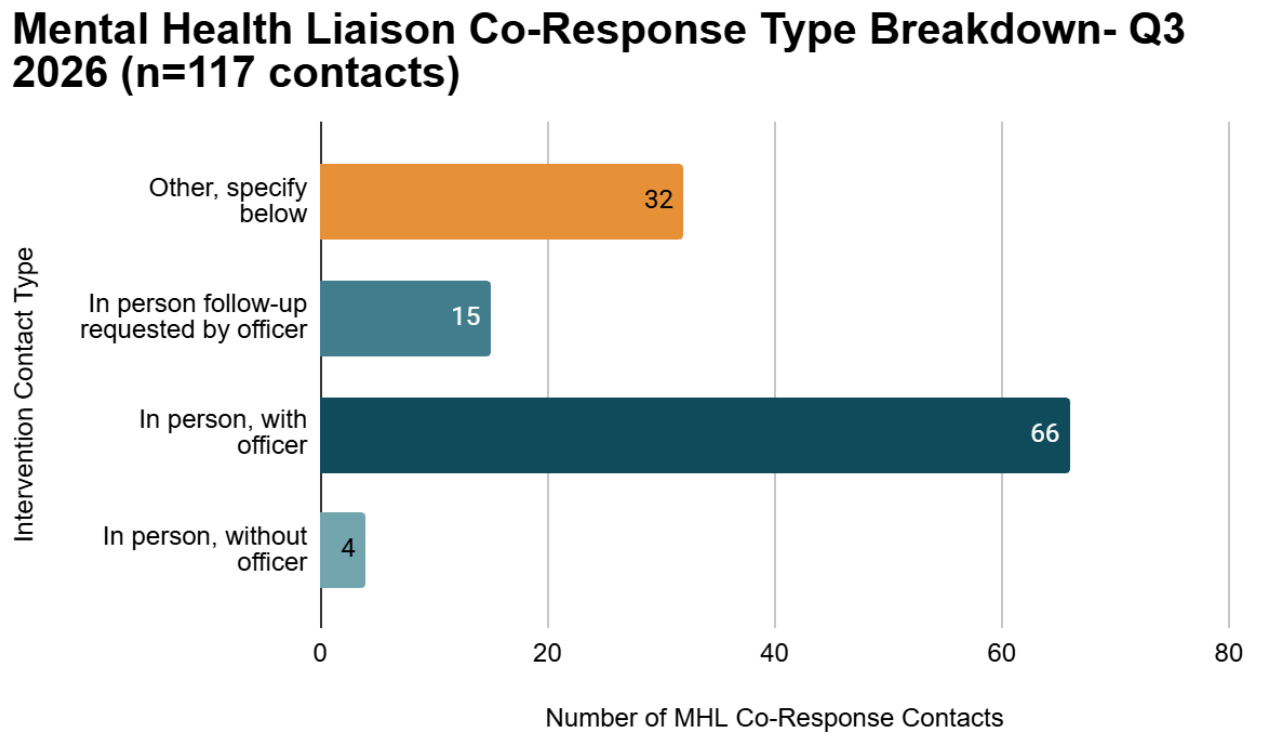


Figure 3: Mental Health Liaison Co-Response Type Breakdown (n=117, Q1 2026)

988 Lifeline Integration

The 988 Suicide & Crisis Lifeline is a key access point for MCR. Calls transferred from 988 represent a formal warm handoff from the national crisis line to CommUnity's local mobile response team.

106	132	33
Transferred FROM 988	**Not via 988 Transfer**	**Unknown / Unrecorded**
39% of contacts	49% of contacts	12% of contacts

Approximately 2 in 5 MCR contacts (39%) arrived through a 988 warm transfer, confirming that the national crisis system and local MCR operate as a connected pipeline in Johnson County. This has direct implications for the field mediation program: contacts that arrive through 988 may already have been screened for crisis severity, making them potentially well-suited for warm handoff to field mediation if an interpersonal dispute is identified.

Referrals Made On Scene

When MCR counselors respond, they assess the situation and connect clients with community resources on the spot. The table below shows the referrals counselors made during the Q1 2026 period. A single contact may result in multiple referrals.

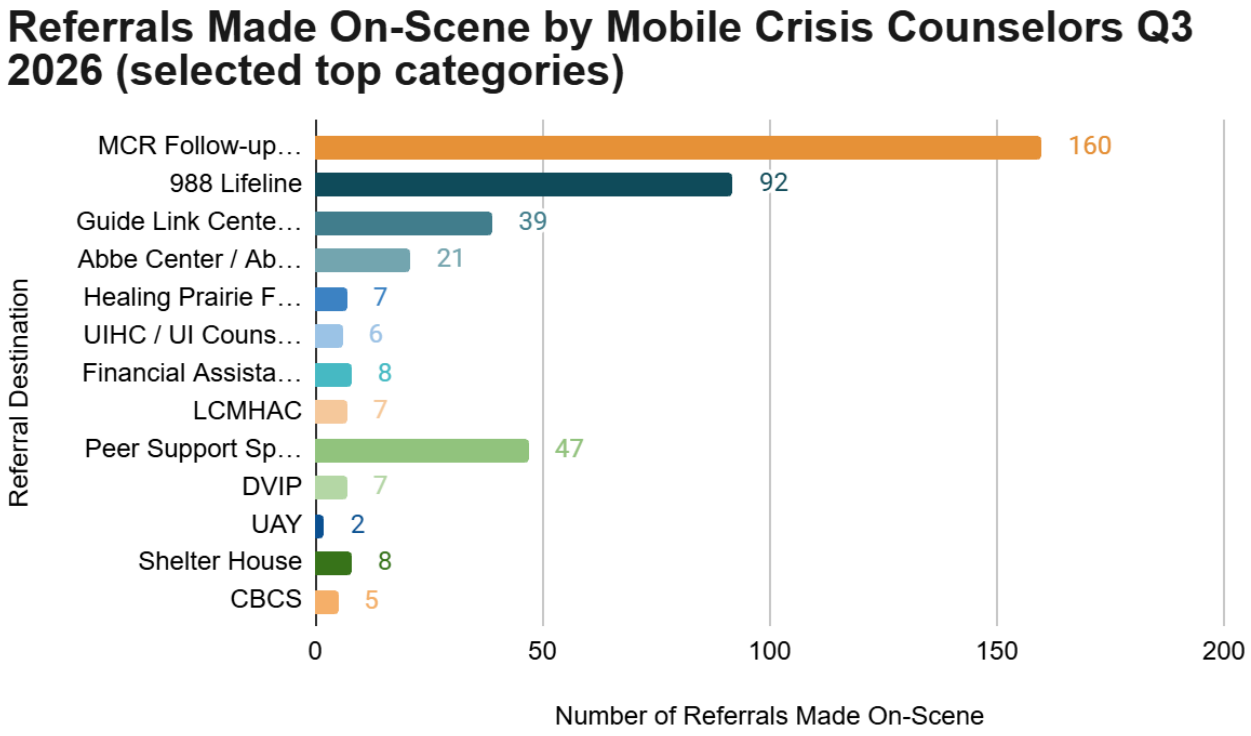


Figure 4: On-scene referrals made by MCR counselors (Q1 2026, selected categories; one contact may generate multiple referrals)

Referral Destination	Count	Notes
MCR Follow-up Care	160	Follow-up contact scheduled after initial response
988 Lifeline	92	Referred for ongoing telephone crisis support
Guide Link Center (GLC)	39	Behavioral Health Urgent Care: Collaborative between various agencies
Abbe Center / Abbe Health	21	Outpatient & crisis stabilization mental health care
Private Therapist / Counselor	2	Individual therapy referral
Healing Prairie Farm (HPF)	7	CommUnity's youth crisis stabilization program
UIHC / UI Counseling	6	University of Iowa Health Care or student counseling
Financial Assistance (CommUnity)	8	CommUnity internal financial support services
LE Referral (Mental Health Liaison)	4	Referred to ICPD or other LE MHL program

Referral Destination	Count	Notes
LCMHAC	7	Linn County Mental Health Access Center
Peer Support Specialist	47	Peer-based recovery and navigation support
DVIP	7	Domestic Violence Intervention Program
UAY	2	Nonprofit supporting youth and families
Shelter House	8	24/7 emergency shelter in Iowa City
CBCS	5	Community based crisis stabilization
R Place	2	Free peer-run recovery center
CFR	3	Addiction treatment center in Iowa City

Abbreviations: GLC = Guide Link Center ; HPF = Healing Prairie Farm; UIHC = University of Iowa Health Care; LCMHAC = Linn County Mental Health Access Center; DVIP = Domestic Violence Intervention Program; LE MHL = Law Enforcement Mental Health Liaison; UAY = United Action for Youth; CBCS = Community Based Crisis Stabilization; CFR = Community & Family Resources.

MCR as a Community Navigation Hub

The breadth of on-scene referral destinations — spanning mental health, housing, peer support, financial assistance, domestic violence services, and more — illustrates that MCR counselors function as frontline community navigators, not just crisis stabilizers. Follow-up care was scheduled in 160 of 271 contacts (59%), demonstrating a strong continuity-of-care model.

When Do People Call? Time of Day Analysis

Understanding the distribution of MCR calls by time of day is essential for both MCR program planning and for designing a complementary field mediation schedule that maximizes coverage without duplication.

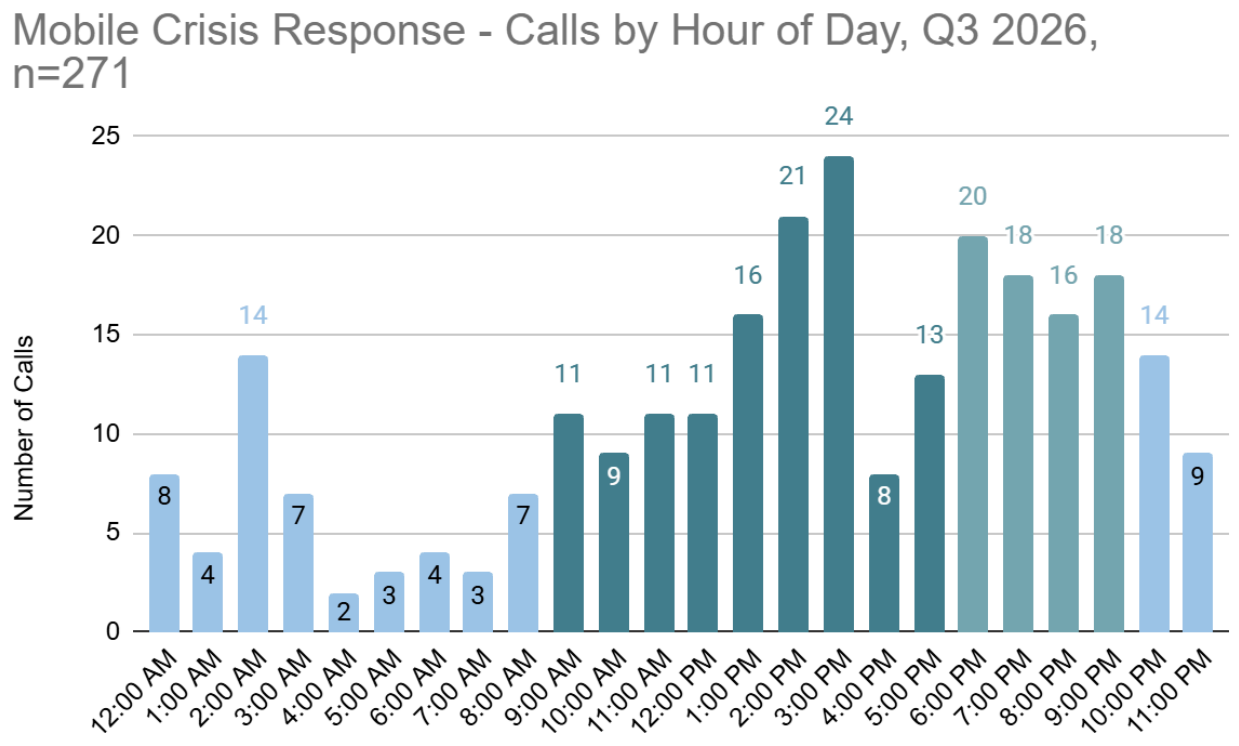


Figure 5: MCR contacts by hour of day — Q1 2026 (n=271)

3 PM
Peak Hour
24 calls (9%)

41%
Business Hours (9–5)
of daily volume

31.4%
Evening Hours (5–10)
of daily volume

27.7%
Overnight (10–8)
of daily volume

Time Window	Contacts	% of Total	Implication
9 AM – 5 PM (Business Hours)	111	41%	Core MCR demand window; also primary field mediation shift
5 PM – 10 PM (Evening)	85	31.4%	Meaningful secondary demand; overlap with end-of-day conflict
10 PM – Midnight	23	8.5%	Moderate overnight call volume
Midnight – 8 AM (Overnight)	52	19.2%	Real overnight demand demonstrated

Monthly Volume & Geographic Distribution

81	97	93
July 2026 contacts	**August 2026** contacts	**September 2026** contacts

Volume was remarkably consistent across the quarter, ranging from **81** to **97** contacts per month. This stability suggests a mature, well-established program with steady community utilization rather than reactive surge demand.

County Distribution

County	Contacts	% of Total
Johnson County	**258**	95.2%
Iowa County	**13**	4.8%

Johnson County represents nearly all MCR contacts, consistent with CommUnity's primary service footprint. Iowa County contacts reflect the contracted service area extension.

Implications for Field Mediation Program Design

The following findings from the MCR data have direct implications for the Field Mediation Program being designed in partnership between CommUnity Crisis Services and Dignity Best Practices.

- **Self-referral dominance:** MCR is primarily client-accessed, not LE-referred. Field mediation will need its own referral pathways from law enforcement, schools, and community agencies — it cannot rely on MCR's self-referral model.
- **School-based demand:** With 4 school-initiated MCR contacts in Q1 (number reduced due to summer months), schools are an active referral source for crisis services in Johnson County. Schools should be a priority outreach target for field mediation, particularly for student conflict and family disputes.
- **Warm handoff pipeline:** 36 contacts arrived via warm handoff from LE/EMS/Hospital, and 29 were escalated out. A field mediation program should be designed into this warm handoff loop — as a de-escalation option between MCR stabilization and full LE response.
- **Safe Responses without impacting Public Safety:** 87.5% of MCR contacts involved no EMS or Police. This validates the broader alternative response model in Johnson County. Field mediation should be positioned as the non-crisis complement to MCR and Public Safety response systems — serving interpersonal disputes that don't require a mental health clinician.
- **Resource navigation integration:** MCR counselors made referrals to over 17 distinct community resources in one quarter. A shared referral guide between MCR and the field mediation team would reduce duplication and ensure clients get appropriate next-step resources regardless of which team responds.