



# MOBILE INTEGRATED HEALTH

## 2025 OVERVIEW



Enhancing Outcomes Since 2021

# MIH at a Glance

Sacramento Metropolitan Fire District (Metro Fire) launched Mobile Integrated Health (MIH) in November 2021. Metro Fire MIH combines advanced-level providers (Nurse Practitioners or Physician Assistants) with paramedics to address patient health needs in the prehospital setting. MIH reduces non-emergent emergency department (ED) visits, lowers healthcare costs, increases healthcare accessibility, improves care coordination, and enhances outcomes.



## 2025 Key Metrics

- Total incidents surged to **1,142 cases**.
- Behavioral health interventions rose to **134 psych clearances**.
- **Treat-and-release climbed to 74.2%**.
- **39.4% reduction in 911 calls** by high utilizers.

**COST SAVINGS: \$5.4 MILLION**

# MIH 2025 Overview

## Executive Summary P1

## Details P2

### Executive Summary

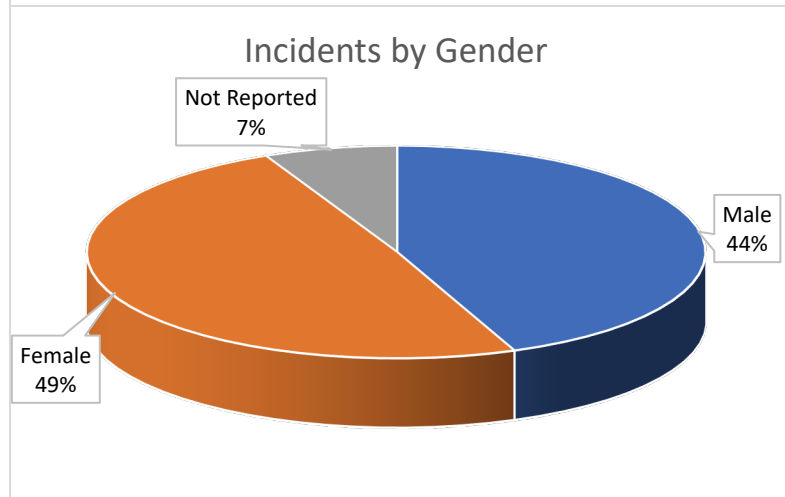
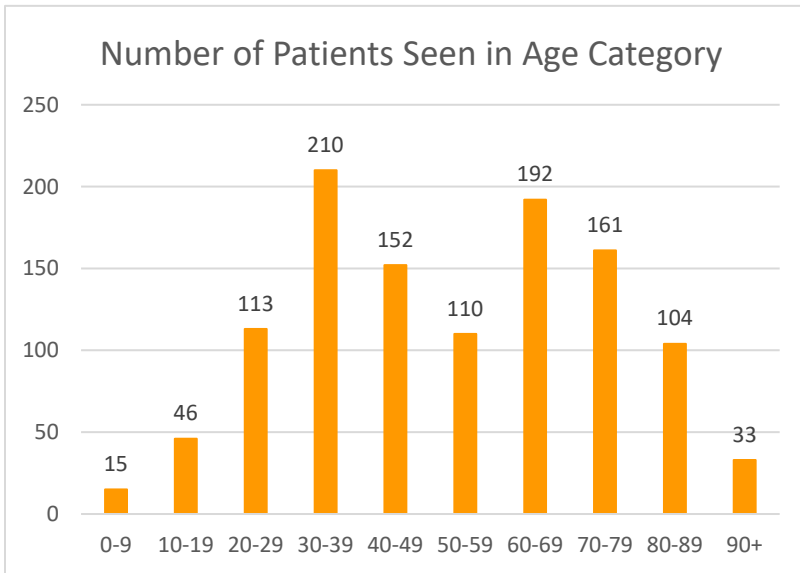
Sacramento Metropolitan Fire District (Metro Fire) launched Mobile Integrated Health (MIH) in November 2021. The objectives of the program are to:

- Reduce unnecessary EMS transports and non-emergent emergency department (ED) visits
- Reduce health care expenditures
- Provide appropriate care for behavioral health patients encountering 911 services
- Improve continuity of care for high utilizers of EMS and ED services.
- Reduce hospital readmissions

To accomplish this objective Metro Fire MIH combines advanced-level providers (nurse practitioners or physician assistants) with paramedics to address patient health needs in the prehospital setting. Over four years, MIH has evolved from a pilot initiative into an established component of Metro Fire's service delivery model, demonstrating measurable value to patients, the healthcare system, and the broader community.

<b>MIH Incidents</b>	
	<b>2025</b>
Total Incidents	<b>1,142</b>
911 Calls Directly Dispatched	<b>834</b>
911 Calls Treated/Released on Scene	<b>619</b>
911 Calls Treated/Released on Scene Percentage	<b>74.20%</b>
Jail Clearances	<b>43</b>
Behavioral Health Clearances	<b>134</b>
High Utilizer Pre/Post	<b>779/472</b>
High Utilizer Reduction Percentage	<b>39.40%</b>
Cost Savings	<b>\$5,424,102</b>

- Treated/Released – The patient receives appropriate medical care on scene without requiring transport to the ED.
- Jail Clearance – MIH performs the medical assessment needed for safe jail booking avoiding an unnecessary ED visit.
- Behavioral Health Clearances – MIH performs the mental health assessment needed to route patients to the right level of care without an unnecessary ED visit.
- High Utilizer Pre/Post – 911 calls by high utilizers when comparing six months before and after MIH engagement



## Annual Breakdown

### 2022: Foundational Success

**\$1.1 million in cost savings**

- **Operations:**
  - Pilot program funded by Sutter Health, Dignity Health, and UC Davis Health
  - MIH109 launched operating Monday–Thursday, 8 a.m.–6 p.m. (4 Days a week)
- **Key Metrics:**
  - Addressed **193 total incidents**
  - Diverted **3 behavioral health patients** from emergency departments
  - Achieved a **43.6% reduction in 911 calls by high utilizers (652/368)**
  - **911 System 85% treat-and-release (17/20)**

### 2023: Growth

**\$2.4 million in cost savings**

- **Operational Enhancements:**
  - Expanded to five days per week (Aug 4<sup>th</sup> 2023)
  - Introduced telemedicine, Narcan drop-offs, and jail clearance capabilities
- **Key Metrics:**
  - Addressed **486 incidents (152% increase over year 1)**
  - Diverted **33 behavioral health patients** from emergency departments
  - **41.8% reduction in 911 calls by high utilizers (634/369)**
  - Conducted **7 jail clearances**
  - **911 System 60% treat-and-release rate on 911 incidents (152/253)**

### 2024: Significant Expansion

**\$3.9 million in cost savings**

- **Operational Enhancements:**
  - MIH 109 expanded to seven days a week

- Launched MIH 50 on July 1, operating Monday–Friday
- Added **7 advanced providers**, doubling the team to **14 providers** (advanced providers are per diem)
- **Key Metrics:**
  - Addressed **940 incidents**, a 93% increase from year two
  - Diverted **96 behavioral health patients from Emergency Departments** (33 in year 2)
  - Jail clearances increased to **45** (7 in year 2)
  - **The treat-and-release rate climbed to 73.7%**, aligning with best practices nationally
  - **24% reduction in 911 calls by high utilizers** (729/552)

2025: *Sustainable Operations*  
**\$5.4 million in cost savings**

- **Operational Enhancements:**
  - Expanded workforce to **16 part time advanced providers**, increasing coverage and reducing the number of vacancies, flexibility, and program resilience
  - Added a **part time case management worker** to strengthen the care coordination and follow up for high utilizers
- **Key Metrics:**
  - Responded to **1,142 incidents**, a 21.5% growth from year three
  - Achieved a **74.2% treat and release rate**, managing the majority of patient safely on scene
  - **39.4% reduction in 911 calls by high utilizers** when comparing six months before and after MIH engagement (779/472)



## Bottom line

The Sacramento Metropolitan Fire District MIH program exemplifies innovation in prehospital care by delivering measurable cost savings, improving patient outcomes, and reducing strain on the emergency response system. The program continues to serve as a national model for integrated healthcare delivery.

## Details P2

### Program History

In 2016, the Hospital Council of Northern and Central California convened healthcare stakeholders in Sacramento County to explore innovative approaches to Emergency Medical Services (EMS). The goal was to address root causes of frequent system use, improve patient case management, and better align resources with patient needs. This effort resulted in the development of the Sacramento Mobile Integrated Health (MIH) model.

MIH pairs an advanced-level provider—either a nurse practitioner or physician assistant—with a paramedic to address patient needs in the prehospital environment. Core objectives include improving patient outcomes, reducing non-emergent ED utilization, increasing healthcare access, enhancing care coordination, lowering costs, engaging the community, and integrating telehealth within a patient-centered model.

Metro Fire launched the region’s first MIH unit on November 15, 2021, with funding from Sutter Health, Dignity Health, and UC Davis Health. In its first year (2022), the program achieved a 43.6% reduction in high-utilizer 911 usage and generated \$1,103,290 in cost savings, while operating four days per week.

The second year (2023) saw a 152% increase in call volume, driven by growth in 911 responses and behavioral health diversions. Expanded capabilities included jail clearances, narcan distribution, and telemedicine, along with a move to five-day-per-week operations.

The third year (2024) marked significant expansion. MIH 109 transitioned to seven-day coverage, MIH 50 launched as a second unit, and staffing increased to 14 advanced providers. Incident volume increased to 940 cases, a 93% rise from the prior year.

Year Four (2025) represented a period of program maturation and measurable system impact. MIH responded to 834 direct 911-initiated calls, achieved a 74.2% treat-and-release rate, and reduced high-utilizer 911 usage by 39.4%. These outcomes were supported by the addition of dedicated case management and expansion to 16 part-time advanced providers, reinforcing MIH’s ability to reduce system strain and deliver sustained value to the community.

MIH Incidents					
	2022	2023	2024	2025	Grand Totals
Total Incidents	193	486	940	1,142	2,761
911 Calls Directly Dispatched	20	253	679	834	1,786
911 Calls Treated/Released on Scene	17	152	501	619	1,289
911 Calls Treated/Released Percentage	85.00%	60.10%	73.80%	74.20%	73.28% avg.
Jail Clearances	n/a	7	45	43	95
Behavioral Health Clearances	3	33	96	134	266
High Utilizer 911 Calls Pre/Post MIH	652/368	634/369	729/552	779/472	
High Utilizer 911 Call Reduction Percentage	43.60%	41.80%	24.30%	39.40%	37.28% avg.
Health System Cost Savings	\$1,103,290	\$2,404,422	\$3,920,162	\$5,424,102	\$12,851,976

\*Grand totals percentage (treat and release and high utilizer reduction) is an average of all four years

*(Note: Year Three and Year Four data are reported by calendar year; Years One and Two reflect November-to-November reporting.)*

## Fiscal Impact

The fiscal impact of the MIH program remained substantial in Year Four, with total estimated cost savings of **\$5,424,508**. This includes:

- **\$3,626,102** in savings within the 911 system
- **\$1,798,406** in savings attributable to reductions in high utilizer 911 usage

These results continue a strong upward trend in program impact, with estimated savings increasing from \$1,083,290 in Year One to \$2,404,422 in Year Two and \$3,920,162 in Year Three. While these figures are intentionally conservative, they clearly demonstrate MIH’s effectiveness in reducing unnecessary 911 responses, ED visits, and hospital admissions.

The true fiscal benefit is likely greater, as downstream impacts—such as avoided prolonged psychiatric holds, prevention of clinical deterioration, and reduced hospital readmissions—are difficult to fully quantify. By intervening earlier and addressing root causes of system overutilization, MIH continues to demonstrate its value as a cost-effective and transformative model of care delivery.

911 System	Total	Required Transport	Treat and Released on Scene		Reduction
	834	215	619	619 X \$5,858	<b>\$3,626,102</b>

(Ambulance Transport) \$2,872 + (ED Visit – professional LOS 4, and facility LOS 3 charges) \$2,986 = \$5,858

	Pre MIH-Intervention	Post MIH-Intervention	Reduction
High Utilizer Total calls	\$4,563,382	\$2,764,976	<b>\$1,798,406</b>

## Direct 911 Referrals

Within the direct 911 system, MIH provides on-scene evaluations and treatment for a wide range of medical and behavioral health concerns. While many encounters involve common medical issues, two of the most system impacting services are behavioral health and jail clearances, which historically required ambulance transport and ED evaluation. MIH also routinely manages diverse lower-acuity conditions in the field, including minor wound care such as suturing, Foley catheter troubleshooting, medication reconciliation, evaluation of viral illnesses and other medical needs. In cases where MIH determines that hospital evaluation is necessary, patients are appropriately transported by ambulance – ensuring high-risk conditions are identified early and reducing the risk of delayed or missed serious illness. This clinical decision making allows MIH to both prevent unnecessary transports and safeguard patients who truly require ED care.



Over four years, MIH has become an increasingly integral component of the 911 response system. In Year Four alone, 834 incidents were directly from 911 calls, reflecting both growing utilization and increased confidence among field crews in requesting MIH support.

During this period, the MIH team achieved a 74.2% treat-and-release rate, safely managing the majority of 911 patients on scene without the need for emergency department transport. This high level of on-scene resolution is attributable to improved training for crews requesting MIH, as well as updates by the Local Emergency Medical

Services Agency (LEMSA) that expanded MIH protocols to include patients two years of age and older.

By safely managing patients in place and reducing unnecessary transports, MIH generated \$3,626,102 in direct cost savings within the 911 system during Year Four alone, while also improving Emergency Department capacity and ambulance availability throughout the county.

### **911 Referrals/High Utilizer**

High utilizer outcomes improved substantially in Year Four. When comparing six months before and six months after initial MIH engagement, 911 calls decreased from 779 to 472, representing a 39.4% reduction.

This improvement marked a strong increase from Year Three and more closely aligned with the program's early successes. Contributing factors included earlier identification of high utilizers and the addition of a dedicated part-time case management professional, which strengthened follow-up, care coordination, and connections to community-based resources.

Suppression and EMS crews played a critical role by making 340 direct referrals to MIH, identifying high utilizers in the field and accelerating access to services. This earlier engagement allows MIH to intervene, leading to more effective care coordination and sustained reductions in 911 utilization.

By addressing underlying medical, behavioral health, and social needs, MIH continues to reduce unnecessary 911 utilization while improving stability and outcomes for some of the system's most vulnerable patients.

	Pre MIH-Intervention	Post MIH-Intervention	Reduction
High Utilizer Total Calls	779	472	<b>39.4%</b>

### **Behavioral Health Patients**

Behavioral health diversion efforts reached their highest level to date, with 134 patients safely diverted to appropriate care settings on first contact. Based on an estimated 30-hour average Emergency Department stay for psychiatric patients prior to definitive care, these diversions preserved approximately 4,020 hours of ED capacity.

This impact occurred during a period of significant system change, including the Sacramento County Sheriff's Office no longer responding to behavioral health calls where no crime is involved, further increasing reliance on EMS and MIH to manage these patients safely and appropriately.

While expanded use of 988 services may reduce MIH behavioral health clearance volumes in future years, Year Four data underscores MIH's continued value in improving ED throughput, generating system-wide savings, and ensuring patients receive timely, appropriate care outside of the Emergency Department.

## Behind the Scenes

The MIH program continues to provide extensive behind-the-scenes care that goes beyond the 1,142 incidents. Over the fourth year, EMS crews made 340 referrals to MIH, resulting in 134 in-person visits, 594 phone calls, 50 emails, 1 text message, and 14 other contacts with patients, families,



primary care providers, social workers, pharmacies, and other stakeholders. These interactions reflect the team's dedication to continuity of care, addressing complex patient needs, and coordinating across the broader health care ecosystem.

A common question is the difference between an incident and a visit. An incident generally involves more complex medical interventions – such as prescriptions, procedures, or catheter management – while a visit focuses on follow-up care, including medication adherence, treatment effectiveness, or behavioral support. Both types of engagement are critical to delivering

comprehensive, patient centered care and improving long-term health outcomes.

## Case Management and Social Work Integration

MIH continued to advance case management and social work integration to better address social determinants of health. In 2025, MIH hired a part-time case management worker to better coordinate follow-up care, care coordination, and connection to community resources.

Metro Fire also established partnerships with Sacramento State University and the University of the Pacific, launching in early 2026. These agreements provide case management and social work services at no cost to MIH, while offering students valuable clinical experience in public healthcare. This approach strengthens both Metro Fire and its academic partners, while creating a scalable and sustainable workforce solution.

## Sustainable Funding and Legislative Alignment

At the start of 2025, MIH focused on pursuing contracts and reimbursement under Senate Bill 1180. To maintain stability before implementation, the program secured interim funding from Sacramento County, which was supported by the Board of Supervisors, particularly Supervisor Pat Hume. The additional funding ensured continuity while sustainable reimbursement models were developed, positioning MIH to transition smoothly into SB 1180-supported funding.

At the same time, Metro Fire completed an independent EMS/MIH fee study tailored to support government billing for MIH services. This analysis provided a clear, data-driven foundation for cost recovery, rate setting, and compliance with public-sector billing requirements. Completion positioned Metro Fire as a leader in MIH reimbursement readiness, improving its ability to navigate governmental approval for MIH billing.

## Advocacy, Education, Community Collaboration, and Statewide Leadership

Throughout 2025, MIH expanded its impact at the local, state, and national levels. Metro Fire representatives attended the California MIH Summit in Beverly Hills and met with California Surgeon General Dr. Diana Ramos, who expressed support for MIH initiatives and community-based care models.



MIH team members also presented at the EMS World Expo through the National Association of Mobile Integrated Health Providers (NAMIHP) and at the ImageTrend Connect Conference, highlighting MIH documentation practices, data-driven decision-making, and measurable outcomes.

Locally, Metro Fire partnered with Arrive Alive to bring fentanyl awareness education to schools across Sacramento County, expanding prevention efforts and reinforcing Metro Fire's commitment to community collaboration and public health engagement.

## Opioid Use Disorder Response and Overdose Prevention

MIH continued to play a critical role in addressing opioid use disorder through evidence-based, patient-centered interventions. MIH providers initiated and managed buprenorphine in the field, allowing patients to begin Medication-Assisted Treatment (MAT) immediately, rather than waiting for Emergency Department or clinic access.

The program also maintained its leave-behind naran distribution, placing naran directly with patients, family members, and others likely to witness an overdose. These efforts were paired with education, follow-up, and referrals to treatment and recovery resources.

One documented case in particular illustrates this impact. A 24-year-old male experienced 11 life-threatening overdoses between January 2024 and May 2025, including one event requiring CPR. After family members successfully used naran provided through Metro Fire's leave-behind program, the patient was referred to MIH. Through continued engagement, naran support, connection to MAT and Sacramento County recovery resources, the patient entered treatment and has experienced no further overdoses or 911 responses. This case underscores the importance of linking emergency response with follow-up care, community resources, and compassionate engagement. It represents not only a life saved, but a meaningful step toward recovery and long-term stability.



## Conclusion

Over its first four years, the MIH program has responded to 1,142 total incidents, including 834 directly from the 911 system, while delivering \$5,424,508 in measurable cost savings. Through innovation, collaboration, and compassionate care, MIH has reduced high utilizer demand, preserved Emergency Department capacity, improved behavioral health outcomes, and addressed opioid use disorder in meaningful ways.

With a skilled team of 16 part-time advanced providers, amazing paramedics, dedicated case management, and strong community partnerships, Metro Fire's MIH program continues to enhance system efficiency and patient outcomes, serving as a sustainable and scalable model for integrated prehospital healthcare.