



# Health 34 at UC Davis Fire: Outcomes Over Two Years of a Mobile Collegiate Response Program

Lisa Mills, MD

UC Davis Fire Department, UC Davis School of Medicine Department of Emergency Medicine



## Background

College students across the nation face increasing mental health and basic-needs crises that threaten academic success and overall well-being.<sup>1</sup> In 2021, the U.S. Surgeon General declared the mental health of young adults a public health crisis, highlighting the need for innovative, community responses.<sup>2</sup> Simultaneously, collegiate institutions face persistent shortages of mental health providers, necessitating alternative models of care and support.<sup>3</sup>

In response to these national trends and resource constraints, the University of California, Davis developed Health 34, an innovative mobile collegiate response program. Health 34 is housed within the UC Davis Fire Department and integrated into the campus tiered response system. The program operates 24/7/365 and responds to non-emergent requests for service on campus and in off-campus student housing.

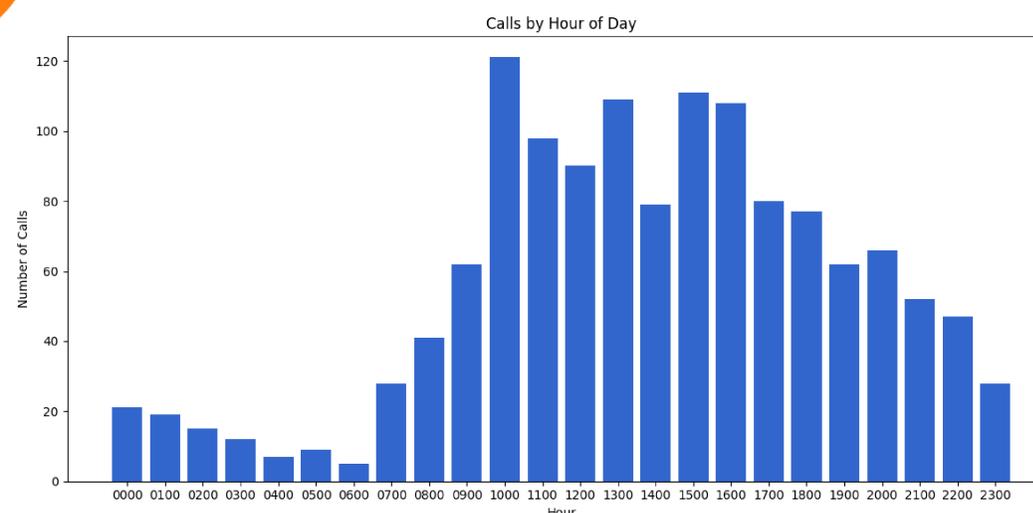
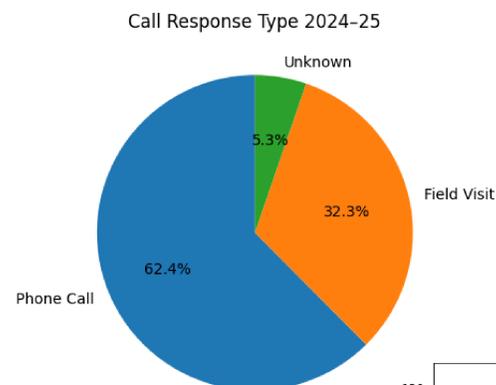
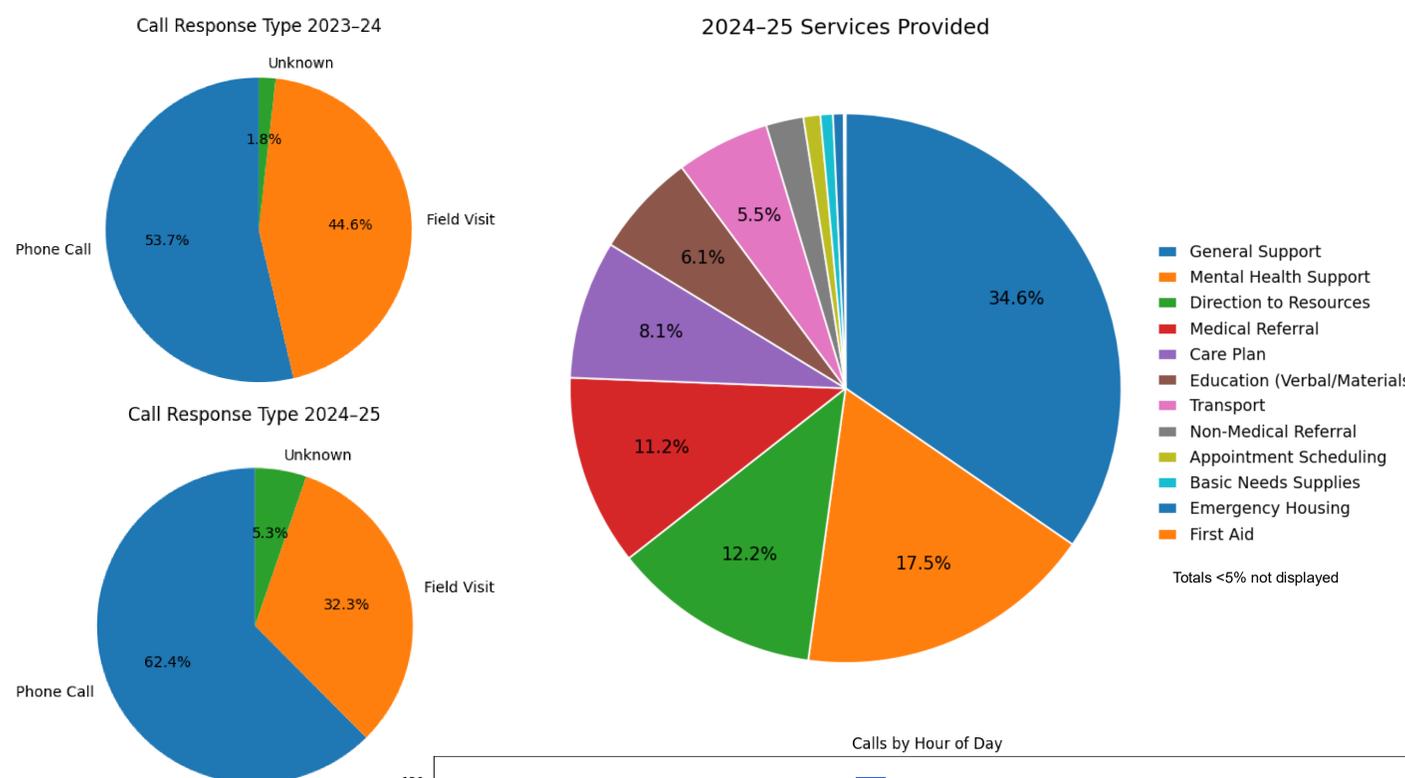
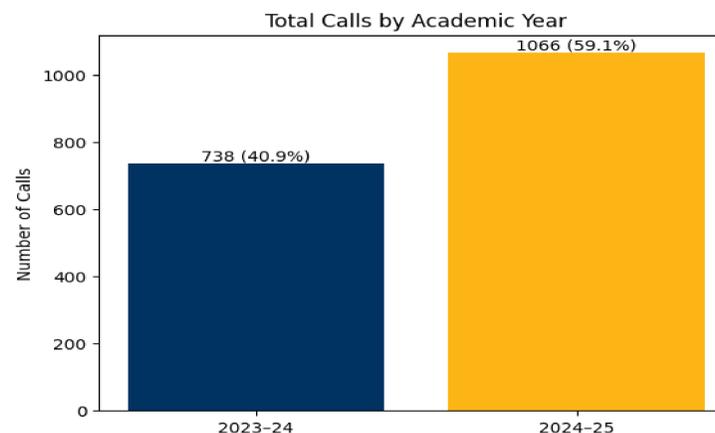
## Objectives

The objectives are to present quality review data to:

- Characterize the most common presenting mental health and basic-needs concerns
- Describe the services provided by Health 34 during its first two years of operation

## Results

Health 34 was rapidly adopted by the campus community, with a high volume of contacts during its first two years of operation. Services were delivered through both in-person responses and phone-only encounters, reflecting flexible modes of engagement to meet student needs. Call volume declined after midnight but remained consistently present, with approximately 9% of total calls occurring between 0000 and 0800, supporting the need for continuous 24/7 service availability.



## Results

Approximately one-third of Health 34 contacts involved general support, defined as assistance to address immediate needs and reduce distress through layperson therapeutic communication, problem-solving, and guidance. Nearly 20% of calls involved mental health support. Ten percent of calls required direction to an appropriate medical entity, including activation of 911 services. An additional 12% of calls involved referral to existing non-medical, non-mental-health resources.

## Conclusion

Health 34 demonstrates the expanding role of mobile campus response programs in supporting student navigation to resources, addressing mental health concerns, and bridging unmet basic needs. Findings highlight that many students require assistance accessing existing services—including non-mental health resources—and support to organize a path forward during periods of acute stress. As demand for student support continues to rise amid limited mental health capacity, mobile response programs represent a critical component of modern campus safety and bridge to comprehensive student support systems.

## References

- Lipson SK, et al. Journal of Affective Disorders. 2022; 306.
- Surgeon General's Advisory. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- American Psychiatric Nurses Association. (2021). *Expanding mental health care services in America*.