



Mobile Crisis Intervention Services is a program funded by the State of Connecticut in partnership with the United Way of Connecticut 2-1-1 and the Child Health and Development Institute (CHDI).



MOBILE CRISIS INTERVENTION SERVICES

Performance Improvement Center (PIC)

MONTHLY REPORT

January 2024

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The Mobile Crisis Intervention Services Performance Improvement Center is housed at the



Executive Summary

Note: As of January 2023, Mobile Crisis providers are available for a mobile response 24 hours a day, 7 days a week. Prior to January 2023, a mobile response was only available Monday – Friday 6:00 AM to 10:00 PM and from 1:00 PM to 10:00 PM on weekends. Unless stated otherwise, the data in this report reflects calls during all 24 hours. Select charts continue to break out data by old and new hours to highlight any differences during the expanded hours.

Call and Episode Volume: In January 2024, 2-1-1 and Mobile Crisis received 1,412 calls including 1,084 calls (76.8%) handled by Mobile Crisis providers and 328 calls (23.2%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This month showed a 1.3% decrease in call volume from January 2023 (n=1,431). Call volume remains 31.0% lower than the same month in 2020 (n=2,046), prior to the start of the pandemic. Of the total calls and episodes, Mobile Crisis and 2-1-1 received 115 calls during the expanded overnight and weekend hours. This included 82 (71.3%) calls handled by Mobile Crisis providers and 33 (28.7%) calls handled by 2-1-1 only. The overnight and weekend call volume in January 2024 was similar to last month (119, December 2023).

Among the **1,084 episodes of care** this month, episode volume ranged from 136 episodes (Eastern) to 245 episodes (Hartford). The statewide average service reach per 1,000 children this month was 1.5, with service area rates ranging from 1.0 (Southwestern) to 1.7 (Eastern, Hartford, Western) relative to their specific child populations. Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 2.9 per 1,000 children in poverty, with service area rates ranging from 1.8 (Southwestern) to 6.4 (Central). During the expanded overnight and weekend hours, there were 82 episodes of care with episode volume ranging from 9 episodes (Central and New Haven) to 26 episodes (Western). The overnight and weekend episodes in December 2023 increased 9.3%, compared to last month (75, December 2023).

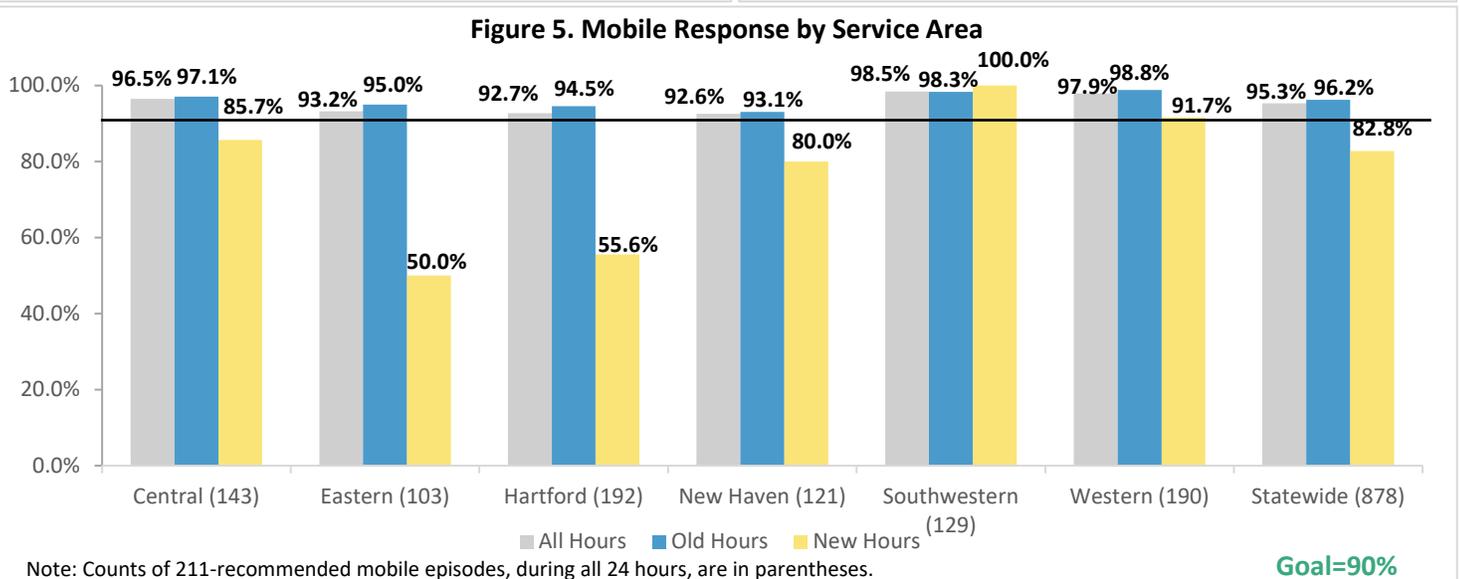
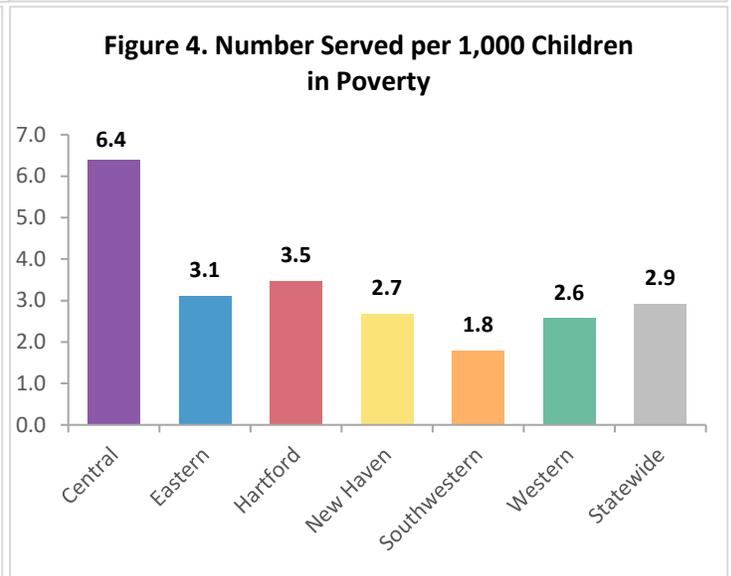
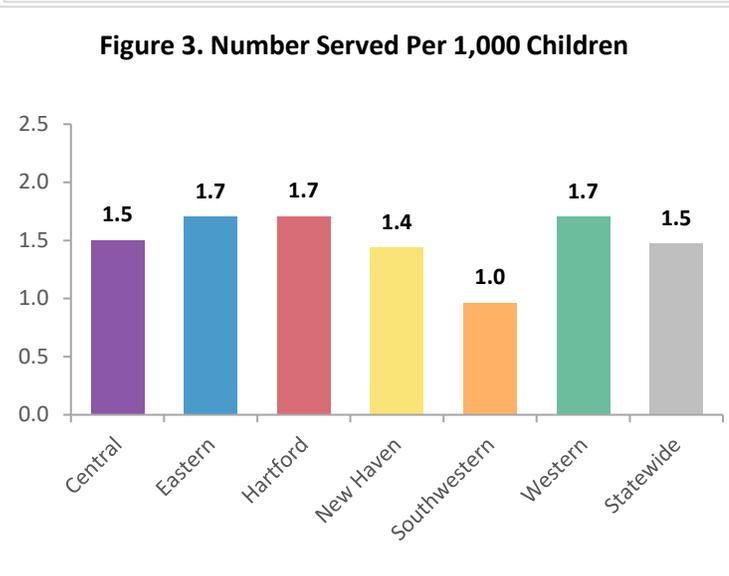
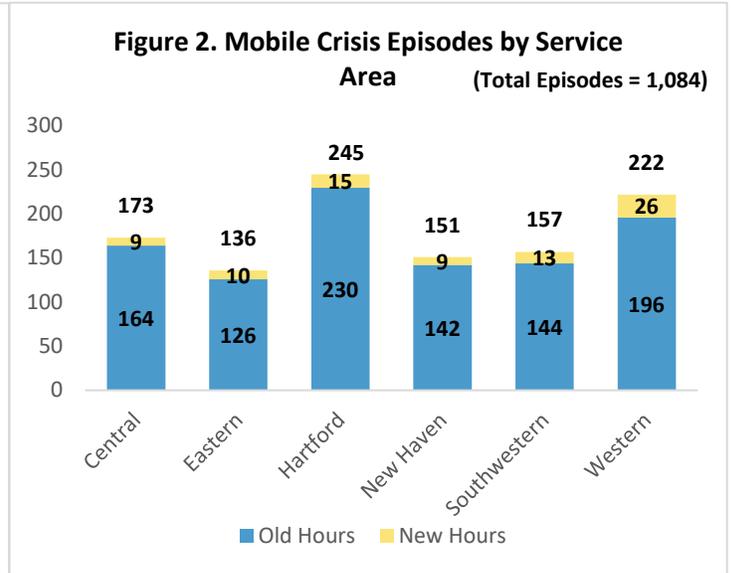
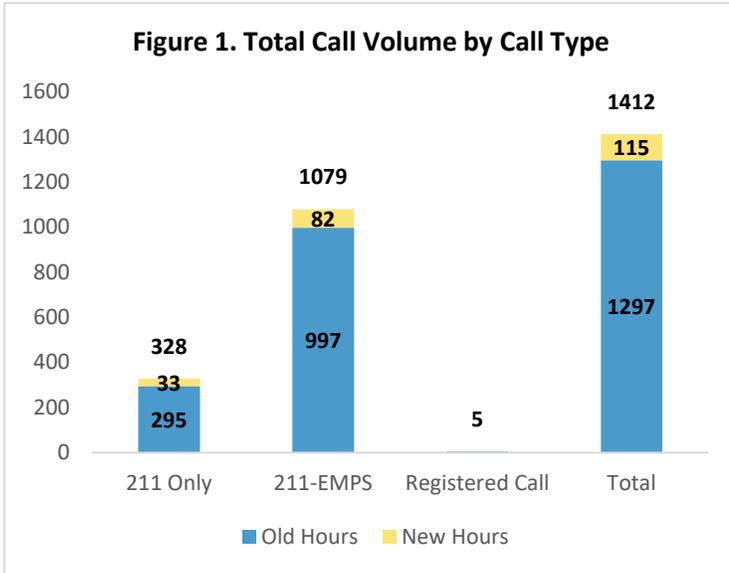
Mobility: Statewide mobility was 95.3% this month, which is similar to the rate in January 2023 (95.2%). All six service areas were above the 90% benchmark this month, with performance ranging from 92.6% (New Haven) to 98.5% (Southwestern). Mobility for individual providers ranged from 89.9% (UCFS: SE) to 100% (UCFS: NE, CFGC: South and EMPS/Bridgeport, Wellmore: Torrington). Thirteen of the fourteen individual providers had mobility rates above the 90% benchmark. Since the beginning of the COVID-19 pandemic, both video telehealth and in-person responses are reflected within the report as “mobile” responses. Beginning in FY2022, the number of video telehealth episodes can be found in Figure 9. There were no telehealth responses this month, compared to one in December 2023. The statewide mobility rate during the new hours was 82.8%, with two regions meeting the 90% benchmark. Performance ranged from 50.0% (Eastern) to 100% (Southwestern). The mobility rate during the traditional Mobile Crisis hours was 96.2%, slightly higher than the overall rate of 95.3%. During the new hours, 33.3% of episodes received a mobile response, 30.9% received a deferred mobile response, and 35.8% received a non-mobile response; in the traditional hours, 66.3% of episodes received a mobile response, 16.6% received a deferred mobile response, and 17.1% received a non-mobile response. While the overall rate of non-mobile episodes presented here is higher than the 95.3% mobility rate would suggest, the mobility rate does not include episodes where the family requests a non-mobile response. While mobility is a priority, meeting the needs of each family is also critical. The vast majority of families that want a face-to-face response receive continue to receive one.

Response Time: Statewide, this month **86.6% of mobile episodes received a face-to-face response in 45 minutes or less**, which is similar to the rate in January 2023 (86.9%). While video telehealth responses are counted as “mobile” responses, they are excluded from the response time calculations in this report. All six service areas were at or above the benchmark of 80% of mobile responses provided in 45 minutes or less, with performance ranging from 81.5% (Hartford) to 98.7% (Eastern). Ten of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 29.0 minutes. The rate of episodes meeting response time during the traditional hours (88.2%) is slightly higher

than the overall rate of 86.6%. During the expanded hours, there was a greater range of performance. Statewide, 50.0% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 20.0% (Western) to 100.0% (Eastern and New Haven).

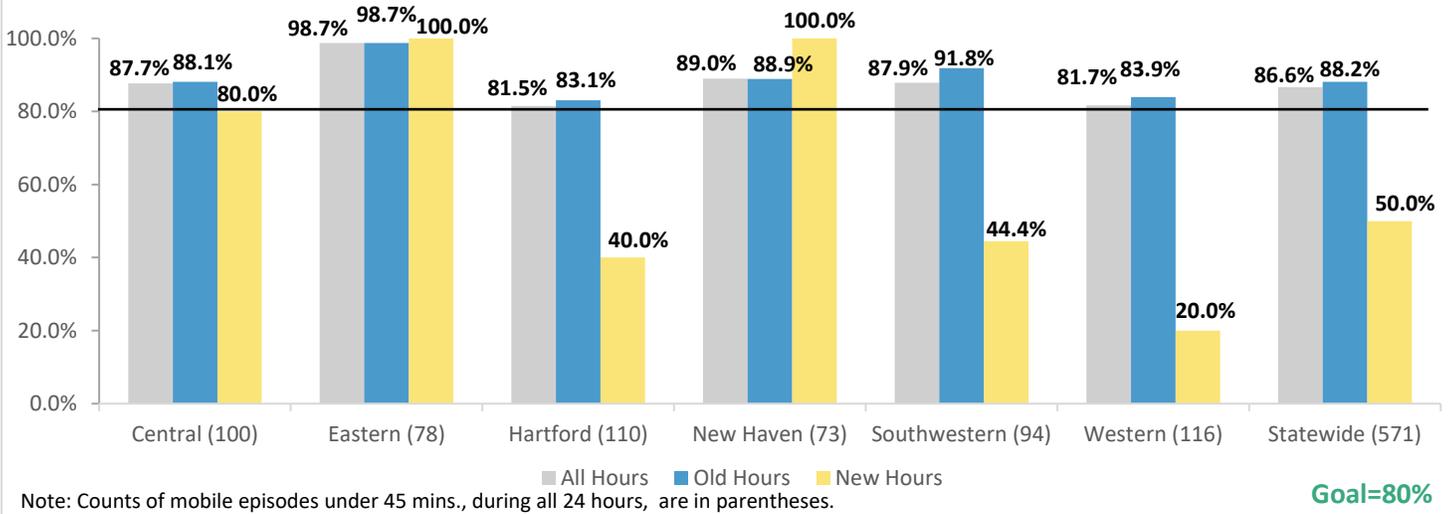
Length of Stay (LOS): Statewide, among discharged episodes, **8 of the 354 *plus stabilization follow-up* episodes exceeded 45 days**. The statewide median LOS for episodes discharged this month with a crisis response of *plus stabilization follow-up* was 20.0 days. The regional median LOS ranged from 12.5 days (Western) to 33.0 days (Southwestern). Note: these calculations only include episodes that began during FY2024.

Section I: Mobile Crisis Statewide/Service Area Dashboard



Note: Counts of 211-recommended mobile episodes, during all 24 hours, are in parentheses.

Figure 6. Mobile Episodes with a Response Time Under 45 Minutes



Section II: Mobile Crisis Response

Figure 7. Statewide 2-1-1 Call Disposition

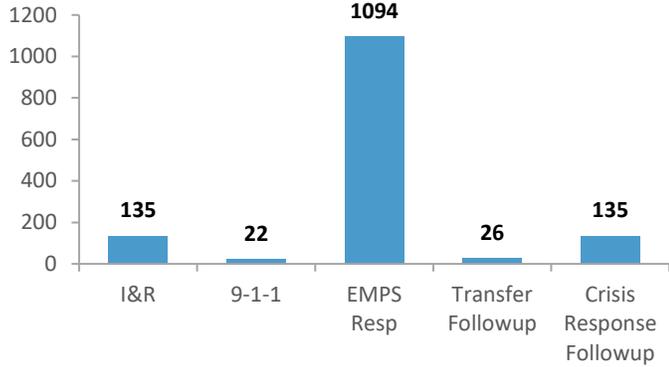


Figure 8. Mobile Crisis Episodes by Provider (Total Episodes = 1,084)

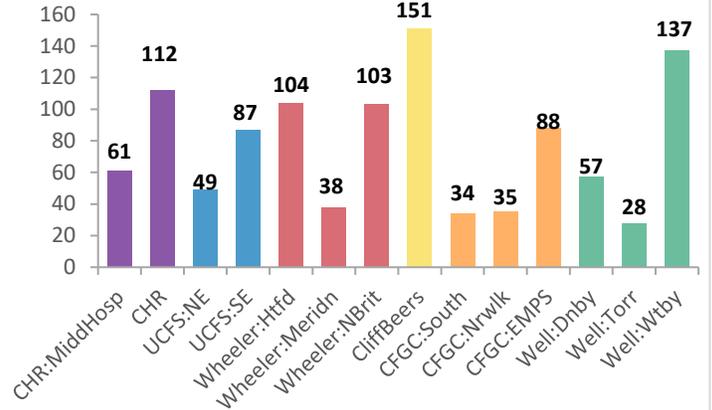
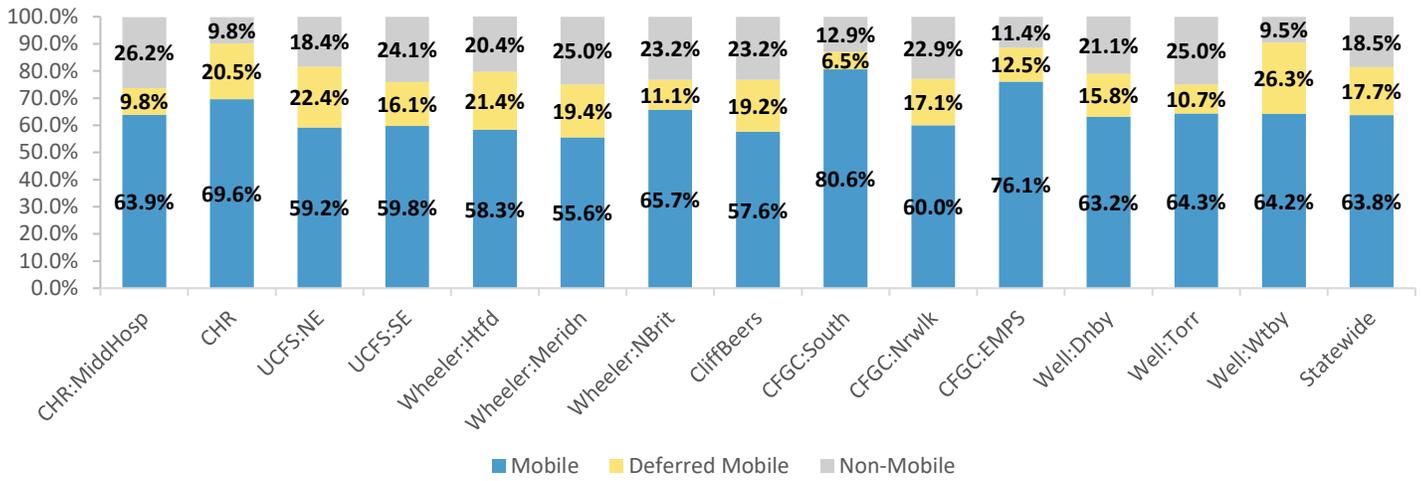


Figure 9. Actual Initial Mobile Crisis Response* by Provider



*Statewide, there were 0 mobile or deferred mobile episodes that were performed via video telehealth.

Figure 10. Actual Initial Mobile Crisis Response by Service Area - by Service Hours

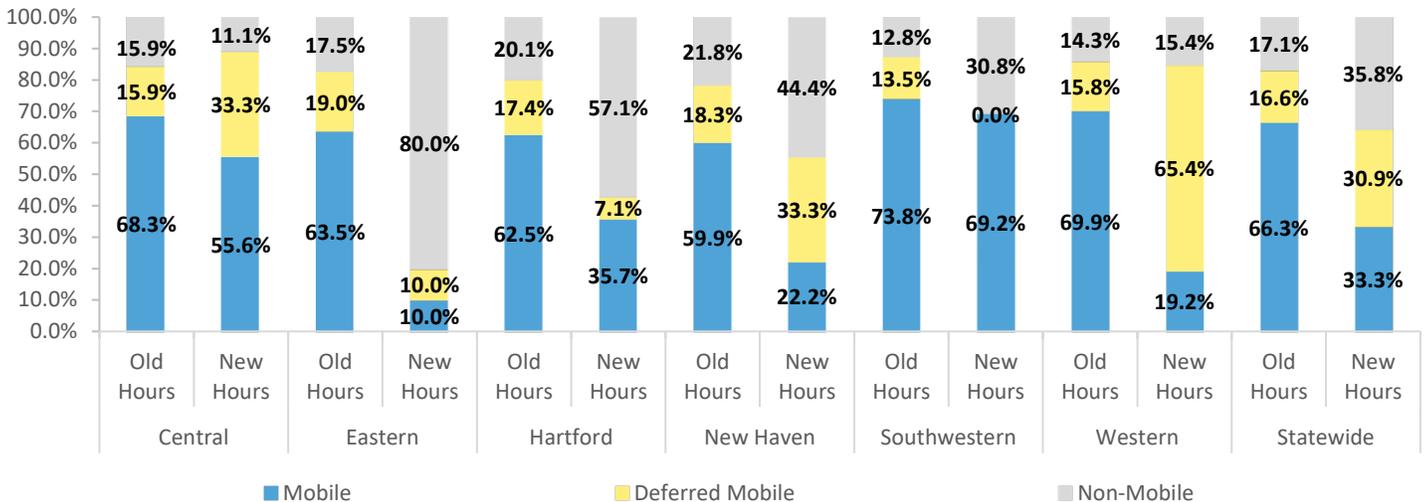
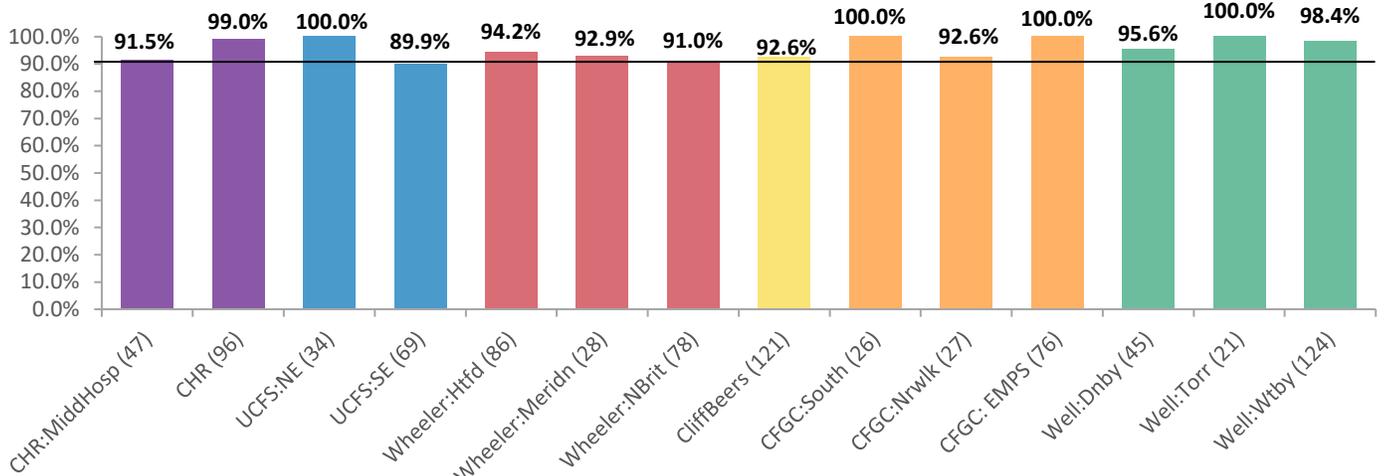


Figure 11. Mobile Response* by Provider



Note: Counts of 211-recommended mobile episodes are in parentheses.

Goal=90%

Section III: Response Time

Figure 12. Mobile Episodes with a Response Time Under 45 Minutes

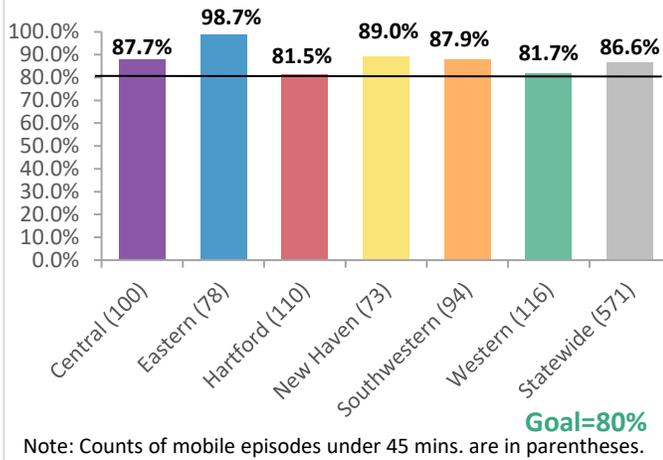


Figure 13. Mobile Episodes with a Response Time Under 45 Minutes by Provider

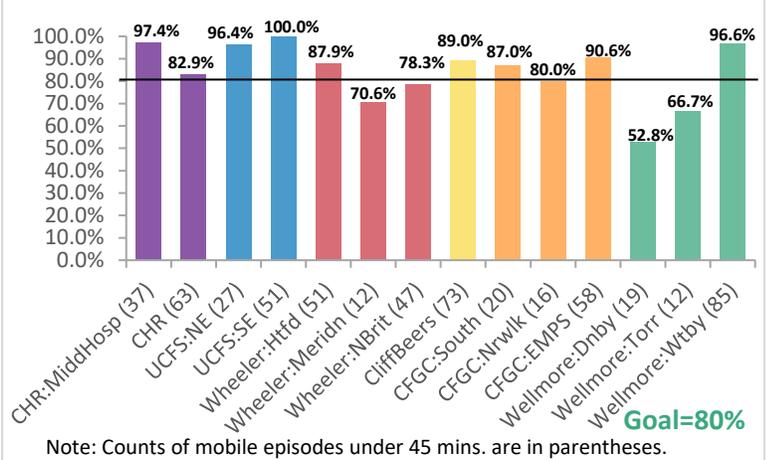


Figure 14. Median Mobile Response Time in Minutes

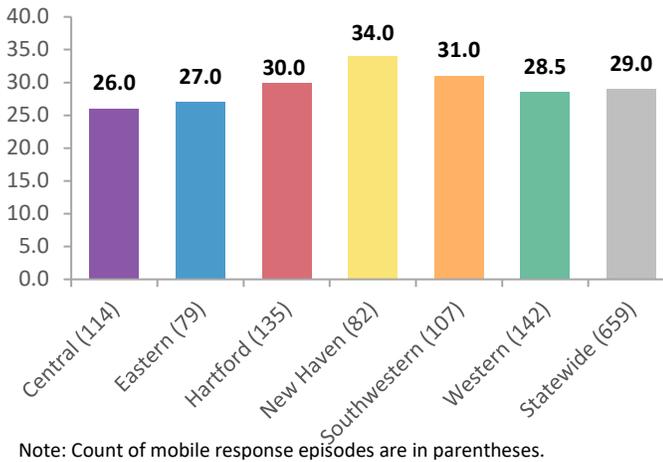
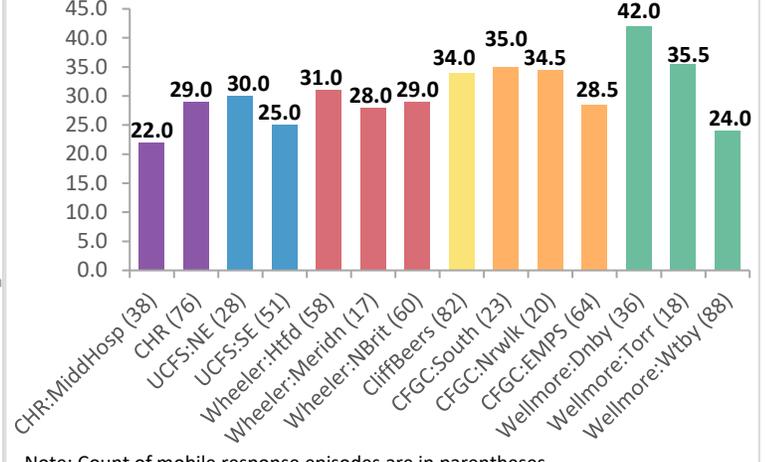


Figure 15. Median Mobile Response Time by Provider in Minutes



Section IV: Emergency Department Referrals

Figure 16. Emergency Department Referrals (% of Total Mobile Crisis Episodes)

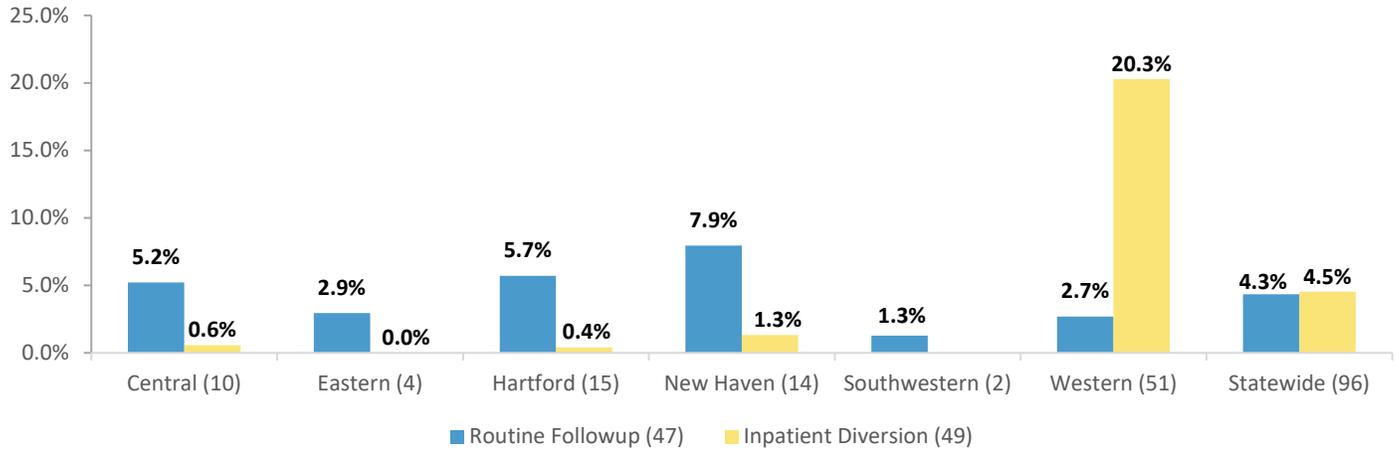
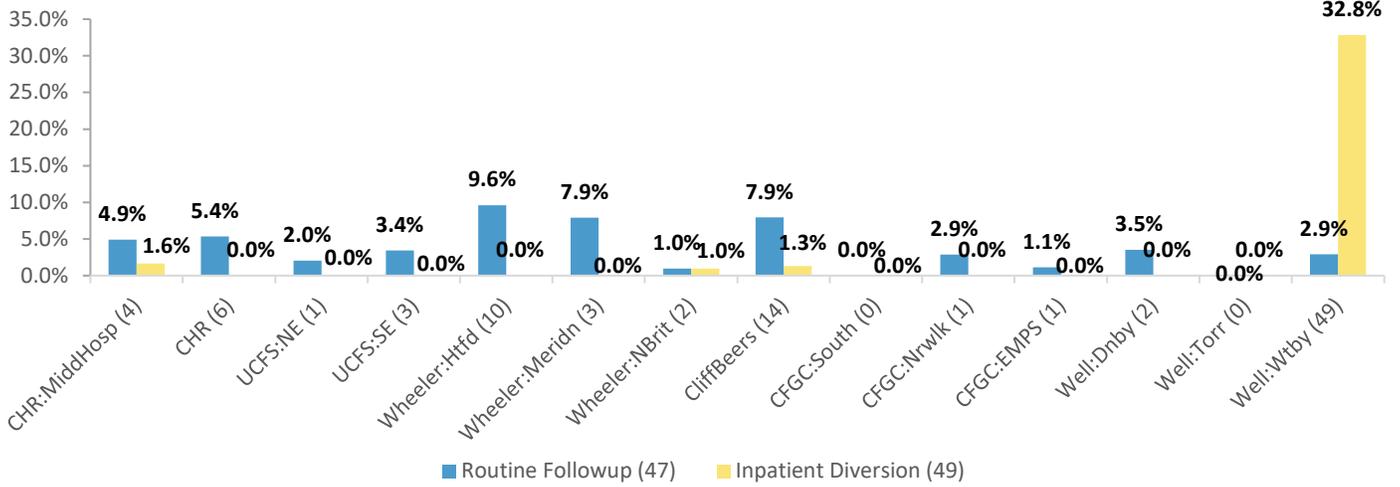


Figure 17. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)



Section V: Length of Stay (LOS)

Table 1. LOS for Discharged Episodes* with a Crisis Response Plus Stabilization Follow-up

	Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up			
	Number of Episodes	Mean LOS (in days)	Median LOS (in days)	Percent Exceeding 45 Days
STATEWIDE	354	20.8	20.0	2.3% (n = 8)
Central	108	19.5	20.0	0.9% (n = 1)
Eastern	9	27.1	25.0	0.0% (n = 0)
Hartford	93	23.2	25.0	0.0% (n = 0)
New Haven	7	29.4	31.0	14.3% (n = 1)
Southwestern	31	31.4	33.0	6.5% (n = 2)
Western	106	15.8	12.5	3.8% (n = 4)

*Only episodes that had both a start and a discharge date within FY2024 are included in this chart

