



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

June 2025

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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 June 2025, 2-1-1 and Mobile Crisis received 945 calls including 681 (72.1%) handled by Mobile Crisis providers and 264 calls (27.9%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This month showed a 6.8% increase in call volume from June 2024 (n=885). Of the total calls and episodes, Mobile Crisis and 2-1-1 received 134 calls during the expanded overnight and weekend hours. This included 101 (75.4%) calls handled by Mobile Crisis providers and 33 (24.6%) calls handled by 2-1-1 only. The overnight and weekend call volume in June 2025 was higher than last month (117) and higher than June 2024 (120).

Among the **681 episodes of care** this month, episode volume ranged from 77 episodes (New Haven) to 194 episodes (Hartford). The statewide average service reach rate per 1,000 children this month was 0.9 with service area rates ranging from 0.6 (Southwestern) to 1.4 (Hartford) 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 2.0 per 1,000 children in poverty, with service area rates ranging from 1.0 (New Haven) to 4.4 (Central). During the expanded overnight and weekend hours, there were 101 episodes of care with episode volume ranging from 5 episodes (Eastern) to 33 episodes (Hartford). The number of overnight and weekend episodes in June 2025 was higher than last month (80, May 2025).

Mobility: Statewide mobility was **96.0% this month**, which is higher than the rate in June 2024 (92.5%). All six areas surpassed the 90% benchmark this month, with performance ranging from 91.8% (Central) to 98.7% (Southwestern). Mobility for individual providers ranged from 83.3% (CHR; Middlesex Hospital) to 100% (Wheeler: Meriden, Wellmore: Danbury and CFGC: EMPS, Norwalk). Thirteen of the fourteen individual providers met or exceeded the 90% mobility rate 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. The statewide mobility rate during the new hours was 90.7%, with four regions exceeding the 90% benchmark. Performance ranged from 70% (New Haven) to 100.0% (Eastern, Southwestern and Western). The mobility rate during the traditional Mobile Crisis hours was 96.9%, similar to the overall rate of 96.0%. During the new hours, 50.5% of episodes requested a mobile response, 27.7% requested a deferred mobile response, and 21.8% requested a non-mobile response; in the traditional hours, 63.0% of episodes requested a mobile response, 25.7% requested a deferred mobile response, and 11.3% requested a non-mobile response. As seen in the mobility rate, the vast majority of callers requesting a mobile or deferred mobile response receive it.

Response Time: Statewide, this month **83.5% of mobile episodes received a face-to-face response in 45 minutes or less**, which is the lower than the rate in June 2024 (88.8%). Five of the six service areas were above the benchmark of 80% of mobile responses provided in 45 minutes or less, with performance ranging from 74.5% (Hartford) to 97.9% (Eastern). Eight (8) of the fourteen (14) sites met the 80% benchmark. The statewide median mobile response time was 30.0 minutes. The rate of episodes meeting response time during the traditional hours (85.2%) was nearly the same as the overall rate of 83.5%. During the expanded hours 72.0% of mobile episodes received a response within 45 minutes, with performance ranging from 61.1% (Hartford) to 100% (Eastern). When looking at these rates, it is important to keep in mind that the number of overnight episodes is very low, and the number receiving a Mobile response is even lower.

Length of Stay (LOS): The statewide median LOS for episodes discharged this month with a crisis response of *plus stabilization follow-up* was 21.0 days. The regional median LOS ranged from 17.0 days (Hartford) to 42.0 days (Southwestern). Note: these calculations only include episodes that began during FY2025.

Section I: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

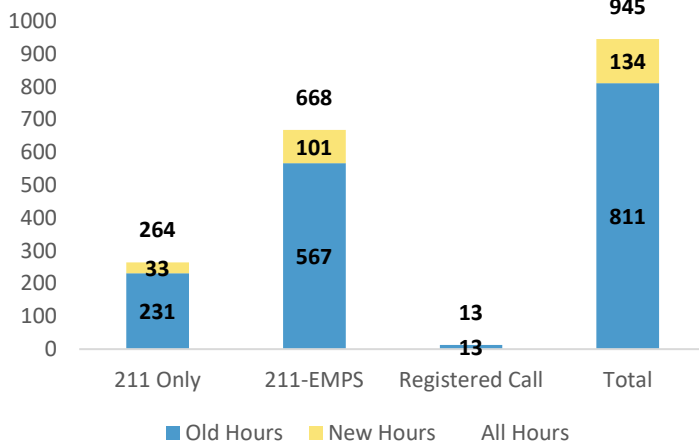


Figure 2. Mobile Crisis Episodes by Service Area

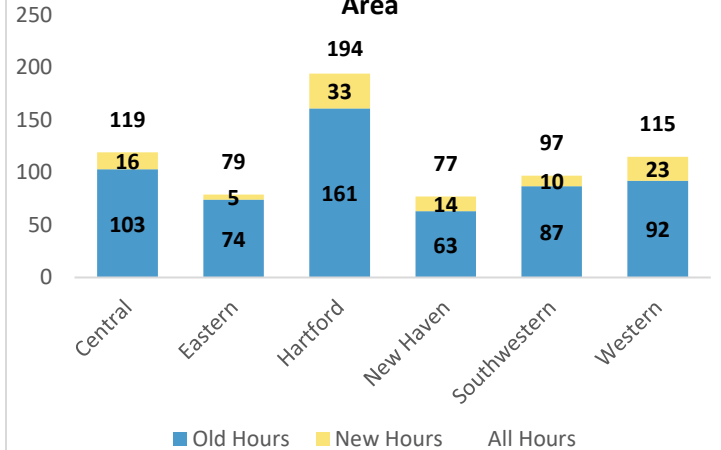


Figure 3. Number Served Per 1,000 Children

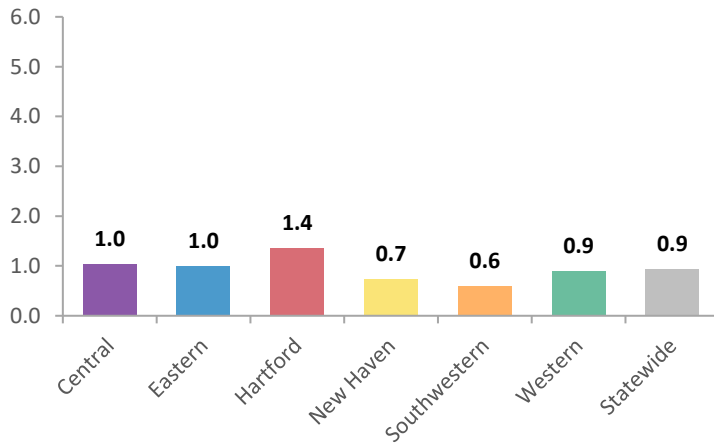


Figure 4. Number Served per 1,000 Children in Poverty

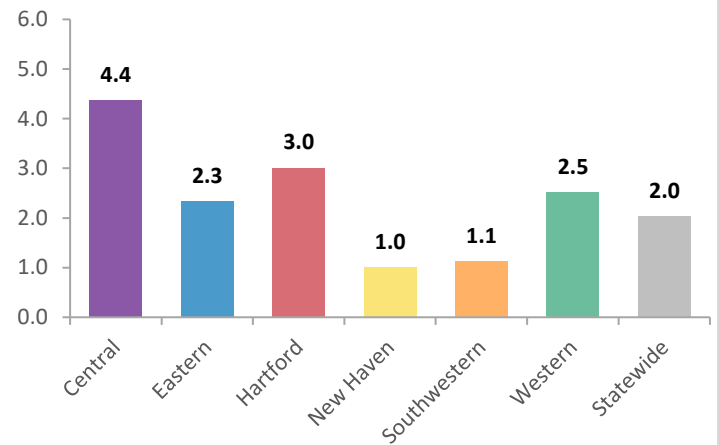


Figure 5. Mobile Response by Service Area

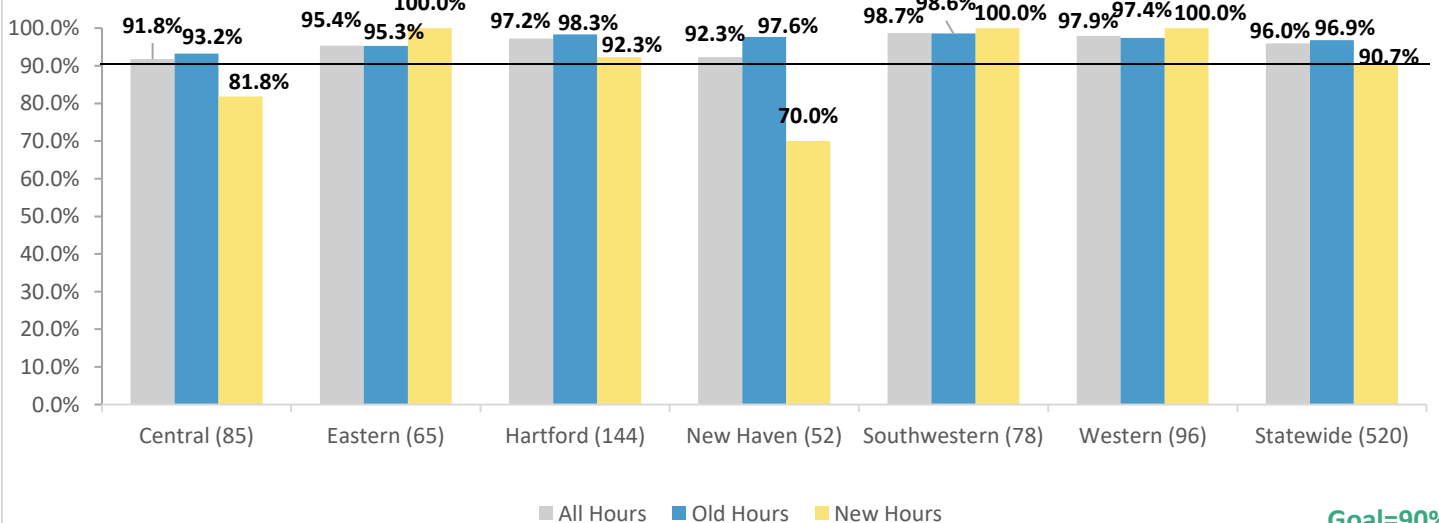
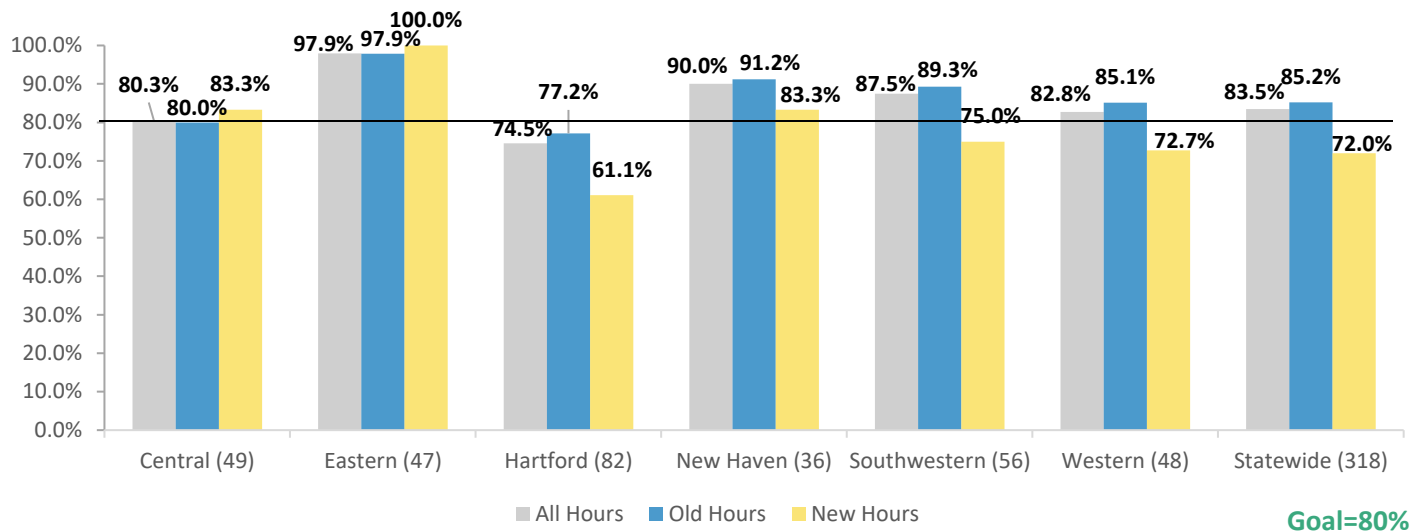


Figure 6. Mobile Episodes with a Response Time Under 45 Minutes



Section II: Mobile Crisis Response

Figure 7. Statewide 2-1-1 Call Disposition

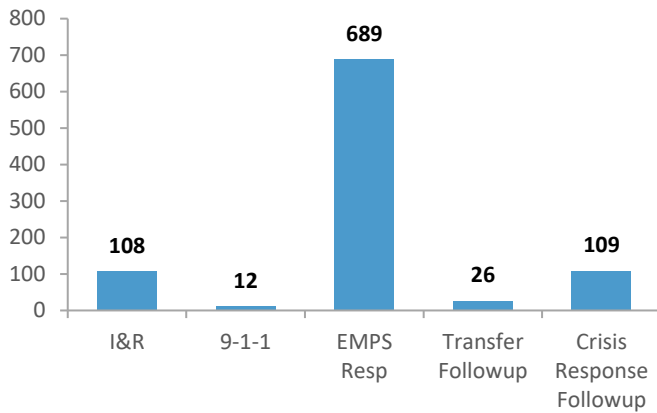


Figure 8. Mobile Crisis Episodes by Provider

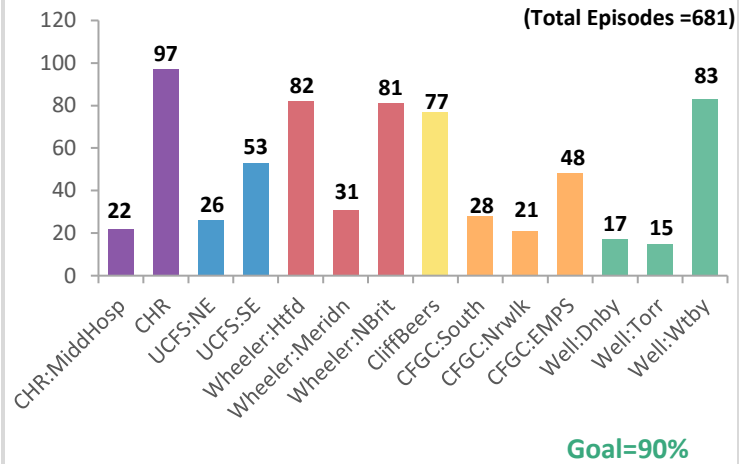
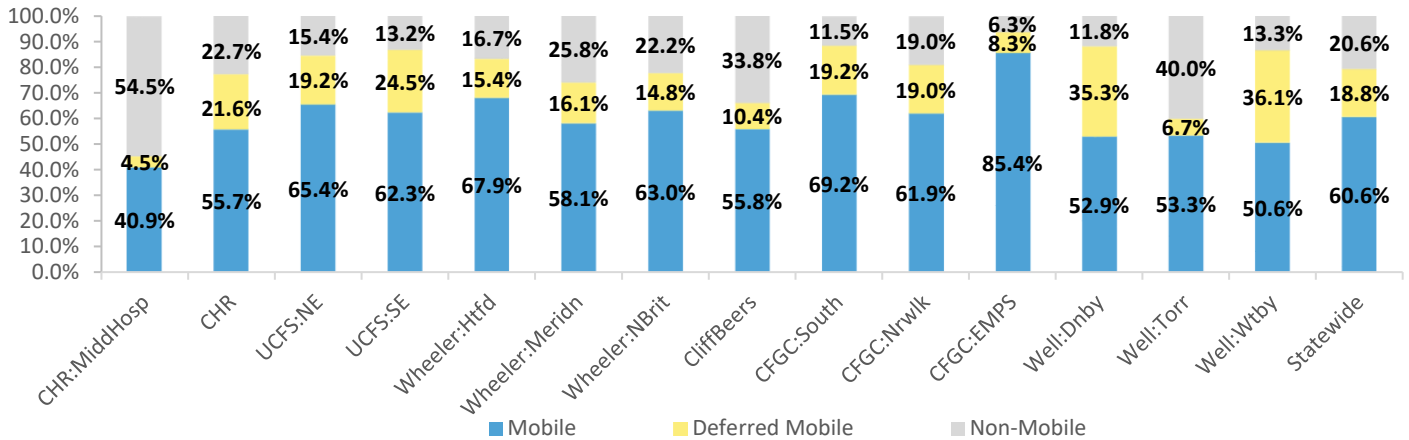


Figure 9. Actual Initial Mobile Crisis Response by Provider



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

Figure 10. Recommended Response by Service Area - by Service Hours

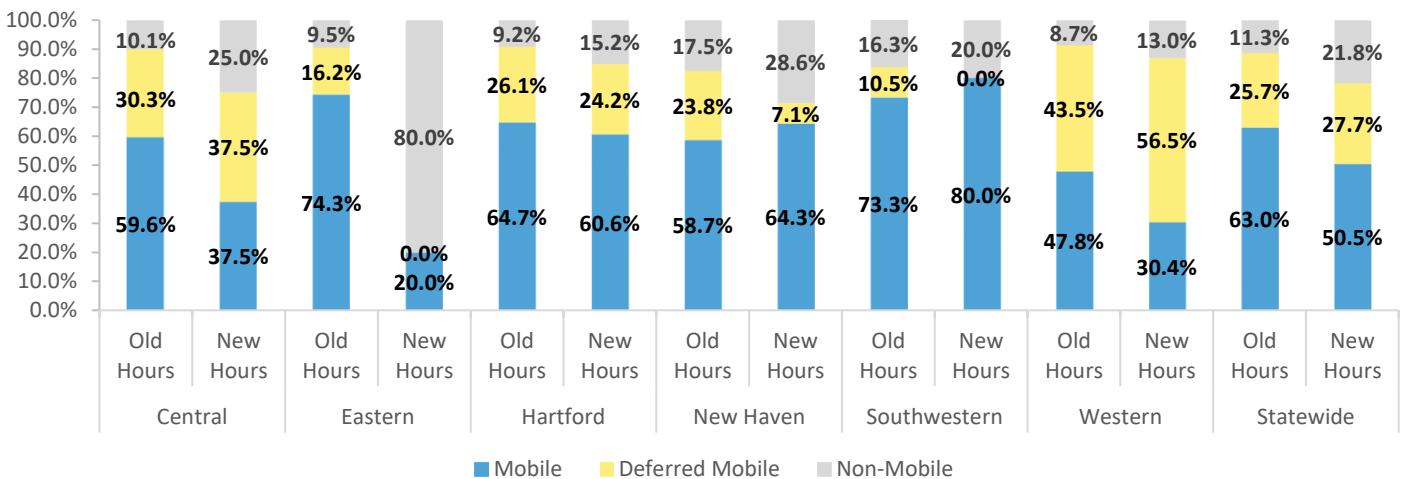
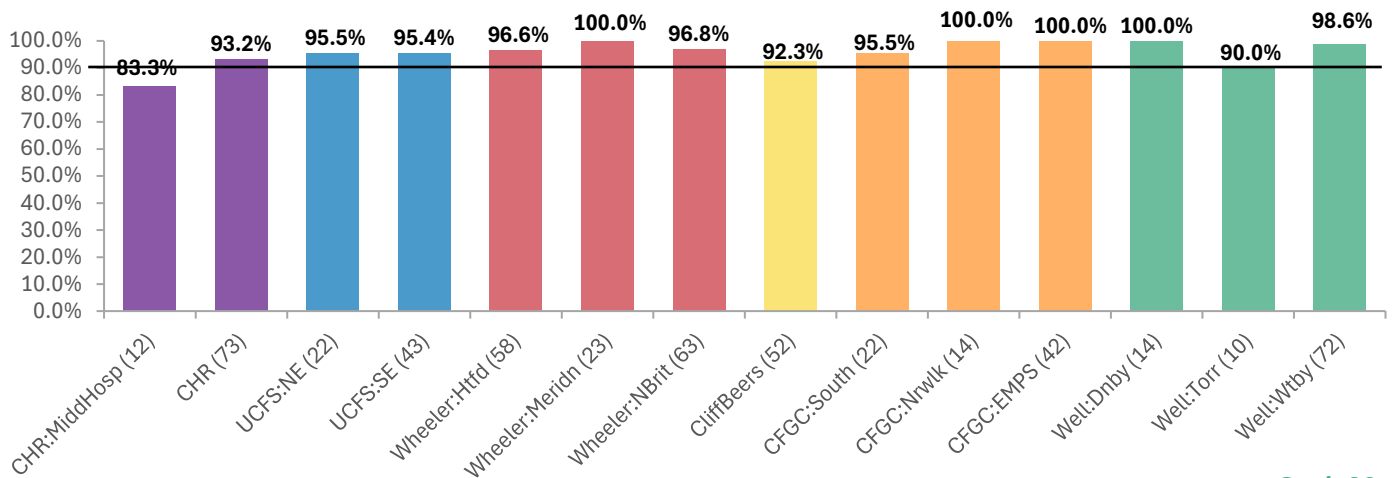


Figure 11. Mobile Response (Mobile & Deferred Mobile) By Provider

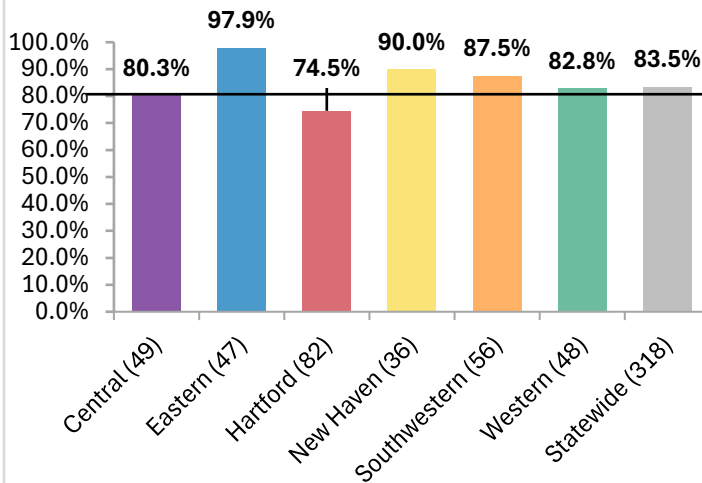


Note: Counts of 211-recommended mobile episodes are in parentheses.

Goal=90

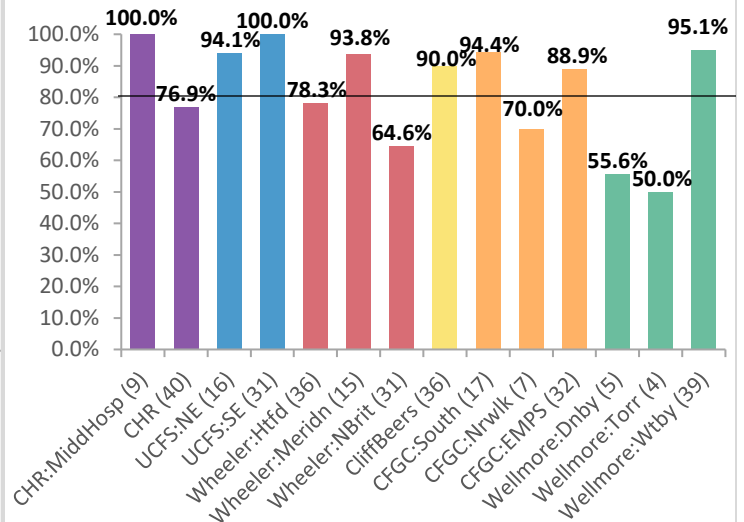
Section III: Response Time

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



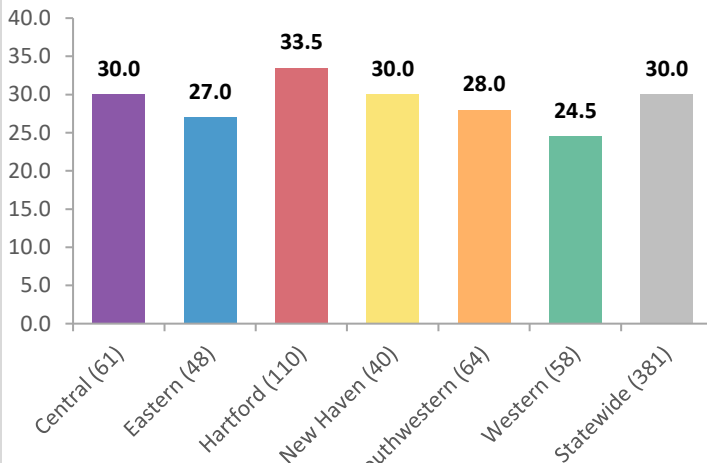
Note: Counts of mobile episodes under 45 mins. are in parentheses. **Goal=80%**

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



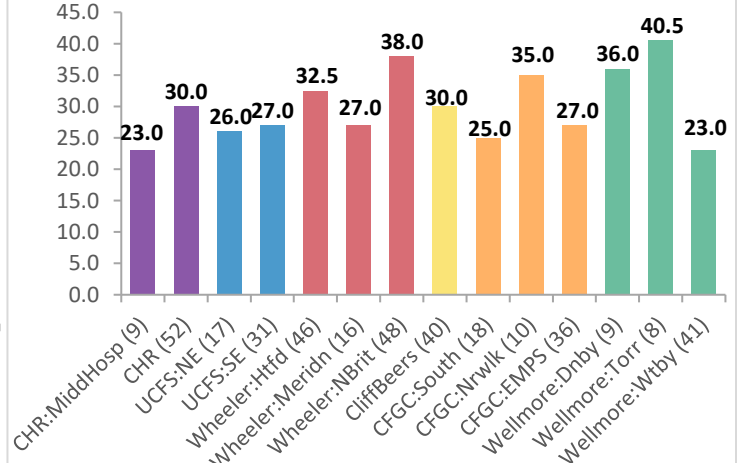
Note: Counts of mobile episodes under 45 mins. are in parentheses. **Goal=80%**

Figure 14. Median Mobile Response Time in Minutes



Note: Count of mobile episodes are in parentheses.

Figure 15. Median Mobile Response Time by Provider in Minutes



Note: Count of mobile episodes are in parentheses.

Section IV: Emergency Department Referrals

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

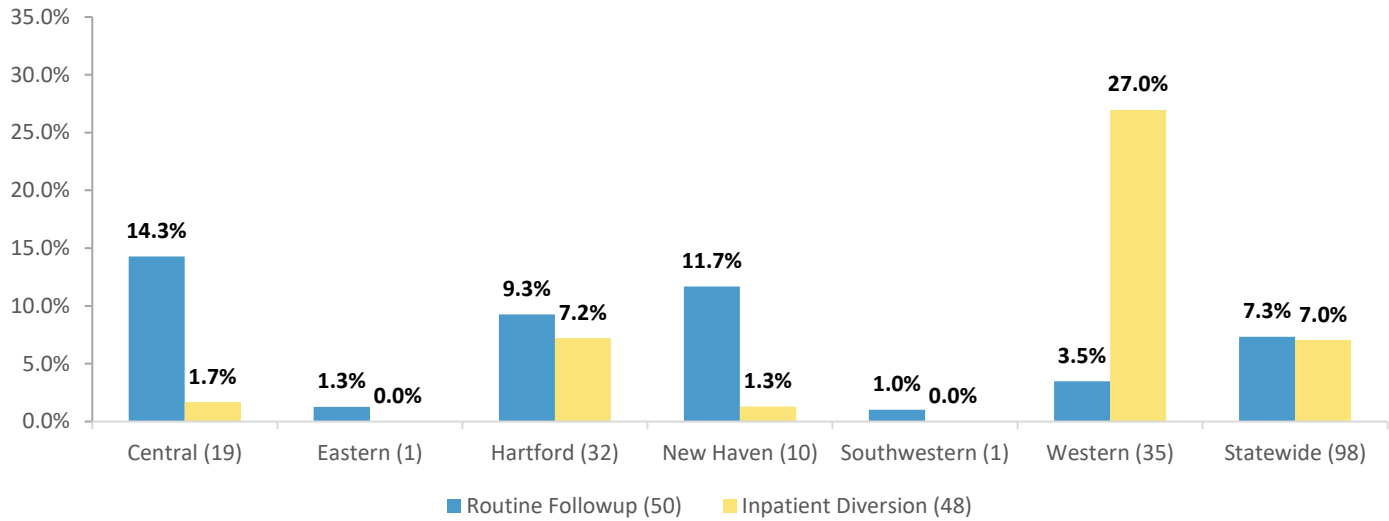
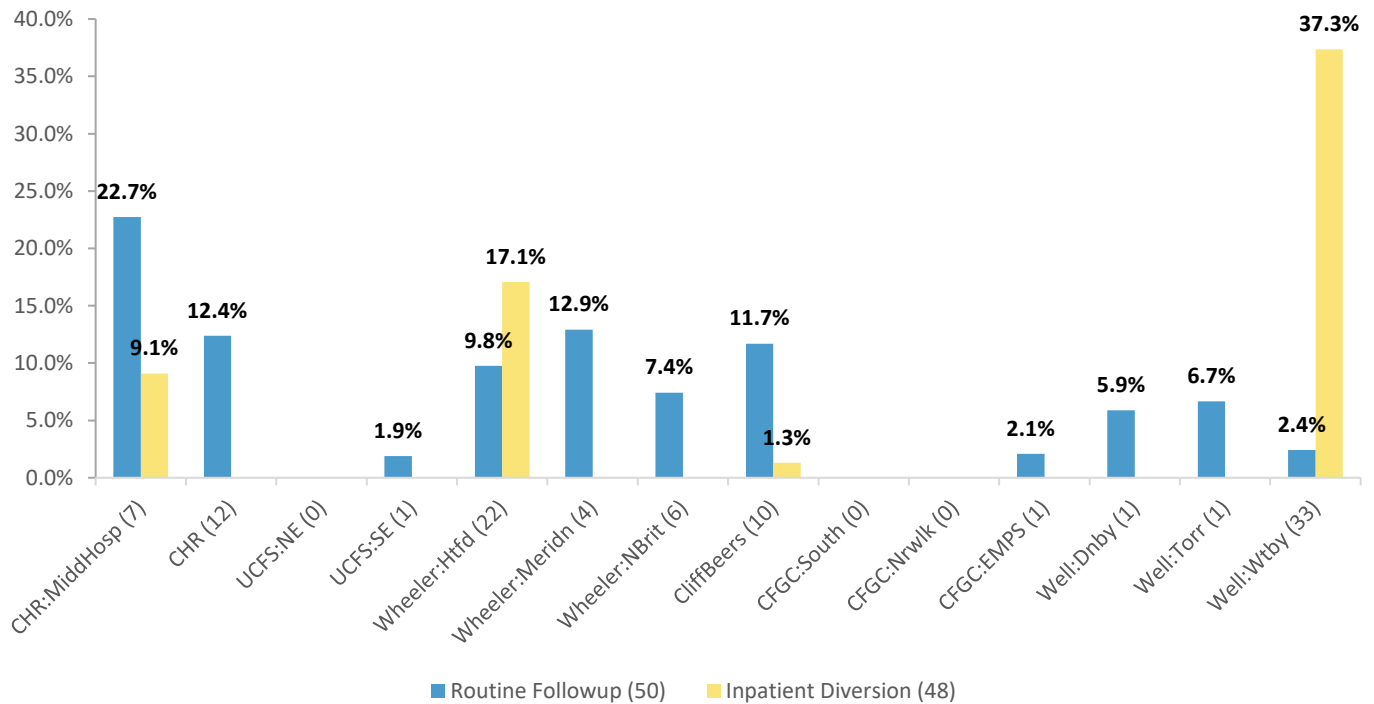


Figure 17. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)



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	376	24.2	21.0	3.5% (n = 13)
Central	112	22.5	23.0	4.5% (n = 5)
Eastern	15	18.2	22.0	0.0% (n = 0)
Hartford	133	39.4	17.0	0.0% (n = 0)
New Haven	10	36.0	35.0	30% (n = 3)
Southwestern	20	20.2	42.0	0.0% (n = 0)
Western	86	22.2	18.50	5.8% (n = 5)

*Only episodes that had both a start and a discharge date within FY2025 are included in this chart