



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 2024

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Table of Contents

Executive Summary	3
Section I: Mobile Crisis Statewide/Service Area Dashboard	5
Figure 1. Total Call Volume by Call Type	5
Figure 2. Mobile Crisis Episodes by Service Area	5
Figure 3. Number Served Per 1,000 Children	5
Figure 4. Number Served Per 1,000 Children in Poverty	5
Figure 5. Mobile Response by Service Area	5
Figure 6. Mobile Episodes with a Response Time Under 45 Minutes	6
Section II: Mobile Crisis Response	7
Figure 7. Statewide 211 Disposition Frequency	7
Figure 8. Mobile Crisis Episodes by Provider	7
Figure 9. Actual Initial Mobile Crisis Response by Provider	7
Figure 10. 2-1-1 Recommended Response by Service Area – By Service Hours	7
Figure 11. Mobile Response by Provider	8
Section III: Response Time	9
Figure 12. Mobile Episodes with a Response Time Under 45 Minutes	9
Figure 13. Mobile Episodes with a Response Time Under 45 Minutes by Provider	9
Figure 14. Median Mobile Response Time in Minutes	9
Figure 15. Median Mobile Response Time by Provider in Minutes	9
Section IV: Emergency Department Referrals	10
Figure 16. Emergency Department Referrals	10
Figure 17. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)	10
Section V: Length of Stay (LOS)	11
Table 1. LOS for Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up	11

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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 2024, 2-1-1 and Mobile Crisis received 885 calls including 635 calls (71.8%) handled by Mobile Crisis providers and 250 calls (28.2%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This month showed an 8.6% increase in call volume from June 2023 (n=815). Call volume remains 25.9% lower than the same month in 2019 (n=1,194), prior to the start of the pandemic. Of the total calls and episodes, Mobile Crisis and 2-1-1 received 120 calls during the expanded overnight and weekend hours. This included 88 (73.3%) calls handled by Mobile Crisis providers and 32 (26.7%) calls handled by 2-1-1 only. The overnight and weekend call volume in June 2024 was higher than last month (114, May 2024), and higher than June 2023 (105).

Among the **635 episodes of care** this month, episode volume ranged from 72 episodes (Eastern) to 146 episodes (Hartford). The statewide average service reach per 1,000 children this month was 0.9, with service area rates ranging from 0.5 (Southwestern) to 1.1 (Central) 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 1.7 per 1,000 children in poverty, with service area rates ranging from 0.8 (Southwestern) to 4.3 (Central). During the expanded overnight and weekend hours, there were 88 episodes of care with episode volume ranging from 8 episodes (Eastern and Southwestern) to 25 episodes (Western). The overnight and weekend episodes in June 2024 increased 10.0%, compared to last month (80, May 2024).

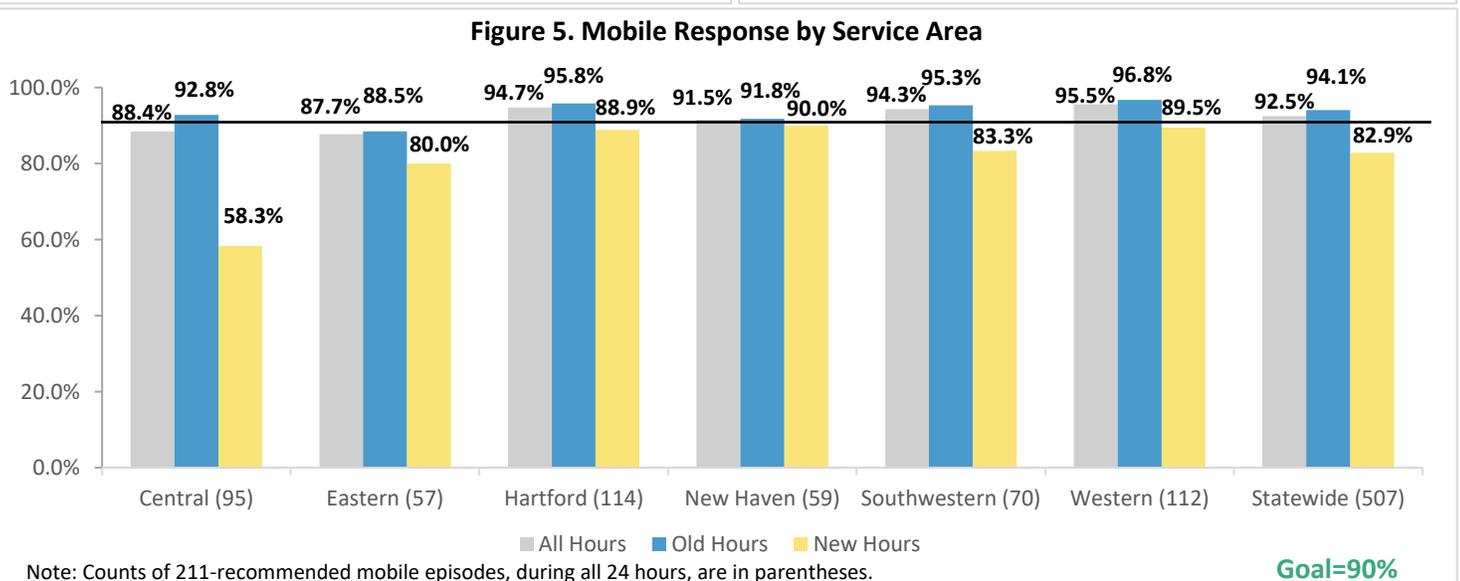
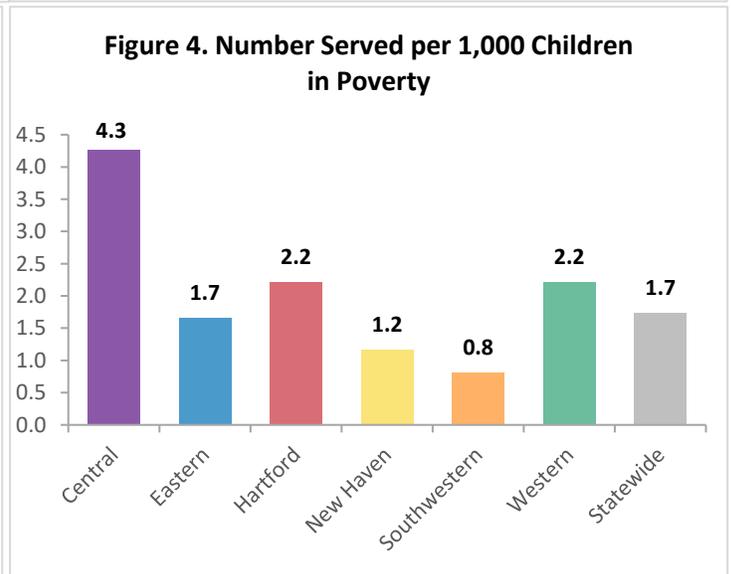
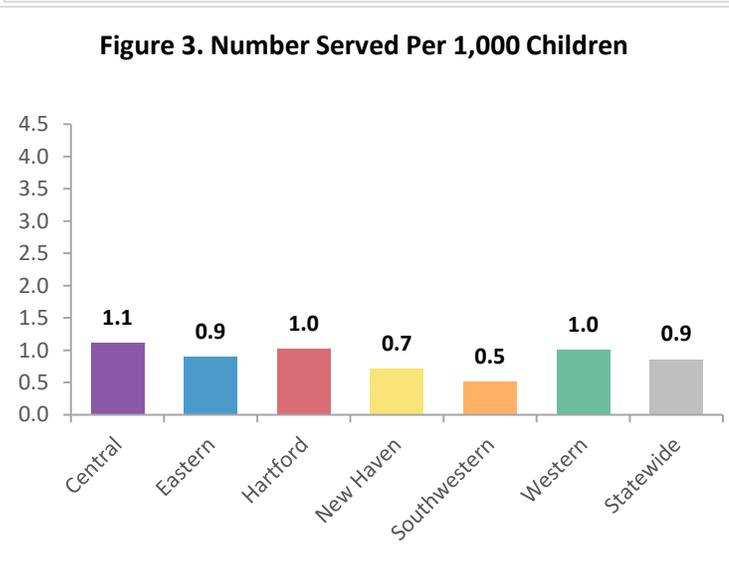
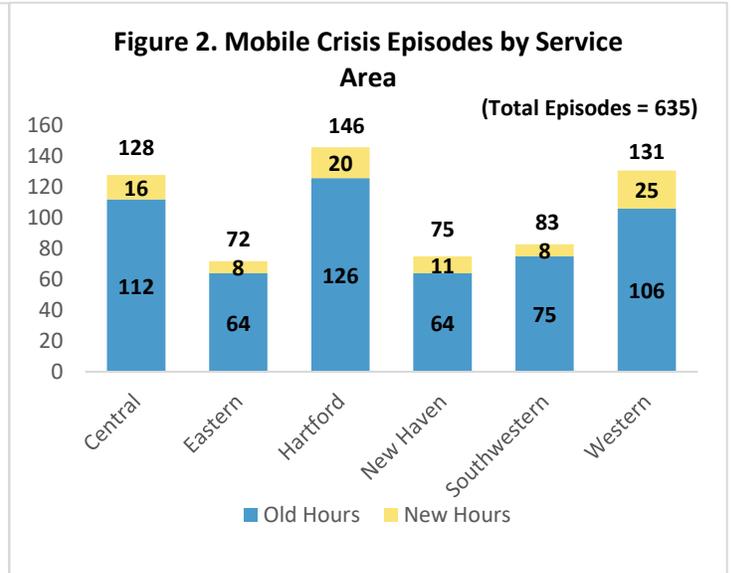
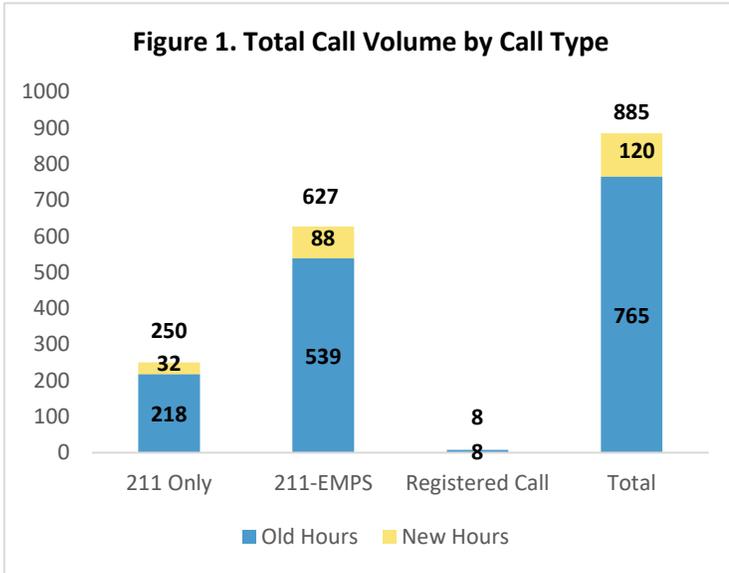
Mobility: Statewide mobility was 92.5% this month, which is lower than the rate in June 2023 (95.4%). Four of the six service areas surpassed the 90% benchmark this month, with performance ranging from 87.7% (Eastern) to 95.5% (Western). Mobility for individual providers ranged from 70.4% (CHR: MiddHosp) to 97.5% (Well: Waterbury). Eleven (11) of the fourteen (14) 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 response this month, just like in May 2024. The statewide mobility rate during the new hours was 82.9%, with one (1) region meeting or exceeding the 90% benchmark. Performance ranged from 58.3% (Central) to 90.0% (New Haven). The mobility rate during the traditional Mobile Crisis hours was 94.1%, higher than the overall rate of 92.5%. During the new hours, 52.3% of episodes requested a mobile response, 29.5% requested a deferred mobile response, and 18.2% requested a non-mobile response; in the traditional hours, 59.6% of episodes requested a mobile response, 28.4% requested a deferred mobile response, and 12.1% 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 **88.8% of mobile episodes received a face-to-face response in 45 minutes or less**, which is higher than the rate in June 2023 (84.7%). 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 83.3% (Hartford) to 100.0% (Eastern). Twelve (12) of the fourteen (14) 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 (89.9%) is similar to the overall rate of 88.8%. During the expanded hours, there was a greater range of performance. Statewide, 81.0% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 66.7% (Southwestern) to 100.0% (Eastern and New Haven). 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.

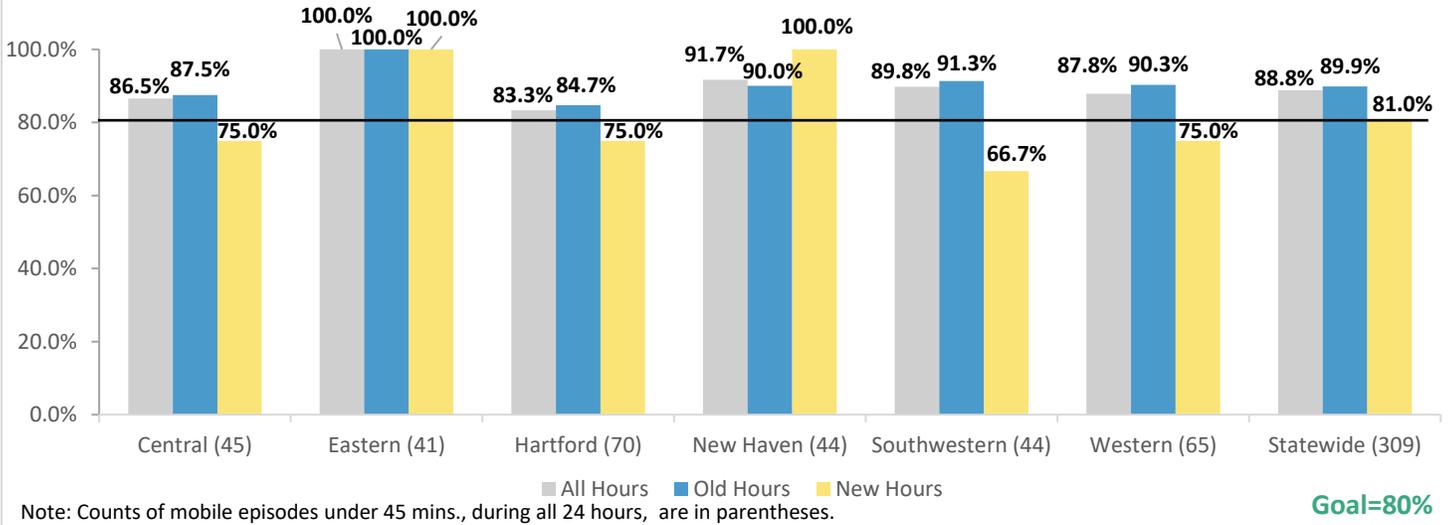
Length of Stay (LOS): Statewide, among discharged episodes, **13 of the 413 *plus stabilization follow-up* episodes exceeded 45 days.** The statewide median LOS for episodes discharged this month with a crisis response of *plus stabilization follow-up* was 21.0 days. The regional median LOS ranged from 14.0 days (Western) to 37.0 days (New Haven). 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

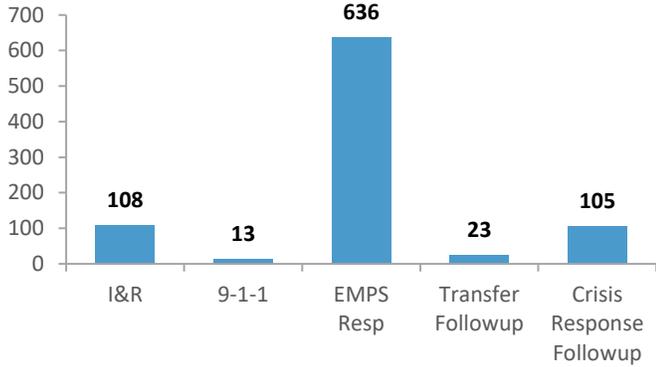


Figure 8. Mobile Crisis Episodes by Provider

(Total Episodes = 635)

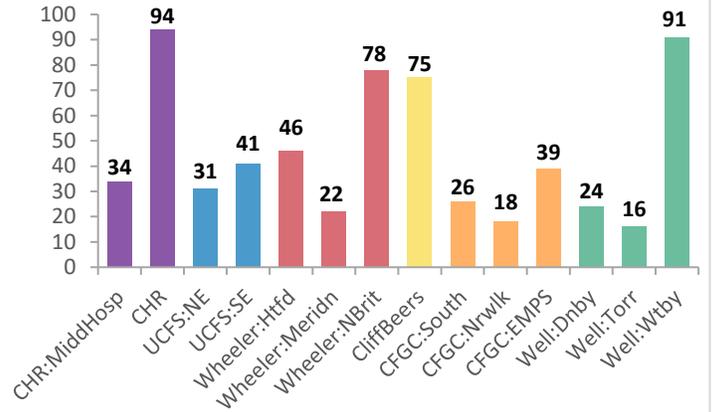
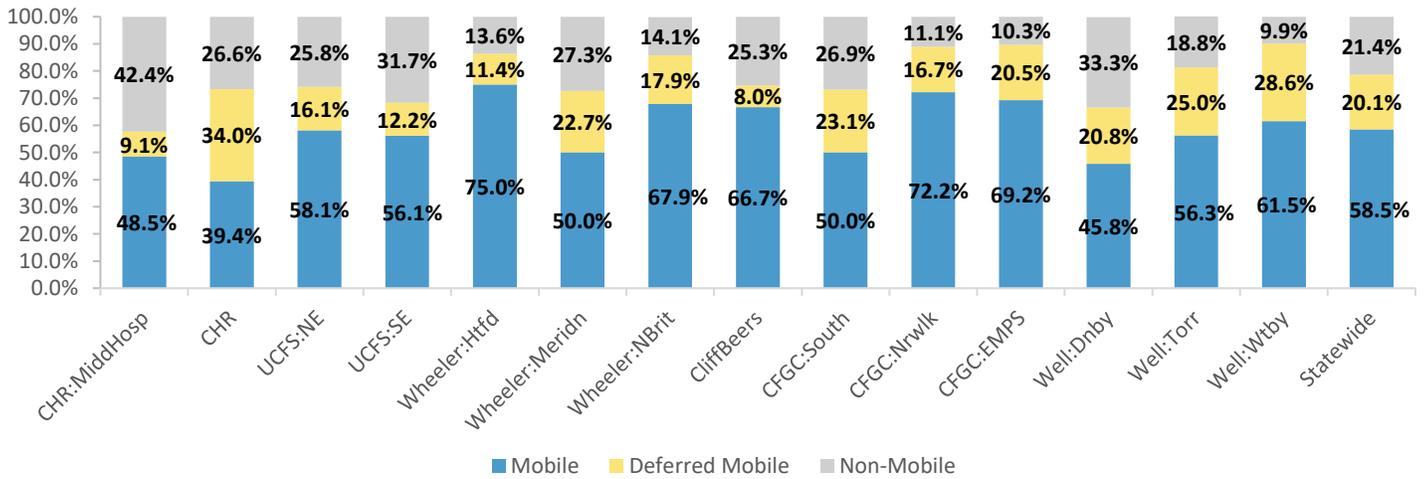


Figure 9. Actual Initial Mobile Crisis Response* by Provider



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

Figure 10. 2-1-1 Recommended Response by Service Area - by Service Hours

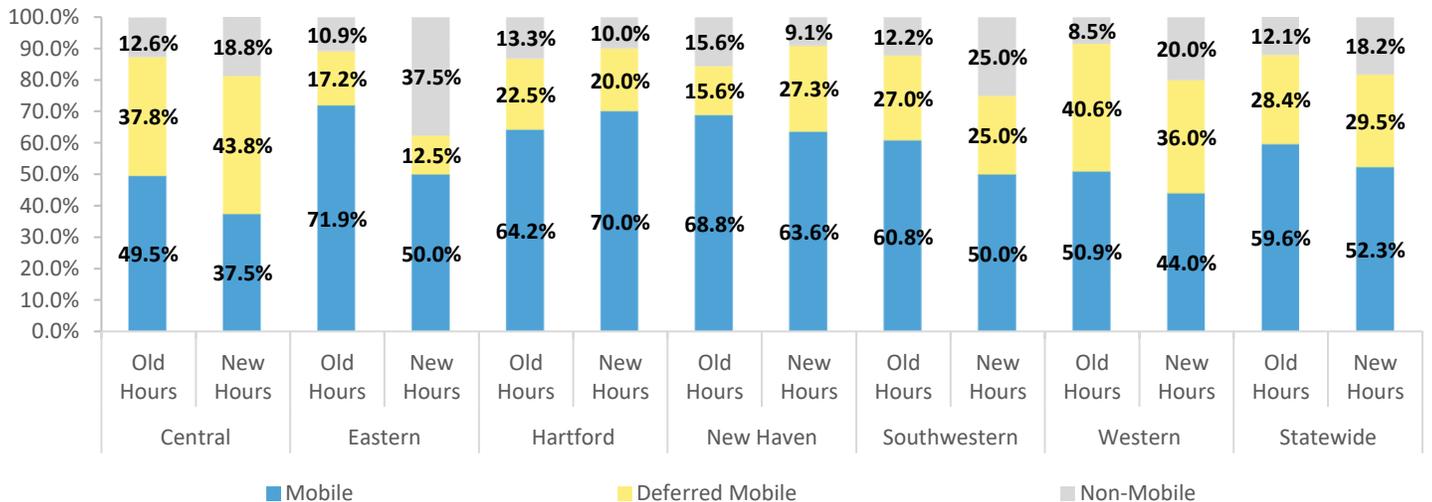
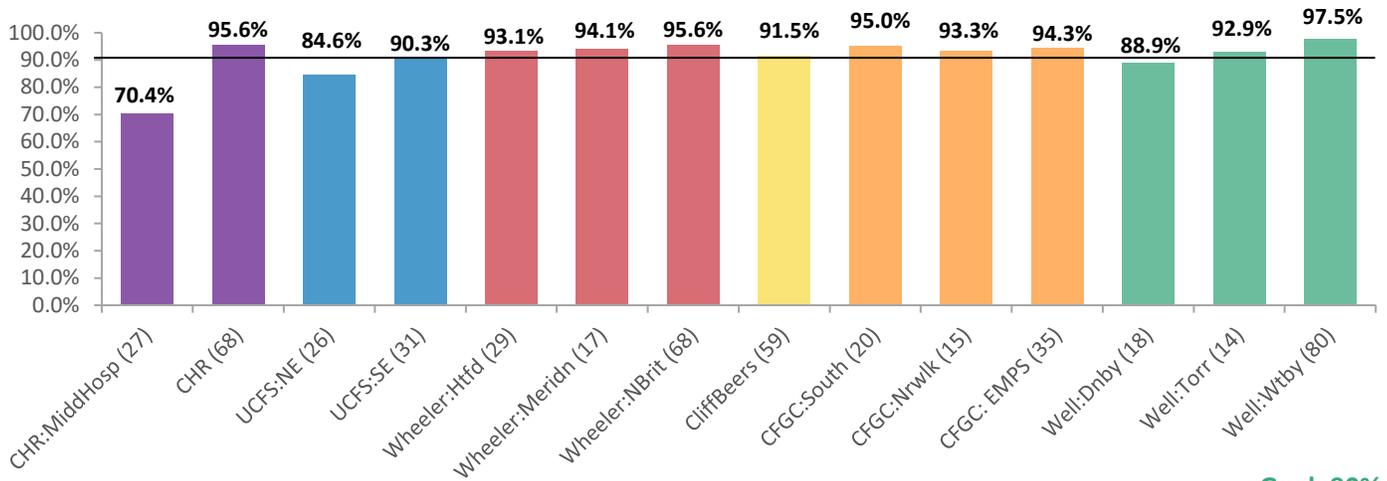


Figure 11. Mobile Response* by Provider



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

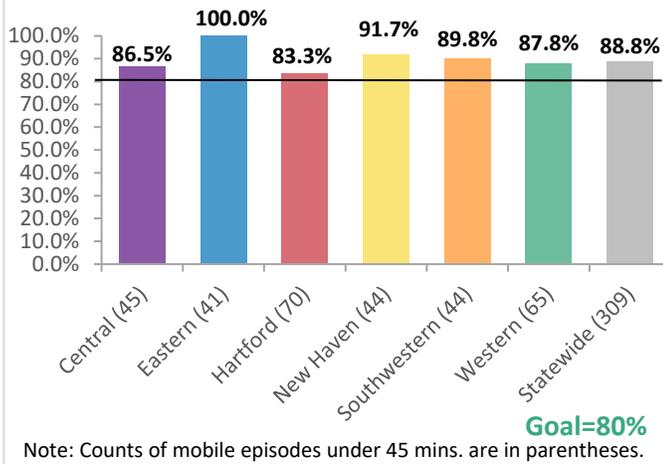


Figure 13. Mobile Episodes with a Response Time Under 45 Minutes by Provider

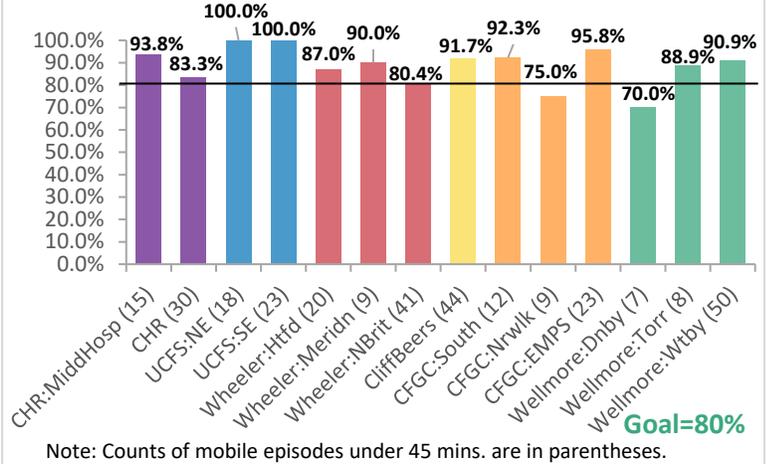


Figure 14. Median Mobile Response Time in Minutes

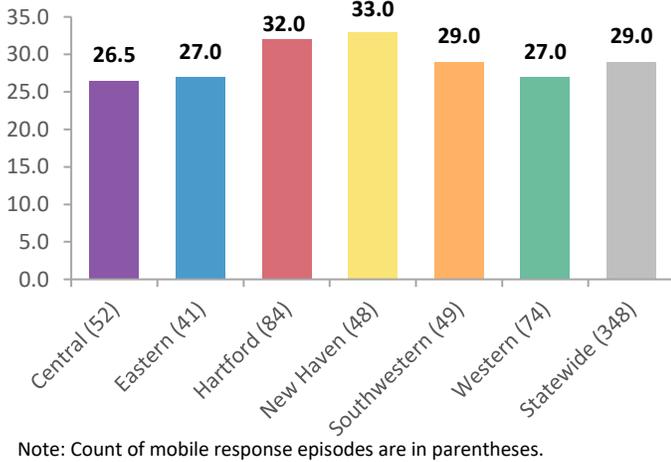
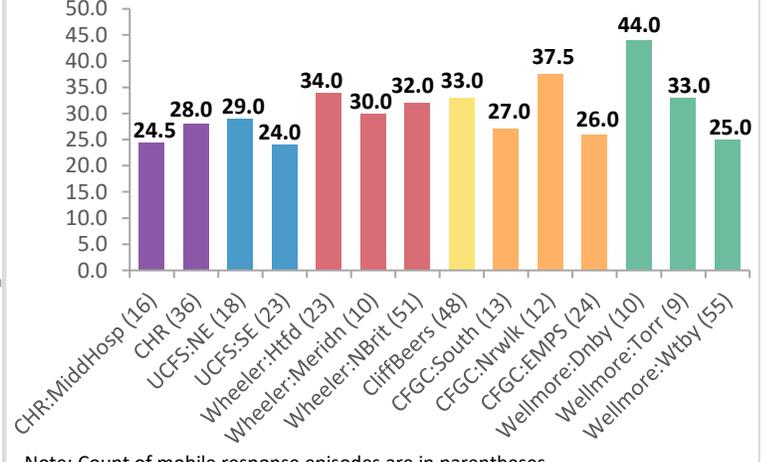


Figure 15. Median Mobile Response Time by Provider in Minutes



Section IV: Emergency Department Referrals

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

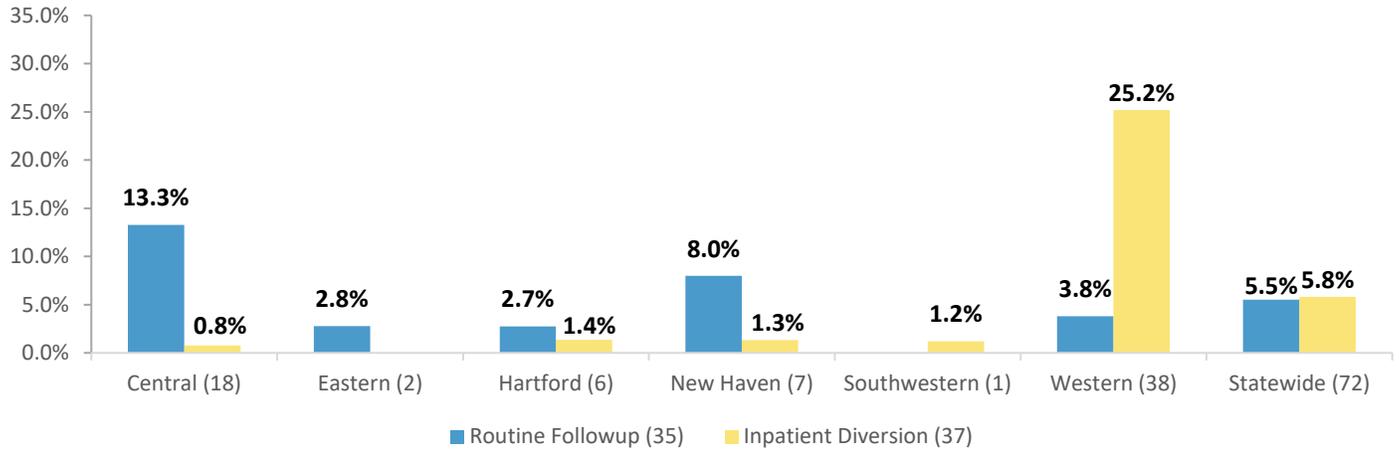
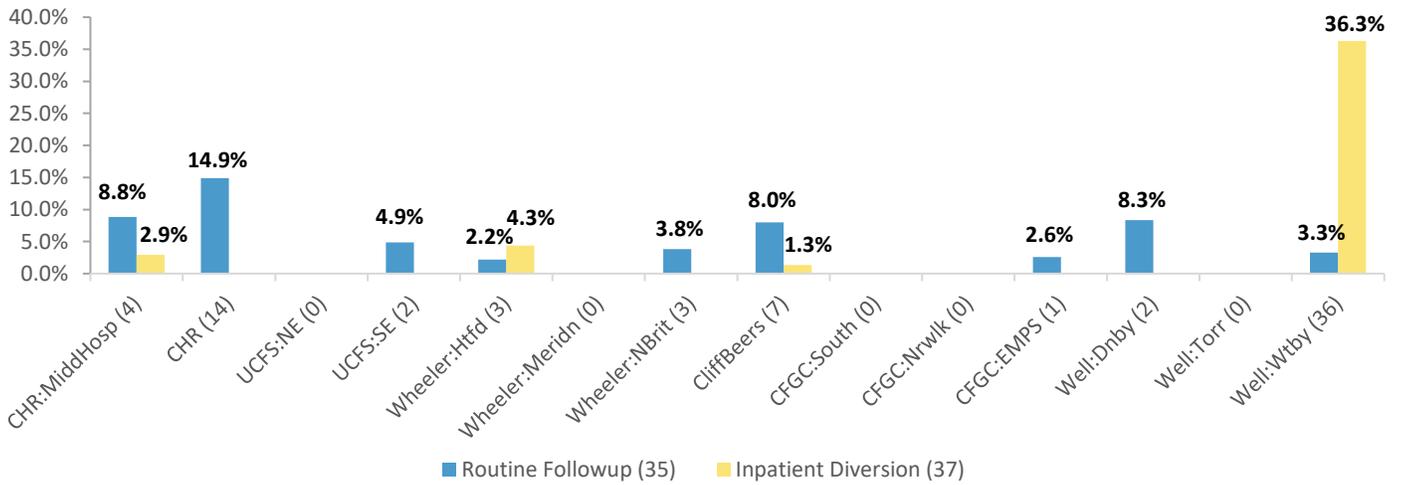


Figure 17. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)



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	413	22.5	21.0	3.1% (n = 13)
Central	132	23.8	20.0	5.3% (n = 7)
Eastern	11	24.1	21.0	0.0% (n = 0)
Hartford	140	21.8	21.0	0.7% (n = 1)
New Haven	11	38.6	37.0	18.2% (n = 2)
Southwestern	19	31.2	33.0	0.0% (n = 0)
Western	100	18.2	14.0	3.0% (n = 3)

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