



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

March 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. Actual Initial Mobile Crisis Response by Service Area – Overnight/Weekend 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 March 2024, 2-1-1 and Mobile Crisis received 1,634 calls including 1,201 calls (73.5%) handled by Mobile Crisis providers and 433 calls (26.5%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). There was one crisis-response follow up call coded as an episode that was not counted as an episode of care in this report. This month showed a 12.2% decrease in call volume from March 2023 (n=1,862). Call volume remains 30.3% lower than the same month in 2019 (n=2,346), prior to the start of the pandemic. Of the total calls and episodes, Mobile Crisis and 2-1-1 received 129 calls during the expanded overnight and weekend hours. This included 79 (61.2%) calls handled by Mobile Crisis providers and 50 (38.8%) calls handled by 2-1-1 only. The overnight and weekend call volume in March 2024 was higher than last month (102, February 2024).

Among the **1,200 episodes of care** this month, episode volume ranged from 131 episodes (Southwestern) to 299 episodes (Hartford). The statewide average service reach per 1,000 children this month was 1.6, with service area rates ranging from 0.8 (Southwestern) to 2.1 (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 3.5 per 1,000 children in poverty, with service area rates ranging from 1.7 (Southwestern) to 8.1 (Central). During the expanded overnight and weekend hours, there were 79 episodes of care with episode volume ranging from 3 episodes (Southwestern) to 27 episodes (Western). The overnight and weekend episodes in March 2024 decreased 19.7%, compared to last month (66, February 2024).

Mobility: Statewide mobility was 93.5% this month, which is lower than the rate in March 2023 (95.6%). Five of the six service areas surpassed the 90% benchmark this month, with performance ranging from 87.7% (New Haven) to 96.3% (Hartford). Mobility for individual providers ranged from 86.5% (UCFS: NE) to 100% (Wheeler Meriden and CFGC Norwalk). Twelve (12) 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 was one telehealth responses this month, compared to four (4) in January 2024. The statewide mobility rate during the new hours was 81.4%, with four (4) regions meeting or exceeding the 90% benchmark. Performance ranged from 42.9% (New Haven) to 100% (Eastern and Southwestern). The mobility rate during the traditional Mobile Crisis hours was 94.2%, similar to the overall rate of 93.5%. During the new hours, 50.0% of episodes received a mobile response, 16.7% received a deferred mobile response, and 33.3% received a non-mobile response; in the traditional hours, 66.1% of episodes received a mobile response, 18.0% received a deferred mobile response, and 15.9% received a non-mobile response. While the overall rate of non-mobile episodes presented here is higher than the 93.5% 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 continue to receive one.

Response Time: Statewide, this month **87.5% of mobile episodes received a face-to-face response in 45 minutes or less**, which is slightly higher than the rate in March 2023 (86.1%). While video telehealth responses are counted as “mobile” responses, they are excluded from the response time calculations in this report. Five of the six service areas were at or above the benchmark of 80% of mobile responses provided in 45 minutes or less, with performance ranging from 79.2% (Western) to 95.9% (Eastern). Eleven (11) 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 (88.5%) is nearly the same as the overall rate of 87.5%. During the expanded hours, there was a greater range of performance. Statewide, 67.6% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 33.3% (Central) to 100.0% (Eastern, New Haven, and Southwestern).

Length of Stay (LOS): Statewide, among discharged episodes, **14 of the 433 *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 17.0 days. The regional median LOS ranged from 14.0 days (Western) to 37.0 days (Southwestern). Note: these calculations only include episodes that began during FY2024.

Section I: Mobile Crisis Statewide/Service Area Dashboard

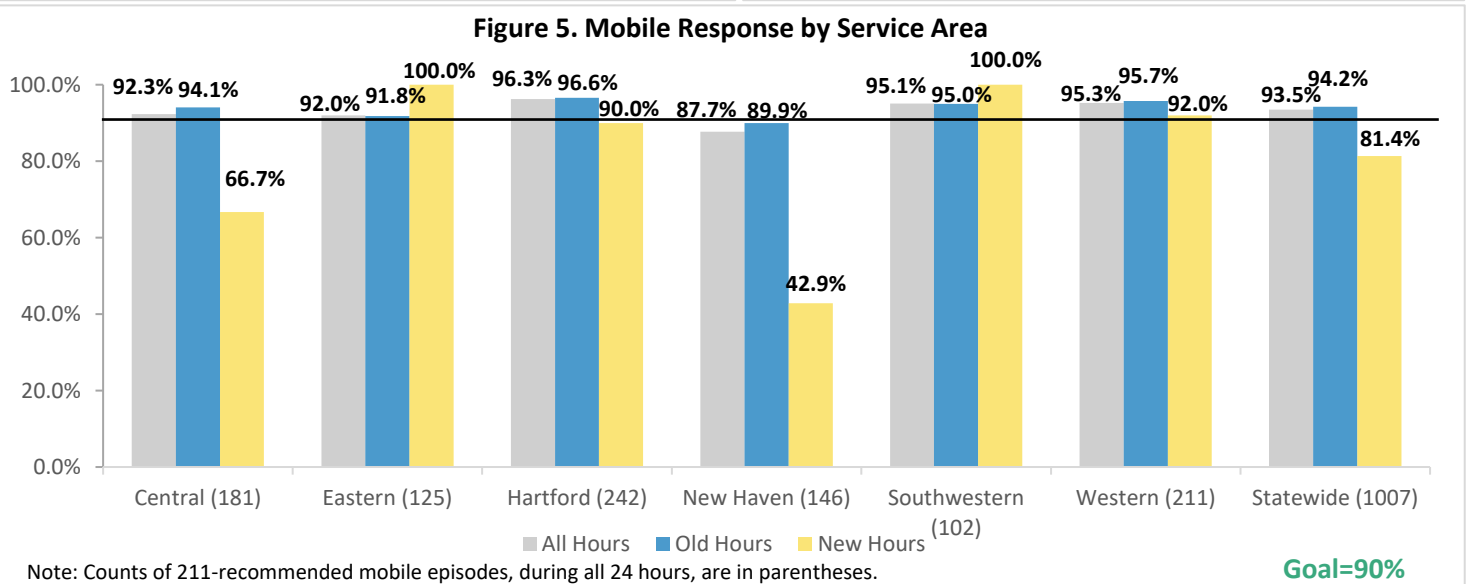
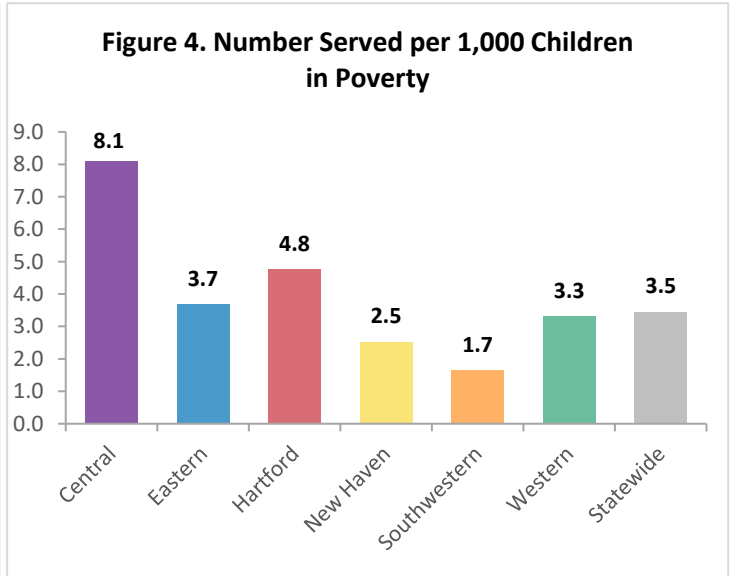
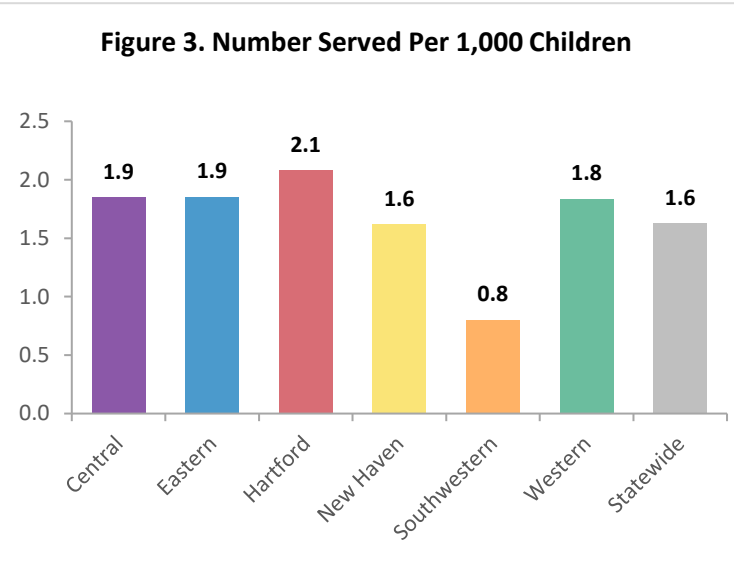
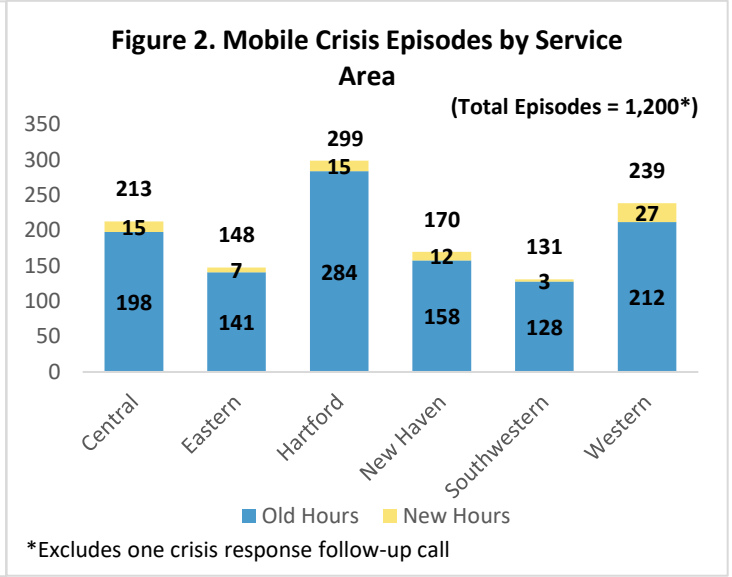
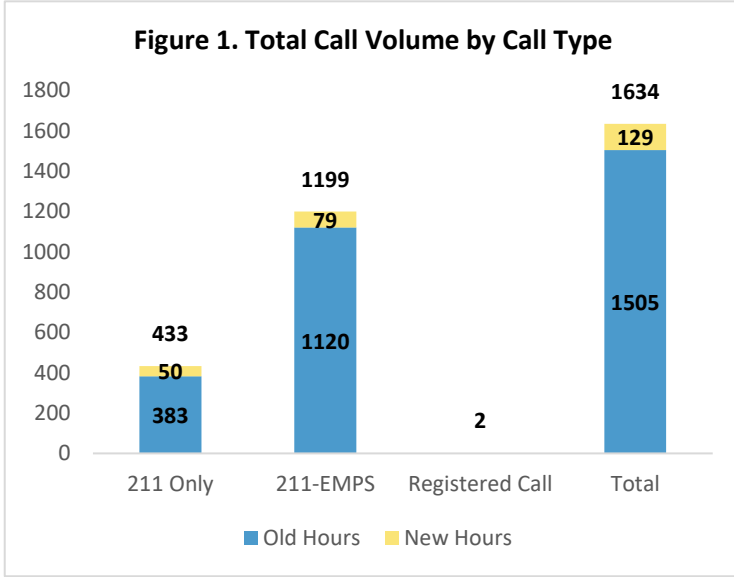
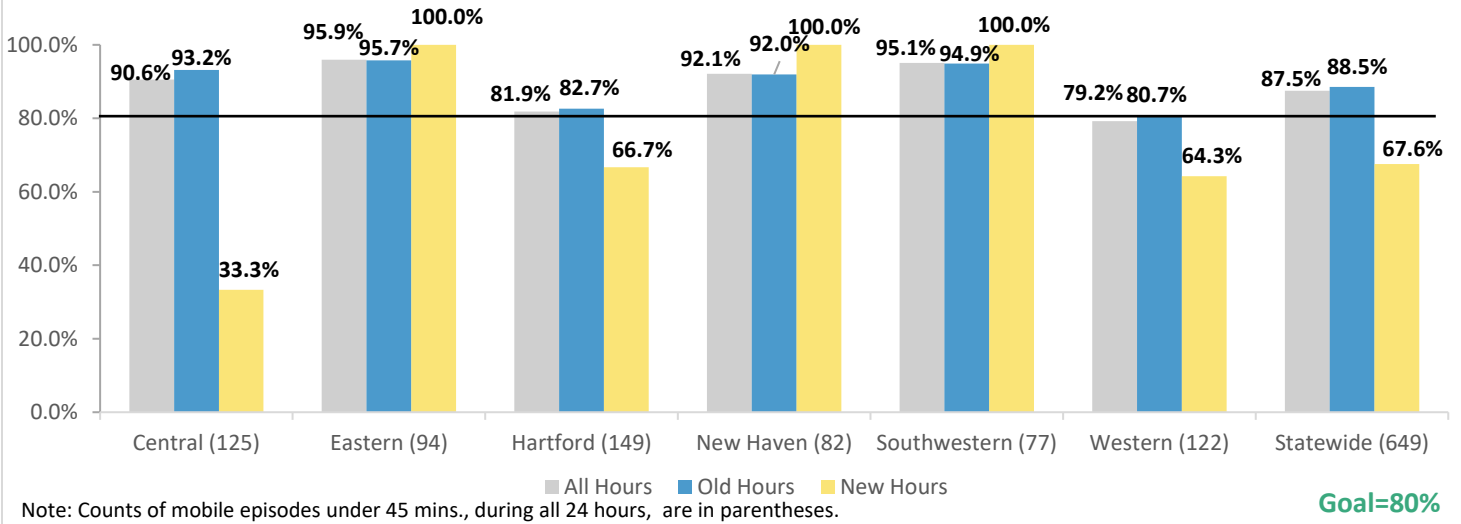


Figure 6. Mobile Episodes with a Response Time Under 45 Minutes



Section II: Mobile Crisis Response

Figure 7. Statewide 2-1-1 Call Disposition

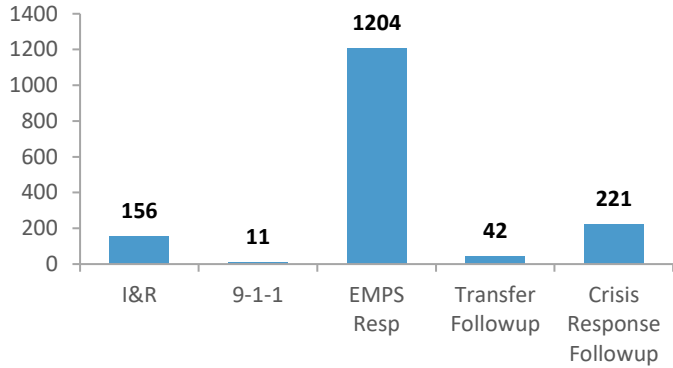


Figure 8. Mobile Crisis Episodes by Provider
(Total Episodes = 1,200)

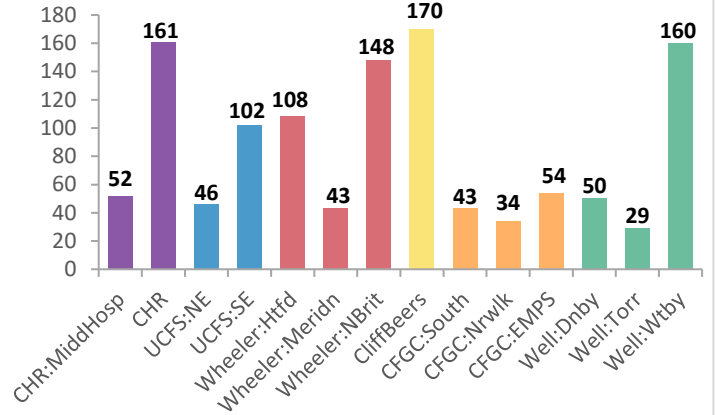
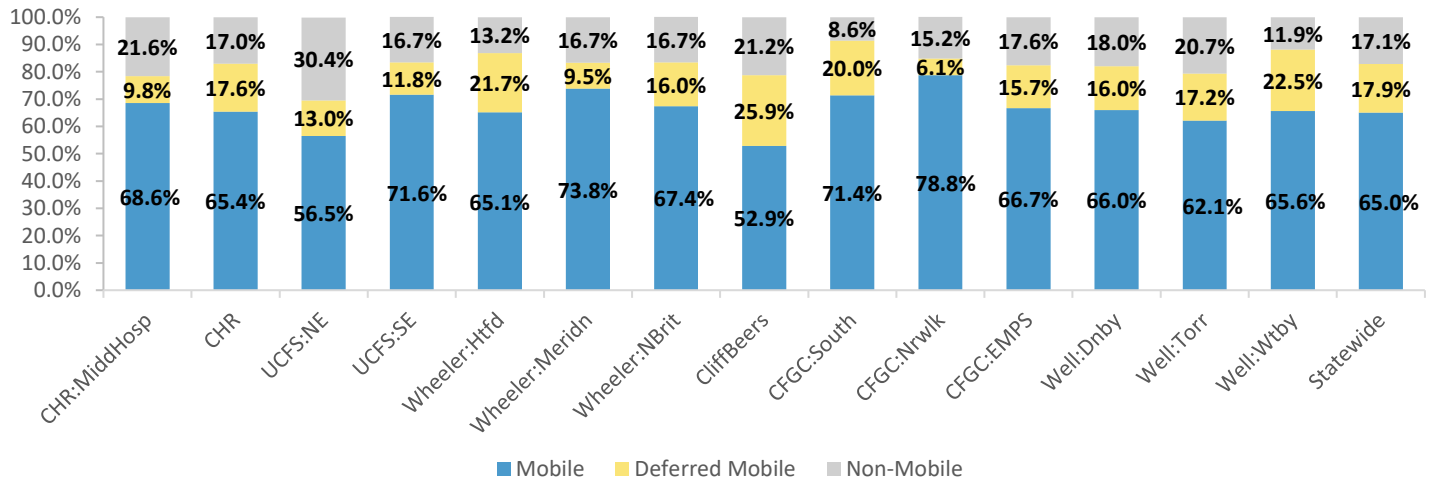


Figure 9. Actual Initial Mobile Crisis Response* by Provider



*Statewide, there was 1 mobile or deferred mobile episode that was performed via video telehealth.

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

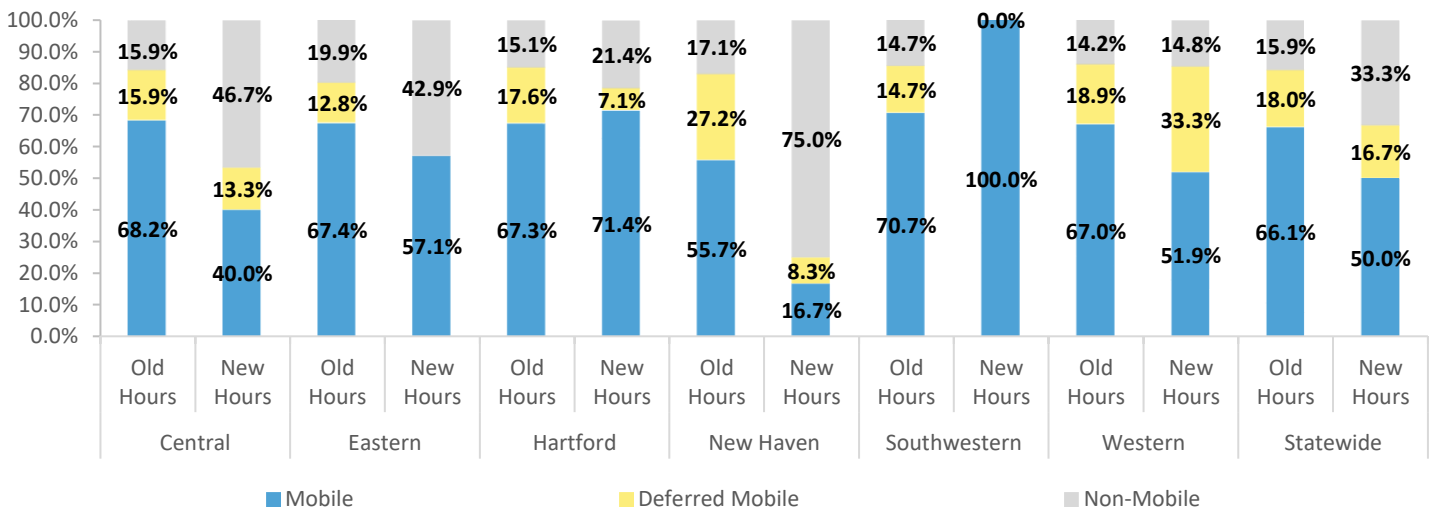
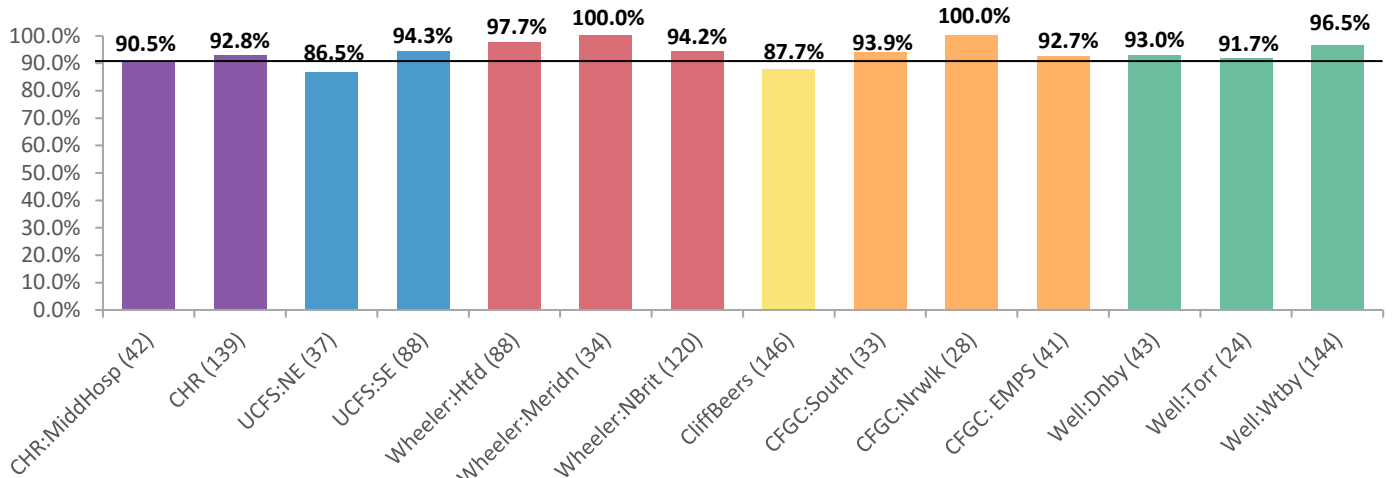


Figure 11. Mobile Response* by Provider

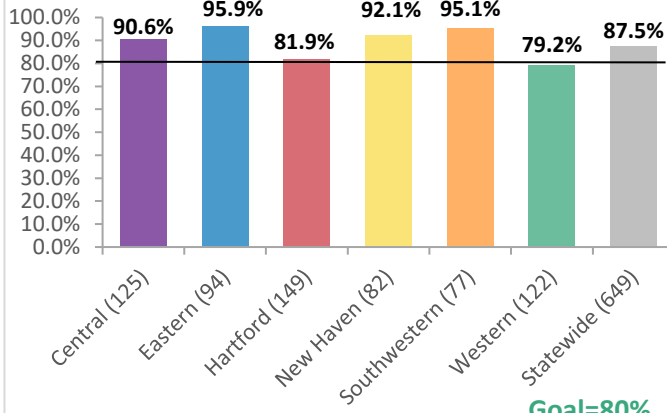


Note: Counts of 211-recommended mobile episodes are in parentheses.

Goal=90%

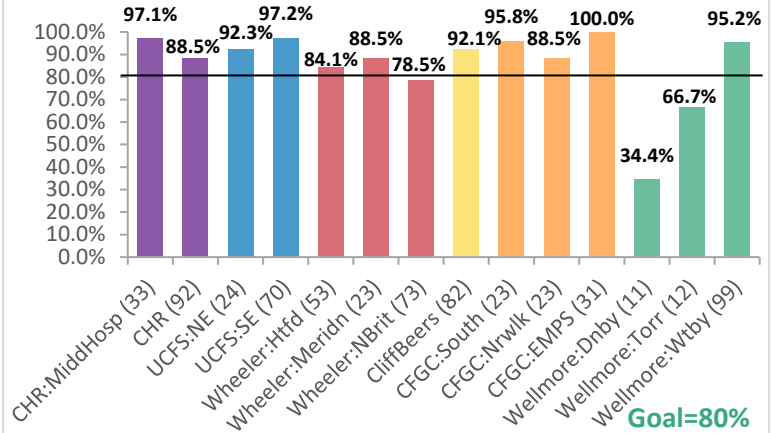
Section III: Response Time

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



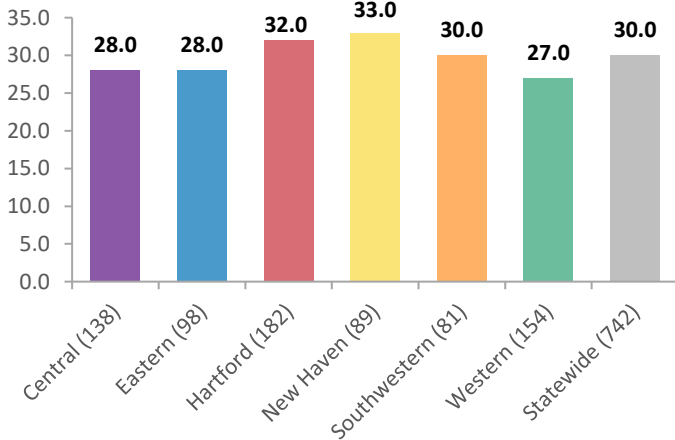
Note: Counts of mobile episodes under 45 mins. are in parentheses. **Goal=80%**

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



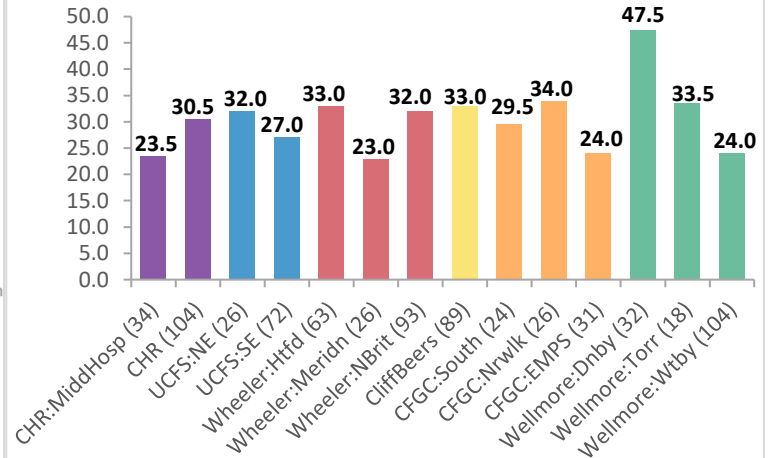
Note: Counts of mobile episodes under 45 mins. are in parentheses. **Goal=80%**

Figure 14. Median Mobile Response Time in Minutes



Note: Count of mobile response episodes are in parentheses.

Figure 15. Median Mobile Response Time by Provider in Minutes



Note: Count of mobile response episodes are in parentheses.

Section IV: Emergency Department Referrals

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

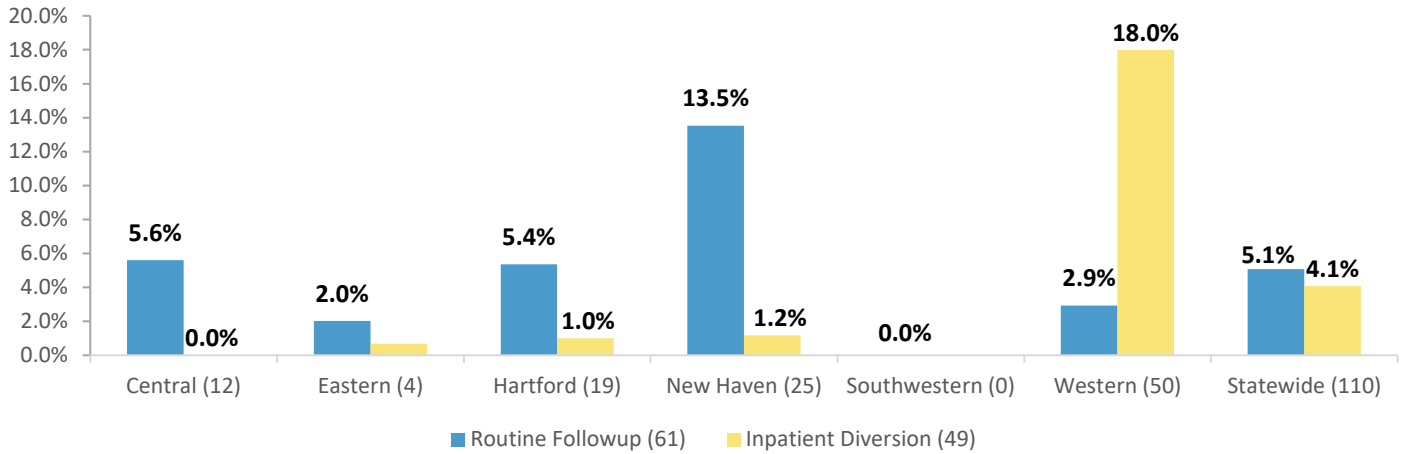
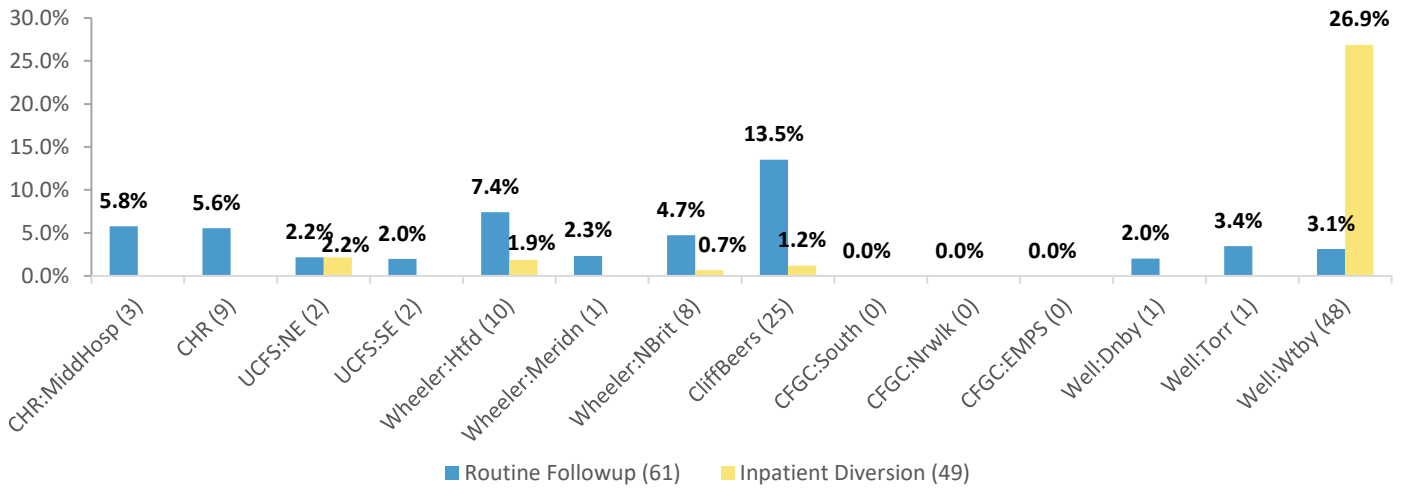


Figure 17. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)



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	433	19.5	17.0	3.2% (n = 14)
Central	131	19.8	19.0	3.1% (n = 4)
Eastern	13	25.2	28.0	7.7% (n = 1)
Hartford	130	19.5	18.0	0.8% (n = 1)
New Haven	13	27.3	28.0	7.7% (n = 1)
Southwestern	15	27.5	37.0	0.0% (n = 0)
Western	131	16.9	14.0	5.3% (n = 7)

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