



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 2023

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This report was prepared by the Mobile Crisis Intervention Services Performance Improvement Center (PIC):

Kagnica Seng, MA, Data Analyst; Kayla Theriault, MPH, Senior Associate; Yecenia Casiano, MS, Senior Project Coordinator; Kellie Randall, Ph.D., Director; Heather Clinger, MPH, CPS, Program Manager (Wheeler Clinic); Sarah Camerota, LICSW, 2-1-1 MCIS Program Manager (United Way of CT-2-1-1); Jeffrey Vanderploeg, Ph.D., CEO

The Mobile Crisis Intervention Services Performance Improvement Center is housed at the
Child Health and Development Institute

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. At this time, the main content of this report only reflects calls that took place during the previous mobile hours. Data specific to the new overnight hours is reported in the appendix at the end of this report.

Call and Episode Volume: In June 2023, 2-1-1 and Mobile Crisis received 815 calls including 577 calls (70.8%) handled by Mobile Crisis providers and 238 calls (29.2%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This month showed a 31.0% decrease in call volume from June 2022 (n=1,182). Call volume remains 31.7% lower than the same month in 2019 (n=1,194), prior to the start of the pandemic. In June of FY2022 call volume had returned to pre-pandemic levels. Volume in June may be influenced by variation in school calendars year-to-year.

Among the **577 episodes of care** this month, episode volume ranged from 65 episodes (Southwestern) to 127 episodes (Hartford). The statewide average service reach per 1,000 children this month was 0.8, with service area rates ranging from 0.4 (Southwestern) to 1.0 (Central, Eastern, and 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 1.7 per 1,000 children in poverty, with service area rates ranging from 0.9 (New Haven) to 4.4 (Central).

Mobility: Statewide mobility was **95.4% this month**, higher than the rate in June 2022 (88.8%). All six service areas were above the 90% benchmark this month, with performance ranging from 91.8% (Southwestern) to 100.0% (Western). Mobility for individual providers ranged from 90.9% (CFGC: South) to 100% (Wheeler: Hartford and Wellmore: Torrington). Twelve 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. The number of telehealth responses this month has decreased (1, compared to 4 in May 2023).

Response Time: Statewide, this month **84.7% of mobile episodes received a face-to-face response in 45 minutes or less**, which is higher than the rate in June 2022 (76.1%). 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 66.2% (Hartford) to 100.0% (Central). Eight of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 31.0 minutes.

Length of Stay (LOS): Statewide, among discharged episodes, **11 of the 412 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 18.0 days. The regional median LOS ranged from 17.0 days (Central and Western) to 37.0 days (Southwestern). Note: these calculations only include episodes that began during FY2023.

Section I: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

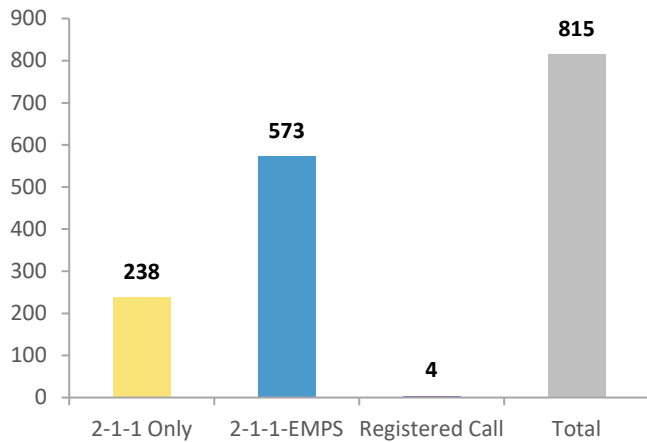


Figure 2. Mobile Crisis Episodes by Service Area

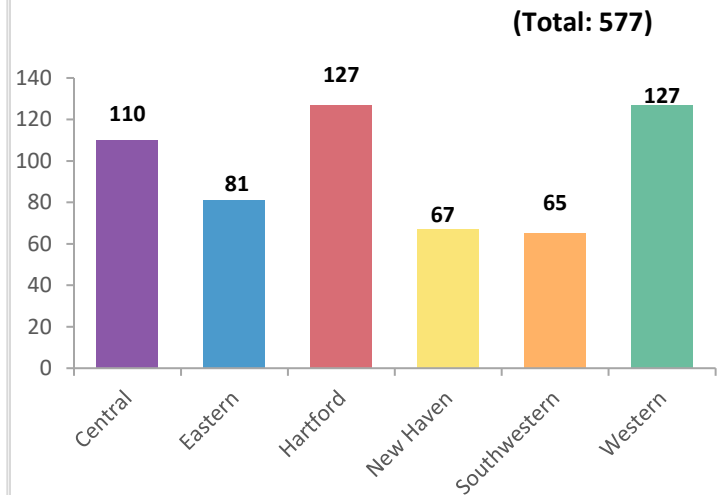


Figure 3. Number Served Per 1,000 Children

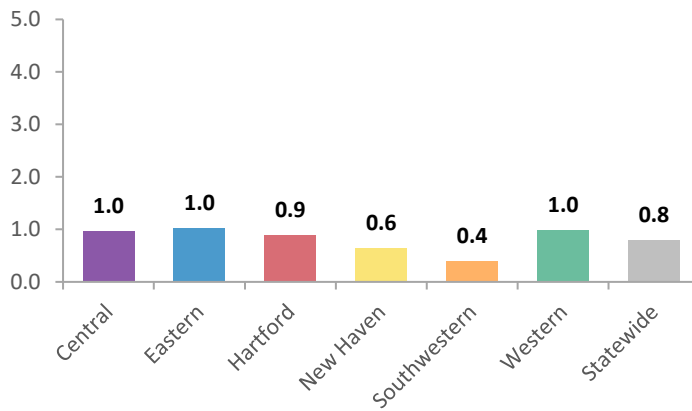


Figure 4. Number Served per 1,000 Children in Poverty

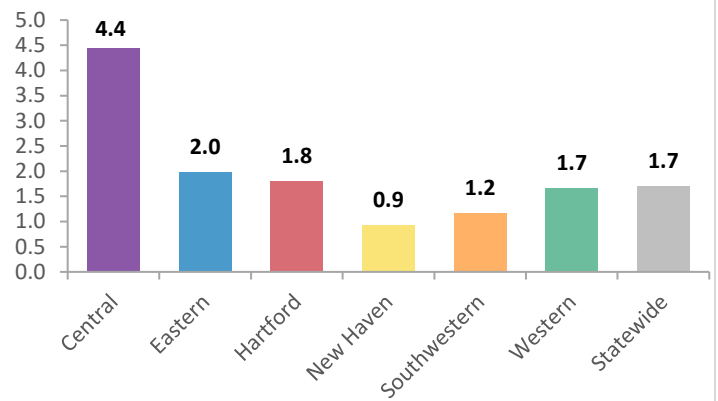
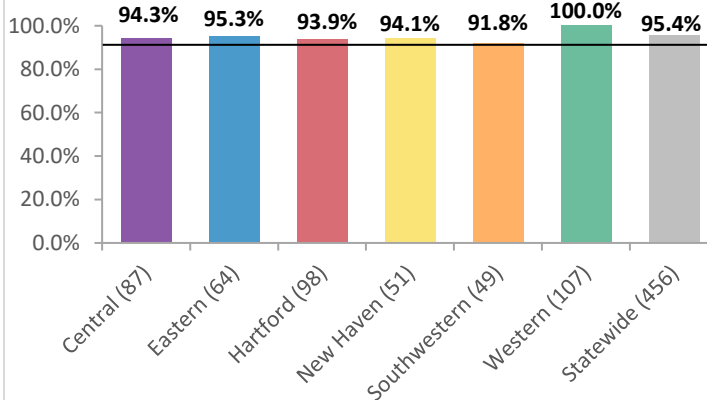


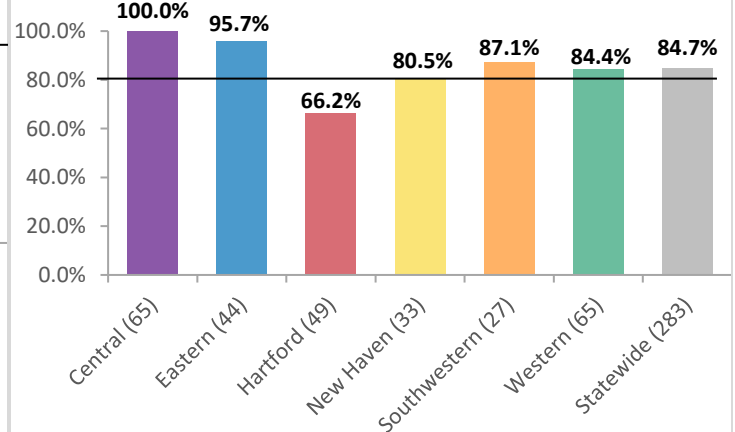
Figure 5. Mobile Response by Service Area



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

Goal=90%

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



Note: Counts of mobile episodes under 45 mins. are in parentheses.

Goal=80%

Section II: Mobile Crisis Response

Figure 7. Statewide 2-1-1 Call Disposition

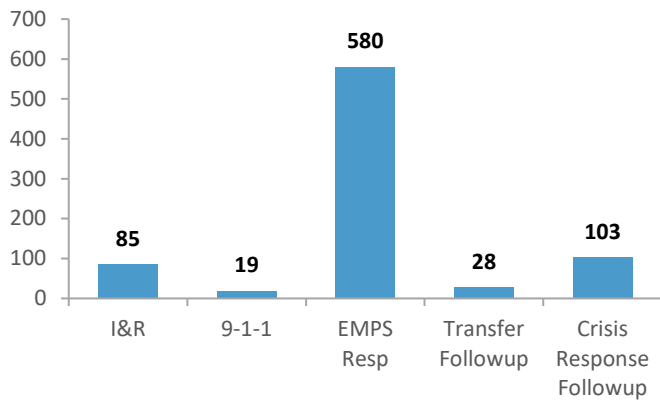


Figure 8. Mobile Crisis Episodes by Provider

(Total Episodes = 577)

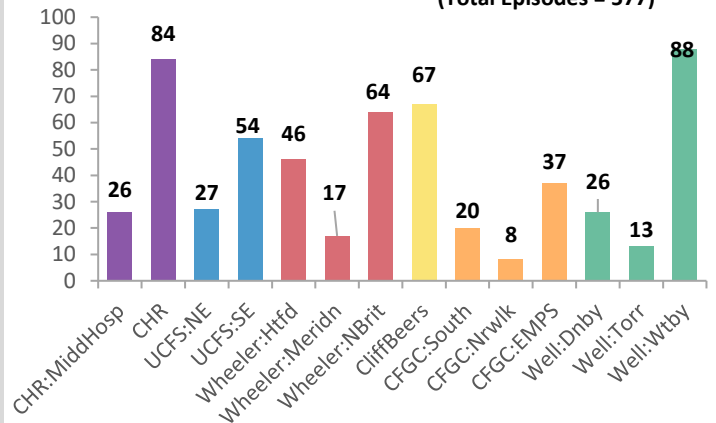
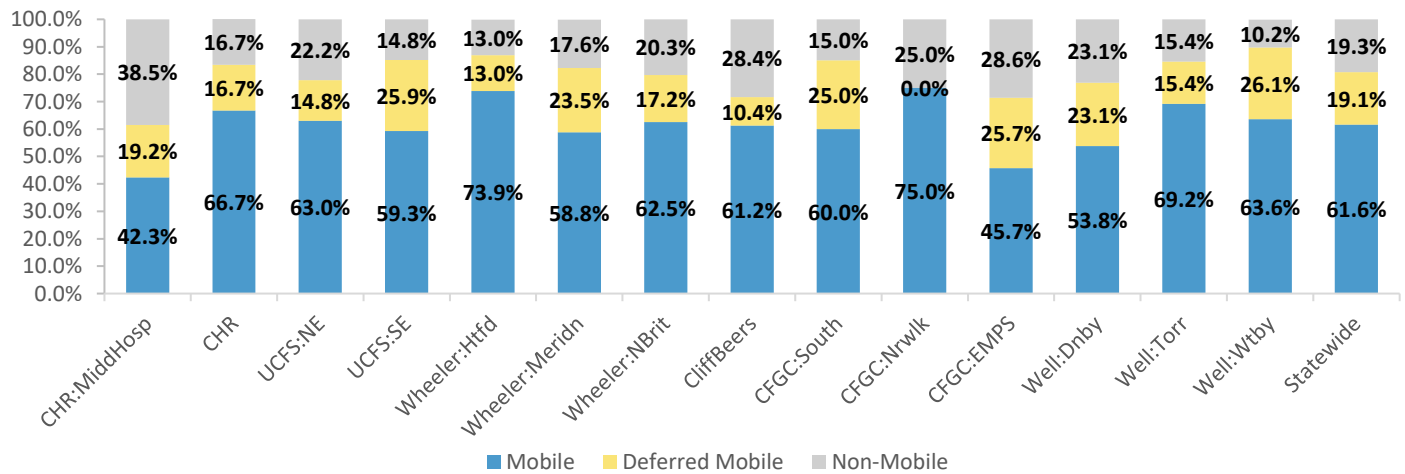
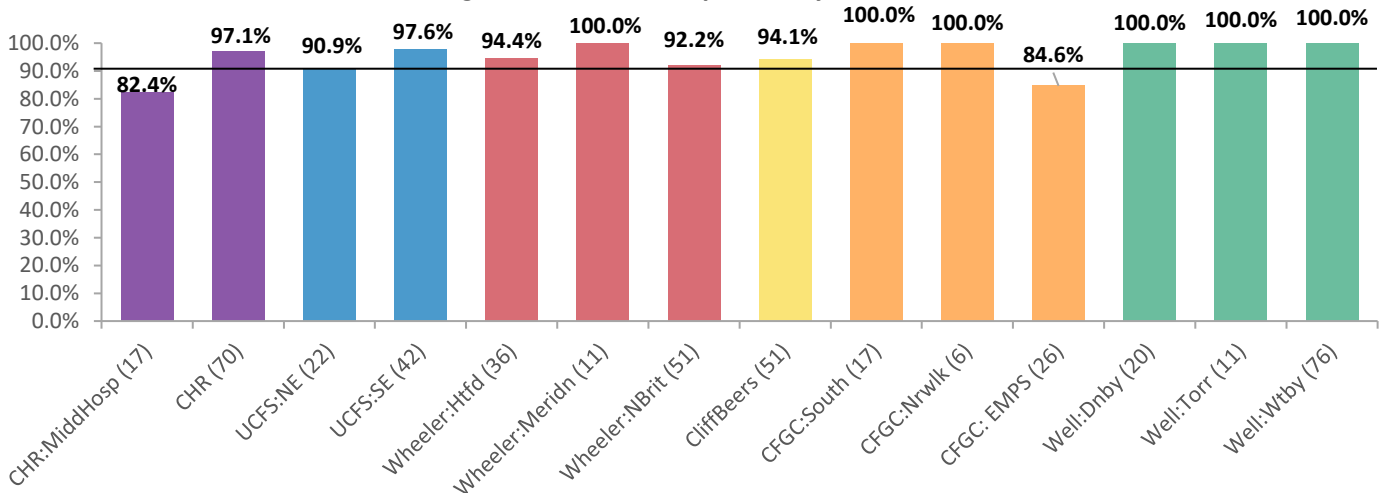


Figure 9. Actual Initial Mobile Crisis Response* by Provider



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

Figure 10. Mobile Response* by Provider

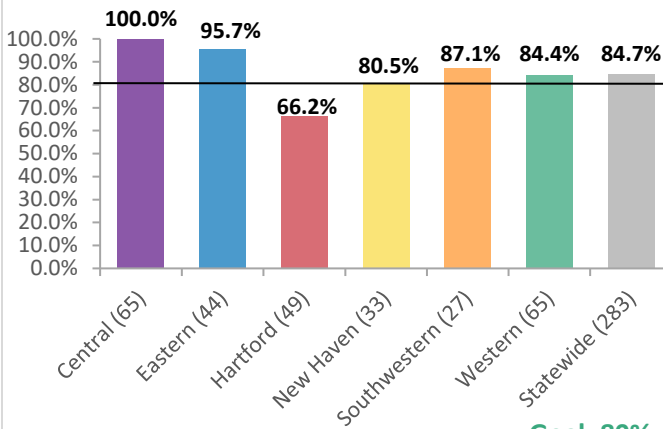


Note: Counts of 211-recommended mobile episodes are in parentheses.

Goal=90%

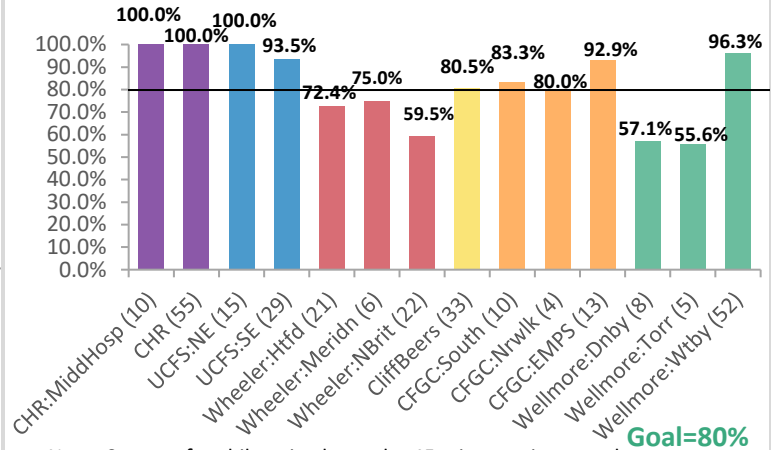
Section III: Response Time

Figure 11. Mobile Episodes with a Response Time Under 45 Minutes



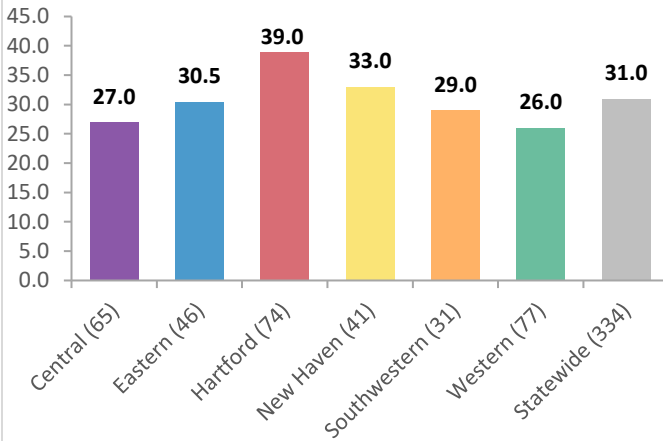
Note: Counts of mobile episodes under 45 mins. are in parentheses. **Goal=80%**

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



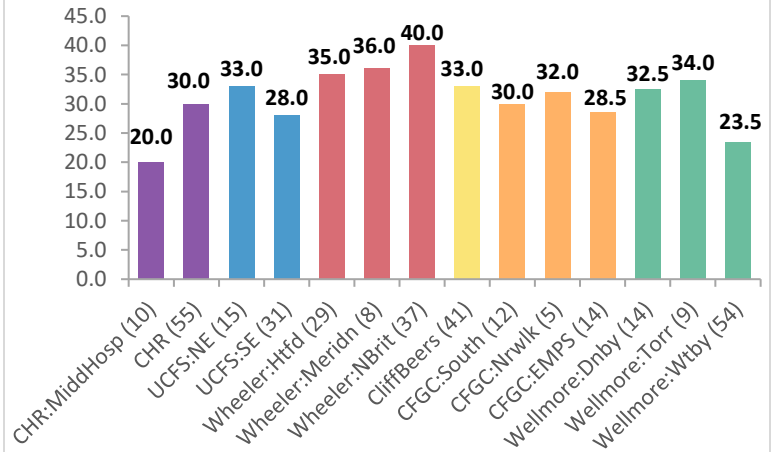
Note: Counts of mobile episodes under 45 mins. are in parentheses. **Goal=80%**

Figure 13. Median Mobile Response Time in Minutes



Note: Count of mobile response episodes are in parentheses.

Figure 14. Median Mobile Response Time by Provider in Minutes



Note: Count of mobile response episodes are in parentheses.

Section IV: Emergency Department Referrals

Figure 15. Emergency Department Referrals (% of Total Mobile Crisis Episodes)

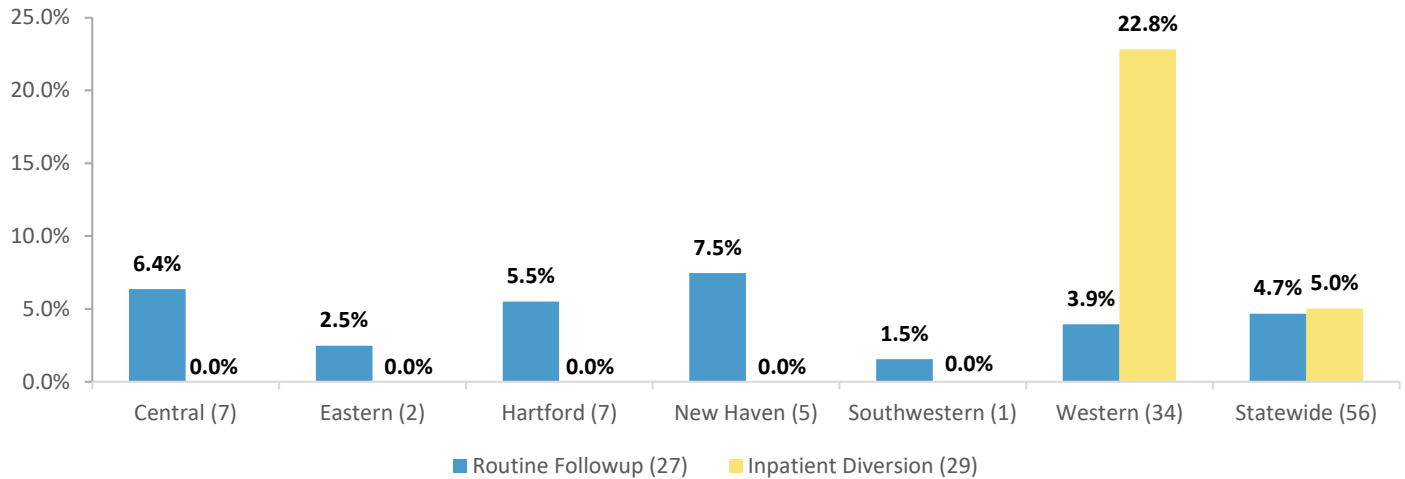
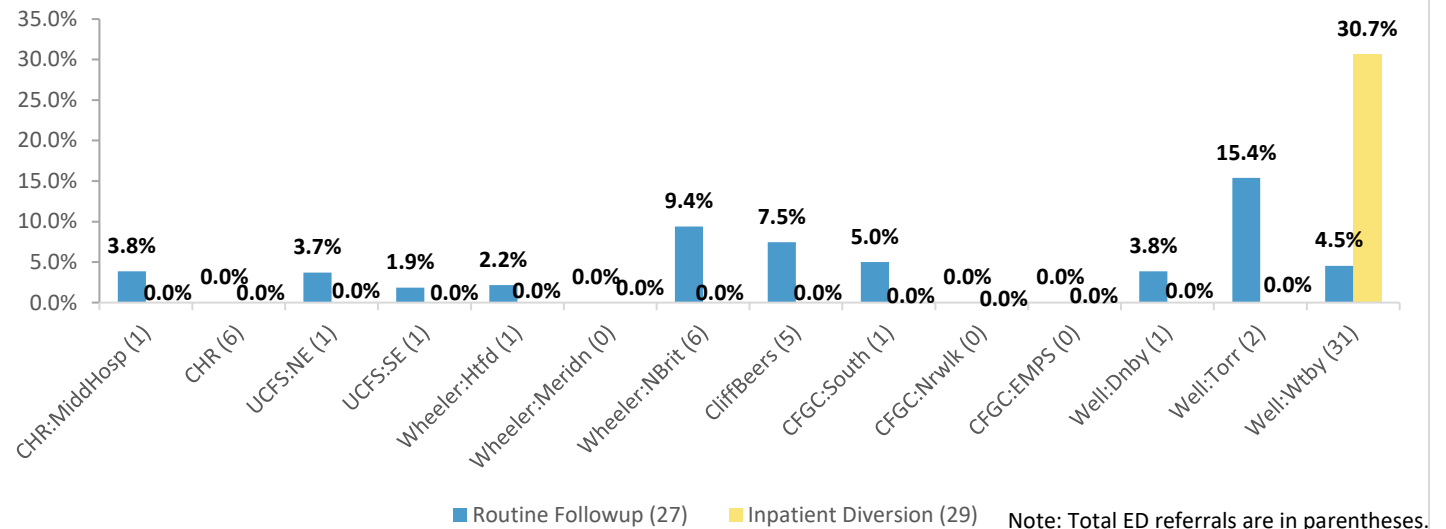


Figure 16. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)



Section V: Length of Stay (LOS)

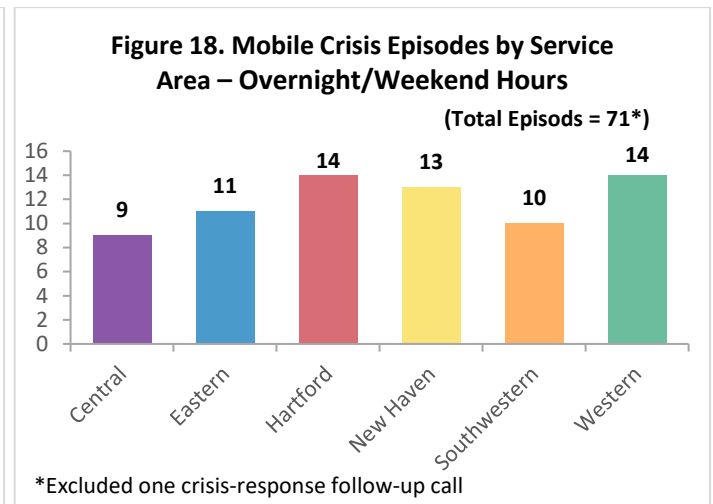
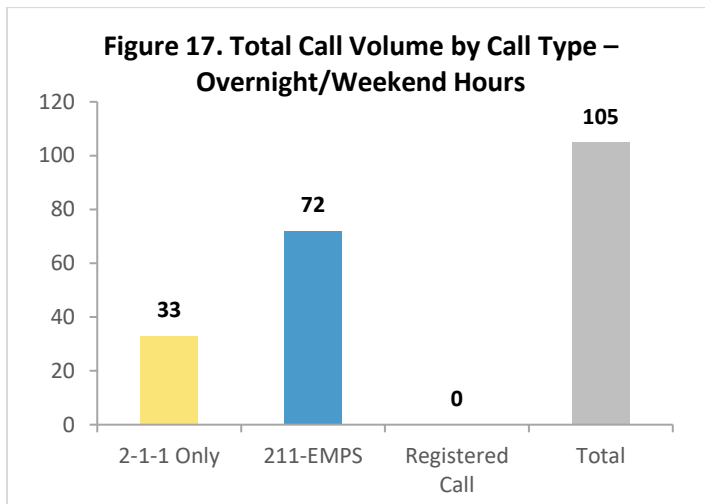
Table 1. LOS for Discharged Episodes* with a Crisis Response Plus Stabilization Follow-up

	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	412	20.1	18.0	2.7% (n = 11)
Central	121	18.5	17.0	2.5% (n = 3)
Eastern	12	25.8	27.0	0.0% (n = 0)
Hartford	106	22.0	18.0	1.9% (n = 2)
New Haven	8	24.9	24.0	12.5% (n = 1)
Southwestern	14	38.0	37.0	21.4% (n = 3)
Western	151	17.7	17.0	1.3% (n = 2)

*Only episodes that had both a start and a discharge date within FY2023 are included in this chart.

Appendix: Mobile Crisis Overnight and Weekend Hours

This appendix provides an overview of Mobile Crisis episodes that took place during the new mobile hours in May 2023 (10 p.m. – 6 a.m. on weekdays and 10 p.m. – 1:00 p.m. on weekends). Mobile Crisis and 2-1-1 received 105 calls including 72 calls handled by Mobile Crisis providers and 33 calls handled by 2-1-1 only. Among the 71 episodes of care, episode volume ranged from 9 episodes (Central) to 14 episodes (Hartford and Western).



Statewide, 32.4% of these episodes received a mobile response, 28.2% received a deferred mobile response, and 39.4% received a non-mobile response. During the daytime hours, 61.6% of episodes received a mobile response (Figure 9). Of the 43 mobile and deferred mobile episodes, 24 received a face-to-face assessment, and an additional 15 received a face-to-face assessment plus follow-up.

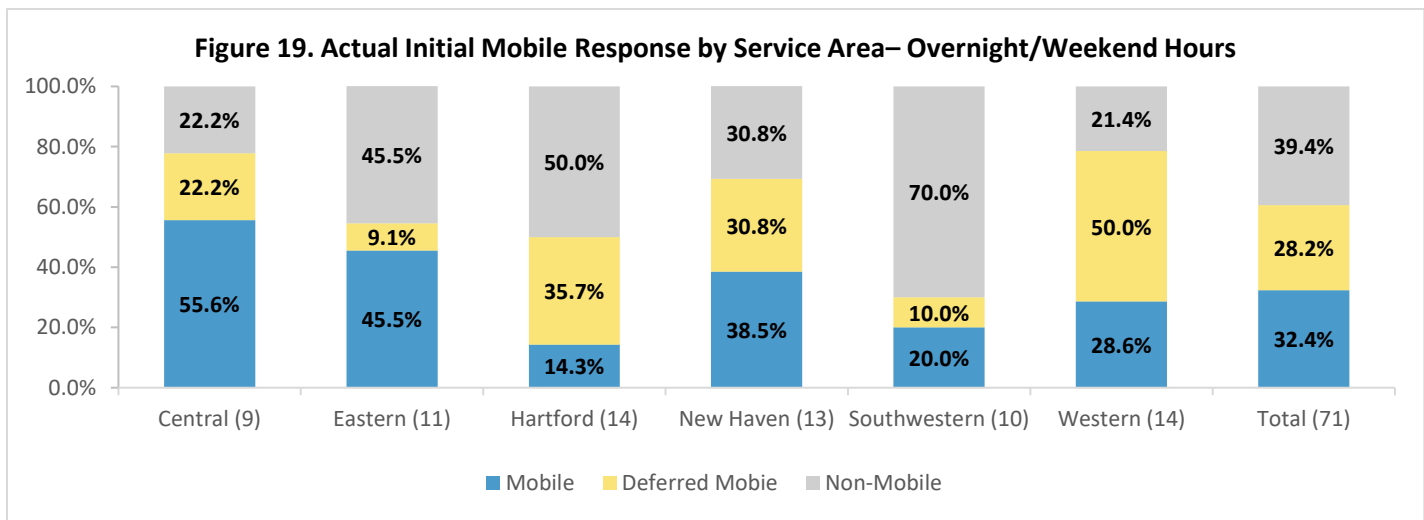
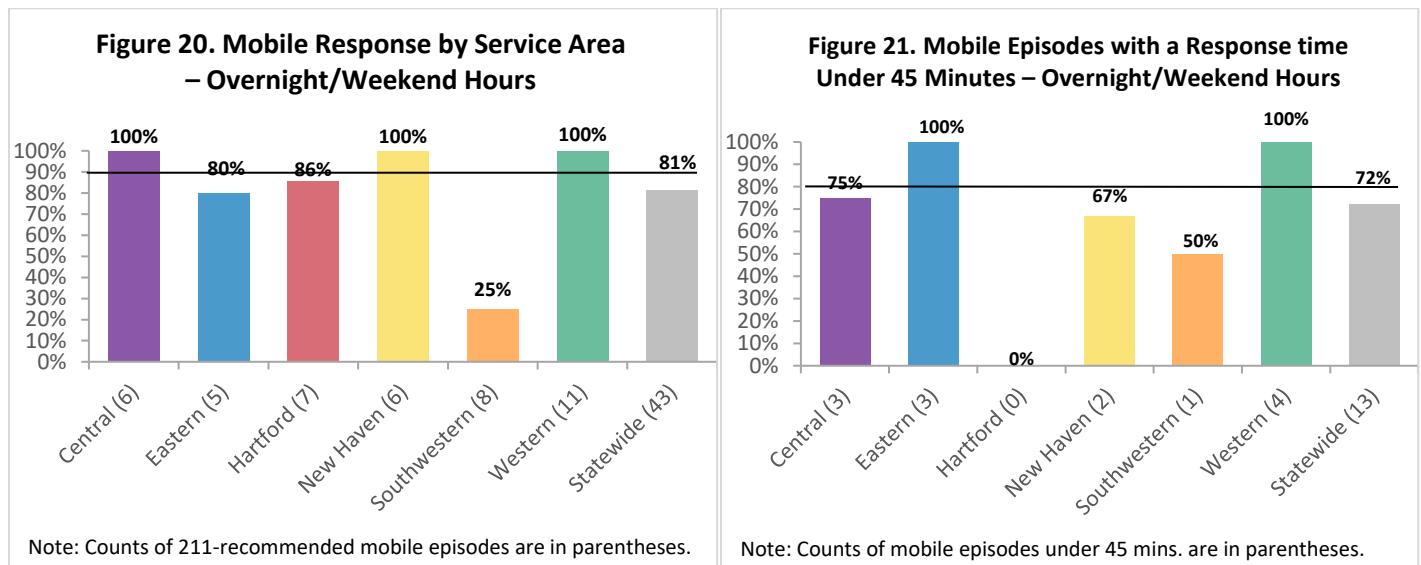


Table 2. Assessment Type by Response Mode – Overnight/Weekend Hours

Response Mode	Phone Only	Face-to-Face	Plus Stabilization Follow-Up	Telehealth	Face to Face: Consultation Only	Total
Mobile	2	11	10	0	0	23
Non-Mobile	28	0	0	0	0	28
Deferred Mobile	0	13	5	0	2	20
Total	30	24	15	0	2	71

There were 43 episodes that 211 recommended for a mobile (or deferred) response. The statewide mobility rate was 81% with three regions meeting the 90% benchmark. Additionally, of the 23 episodes that had an immediate response, 72% received a face-to-face response in 45 minutes or less, with two of the six regions meeting the 80% benchmark.



The majority of referrals to Mobile Crisis during the overnight/weekend hours were from 'Self/Family' (73%) and Emergency Departments (24%).

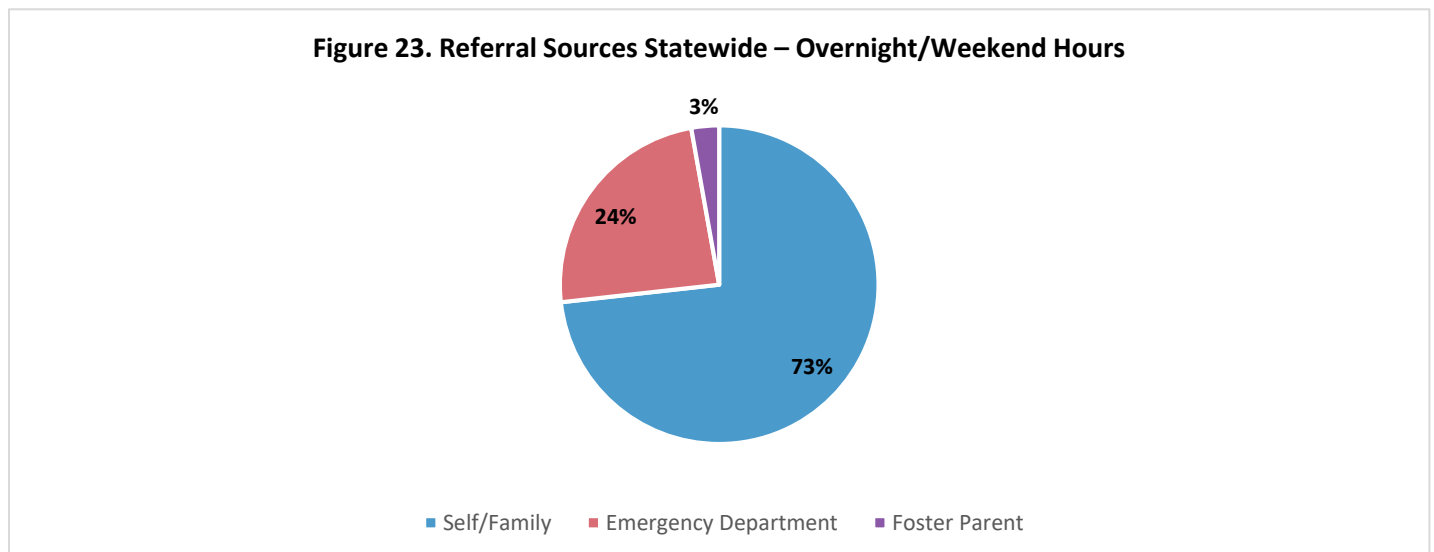


Table 3 reflects the number of calls during the newly added hours broken down by “shift”, combining late night calls with the early morning. The highest volume of calls occurred from Friday at 10 p.m. to Saturday 1 p.m. (20 calls) and on Saturday at 10 p.m. to Sunday 1 p.m. (20 calls), which is 56.3% of the total calls that had occurred within the newly added hours.

Table 3. Episodes per hour based on day of week – Overnight/Weekend Hours

Time	Sun 10PM - Mon 6AM	Mon 10PM - Tue 6AM	Tue 10PM - Wed 6AM	Wed 10PM - Thu 6AM	Thur 10PM - Fri 6AM	Fri 10PM - Sat 1PM	Sat 10PM - Sun 1PM	Total
10:00-10:59 PM	1	2	2	5	5	3	5	23
11:00-11:59 PM	1	0	1	0	2	2	1	7
12:00-12:59 AM	0	1	0	2	1	0	0	4
1:00-1:59 AM	3	2	0	0	1	0	0	6
2:00-2:59 AM	1	0	0	0	0	0	0	1
3:00-3:59 AM	0	0	0	1	0	1	3	5
4:00-4:59 AM	0	0	0	0	0	0	0	0
5:00-5:59 AM	0	0	0	0	0	0	0	0
6:00-6:59 AM	N/A	N/A	N/A	N/A	N/A	0	0	0
7:00-7:59 AM	N/A	N/A	N/A	N/A	N/A	1	1	2
8:00-8:59 AM	N/A	N/A	N/A	N/A	N/A	2	1	3
9:00-9:59 AM	N/A	N/A	N/A	N/A	N/A	2	1	3
10:00-10:59 AM	N/A	N/A	N/A	N/A	N/A	2	1	3
11:00-11:59 AM	N/A	N/A	N/A	N/A	N/A	3	4	7
12:00-12:59 PM	N/A	N/A	N/A	N/A	N/A	4	3	7
Total	6	5	3	8	9	20	20	71

‘N/A’ in this table indicates hours that were already mobile hours prior to the 24/7 expansion in January 2023; data from these time periods are included in the main report.

