



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

July 2023

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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. Unless stated otherwise, the data in this report reflects calls during all 24 hours. Select charts, labeled “overnight/weekend hours”, reflect data on the calls that took place between 10pm and 6am during the week, and before 1pm on the weekends.

Call and Episode Volume: In July 2023, 2-1-1 and Mobile Crisis received 641 calls including 452 calls (70.5%) handled by Mobile Crisis providers and 189 calls (29.5%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This month showed a 7.9% increase in call volume from July 2022 (n=594). Call volume remains 14.2% lower than the same month in 2019 (n=747), prior to the start of the pandemic. In July of FY2022 call volume had returned to pre-pandemic levels. From the overnight and weekend hours, Mobile Crisis and 2-1-1 received 108 calls including 78 (72.2%) calls handled by Mobile Crisis providers and 30 (27.8%) calls handled by 2-1-1 only. The overnight and weekend call volume in July of 2023 is similar to last month (105, June 2023).

Among the **452 episodes of care** this month, episode volume ranged from 55 episodes (Southwestern) to 94 episodes (Hartford and Western). The statewide average service reach per 1,000 children this month was 0.6, with service area rates ranging from 0.3 (Southwestern) to 0.7 (all other sites) 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 1.3 per 1,000 children in poverty, with service area rates ranging from 0.9 (Southwestern) to 2.3 (Central). During the new overnight and weekend hours, there were 78 episodes of care with episode volume ranging from 5 episodes (New Haven) to 20 episodes (Western). The overnight and weekend episodes in July 2023 had increased 9.9%, compared to last month (71, June 2023)

Mobility: Statewide mobility was **89.7% this month**, higher than the rate in July 2022 (86.8%). Three of the six service areas were above the 90% benchmark this month, with performance ranging from 82.4% (Eastern) to 97.4% (Southwestern). Mobility for individual providers ranged from 75.0% (Wellmore:Torrington) to 100% (CFGC: Norwalk and CFGC:South). Six 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 10. There were no telehealth responses this month (compared to 1 in June 2023). The statewide mobility rate during the new hours was 77.4%, with three regions meeting the 90% benchmark. Performance ranged from 20.0% (New Haven) to 100.0% (Southwestern and Western). Though the overall mobility rate was slightly below the 90% benchmark, the benchmark was exceeded during the traditional mobile crisis hours (92.1%). During the new overnight and weekend hours, 35.9% of these episodes received a mobile response, 20.5% received a deferred mobile response, and 43.6% received a non-mobile response, while in the daytime hours, 51.3% of these episodes received a mobile response, 19.9% received a deferred mobile response, and 28.8% received a non-mobile response.

Response Time: Statewide, this month **76.4% of mobile episodes received a face-to-face response in 45 minutes or less**, which is higher than the rate in July 2022 (71.5%). While video telehealth responses are counted as “mobile” responses, they are excluded from the response time calculations in this report. Two 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 64.5% (Central) to 93.3% (New Haven). Six of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 33.0 minutes. Response time came closer to meeting the benchmark during the traditional mobile crisis hours at 79.3%. During the expanded overnight hours, there was a greater range of performance. Statewide, 54.2% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 33.3% (Central) to 100% (Eastern, New Haven, and Southwestern).

Length of Stay (LOS): Statewide, among discharged episodes, **0 of the 58 *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 10.0 days. The regional median LOS ranged from 8.0 days (Hartford) to 13.0 days (Eastern). Note: these calculations only include episodes that began during FY2024. For the month of July, this means that no episodes would have exceeded 45 days given that there had not yet been 45 days in the fiscal year.

Section I: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

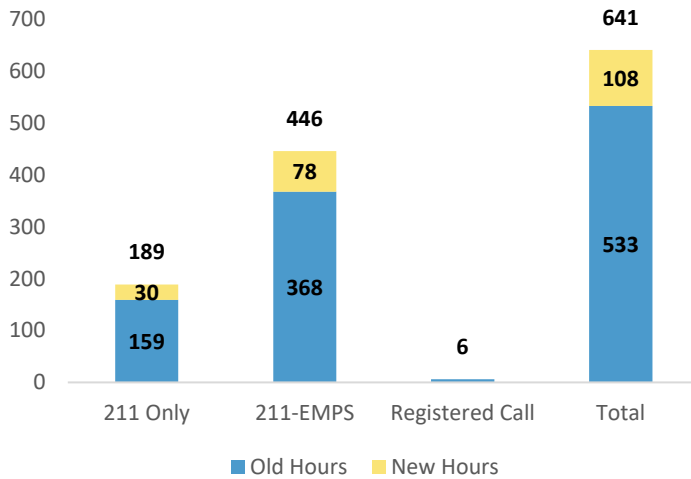


Figure 2. Mobile Crisis Episodes by Service Area

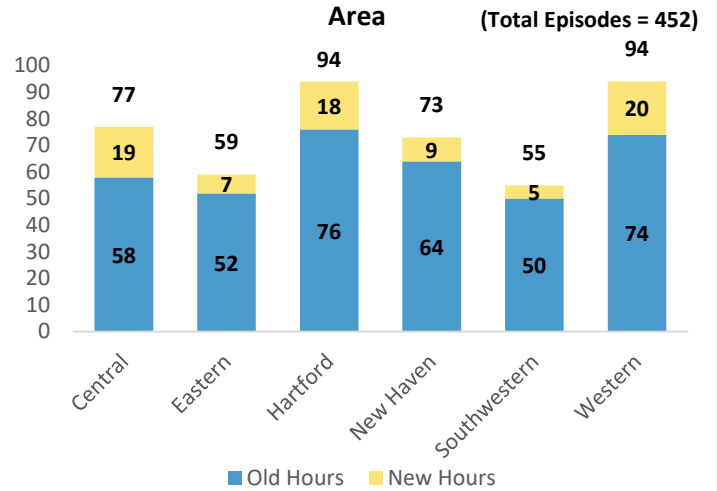


Figure 3. Number Served Per 1,000 Children

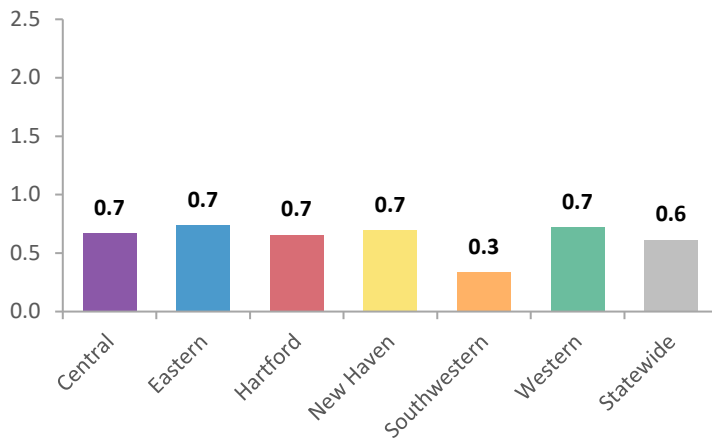


Figure 4. Number Served per 1,000 Children in Poverty

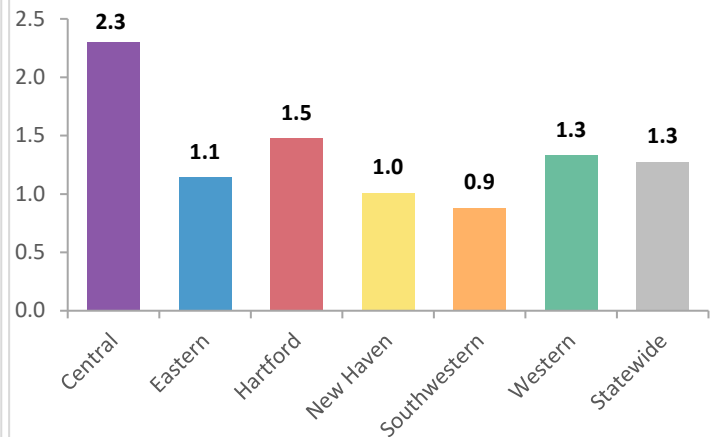
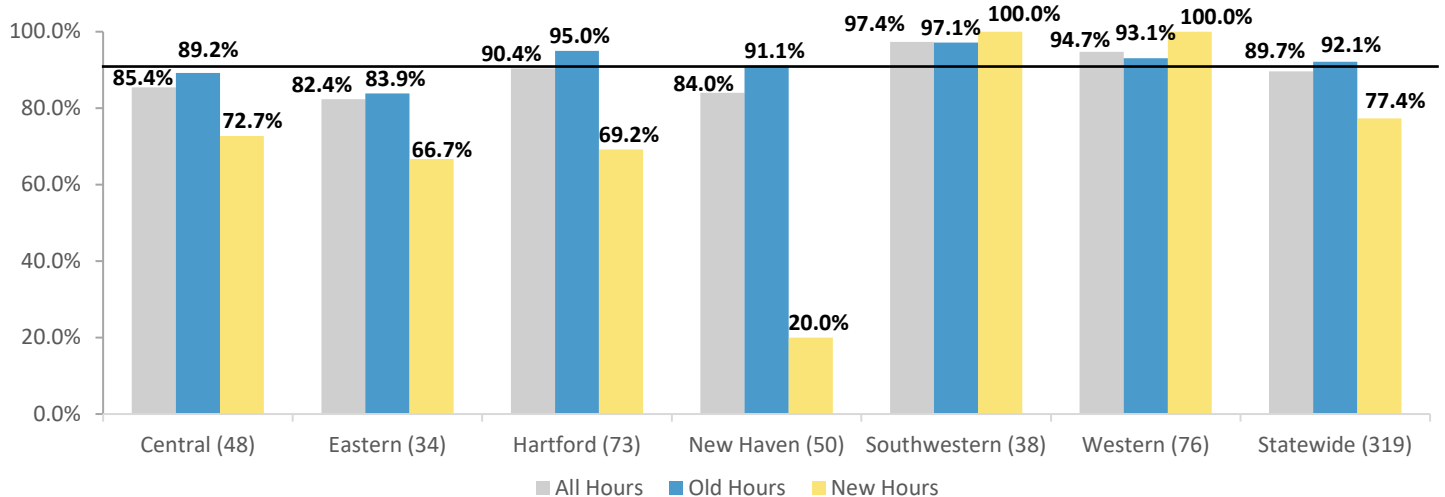


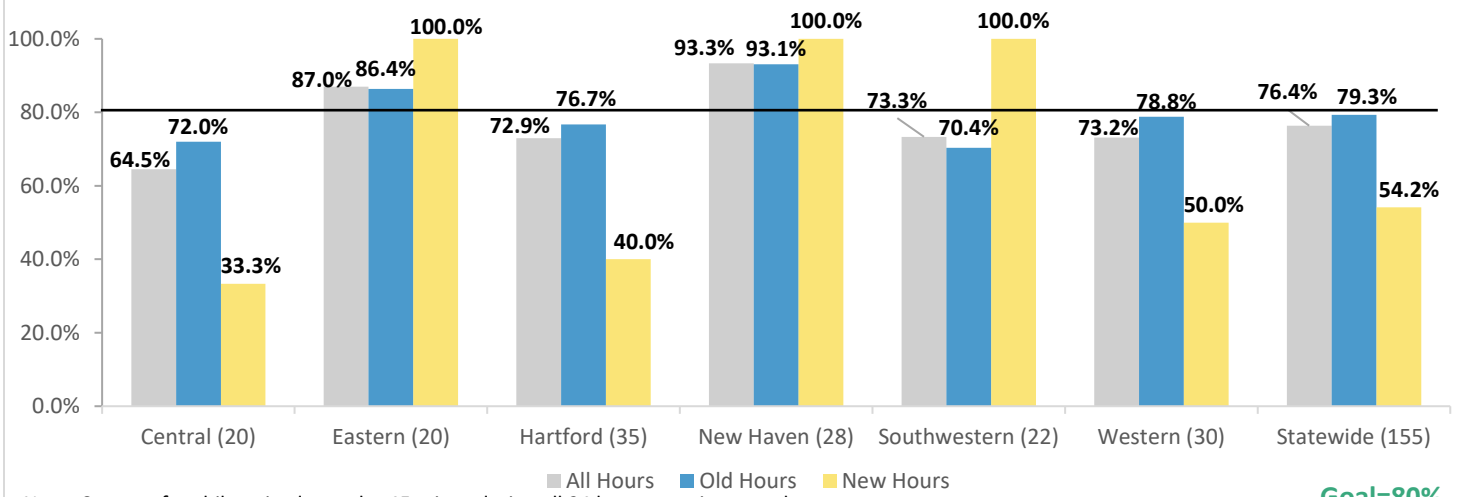
Figure 5. Mobile Response by Service Area



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

Goal=90%

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



Section II: Mobile Crisis Response

Figure 7. Statewide 2-1-1 Call Disposition

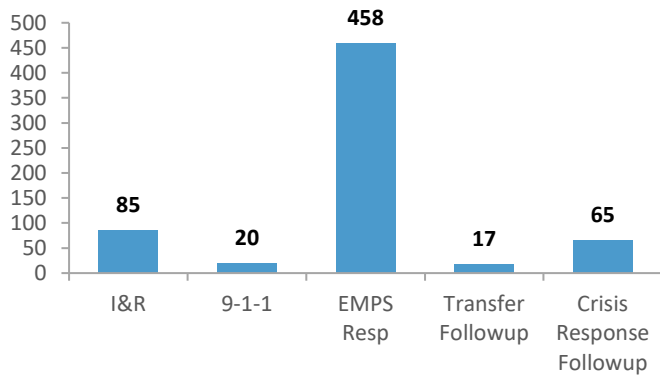


Figure 8. Mobile Crisis Episodes by Provider

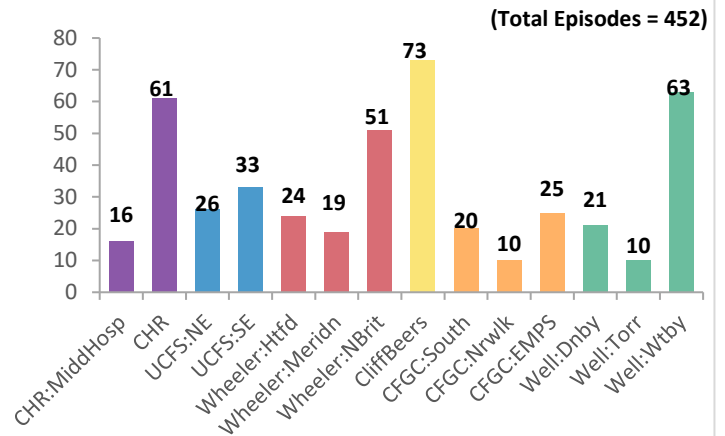
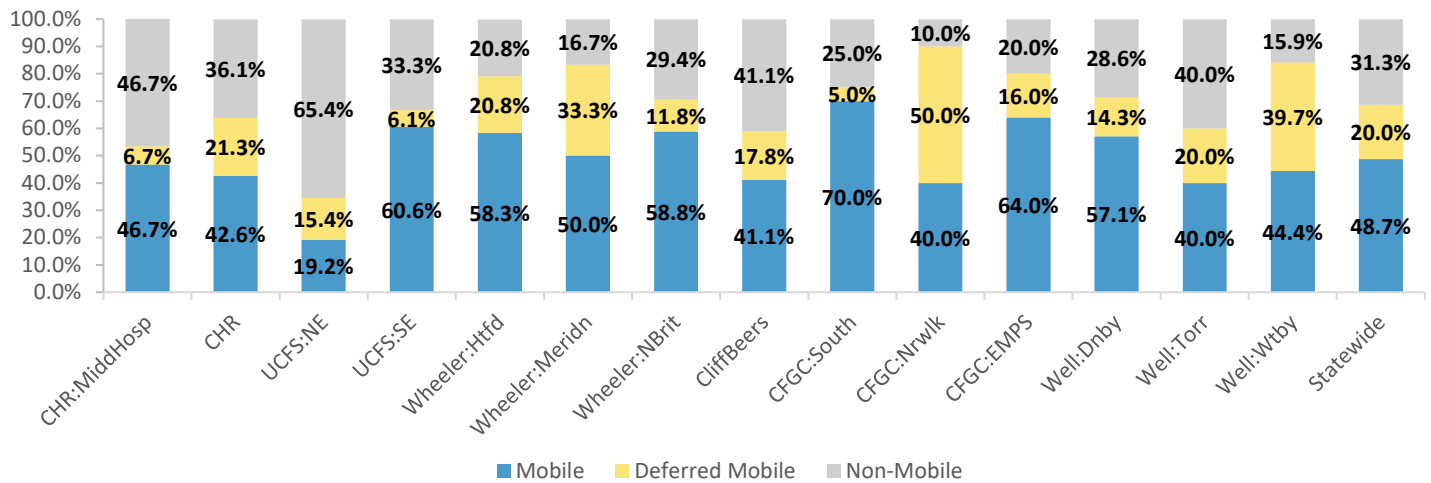


Figure 9. Actual Initial Mobile Crisis Response* by Provider



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

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

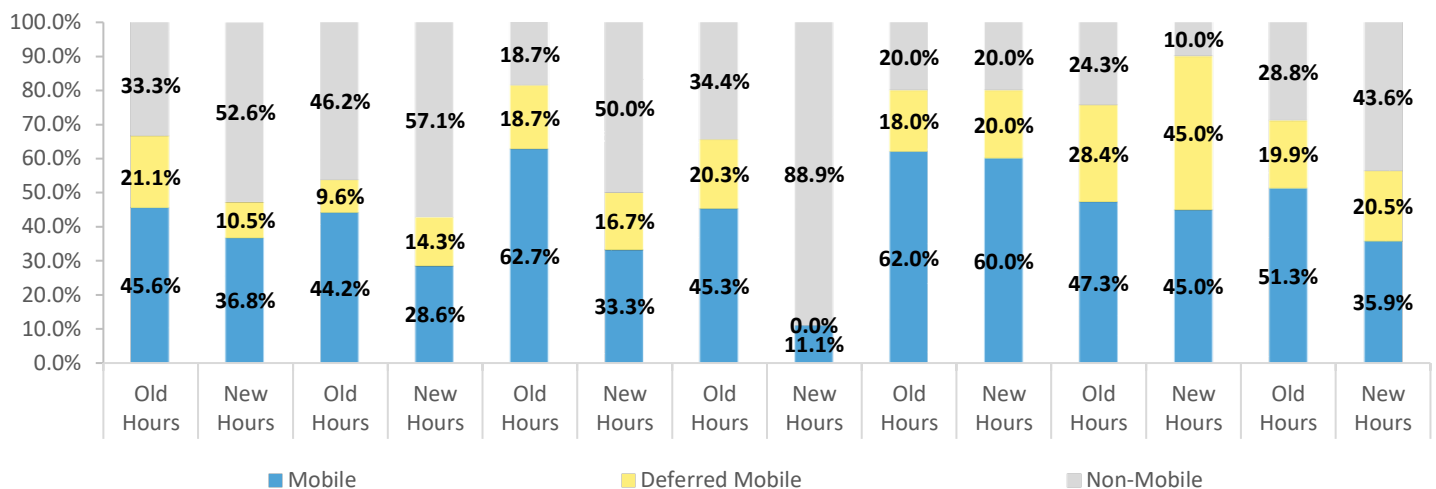
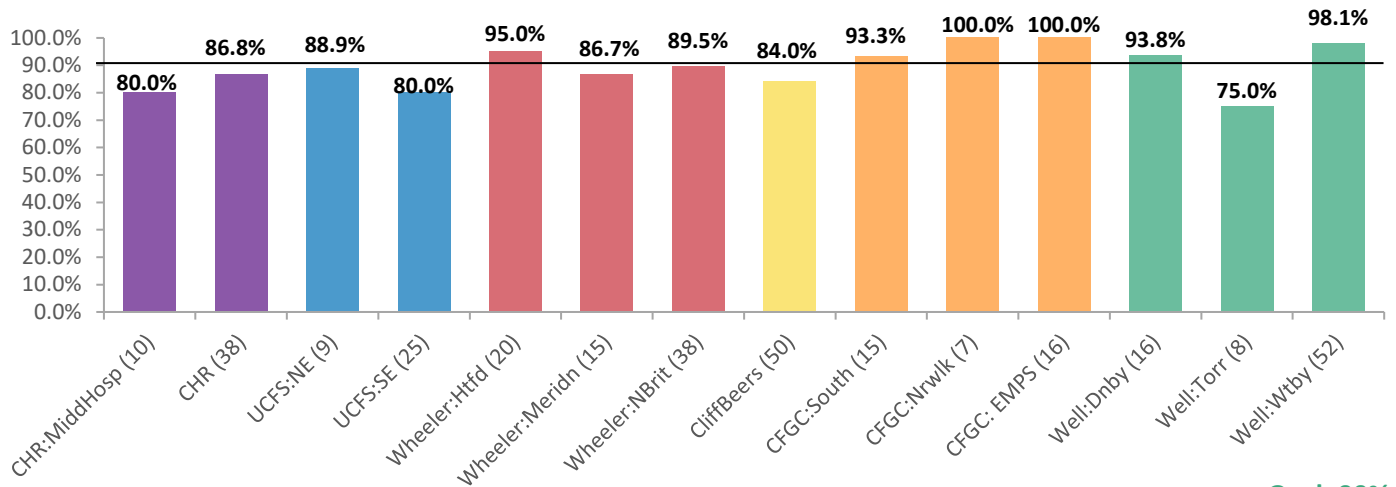


Figure 11. Mobile Response* by Provider

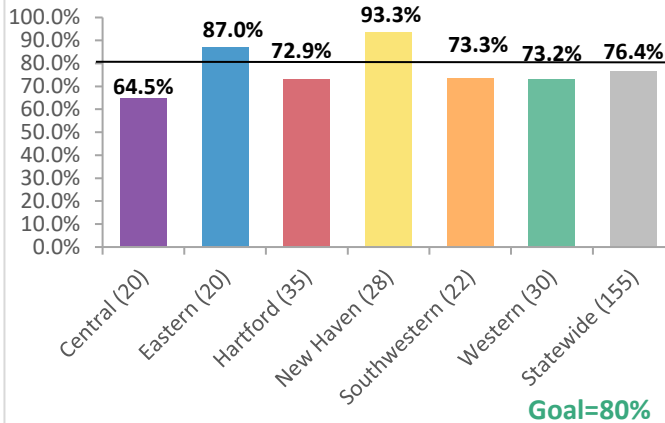


Note: Counts of 211-recommended mobile episodes are in parentheses.

Goal=90%

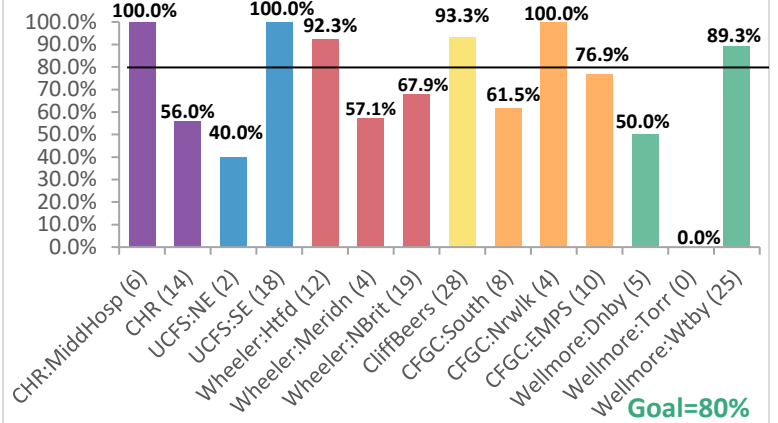
Section III: Response Time

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



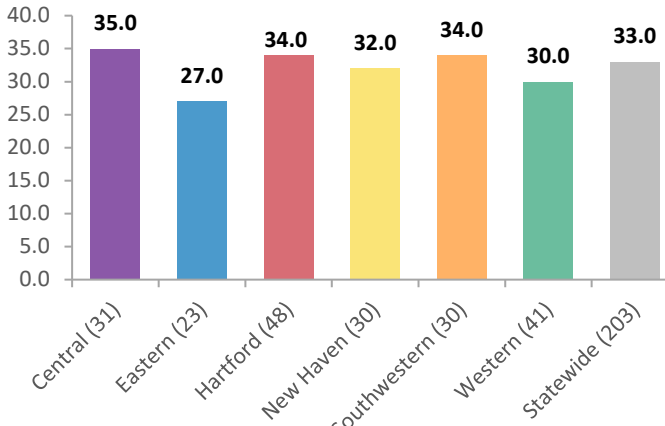
Note: Counts of mobile episodes under 45 mins. are in parentheses.

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



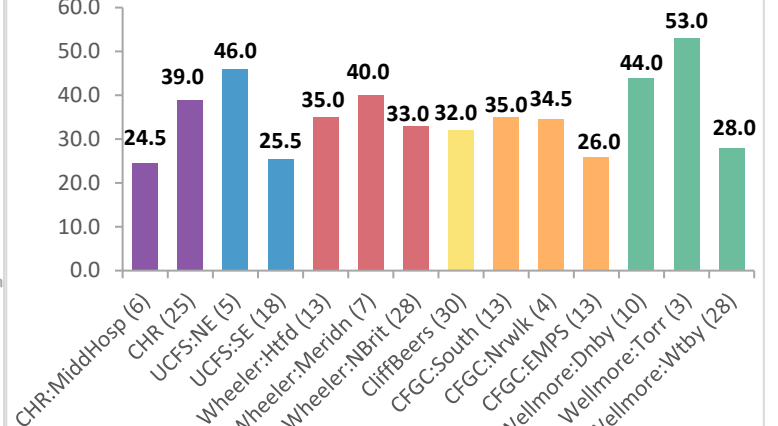
Note: Counts of mobile episodes under 45 mins. are in parentheses.

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)

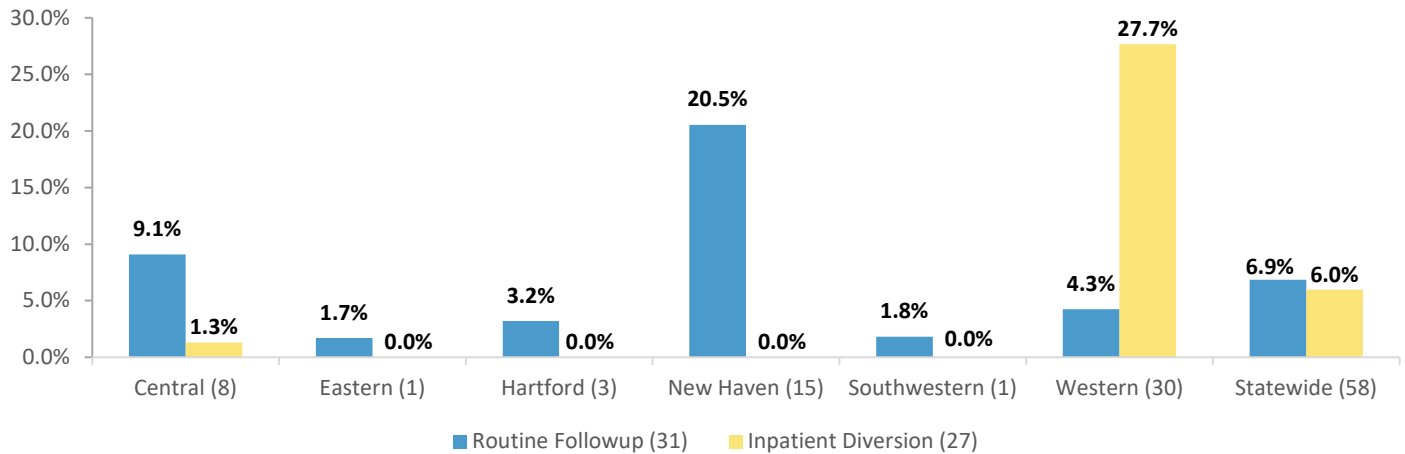
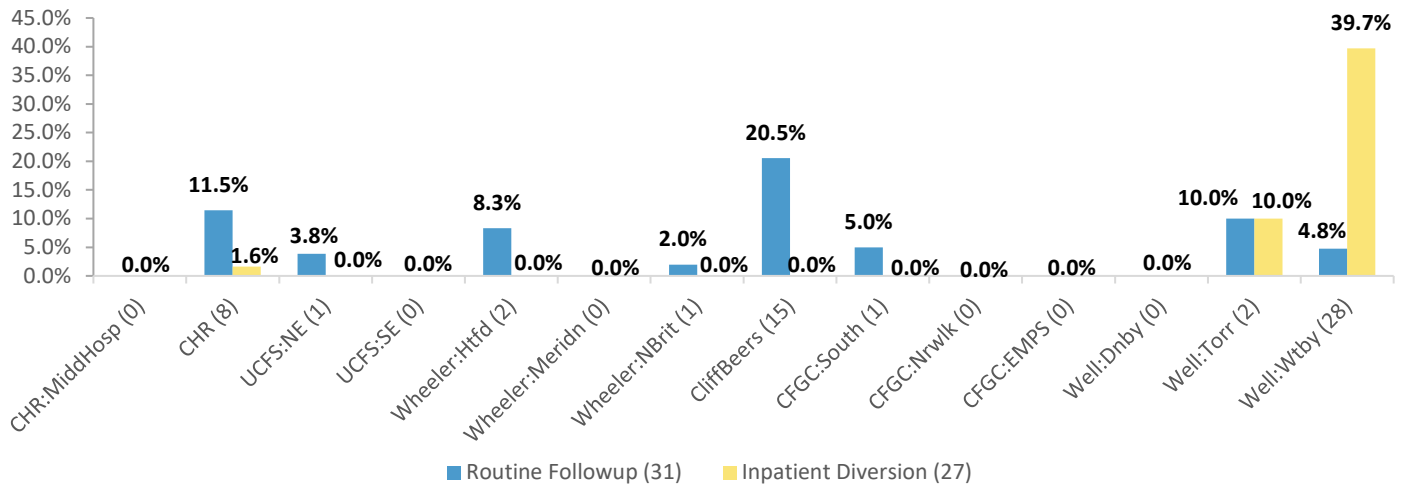


Figure 17. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)



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	58	10.1	10.0	0% (n = 0)
Central	20	10.9	12.0	0% (n = 0)
Eastern	1	13.0	13.0	0% (n = 0)
Hartford	11	8.9	8.0	0% (n = 0)
New Haven	0	N/A	N/A	0% (n = 0)
Southwestern	3	11.0	9.0	0% (n = 0)
Western	23	9.8	10.0	0% (n = 0)

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