



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

August 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 continue to break out data by old and new hours to highlight any differences during the expanded hours.

Call and Episode Volume: In August 2023, 2-1-1 and Mobile Crisis received 646 calls including 435 calls (67.3%) handled by Mobile Crisis providers and 211 calls (32.7%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This month showed an 8.4% increase in call volume from August 2022 (n=596). Call volume remains 19.6% lower than the same month in 2019 (n=803), prior to the start of the pandemic. During the expanded overnight and weekend hours, Mobile Crisis and 2-1-1 received 108 calls including 72 (66.7%) calls handled by Mobile Crisis providers and 36 (33.3%) calls handled by 2-1-1 only. The overnight and weekend call volume in August 2023 was the same as last month (108, July 2023).

Among the **435 episodes of care** this month, episode volume ranged from 43 episodes (New Haven) to 115 episodes (Hartford). The statewide average service reach per 1,000 children this month was 0.6, with service area rates ranging from 0.3 (Southwestern) to 0.8 (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 1.1 per 1,000 children in poverty, with service area rates ranging from 0.4 (Southwestern) to 2.6 (Central). During the expanded overnight and weekend hours, there were 72 episodes of care with episode volume ranging from 6 episodes (New Haven) to 16 episodes (Hartford and Western). The overnight and weekend episodes in August 2023 decreased 7.7%, compared to last month (78, July 2023).

Mobility: Statewide mobility was **89.0% this month**, which is similar to the rate in August 2022 (88.8%). Two of the six service areas were above the 90% benchmark this month, with performance ranging from 82.1% (New Haven) to 93.3% (Central). Mobility for individual providers ranged from 71.4% (CFGCSouth) to 97.7% (CHR). Three 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. There were no telehealth responses this month (same as last month, July 2023). The statewide mobility rate during the new hours was 82.0%, with two regions meeting the 90% benchmark. Performance ranged from 50.0% (New Haven) to 100.0% (Central). Though the overall mobility rate was slightly below the 90% benchmark, the benchmark was exceeded during the traditional mobile crisis hours (90.4%). During the new hours, 37.5% of episodes received a mobile response, 25.0% received a deferred mobile response, and 37.5% received a non-mobile response, while in the traditional hours, 54.3% of these episodes received a mobile response, 16.9% received a deferred mobile response, and 28.8% received a non-mobile response.

Response Time: Statewide, this month **77.5% of mobile episodes received a face-to-face response in 45 minutes or less**, which is slightly lower than the rate in August 2022 (79.4%). While video telehealth responses are counted as “mobile” responses, they are excluded from the response time calculations in this report. Three 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 59.2% (Hartford) to 96.0% (Southwestern). Nine of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 33.0 minutes. Response rate during all 24 hours is similar to the response rate during the traditional mobile crisis hours (77.1%). During the expanded hours, there was a greater range of performance. Statewide, 80.0% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 50.0% (New Haven) to 100% (Eastern and Hartford).

Length of Stay (LOS): Statewide, among discharged episodes, **none of the 122 *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 7.0 days (New Haven) to 27.0 days (Southwestern). Note: these calculations only include episodes that began during FY2024.

Section I: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

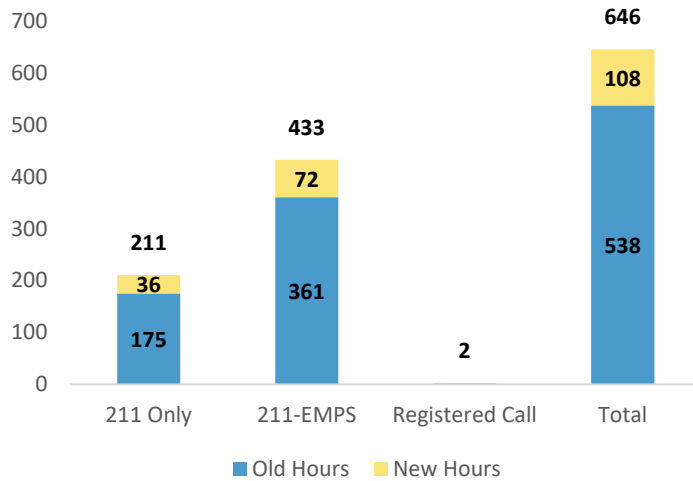


Figure 2. Mobile Crisis Episodes by Service Area

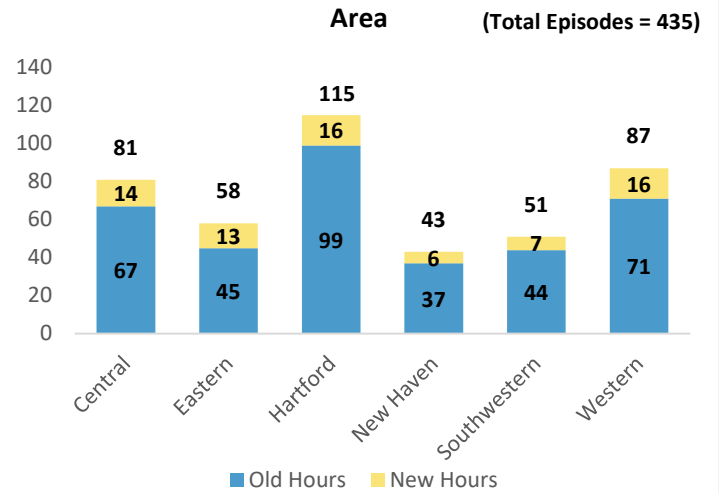


Figure 3. Number Served Per 1,000 Children

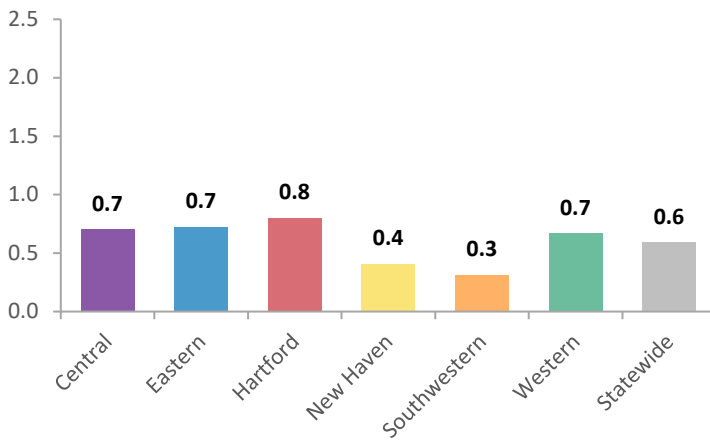


Figure 4. Number Served per 1,000 Children in Poverty

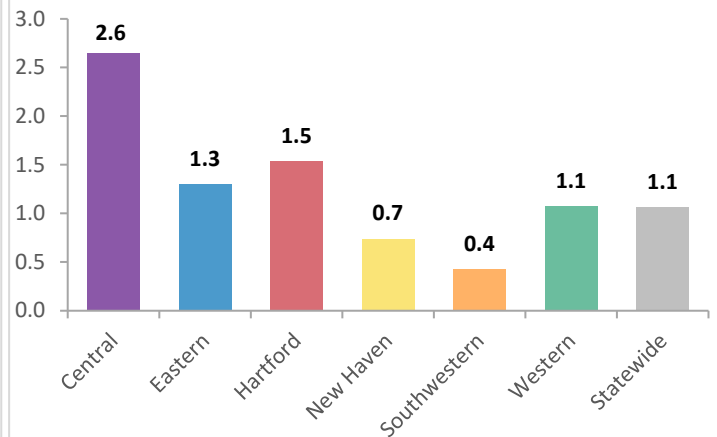
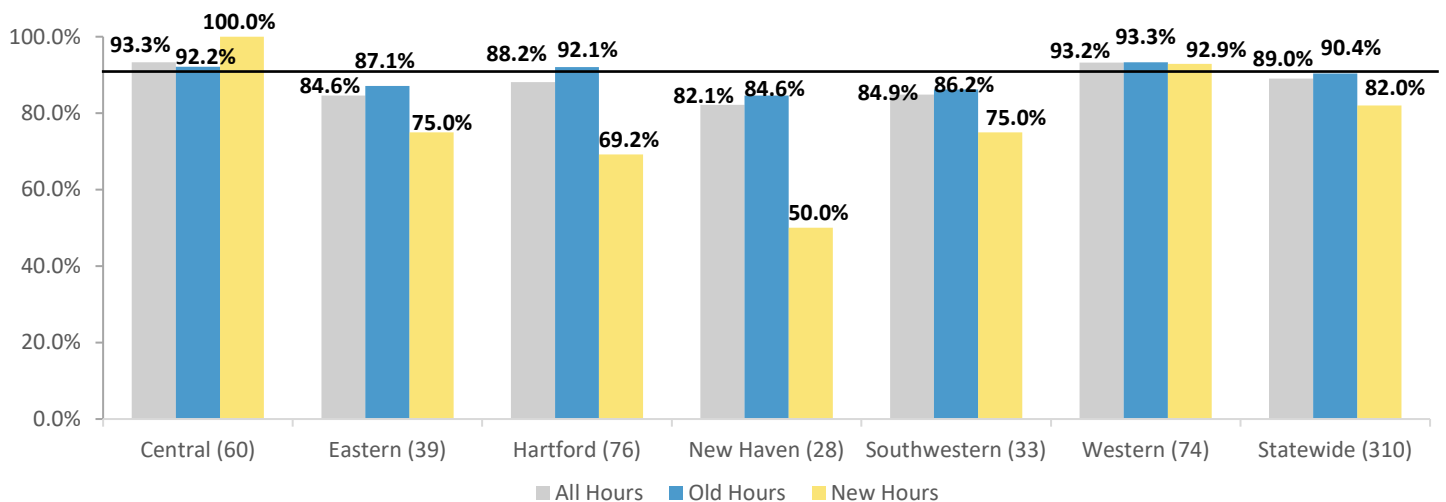


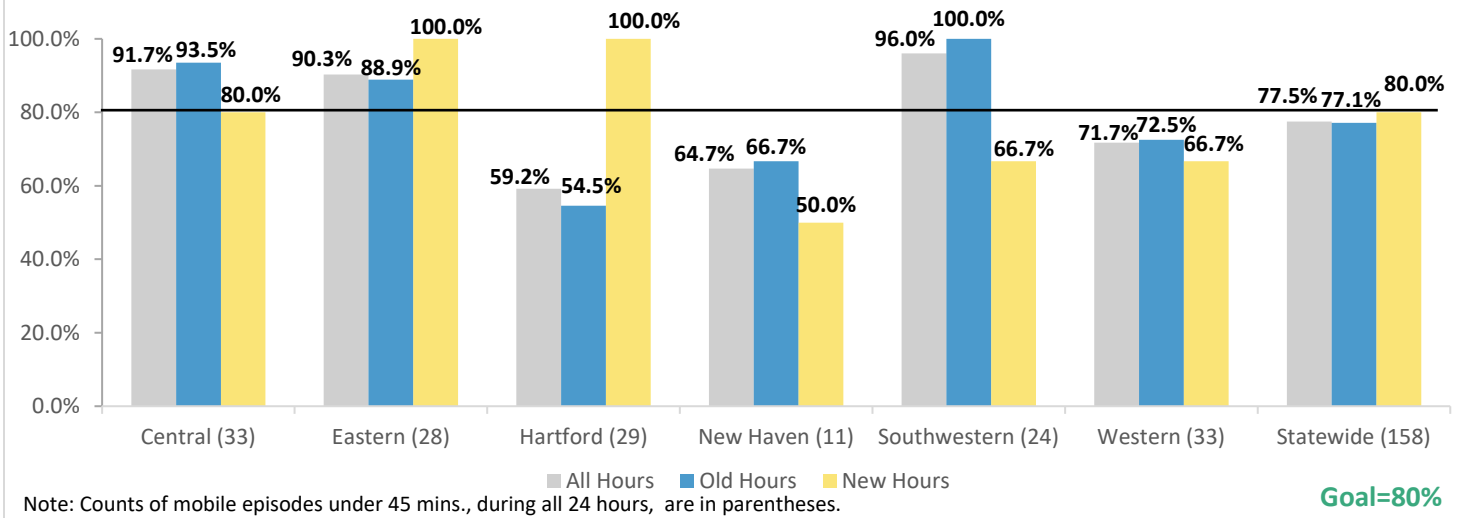
Figure 5. Mobile Response by Service Area



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

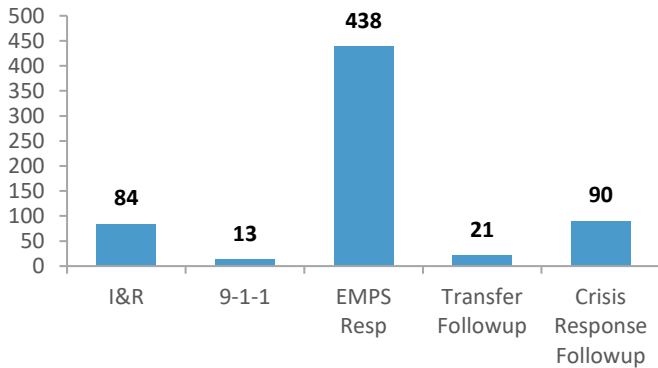


Figure 8. Mobile Crisis Episodes by Provider

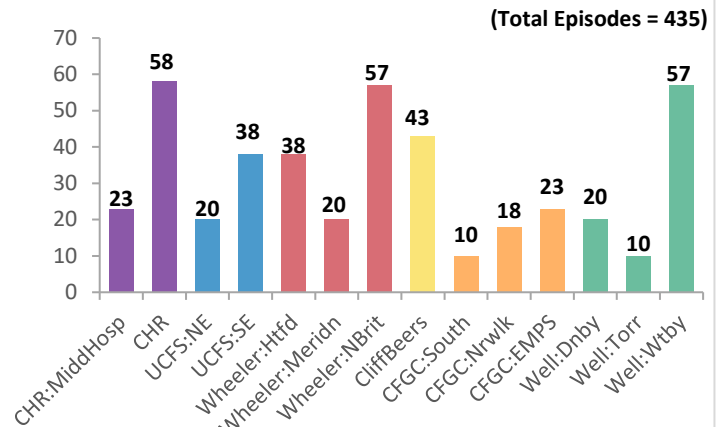
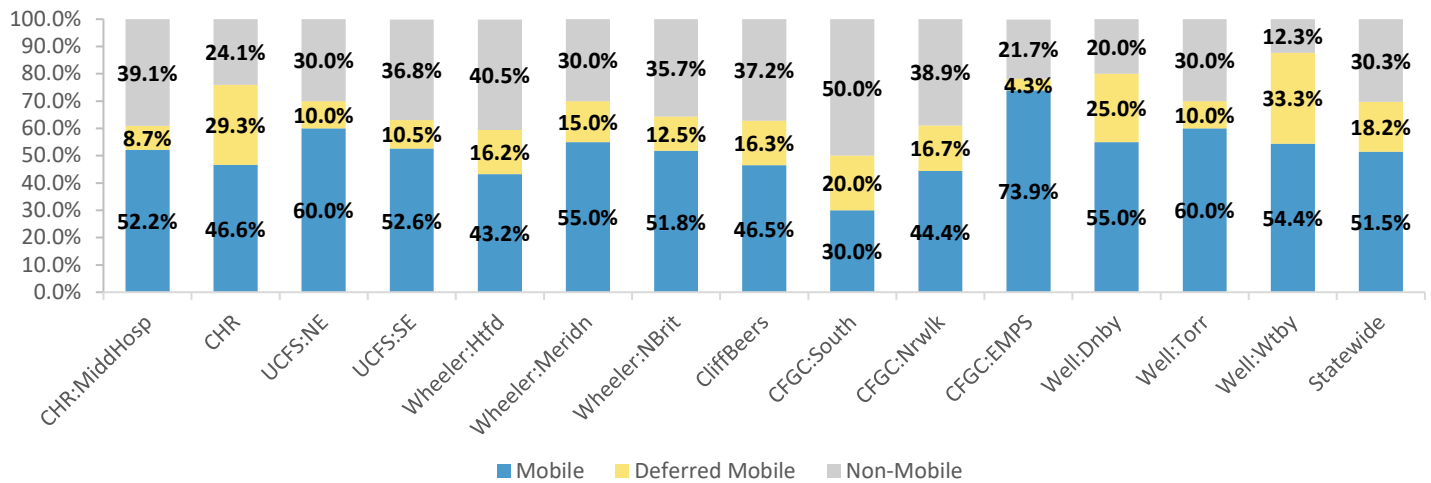


Figure 9. Actual Initial Mobile Crisis Response* by Provider



*Statewide, there was no mobile or deferred mobile episode that was performed via video telehealth.

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

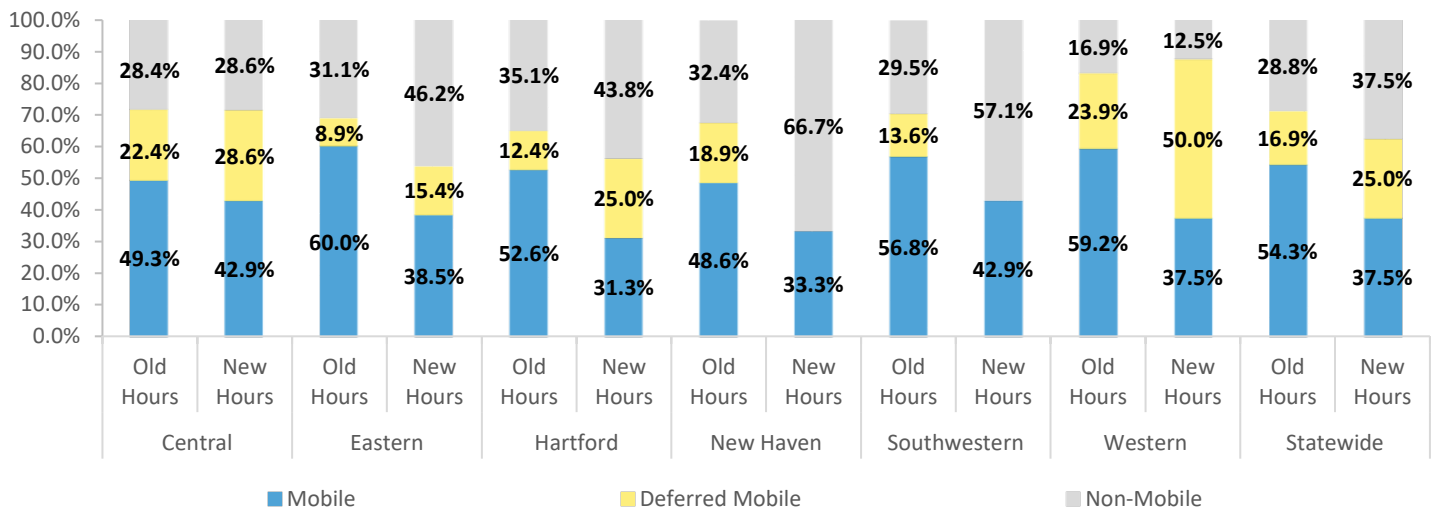
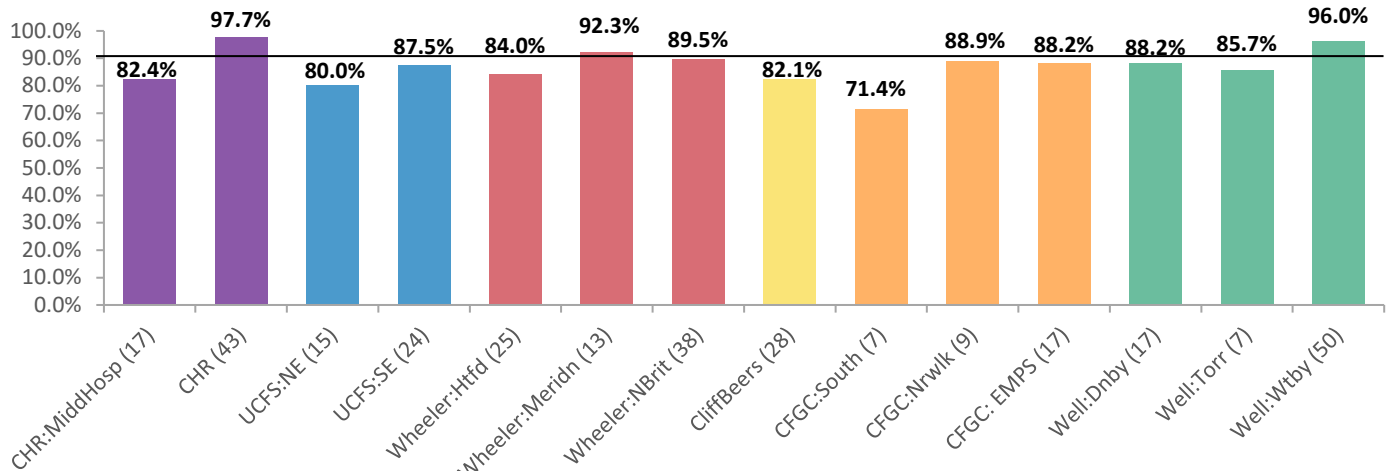


Figure 11. Mobile Response* by Provider



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

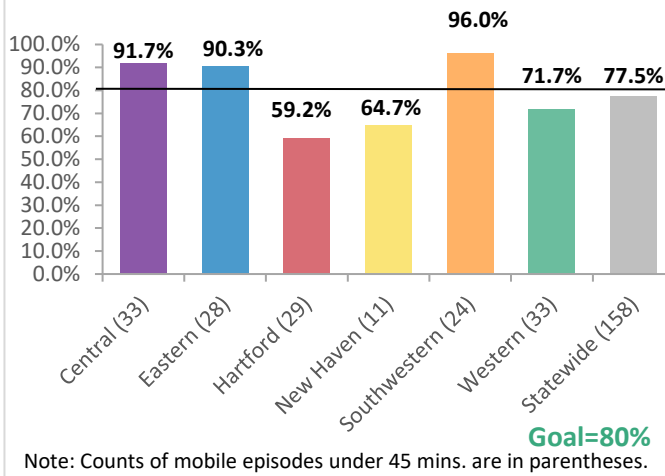


Figure 13. Mobile Episodes with a Response Time Under 45 Minutes by Provider

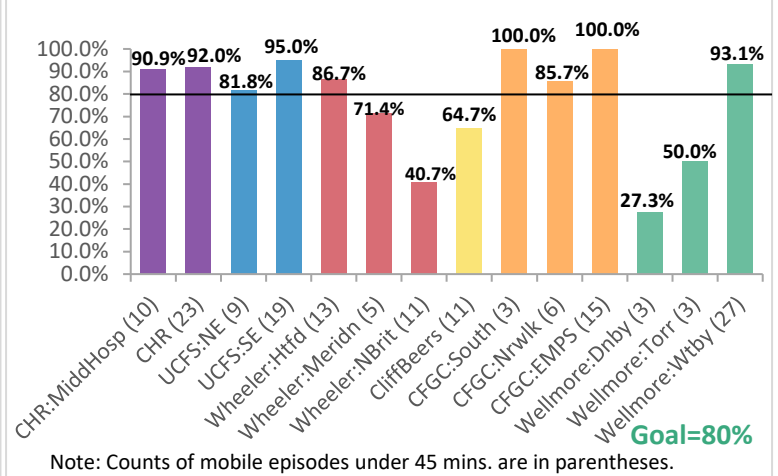


Figure 14. Median Mobile Response Time in Minutes

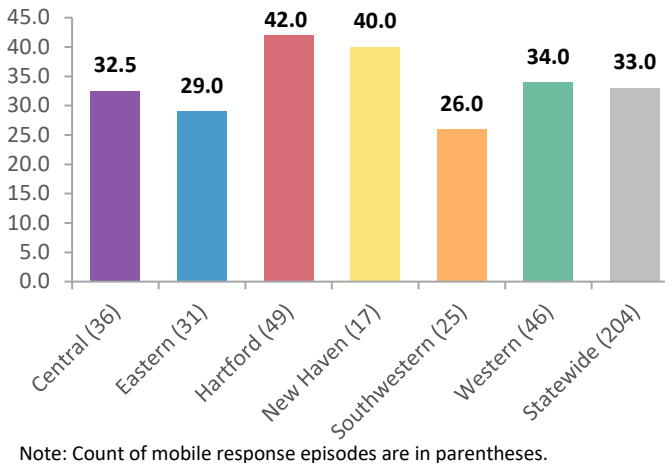
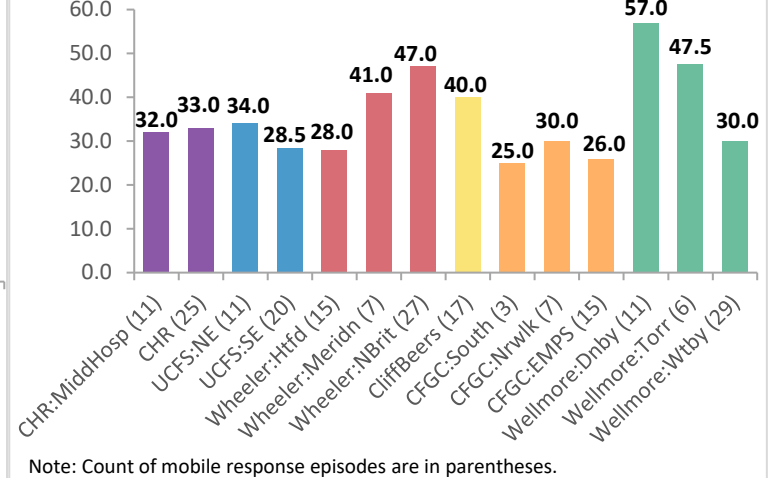


Figure 15. Median Mobile Response Time by Provider in Minutes



Section IV: Emergency Department Referrals

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

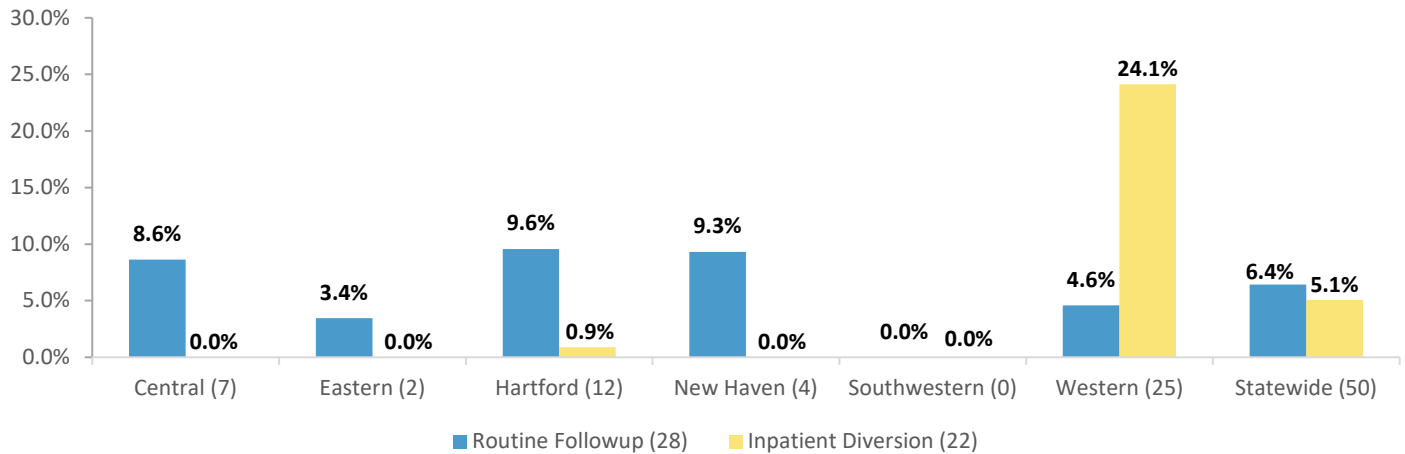
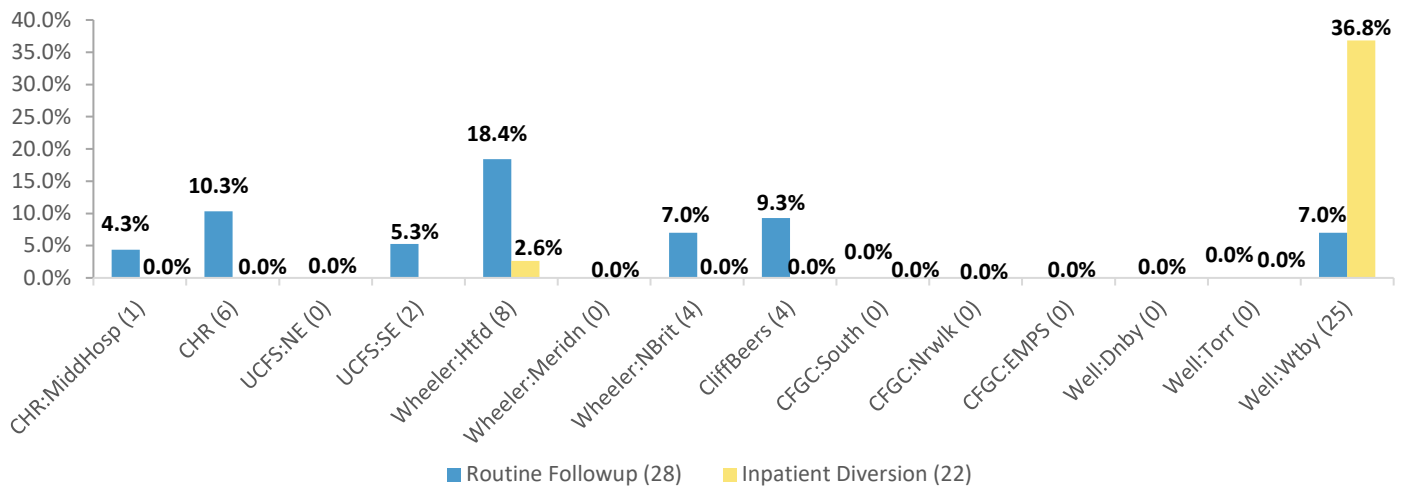


Figure 17. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)



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	122	17.7	17.0	0% (n = 0)
Central	30	15.9	15.0	0% (n = 0)
Eastern	3	20.3	26.0	0% (n = 0)
Hartford	25	17.4	18.0	0% (n = 0)
New Haven	1	7.0	7.0	0% (n = 0)
Southwestern	10	30.5	27.0	0% (n = 0)
Western	53	16.6	16.0	0% (n = 0)

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

