



Child Health and  
Development Institute  
of Connecticut, Inc.

# Data Spotlight on Mobile Crisis and Urgent Crisis Centers

-Kellie Randall, AVP of Quality  
Improvement at CHDI

-Amy Samela, VP of Residential  
Programs, The Village for Families and  
Children

-Erin Saylor, Chief Operating Officer,  
Child and Family Agency

Presentation to the TCB  
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This work is funded by Connecticut's Department of Children and Families. Data is shared here with their permission to advance the goals and continued Quality Improvement of these programs.



# CT's Crisis Continuum Alignment with National Best Practices

SAMHSA's National Guidelines for Child and Youth Behavioral Health Crisis Care



Someone to Contact

988/211



Someone to Respond

Mobile Crisis Intervention Services



A Safe Place to Be

UCCs/SACs

*Within a community-based system of support*

# Mobile Crisis Spotlight

# Overall Goals of Mobile Crisis

*Mobile Crisis aims to provide a consistent, high-quality service for children and families in CT*

**Be Highly Mobile:** Go to where the youth is

**Be Responsive:** Arrive within 45 minutes or less

**Convenient Hours:** Mobile response is available 24/7/365

**Reach all in need:** Have high volume across demographic groups, referral sources, and geographies

- Promote widespread community awareness that a rapid clinical crisis response is available
- Responsive to Schools, Emergency Departments, Police, Foster Families, and others

**Reduce inappropriate use of more restrictive services:**  
behavioral health emergency department visits, inpatient care, arrests

# Mobile Crisis FY24 Report Key Findings



**Mobile Crisis Intervention Services**  
FISCAL YEAR 2024 ANNUAL REPORT



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).



## Equity



### Access



Who is using the service?  
How often is the service used?

Are services reaching everyone who needs them?

### Quality



Are services delivered in a way that maximizes the likelihood of improved outcomes?

Are all groups receiving high quality services?

### Outcomes



Are families and children better off?

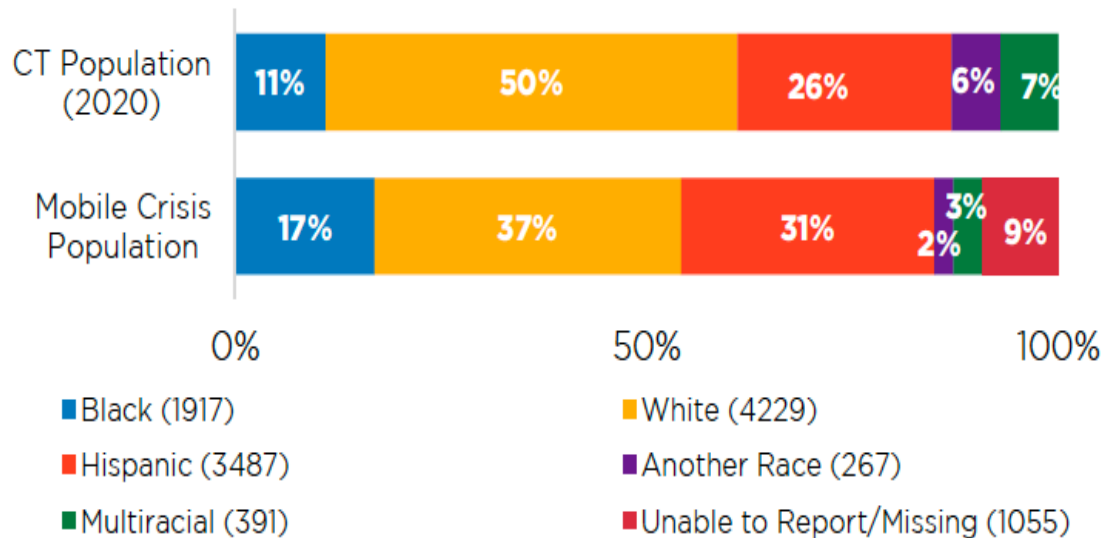
Are all groups benefitting from the service?

# Mobile Crisis FY24: Access & Utilization

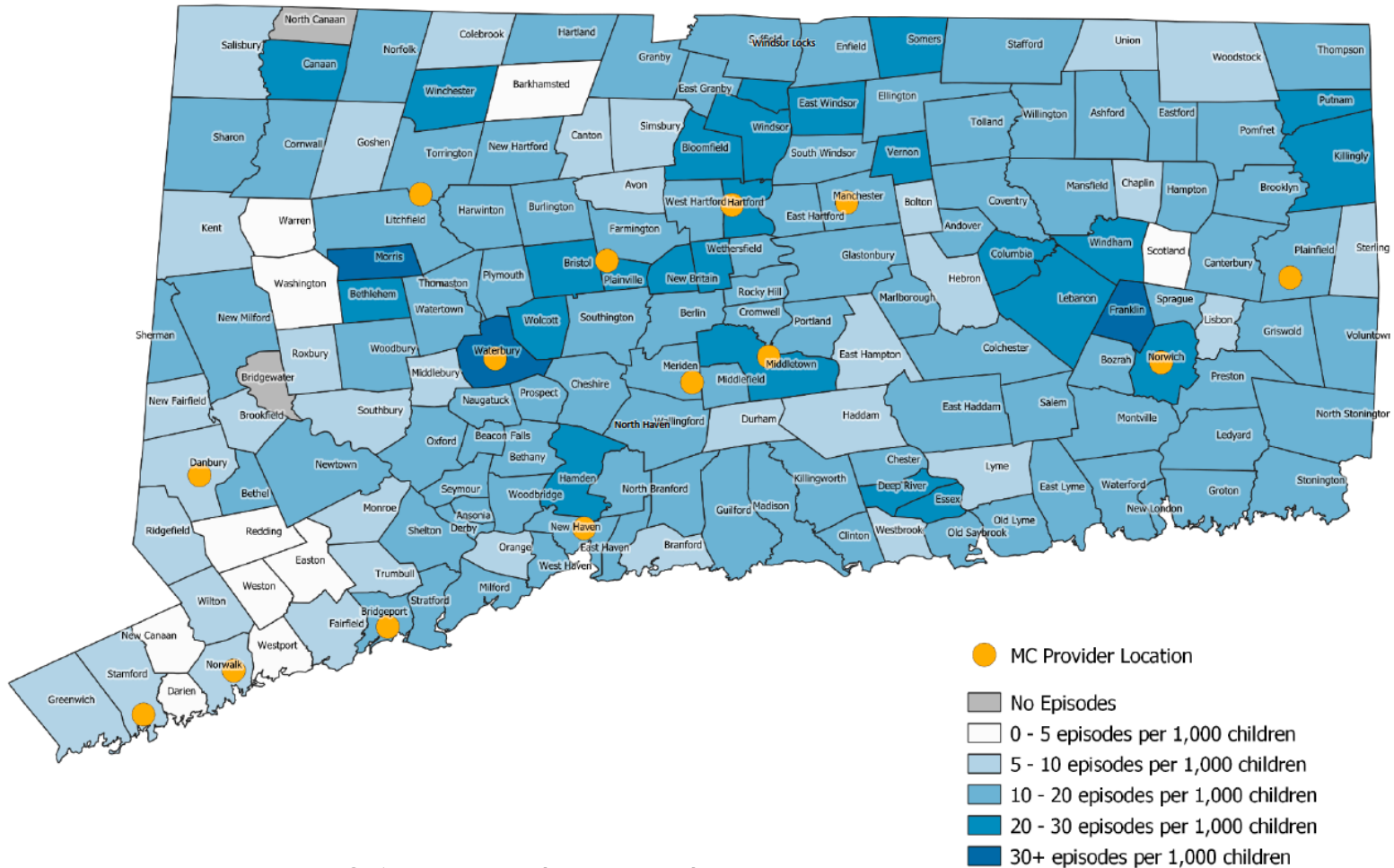


Mobile Crisis had **11,346** episodes of care serving **8,428** children.

**42%** of callers to Mobile Crisis were schools, and **41%** were the family or child themselves.



# Episodes per 1,000 children per town



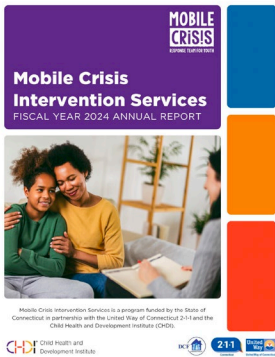
From FY24 Annual Report



# Presenting Problem in FY 24

<b>Presenting Problem</b>	<b>Statewide</b>
<b>Harm/Risk of Harm to Self</b>	<b>29.0%</b>
<b>Disruptive Behavior</b>	<b>25.0%</b>
<b>Depression</b>	<b>12.5%</b>
<b>Anxiety</b>	<b>7.2%</b>
<b>Harm/Risk of Harm to Others</b>	<b>5.3%</b>
<b>School Problems</b>	<b>5.2%</b>
<b>Family Conflict</b>	<b>5.5%</b>
<b>Other</b>	<b>10.4%</b>

# Mobile Crisis FY24 Quality Metrics



Mobile Crisis had a **94.4% mobility rate**, and responded to **86.6%** of mobile episodes in **under 45 minutes**.



**CT is a national leader in children's mobile response and stabilization services and has the highest benchmarks for both mobility and response time**

# Urban vs Rural Response Time

Using the Connecticut Office of Rural Health designations of rural towns

	Urban	Rural
Total # of episodes	5,951	830
Median response time	29 minutes	31 minutes
% with response under 45 minutes (benchmark = 80%)	87.1%	83.3%

FY24 Data

# Mobile Crisis and UCC Referrals

From FY24 Q3- FY 25 Q1, UCC :

- Received 35 referrals **from** Mobile Crisis
  - Made 52 referrals **to** Mobile Crisis

Ways UCCs and MCs are partnering

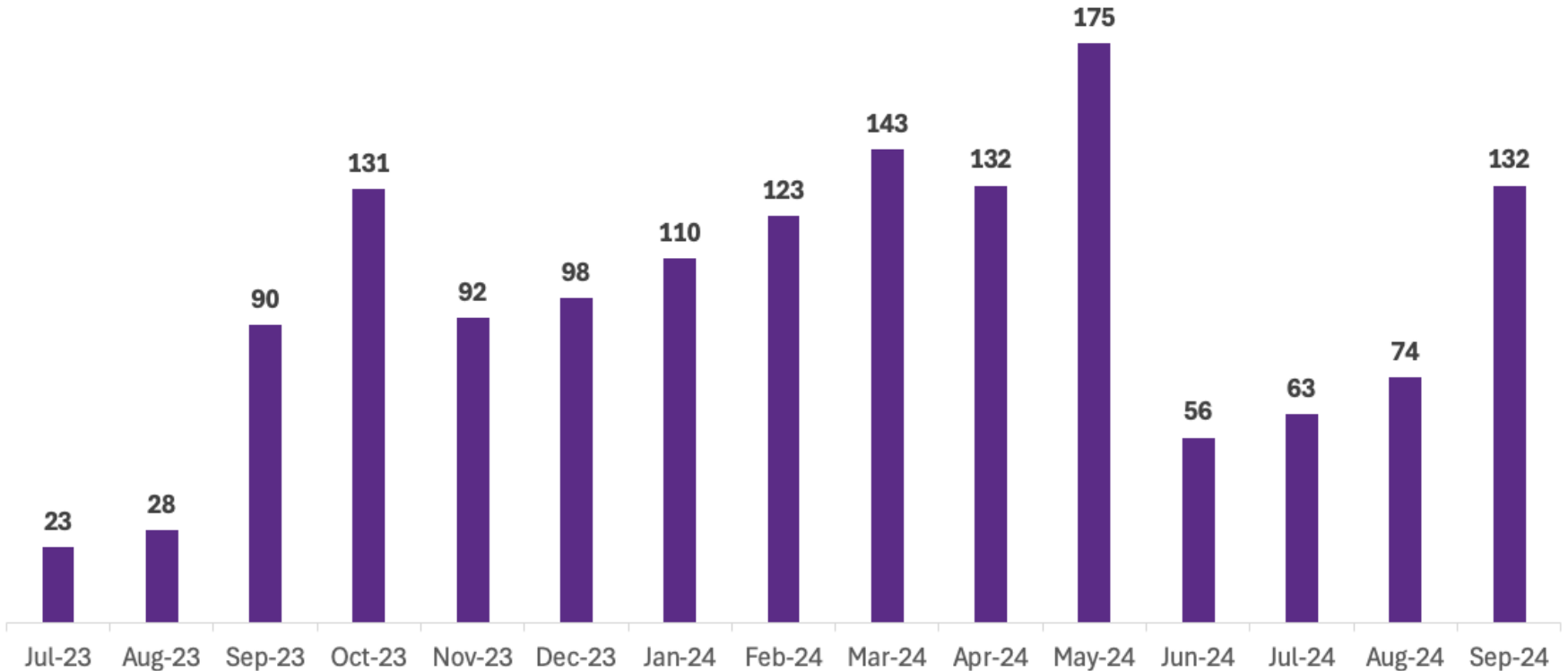
# UCC Spotlight

# UCC Video



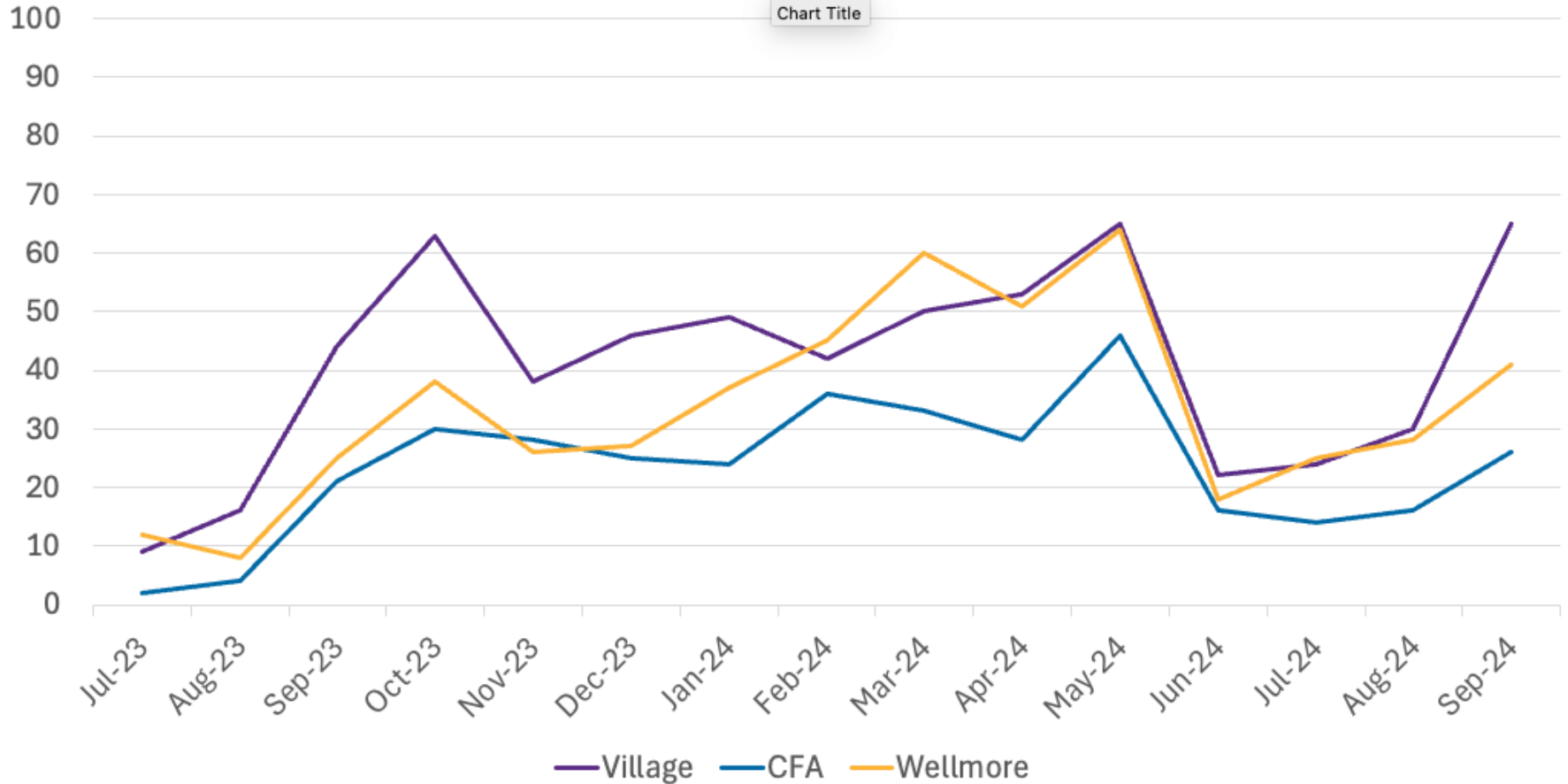
# UCC Volume: July 2023- Sept 2024

**Total Episodes= 1470**



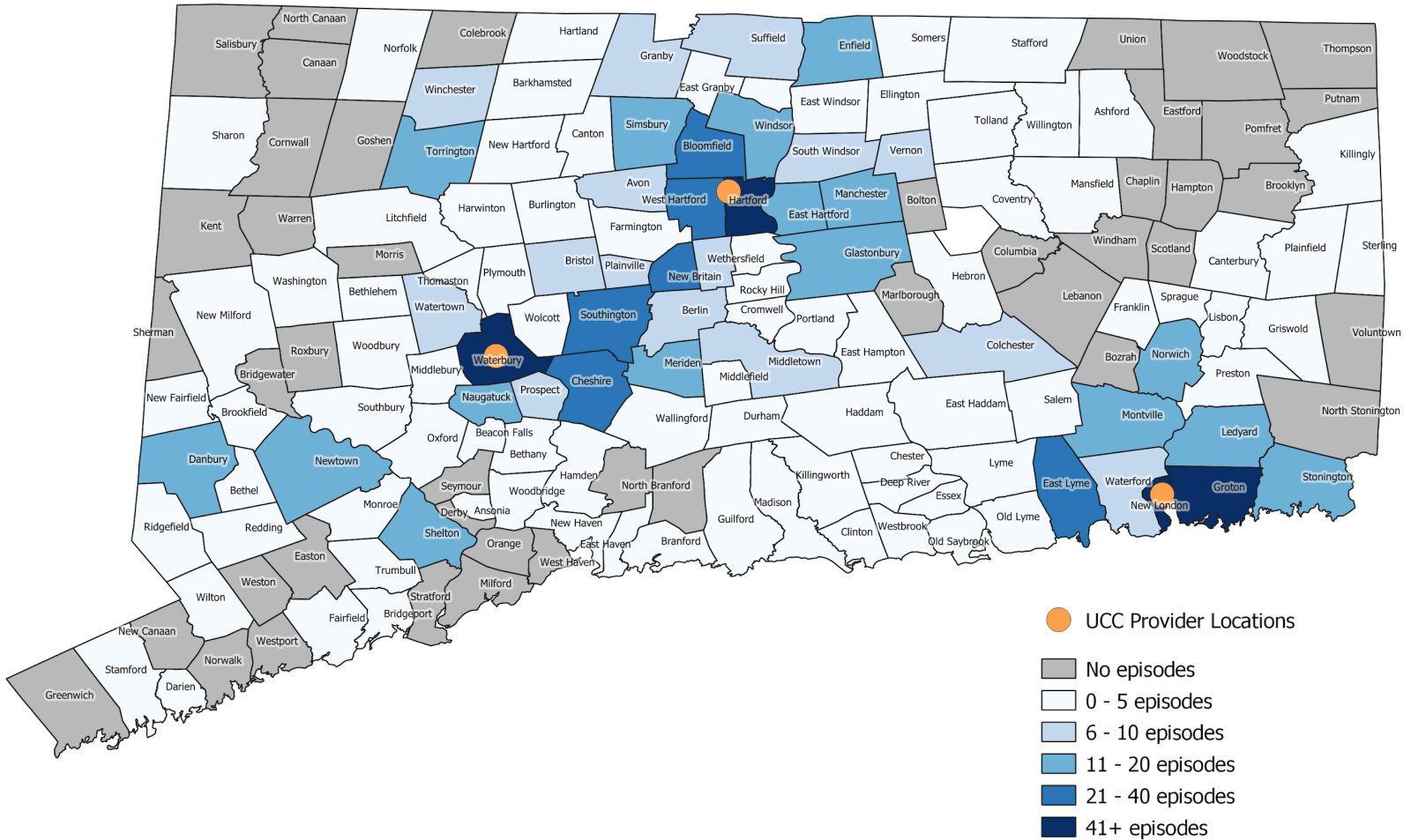
# UCC Volume by Provider

Chart Title

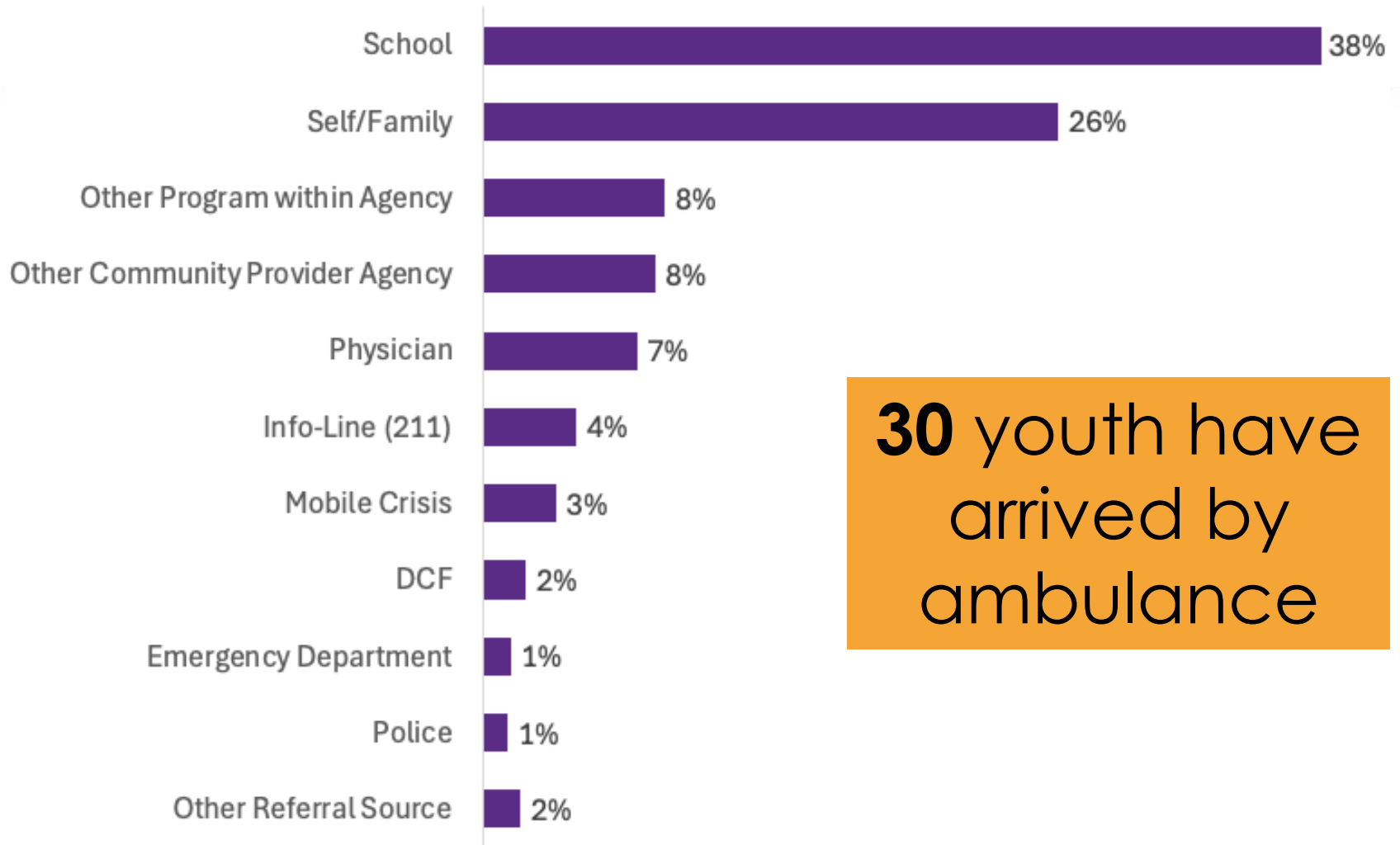




# UCC Volume by Town: FY24 Q3- FY25 Q1

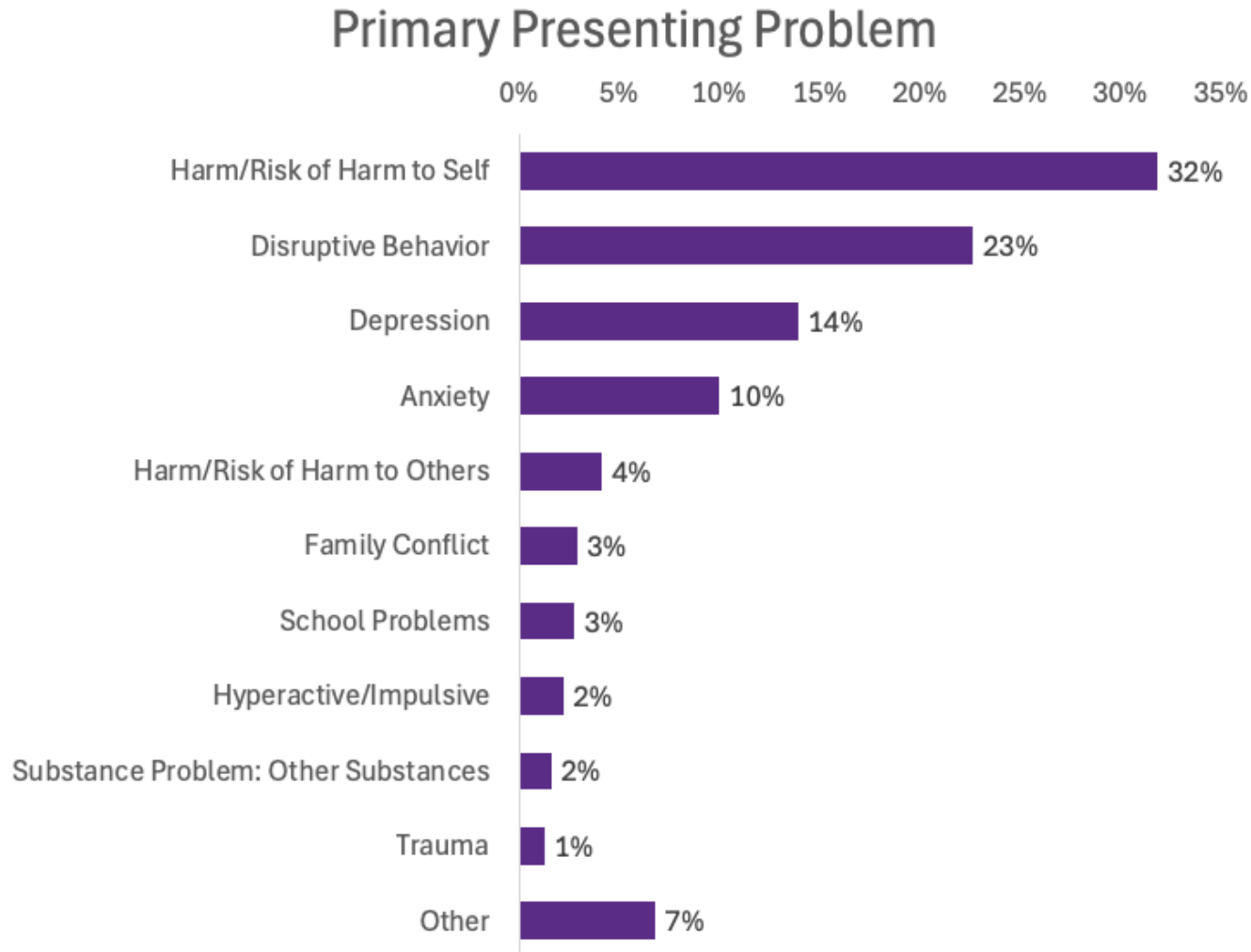


# UCC Referral Sources



Data from Jan 1-Sept 30, 2024

# UCC Presenting Challenges



Data from Jan 1-Sept 30, 2024

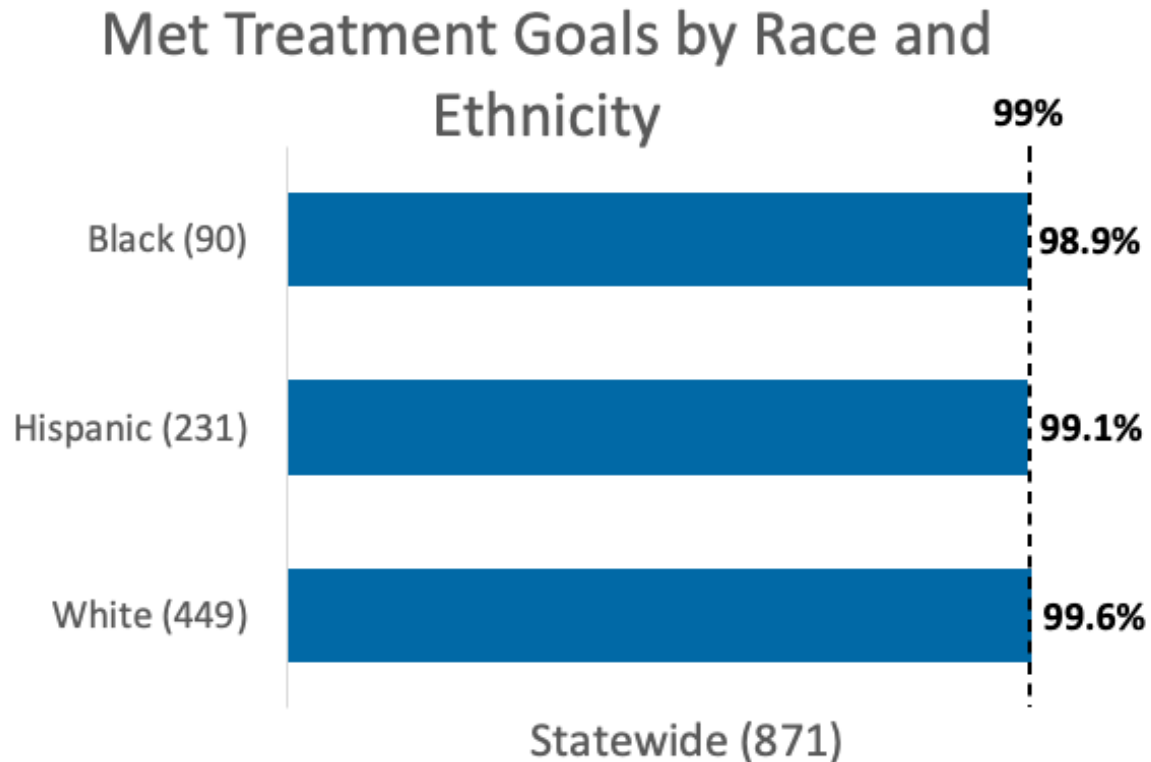
# UCC Outcomes

95.7% of children served in UCCs returned to their homes and communities

49.1% of families said they would have gone to the ED if not for the UCC

Data from Jan 1-Sept 30, 2024

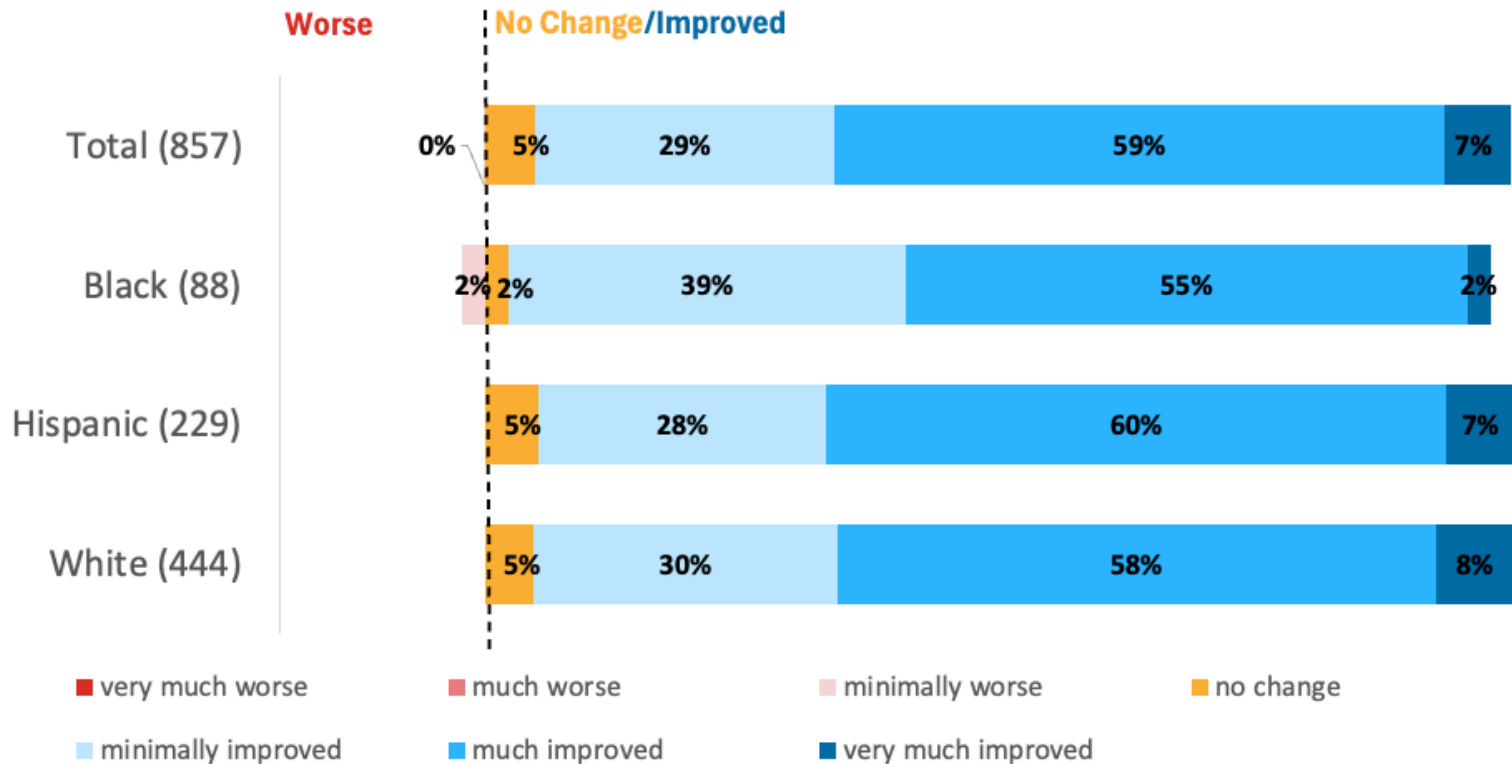
# Overall, 99% of children met treatment goals



Data from Jan 1-Sept 30, 2024

# 95% of children were rated as having improved during UCC episode

Compared to the child's condition at intake, at discharge the child's condition is...



Data from Jan 1-Sept 30, 2024

# Referrals *from* UCC to other services

Of all **referrals** made:

- 45% outpatient services
- 13% psychiatric provider for medication
- 9% Intensive in-home services
- 8% intensive outpatient services

Note: These are percentages of referrals made; some youth and families may receive multiple referrals

Data from January 1- September 30 2024

# Challenges for Success

## Workforce

- Shortage, diversity

## Reimbursement

- No reimbursement
- Under reimbursement
- Medicaid rates
- COLA
- Private insurance vs. Medicaid available services

## Connect to Care

- Families cannot access care where and when needed
- Long waitlists (outpatient and in-home services)

## Embedded in Larger Systems

- Community mental health, school, primary care offices, DCF.
- Time to demonstrate impact
- Linkage of these systems is often limited (clinically, data)
- Ambulance service