

Mobile Crisis Intervention Services is a program funded by the State of Connecticut in partnership with the United Way of Connecticut 2-1-1.







## **MOBILE CRISIS INTERVENTION SERVICES**

**Performance Improvement Center (PIC)** 

# MONTHLY REPORT October 2020

**Updated 11/13/20** 

#### **Table of Contents**

Executive Summary	3
Section I: Mobile Crisis Statewide/Service Area Dashboard	4
Figure 1. Total Call Volume by Call Type	4
Figure 2. Mobile Crisis Episodes by Service Area	4
Figure 3. Number Served Per 1,000 Children	4
Figure 4. Number Served Per 1,000 Children in Poverty	4
Figure 5. Mobile Response by Service Area	4
Figure 6. Total Mobile Episodes with a Response Time Under 45 Minutes	4
Section II: Mobile Crisis Response	5
Figure 7. Statewide 211 Disposition Frequency	5
Figure 8. Mobile Crisis Episodes by Provider	5
Figure 9. Actual Initial Mobile Crisis Response by Provider	5
Figure 10. Mobile Response by Provider	5
Section III: Response Time	6
Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes	6
Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider	6
Figure 13. Median Mobile Response Time in Minutes	6
Figure 14. Median Mobile Response Time by Provider in Minutes	6
Section IV: Emergency Department Referrals	7
Figure 15. Emergency Department Referrals	7
Figure 16. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)	7
Section V: Length of Stay (LOS)	8
Table 1. LOS for Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up	8

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

Kayla Theriault, MPH, Data Analyst; Aleece Kelly, MPP, Senior Data Analyst; Yecenia Casiano, MS, Project Coordinator; Kellie Randall, Ph.D., Director; Carrie Shaw, Administrative Assistant; Heather Clinger, MPH, CPS, Program Manager (Wheeler Clinic); Sarah Camerota, LICSW, 2-1-1 EMPS 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 of Connecticut, Inc.



#### **Executive Summary**

Additional data and appendices are available online <a href="http://www.chdi.org/publications/">http://www.chdi.org/publications/</a> or contact Jeffrey Vanderploeg, PhD, jvanderploeg@uchc.edu for more information.

**Note:** Due to COVID-19, schools were closed and stay-at-home orders were put in place for the non-essential workforce in Connecticut beginning in mid-March of 2020. While many schools and businesses have now reopened (with restrictions), the effects of COVID-19 are still being felt significantly. Mobile Crisis is still operational, and as part of the essential workforce providers are working with families to respond to calls via telephone, video conferencing, and in-person responses with safety of the child, family, and clinicians as the top priority. Note that both video and in-person responses during this period may be reflected within the report as 'mobile' responses. Difficulties related to the effects of COVID-19 in both service provision and data collection should be taken into consideration when reviewing this report.

<u>Call and Episode Volume</u>: In September 2020, 2-1-1 and Mobile Crisis received 1,365 calls including 1,034 calls (75.8%) handled by Mobile Crisis providers and 331 calls (24.2%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). There was one Information and Referral call coded as "2-1-1 EMPS". This month showed a 39.6% decrease in call volume from October 2020 (n=2,259).

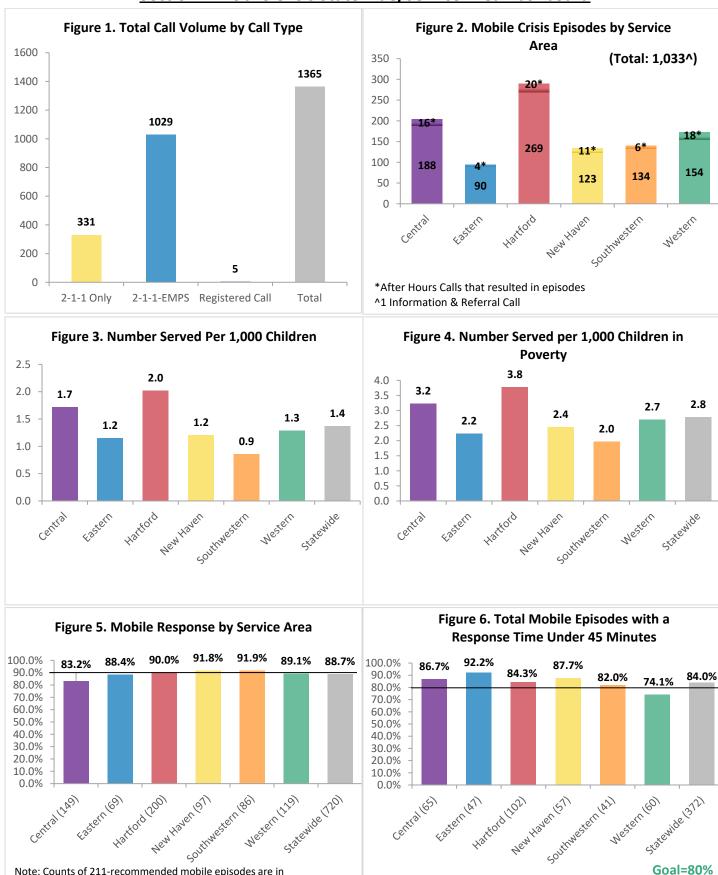
Among the **1,033** episodes of care this month, episode volume ranged from 94 episodes (Eastern) to 289 episodes (Hartford). The statewide average service reach per 1,000 children this month was 1.4, with service area rates ranging from 0.9 (Southwestern) to 2.0 (Hartford) relative to their specific 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 2.8 per 1,000 children in poverty, with service area rates ranging from 2.0 (Southwestern) to 3.8 (Hartford).

<u>Mobility:</u> Statewide mobility was 88.7% this month; lower than the rate in October 2020 (91.5%). Three of the six service areas were at or above the 90% benchmark this month, with performance ranging from 83.2% (Central) to 91.9% (Southwestern). Mobility for individual providers ranged from 72.0% (UCFS: NE) to 100.0% (CFGC: EMPS (Bridgeport)). Six of the fourteen individual providers had mobility rates above the 90% benchmark.

Response Time: Statewide, this month 84.0% of mobile episodes received a face-to-face response in 45 minutes or less, which is slightly higher than the rate in October 2020 (83.3%). 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 74.1% (Western) to 92.2% (Eastern). Eight of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 31.0 minutes.

<u>Length of Stay (LOS):</u> Statewide, among discharged episodes, **two of the 273** *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 11.0 days. The regional median LOS ranged from 11.0 days (Central, Hartford) to 35.0 days (New Haven).

#### Section I: Mobile Crisis Statewide/Service Area Dashboard



**Goal=90%** 

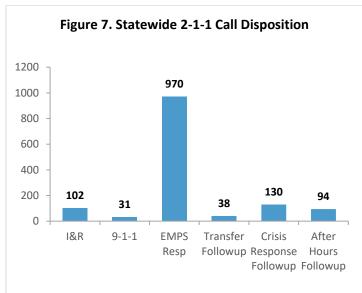
**Goal=80%** 

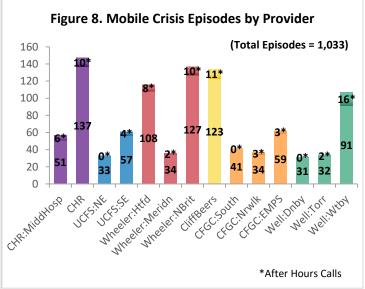
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

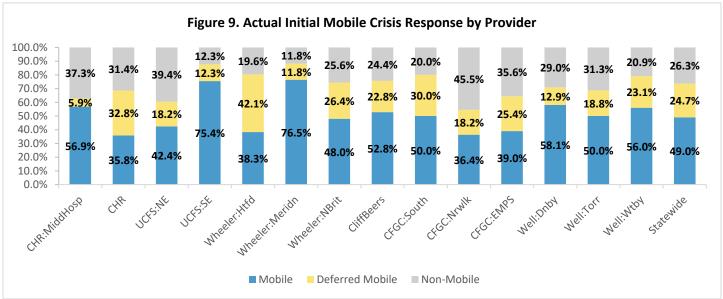
Note: Counts of 211-recommended mobile episodes are in

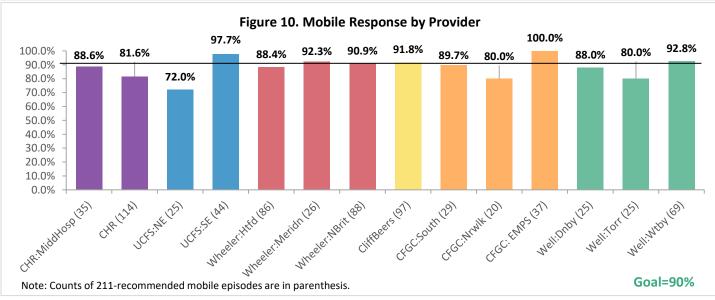
parenthesis.

#### **Section II: Mobile Crisis Response**

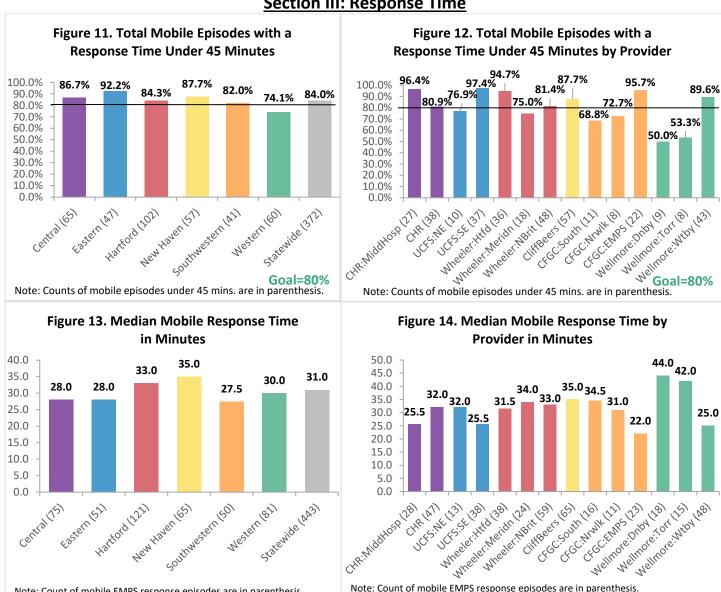








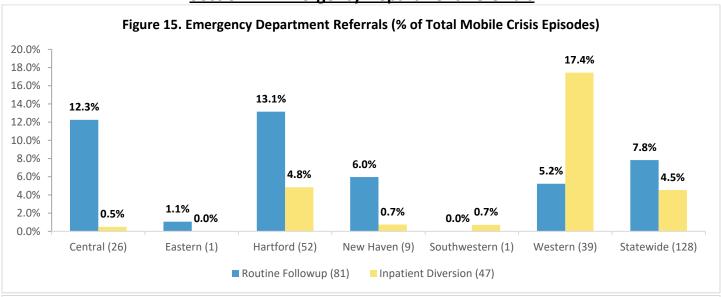
#### **Section III: Response Time**

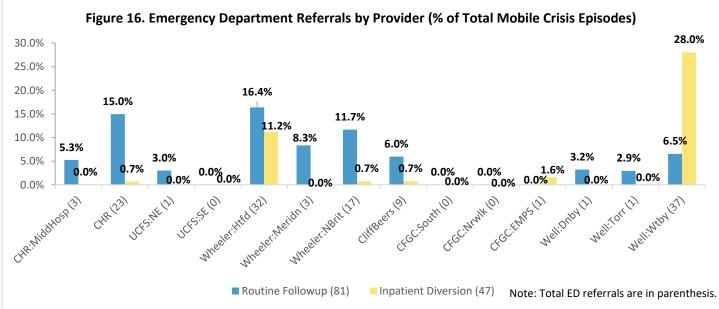


Note: Count of mobile EMPS response episodes are in parenthesis.

Note: Count of mobile EMPS response episodes are in parenthesis.

#### **Section IV: Emergency Department Referrals**





### **Section V: Length of Stay (LOS)**

Table 1. LOS for <u>Discharged Episodes\*</u> with a Crisis Response Plus Stabilization Follow-up

	Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up				
	Number of	Mean LOS	Median LOS	Percent Exceeding	
	Episodes	(in days)	(in days)	45 Days	
STATEWIDE	273	14.1	11.0	0.7% (n = 2)	
Central	85	13.0	11.0	1.2% (n = 1)	
Eastern	11	19.5	16.0	9.1% (n = 1)	
Hartford	92	12.6	11.0	0.0% (n = 0)	
New Haven	3	28.7	35.0	0.0% (n = 0)	
Southwestern	10	23.7	23.0	0.0% (n = 0)	
Western	72	14.6	12.5	0.0% (n = 0)	

<sup>\*</sup>Only episodes that had both a start and a discharge date within FY2021are included in this chart.