

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 2021

Updated 11/17/21

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, Senior Data Analyst; Aleece Kelly, MPP, Senior Project Coordinator; 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 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

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 re-opened (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. Possible 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 October 2021, 2-1-1 and Mobile Crisis received 1,801 calls including 1,306 calls (72.5%) handled by Mobile Crisis providers and 495 calls (27.5%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). There was one call missing disposition information. This month showed a 31.9% increase in call volume from September 2020 (n=1,365). Call volume remains 20.3% lower than the same month in 2019 (n=2,259), prior to the start of the pandemic.

Among the **1,306 episodes of care** this month, episode volume ranged from 155 episodes (Southwestern) to 338 episodes (Hartford). The statewide average service reach per 1,000 children this month was 1.8, with service area rates ranging from 1.0 (Southwestern) to 2.4 (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 3.4 per 1,000 children in poverty, with service area rates ranging from 2.1 (New Haven) to 5.0 (Hartford).

<u>Mobility:</u> Statewide mobility was 96.0% this month; slightly higher than the rate in September 2020 (95.0%). All six service areas were at or above the 90% benchmark this month, with performance ranging from 93.7% (Central) to 98.9% (Western). Mobility for individual providers ranged from 89.1% (CFGC: South) to 100.0% (Wheeler: Meriden; CFGC: Norwalk; Wellmore: Danbury). Thirteen 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.

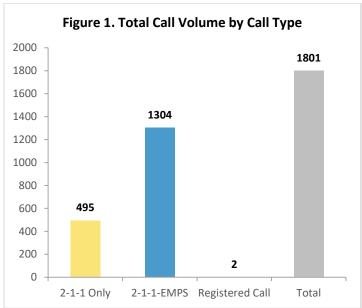
NOTE: Beginning with FY21 Q2 reporting, there was a change in calculation of mobility. If a referral made by a caller other than self/family (e.g. schools, EDs, etc.) is designated by 2-1-1 as mobile or deferred mobile, but is later determined to be non-mobile due to the family declining or not being available after multiple attempts to contact them, the episode will no longer be included in the mobility rate, as these situations are out of the providers' control. Any mobility rates from prior quarters referenced in this report have been recalculated to allow for accurate comparison.

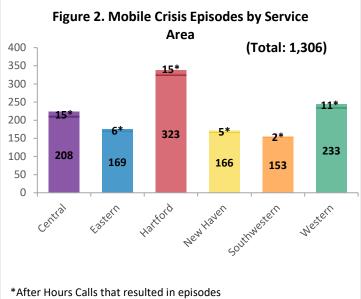
Response Time: Statewide, this month 78.7% of mobile episodes received a face-to-face response in 45 minutes or less, which is lower than the rate in October 2020 (84.0%). While video telehealth responses are counted as "mobile" responses, they are excluded from the response time calculations in this 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 70.1% (Eastern) to 97.7% (Southwestern). Seven of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 31.0 minutes.

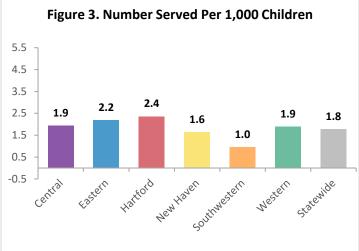
<u>Length of Stay (LOS):</u> Statewide, among discharged episodes, **11 of the 337** *plus stabilization follow-up* episodes exceeded **45 days**. The statewide median LOS for episodes discharged this month with a crisis response of *plus stabilization follow-up* was 15.0 days. The regional median LOS ranged from 13.0 days (Hartford) to 29.0 days (New Haven). Note: these calculations only include episodes that began during FY2022.

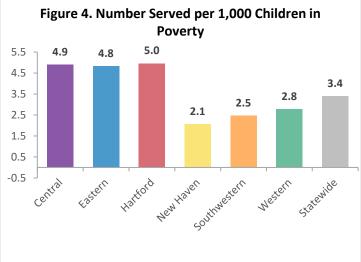
Additional data and appendices are available online http://www.chdi.org/publications/ or contact Jeffrey Vanderploeg, PhD, ivanderploeg@uchc.edu for more information.

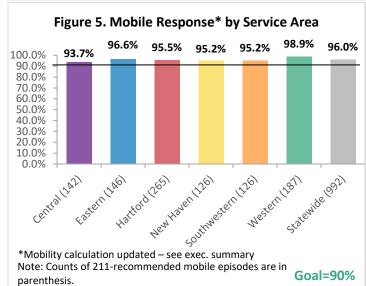
Section I: Mobile Crisis Statewide/Service Area Dashboard

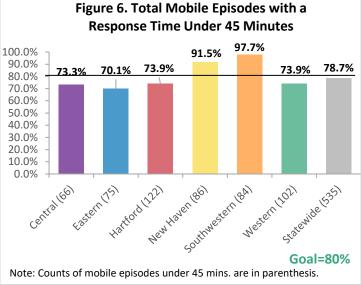




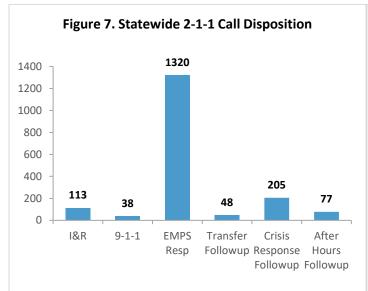


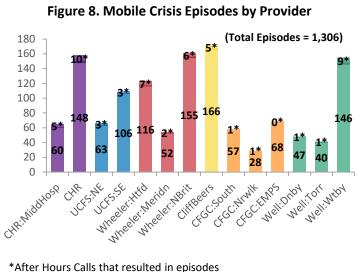


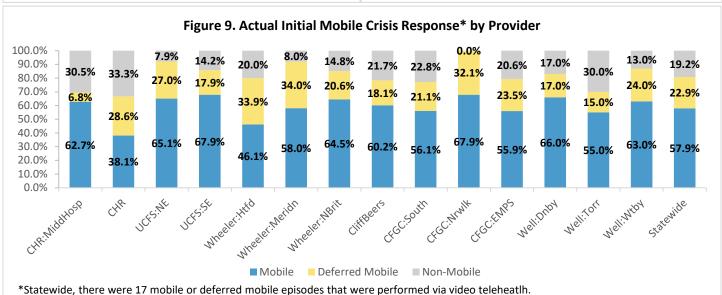


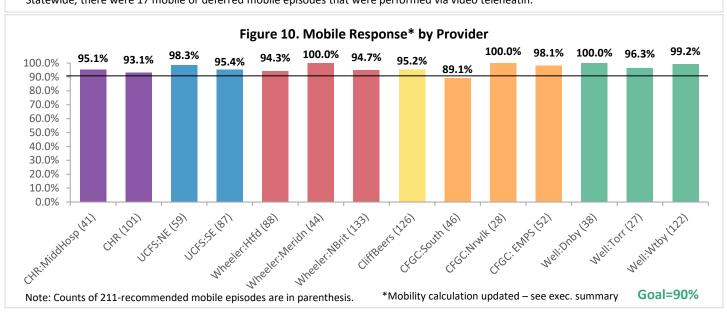


Section II: Mobile Crisis Response

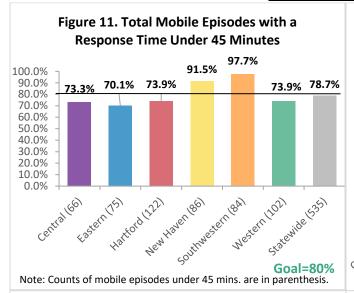


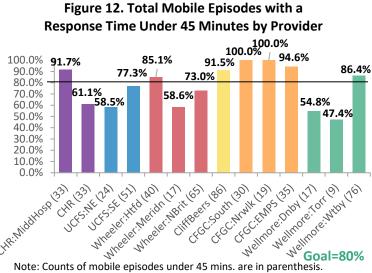


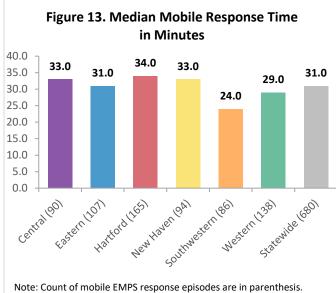


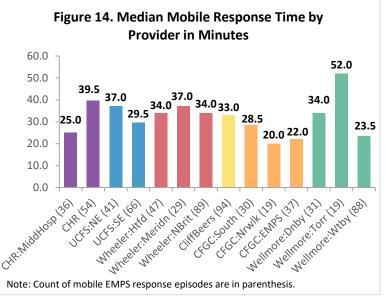


Section III: Response Time

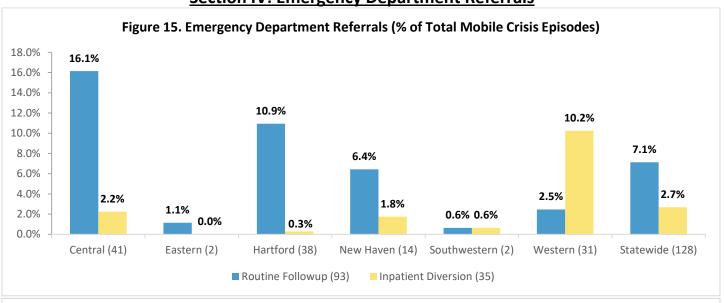


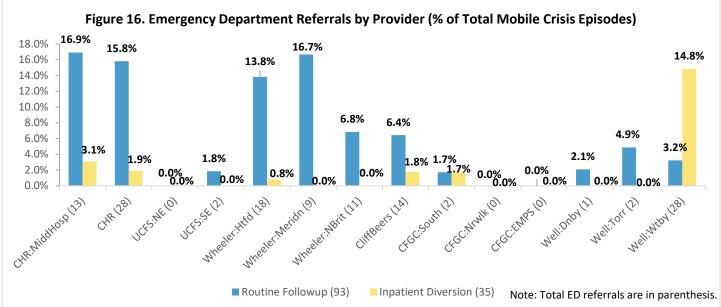






Section IV: Emergency Department Referrals





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	337	18.7	15.0	3.3% (n = 11)		
Central	87	23.2	18.0	10.3% (n = 9)		
Eastern	10	18.9	18.0	0.0% (n = 0)		
Hartford	101	15.3	13.0	1.0% (n = 1)		
New Haven	7	28.9	29.0	0.0% (n = 1)		
Southwestern	18	21.7	15.5	0.0% (n = 0)		
Western	114	17.0	16.0	0.0% (n = 0)		

^{*}Only episodes that had both a start and a discharge date within FY2022 are included in this chart.