

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 January 2022

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

Kagnica Seng, MA, Data Analyst; Kayla Theriault, MPH, Senior Data Analyst; 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 MCIS 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

<u>Note:</u> 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 January 2022, 2-1-1 and Mobile Crisis received 1,298 calls including 997 calls (76.8%) handled by Mobile Crisis providers and 301 calls (23.2%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This month showed a 24.3% increase in call volume from January 2021 (n=1,044). Call volume is also 36.6% lower than the same month in 2020 (n=2,046), prior to the start of the pandemic.

Among the **997 episodes of care** this month, episode volume ranged from 131 episodes (Southwestern) to 249 episodes (Hartford). The statewide average service reach per 1,000 children this month was 1.4, with service area rates ranging from 0.8 (Southwestern) to 1.9 (Eastern) 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 2.5 per 1,000 children in poverty, with service area rates ranging from 1.5 (Western) to 4.5 (Central).

Mobility: Statewide mobility was 89.0% this month; lower than the rate in January 2021 (96.1%). Two service areas were at or above the 90% benchmark this month, with performance ranging from 85.1% (Central) to 95.5% (Western). Mobility for individual providers ranged from 70.6% (CFGC: South) to 100.0% (Well: Torrington). Eight 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. Due to staffing and other challenges, there was a significant increase in telehealth responses this month (82, compared to 16 in December 2021).

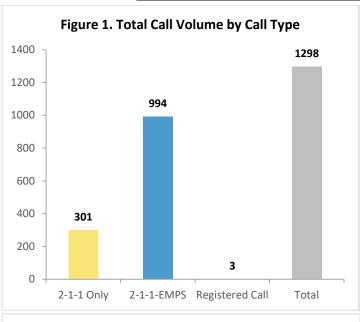
NOTE: Beginning with FY21 Q2 reporting, there was a change in calculation of mobility. If a referral made by a caller other than self/family (e.g. schools, EDs, etc.) is designated by 2-1-1 as mobile or deferred mobile, but is later determined to be non-mobile due to the family declining or not being 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.

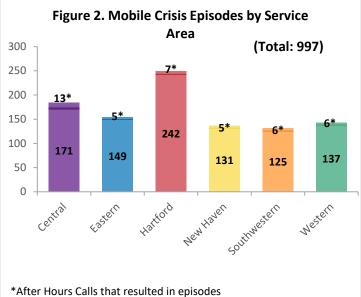
Response Time: Statewide, this month **79.5% of mobile episodes received a face-to-face response in 45 minutes or less**, which is lower than the rate in January 2021 (86.9%). While video telehealth responses are counted as "mobile" responses, they are excluded from the response time calculations in 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 68.8% (Hartford) to 91.7% (Southwestern). Six of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 32.0 minutes.

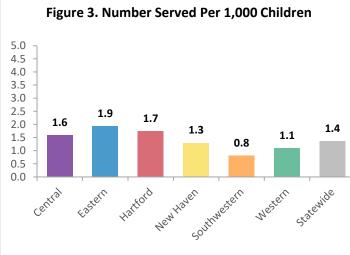
<u>Length of Stay (LOS)</u>: Statewide, among discharged episodes, **60 of the 270** *plus stabilization follow-up* episodes exceeded **45 days**. The statewide median LOS for episodes discharged this month with a crisis response of *plus stabilization follow-up* was 27.0 days. The regional median LOS ranged from 18.0 days (Eastern and Western) to 40.5 days (Central). Note: these calculations only include episodes that began during FY2022.

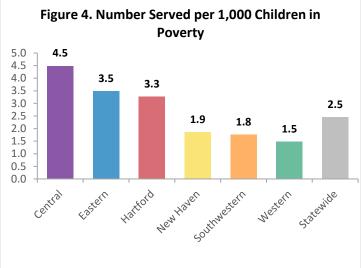
Additional data and appendices are available online http://www.chdi.org/publications/ or contact Kayla Theriault, MPH, ktheriault@uchc.edu for more information.

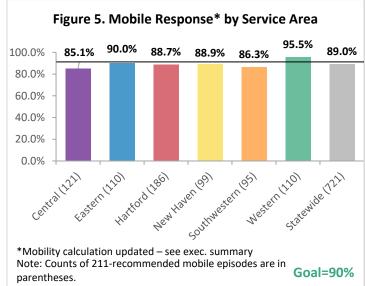
Section I: Mobile Crisis Statewide/Service Area Dashboard

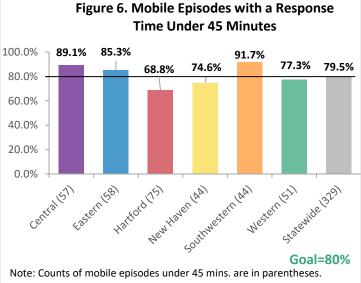




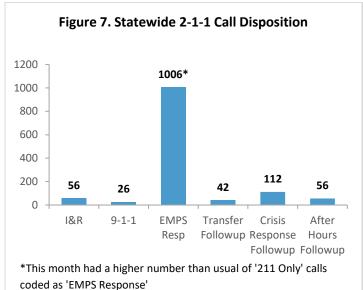


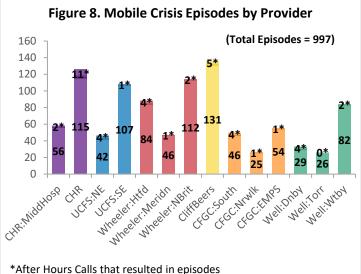


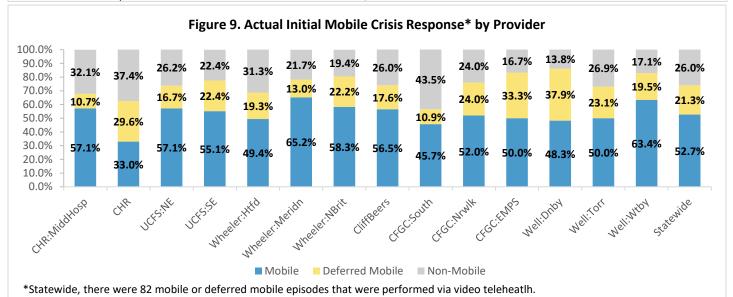


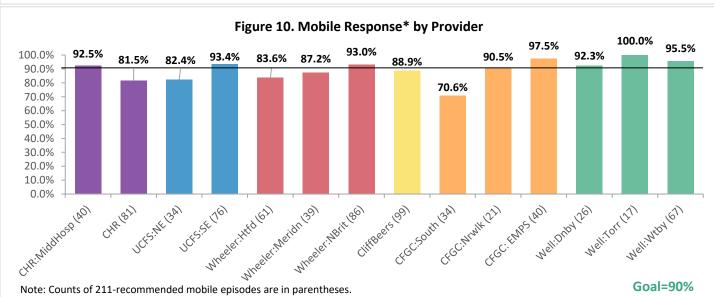


Section II: Mobile Crisis Response

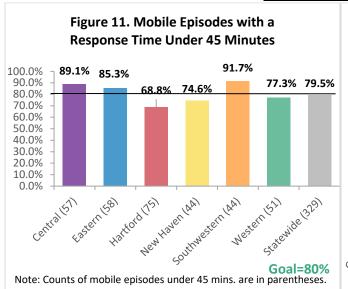


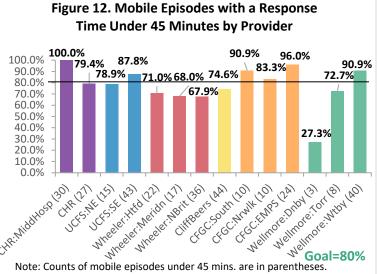


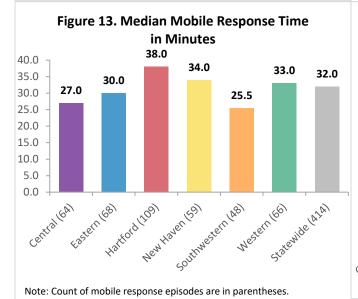


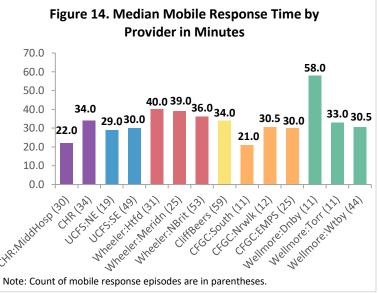


Section III: Response Time

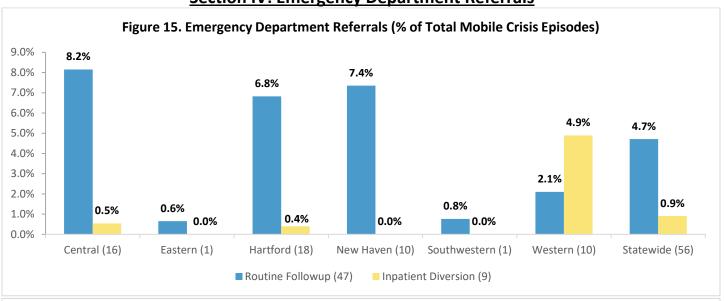


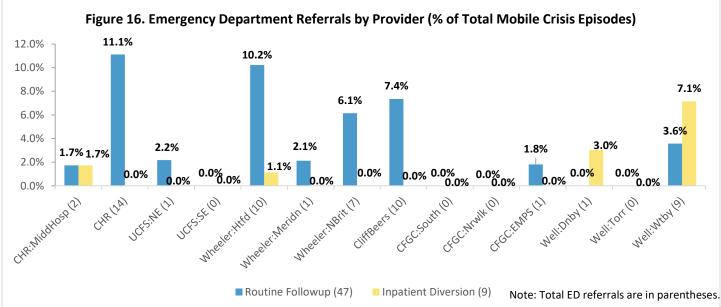






Section IV: Emergency Department Referrals





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	270	32.8	27.0	22.2% (n = 60)	
Central	118	44.6	40.5	44.9% (n = 53)	
Eastern	11	23.7	18.0	0.0% (n = 0)	
Hartford	63	26.9	24.0	7.9% (n = 5)	
New Haven	6	29.8	32.5	16.7% (n = 1)	
Southwestern	11	25.7	27.0	0.0% (n = 0)	
Western	61	19.0	18.0	1.6% (n = 1)	

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