

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

November 2022

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> The Mobile Crisis Intervention Services Performance Improvement Center is housed at the Child Health and Development Institute



Executive Summary

Note: The COVID-19 pandemic began in March 2020, and while schools and businesses have re-opened, the effects of the pandemic are still ongoing. Mobile Crisis is still fully operational, and on rare occasions may respond to a call using video telehealth due to COVID-related concerns. Possible difficulties related to staffing and the effects of COVID-19 in both service provision and data collection should be taken into consideration when reviewing this report.

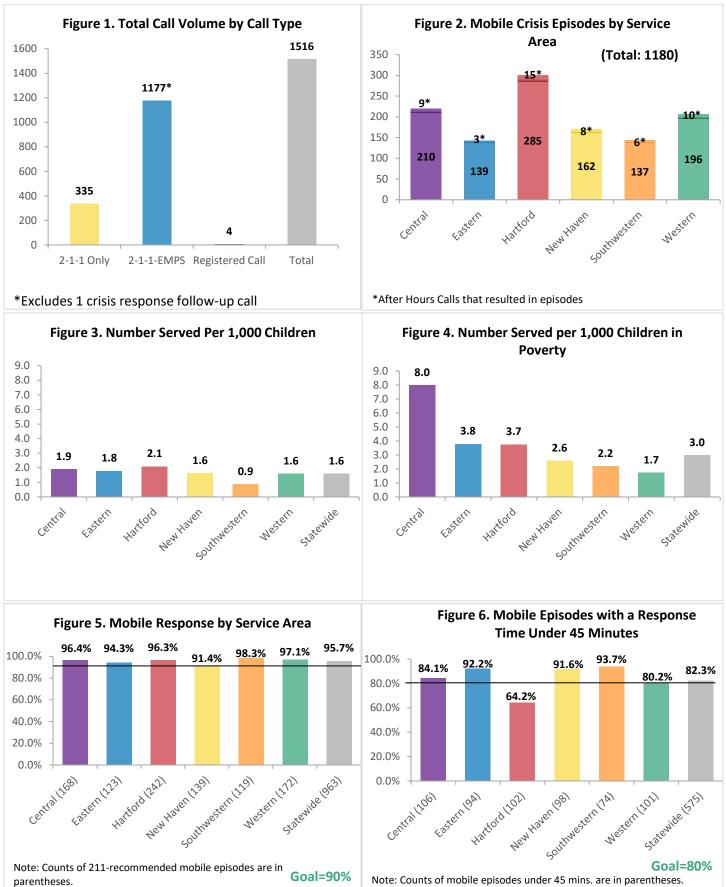
<u>Call and Episode Volume</u>: In November 2022, 2-1-1 and Mobile Crisis received 1,516 calls including 1,181 calls (77.9%) handled by Mobile Crisis providers and 335 calls (28.4%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1. This includes 1 Crisis response follow-up call that was coded as a Mobile episode. This month showed a 16.1% decrease in call volume from November 2021 (n=1,806). Call volume remains 22.7% lower than the same month in 2019 (n=1,962), prior to the start of the pandemic.

Among the **1,180 episodes of care** this month, episode volume ranged from 142 episodes (Eastern) to 300 episodes (Hartford). The statewide average service reach per 1,000 children this month was 1.6, with service area rates ranging from 0.9 (Southwestern) to 2.1 (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 3.0 per 1,000 children in poverty, with service area rates ranging from 1.7 (Western) to 8.0 (Central).

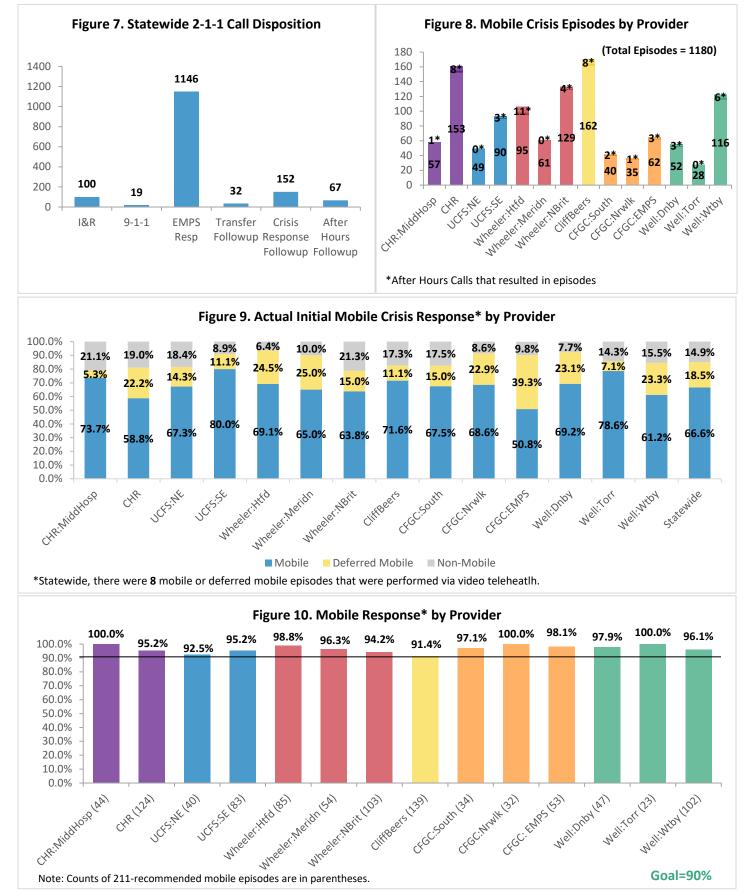
<u>Mobility:</u> Statewide mobility was 95.7% this month; slightly higher than the rate in November 2021 (94.2 %). All the service areas were above the 90% benchmark this month, with performance ranging from 91.4% (New Haven) to 98.3% (Southwestern). Mobility for individual providers ranged from 91.4% (Clifford Beers) to 100% (CHR: Middlesex Hospital, CFGC: Norwalk, Wellmore: Torrington). All 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 was an increase in telehealth responses this month (8, compared to 3 in October 2022).

<u>Response Time</u>: Statewide, this month **82.3% of mobile episodes received a face-to-face response in 45 minutes or less**, which is slightly lower than the rate in November 2021 (83.2%). While video telehealth responses are counted as "mobile" responses, they are excluded from the response time calculations in this report. 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 64.2% (Hartford) to 93.7% (Southwestern). Nine of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 31.0 minutes.

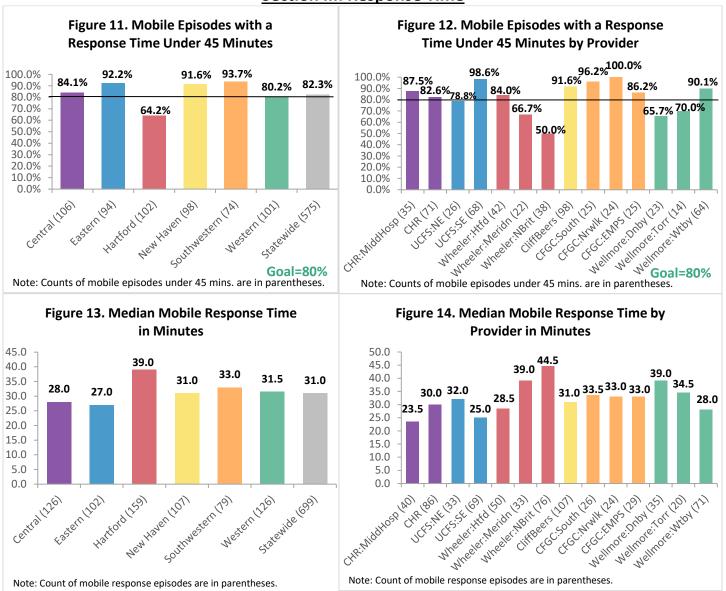
Length of Stay (LOS): Statewide, among discharged episodes, **19 of the 363** *plus stabilization follow-up* episodes exceeded **45 days**. The statewide median LOS for episodes discharged this month with a crisis response of *plus stabilization follow-up* was 16.0 days. The regional median LOS ranged from 14.0 days (Western) to 42.0 days (Southwestern). Note: these calculations only include episodes that began during FY2023.



Section I: Mobile Crisis Statewide/Service Area Dashboard



Section II: Mobile Crisis Response



Section III: Response Time

Section IV: Emergency Department Referrals

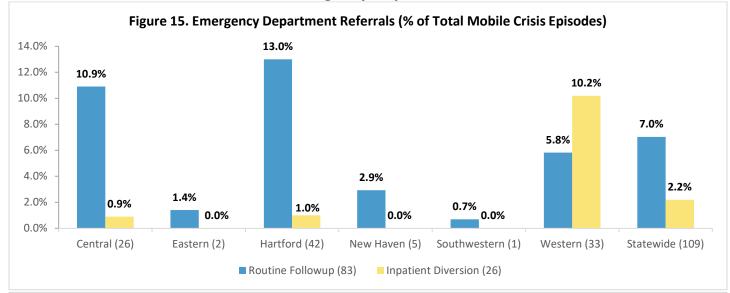


Figure 16. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes) 25.0% 19.8% 20.0% 17.2% 15.0% 12.4% 9.8% 9.1% 8.2% 10.0% 6.8% 4.1% 3.4% 4.9% 2.9% 5.0% 2.4% D.6% 0.0% 0.0% 0.3~ 0.0% 1.5% 1.5% 1.7% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% CHR.WiddHosp (5) CHR (21) Cliffeeers to crecipion to crecipion wellion w Routine Followup (83) Inpatient Diversion (26) Note: Total ED referrals are in parentheses.

Section V: Length of Stay (LOS)

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	363	20.0	16.0	5.2% (n = 19)
Central	144	20.2	17.0	8.3% (n = 12)
Eastern	8	17.1	15.0	0.0% (n = 0)
Hartford	78	20.0	16.5	0.0% (n = 0)
New Haven	2	29.5	29.5	0.0% (n = 0)
Southwestern	15	43.5	42.0	20.0% (n = 3)
Western	116	16.8	14.0	3.4% (n = 4)

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

*Only episodes that had both a start and a discharge date within FY2023 are included in this chart.