

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

December 2022

Updated 1/17/23

Table of Contents

Executive Summary	
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	
Figure 6. Mobile Episodes with a Response Time Under 45 Minutes	
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. Mobile Episodes with a Response Time Under 45 Minutes	6
Figure 12. 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): 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



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.

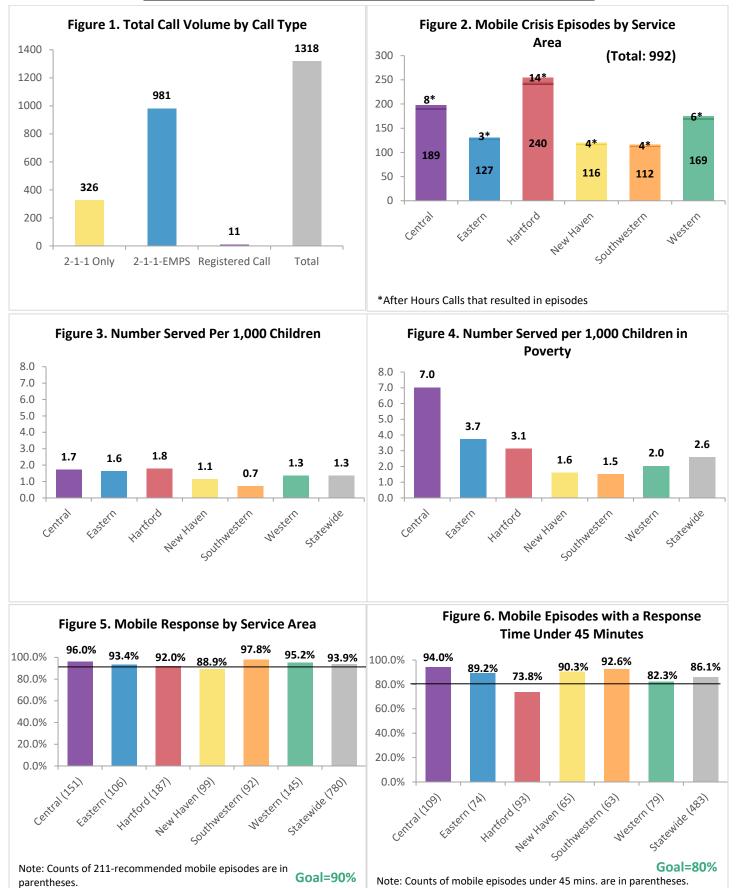
<u>Call and Episode Volume</u>: In December 2022, 2-1-1 and Mobile Crisis received 1,318 calls including 992 calls (75.2%) handled by Mobile Crisis providers and 326 calls (24.7%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1. This month showed a 19.3% decrease in call volume from December 2021 (n=1,634). Call volume remains 5.6% lower than the same month in 2019 (n=1,396), prior to the start of the pandemic.

Among the **992 episodes of care** this month, episode volume ranged from 116 episodes (Southwestern) to 254 episodes (Hartford). The statewide average service reach per 1,000 children this month was 1.3, with service area rates ranging from 0.7 (Southwestern) to 1.8 (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 2.6 per 1,000 children in poverty, with service area rates ranging from 1.5 (Southwestern) to 7.0 (Central).

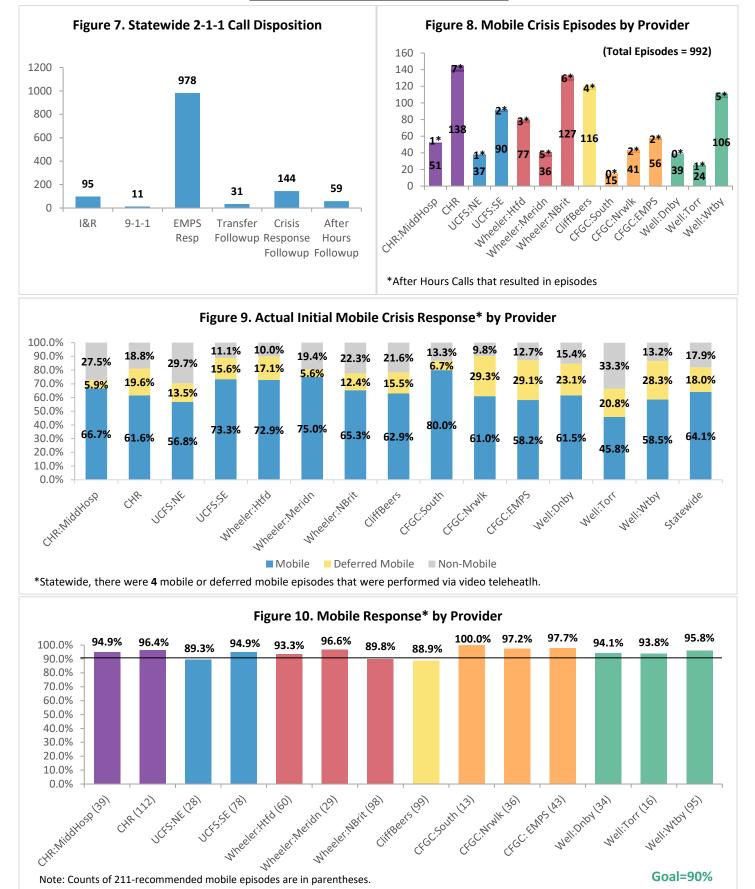
<u>Mobility:</u> Statewide mobility was 93.9% this month; similar to the rate in December 2021 (94.1 %). Five of the six service areas were above the 90% benchmark this month, with performance ranging from 88.9% (New Haven) to 97.8% (Southwestern). Mobility for individual providers ranged from 88.9% (Clifford Beers) to 100% (CFGC:South). Twelve 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. There was a decrease in telehealth responses this month (4, compared to 8 in November 2022).

<u>Response Time</u>: Statewide, this month **86.1% of mobile episodes received a face-to-face response in 45 minutes or less**, which is higher than the rate in December 2021 (80.4%). 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 73.8% (Hartford) to 92.6% (Southwestern). Nine of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 29.0 minutes.

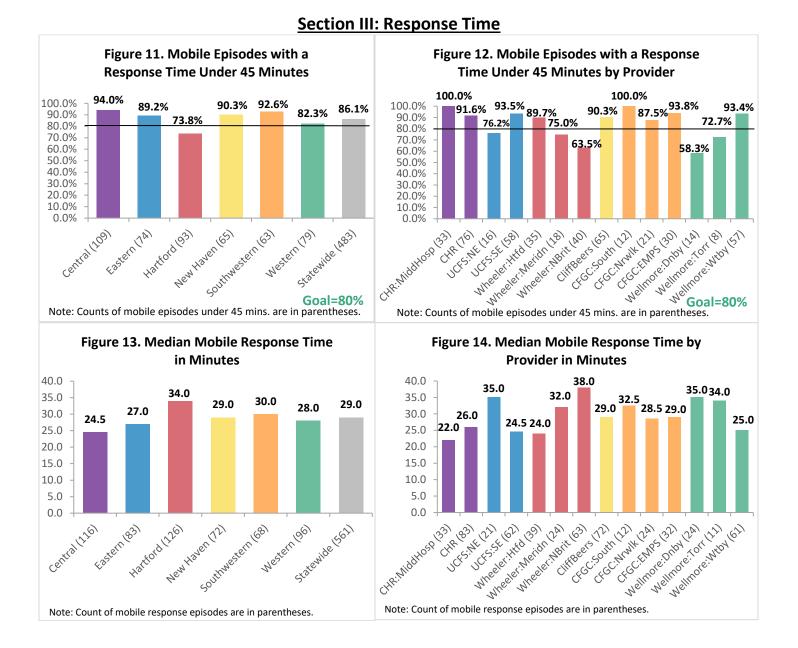
Length of Stay (LOS): Statewide, among discharged episodes, **18 of the 389** *plus stabilization follow-up* episodes exceeded **45 days**. The statewide median LOS for episodes discharged this month with a crisis response of *plus stabilization follow-up* was 17.0 days. The regional median LOS ranged from zero (New Haven) to 39.0 days (Southwestern). Note: these calculations only include episodes that began during FY2023.



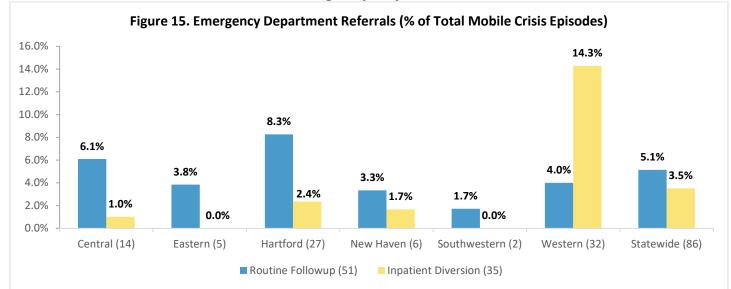
Section I: Mobile Crisis Statewide/Service Area Dashboard

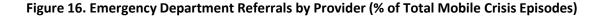


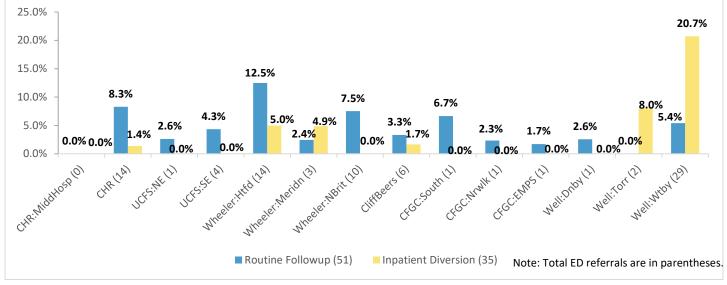
Section II: Mobile Crisis Response



Section IV: Emergency Department Referrals







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	389	19.9	17.0	4.6% (n = 18)	
Central	143	18.6	16.0	5.6% (n = 8)	
Eastern	12	25.2	25.5	8.3% (n = 1)	
Hartford	81	23.0	22.0	4.9% (n = 4)	
New Haven	0	0	0	0.0% (n = 0)	
Southwestern	20	38.0	39.0	20.0% (n = 4)	
Western	133	16.2	15.0	0.8% (n = 1)	

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.