

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 2023

Updated 12/18/23

Table of Contents

Executive Summary	. 3
Section I: Mobile Crisis Statewide/Service Area Dashboard	. 5
Figure 1. Total Call Volume by Call Type	. 5
Figure 2. Mobile Crisis Episodes by Service Area	. 5
Figure 3. Number Served Per 1,000 Children	. 5
Figure 4. Number Served Per 1,000 Children in Poverty	. 5
Figure 5. Mobile Response by Service Area	. 5
Figure 6. Mobile Episodes with a Response Time Under 45 Minutes	. 6
Section II: Mobile Crisis Response	. 7
Figure 7. Statewide 211 Disposition Frequency	. 7
Figure 8. Mobile Crisis Episodes by Provider	. 7
Figure 9. Actual Initial Mobile Crisis Response by Provider	. 7
Figure 10. Actual Initial Mobile Crisis Response by Service Area – Overnight/Weekend Hours	. 7
Figure 11. Mobile Response by Provider	8
Section III: Response Time	.9
Figure 12. Mobile Episodes with a Response Time Under 45 Minutes	.9
Figure 13. Mobile Episodes with a Response Time Under 45 Minutes by Provider	.9
Figure 14. Median Mobile Response Time in Minutes	.9
Figure 15. Median Mobile Response Time by Provider in Minutes	. 9
Section IV: Emergency Department Referrals	10
Figure 16. Emergency Department Referrals1	10
Figure 17. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)1	10
Section V: Length of Stay (LOS)	11
Table 1. LOS for Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up	11
This report was prepared by the Mobile Crisis Intervention Services Performance Improvement Center (PIC): Kagnica Seng, MA, Data Analyst; Kayla Theriault, MPH, Senior Associate; 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 Vanderploed, Ph.D.,	

The Mobile Crisis Intervention Services Performance Improvement Center is housed at the

CEO



Executive Summary

Note: As of January 2023, Mobile Crisis providers are available for a mobile response 24 hours a day, 7 days a week. Prior to January 2023, a mobile response was only available Monday – Friday 6:00 AM to 10:00 PM and from 1:00 PM to 10:00 PM on weekends. Unless stated otherwise, the data in this report reflects calls during all 24 hours. Select charts continue to break out data by old and new hours to highlight any differences during the expanded hours.

Call and Episode Volume: In November 2023, 2-1-1 and Mobile Crisis received 1,502 calls including 1,115 calls (74.2%) handled by Mobile Crisis providers and 387 calls (25.8%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This month showed a 0.9% decrease in call volume from November 2022 (n=1,516). Call volume remains 23.4% lower than the same month in 2019 (n=1,962), prior to the start of the pandemic. During the expanded overnight and weekend hours, Mobile Crisis and 2-1-1 received 101 calls including 66 (65.3%) calls handled by Mobile Crisis providers and 35 (34.7%) calls handled by 2-1-1 only. The overnight and weekend call volume in November 2023 increased compared to last month (85, October 2023).

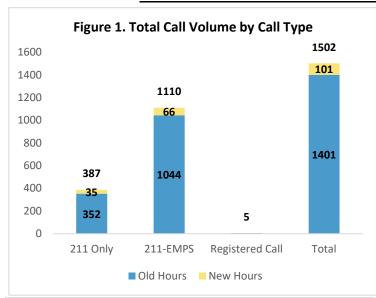
Among the **1,115 episodes of care** this month, episode volume ranged from 134 episodes (Southwestern) to 245 episodes (Hartford). The statewide average service reach per 1,000 children this month was 1.5, with service area rates ranging from 0.8 (Southwestern) to 1.9 (Central and Eastern) relative 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 3.2 per 1,000 children in poverty, with service area rates ranging from 1.8 (Southwestern) to 7.1 (Central). During the expanded overnight and weekend hours, there were 66 episodes of care with episode volume ranging from 5 episodes (Southwestern) to 17 episodes (Western). The overnight and weekend episodes in November 2023 increased slightly (0.1%), compared to last month (60, October 2023).

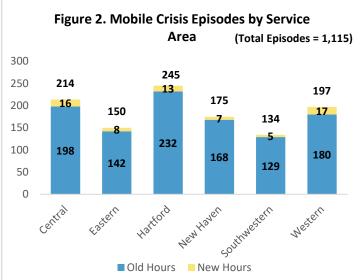
Mobility: Statewide mobility was 93.9% this month, which is slightly lower than the rate in November 2022 (95.7%). Five of the six service areas were above the 90% benchmark this month, with performance ranging from 89.7% (Central) to 97.3% (Southwestern). Mobility for individual providers ranged from 80.5% (CHR: Middlesex Hospital) to 100% (CFGC: Norwalk and Wellmore: Torrington). 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. There was one telehealth response this month, which is a slight increase from last month (0, October 2023). The statewide mobility rate during the new hours was 85.7%, with three regions meeting the 90% benchmark. Performance ranged from 50.0% (Eastern) to 100% (Southwestern, New Haven, and Western). The mobility rate during the traditional Mobile Crisis hours was 94.3%, slightly higher than the overall rate of 93.9%. During the new hours, 36.4% of episodes received a mobile response, 30.3% received a deferred mobile response, and 33.3% received a deferred mobile response, and 15.3% received a non-mobile response.

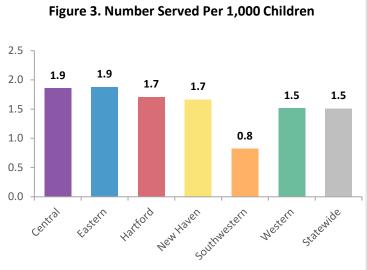
Response Time: Statewide, this month 86.9% of mobile episodes received a face-to-face response in 45 minutes or less, which is higher than the rate in November 2022 (82.3%). While video telehealth responses are counted as "mobile" responses, they are excluded from the response time calculations in this report. All service areas were at or above the benchmark of 80% of mobile responses provided in 45 minutes or less, with performance ranging from 80.8% (Hartford) to 96.3% (Eastern). Twelve of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 30.0 minutes. The rate of episodes meeting response time during the traditional hours (87.3%) is slightly higher than the overall rate of 86.9%. During the expanded hours, there was a greater range of performance. Statewide, 73.9% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 55.6% (Hartford) to 100.0% (Eastern and Western).

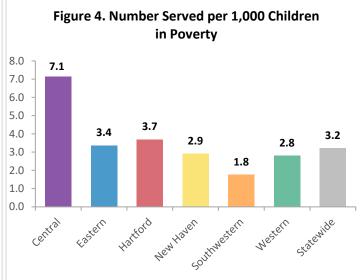
<u>Length of Stay (LOS):</u> Statewide, among discharged episodes, **six of the 425** *plus stabilization follow-up* episodes exceeded 45 days. The statewide median LOS for episodes discharged this month with a crisis response of *plus stabilization follow-up* was 15.0 days. The regional median LOS ranged from 14.0 days (Central and Western) to 36.5 days (Southwestern). Note: these calculations only include episodes that began during FY2024.

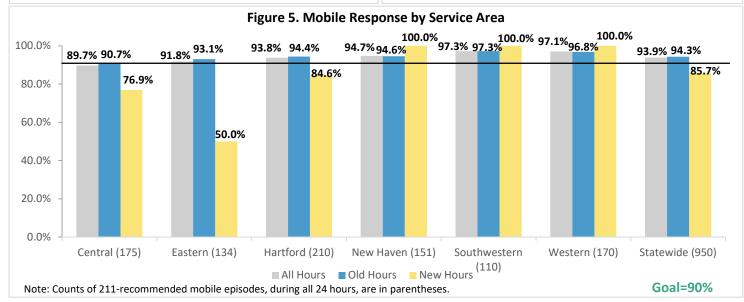
Section I: Mobile Crisis Statewide/Service Area Dashboard

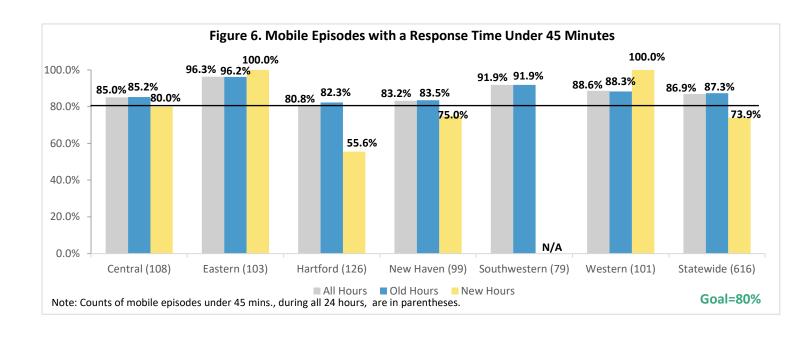




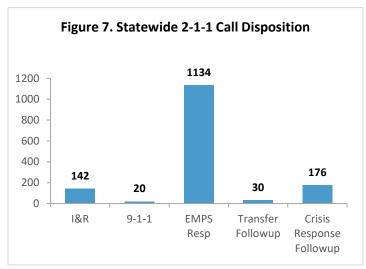


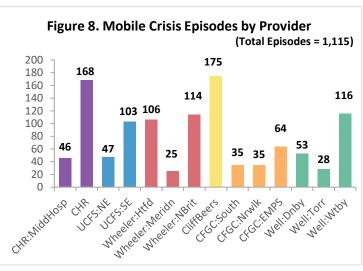


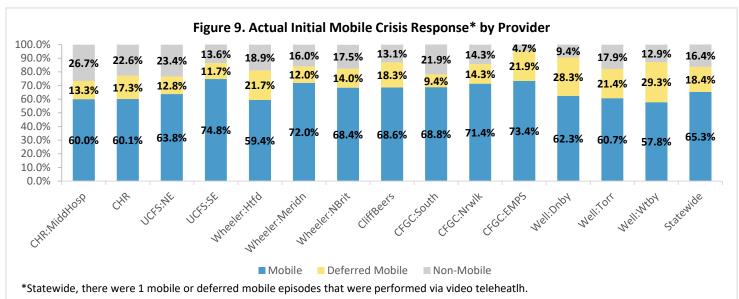


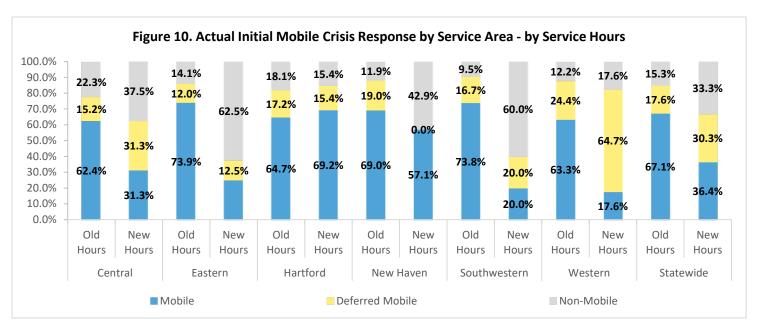


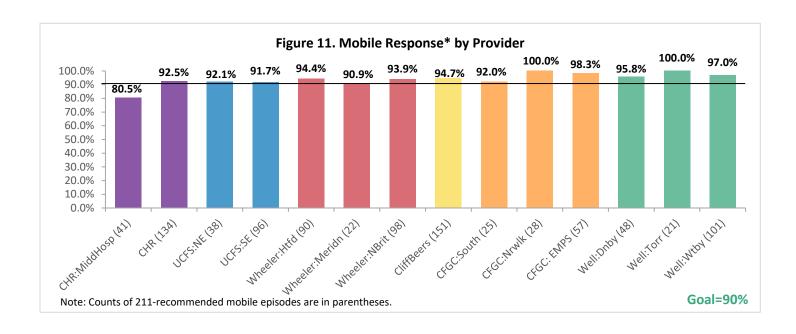
Section II: Mobile Crisis Response



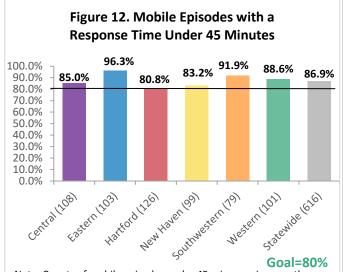




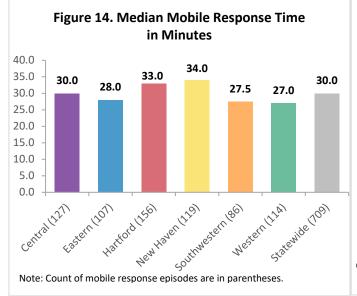


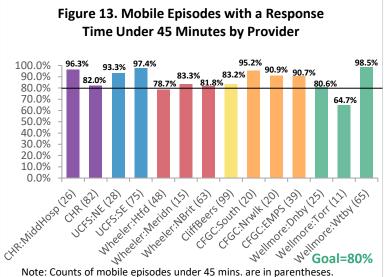


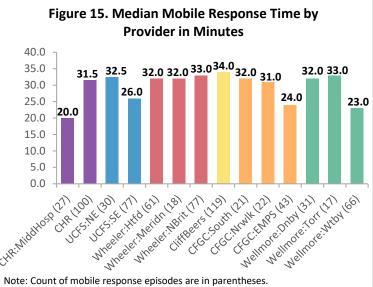
Section III: Response Time



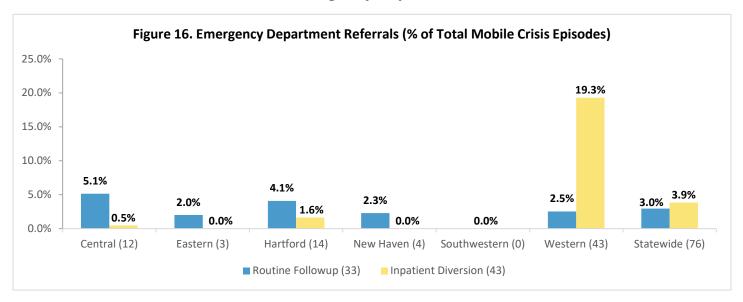


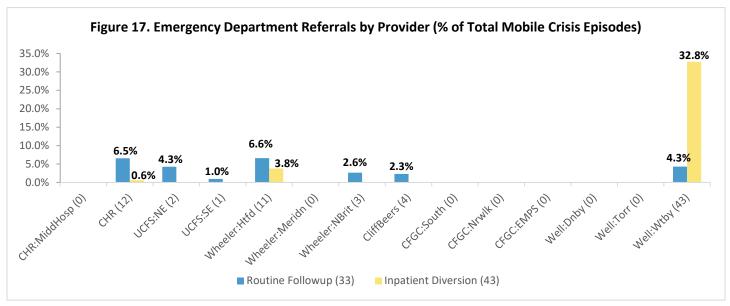






Section IV: Emergency Department Referrals





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	425	18.1	15.0	1.4% (n = 6)	
Central	141	17.9	14.0	2.1% (n = 3)	
Eastern	14	18.7	17.0	0.0% (n = 0)	
Hartford	118	18.3	15.5	0.0% (n = 0)	
New Haven	11	23.6	21.0	9.1% (n = 1)	
Southwestern	16	34.4	36.5	6.3% (n = 1)	
Western	125	15.5	14.0	0.8% (n = 1)	

^{*}Only episodes that had both a start and a discharge date within FY2024 are included in this chart