



**MOBILE CRISIS
INTERVENTION SERVICES**

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

May 2022

Updated 6/13/22

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. 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. 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 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 schools and businesses have now re-opened, 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.

Call and Episode Volume: In May 2022, 2-1-1 and Mobile Crisis received 1,747 calls including 1,242 calls (71.1 %) handled by Mobile Crisis providers and 505 calls (28.9 %) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1. This month showed a 9.5% increase in call volume from May 2021 (n=1,595). Call volume remains 23.7% lower than the same month in 2019 (n=2,291), prior to the start of the pandemic.

Among the **1,242 episodes of care** this month, episode volume ranged from 153 episodes (Eastern) to 232 episodes (Western). The statewide average service reach per 1,000 children this month was 1.7, with service area rates ranging from 1.4 (Southwestern) to 1.9 (Central, Eastern, and New Haven) 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 2.0 per 1,000 children in poverty, with service area rates ranging from 0.8 (Hartford) to 7.1 (Central).

Mobility: Statewide mobility was 89.6% this month; lower than the rate in May 2021 (96.4 %). Two service areas were at or above the 90% benchmark this month, with performance ranging from 82.1% (Hartford) to 95.2% (Western). Mobility for individual providers ranged from 74.1% (Wheeler: New Britain) to 98.4% (CFGC: South). Six 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 an increase in telehealth responses this month (35, compared to 21 in April 2022).

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 **78.3% of mobile episodes received a face-to-face response in 45 minutes or less**, which is lower than the rate in May 2021 (84.3%). 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 70.0% (Hartford) to 87.4% (Southwestern). Six of the fourteen sites met the 80% benchmark. The statewide median mobile response time was 32.0 minutes.

Length of Stay (LOS): Statewide, among discharged episodes, **35 of the 299 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 19.0 days. The regional median LOS ranged from 10.0 days (Hartford) to 35.0 days (Southwestern). 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

Figure 1. Total Call Volume by Call Type

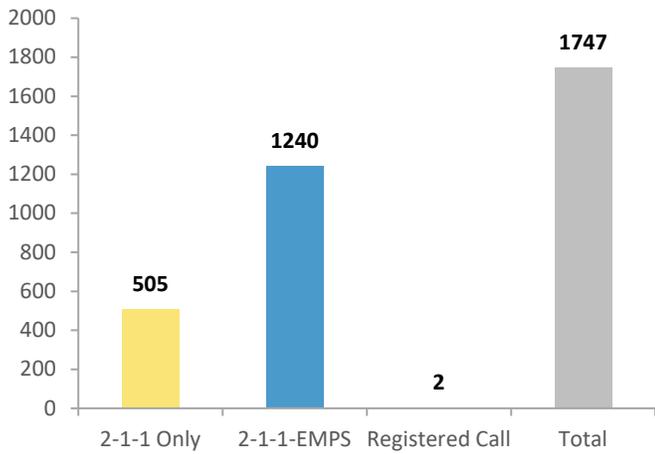
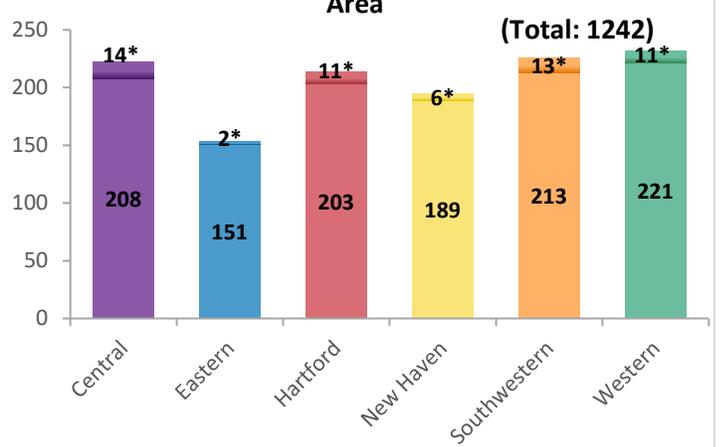


Figure 2. Mobile Crisis Episodes by Service Area



*After Hours Calls that resulted in episodes

Figure 3. Number Served Per 1,000 Children

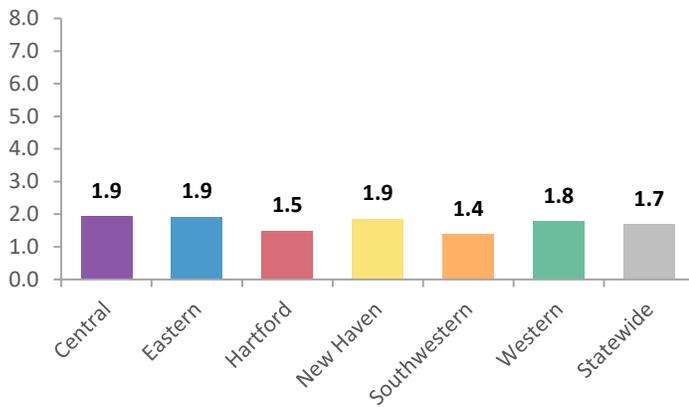


Figure 4. Number Served per 1,000 Children in Poverty

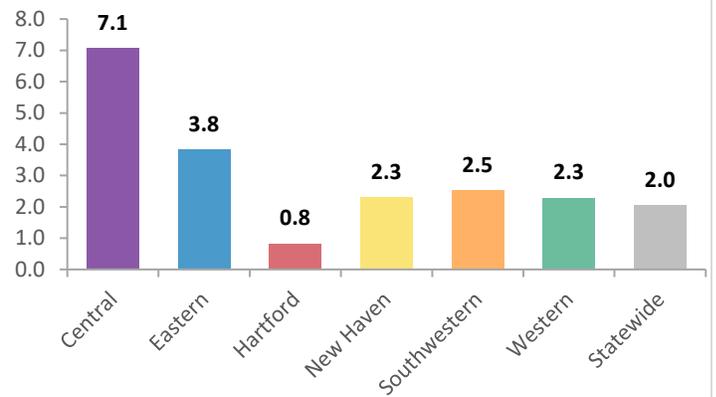
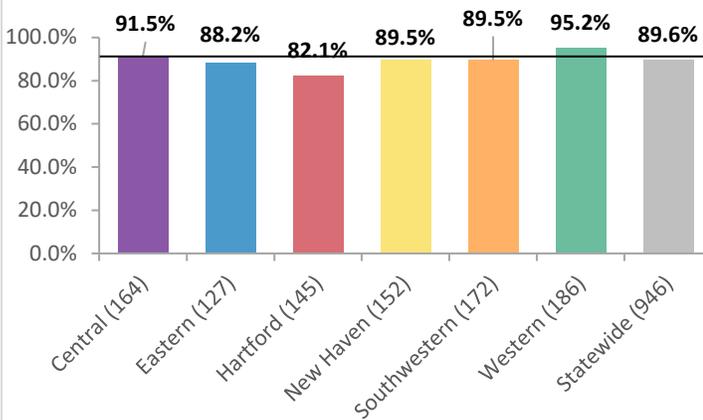


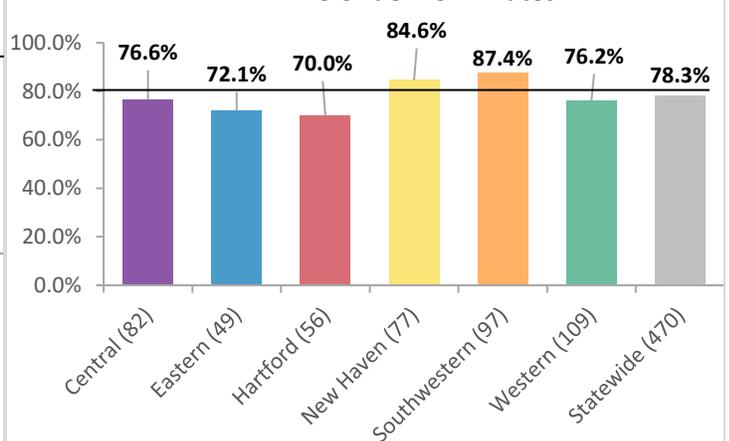
Figure 5. Mobile Response* by Service Area



*Mobility calculation updated – see exec. summary
Note: Counts of 211-recommended mobile episodes are in parentheses.

Goal=90%

Figure 6. Mobile Episodes with a Response Time Under 45 Minutes

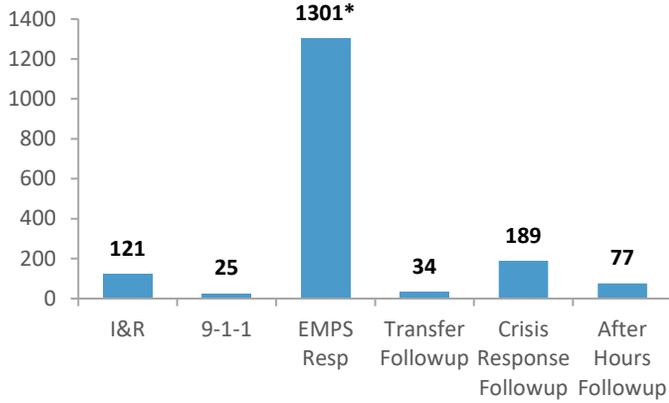


Note: Counts of mobile episodes under 45 mins. are in parentheses.

Goal=80%

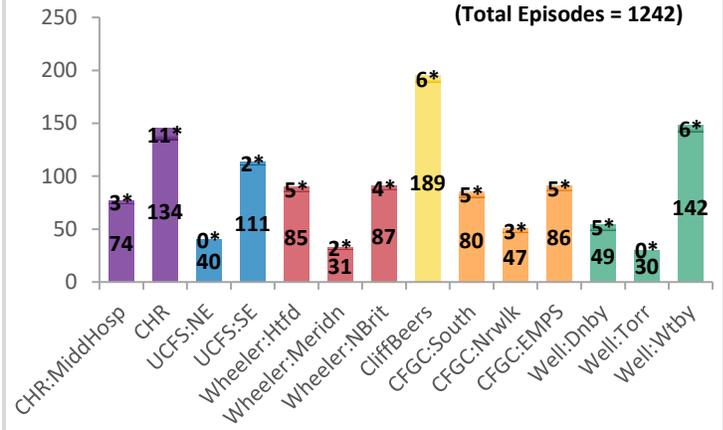
Section II: Mobile Crisis Response

Figure 7. Statewide 2-1-1 Call Disposition



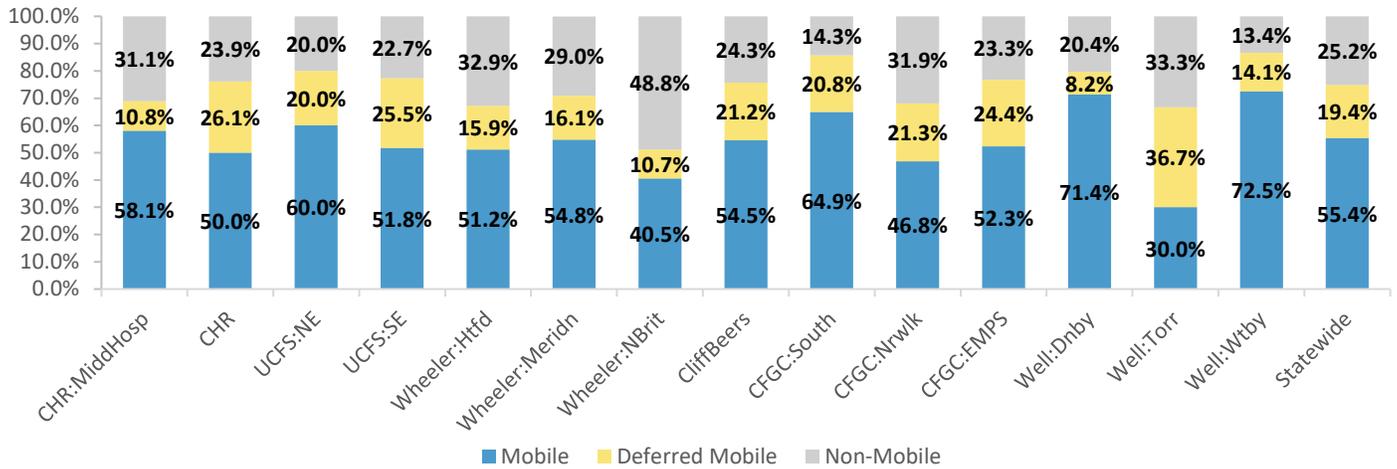
*This month had a higher number than usual of '211 Only' calls coded as 'EMPS Response'

Figure 8. Mobile Crisis Episodes by Provider



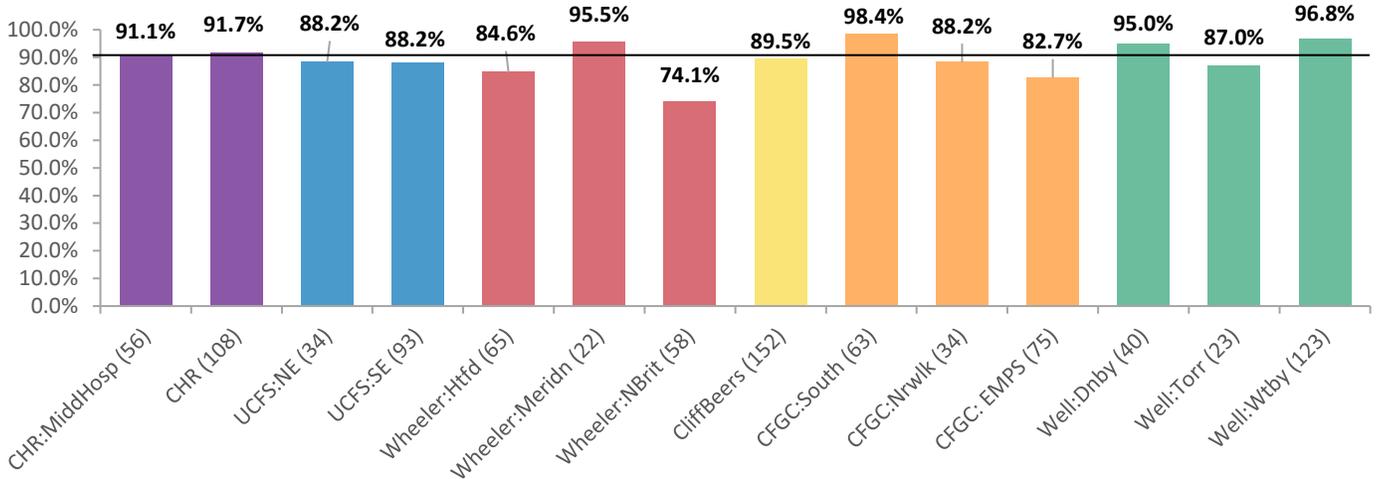
*After Hours Calls that resulted in episodes

Figure 9. Actual Initial Mobile Crisis Response* by Provider



*Statewide, there were 35 mobile or deferred mobile episodes that were performed via video telehealth.

Figure 10. Mobile Response* by Provider

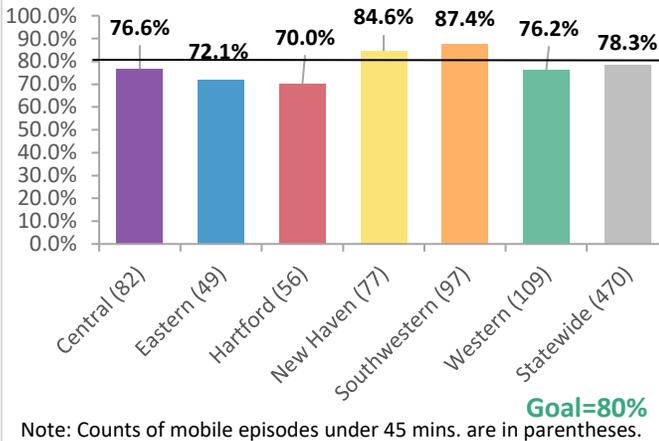


Note: Counts of 211-recommended mobile episodes are in parentheses.

Goal=90%

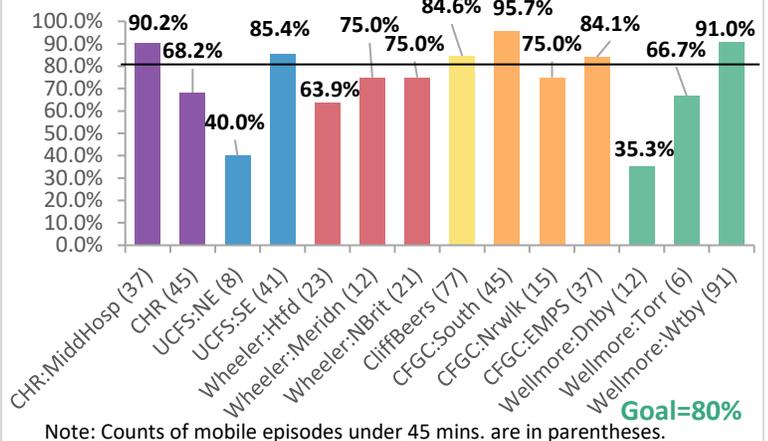
Section III: Response Time

Figure 11. Mobile Episodes with a Response Time Under 45 Minutes



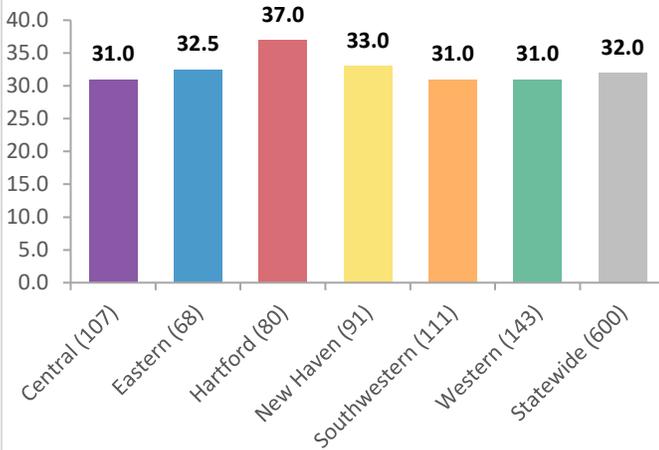
Note: Counts of mobile episodes under 45 mins. are in parentheses.

Figure 12. Mobile Episodes with a Response Time Under 45 Minutes by Provider



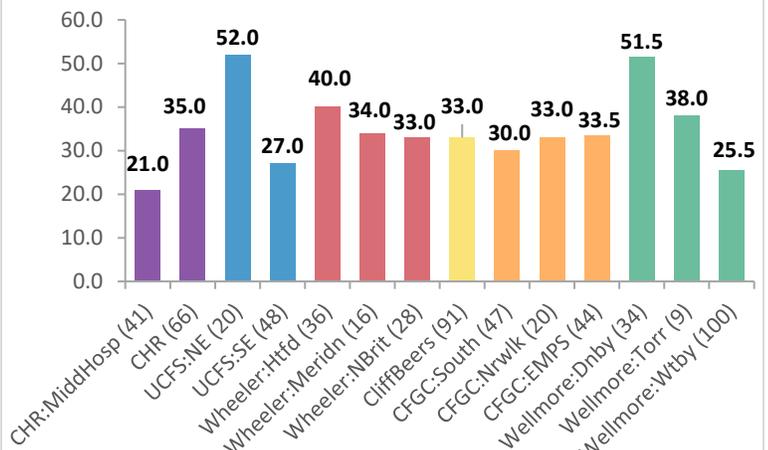
Note: Counts of mobile episodes under 45 mins. are in parentheses.

Figure 13. Median Mobile Response Time in Minutes



Note: Count of mobile response episodes are in parentheses.

Figure 14. Median Mobile Response Time by Provider in Minutes



Note: Count of mobile response episodes are in parentheses.

Section IV: Emergency Department Referrals

Figure 15. Emergency Department Referrals (% of Total Mobile Crisis Episodes)

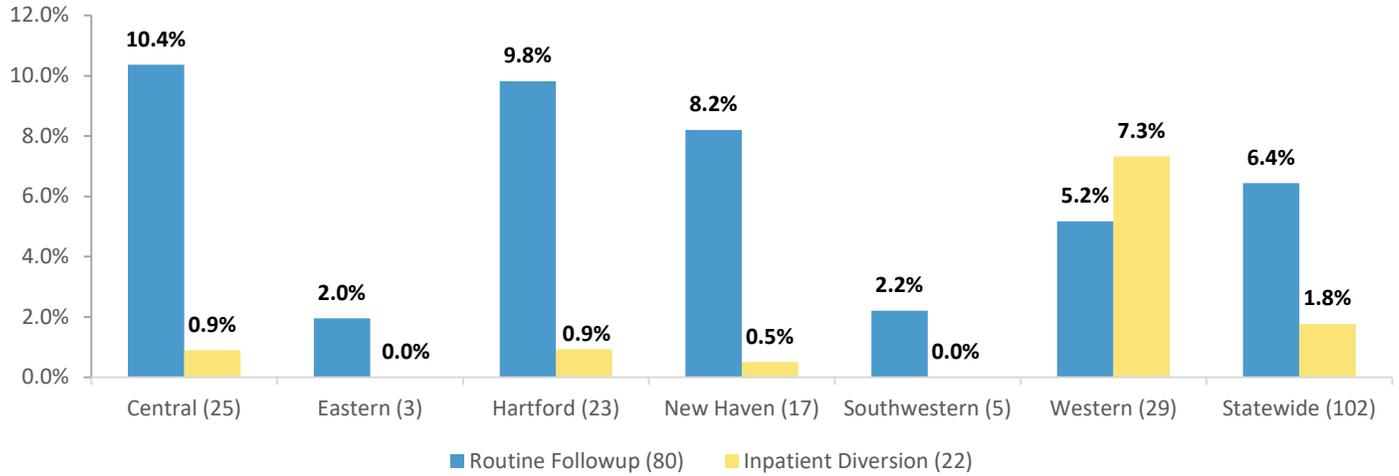
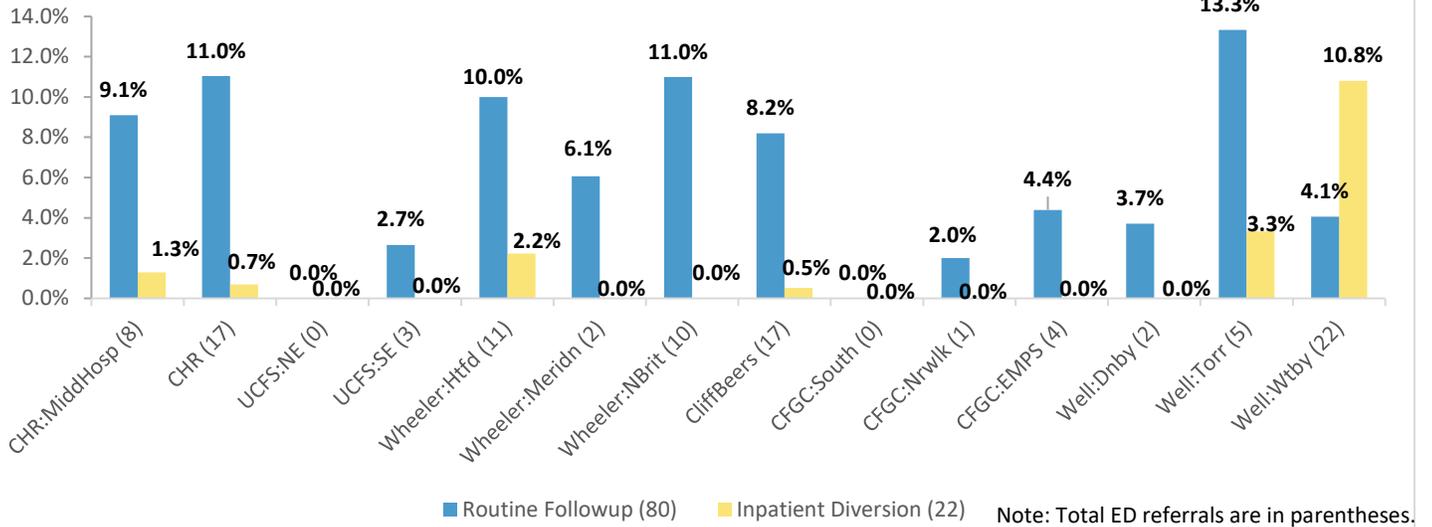


Figure 16. Emergency Department Referrals by Provider (% of Total Mobile Crisis Episodes)



Section V: Length of Stay (LOS)

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

	Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up			
	Number of Episodes	Mean LOS (in days)	Median LOS (in days)	Percent Exceeding 45 Days
STATEWIDE	299	23.6	19.0	11.7% (n =35)
Central	149	30.1	28.0	20.8% (n =31)
Eastern	14	17.4	13.5	7.1% (n = 1)
Hartford	24	12.4	10.0	0.0% (n = 0)
New Haven	3	23.7	23.0	0.0% (n = 0)
Southwestern	14	38.0	35.0	7.1% (n = 1)
Western	95	15.0	12.0	0.0% (n = 2)

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