Mobile Crisis Intervention Services

Performance Improvement Center (PIC)

Monthly Report: May 2017

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

Child Health and Development Institute of Connecticut, Inc.
Executive Summary

Additional data and appendices are available online http://www.chdi.org/publications/ or contact Jeffrey Vanderploeg, PhD, jvanderploeg@uchc.edu for more information.

Call and Episode Volume: In May 2017, 211 and Mobile Crisis received 2,339 calls including 1,722 calls (73.6%) handled by Mobile Crisis providers and 617 calls (23.4%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This month represents a 25.8% increase in call volume compared with May 2016 (n=1,859).

Among the 1,720 episodes of care generated this month, episode volume ranged from 216 episodes (Eastern service area) to 448 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 2.11, with service area rates ranging from 1.62 (Southwestern) to 2.84 (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 4.19 per 1,000 children in poverty, with service area rates ranging from 2.91 (New Haven) to 6.01 (Eastern).

Mobility: Statewide mobility was 94.4% this month, 1.4% higher than in May 2016. All six of service areas were above the 90% benchmark this month, with performance ranging from 90.7% (Central) to 96.5% (Western). Mobility for individual providers ranged from 89% (CFGC-South-Nrwlk) to 99% (CFGC-EMPS). Thirteen of the fourteen individual providers had mobility rates at or above the 90% benchmark.

Response Time: Statewide, this month 87% of mobile episodes received a face-to-face response in 45 minutes or less, which is lower than May 2016 (88%). Five of the six service areas were above the 80% benchmark this month, with performance ranging from 75% (Western) to 96% (Southwestern). In addition, the statewide median mobile response time was 28 minutes. Twelve of the fourteen sites met the benchmark of at least 80% of mobile responses provided in 45 minutes or less.

Length of Stay (LOS): Statewide, among discharged episodes, there were 24 (7.7%) plus stabilization follow-up episodes exceeding 45 days. This month the statewide median LOS for discharged episodes with a crisis response of plus stabilization follow-up was 19.0 days. The median LOS for discharged episodes with a crisis response of plus stabilization follow-up ranged from 14.0 days (Hartford) to 23.5 days (New Haven).
**Section I: Mobile Crisis Statewide/Service Area Dashboard**

**Figure 1. Total Call Volume by Call Type**

- **211 Only:** 617
- **211-EMPS:** 1710*
- **Registered Call:** 12
- **Total Call Volume:** 2339

211 Only 211-EMPS Registered Call Total Call Volume

*2 Crisis Response Follow-ups

**Figure 2. Mobile Crisis Episodes by Service Area**

- **Central:** 16*
- **Eastern:** 9*
- **Hartford:** 431
- **New Haven:** 7*
- **Southwestern:** 13*
- **Western:** 10*

(Total Episodes = 1,720)

Central Eastern Hartford New Haven Southwestern Western

*After Hours Calls

**Figure 3. Number Served Per 1,000 Children**

- **Central:** 2.19
- **Eastern:** 2.36
- **Hartford:** 2.84
- **New Haven:** 1.88
- **Southwestern:** 1.62
- **Western:** 1.86
- **Statewide:** 2.11

**Figure 4. Number Served Per 1,000 Children in Poverty**

- **Central:** 5.00
- **Eastern:** 6.01
- **Hartford:** 5.66
- **New Haven:** 2.91
- **Southwestern:** 3.38
- **Western:** 3.37
- **Statewide:** 4.19

**Figure 5. Mobile Response by Service Area**

- **Central:** 90.7%
- **Eastern:** 94.6%
- **Hartford:** 95.2%
- **New Haven:** 92.8%
- **Southwestern:** 96.0%
- **Western:** 96.5%
- **Statewide:** 94.4%

Goal=90%

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

- **Central:** 92%
- **Eastern:** 91%
- **Hartford:** 85%
- **New Haven:** 84%
- **Southwestern:** 96%
- **Western:** 75%
- **Statewide:** 87%

Goal=80%
Section II: Mobile Crisis Response

Figure 7. Statewide 211 Call Disposition

Figure 8. Mobile Crisis Episodes by Provider (Total Episodes = 1,720)

*After Hours Calls

Figure 9. Actual Initial Mobile Crisis Response by Provider

Figure 10. Mobile Response by Provider Goal=90%

Goal=90%
Section III: Response Time

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

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

Figure 13. Median Mobile Response Time in Minutes

Figure 14. Median Mobile Response Time by Provider in Minutes

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)

Note: Count total ED referrals are in parenthesis
Section V: Length of Stay (LOS)

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

<table>
<thead>
<tr>
<th>Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up</th>
<th>Number of Episodes</th>
<th>Mean LOS (in days)</th>
<th>Median LOS (in days)</th>
<th>Percent Exceeding 45 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATEWIDE</td>
<td>310</td>
<td>22.7</td>
<td>19.0</td>
<td>7.7% (n = 24)</td>
</tr>
<tr>
<td>Central</td>
<td>92</td>
<td>21.8</td>
<td>19.0</td>
<td>5.4% (n = 5)</td>
</tr>
<tr>
<td>Eastern</td>
<td>35</td>
<td>24.4</td>
<td>21.0</td>
<td>5.7% (n = 2)</td>
</tr>
<tr>
<td>Hartford</td>
<td>45</td>
<td>20.5</td>
<td>14.0</td>
<td>6.7% (n = 3)</td>
</tr>
<tr>
<td>New Haven</td>
<td>30</td>
<td>27.1</td>
<td>23.5</td>
<td>16.7% (n = 5)</td>
</tr>
<tr>
<td>Southwestern</td>
<td>43</td>
<td>18.6</td>
<td>15.0</td>
<td>0% (n = 0)</td>
</tr>
<tr>
<td>Western</td>
<td>65</td>
<td>25.4</td>
<td>18.0</td>
<td>13.8% (n = 9)</td>
</tr>
</tbody>
</table>

Note: Blank cells indicate no data was available for that particular inclusion criteria.