Learning Collaborative Report: August 2024

September 4, 2024

Inquiries made to the Learning Collaborative

The total number of inquiries made since the Learning Collaborative (LC) launch is **170** (see Figure 1). Of these inquiries, 96 calls were made via the LC direct line, and 73 via other routes. Between the end of Q1 and now, the percentage change in inquiry numbers is **5%**.

Location	No. Inquiries
Region 1	30
Region 2	93
Region 3	3
Region 4	13
Region 5	16
Location undetermined	15

(a) Table of inquiries by region
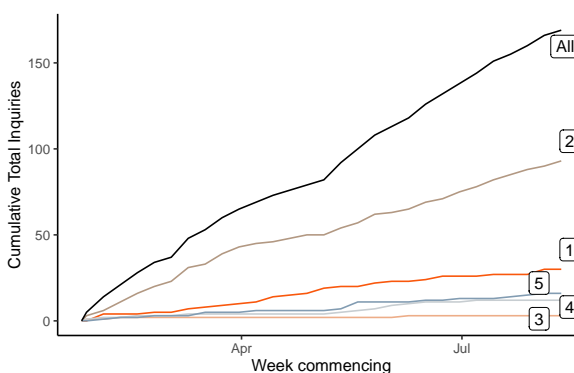
(b) Table of inquiries by region

Figure 1: Inquiries to STEP LC by region (a), and across time (b)

Information about referrers - who made the inquiries?

Those referred to the LC via a clinical route primarily came via **Psychiatric inpatient**. Whereas for the community node, the **Family** route has been the most prevelant.

Referrers to the LC program heard about the initiative in various ways (see Figure 2).

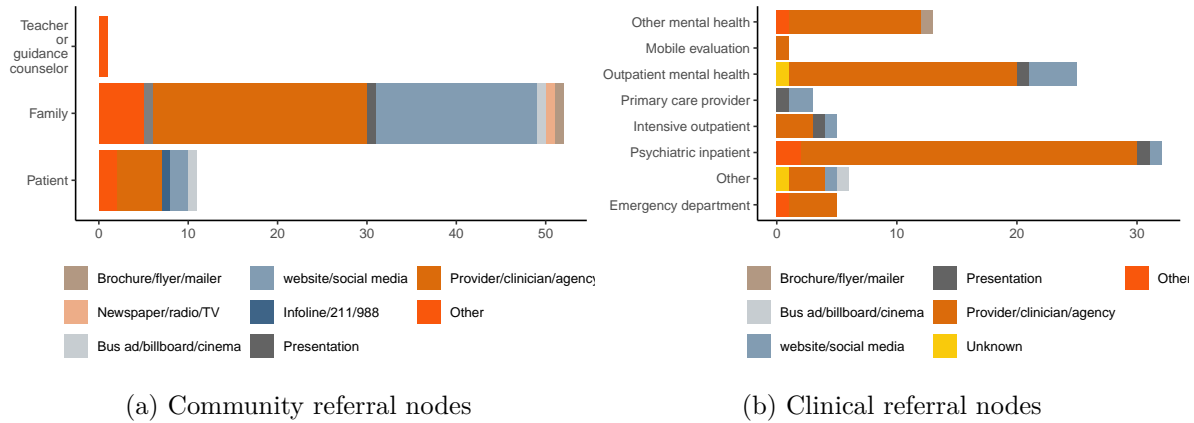(a) Community referral nodes

(b) Clinical referral nodes

Figure 2: Referrals to the LC via clinical and community nodes. This is further split by how these groups heard about the initiative

Who was found to be eligible for the Learning Collaborative initiative?

So far, **29** people have been eligible for the LC, and **6** were aged under 18yrs (see Figure 3).

Individuals did not meet LC eligibility criteria for a range of reasons (n=**101**; see Figure 4) and were provided with appropriate information on referrals and resources.

Remaining cases are either engaged in further assessment (n=3), or remain unresolved (n=37).

(a) Eligibility rates by region
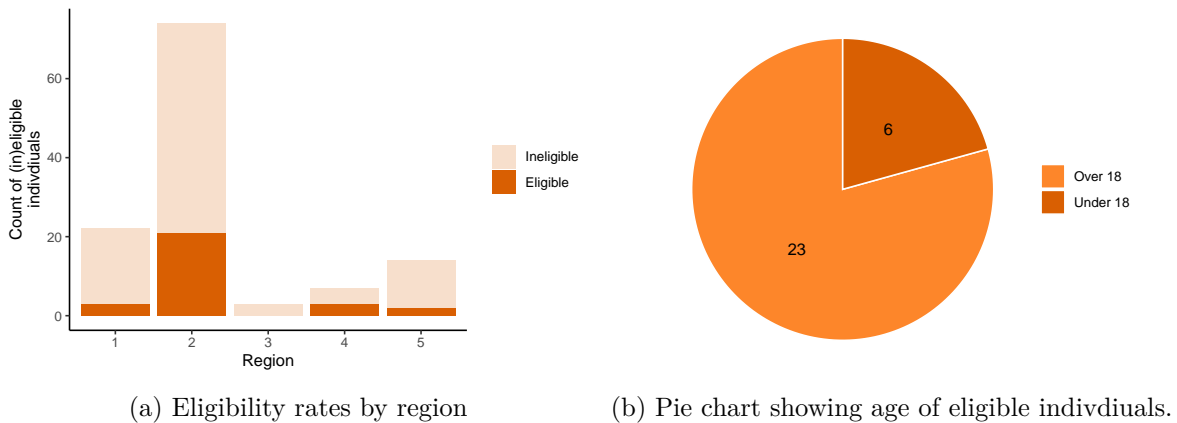

(b) Pie chart showing age of eligible indivdiuals.

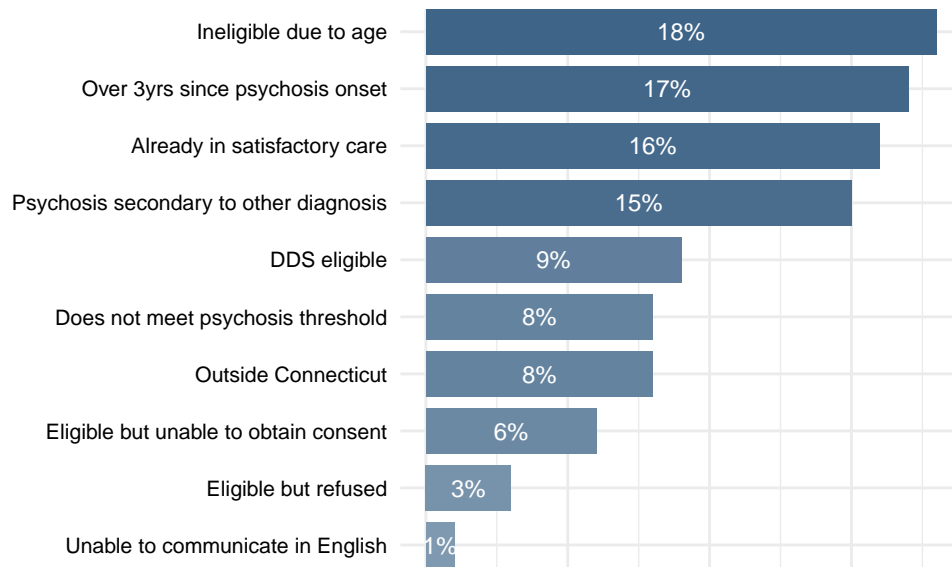Figure 3: Capturing eligibility information by region and age

Figure 4: Barchart showing reasons for ineligibility to the LC

Referrals to LMHAs across Connecticut

The **29** eligible individuals have been referred to their local mental health facilities. Of those, **22** have been successfully admitted (see Table 1 for wait times by individual care facility). Below is a map of Connecticut. Here, we can see number of eligible cases by zipcode.
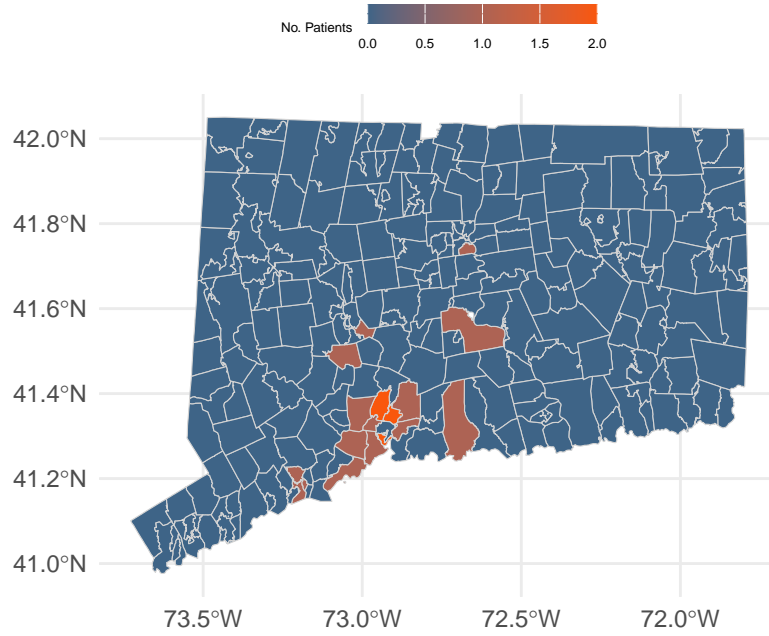
Figure 5: Heatmap of Connecticut, split by zipcodes, and coloured by number of indivdiuals currently found to be eligible for the LC

Table 1: Table showing number average wait time to admission (date of consent to the LC to date of admission to care).

Referred to	Admitted to	No. admitted	Median wait time (days)	IQR
BHCare (Shoreline)	Matches referral	1	9.0	0.0
BHCare (Valley offices)	Matches referral	1	7.0	0.0
Bridges	CSHC	1	3.0	0.0
Greater Bridgeport	Matches referral	2	24.5	10.5
Other	Child & Family Guidance Center	1	6.0	0.0
Rivervalley - Middletown offices	Matches referral	1	47.0	0.0
Rushford Center	Matches referral	1	12.0	0.0
CMHC (STEP)	Matches referral	13	0.0	0.0
Western CT	IOL Hartford	1	21.0	0.0

We had **0** case where it can be determined that the individiual will not end up successfully enrolled at the 3 month mark (see Table 2). There are also **7** cases where admission with the

agency is yet to be confirmed.

Table 2: Table showing number of eligible individuals where the referral did not land, and why

LMHA	Region	Patients not admitted	Reason

Demographic and symptom data

The following section provides an overview of individuals found to be eligible for the LC (n=**29**). Here, we provide information regarding the distribution of various baseline datapoints such as age, gender, race, income, and drug use.
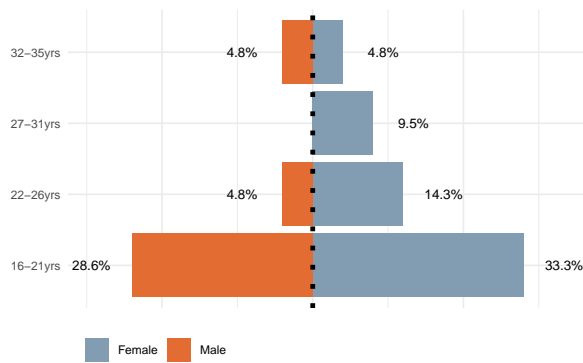

Figure 6: Age group by gender (%)
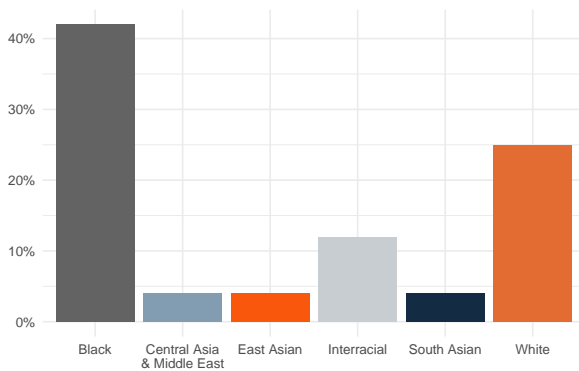
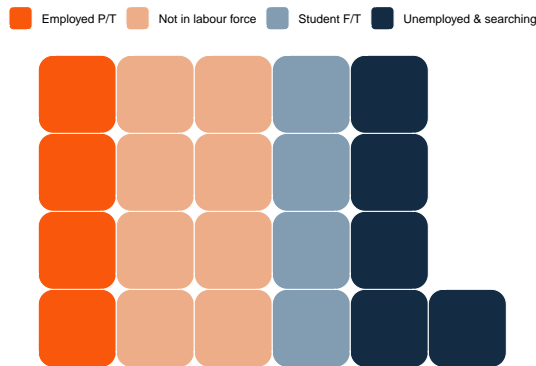Figure 7: Race category membership (%)

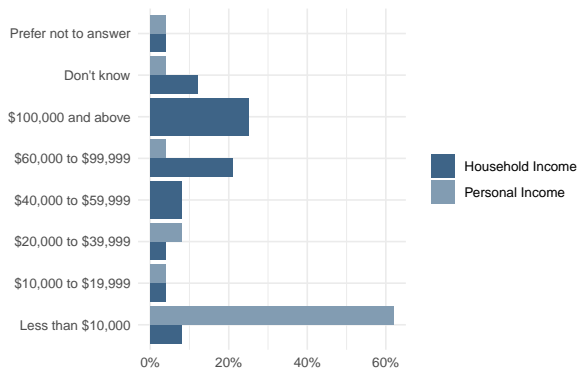Figure 8: Bureau of labor statistic employment category; 1 square=1 person

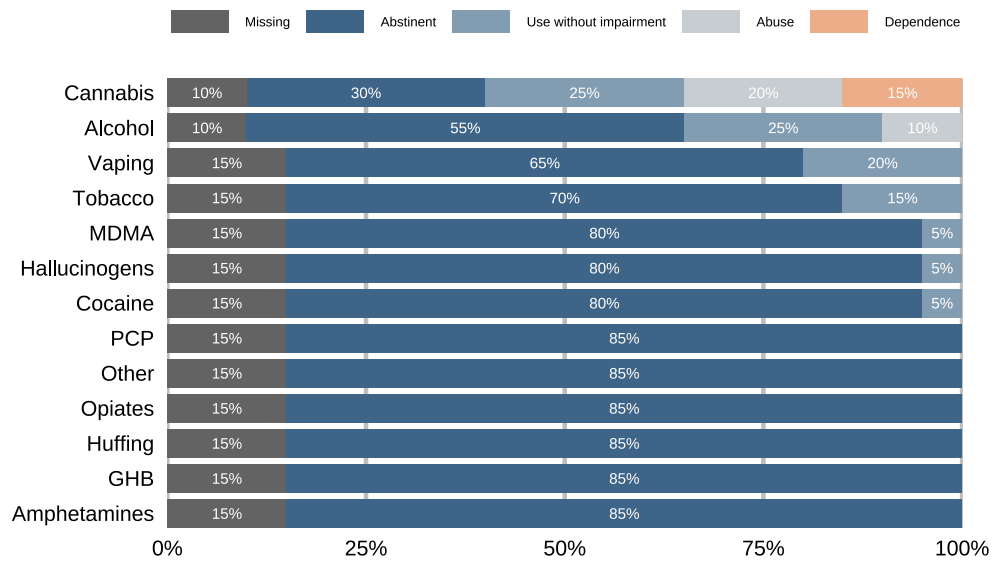Figure 9: Household and personal income (%)

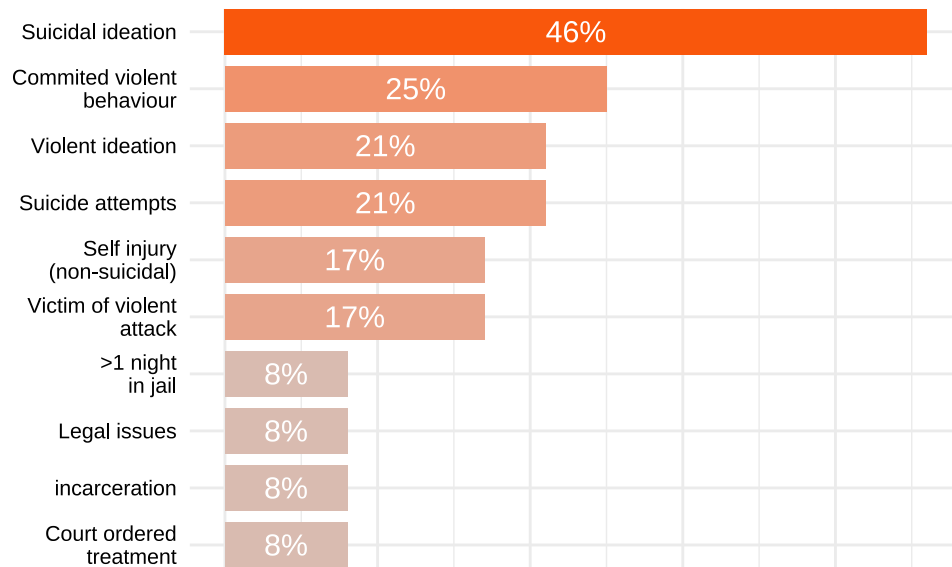Figure 10: Figure showing drug use as measured by the Alcohol Use and Drug Use scale

Figure 11: Lifetime suicide and judicial involvement