



**EMERGENCY MOBILE
PSYCHIATRIC SERVICES**

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in partnership with the United Way of Connecticut 2-1-1.



2-1-1



EMPS Crisis Intervention Services Performance Improvement Center (PIC)

Quarter 4 Report: Fiscal Year 2016 April 1 – June 30, 2016

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The Emergency Mobile Psychiatric Services Performance Improvement Center
is housed at the Child Health and Development Institute of Connecticut, Inc.



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Executive Summary

Introduction: Starting in Q2 FY2016, EMPS PIC has restructured quarterly reports to incorporate DSM-V data and a Results Based Accountability (RBA) report card to enhance the capacity for DCF and statewide stakeholders to monitor quality assurance of the EMPS program.

Call and Episode Volume: In the fourth quarter of FY2016, **211 received 4,458 calls** including 3,142 calls (70.5%) handled by EMPS providers and 1,316 calls (29.5%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). Of the 3,142 calls, 3,007(95.7%) were received during regular hours, 133 (4.2%) were handled after hours, and 2 (0.0%) were crisis-response follow-ups. This quarter saw a 2.4% decrease in call volume compared to the same quarter in FY2015 (4,567), and the total episodes decreased by 7.5% compared to the same quarter in FY2015 (3,397).

Among the **3,140 episodes of care** generated in Q4 FY16, episode volume ranged from 358 episodes including After Hours calls (Eastern service area) to 760 episodes including After Hours calls (Hartford service area). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 3.86, with service area rates ranging from 3.01 (Southwestern) to 4.82 (Hartford). 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 7.76 per 1,000 children in poverty, with service area rates ranging from 5.78 (New Haven) to 10.98 (Central).

Each quarter, every EMPS site is required to achieve an overall service reach rate of 2.5 episodes per 1,000 children. For this quarter, 11 of 14 sites met this benchmark.

Demographics: Statewide this quarter, 52.2% of children served were male and 47.8% female. Approximately **34.2% of youth served were 13-15 years old**, 25.4% were 9-12 years old, 23.8% were 16-18 years old, and 12.9% were 6-8 years old. Almost one-third (**30.1%**) of youth served were of **Hispanic ethnicity**. Additionally, the **majority of the children served were White (58.6%)**, 21.9% were African-American or Black, and 16.9% reported "Other Race." The majority of youth were insured by Husky A (64.9%) and private insurance (29.3%). Finally, the majority of clients (80.2%) were not DCF-involved.

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide include: Harm/Risk of Harm to Self (30%), Disruptive Behavior (25%), Depression (12%), Harm/Risk of Harm to Others (8%), Anxiety (6%), and Family Conflict (5%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (29.6%), Adjustment Disorders (16.9%), Conduct Disorders (13.5%), Attention Deficit/Hyperactivity Disorders (9.8%), Anxiety Disorders (7.5%), and Trauma Disorders(6.9%). This quarter, **79% of EMPS clients statewide met the definition for Serious Emotional Disturbance (SED)**.

In this quarter, the **statewide percentage of children with trauma exposure reported at intake was 65%**, with service areas ranging from 57% (Central and Southwestern) to 77% (New Haven). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (26%), Witnessing Violence (24%), Victim of Violence (15%), and Sexual Victimization (12%).

The statewide rate for **the percentage of children evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 21%**, a decrease from 22% in the same quarter last fiscal year. Sixteen percent of children were evaluated one or more times *during* an episode of care. The inpatient admission rate in the six months prior to EMPS referral was 11% statewide, which is 1% lower when compared to the same quarter in FY2015, whereas the admission rate to an inpatient unit during an EMPS episode was 7%, 1% higher than the same quarter last fiscal year.

Referral Sources: Statewide, **43.5% of all referrals were received from parents, families and youth and 38.7% were received from schools**. Emergency Departments (EDs) accounted for about 9.3% of all EMPS referrals. The remaining 8.5% of referrals came from other sources.

ED utilization of EMPS varies widely among hospitals in Connecticut. This quarter, a total of **291 EMPS referrals were received from EDs**, including 101 referrals for inpatient diversion and 190 referrals for routine follow-up. Regionally, the highest rate of ED responses, as a percentage of total responses, was observed in the Western service area (19%) and the lowest was in the Eastern service area (1%). Statewide, about 9% of all EMPS episodes came from ED referrals this quarter, 1% lower when compared to Q4 FY2015.

Mobility: The average **statewide mobility this quarter was 91.6%**, 0.1% higher when compared to Q4 FY15 (Police referrals are excluded from mobility calculations). Five of the six service areas met the benchmark of 90% this quarter. Mobility rates among

service areas ranged from 85.3% (Southwestern) to 95.9% (Western). The range in mobility percentages widened slightly more among individual providers, from 82% (CFGC/South-EMPS) to 98% (Well-EMPS:Dnby). Of these providers, 10 of the 14 either reached or surpassed the 90% benchmark.

Response Time: Statewide this quarter, **89% of mobile episodes received a face-to-face response in 45 minutes or less.** Performance on this indicator ranged from 80% (Hartford) to 95% (Southwestern) with all six service areas above the 80% benchmark. Across the state, 12 of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 24 minutes, with all six service areas demonstrating a median response time of 30 minutes or less. These data suggest that EMPS service providers offer timely responses to crises in the community.

Length of Stay: Among discharged episodes statewide this quarter, 43% of Phone Only episodes exceeded one day, 41% of Face-to-face episodes exceeded five days, and **14% of Plus Stabilization Follow-up episodes exceeded 45 days**, a rate that did not meet the statewide benchmark (less than 5%). The statewide median LOS among discharged episodes was 0 days for Phone Only, 4.0 days for Face-to-face episodes, and 22.0 days for Plus Stabilization.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 64 days and ranged from 0 days (New Haven and Eastern) to 74 days (Western). The statewide median LOS for Face-to-face was 57 days and ranged from 0 days (Eastern) to 63 days (Western). For Plus Stabilization Follow-up, the statewide median LOS was 48 days with a range from 28 days (Eastern) to 57 days (Western). This tells us that families remain open for services beyond the benchmarks (1-day and 5-day respectively) for the phone and face-to-face crisis response categories. The majority of stabilization plus follow-up episodes (53%) did exceed the 45-day benchmark. Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase, and can compromise accurate and timely data entry practices.

Discharge Information: The overwhelming **majority of clients lived in a private residence at discharge from EMPS (95.4%).** Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (70.5%), Family Discontinued (20.2%), and Client Hospitalized: Psychiatrically (4.9%).

Statewide, clients were most likely to be **referred to Outpatient Services at discharge (41.2%).** Other care referrals at discharge included: Intensive Outpatient Program (9.9%), Other: Community Based (6.6%), Inpatient Hospital (5.2%), Partial Hospital Program (4.2%), and Intensive In-Home Services (3.8%). An additional 23.9% of clients indicated "none" for discharge referrals, a category that includes referrals back to an existing provider.

Across the state, Ohio Scales showed an improvement on parent and worker rated functioning, 0.55 and 1.74 respectively. Decreases in problem scores of 1.82 points on parent-ratings and 2.88 points on worker-ratings were reported. Changes on all of the Ohio Scales scores were statistically significant except for the Parent Functioning score and Problem Severity score.

Completion rates of the Ohio scales at discharge for worker problem severity decreased by 3% while worker functioning decreased by 2% when compared to the same quarter in FY2015. A 3% decrease was also noticed for the completion rates for both parent scales when compared to Q4 FY2015.

Satisfaction: This quarter, 60 clients/families and 60 other referrers responded to the satisfaction survey; both groups gave favorable ratings to 211 and EMPS services. On a 5-point scale, **clients' average ratings of 211 and EMPS providers were 4.64 and 4.60**, respectively. Among **other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 211 and EMPS were 4.63 and 4.61**, respectively. Qualitative comments (see Section IX) varied from very satisfied to minor dissatisfaction.

Training Attendance: The **statewide average percentage of trainings completed by all active staff as of June 30, 2016 is 4%.** The percentage of trainings completed decreased when compared to Q4 FY15 (26%) primarily due to the changes made to the training modules during FY2016.

Community Outreach: This quarter, **four of fourteen providers met the requirement of six outreaches per quarter.**

Section I: SFY 2016 Q4 RBA Report Card: EMPS Mobile Crisis Intervention Services

Quality of Life Result: Connecticut’s children will live in stable environments, safe, healthy and ready to lead successful lives.

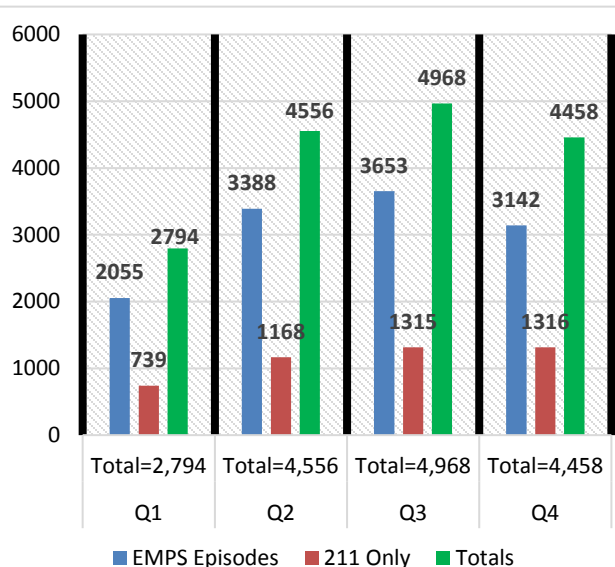
Contribution to the Result: EMPS Mobile Crisis Intervention Services are available for all Connecticut children and adolescents experiencing a mental health or behavioral crisis. Mobile crisis directly contributes to the result since it supports maintaining the safety and functional stability of children in the home and community. This is done through a rapid face to face crisis response with follow-up involvement and referral to community services as needed. The mobile crisis services provide an alternative, community based intervention, to youth visits to hospital emergency rooms, inpatient hospitalizations and police calls that could remove them from their home and potentially negatively impact their growth and success.

Program Expenditures: Estimated SFY 2016

State Funding: \$10,743,631

How Much Did We Do?

**Total Call and Episode Volume
SFY 2016**



Story Behind the Baseline: In SFY 2016 Q4 there were 4,458 total calls to the 211 Call Center, which was a 2.4% decrease in call volume compared to SFY 2015 Q4. Also the number of EMPS episodes was 7.5% lower in SFY 2016 Q4 than in SFY 2015 Q4. Combining all the quarters for SFY 2016 there was a 1% increase in total call volume compared to SFY 2015. Calls for mobile crisis services continue to increase but at a lower rate compared to when the service was being introduced to the community.

Trend: →

How Much Did We Do?

Episodes Per Child SFY 2016

Q1	DCF Child	Non-DCF Child	Total
1	193 (16.5%)	976 (83.5%)	1,169
2	25 (26.0%)	71 (74.0%)	96
3	1 (11.1%)	8 (88.9%)	9
4 or more	2 (40.0%)	3 (60.0%)	5
Q2	DCF Child	Non-DCF Child	Total
1	291 (14.2%)	1762 (85.8%)	2,053
2	27 (17.6%)	126 (82.4%)	153
3	10 (35.7%)	18 (64.3%)	28
4 or more	3 (37.5%)	5 (62.5%)	8
Q3	DCF Child	Non-DCF Child	Total
1	327 (14.8%)	1886 (85.2%)	2,213
2	25 (18.9%)	107 (81.1%)	132
3	7 (20.0%)	28 (80.0%)	35
4 or more	1 (12.5%)	7 (87.5%)	8
Q4	DCF Child	Non-DCF Child	Total
1	324 (17.2%)	1555 (82.8%)	1,879
2	31 (29.2%)	75 (70.8%)	106
3	4 (28.6%)	10 (71.4%)	14
4 or more	1 (20.0%)	4 (80.0%)	5

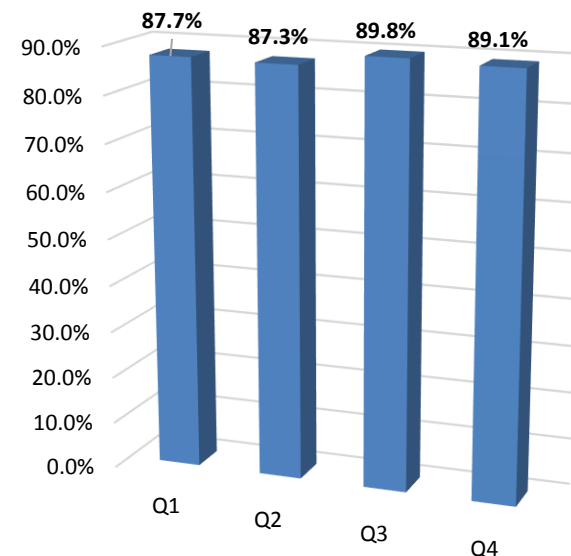
Story Behind the Baseline: In SFY 2016 Q4, of the 2,004* mobile crisis episodes of care 93.8% (1,879) only involved one response for a child, and 99.1% (1,985) involved one or two responses; compared to 90.4% (1,950) and 98.5% (2,125) respectively for SFY 2015 Q4. This indicates that the initial EMPS involvement with a youth and their family significantly reduces the need for additional mobile crisis services.

*Note: Only children that had their DCF or non DCF status identified were reported.

Trend: ↑

How Well Did We Do?

**Statewide Response Time Under 45 Minutes
SFY 2016**

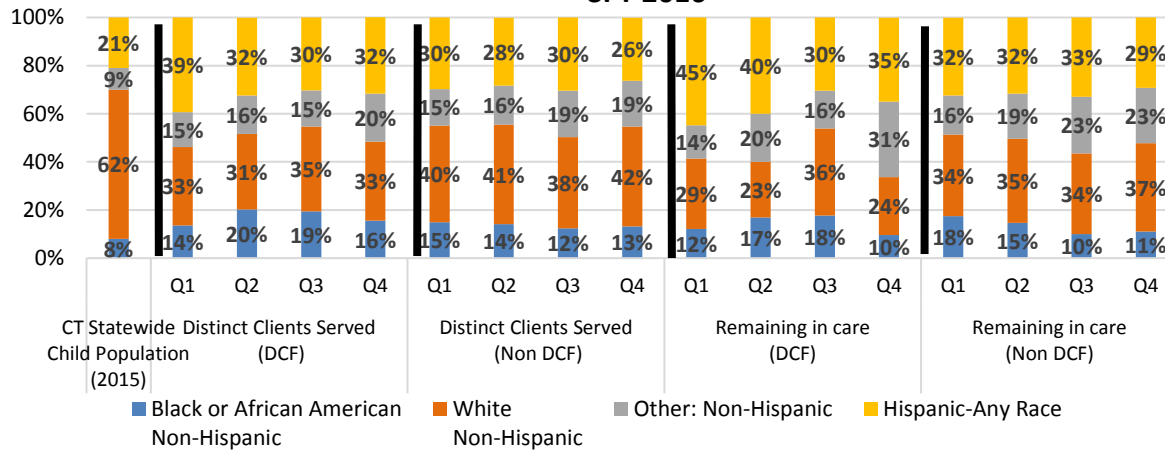


Story Behind the Baseline: Since SFY 2011 mobile crisis has consistently exceeded the 80% benchmark for a 45 minute or less mobile response to a crisis. In SFY 2016 Q4 89.1% of all mobile responses achieved the 45 minute mark compared to 89.9% for SFY 2015 Q4. **The median response time for SFY 2016 Q4 was 24 minutes.** This reflects a highly responsive statewide mobile crisis service system that is immediately present to engage and deescalate a crisis and return stability to the child and setting (family, school, etc.).

Trend: ↑

How Well Did We Do?

Race & Ethnicity of DCF & Non DCF Clients Served in SFY 2016



Story Behind the Data: The race and ethnicity of non-DCF children utilizing mobile crisis is more consistent with the DCF population of children served, not the statewide child population. Hispanic and Black DCF and Non-DCF involved children^{1,2} access mobile crisis services at rates higher than the general population, while white DCF and Non-DCF involved children access the service at lower rates. Both Hispanic and Black DCF involved children utilize mobile crisis at higher rates than Non-DCF children, while the opposite is the case for white children. Non-DCF involved white children had the highest rates for remaining in care³ at the end of SFY 2016 Q4.

¹Note: Only children that had their DCF or non DCF status identified were reported. ²Note: For the Distinct Clients served some had multiple episodes as identified above in Episodes per Child. ³Note: Remaining in Care represents an open EMPS episode at the end of the respective quarter. **Trend:** →

How Well Did We Do?

EMPS Provider Memorandum of Agreement with Local Schools - SFY 2016

	Q1	Q2	Q3	Q4
Number of CT School Districts	202	202	202	202
Number of Completed MOA's	57 (28%)	59 (29%)	73 (36%)	89 (44%)

Story Behind the Baseline: Each of the six (6) Connecticut mobile crisis providers is working to engage the public schools in their respective service areas in signing off on a Memorandum of Agreement (MOA) regarding collaboration in providing mobile crisis services for children and adolescents in each school. As of SFY 2016 Q4 eighty nine (89) MOA's or 44% have been completed out of a total of 202 school districts. This reflects a 56% increase in the number of MOAs executed in Q4 of 2016 compared to Q1 of 2016.

Trend: ↑

Is Anyone Better Off?

% Clinically Meaningful Change For Statewide Ohio Scale Scores SFY 2016

Statewide Ohio Scale Scores (based on paired intake and discharge scores)	Q1	Q2	Q3	Q4
% Clinically Meaningful Change	† .05-.10 * P < .05 **P < 0.01	† .05-.10 * P < .05 **P < 0.01	† .05-.10 * P < .05 **P < 0.01	† .05-.10 * P < .05 **P < 0.01
Parent Functioning	25.0% (n=44)**	12.5% (n=72)*	17.0% (n=47)*	4.1% (n=49)†
Worker Functioning	4.5% (n=375)**	6.7% (n=639)**	7.0% (n=604)**	8.5% (n=578)**
Parent Problem Severity	20.0% (n=45)**	15.1% (n=73)**	15.6% (n=45)	12.2% (n=49) †
Worker Problem Severity	8.3% (n=373)**	7.5% (n=637)**	7.3% (n=603)**	10.0% (n=573)**
Total N	837	1421	1299	1249

Story Behind the Data: The Ohio Youth Problems, Functioning, and Satisfaction Scales (Ohio Scales), assessing behavioral health service outcomes has demonstrated clinically significant positive changes for children following a mobile crisis response. The parent ratings for SFY 2016 Q4 showed an average 4.1% improvement in child functioning and 8.5% decline in child problem severity following mobile crisis involvement. This reflects the effectiveness of mobile crisis services in not only diffusing the immediate crisis but also supporting the subsequent positive growth and success of youth. (The variability in the % of Clinically Meaningful Change scores between the quarters may be the result of smaller quarterly samples where more variable scores can influence the total score.)

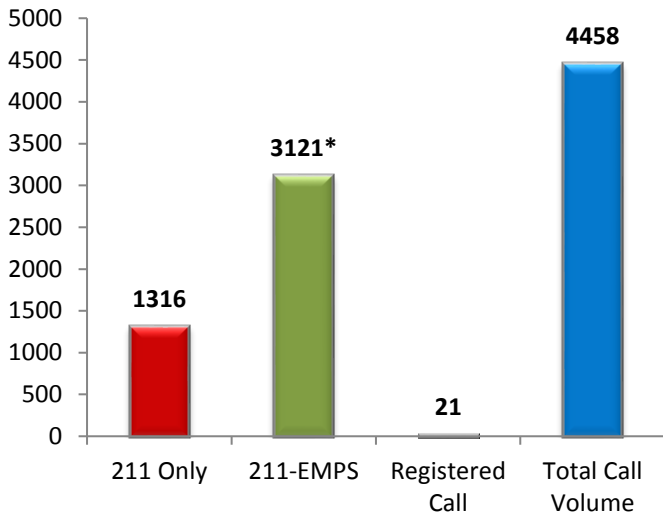
Trend: ↑

Note: Asterisk () represents statistical significance

Proposed Actions to Turn the Curve: Continue direct outreach between EMPS providers and all school districts in their service area to complete the MOA's. Continue to develop data regarding school district and individual school building EMPS utilization. Continue to increase the completion rates for the Ohio Scales.

Section II: EMPS Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type



*Note: 2 Calls are Crisis-Response follow-up

Figure 2. Total Call Volume per Quarter by Call Type

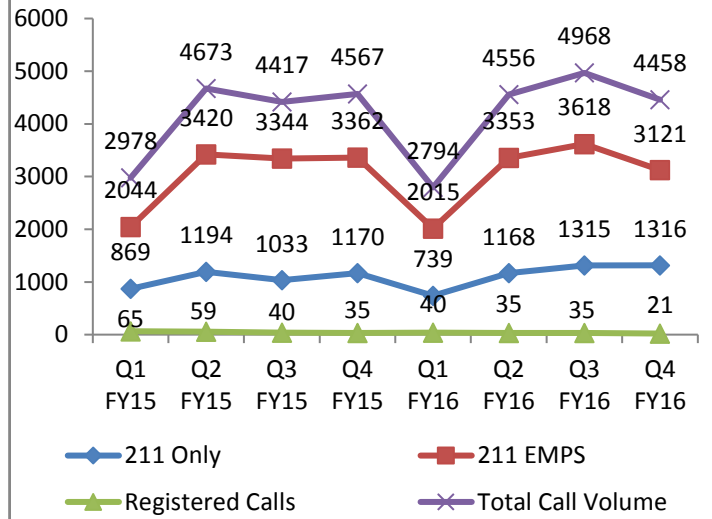


Figure 3. EMPS Response Episodes by Service Area

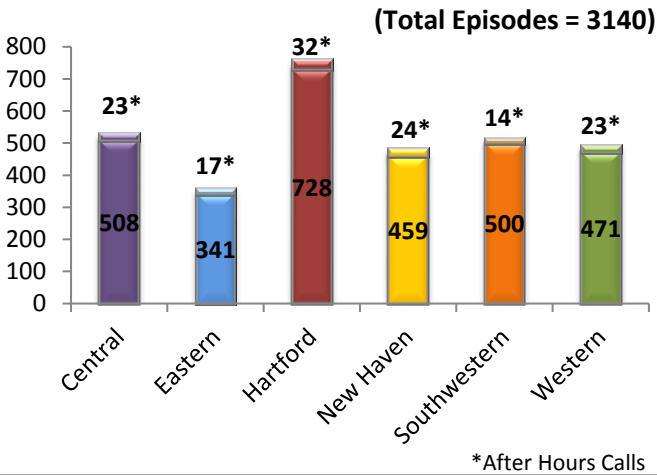


Figure 4. EMPS Episodes per Quarter by Service Area

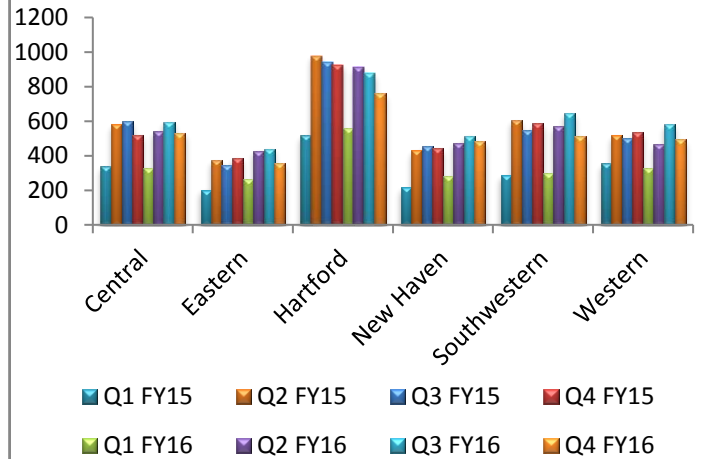


Figure 5. Number Served Per 1,000 Children (Current Quarter)

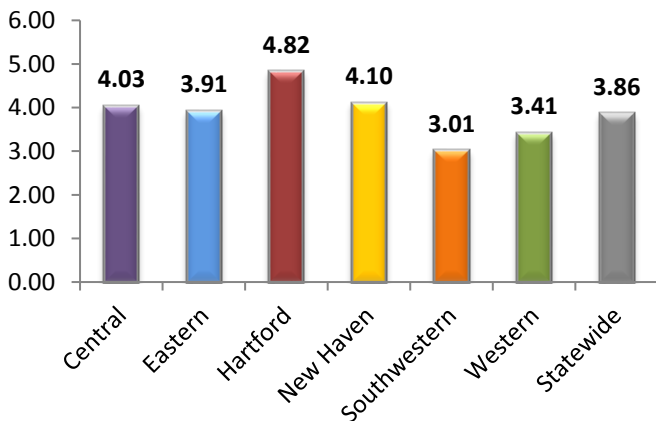


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

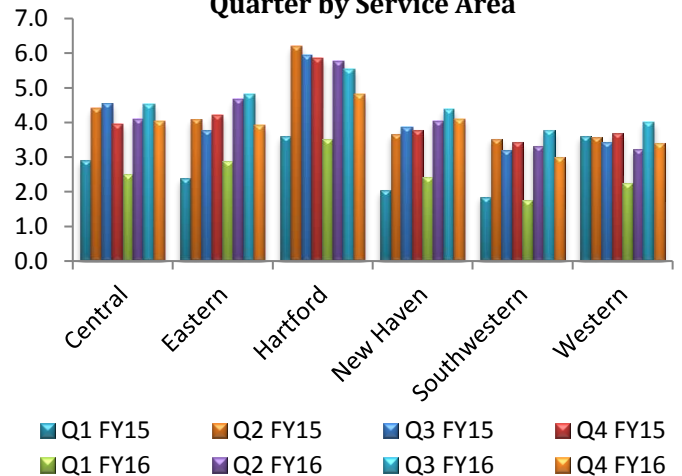


Figure 7. Number Served Per 1,000 Children in Poverty (Current Quarter)

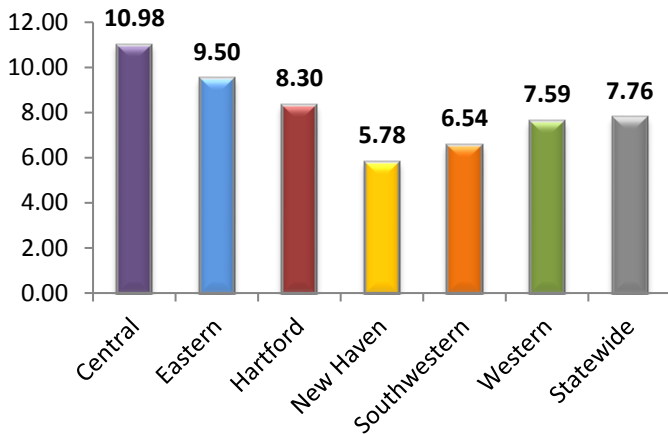


Figure 8. Number Served Per 1,000 Children in Poverty

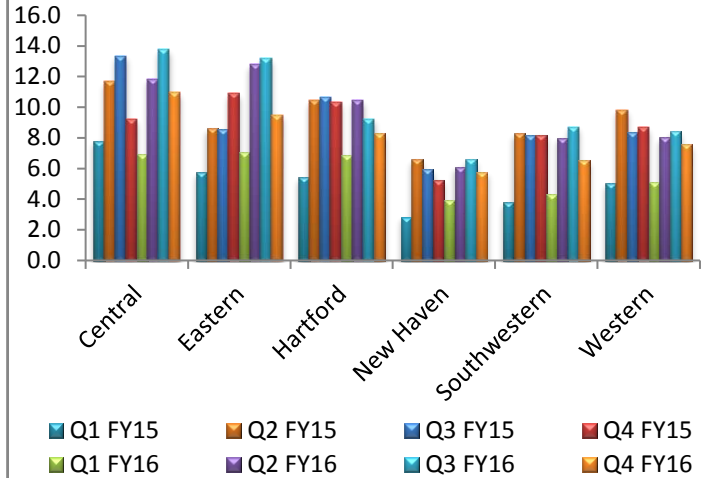


Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area (Current Quarter)

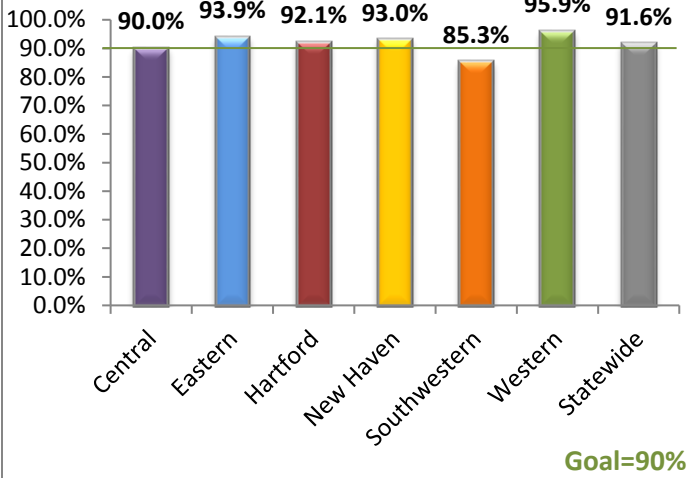


Figure 10. Mobile Response (Mobile and Deferred Mobile) by Service Area (Current Quarter)

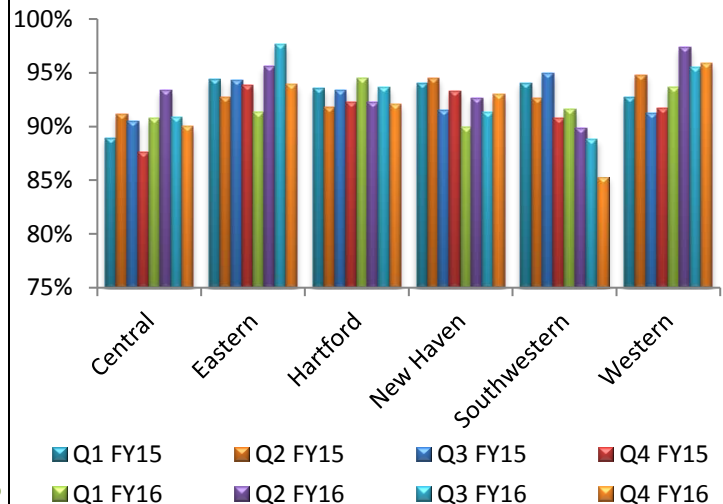


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes (Current Quarter)

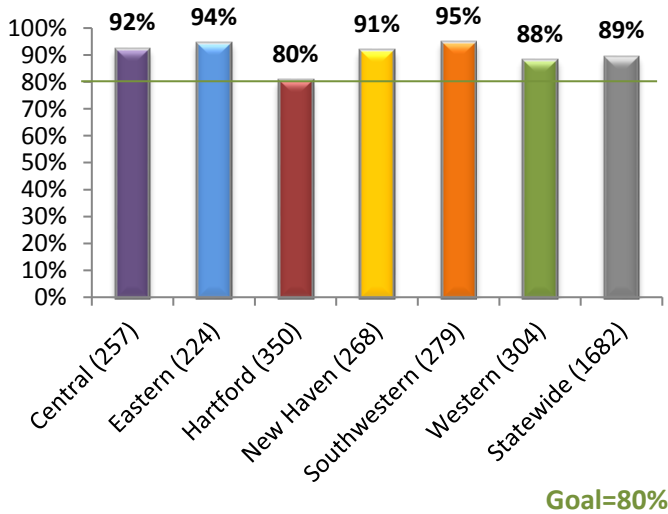
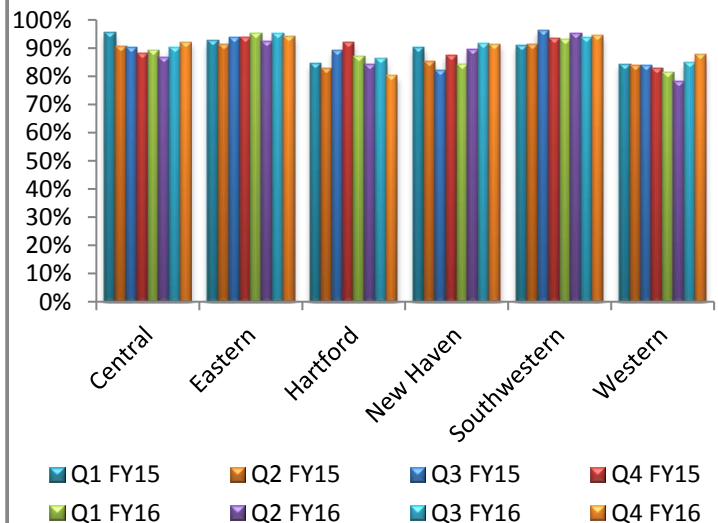
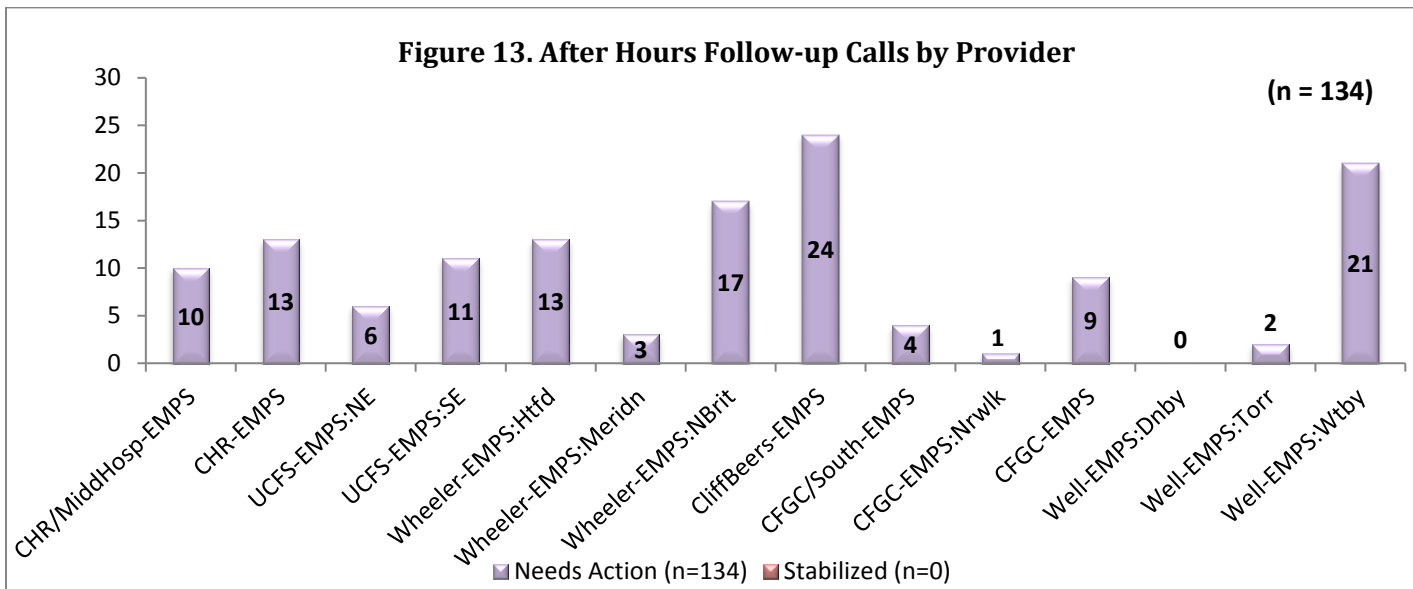


Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area





Section III: EMPS Response

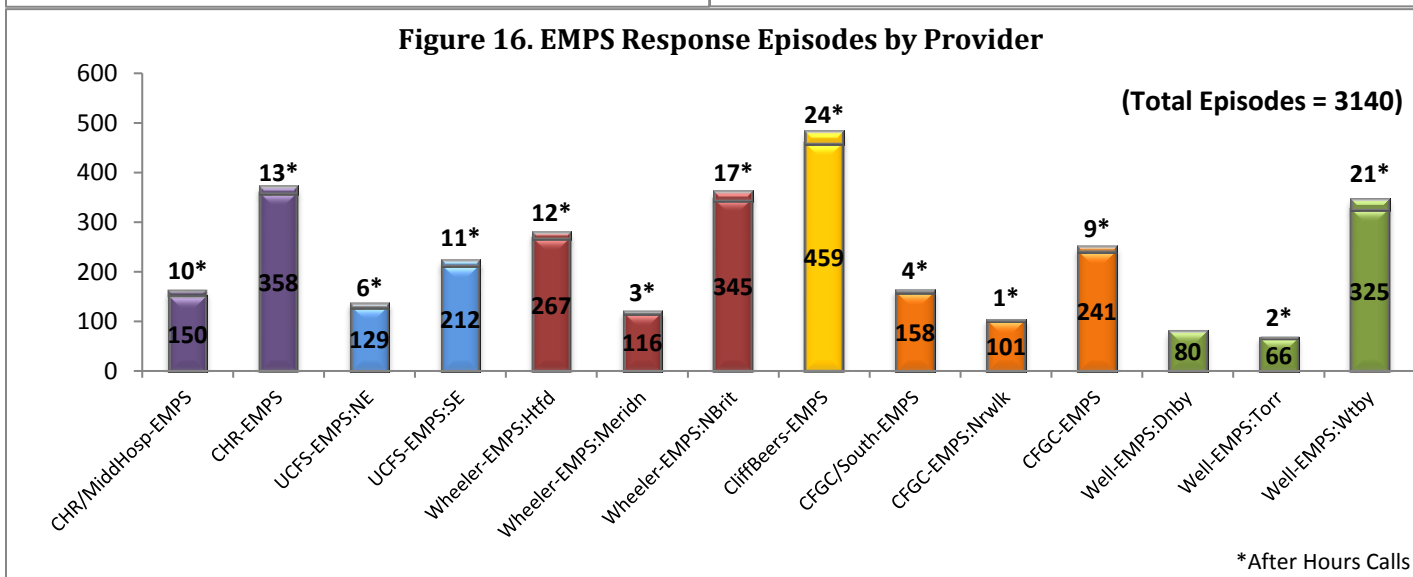
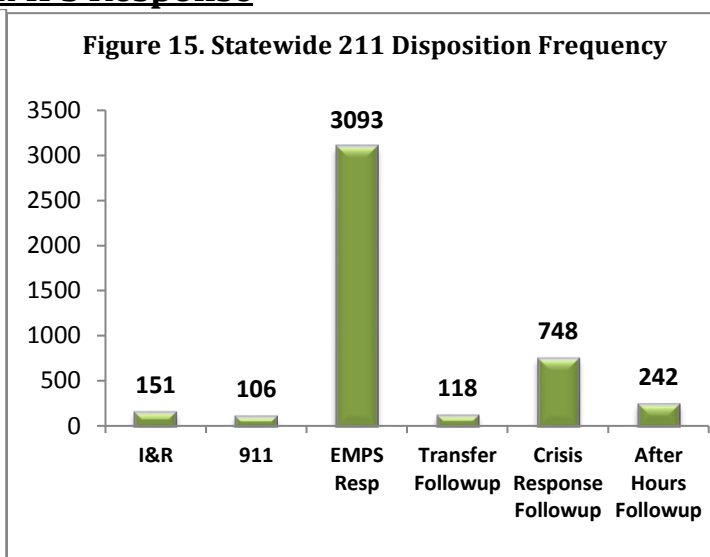
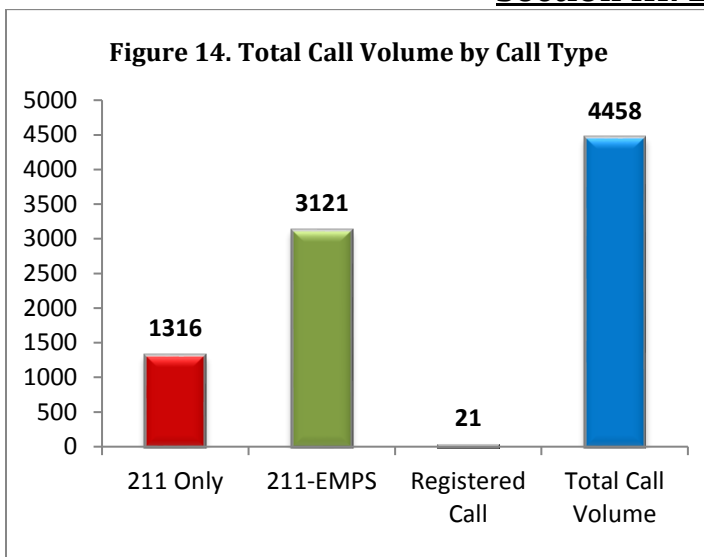


Figure 17. Number Served Per 1,000 Children by Provider (Current Quarter)

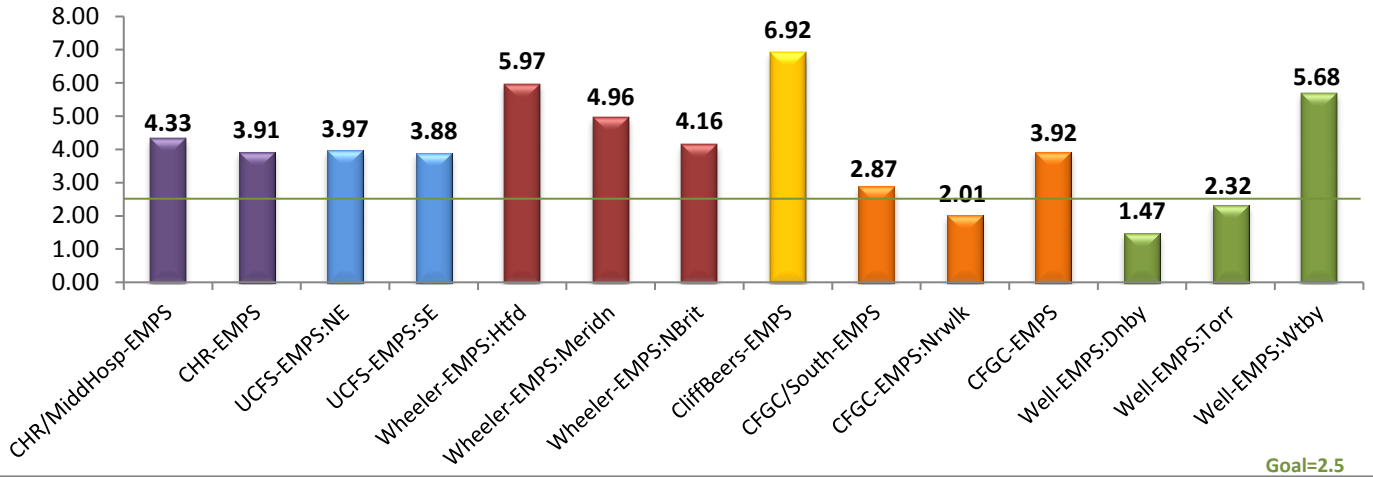


Figure 18. Episode Intervention Crisis Response Types by Service Area

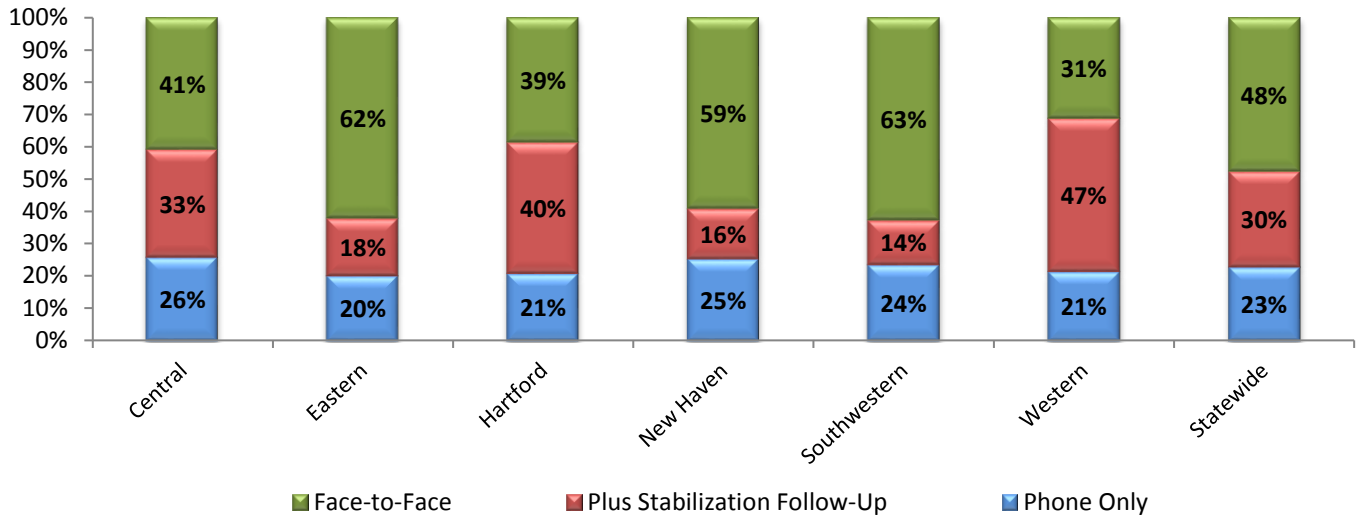
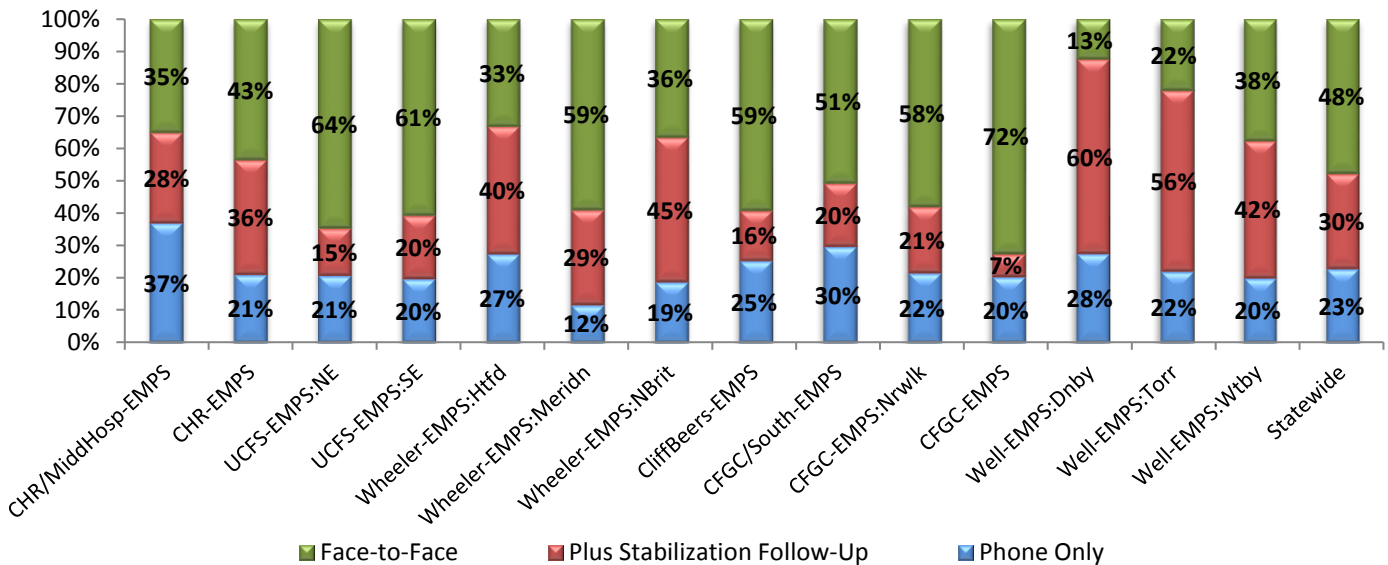


Figure 19. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 20. Gender of Children Served Statewide

(N = 3142)

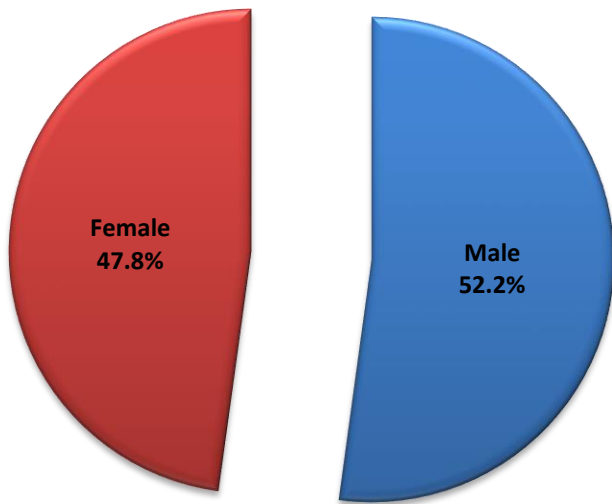


Figure 21. Age Groups of Children Served Statewide

(N = 3142)

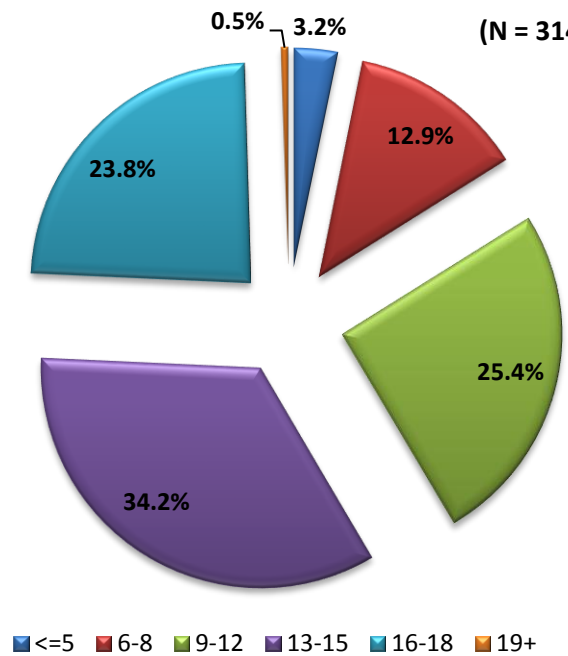


Figure 22. Ethnic Background of Children Served Statewide

(N = 2641)

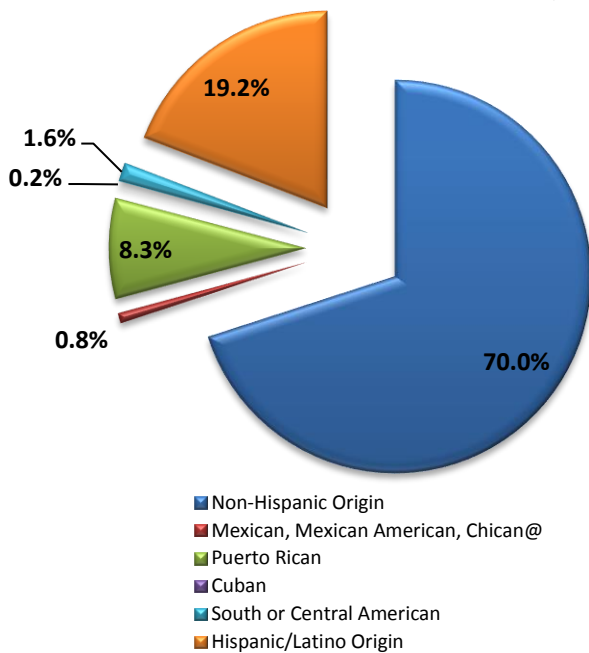
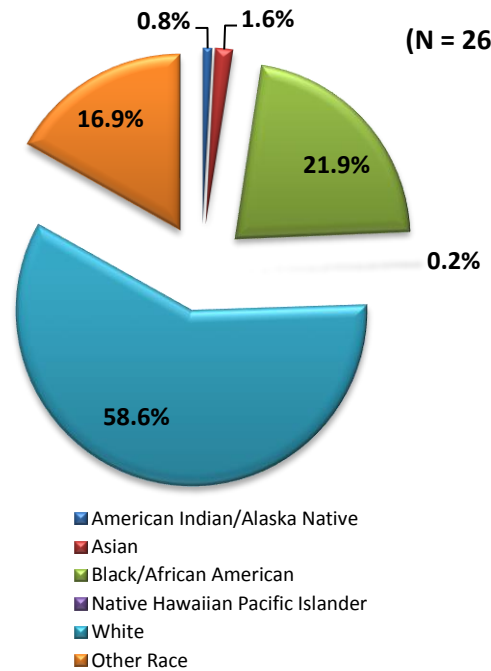


Figure 23. Race of Children Served Statewide

(N = 2609)



Note: Clients may self-identify more than one Race.

Note: According to the U.S. Census Bureau, “[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept.”

Figure 24. Client's Type of Health Insurance at Intake Statewide

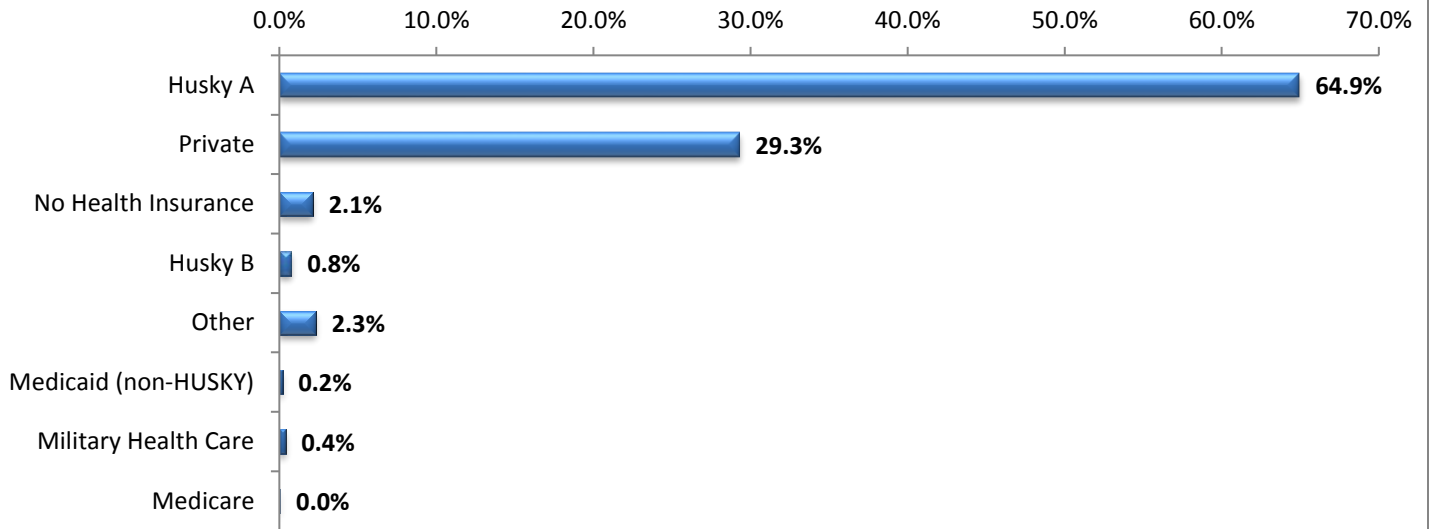
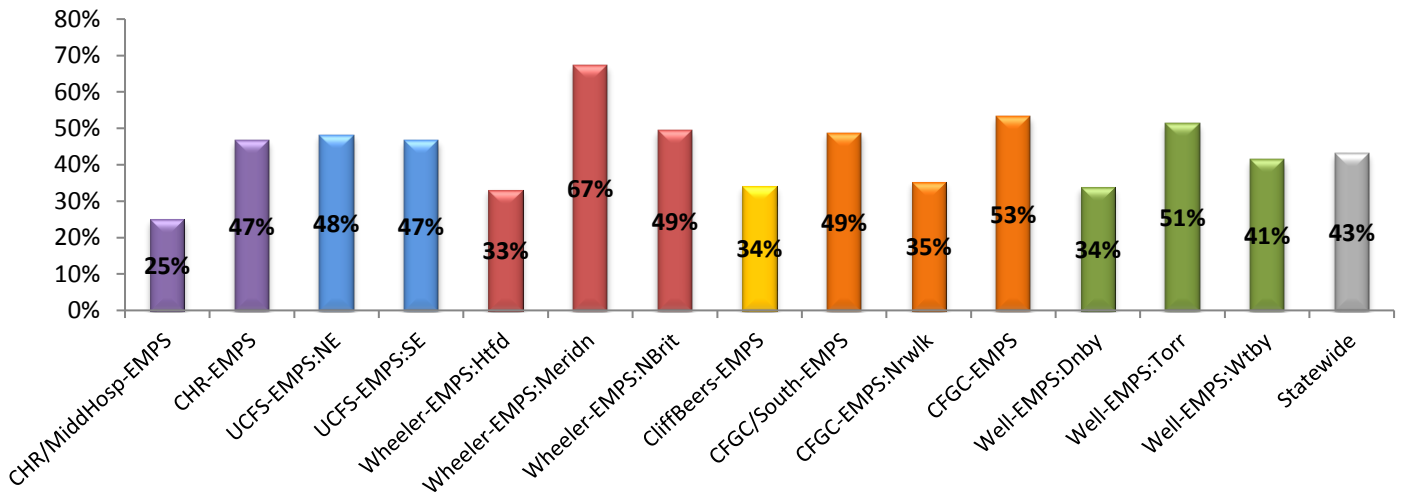
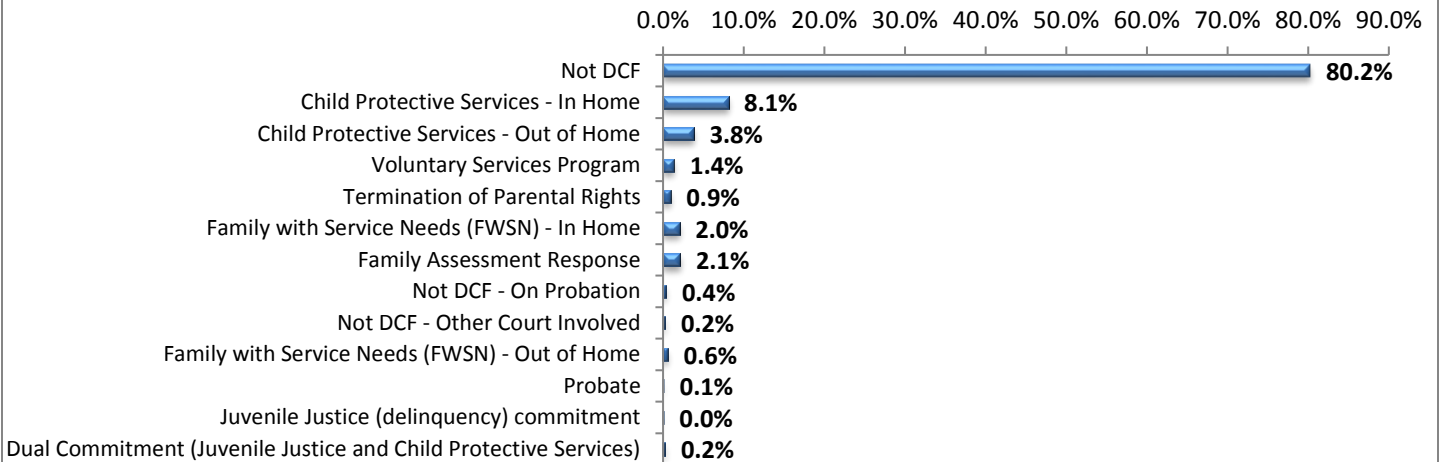


Figure 25. Families that Answered "Yes" TANF* Eligible



*TANF=Temporary Assistance for Needy Families

Figure 26. Client DCF* Status at Intake Statewide



*DCF=Department of Children and Families

Section V: Clinical Functioning

Figure 27. Top Six Client Primary Presenting Problems by Service Area

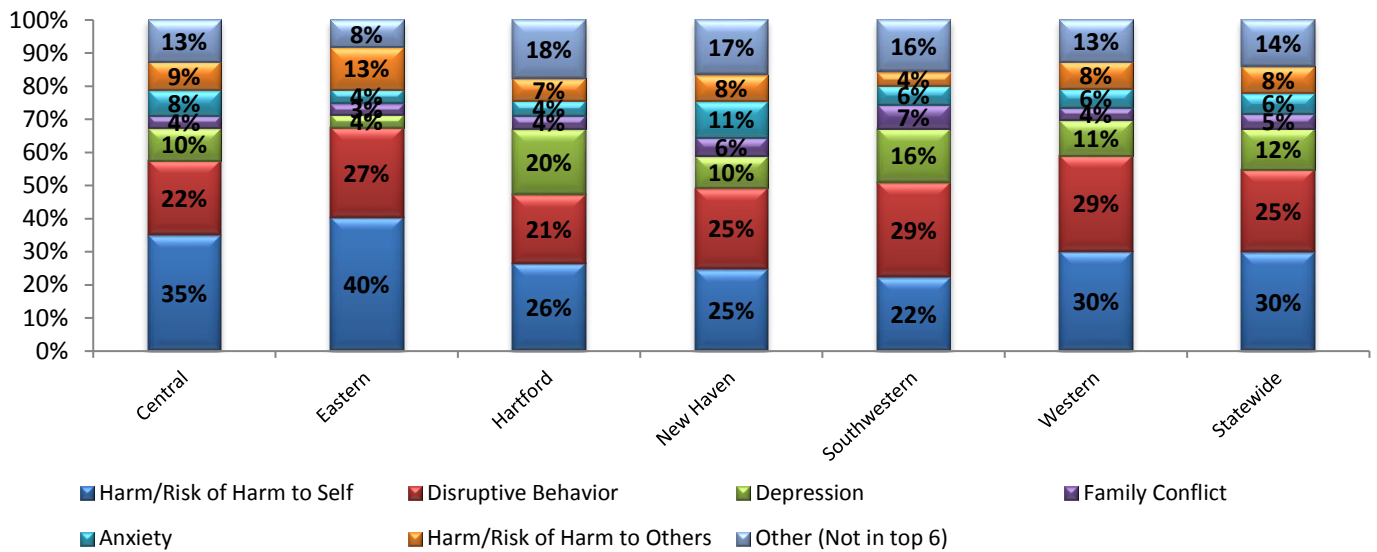


Figure 28. Distribution of Client Primary Diagnosis Categories at Intake Statewide

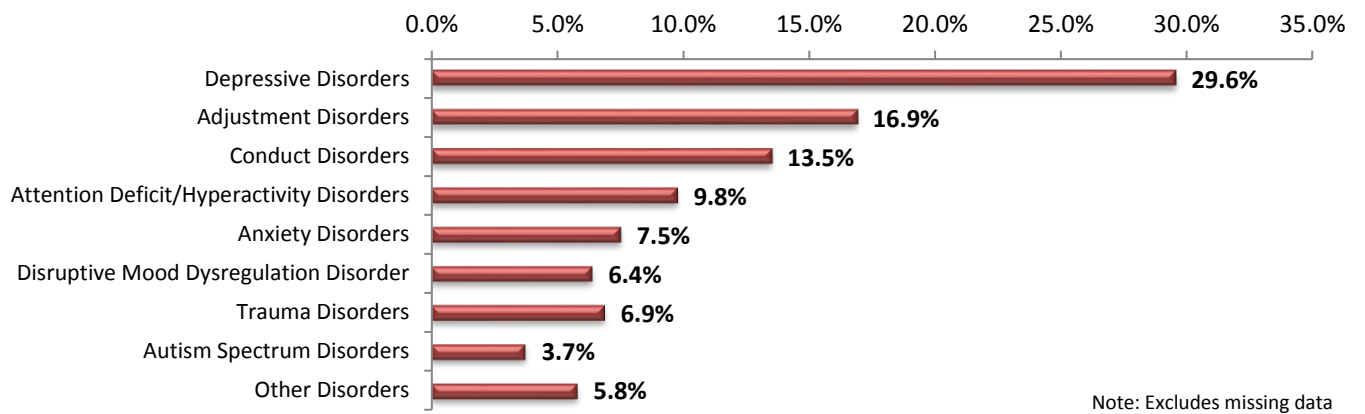


Figure 29. Distribution of Client Secondary Diagnosis Categories at Intake Statewide

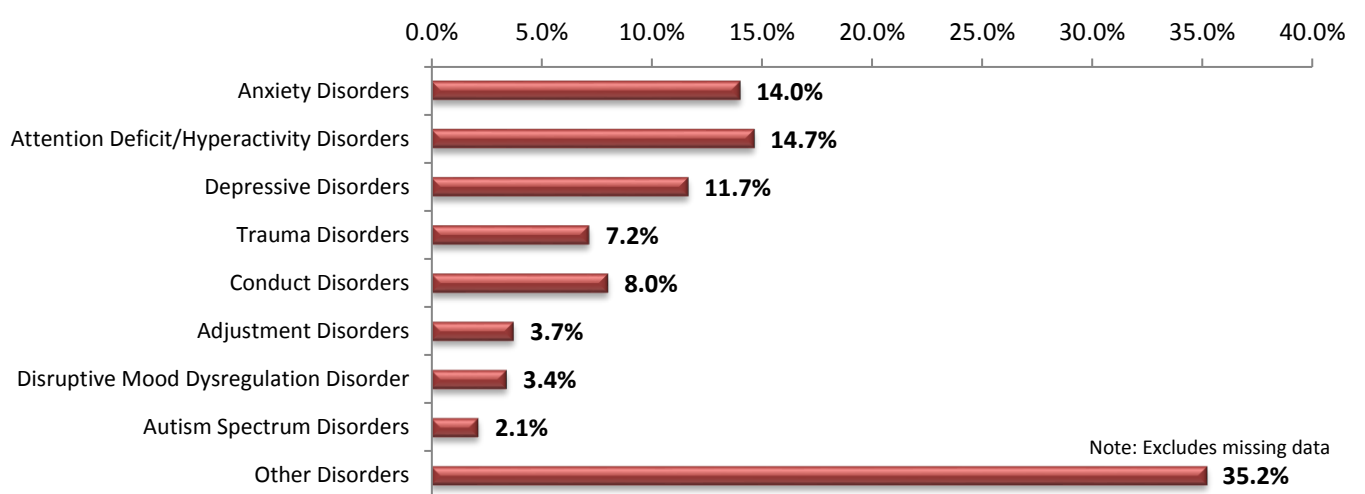


Figure 30. Top 6 Client Primary Diagnostic Categories at Intake by Service Area

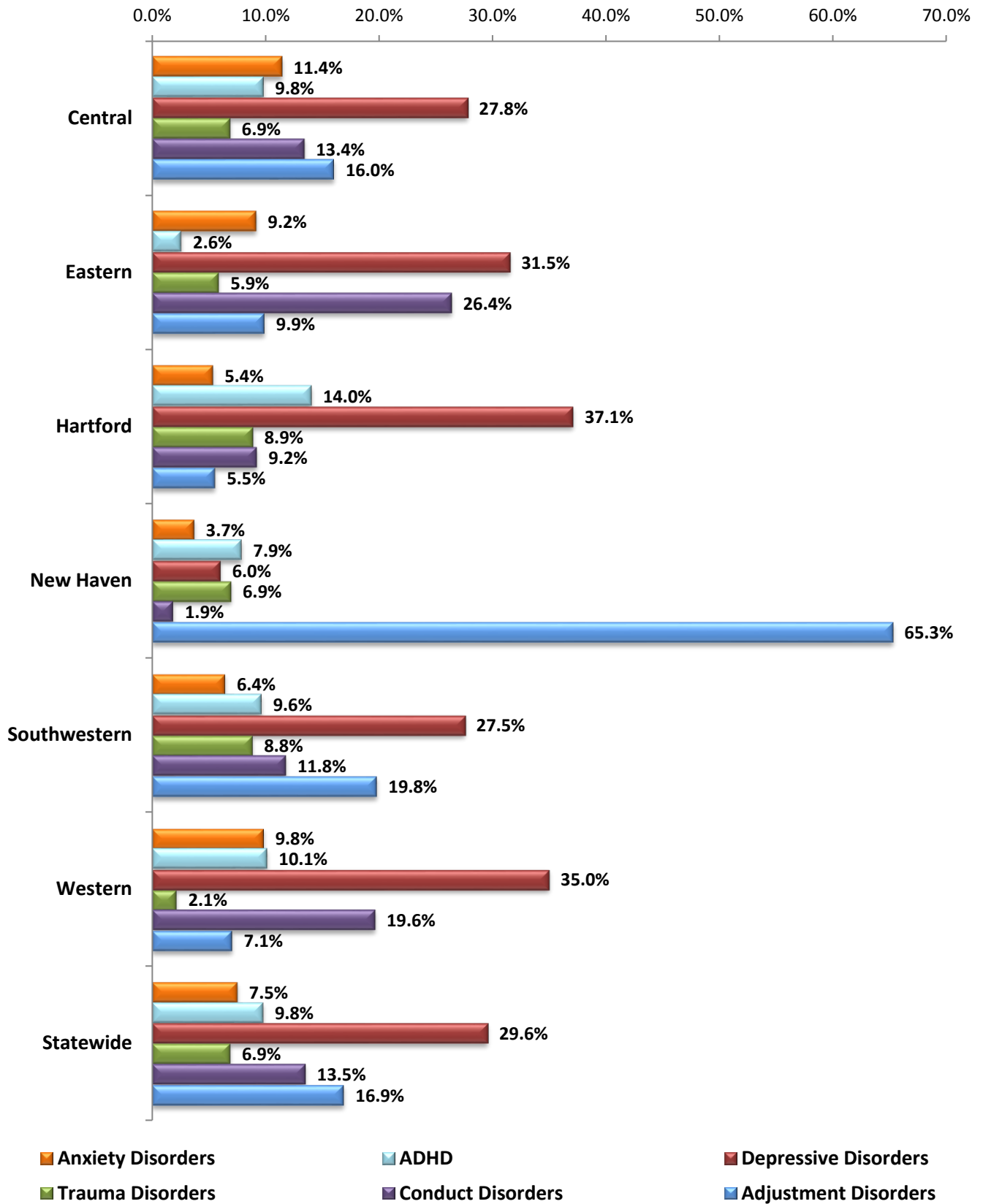


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

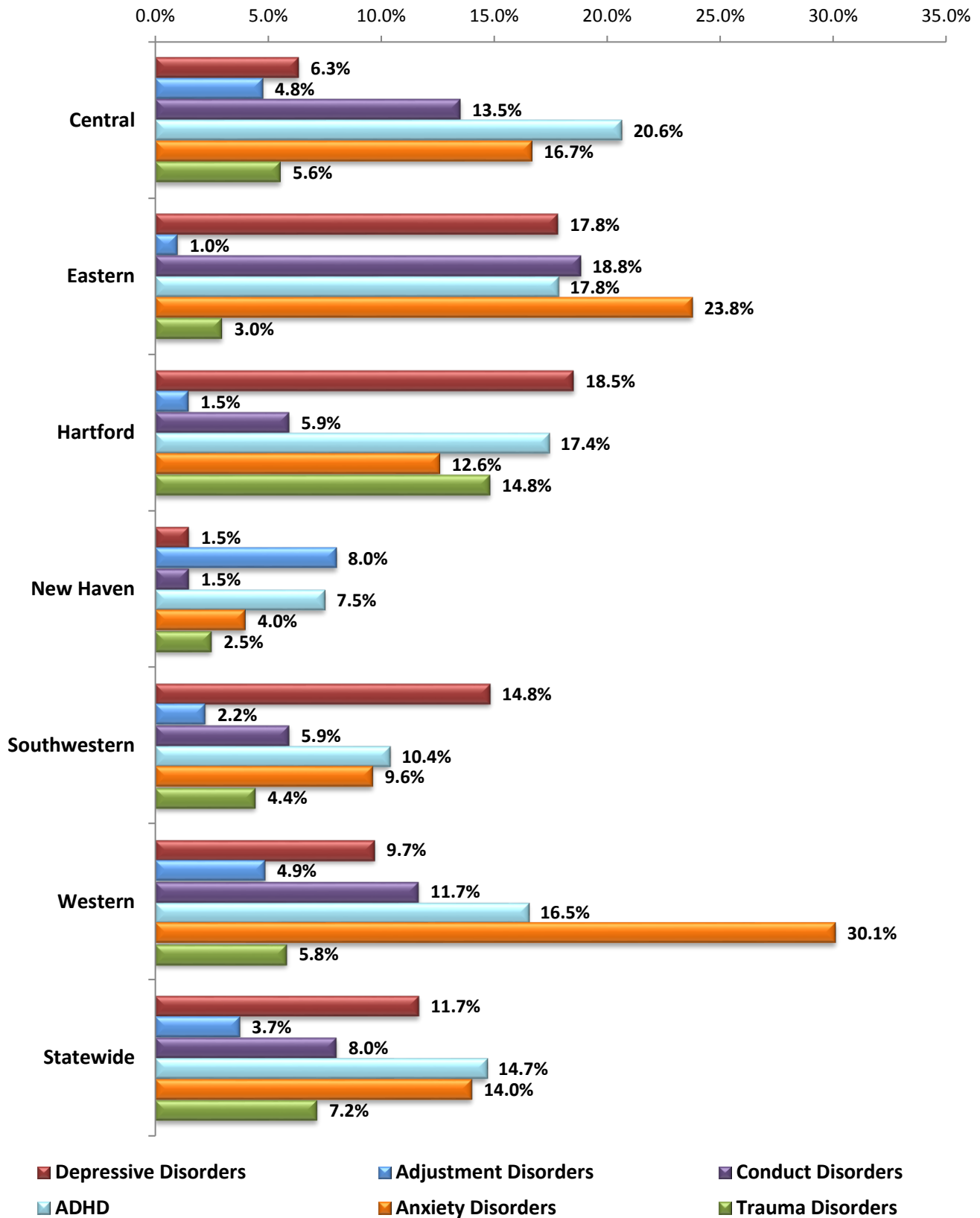


Figure 32. Children Meeting SED* Criteria by Service Area

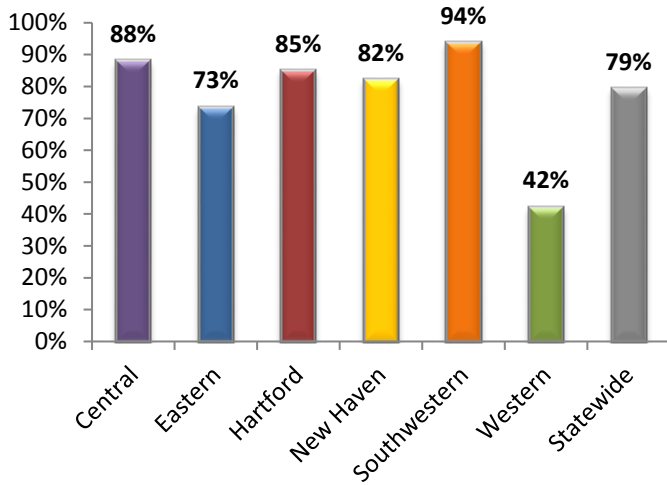


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

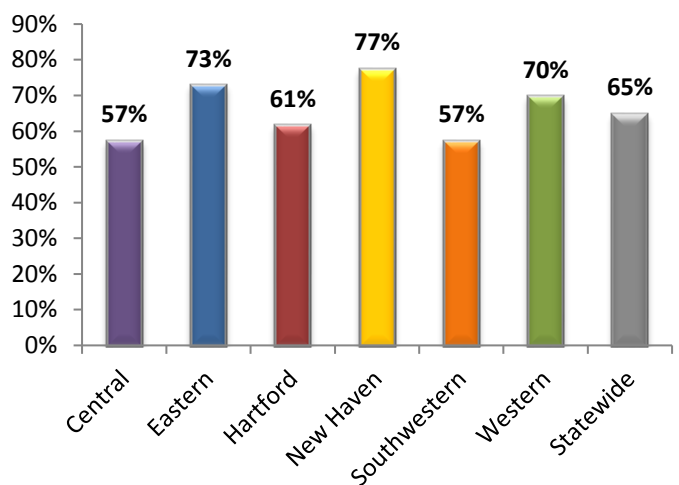


Figure 34. Type of Trauma Reported at Intake by Service Area

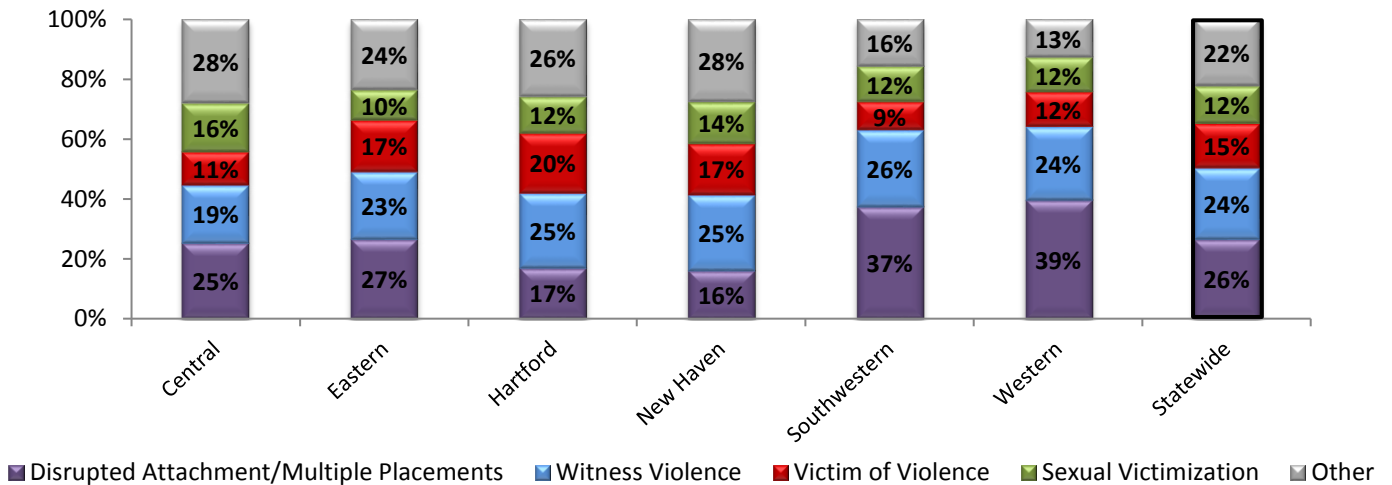


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

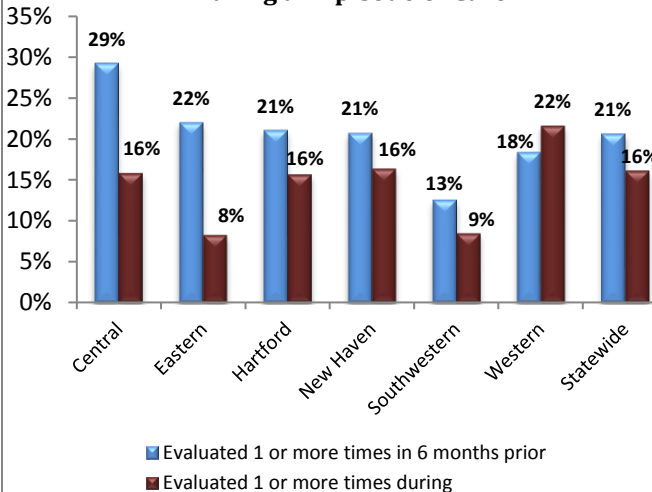
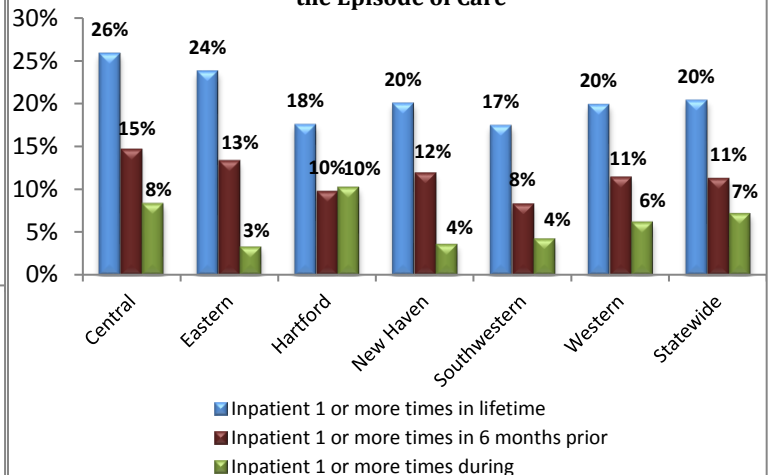


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

Figure 37. Referral Sources Statewide (Current Quarter)

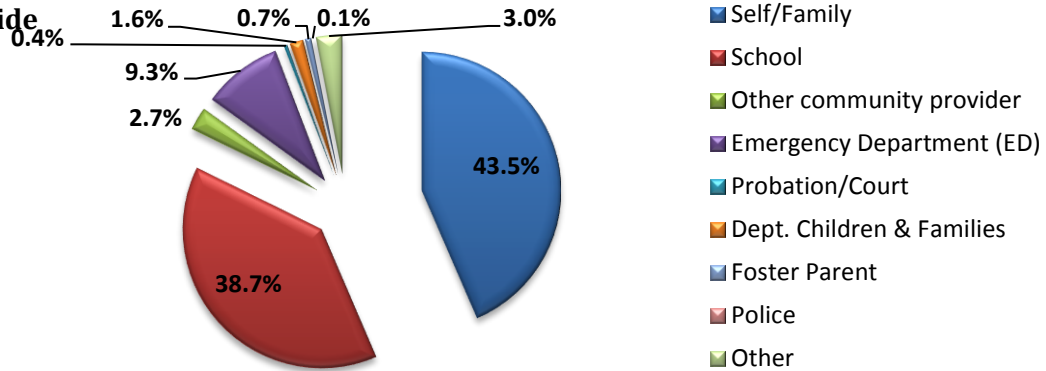
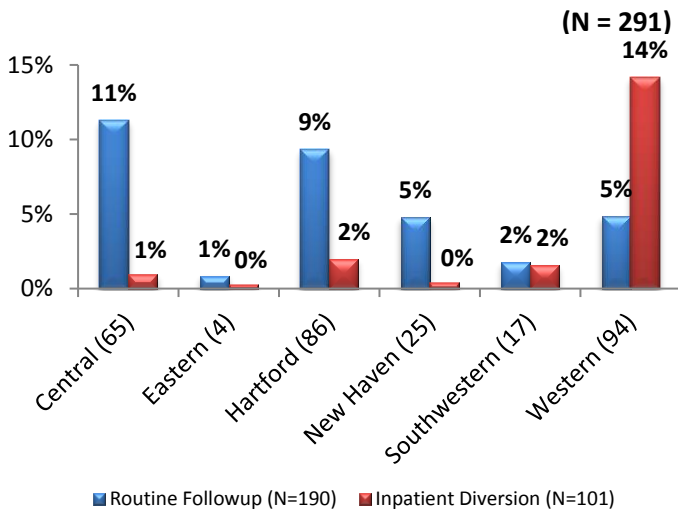


Table 1. Referral Sources (Q4 FY 2016)

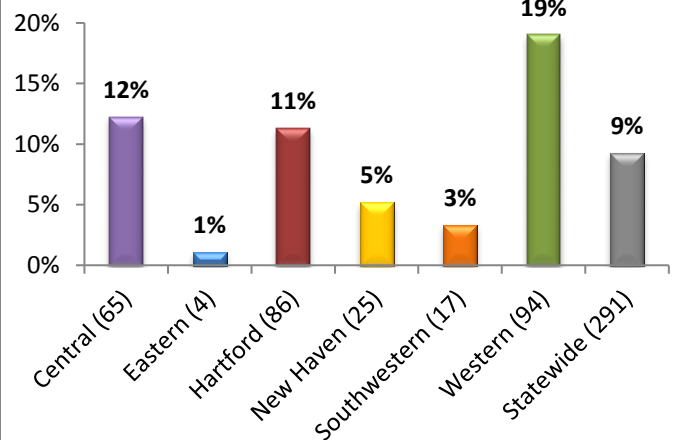
	Self/Family	Family Adv.	School	Info-Line (211)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	43.5%	0.2%	38.7%	0.0%	0.5%	2.7%	9.3%	0.4%	1.6%	1.4%	0.1%	0.7%	0.1%	0.4%	0.3%	0.2%
CENTRAL	45.0%	0.0%	34.1%	0.0%	0.4%	2.8%	12.2%	0.0%	1.3%	2.6%	0.0%	0.6%	0.0%	0.8%	0.2%	0.0%
CHR/MiddHosp-EMPS	45.6%	0.0%	34.4%	0.0%	0.6%	3.1%	13.8%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%
CHR-EMPS	44.7%	0.0%	34.0%	0.0%	0.3%	2.7%	11.6%	0.0%	1.3%	3.8%	0.0%	0.8%	0.0%	0.5%	0.3%	0.0%
EASTERN	50.0%	0.0%	39.4%	0.0%	1.1%	2.5%	1.1%	0.6%	1.1%	0.8%	0.3%	2.0%	0.0%	0.6%	0.6%	0.0%
UCFS-EMPS:NE	52.6%	0.0%	36.3%	0.0%	0.0%	2.2%	0.7%	0.7%	1.5%	1.5%	0.0%	3.7%	0.0%	0.0%	0.7%	0.0%
UCFS-EMPS:SE	48.4%	0.0%	41.3%	0.0%	1.8%	2.7%	1.3%	0.4%	0.9%	0.4%	0.4%	0.9%	0.0%	0.9%	0.4%	0.0%
HARTFORD	39.8%	0.3%	37.5%	0.0%	0.7%	3.7%	11.3%	0.4%	2.8%	2.5%	0.0%	0.4%	0.0%	0.1%	0.4%	0.3%
Wheeler-EMPS:Htfd	29.9%	0.0%	42.3%	0.0%	0.7%	5.3%	13.2%	0.4%	3.6%	3.2%	0.0%	0.7%	0.0%	0.4%	0.4%	0.0%
Wheeler-EMPS:Meridn	39.5%	0.8%	49.6%	0.0%	0.8%	2.5%	3.4%	0.8%	0.8%	0.8%	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%
Wheeler-EMPS:NBrit	47.5%	0.3%	29.8%	0.0%	0.6%	2.8%	12.4%	0.3%	2.8%	2.5%	0.0%	0.0%	0.0%	0.0%	0.6%	0.6%
NEW HAVEN	51.6%	0.2%	37.9%	0.0%	0.2%	1.4%	5.2%	0.6%	1.4%	0.4%	0.0%	0.4%	0.2%	0.2%	0.0%	0.2%
CliffBeers-EMPS	51.6%	0.2%	37.9%	0.0%	0.2%	1.4%	5.2%	0.6%	1.4%	0.4%	0.0%	0.4%	0.2%	0.2%	0.0%	0.2%
SOUTHWESTERN	43.2%	0.4%	46.7%	0.0%	0.0%	2.1%	3.3%	0.2%	1.4%	0.6%	0.0%	1.0%	0.2%	0.8%	0.0%	0.2%
CFGC/South-EMPS	44.4%	1.2%	47.5%	0.0%	0.0%	1.2%	0.6%	0.0%	1.2%	0.6%	0.0%	1.2%	0.6%	1.2%	0.0%	0.0%
CFGC-EMPS:Nrwk	51.0%	0.0%	40.2%	0.0%	0.0%	4.9%	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%
CFGC-EMPS	39.2%	0.0%	48.8%	0.0%	0.0%	1.6%	6.4%	0.4%	0.8%	0.8%	0.0%	1.2%	0.0%	0.4%	0.0%	0.4%
WESTERN	35.4%	0.0%	37.7%	0.0%	0.8%	3.0%	19.0%	0.8%	0.8%	0.4%	0.2%	0.6%	0.2%	0.4%	0.4%	0.2%
Well-EMPS:Dnby	47.5%	0.0%	42.5%	0.0%	0.0%	5.0%	1.3%	2.5%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Well-EMPS:Torr	39.7%	0.0%	41.2%	0.0%	0.0%	4.4%	5.9%	0.0%	2.9%	1.5%	0.0%	1.5%	0.0%	1.5%	1.5%	0.0%
Well-EMPS:Wtby	31.8%	0.0%	35.8%	0.0%	1.2%	2.3%	25.7%	0.6%	0.3%	0.3%	0.3%	0.6%	0.3%	0.3%	0.3%	0.3%

Figure 38. Type of Emergency Dept. Referral



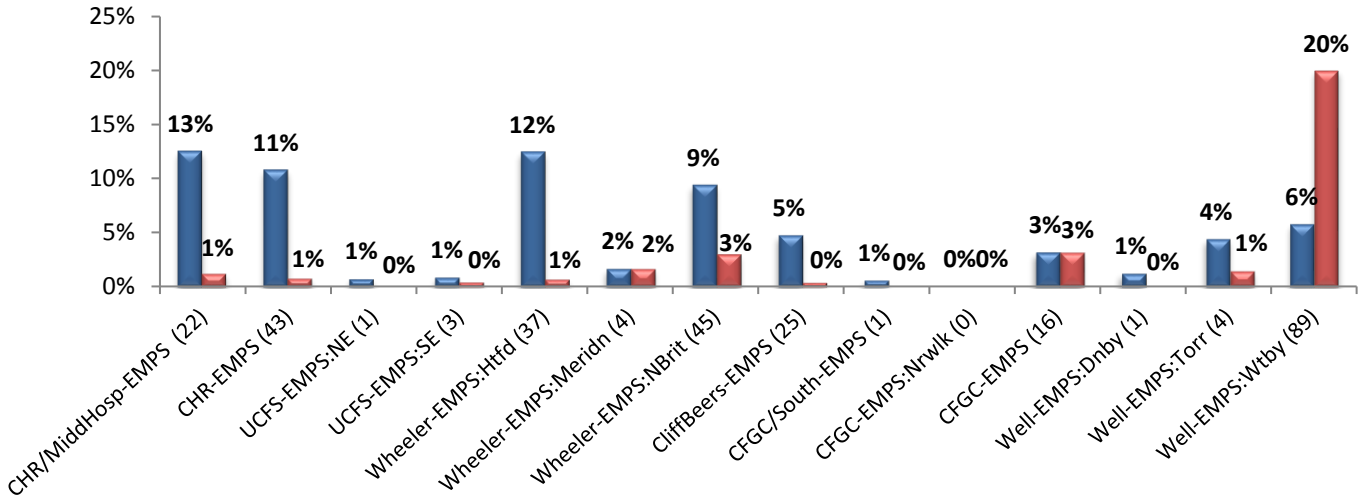
Note: Count total ED referrals are in parenthesis

Figure 39. Emergency Dept. Referral (% of Total EMPS Episodes)



Note: Count total ED referrals are in parenthesis

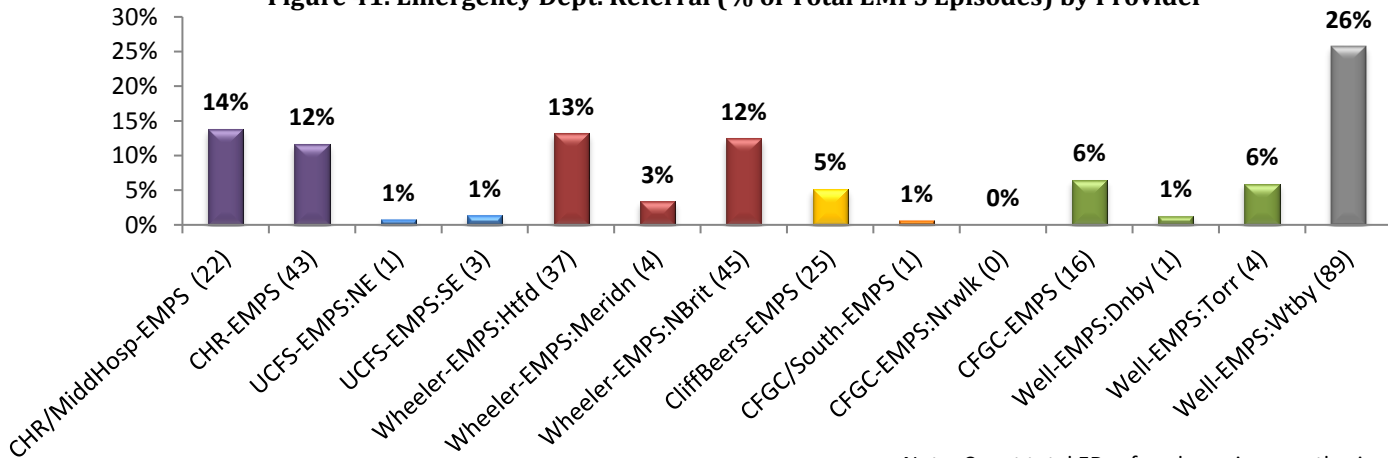
Figure 40. Type of Emergency Department Referrals by Provider



Note: Count total ED referrals are in parenthesis

■ Routine Follow-up (190) ■ Inpatient Diversion (101)

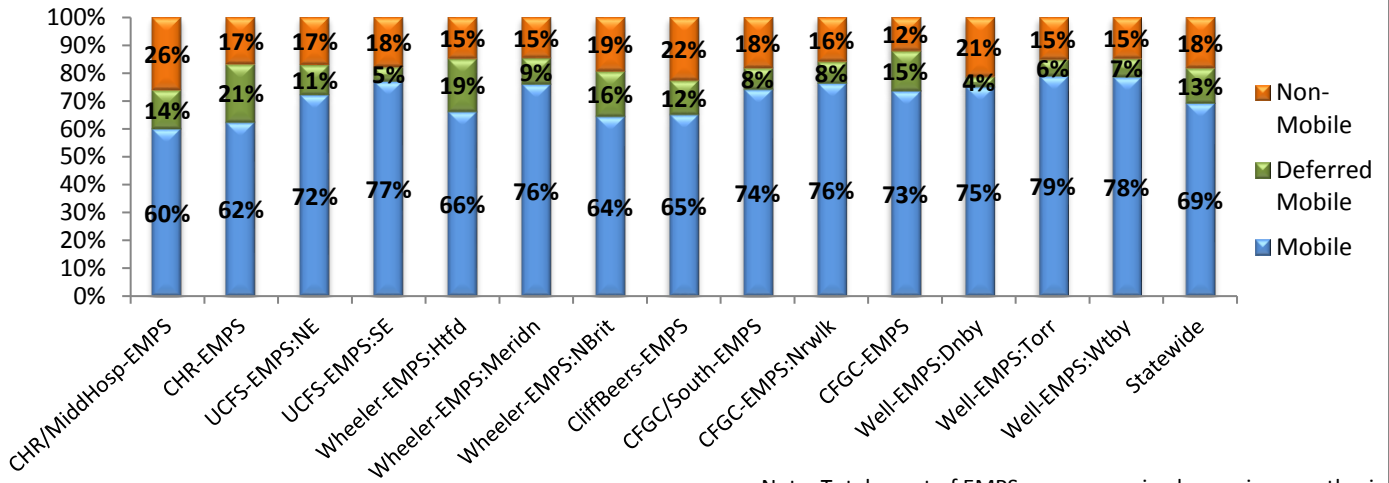
Figure 41. Emergency Dept. Referral (% of Total EMPS Episodes) by Provider



Note: Count total ED referrals are in parenthesis

Section VII: 211 Recommendations and EMPS Response

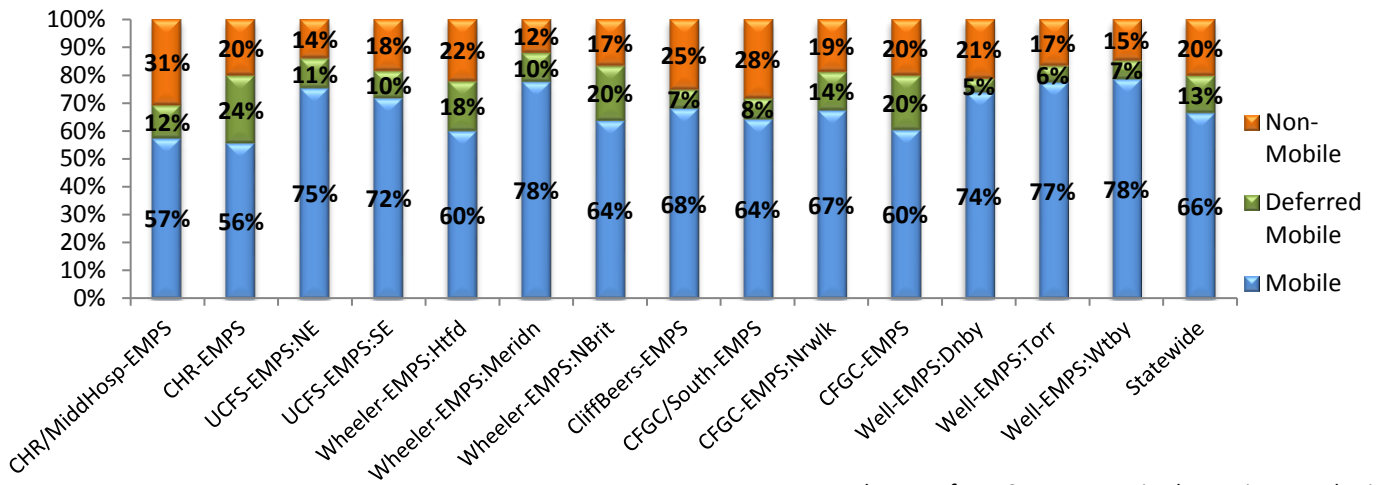
Figure 42. 211 Recommended Initial Response



Note: Total count of EMPS response episodes are in parenthesis

Note: Total count 211 Rec of Mobile are in parenthesis

Figure 43. Actual Initial EMPS Provider Response



Note: Total count of EMPS response episodes are in parenthesis

Figure 44. 211 Recommended Mobile Response Where Actual EMPS Response was Non-Mobile or Deferred Mobile

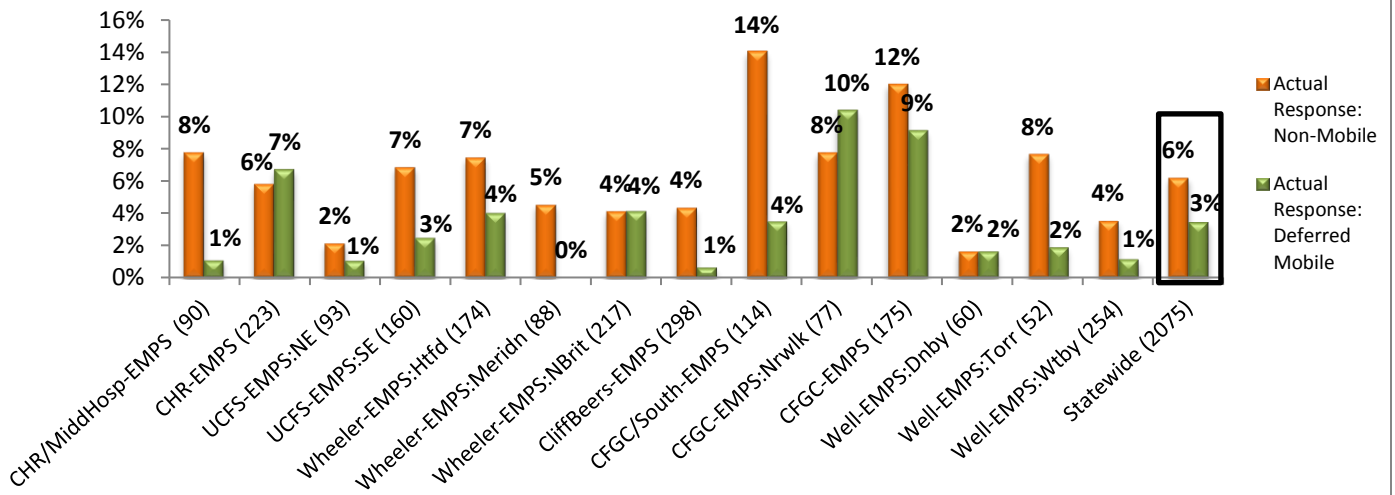


Figure 45. 211 Recommended Non-Mobile Response Where Actual EMPS Response was Mobile or Deferred Mobile

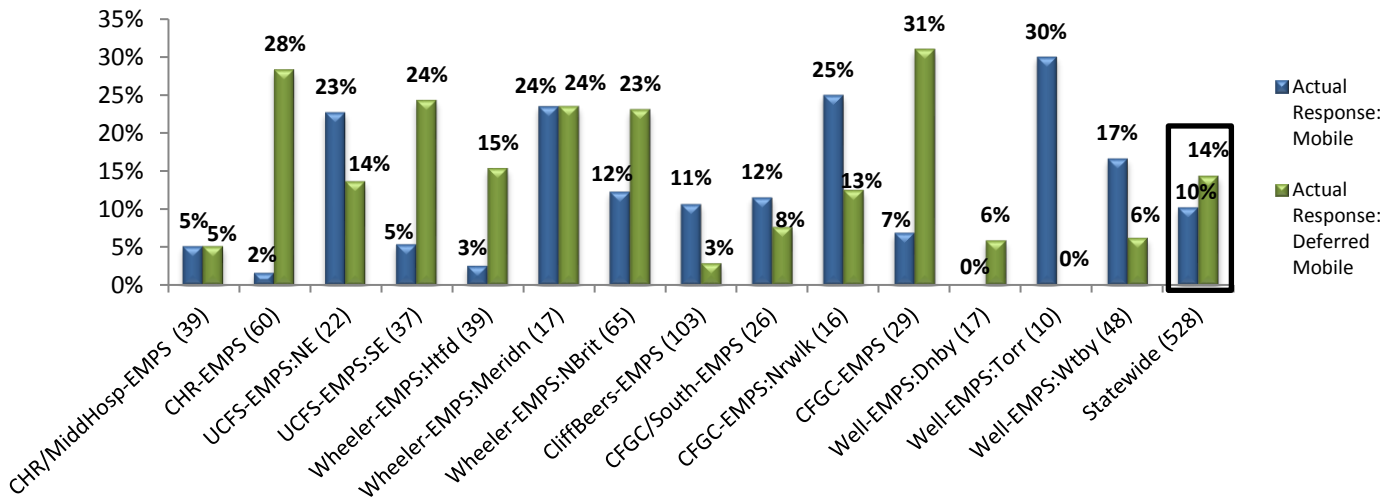


Figure 46. Mobile Response (Mobile & Deferred Mobile) By Service Area

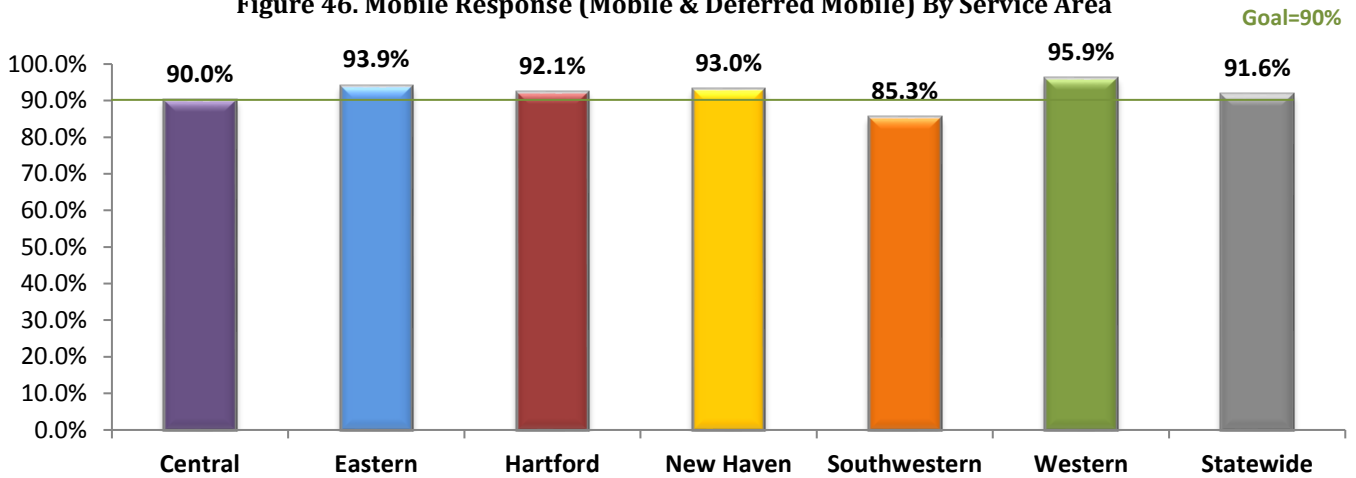
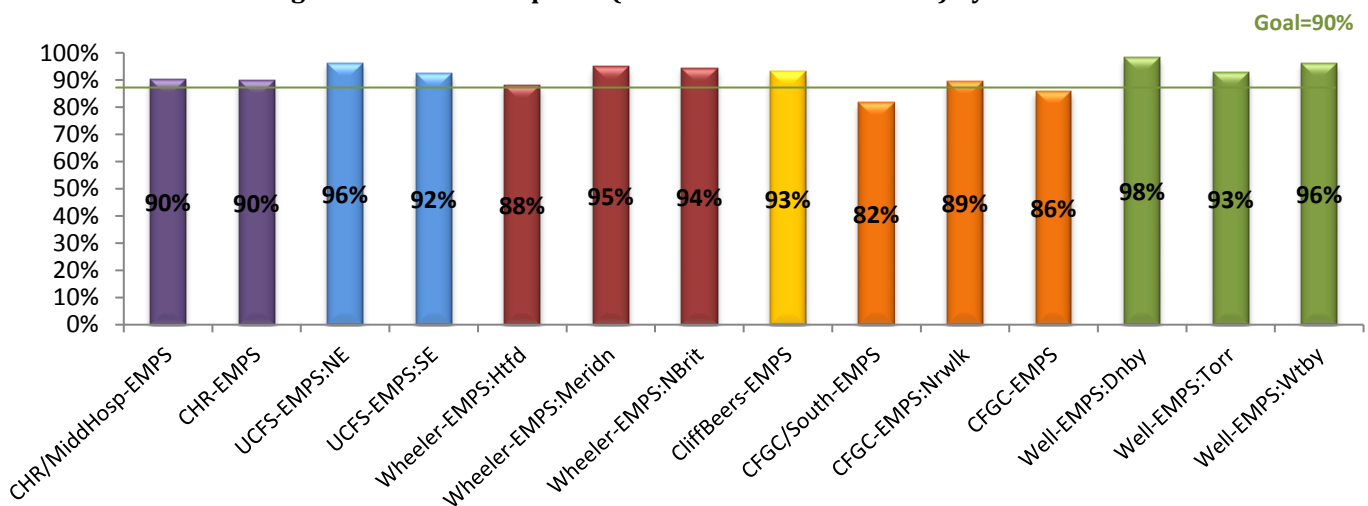
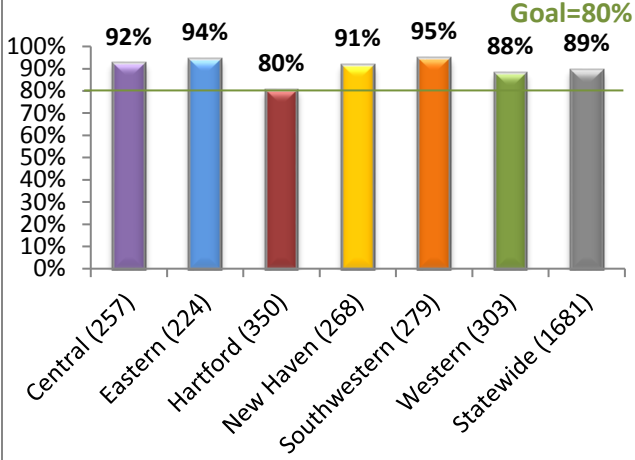


Figure 47. Mobile Response (Mobile & Deferred Mobile) By Provider



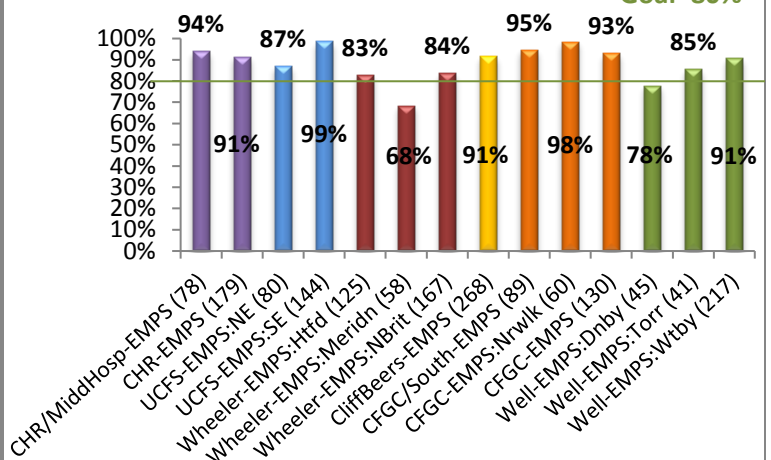
Section VIII: Response Time

Figure 48. Total Mobile Episodes with a Response Time Under 45 Minutes



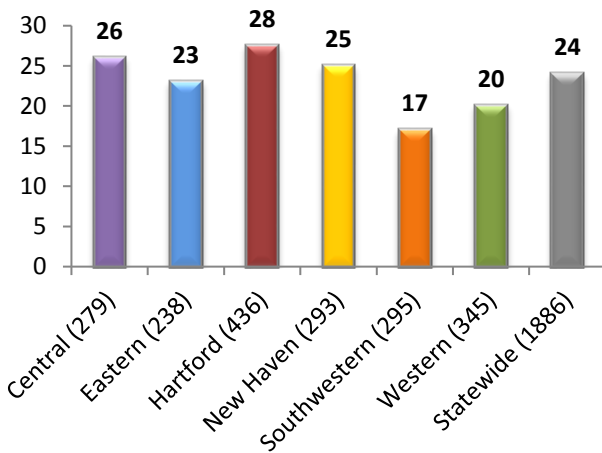
Note: Count of mobile episodes under 45 mins. are in parenthesis

Figure 49. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider



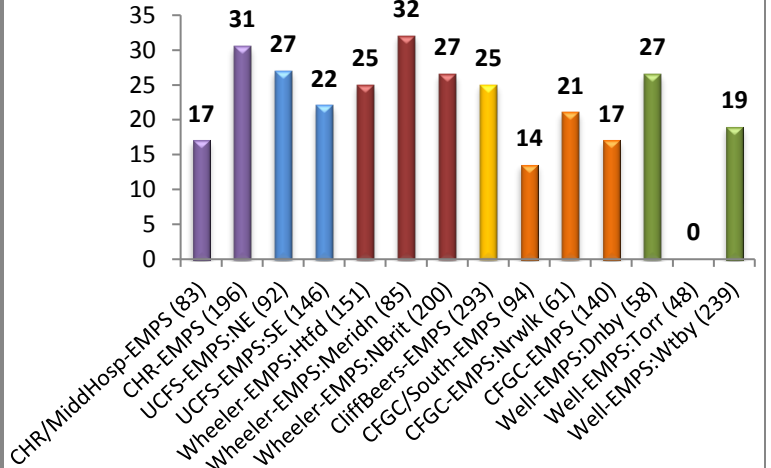
Note: Count of mobile episodes under 45 mins. are in parenthesis

Figure 50. Median Mobile Response Time by Service Area in Minutes



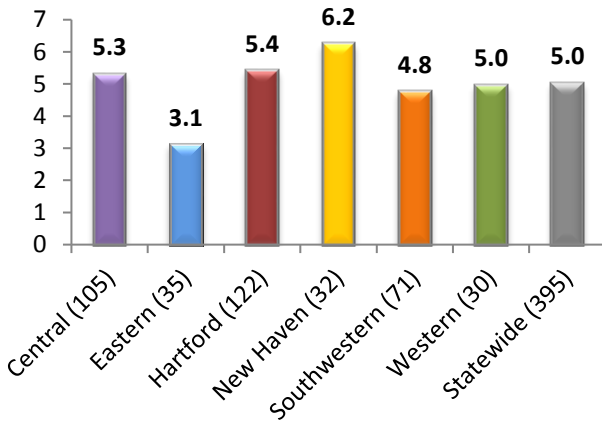
Note: Count of mobile EMPS response episodes are in parenthesis

Figure 51. Median Mobile Response Time by Provider in Minutes



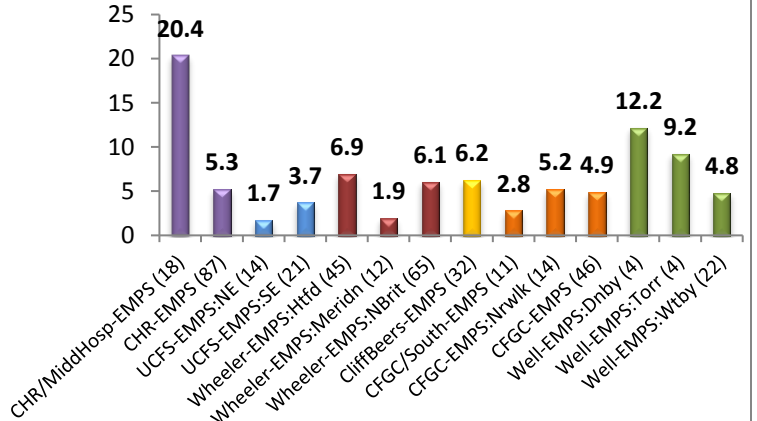
Note: Count of mobile EMPS response episodes are in parenthesis

Figure 52. Median Deferred Mobile Response Time by Service Area in Hours



Note: Count of mobile EMPS response episodes are in parenthesis

Figure 53. Median Deferred Mobile Response Time by Provider in Hours



Note: Count of mobile EMPS response episodes are in parenthesis

Section IX: Length of Stay and Discharge Information

Table 2. Length of Stay for Discharged Episodes of Care in Days

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
	<i>Discharged Episodes for Current Reporting Period</i>										<i>Cumulative Discharged Episodes*</i>								
	Mean			Median			Percent				Mean			Median			Percent		
	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	
1	STATEWIDE	1.2	10.0	25.8	0.0	4.0	22.0	43%	41%	14%	0.9	7.8	22.6	0.0	3.0	19.0	11%	33%	10%
2	Central	2.2	12.9	28.7	0.0	5.0	27.0	80%	45%	20%	1.3	10.4	25.0	0.0	4.0	20.0	21%	41%	14%
3	CHR/MidHosp-EMPS	4.2	3.1	13.6	2.0	2.0	10.0	55%	18%	0%	2.6	3.3	11.8	1.0	2.0	9.0	42%	15%	1%
4	CHR-EMPS	0.3	16.4	34.6	0.0	7.0	35.0	8%	55%	28%	0.3	12.8	29.4	0.0	5.0	27.0	6%	49%	19%
5	Eastern	0.0	2.5	25.3	0.0	2.0	23.0	6%	1%	4%	0.1	2.3	21.2	0.0	2.0	19.0	2%	1%	2%
6	UCFS-EMPS:NE	0.0	2.3	20.6	0.0	2.0	16.0	0%	0%	0%	0.1	2.3	17.7	0.0	2.0	16.0	1%	0%	0%
7	UCFS-EMPS:SE	0.1	2.6	27.1	0.0	2.0	24.5	0%	2%	6%	0.1	2.3	22.7	0.0	2.0	20.0	2%	1%	3%
8	Hartford	1.1	13.8	25.5	0.0	9.0	22.0	45%	58%	13%	1.0	10.8	21.6	0.0	5.0	18.0	11%	49%	9%
9	Wheeler-EMPS:Htfd	0.7	14.9	25.0	0.0	9.0	21.0	13%	57%	15%	0.8	11.4	22.6	0.0	7.0	19.0	13%	53%	11%
10	Wheeler-EMPS:Meridn	5.2	16.3	25.5	1.0	14.0	18.0	15%	84%	11%	1.5	9.1	17.4	0.0	5.0	15.0	6%	48%	3%
11	Wheeler-EMPS:NBrit	0.8	12.1	25.8	1.0	5.5	22.0	9%	50%	12%	1.0	10.8	22.1	1.0	4.0	17.0	10%	44%	10%
12	New Haven	0.6	8.5	38.2	0.0	3.0	31.0	19%	38%	31%	0.4	6.3	35.5	0.0	2.0	31.0	6%	32%	29%
13	CliffBeers-EMPS	0.6	8.5	38.2	0.0	3.0	31.0	9%	38%	31%	0.4	6.3	35.5	0.0	2.0	31.0	6%	32%	29%
14	Southwestern	0.3	11.2	22.9	0.0	6.0	22.0	29%	51%	2%	0.6	9.2	21.3	0.0	3.0	21.0	8%	43%	1%
15	CFGC/South-EMPS	0.3	1.0	17.6	0.0	0.0	12.0	4%	5%	6%	0.4	0.4	16.3	0.0	0.0	12.0	2%	2%	2%
16	CFGC-EMPS:Nrwk	0.8	16.0	27.1	0.0	13.0	29.0	22%	75%	0%	0.7	12.9	25.2	0.0	8.0	27.0	15%	59%	0%
17	CFGC-EMPS	0.1	14.0	24.8	0.0	10.0	23.0	2%	64%	0%	0.7	13.1	24.5	0.0	8.0	24.0	9%	61%	0%
18	Western	3.2	11.0	20.5	0.0	3.0	17.0	71%	42%	10%	1.7	7.1	18.3	0.0	3.0	15.0	17%	33%	5%
19	Well-EMPS:Dnby	1.5	2.9	15.4	0.0	1.0	9.5	21%	29%	9%	1.9	8.4	15.2	0.0	5.5	12.0	22%	50%	4%
20	Well-EMPS:Torr	9.5	7.4	22.6	0.0	3.0	15.0	25%	36%	13%	2.7	5.9	18.0	0.0	2.0	14.0	19%	29%	6%
21	Well-EMPS:Wtby	2.0	12.2	21.4	0.0	3.0	18.0	21%	43%	9%	1.2	7.0	19.0	0.0	2.0	16.0	15%	30%	5%

* Discharged episodes with end dates from July 1, 2015 to the end of the current reporting period.

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

Definitions:

- LOS: Phone Length of Stay in Days for Phone Only
- LOS: FTF Length of Stay in Days for Face To Face Only
- LOS: Stab. Length of Stay in Days for Stabilization Plus Follow-up Only
- Phone > 1 Percent of episodes that are phone only that are greater than 1 day
- FTF > 5 Percent of episodes that are face to face that are greater than 5 days
- Stab. > 45 Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Table 3. Number of Episodes for Discharged Episodes of Care

	A	B	C	D	E	F	G	H	I	J	K	L	
	<i>Discharged Episodes for Current Reporting Period</i>						<i>Cumulative Discharged Episodes*</i>						
	N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent			
	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	
1	STATEWIDE	677	1463	1000	292	593	136	2601	5474	3759	292	1831	363
2	Central	123	211	178	98	96	36	476	833	589	98	340	83
3	CHR/MiddHosp-EMPS	58	56	50	32	10	0	192	208	149	81	31	1
4	CHR-EMPS	65	155	128	5	86	36	284	625	440	17	309	82
5	Eastern	72	232	69	4	3	3	263	986	226	4	9	5
6	UCFS-EMPS:NE	28	90	19	0	0	0	88	378	66	1	1	0
7	UCFS-EMPS:SE	44	142	50	0	3	3	175	608	160	3	8	5
8	Hartford	150	280	334	67	163	43	620	1014	1438	67	495	130
9	Wheeler-EMPS:Htfd	72	99	109	9	56	16	283	469	485	38	250	51
10	Wheeler-EMPS:Meridn	13	49	35	2	41	4	95	132	187	6	63	5
11	Wheeler-EMPS:NBrit	65	132	190	6	66	23	242	413	766	23	182	74
12	New Haven	122	304	91	23	117	28	411	963	347	23	312	99
13	CliffBeers-EMPS	122	304	91	11	117	28	411	963	347	23	312	99
14	Southwestern	119	335	85	35	172	2	452	1230	308	35	527	3
15	CFGC/South-EMPS	46	84	32	2	4	2	178	372	128	4	8	3
16	CFGC-EMPS:Nrwlk	23	68	29	5	51	0	101	199	85	15	117	0
17	CFGC-EMPS	50	183	24	1	117	0	173	659	95	16	402	0
18	Western	91	101	243	65	42	24	379	448	851	65	148	43
19	Well-EMPS:Dnby	19	7	44	4	2	4	76	76	108	17	38	4
20	Well-EMPS:Torr	16	11	45	4	4	6	81	49	159	15	14	10
21	Well-EMPS:Wtby	56	83	154	12	36	14	222	323	584	33	96	29

* Discharged episodes with end dates from July 1, 2015 to the end of the current reporting period.

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

Definitions:

LOS: Phone

Length of Stay in Days for Phone Only

LOS: FTF

Length of Stay in Days for Face To Face Only

LOS: Stab.

Length of Stay in Days for Stabilization Plus Follow-up Only

Phone > 1

Percent of episodes that are phone only that are greater than 1 day

FTF > 5

Percent of episodes that are face to face that are greater than 5 days

Stab. > 45

Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Table 4. Length of Stay for Open Episodes of Care in Days

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
	<i>Episodes Still in Care*</i>									<i>N of Episodes Still in Care*</i>						
	Mean			Median			Percent			N used Mean/Median			N used for Percent			
	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	
1	STATEWIDE	66.5	56.3	50.3	64.0	57.0	48.0	100%	100%	53%	42	191	213	42	191	113
2	Central	69.4	53.7	50.3	63.0	55.0	45.0	100%	100%	47%	13	41	47	13	41	22
3	CHR/MidHosp-EMPS	0.0	41.5	40.5	0.0	41.5	40.5			100%	0	2	2	0	2	0
4	CHR-EMPS	69.4	54.3	50.7	63.0	56.0	45.0	100%	100%	49%	13	39	45	13	39	22
5	Eastern	0.0	0.0	31.0	0.0	0.0	28.0			17%	0	0	6	0	0	1
6	UCFS-EMPS:NE	0.0	0.0	37.0	0.0	0.0	37.0			33%	0	0	3	0	0	1
7	UCFS-EMPS:SE	0.0	0.0	25.0	0.0	0.0	22.0			0%	0	0	3	0	0	0
8	Hartford	56.2	55.6	50.1	56.0	58.5	47.5	100%	100%	51%	9	62	92	9	62	47
9	Wheeler-EMPS:Htfd	56.8	53.1	56.2	65.5	60.0	56.0	100%	100%	65%	4	20	40	4	20	26
10	Wheeler-EMPS:Meridn	107.0	65.7	53.9	107.0	66.0	62.0	100%	100%	60%	1	25	15	1	25	9
11	Wheeler-EMPS:NBrit	43.0	43.6	41.8	46.0	39.0	38.0	100%	100%	32%	4	17	37	4	17	12
12	New Haven	0.0	39.0	50.5	0.0	35.0	50.5			100%	0	9	22	0	9	14
13	CliffBeers-EMPS	0.0	39.0	50.5	0.0	35.0	50.5			100%	0	9	22	0	9	14
14	Southwestern	35.0	42.5	42.8	35.0	35.0	41.0	100%	100%	20%	2	13	5	2	13	1
15	CFGC/South-EMPS	48.0	44.0	44.0	48.0	44.0	43.0	100%	100%	25%	1	2	4	1	2	1
16	CFGC-EMPS:Nrwk	0.0	32.0	38.0	0.0	32.0	38.0			100%	0	2	1	0	2	0
17	CFGC-EMPS	22.0	44.4	0.0	22.0	36.0	0.0	100%	100%	!	1	9	0	1	9	0
18	Western	73.2	63.7	54.7	74.0	63.0	57.0	100%	100%	68%	18	66	41	18	66	28
19	Well-EMPS:Dnby	91.0	56.3	54.4	99.0	55.0	56.0	100%	100%	75%	3	3	12	3	3	9
20	Well-EMPS:Torr	71.5	70.9	64.2	71.5	70.0	63.0	100%	100%	0%	2	8	5	2	8	3
21	Well-EMPS:Wtby	69.3	63.1	52.9	70.0	63.0	55.0	100%	100%	67%	13	55	24	13	55	16

* Data includes episodes still in care with referral dates from July 1, 2015 to end of current reporting period.

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

Definitions:

- LOS: Phone Length of Stay in Days for Phone Only
- LOS: FTF Length of Stay in Days for Face To Face Only
- LOS: Stab. Length of Stay in Days for Stabilization Plus Follow-up Only
- Phone > 1 Percent of episodes that are phone only that are greater than 1 day
- FTF > 5 Percent of episodes that are face to face that are greater than 5 days
- Stab. > 45 Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Figure 54. Top Six Reasons for Client Discharge Statewide

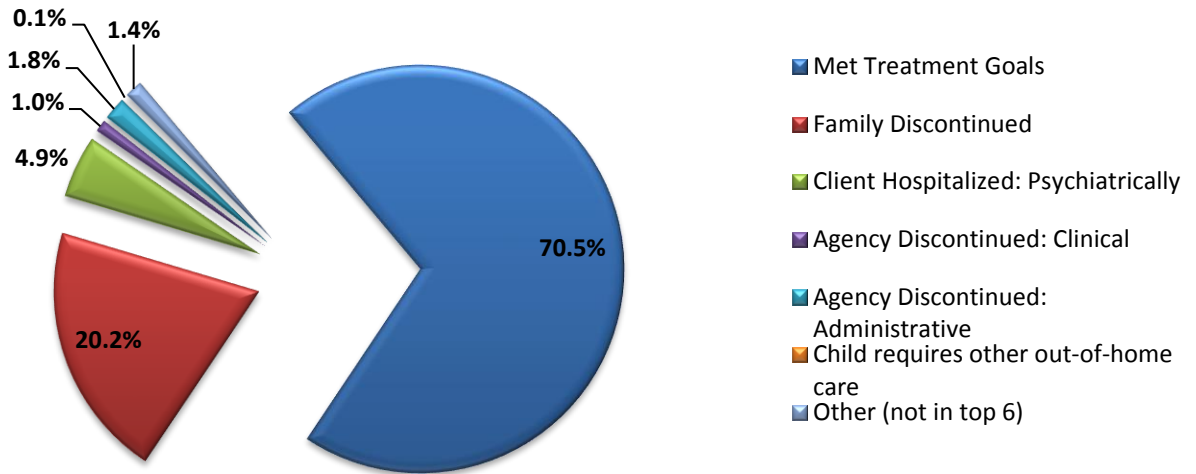


Figure 55. Top Six Places Clients Live at Discharge Statewide

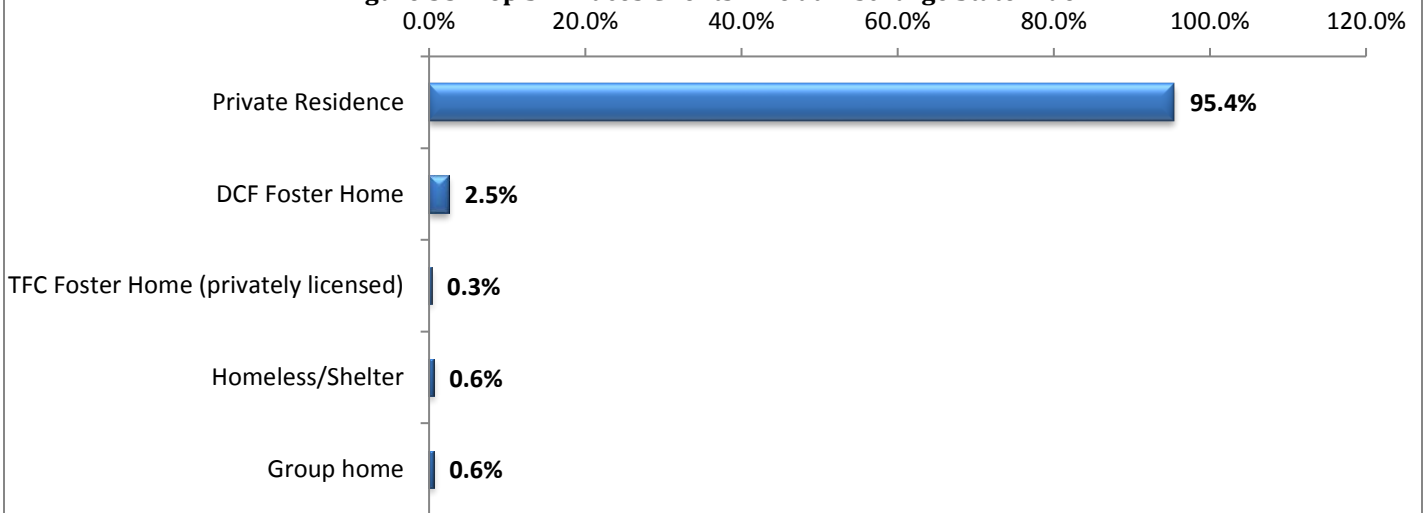
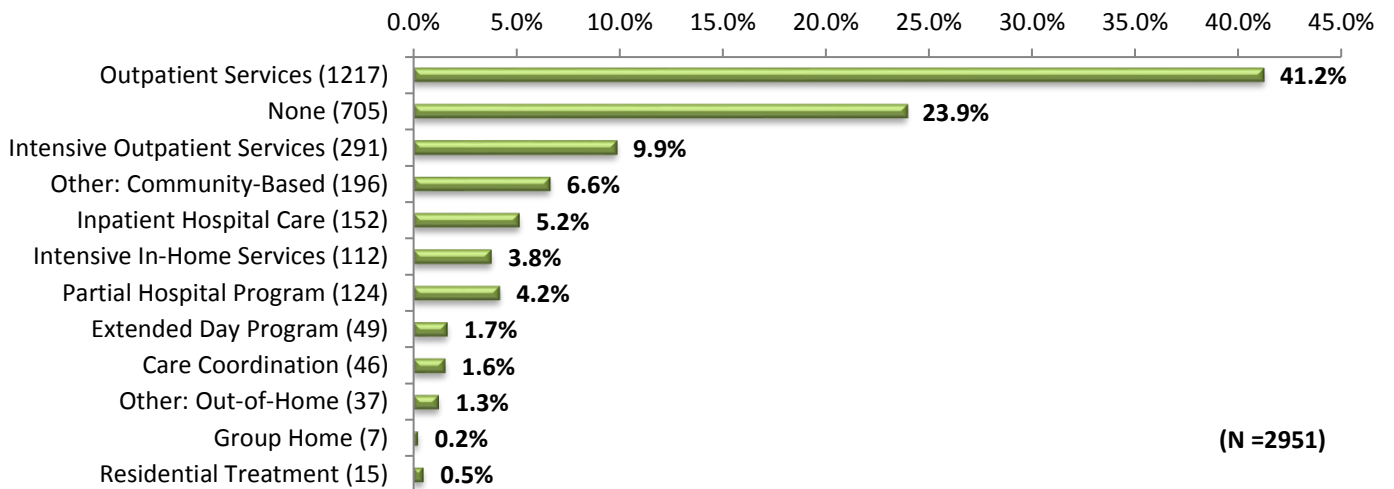


Figure 56. Type of Services Client Referred* to at Discharge Statewide



Note: Count for each type of service referral is in parenthesis

* Data include clients referred to more than one type of service
 ** May include referrals back to existing providers

Table 5. Ohio Scales Scores by Service Area

Service Area	<i>N (paired intake & discharge)</i>	<i>Mean (paired intake)</i>	<i>Mean (paired discharge)</i>	<i>Mean Difference (paired cases)</i>	<i>t-score</i>	<i>Sig.</i>	<i>† .05-.10 * P < .05 **P < .01</i>
STATEWIDE							
Parent Functioning Score	49	43.35	43.90	0.55	0.32	0.749	
Worker Functioning Score	578	43.13	44.87	1.74	6.39	0.000	**
Parent Problem Score	49	29.73	27.92	-1.82	-0.90	0.372	
Worker Problem Score	573	29.41	26.53	-2.88	-9.41	0.000	**
Central							
Parent Functioning Score	23	40.70	39.52	-1.17	-0.52	0.605	
Worker Functioning Score	112	42.61	45.79	3.18	4.76	0.000	**
Parent Problem Score	23	34.26	33.78	-0.48	-0.15	0.878	
Worker Problem Score	111	28.14	23.41	-4.73	-5.34	0.000	**
Eastern							
Parent Functioning Score	16	43.88	48.25	4.38	1.27	0.223	
Worker Functioning Score	55	43.24	45.49	2.25	2.43	0.018	*
Parent Problem Score	17	26.88	23.35	-3.53	-0.87	0.395	
Worker Problem Score	55	30.76	26.96	-3.80	-2.78	0.007	**
Hartford							
Parent Functioning Score	0						N/A
Worker Functioning Score	170	42.46	42.23	-0.24	-0.48	0.635	
Parent Problem Score	0						N/A
Worker Problem Score	169	28.28	27.92	-0.36	-1.05	0.294	
New Haven							
Parent Functioning Score	5	44.20	42.60	-1.60	-0.24	0.822	
Worker Functioning Score	50	43.72	44.70	0.98	0.71	0.479	
Parent Problem Score	5	29.40	26.80	-2.60	-0.83	0.452	
Worker Problem Score	50	28.78	22.58	-6.20	-4.49	0.000	**
Southwestern							
Parent Functioning Score	0						N/A
Worker Functioning Score	27	42.93	46.93	4.00	3.70	0.001	**
Parent Problem Score	2	8.00	5.50	-2.50	-1.67	0.344	
Worker Problem Score	27	30.04	25.33	-4.70	-2.40	0.024	*
Western							
Parent Functioning Score	2	55.50	47.50	-8.00	-1.00	0.500	
Worker Functioning Score	164	43.99	46.50	2.51	7.36	0.000	**
Parent Problem Score	0						N/A
Worker Problem Score	161	31.11	28.51	-2.60	-8.00	0.000	**

paired^d = Number of cases with both intake and discharge scores

† .05-.10,

* P < .05,

**P < .01

Section X: Client & Referral Source Satisfaction

Table 6. Client and Referrer Satisfaction for 211 and EMPS (Current Quarter)*

211 Items	Clients (n=60)	Referrers (n=60)
The 211 staff answered my call in a timely manner	4.58	4.54
The 211 staff was courteous	4.70	4.71
The 211 staff was knowledgeable	4.68	4.71
My phone call was quickly transferred to the EMPS provider	4.58	4.56
Sub-Total Mean: 211	4.64	4.63
EMPS Items		
EMPS responded to the crisis in a timely manner	4.57	4.53
The EMPS staff was respectful	4.67	4.69
The EMPS staff was knowledgeable	4.65	4.63
The EMPS staff spoke to me in a way that I understood	4.67	X
EMPS helped my child/family get the services needed or made contact with my current service provider (if you had one at the time you called EMPS)	4.52	X
The services or resources my child and/or family received were right for us	4.48	X
The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS	X	4.56
Overall, I am very satisfied with the way that EMPS responded to the crisis	4.62	4.63
Sub-Total Mean: EMPS	4.60	4.61
Overall Mean Score	4.61	4.63

* All items collected by 211, in collaboration with the PIC and DCF; measured on a scale of 5 (Strongly Agree) to 1 (Strongly Disagree)

Client Comments:

- *Grateful for the help. Thank you.
- *Helpful that I was able to talk with someone over the phone right away.
- *Thank you for taking the time to speak with us.
- *I wasn't sure what to do but it was helpful that I could speak with someone for help.
- *Thank you for your patience and for speaking with us late at night.
- *Helpful to get some guidance on what to do next.
- *I had concerns about my daughter and was able to schedule an appointment for later during the day. Thank you
- *So glad I was able to speak with someone even though no one could come out.

Referrer Comments:

- *EMPS is a really great resource.
- *Great service for consultation.
- *Thank you for coming out to meet.
- *You guys are always great... thank you.
- *Responsive and respectful.
- *I didn't realize you guys were open earlier and could come out to the school earlier.
- *Always helpful to have this referral as support for families.
- *I was able to schedule for a later time which was helpful.
- *Great service support while the family awaits their appointments. Thanks.

Section XI: Training Attendance

Table 7. Trainings Completed for All Active* Staff

	DBHRN	Crisis API	DDS	CCSRS	Trauma	Violence	CRC	Str. Based	Emerg. Certificate	QPR	A-SBIRT	All 11 Trainings Completed	All 11 Completed for Full-Time Staff Only
Statewide (160)*	50%	60%	19%	30%	59%	48%	50%	55%	59%	20%	45%	4%	4%
CHR/MiddHosp-EMPS(13)*	62%	54%	31%	31%	77%	85%	46%	54%	62%	31%	23%	0%	0%
CHR-EMPS (13)*	23%	46%	8%	77%	38%	38%	46%	46%	38%	8%	46%	0%	0%
UCFS-EMPS:NE (7)*	71%	71%	0%	57%	43%	43%	29%	43%	71%	29%	14%	0%	0%
UCFS-EMPS:SE (13)*	54%	54%	8%	54%	46%	31%	38%	46%	54%	0%	23%	0%	0%
Wheeler-EMPS:Htfd (17)*	53%	76%	41%	0%	76%	59%	76%	65%	82%	41%	41%	0%	0%
Wheeler-EMPS:Meridn (6)*	67%	83%	50%	83%	83%	67%	67%	83%	83%	83%	67%	0%	0%
Wheeler-EMPS:NBrit (18)*	39%	44%	0%	6%	44%	28%	39%	56%	44%	0%	33%	0%	0%
CliffBeers-EMPS (18)*	72%	72%	39%	50%	67%	39%	61%	67%	67%	39%	72%	11%	13%
CFGC/South-EMPS (11)*	55%	64%	9%	0%	64%	27%	45%	55%	64%	0%	55%	0%	0%
CFGC-EMPS:Nrwk (4)*	75%	75%	25%	75%	100%	100%	75%	75%	75%	25%	25%	25%	33%
CFGC-EMPS (14)*	71%	71%	21%	43%	79%	79%	71%	71%	79%	36%	57%	14%	0%
Well-EMPS:Dnby (6)*	33%	50%	17%	0%	33%	17%	17%	17%	17%	0%	50%	0%	0%
Well-EMPS:Torr (3)*	0%	67%	0%	0%	67%	67%	67%	67%	67%	0%	67%	0%	0%
Well-EMPS:Wtby (17)*	41%	59%	12%	6%	65%	53%	53%	59%	59%	12%	59%	6%	9%
Full-Time Staff Only (106)	58%	65%	19%	37%	62%	48%	57%	60%	64%	21%	55%	4%	

Note: Count of active staff for each provider or category is in parenthesis

* Includes all active full-time, part-time and per diem staff

Training Title Abbreviations:

DBHRN=Disaster Behavioral Health Response Network

Crisis API = Crisis Assessment, Planning and Intervention

DDS=An Overview of Intellectual Developmental Disabilities and Positive Behavioral Supports

CCSRS=Columbia Suicide Severity Rating Scale

Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

Str Based = Strengths-Based Crisis Planning

CRC = 21st Century Culturally Responsive Mental Health Care

Emerg. Certificate= Emergency Certificate

QPR= Question, Persuade and Refer

A-SBIRT- Adolescent Screening, Brief Intervention and Referral to Treatment

Section XII: Data Quality Monitoring

Figure 57. Ohio Scales Collected at Intake by Provider

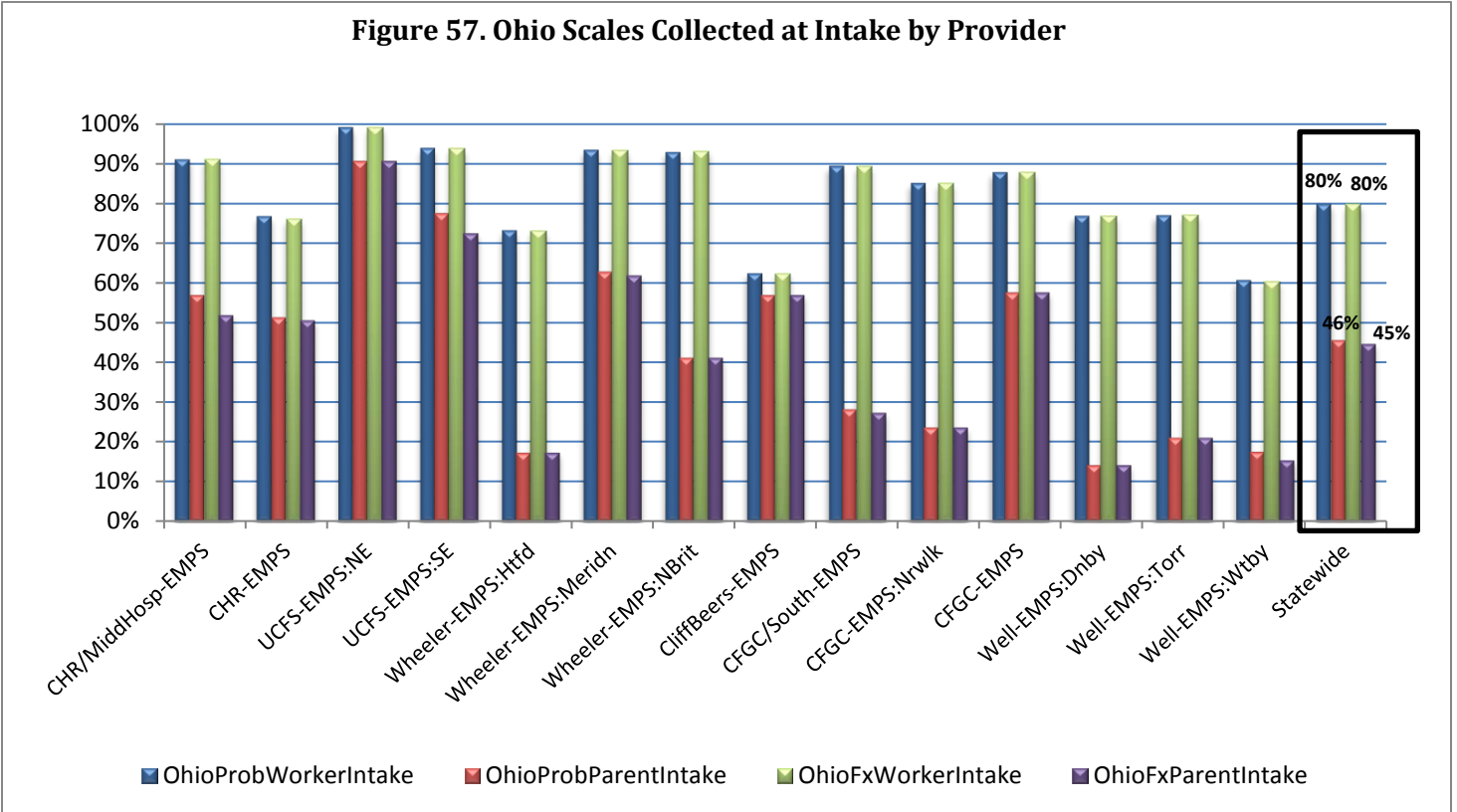
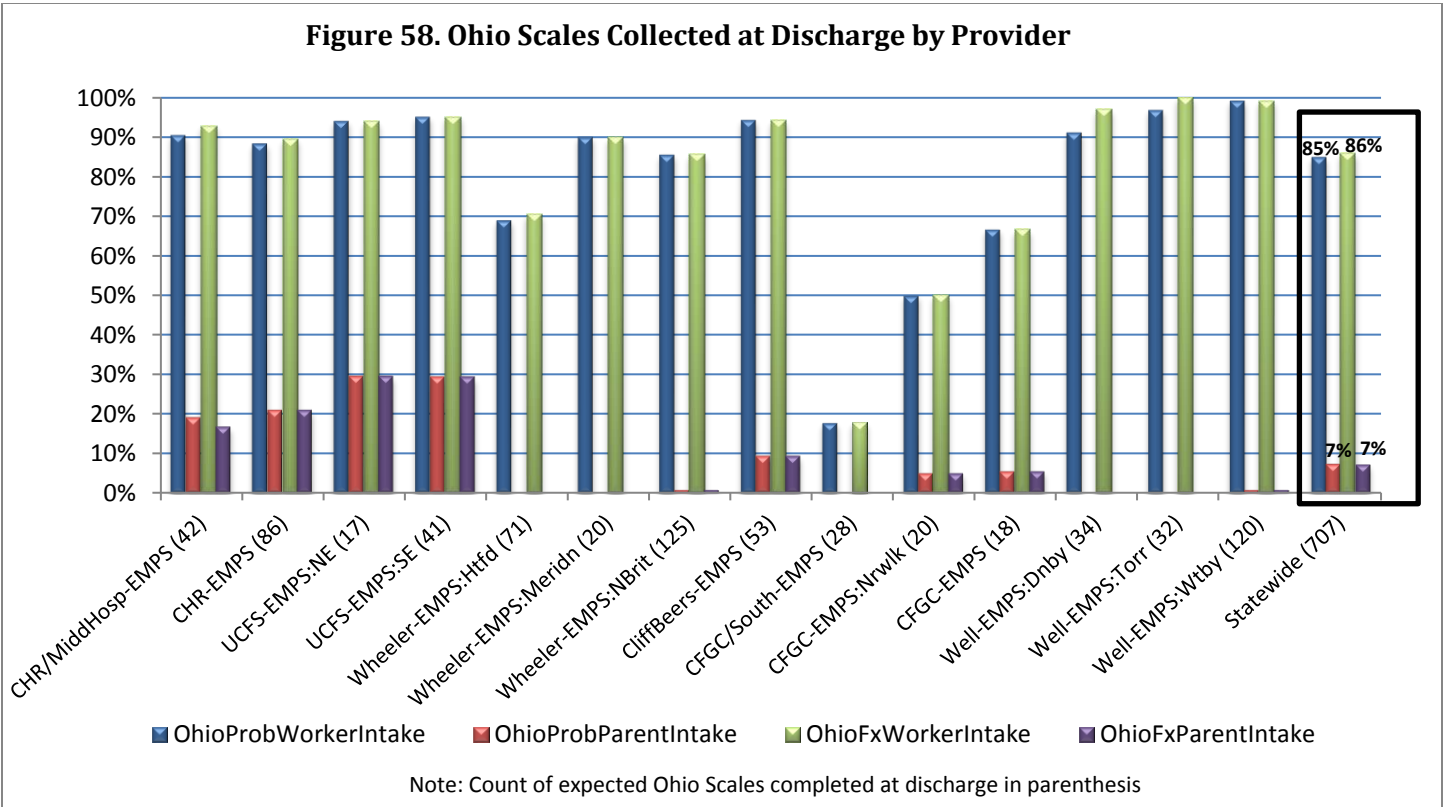
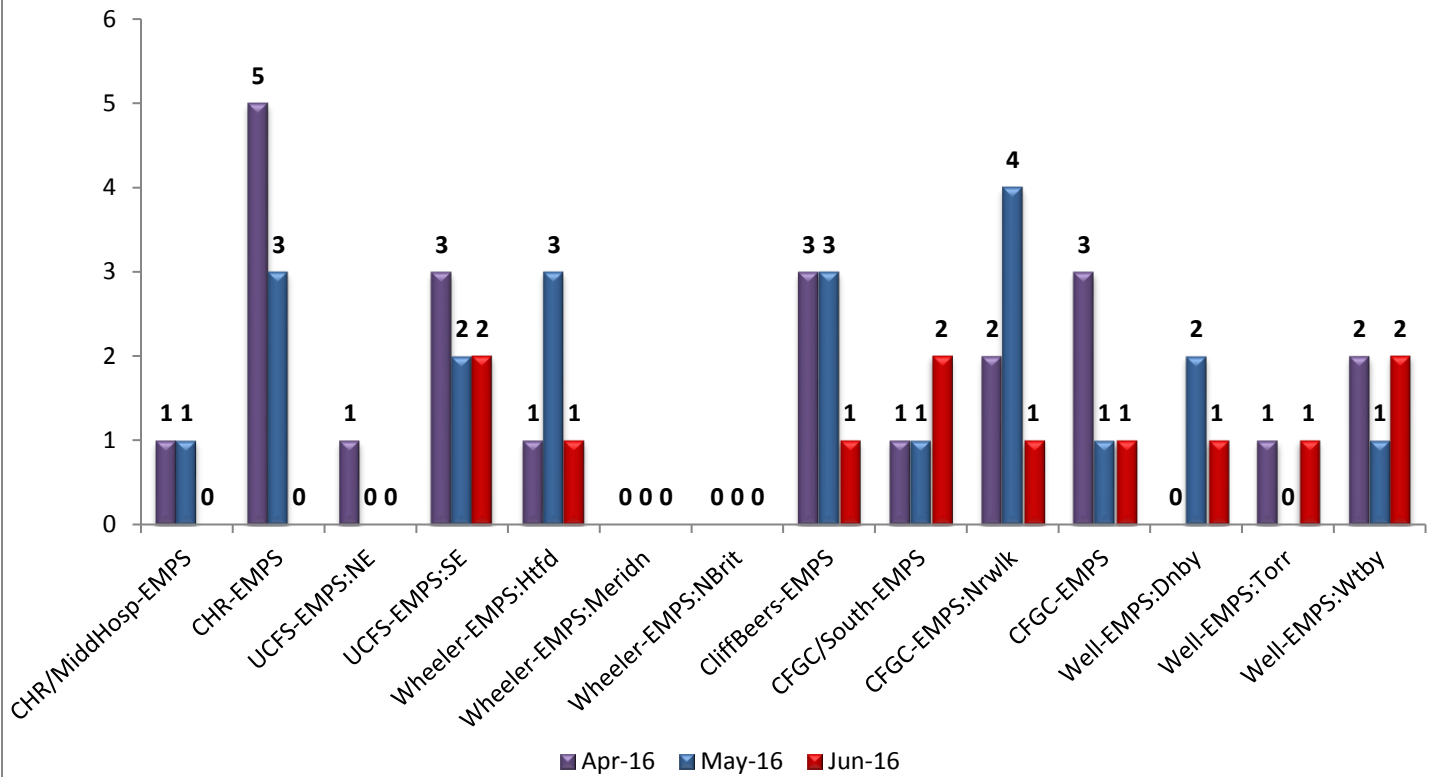


Figure 58. Ohio Scales Collected at Discharge by Provider



Section XIII: Provider Community Outreach

Figure 59. Number of Times Providers Conducted Formal* Outreach to the Community



*Formal outreach refers to: 1) In person presentations lasting 30 minutes, preferably more, using the EMPS PowerPoint slides and including distribution to attendees of marketing materials and other EMPS resources; 2) Outreach presentations that are in person that include workshops, conferences, or similar gatherings in which EMPS is discussed for at least an hour or more; 3) Outreach presentations that are not in person which may include workshops, conferences, or similar gatherings in which the EMPS marketing video, banner, and table skirt are set up for at least 2 hours with marketing materials made available to those who would like them; 4) The EMPS PIC considers other outreaches for inclusion on a case-by-case basis, as requested by EMPS providers.