



**MOBILE CRISIS  
INTERVENTION SERVICES**

EMPS Mobile Crisis 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)**

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## **Quarter 1 Report: Fiscal Year 2017** July 1 – September 30, 2016

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Updated 12/30/16

This report was prepared by the  
**Mobile Crisis Intervention Services  
Performance Improvement Center (PIC):**

Jeffrey Vanderploeg, Ph.D., Director

Adora Harizaj, BS, Project Coordinator

Yecenia Casiano, MS, Project Coordinator

Jeana Bracey, Ph.D., Director

Lori Schon, Office Manager

Janet Hayes, BFA, Training Coordinator, CT Clearinghouse

Sarah Mucci, LCSW, United Way of CT - 211

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



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## Executive Summary

**Call and Episode Volume:** In the first quarter of FY2017, **211 and EMPS Mobile Crisis received 2,813 calls** including 2,051 calls (72.9%) handled by Mobile Crisis providers and 762 calls (27.1%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). Of the 2,049 calls, 1,925 (93.9%) were received during regular hours and 124 (6.1%) were handled after hours. This quarter saw an increase call volume (0.7% increase) and a decrease in total episodes (0.3% decrease) when compared to the same quarter in FY2016, which had a call volume of 2,794 and 2,055 total episodes.

Among the **2,049 episodes of care** generated in Q1 FY17, episode volume ranged from 260 episodes (Eastern service area) to 550 episodes (Hartford service area), which includes After Hours calls. Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 2.52, with service area rates ranging from 1.63 (Southwestern) to 3.48 (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 4.93 per 1,000 children in poverty, with service area rates ranging from 3.40 (New Haven) to 8.09 (Eastern).

Each quarter, every EMPS Mobile Crisis site is required to achieve an overall service reach rate of 2.5 episodes per 1,000 children. For this quarter, 9 of 14 sites met this benchmark.

**Demographics:** Statewide this quarter, Mobile Crisis served slightly more boys (53.3%) than girls (46.7%). Approximately **33.5% of youth served were 13-15 years old**, 26.2% were 9-12 years old, 22.2% were 16-18 years old, and 13.5% were 6-8 years old. About one-third (**33.1%**) of youth served were of Hispanic ethnicity. The majority of the children served were White (**60.3%**), 22.0% were African-American or Black, 14.9% reported "Other Race." The majority of youth were insured by Husky A (68.6%) and private insurance (25.4 %). The majority of clients (79.2 %) were not DCF-involved.

**Clinical Functioning:** The most commonly reported primary presenting problems for clients statewide include: Disruptive Behavior (32%), Harm/Risk of Harm to Self (22%), Depression (9%), Harm/Risk of Harm to Others (8%), Family Conflict (7%), and Anxiety (6%). The five top primary diagnoses at intake for this quarter were: Depressive Disorders (22.3%), Conduct Disorders (16.3%), Adjustment Disorders (14.4%), Attention Deficit/Hyperactivity Disorders (12.7%) and Disruptive Mood Dysregulation Disorder (9.3%). This quarter, **80% of Mobile Crisis 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 66%**, with service areas ranging from 56% (Southwestern) to 78% (New Haven). The most common types of trauma exposure reported at intake statewide were: Witnessing Violence (27%), Disrupted Attachment/Multiple Placements (25%), Victim of Violence (15%), and Sexual Victimization (14%).

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 24%**, similar to Q1FY16. Twenty-four percent of children were evaluated one or more times *during* an episode of care. The statewide inpatient admission rate in the six months prior to Mobile Crisis referral was 14% and 14% were admitted to an inpatient unit during the episode of care. When compared to the same quarter in FY2016, these rates were higher for both the inpatient admission rate in the six months prior to referral (13%), and for the rate of inpatient admission during the Mobile Crisis episode of care (9%).

**Referral Sources:** Statewide, **54.6% of all referrals were received from parents, families, and youth and 24.4% were received from schools**. Emergency Departments (EDs) accounted for about 8.9% of all Mobile Crisis referrals. The remaining 12.1% of referrals came from other sources.

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **183 Mobile Crisis referrals were received from EDs**, including 68 referrals for inpatient diversion and 115 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 (21%) and the lowest was in the Southwestern service areas (3%). Statewide, about 9% of all Mobile Crisis episodes came from ED referrals this quarter, which was lower than the statewide rate in Q1 FY2016 (11%).

**Mobility:** The average **statewide mobility this quarter was 92.3%**, which is similar to Q1 FY15 (92.3%). 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 89.4% (Hartford) to 95.9% (Western). The range in mobility percentages widened slightly more among individual

providers, from 86% (Wheeler-EMPS:Htfd) to 96% (Well-EMPS:Dnby and Well-EMPS-Wtby). Of these providers, 12 of the 14 met 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 81% (Hartford) to 96% (Eastern) with all six service areas above the 80% benchmark. Across the state, 13 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 28 minutes or less. These data suggest that Mobile Crisis service providers offer timely responses to crises in the community.

**Length of Stay:** Among discharged episodes statewide this quarter, 15% of Phone Only episodes exceeded one day, 24% of Face-to-face episodes exceeded five days, and 3% of Stabilization Plus Follow-up episodes exceeded 45 days. The statewide median LOS among discharged episodes was 0 days for Phone Only, 1.0 days for Face-to-face episodes, and 13.0 days for Plus Stabilization.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 0 days. The statewide median LOS for Face-to-face was 71 days and ranged from 0 days (Eastern) to 75 days (Western). For Stabilization Plus Follow-up, the statewide median LOS was 74 days with a range from 65 days (Eastern) to 78 days (Hartford). Although the open episodes of care with a Crisis response of Phone Only met the 1-day benchmark, the majority of Face-to-face and Stabilization Plus Follow-up episodes exceeded the 5 and 45 day benchmarks. 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 Mobile Crisis (94.3%).** Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (66.8%), Family Discontinued (22%), and Client Hospitalized: Psychiatrically (6.3%).

Statewide, clients were most likely to be **referred to Outpatient Services at discharge (34.3%).** Other care referrals at discharge included: Intensive In-Home Services (13.5%), Other: Community Based (6.4%), Inpatient Hospital (4.8%), Partial Hospital Program (4.2%) and Intensive Outpatient Services (3.4%). An additional 26.4% of clients indicated "none" for discharge referrals, a category that includes referrals back to an existing provider.

Across the state, Ohio Scales showed overall improvements of 1.41 points on parent-rated functioning and 1.50 points on worker-rated functioning. Decreases in problem scores of 4.88 points on parent-ratings and 2.64 points on worker-ratings were reported. Changes on the Ohio Scales scores, except for the parent functioning scores, were statistically significant, which suggests that EMPS may contribute to symptom improvement during the course of the brief intervention.

Although completion rates of the Ohio scales for worker problem severity and functioning have remained the same when compared to the same quarter in FY2016. While completion rates for both parent scales decreased by 1% when compared to Q1 FY2016.

**Satisfaction:** This quarter, 78 clients/families and 58 other referrers responded to the satisfaction survey; both groups gave favorable ratings to 211 and EMPS Mobile Crisis services. On a 5-point scale, **clients' average ratings of 211 and EMPS Mobile Crisis providers were 4.79 and 4.74,** respectively. Among **other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 211 and EMPS were 4.78 and 4.77,** respectively. Qualitative comments (see Section IX) varied from very satisfied to very minor dissatisfaction.

**Training Attendance:** The **statewide average percentage of trainings completed by all active staff as of September 30, 2016 is 7%,** a decrease when compared to Q1 FY16 (12%). It is worth noting that FY2016 was a transition year for several Mobile Crisis training modules. The number of training modules offered increased from 9 to 11, adding QPR and A-SBIRT. This increase in trainings coupled with staff turnover have significantly impacted training attendance rates.

**Community Outreach:** This quarter, **four of fourteen providers met the requirement of six outreaches per quarter** and several went well above the requirement

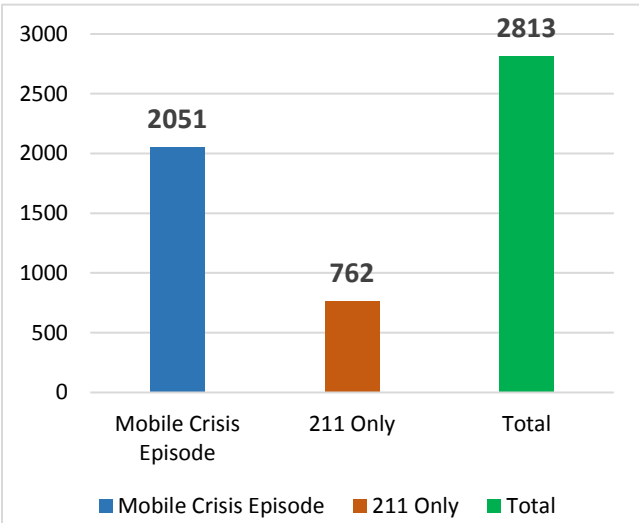
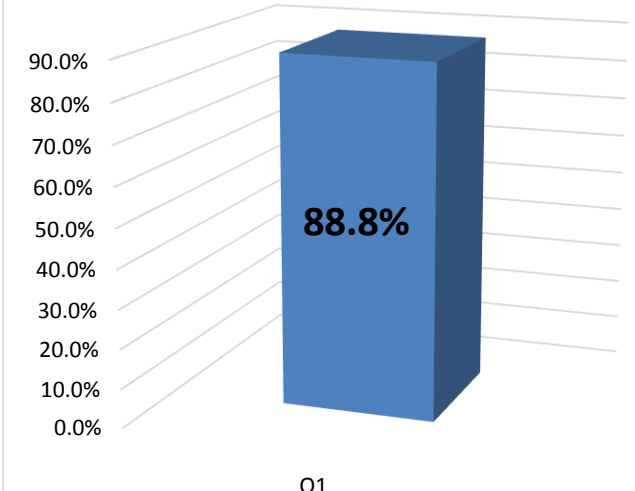
## SFY 2017 Q1 RBA Report Card: EMPS Mobile Crisis Intervention Services

**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.

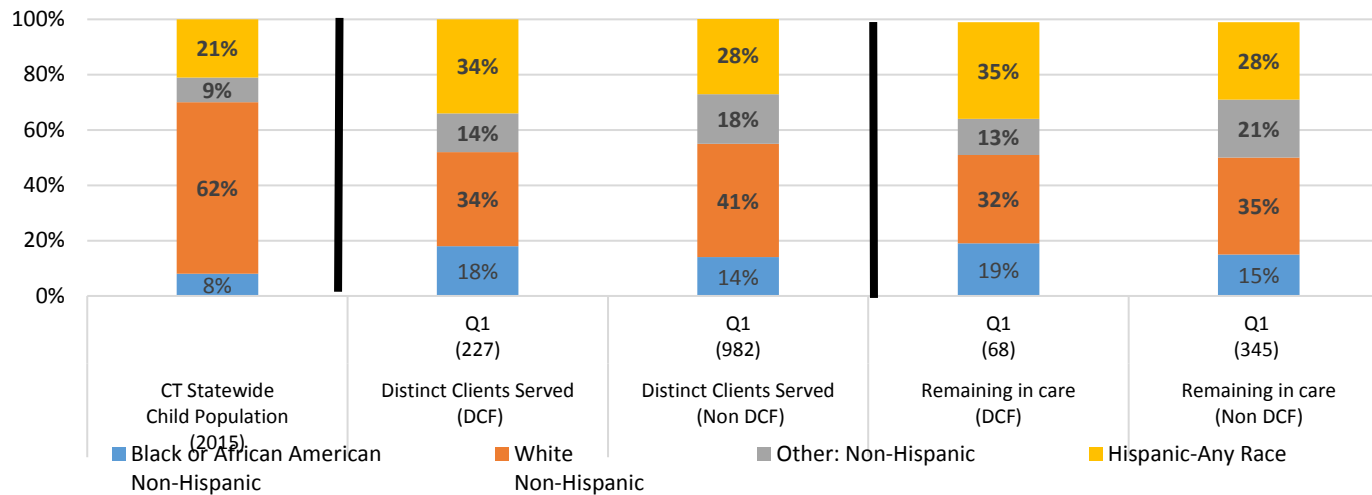
**Program Expenditures: Estimated SFY 2017**

**State Funding: \$10,743,631**

How Much Did We Do?	How Much Did We Do?	How Well Did We Do?																												
<p style="text-align: center;"><b>Total Call and Episode Volume</b> SFY 2017 Q1</p>  <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Total Call and Episode Volume Data</caption> <thead> <tr> <th>Category</th> <th>Volume</th> </tr> </thead> <tbody> <tr> <td>Mobile Crisis Episode</td> <td>2051</td> </tr> <tr> <td>211 Only</td> <td>762</td> </tr> <tr> <td>Total</td> <td>2813</td> </tr> </tbody> </table>	Category	Volume	Mobile Crisis Episode	2051	211 Only	762	Total	2813	<p style="text-align: center;"><b>Episodes Per Child SFY 2017</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Q1</th> <th>DCF Child</th> <th>Non-DCF Child</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>194 (17.8%)</td> <td>896 (82.2%)</td> <td>1,090</td> </tr> <tr> <td>2</td> <td>27 (26.7%)</td> <td>74 (73.3%)</td> <td>101</td> </tr> <tr> <td>3</td> <td>5 (38.5%)</td> <td>8 (61.5%)</td> <td>13</td> </tr> <tr> <td>4 or more</td> <td>1 (12.5%)</td> <td>7 (87.5%)</td> <td>8</td> </tr> </tbody> </table>	Q1	DCF Child	Non-DCF Child	Total	1	194 (17.8%)	896 (82.2%)	1,090	2	27 (26.7%)	74 (73.3%)	101	3	5 (38.5%)	8 (61.5%)	13	4 or more	1 (12.5%)	7 (87.5%)	8	<p style="text-align: center;"><b>Statewide Response Time Under 45 Minutes</b> SFY 2017</p>  <p style="text-align: center; font-size: 24px; font-weight: bold;">88.8%</p> <p style="text-align: center;">Q1</p>
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<p><b>Story Behind the Baseline:</b> In SFY 2017 Q1 there were 2,813 total calls to the 211 Call Center, which was a 0.7% increase in call volume compared to SFY 2016 Q1. Also the number of EMPS episodes was 0.2% lower in SFY 2017 Q1 than in SFY 2016 Q1. Calls for mobile crisis services continue to increase but at a lower rate compared to when the service was being introduced to the community.</p>	<p><b>Story Behind the Baseline:</b> In SFY 2017 Q1, of the 1,212* mobile crisis episodes of care 89.9% (1,090) only involved one response for a child, and 98.3% (1,191) involved one or two responses; compared to 91.4% (1,169) and 98.9% (1,265) respectively for SFY 2016 Q1. This indicates that the initial EMPS involvement with a youth and their family significantly reduces the need for additional mobile crisis services.</p> <p><small>*Note: Only children that had their DCF or non DCF status identified were reported.</small></p>	<p><b>Story Behind the Baseline:</b> Since SFY 2011 mobile crisis has consistently exceeded the 80% benchmark for a 45 minute or less mobile response to a crisis. In SFY 2017 Q1 88.8% of all mobile responses achieved the 45 minute mark compared to 87.7% for SFY 2016 Q1. <b>The median response time for SFY 2017 Q1 was 24 minutes.</b> 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.).</p>																												
<p><b>Trend:</b> →</p>	<p><b>Trend:</b> ↑</p>	<p><b>Trend:</b> ↑</p>																												

## How Well Did We Do?

**Race & Ethnicity of DCF & Non DCF Clients Served in SFY 2017**



**Story Behind the Baseline:** 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<sup>1,2</sup> 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 care<sup>3</sup> at the end of SFY 2017 Q1. <sup>1</sup>Note: Only children that had their DCF or non DCF status identified were reported. <sup>2</sup>Note: For the Distinct Clients served some had multiple episodes as identified above in Episodes per Child

## How Well Did We Do?

## Is Anyone Better Off?

### EMPS Provider Memorandum of Agreement with Local Schools - SFY 2017

	Q1
Number of CT School Districts	202
Number of Completed MOA's	119 (59%)

**Story Behind the Baseline:** Each of the six (6) Connecticut mobile crisis providers is working to engage the public school districts and charter 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 their school. As of SFY 2017 Q1 119 MOA's or 59% have been completed out of a total of 202 school districts and charter schools. This reflects a 109% increase in the number of MOAs executed in Q1 of 2017 compared to Q1 of 2016 (n=57).

**Trend:** ↑

### % Clinically Meaningful Change For Statewide Ohio Scale Scores SFY 2017

Statewide Ohio Scale Scores (based on paired intake and discharge scores)	Q1 % Clinically Meaningful Change † .05-.10 * p < .05 **p < 0.01
Parent Functioning	12.5% (n=32)
Worker Functioning	7.8% (n=307)**
Parent Problem Severity	15.6% (n=32)**
Worker Problem Severity	10.4% (n=307)**
<b>Total N</b>	678

**Story Behind the Baseline:** 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 2017 Q1 showed an average 12.5% improvement in child functioning and 7.8% 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 smaller quarterly samples, where more variable scores can influence the total score, may result in greater variability in the % of Clinically Meaningful Change scores between quarters).

**Trend:** ↑

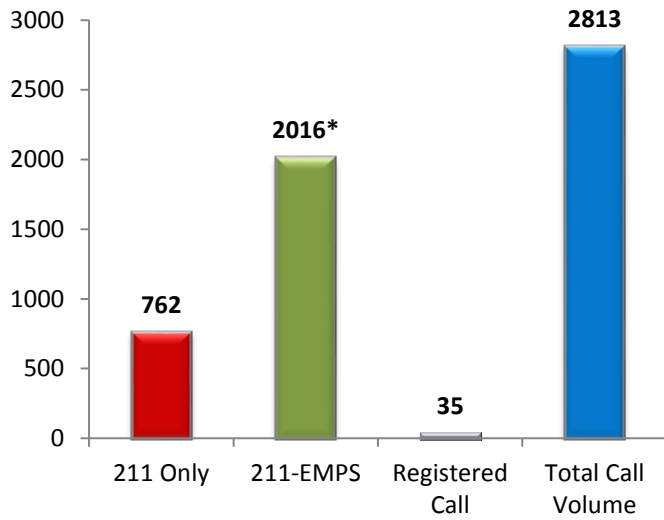
\*Note: Asterisk (\*) represents statistical significance

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



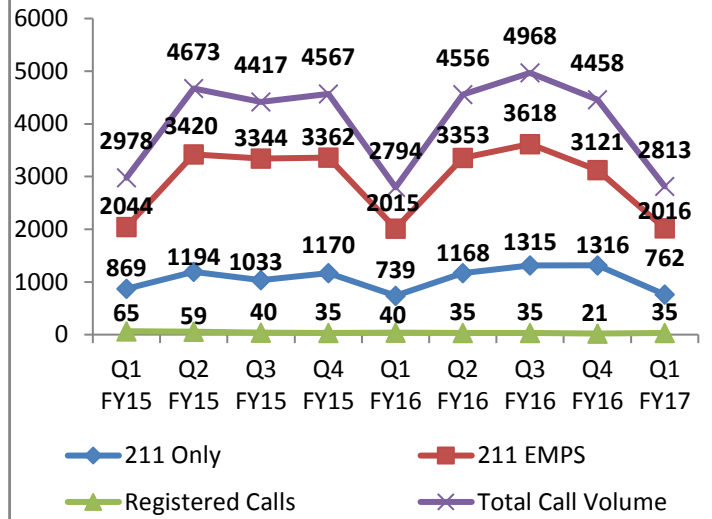
## Section I: Mobile Crisis Statewide/Service Area Dashboard

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

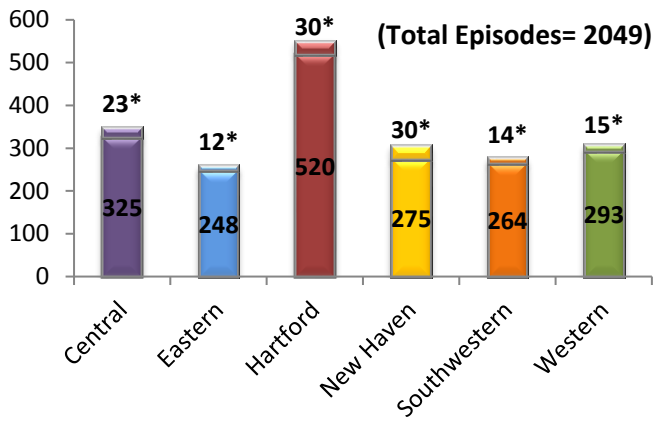


\*Note: 2 Crisis Response Follow-up

**Figure 2. Total Call Volume per Quarter by Call Type**

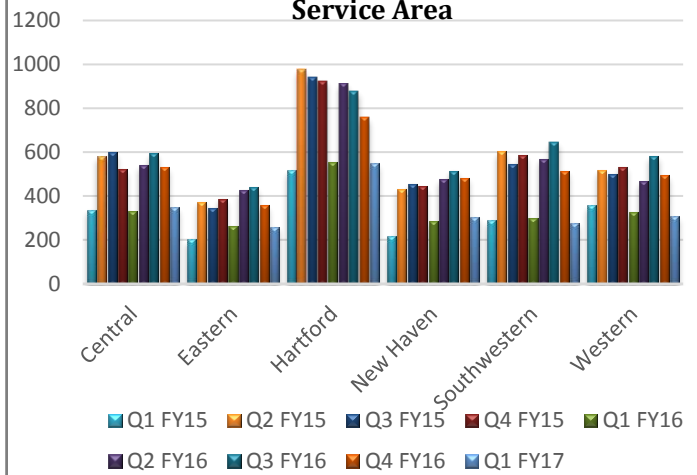


**Figure 3. Mobile Crisis Response Episodes by Service Area**

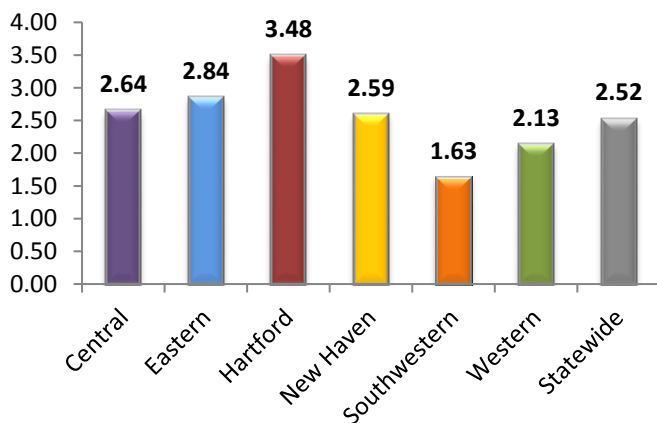


\*After Hours Calls

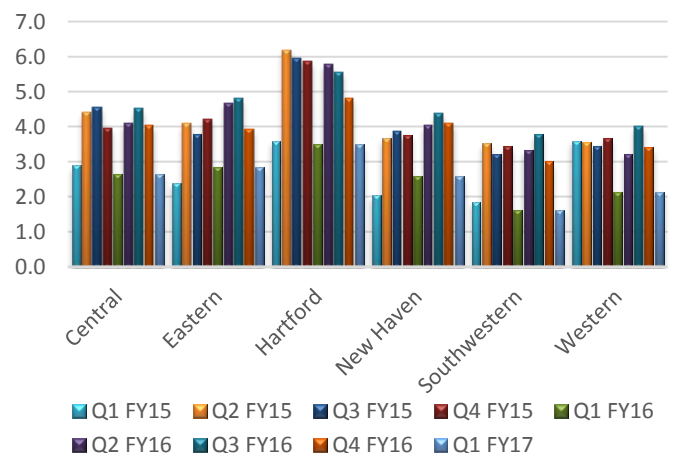
**Figure 4. Mobile Crisis Episodes per Quarter by Service Area**



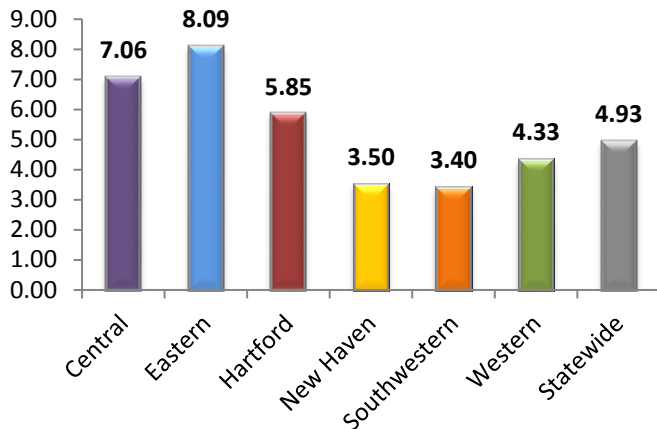
**Figure 5. Number Served Per 1,000 Children (Current Quarter)**



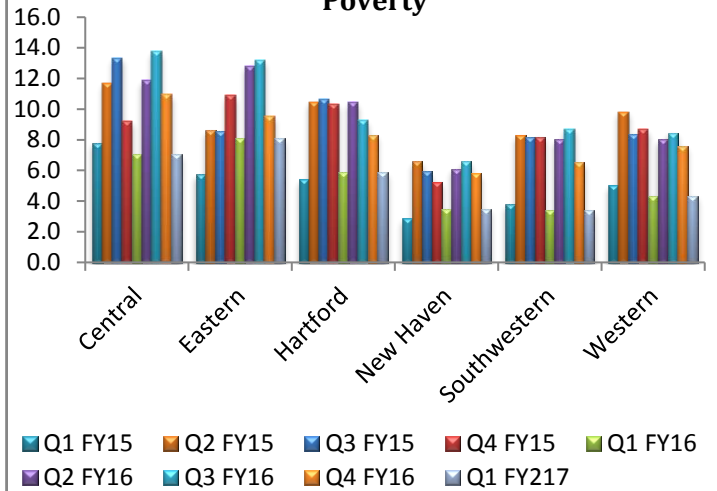
**Figure 6. Number Served per 1,000 Children per Quarter by Service Area**



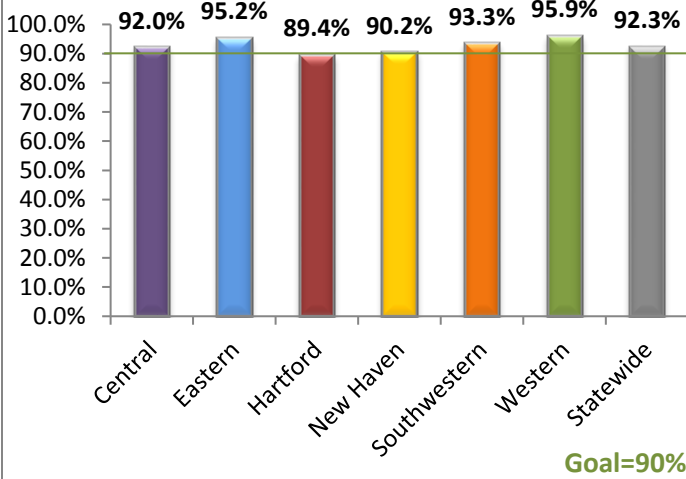
**Figure 7. Number Served Per 1,000 Children in Poverty (Current Quarter)**



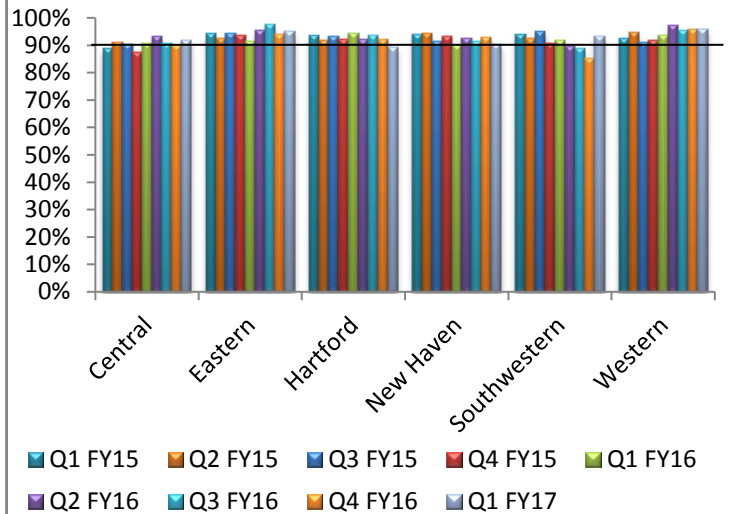
**Figure 8. Number Served Per 1,000 Children in Poverty**



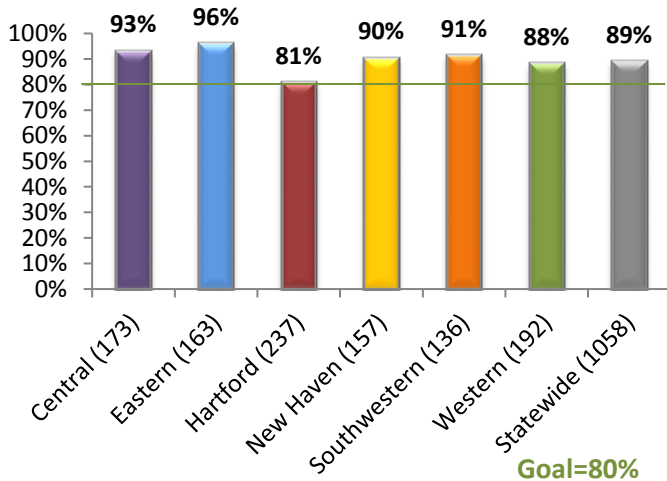
**Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area (Current Quarter)**



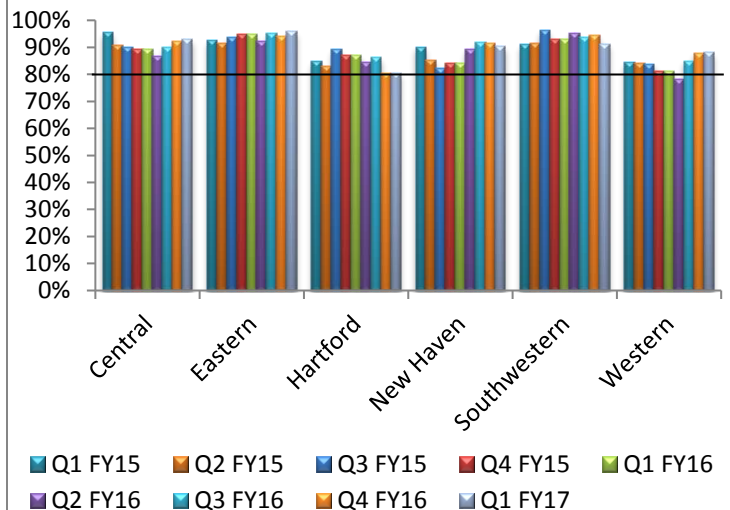
**Figure 10. Mobile Response (Mobile and Deferred Mobile) by Service Area (Current Quarter)**



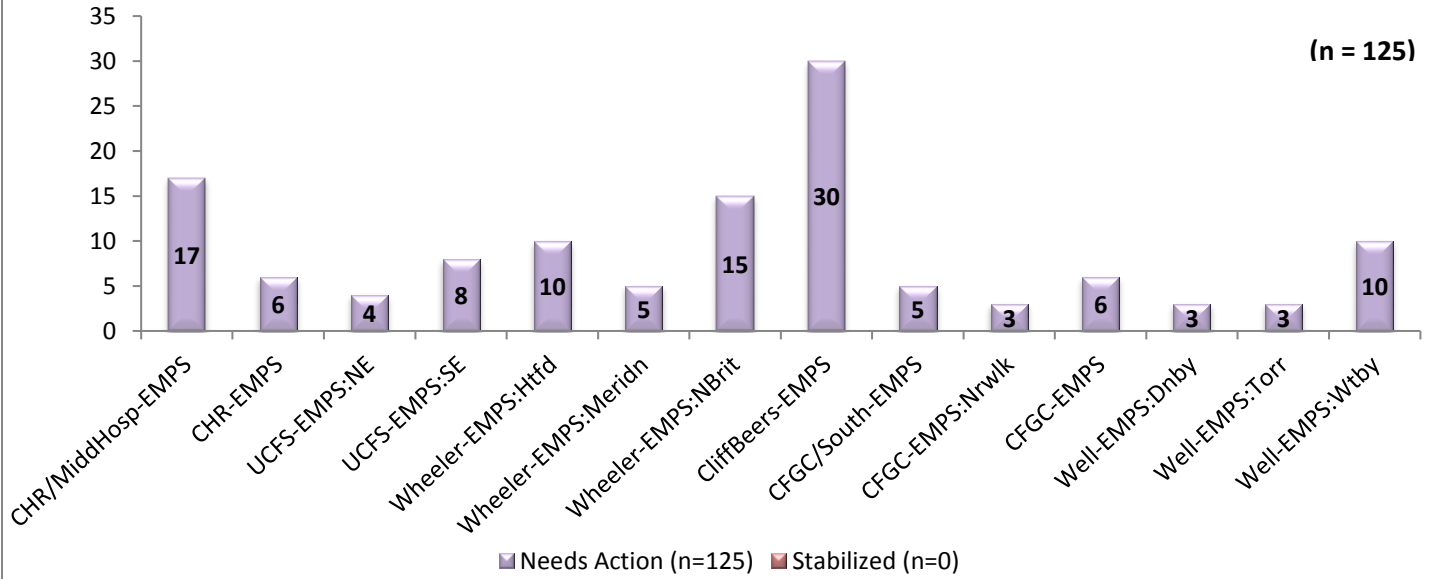
**Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes (Current Quarter)**



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

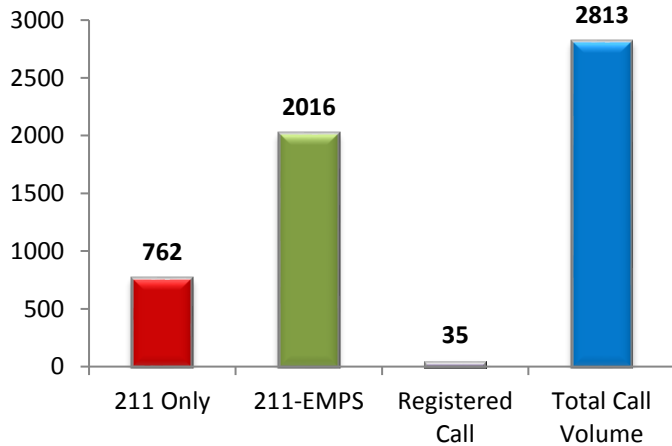


**Figure 13. After Hours Follow-up Calls by Provider**

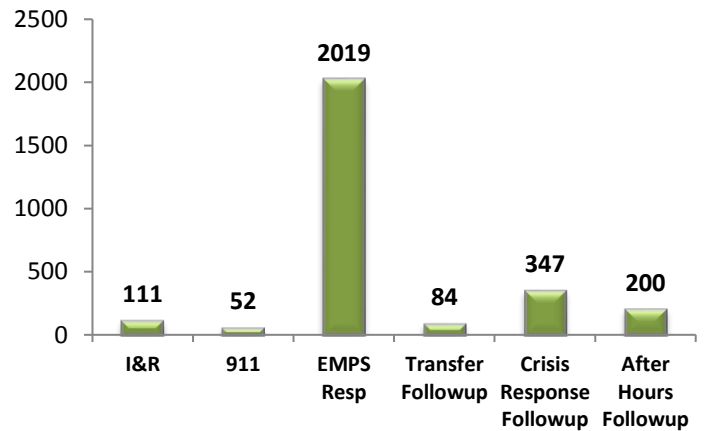


**Section II: Mobile Crisis Response**

**Figure 14. Total Call Volume by Call Type**

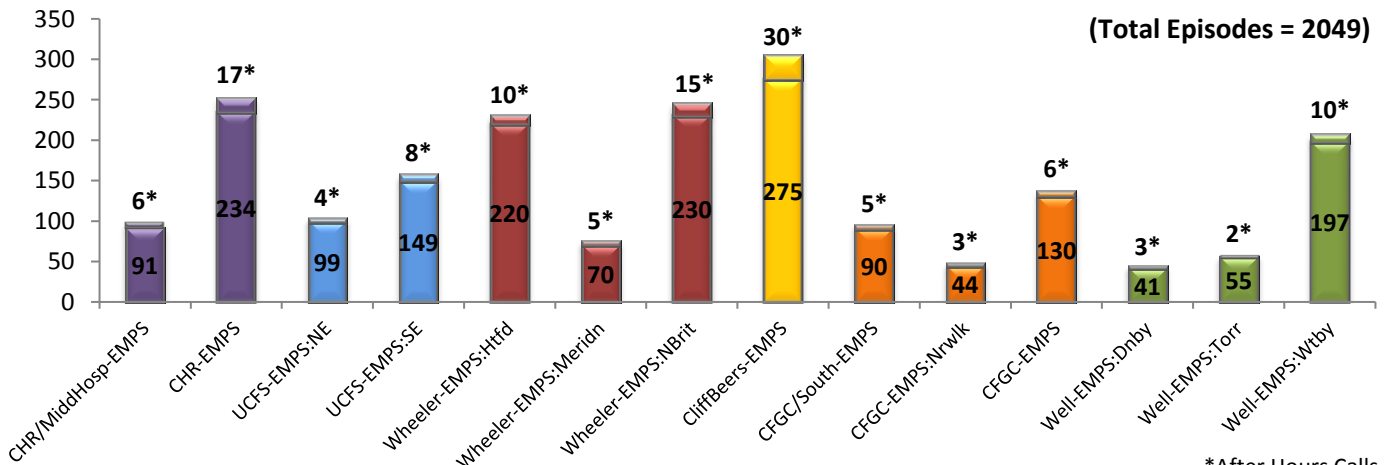


**Figure 15. Statewide 211 Disposition Frequency**



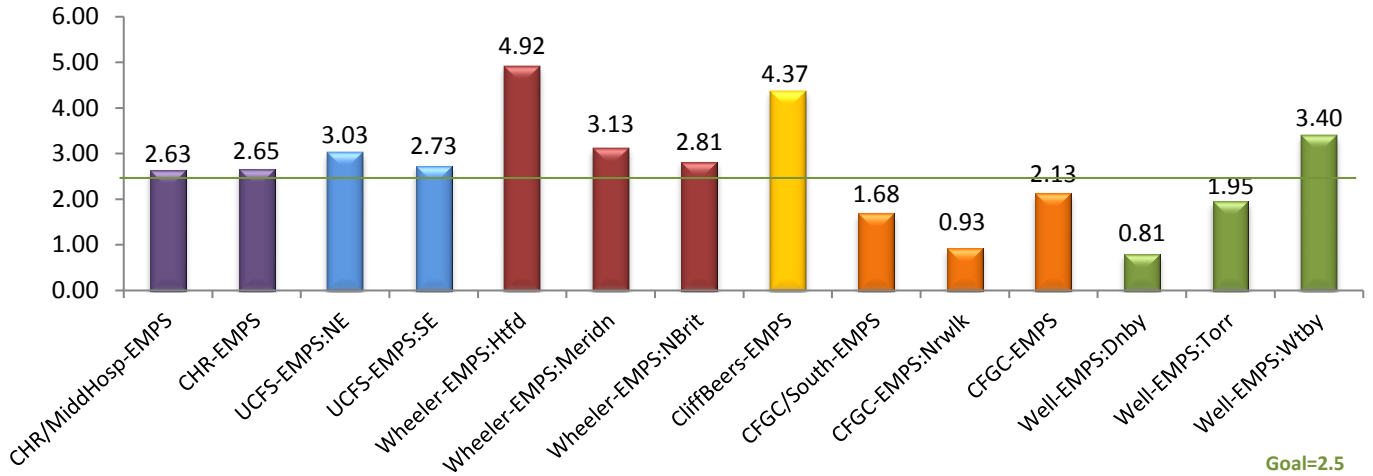
**Figure 16. Mobile Crisis Response Episodes by Provider**

(Total Episodes = 2049)

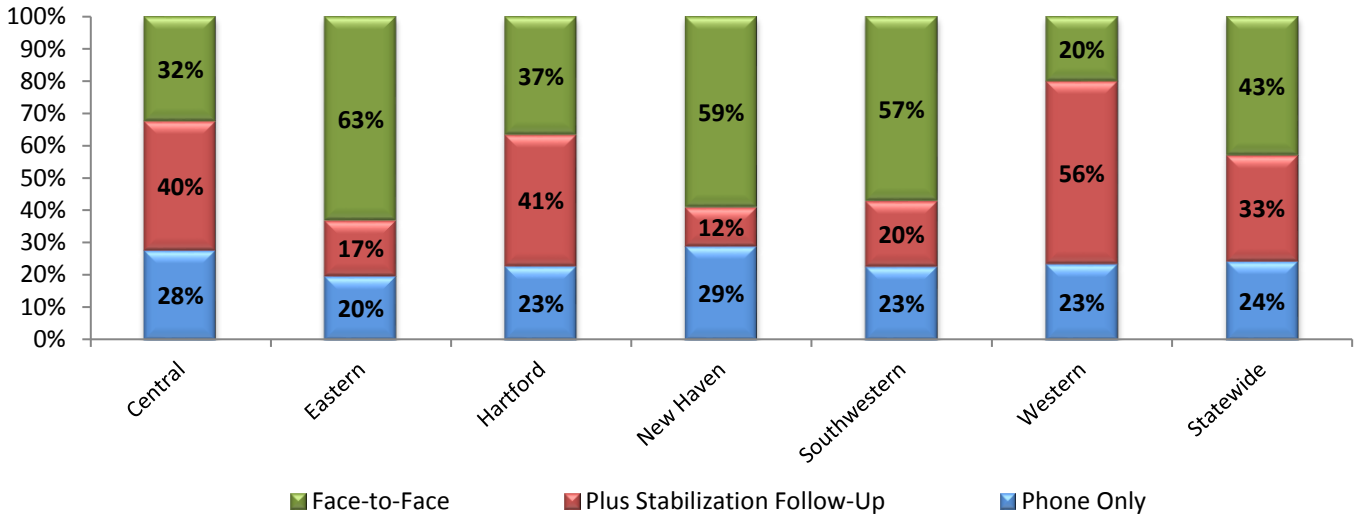


\*After Hours Calls

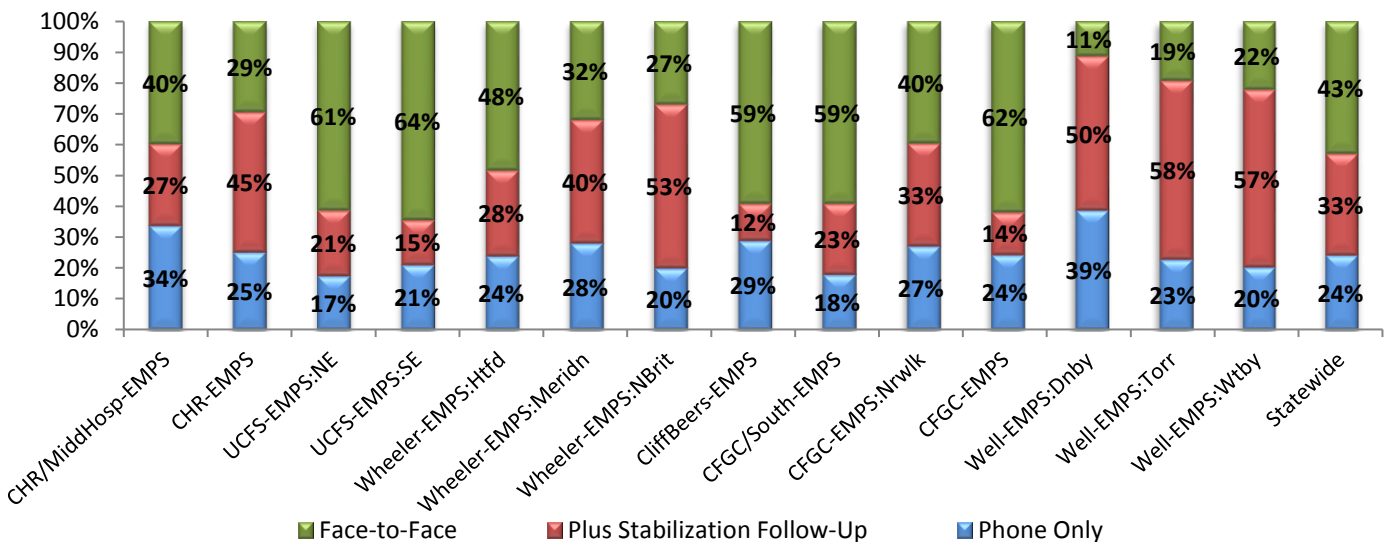
**Figure 17. Number Served Per 1,000 Children by Provider (Current Quarter)**



**Figure 18. Episode Intervention Crisis Response Types by Service Area**



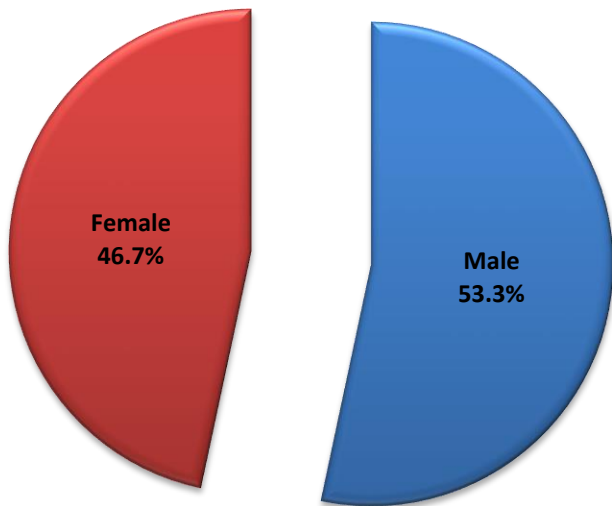
**Figure 19. Episode Intervention Crisis Response Type by Provider**



### Section III: Demographics

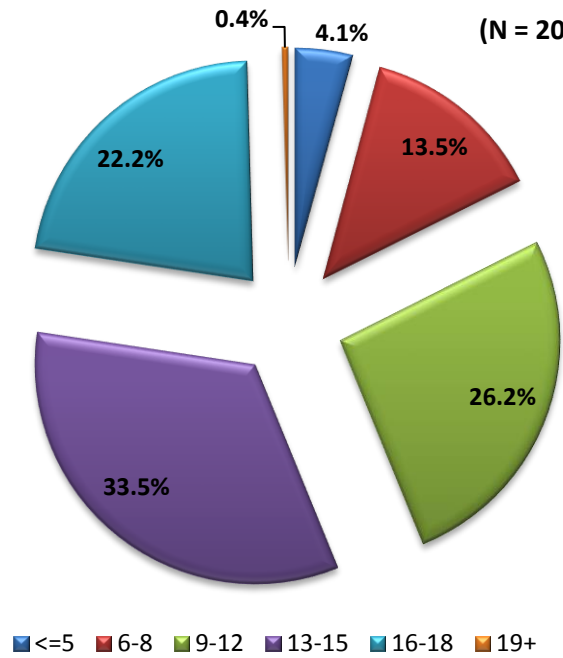
**Figure 20. Gender of Children Served Statewide**

(N = 2051)



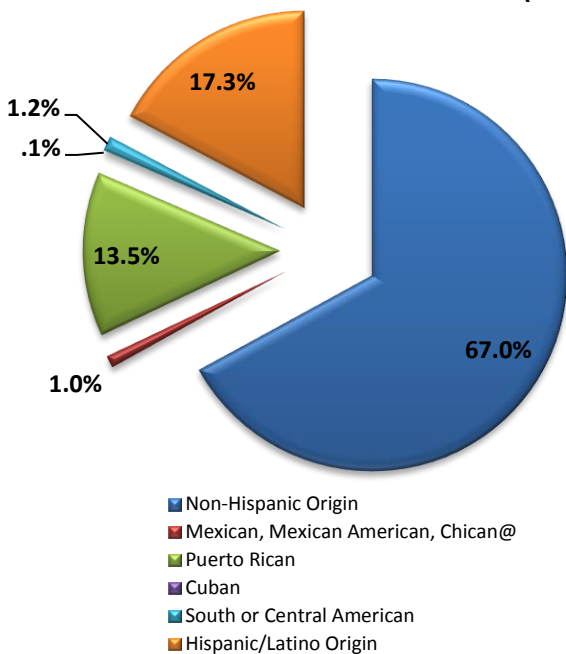
**Figure 21. Age Groups of Children Served Statewide**

(N = 2051)



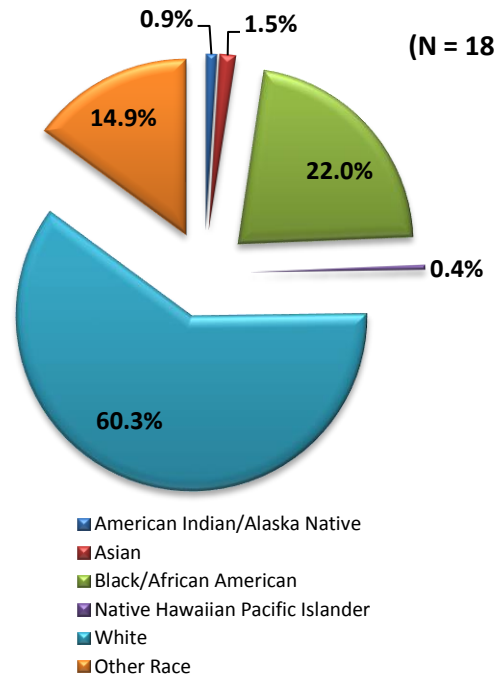
**Figure 22. Ethnic Background of Children Served Statewide**

(N = 1834)



**Figure 23. Race of Children Served Statewide**

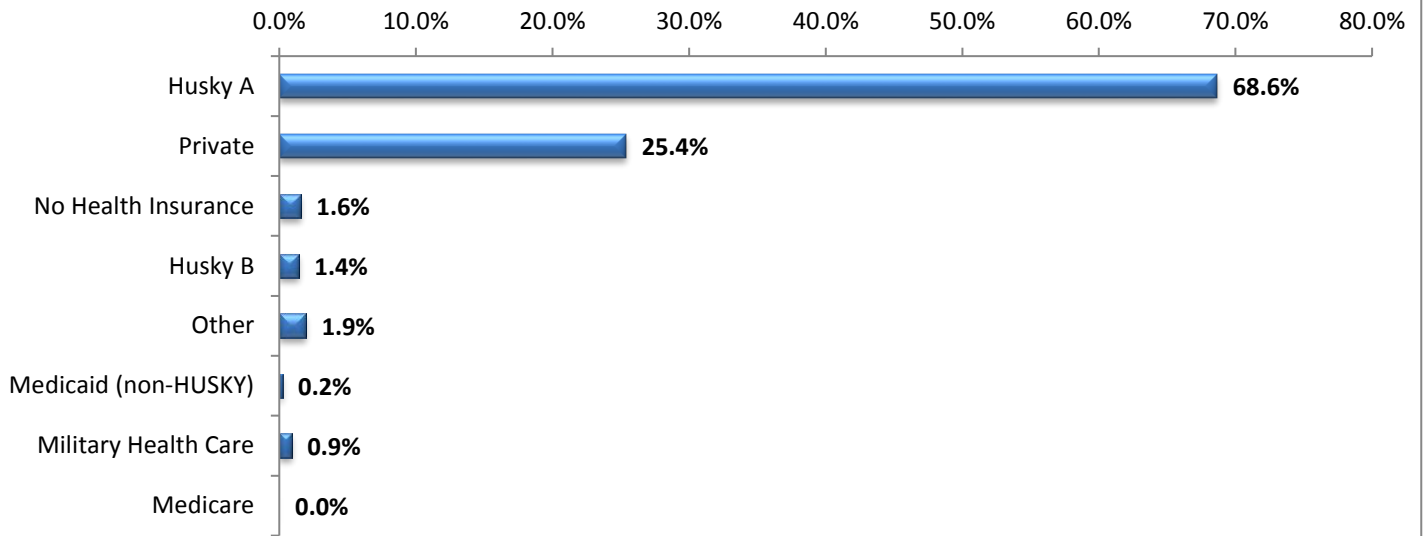
(N = 1856)



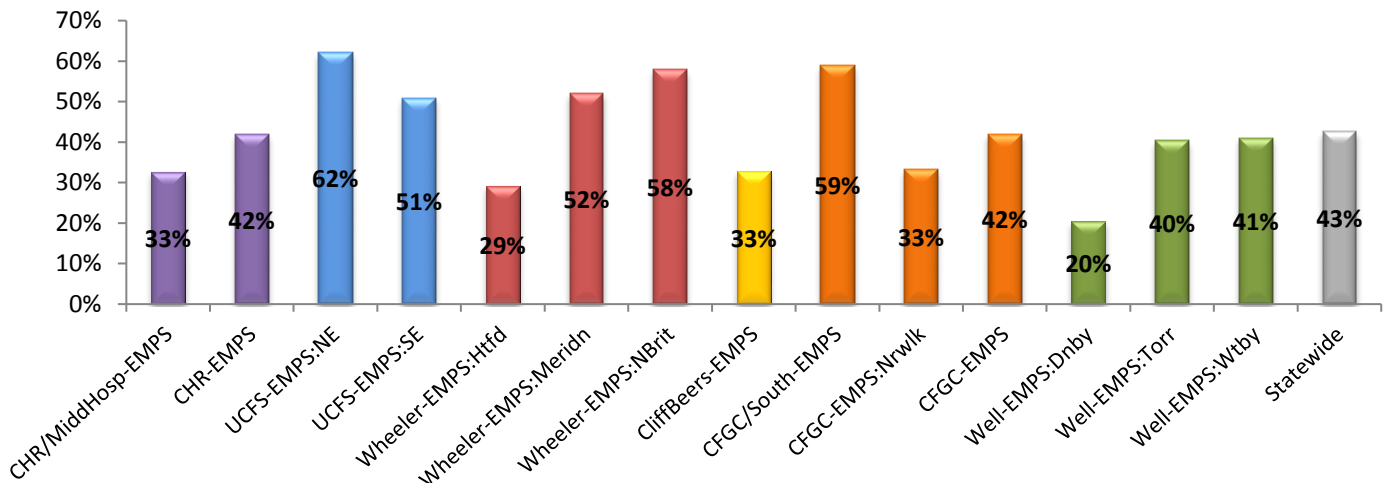
Note: Clients may self-identify more than one Race.

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**

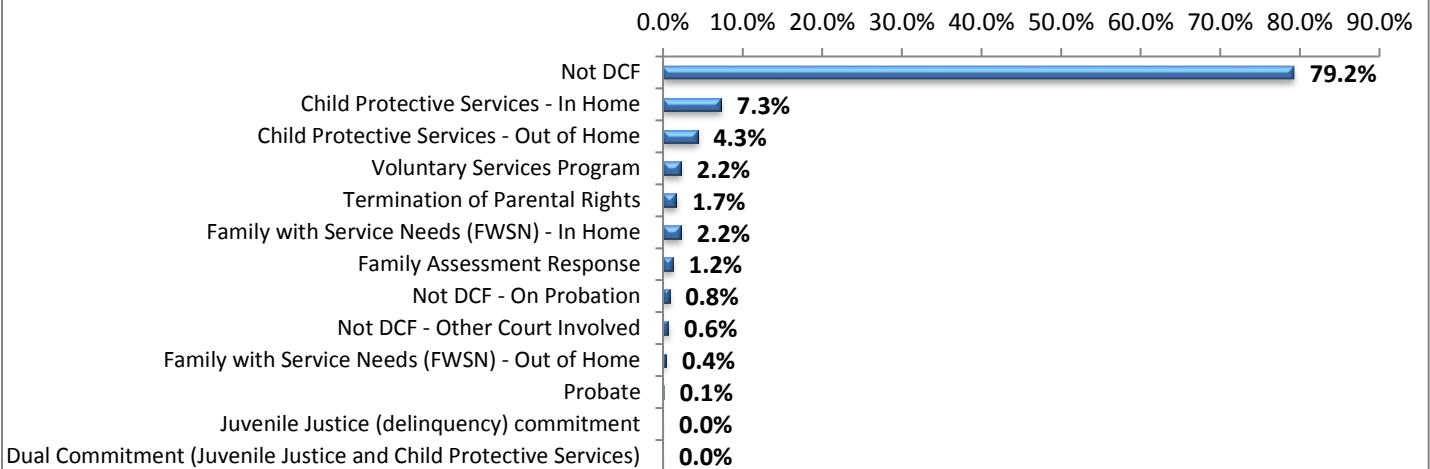


**Figure 25. Families that Answered "Yes" TANF\* Eligible**



\*TANF=Temporary Assistance for Needy Families

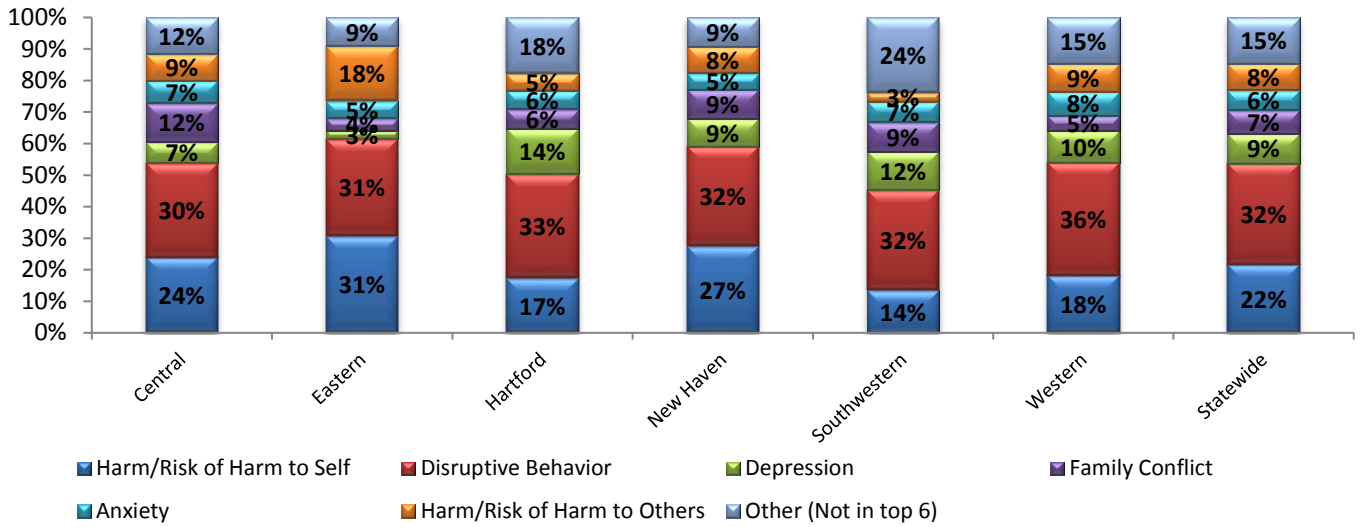
**Figure 26. Client DCF\* Status at Intake Statewide**



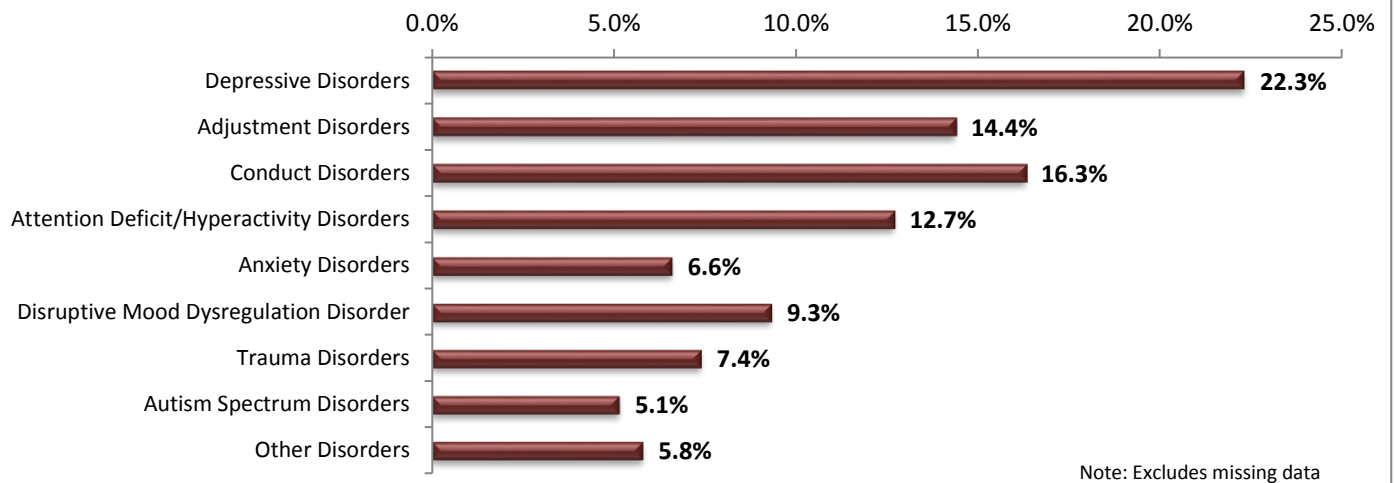
\*DCF=Department of Children and Families

## Section IV: Clinical Functioning

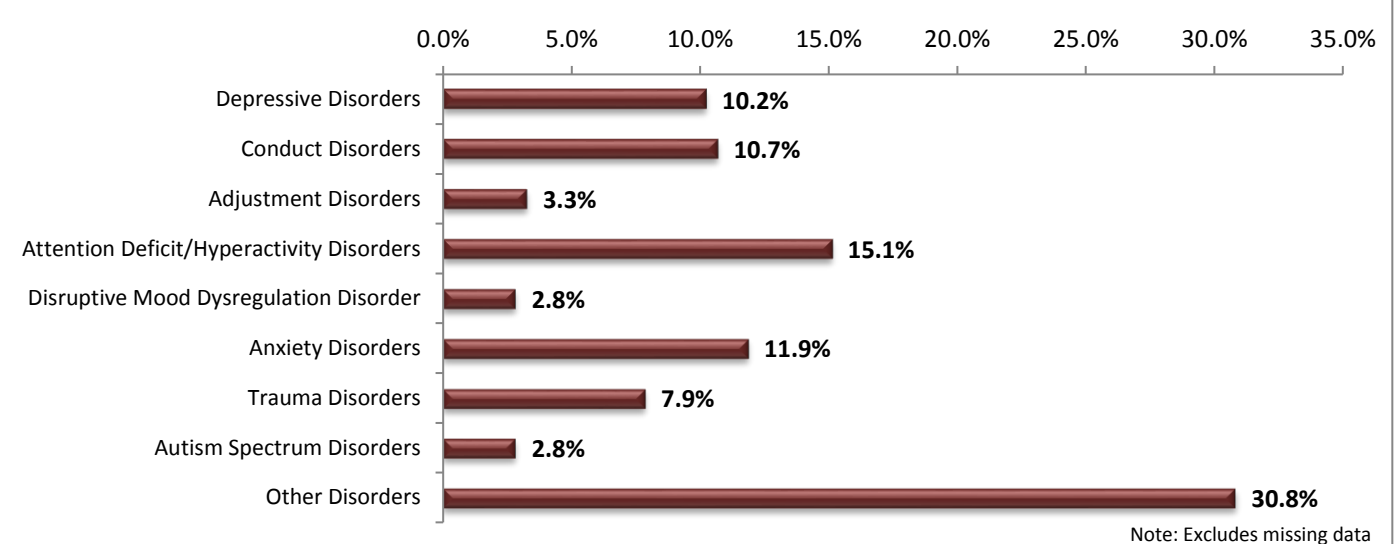
**Figure 27. Top Six Client Primary Presenting Problems by Service Area**



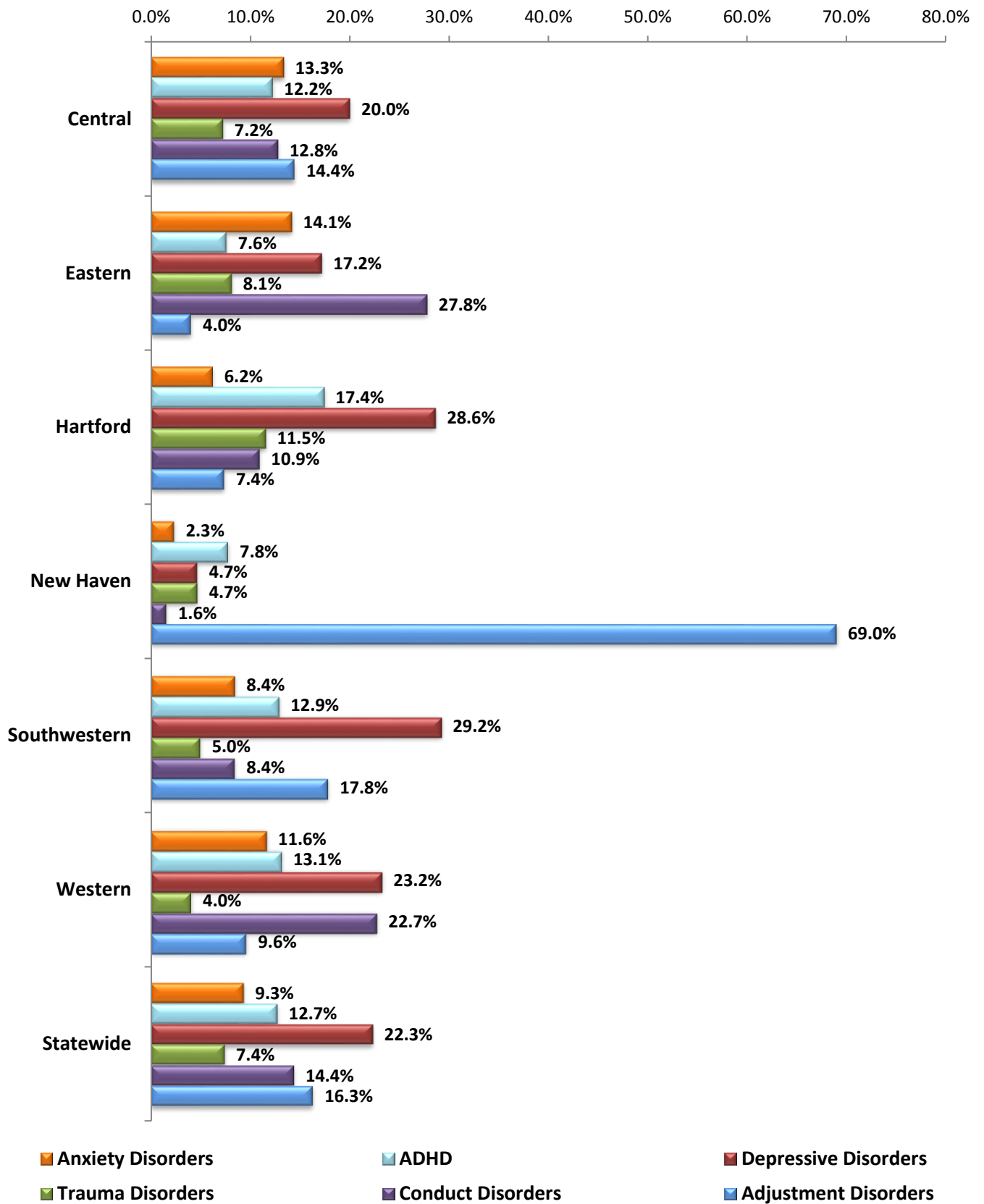
**Figure 28. Distribution of Client Primary Diagnosis Categories at Intake Statewide**



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

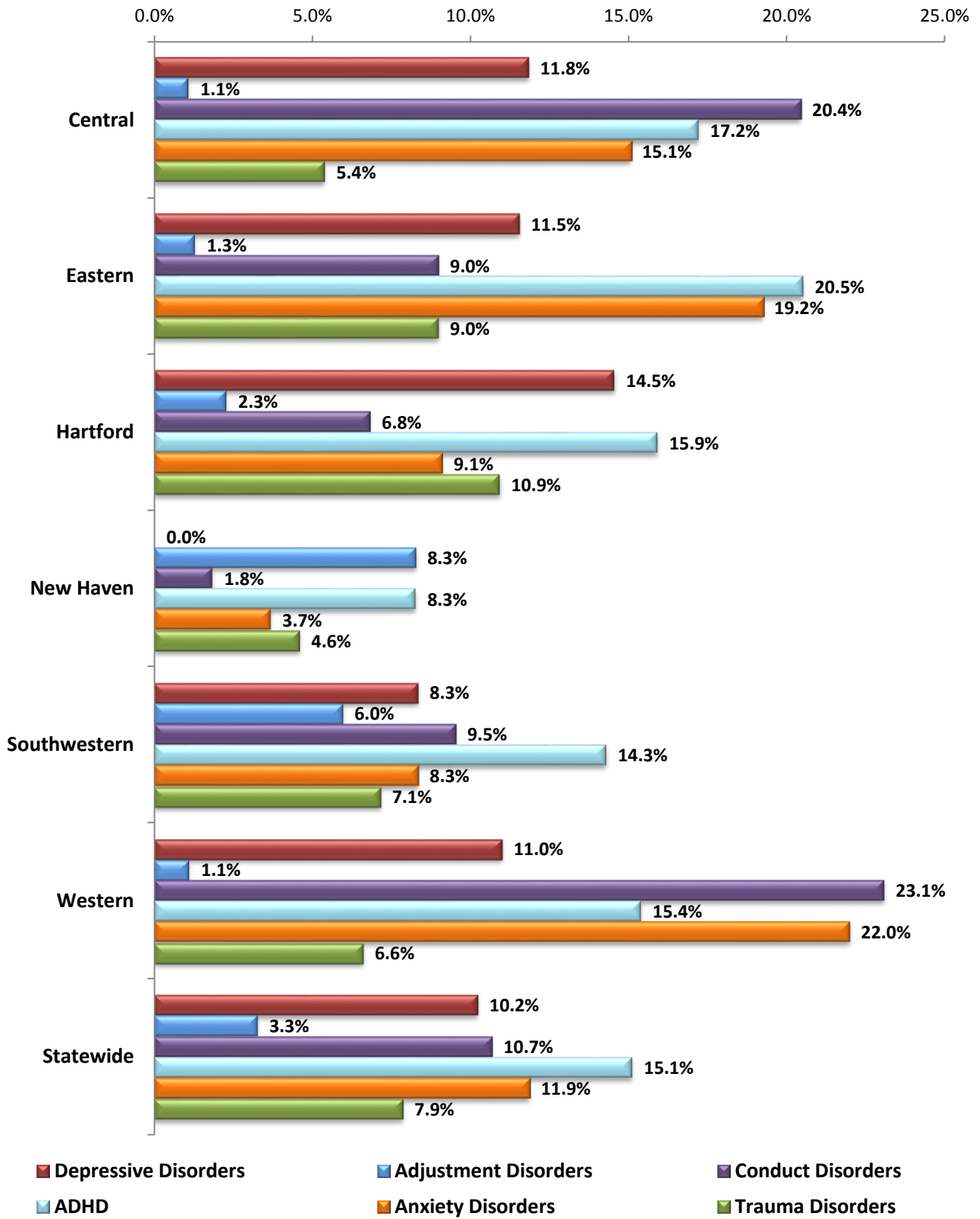


**Figure 30. Top 6 Client Primary Diagnostic Categories at Intake by Service Area**

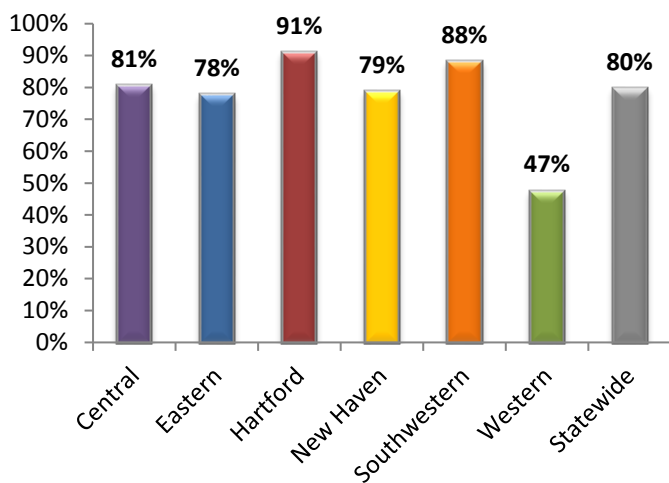




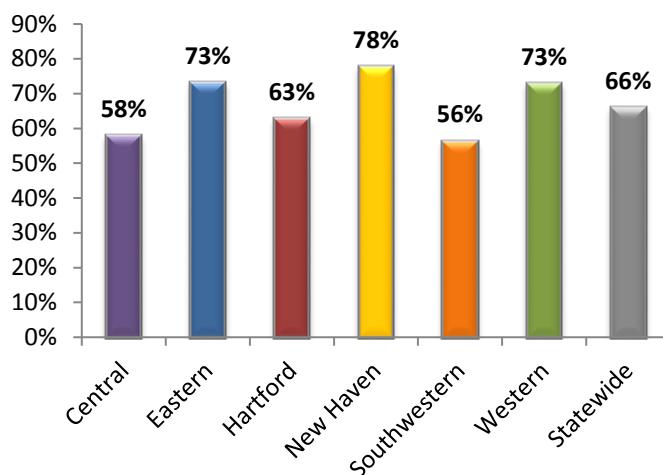
**Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area**



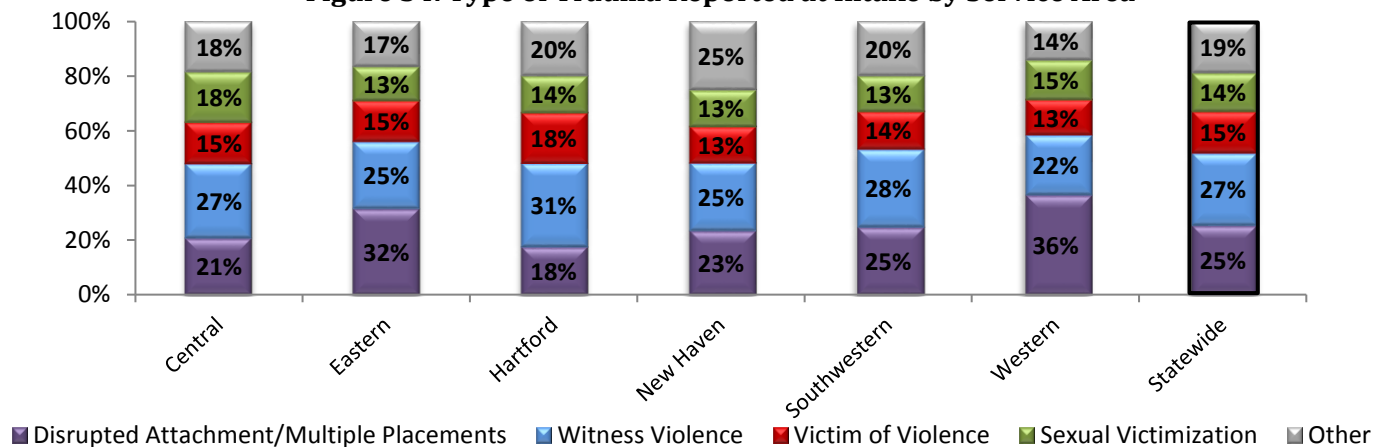
**Figure 31. Children Meeting SED\* Criteria by Service Area**



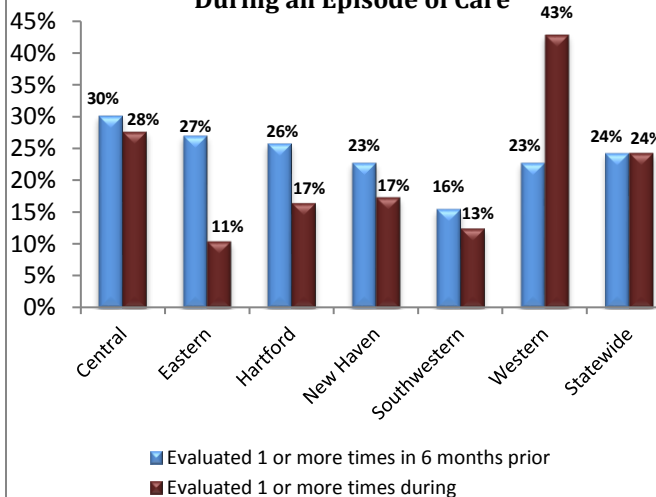
**Figure 33. Children with Trauma Exposure Reported at Intake by Service Area**



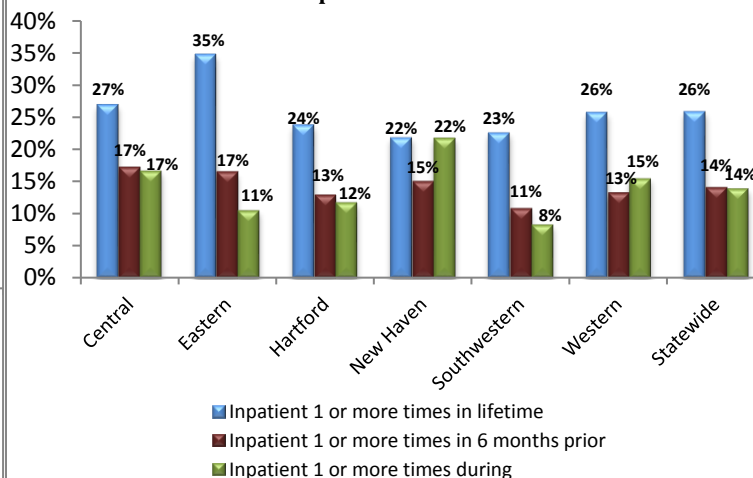
**Figure 34. Type of Trauma Reported at Intake by Service Area**



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

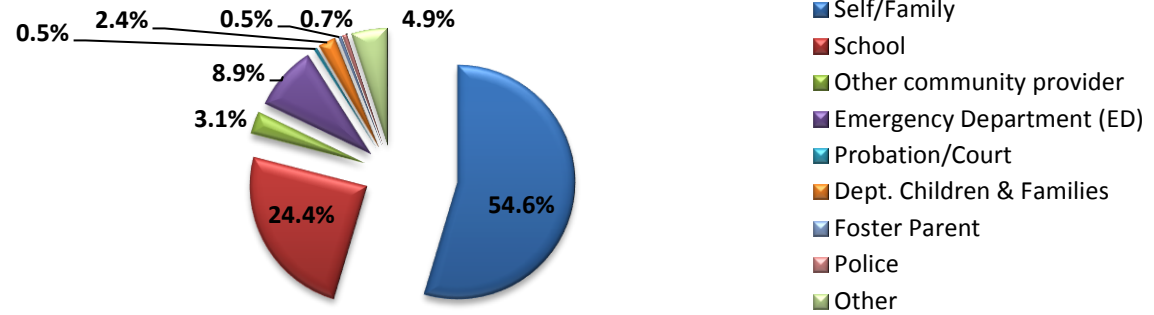


**Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care**



## Section V: Referral Sources

**Figure 37. Referral Sources Statewide (Current Quarter)**

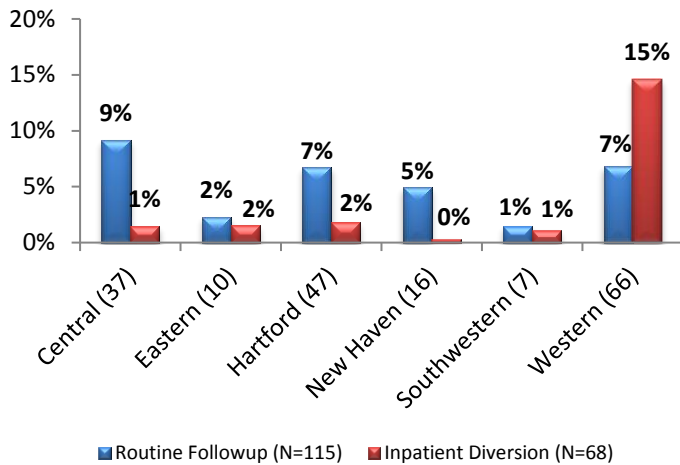


**Table 1. Referral Sources (Q1 FY 2017)**

	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
<b>STATEWIDE</b>	54.6%	0.3%	24.4%	0.0%	0.9%	3.1%	8.9%	0.5%	2.4%	1.9%	0.2%	0.5%	0.7%	0.8%	0.4%	0.4%
<b>CENTRAL</b>	55.6%	0.0%	18.3%	0.0%	0.9%	4.3%	10.6%	0.3%	2.0%	3.2%	0.6%	0.3%	1.7%	0.9%	0.3%	1.1%
CHR/MiddHosp- EMPS	56.1%	0.0%	17.3%	0.0%	1.0%	2.0%	17.3%	1.0%	1.0%	0.0%	1.0%	0.0%	1.0%	1.0%	1.0%	0.0%
CHR-EMPS	55.4%	0.0%	18.7%	0.0%	0.8%	5.2%	8.0%	0.0%	2.4%	4.4%	0.4%	0.4%	2.0%	0.8%	0.0%	1.6%
<b>EASTERN</b>	63.5%	0.0%	22.7%	0.0%	1.2%	2.7%	3.8%	0.8%	2.7%	0.4%	0.4%	0.8%	0.4%	0.8%	0.0%	0.0%
UCFS-EMPS:NE	74.8%	0.0%	15.5%	0.0%	1.9%	0.0%	1.0%	1.9%	2.9%	1.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%
UCFS-EMPS:SE	56.1%	0.0%	27.4%	0.0%	0.6%	4.5%	5.7%	0.0%	2.5%	0.0%	0.6%	1.3%	0.6%	0.6%	0.0%	0.0%
<b>HARTFORD</b>	53.3%	0.5%	23.8%	0.0%	0.9%	2.9%	8.5%	0.5%	3.1%	4.5%	0.2%	0.4%	0.2%	0.4%	0.2%	0.5%
Wheeler-EMPS:Htfd	42.2%	1.3%	28.7%	0.0%	0.0%	4.8%	10.4%	0.4%	2.6%	7.0%	0.4%	0.0%	0.4%	0.4%	0.4%	0.9%
Wheeler- EMPS:Meridn	52.0%	0.0%	32.0%	0.0%	5.3%	1.3%	5.3%	0.0%	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%
Wheeler-EMPS:NBrit	64.1%	0.0%	16.7%	0.0%	0.4%	1.6%	7.8%	0.8%	3.7%	3.7%	0.0%	0.8%	0.0%	0.4%	0.0%	0.0%
<b>NEW HAVEN</b>	54.8%	1.0%	29.2%	0.0%	1.0%	2.0%	5.2%	0.7%	2.0%	0.0%	0.0%	0.7%	1.3%	1.6%	0.3%	0.3%
CliffBeers-EMPS	54.8%	1.0%	29.2%	0.0%	1.0%	2.0%	5.2%	0.7%	2.0%	0.0%	0.0%	0.7%	1.3%	1.6%	0.3%	0.3%
<b>SOUTHWESTERN</b>	59.9%	0.0%	29.0%	0.0%	0.0%	3.6%	2.5%	0.0%	2.9%	0.0%	0.0%	0.7%	0.0%	0.7%	0.7%	0.0%
CFGC/South-EMPS	63.2%	0.0%	29.5%	0.0%	0.0%	2.1%	0.0%	0.0%	3.2%	0.0%	0.0%	0.0%	0.0%	1.1%	1.1%	0.0%
CFGC-EMPS:Nrwlk	54.2%	0.0%	29.2%	0.0%	0.0%	6.3%	4.2%	0.0%	4.2%	0.0%	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%
CFGC-EMPS	59.6%	0.0%	28.7%	0.0%	0.0%	3.7%	3.7%	0.0%	2.2%	0.0%	0.0%	0.7%	0.0%	0.7%	0.7%	0.0%
<b>WESTERN</b>	43.5%	0.3%	24.7%	0.0%	1.3%	2.9%	21.4%	0.6%	1.6%	0.6%	0.3%	0.3%	0.6%	0.6%	1.0%	0.0%
Well-EMPS:Dnby	70.5%	2.3%	18.2%	0.0%	2.3%	0.0%	0.0%	0.0%	2.3%	0.0%	0.0%	0.0%	4.5%	0.0%	0.0%	0.0%
Well-EMPS:Torr	57.9%	0.0%	21.1%	0.0%	1.8%	3.5%	5.3%	1.8%	3.5%	0.0%	0.0%	1.8%	0.0%	1.8%	1.8%	0.0%
Well-EMPS:Wtby	33.8%	0.0%	27.1%	0.0%	1.0%	3.4%	30.4%	0.5%	1.0%	1.0%	0.5%	0.0%	0.0%	0.5%	1.0%	0.0%

**Figure 38. Type of Emergency Dept. Referral**

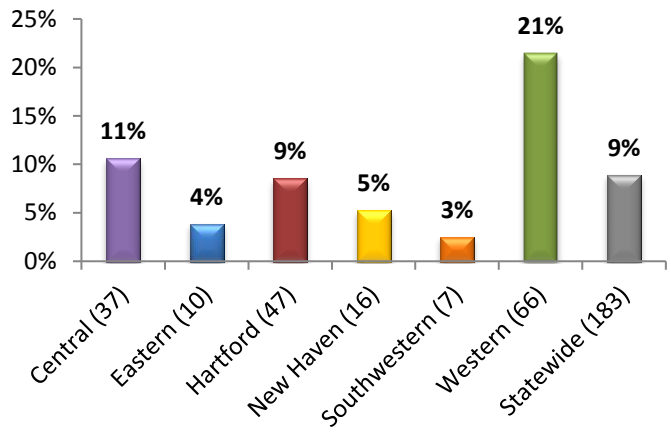
(N =183)



Note: Count total ED referrals are in parenthesis

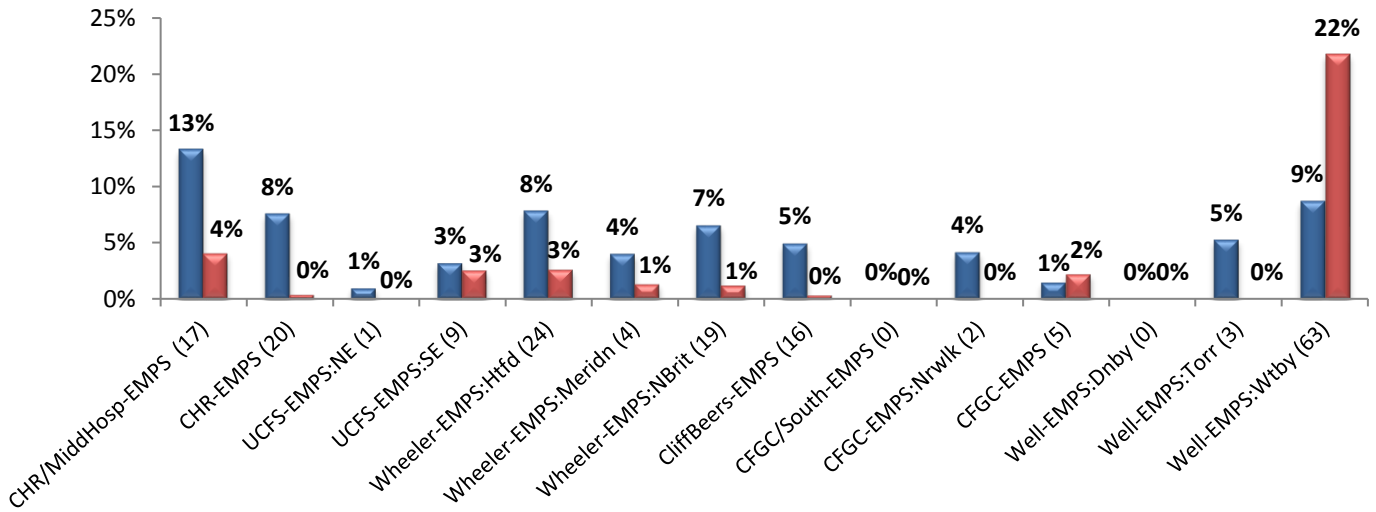
**Figure 39. Emergency Dept. Referral**

(% of Total Mobile Crisis Episodes)



Note: Count total ED referrals are in parenthesis

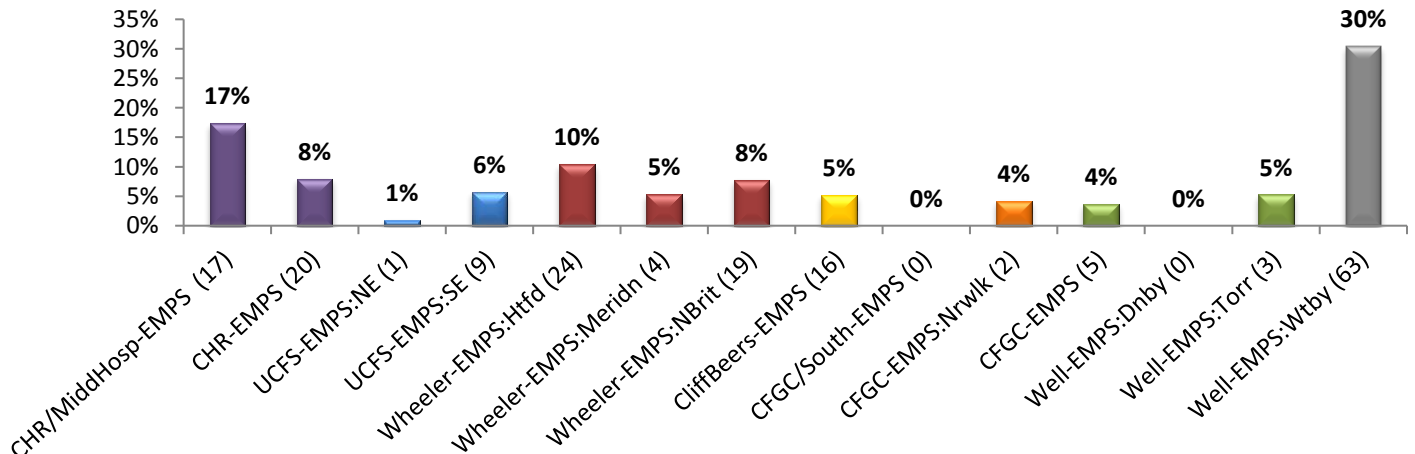
**Figure 40. Type of Emergency Department Referrals by Provider**



Note: Count total ED referrals are in parenthesis

■ Routine Follow-up (115) ■ Inpatient Diversion (68)

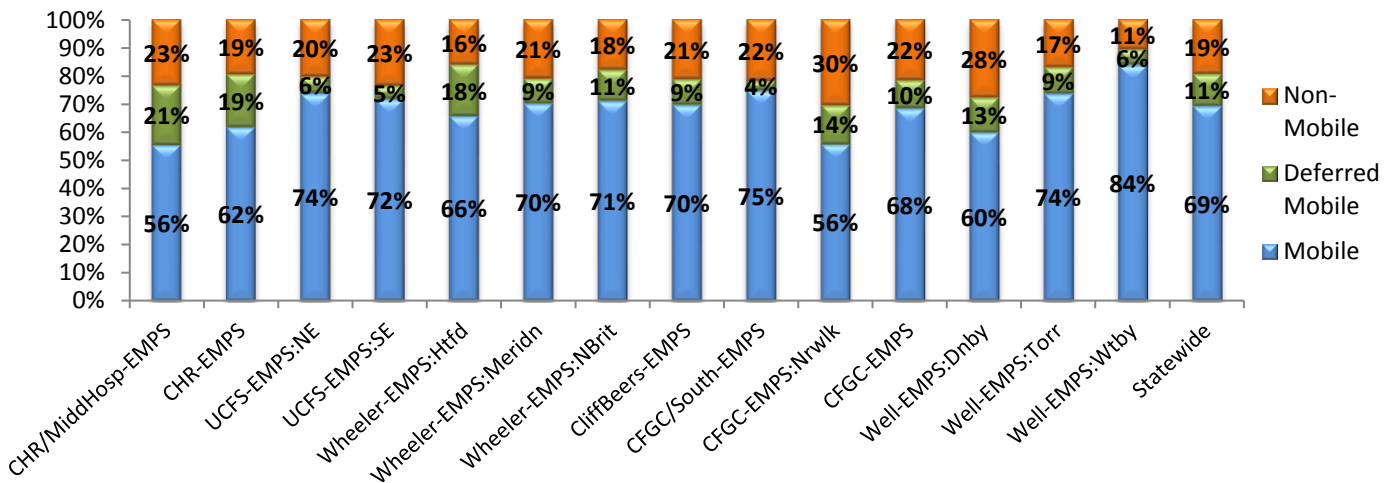
**Figure 41. Emergency Dept. Referral (% of Total Mobile Crisis Episodes) by Provider**



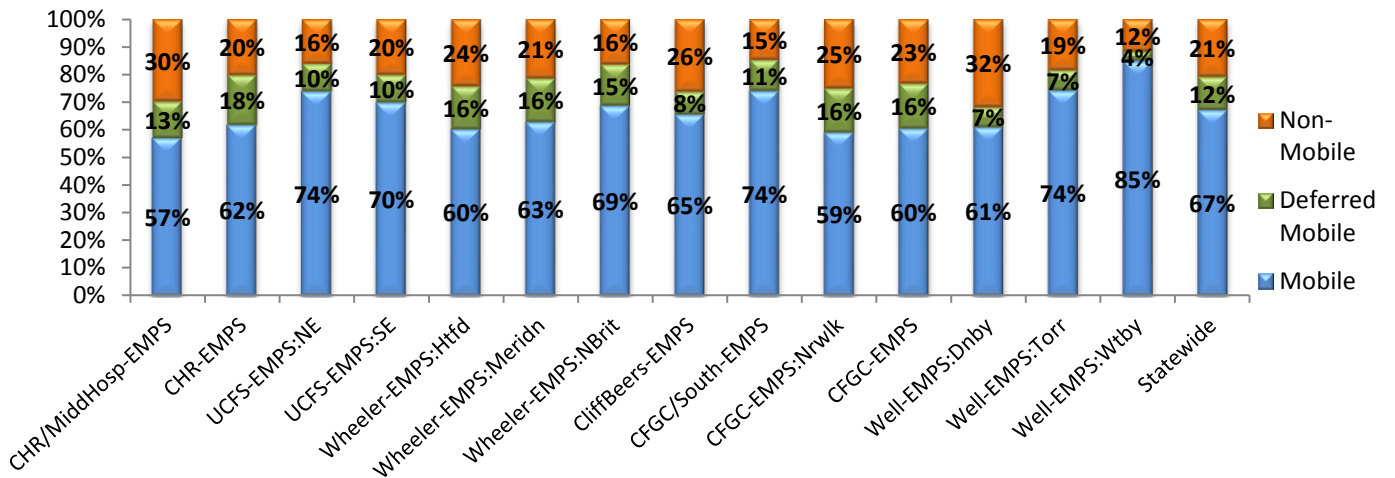
Note: Count total ED referrals are in parenthesis

## Section VI: 211 Recommendations and EMPS Response

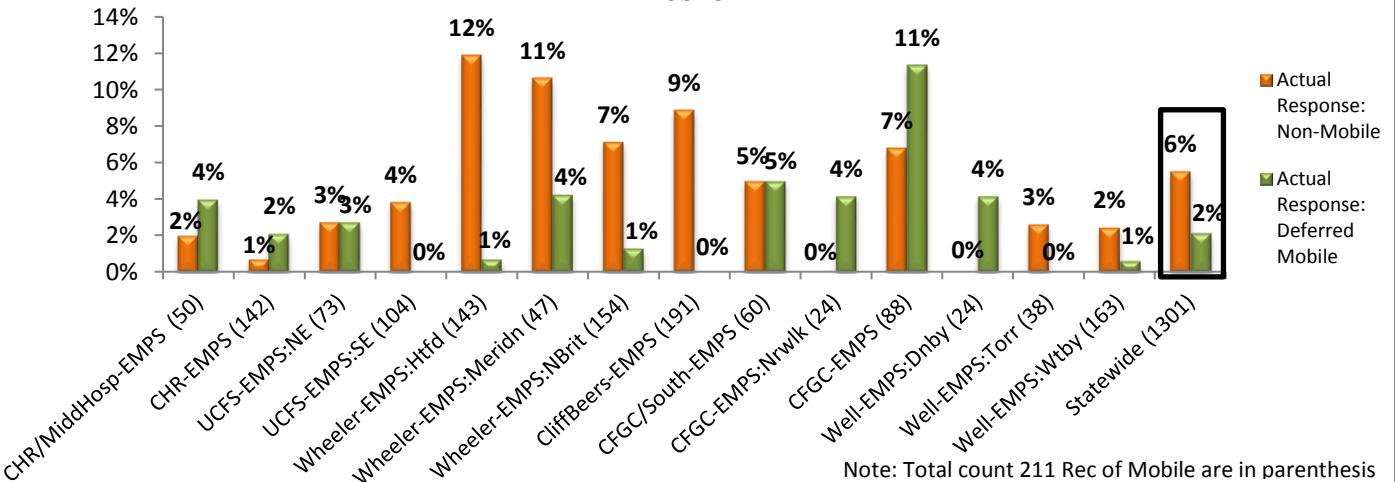
**Figure 42. 211 Recommended Initial Response**



**Figure 43. Actual Initial Mobile Crisis Provider Response**

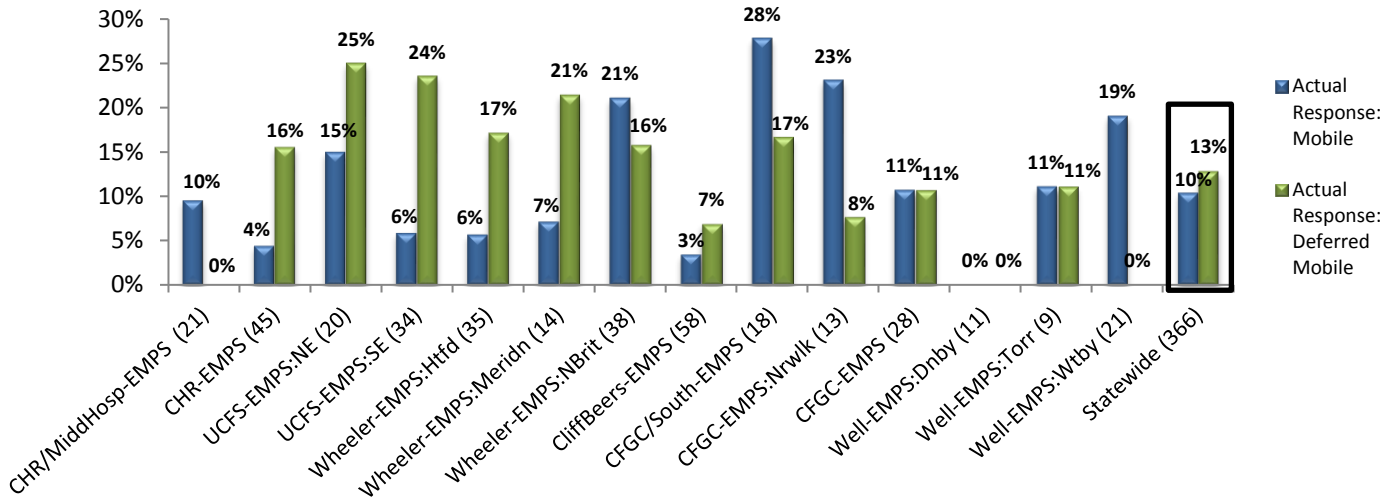


**Figure 44. 211 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile**

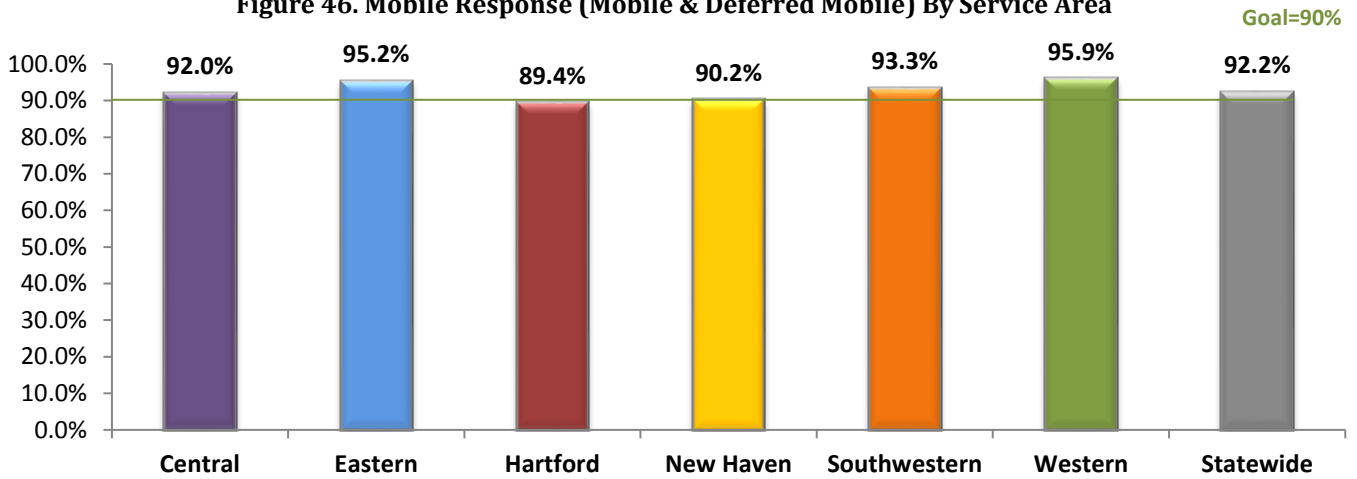


Note: Total count 211 Rec of Mobile are in parenthesis

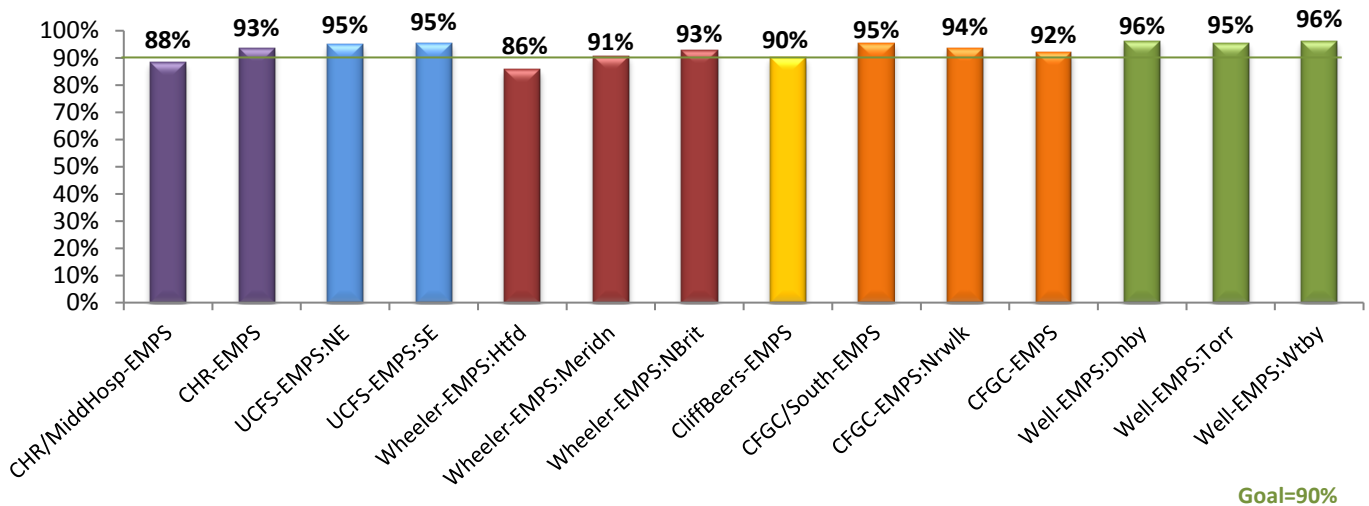
**Figure 45. 211 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile**



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

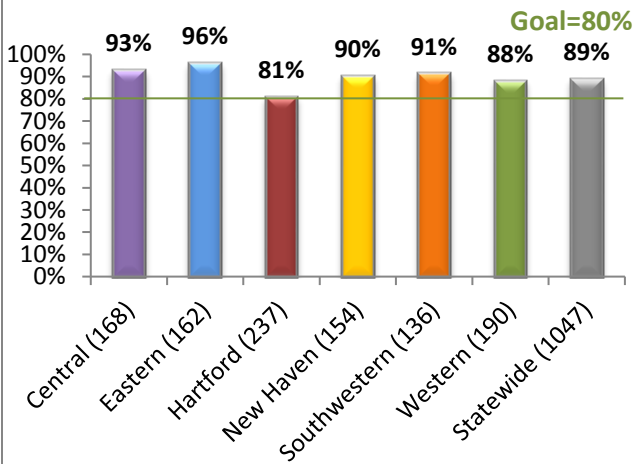


**Figure 47. Mobile Response (Mobile & Deferred Mobile) By Provider**



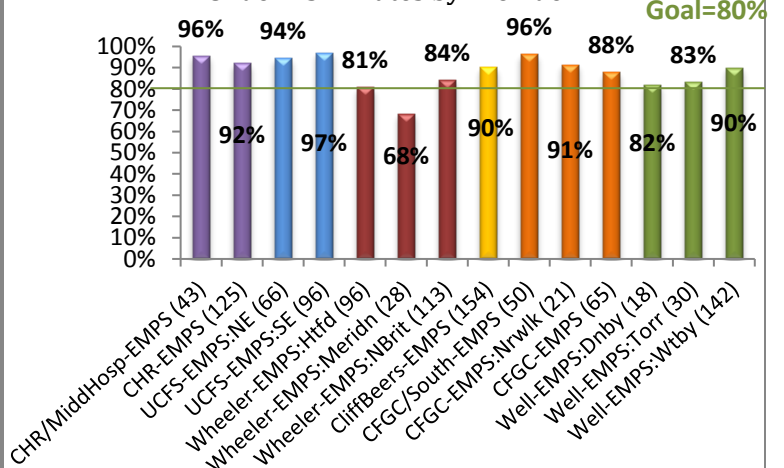
## Section VII: Response Time

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



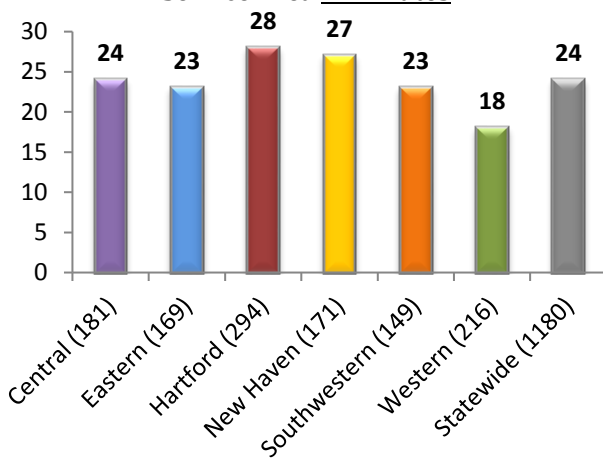
Note: Count of mobile episodes under 45 mins. are in parenthesis

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



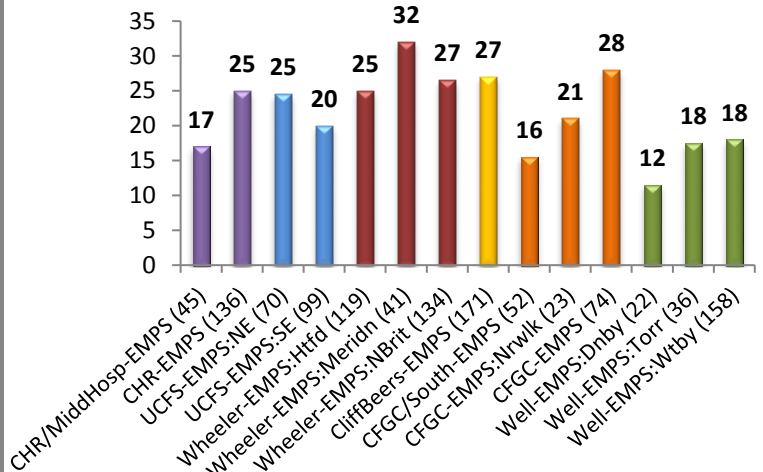
Note: Count of mobile episodes under 45 mins. are in parenthesis

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



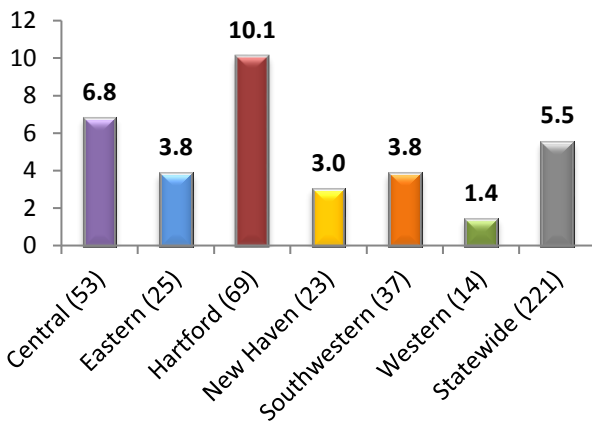
Note: Count of mobile EMPS response episodes are in parenthesis

**Figure 51. Median Mobile Response Time by Provider in Minutes**



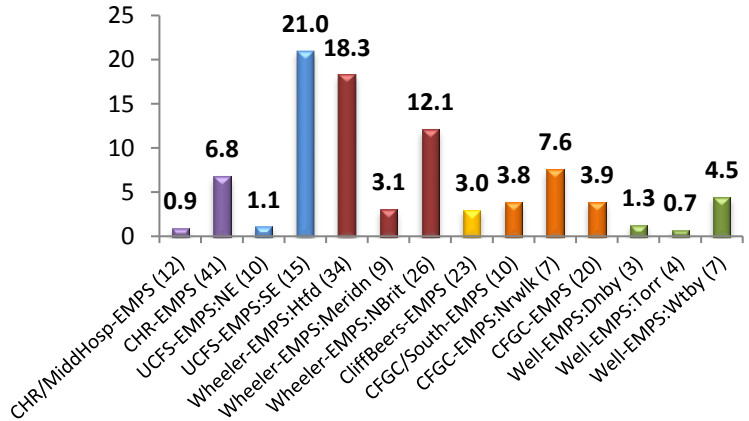
Note: Count of mobile EMPS response episodes are in parenthesis

**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 VIII: 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	4.8	15.5	0.0	1.0	13.0	15%	24%	3%	1.2	4.8	15.5	0.0	1.0	13.0	15%	24%	3%
2	Central	1.9	7.4	17.3	0.0	3.0	13.0	36%	37%	3%	1.9	7.4	17.3	0.0	3.0	13.0	36%	37%	3%
3	CHR/MiddHosp-EMPS	3.4	4.4	11.8	2.0	3.0	10.0	59%	19%	0%	3.4	4.4	11.8	2.0	3.0	10.0	59%	19%	0%
4	CHR-EMPS	1.0	9.3	19.8	0.0	4.5	15.0	22%	48%	4%	1.0	9.3	19.8	0.0	4.5	15.0	22%	48%	4%
5	Eastern	0.1	1.8	15.6	0.0	1.0	12.0	2%	1%	3%	0.1	1.8	15.6	0.0	1.0	12.0	2%	1%	3%
6	UCFS-EMPS:NE	0.2	1.7	14.8	0.0	1.0	11.0	6%	0%	0%	0.2	1.7	14.8	0.0	1.0	11.0	6%	0%	0%
7	UCFS-EMPS:SE	0.0	1.9	16.4	0.0	1.0	14.0	0%	1%	6%	0.0	1.9	16.4	0.0	1.0	14.0	0%	1%	6%
8	Hartford	0.8	6.2	12.9	0.0	2.0	11.0	15%	39%	1%	0.8	6.2	12.9	0.0	2.0	11.0	15%	39%	1%
9	Wheeler-EMPS:Htfd	0.5	4.1	10.4	0.0	1.0	9.0	8%	33%	0%	0.5	4.1	10.4	0.0	1.0	9.0	8%	33%	0%
10	Wheeler-EMPS:Meridn	0.8	3.8	15.2	0.0	2.0	14.0	6%	31%	0%	0.8	3.8	15.2	0.0	2.0	14.0	6%	31%	0%
11	Wheeler-EMPS:NBrit	1.2	10.8	13.6	0.0	6.0	10.5	26%	54%	2%	1.2	10.8	13.6	0.0	6.0	10.5	26%	54%	2%
12	New Haven	0.3	4.5	21.3	0.0	1.0	18.5	4%	25%	9%	0.3	4.5	21.3	0.0	1.0	18.5	4%	25%	9%
13	CliffBeers-EMPS	0.3	4.5	21.3	0.0	1.0	18.5	4%	25%	9%	0.3	4.5	21.3	0.0	1.0	18.5	4%	25%	9%
14	Southwestern	0.3	5.2	20.9	0.0	0.5	21.0	5%	26%	7%	0.3	5.2	20.9	0.0	0.5	21.0	5%	26%	7%
15	CFGC/South-EMPS	0.1	0.3	24.0	0.0	0.0	28.0	6%	4%	11%	0.1	0.3	24.0	0.0	0.0	28.0	6%	4%	11%
16	CFGC-EMPS:Nrwk	0.9	8.1	24.4	0.0	6.0	22.0	15%	60%	13%	0.9	8.1	24.4	0.0	6.0	22.0	15%	60%	13%
17	CFGC-EMPS	0.1	8.9	15.9	0.0	3.0	9.0	0%	38%	0%	0.1	8.9	15.9	0.0	3.0	9.0	0%	38%	0%
18	Western	4.3	6.2	14.1	0.0	4.0	14.0	27%	38%	1%	4.3	6.2	14.1	0.0	4.0	14.0	27%	38%	1%
19	Well-EMPS:Dnby	2.2	16.5	14.1	0.0	16.5	13.5	8%	50%	0%	2.2	16.5	14.1	0.0	16.5	13.5	8%	50%	0%
20	Well-EMPS:Torr	5.5	2.6	14.6	1.0	0.0	16.0	31%	29%	0%	5.5	2.6	14.6	1.0	0.0	16.0	31%	29%	0%
21	Well-EMPS:Wtby	4.7	5.7	14.0	1.0	3.0	13.0	33%	38%	2%	4.7	5.7	14.0	1.0	3.0	13.0	33%	38%	2%

\* Discharged episodes with end dates from July 1, 2016 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	<b>STATEWIDE</b>	455	675	351	70	164	9	455	675	351	70	164	9
2	<b>Central</b>	90	82	68	32	30	2	90	82	68	32	30	2
3	<b>CHR/MiddHosp-EMPS</b>	32	32	21	19	6	0	32	32	21	19	6	0
4	<b>CHR-EMPS</b>	58	50	47	13	24	2	58	50	47	13	24	2
5	<b>Eastern</b>	51	158	33	1	1	1	51	158	33	1	1	1
6	<b>UCFS-EMPS:NE</b>	18	61	17	1	0	0	18	61	17	1	0	0
7	<b>UCFS-EMPS:SE</b>	33	97	16	0	1	1	33	97	16	0	1	1
8	<b>Hartford</b>	110	117	103	16	46	1	110	117	103	16	46	1
9	<b>Wheeler-EMPS:Htfd</b>	50	67	30	4	22	0	50	67	30	4	22	0
10	<b>Wheeler-EMPS:Meridn</b>	18	13	13	1	4	0	18	13	13	1	4	0
11	<b>Wheeler-EMPS:NBrit</b>	42	37	60	11	20	1	42	37	60	11	20	1
12	<b>New Haven</b>	85	147	22	3	37	2	85	147	22	3	37	2
13	<b>CliffBeers-EMPS</b>	85	147	22	3	37	2	85	147	22	3	37	2
14	<b>Southwestern</b>	63	126	28	3	33	2	63	126	28	3	33	2
15	<b>CFGC/South-EMPS</b>	17	53	9	1	2	1	17	53	9	1	2	1
16	<b>CFGC-EMPS:Nrwk</b>	13	15	8	2	9	1	13	15	8	2	9	1
17	<b>CFGC-EMPS</b>	33	58	11	0	22	0	33	58	11	0	22	0
18	<b>Western</b>	56	45	97	15	17	1	56	45	97	15	17	1
19	<b>Well-EMPS:Dnby</b>	13	4	12	1	2	0	13	4	12	1	2	0
20	<b>Well-EMPS:Torr</b>	13	7	19	4	2	0	13	7	19	4	2	0
21	<b>Well-EMPS:Wtby</b>	30	34	66	10	13	1	30	34	66	10	13	1

\* Discharged episodes with end dates from July 1, 2016 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	0.0	75.7	77.1	0.0	71.0	74.0	#DIV/0!	100%	100%	0	167	301	35	167	301
2	Central	0.0	79.1	77.3	0.0	69.0	73.5	0%	100%	100%	0	25	68	4	25	68
3	CHR/MidHosp-EMPS	0.0	61.0	72.0	0.0	61.0	72.0	0%	0%	0%	0	3	1	0	3	1
4	CHR-EMPS	0.0	81.5	77.3	0.0	70.0	75.0	0%	100%	87%	0	22	67	4	22	67
5	Eastern	0.0	0.0	68.7	0.0	0.0	65.0	0%	0%	0%	0	0	6	0	0	6
6	UCFS-EMPS:NE	0.0	0.0	64.0	0.0	0.0	64.0	0%	0%	0%	0	0	1	0	0	1
7	UCFS-EMPS:SE	0.0	0.0	69.6	0.0	0.0	65.0	0%	0%	0%	0	0	5	0	0	5
8	Hartford	0.0	75.8	81.6	0.0	72.0	78.0		100%	100%	0	78	118	14	78	118
9	Wheeler-EMPS:Htfd	0.0	77.6	76.2	0.0	75.0	75.0		100%	100%	0	39	34	4	39	34
10	Wheeler-EMPS:Meridn	0.0	73.0	78.1	0.0	72.0	77.0	0%	100%	100%	0	11	17	3	11	17
11	Wheeler-EMPS:NBrit	0.0	74.5	85.3	0.0	70.5	82.0		100%	100%	0	28	67	7	28	67
12	New Haven	0.0	73.6	74.0	0.0	70.5	70.0		100%	100%	0	22	11	3	22	11
13	CliffBeers-EMPS	0.0	73.6	74.0	0.0	70.5	70.0		100%	100%	0	22	11	3	22	11
14	Southwestern	0.0	71.9	73.0	0.0	70.0	73.5		100%	100%	0	30	26	0	30	26
15	CFGC/South-EMPS	0.0	72.3	75.3	0.0	64.0	76.0		100%	100%	0	3	12	0	3	12
16	CFGC-EMPS:Nrwk	0.0	75.3	63.2	0.0	75.5	63.0		100%	100%	0	4	6	0	4	6
17	CFGC-EMPS	0.0	71.2	76.9	0.0	70.0	75.0		100%	100%	0	23	8	0	23	8
18	Western	0.0	81.7	72.1	0.0	75.0	69.5		100%	100%	0	12	72	14	12	72
19	Well-EMPS:Dnby	0.0	103.0	67.7	0.0	103.0	66.5		100%	100%	0	1	10	3	1	10
20	Well-EMPS:Torr	0.0	87.0	79.9	0.0	87.0	71.0		100%	100%	0	1	11	0	1	11
21	Well-EMPS:Wtby	0.0	79.0	71.3	0.0	73.0	70.0		100%	100%	0	10	51	11	10	51

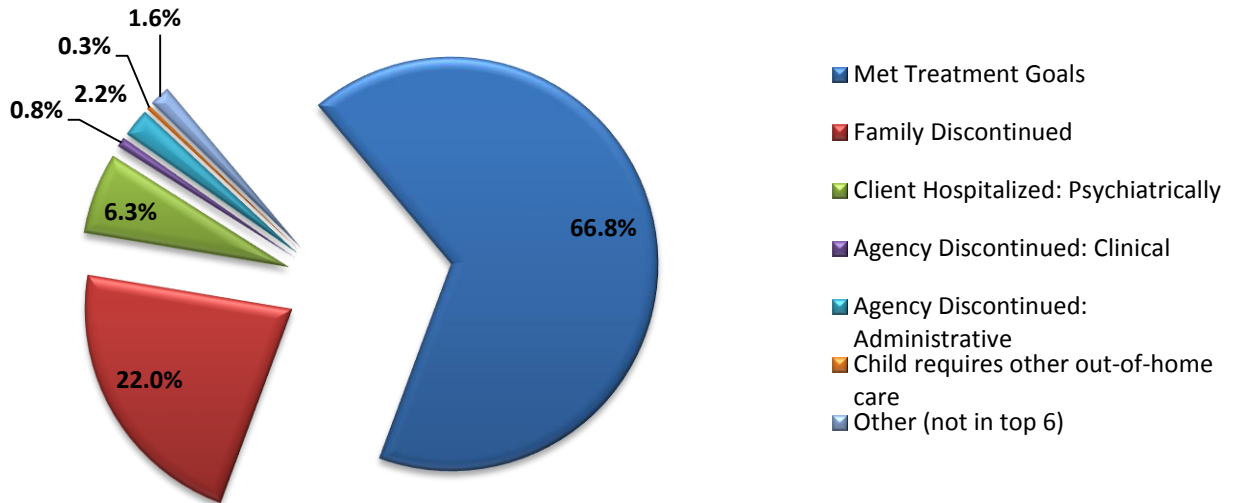
\* Data includes episodes still in care with referral dates from July 1, 2016 to end of current reporting period.

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

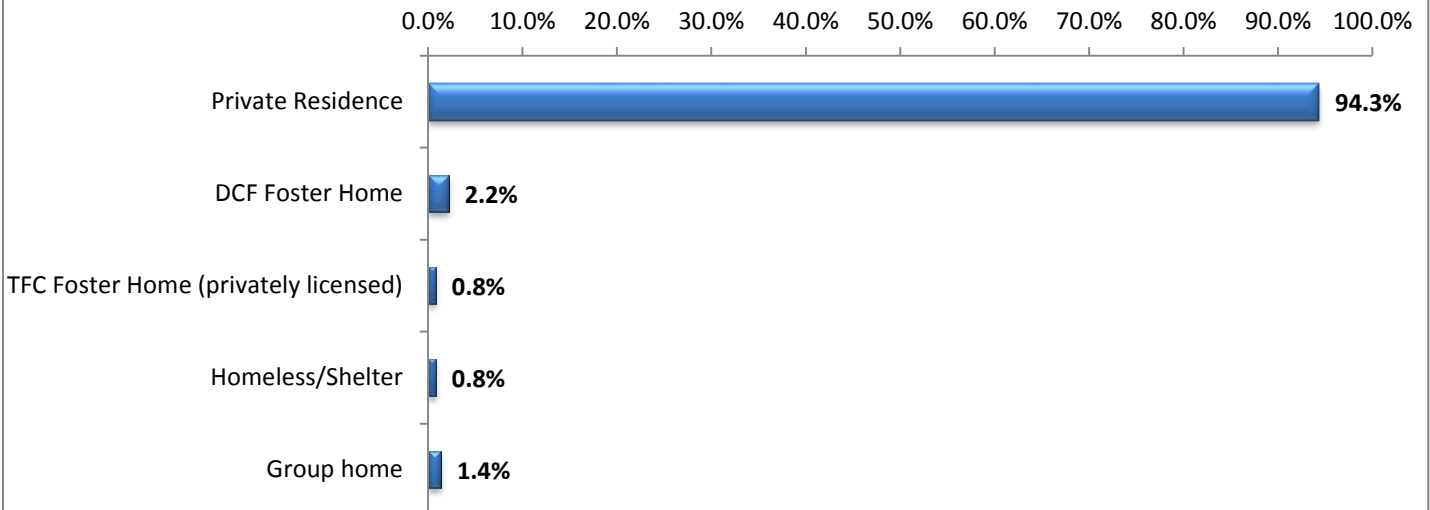
**Definitions:**

- 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

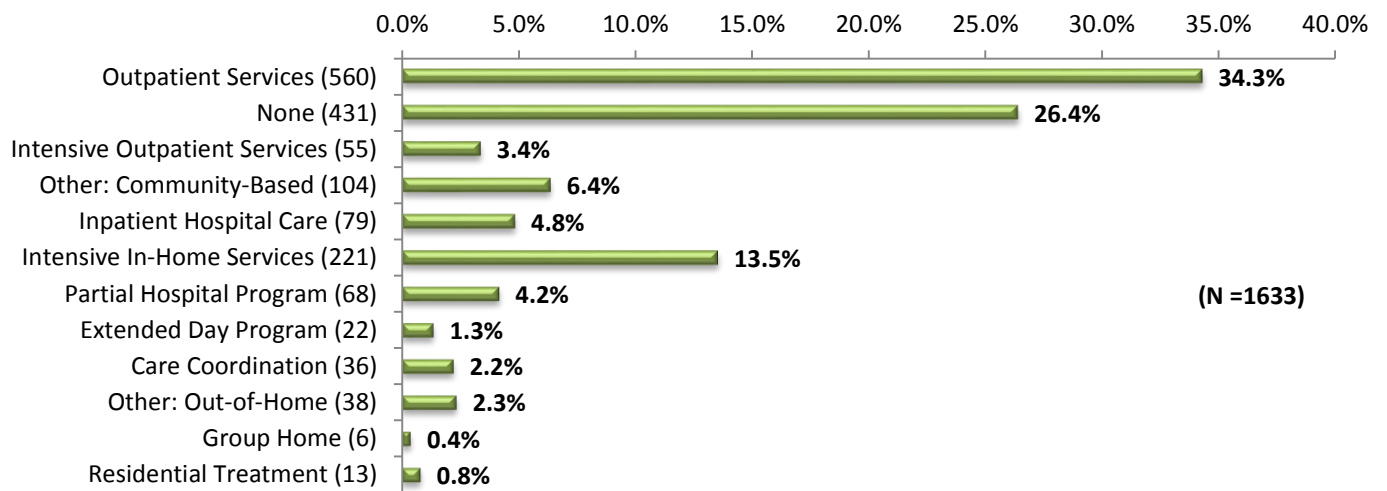
**Figure 54. Top Six Reasons for Client Discharge Statewide**



**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 &amp; 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 &lt; .05 **P &lt; .01</i>
<b>STATEWIDE</b>							
Parent Functioning Score	32	45.22	46.63	1.41	1.52	0.139	
Worker Functioning Score	307	42.07	43.57	1.50	3.58	0.000	**
Parent Problem Score	32	29.47	24.59	-4.88	-3.18	0.003	**
Worker Problem Score	307	29.87	27.23	-2.64	-5.99	0.000	**
<b>Central</b>							
Parent Functioning Score	10	44.00	44.40	0.40	0.51	0.625	
Worker Functioning Score	64	41.38	45.55	4.17	5.90	0.000	**
Parent Problem Score	11	28.91	27.64	-1.27	-1.17	0.269	
Worker Problem Score	64	30.31	25.20	-5.11	-5.03	0.000	**
<b>Eastern</b>							
Parent Functioning Score	12	48.00	49.50	1.50	0.73	0.479	
Worker Functioning Score	36	45.64	47.42	1.78	1.49	0.144	
Parent Problem Score	13	29.77	21.54	-8.23	-2.56	0.025	*
Worker Problem Score	36	29.83	26.44	-3.39	-2.71	0.010	**
<b>Hartford</b>							
Parent Functioning Score	0						N/A
Worker Functioning Score	96	39.81	38.84	-0.97	-1.17	0.247	
Parent Problem Score	0						N/A
Worker Problem Score	95	29.21	28.18	-1.03	-1.27	0.205	
<b>New Haven</b>							
Parent Functioning Score	4	34.50	35.25	0.75	0.20	0.854	
Worker Functioning Score	18	42.89	42.39	-0.50	-0.29	0.772	
Parent Problem Score	4	35.75	31.00	-4.75	-1.02	0.385	
Worker Problem Score	19	27.68	25.26	-2.42	-1.67	0.113	
<b>Southwestern</b>							
Parent Functioning Score	6	48.83	52.17	3.33	2.91	0.033	*
Worker Functioning Score	14	47.57	54.00	6.43	5.00	0.000	**
Parent Problem Score	4	23.75	19.75	-4.00	-2.45	0.092	†
Worker Problem Score	14	24.71	18.86	-5.86	-3.49	0.004	**
<b>Western</b>							
Parent Functioning Score	0						N/A
Worker Functioning Score	79	42.58	44.38	1.80	2.30	0.024	*
Parent Problem Score	0						N/A
Worker Problem Score	79	31.76	30.06	-1.70	-2.09	0.040	*

paired<sup>a</sup> = Number of cases with both intake and discharge scores

† .05-.10,

\* P < .05,

\*\*P < .01

## Section IX: Client & Referral Source Satisfaction

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

211 Items	Clients (n=78)	Referrers (n=58)
The 211 staff answered my call in a timely manner	4.71	4.78
The 211 staff was courteous	4.86	4.79
The 211 staff was knowledgeable	4.84	4.79
My phone call was quickly transferred to the EMPS provider	4.74	4.74
<b>Sub-Total Mean: 211</b>	<b>4.79</b>	<b>4.78</b>
EMPS Items		
EMPS responded to the crisis in a timely manner	4.71	4.76
The EMPS staff was respectful	4.82	4.79
The EMPS staff was knowledgeable	4.79	4.78
The EMPS staff spoke to me in a way that I understood	4.78	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)	4.69	X
The services or resources my child and/or family received were right for us	4.68	X
The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS	X	4.76
Overall, I am very satisfied with the way that EMPS responded to the crisis	4.73	4.76
<b>Sub-Total Mean: EMPS</b>	<b>4.74</b>	<b>4.77</b>
<b>Overall Mean Score</b>	<b>4.76</b>	<b>4.77</b>

\* 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:

- \* Good support for families.
- \*Helpful suggestions and nice.
- \*I'm very happy with both the 211 and EMPS services.
- \*Both 211 and EMPS were great-thank you.
- \*Wonderful-the woman who came to the house was great.
- \*The staff who came out was wonderful-this is a great service-thank you.
- \*Great service!
- \*Very helpful.
  
- \*Didn't realize someone couldn't come out to see us but the person helped us over the phone.
- \*I was disconnected when I called the first time, but was reconnected again in a couple of minutes. The services were very helpful-thank you.

### Referrer Comments:

- \* Lifesaver! Thanks for being a service we can use.
- \*Very satisfied with the services.
- \*Thank you for your support.
- \*Good to have consult available.
- \*Good service to call for help.

## Section X: 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
<b>Statewide (162)*</b>	64%	69%	41%	38%	66%	63%	66%	67%	67%	24%	70%	7%	9%
<b>CHR/MidHosp-EMPS(11)*</b>	73%	73%	27%	64%	82%	82%	73%	73%	73%	55%	73%	9%	20%
<b>CHR-EMPS (13)*</b>	54%	46%	46%	77%	62%	69%	69%	69%	38%	15%	85%	0%	0%
<b>UCFS-EMPS:NE (8)*</b>	38%	38%	38%	75%	13%	13%	25%	25%	38%	25%	88%	0%	0%
<b>UCFS-EMPS:SE (12)*</b>	67%	67%	17%	50%	42%	33%	33%	67%	67%	8%	67%	0%	0%
<b>Wheeler-EMPS:Htfd (15)*</b>	53%	80%	40%	0%	80%	60%	73%	67%	80%	47%	40%	0%	0%
<b>Wheeler-EMPS:Meridn (6)*</b>	83%	83%	50%	83%	100%	100%	67%	100%	83%	83%	67%	0%	0%
<b>Wheeler-EMPS:NBrit (18)*</b>	61%	56%	22%	6%	44%	39%	67%	72%	56%	6%	56%	0%	0%
<b>CliffBeers-EMPS (21)*</b>	90%	95%	90%	71%	81%	81%	86%	90%	81%	33%	81%	24%	26%
<b>CFGC/South-EMPS (10)*</b>	70%	60%	20%	0%	80%	40%	60%	70%	70%	10%	50%	0%	0%
<b>CFGC-EMPS:Nrwk (5)*</b>	60%	80%	20%	60%	80%	100%	60%	60%	60%	20%	60%	20%	25%
<b>CFGC-EMPS (14)*</b>	79%	86%	50%	57%	86%	86%	86%	79%	93%	36%	64%	29%	25%
<b>Well-EMPS:Dnby (6)*</b>	67%	50%	33%	17%	33%	33%	67%	33%	33%	0%	83%	0%	0%
<b>Well-EMPS:Torr (3)*</b>	33%	67%	67%	0%	67%	67%	67%	67%	33%	0%	100%	0%	0%
<b>Well-EMPS:Wtby (20)*</b>	40%	65%	35%	5%	70%	70%	70%	50%	75%	15%	80%	5%	10%
<b>Full-Time Staff Only (106)</b>	<b>72%</b>	<b>78%</b>	<b>48%</b>	<b>46%</b>	<b>69%</b>	<b>66%</b>	<b>76%</b>	<b>72%</b>	<b>74%</b>	<b>27%</b>	<b>78%</b>	<b>9%</b>	

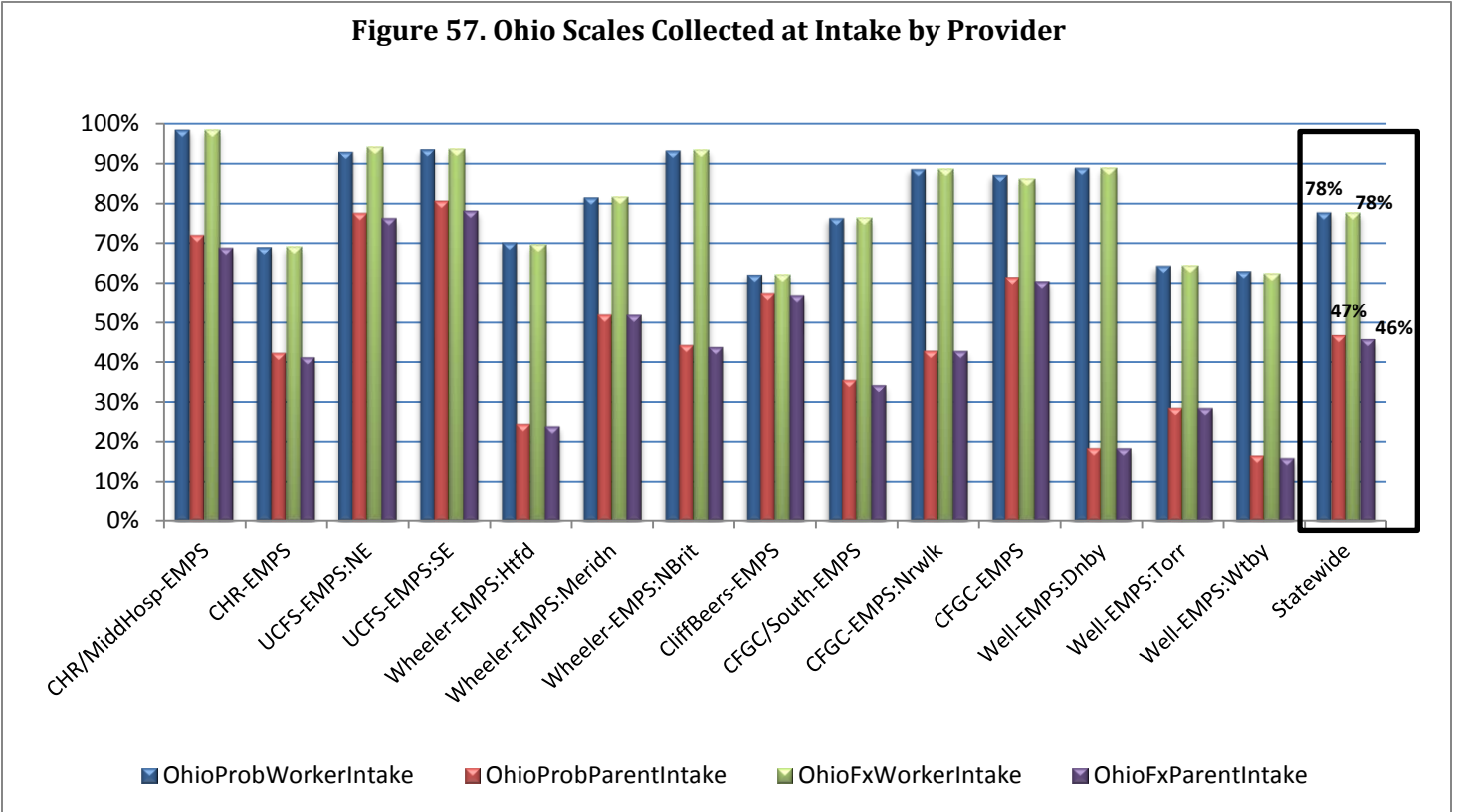
Note: Count of active staff for each provider or category is in parenthesis; \* Includes all active full-time, part-time and per diem staff

**Training Title Abbreviations:**

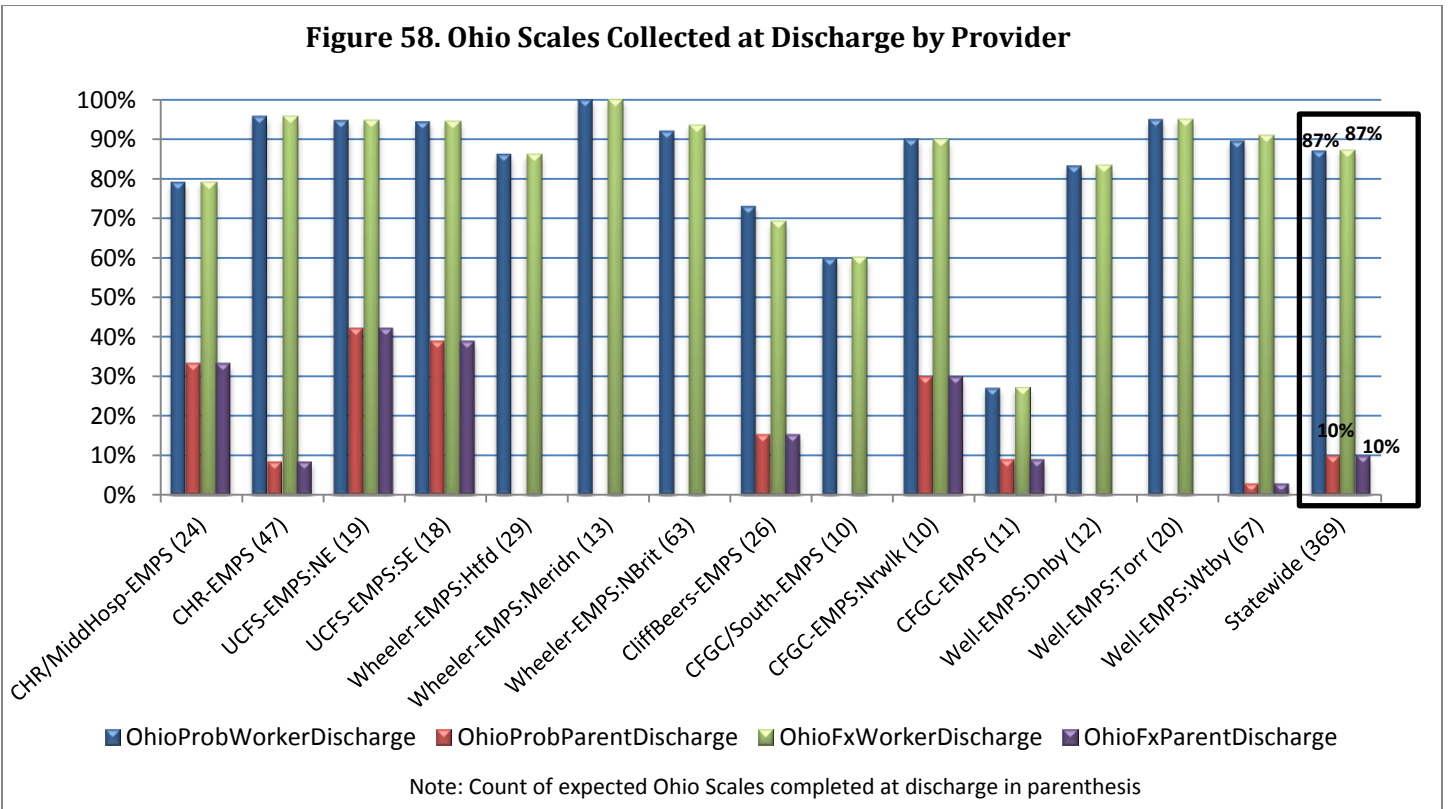
- DBHRN=Disaster Behavioral Health Response Network
- Crisis API = Crisis Assessment, Planning and Intervention
- DDS= An Overview of Intellectual Developmental Disabilities and Positive Behavioral Supports
- CCSRS=Columbia Suicide Severity Rating Scale
- Trauma = Traumatic Stress and Trauma Informed 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 XI: Data Quality Monitoring

**Figure 57. Ohio Scales Collected at Intake by Provider**

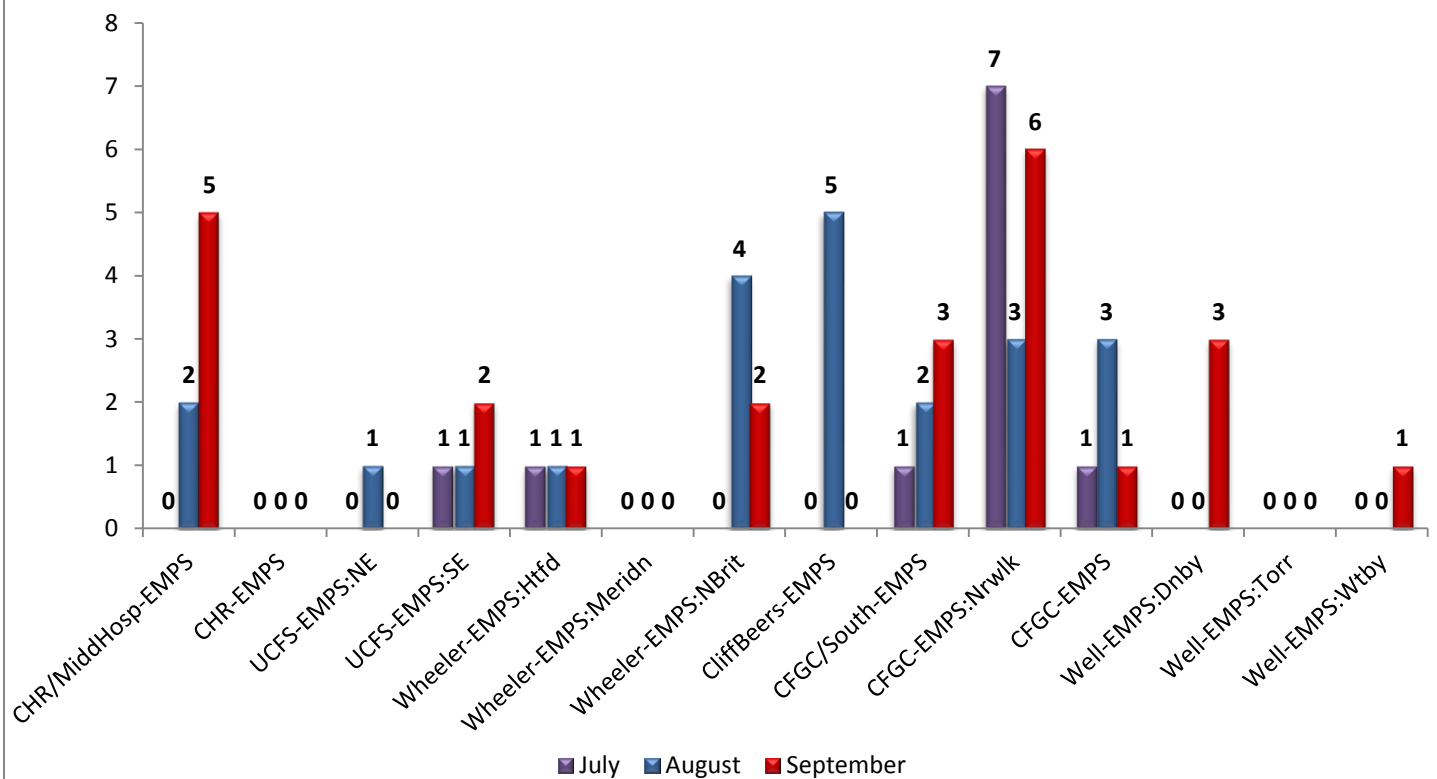


**Figure 58. Ohio Scales Collected at Discharge by Provider**



## Section XII: 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.