



**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)

Quarter 1 Report: Fiscal Year 2018 July 1 – September 30, 2017

Updated 11/6/17

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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 FY2018, **211 and EMPS Mobile Crisis received 3,277 calls** including 2,284 calls (69.7%) handled by Mobile Crisis providers and 974 calls (29.7%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). Of the 2,299 calls, 2,113 (91.9%) were received during regular hours and 186 (8.1%) were handled after hours. This quarter saw an increase in call volume (23.2% increase) and total episodes (10.9% increase) when compared to the same quarter in FY2017, which had a call volume of 2,813 and 2,049 total episodes.

Among the **2,299 episodes of care** generated in Q1 FY18, episode volume ranged from 293 episodes (New Haven service area) to 599 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 2.82, with service area rates ranging from 1.83 (Southwestern) to 3.80 (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 5.62 per 1,000 children in poverty, with service area rates ranging from 3.54 (Southwestern) to 9.95 (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, 10 of 14 sites met this benchmark.

Demographics: Statewide this quarter, Mobile Crisis served slightly more boys (52.6%) than girls (47.4%). Approximately **31.9% of youth served were 13-15 years old**, 27.1% were 9-12 years old, 22.6% were 16-18 years old, and 13.5% were 6-8 years old. About one-third (**32.6%**) of youth served were of Hispanic ethnicity. The majority of the children served were White (**61.4%**), 20.1% were African-American or Black, 15.7% reported "Other Race." The majority of youth were insured by Husky A (63.8%) and private insurance (27.8%). The majority of clients (77.8%) 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 (24.7%), Conduct Disorders (16.0%), Adjustment Disorders (12.3%), Attention Deficit/Hyperactivity Disorders (12.3%) and Trauma Disorders (10.4%). This quarter, **82% 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 69%**, with service areas ranging from 62% (Hartford) to 81% (New Haven). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (25%), Witnessing Violence (24%), Victim of Violence (19%), and Sexual Victimization (13%).

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 29%**, which was slightly higher than Q1FY17. Twenty-six 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 13% were admitted to an inpatient unit during the episode of care. When compared to the same quarter in FY2017, this rate was the same for the inpatient admission rate in the six months prior to referral (14%), and lower for the rate of inpatient admission during the Mobile Crisis episode of care (14%).

Referral Sources: Statewide, **50.2% of all referrals were received from parents, families, and youth and 25.4% were received from schools.** Emergency Departments (EDs) accounted for about 11.5% of all Mobile Crisis referrals. The remaining 12.9% of referrals came from other sources.

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **264 Mobile Crisis referrals were received from EDs**, including 105 referrals for inpatient diversion and 159 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 (25%) and the lowest was in the Eastern service areas (2%). Statewide, about 11% of all Mobile Crisis episodes came from ED referrals this quarter, which was higher than the statewide rate in Q1 FY2017 (9%).

Mobility: The average **statewide mobility this quarter was 92.5%**, which is slightly higher than Q1 FY17 (92.3%). Police referrals are excluded from mobility calculations. Four of the six service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 88.5% (Central) to 95.5% (Western). The range in mobility percentages was similar among individual

providers, from 86% (UCFS-EMPS:NE) to 98% (CFGC-EMPS:Nrwk). Of these providers, 11 of the 14 met or surpassed the 90% benchmark.

Response Time: Statewide this quarter, **86% of mobile episodes received a face-to-face response in 45 minutes or less.**

Performance on this indicator ranged from 74% (Western) to 97% (Southwestern) with five of the 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 30 minutes, with five of the six service areas demonstrating a median response time of 28 minutes or less.

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 1% of Stabilization Plus Follow-up episodes exceeded 45 days. The statewide median LOS among discharged episodes was 0 days for Phone Only, 2.0 days for Face-to-face episodes, and 11.0 days for Stabilization Plus Follow-Up.

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 (93.8%).**

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 (38.1%).** Other care referrals at discharge included: Intensive In-Home Services (12.3%), Other: Community Based (5.7), Inpatient Hospital (5.4%), Partial Hospital Program (5.1%) and Intensive Outpatient Services (2.6%). An additional 24.4% 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 1.69 points on parent-rated functioning and 4.21 points on worker-rated functioning. Decreases in problem scores of 3.95 points on parent-ratings and 8.92 points on worker-ratings were reported. Changes on the Ohio Scales scores were all statistically significant, which suggests that EMPS may contribute to symptom improvement during the course of the brief intervention.

Completion rates of the Ohio scales for worker problem severity and functioning have increased when compared to the same quarter in FY2017 by approximately 56%. Completion rates for both parent scales increased by approximately 10% when compared to Q1 FY2017.

Satisfaction: This quarter, 60 clients/families and 61 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 4.53 and 4.42,** respectively. Among **other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 211 and EMPS were 4.36 and 4.18,** respectively. Qualitative comments (see Section IX) varied from very satisfied to dissatisfaction.

Training Attendance: The **statewide average percentage of trainings completed by all active staff as of September 30, 2017 is 3%,** a decrease when compared to Q1 FY17 (7%). Like FY2016, FY2017 was another transition year for several Mobile Crisis training modules. This change in trainings coupled with staff turnover have significantly impacted training attendance rates.

Community Outreach: This quarter, 50 community outreaches were completed throughout the state this quarter.

SFY 2018 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.

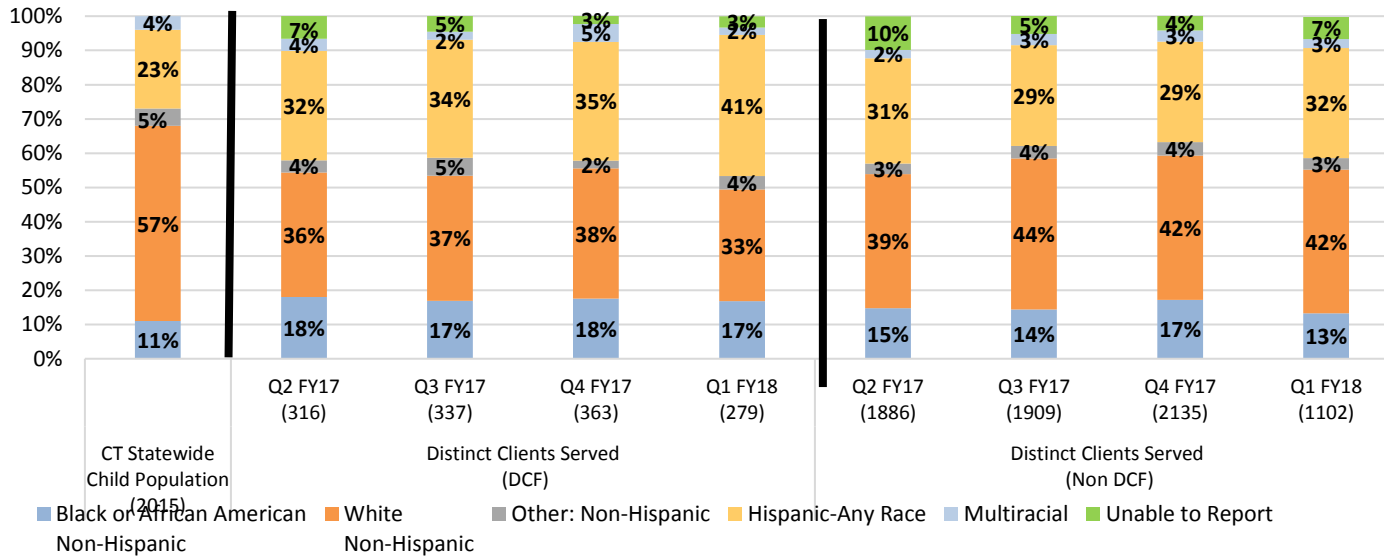
Contribution to the Result: The Mobile Crisis services provide an alternative, community based intervention to youth visits to hospital emergency rooms, inpatient hospitalizations and police calls that could remove them from their home and potentially negatively impact their growth and success. Mobile Crisis providers are expected to respond to all episodes of care. Partners with DCF include Child and Health Development Institute (CHDI) as the Performance Improvement Center.

Program Expenditures: Estimated SFY 2017	State Funding: \$10,743,631
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How Much Did We Do?	How Much Did We Do?	How Well Did We Do?																																																																																																														
<div style="text-align: center; font-weight: bold;">Total Call and Episode Volume</div> <p style="font-size: small;">CT Statewide Mobile Crisis Child Population (2015)</p> <table border="1" style="width: 100%; font-size: x-small;"> <thead> <tr> <th></th> <th>Q2 FY17</th> <th>Q3 FY17</th> <th>Q4 FY17</th> <th>Q1 FY18</th> </tr> </thead> <tbody> <tr> <td>Mobile Crisis Episode</td> <td>3502</td> <td>3736</td> <td>4025</td> <td>2303</td> </tr> <tr> <td>211 Only</td> <td>1309</td> <td>1210</td> <td>1401</td> <td>974</td> </tr> <tr> <td>Total</td> <td>4811</td> <td>4946</td> <td>5426</td> <td>3277</td> </tr> </tbody> </table>		Q2 FY17	Q3 FY17	Q4 FY17	Q1 FY18	Mobile Crisis Episode	3502	3736	4025	2303	211 Only	1309	1210	1401	974	Total	4811	4946	5426	3277	<div style="text-align: center; font-weight: bold;">Episodes Per Child</div> <table border="1" style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Q2 FY17</th> <th>DCF Child</th> <th>Non-DCF Child</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>1</td><td>272 (13.6%)</td><td>1721 (86.4%)</td><td>1,993</td></tr> <tr><td>2</td><td>37 (19.3%)</td><td>155 (80.7%)</td><td>192</td></tr> <tr><td>3</td><td>6 (28.6%)</td><td>15 (71.4%)</td><td>21</td></tr> <tr><td>4 or</td><td>0 (0.0%)</td><td>12 (100.0%)</td><td>12</td></tr> <tr> <th>Q3 FY17</th> <th>DCF Child</th> <th>Non-DCF Child</th> <th>Total</th> </tr> <tr><td>1</td><td>290 (14.4%)</td><td>1721 (85.6%)</td><td>2,011</td></tr> <tr><td>2</td><td>44 (21.3%)</td><td>163 (78.7%)</td><td>207</td></tr> <tr><td>3</td><td>1 (4.2%)</td><td>23 (95.8%)</td><td>24</td></tr> <tr><td>4 or</td><td>2 (22.2%)</td><td>7 (77.8%)</td><td>9</td></tr> <tr> <th>Q4 FY17</th> <th>DCF Child</th> <th>Non-DCF Child</th> <th>Total</th> </tr> <tr><td>1</td><td>310 (13.9%)</td><td>1928 (86.1%)</td><td>2,238</td></tr> <tr><td>2</td><td>41 (18.3%)</td><td>183 (81.7%)</td><td>224</td></tr> <tr><td>3</td><td>8 (28.6%)</td><td>20 (71.4%)</td><td>28</td></tr> <tr><td>4 or</td><td>4 (40.0%)</td><td>6 (60.0%)</td><td>10</td></tr> <tr> <th>Q1 FY18</th> <th>DCF Child</th> <th>Non-DCF Child</th> <th>Total</th> </tr> <tr><td>1</td><td>237 (18.8%)</td><td>1024 (81.2%)</td><td>1,261</td></tr> <tr><td>2</td><td>35 (37.2%)</td><td>59 (62.8%)</td><td>94</td></tr> <tr><td>3</td><td>5 (23.8%)</td><td>16 (76.2%)</td><td>21</td></tr> <tr><td>4 or</td><td>2 (25.0%)</td><td>6 (75.0%)</td><td>8</td></tr> </tbody> </table>	Q2 FY17	DCF Child	Non-DCF Child	Total	1	272 (13.6%)	1721 (86.4%)	1,993	2	37 (19.3%)	155 (80.7%)	192	3	6 (28.6%)	15 (71.4%)	21	4 or	0 (0.0%)	12 (100.0%)	12	Q3 FY17	DCF Child	Non-DCF Child	Total	1	290 (14.4%)	1721 (85.6%)	2,011	2	44 (21.3%)	163 (78.7%)	207	3	1 (4.2%)	23 (95.8%)	24	4 or	2 (22.2%)	7 (77.8%)	9	Q4 FY17	DCF Child	Non-DCF Child	Total	1	310 (13.9%)	1928 (86.1%)	2,238	2	41 (18.3%)	183 (81.7%)	224	3	8 (28.6%)	20 (71.4%)	28	4 or	4 (40.0%)	6 (60.0%)	10	Q1 FY18	DCF Child	Non-DCF Child	Total	1	237 (18.8%)	1024 (81.2%)	1,261	2	35 (37.2%)	59 (62.8%)	94	3	5 (23.8%)	16 (76.2%)	21	4 or	2 (25.0%)	6 (75.0%)	8	<div style="text-align: center; font-weight: bold;">Statewide Response Time Under 45 Minutes</div> <table border="1" style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Quarter</th> <th>Response Rate</th> </tr> </thead> <tbody> <tr> <td>Q2 FY17</td> <td>87.4%</td> </tr> <tr> <td>Q3 FY17</td> <td>87.5%</td> </tr> <tr> <td>Q4 FY17</td> <td>87.9%</td> </tr> <tr> <td>Q1 FY18</td> <td>86.3%</td> </tr> </tbody> </table>	Quarter	Response Rate	Q2 FY17	87.4%	Q3 FY17	87.5%	Q4 FY17	87.9%	Q1 FY18	86.3%
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<p>Story Behind the Baseline: In SFY 2018 Q1 there were 3,277 total calls to the 211 Call Center and 2,303 mobile episodes, compared to 2,813 and 2,051 respectively for the same quarter in 2017. Both total calls to 211 and Mobile Episode responses have continued to increase overall. The percentages of both Black and Hispanic children served is higher than the statewide population percentages. Compared to Q1 SFY2017 there has been a slight increase in the percentage of Hispanic and White children served. The overall results reflect the continued establishment of Mobile Crisis as an effective and valued community service utilized by Connecticut families, schools and other services.</p> <p>Trend: ↑</p>	<p>Story Behind the Baseline: In SFY 2018 Q1, of the 1,384* Mobile Crisis episodes of care 91.1% (1,261) involved one response for a child and 97.9% (1,355) involved one or two responses; compared to 89.9% (1,090) and 98.3% (1,191) respectively for SFY 2017 Q1. The number of children having 4 or more episodes this quarter is consistent with the overall average. The data indicates that Mobile Crisis involvement with a youth and their family continues to significantly reduce the need for additional Mobile Crisis services.</p> <p><small>*Note: Only children with DCF/Non DCF status identified were reported.</small></p> <p>Trend: →</p>	<p>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 2018 Q1 86.3% of all mobile responses achieved the 45 minute mark compared to 88.8% for SFY 2017 Q1. The median response time for SFY 2018 Q1 was 30 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 family, school or other setting they are in.</p> <p>Trend: →</p>																																																																																																														

How Well Did We Do?

Race & Ethnicity of DCF & Non DCF Clients Served



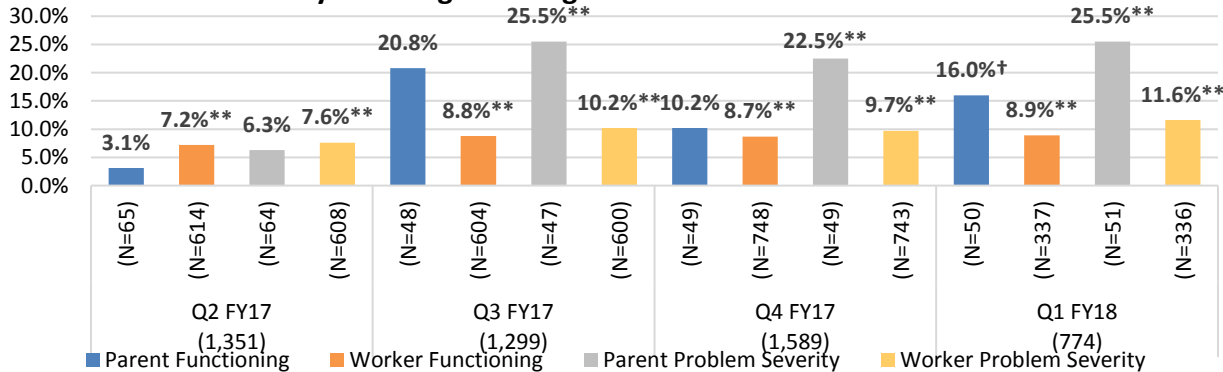
Story Behind the Baseline: In SFY 2018 Q1 Hispanic and Black for both DCF and Non-DCF involved children^{1,2} accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF involved White children access the service at lower rates. White Non-DCF involved children utilize Mobile Crisis at higher rates than their DCF involved counterpart. Both Hispanic and Black DCF involved children utilize Mobile Crisis at higher rates than Non-DCF children.

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

Trend: →

Is Anyone Better Off?

% Clinically Meaningful Change For Statewide Ohio Scale Scores



Story Behind the Baseline: The Ohio Scales have demonstrated clinically significant positive changes for children following a Mobile Crisis response. The parent ratings for SFY 2018 Q1 showed an average 16.0% improvement in child functioning and 11.6% decline in child problem severity following Mobile Crisis involvement. The 2018 Q1 worker ratings for both functioning and problem severity meaningful change were higher than Q1 FY2017. Despite the relative short time of service engagement the Ohio Scales reflect the continued effectiveness of Mobile Crisis in diffusing the immediate crisis and supporting the 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: →

Proposed Actions to Turn the Curve:

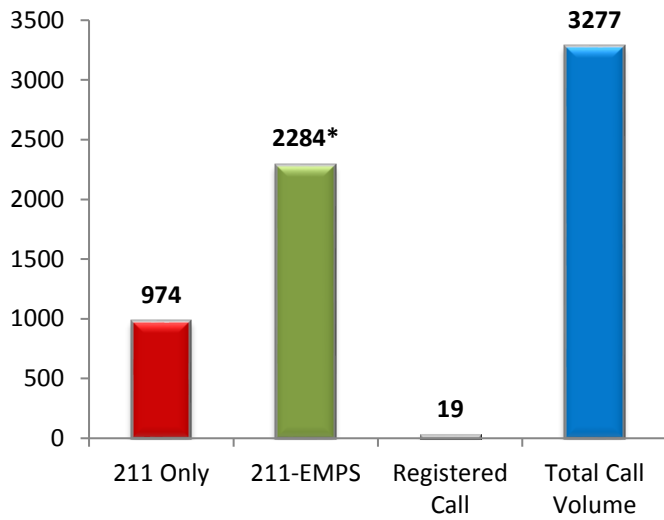
- Continue outreach by Mobile Crisis providers with all school districts, charter schools and technical schools to complete the MOA's.
- Continue to develop data regarding school district and individual school utilization of Mobile Crisis.
- Continue to increase the parent completion rates for the Ohio Scales.
- Each Mobile Crisis provider now receives an RBA report card each quarter that contains the same data as this report card. The providers receive the RBA data and are responsible for providing the story for the data.
- Each provider's report card data and stories behind the baseline are reviewed with them during their quarterly Performance Improvement Plan meeting.
- Each report card review focuses on strengths and successes identified in the data as well as challenges and the steps to be taken to address them.
- In particular, each report card review highlights the need to understand the racial and ethnic distributions of the children served by Mobile Crisis.

Data Development Agenda:

- Include regional service area demographics for race and ethnicity for each provider report card.

Section I: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type



*Note: 4 Crisis Response Follow-up

Figure 2. Total Call Volume per Quarter by Call Type

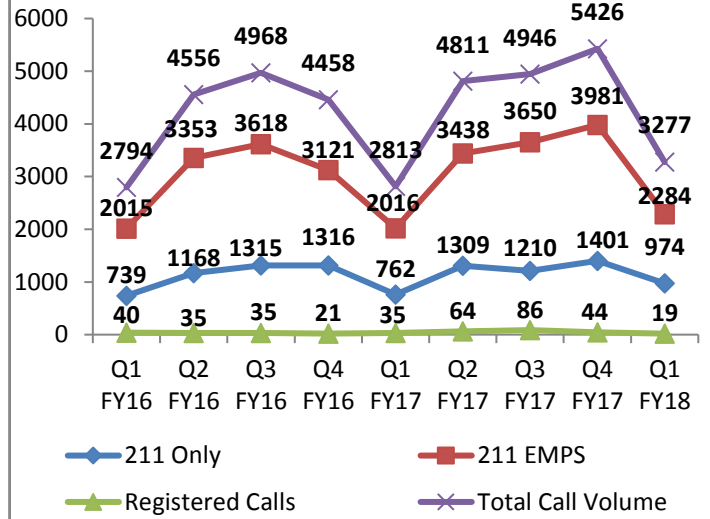
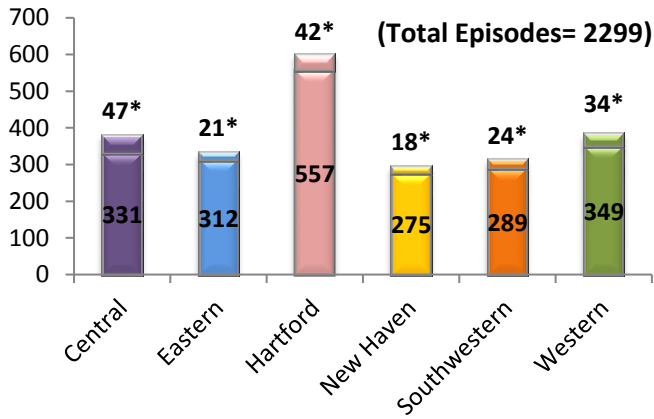


Figure 3. Mobile Crisis Response Episodes by Service Area



*After Hours Calls

Figure 4. Mobile Crisis Episodes per Quarter by Service Area

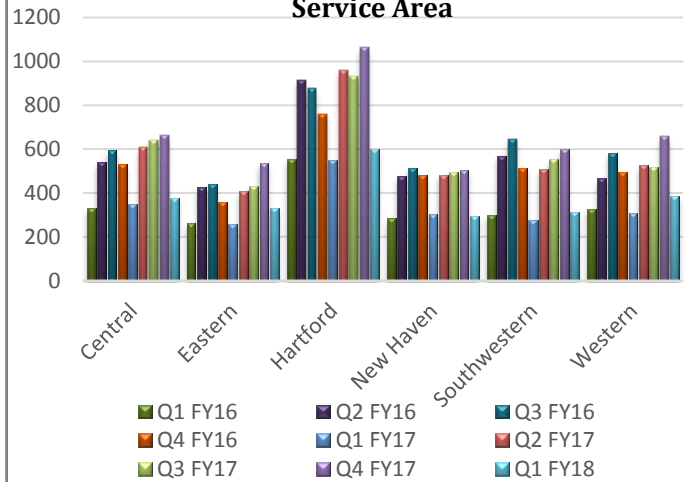


Figure 5. Number Served Per 1,000 Children (Current Quarter)

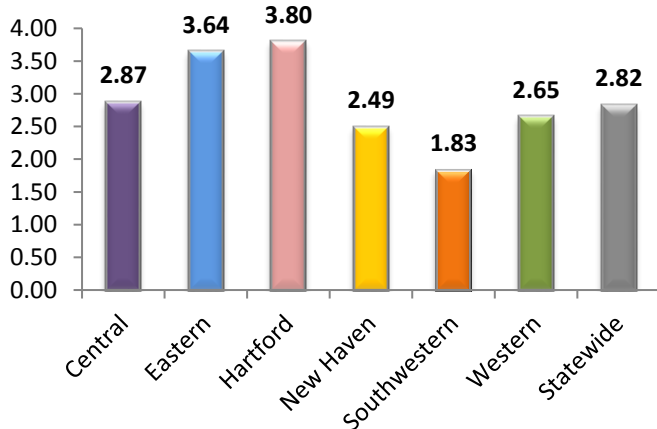


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

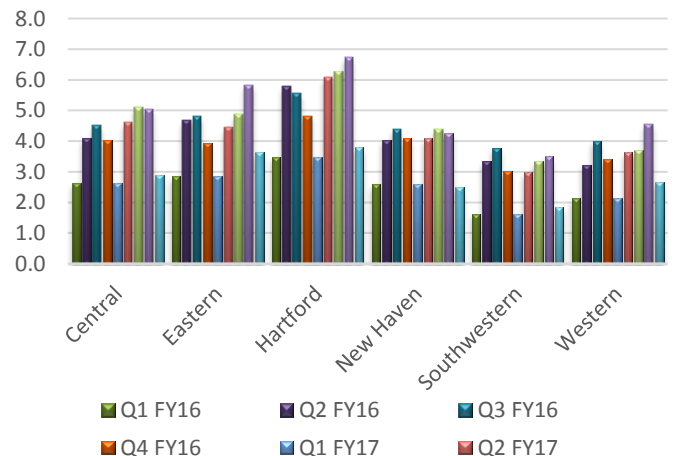


Figure 7. Number Served Per 1,000 Children in Poverty (Current Quarter)

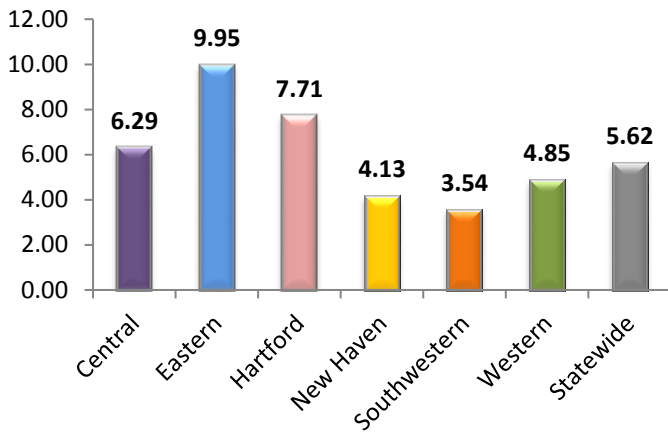


Figure 8. Number Served Per 1,000 Children in Poverty

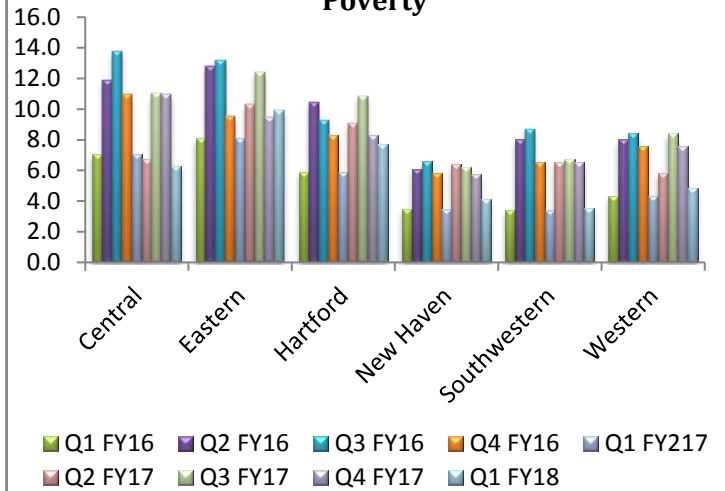


Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area (Current Quarter)

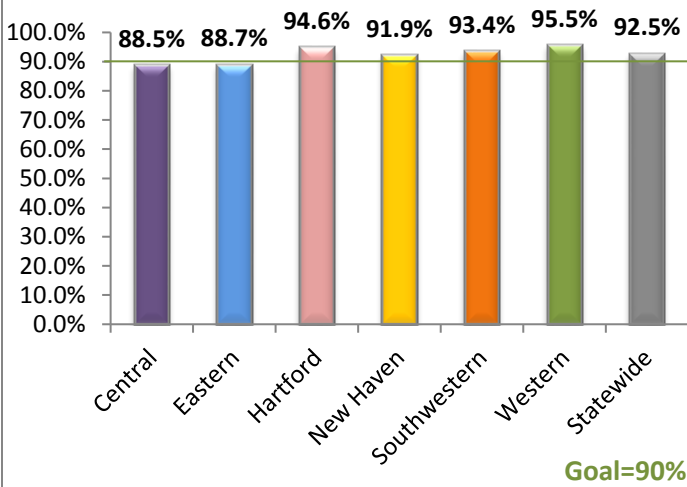


Figure 10. Mobile Response (Mobile and Deferred Mobile) by Service Area (Current Quarter)

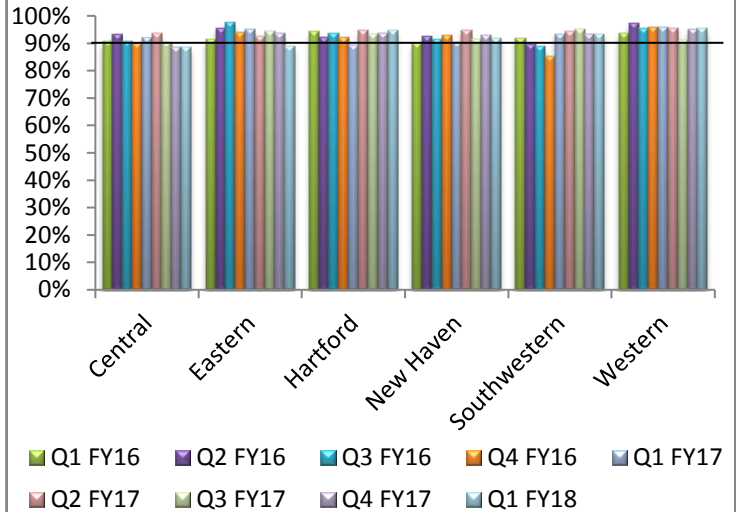


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes (Current Quarter)

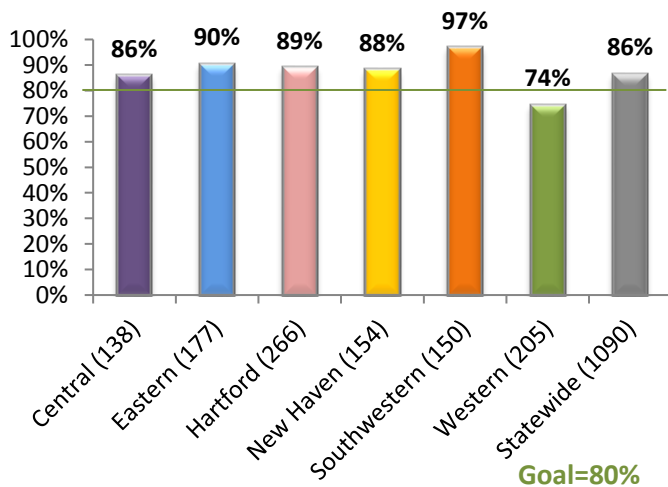


Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area

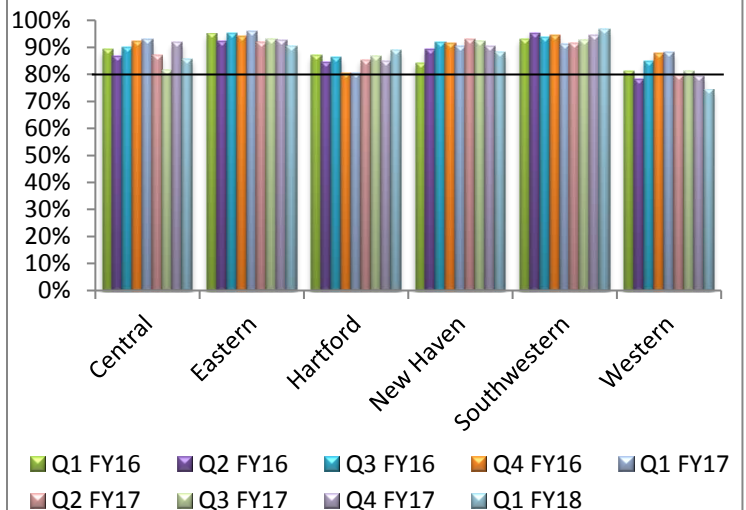
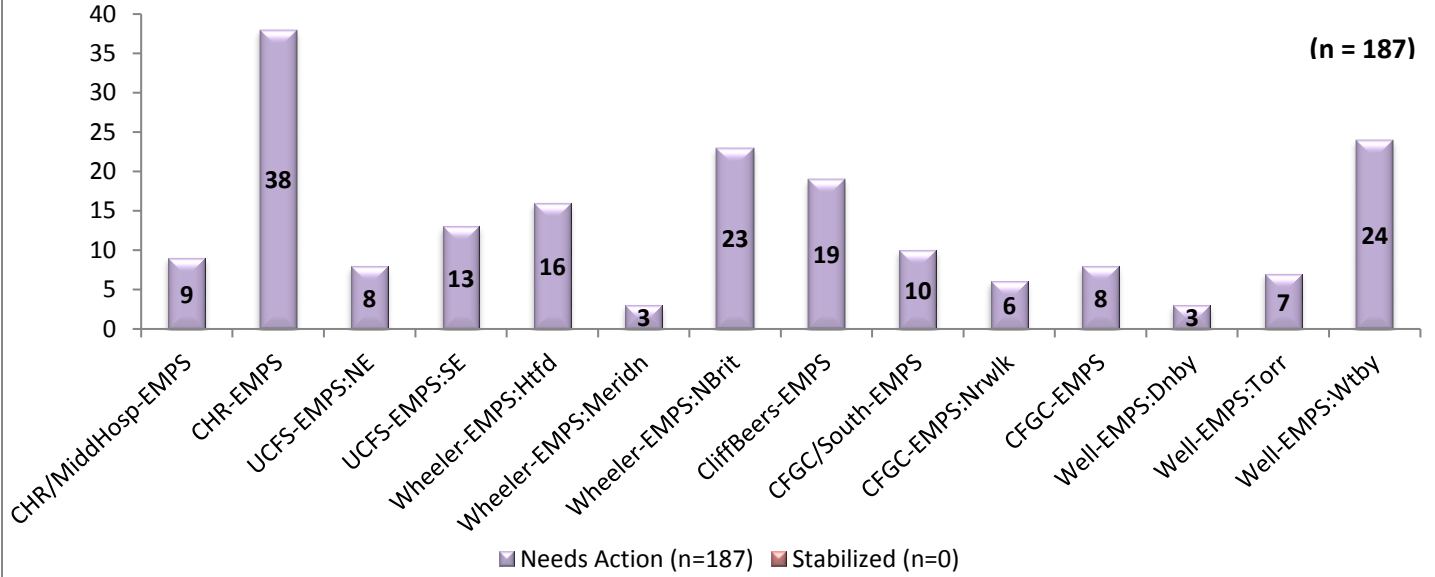


Figure 13. After Hours Follow-up Calls by Provider



Section II: Mobile Crisis Response

Figure 14. Total Call Volume by Call Type

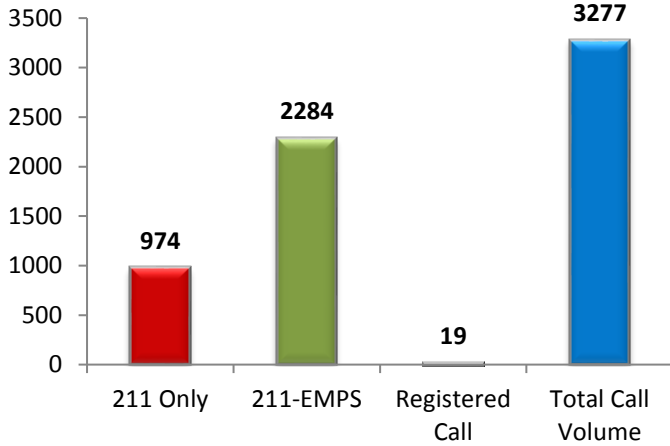


Figure 15. Statewide 211 Disposition Frequency

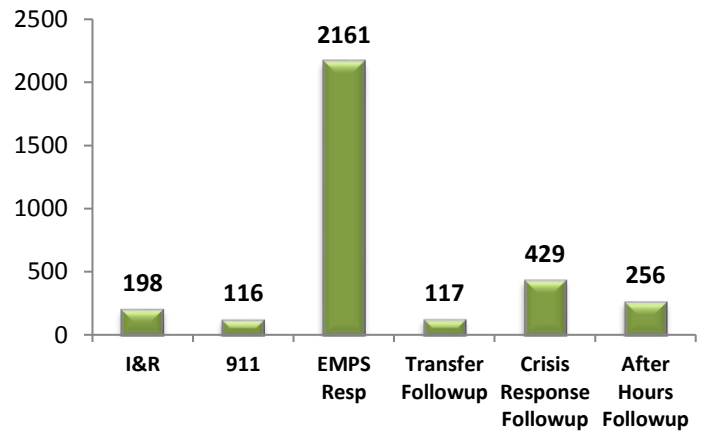


Figure 16. Mobile Crisis Response Episodes by Provider

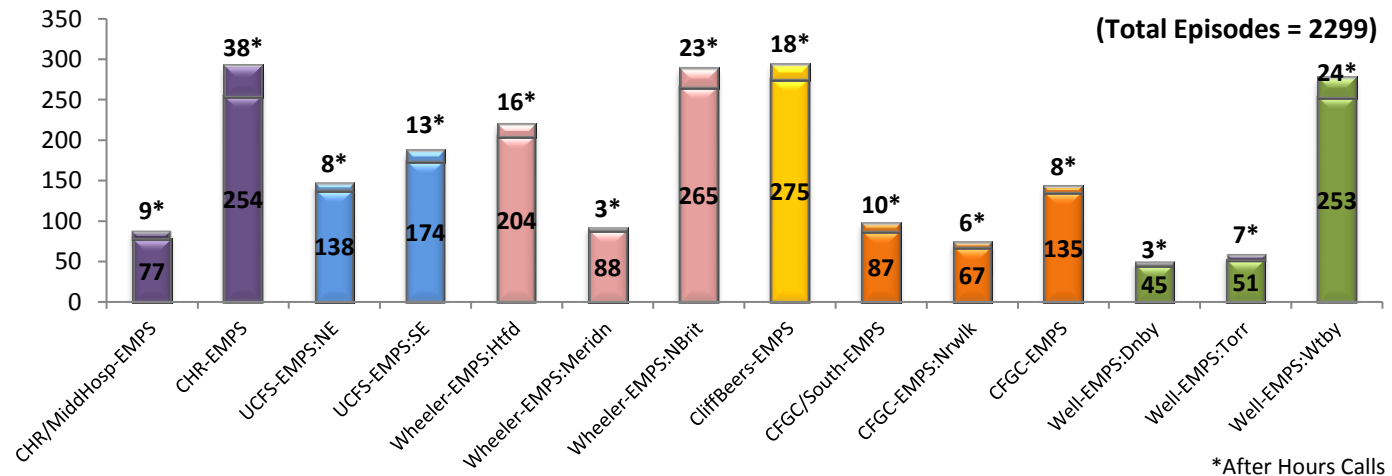


Figure 17. Number Served Per 1,000 Children by Provider (Current Quarter)

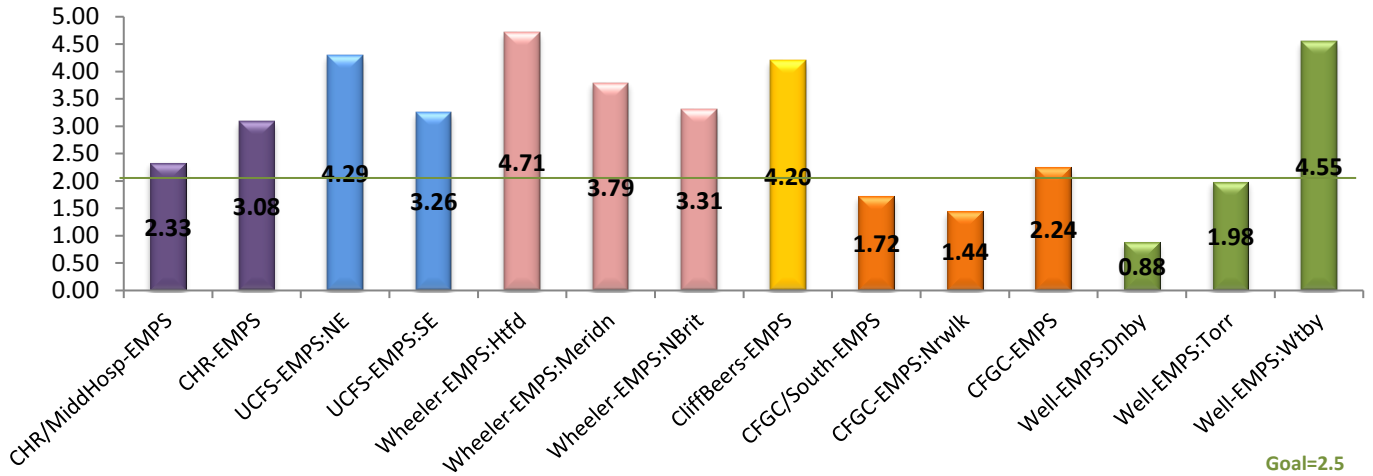


Figure 18. Episode Intervention Crisis Response Types by Service Area

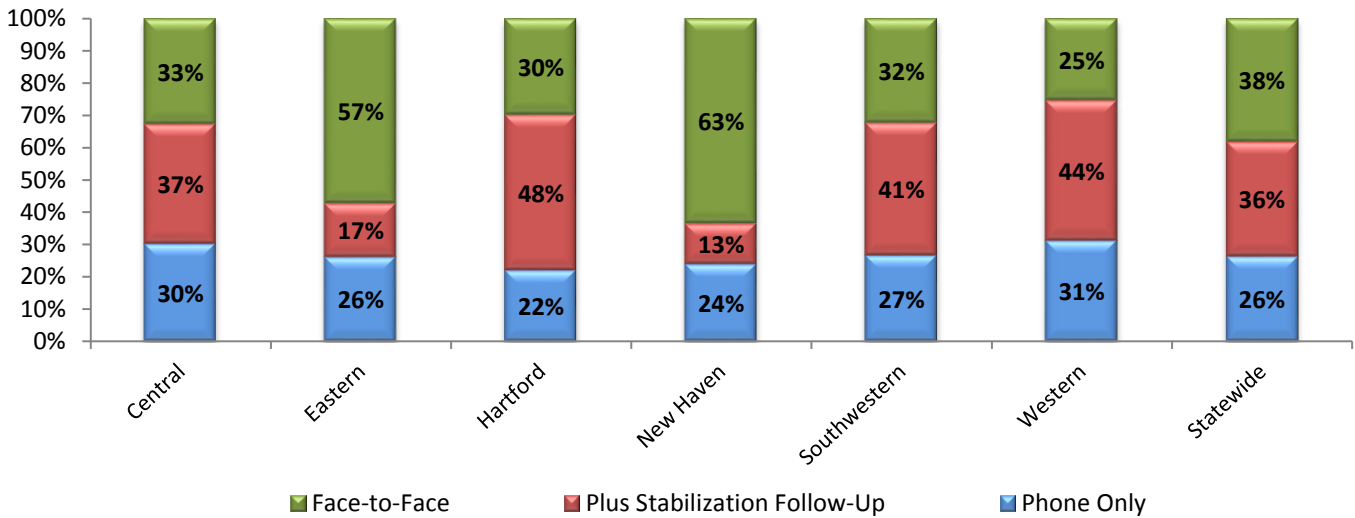
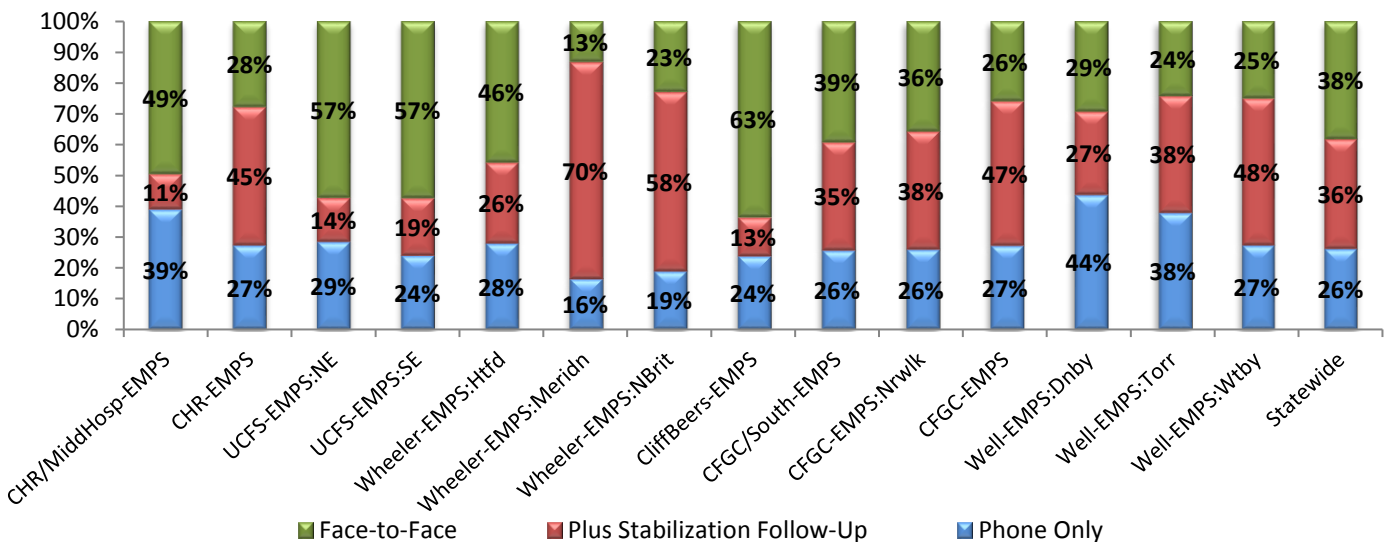


Figure 19. Episode Intervention Crisis Response Type by Provider



Section III: Demographics

Figure 20. Gender of Children Served Statewide

(N = 2303)

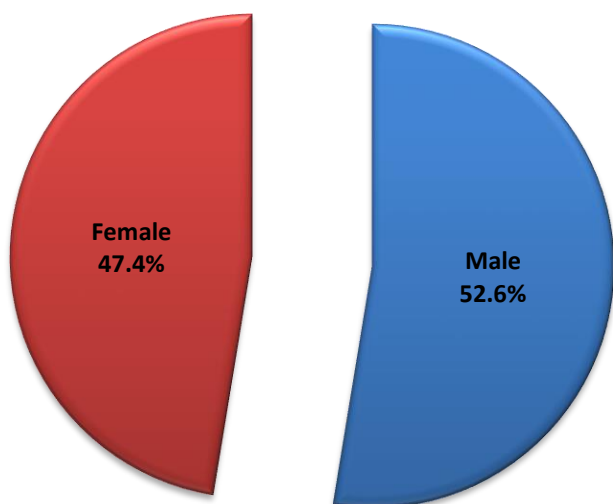


Figure 21. Age Groups of Children Served Statewide

(N = 2303)

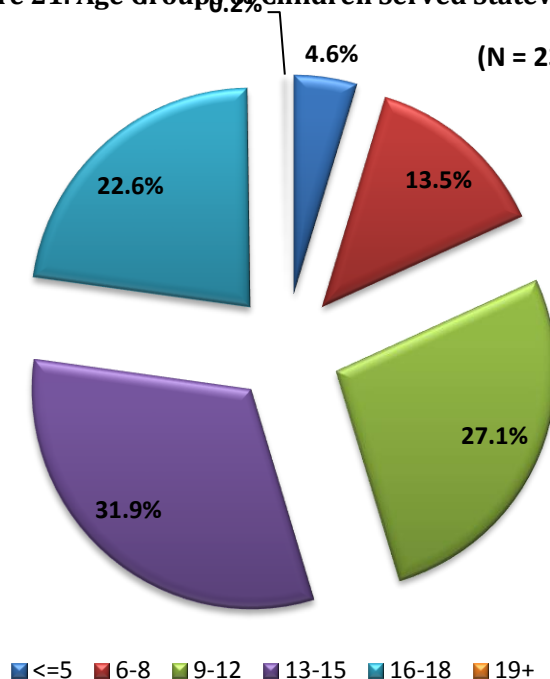


Figure 22. Ethnic Background of Children Served Statewide

(N = 2230)

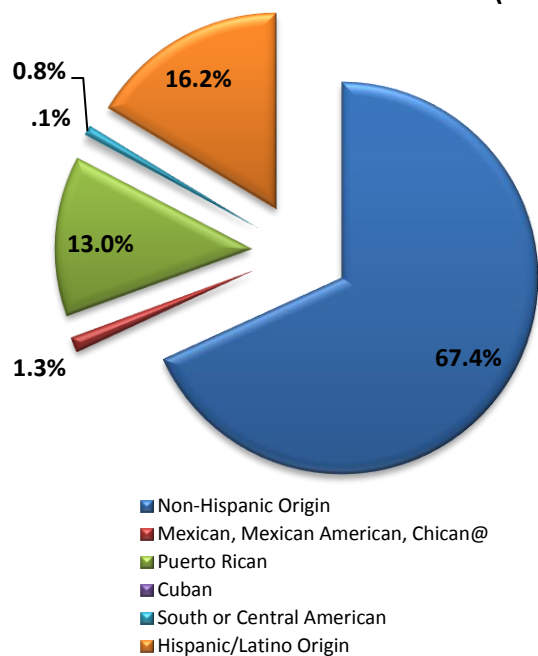
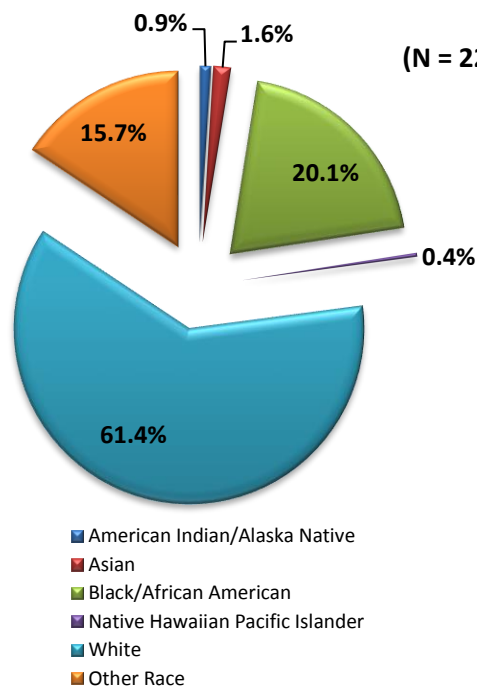


Figure 23. Race of Children Served Statewide

(N = 2276)



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

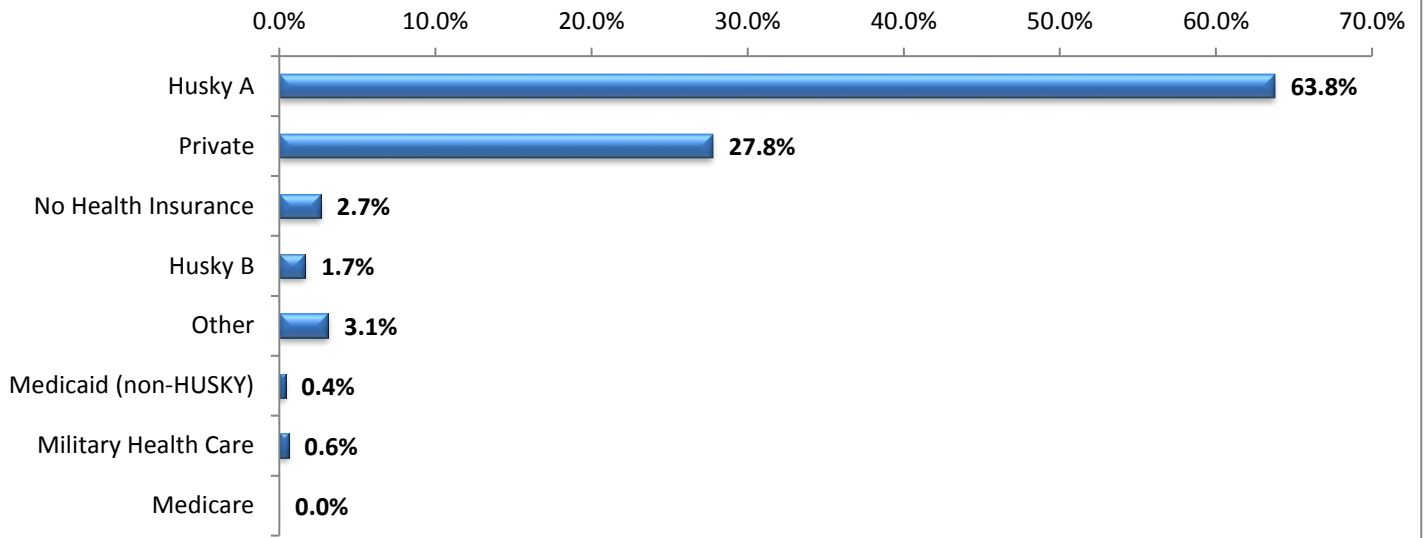
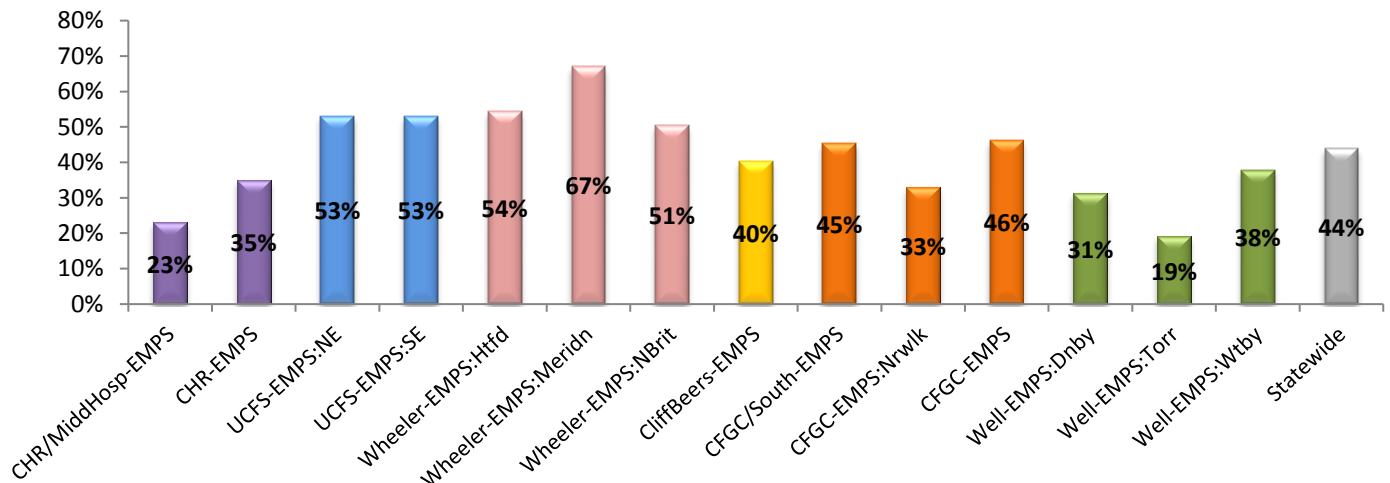
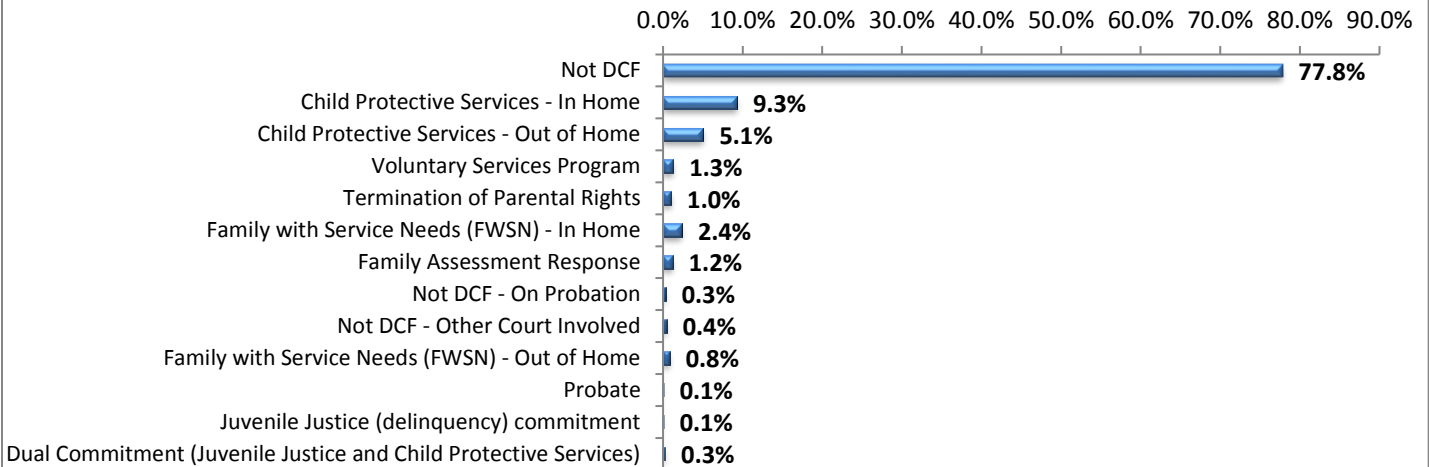


Figure 25. Families that Answered "Yes" TANF* Eligible



*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

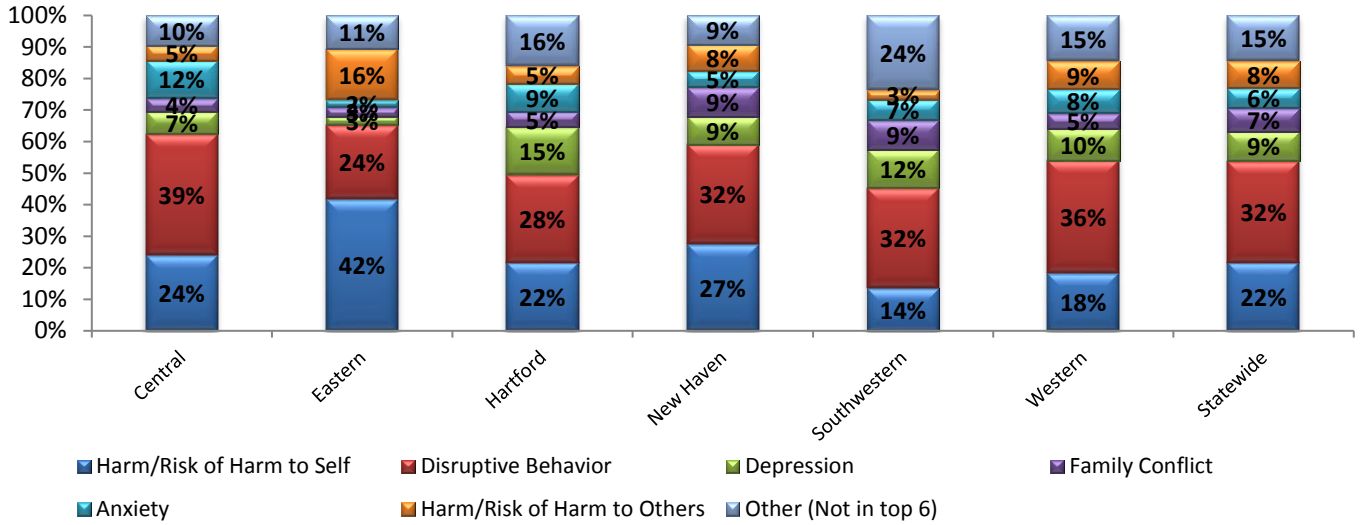
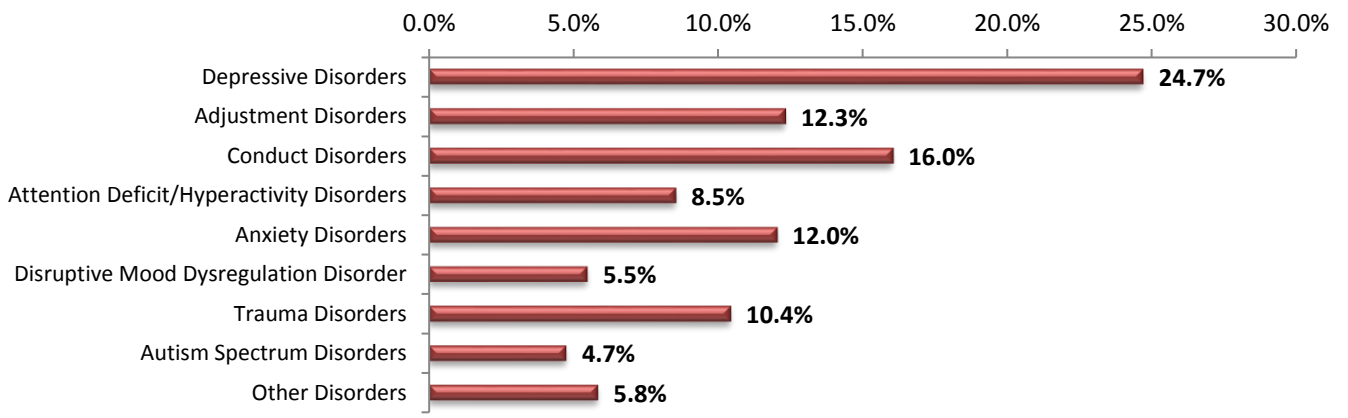
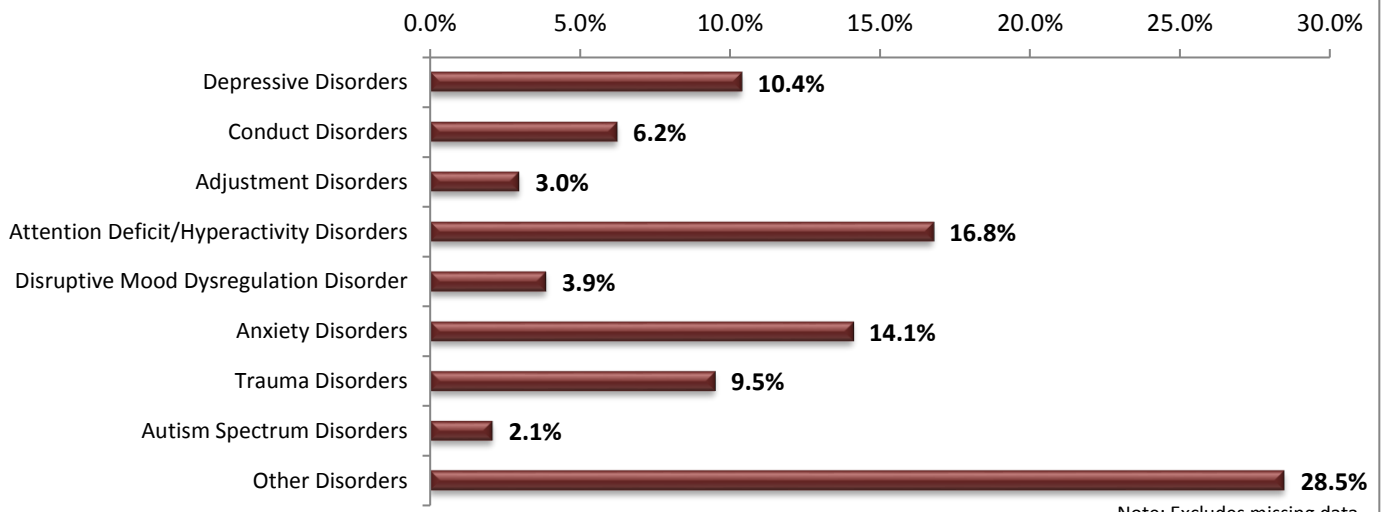


Figure 28. Distribution of Client Primary Diagnosis Categories at Intake Statewide



Note: Excludes missing data

Figure 29. Distribution of Client Secondary Diagnosis at Intake Statewide



Note: Excludes missing data

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

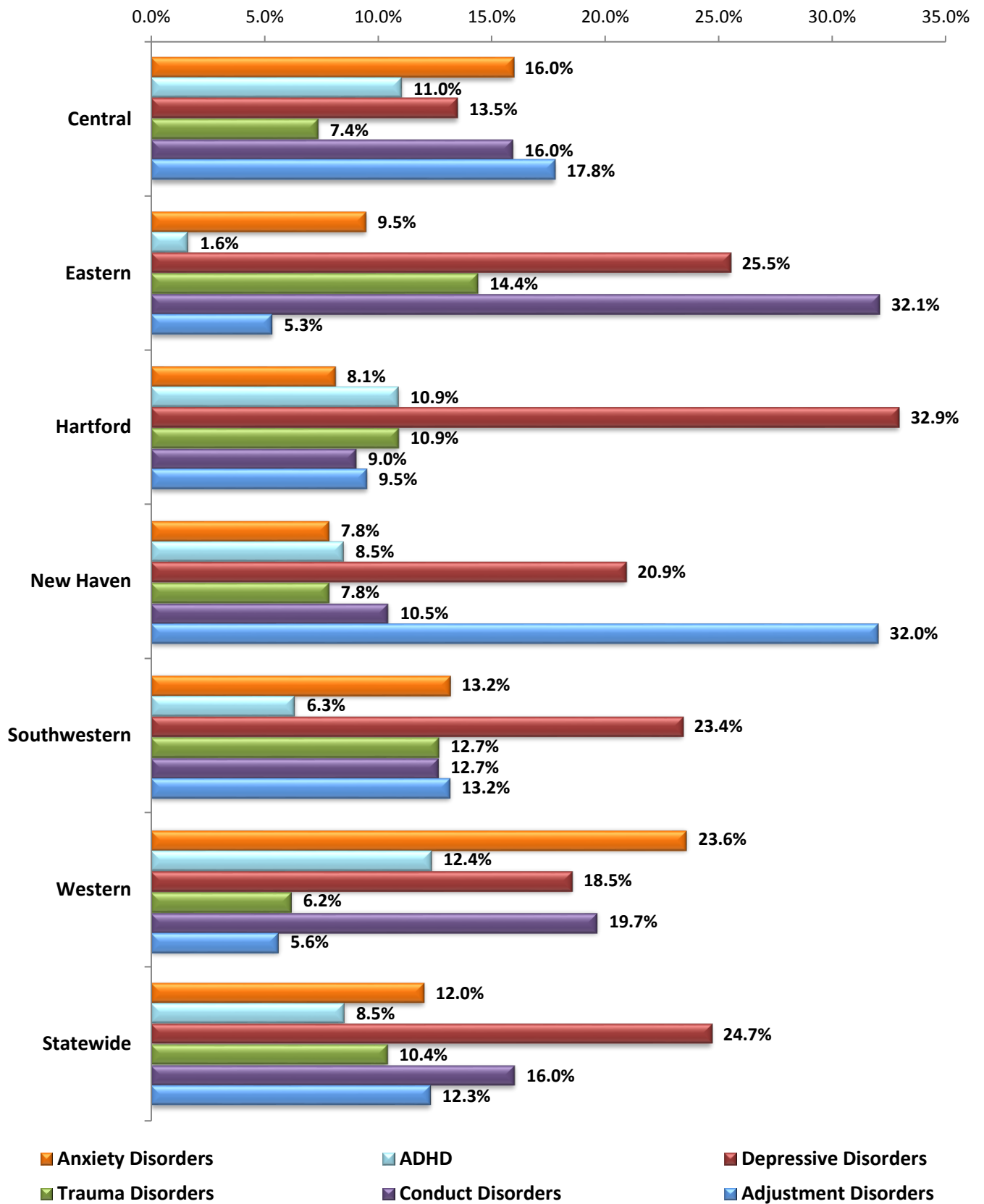


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

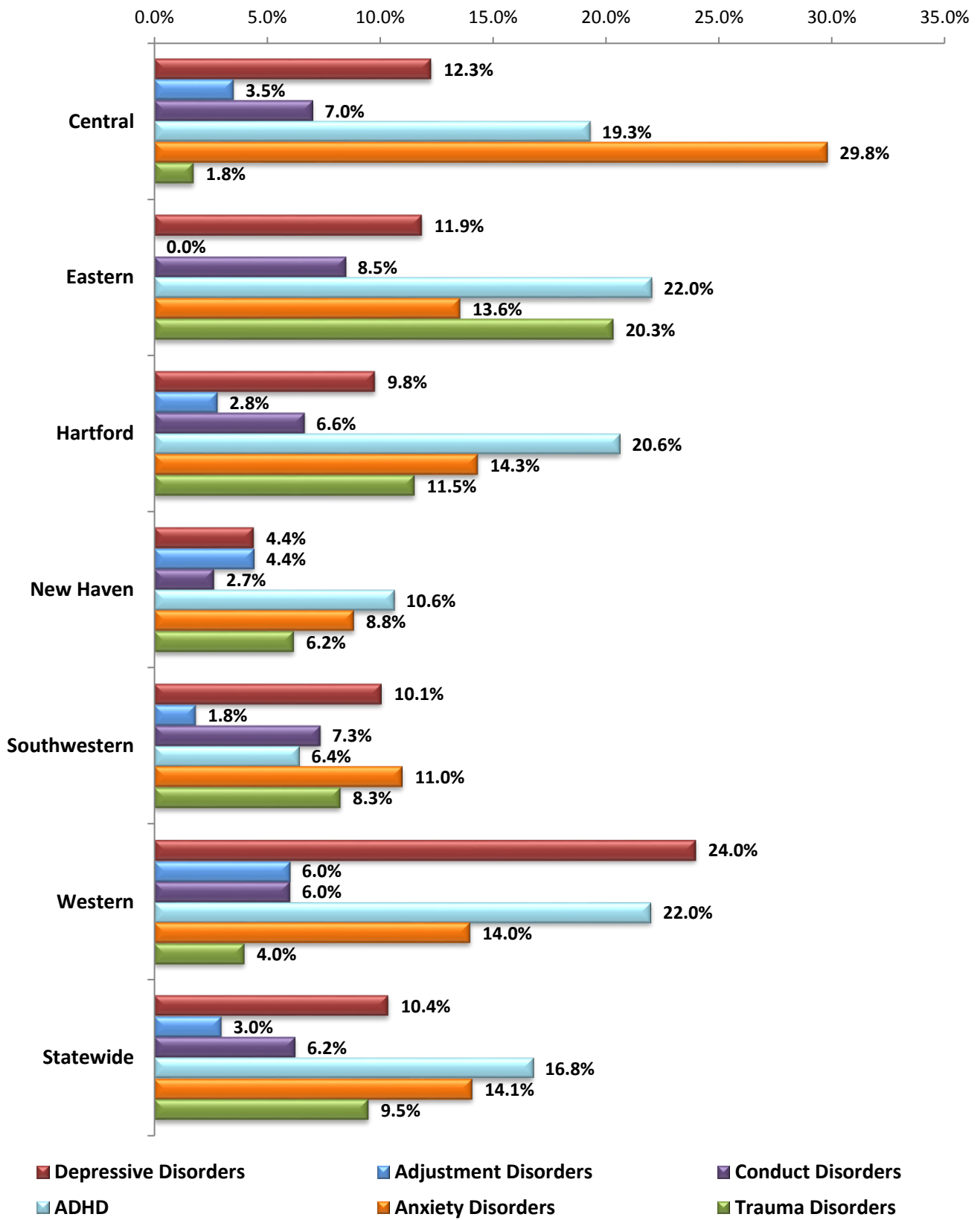


Figure 32. Children Meeting SED* Criteria by Service Area

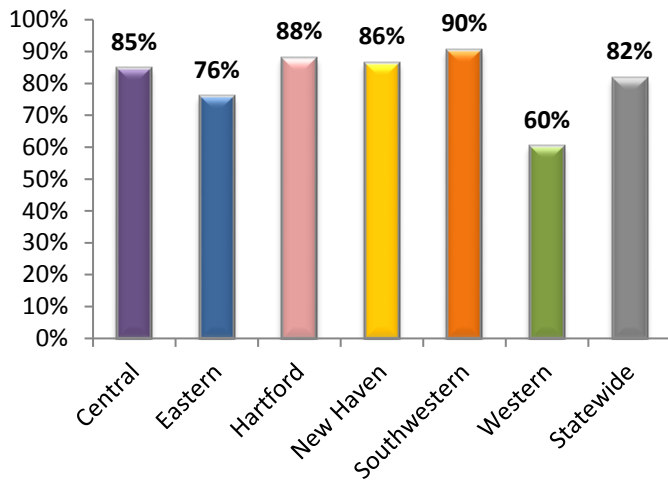


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

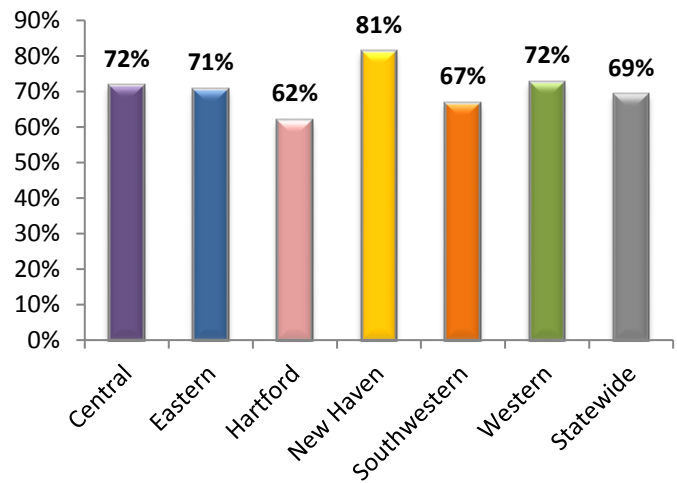


Figure 34. Type of Trauma Reported at Intake by Service Area

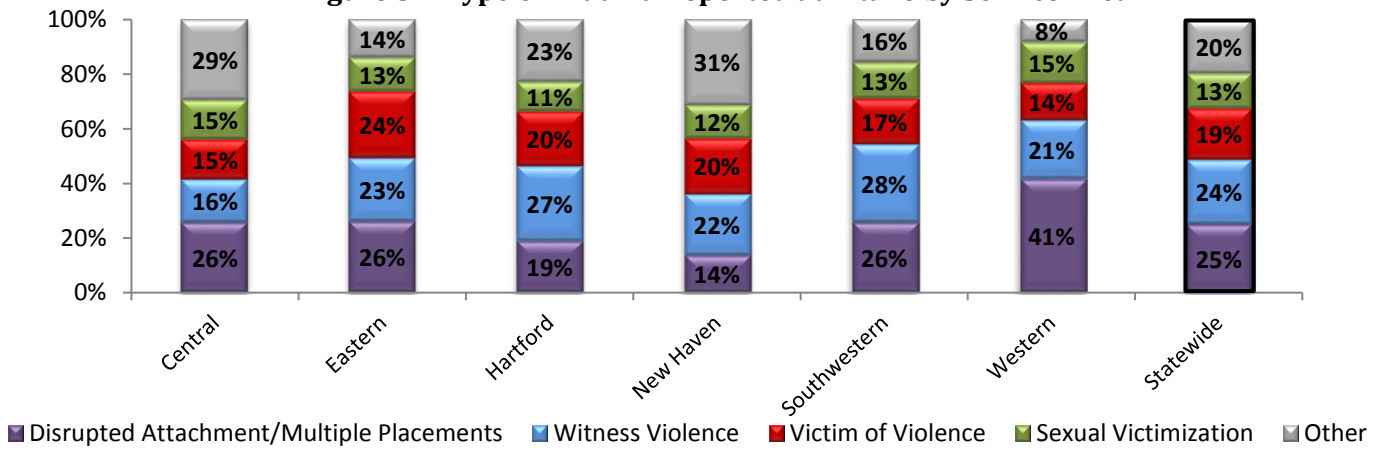


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

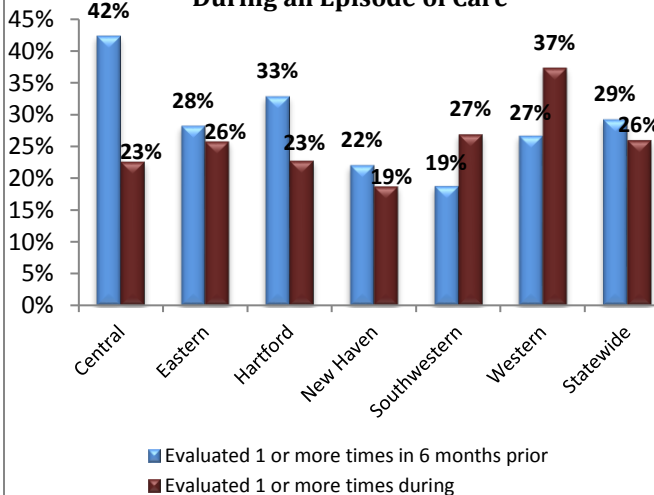
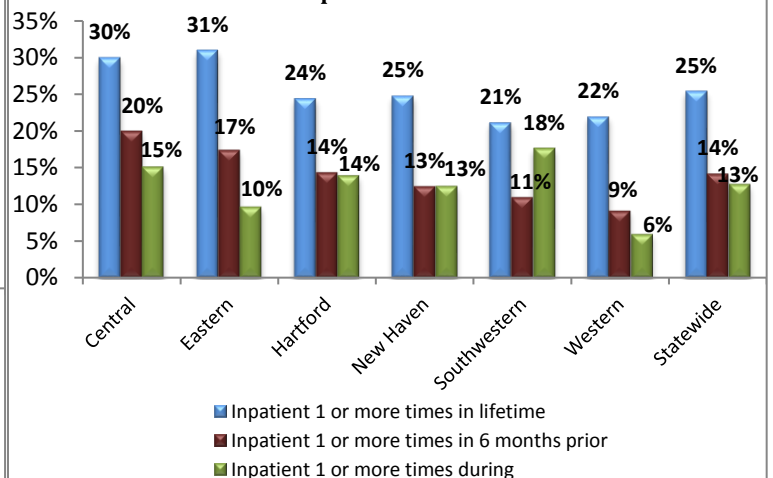


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section V: Referral Sources

Figure 37. Referral Sources Statewide (Current Quarter)

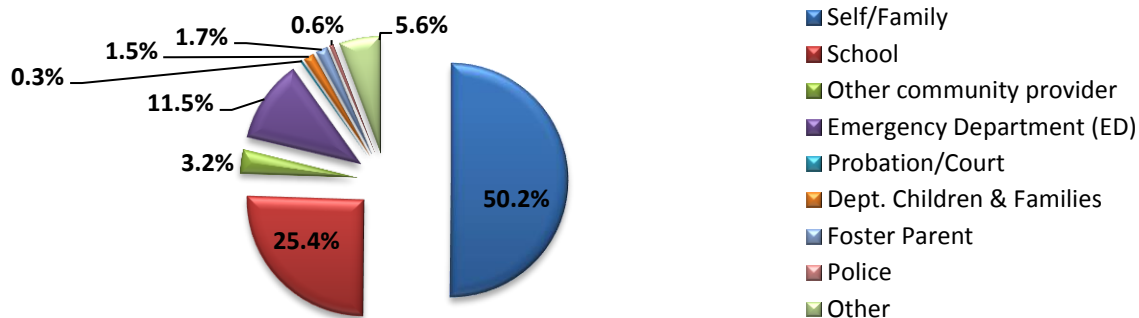
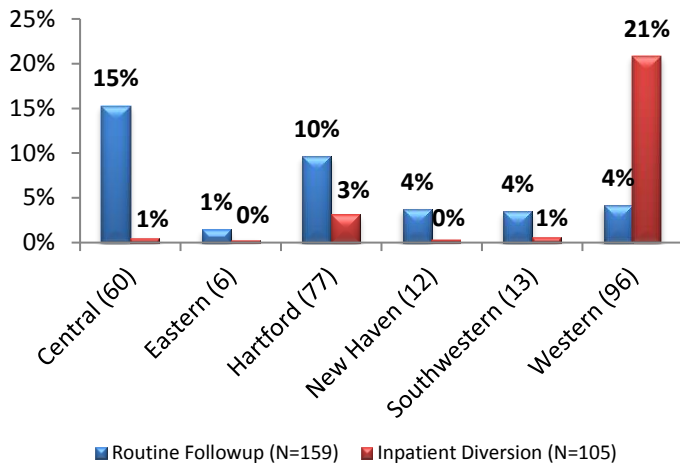


Table 1. Referral Sources (Q1 FY 2017)

	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
STATEWIDE	50.2%	0.1%	25.4%	0.0%	1.1%	3.2%	11.5%	0.3%	1.5%	2.6%	0.7%	1.7%	0.6%	0.9%	0.2%	0.0%
CENTRAL	50.5%	0.6%	18.2%	0.0%	0.0%	6.7%	14.9%	0.3%	2.4%	3.0%	0.6%	0.0%	0.6%	1.2%	0.6%	0.3%
CHR/MiddHosp- EMPS	59.8%	0.0%	13.8%	0.0%	0.0%	3.4%	14.9%	0.0%	0.0%	3.4%	0.0%	1.1%	0.0%	3.4%	0.0%	0.0%
CHR-EMPS	47.9%	0.3%	18.5%	0.0%	1.7%	3.4%	16.1%	0.3%	0.7%	5.8%	0.3%	1.7%	2.4%	0.7%	0.0%	0.0%
EASTERN	60.1%	0.4%	24.3%	0.0%	0.8%	4.9%	3.0%	0.0%	1.9%	1.1%	0.4%	1.9%	0.4%	0.4%	0.0%	0.4%
UCFS-EMPS:NE	61.2%	0.0%	25.9%	0.0%	0.0%	3.4%	1.4%	0.0%	2.0%	4.8%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%
UCFS-EMPS:SE	62.6%	0.0%	26.2%	0.0%	1.6%	1.6%	2.1%	0.0%	1.1%	1.6%	1.1%	1.6%	0.0%	0.5%	0.0%	0.0%
HARTFORD	50.8%	0.4%	26.1%	0.0%	0.5%	3.4%	10.8%	0.9%	1.8%	3.4%	0.2%	0.2%	0.2%	0.7%	0.2%	0.4%
Wheeler-EMPS:Htfd	37.6%	0.0%	30.8%	0.0%	0.0%	4.1%	16.3%	0.0%	0.9%	6.8%	1.4%	0.5%	0.5%	0.9%	0.5%	0.0%
Wheeler- EMPS:Meridn	40.7%	0.0%	36.3%	0.0%	0.0%	3.3%	9.9%	0.0%	2.2%	4.4%	0.0%	2.2%	0.0%	1.1%	0.0%	0.0%
Wheeler-EMPS:NBrit	54.3%	0.0%	24.9%	0.0%	0.7%	1.7%	11.1%	0.0%	1.7%	2.8%	0.7%	1.4%	0.0%	0.7%	0.0%	0.0%
NEW HAVEN	60.9%	0.0%	27.1%	0.0%	1.4%	2.1%	5.6%	0.4%	0.7%	0.0%	0.0%	0.0%	0.4%	1.4%	0.0%	0.0%
CliffBeers-EMPS	60.1%	0.7%	24.6%	0.0%	2.0%	2.7%	4.1%	1.0%	1.4%	0.3%	0.0%	2.0%	0.3%	0.3%	0.3%	0.0%
SOUTHWESTERN	53.9%	1.0%	26.3%	0.0%	1.0%	4.7%	6.7%	0.7%	2.7%	0.3%	0.3%	0.7%	0.3%	1.3%	0.0%	0.0%
CFGC/South-EMPS	53.6%	0.0%	27.8%	0.0%	3.1%	5.2%	1.0%	0.0%	1.0%	0.0%	2.1%	1.0%	2.1%	3.1%	0.0%	0.0%
CFGC-EMPS:Nrwk	57.5%	0.0%	26.0%	0.0%	0.0%	6.8%	1.4%	0.0%	4.1%	0.0%	0.0%	2.7%	0.0%	1.4%	0.0%	0.0%
CFGC-EMPS	46.2%	0.0%	28.0%	0.0%	1.4%	4.9%	7.7%	0.7%	4.2%	0.0%	0.0%	4.2%	2.1%	0.7%	0.0%	0.0%
WESTERN	41.3%	0.6%	25.7%	0.0%	0.9%	4.0%	19.9%	1.8%	0.9%	1.2%	1.2%	0.6%	0.9%	0.6%	0.3%	0.0%
Well-EMPS:Dnby	62.5%	0.0%	29.2%	0.0%	0.0%	2.1%	0.0%	0.0%	0.0%	2.1%	0.0%	0.0%	0.0%	2.1%	2.1%	0.0%
Well-EMPS:Torr	58.6%	0.0%	22.4%	0.0%	0.0%	1.7%	6.9%	0.0%	1.7%	1.7%	1.7%	1.7%	0.0%	3.4%	0.0%	0.0%
Well-EMPS:Wtby	28.5%	0.0%	26.4%	0.0%	1.4%	3.2%	33.2%	0.7%	1.4%	0.4%	1.8%	2.2%	0.0%	0.0%	0.7%	0.0%

Figure 38. Type of Emergency Dept. Referral

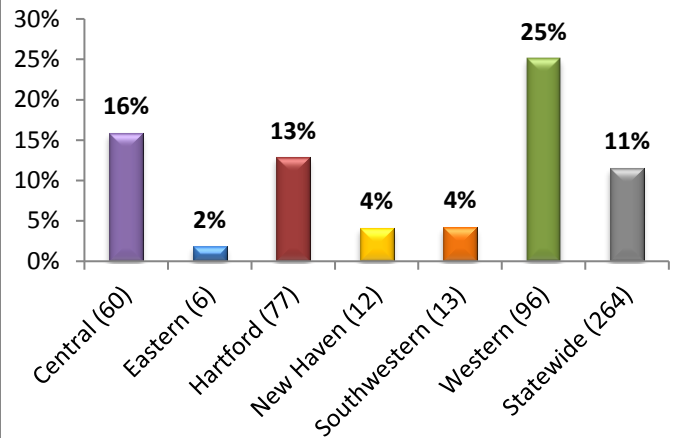
(N =264)



Note: Count total ED referrals are in parenthesis

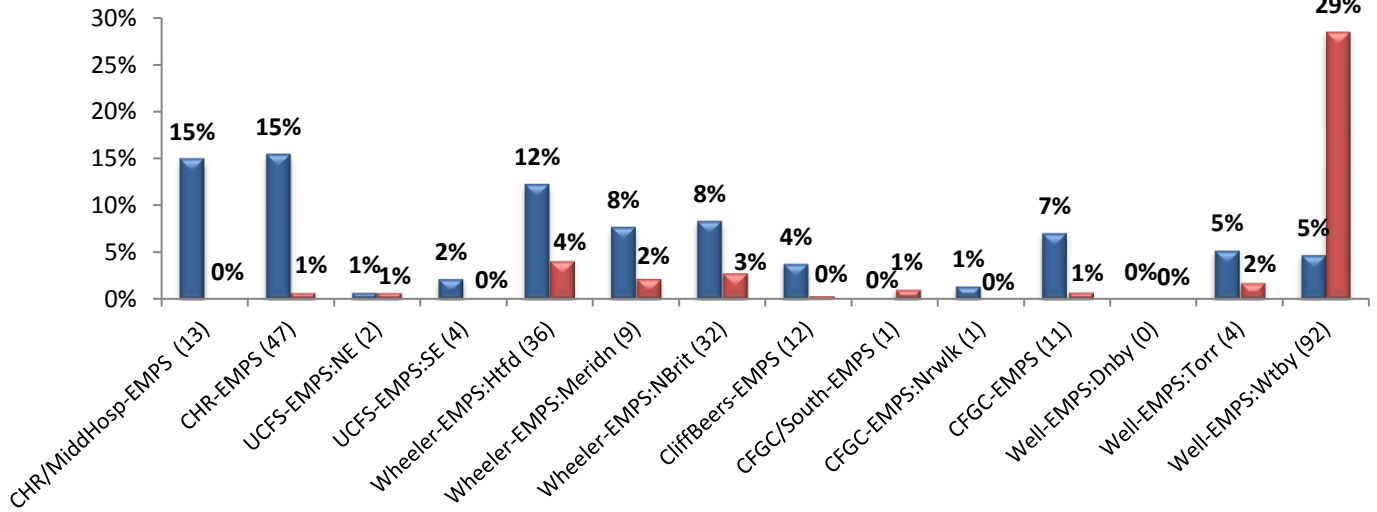
Figure 39. Emergency Dept. Referral

(% of Total Mobile Crisis Episodes)



Note: Count total ED referrals are in parenthesis

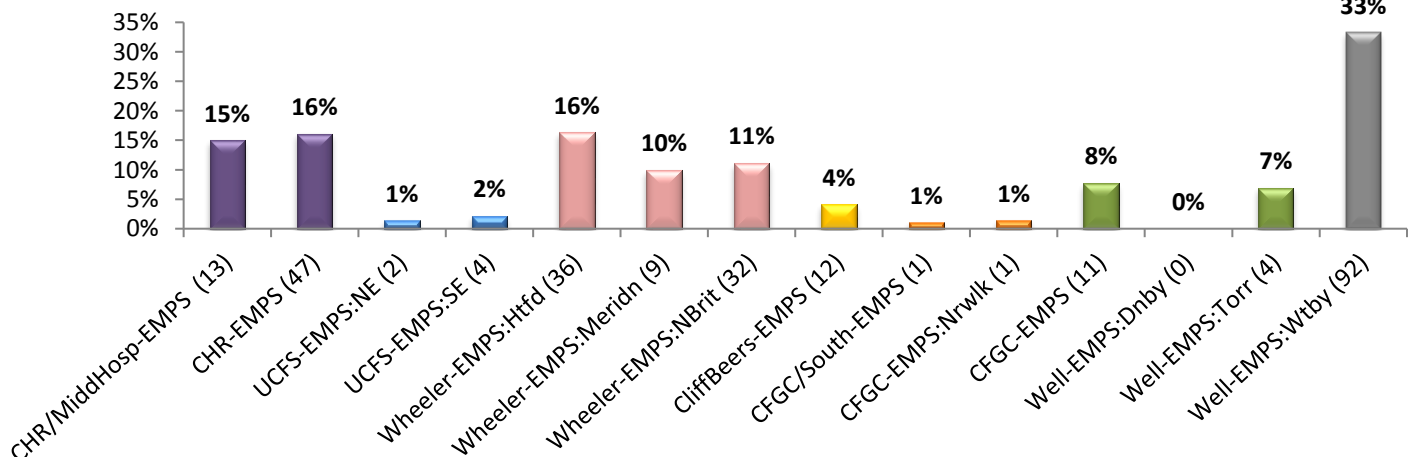
Figure 40. Type of Emergency Department Referrals by Provider



Note: Count total ED referrals are in parenthesis

■ Routine Follow-up (159) ■ Inpatient Diversion (105)

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

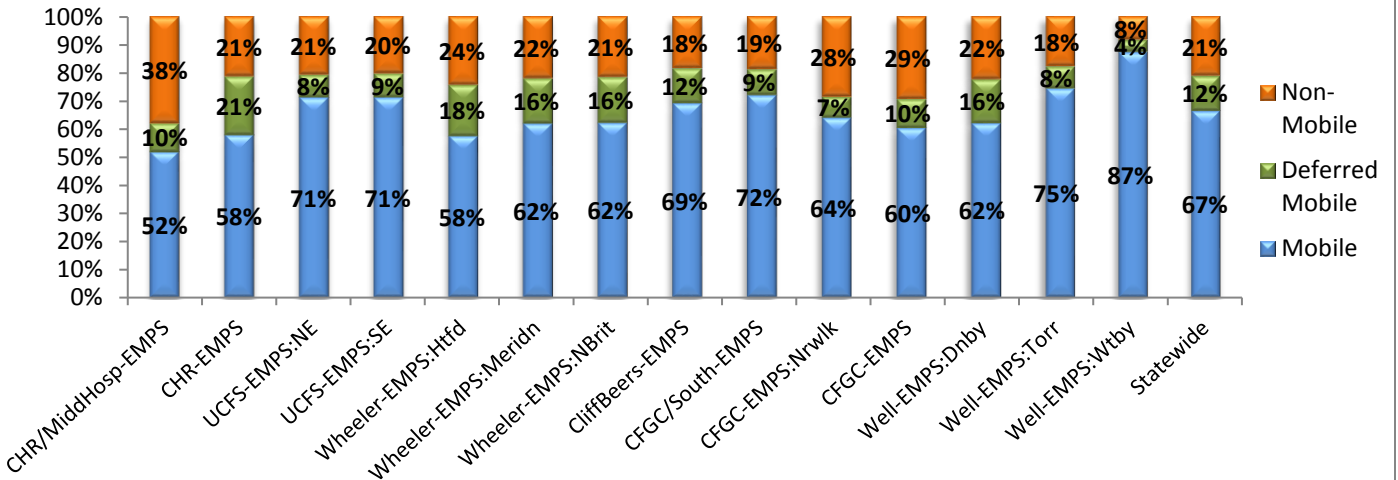


Figure 43. Actual Initial Mobile Crisis Provider Response

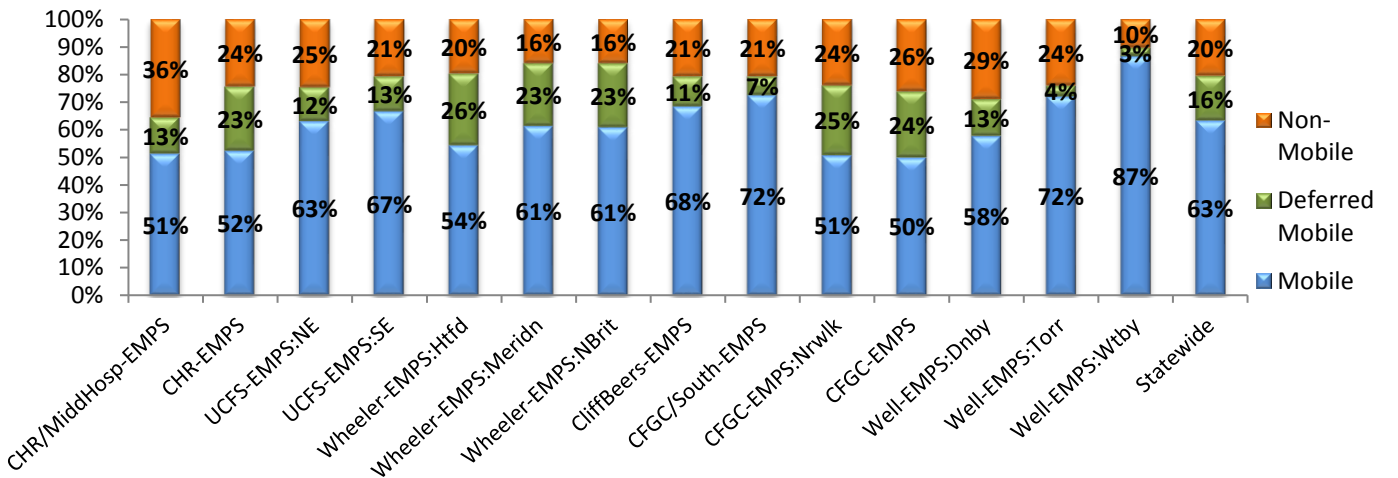
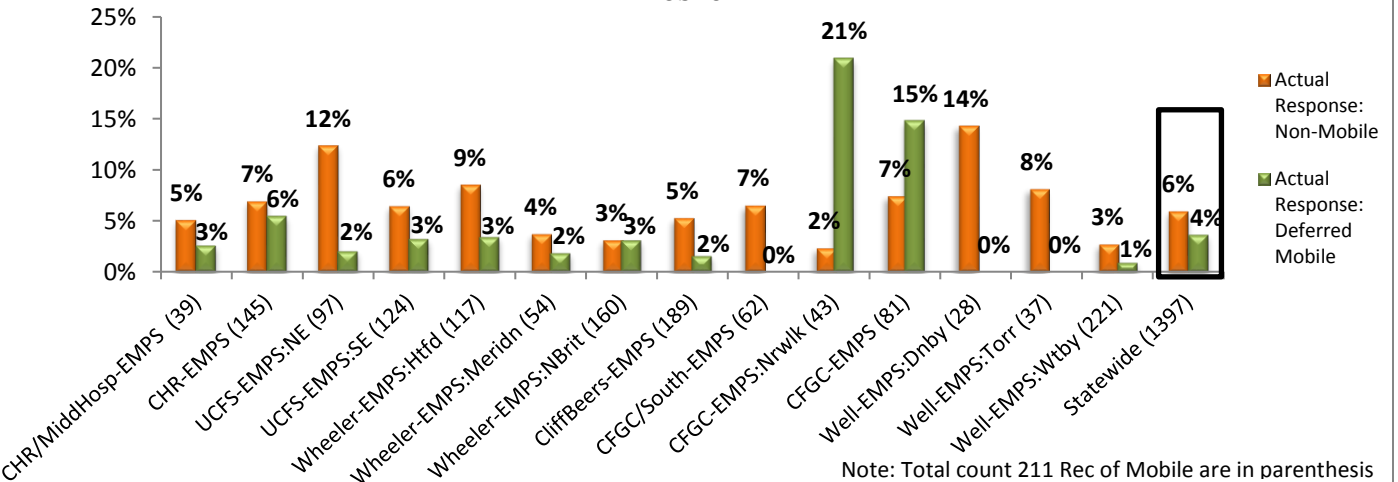


Figure 44. 211 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile



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

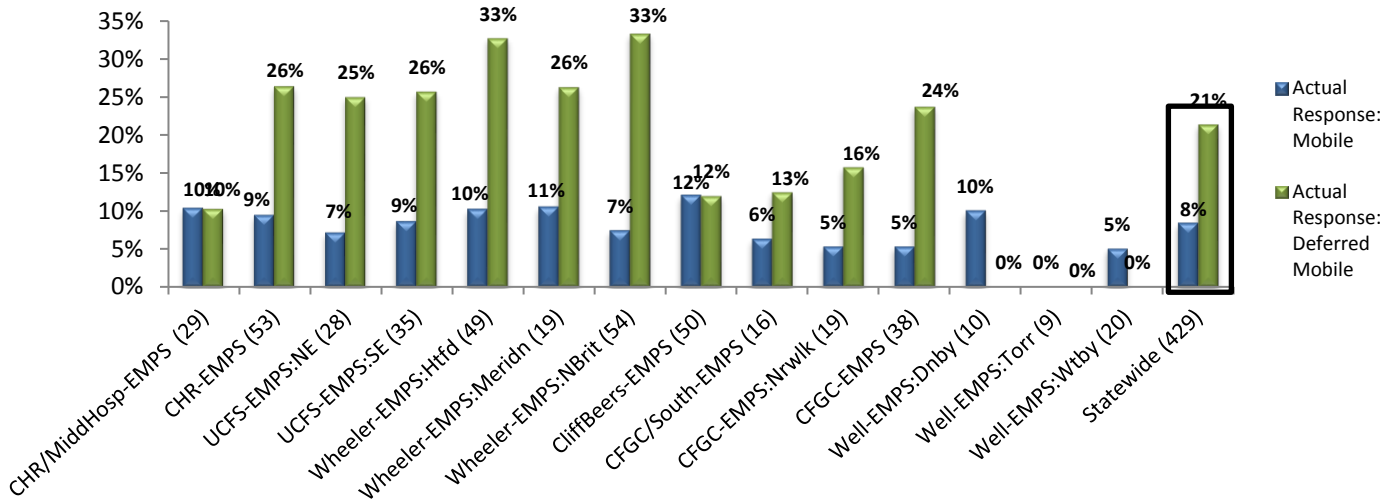


Figure 46. Mobile Response (Mobile & Deferred Mobile) By Service Area

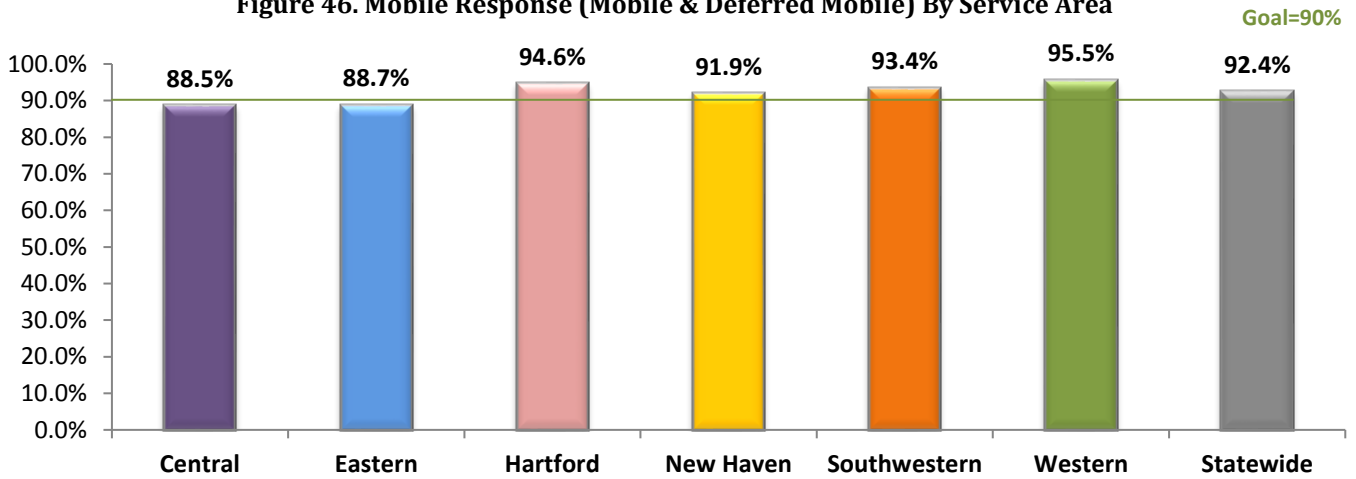
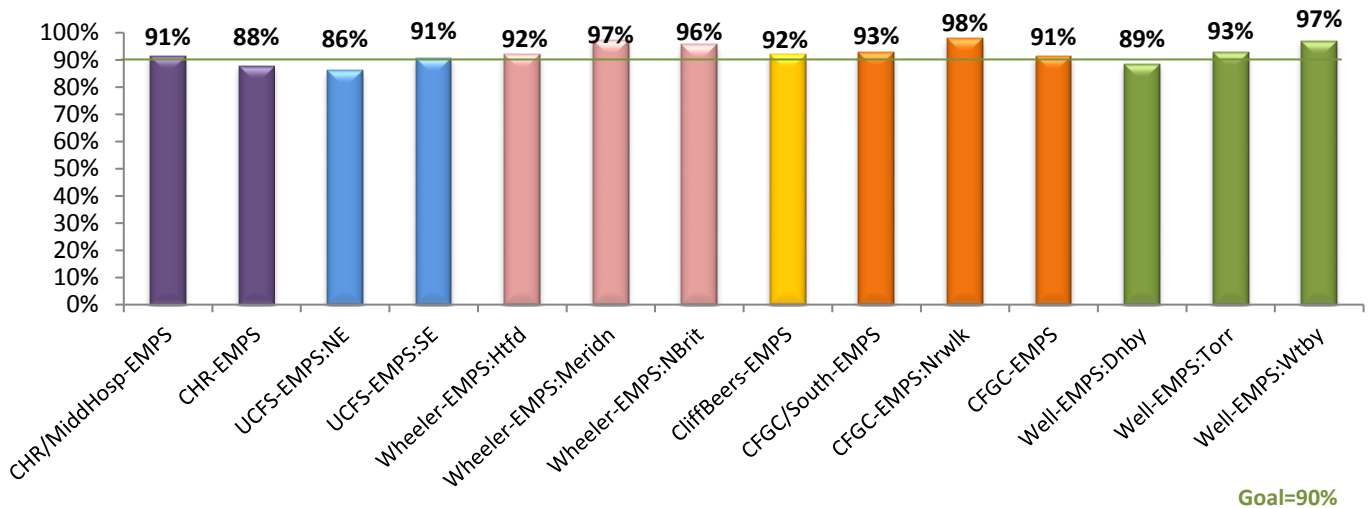
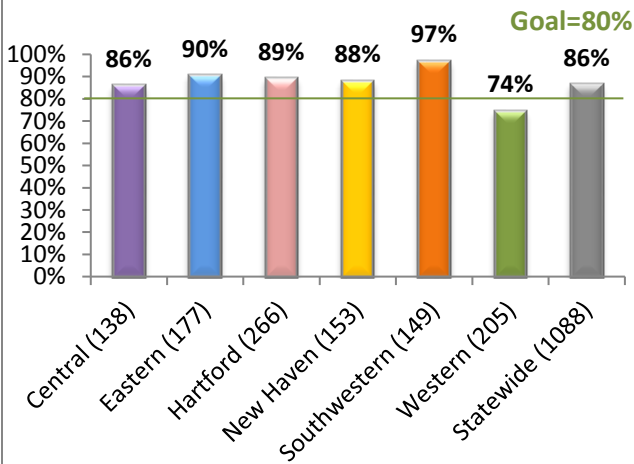


Figure 47. Mobile Response (Mobile & Deferred Mobile) By Provider



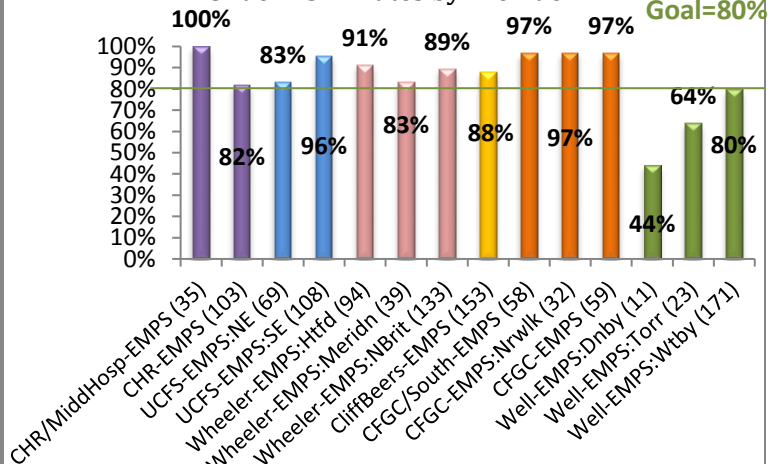
Section VII: Response Time

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



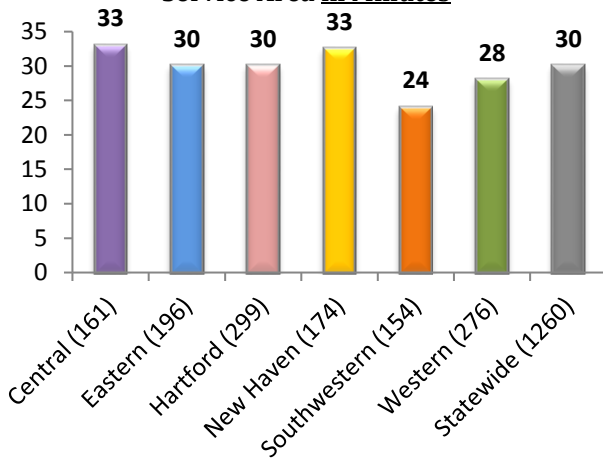
Note: Count of mobile episodes under 45 mins. are in parenthesis

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



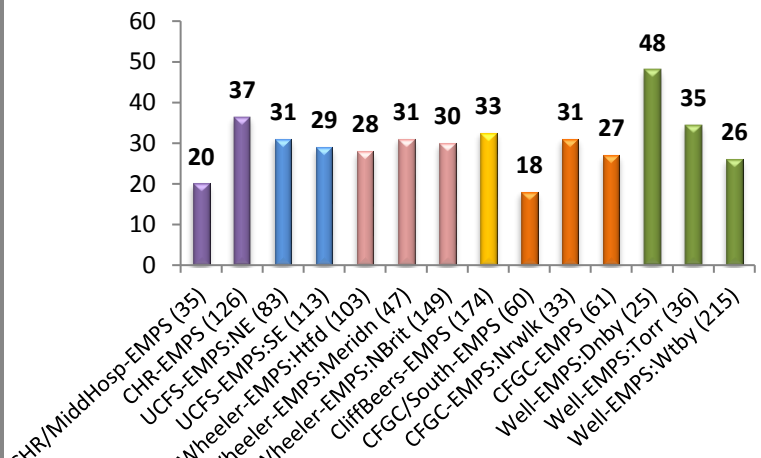
Note: Count of mobile episodes under 45 mins. are in parenthesis

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



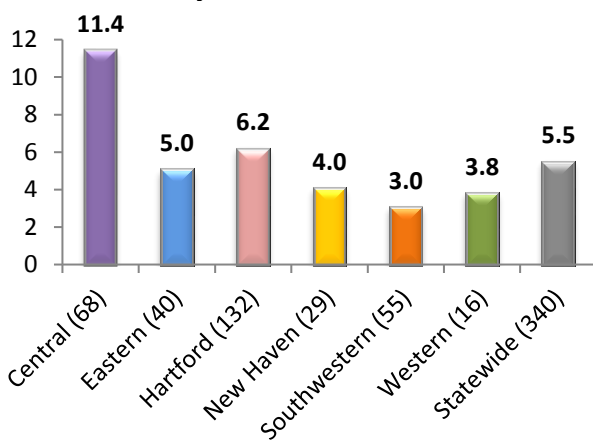
Note: Count of mobile EMPS response episodes are in parenthesis

Figure 51. Median Mobile Response Time by Provider in Minutes



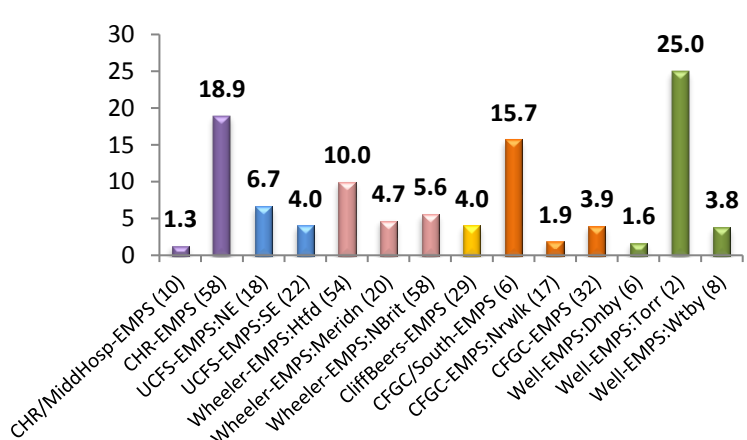
Note: Count of mobile EMPS response episodes are in parenthesis

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	1.0	4.5	13.2	0.0	2.0	11.0	15%	24%	1%	1.2	4.8	15.5	0.0	1.0	13.0	15%	24%	3%
2	Central	2.1	7.2	16.6	1.0	4.0	13.5	37%	40%	4%	1.9	7.4	17.3	0.0	3.0	13.0	36%	37%	3%
3	CHR/MiddHosp-EMPS	3.6	6.0	10.7	1.0	4.0	9.0	47%		0%	3.4	4.4	11.8	2.0	3.0	10.0	59%	19%	0%
4	CHR-EMPS	1.4	8.3	17.3	1.0	4.0	14.5	32%		4%	1.0	9.3	19.8	0.0	4.5	15.0	22%	48%	4%
5	Eastern	0.3	2.0	16.8	0.0	1.0	13.0	7%	1%	0%	0.1	1.8	15.6	0.0	1.0	12.0	2%	1%	3%
6	UCFS-EMPS:NE	0.5	2.0	22.4	0.0	1.0	14.0	10%	0%	0%	0.2	1.7	14.8	0.0	1.0	11.0	6%	0%	0%
7	UCFS-EMPS:SE	0.1	2.0	14.1	0.0	1.5	12.0	4%	1%	0%	0.0	1.9	16.4	0.0	1.0	14.0	0%	1%	6%
8	Hartford	1.0	6.9	12.0	0.0	3.0	9.5	14%	43%	0%	0.8	6.2	12.9	0.0	2.0	11.0	15%	39%	1%
9	Wheeler-EMPS:Htfd	1.3	7.3	20.5	0.5	4.0	17.5	15%	49%	0%	0.5	4.1	10.4	0.0	1.0	9.0	8%	33%	0%
10	Wheeler-EMPS:Meridn	0.9	5.0	8.4	1.0	2.5	6.0	15%	30%	0%	0.8	3.8	15.2	0.0	2.0	14.0	6%	31%	0%
11	Wheeler-EMPS:NBrit	0.6	6.9	12.6	0.0	3.0	11.0	13%	41%	0%	1.2	10.8	13.6	0.0	6.0	10.5	26%	54%	2%
12	New Haven	0.3	5.1	17.8	0.0	2.0	17.0	4%	34%	5%	0.3	4.5	21.3	0.0	1.0	18.5	4%	25%	9%
13	CliffBeers-EMPS	0.3	5.1	17.8	0.0	2.0	17.0	4%	34%	5%	0.3	4.5	21.3	0.0	1.0	18.5	4%	25%	9%
14	Southwestern	0.1	1.7	12.7	0.0	0.0	9.0	1%	7%	0%	0.3	5.2	20.9	0.0	0.5	21.0	5%	26%	7%
15	CFGC/South-EMPS	0.1	0.1	11.8	0.0	0.0	10.0	0%	0%	0%	0.1	0.3	24.0	0.0	0.0	28.0	6%	4%	11%
16	CFGC-EMPS:Nrwk	0.2	2.5	20.0	0.0	1.0	16.0	0%	8%	0%	0.9	8.1	24.4	0.0	6.0	22.0	15%	60%	13%
17	CFGC-EMPS	0.1	2.9	11.1	0.0	1.0	7.0	3%	15%	0%	0.1	8.9	15.9	0.0	3.0	9.0	0%	38%	0%
18	Western	1.6	7.1	11.8	0.0	4.0	7.0	21%	44%	1%	4.3	6.2	14.1	0.0	4.0	14.0	27%	38%	1%
19	Well-EMPS:Dnby	0.6	6.9	5.7	0.0	6.5	8.0	20%	60%	0%	2.2	16.5	14.1	0.0	16.5	13.5	8%	50%	0%
20	Well-EMPS:Torr	1.8	6.0	11.3	0.0	6.0	7.0	26%	60%	0%	5.5	2.6	14.6	1.0	0.0	16.0	31%	29%	0%
21	Well-EMPS:Wtby	1.8	7.4	12.2	0.0	3.0	7.0	19%	38%	1%	4.7	5.7	14.0	1.0	3.0	13.0	33%	38%	2%

* Discharged episodes with end dates from July 1, 2017 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	545	645	405	84	153	4	545	645	405	84	153	4
2	Central	109	83	52	40	33	2	109	83	52	40	33	2
3	CHR/MiddHosp-EMPS	32	38	6	15		0	32	38	6	15	17	0
4	CHR-EMPS	77	45	46	25		2	77	45	46	25	16	2
5	Eastern	87	176	22	6	1	0	87	176	22	6	1	0
6	UCFS-EMPS:NE	42	78	7	4	0	0	42	78	7	4	0	0
7	UCFS-EMPS:SE	45	98	15	2	1	0	45	98	15	2	1	0
8	Hartford	113	93	150	16	40	0	113	93	150	16	40	0
9	Wheeler-EMPS:Htfd	52	37	12	8	18	0	52	37	12	8	18	0
10	Wheeler-EMPS:Meridn	13	10	42	2	3	0	13	10	42	2	3	0
11	Wheeler-EMPS:NBrit	48	46	96	6	19	0	48	46	96	6	19	0
12	New Haven	67	143	19	3	48	1	67	143	19	3	48	1
13	CliffBeers-EMPS	67	143	19	3	48	1	67	143	19	3	48	1
14	Southwestern	82	95	83	1	7	0	82	95	83	1	7	0
15	CFGC/South-EMPS	25	37	26	0	0	0	25	37	26	0	0	0
16	CFGC-EMPS:Nrwk	18	25	13	0	2	0	18	25	13	0	2	0
17	CFGC-EMPS	39	33	44	1	5	0	39	33	44	1	5	0
18	Western	87	55	79	18	24	1	87	55	79	18	24	1
19	Well-EMPS:Dnby	15	10	3	3	6	0	15	10	3	3	6	0
20	Well-EMPS:Torr	19	5	7	5	3	0	19	5	7	5	3	0
21	Well-EMPS:Wtby	53	40	69	10	15	1	53	40	69	10	15	1

* Discharged episodes with end dates from July 1, 2017 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	113%	55%	0	167	301	54	189	166	
2	Central	0.0	79.1	77.3	0.0	69.0	73.5	0%	152%	59%	0	25	68	3	38	40
3	CHR/MidHosp-EMPS	0.0	45.0	45.0	0.0	51.0	51.0	0%	0%	0%	0	3	3	1	3	0
4	CHR-EMPS	0.0	47.6	47.6	0.0	45.0	45.0	0%	100%	84%	0	35	35	2	35	40
5	Eastern	0.0	0.0	68.7	0.0	0.0	65.0	0%	0%	0%	0	0	6	0	2	8
6	UCFS-EMPS:NE	0.0	38.0	38.0	0.0	38.0	38.0	0%	0%	0%	0	1	1	0	1	3
7	UCFS-EMPS:SE	0.0	44.0	44.0	0.0	44.0	44.0	0%	0%	0%	0	1	1	0	1	5
8	Hartford	0.0	75.8	81.6	0.0	72.0	78.0		104%	52%	0	78	118	19	81	61
9	Wheeler-EMPS:Htfd	0.0	55.3	55.3	0.0	47.0	47.0		100%	46%	0	59	59	10	59	27
10	Wheeler-EMPS:Meridn	0.0	41.5	41.5	0.0	41.5	41.5	0%	100%	400%	0	2	2	2	2	8
11	Wheeler-EMPS:NBrit	0.0	46.6	46.6	0.0	45.0	45.0		100%	130%	0	20	20	7	20	26
12	New Haven	0.0	73.6	74.0	0.0	70.5	70.0		109%	45%	0	22	11	0	24	5
13	CliffBeers-EMPS	0.0	43.6	43.6	0.0	38.5	38.5		100%	21%	0	24	24	0	24	5
14	Southwestern	0.0	71.9	73.0	0.0	70.0	73.5		20%	50%	0	30	26	1	6	13
15	CFGC/South-EMPS	0.0	33.0	33.0	0.0	33.0	33.0		100%	100%	0	1	1	0	1	1
16	CFGC-EMPS:Nrwk	0.0	54.0	54.0	0.0	54.0	54.0		100%	200%	0	1	1	1	1	2
17	CFGC-EMPS	0.0	58.0	58.0	0.0	52.5	52.5		100%	250%	0	4	4	0	4	10
18	Western	0.0	81.7	72.1	0.0	75.0	69.5		317%	54%	0	12	72	31	38	39
19	Well-EMPS:Dnby	0.0	41.7	41.7	0.0	43.0	43.0		100%	167%	0	3	3	6	3	5
20	Well-EMPS:Torr	0.0	55.1	55.1	0.0	47.0	47.0		100%	67%	0	9	9	2	9	6
21	Well-EMPS:Wtby	0.0	48.4	48.4	0.0	43.0	43.0		100%	108%	0	26	26	23	26	28

* Data includes episodes still in care with referral dates from July 1, 2017 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

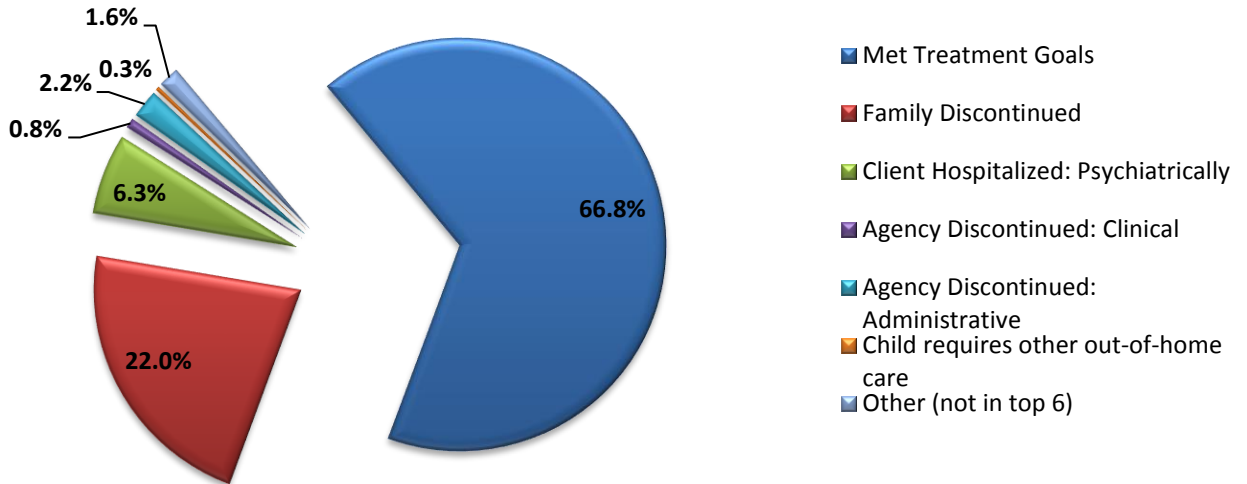


Figure 55. Top Six Places Clients Live at Discharge Statewide

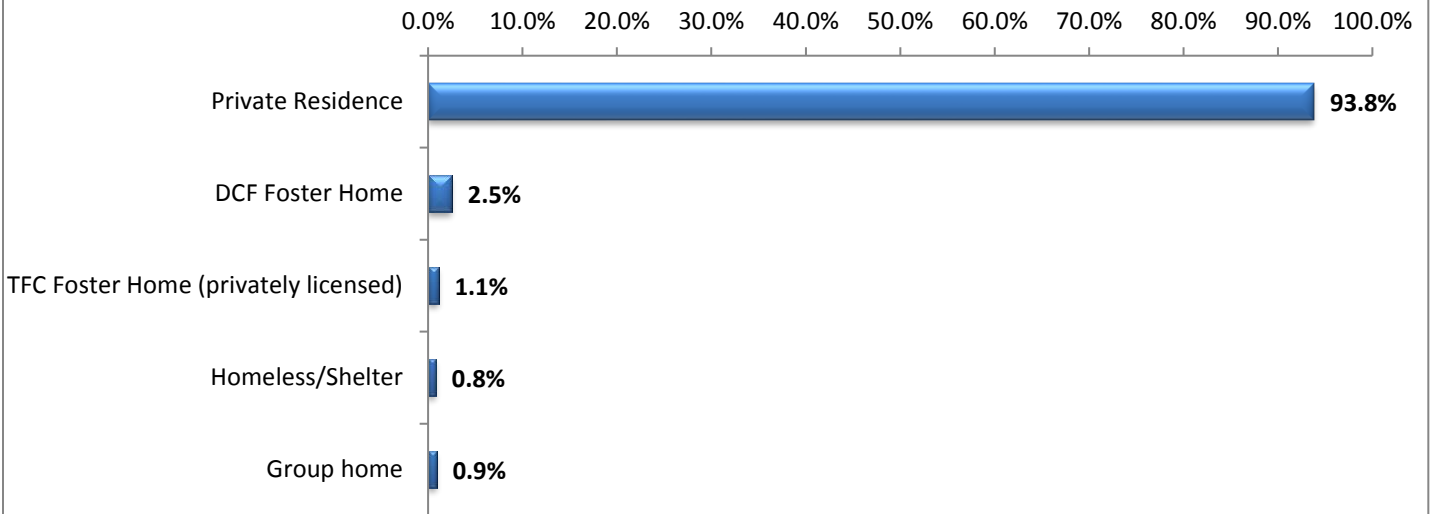
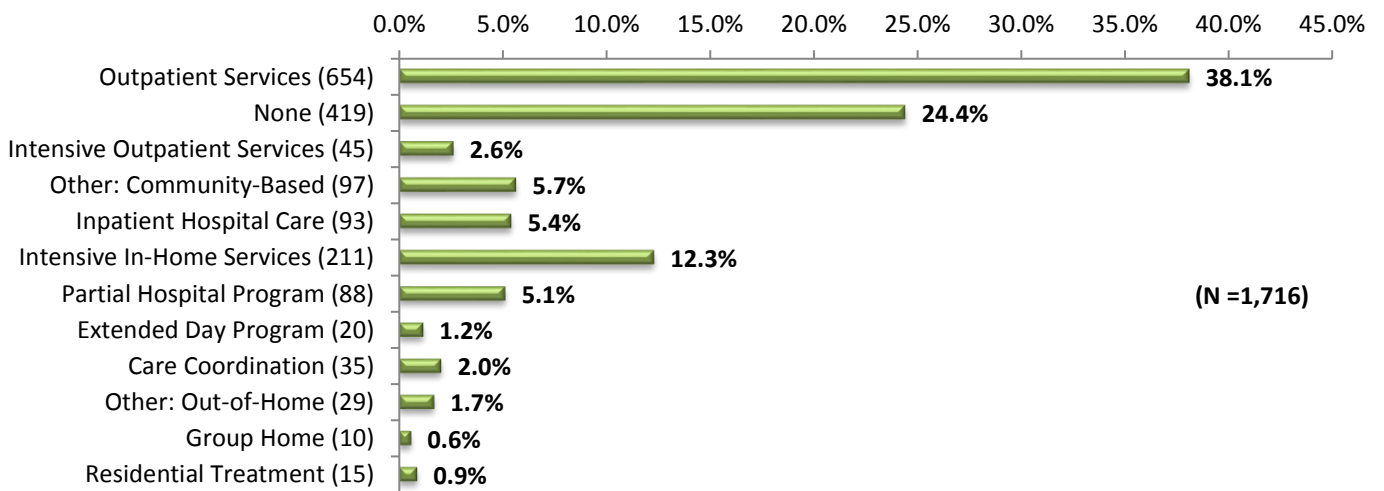


Figure 56. Type of Services Client Referred* to at Discharge Statewide



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	50	39.12	42.76	3.64	1.69	0.097	†
Worker Functioning Score	337	43.04	44.80	1.75	4.21	0.000	**
Parent Problem Score	51	29.41	21.94	-7.47	-3.95	0.000	**
Worker Problem Score	336	28.74	24.90	-3.84	-8.92	0.000	**
Central							
Parent Functioning Score	2	34.50	43.00	8.50	1.00	0.500	
Worker Functioning Score	41	44.54	49.10	4.56	5.03	0.000	**
Parent Problem Score	2	22.00	12.00	-10.00	-1.00	0.500	
Worker Problem Score	41	29.71	23.68	-6.02	-5.17	0.000	**
Eastern							
Parent Functioning Score	11	38.36	41.82	3.45	0.69	0.505	
Worker Functioning Score	28	42.18	43.61	1.43	1.21	0.236	
Parent Problem Score	12	36.25	27.08	-9.17	-2.25	0.046	*
Worker Problem Score	28	31.64	28.18	-3.46	-2.27	0.032	*
Hartford							
Parent Functioning Score	20	36.60	40.65	4.05	1.07	0.296	
Worker Functioning Score	145	43.37	43.96	0.59	1.28	0.202	
Parent Problem Score	20	25.75	21.20	-4.55	-1.27	0.220	
Worker Problem Score	145	27.78	25.06	-2.72	-4.39	0.000	**
New Haven							
Parent Functioning Score	5	38.60	31.40	-7.20	-0.80	0.469	
Worker Functioning Score	24	39.00	37.92	-1.08	-0.32	0.754	
Parent Problem Score	5	32.60	18.00	-14.60	-2.33	0.080	
Worker Problem Score	24	33.54	30.21	-3.33	-1.62	0.118	
Southwestern							
Parent Functioning Score	10	43.40	50.90	7.50	2.82	0.020	*
Worker Functioning Score	52	43.17	48.35	5.17	4.38	0.000	**
Parent Problem Score	10	26.90	19.50	-7.40	-3.08	0.013	*
Worker Problem Score	51	28.00	20.47	-7.53	-5.97	0.000	**
Western							
Parent Functioning Score	2	53.00	56.50	3.50	1.00	0.500	
Worker Functioning Score	47	43.15	43.91	0.77	0.95	0.347	
Parent Problem Score	2	37.00	30.50	-6.50	-1.00	0.500	
Worker Problem Score	47	27.45	25.60	-1.85	-2.49	0.016	*

paired^a = 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=60)	Referrers (n=61)
The 211 staff answered my call in a timely manner	4.35	4.25
The 211 staff was courteous	4.63	4.41
The 211 staff was knowledgeable	4.58	4.38
My phone call was quickly transferred to the EMPS provider	4.53	4.41
Sub-Total Mean: 211	4.53	4.36
EMPS Items		
EMPS responded to the crisis in a timely manner	4.33	4.08
The EMPS staff was respectful	4.55	4.36
The EMPS staff was knowledgeable	4.52	4.34
The EMPS staff spoke to me in a way that I understood	4.53	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)	4.32	X
The services or resources my child and/or family received were right for us	4.28	X
The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS	X	3.90
Overall, I am very satisfied with the way that EMPS responded to the crisis	4.43	4.20
Sub-Total Mean: EMPS	4.42	4.18
Overall Mean Score	4.46	4.30

* 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:

- * I think the services are amazing. I was hesitant but was so glad that I did. My child is now receiving needed supports and it has helped wonders.
- *Very helpful for my child and good to know they are available to me.
- * My child is receiving several needed support which stemmed from utilizing 211/EMPS which I am very satisfied. We are still hopeful our child's behavior will improve.
- * I have used the service for my child multiple times my only complaint is the amount of questions that are required. My child is in a crisis, what does transgender or race/ethnicity have to do with getting help. Other than that I am satisfied.
- * Feedback is that caller wishes there were not so many demographic questions because when you are in a crisis that is very difficult to manage
- * Felt the advice given by EMPS clinician was not matching her needs and things caller had already tried in terms of intervention of the youth.

Referrer Comments:

- * Uses service 3 to 4 times a week and it always goes well.
- * Overall very satisfied, caller stated she believes clinician went about the call of duty, she followed up again with this caller.
- * "The girl was phenomenal" Parent is extremely impressed with the follow up.
- * Cassidy (EMPS clinician) is a dream" States hold for 211 in reality may not have been very long but felt like an eternity because the youth was in crisis and was trying to control him.
- * The doctor states that he was transferred by a 211 representative immediately to another line where he then waited for 45 minutes before he called back and reached someone quickly which was frustrating.
- * Caller stated EMPS would not come out in a timely manner because they stated it wasn't a safe environment. Caller stated she thought that was why she was supposed to contact.
- *Acknowledges that what she wanted from EMPS and 211 was something they would not be able to do.

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	ASD	All 12 Trainings Completed	All 12 Completed for Full-Time Staff Only
Statewide (148)*	70%	73%	61%	53%	72%	71%	68%	74%	74%	38%	68%	18%	3%	4%
CHR/MiddHosp-EMPS(12)*	67%	67%	25%	83%	58%	83%	58%	83%	75%	92%	83%	8%	8%	0%
CHR-EMPS (12)*	50%	50%	75%	50%	67%	50%	50%	50%	58%	8%	67%	17%	0%	0%
UCFS-EMPS:NE (5)*	40%	60%	40%	100%	20%	40%	60%	40%	60%	80%	100%	20%	0%	0%
UCFS-EMPS:SE (10)*	50%	40%	20%	80%	40%	40%	20%	40%	30%	40%	90%	20%	0%	0%
Wheeler-EMPS:Htfd (12)*	50%	75%	58%	0%	58%	75%	58%	67%	75%	33%	33%	8%	0%	0%
Wheeler-EMPS:Meridn (8)*	50%	63%	50%	50%	63%	63%	38%	63%	50%	50%	38%	13%	0%	0%
Wheeler-EMPS:NBrit (21)*	71%	76%	48%	62%	71%	71%	67%	81%	76%	0%	43%	43%	0%	0%
CliffBeers-EMPS (21)*	95%	90%	95%	81%	95%	90%	86%	95%	90%	76%	76%	24%	14%	16%
CFGC/South-EMPS (6)*	67%	50%	100%	17%	67%	33%	83%	67%	50%	0%	67%	0%	0%	0%
CFGC-EMPS:Nrwk (5)*	60%	80%	20%	60%	100%	100%	80%	60%	60%	20%	60%	0%	0%	0%
CFGC-EMPS (17)*	88%	88%	71%	59%	88%	82%	88%	88%	94%	41%	71%	0%	0%	0%
Well-EMPS:Dnby (2)*	100%	100%	50%	50%	50%	50%	100%	50%	100%	50%	100%	0%	0%	0%
Well-EMPS:Torr (2)*	100%	100%	100%	0%	100%	50%	100%	100%	100%	0%	100%	50%	0%	0%
Well-EMPS:Wtby (15)*	73%	80%	73%	7%	87%	80%	80%	80%	87%	20%	87%	20%	7%	17%
Full-Time Staff Only (95)	80%	84%	71%	63%	80%	77%	79%	85%	81%	45%	79%	23%	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

ASD- Autism Spectrum Disorder

Section XI: Data Quality Monitoring

Figure 57. Ohio Scales Collected at Intake by Provider

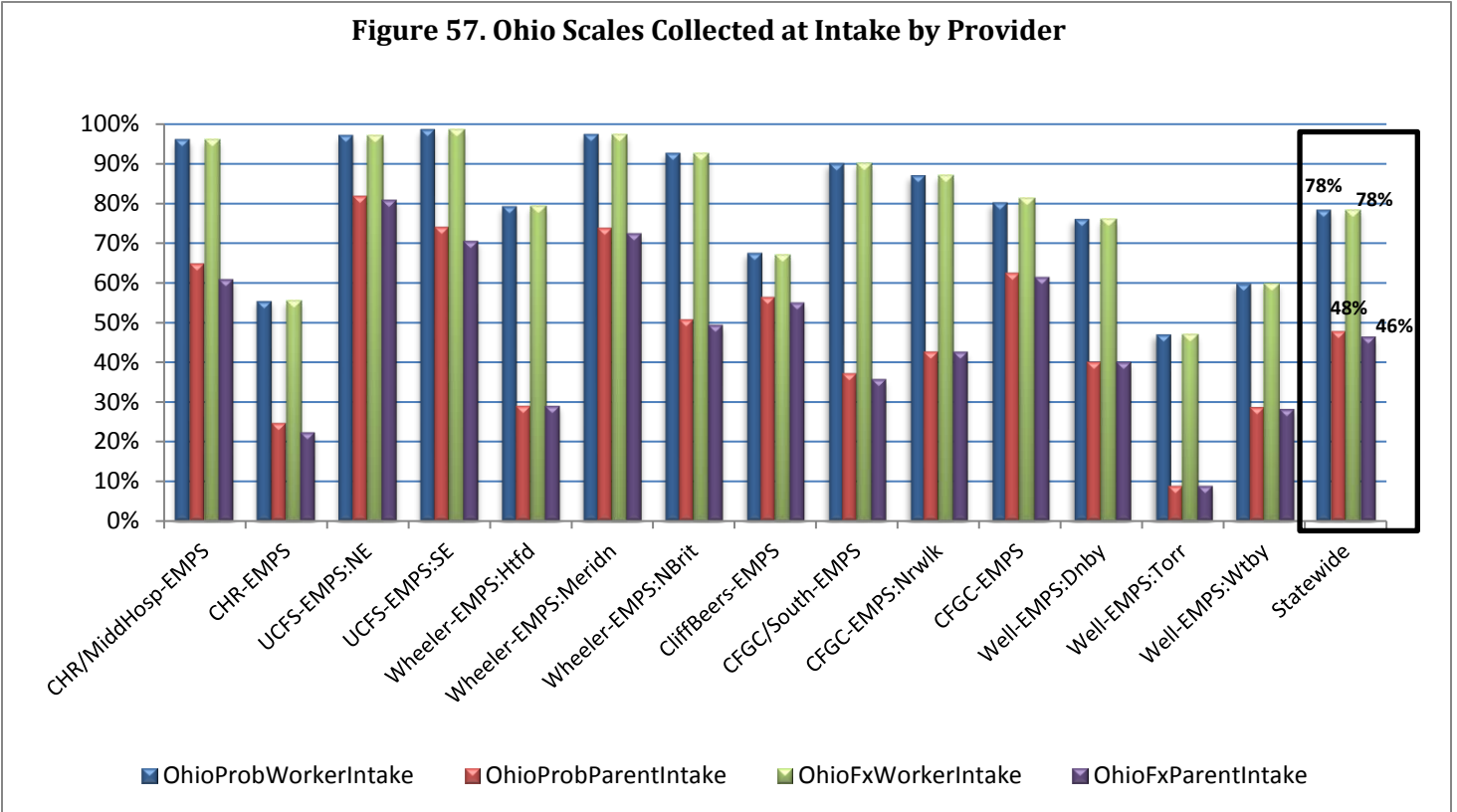
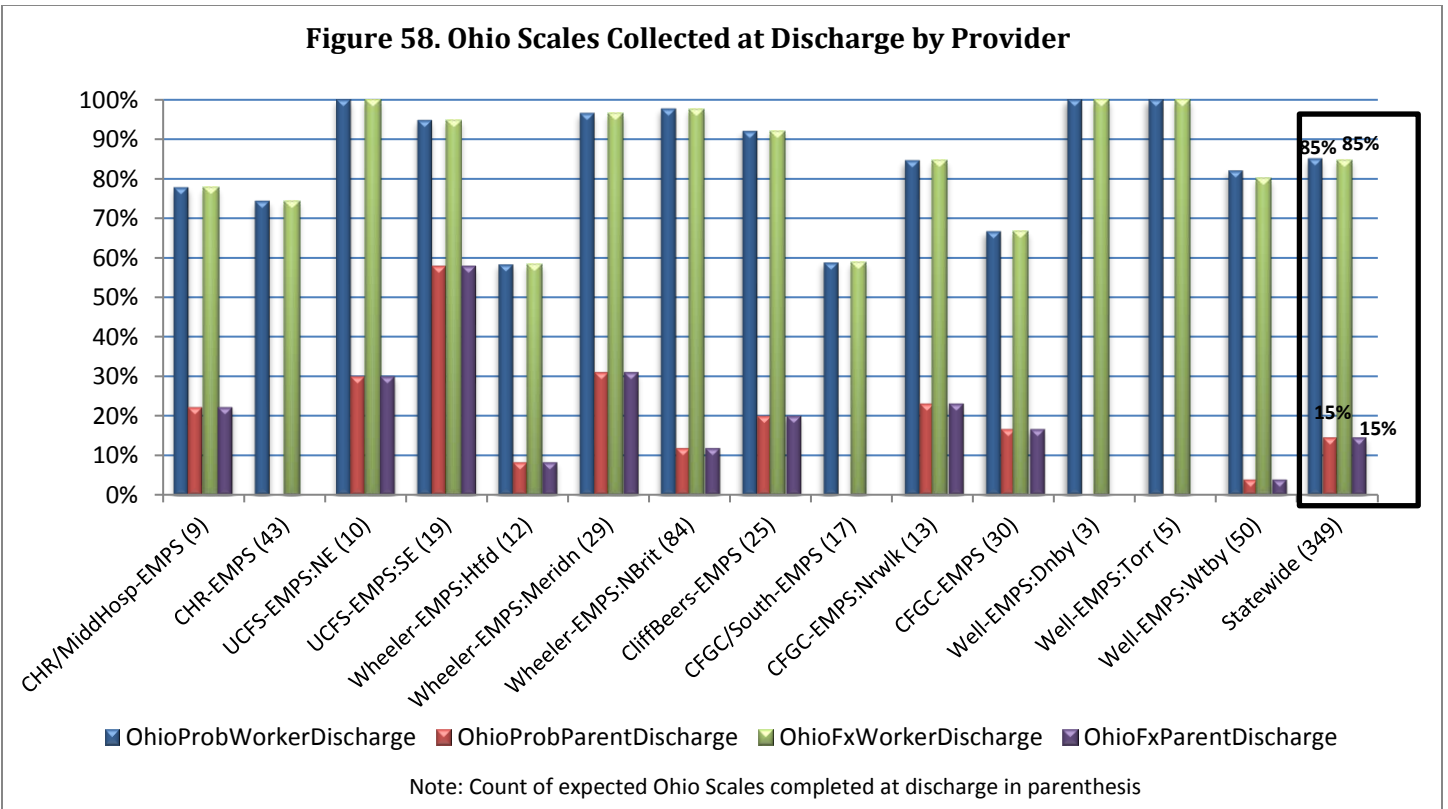
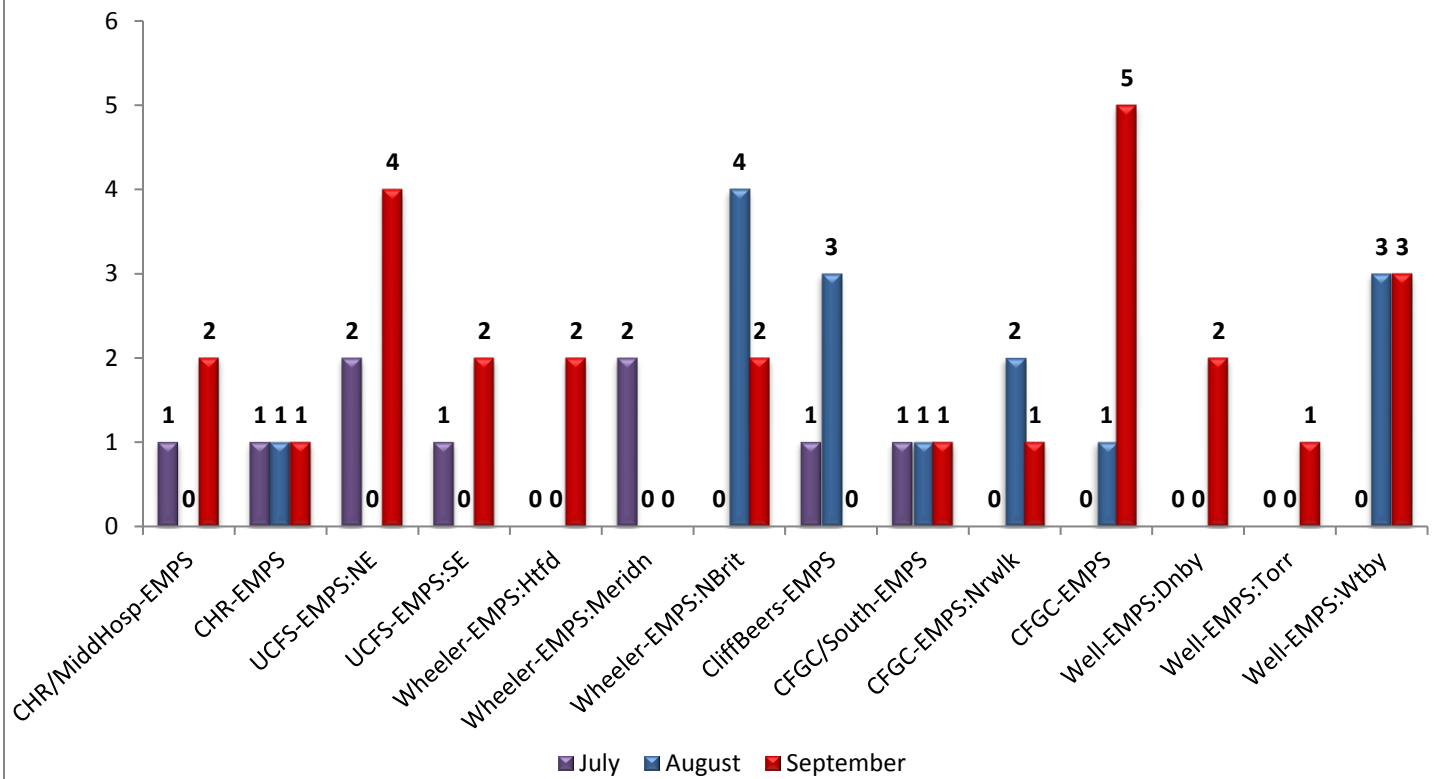


Figure 58. Ohio Scales Collected at Discharge by Provider



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.