



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)**

Annual Report: Fiscal Year 2019

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Fiscal Year 2019 Annual Report

Mobile Crisis Intervention Services (Mobile Crisis), formerly known as the Emergency Mobile Psychiatric Services, is a mobile intervention for children and adolescents experiencing a behavioral or mental health need or crisis. Mobile Crisis is funded by the Connecticut Department of Children and Families (DCF) and is accessed by calling 2-1-1. The statewide Mobile Crisis network is comprised of more than 160 trained mental health professionals that can respond immediately by phone or within 45 minutes in person when a child is experiencing an emotional or behavioral crisis. The purpose of the program is to serve children in their homes, schools, and communities, reduce the number of visits to hospital emergency rooms, and divert children from high-end interventions (such as hospitalization or arrest) if a lower level of care is a safe and effective alternative. Mobile Crisis is implemented by six primary contractors, each of whom may have satellite offices or subcontracted agencies. A total of 14 Mobile Crisis sites collectively provide coverage for every town and city in Connecticut.

The Mobile Crisis Performance Improvement Center (PIC) is housed at the Child Health and Development Institute (CHDI) and was established to support the implementation of a best practice model of Mobile Crisis services for children and families. Since August 2009, the PIC has provided data analysis, reporting, and quality improvement; standardized workforce development; and standardized practice development. The PIC is responsible for submitting monthly, quarterly, and annual reports that summarize findings on key indicators of Mobile Crisis service access, quality, and outcomes, and to take a lead role on quality improvement activities. DCF also charges the PIC with taking the lead on practice development and outcomes evaluation.

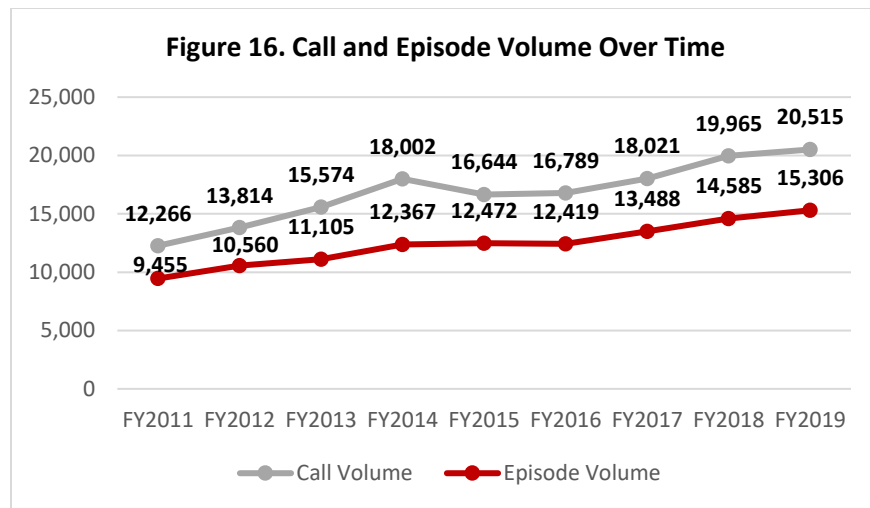
The FY2019 Annual Report summarizes results from Mobile Crisis data entered into Provider Information Exchange (PIE), DCF's web-based data entry system, as well as other activities and results relevant to Mobile Crisis implementation. **This year, Mobile Crisis continued to demonstrate strong results in service access, quality, outcomes, and workforce development.** Achievement of positive results is due to strong collaborations among various partners including DCF, Mobile Crisis providers, the PIC and its subcontractors, 211-United Way, the Connecticut Behavioral Health Partnership (CT BHP) and Beacon Health Options, KJMB Solutions, family members and advocates, and other partners and stakeholders.

This report reviews data and activities from Fiscal Year 2019 (FY2019; July 1, 2018 to June 30, 2019), and when appropriate, includes comparisons to previous years. The report is organized according to the following sections:

- Call and Episode Volume
- Characteristics of Children and Families Served
- Performance Measures and Quality Improvement
- Standardized Workforce Development and Technical Assistance
- Collaboration among Mobile Crisis Intervention Services Partners
- Model Development and Promotion
- Goals for Fiscal Year 2020

Call and Episode Volume

In FY2019, there were 20,515 calls to 2-1-1 requesting crisis intervention, which is a 2.8% higher call volume than FY2018 (19,965 calls), and significantly higher than previous years (Figure 16). Of the 20,515 calls this year, 15,306 resulted in opened episodes of care with Mobile Crisis Intervention Services providers, a 4.9% increase from FY2018 (14,585).



Characteristics of Children and Families Served

Demographic Characteristics

For all Mobile Crisis episodes, data were entered into PIE to capture demographic characteristics, case characteristics, and clinical functioning characteristics of the youth and families that were served.

Sex: Among all Mobile Crisis episodes of care, 52.5% were for males and 47.5% were for females.¹

Age: The highest percentage of children served by Mobile Crisis were 13 to 15 years old (33.1%) and 9 to 12 years old (29.4%). An additional 20.8% of children were 16 years old or older and the remaining 16.6% of children were 8 years old or younger.

Ethnic Background: Most families (65.5%) reported non-Hispanic² ethnicity. Of the 34.5% of children from a Hispanic ethnic background, most reported their ethnicity as “Other Hispanic/Latino” (17.5%) or “Puerto Rican” (11.4%).

Racial Background: The PIE data system allows for more than one race to be selected. In FY2019, the majority (60.5%) of children served by Mobile Crisis reported “White” as their racial background, 23.1% reported “Black/African-American”, 3.7% reported another race, 3.9% selected more than one race, and 17.2% of children were missing data on racial background.

Health Insurance Status: **Most children served by Mobile Crisis were covered by public insurance sources** including Husky A (61.6%) and Husky B (1.3%). Private insurance coverage was reported for 29.7% of youth served and 1.8% of children served by Mobile Crisis this year had no insurance coverage, which is slightly lower than FY2018 (2.1%).

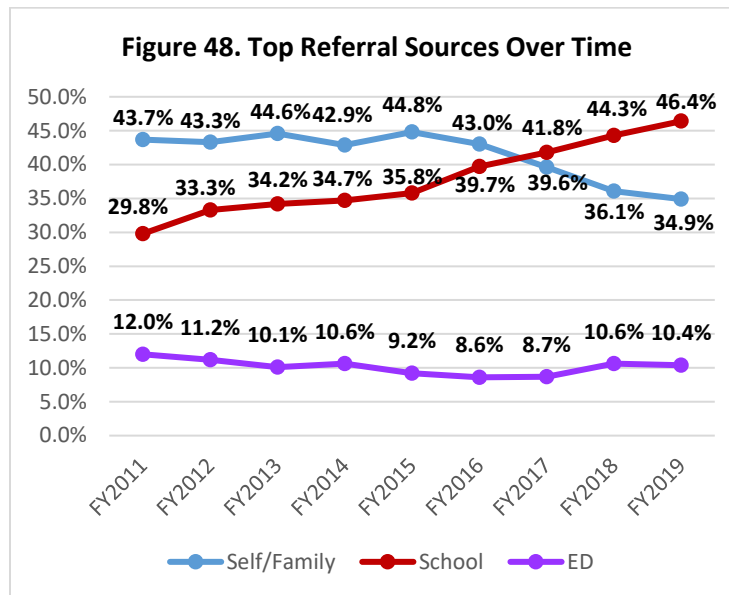
Temporary Assistance for Needy Families (TANF) eligibility: Statewide, **43.7% of children served by Mobile Crisis were eligible for TANF**. Across all 14 Mobile Crisis sites, the percentages of TANF eligible families served ranged from 28.6% (Well-EMPS: Danbury) to 55.4% (Wheeler-EMPS: Meriden).

¹ Sex assigned at birth

² We recognize there are alternate terms for describing ethnicity. This report uses “Hispanic” and “Latino” to remain consistent with the way it is reported in the data system, which reflects the terminology in the U.S. Census.

Case Characteristics

Referral Source: Most children were referred by schools (46.4%), self or family members (34.9%), or emergency departments (10.4%). This represents the third straight year that schools referred the highest percentage of children to Mobile Crisis. Prior to FY2017, self or family comprised the largest percentage of referrals to Mobile Crisis.



Mean Mobile/Office Visits: In FY2019, the average Mobile Crisis episode included 1.8 sessions (by site, the average number of sessions ranged from 1.2 to 3.2). The majority of sessions were Mobile, in which the provider traveled to the child; however, a handful of follow-ups were office visits. Among non-mobile episodes, most were phone contact, with a very small number of visits occurring in the provider’s office. The average number of in-office sessions was 0.05 sessions (by site, the average number of in-office sessions ranged from 0.0 to 0.47). Consistent with the Mobile Crisis model and practice standards, all 14 Mobile Crisis provider sites had a higher average number of mobile sessions per episode than office sessions. In comparison, there was an average 0.10 in-office sessions per episode of care statewide in FY2018.

Length of Stay (LOS): In FY2019, the median LOS was 16.0 days, and the mean LOS was 20.4 days among discharged episodes of care coded as *stabilization plus follow-up*. The mean LOS has stayed relatively consistent the last few years (ranging from 20.3 days to 26.4 days between FY2010 and FY2018). In FY2019, Mobile Crisis providers continued to manage LOS and ensure that data on start and end dates were accurately entered into PIE. Among episodes classified as *stabilization plus follow-up*, **7.1% exceeded a 45-day LOS (2.1 percentage points higher than the benchmark of 5% of episodes exceeding 45 days)**. This percentage is consistent with the rates in FY2017 and FY2018, but represents a continued decrease from FY2016 (10.0%). In FY2019, the median LOS for episodes coded as “Face-to-Face” was 4.0 days, and for “Phone Only” episodes the median LOS was 0.0 days.

Clinical and Functional Characteristics at Intake

Primary Presenting Problems: The six most common primary presenting problems at intake were **Harm/Risk of Harm to Self (29.3%); Disruptive Behavior (24.8%); Depression (15.3%); Anxiety (7.1%); Harm/Risk of Harm to Others (6.2%);** and **Family Conflict (4.2%)**. All other presenting problems combined accounted for 13.1% of referrals. These percentages are fairly similar to prior years.

Diagnosis: In FY2019, the primary diagnoses at intake were restructured according to new ICD-10 guidelines to reflect the most recent diagnostic classifications. The five most common primary diagnoses at intake in FY2019 were Depressive

Disorder (33.3%); Conduct Disorders (15.6%); Adjustment Disorder (12.8%); Anxiety Disorder (10.7%); Attention Deficit/Hyperactivity Disorder (8.8%); and Trauma Disorders (7.1%).

Trauma exposure: Statewide, **56.6% of children served by Mobile Crisis reported exposure to one or more traumatic events**, which is a decrease from FY2018 (61.6%), as well as the prior five years. Across service areas this year, the percentage of youth reporting trauma exposure ranged from 48.3% (Southwestern area) to 66.6% (Eastern service area). Among those with trauma exposure, the most common types were disrupted attachment/multiple placements (25.3%), witnessing violence (20.5%), being a victim of violence (17.2%), and sexual victimization (11.8%).

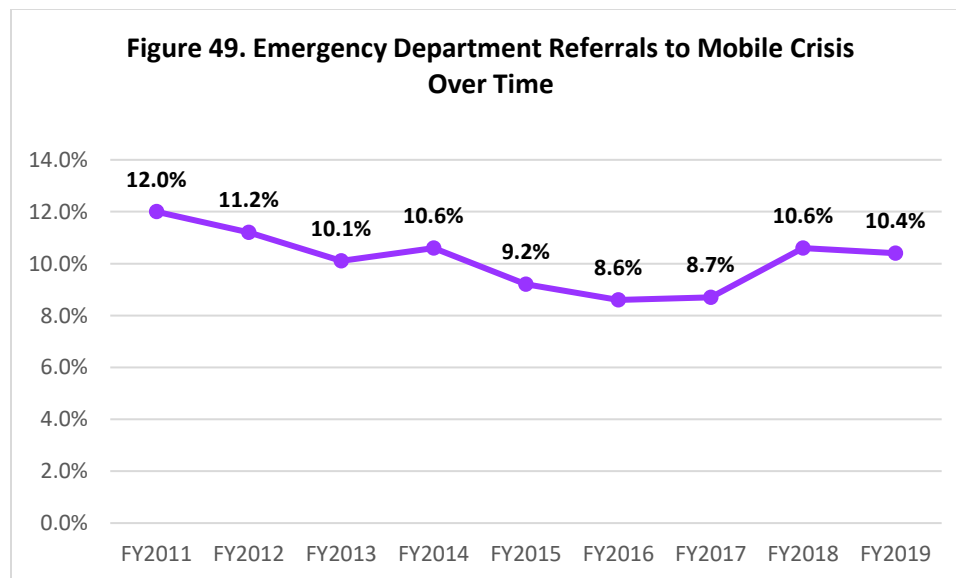
DCF Involvement: At intake, **most children (83.9%) served by Mobile Crisis were not involved with DCF**, a slight increase from FY2018 (82.7%) and FY2017 (83.0%). For those families involved with DCF, the most common types of involvement at intake were CPS in-home services (6.8%), CPS out-of-home services (3.9%), and Family with Service Needs – In Home (1.4%). These rates are similar to results from FY2018.

Juvenile Justice Involvement: Statewide, 3.2% of children served by Mobile Crisis had been arrested in the six months prior to the Mobile Crisis episode, slightly lower than FY2018 (3.6%) and FY2017 (4.4%). Moreover, 1.1% of youth were arrested during the Mobile Crisis episode, which is similar to FY2018 (1.2%).

School Issues: Across the state, the top four issues at intake that had a negative impact on the youth’s functioning at school were emotional (33.5%), behavioral (26.5%), social (22.6%), and academic problems (16.2%). Statewide, 14.9% of youth served by Mobile Crisis had been suspended or expelled in the six months prior to the Mobile Crisis episode. This is similar to the percent suspended or expelled in FY2018 (15.0%).

Alcohol and Other Drug (AOD) Use Problems: In terms of lifetime prevalence of AOD use, 0.4% reported alcohol use, 5.4% reported other drugs, and 2.1% reported both alcohol and other drug use.

Emergency Department and Inpatient Hospital Utilization: Statewide, 10.4% of all referrals to Mobile Crisis came from hospital EDs, compared to 10.6% in FY2018. Figure 49 demonstrates trends in this rate over the past several years. In FY2019, 18.8% of episodes were evaluated in an ED one or more times during the given Mobile Crisis episode of care, and 7.1% of Mobile Crisis episodes had an inpatient admission during the episode; results that are similar to FY2018.



Performance Measures and Quality Improvement

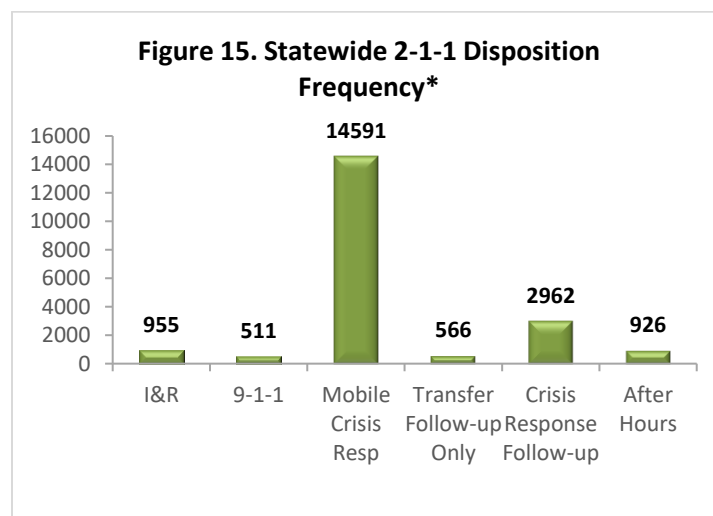
In FY2019, the PIC worked with collaborators to produce monthly reports, quarterly reports, and this annual report summarizing indicators of access, service quality, performance, and outcomes (visit www.chdi.org or www.empsct.org for all reports). Site visits were conducted with providers and performance improvement plans were developed with the six primary service area teams and, when applicable, their satellite offices or subcontractors. Individualized consultation helped Mobile Crisis providers identify best practice areas and identify and address areas in need of improvement. Primary indicators of service access and quality were the focus of many sites' performance improvement plans, but sites increasingly examined other indicators of service and programmatic quality including clinical and administrative processes. During FY2019 there were a total of 68 performance improvement goals developed (includes goals duplicated across more than one quarter). Of those goals, 19% were achieved and an additional 60% of the goals saw improvement. Only 21% of goals developed had no positive progress (see Table 12 for a summary of sites' performance improvement plans).

Data on performance measures and quality improvement activities are reviewed below along with clinical outcomes and special data analysis requests in FY2019.

Call Volume: In FY2019, there were **20,515 calls to 2-1-1 and Mobile Crisis for intervention**, which is 2.8% higher than FY2018 (19,965). These calls resulted in **15,306 Mobile Crisis episodes of care**, 4.9% more than FY2018 (14,585). The 15,306 episodes of care were provided to **11,016 unique children**.

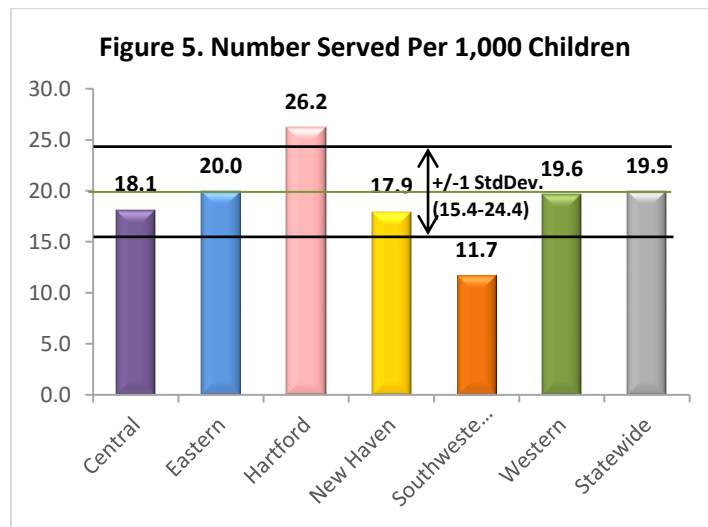
Figure 13 (Section III) provides a visual representation of Mobile Crisis episode volume across the state. The map indicates the rate of Mobile Crisis episodes in each town during FY2019, relative to each town's child population (episodes per 1,000 children). It is important to note that towns with smaller populations may have a higher episode rate relative to their population, even with a low numeric episode count. Only three towns did not have any episodes, and the major cities of Hartford, Waterbury, New Haven, and Bridgeport each had over 500 episodes this year.

Most calls (14,591) were transferred to a Mobile Crisis provider for a response. Additionally 2,962 calls in FY2019 were sent to Mobile Crisis for crisis response follow-up, 926 were transferred to Mobile Crisis for after-hours follow-up, and 566 were transfer follow-up. The remaining calls were handled by 211 only as information and referral (955) or as transfers to 911 (511). Please note that 4 of the 20,515 calls were missing disposition information.

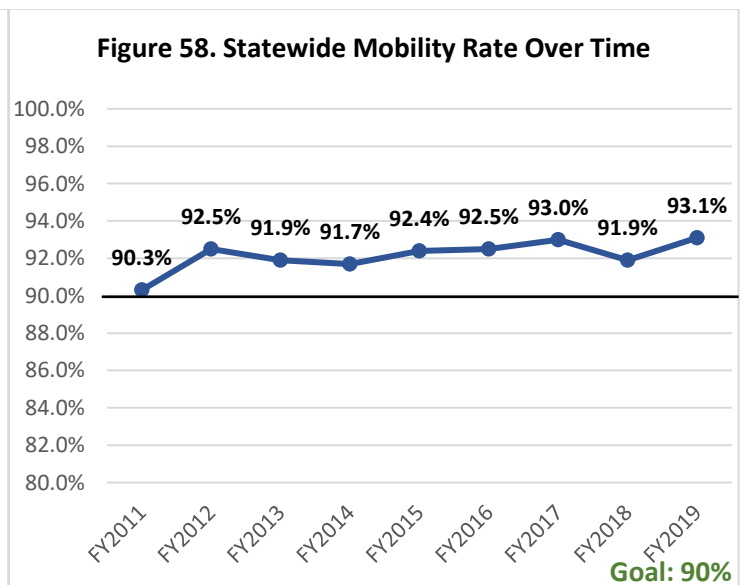
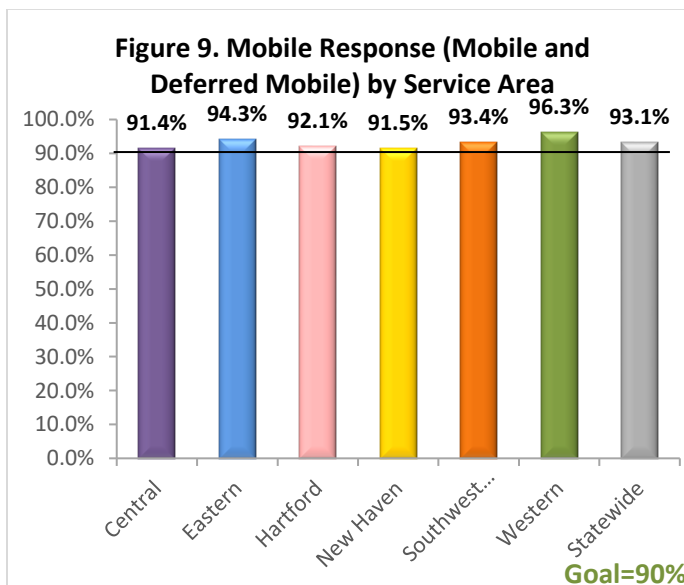


A “service reach rate” examines total episodes relative to the population of children (based on 2010 U.S. Census data) in a given catchment area (see Figure 5 below). Service reach rates are calculated statewide, for each service area, and for each individual provider. The statewide service reach rate for FY2019 was 19.9 episodes per 1,000 children compared to 17.9 in FY2018 and 16.5 in FY2017. The Hartford service area had the highest service reach rate (26.2 per 1,000 children)

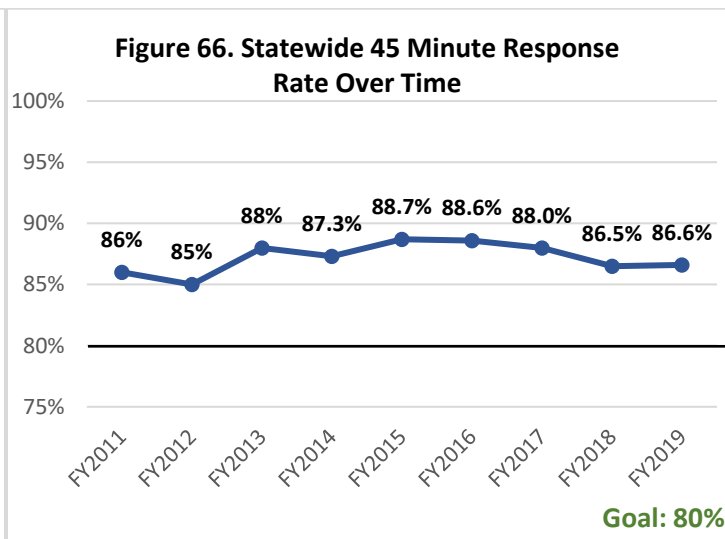
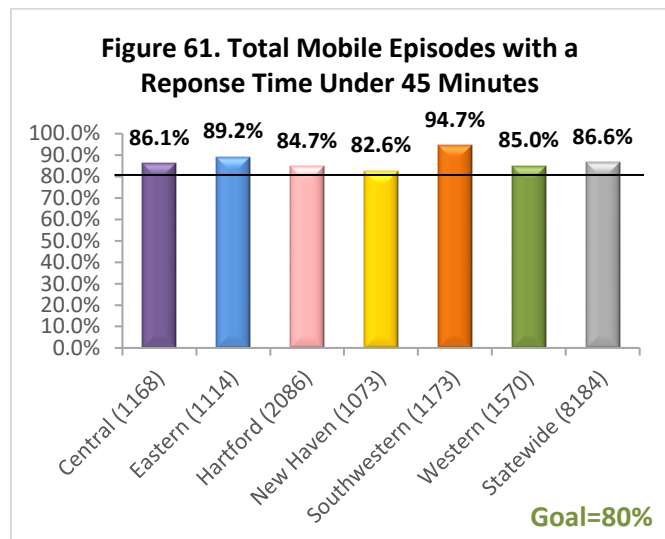
which was more than 1 standard deviation above the statewide mean. The lowest service reach rate was in the Southwestern service area (11.7 episodes per 1,000 children), which was more than one standard deviation below the statewide mean.



Mobility Rate: Mobile responsiveness is a key feature of Mobile Crisis service delivery. Since PIC implementation, the established mobility benchmark has been 90%. To calculate mobility, the Mobile Crisis PIC examines all episodes for which 2-1-1 recommended a mobile or deferred mobile response and determines the percentage of those episodes that actually received a mobile or deferred mobile response from a Mobile Crisis provider. **In FY2019, the statewide mobility rate was 93.1%** which was above the 90% benchmark. The statewide mobility rate this year was slightly higher than FY2018 (91.9%), and was the highest overall mobility rate since PIC operations began in FY2009 (See Figure 58). The baseline mobility rate in FY2009, prior to PIC implementation, is estimated at 50%. **All of the six service areas had an annual mobility rate above the 90% benchmark.** The highest rate was in the Western region (96.3%) and the lowest was in the Central service area (91.4%). The range in mobility rates across all six service areas was 4.9 percentage points, which was close to FY2018 (4.8 percentage points) and FY2017 (4.5 percentage points). Continued year-to-year increases in Mobile Crisis utilization rates impacts sites' ability to respond to requests for mobile responses; however, the Mobile Crisis program continues to demonstrate excellent overall mobility.



Response Time: The benchmark for response time is that a minimum of 80% of all mobile responses be provided in 45 minutes or less. **This year, 86.6% of all mobile responses were made within the 45-minute benchmark.** This is similar to the rate in FY2018 (86.5%). All six service areas were above the 80% benchmark, with service area performance ranging from 82.6% (New Haven) to 94.7% (Southwestern). **The median response time this year was 29.0 minutes, which was one minute less than FY2018.** Statewide response time performance has been consistently above expectations the last eight fiscal years despite growth in episode volume.



Clinical Outcomes

Ohio Scales: The Ohio Scales are intended to be completed at intake and discharge by parents and Mobile Crisis clinicians, typically for stabilization follow-up episodes in which children and families are seen in person for multiple sessions over a timeframe of at least 5 and up to 45 days.³ Statewide, 4,053 clinician-report and 546 parent-report Ohio Scales were completed at intake and discharge. **In FY2019, Mobile Crisis clinicians completed the Ohio Scales for 85.9% of episodes at intake and 83.8% at discharge, among the episodes expected to have completed Ohio Scales.** Clinician completion rate at both intake and discharge was higher in FY2019 than FY2018. In FY2019, **parents completed the Ohio Scales at the rate of 45.8% at intake and 12.6% at discharge**, both of which were higher than FY2018. Throughout the year, providers have been working with their clinicians to improve their parent Ohio Scale completion rate. By including Ohio Scale completion as a part of every providers' PIP, additional training provided by DCF and providers, and constant emphasis on the importance of these scales, the numbers have increased.

Even though the Ohio Scales were designed to assess treatment outcomes for longer-term models of intervention such as outpatient care, pre-post changes indicate **statistically significant and positive changes on all domains of the Ohio Scales** (see Table 4) at the statewide-level. It is important to note that low completion rates (especially for parent-report measures at discharge) present a potential threat to the validity of these results.

Examining "clinically meaningful change" is one way to view change in Ohio Scales from intake to discharge. Clinically meaningful change on the Ohio Scales Functioning Scale is a change of at least 8 points and a score of 50 or higher at discharge; and on the problem severity scale, a change of at least 10 points and a score of 25 or lower at discharge. Using these definitions, there was clinically meaningful change in Functioning for 8.8% of youth according to parent-report and 5.3% of youth according to clinician-report. There was clinically meaningful change on Problem Severity for 10.8% of youth according to parent-report and 7.0% of youth according to clinician-report.

³ All Ohio Scale completion numbers and rates reported in this paragraph reflect completion of Functioning Scales. Problem Severity Scale completion rates are very similar to those of the Functioning Scales. See Figures 78 and 79 for rates of all scales.

Beginning in FY2019, the Mobile Crisis PIC began using the Reliable Change Index (RCI) to measure additional levels of change in Ohio Scale scores (See Statewide RBA). RCI is a method for taking change scores on an instrument and interpreting them in easily understandable categories. Using the properties of a specific instrument (the mean, standard deviation, and reliability), RCI identifies cut-offs for which there is reasonable confidence that the change is not merely due to chance.⁴ In addition to the clinically meaningful change described above, the RCI includes measures of Reliable Improvement and Partial Improvement. Reliable Improvement reflects a positive change that is equal to or greater than the RCI value, but does not meet the clinical cut off score at discharge. Partial Improvement reflects positive change that is greater than half of the RCI value but less than the full RCI value.

For FY19, the use of the RCI identified partial or reliable improvement in Functioning for an additional 17.7% of children as measured by parent completion of scales and an additional 15.9% as measured by clinician-completed scales. On Problem Severity, the newly added categories of change identified an additional 12.6% of children per parent-completed scales and an additional 13.8% per clinician-completed scales.

| Statewide Ohio Scale Scores (based on paired intake and discharge scores) | N | Mean (intake) | Mean (discharge) | t-score | Sig. | % Clinically Meaningful Change | % RCI | % Partial RCI | % Demonstrating Improvement⁵ |
|-------------------------------------------------------------------------------------|----------|----------------------|-------------------------|----------------|-------------|---------------------------------------|--------------|----------------------|------------------------------------------------|
| Parent Functioning Score | 546 | 45.65 | 46.91 | 2.88 | p=.004 | 8.8% | 7.3% | 10.4% | 26.5% |
| Worker Functioning Score | 4053 | 44.82 | 46.56 | 19.00 | p<.001 | 5.3% | 3.8% | 12.1% | 21.2% |
| Parent Problem Severity Score | 554 | 26.28 | 23.73 | -6.44 | p<.001 | 10.8% | 3.8% | 8.8% | 23.4% |
| Worker Problem Severity Score | 4061 | 25.94 | 23.47 | -24.69 | p<.001 | 7.0% | 1.8% | 12.0% | 20.8% |
| Total | 9214 | | | | | | | | |

Special Data Analysis Requests

The Mobile Crisis PIC examined PIE and other data submissions and answered a number of important questions related to Mobile Crisis service delivery, access, quality, outcomes, and systems-related issues. Many of these special data requests were generated throughout the year in response to questions from DCF, Mobile Crisis providers, and other stakeholders. This information was used to shape Mobile Crisis practice as well as systems-level decision-making. Several examples are described below.

Results Based Accountability (RBA): Historically, the Mobile Crisis PIC has helped identify appropriate indicators for RBA reporting and has reported on these indicators in the annual report. In Q2 FY2016, Mobile Crisis PIC integrated the statewide RBA report card into quarterly reports to enhance the capacity for DCF and statewide stakeholders to monitor performance on a more regular basis. In FY2019, the Mobile Crisis PIC also provided each regional Mobile Crisis provider with their own RBA with site specific data.

Schools, Emergency Departments, and Mobile Crisis: This fiscal year, the Mobile Crisis PIC took initial steps towards increasing collaboration between the schools, emergency departments, and Mobile Crisis; this work will take on a larger

⁴ Jacobson, N. S., & Truax, P. (1991). Clinical Significance: A Statistical Approach to Defining Meaningful Change in Psychotherapy Research. *Journal of Consulting and Clinical Psychology*, 59(1), 12–19.

⁵ Total percent of scales meeting the criteria for Partial RCI, RCI, and Clinically Meaningful.

role in FY2020. Mobile Crisis data was used to determine to what extent specific schools across the state are utilizing the service. These results were used to begin to compile a list of schools for outreach, with the goal of gathering information on school referrals to the emergency department. Once this data is collected, comparisons will be made between Mobile Crisis and ED utilization in the schools, and additional outreach will be conducted to promote the use of Mobile Crisis as an alternative to the ED.

Mobile Crisis Analyses Supporting Related Initiatives: Mobile Crisis data continued to be analyzed in support of the School-Based Diversion Initiative (SBDI) to encourage use of Mobile Crisis services by participating schools as an intervention for students with behavioral needs, and an alternative to law enforcement contact, arrest, and juvenile court referrals. New analyses were conducted to examine differences in trends related to race/ethnicity of students enrolled in SBDI schools who received referrals to Mobile Crisis in comparison to the demographic trends of students who received court referrals. Potential disparities were shared with school staff.

This year, Mobile Crisis data was used to support two additional initiatives in Connecticut: 1) Connecticut's participation in Project AWARE, which works within specific school districts and communities to provide or enhance services in support of the mental and behavioral health of youth and families; and 2) the CONNECT initiative's development of regional dashboards to increase public access to information on the state's services.

Advancing Quality Improvement Standards: The Mobile Crisis PIC examined benchmarks (e.g., mobility, response time) disaggregated by referral source, at the statewide, service area, and provider levels. This allowed sites to assess areas for quality improvement among subgroups of Mobile Crisis recipients.

Statewide Committee Reporting: The Racial and Ethnic Disparities (RED) Committee, formerly known as Disproportionate Minority Contact (DMC) Committee, periodically requests the PIC to examine response time and referral sources for school districts in Connecticut, particularly Alliance School Districts. The JJPOC Diversion Workgroup is provided information on Mobile Crisis referrals, child demographic information for youth served, presenting problems and diagnosis by race to inform juvenile justice reform efforts. A Mobile Crisis presentation was also delivered at the Child & Adolescent Quality, Access, and Policy subcommittee of the Children's Behavioral Health Partnership Oversight Council.

Standardized Workforce Development and Technical Assistance

The Mobile Crisis PIC is responsible for designing and delivering a standardized workforce development and training curriculum that addresses the core competencies related to delivering Mobile Crisis services in the community. Providers are required by contract to ensure that their clinicians attend these trainings. CHDI contracts with Wheeler Clinic's CT Clearinghouse to coordinate the logistics associated with implementing training events throughout the year. There were twelve regular training modules offered in FY2019, including:

1. 21st Century Culturally Responsive Mental Health Care
2. Crisis Assessment, Planning and Intervention
3. Disaster Behavioral Health Response Network
4. Emergency Certificate Training
5. Strengths-Based Crisis Planning
6. Overview of Intellectual Developmental Disabilities and Positive Behavioral Supports
7. Traumatic Stress and Trauma-Informed Care
8. Assessing Violence Risk in Children and Adolescents
9. Question, Persuade and Refer (in house training by managers)
10. Columbia Suicide Severity Rating Scale (online training)
11. Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT)
12. Autism Spectrum Disorders

Evaluation forms indicated that participants were generally highly satisfied with the training modules and that the learning objectives were consistently met. Evaluation findings continue to be used to inform changes for FY2020. Highlights from the Mobile Crisis PIC training component include the following:

- 28 training modules were held in FY2019 (28 were also held in FY2018).
- There were 327 attendees across all Mobile Crisis trainings in FY2019, representing 88 unique individuals that attended at least one training this fiscal year.
- There have been 312 trainings in the nine years of Mobile Crisis PIC implementation, and 616 Mobile Crisis staff members have completed one or more trainings during that time.

In addition to these formal workforce development sessions, the PIC provided Mobile Crisis staff with periodic consultation and technical assistance to address data collection and entry issues, for using data to enhance Mobile Crisis access and service quality, and to inform management and clinical supervision. In an effort to reduce redundancy in content and increase efficiency of delivering the training curriculum, especially in light of continued high episode volume, Columbia Suicide Severity Rating Scale (CSSRS) continues to be offered as an online training module and Question, Persuade and Refer (QPR) is offered at the individual sites by the managers.

Collaborations among Mobile Crisis Partners

There were numerous collaborations among DCF, the Mobile Crisis PIC, Mobile Crisis provider organizations, the Connecticut Behavioral Health Partnership (CTBHP) and Beacon Health Options, 211-United Way, FAVOR, and other stakeholders. Activities in this area include:

- *Monthly Meetings:* Monthly meetings include representatives from the Mobile Crisis PIC, DCF, Mobile Crisis managers and supervisors, 211-United Way, Beacon, and other stakeholders. The meetings are held to review Mobile Crisis practice and policy issues.
- *The School Based Diversion Initiative (SBDI):* SBDI is a school-based initiative that seeks to reduce rates of school-based arrest, expulsion, and out of school suspension through professional development, revisions to school disciplinary policies, and access to mental health services and supports in the school and community. The initiative emphasizes enhanced school utilization of Mobile Crisis as a “front end” diversion to school-based arrest, which disproportionately affects students with behavioral health needs.
- *Client and Referrer Satisfaction:* 211-United Way and the Mobile Crisis PIC worked together to measure and report family and referrer satisfaction with Mobile Crisis services.
- *Workforce Development Enhancement:* The Mobile Crisis PIC, CT Clearinghouse, DCF, and Mobile Crisis personnel collaborated to offer three trainings at the manager’s meeting on School Refusal, Problem Sexual Behavior, and Gender Identity. These three training modules will be added to the training schedule for FY 2020 as special offerings. QPR and A-SBIRT will continue to be provided as in-house trainings.
- *Annual Meetings:* Mobile Crisis Providers, clinicians, DCF and other stakeholders attended the year-end annual meeting at Beacon Health Options. The purpose of annual meetings were to recognize Mobile Crisis accomplishments throughout the year and to provide a training on “Restorative Practices In Schools” by Joe Brummer.
- *MOA Development with School Districts:* Mobile Crisis PIC staff provided technical assistance and support to Mobile Crisis managers to develop MOAs with school districts as one element of Connecticut Public Act 13-178. To date, the PIC has collected MOAs from 201 of 206 districts. Staff from 211-United Way sent outreach mailings to school administrators, and the Mobile Crisis PIC facilitated contact between Mobile Crisis providers and school personnel. Staff from 211-United Way posted MOA information and signed MOAs on their website (<http://www.empsct.org/moa/>). Additionally, a brief video highlighting the mutual benefits that students and schools receive by collaborating with Mobile Crisis service providers was developed and disseminated to school administrators.

Model Development and Promotion

Mobile Crisis stakeholders continue to work toward standardized Mobile Crisis practice across the provider network, present to various system stakeholders to ensure awareness of Mobile Crisis throughout the state, and to establish Connecticut's Mobile Crisis Intervention Services program as a recognized national best practice. Staff at the PIC made a number of contributions in these areas, which are summarized below.

Significant work this year revolved around the role that Mobile Crisis currently plays, and could play, in reducing behavioral health emergency department (ED) volume. CHDI facilitated workgroup meetings throughout the year on the behavioral health ED issue, which included presentations of Mobile Crisis data from the PIC, as well as presentations by Mobile Crisis providers. This culminated in a report published by CHDI in October 2018. With approval from DCF, the PIC began implementation of one recommendation from this report, to focus PIC activities on enhancing data collection and Mobile Crisis partnerships with schools to divert more youth from the ED. Additionally, a research study was funded by the Children's Fund of Connecticut with some additional funding support from the PIC contract, and was conducted by researchers from the University of Connecticut School of Social Work (Fendrich, Kurz, Ives, Becker). The study estimated a 25% reduction over 18 months in the use of EDs for behavioral health concerns among youth that had used Mobile Crisis, relative to a comparison group that had initially presented to the ED. Findings from the study were published in the peer-reviewed journal, *Psychiatric Services*, and presented at a national social work research conference in San Francisco, CA in January 2019. Other presentations of Mobile Crisis data took place at *The Alliance: The Voice of Community Nonprofits* (September 2018), and at an orientation session for the state's new school psychologists (November 2018, at Fairfield University). Finally, Vanderploeg (CHDI) and Marshall (DCF) presented on Mobile Crisis to CT's Department of Developmental Services (DDS) to help inform their proposed delivery of mobile response services to Connecticut youth with intellectual and developmental disabilities, and their families.

State and national consultation was also provided throughout the year. "One-off" phone calls and information sharing took place with behavioral health system stakeholders from Massachusetts, Minnesota, Michigan, and Georgia. A number of phone consultations with officials from the State of Ohio took place throughout the year, culminating in an opportunity for Connecticut to provide further consultation and training to Ohio in FY2020 on their design and implementation of a statewide mobile crisis service system for youth. Vanderploeg and Marshall (DCF) continued to provide consultation to SAMHSA system of care grantees through a partnership with the Children's Behavioral Health T.A. Network at the University of Maryland School of Social Work. This included in-person consultation and technical assistance to numerous states and communities at a December 2018 Peer Learning Session, as well as "affinity calls" with system of care grantees and other interested parties throughout the year. Additional activities with SAMHSA and the Children's Behavioral Health T.A. Network are planned for FY2020.

Goals for Fiscal Year 2020

Mobile Crisis continued to experience growth in the number of calls and episodes responded to by Mobile Crisis providers. In spite of the increase in volume, Mobile Crisis providers have continued to attain goals related to both mobility and response time. Each year, the PIC, in partnership with the providers and DCF, identify opportunities to strengthen the model as well as performance and establish goals for the upcoming year. The PIC will continue to also identify opportunities to provide additional data and analyses that support the providers in ongoing quality improvement. Recommended goals for FY2020 are summarized below.

A. Quality Improvement

1. Continue to maintain volume by engaging in outreach activities, meetings, presentations.
2. Continue to focus on reaching schools, local police, and families that may benefit from Mobile Crisis.
3. Each service area will post mobility at or above the 90% benchmark.

4. Each service area will respond to crises in 45 minutes or less for at least 80% of mobile episodes.
5. Increase Ohio Scales completion rates, particularly the parent discharge measure.
6. Mobile Crisis providers will submit Performance Improvement Plans each quarter with goals in service access, service quality, and outcomes, as well as goals relating to efficient and effective clinical and administrative practices.

B. Standardized Training

1. Maintain or increase the number of training modules that are led by Mobile Crisis managers or supervisors.
2. Consider alternative training approaches to ensure that clinicians complete all training modules in a timely manner.
 - Continuation of Mobile Crisis Training Institute Week during which time most or all modules will be offered during this lower-volume time of year. This will supplement, not replace, existing offerings.
 - Continuation of a web-based Mobile Crisis training module to improve access and decrease cost for service providers.

C. Developing the Mobile Crisis Clinical Model

1. The PIC will work with DCF to provide consultation to one or more states seeking to develop or enhance their state's mobile crisis program.

D. Support the implementation of Connecticut Public Act 13-178 components that pertain to Mobile Crisis

1. Support Mobile Crisis expansion to our service providers' staff by utilizing data to inform how best to increase effective service delivery, including cost-effectiveness analyses, hourly breakdown of Mobile Crisis utilization, and evaluating growth in quarterly service area performance goals.
2. Continue to provide training to Mobile Crisis providers that aligns with the goals in the state's Children's Behavioral Health Plan.

SFY 2019 Annual RBA Report Card: Mobile Crisis Intervention Services

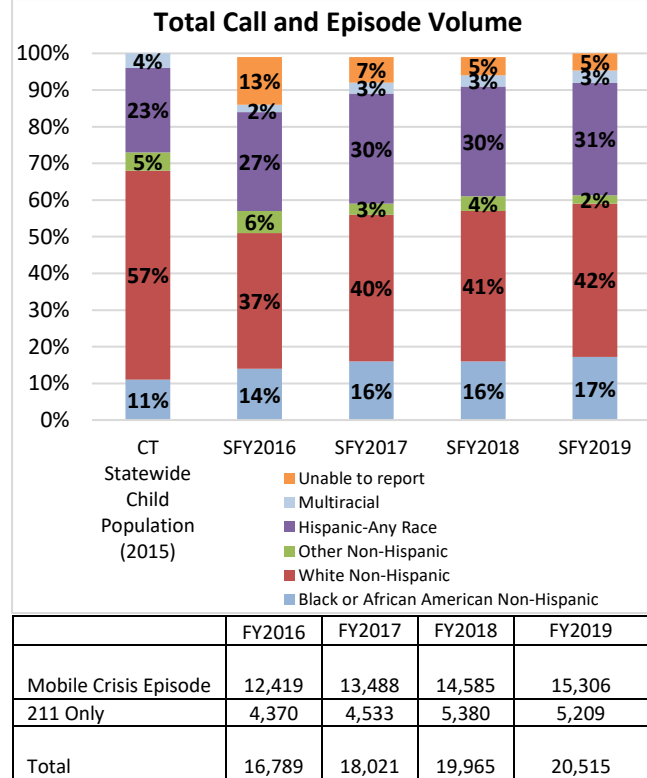
Quality of Life Result: Connecticut's children will live in stable environments, safe, healthy and ready to lead successful lives.

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 SFY2019

State Funding: \$11,970,297

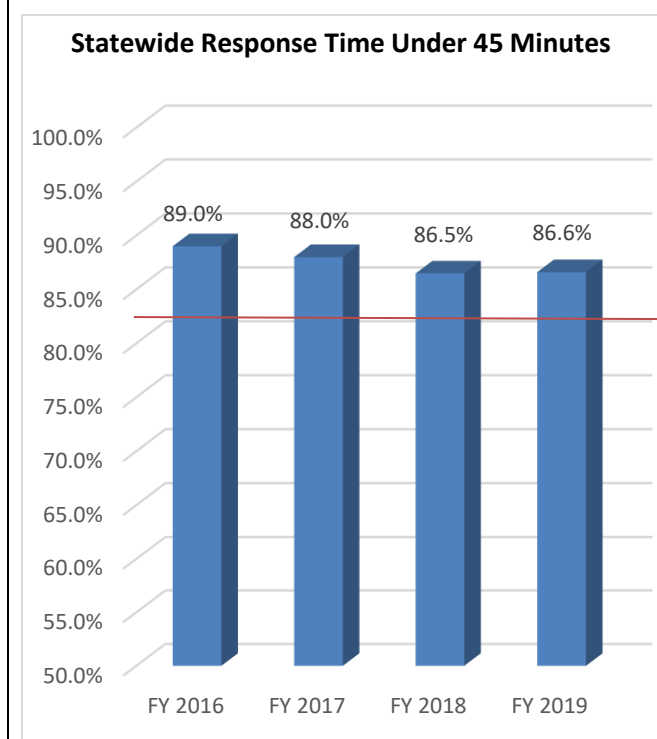
How Much Did We Do?



How Much Did We Do?

| Episodes Per Child | | | |
|--------------------|-------------|---------------|-------|
| FY2016 | DCF Child | Non-DCF Child | Total |
| 1 | 792 (14.1%) | 4,806 (85.9%) | 5,598 |
| 2 | 175 (20.4%) | 682 (79.6%) | 857 |
| 3 | 45 (18.8%) | 195 (81.3%) | 240 |
| 4 or more | 47 (32.4%) | 98 (67.6%) | 145 |
| FY2017 | DCF Child | Non-DCF Child | Total |
| 1 | 713 (12.8%) | 4,866 (87.2%) | 5,579 |
| 2 | 166 (15.6%) | 901 (84.4%) | 1,067 |
| 3 | 58 (19.7%) | 236 (80.3%) | 294 |
| 4 or more | 47 (23.4%) | 154 (76.6%) | 201 |
| FY2018 | DCF Child | Non-DCF Child | Total |
| 1 | 767 (12.7%) | 5,281 (87.3%) | 6,048 |
| 2 | 190 (16.7%) | 948 (83.3%) | 1,138 |
| 3 | 72 (21.4%) | 265 (78.6%) | 337 |
| 4 or more | 47 (21.4%) | 173 (78.6%) | 220 |
| FY2019 | DCF Child | Non-DCF Child | Total |
| 1 | 738 (11.2%) | 5,857 (88.8%) | 6,595 |
| 2 | 185 (15.5%) | 1,006 (84.5%) | 1,191 |
| 3 | 70 (19.7%) | 286 (80.3%) | 356 |
| 4 or more | 65 (26.0%) | 185 (74.0%) | 250 |

How Well Did We Do?



Story Behind the Baseline: In SFY 2019, there were 20,515 total calls to the 211 Call center, which was 2.8% more than SFY 2018 and the highest volume to date. The number of Mobile Crisis episodes in SFY 2019 was 15,306, 4.9% higher than SFY 2018 (14,585) and the highest total in the history of Mobile Crisis. This year the percentage breakdown of race/ethnicity was similar to last year. Overall, Mobile Crisis use reflects increased community awareness of its availability and effectiveness, and in particular, growth in utilization among schools.

Trend: ↑

Story Behind the Baseline: In SFY2019, of the 8,392* children served by Mobile Crisis, 78.6% (6,595) had only one episode of care, 92.8% (7,786) had one or two episodes. This is proportionally the same as in SFY2018 - 78.6% (6,048) and 92.8% (7,186) respectively. This data indicates the effectiveness of Mobile Crisis in reducing the need for additional mobile crisis services. The proportion of children with 3 and 4 or more episodes of care were proportionally about the same as last year.

*Note: Only children with DCF/Non DCF status identified were reported.

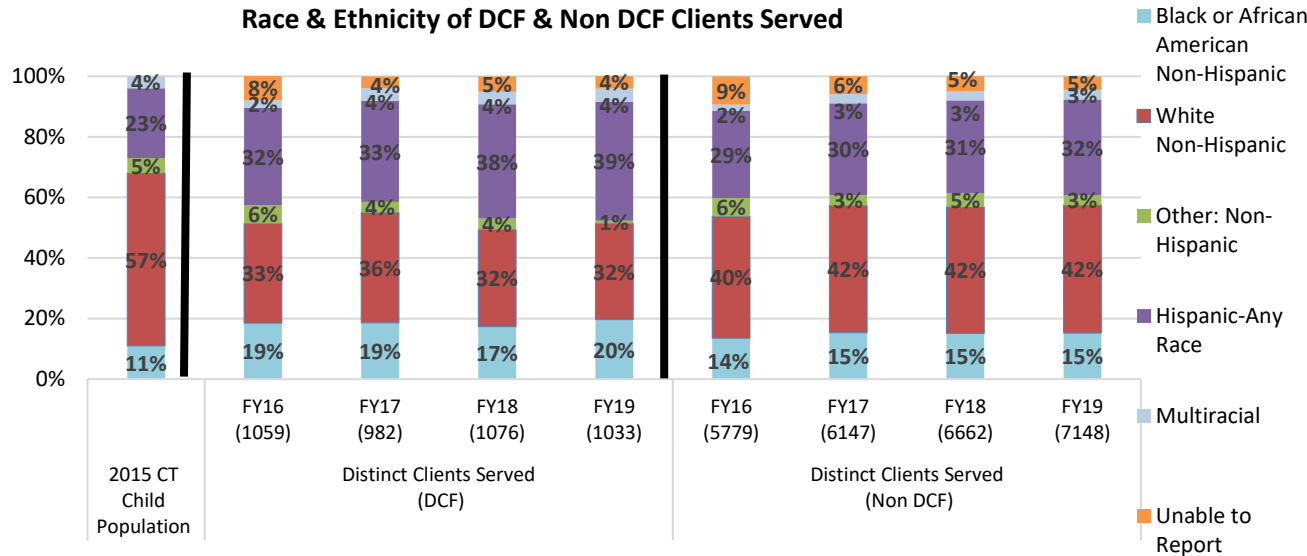
Trend: →

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. For SFY 2019, 86.6% of all mobile responses were achieved within the 45 minute mark. The four year average for statewide response time is 87.5%. **The median response time for SFY 2019 was 29 minutes.** Mobile Crisis continues to quickly respond in 45 minutes or less to family homes, schools and other locations in the community to deal with child crises.

Trend: →

How Well Did We Do?

Race & Ethnicity of DCF & Non DCF Clients Served

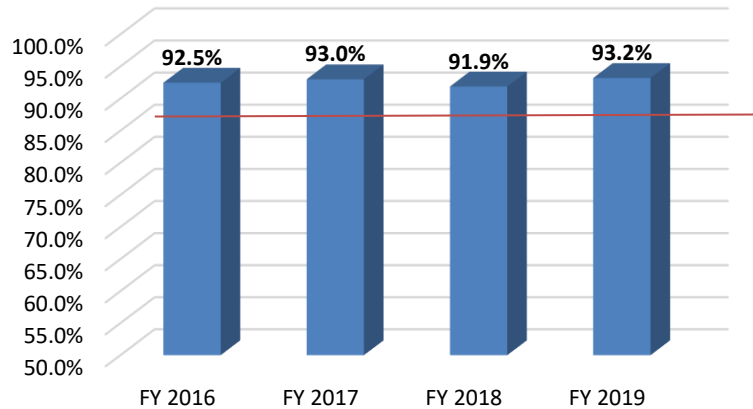


Story Behind the Baseline: Over the 4 years reviewed, the race and ethnicity of non-DCF children utilizing Mobile Crisis is more consistent with the DCF population of children served, not the statewide child population. Over the 4 years reviewed, Hispanic and Black DCF and Non-DCF involved children^{1,2} access Mobile Crisis services at rates higher than the general population, while white DCF and Non-DCF involved children access the service at lower rates. Both Hispanic and Black DCF involved children utilize Mobile Crisis at higher rates than Non-DCF children, while White Non-DCF involved children utilize Mobile Crisis at higher rates than their DCF counterparts.

¹Note: Only children that had their DCF or non DCF status identified were reported. ²Note: For the Distinct Clients served some had multiple episodes as identified above in Episodes per Child.

How Well Did We Do?

Statewide Mobility Rates

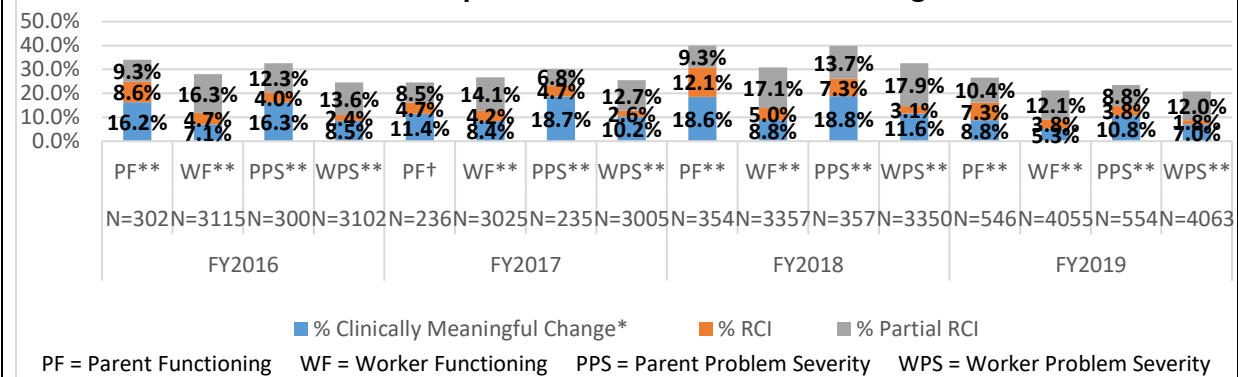


Story Behind the Baseline: Mobile responsiveness is a key feature of Mobile Crisis service delivery which has a 90% mobility benchmark. The statewide mobility rate was estimated at 50% prior to re-procurement of the service. In SFY 2019, the statewide mobility rate was 93.2%. This marks the ninth consecutive year in which statewide mobility has surpassed the 90% benchmark.

Trend: →

Is Anyone Better Off?

**FY2019 Statewide Ohio Scale Scores:
Level of Improvement from Intake to Discharge**



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 2019 showed an average 8.8% improvement in child functioning and 10.8% decline in child problem severity following Mobile Crisis involvement. For SFY 2019 and subsequent quarterly reports, the percent of children demonstrating reliable improvement and partial improvement in addition to clinically meaningful change is included.

¹Note: Statewide Ohio Scale Scores are based on paired intake and discharge scores. ²Note: Statistical Significance: † .05-.10; * P < .05; **P < 0.01

Trend: ↑

Section II: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

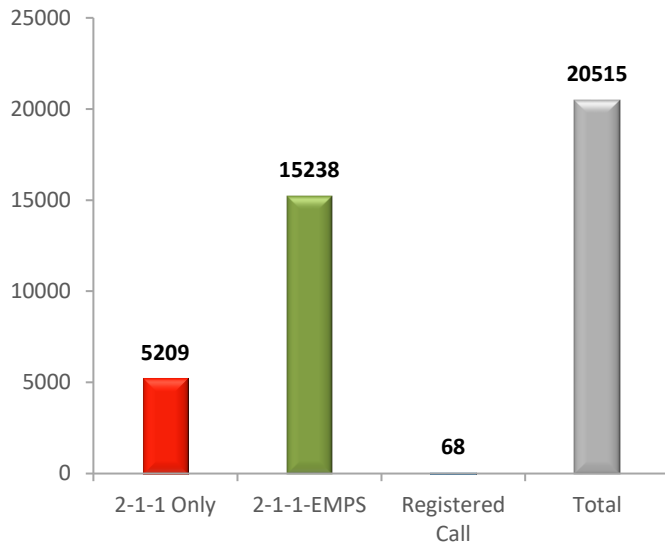


Figure 2. Total Call Volume per Quarter by Call Type

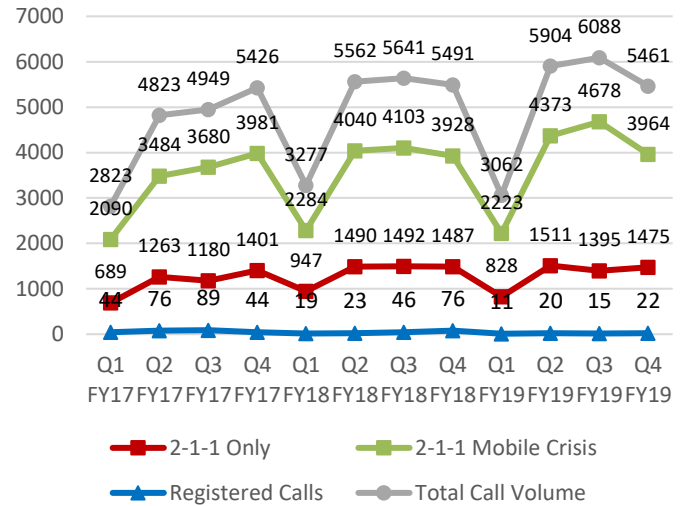


Figure 3. Mobile Crisis Episodes by Service Area (N = 15,299)

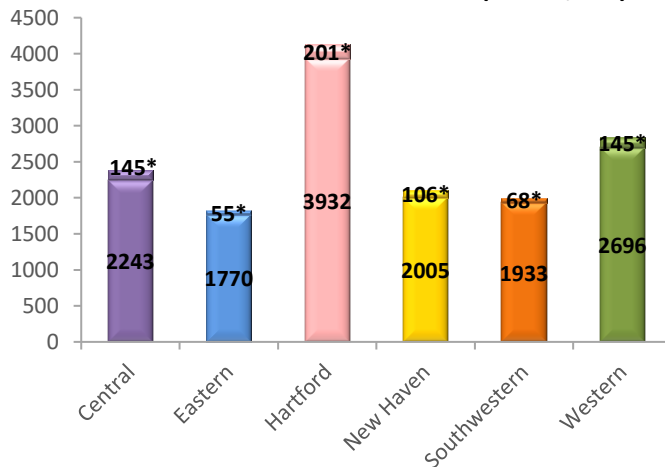


Figure 4. Mobile Crisis Episodes per Quarter by Service Area

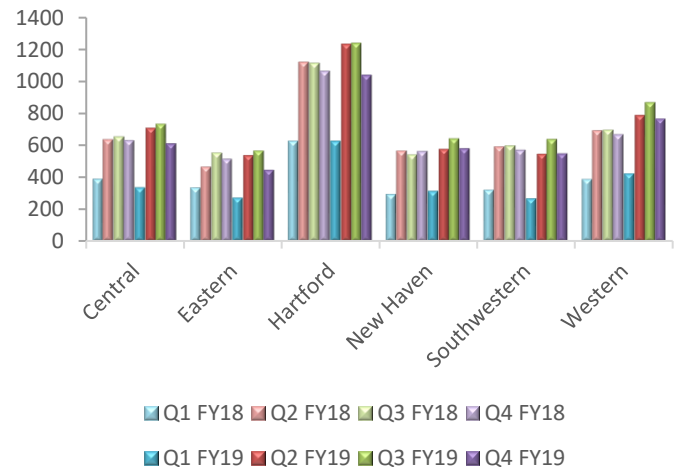


Figure 5. Number Served Per 1,000 Children

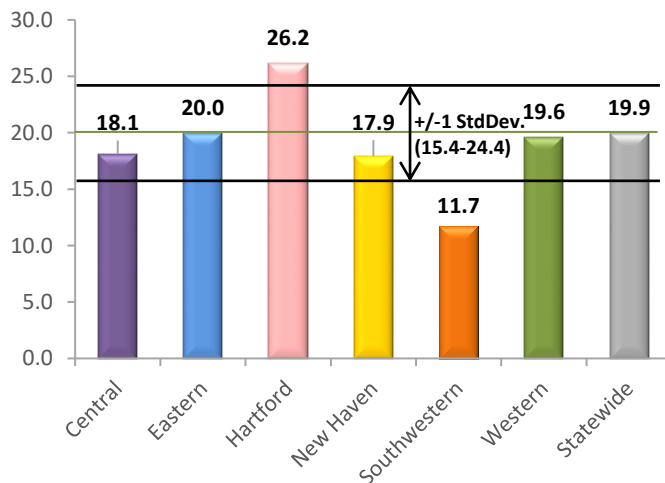


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

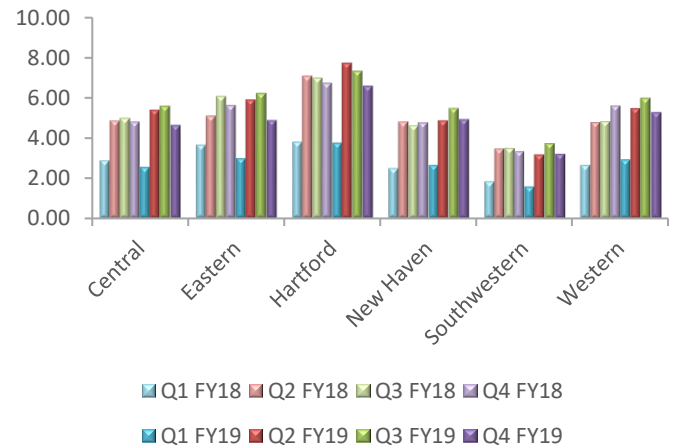


Figure 7. Number Served per 1,000 Children in Poverty

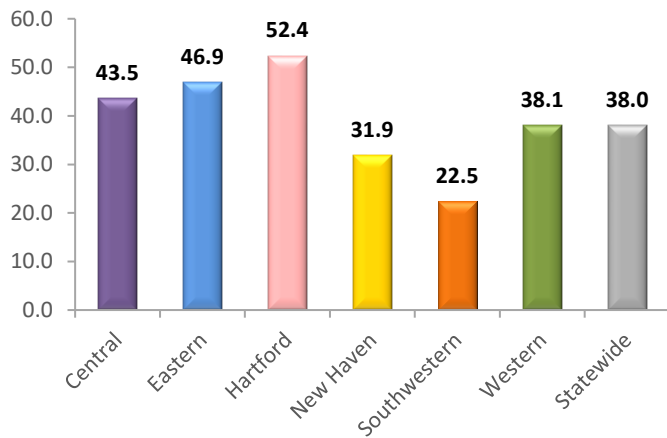


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

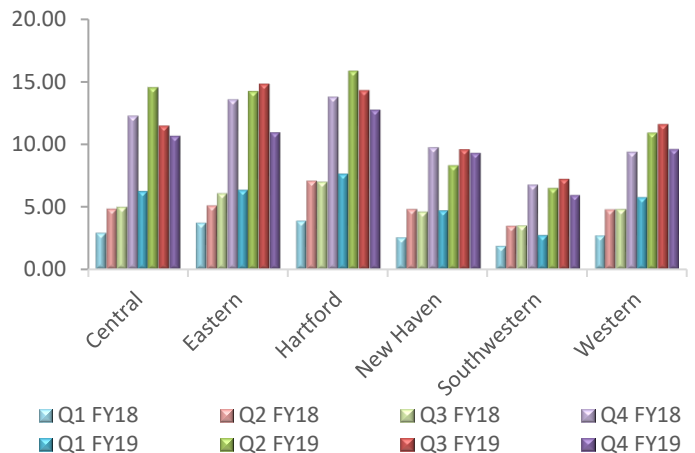


Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area

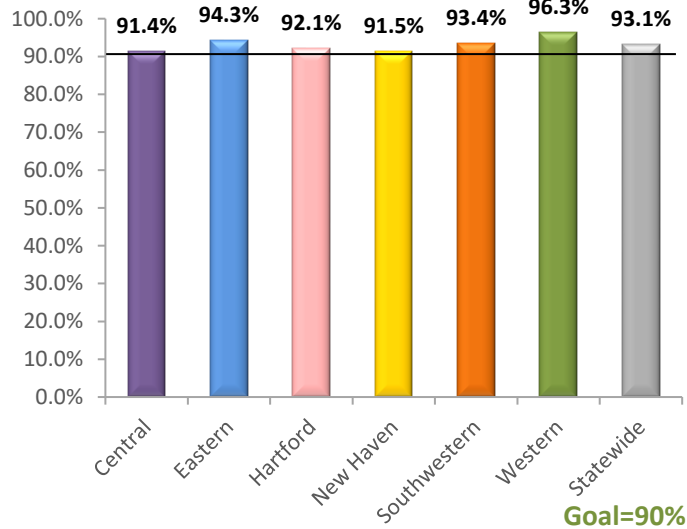


Figure 10. Mobile Response (Mobile and Deferred Mobile) per Quarter by Service Area

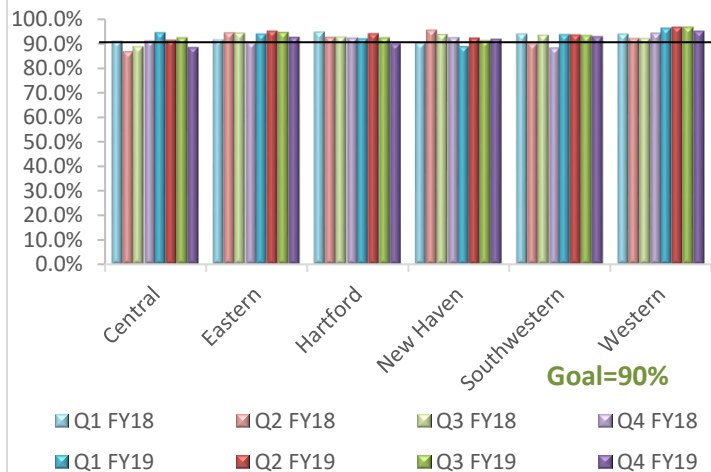


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes

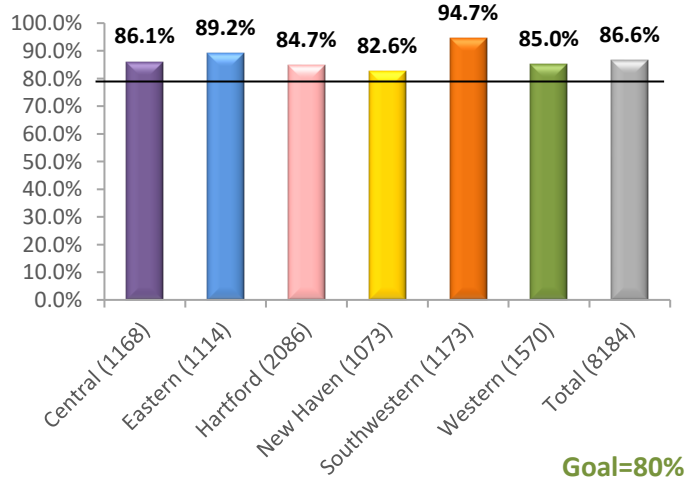
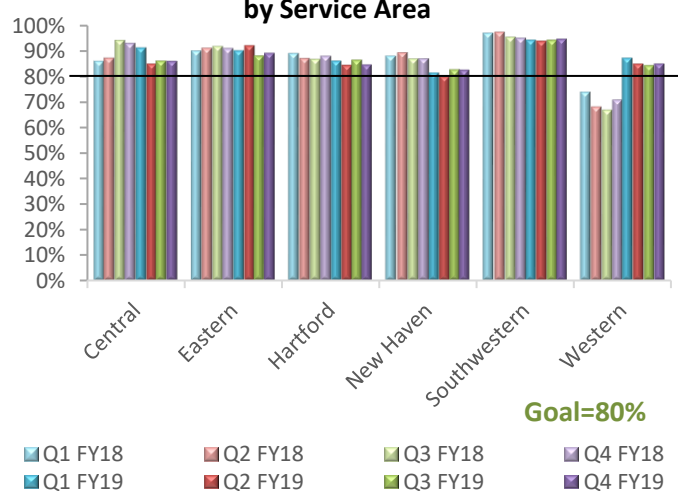


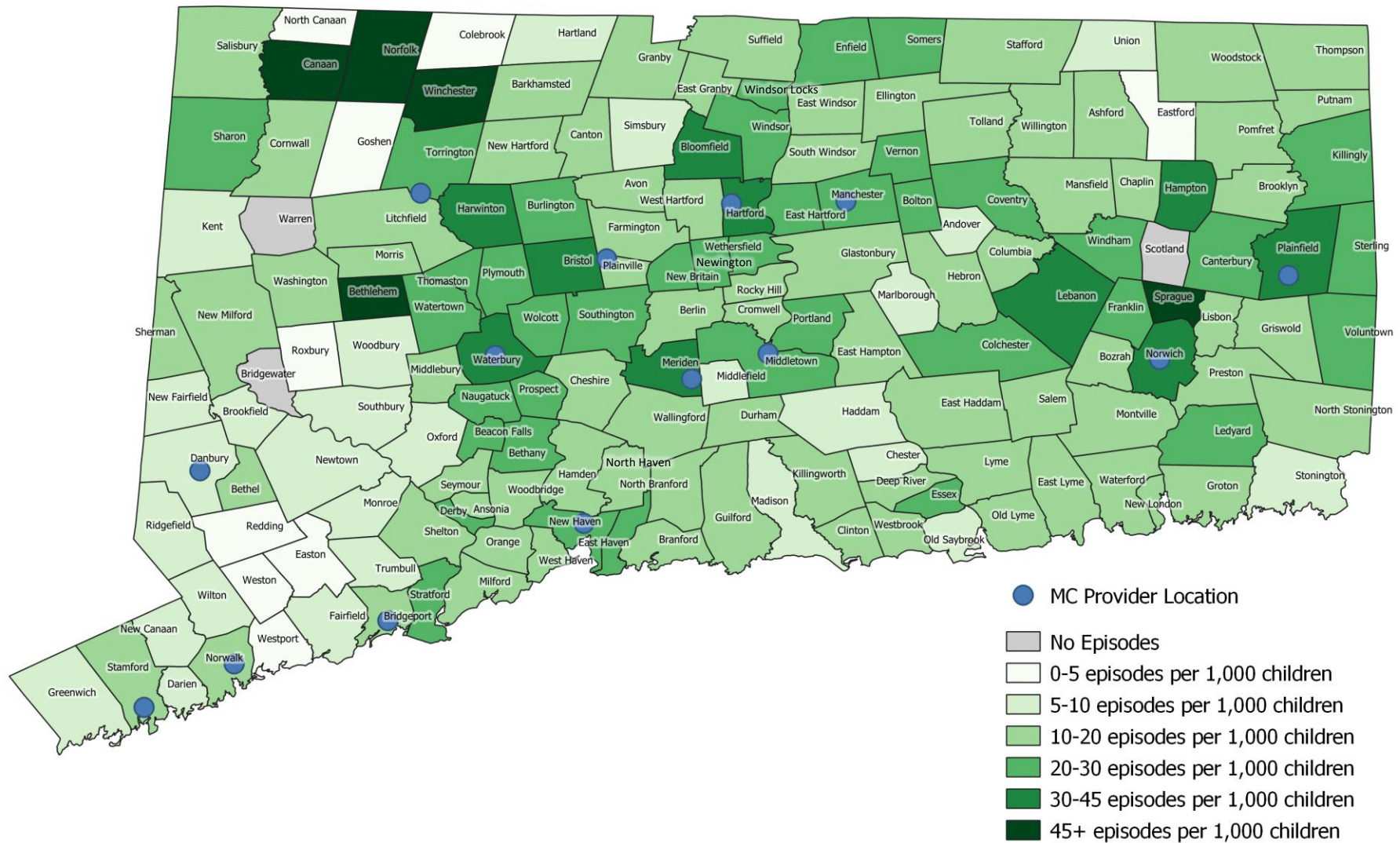
Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area



Section III: Mobile Crisis Volume

Figure 13. Map – FY2019 Mobile Crisis Episode Volume by Town*

Mobile Crisis Episodes per 1,000 Children by Town (FY2019)



*Per 1,000 child population of town, based on US Census American Community Survey 2016 5-year estimates.

Figure 14. Total Call Volume by Call Type

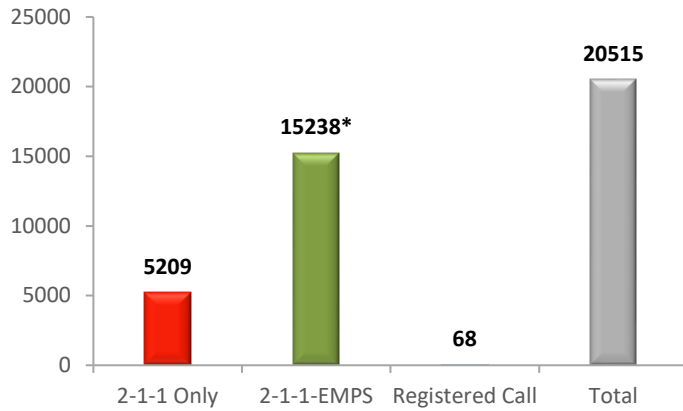
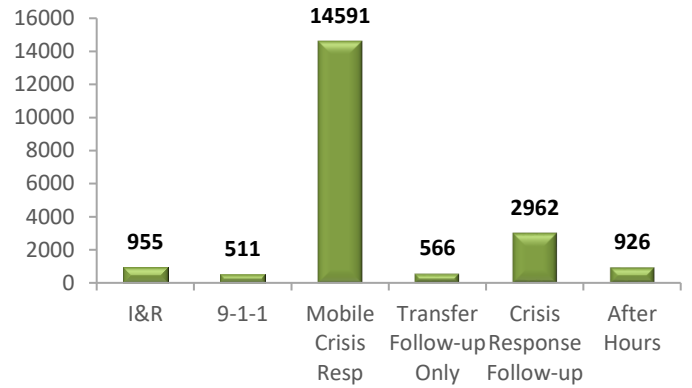


Figure 15. Statewide 2-1-1 Disposition Frequency*



*4 calls missing disposition information

Figure 16. Call and Episode Volume Over Time

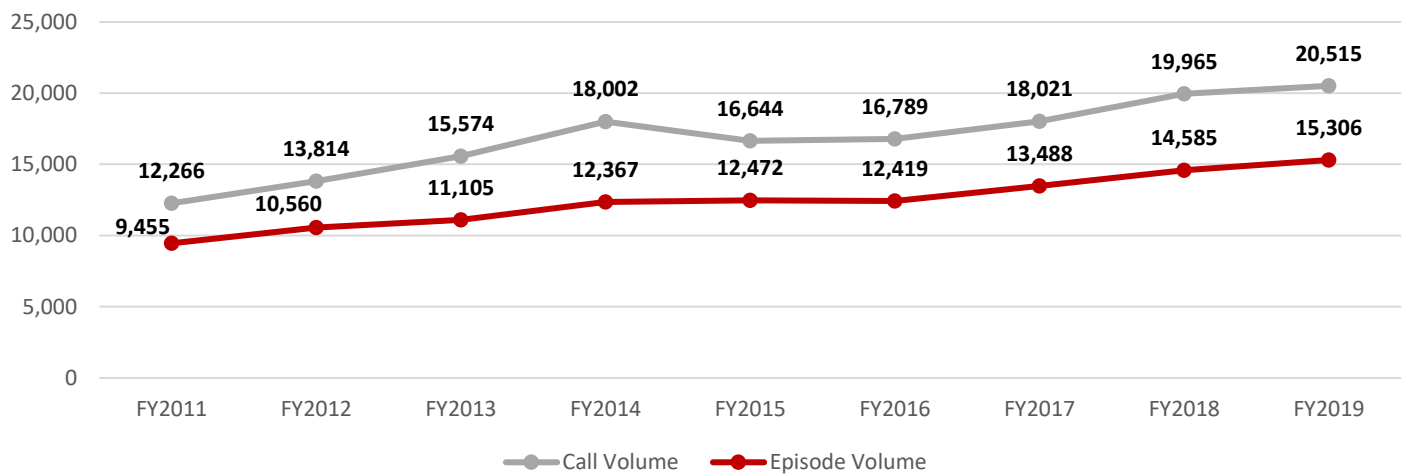
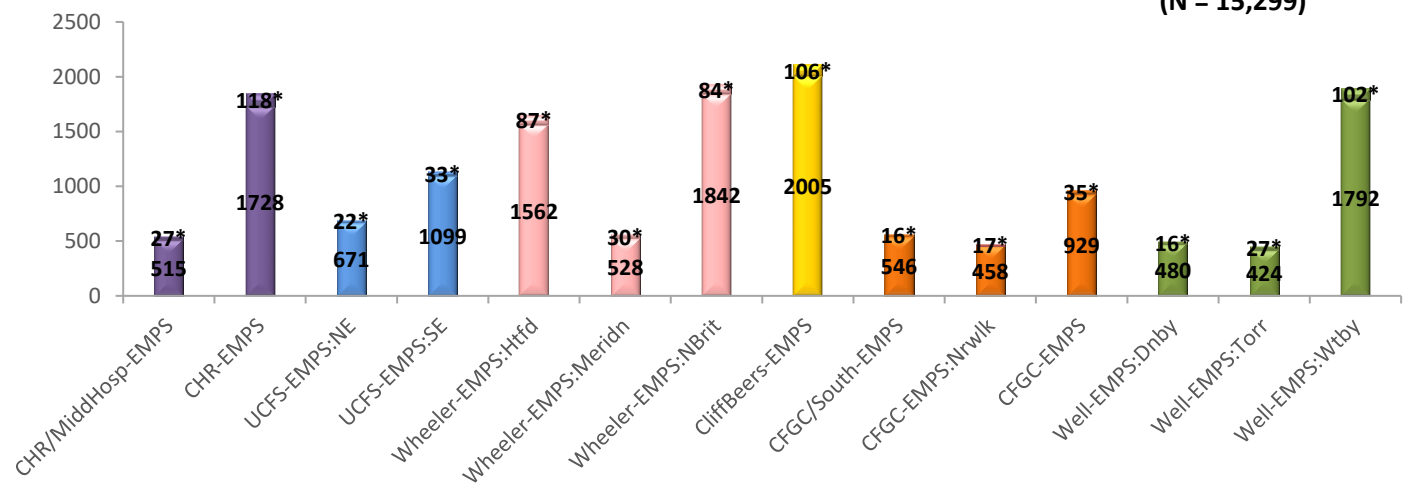


Figure 17. Mobile Crisis Response Episodes by Provider

(N = 15,299)



*After Hours Calls

Figure 18. Number Served per 1,000 Children by Provider

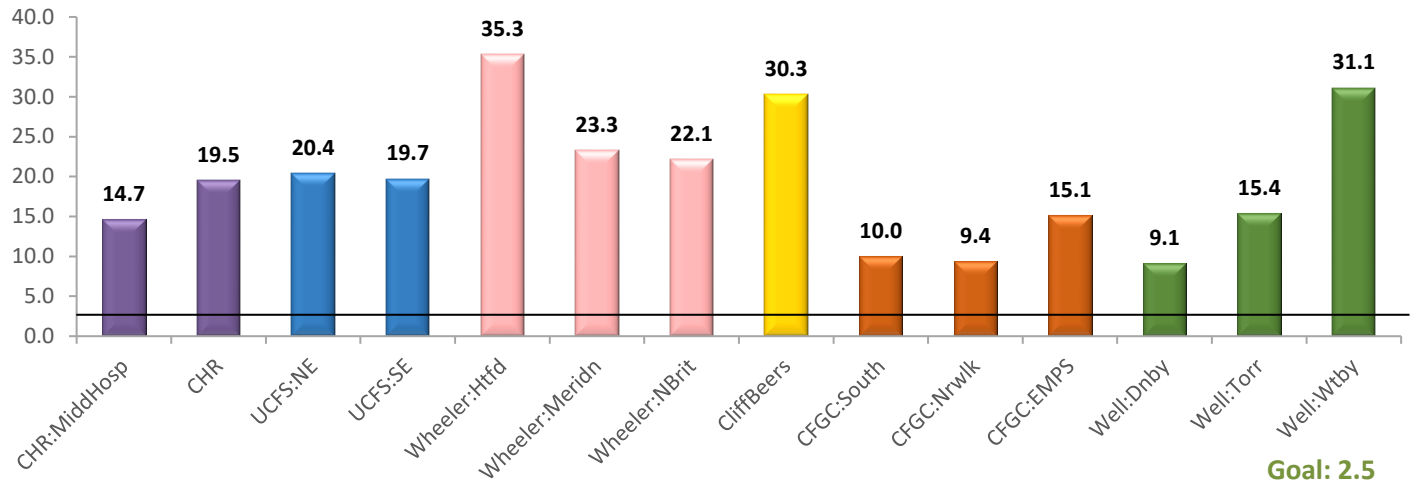


Figure 19. Episode Intervention Crisis Response Types by Service Area

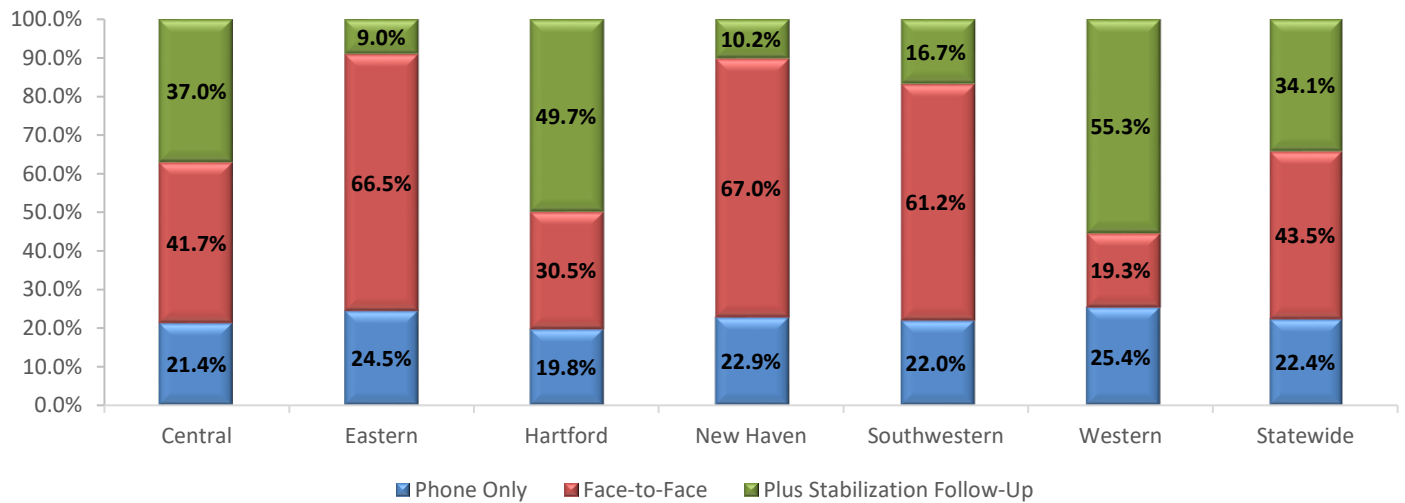
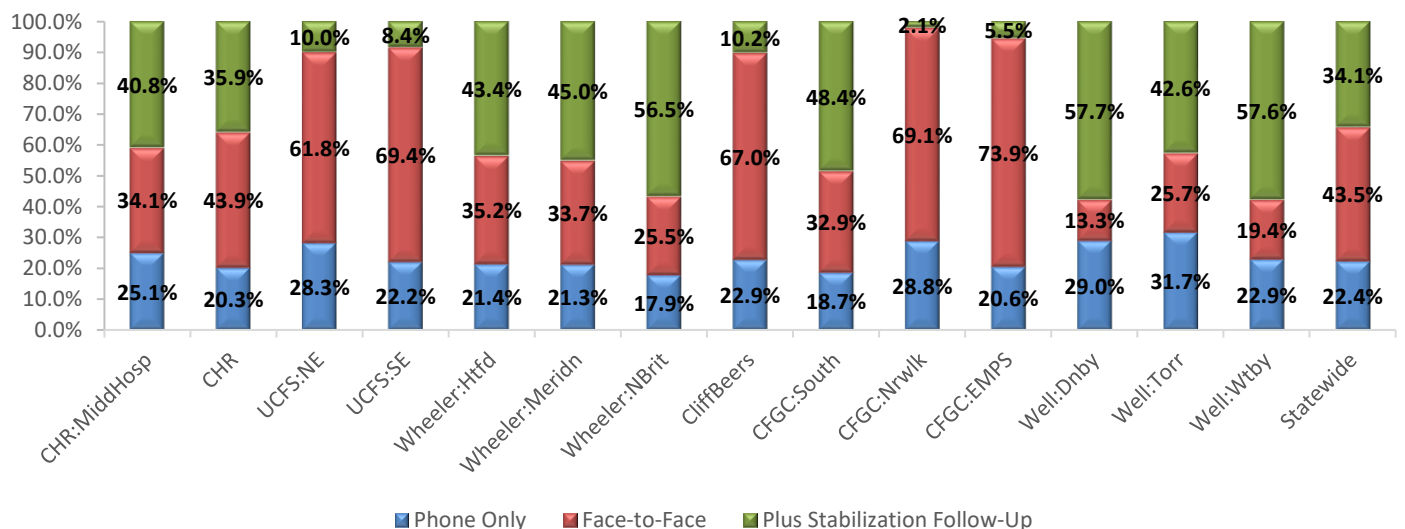


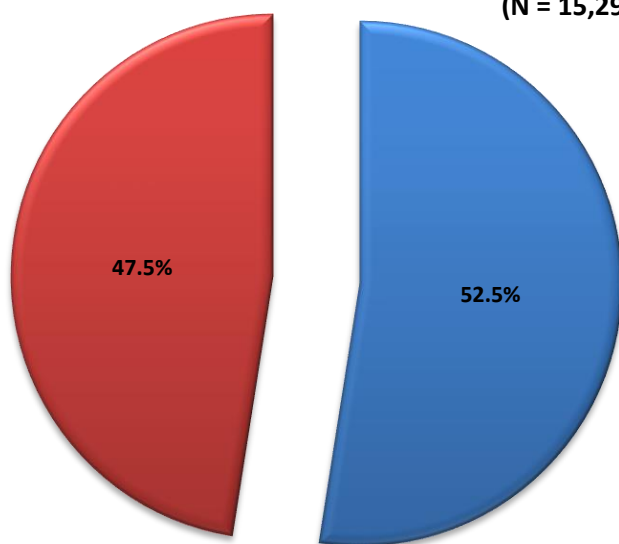
Figure 20. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 21. Sex of Children Served Statewide*

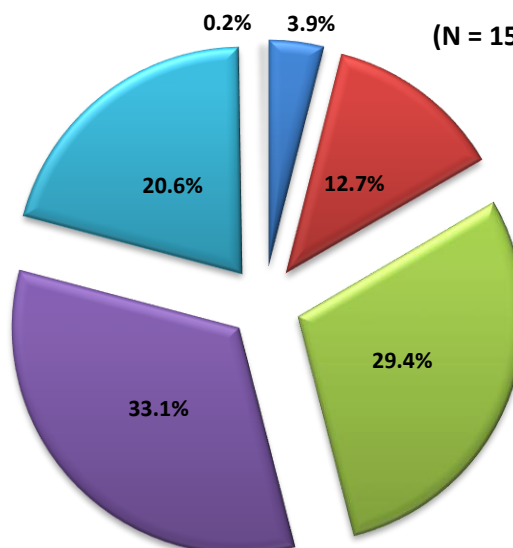
(N = 15,299)



■ Male ■ Female

Figure 22. Age Groups of Children Served Statewide

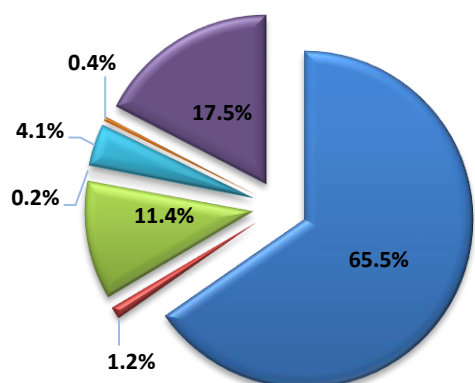
(N = 15,299)



■ <=5 ■ 6-8 ■ 9-12 ■ 13-15 ■ 16-18 ■ 19+

Figure 23. Ethnic Background of Children Served Statewide^

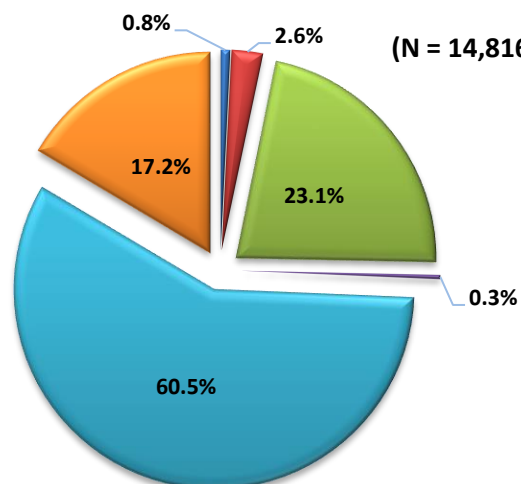
(N = 15,041)



■ Non-Hispanic Origin
 ■ Mexican, Mexican American, Chicano
 ■ Puerto Rican
 ■ Cuban
 ■ Declined/Not Disclosed
 ■ Dominican Republic
 ■ Other Hispanic/Latino Origin

Figure 24. Race of Children Served Statewide

(N = 14,816)



■ American Indian/Alaska Native ■ Asian
 ■ Black/African American ■ Native Hawaiian Pacific Islander
 ■ White ■ Declined/Not Disclosed

*Per question regarding sex assigned at birth.

^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 25. Client's Type of Health Insurance at Intake Statewide

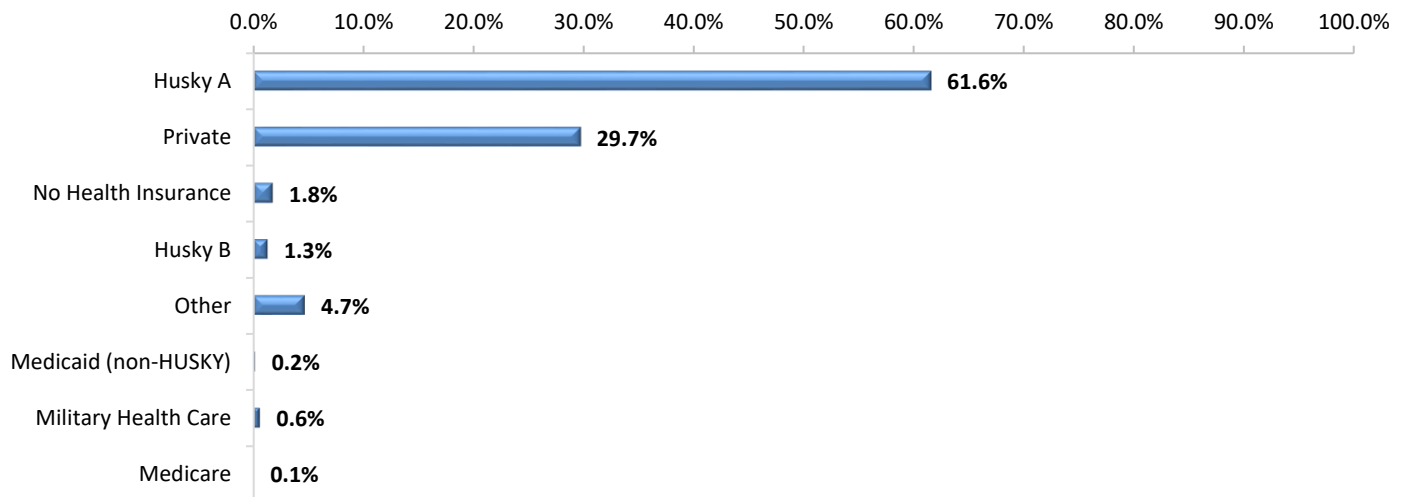


Figure 26. Families that Answered "Yes" TANF* Eligible

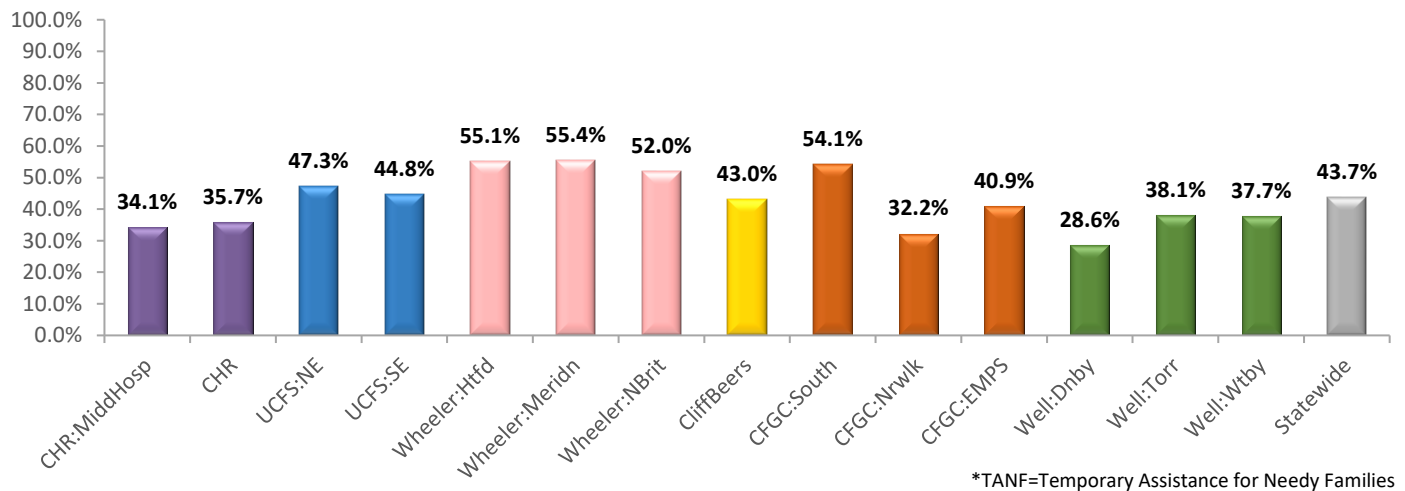
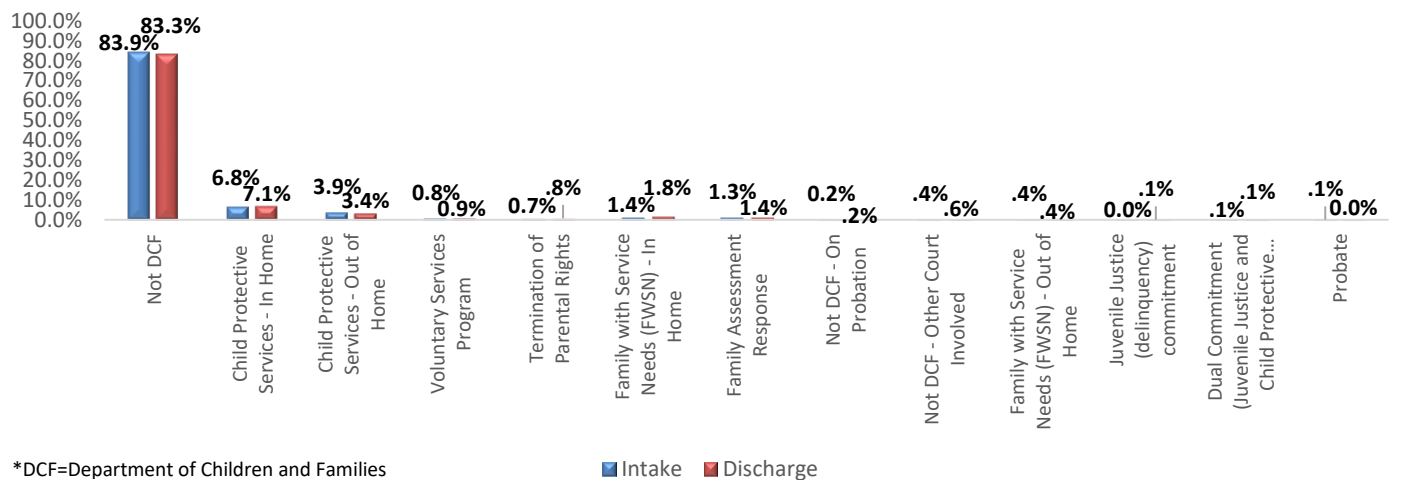


Figure 27. Client DCF* Status at Intake and Discharge Statewide



Section V: Clinical Functioning

Figure 28. Top Six Client Primary Presenting Problems by Service Area

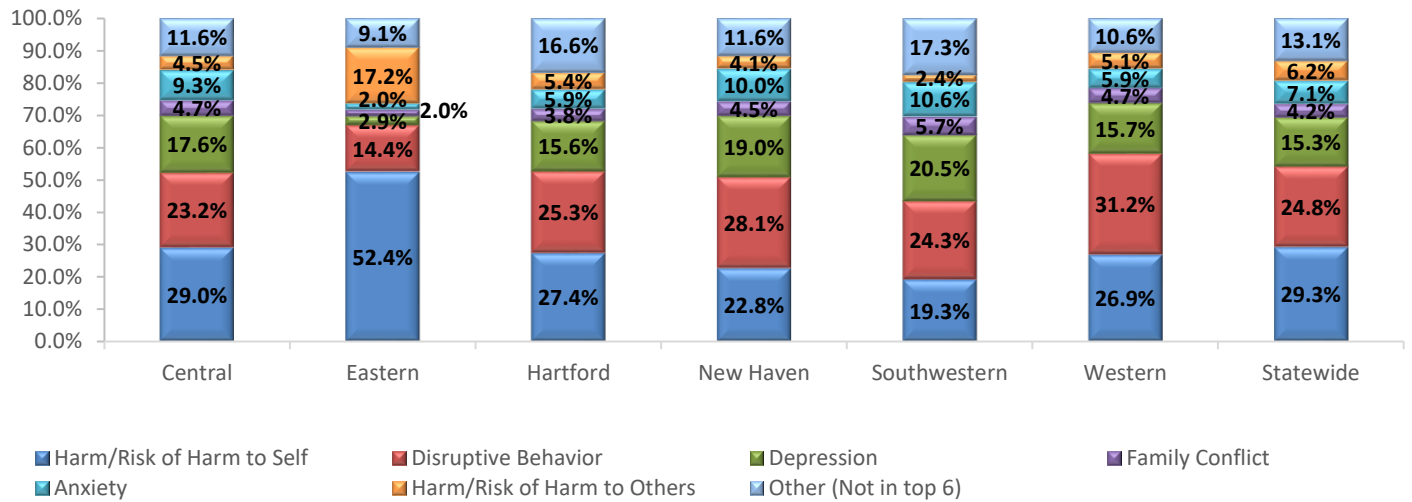
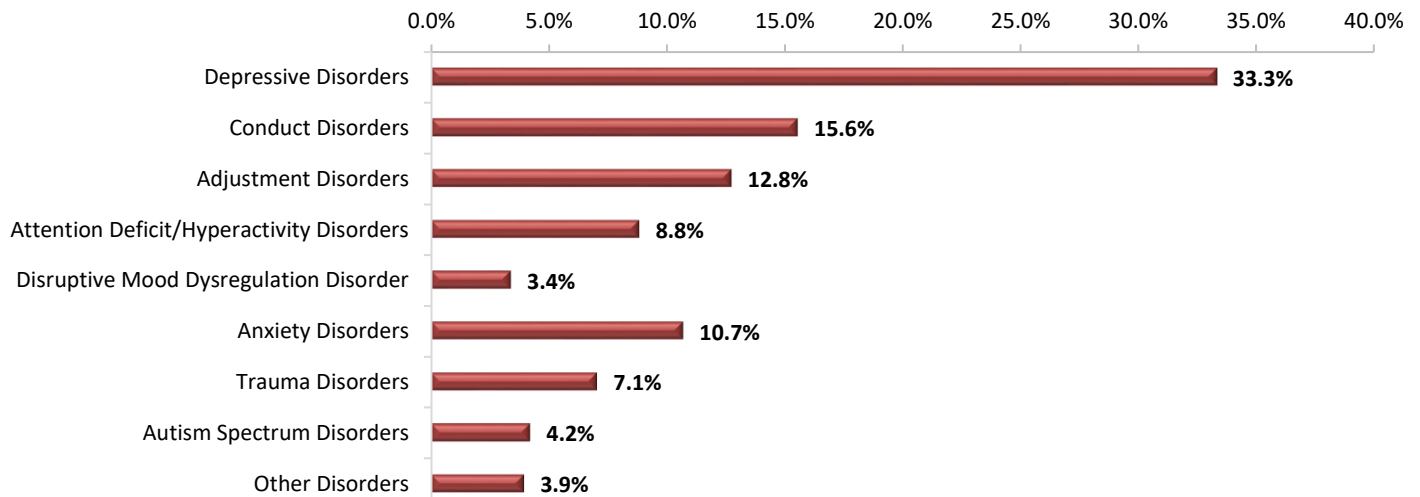


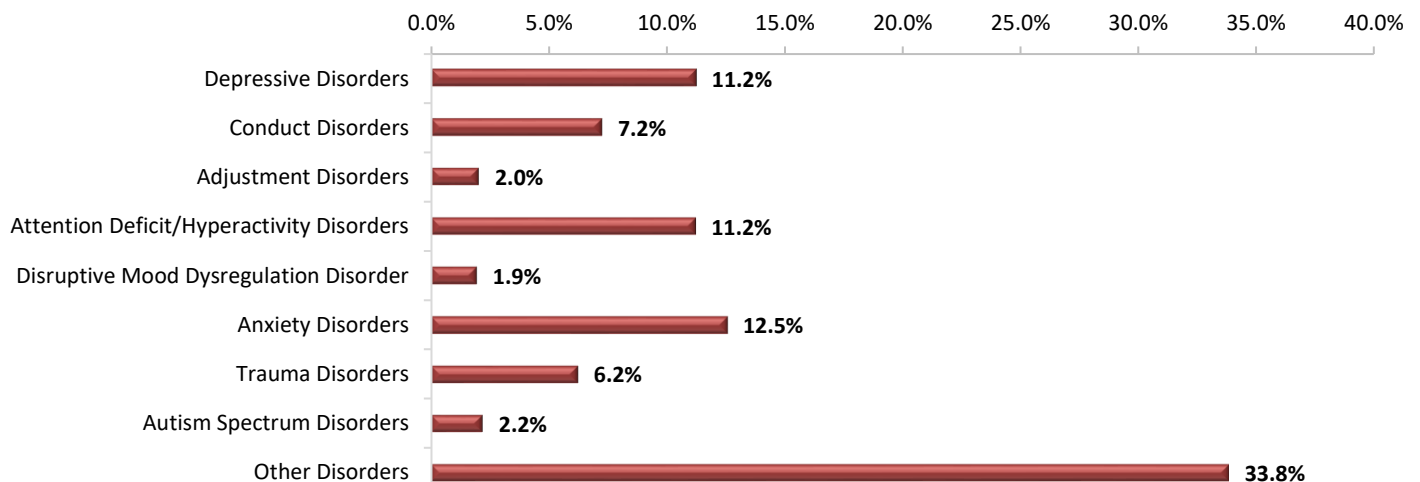
Figure 29. Distribution of Primary Diagnosis Categories* at Intake Statewide



*multiple diagnostic codes combined within category (see "Appendix B" for list)

Note: Excludes missing data

Figure 30. Distribution of Client Secondary Diagnosis Categories* at Intake Statewide



*multiple diagnostic codes combined within category (see "Appendix B" for list)

Note: Excludes missing data

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

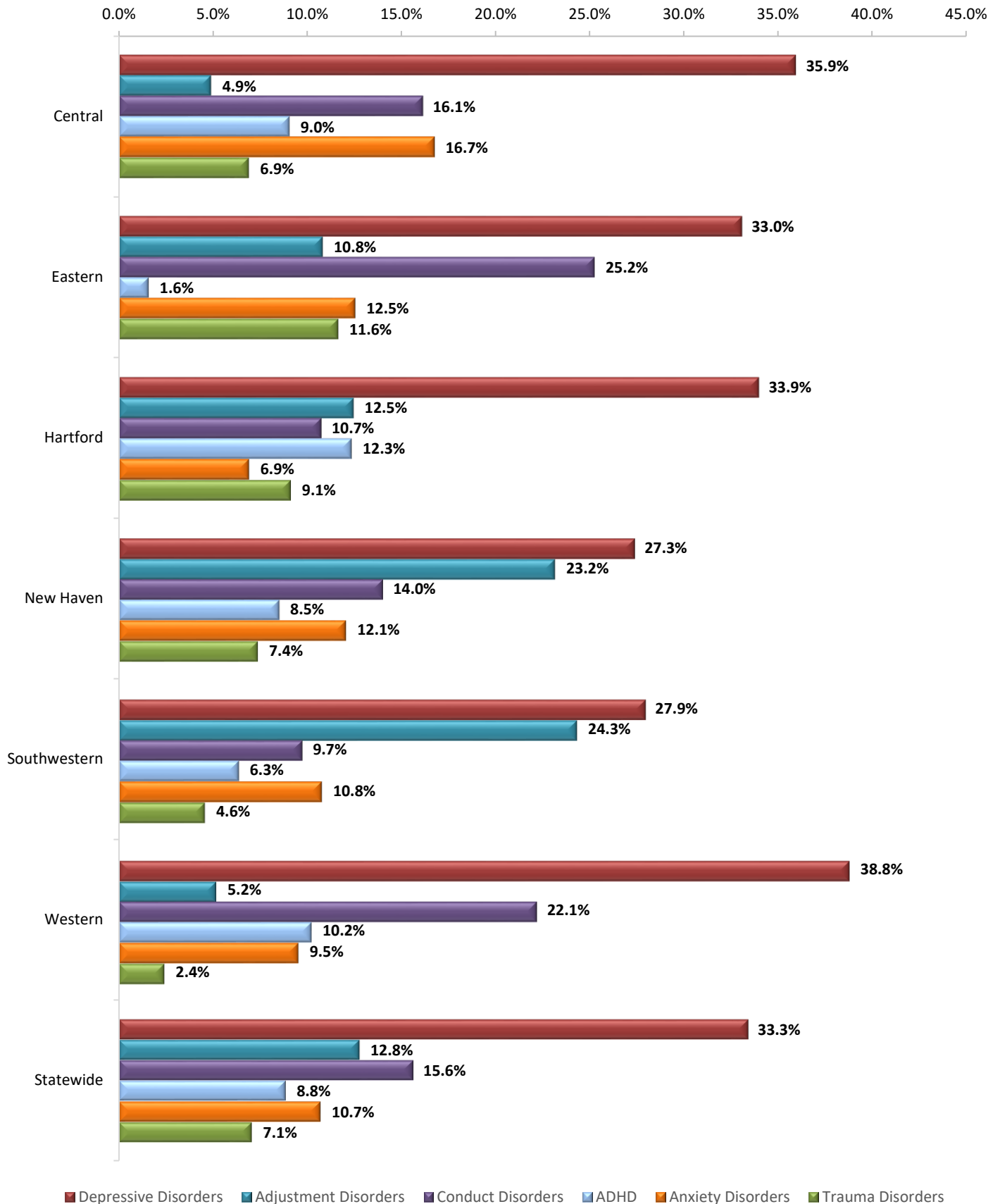


Figure 32. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

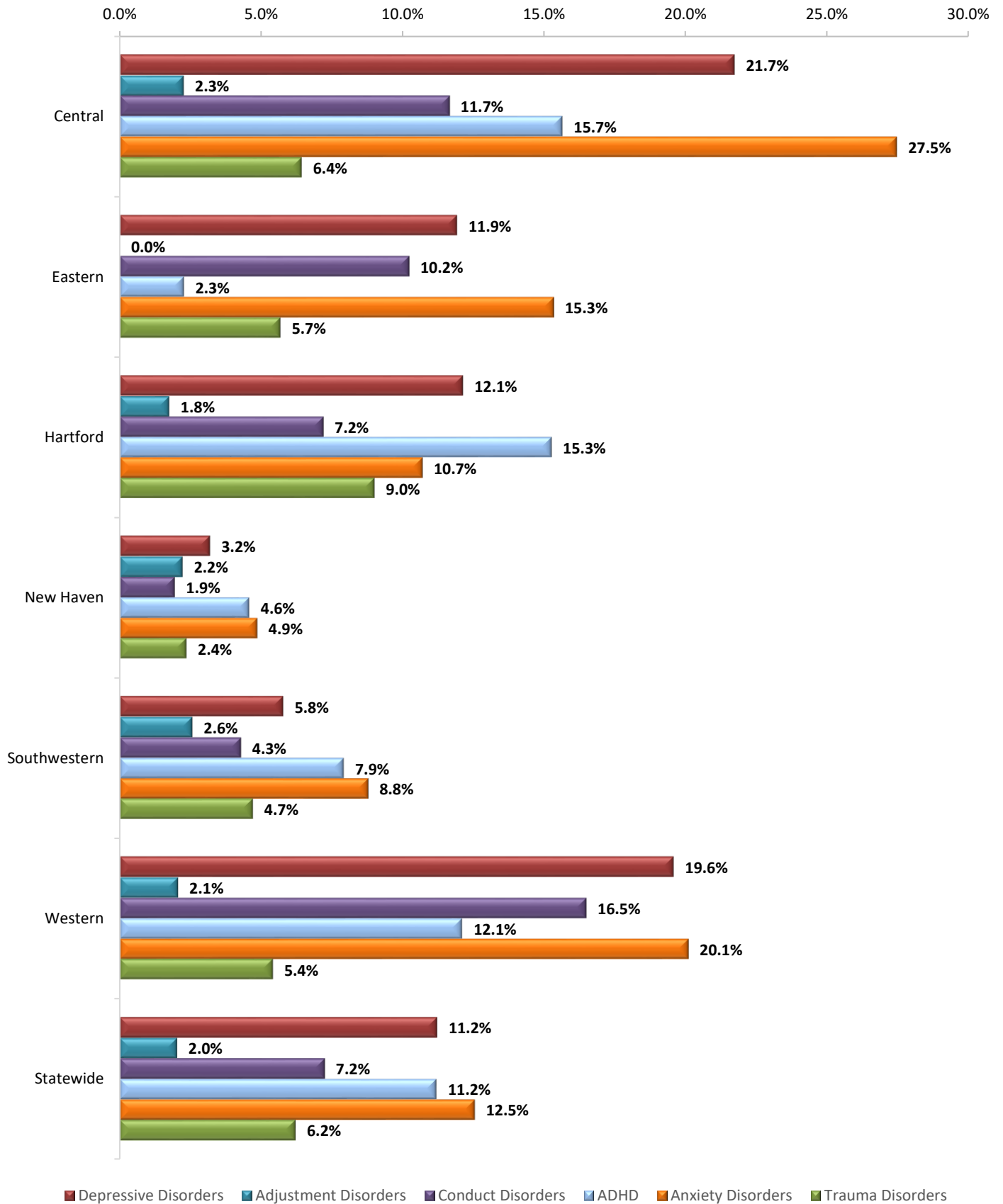
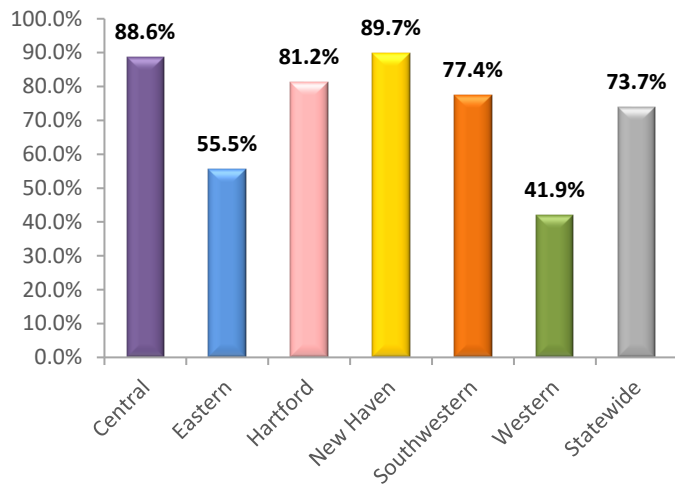


Figure 33. Children Meeting SED* Criteria by Service Area



*Serious Emotional Disturbance

Figure 34. Children with Trauma Exposure Reported at Intake by Service Area

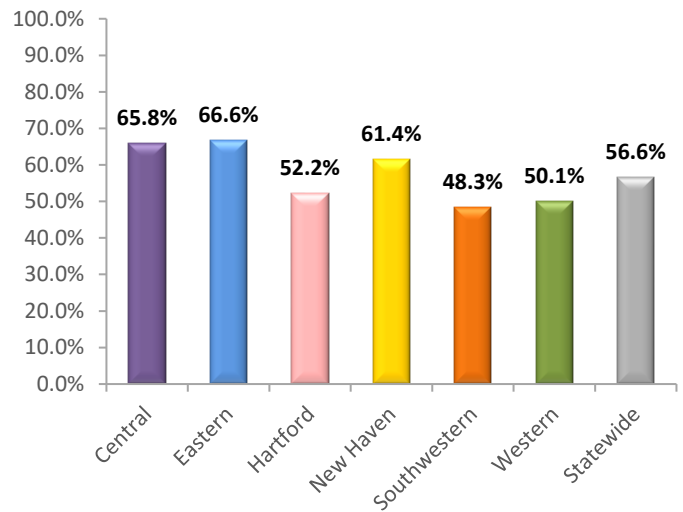


Figure 35. Type of Trauma Reported at Intake by Service Area

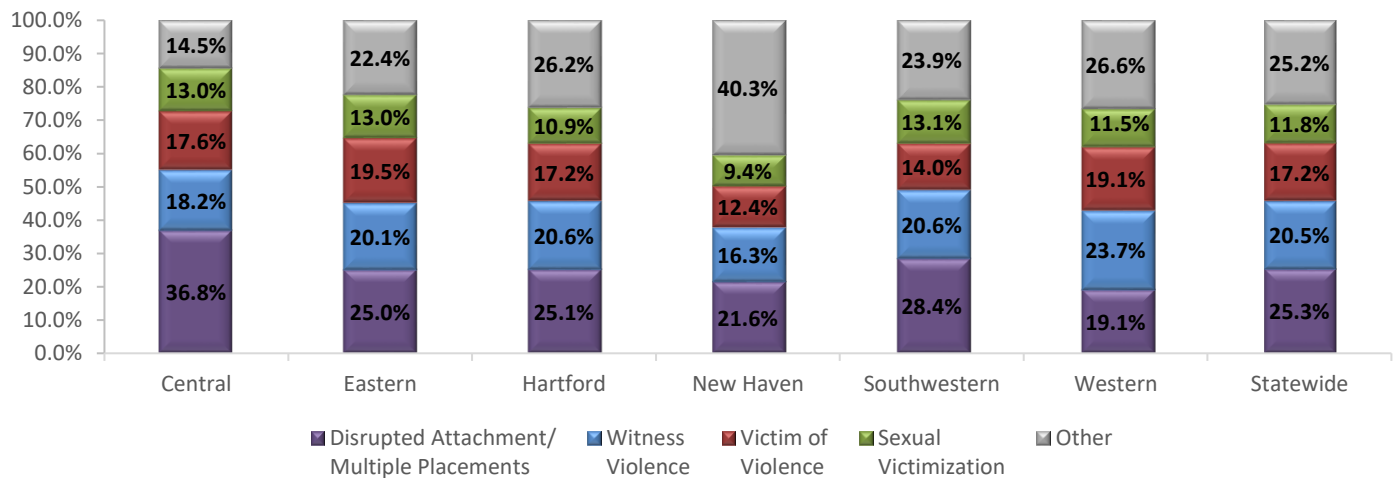


Figure 36. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

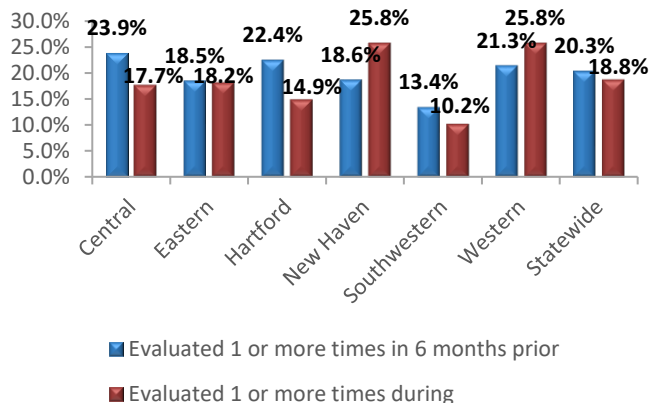


Figure 37. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care

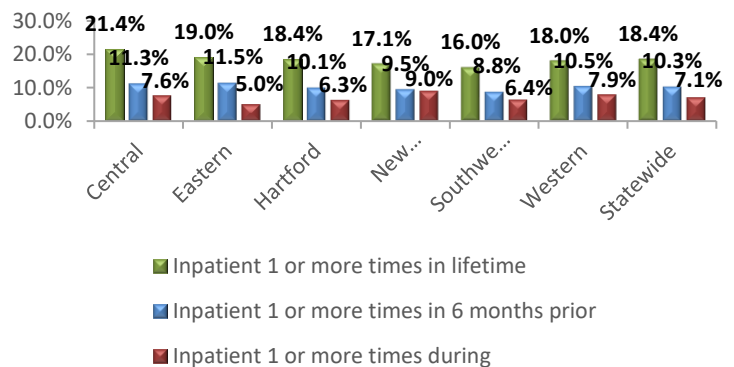


Figure 38. Clients Placed in an Out of Home Setting One or More Times in His/Her Lifetime and in the Six Months Prior to the Episode of Care

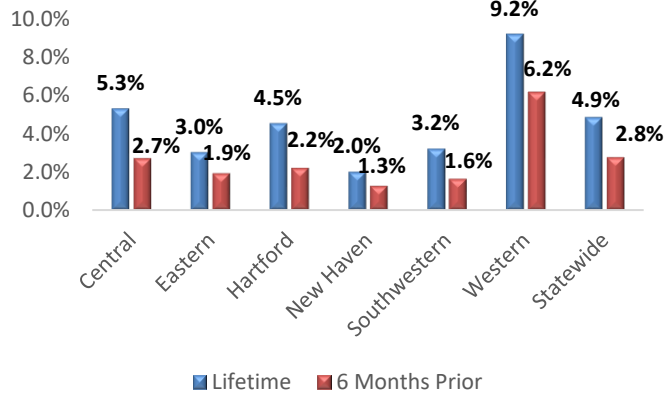


Figure 39. Clients Reported Problems with Alcohol and/or Drugs in His/Her Lifetime, in Six Months Prior to and During the Episode of Care

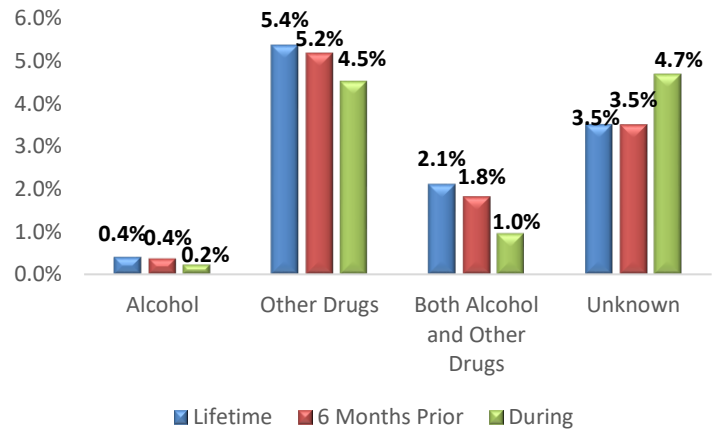


Figure 40. Type of Parent/Guardian Service Need Statewide

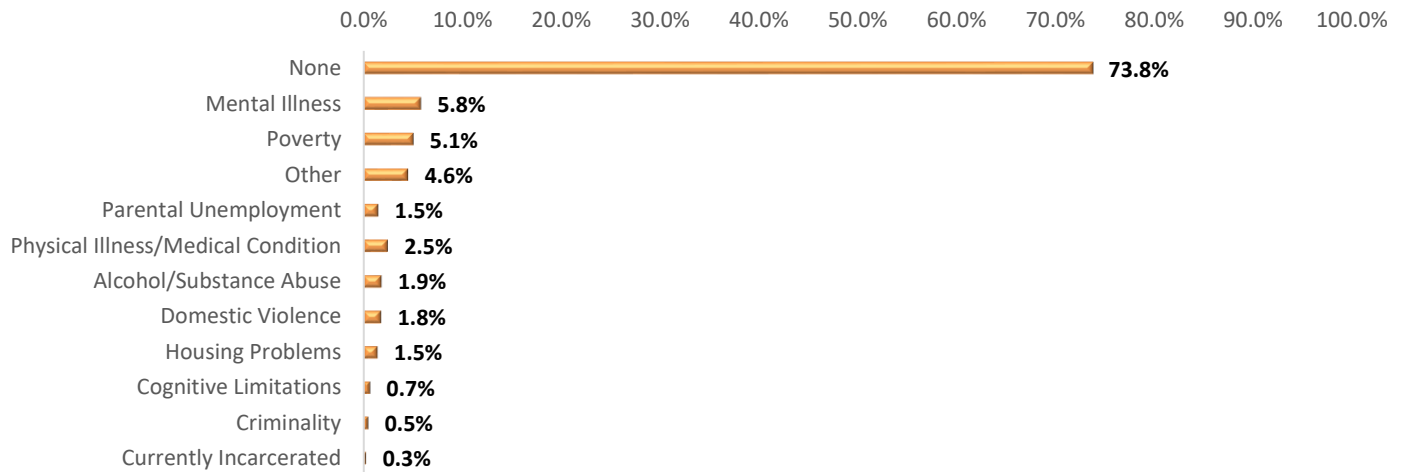


Figure 41. How Capable of Dealing with the Child's Problem Does the Parent/Guardian Feel at Intake and Discharge Statewide

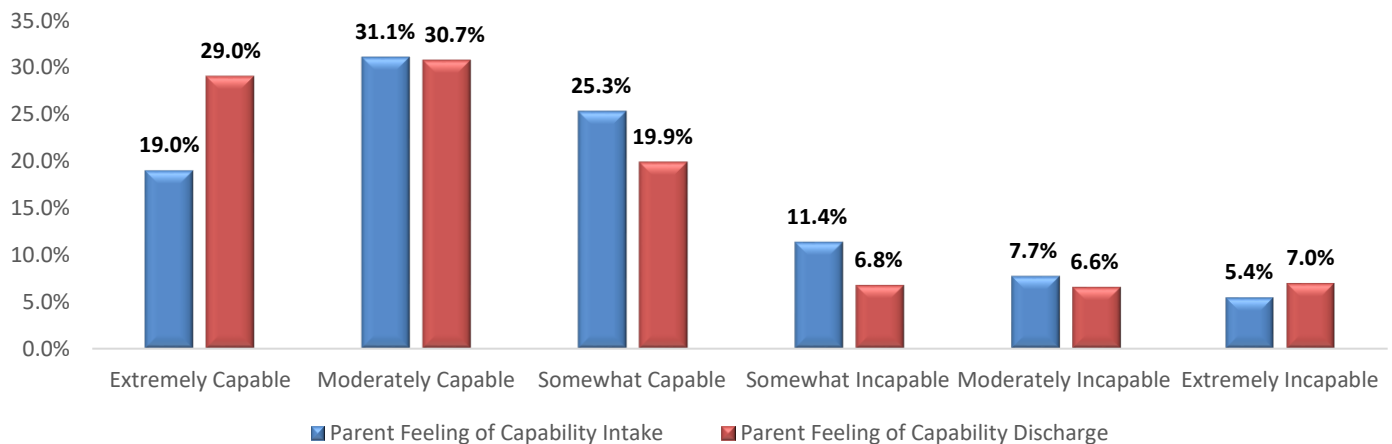


Figure 42. Statewide Parent/Guardian Rating of Client's Attendance at School During the Episode of Care (compared to pre-admission)

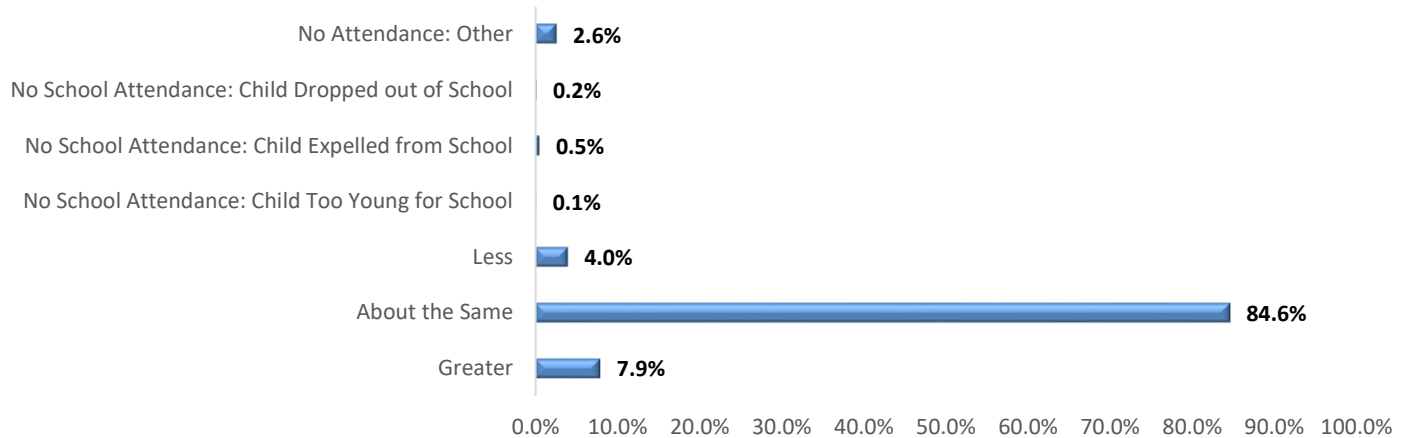


Figure 43. Clients Suspended or Expelled from School in the Six Months Prior to and During the Episode of Care

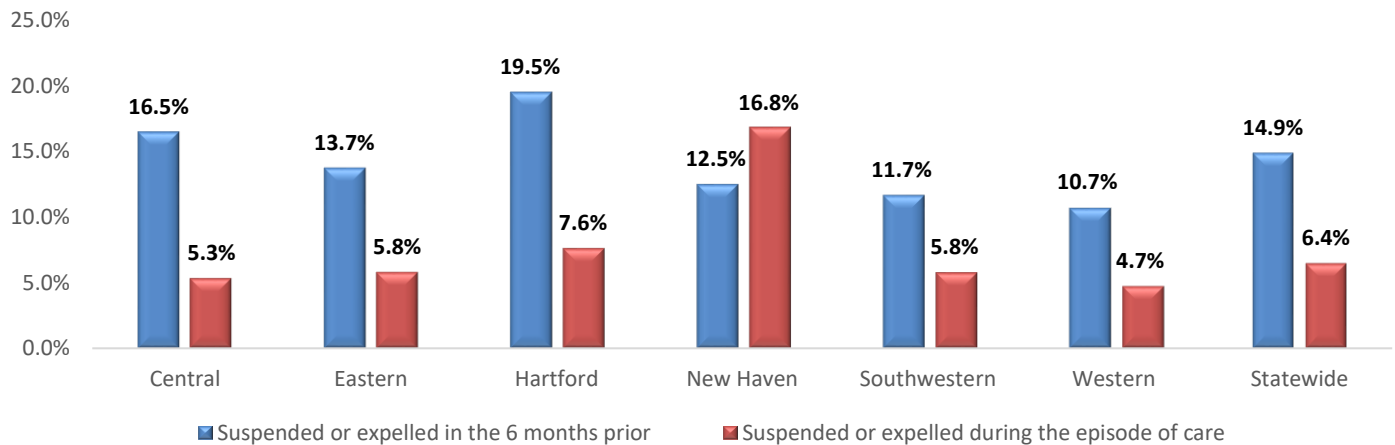


Figure 44. School Issues at Intake that have a Negative Impact on Client's Functioning at School by Service Area

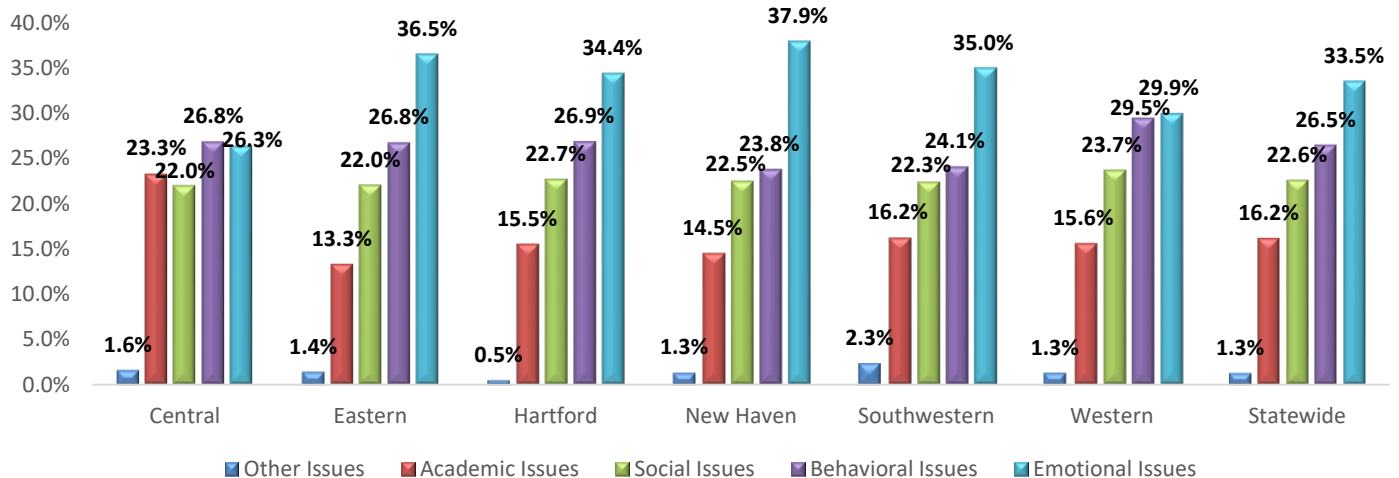
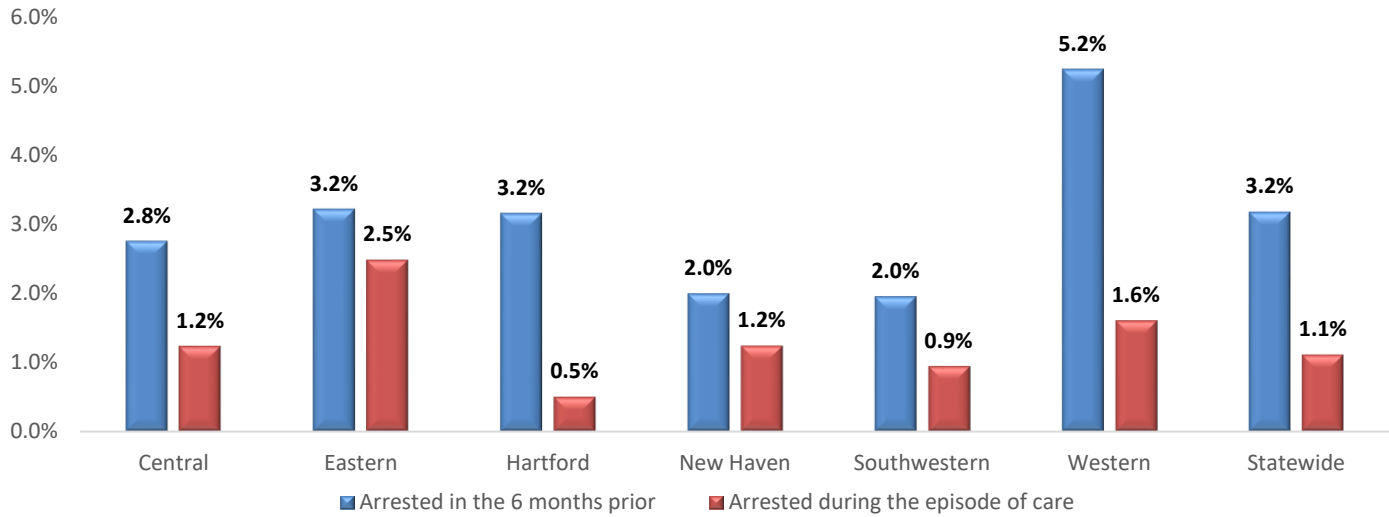
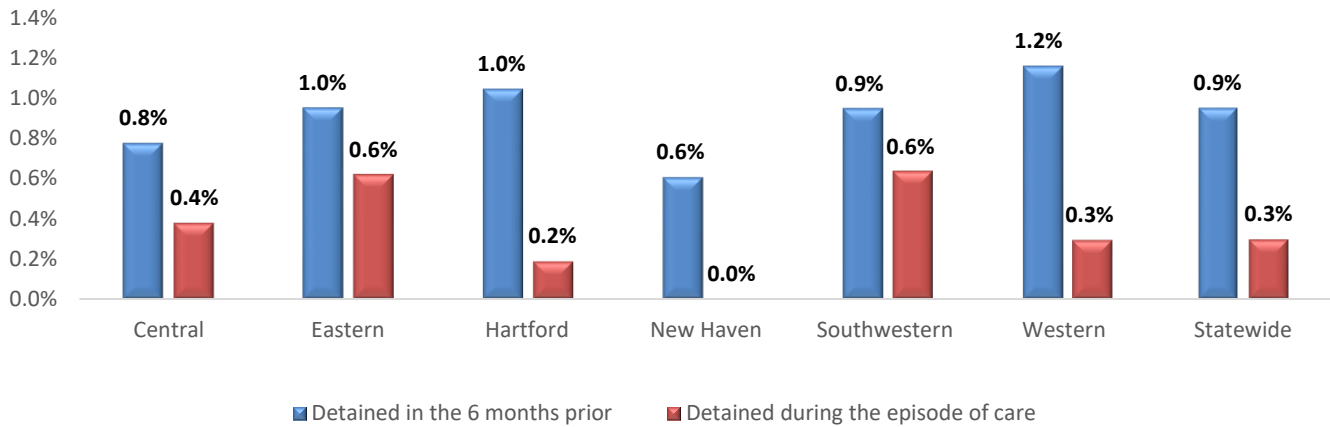


Figure 45. Clients Arrested* in the Six Months Prior to and During the Episode of Care



*Arrested refers to any arrest, regardless of whether it resulted in formal arraignment or adjudication.

Figure 46. Detained* in the Six Months Prior to and During the Episode of Care



*Detained is intended to indicate instances in which the youth has been removed from the community and institutionally confined for legal reasons.

Section VI: Referral Sources

Figure 47. Referral Sources Statewide

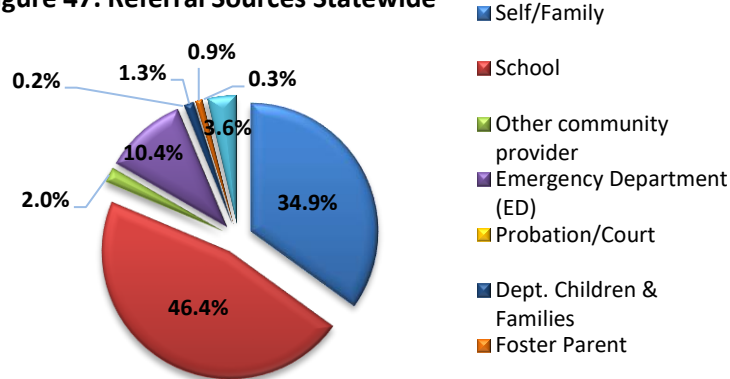


Figure 48. Top Referral Sources Over Time

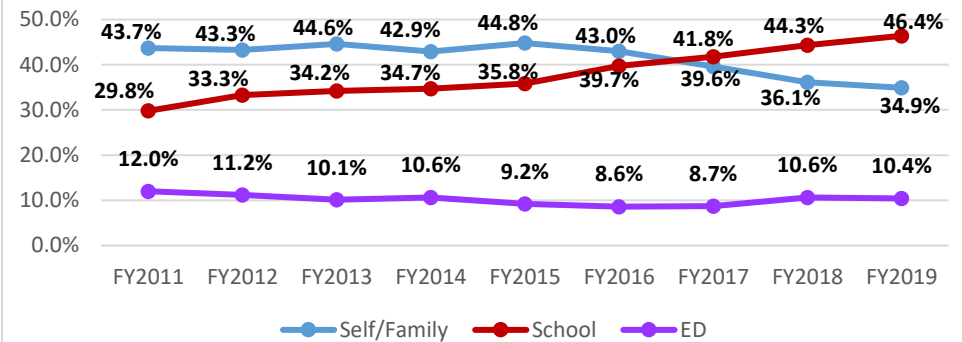


Table 1. Referral Sources

| | Self/ Family | Family Adv. | School | Info- Line (2-1-1) | 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 | 34.9% | 0.1% | 46.4% | 0.0% | 0.8% | 2.0% | 10.4% | 0.2% | 1.3% | 1.8% | 0.4% | 0.9% | 0.3% | 0.4% | 0.2% | 0.0% |
| CENTRAL | 38.7% | 0.0% | 39.5% | 0.0% | 1.6% | 2.8% | 10.0% | 0.1% | 1.0% | 3.1% | 0.5% | 1.2% | 0.6% | 0.6% | 0.1% | 0.0% |
| CHR/MiddHosp-EMPS | 45.4% | 0.0% | 35.1% | 0.0% | 1.3% | 2.4% | 8.3% | 0.0% | 0.4% | 3.3% | 1.5% | 0.9% | 0.0% | 1.5% | 0.0% | 0.0% |
| CHR-EMPS | 36.7% | 0.0% | 40.8% | 0.0% | 1.7% | 2.9% | 10.5% | 0.2% | 1.2% | 3.1% | 0.3% | 1.3% | 0.8% | 0.4% | 0.1% | 0.0% |
| EASTERN | 41.9% | 0.1% | 47.8% | 0.0% | 0.7% | 1.9% | 1.9% | 0.1% | 0.5% | 1.4% | 1.3% | 1.2% | 0.3% | 0.6% | 0.3% | 0.1% |
| UCFS-EMPS:NE | 45.6% | 0.0% | 44.0% | 0.0% | 0.3% | 1.6% | 2.2% | 0.1% | 1.0% | 1.9% | 0.0% | 2.2% | 0.0% | 0.7% | 0.4% | 0.0% |
| UCFS-EMPS:SE | 39.7% | 0.1% | 50.1% | 0.0% | 0.9% | 2.1% | 1.7% | 0.1% | 0.3% | 1.1% | 2.1% | 0.6% | 0.4% | 0.5% | 0.3% | 0.1% |
| HARTFORD | 31.0% | 0.1% | 48.7% | 0.0% | 0.5% | 1.9% | 12.0% | 0.1% | 1.4% | 3.2% | 0.1% | 0.5% | 0.1% | 0.2% | 0.1% | 0.0% |
| Wheeler-EMPS:Htfd | 22.7% | 0.1% | 50.8% | 0.0% | 0.8% | 2.1% | 17.8% | 0.1% | 1.0% | 3.9% | 0.1% | 0.4% | 0.0% | 0.1% | 0.1% | 0.0% |
| Wheeler-EMPS:Meridn | 38.7% | 0.0% | 47.5% | 0.0% | 0.2% | 2.0% | 7.2% | 0.0% | 2.0% | 1.4% | 0.0% | 0.5% | 0.0% | 0.4% | 0.2% | 0.0% |
| Wheeler-EMPS:NBrit | 35.9% | 0.2% | 47.4% | 0.0% | 0.3% | 1.8% | 8.4% | 0.1% | 1.6% | 3.1% | 0.2% | 0.7% | 0.2% | 0.2% | 0.2% | 0.0% |
| NEW HAVEN | 39.9% | 0.1% | 46.0% | 0.0% | 0.4% | 1.7% | 8.5% | 0.1% | 0.9% | 0.2% | 0.0% | 1.3% | 0.5% | 0.1% | 0.2% | 0.0% |
| CliffBeers-EMPS | 39.9% | 0.1% | 46.0% | 0.0% | 0.4% | 1.7% | 8.5% | 0.1% | 0.9% | 0.2% | 0.0% | 1.3% | 0.5% | 0.1% | 0.2% | 0.0% |
| SOUTHWESTERN | 38.7% | 0.3% | 51.7% | 0.0% | 1.1% | 1.4% | 1.9% | 0.0% | 2.0% | 0.4% | 0.1% | 1.3% | 0.2% | 0.6% | 0.1% | 0.0% |
| CFGC/South-EMPS | 37.2% | 0.2% | 53.6% | 0.0% | 2.8% | 1.4% | 1.2% | 0.0% | 1.4% | 0.4% | 0.2% | 0.9% | 0.2% | 0.5% | 0.0% | 0.0% |
| CFGC-EMPS:Nrwik | 43.2% | 0.2% | 50.5% | 0.0% | 0.0% | 1.1% | 1.9% | 0.0% | 2.1% | 0.0% | 0.2% | 0.0% | 0.2% | 0.6% | 0.0% | 0.0% |
| CFGC-EMPS | 37.4% | 0.4% | 51.1% | 0.0% | 0.6% | 1.7% | 2.4% | 0.0% | 2.3% | 0.6% | 0.0% | 2.3% | 0.2% | 0.7% | 0.2% | 0.0% |
| WESTERN | 26.7% | 0.1% | 44.5% | 0.0% | 0.6% | 1.8% | 21.4% | 0.6% | 1.7% | 1.0% | 0.5% | 0.5% | 0.2% | 0.2% | 0.1% | 0.0% |
| Well-EMPS:Dnby | 36.1% | 0.2% | 54.2% | 0.0% | 0.2% | 2.6% | 1.8% | 1.0% | 2.8% | 0.4% | 0.0% | 0.2% | 0.0% | 0.4% | 0.0% | 0.0% |
| Well-EMPS:Torr | 34.6% | 0.0% | 49.0% | 0.0% | 0.9% | 1.8% | 4.9% | 0.2% | 2.4% | 2.9% | 2.0% | 0.2% | 0.4% | 0.2% | 0.4% | 0.0% |
| Well-EMPS:Wtby | 22.3% | 0.1% | 40.8% | 0.0% | 0.7% | 1.6% | 30.5% | 0.6% | 1.2% | 0.7% | 0.3% | 0.7% | 0.2% | 0.2% | 0.1% | 0.1% |

Figure 49. Emergency Department Referrals to Mobile Crisis Over Time

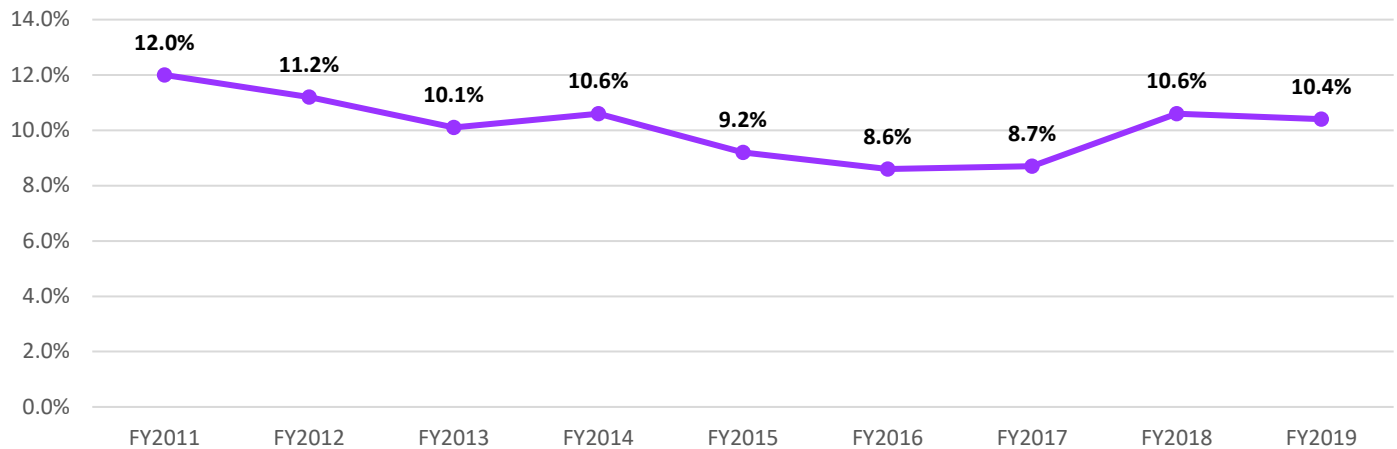
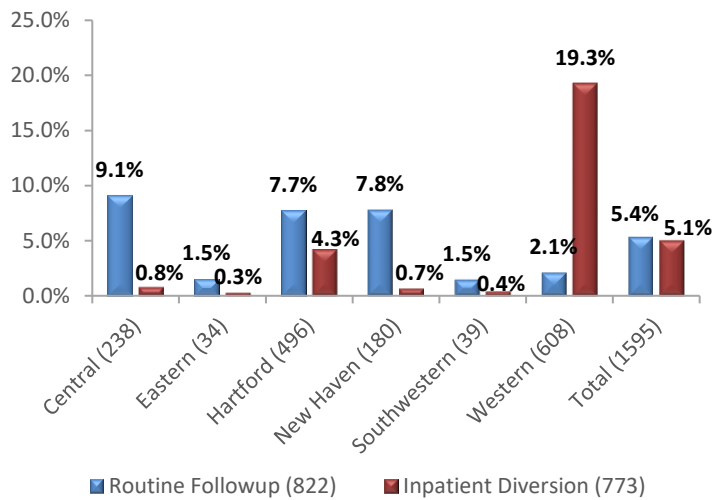
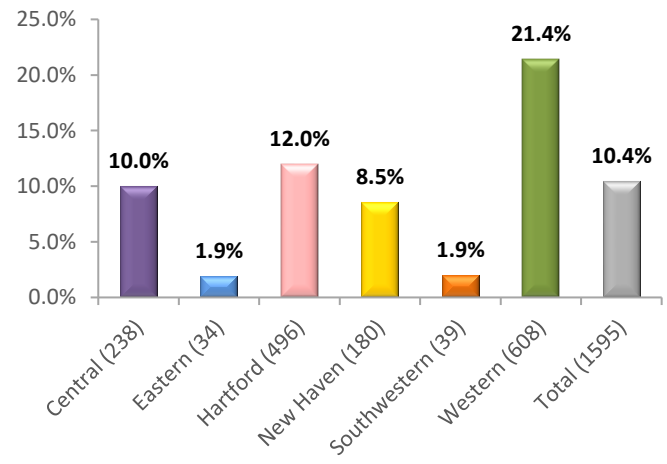


Figure 50. Type of Emergency Dept. Referral



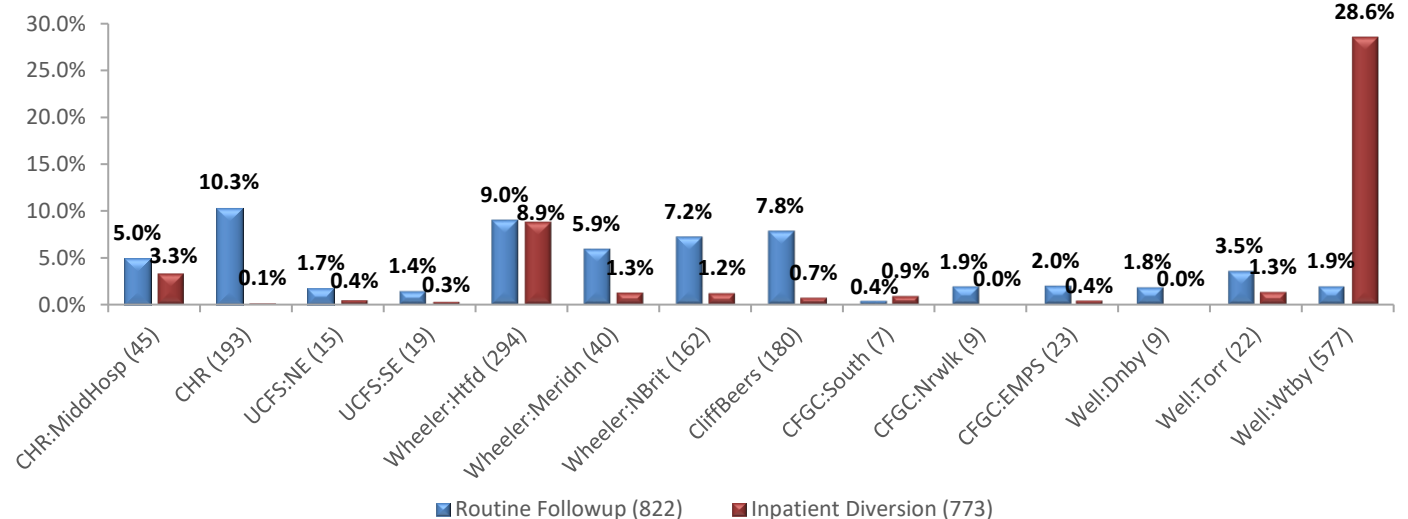
Note: Count total ED referrals are in parenthesis

Figure 51. Emergency Dept. Referral (% of Total Mobile Crisis Episodes)



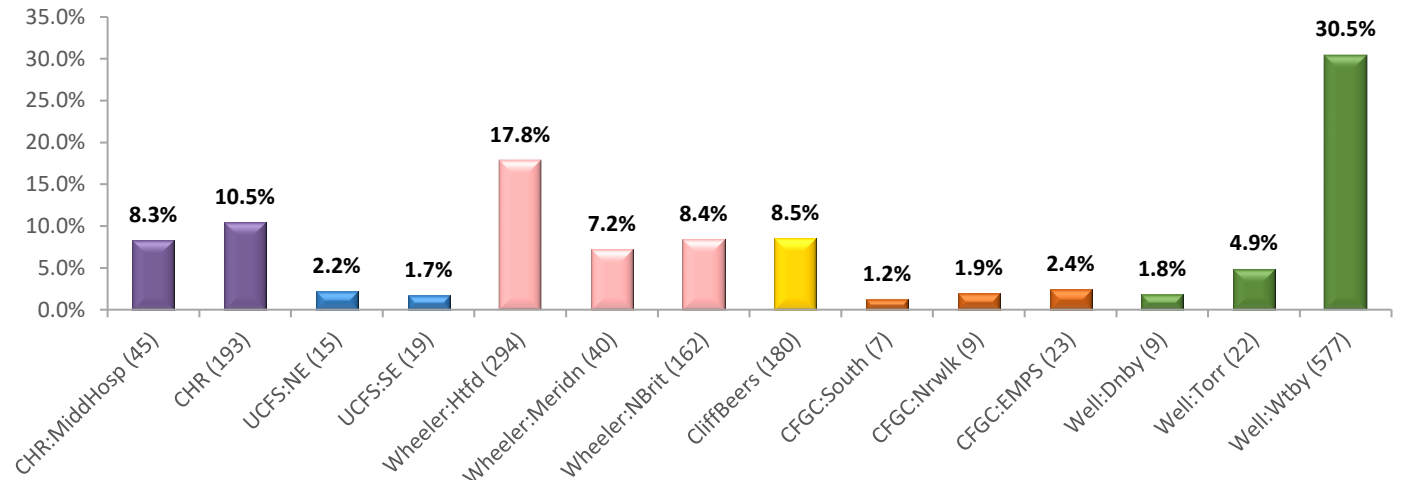
Note: Count total ED referrals are in parenthesis

Figure 52. Type of Emergency Department Referrals by Provider



Note: Count total ED referrals are in parenthesis

Figure 53. Emergency Dept. Referrals (% of Total Mobile Crisis Episodes) by Provider



Note: Count total ED referrals are in parenthesis

Section VII: 211 Recommendations and Mobile Crisis Response

Figure 54. 2-1-1 Recommended Initial Response

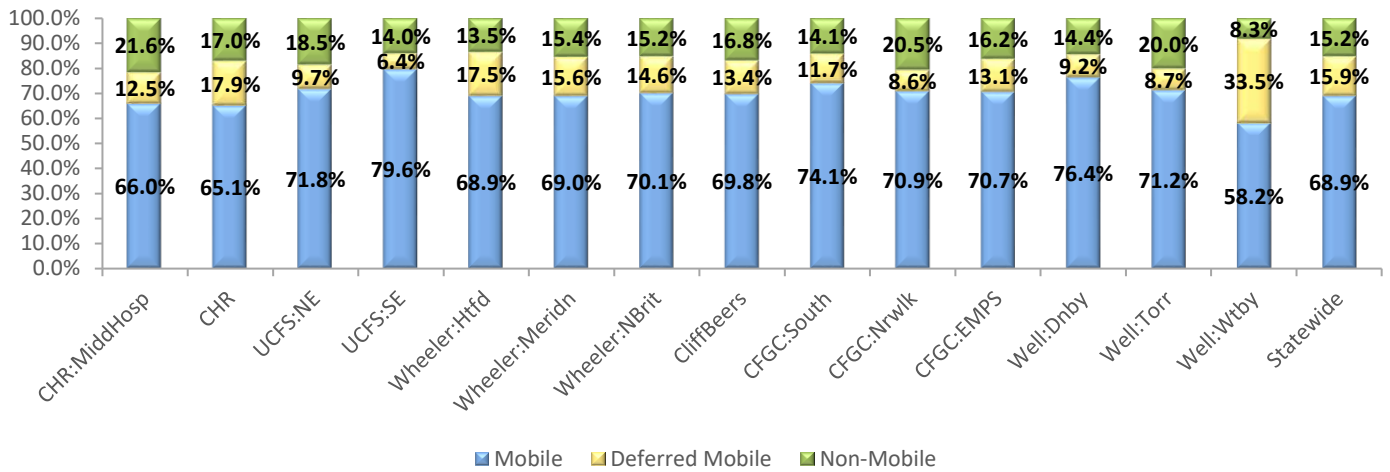


Figure 55. Actual Initial Mobile Crisis Provider Response

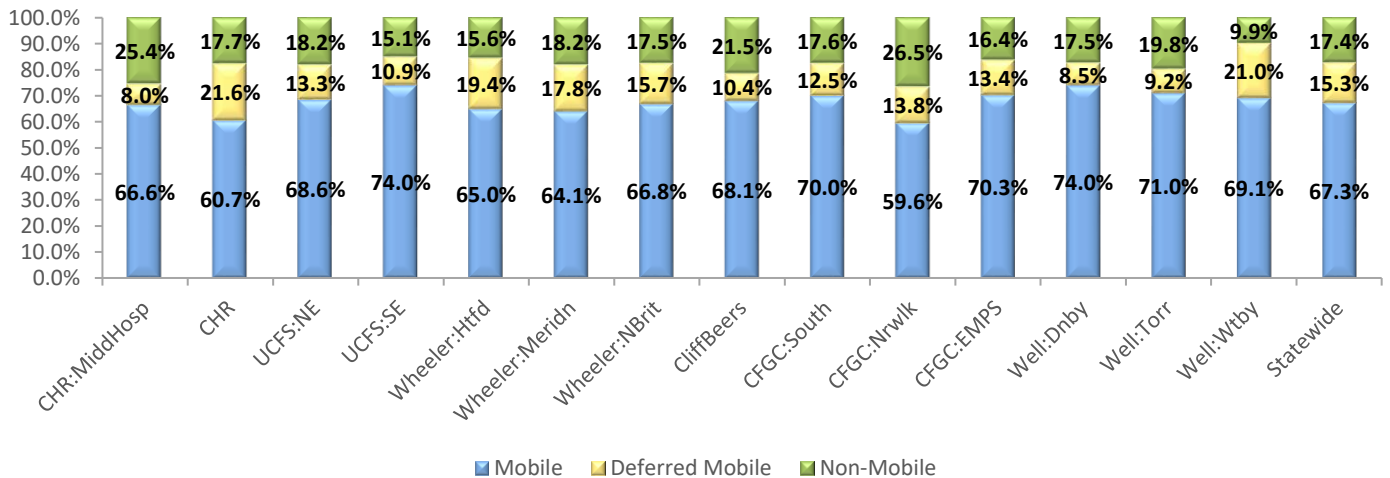
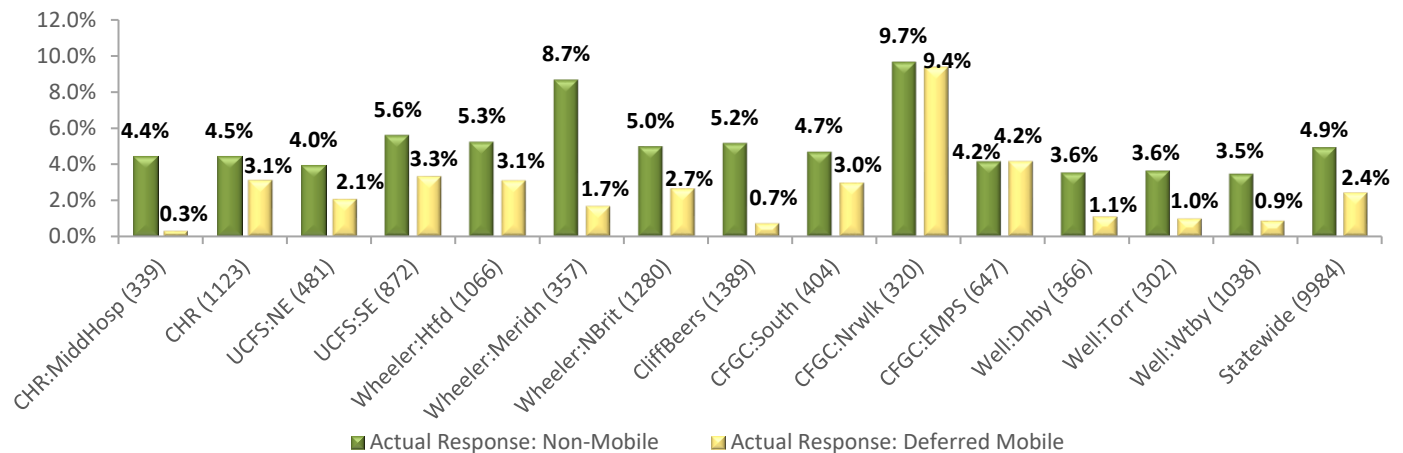
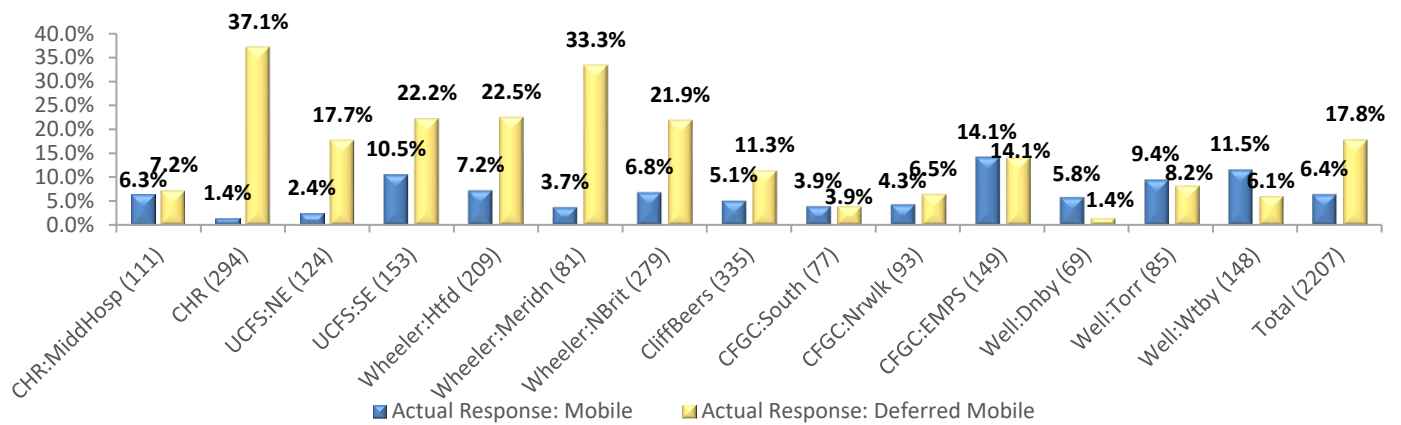


Figure 56. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile



*Total count of 2-1-1 recommended mobile responses is in parentheses.

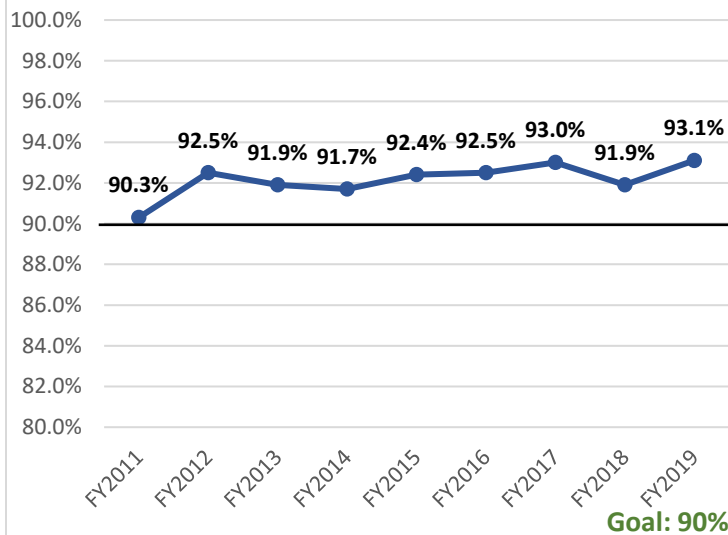
Figure 57. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile



*Total count of 2-1-1 recommended non-mobile responses is in parentheses.

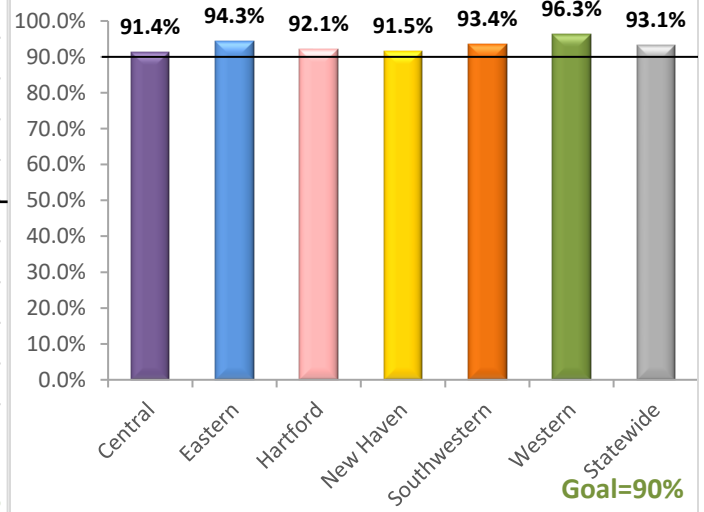
Goal=90%

Figure 58. Statewide Mobility Rate Over Time



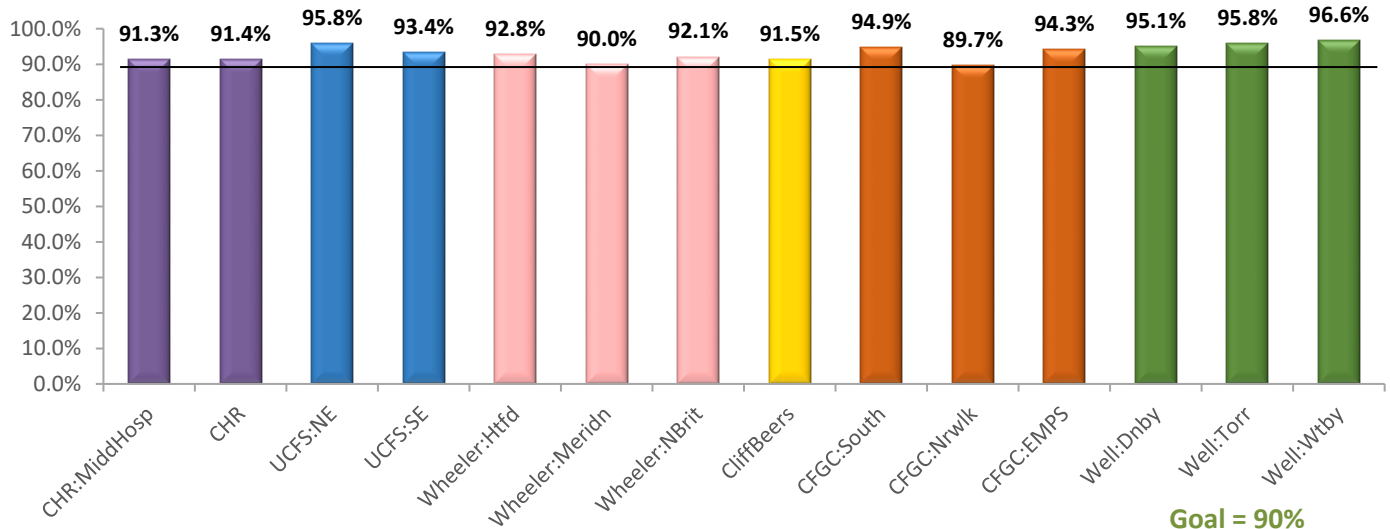
Goal: 90%

Figure 59. Mobile Response (Mobile & Deferred Mobile) By Service Area



Goal=90%

Figure 60. Mobile Response (Mobile & Deferred Mobile) By Provider



Goal = 90%

Figure 61. Mobile Crisis First Contact Mobile Site by Service Area

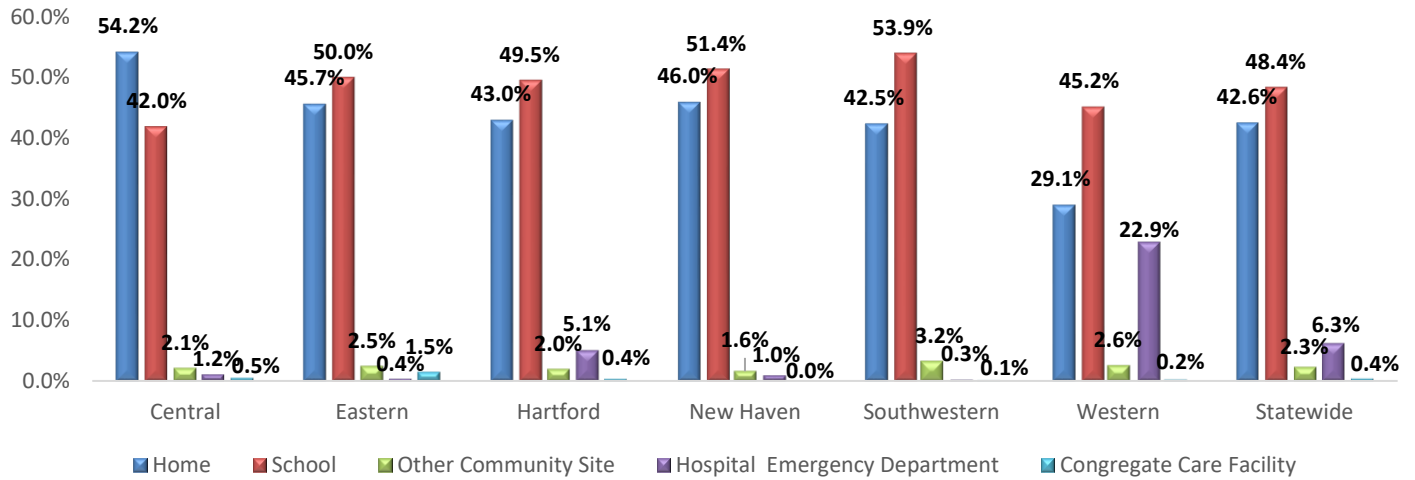
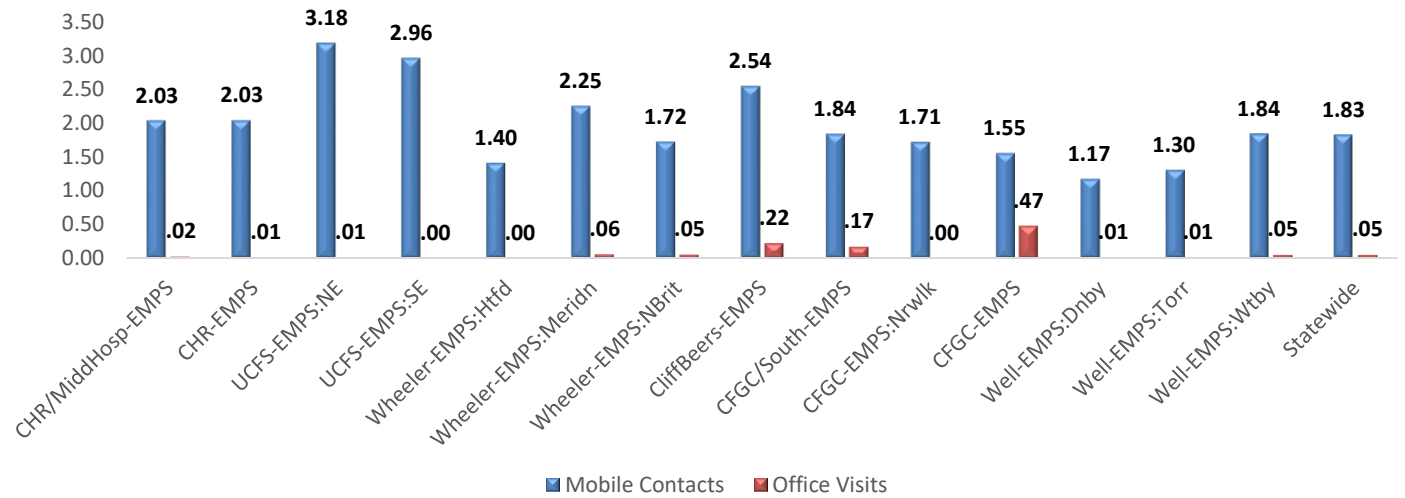
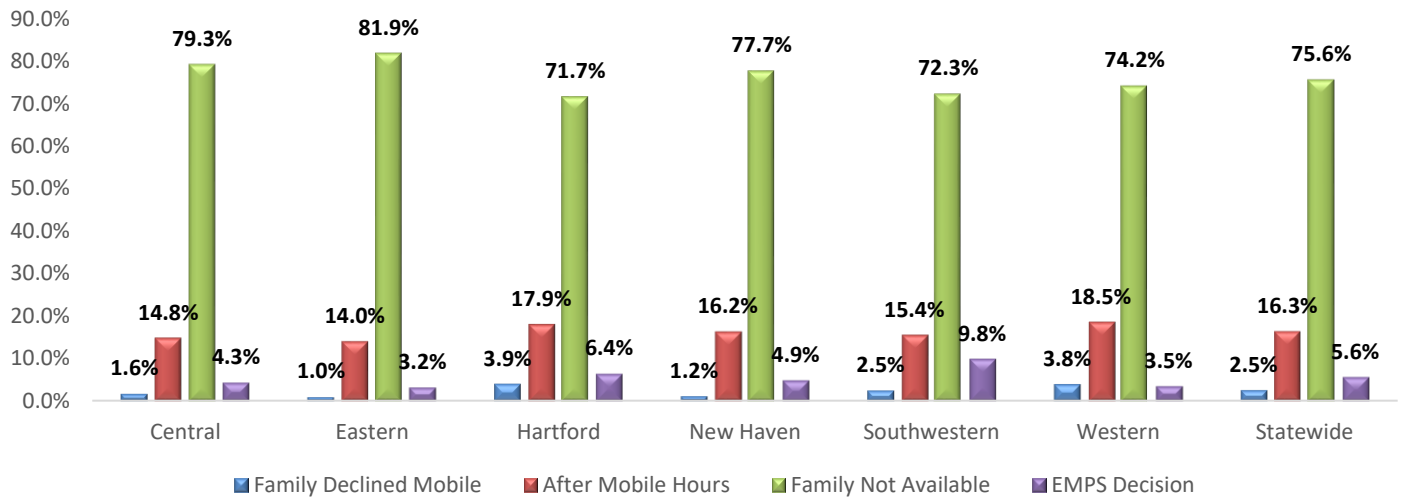


Figure 62. Mean Number of Mobile Contacts and Office Visits During an Episode of Care by Provider



Note: Only episodes with a Crisis Response of Plus Stabilization Follow-up are included.

Figure 63. Mobile Crisis Non-Mobile Reason by Service Area



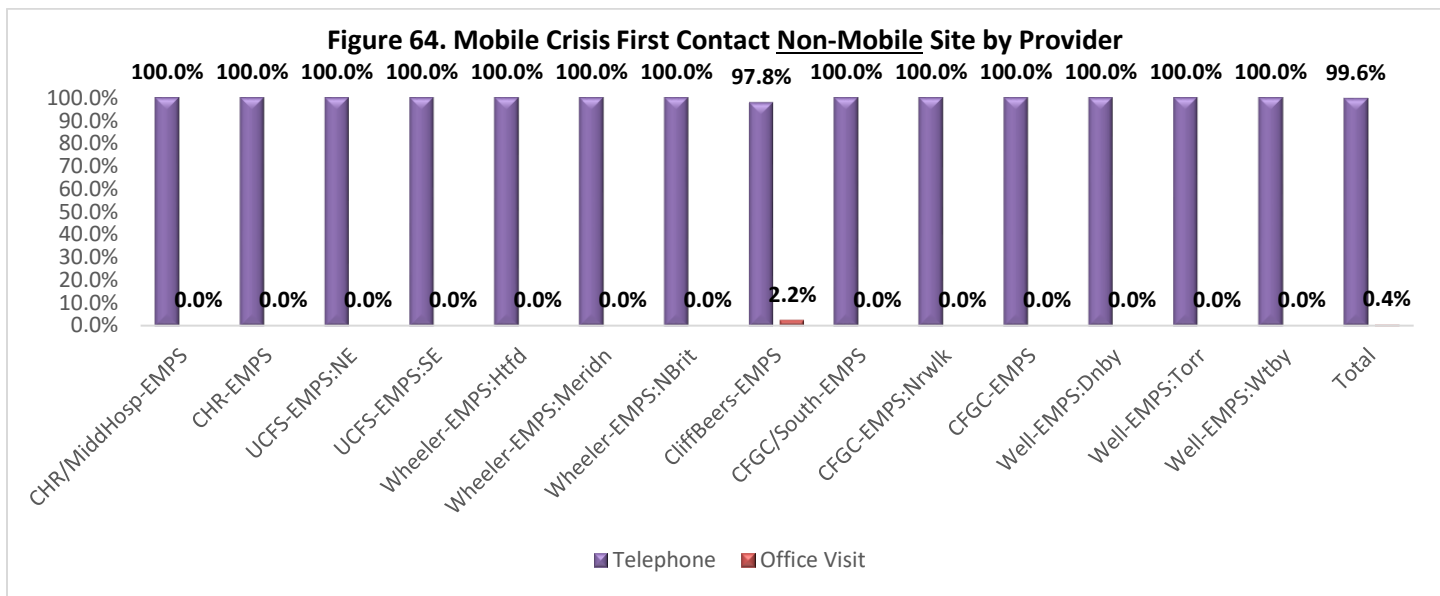
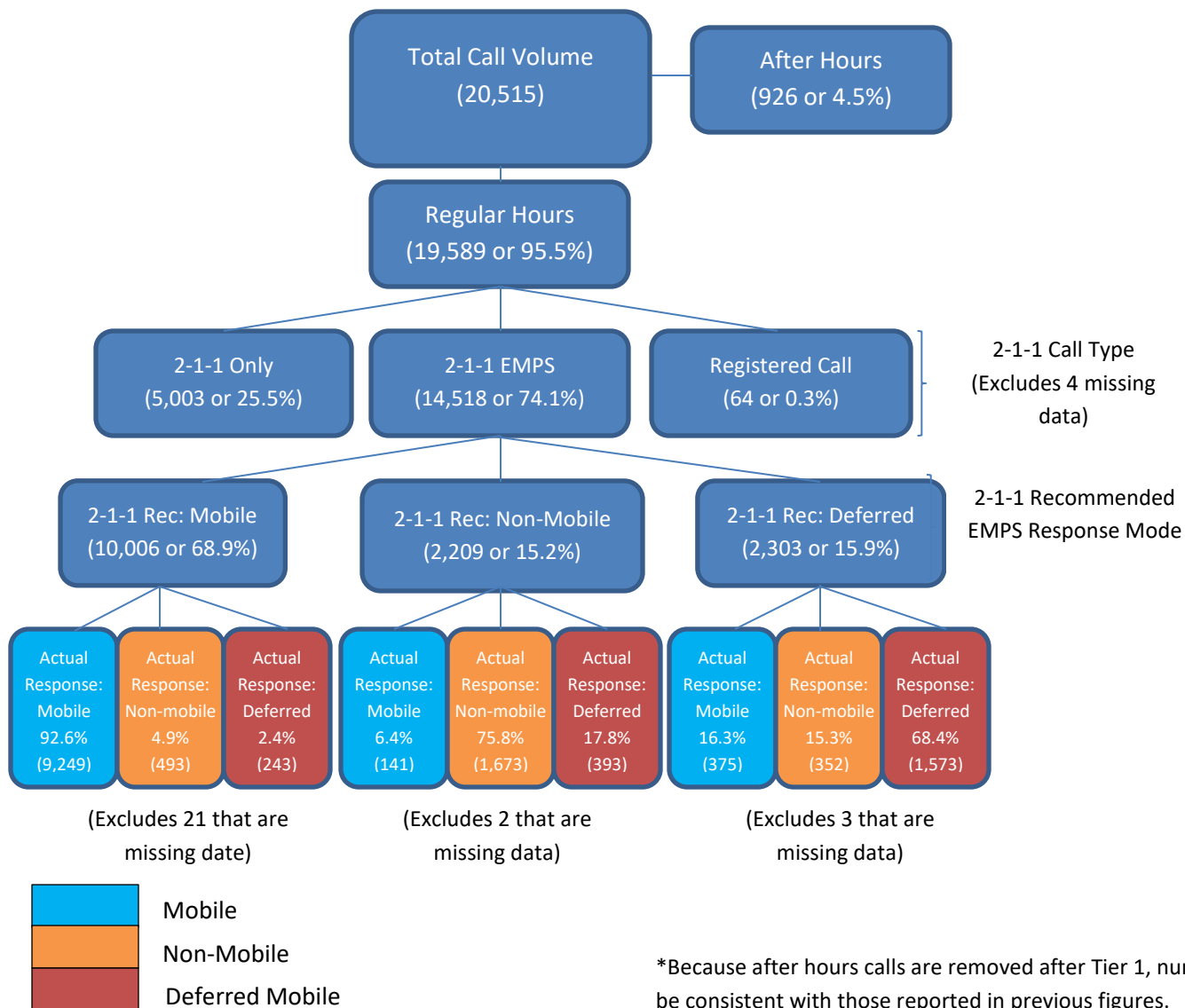


Figure 65. Breakdown of Call Volume by Call Type and Response Mode*



*Because after hours calls are removed after Tier 1, numbers may not be consistent with those reported in previous figures.

Section VIII: Response Time

Figure 66. Statewide 45 Minute Response Rate Over Time

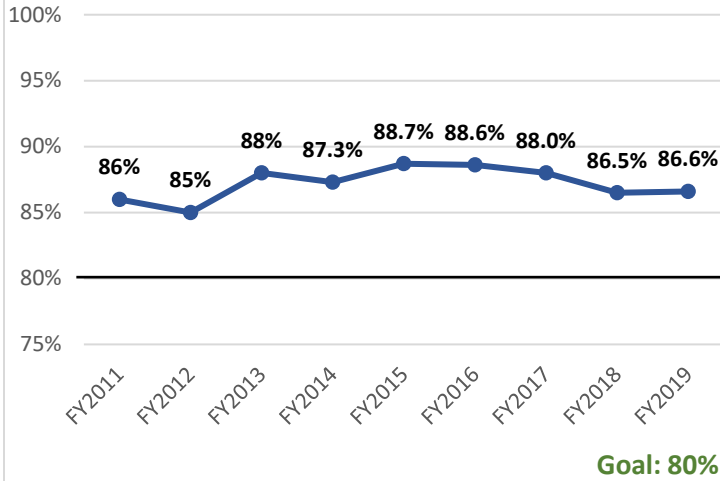


Figure 67. Total Mobile Episodes with a Response Time Under 45 Minutes

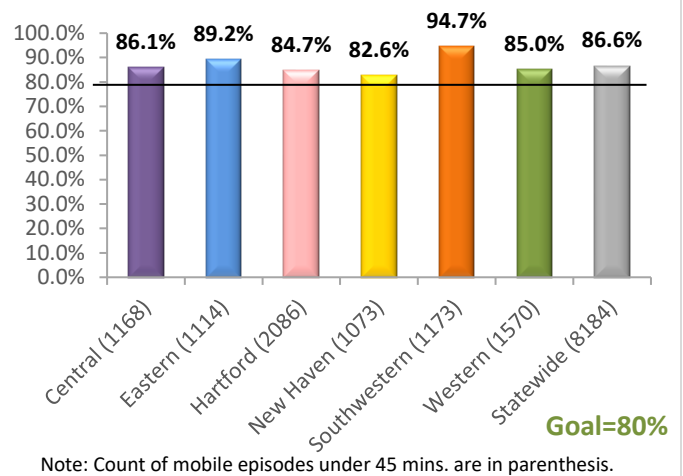


Figure 68. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider

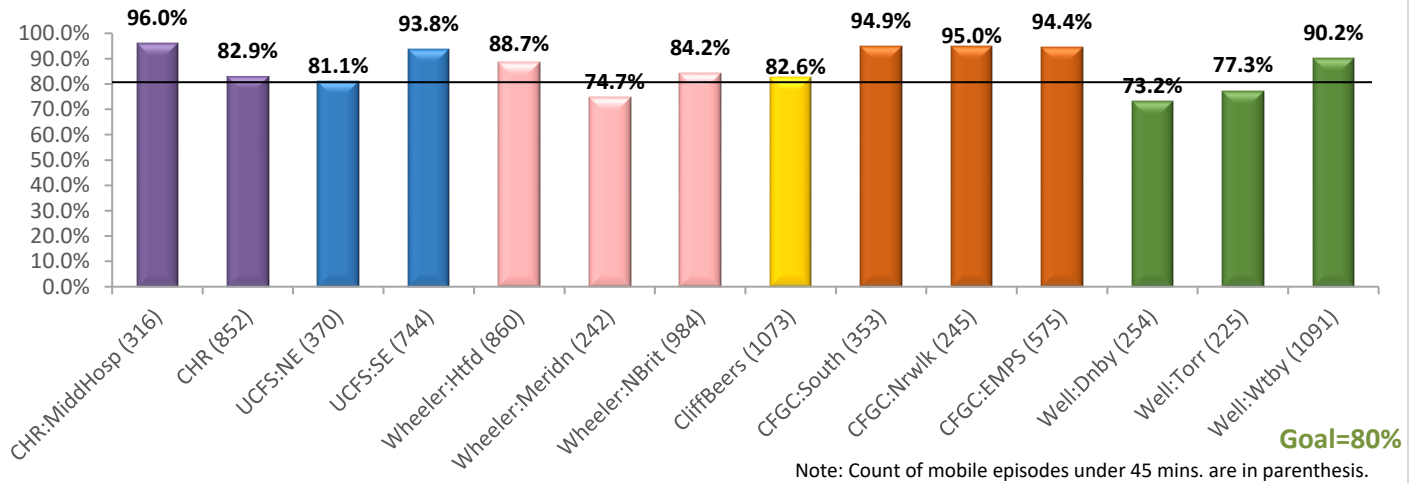


Figure 69. Median Mobile Response Time by Service Area in Minutes

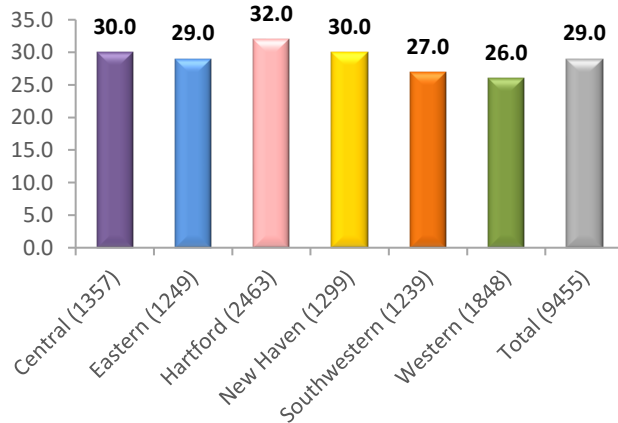


Figure 70. Median Mobile Response Time by Provider in Minutes

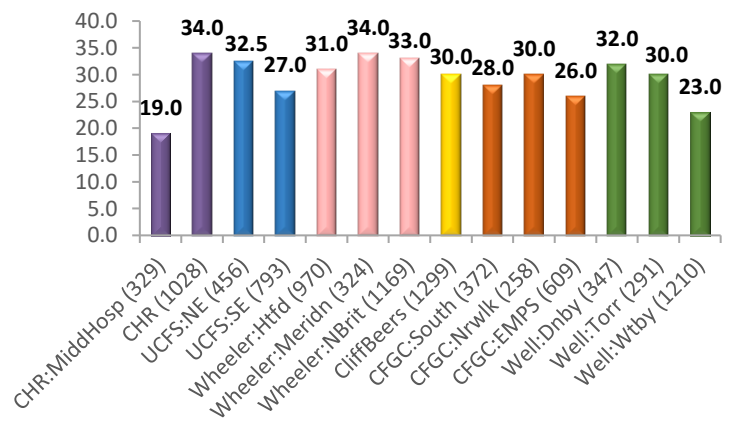
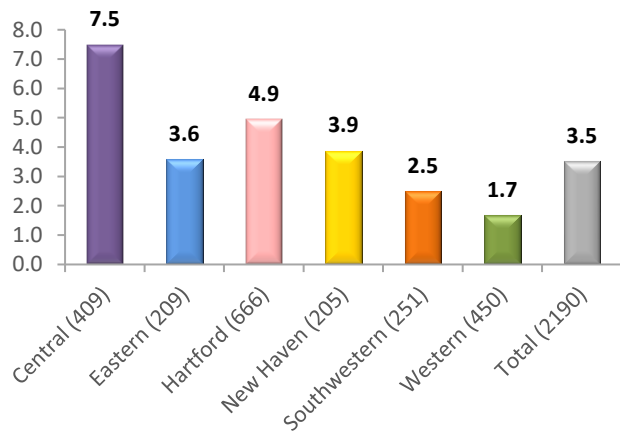
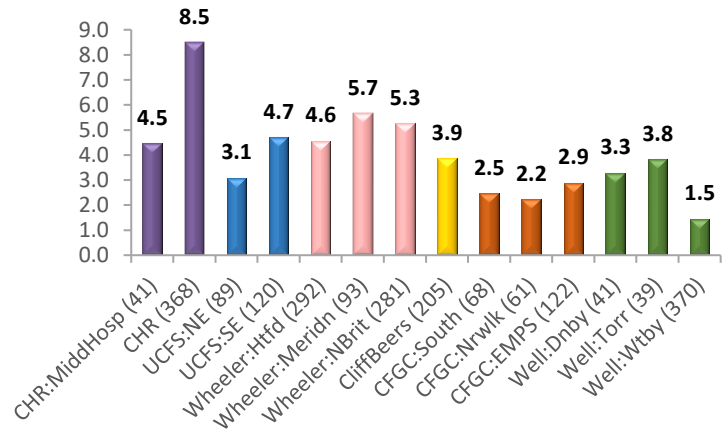


Figure 71. Median Deferred Mobile Response Time by Provider in Hours



Note: Count of mobile EMPS response episodes are in parenthesis.

Figure 72. Median Deferred Mobile Response Time by Provider in Hours



Note: Count of mobile EMPS response episodes are in parenthesis.

Section IX: Length of Stay and Discharge Information

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

| | | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|----|----------------------------|---------------------------------------------------------|----------|------------|------------|----------|------------|-----------|---------|------------|--------------------------------------------|----------|------------|--------------------|----------|------------|
| | | <i>Discharged Episodes for Current Reporting Period</i> | | | | | | | | | <i>N of Discharged Episodes for FY2018</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. | LOS: Phone | LOS: FTF | LOS: Stab. |
| 1 | STATEWIDE | 1.0 | 8.1 | 20.4 | 0.0 | 4.0 | 16.0 | 13.0% | 31.6% | 7.1% | 3366 | 6469 | 5032 | 438 | 2046 | 356 |
| 2 | Central | 2.3 | 18.5 | 30.4 | 5.0 | 11.0 | 23.0 | 36.6% | 62.3% | 21.2% | 506 | 933 | 865 | 185 | 581 | 183 |
| 3 | CHR/MiddHosp-EMPS | 4.0 | 2.9 | 13.2 | 3.0 | 2.0 | 10.0 | 68.4% | 10.3% | 0.5% | 136 | 185 | 220 | 93 | 19 | 1 |
| 4 | CHR-EMPS | 1.7 | 22.4 | 36.3 | 0.0 | 17.0 | 29.0 | 24.9% | 75.1% | 28.2% | 370 | 748 | 645 | 92 | 562 | 182 |
| 5 | Eastern | 0.3 | 4.0 | 24.7 | 0.0 | 5.0 | 22.0 | 4.5% | 7.3% | 3.7% | 447 | 1212 | 161 | 20 | 89 | 6 |
| 6 | UCFS-EMPS:NE | 0.3 | 4.1 | 24.1 | 0.0 | 5.0 | 21.0 | 5.6% | 9.6% | 4.5% | 196 | 427 | 67 | 11 | 41 | 3 |
| 7 | UCFS-EMPS:SE | 0.2 | 3.9 | 25.2 | 0.0 | 5.0 | 23.0 | 3.6% | 6.1% | 3.2% | 251 | 785 | 94 | 9 | 48 | 3 |
| 8 | Hartford | 1.4 | 5.4 | 15.7 | 0.0 | 2.0 | 13.0 | 15.3% | 27.6% | 2.6% | 789 | 1216 | 1949 | 121 | 336 | 50 |
| 9 | Wheeler-EMPS:Htfd | 2.2 | 6.1 | 15.6 | 0.0 | 3.0 | 13.0 | 20.4% | 33.2% | 3.0% | 329 | 549 | 635 | 67 | 182 | 19 |
| 10 | Wheeler-EMPS:Meridn | 1.4 | 4.6 | 17.4 | 0.0 | 3.0 | 15.0 | 25.0% | 20.7% | 1.6% | 116 | 184 | 246 | 29 | 38 | 4 |
| 11 | Wheeler-EMPS:NBrit | 0.5 | 5.0 | 15.3 | 0.0 | 1.0 | 13.0 | 7.3% | 24.0% | 2.5% | 344 | 483 | 1068 | 25 | 116 | 27 |
| 12 | New Haven | 0.4 | 9.4 | 33.0 | 0.0 | 5.0 | 27.0 | 6.9% | 45.9% | 23.2% | 477 | 1374 | 203 | 33 | 631 | 47 |
| 13 | CliffBeers-EMPS | 0.4 | 9.4 | 33.0 | 0.0 | 5.0 | 27.0 | 31.4% | 45.9% | 23.2% | 477 | 1374 | 203 | 33 | 631 | 47 |
| 14 | Southwestern | 0.4 | 7.3 | 20.2 | 0.0 | 3.0 | 20.0 | 3.6% | 29.6% | 0.3% | 439 | 1191 | 320 | 16 | 352 | 1 |
| 15 | CFGC/South-EMPS | 0.3 | 1.1 | 19.5 | 0.0 | 0.0 | 17.5 | 1.9% | 4.9% | 0.0% | 105 | 185 | 262 | 2 | 9 | 0 |
| 16 | CFGC-EMPS:Nrwlk | 0.1 | 8.8 | 19.3 | 0.0 | 4.0 | 9.5 | 1.5% | 40.8% | 12.5% | 135 | 304 | 8 | 2 | 124 | 1 |
| 17 | CFGC-EMPS | 0.6 | 8.2 | 24.3 | 0.0 | 4.0 | 26.0 | 6.0% | 31.2% | 0.0% | 199 | 702 | 50 | 12 | 219 | 0 |
| 18 | Western | 0.9 | 4.1 | 18.5 | 0.0 | 2.0 | 16.0 | 8.9% | 10.5% | 4.5% | 708 | 543 | 1534 | 63 | 57 | 69 |
| 19 | Well-EMPS:Dnby | 0.3 | 3.8 | 20.2 | 0.0 | 3.0 | 18.0 | 4.2% | 7.6% | 4.0% | 143 | 66 | 278 | 6 | 5 | 11 |
| 20 | Well-EMPS:Torr | 0.7 | 3.1 | 16.1 | 0.0 | 2.0 | 12.0 | 9.9% | 7.9% | 4.8% | 141 | 114 | 189 | 14 | 9 | 9 |
| 21 | Well-EMPS:Wtby | 1.1 | 4.5 | 18.6 | 0.0 | 2.0 | 16.0 | 10.1% | 11.8% | 4.6% | 424 | 363 | 1067 | 43 | 43 | 49 |

* Discharged episodes, as of June 30, 2019, with end dates from July 1, 2018 to June 30, 2019.

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. 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 | 154.6 | 101.0 | 123.1 | 147.0 | 60.0 | 72.0 | 100.0% | 100.0% | 64.9% | 55 | 189 | 188 | 55 | 189 | 122 |
| 2 | Central | 34.0 | 55.6 | 107.4 | 33.0 | 42.0 | 63.0 | 100.0% | 100.0% | 66.7% | 4 | 62 | 18 | 4 | 62 | 12 |
| 3 | CHR/MiddHosp-EMPS | 0.0 | 0.0 | 26.0 | 0.0 | 0.0 | 26.0 | NA | NA | 0.0% | 0 | 0 | 1 | 0 | 0 | 0 |
| 4 | CHR-EMPS | 34.0 | 55.6 | 112.2 | 33.0 | 42.0 | 66.0 | 100.0% | 100.0% | 70.6% | 4 | 62 | 17 | 4 | 62 | 12 |
| 5 | Eastern | 0.0 | 19.5 | 47.0 | 0.0 | 19.5 | 57.0 | NA | 100.0% | 66.7% | 0 | 2 | 3 | 0 | 2 | 2 |
| 6 | UCFS-EMPS:NE | 0.0 | 18.0 | 42.0 | 0.0 | 18.0 | 42.0 | NA | 100.0% | 50.0% | 0 | 1 | 2 | 0 | 1 | 1 |
| 7 | UCFS-EMPS:SE | 0.0 | 21.0 | 57.0 | 0.0 | 21.0 | 57.0 | NA | 100.0% | 100.0% | 0 | 1 | 1 | 0 | 1 | 1 |
| 8 | Hartford | 189.4 | 170.1 | 159.1 | 223.0 | 148.0 | 178.0 | 100.0% | 100.0% | 74.8% | 29 | 43 | 107 | 29 | 43 | 80 |
| 9 | Wheeler-EMPS:Htfd | 196.9 | 191.1 | 188.9 | 232.0 | 215.5 | 211.0 | 100.0% | 100.0% | 87.7% | 25 | 30 | 81 | 25 | 30 | 71 |
| 10 | Wheeler-EMPS:Meridn | 140.7 | 150.8 | 90.2 | 52.0 | 135.5 | 30.0 | 100.0% | 100.0% | 40.0% | 3 | 4 | 5 | 3 | 4 | 2 |
| 11 | Wheeler-EMPS:NBrit | 148.0 | 108.6 | 60.7 | 148.0 | 108.0 | 42.0 | 100.0% | 100.0% | 33.3% | 1 | 9 | 21 | 1 | 9 | 7 |
| 12 | New Haven | 176.0 | 76.2 | 64.2 | 125.5 | 72.0 | 66.5 | 100.0% | 100.0% | 60.0% | 6 | 41 | 10 | 6 | 41 | 6 |
| 13 | CliffBeers-EMPS | 176.0 | 76.2 | 64.2 | 125.5 | 72.0 | 66.5 | 100.0% | 100.0% | 60.0% | 6 | 41 | 10 | 6 | 41 | 6 |
| 14 | Southwestern | 263.0 | 139.5 | 34.5 | 263.0 | 124.0 | 37.0 | 100.0% | 100.0% | 0.0% | 2 | 34 | 15 | 2 | 34 | 0 |
| 15 | CFGC/South-EMPS | 0.0 | 0.0 | 34.3 | 0.0 | 0.0 | 36.0 | NA | NA | 0.0% | 0 | 0 | 10 | 0 | 0 | 0 |
| 16 | CFGC-EMPS:Nrwlk | 263.0 | 182.2 | 34.0 | 263.0 | 211.5 | 34.0 | 100.0% | 100.0% | 0.0% | 2 | 24 | 2 | 2 | 24 | 0 |
| 17 | CFGC-EMPS | 0.0 | 37.1 | 35.3 | 0.0 | 37.0 | 39.0 | NA | 100.0% | 0.0% | 0 | 10 | 3 | 0 | 10 | 0 |
| 18 | Western | 92.1 | 61.0 | 82.6 | 81.5 | 59.0 | 63.0 | 100.0% | 100.0% | 62.9% | 14 | 7 | 35 | 14 | 7 | 22 |
| 19 | Well-EMPS:Dnby | 90.0 | 0.0 | 67.0 | 90.0 | 0.0 | 34.0 | 100.0% | NA | 25.0% | 1 | 0 | 8 | 1 | 0 | 2 |
| 20 | Well-EMPS:Torr | 111.5 | 49.5 | 124.3 | 111.5 | 49.5 | 139.0 | 100.0% | 100.0% | 100.0% | 2 | 2 | 3 | 2 | 2 | 3 |
| 21 | Well-EMPS:Wtby | 88.8 | 65.6 | 82.5 | 65.0 | 60.0 | 64.0 | 100.0% | 100.0% | 70.8% | 11 | 5 | 24 | 11 | 5 | 17 |

* Data includes episodes still in care, as of June 30, 2019, with referral dates from July 1, 2018 to June 30, 2019.

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 73. Top Six Reasons for Client Discharge Statewide

(N =14,867)

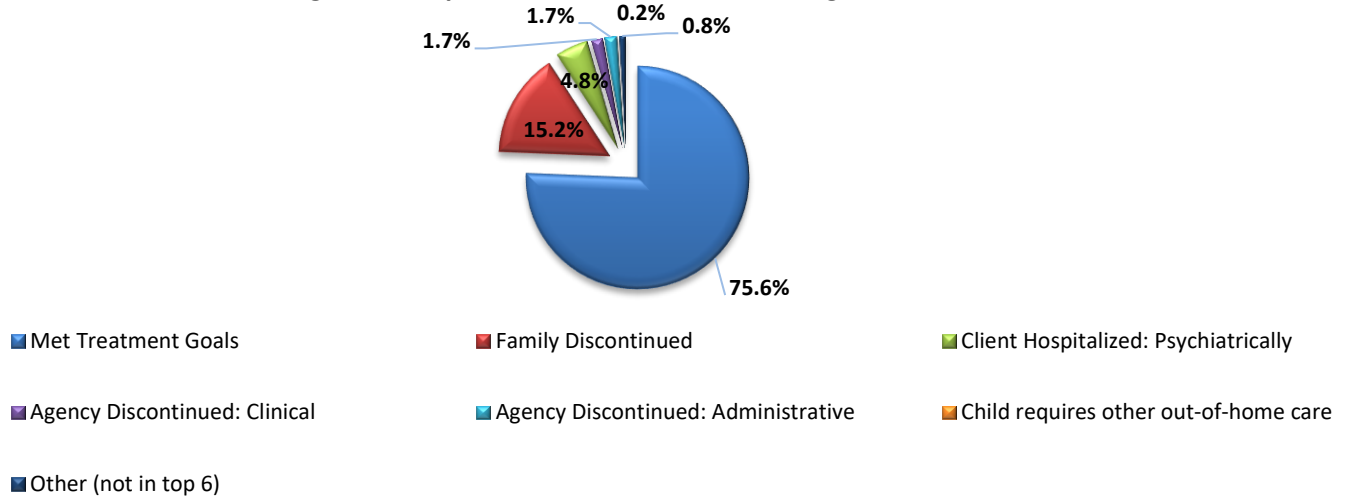


Figure 74. Top Six Places Clients Live at Discharge Statewide

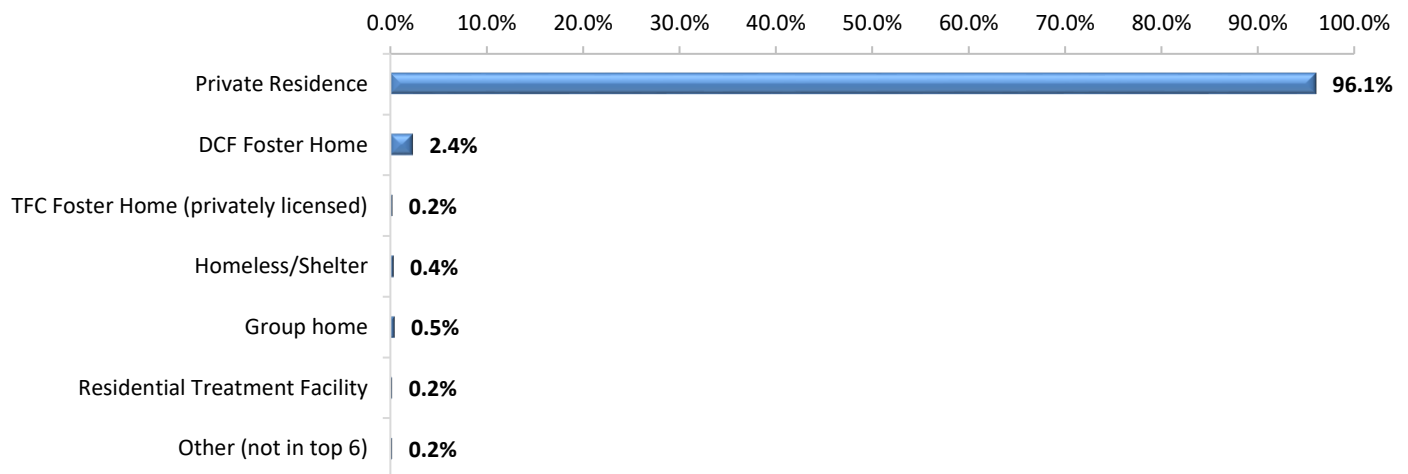
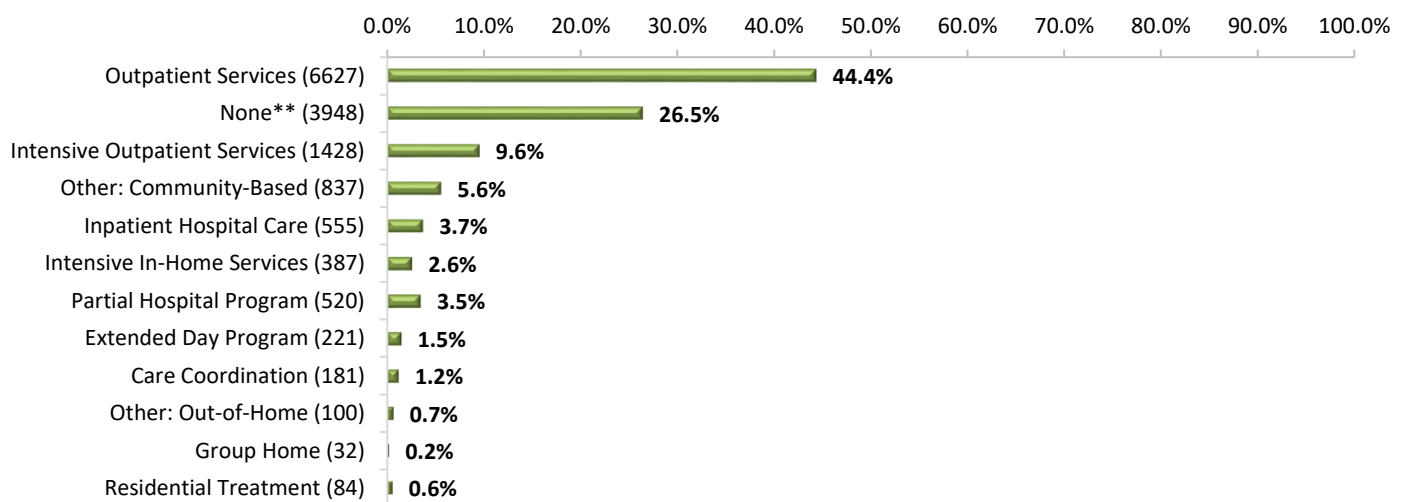


Figure 75. Type of Services Client Referred* to at Discharge Statewide



* 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 4. 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> | † .05-.10 * <i>p</i> < .05 ** <i>p</i> < .01 |
|--------------------------|------------------------------------------|-----------------------------|--------------------------------|---------------------------------------|----------------|-------------|----------------------------------------------------|
| STATEWIDE | | | | | | | |
| Parent Functioning Score | 546 | 45.65 | 46.91 | 1.26 | 2.88 | 0.004 | ** |
| Worker Functioning Score | 4053 | 44.82 | 46.56 | 1.74 | 19.00 | 0.000 | ** |
| Parent Problem Score | 554 | 26.28 | 23.73 | -2.56 | -6.44 | 0.000 | ** |
| Worker Problem Score | 4061 | 25.94 | 23.47 | -2.46 | -24.69 | 0.000 | ** |
| Central | | | | | | | |
| Parent Functioning Score | 70 | 50.20 | 52.19 | 1.99 | 1.93 | 0.057 | † |
| Worker Functioning Score | 1478 | 45.45 | 47.70 | 2.25 | 20.28 | 0.000 | ** |
| Parent Problem Score | 70 | 25.21 | 21.09 | -4.13 | -5.55 | 0.000 | ** |
| Worker Problem Score | 1478 | 26.29 | 23.89 | -2.40 | -23.75 | 0.000 | ** |
| Eastern | | | | | | | |
| Parent Functioning Score | 26 | 44.08 | 47.31 | 3.23 | 1.09 | 0.285 | |
| Worker Functioning Score | 121 | 42.54 | 46.18 | 3.64 | 4.56 | 0.000 | ** |
| Parent Problem Score | 27 | 26.59 | 23.04 | -3.56 | -1.44 | 0.163 | |
| Worker Problem Score | 121 | 30.28 | 24.31 | -5.98 | -6.81 | 0.000 | ** |
| Hartford | | | | | | | |
| Parent Functioning Score | 245 | 44.25 | 44.78 | 0.53 | 1.00 | 0.316 | |
| Worker Functioning Score | 649 | 44.29 | 46.93 | 2.64 | 11.72 | 0.000 | ** |
| Parent Problem Score | 252 | 26.42 | 25.16 | -1.26 | -3.10 | 0.002 | ** |
| Worker Problem Score | 649 | 27.89 | 23.51 | -4.38 | -13.45 | 0.000 | ** |
| New Haven | | | | | | | |
| Parent Functioning Score | 9 | 47.11 | 51.00 | 3.89 | 0.87 | 0.408 | |
| Worker Functioning Score | 144 | 41.56 | 41.88 | 0.32 | 0.37 | 0.711 | |
| Parent Problem Score | 9 | 25.56 | 22.11 | -3.44 | -1.10 | 0.301 | |
| Worker Problem Score | 148 | 27.16 | 27.10 | -0.05 | -0.06 | 0.951 | |
| Southwestern | | | | | | | |
| Parent Functioning Score | 68 | 48.94 | 51.32 | 2.38 | 1.63 | 0.107 | |
| Worker Functioning Score | 183 | 45.78 | 48.09 | 2.31 | 3.94 | 0.000 | ** |
| Parent Problem Score | 68 | 25.51 | 22.75 | -2.76 | -1.68 | 0.097 | † |
| Worker Problem Score | 184 | 23.75 | 20.09 | -3.66 | -5.88 | 0.000 | ** |
| Western | | | | | | | |
| Parent Functioning Score | 128 | 44.30 | 45.41 | 1.10 | 1.03 | 0.304 | |
| Worker Functioning Score | 1478 | 44.80 | 45.55 | 0.75 | 4.93 | 0.000 | ** |
| Parent Problem Score | 128 | 26.99 | 23.12 | -3.88 | -3.79 | 0.000 | ** |
| Worker Problem Score | 1481 | 24.52 | 23.03 | -1.49 | -9.85 | 0.000 | ** |

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

NS: Not significant

† .05-.10,

* *p* < .05,

***p* < .01

Section X: Client & Referral Source Satisfaction

Table 5. Client and Referrer Satisfaction for 211 and Mobile Crisis*

| 211 Items | Q1 FY2019 Clients (n=60) | Q2 FY2019 Clients (n=60) | Q3 FY2019 Clients (n=60) | Q4 FY2019 Clients (n=60) | Q1 FY2019 Referrers (n=60) | Q2 FY2019 Referrers (n=60) | Q3 FY2019 Referrers (n=61) | Q4 FY2019 Referrers (n=60) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| The 211 staff answered my call in a timely manner | 4.28 | 4.43 | 4.25 | 4.30 | 4.02 | 4.35 | 4.31 | 4.32 |
| The 211 staff was courteous | 4.38 | 4.57 | 4.33 | 4.33 | 4.22 | 4.40 | 4.31 | 4.42 |
| The 211 staff was knowledgeable | 4.33 | 4.53 | 4.33 | 4.33 | 4.22 | 4.37 | 4.25 | 4.42 |
| My phone call was quickly transferred to the Mobile Crisis provider | 4.25 | 4.52 | 4.33 | 4.30 | 4.13 | 4.37 | 4.31 | 4.42 |
| Sub-Total Mean: 211 | 4.31 | 4.51 | 4.31 | 4.32 | 4.15 | 4.37 | 4.30 | 4.39 |
| Mobile Crisis Items | | | | | | | | |
| Mobile Crisis responded to the crisis in a timely manner | 4.37 | 4.31 | 4.27 | 4.28 | 4.12 | 4.33 | 4.25 | 4.37 |
| The Mobile Crisis staff was respectful | 4.43 | 4.50 | 4.33 | 4.33 | 4.28 | 4.43 | 4.31 | 4.40 |
| The Mobile Crisis staff was knowledgeable | 4.42 | 4.47 | 4.33 | 4.30 | 4.25 | 4.42 | 4.28 | 4.40 |
| The Mobile Crisis staff spoke to me in a way that I understood | 4.40 | 4.47 | 4.33 | 4.30 | X | X | X | X |
| Mobile Crisis 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 Mobile Crisis) | 4.37 | 4.00 | 4.27 | 4.28 | X | X | X | X |
| The services or resources my child and/or family received were right for us | 4.37 | 4.05 | 4.23 | 4.28 | X | X | X | X |
| The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis | X | X | X | X | 4.13 | 4.12 | 3.28 | 4.40 |
| Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis | 4.40 | 4.22 | 4.28 | 4.28 | 4.22 | 4.38 | 4.28 | 4.40 |
| Sub-Total Mean: Mobile Crisis | 4.39 | 4.29 | 4.29 | 4.30 | 4.20 | 4.34 | 4.08 | 4.39 |
| Overall Mean Score | 4.36 | 4.37 | 4.30 | 4.30 | 4.18 | 4.38 | 4.29 | 4.39 |

*All items collected by 2-1-1, in collaboration with the PIC and DCF; measured on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree)

Client Comments:

- * The parent raved about her experience, "If it wasn't for them I don't know what we would do." She reports they are still doing bridge services."
- * Parent feels the process of getting intake information and waiting for the clinician to arrive is too long. She would also like more follow up after the assessment instead of a "good luck see you later" feeling.
- * Guardian reports finding the service to be a relief when in need of help and not feeling like there is anywhere else to turn.
- * Caller reports she found the service somewhat helpful but they did not check in as often as they said they would after the initial assessment was completed.
- * "You guys were incredibly helpful, I can't thank you enough. You guys do really important work."
- * "I'm very thankful that you are there and it really makes a difference."
- * Caller reports they were referred to outpatient therapy through MCI assessment and "it actually worked out well."

Referrer Comments:

- * "The person who came out was very good. She was under control while we were very panicky about the situation."
- * Caller reports it typically takes 45 minutes to 1 hour for [Mobile Crisis] to arrive and once they have gotten there the youth has often de-escalated. She reports at times it is helpful and at times they no longer have a need by the time Mobile Crisis arrives.
- * "We never have any problems getting through and their response time is quick...everything is going great, especially this year."
- * Secretary reported it took the MCI team "a while" to come out to the school.
- * "They helped us get through the weekend safely."
- * ED provider reports strong appreciation for the service and collaboration.
- * Caller reports MCI was not initially comfortable going to the home which created a barrier but once they were able to meet it went well.
- * Congregate Care staff member reports they had to call several times on behalf of this particular youth for services and each time was very helpful.

Figure 76. Parent/Guardian Satisfaction with the Mental Health Services their Child Received by Service Area

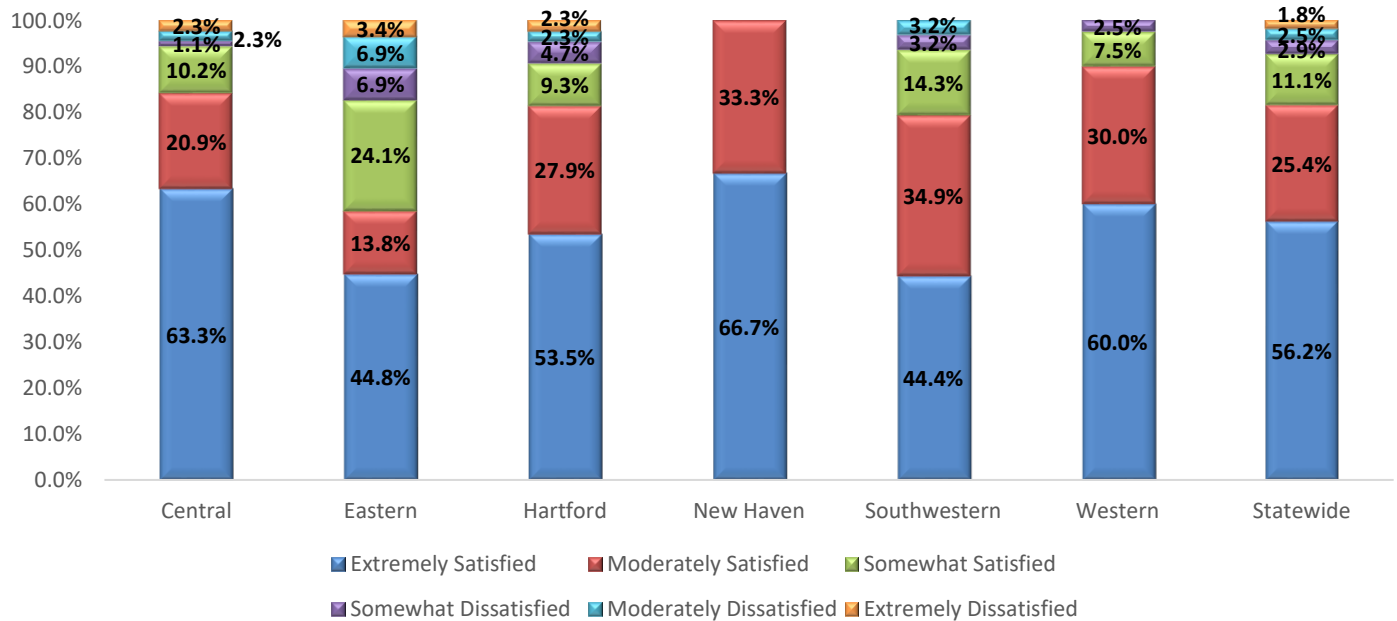
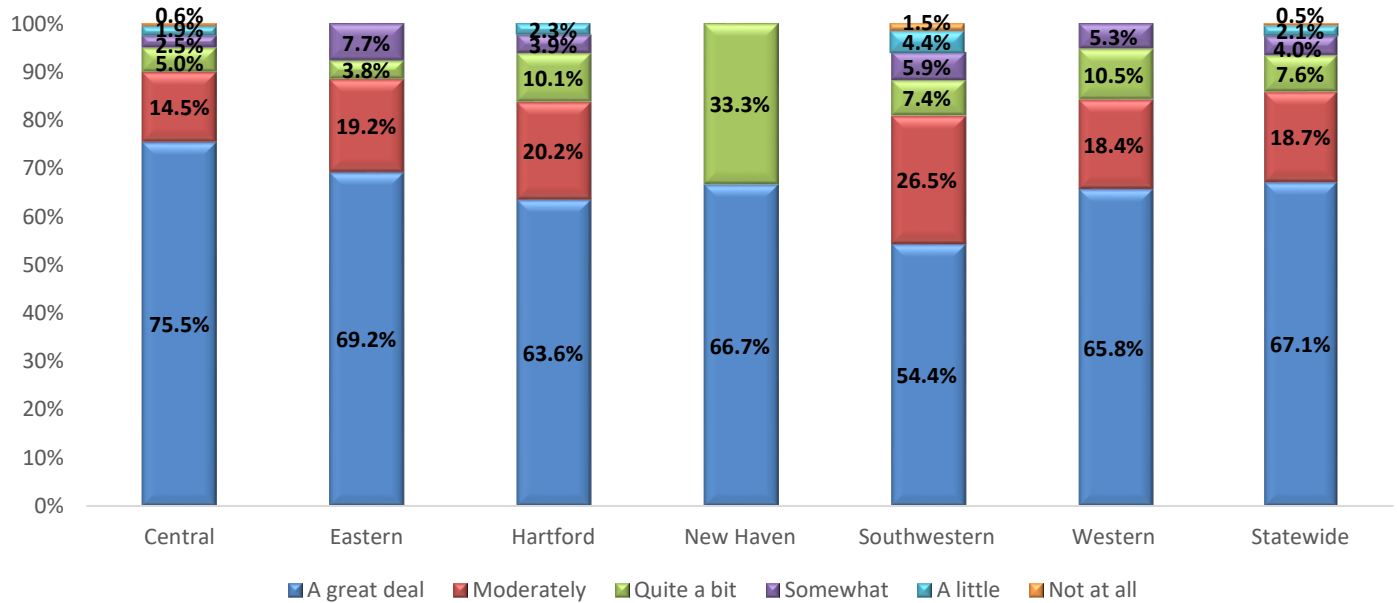


Figure 77. Parent/Guardian Rating of the Extent to Which the Child's Treatment Plan Included their Ideas about their Child's Treatment Needs by Service Area



Section XI: Training Attendance

Table 6. 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 Full-Time Staff Only |
|----------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------------|------------|------------|------------|----------------------------|---------------------------------------|
| Statewide (139)* | 57% | 57% | 51% | 42% | 60% | 59% | 50% | 54% | 58% | 33% | 38% | 44% | 14% | 16% |
| CHR:MidHosp (11)* | 64% | 55% | 27% | 91% | 73% | 64% | 45% | 73% | 55% | 100% | 82% | 55% | 27% | 20% |
| CHR (11)* | 27% | 36% | 36% | 45% | 45% | 45% | 27% | 27% | 36% | 45% | 0% | 0% | 0% | 0% |
| UCFS:NE (6)* | 33% | 67% | 17% | 83% | 33% | 50% | 67% | 33% | 67% | 67% | 100% | 50% | 17% | 20% |
| UCFS:SE (9)* | 56% | 44% | 33% | 44% | 33% | 33% | 33% | 33% | 33% | 67% | 67% | 33% | 0% | 0% |
| Wheeler:Htfd (18)*^ | 50% | 50% | 61% | 11% | 72% | 56% | 33% | 50% | 61% | 11% | 6% | 56% | 0% | 0% |
| Wheeler:Meridn (6)* | 33% | 50% | 33% | 33% | 50% | 50% | 17% | 17% | 50% | 0% | 0% | 50% | 0% | 0% |
| Wheeler:NBrit (18)* | 61% | 50% | 39% | 22% | 50% | 61% | 39% | 56% | 50% | 0% | 11% | 33% | 0% | 0% |
| CliffBeers (21)* | 76% | 76% | 76% | 57% | 86% | 86% | 76% | 81% | 81% | 62% | 67% | 67% | 52% | 56% |
| CFGC:South (8)*^ | 50% | 38% | 63% | 63% | 50% | 38% | 63% | 38% | 50% | 0% | 50% | 63% | 0% | 0% |
| CFGC:Nrwlk (2)* | 100% | 100% | 50% | 100% | 100% | 100% | 100% | 100% | 100% | 0% | 50% | 50% | 0% | 0% |
| CFGC:EMPS (8)* | 75% | 75% | 75% | 88% | 75% | 75% | 75% | 75% | 75% | 38% | 50% | 88% | 38% | 33% |
| Well:Dnby (9)*^ | 22% | 22% | 22% | 0% | 22% | 22% | 22% | 22% | 22% | 0% | 0% | 0% | 0% | 0% |
| Well:Torr (3)* | 100% | 100% | 100% | 0% | 33% | 67% | 67% | 100% | 67% | 0% | 0% | 0% | 0% | 0% |
| Well:Wtby (9)* | 78% | 89% | 78% | 11% | 78% | 78% | 78% | 67% | 89% | 22% | 67% | 33% | 11% | 0% |
| Full-Time Staff Only (89) | 55% | 56% | 49% | 51% | 56% | 57% | 51% | 51% | 57% | 38% | 43% | 45% | 16% | |

* Count of active staff for each provider or category is in parenthesis. Includes all full-time, part-time and per diem staff employed by the provider as of 6/30/19.

^Includes staff without assigned location or working across multiple sites.

**3 staff members missing active status information. 28 staff missing part/full-time status information.

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 Disorders

Section XII: Ohio Scales Completion

Figure 78. Ohio Scales Collected at Intake by Provider

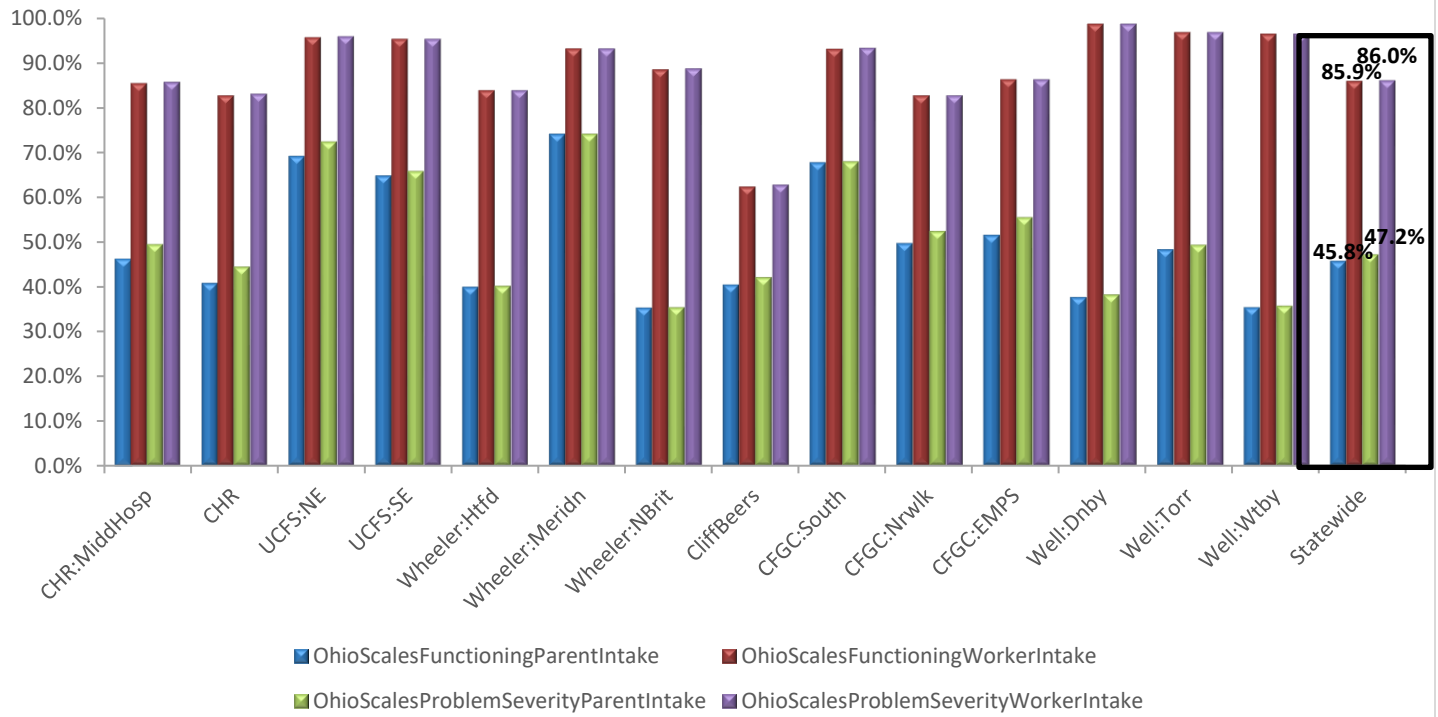
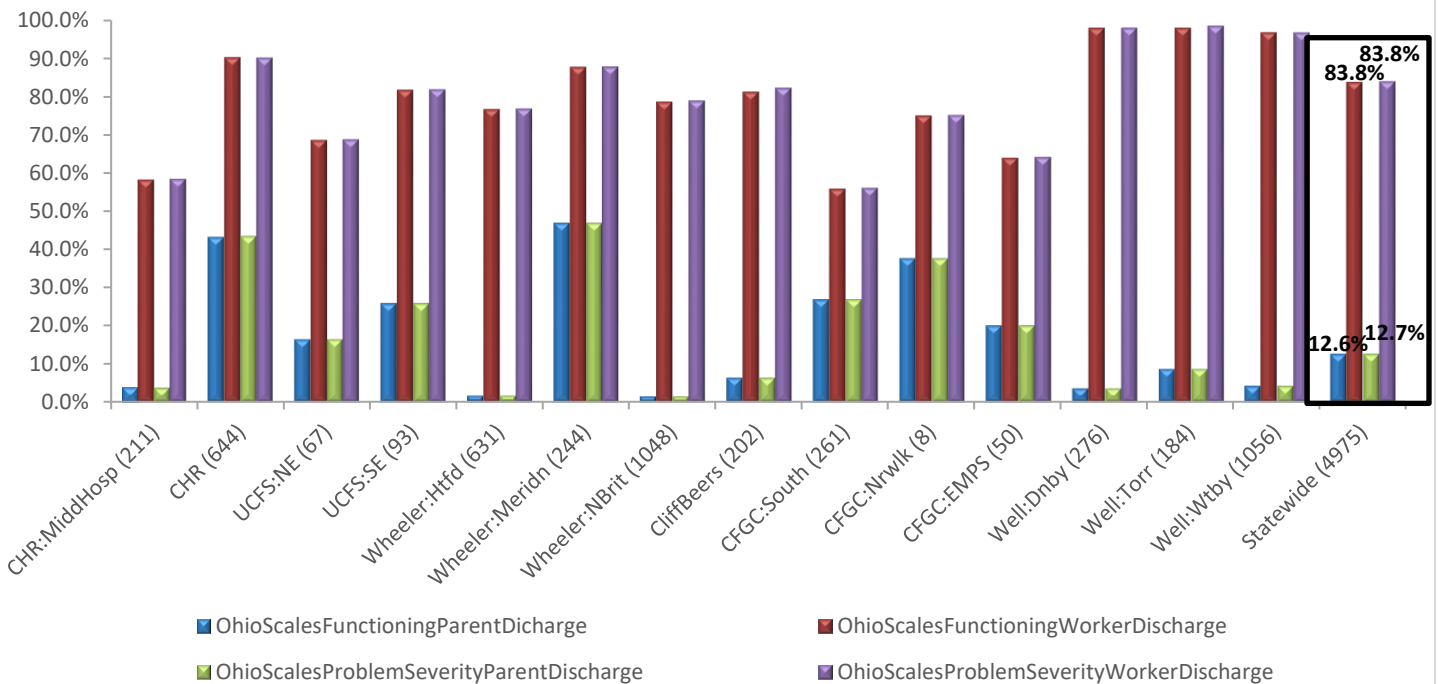


Figure 79. Ohio Scales Collected at Discharge by Provider



Note: Count of expected Ohio Scales completed at discharge in parenthesis

Section XIII: Provider Community Outreach

Table 7. Number of Times Providers Conducted Formal* Outreach to the Community

| <u>Provider</u> | <u>Q1 FY19</u> | <u>Q2 FY19</u> | <u>Q3 FY19</u> | <u>Q4 FY19</u> | <u>Total</u> |
|---------------------|----------------|----------------|----------------|----------------|--------------|
| CENTRAL | 6 | 8 | 8 | 8 | 30 |
| CHR/MiddHosp-EMPS | 3 | 3 | 3 | 1 | 10 |
| CHR-EMPS | 3 | 5 | 5 | 7 | 20 |
| EASTERN | 5 | 5 | 4 | 11 | 25 |
| UCFS-EMPS:NE | 0 | 3 | 1 | 2 | 6 |
| UCFS-EMPS:SE | 5 | 2 | 3 | 9 | 19 |
| HARTFORD | 10 | 6 | 2 | 1 | 19 |
| Wheeler-EMPS:Htfd | 2 | 2 | 0 | 1 | 5 |
| Wheeler-EMPS:Meridn | 2 | 0 | 0 | 0 | 2 |
| Wheeler-EMPS:NBrit | 6 | 4 | 2 | 0 | 12 |
| NEW HAVEN | 5 | 5 | 4 | 7 | 21 |
| CliffBeers-EMPS | 5 | 5 | 4 | 7 | 21 |
| SOUTHWESTERN | 11 | 5 | 6 | 11 | 33 |
| CFGC/South-EMPS | 4 | 3 | 3 | 4 | 14 |
| CFGC-EMPS:Nrwk | 5 | 0 | 2 | 5 | 12 |
| CFGC-EMPS | 2 | 2 | 1 | 2 | 7 |
| WESTERN | 14 | 15 | 11 | 4 | 44 |
| Well-EMPS:Dnby | 3 | 2 | 2 | 1 | 8 |
| Well-EMPS:Torr | 2 | 2 | 1 | 0 | 5 |
| Well-EMPS:Wtby | 8 | 11 | 8 | 3 | 30 |
| Statewide | 51 | 44 | 35 | 42 | 172 |

*Formal outreach refers to: 1) In person presentations lasting 30 minutes, preferably more, using the Mobile Crisis PowerPoint slides and including distribution to attendees of marketing materials and other Mobile Crisis resources; 2) Outreach presentations that are in person that include workshops, conferences, or similar gatherings in which Mobile Crisis 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 Mobile Crisis 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 Mobile Crisis PIC considers other outreaches for inclusion on a case-by-case basis, as requested by Mobile Crisis providers.

Appendices

Appendix A: Description of Calculations

Section II: Primary Mobile Crisis Performance Indicators and Monthly Trends

- Figures 1 and 2 tabulate the total number of calls by 211-Only, 211-EMPS, or Registered Calls. Figure 1 also notes the number of Crisis-Response Follow-up calls that did not result in episodes, but were coded with a call type “211-EMPS”.
- Figures 3 and 4 calculate the total number of Mobile Crisis episodes, including After Hours calls for the designated service area. Mobile Crisis operates between 6:00 a.m. and 10:00 p.m. Monday through Friday, and 1:00 p.m. to 10:00 p.m. on weekends and holidays. Calls that come are placed outside of these times are considered “After Hours calls”.
- Figures 5 and 6 show the number of children served by Mobile Crisis per 1,000 children. This is calculated by summing the total number of episodes for the specified service area multiplied by 1,000; this result is then divided by the total number of youth in that particular service area as reported by U.S. Census data.
- Figures 7 and 8 determine the number of children served by Mobile Crisis that are TANF eligible out of the total number of children in that service area that are eligible for free or reduced lunch⁶.
- Figures 9 and 10 calculate a mobility rate by dividing the number of episodes that both received a mobile or deferred mobile response from a Mobile Crisis provider *and* were recommended by 2-1-1 for a mobile or deferred mobile response by the total number of episodes that were recommended to receive a mobile or deferred mobile response by 2-1-1.
- Figures 11 and 12 isolate the total number of episodes that were coded as having a mobile response and had a response time under 45 minutes divided by the total number of episodes that were coded as having a mobile response. Response time is calculated by subtracting the episode Call Date Time (time of the call to 2-1-1) from the First Contact Date Time (time Mobile Crisis arrived on site). The calculation then subtracts 10 minutes from the response time to account for the time it generally takes to complete the intake with 2-1-1 and transfer the call to a Mobile Crisis provider.

Section III: Episode Volume

- Figure 13 is a map showing the number of Mobile Crisis Episodes relative to the child population of each town. The total number of episodes in a town is multiplied by 1,000 and then divided by the child population. 211-Only calls are not assigned a town and thus excluded from this calculation.
- Figure 14 tabulates the total number of calls by the “Call Type” categories of 211 Only, 211-EMPS, or Registered Calls. Calls categorized as “211-EMPS” or “Registered Calls” generally result in new episodes of care, whereas calls categorized as “211 Only” may be calls that resulted in follow up responses to already open episodes, transfers to 9-1-1, provision of information and referrals, etc.
- Figure 15 shows the 2-1-1 disposition of all calls received.
- Figure 16 displays the trend in call and episode volume since FY2011.
- Figure 17 shows the total Mobile Crisis response episodes, including After Hours calls by provider.
- Figure 18 show the number served per 1,000 children in the population by provider and uses the same calculation as Figure 5.
- Figure 19 is a stacked bar chart that represents the percent of episodes that have a crisis response of phone only, face-to-face, or plus stabilization follow-up (episodes that required follow up care by Mobile Crisis in addition to the immediate crisis stabilization). Each percentage is calculated by counting the number of episodes in the respective category (e.g., phone only) divided by the total number of episodes coded for crisis response for that specified service area.
- Figure 20 calculates the same percentage as Figure 19, but is shown by provider.

⁶ United States Department of Agriculture, Food and Nutrition Service, "Eligibility Manual for School Meals, January 2008", <http://www.fns.usda.gov/cnd/Lunch/>.

Section IV: Demographics

- Figure 21 shows the percentage of male and female children served per the response provided to the intake question regarding sex assigned at birth.
- Figure 22 age groups reflect episode counts, and may include duplicate counts of children who were served for multiple episodes within the year.
- Figure 23 shows the percentage of episodes with children identified as Hispanic by their ethnic background.
- Figure 24 breaks out the percentages of episodes by the races of children served.
- Figure 25 is calculated by taking the count of each type of health insurance reported at intake, dividing by the total number of responses.
- Figure 26 is calculated by taking the count of "yes" TANF responses across episodes by each provider, and dividing by the total number of TANF responses collected across episodes by provider.
- Figure 27 is calculated by taking the count of each DCF status category reported at intake, dividing by total count of responses collected.

Section V: Diagnosis and Clinical Functioning

- Figure 28 shows the percentages for the top six primary presenting problems by service area. The top 6 presenting problems are Harm/Risk of Harm to Self, Disruptive Behavior, Depression, Family Conflict, Anxiety, and Harm/Risk of Harm to Others. Remaining presenting problems reported are combined into the category "other". The count of each presenting problem is divided by the total reported.
- Figure 29 is calculated by taking the count of each primary diagnostic category reported at intake, dividing by total count collected.
- Figure 30 is calculated by taking the count of each secondary diagnostic category reported at intake, dividing by total count collected.
- Figure 31 is calculated by taking the count of each primary diagnostic category reported at intake for each provider and dividing by the total count collected for the given provider. Only the top 6 diagnostic categories are included in this chart: Depressive Disorders, Adjustment Disorders, Conduct Disorders, ADHD, Anxiety Disorders, and Trauma Disorders.
- Figure 32 reports on the secondary diagnostic category, and is calculated in the same way as figure 31.
- Figure 33 shows the percentage of children meeting SED criteria. Serious Emotional Disturbance is defined by the federal statute as applying to a child with a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM), and whose condition results in functional impairment, substantially interfering with one or more major life activities or the ability to function effectively in social, familial, and educational contexts.
- Figure 34 is calculated by taking the count of "yes" responses to trauma history at intake divided by the total count of responses. Calculations are broken down by service area.
- Figure 35 is calculated by dividing the count of each individual type of trauma by the total of yes responses to trauma history by service area. Calculations are broken down by service area.
- Figure 36 is calculated by taking the number of clients evaluated in an ED 1 or more times (during the episode and in the six months prior) divided by the total number of responses. The data is broken down by service area.
- Figure 37 is calculated by taking the number of clients admitted (inpatient) 1 or more times divided by the total responses. Inpatient history was considered during the child's lifetime, in the six months prior to the episode, and during the episode. The data is broken down by service area.
- Figure 38 is calculated in the same way as Figure 36, but considering whether or not the client has been placed in an out of home setting.

- Figure 39 is calculated in the same way as Figure 37, but reports the child's history of alcohol and drug use.
- Figure 40 shows the percentages of each type of parent/guardian service needs statewide, out of the total responses provided.
- Figure 41 shows the parent reported feeling of capability for dealing with the child's problems, rated from extremely capable to extremely incapable. The percentage of each response is calculated, and reported comparing intake scores to discharge scores.
- Figure 42 shows the parent/guardian rating of the child's school attendance during the episode of care compared to pre-admission. The percentages are calculated using the count answered in each category (ranging from less attendance to greater, or indicating no school attendance), divided by the total number answered.
- Figure 43 is calculated in the same way as Figure 36, but reports whether the child has been suspended or expelled from school.
- Figure 44 shows the percentage of school issues that impact the client's functioning at school, reported at intake. This is calculated by taking the count of each type of school issue (Academic, Social, Behavioral, Emotional, Other) divided by the total responses provided. Data is broken down by service area.
- Figure 45 is calculated in the same way as Figure 36, but reports the child's history of arrest in the 6 months prior to and during the episode of care.
- Figure 46 is calculated in the same way as Figure 36, but reports the child's history of being detained in the six months prior to or during the episode of care.

Section VI: Referral Sources

- Figure 47 and Table 1 are percentage break outs of referral sources across the state. Table 1 is broken down by service area and provider, in addition to reporting statewide percentages.
- Figure 48 displays trends since 2011 for the top 3 referral sources – self/family, school, and emergency departments.
- Figure 49 is the same as Figure 48, but only showing the trends in Emergency Department referrals.
- Figure 50 counts the number of referrals made to Mobile Crisis by the ED (categorized as routine follow-up or in-patient diversion) out of total episodes, and is broken down by service area.
- Figure 51 calculates the percent of Mobile Crisis episodes that were referred by EDs by service area. This is calculated by counting the total number of ED referrals for the specified service area divided by the total number of Mobile Crisis response episodes for that service area.
- Figures 52 and 53 use the same calculation as 50 and 51 respectively, but are broken down by provider.

Section VII: 211 Recommendations and Mobile Crisis Response

- Figure 54 calculates the percent of each response mode (i.e., mobile, non-mobile, deferred mobile) recommended by 2-1-1, broken down by provider.
- Figure 55 (in contrast to Figure 54) shows the percentage of the actual Mobile Crisis response mode (i.e., mobile, non-mobile, deferred mobile), regardless of recommended response, broken down by provider.
- Figures 56 and 57 show the percent of 2-1-1 recommended response of mobile and non-mobile episodes where the actual Mobile Crisis response was different than the recommended response. These are broken down by provider.
- Figure 58 shows the trend in statewide mobility rate since FY2011.
- Figure 59 is the same graph as Figure 9 from the Dashboard section of the report.
- Figure 60 uses the same calculation as Figure 9 but shows the mobility rate (percent mobile & deferred mobile) by provider.

- Figure 61 shows the percent of each type of mobile site location (i.e., home, school, emergency department, etc.) where the first mobile contact for the episode took place, broken down by service area.
- Figure 62 shows the mean number of mobile contacts and office visits occurring during an episode of care. This is calculated by finding the average number of all mobile contacts and all office visits occurring during an episode of care. Only episodes with a crisis response of *stabilization plus follow up* are included.
- Figure 63 provides the percent break down of the different reasons for an episode receiving a non-mobile Mobile Crisis response.
- Figure 64 shows the rate at which the first contact for a non-mobile response occurs via telephone or office visit.
- Figure 65 is a visual representation of actual Mobile Crisis responses for each of the 2-1-1 recommended response categories for the total number of calls to Mobile Crisis.

Section VIII: Response Time

- Figure 66 shows the trend in statewide response rate under 45 minutes since FY2011.
- Figure 67 is the same graph as shown in Figure 11 from the Dashboard section of the report.
- Figure 68 uses the same calculation as Figure 11 but shows the percent of mobile episodes with response time under 45 minutes by provider.
- Figure 69 reports the median response time for mobile responses by service area. The median is calculated by selecting the middle response time when listing all response times from shortest to longest.
- Figure 70 uses the same calculation as Figure 69 but is broken down by provider.
- Figure 71 uses the same calculation as Figures 69 and 70, but includes only deferred mobile responses and is reported in hours by services area.
- Figure 72 uses the same calculation as Figure 71, but is broken down by provider.

Section IX: Length of Stay and Discharge Information

- Table 2 shows the mean and median lengths of stay for episodes with Phone Only, Face to Face, and Plus Stabilization Follow-up responses, broken down by service area and by provider for discharged episodes for the current reporting period. Additionally, the table reports the percentages of episodes within each response type that are open beyond the identified threshold for each type of response (for Phone Only, the percentage reflects the proportion of discharged episodes with a Phone Only response that were open for more than one day; for Face to Face, the percentage reflects episodes open for more than five days, and for Stabilization Plus Follow-up, the percentage reflects episodes open for more than 45 days). N/A indicates that there were no episodes fitting the criteria to include in the calculation. This table also shows the total number of episodes used to calculate the mean, median and percentages.
- Table 3 shows the same information as Table 2 but for open episodes still in care.
- Figure 73 shows the top six reasons for client discharge statewide. This percentage is calculated based upon the number of discharged episodes with the “Reason for Discharge” response completed.
- Figure 74 represents the statewide percentages of the top six places where clients live at discharge. Only episodes with an end date are included.
- Figure 75 shows percentages for the types of services clients were referred to at discharge. Only episodes with an end date are included.
- Table 4 shows the number and mean scores of the Ohio Scales collected at intake and discharge. Ohio Scales are a reliable and valid assessment tool used to track progress of children and youth receiving mental health intervention services. Ohio Scales measure both the youth’s problem severity (rated across 44 items related to common problems for youth), as well

as his/her ability to function (rated across 20 items related to typical daily activity).⁷ Ohio Scales are completed separately by the parent, the clinician, and the youth.

In the table the term “paired” refers to pairing an intake and discharge score; i.e., only episodes with both intake and discharge scales collected were included. The table also only includes episodes with a mobile or deferred mobile response and a crisis response type of Face-to-Face or Plus Stabilization Follow-up. The Mean Intake and Mean Discharge refer to the average scores at intake and discharge for the given region, and the Mean Difference refers to the difference between the two averages. Statistical significance associated with a given scale indicates a likelihood that the difference from intake to discharge is not due to chance.

Section X: Client and Referral Source Satisfaction

- Table 5 shows the mean outcomes of the client and referral source satisfaction survey collected for 2-1-1 and Mobile Crisis. All items are measured on a scale of 1 (strongly disagree) to 5 (strongly agree). A sample of comments are also included. These survey responses are collected by 2-1-1 each quarter across approximately 30 client families and another 30 referring parties.
- Figure 76 shows the statewide percent of parent/guardian satisfaction with the mental health services their child received, calculated by taking the count for each category divided by the total responses to the survey broken down by service area.
- Figure 77 shows the statewide percent of parent/guardian rating of the extent to which the child’s treatment plan included their ideas, calculated by taking the count for each category divided by the total responses to the survey.

Section XI: Training Attendance

- Table 6 shows the trainings completed by staff employed by the agency as of June 30, 2019.

Section XII: Data Quality Monitoring

- Figure 78 calculates the percent of Ohio Scales collected by each provider *at intake* by dividing actual over expected. Only episodes that have a mobile or deferred mobile response with a crisis response type of Face-to-Face or *stabilization plus follow up* are expected to have Ohio Scales collected. Therefore, this criteria is applied to both the actual (numerator) and the expected (denominator) in calculating the percentage collected.
- Figure 79 is the same as Figure 78, but only includes Ohio Scales collected *at discharge*.

Section XIII: Provider Community Outreach

- Table 7 is a count of formal outreach activities performed in the community by each provider during each quarter. The definition of “formal outreach” is included below the table.

⁷ Ogles, B. M., Melendez, G., Davis, D. C., & Lunnen, K. M. (2001). The Ohio Scales: Practical Outcome Assessment. *Journal of Child and Family Studies*, 10(2), 199–212.

Appendix B: List of Diagnostic Codes⁸ Combined

Adjustment Disorders:

- F43.21 - Adjustment Disorder w/ Depressed Mood
- F43.22 - Adjustment Disorder with Anxiety
- F43.23 - Adjustment Disorder w/ Mixed Anxiety & Depressed Mood
- F43.24 - Adjustment Disorder with Disturbance of Conduct
- F43.25 - Adjustment Disorder w/ Mixed Disturbance of Emotions & Conduct
- F43.20 - Adjustment Disorder Unspecified

Anxiety Disorders:

- F41.9 - Unspecified Anxiety Disorder
- F41.8 - Other specified Anxiety Disorder
- F41.0 - Panic Disorder
- F41.1 - Generalized Anxiety Disorder
- F40.00 - Agoraphobia
- F93.0 - Separation Anxiety Disorder
- F94.0 - Selective Mutism
- F40.10 - Social Anxiety Disorder (Social Phobia)
- F40.218 - Specific Phobia, Animal
- F40.230 - Specific Phobia, Fear of Blood
- F40.231 - Specific Phobia, Fear of Injections and Transfusions
- F40.233 - Specific Phobia, Fear of Injury
- F40.232 - Specific Phobia, Fear of Other Medical Care
- F40.228 - Specific Phobia, Natural Environment
- F40.298 - Specific Phobia, Other
- F40.248 - Specific Phobia, Situational

Attention Deficit/Hyperactivity Disorders:

- F90.0 - Attention Deficit/Hyperactivity Disorder, Predominantly Inattentive Presentation
- F90.2 - Attention Deficit/Hyperactivity Disorder, Combined Presentation
- F90.1 - Attention Deficit/Hyperactivity Disorder, Predominantly Hyperactive/Impulsive Presentation
- F90.8 - Other Specified Attention-Deficit/Hyperactivity Disorder
- F90.9 – Unspecified Attention-Deficit/Hyperactivity Disorder

Bipolar Disorders:

- F31.0 - Bipolar I Disorder, Current or Most Recent Episode Hypomanic
- F31.9 - Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified
- F31.9 - Bipolar I Disorder, Current or Most Recent Episode Manic, Unspecified
- F31.11 - Bipolar I Disorder, Current or Most Recent Episode Manic, Mild
- F31.12 - Bipolar I Disorder, Current or Most Recent Episode Manic, Moderate
- F31.13 - Bipolar I Disorder, Current or Most Recent Episode Manic, Severe Without Psychotic Features

⁸ World Health Organization. (2015). International statistical classification of diseases and related health problems, 10th revision, Fifth edition, 2016. World Health Organization.

F31.2 - Bipolar I Disorder, Current or Most Recent Episode Manic, Severe With Psychotic Features
 F31.71 - Bipolar I Disorder, Current or Most Recent Episode Hypomanic, In Partial Remission
 F31.73 - Bipolar I Disorder, Current or Most Recent Episode Manic, In Partial Remission
 F31.74 - Bipolar I Disorder, Current or Most Recent Episode Manic, In Full Remission
 F31.72 - Bipolar I Disorder, Current or Most Recent Episode Hypomanic, In Full Remission
 F31.9 - Bipolar I Disorder, Current or Most Recent Episode Depressed, Unspecified
 F31.31 - Bipolar I Disorder, Current or Most Recent Episode Depressed, Mild
 F31.32 - Bipolar I Disorder, Current or Most Recent Episode Depressed, Moderate
 F31.4 - Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe Without Psychotic Features
 F31.5 - Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe With Psychotic Features
 F31.75 - Bipolar I Disorder, Current or Most Recent Episode Depressed, In Partial Remission
 F31.76 - Bipolar I Disorder, Current or Most Recent Episode Depressed, In Full Remission
 F31.9 - Bipolar I Disorder, Current or Most Recent Episode Unspecified
 F31.9 - Unspecified Bipolar and Related Disorder
 F31.81 - Bipolar II Disorder
 F31.89 - Other Specified Bipolar and Related Disorders

Conduct Disorders:

F63.81 - Intermittent Explosive Disorder
 F91.1 - Conduct Disorder, Childhood-Onset Type
 F91.2 - Conduct Disorder, Adolescent-Onset Type
 F91.9 - Conduct Disorder, Unspecified Onset
 F91.8 - Other Specified Disruptive, Impulse-Control, and Conduct Disorder
 F91.9 - Unspecified Disruptive, Impulse-Control, and Conduct Disorder
 F91.3 - Oppositional Defiant Disorder

Depressive Disorders:

F32.9 - Major Depressive Disorder, Single Episode, Unspecified
 F32.0 - Major Depressive Disorder, Single Episode, Mild
 F32.1 - Major Depressive Disorder, Single Episode, Moderate
 F32.2 - Major Depressive Disorder, Single Episode, Severe Without Psychotic Features
 F32.3 - Major Depressive Disorder, Single Episode, Severe With Psychotic Features
 F32.4 - Major Depressive Disorder, Single Episode, In Partial Remission
 F32.5 - Major Depressive Disorder, Single Episode, In Full Remission
 F33.9 - Major Depressive Disorder, Recurrent, Unspecified
 F33.0 - Major Depressive Disorder, Recurrent, Mild
 F33.1 - Major Depressive Disorder, Recurrent, Moderate
 F33.2 - Major Depressive Disorder, Recurrent, Severe Without Psychotic Features
 F33.3 - Major Depressive Disorder, Recurrent, Severe With Psychotic Features
 F33.41 - Major Depressive Disorder, Recurrent, In Partial Remission
 F33.42 - Major Depressive Disorder, Recurrent, In Full Remission
 F34.1 - Persistent Depressive Disorder, Dysthymia
 F32.8 - Other Specified Depressive Disorder

F32.9 - Unspecified Depressive Disorder
N94.3 - Premenstrual Dysphoric Disorder

Diagnosis Due to Medical Condition

F05 - Delirium Due To another Medical Condition
F05 - Delirium Due to Multiple Etiologies
F06.2 - Psychotic Disorder Due to another Medical Conditions, With Delusions
F06.0 - Psychotic Disorder Due to another Medical Conditions, With Hallucinations
F06.33 - Bipolar and Related Disorder Due to another Medical Condition, Manic Features
F06.33 - Bipolar and Related Disorder Due to another Medical Condition, Manic Hypomanic-Like Episodes
F06.34 - Bipolar and Related Disorder Due to another Medical Condition, Mixed Features
F06.31 - Depressive Disorder Due to another Medical Condition, Depressive Features
F06.32 - Depressive Disorder Due to another Medical Condition, Major Depressive-Like Episode
F06.34 - Depressive Disorder Due to another Medical Condition, Mixed Features
F06.4 - Anxiety Disorder Due To another Medical Condition
F06.1 - Catatonic Disorder Due to another Medical Condition
F02.80 - Major Neurocognitive Disorder Due to another Medical Condition, Without Behavioral Disturbance
F02.81 - Major Neurocognitive Disorder Due to another Medical Condition, Behavioral Disturbance
G31.84 - Mild Neurocognitive Disorder Due to another Medical Condition
F06.8 - Obsessive-Compulsive and Related Disorder Due to another Medical Condition
F06.8 - Other Specified Mental Disorder Due to another Medical Condition
F09 - Unspecified Mental Disorder Due to another Medical Condition
F07.0 - Personality Change Due to another Medical Condition
G47.429 - Narcolepsy Secondary to another Medical Condition

Obsessive Compulsive Disorder

F42 - Hoarding Disorder
F42 - Obsessive-Compulsive Disorder
F42 - Other Specified Obsessive Compulsive and Related Disorder
F42 - Unspecified Obsessive-Compulsive and Related Disorder
F45.22 - Body Dysmorphic Disorder
L98.1 - Excoriation (Skin Picking) Disorder
F63.3 - Trichotillomania (Hair Pulling Disorder)

Psychotic Disorder

F06.1 - Catatonia Associated with another Mental Disorder, Catatonia Specifier
F20.81 - Schizophreniform Disorder
F25.0 - Schizoaffective Disorder, Bipolar Type
F25.1 - Schizoaffective Disorder, Depressive Type
F20.9 - Schizophrenia
F22 - Delusional Disorder
F28 - Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
F29 - Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Trauma Disorders

F43.0 - Acute Stress Disorder

F43.10 - Posttraumatic Stress Disorder

F43.8 - Other Specified Trauma and Stressor Related Disorder

F43.9 - Unspecified Trauma and Stressor Related Disorder

F94.2 - Disinhibited Social Engagement Disorder

F94.1 - Reactive Attachment Disorder

Z91.49 - Other Personal History of Psychological Trauma

Other Disorders

F84.0 - Autism Spectrum Disorder

F34.8 - Disruptive Mood Dysregulation Disorder

Appendix C: Tables

Table 8. Percent Type of Health Insurance at Intake (relates to Figure 25)

| | HUSKY A | Private | No Health Insurance | Other | HUSKY B | Medicaid (non-HUSKY) | Military Health Care | Medicare |
|---------------------|---------|---------|---------------------|-------|---------|----------------------|----------------------|----------|
| STATEWIDE | 61.6% | 29.7% | 1.8% | 4.7% | 1.3% | 0.2% | 0.6% | 0.1% |
| CENTRAL | 52.3% | 42.0% | 1.5% | 1.6% | 1.6% | 0.3% | 0.6% | 0.0% |
| CHR/MiddHosp-EMPS | 49.2% | 46.5% | 1.4% | 0.3% | 1.6% | 0.5% | 0.5% | 0.0% |
| CHR-EMPS | 53.1% | 40.8% | 1.6% | 2.0% | 1.6% | 0.2% | 0.7% | 0.0% |
| EASTERN | 58.6% | 31.5% | 1.4% | 3.8% | 1.2% | 0.2% | 3.2% | 0.0% |
| UCFS-EMPS:NE | 63.5% | 28.8% | 1.7% | 4.1% | 1.2% | 0.2% | 0.4% | 0.0% |
| UCFS-EMPS:SE | 55.9% | 33.0% | 1.3% | 3.7% | 1.2% | 0.1% | 4.9% | 0.0% |
| HARTFORD | 69.8% | 24.8% | 1.4% | 2.4% | 1.1% | 0.1% | 0.3% | 0.0% |
| Wheeler-EMPS:Htfd | 78.3% | 15.1% | 1.9% | 4.0% | 0.5% | 0.2% | 0.0% | 0.0% |
| Wheeler-EMPS:Meridn | 67.9% | 25.8% | 0.9% | 0.9% | 3.0% | 0.0% | 1.4% | 0.0% |
| Wheeler-EMPS:NBrit | 63.3% | 32.7% | 1.1% | 1.5% | 1.0% | 0.1% | 0.2% | 0.1% |
| NEW HAVEN | 63.9% | 29.4% | 1.5% | 2.3% | 1.9% | 0.3% | 0.2% | 0.5% |
| CliffBeers-EMPS | 63.9% | 29.4% | 1.5% | 2.3% | 1.9% | 0.3% | 0.2% | 0.5% |
| SOUTHWESTERN | 55.9% | 32.0% | 4.0% | 7.0% | 0.8% | 0.1% | 0.1% | 0.1% |
| CFGC/South-EMPS | 49.6% | 39.9% | 6.4% | 2.2% | 1.1% | 0.4% | 0.2% | 0.2% |
| CFGC-EMPS:Nrwk | 45.0% | 45.0% | 3.9% | 5.9% | 0.3% | 0.0% | 0.0% | 0.0% |
| CFGC-EMPS | 65.3% | 20.7% | 2.4% | 10.7% | 0.9% | 0.0% | 0.0% | 0.0% |
| WESTERN | 61.2% | 23.5% | 1.4% | 12.1% | 1.5% | 0.2% | 0.1% | 0.0% |
| Well-EMPS:Dnby | 39.0% | 49.2% | 1.8% | 7.3% | 2.4% | 0.3% | 0.0% | 0.0% |
| Well-EMPS:Torr | 62.3% | 23.8% | 1.6% | 10.7% | 1.2% | 0.0% | 0.4% | 0.0% |
| Well-EMPS:Wtby | 67.2% | 16.4% | 1.3% | 13.8% | 1.3% | 0.2% | 0.0% | 0.0% |

Table 9. Type of Trauma Reported at Intake (relates to Figure 35)

| | Witness Violence | Victim Violence | Sexual Victimization | Disrupted Attachment / Multiple Placements | Recent Arrest of Caregiver (last 30 days)* | Other |
|---------------------|------------------|-----------------|----------------------|--------------------------------------------|--------------------------------------------|-------|
| STATEWIDE | 20.5% | 17.2% | 11.8% | 25.3% | 0.6% | 24.6% |
| CENTRAL | 18.2% | 17.6% | 13.0% | 36.8% | 0.2% | 14.3% |
| CHR/MiddHosp-EMPS | 11.6% | 12.2% | 13.8% | 34.3% | 0.0% | 28.2% |
| CHR-EMPS | 21.9% | 17.9% | 10.5% | 23.8% | 0.6% | 25.3% |
| EASTERN | 20.1% | 19.5% | 13.0% | 25.0% | 1.0% | 21.3% |
| UCFS-EMPS:NE | 19.7% | 19.2% | 13.5% | 28.7% | 1.4% | 17.5% |
| UCFS-EMPS:SE | 20.4% | 19.6% | 12.8% | 23.0% | 0.8% | 23.5% |
| HARTFORD | 20.6% | 17.2% | 10.9% | 25.1% | 0.6% | 25.6% |
| Wheeler-EMPS:Htfd | 25.0% | 18.7% | 12.6% | 20.9% | 0.8% | 22.0% |
| Wheeler-EMPS:Meridn | 25.6% | 21.1% | 11.5% | 22.8% | 0.6% | 18.3% |
| Wheeler-EMPS:NBrit | 21.9% | 18.5% | 10.6% | 16.3% | 0.6% | 32.0% |
| NEW HAVEN | 16.3% | 12.4% | 9.4% | 21.6% | 0.6% | 39.7% |
| CliffBeers-EMPS | 16.3% | 12.4% | 9.4% | 21.6% | 0.6% | 39.7% |
| SOUTHWESTERN | 20.6% | 14.0% | 13.1% | 28.4% | 0.6% | 23.3% |
| CFGC/South-EMPS | 22.3% | 15.0% | 14.0% | 22.3% | 1.0% | 25.4% |
| CFGC-EMPS:Nrwk | 21.8% | 12.0% | 14.8% | 21.1% | 0.0% | 30.3% |
| CFGC-EMPS | 19.5% | 14.1% | 12.2% | 33.2% | 0.6% | 20.3% |
| WESTERN | 23.7% | 19.1% | 11.5% | 19.1% | 0.6% | 26.0% |
| Well-EMPS:Dnby | 14.7% | 14.1% | 7.4% | 44.8% | 0.6% | 18.4% |
| Well-EMPS:Torr | 14.9% | 21.3% | 14.4% | 31.2% | 0.0% | 18.3% |
| Well-EMPS:Wtby | 19.9% | 17.4% | 13.9% | 36.5% | 0.1% | 12.2% |

Table 10. Reasons for Client Discharge (relates to Figure 73)

| | Met Treatment Goals | Family Discontinued | Client Hospitalized: Psychiatrically | Agency Discontinued: Administrative | Agency Discontinued: Clinical | Child Requires Other Out of Home Care | Family Moved | Child Ran Away | Client Incarcerated | Client Hospitalized: Medically | No Payment Source | Age (too old) | Child Is Deceased |
|-------------------------|---------------------------|------------------------|--------------------------------------------|-------------------------------------------|-------------------------------------|------------------------------------------------------|-----------------|----------------------|------------------------|--------------------------------------|-------------------------|---------------------|-------------------------|
| STATEWIDE | 75.6% | 15.2% | 4.8% | 1.7% | 1.7% | 0.2% | 0.3% | 0.3% | 0.0% | 0.1% | 0.0% | 0.1% | 0.0% |
| CENTRAL | 75.2% | 18.9% | 4.1% | 0.6% | 0.1% | 0.1% | 0.6% | 0.2% | 0.1% | 0.0% | 0.0% | 0.1% | 0.0% |
| CHR/MiddHosp-EMPS | 78.6% | 10.2% | 7.2% | 2.6% | 0.2% | 0.4% | 0.4% | 0.0% | 0.2% | 0.2% | 0.0% | 0.2% | 0.0% |
| CHR-EMPS | 74.1% | 21.6% | 3.1% | 0.0% | 0.1% | 0.1% | 0.7% | 0.3% | 0.1% | 0.0% | 0.1% | 0.0% | 0.0% |
| EASTERN | 75.2% | 20.0% | 3.2% | 0.2% | 0.3% | 0.2% | 0.2% | 0.3% | 0.1% | 0.2% | 0.0% | 0.1% | 0.0% |
| UCFS-EMPS:NE | 75.1% | 19.3% | 3.8% | 0.3% | 0.1% | 0.1% | 0.3% | 0.4% | 0.1% | 0.3% | 0.0% | 0.1% | 0.0% |
| UCFS-EMPS:SE | 75.3% | 20.4% | 2.9% | 0.2% | 0.4% | 0.2% | 0.1% | 0.3% | 0.0% | 0.2% | 0.0% | 0.1% | 0.0% |
| HARTFORD | 67.2% | 20.6% | 3.1% | 2.0% | 6.0% | 0.1% | 0.5% | 0.4% | 0.0% | 0.1% | 0.0% | 0.0% | 0.0% |
| Wheeler-EMPS:Htfd | 45.4% | 30.0% | 3.6% | 4.3% | 15.2% | 0.0% | 0.9% | 0.5% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% |
| Wheeler- EMPS:Meridn | 66.1% | 27.3% | 3.8% | 1.1% | 0.2% | 0.5% | 0.5% | 0.2% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% |
| Wheeler-EMPS:NBrit | 85.0% | 11.2% | 2.6% | 0.5% | 0.1% | 0.1% | 0.1% | 0.3% | 0.0% | 0.0% | 0.0% | 0.1% | 0.0% |
| NEW HAVEN | 81.1% | 8.7% | 3.9% | 5.6% | 0.2% | 0.0% | 0.0% | 0.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| CliffBeers-EMPS | 81.1% | 8.7% | 3.9% | 5.6% | 0.2% | 0.0% | 0.0% | 0.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| SOUTHWESTERN | 76.1% | 14.3% | 7.1% | 0.2% | 0.2% | 0.8% | 0.3% | 0.6% | 0.1% | 0.3% | 0.0% | 0.2% | 0.0% |
| CFGC/South-EMPS | 78.4% | 11.8% | 5.1% | 0.0% | 0.2% | 2.7% | 0.2% | 0.5% | 0.2% | 0.4% | 0.0% | 0.5% | 0.0% |
| CFGC-EMPS:NrwIk | 78.3% | 13.6% | 7.4% | 0.0% | 0.0% | 0.0% | 0.0% | 0.4% | 0.0% | 0.0% | 0.0% | 0.2% | 0.0% |
| CFGC-EMPS | 73.7% | 16.0% | 8.2% | 0.4% | 0.2% | 0.0% | 0.5% | 0.6% | 0.0% | 0.3% | 0.0% | 0.0% | 0.0% |
| WESTERN | 83.9% | 6.5% | 7.6% | 1.4% | 0.0% | 0.0% | 0.1% | 0.1% | 0.0% | 0.1% | 0.0% | 0.0% | 0.0% |
| Well-EMPS:Dnby | 82.1% | 9.4% | 6.0% | 1.6% | 0.0% | 0.0% | 0.2% | 0.4% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% |
| Well-EMPS:Torr | 83.8% | 7.7% | 5.9% | 1.8% | 0.2% | 0.2% | 0.0% | 0.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Well-EMPS:Wtby | 84.4% | 5.5% | 8.5% | 1.3% | 0.0% | 0.0% | 0.1% | 0.0% | 0.1% | 0.2% | 0.0% | 0.1% | 0.1% |

Table 11. Type of Services Client Referred at Discharge (relates to Figure 75)

| | Outpatient Services | None | Intensive In-Home Services | Other: Community-Based | Inpatient Hospital | Partial Hospital Program | Intensive Outpatient Program | Extended Day Treatment | Care Coordination | Group Home | Other: Out-of-Home | Residential Treatment |
|---------------------|---------------------|-------|----------------------------|------------------------|--------------------|--------------------------|------------------------------|------------------------|-------------------|------------|--------------------|-----------------------|
| STATEWIDE | 44.4% | 26.5% | 9.6% | 5.6% | 3.7% | 3.5% | 2.6% | 1.5% | 1.2% | 0.2% | 0.7% | 0.6% |
| CENTRAL | 47.2% | 22.3% | 11.0% | 3.8% | 2.9% | 6.3% | 2.7% | 1.3% | 1.0% | 0.2% | 0.9% | 0.4% |
| CHR/MiddHosp-EMPS | 35.0% | 36.8% | 9.2% | 2.6% | 4.4% | 7.0% | 0.6% | 2.8% | 0.2% | 0.6% | 0.7% | 0.2% |
| CHR-EMPS | 51.1% | 17.7% | 11.6% | 4.2% | 2.4% | 6.1% | 3.3% | 0.9% | 1.2% | 0.1% | 0.9% | 0.5% |
| EASTERN | 39.0% | 21.9% | 14.6% | 2.6% | 3.1% | 14.9% | 2.3% | 0.4% | 0.3% | 0.0% | 0.6% | 0.5% |
| UCFS-EMPS:NE | 37.5% | 23.3% | 15.3% | 2.5% | 4.1% | 14.8% | 1.5% | 0.7% | 0.1% | 0.0% | 0.1% | 0.1% |
| UCFS-EMPS:SE | 39.9% | 21.0% | 14.1% | 2.6% | 2.4% | 15.0% | 2.8% | 0.2% | 0.3% | 0.0% | 0.9% | 0.7% |
| HARTFORD | 43.1% | 31.0% | 8.8% | 5.2% | 2.5% | 1.4% | 2.2% | 3.3% | 1.1% | 0.1% | 0.6% | 0.5% |
| Wheeler-EMPS:Htfd | 41.3% | 34.6% | 8.4% | 5.0% | 1.6% | 1.3% | 2.4% | 2.7% | 1.2% | 0.1% | 0.6% | 0.8% |
| Wheeler-EMPS:Meridn | 37.7% | 36.2% | 5.8% | 7.5% | 4.1% | 1.0% | 2.1% | 2.9% | 1.0% | 0.3% | 1.0% | 0.2% |
| Wheeler-EMPS:NBrit | 45.9% | 26.9% | 10.0% | 4.8% | 2.8% | 1.7% | 2.1% | 3.8% | 1.1% | 0.0% | 0.5% | 0.3% |
| NEW HAVEN | 31.5% | 47.2% | 4.7% | 7.5% | 2.2% | 0.1% | 3.5% | 0.7% | 2.0% | 0.1% | 0.5% | 0.1% |
| CliffBeers-EMPS | 31.5% | 47.2% | 4.7% | 7.5% | 2.2% | 0.1% | 3.5% | 0.7% | 2.0% | 0.1% | 0.5% | 0.1% |
| SOUTHWESTERN | 49.9% | 23.0% | 4.5% | 11.1% | 4.7% | 0.3% | 3.0% | 0.5% | 1.9% | 0.1% | 0.9% | 0.2% |
| CFGF/South-EMPS | 55.8% | 8.0% | 3.6% | 20.8% | 3.1% | 0.8% | 3.8% | 0.5% | 1.6% | 0.0% | 1.7% | 0.3% |
| CFGF-EMPS:Nrwlk | 40.0% | 36.3% | 3.2% | 7.9% | 7.4% | 0.0% | 2.5% | 0.5% | 0.9% | 0.2% | 0.7% | 0.2% |
| CFGF-EMPS | 50.4% | 27.2% | 5.8% | 5.8% | 4.5% | 0.0% | 2.7% | 0.4% | 2.6% | 0.1% | 0.3% | 0.0% |
| WESTERN | 53.5% | 13.7% | 13.1% | 4.4% | 7.0% | 0.9% | 2.3% | 1.0% | 1.2% | 0.8% | 0.7% | 1.5% |
| Well-EMPS:Dnby | 56.8% | 11.9% | 11.6% | 9.1% | 4.0% | 0.2% | 3.3% | 1.7% | 1.0% | 0.0% | 0.2% | 0.2% |
| Well-EMPS:Torr | 56.0% | 13.8% | 11.6% | 4.1% | 3.4% | 3.4% | 2.3% | 0.9% | 1.4% | 1.4% | 0.7% | 1.1% |
| Well-EMPS:Wtby | 52.1% | 14.1% | 13.8% | 3.3% | 8.7% | 0.4% | 2.1% | 0.8% | 1.2% | 0.8% | 0.8% | 2.0% |

Table 12. Performance Improvement Plan Goals and Results for Fiscal Year 2018-19

| Service Area | Performance Goals and Relevant Quarter(s) | Goal Achieved | Positive Progress Toward Goal | No Positive Progress |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|----------------------|
| Central | Improve rate of completed parent discharge Ohio's by 25% CHR (Q1,Q2,Q3) | Q4 | Q1,Q2,Q3 | |
| | Improve rate of completed parent discharge Ohio's by 25% Middlesex (Q1,Q2,Q3) | Q4 | | Q1,Q2,Q3 |
| | Hire and train new staff due to staff turnover at Middlesex (Q1, Q2) | Q2 | Q1 | |
| | Hire and train new staff due to staff turnover at CHR (Q1,Q2) | | Q1,Q2 | |
| | To maintain Mobility during the busy season CHR(Q4) | Q4 | | |
| | To maintain Mobility during the busy season Middlesex(Q4) | Q4 | | |
| Eastern | Increase the number of Parent Discharge Ohio's (Q1,Q2,Q3,Q4) | Q2 | Q1 | |
| | To divert youth in crisis from the Emergency Department (Q1) | Q1 | | |
| | To decrease likelihood of family disruption or placement by utilizing SFIT as a referral (Q1,Q2,Q3,Q4) | | Q1,Q2,Q3,Q4 | |
| | Increase the number of Worker Discharge Ohio's to 89% (Q3,Q4) | | | Q3,Q4 |
| Hartford | Increased focus on reviewing entry and data collection of all Ohio Scales at intake/discharge but specifically Parent and Youth at discharge (Q1,Q2) | Q2 | | Q1 |
| | Looking at possible racial and ethnic differences within our Mobile Crisis program (Q1,Q2) | Q2 | Q1 | |
| | Increased focus on ensuring crisis plans are more individualized and creative for each client (Q3,Q4) | | Q3,Q4 | |
| | Improve on the discharge process to provide families with strategies on how to separate from Mobile services and skills to help prevent future crisis (Q3,Q4) | | Q4 | Q3 |
| New Haven | Increase the number of Parent Discharge Ohio's (Q1,Q2,Q3,Q4) | | Q2,Q3,Q4 | Q1 |
| | Monitor the process of having Mobile Crisis staff completing intake assessment for Open Access at the main clinic (Q1,Q2,Q3,Q4) | | Q1,Q2,Q3,Q4 | |
| | Implement Case Manager Follow up's with families in order to decrease the number of cancelled follow ups and increase stabilization services (Q1,Q2,Q3,Q4) | Q3 | Q1 | Q2,Q4 |
| Southwestern | Increase number of Parent Ohio scales obtained at discharge by 30% (Q1,Q2,Q3,Q4) | Q2 | Q1, Q3,Q4 | |
| | Increase number of Worker Ohio scales obtained at discharged by 67% (Q1,Q2,Q3,Q4) | Q2 | Q1,Q3,Q4 | |
| | Conduct 2 outreaches per year at each local DCF office Region 1 (Q1,Q2,Q3,Q4) | | Q4 | Q1,Q2,Q3 |
| | Improve Mobility in order to reach 90% mobility goal (Q1) | Q1 | | |
| Western | Increase the number of Parent Discharge Ohio's (Q1,Q2,Q3,Q4) | | Q1,Q2,Q3, | Q4 |
| | Improve in retaining staff (Q1,Q2,Q3,Q4) | | Q1,Q2,Q3,Q4 | |
| | Improve the workflow of the mobile intervention to complete paperwork in a timely manner (Q1,Q2,Q3,Q4) | | Q1,Q2,Q3,Q4 | |

Total Goals=68 (includes duplicate counts of goals if continued across multiple quarters); Number of goals achieved (during at least one quarter): 13 of 68 (19%); Number of goals with positive progress (during at least one quarter): 60 of 68 (60%); Number of goals with no positive progress 14 of 68 (21%)