

Mobile Crisis Intervention Services 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)

QUARTERLY REPORTFY2021: Quarter 3

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



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Executive Summary

Note: Due to COVID-19, schools were closed and stay-at-home orders were put in place for the non-essential workforce in Connecticut beginning in mid-March 2020. Mobile Crisis has continued to be operational, and as part of the essential workforce providers are working with families to respond to calls via telephone, video conferencing, and in-person responses with safety of the child, family, and clinicians as the top priority. Note that both video and in-person responses during this period may be reflected within the report as 'mobile' responses, which may affect the accuracy of mobility and response time data. While schools have partially re-opened, referrals to Mobile Crisis continue to be lower than usual. This decrease as well as other factors associated with COVID-19, including challenges with data collection, should be noted when reviewing this report.

<u>Call and Episode Volume</u>: In the second quarter of FY2021, **2-1-1 received 3,851 calls** including 2,977 calls (77.3%) handled by Mobile Crisis providers and 874 calls (22.7%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). Of the 2,976 episodes of care, 2,770 (93.1%) were received during regular hours and 206 (6.9%) were handled after hours. There was one crisis response follow-up call coded as a Mobile Crisis call. This quarter saw a 30.0% decrease in total call volume compared to the same quarter in FY2020 (5,502), and the total episodes decreased by 26.9% (4,072 in FY2020).

Among the **2,976 episodes of care** generated in Q3 FY21, episode volume ranged from 300 episodes including After Hours calls (Eastern service area) to 858 episodes including After Hours calls (Hartford service area). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 4.0, with service area rates ranging from 2.2 (Southwestern) to 6.0 (Hartford). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 7.1 per 1,000 children in poverty, with service area rates ranging from 4.9 (Southwestern) to 10.6 (Central).

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

<u>Demographics</u>: Statewide this quarter, 55.2% of services were for children reported as female and 44.8% for those reported as males. Care for youth ages 13-15 years old comprised the largest portion of services (36.1%). Additionally, 31.5% of services were for 9-12 year olds, 20.4% were for 16-18 year olds, 9.9% were for 6-8 year olds, and 1.6% were for five or younger. The majority of services were for White children (56.9%), while 16.7% were for African-American or Black children. Over one-third (35.6%) of services were for youth of Hispanic ethnicity. The majority of youth were insured by Husky A (53.9%) and private insurance (35.1%). Finally, the majority of clients (86.7%) were not DCF-involved.

<u>Clinical Functioning</u>: The most commonly reported primary presenting problems for clients statewide included: Harm/Risk of Harm to Self (31.2%), Disruptive Behavior (23.0%), Depression (17.7%), Anxiety (6.3%), Harm/Risk of Harm to Others (4.7%), and Family Conflict (3.9%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (37.9%), Adjustment Disorders (13.5%), Conduct Disorders (12.6%), Anxiety Disorders (11.6%), Trauma Disorders (10.0%), and Attention Deficit/Hyperactivity Disorders (7.3%). This quarter, **78.2% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED).**

In this quarter, the **statewide percentage of children with trauma exposure reported at intake was 58.9%**, with service areas ranging from 44.2% (Hartford) to 75.8% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (22.5%), Witnessing Violence (18.9%), Victim of Violence (17.8%), and Sexual Victimization (15.8%).

The statewide rate for the percentage of children evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 22.1%, higher than 18.7% in the same quarter last fiscal year. During an episode of care, 22.1% of children were evaluated in the Emergency Department at least once. The inpatient admission rate in the six months prior to Mobile

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¹ Per question regarding "Sex Assigned at Birth".

Crisis referral was 11.5% statewide, which is slightly higher than the rate in the Q3 FY2020 (10.5%). The admission rate to an inpatient unit during a mobile crisis episode was 9.6%, compared to a rate of 8.1% in the same quarter last fiscal year.

<u>Referral Sources</u>: Statewide, **45.1%** of referrals were received from parents, families and youth. 31.6% of referrals came from schools. This is much lower than past years, as the COVID-19 pandemic has led to varying degrees of in-person and virtual learning. This has led to fewer school referrals to Mobile Crisis. Emergency Departments (EDs) accounted for 12.9% of all Mobile Crisis referrals. The remaining 10.4% of referrals came from a variety of other sources.

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **385 Mobile Crisis referrals were received from EDs**, including 153 referrals for inpatient diversion and 232 referrals for routine follow-up. Regionally, the highest rate of ED referrals, as a percentage of total referrals, was observed in the Hartford service area (19.9%) and the lowest was in the Eastern service area (1.3%). Statewide, 12.9% of all Mobile Crisis episodes came from ED referrals this quarter, higher than the rate from Q3 FY2020 (8.4%).

<u>Mobility</u>: The average **statewide mobility this quarter was 96.8%,** slightly higher than the rate in Q3 FY2020 (95.4%) (Police referrals are excluded from mobility calculations). All of the six service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 94.3% (New Haven) to 99.0% (Southwestern). The mobility rates among individual providers ranged from 89.7% (Wellmore: Danbury) to 100.0% (Wheeler: Meriden; CFGC: EMPS (Bridgeport)). Among the providers, 13 of the 14 surpassed the 90% benchmark.

NOTE: Beginning with FY21 Q2, there has been a change in calculation of mobility. If a referral made by a caller other than self/family (e.g. schools, EDs, etc.) is designated by 2-1-1 as mobile or deferred mobile, but is later determined to be non-mobile due to the family declining or not being available after multiple attempts to contact them, the episode will no longer be included in the mobility rate, as these situations are out of the providers' control. Any mobility rates from prior quarters referenced in this report have been recalculated to allow for accurate comparison.

<u>Response Time</u>: Statewide this quarter, **83.0%** of mobile episodes received a face-to-face response in **45** minutes or less. Performance on this indicator ranged from 77.6% (Western) to 95.9% (Southwestern) with three of the six service areas above the 80% benchmark. Across the state, 9 of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 31.0 minutes, with two of the six service areas demonstrating a median response time of 30 minutes or less.

<u>Length of Stay</u>: Among discharged episodes statewide this quarter, 22.3% of Phone Only episodes exceeded one day, 28.9% of Face-to-Face episodes exceeded five days, and **5.0% of** *Stabilization Plus Follow-up* episodes exceeded **45 days**, slightly exceeding the statewide benchmark of less than 5%. The statewide median LOS among discharged episodes was less than one day for Phone Only, 3.0 days for Face-to-Face episodes, and 14.0 days for *Stabilization Plus*.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 32.0 days and ranged from 0.0 days (Eastern) to 178.5 days (New Haven). The statewide median LOS for Face-to-Face was 21.0 days and ranged from 12.0 days (Central, Western) to 33.0 days (New Haven). For *Stabilization Plus Follow-up*, the statewide median LOS was 24.0 days with a range from 17.0 days (Western) to 33.0 days (New Haven). Across open episodes of care with phone and face-to-face crisis response categories during the first quarter of FY2021, 100.0% of phone-only and 89.2% of face-to-face episodes remained open beyond the benchmarks (1 day for Phone Only, 5 days for Face-to-Face). For open *Stabilization Plus Follow-up*, there was a wide range of cases remaining open past the benchmark (45 days). Statewide, 15.5% of these open cases exceeded the benchmark, while regionally this ranged from 0.0% (Eastern) to 35.3% (New Haven). Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase, and can compromise accurate and timely data entry practices.

<u>Discharge Information</u>: The overwhelming majority of clients lived in a private residence at discharge from Mobile Crisis (96.3%). Statewide, the top three reasons for client discharge were: Met Treatment Goals (77.1%), Family Discontinued (12.9%), and Client Hospitalized: Psychiatrically (6.6%).

Statewide, clients were most likely to be **referred to their original provider (27.7%) or Outpatient Services (33.8%) at discharge**. Other care referrals at discharge included: Intensive In-Home Services (7.7%), Inpatient Hospital (5.2%), Intensive Outpatient Program (4.3%), Other Community Based Services (3.2%), Partial Hospital Program (3.1%), and Care Coordination (1.5%). An additional 10.9% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement on parent and worker rated functioning of 3.32 and 1.18 points respectively. Decreases in problem scores of 4.67 points on parent ratings and 2.36 points on worker ratings were reported. Changes on all scales were statistically significant.

Completion rates of the Ohio Scales at discharge for the Worker Functioning and Problem Severity scores increased by 6.8 percentage points when compared to the same quarter in FY2020. The completion rate for Parent Functioning and Problem Severity scores increased 15.8 percentage points compared to FY2020 Q3.

<u>Satisfaction</u>: This quarter, 61 clients/families and 60 other referrers were surveyed regarding their satisfaction with the service; both groups gave favorable ratings to 2-1-1 and Mobile Crisis services. On a 5-point scale, **clients' average ratings of 2-1-1 and Mobile**Crisis were 4.28 and 4.22, respectively. Among other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were 4.17 and 4.15, respectively. Qualitative comments (see Section X) varied from very satisfied to dissatisfied.

<u>Training Attendance</u>: The statewide percentage of all thirteen trainings completed by full-time active staff as of March 2021 is 7%. This is an increase from 3% of full-time staff who had completed all trainings in FY2020 Q3.

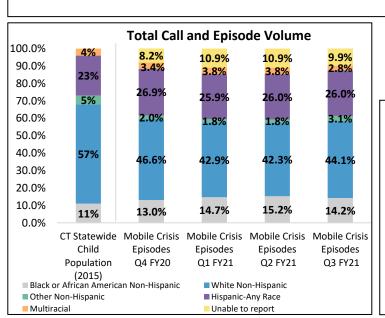
<u>Community Outreach</u>: Due to restrictions related to COVID-19, outreaches are more challenging to complete; however, the majority of providers were able to complete at least one outreach this quarter. Additionally, many providers continue to provide informational materials to schools in an attempt to establish a partnership as students continue to return to in-person learning. Though not necessarily meeting the criteria for formal outreaches, these efforts are highly valued. The number of outreaches ranged from 0 (UCFS: NE; Wheeler: Meriden; CFGC: EMPS/Bridgeport; and Wellmore: Torrington) to 4 (CFGC: South).

SFY 2021 Q3 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 SFY 2020 State Funding: \$11,970,297



How Much Did We Do?

	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21
Mobile Crisis Episode	4,072	1,499	1,790	2,670	2,977
2-1-1 Only	1,430	600	578	866	874
Total	5,502	2,109	2,368	3,536	3,851

Story Behind the Baseline: In SFY 21 Q3 there were 3,851 total calls to the 2-1-1 Call Center resulting in 2,977 episodes of care. Compared to the same quarter in SFY 20 this represents a decrease in 2-1-1 calls of 30.0% (1,651 fewer calls) and a decrease in mobile episodes of 26.9% (1,095 fewer episodes). This quarter continued to be affected by the COVID-19 pandemic. Though Mobile Crisis was still operational, there remained a decrease in call volume compared to this time last year. The percentages of both Black and Hispanic children served continues to be higher than the statewide population percentages, while the percentage of White children is lower. Compared to SFY 20 Q3, the racial composition percentages of children served are relatively similar, though with a decrease in the percentage of Hispanic children served and an increase in the category "unable to report."

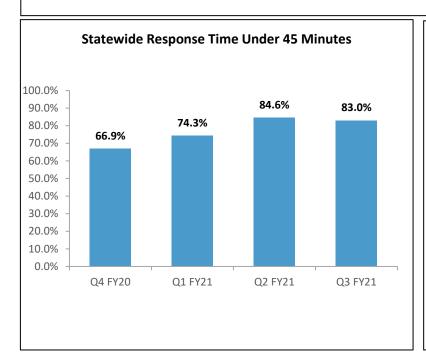
					Episo	des Per	Child					
	S	FY 2020 Q4		S	FY 2021 Q1		SI	Y 2021 Q2			SFY 2021 Q3	
Episode	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total
1	62 (91.2%)	363 (93.8%)	425	110 (85.3%)	660 (91.0%)	770	136 (86.6%)	1,212 (91.1%)	1,348	174 (83.3%)	1,396 (91.2%)	1,570
2	5 (7.4%)	21 (5.4%)	26	16 (12.4%)	54 (7.4%)	70	17 (10.8%)	91 (6.8%)	108	29 (13.9%)	115 (7.5%)	144
3	0 (0.0%)	1 (0.3%)	1	3 (2.3%)	7 (1.0%)	10	3 (1.9%)	21 (1.6%)	24	5 (2.4%)	15 (1.0%)	20
4 or more	1 (1.5%)	2 (0.5%)	3	0 (0.0%)	4 (0.6%)	4	1 (0.6%)	6 (0.5%)	7	1 (0.5%)	5 (0.3%)	6

Story Behind the Baseline: In SFY 21 Q3 of the 1,740* children served by Mobile Crisis, 90.2% (1,570) received only one episode of care, and 98.5% (1,714) received one or two episodes of care; compared to 90.5% (2,227) and 98.0% (2,410) respectively for SFY 20 Q3. The proportion of children with four or more is similar to SFY 20 Q3. The data indicates that Mobile Crisis involvement with a youth and their family continues to significantly reduce the need for additional Mobile Crisis services.

Trend: \rightarrow

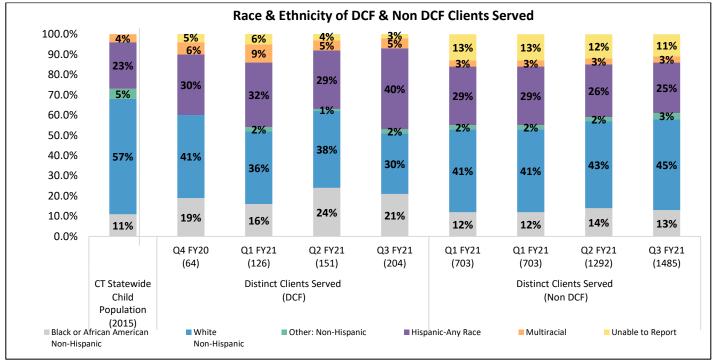
*Note: Only children that had their DCF or non DCF status identified were reported

How Well Did We Do?



Story Behind the Baseline: In SFY 21 Q3 83.0% of all mobile responses achieved the 45 minute mark compared to 83.9% for SFY 20 Q3. The median response time for SFY 20 Q3 was 31 minutes. While providers continued to offer mobile responses in homes and community settings, many episodes received a phone or video telehealth response due to COVID-19 related concerns and closures. Additionally, for those episodes where clinicians did go into homes or the community, it often took extra time to coordinate with families in order to take proper precautions. Clinicians were also responding from their homes due to office closures, often resulting in longer travel times. Multiple challenges resulting from the COVID-19 pandemic, including the lack of an effective way to capture telehealth in the data, make it inadvisable to compare response times and rates across quarters. Despite these challenges, Mobile Crisis continues to be a highly responsive statewide service system that is immediately present to engage and deescalate a crisis and return stability to the child and family, school or other setting they are in.

Trend: \rightarrow

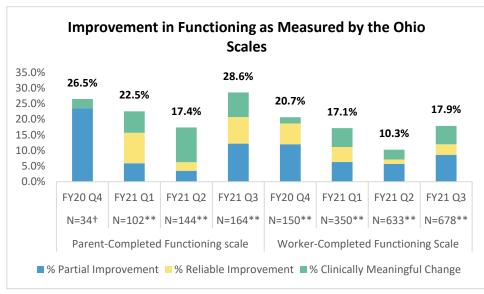


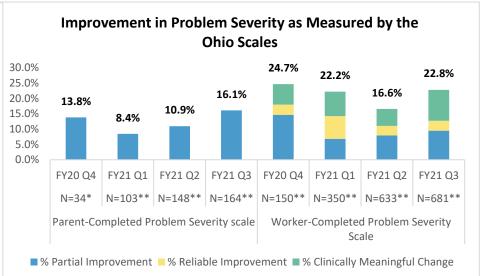
Story Behind the Baseline: In SFY 21 Q3 Hispanic and Black DCF involved children^{1,2} accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF-involved White children accessed the service at lower rates. White Non-DCF-involved children utilized Mobile Crisis at higher rates than their DCF-involved counterparts. Both Hispanic and Black DCF-involved children utilized Mobile Crisis at higher rates than Hispanic and Black Non-DCF involved children.

Notes: ¹Only children having their DCF or non-DCF status as well as race/ethnicity identified were included. ²For the Distinct Clients served some had multiple episodes as identified above in Episodes per Child.

Trend: →

Is Anyone Better Off?





Story Behind the Baseline: The Ohio Scales have demonstrated clinically significant positive changes for children following a Mobile Crisis response. For SFY 21 Q3 all scales showed statistically significant change. Despite the relative short time of service engagement, the Ohio Scales reflect the continued effectiveness of Mobile Crisis in diffusing the immediate crisis and supporting the positive growth and success of youth. Note that the drop in the number of some Ohio Scales collected may be related to the decrease in call and episode volume and other challenges related to COVID-19.

Trend: \rightarrow

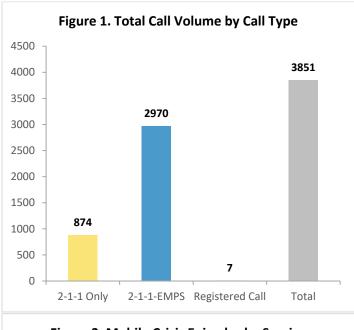
Proposed Actions to Turn the Curve:

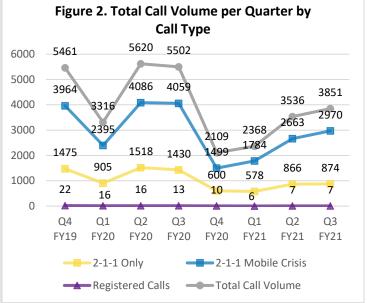
- Mobile Crisis providers will work with schools and Emergency Departments to reduce school utilization of ED's and increase utilization of Mobile Crisis.
- Continue outreach to Police Departments to support their ongoing collaboration with Mobile Crisis.
- Continue to increase the parent completion rates for the Ohio Scales.
- Review with each provider their self-care activities to support their clinical staff in being continuously effective in delivering Mobile Crisis services.
- Continue to review RBA report cards on a quarterly basis with each Mobile Crisis provider, with a focus on the racial and ethnic distributions of the children served in each region.
- Continue to monitor how providers are addressing COVID-19 challenges and providing additional supports or resources if needed.

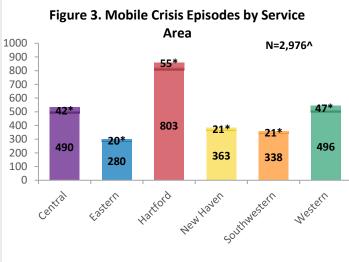
Data Development Agenda:

- Utilize Mobile Crisis data to assess utilization and delivery of services across racial and ethnic groups and to identify opportunities to improve health equity.
- Work with providers to identify and accurately capture changes in volume and service delivery due to COVID-19.

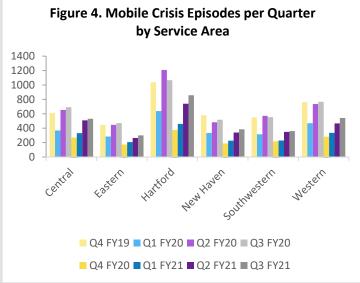
Section II: Mobile Crisis Statewide/Service Area Dashboard

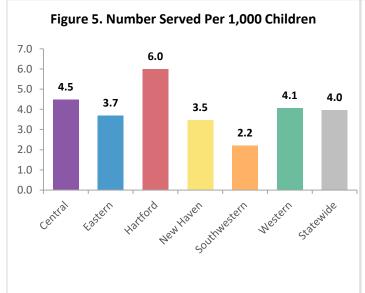


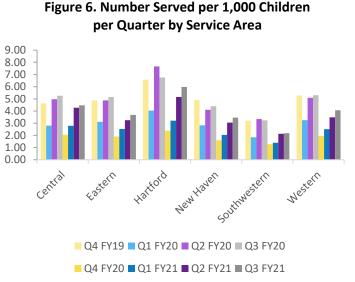


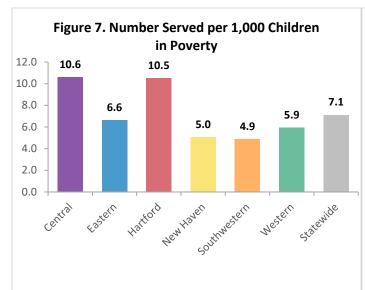


^Excluding 1 Crisis-Response Follow-Up Call









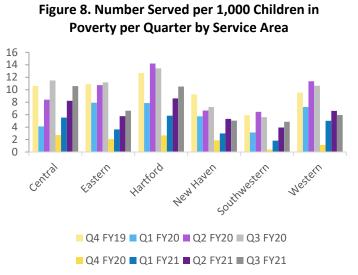
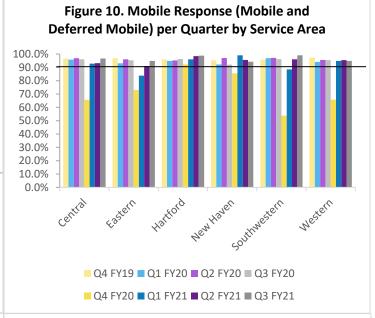
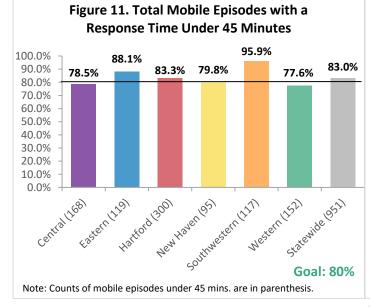


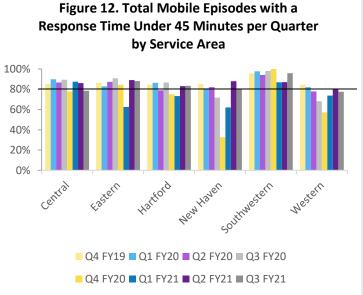
Figure 9. Mobile Response* (Mobile and **Deferred Mobile) by Service Area** 99.0% 96.8% 98.8% 94.3% 94.8% 96.7% 94.9% 100.0% 90.0% 80.0% 70.0% 60.0% 50.0% 40.0% 30.0% 20.0% Haven Lill Southwestern 2011 10.0% Ment Have Land 0.0% Hartford (512) Western 3491 *Mobility calculation updated - see exec. summary Goal: 90%

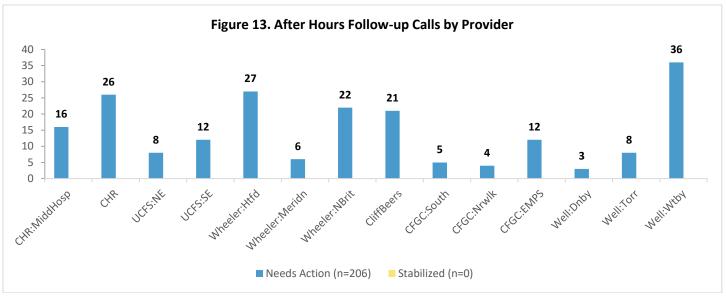
Note: Total counts of 2-1-1 Mobile response recommendations are in

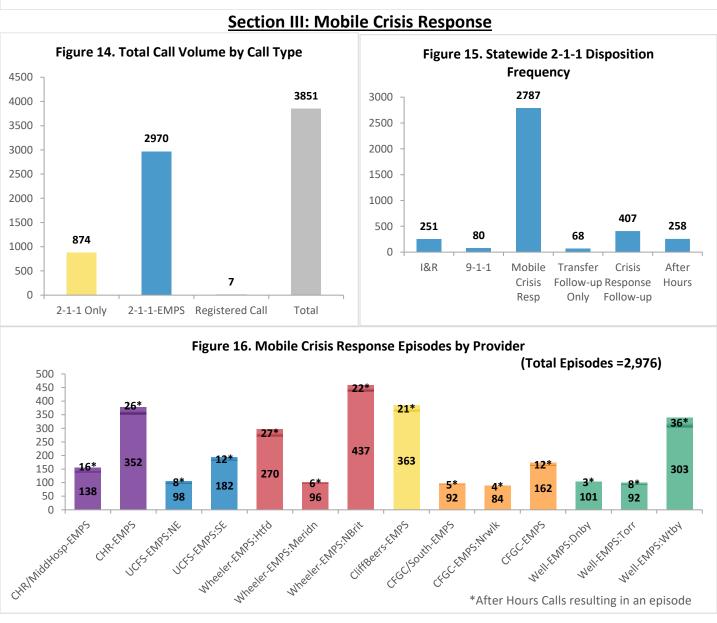
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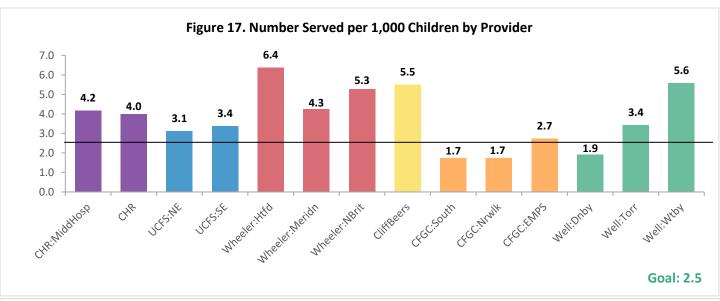


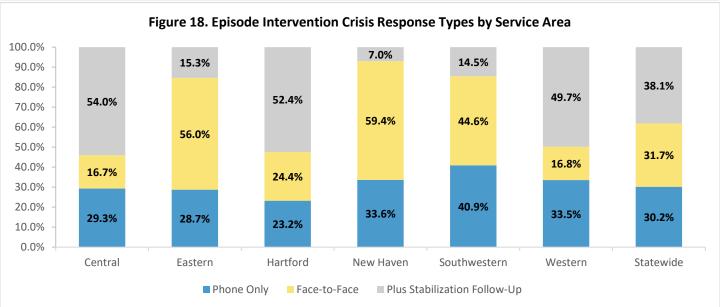


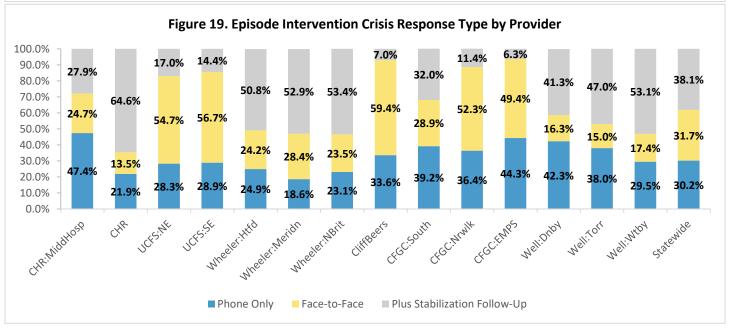




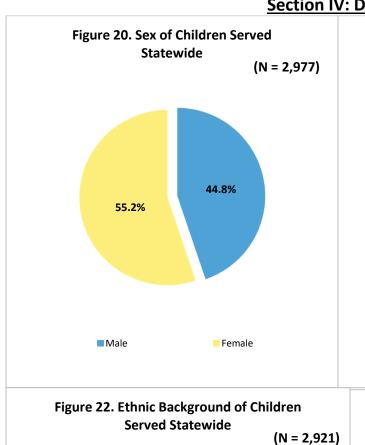


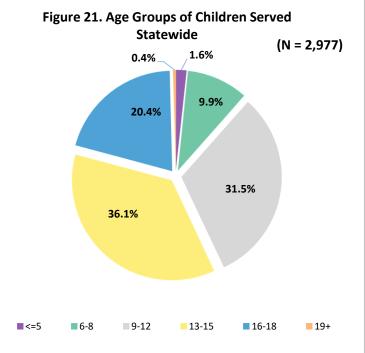


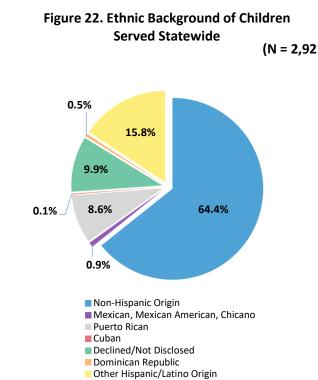


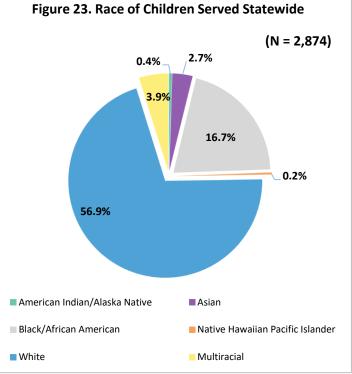


Section IV: Demographics

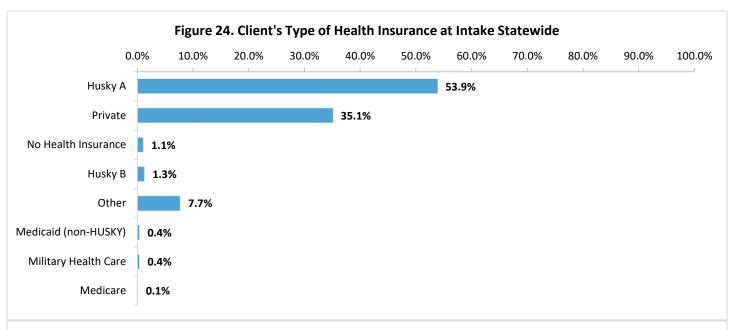


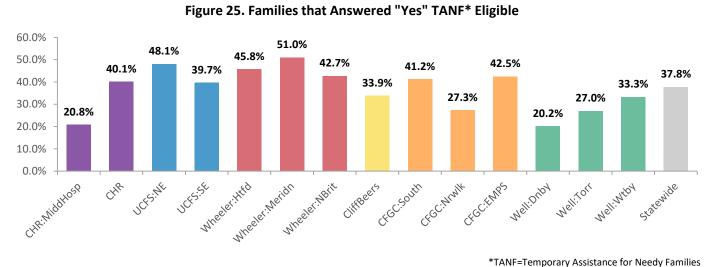


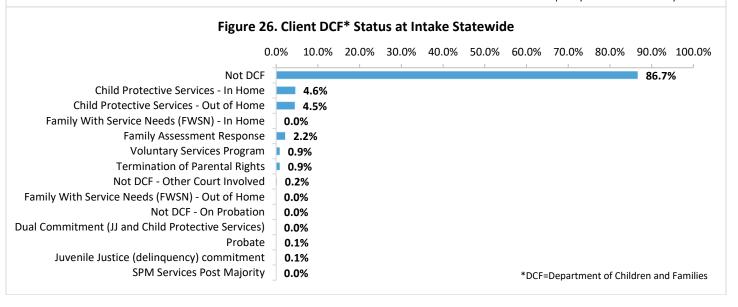




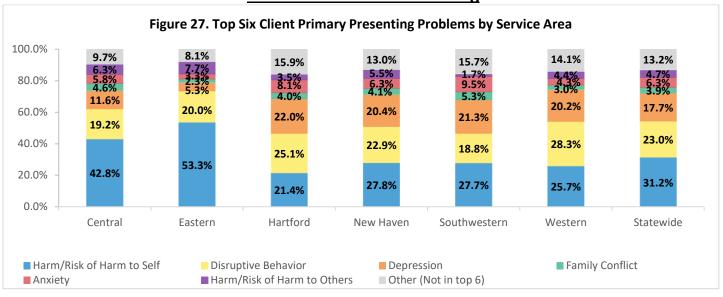
Note: According to the U.S. Census Bureau, "[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept."

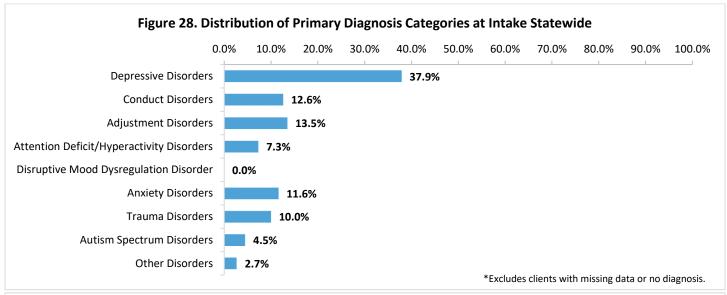


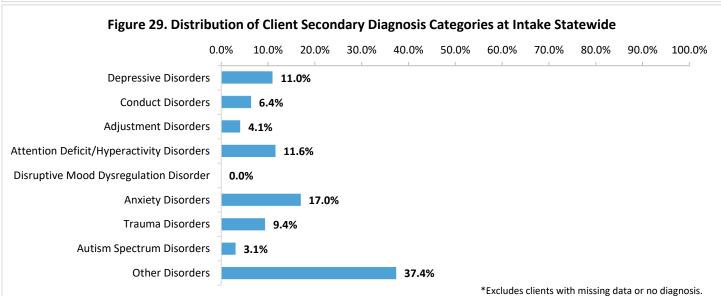


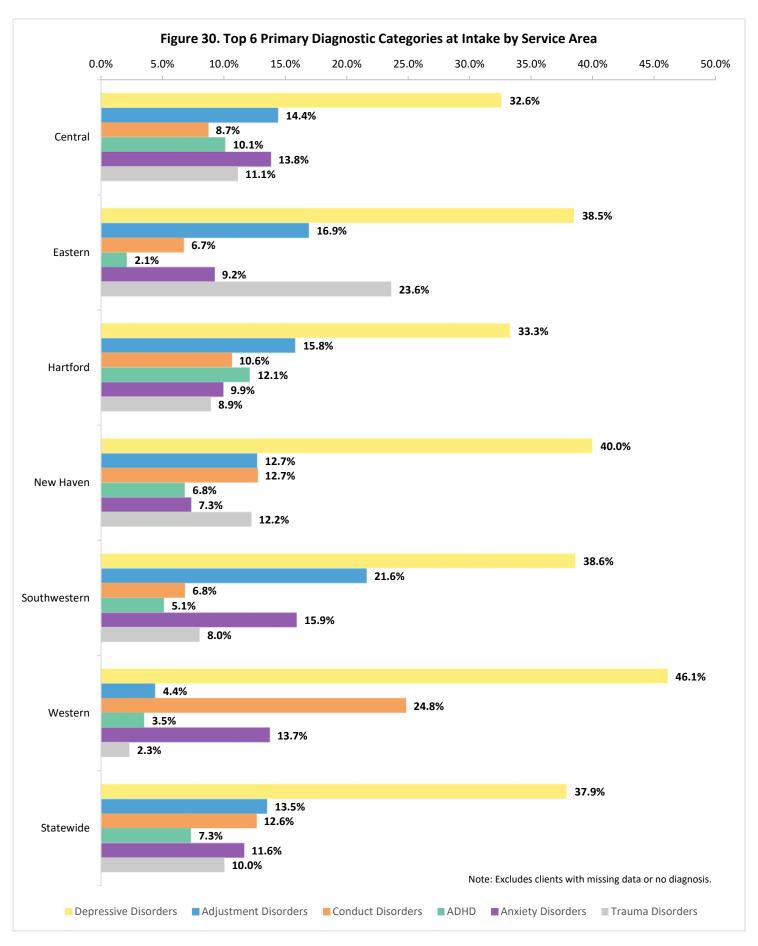


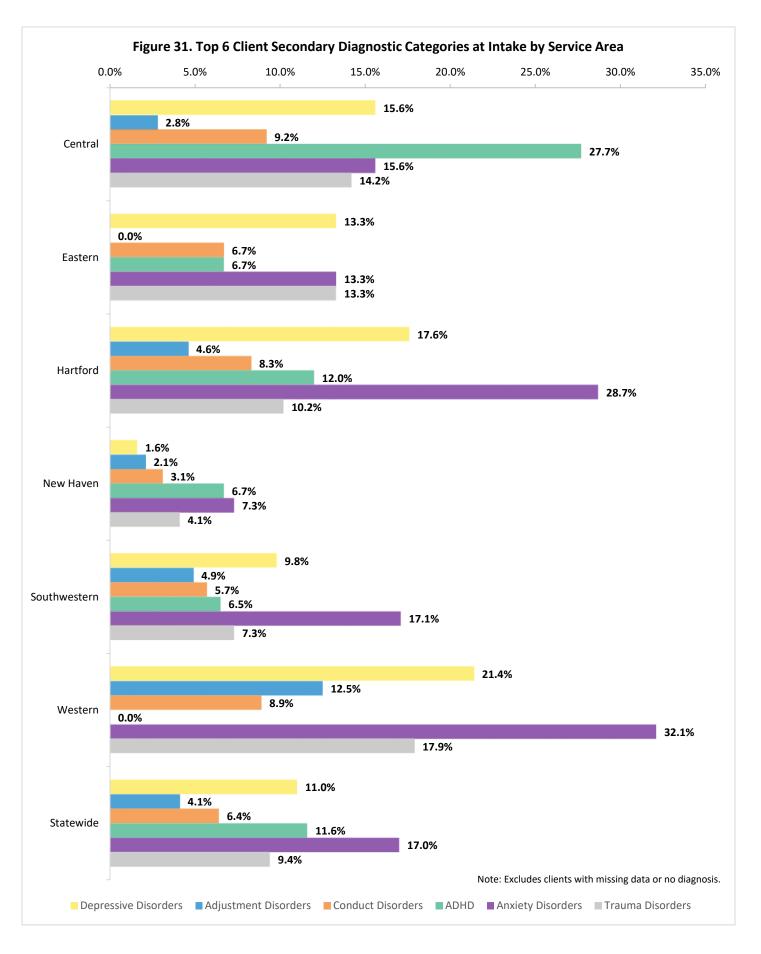
Section V: Clinical Functioning

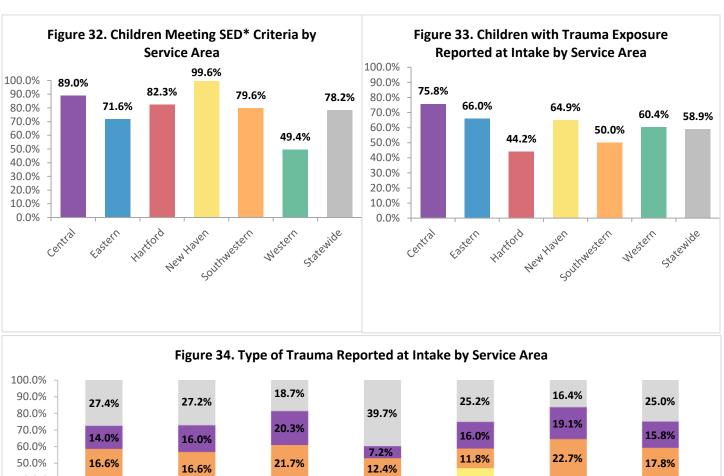


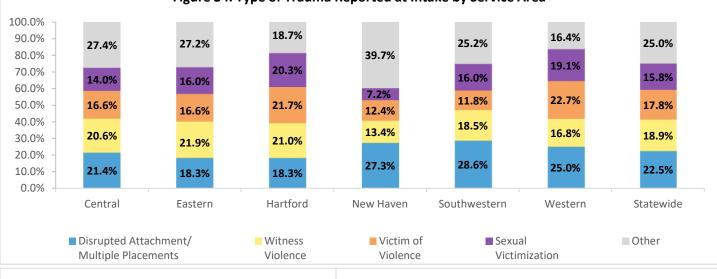


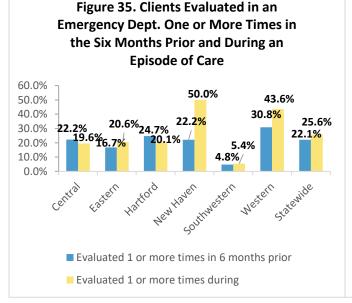












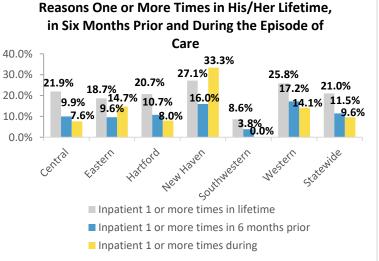


Figure 36. Clients Admitted to a Hospital

(Inpatient) for Psychiatric or Behavioral Health

Section VI: Referral Sources

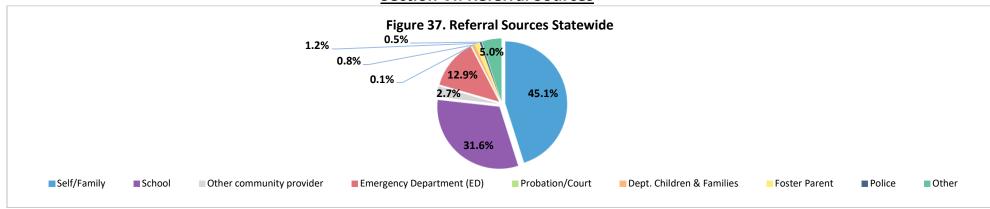
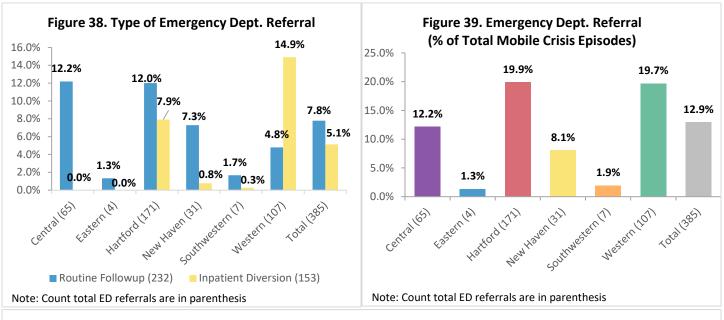
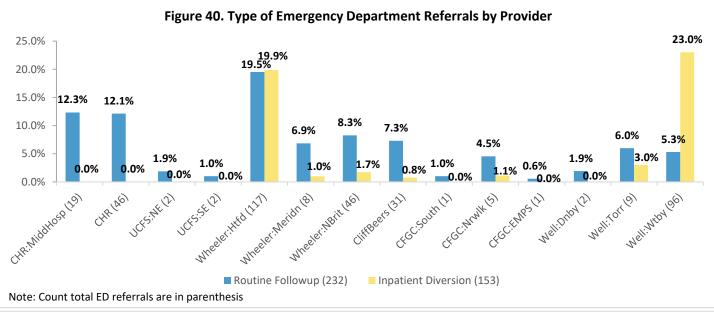
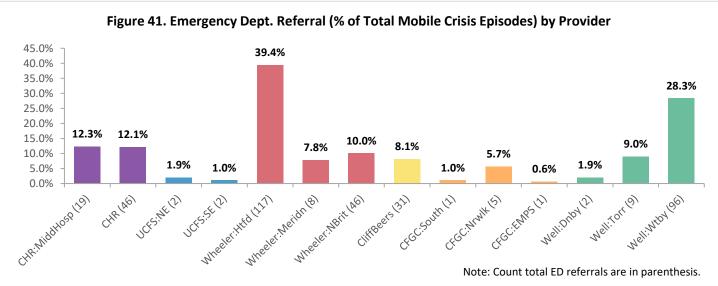


Table 1. Referral Sources (Q3 FY 2021)

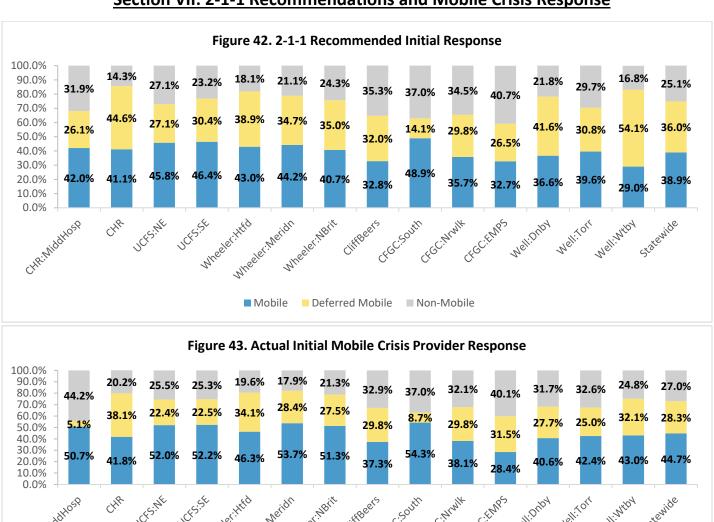
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	45.1%	0.0%	31.6%	0.0%	1.0%	2.7%	12.9%	0.1%	0.8%	2.7%	0.1%	1.2%	0.5%	1.0%	0.2%	0.0%
CENTRAL	47.8%	0.0%	25.0%	0.0%	2.6%	4.7%	12.2%	0.0%	0.9%	3.2%	0.4%	1.7%	0.6%	0.9%	0.0%	0.0%
CHR:MiddHosp	49.4%	0.0%	26.6%	0.0%	1.3%	3.9%	12.3%	0.0%	0.6%	2.6%	0.0%	0.6%	1.3%	1.3%	0.0%	0.0%
CHR	47.2%	0.0%	24.3%	0.0%	3.2%	5.0%	12.1%	0.0%	1.1%	3.4%	0.5%	2.1%	0.3%	0.8%	0.0%	0.0%
EASTERN	54.3%	0.0%	34.7%	0.0%	0.7%	1.7%	1.3%	0.0%	1.3%	2.7%	0.3%	1.0%	0.3%	1.0%	0.7%	0.0%
UCFS:NE	56.6%	0.0%	30.2%	0.0%	0.9%	1.9%	1.9%	0.0%	0.9%	1.9%	0.0%	2.8%	0.9%	0.9%	0.9%	0.0%
UCFS:SE	53.1%	0.0%	37.1%	0.0%	0.5%	1.5%	1.0%	0.0%	1.5%	3.1%	0.5%	0.0%	0.0%	1.0%	0.5%	0.0%
HARTFORD	38.6%	0.1%	31.5%	0.0%	0.7%	2.4%	19.9%	0.2%	0.7%	3.6%	0.0%	0.9%	0.3%	0.8%	0.1%	0.0%
Wheeler:Htfd	25.9%	0.0%	24.2%	0.0%	1.0%	3.7%	39.4%	0.0%	1.0%	3.4%	0.0%	0.3%	0.3%	0.7%	0.0%	0.0%
Wheeler:Meridn	48.0%	0.0%	34.3%	0.0%	0.0%	1.0%	7.8%	0.0%	1.0%	1.0%	0.0%	2.9%	1.0%	2.9%	0.0%	0.0%
Wheeler:NBrit	44.7%	0.2%	35.5%	0.0%	0.7%	2.0%	10.0%	0.4%	0.4%	4.4%	0.0%	0.9%	0.2%	0.4%	0.2%	0.0%
NEW HAVEN	57.0%	0.0%	26.3%	0.0%	0.8%	2.1%	8.1%	0.3%	1.0%	0.5%	0.0%	1.6%	1.0%	1.3%	0.0%	0.0%
CliffBeers	57.0%	0.0%	26.3%	0.0%	0.8%	2.1%	8.1%	0.3%	1.0%	0.5%	0.0%	1.6%	1.0%	1.3%	0.0%	0.0%
SOUTHWESTERN	51.3%	0.0%	38.7%	0.0%	0.0%	2.2%	1.9%	0.3%	1.1%	1.7%	0.0%	1.7%	0.3%	0.6%	0.3%	0.0%
CFGC:South	46.4%	0.0%	44.3%	0.0%	0.0%	5.2%	1.0%	0.0%	1.0%	0.0%	0.0%	1.0%	0.0%	1.0%	0.0%	0.0%
CFGC:Nrwlk	51.1%	0.0%	37.5%	0.0%	0.0%	1.1%	5.7%	0.0%	1.1%	2.3%	0.0%	1.1%	0.0%	0.0%	0.0%	0.0%
CFGC:EMPS	54.0%	0.0%	36.2%	0.0%	0.0%	1.1%	0.6%	0.6%	1.1%	2.3%	0.0%	2.3%	0.6%	0.6%	0.6%	0.0%
WESTERN	35.2%	0.0%	35.9%	0.0%	0.7%	2.4%	19.7%	0.0%	0.2%	2.9%	0.0%	0.6%	0.6%	1.5%	0.4%	0.0%
Well:Dnby	44.2%	0.0%	44.2%	0.0%	0.0%	3.8%	1.9%	0.0%	0.0%	1.0%	0.0%	1.0%	1.9%	1.0%	1.0%	0.0%
Well:Torr	41.0%	0.0%	33.0%	0.0%	1.0%	1.0%	9.0%	0.0%	0.0%	11.0%	0.0%	0.0%	0.0%	3.0%	1.0%	0.0%
Well:Wtby	30.7%	0.0%	34.2%	0.0%	0.9%	2.4%	28.3%	0.0%	0.3%	1.2%	0.0%	0.6%	0.3%	1.2%	0.0%	0.0%

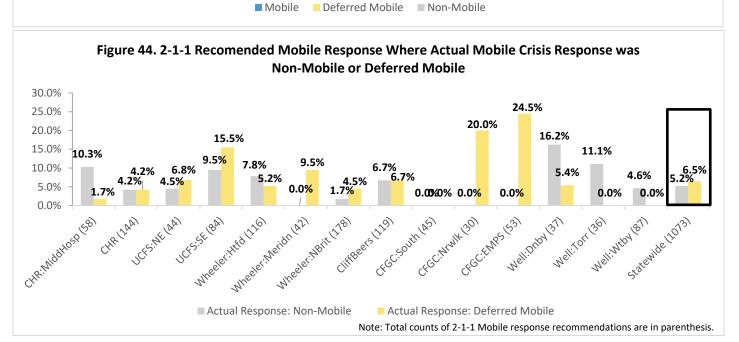


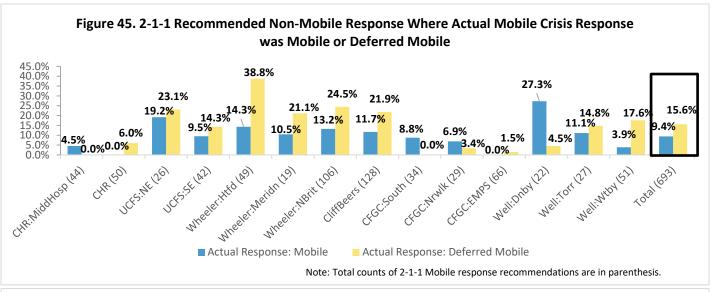


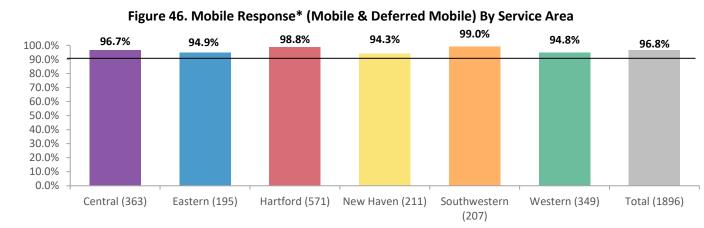


Section VII: 2-1-1 Recommendations and Mobile Crisis Response





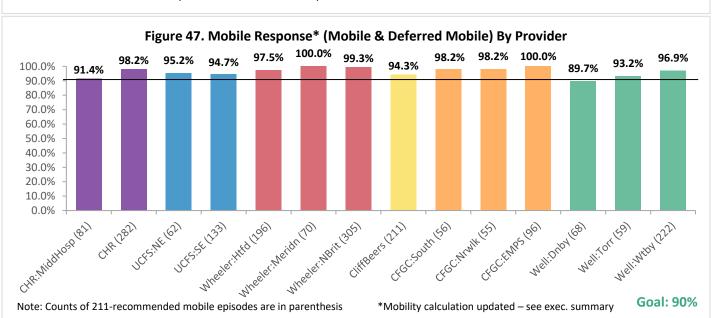




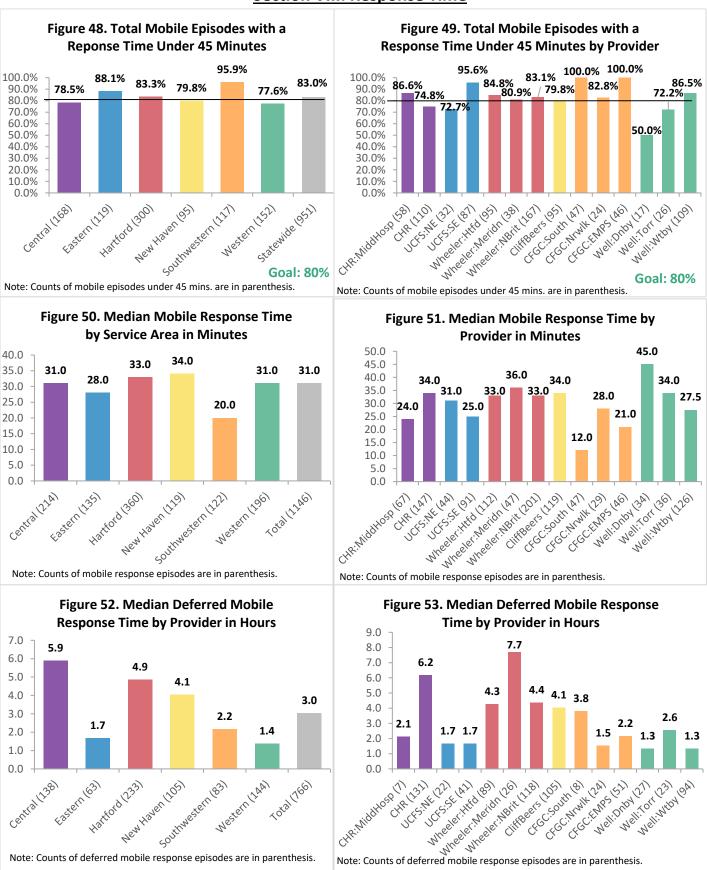
Goal: 90%

*Mobility calculation updated – see exec. summary

Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.



Section VIII: Response Time



Section IX: Length of Stay and Discharge Information

Table 2. Length of Stay for <u>Discharged Episodes</u> of Care in Days

	rable 2. 2011gtil of otay it	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q	R
			Dis	charged	Episodes	for Curre	ent Repo	rting Perio	d				Cum	ulative	Discho	rged Ep	isodes*	ŧ	
			Mean			Median		Ī	Percen	t		Mean			Media			Percen	t
				LOS:	LOS:		LOS:				LOS:	LOS:	LOS:	LOS:	LOS:	LOS:	Phone		Stab. >
	CTATELLUDE	LOS: Phone	LOS: FTF	Stab.	Phone	LOS: FTF	Stab.	Phone > 1	FTF > 5	Stab. > 45	Phone	FTF	Stab.	Phone	FTF	Stab.	> 1	FTF > 5	45
1	STATEWIDE	1.6	8.4	19.0	0.0	3.0	14.0	22.3%	28.9%	5.0%	1.3	8.3	16.7	0.0	3.0	13.0	19.2%	32.9%	2.9%
2	Central	4.0	12.0	24.7	2.0	3.0	20.0	51.3%	28.3%	10.8%	3.1	9.3	19.3	1.0	3.0	15.0	44.2%	34.5%	6.1%
3	CHR:MiddHosp	7.2	4.2	13.6	5.5	3.0	12.0	74.3%	19.4%	0.0%	6.4	5.9	13.7	3.0	4.0	11.0	71.1%	33.7%	0.0%
4	CHR	1.2	28.5	26.3	0.0	3.0	21.5	30.5%	47.1%	12.4%	1.2	16.7	20.3	0.0	2.0	15.0	28.1%	36.4%	7.2%
5	Eastern	0.3	4.1	23.6	0.0	4.0	19.5	9.2%	15.9%	10.0%	0.2	4.4	20.4	0.0	4.0	17.0	4.5%	21.5%	5.5%
6	UCFS:NE	0.3	4.5	26.0	0.0	4.0	21.0	9.7%	17.5%	15.4%	0.2	4.7	19.9	0.0	4.0	17.0	4.8%	24.6%	7.7%
7	UCFS:SE	0.3	3.9	22.4	0.0	4.0	19.0	8.9%	15.0%	7.4%	0.2	4.3	20.5	0.0	4.0	17.0	4.3%	19.8%	4.8%
8	Hartford	1.1	2.8	15.0	0.0	1.0	13.0	25.9%	12.4%	2.0%	0.9	3.2	14.3	0.0	1.0	12.0	21.4%	14.2%	1.2%
9	Wheeler:Htfd	1.2	3.9	17.0	0.0	1.5	14.0	23.0%	23.4%	1.8%	1.1	5.2	16.3	0.0	2.0	14.0	21.3%	30.2%	1.4%
10	Wheeler:Meridn	0.8	2.0	16.3	0.0	1.0	13.5	36.8%	3.7%	5.0%	1.1	2.6	15.1	0.0	2.0	12.0	31.1%	7.2%	1.9%
11	Wheeler:NBrit	1.1	2.2	13.8	0.0	1.0	12.0	26.0%	7.8%	1.4%	0.8	2.2	12.8	0.0	1.0	11.0	19.3%	6.6%	0.9%
12	New Haven	1.6	21.2	41.9	0.0	13.5	31.5	9.4%	77.3%	33.3%	1.5	18.8	34.1	0.0	13.0	26.5	10.9%	74.0%	23.7%
13	CliffBeers	1.6	21.2	41.9	0.0	13.5	31.5	9.4%	77.3%	33.3%	1.5	18.8	34.1	0.0	13.0	26.5	10.9%	74.0%	23.7%
14	Southwestern	0.3	7.3	22.0	0.0	3.0	16.0	3.4%	22.7%	4.7%	0.3	9.0	22.0	0.0	4.0	21.0	4.3%	33.7%	2.0%
15	CFGC:South	0.1	0.0	15.4	0.0	0.0	12.0	2.6%	0.0%	0.0%	0.3	3.2	20.0	0.0	0.0	16.0	4.0%	14.1%	0.0%
16	CFGC:Nrwlk	1.2	7.0	36.7	0.0	4.0	25.0	6.7%	25.6%	14.3%	0.5	9.8	33.4	0.0	4.0	25.0	5.4%	41.4%	9.1%
17	CFGC:EMPS	0.1	9.9	26.4	0.0	4.0	24.0	2.6%	28.4%	8.3%	0.2	11.1	22.8	0.0	4.0	22.0	3.8%	37.3%	5.3%
18	Western	1.5	2.9	15.5	0.0	2.0	13.0	24.3%	4.5%	0.0%	1.1	3.2	14.6	0.0	2.0	13.0	17.7%	9.7%	0.5%
19	Well:Dnby	1.1	1.9	16.0	0.0	2.0	13.5	18.9%	0.0%	0.0%	1.0	3.7	14.0	0.0	2.0	13.0	20.0%	13.5%	0.0%
20	Well:Torr	2.3	2.6	13.9	0.0	3.0	13.0	31.3%	0.0%	0.0%	1.5	2.5	14.4	0.0	2.0	13.0	20.7%	7.1%	1.2%
21	Well:Wtby	1.4	3.2	15.8	0.0	2.0	13.0	24.1%	6.9%	0.0%	1.0	3.1	14.8	0.0	2.0	13.0	15.8%	9.2%	0.5%

^{*} Discharged episodes with end dates from July 1, 2020 to the end of the current reporting period.

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

Definitions:

LOS: Phone Length of Stay in Days for Phone Only
LOS: FTF Length of Stay in Days for Face To Face Only

LOS: Stab. Length of Stay in Days for Plus Stabilization Follow-up Only

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

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

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

Table 3. Number of Episodes for Discharged Episodes of Care

	•	А	В	С	D	Е	F	G	Н	ı	J	K	L	
					ı.				<u>I</u>					
		Disch	arged	Episodes for C	urrent R	eport	ing Period	С	umulative	Discha	rged Ep	oisodes*	ŧ	
		N us	ed Me	an/Median	N us	ed for	Percent	N used	Mean/Me	dian	N used for Percen			
		LOS:	LOS:		Phone	FTF		LOS:		LOS:	Phone		Stab. >	
	STATEWIDE	Phone 865	FTF 813	LOS: Stab. 976	> 1 193	> 5 235	Stab. > 45	Phone 2516	LOS: FTF 2083	Stab. 2282	> 1 483	FTF > 5	45 67	
2	Central	156	53	277	80	15	30	507	139	606	224	48	37	
3	CHR:MiddHosp	74	36	35	55	7	0	190	95	91	135	32	0	
4	CHR	82	17	242	25	8	30	317	44	515	89	16	37	
5	Eastern	87	157	40	8	25	4	268	368	109	12	79	6	
6	UCFS:NE	31	57	13	3	10	2	105	126	26	5	31	2	
7	UCFS:SE	56	100	27	5	15	2	163	242	83	7	48	4	
8	Hartford	197	193	357	51	24	7	533	542	819	114	77	10	
9	Wheeler:Htfd	74	64	109	17	15	2	197	172	278	42	52	4	
10	Wheeler:Meridn	19	27	40	7	1	2	61	83	105	19	6	2	
11	Wheeler:NBrit	104	102	208	27	8	3	275	287	436	53	19	4	
12	New Haven	128	172	18	12	133	6	330	454	38	36	336	9	
13	CliffBeers	128	172	18	12	133	6	330	454	38	36	336	9	
14	Southwestern	145	150	43	5	34	2	437	374	101	19	126	2	
15	CFGC:South	38	26	24	1	0	0	99	78	71	4	11	0	
16	CFGC:Nrwlk	30	43	7	2	11	1	129	111	11	7	46	1	
17	CFGC:EMPS	77	81	12	2	23	1	209	185	19	8	69	1	
18	Western	152	88	241	37	4	0	441	206	609	78	20	3	
19	Well:Dnby	37	17	36	7	0	0	90	37	91	18	5	0	
20	Well:Torr	32	13	40	10	0	0	92	28	84	19	2	1	
21	Well:Wtby	83	58	165	20	4	0	259	141	434	41	13	2	

^{*} Discharged episodes with end dates from July 1, 2019 to the end of the current reporting period.

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

Definitions:

LOS: Phone Length of Stay in Days for Phone Only
LOS: FTF Length of Stay in Days for Face To Face Only

LOS: Stab. Length of Stay in Days for Stabilization Plus Follow-up Only

Phone > 1 Percent of episodes that are phone only that are greater than 1 day
FTF > 5 Percent of episodes that are face to face that are greater than 5 days

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

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

		А	В	С	D	Е	F	G	Н	1	J	K	L	М	N	0
					Epis	odes Sti	ll in Care*					N of E	pisodes	Still in	Care*	
												N used	k			
			Mean			Media	n		Percent			an/Me	dian	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 >	Stab. > 45
1	STATEWIDE	61.3	34.9	33.7	32.0	21.0	24.0	100.0%	89.2%	15.5%	63	223	277	63	199	43
2	Central	51.8	16.7	24.5	13.0	12.0	24.0	100.0%	77.3%	7.7%	9	75	39	9	58	3
3	CHR:MiddHosp	8.3	7.0	0.0	7.5	5.0	0.0	100.0%	36.4%	N/A	4	11	0	4	4	0
4	CHR	86.6	18.3	24.5	21.0	13.0	24.0	100.0%	84.4%	7.7%	5	64	39	5	54	3
5	Eastern	0.0	14.0	24.3	0.0	13.5	21.0	N/A	100.0%	0.0%	0	6	13	0	6	0
6	UCFS:NE	0.0	7.0	26.4	0.0	7.0	25.0	N/A	100.0%	0.0%	0	1	7	0	1	0
7	UCFS:SE	0.0	15.4	21.8	0.0	14.0	19.5	N/A	100.0%	0.0%	0	5	6	0	5	0
8	Hartford	115.6	53.9	45.1	150.0	25.0	27.0	100.0%	100.0%	24.2%	5	20	128	5	20	31
9	Wheeler:Htfd	140.5	79.0	67.0	150.0	29.0	39.5	100.0%	100.0%	43.3%	4	11	60	4	11	26
10	Wheeler:Meridn	0.0	43.0	27.9	0.0	43.0	26.0	N/A	100.0%	18.8%	0	2	16	0	2	3
11	Wheeler:NBrit	16.0	17.6	25.2	16.0	17.0	21.0	100.0%	100.0%	3.8%	1	7	52	1	7	2
12	New Haven	148.1	50.2	40.8	178.5	33.0	33.0	100.0%	94.3%	35.3%	10	88	17	10	83	6
13	CliffBeers	148.1	50.2	40.8	178.5	33.0	33.0	100.0%	94.3%	35.3%	10	88	17	10	83	6
14	Southwestern	39.5	31.1	27.1	39.5	25.0	27.0	100.0%	92.6%	6.7%	2	27	15	2	25	1
15	CFGC:South	0.0	17.5	24.0	0.0	17.5	26.0	N/A	100.0%	0.0%	0	2	9	0	2	0
16	CFGC:Nrwlk	39.5	51.8	31.7	39.5	24.5	32.5	100.0%	100.0%	16.7%	2	8	6	2	8	1
17	CFGC	0.0	23.0	0.0	0.0	27.0	0.0	N/A	88.2%	N/A	0	17	0	0	15	0
18	Western	34.0	15.4	18.3	18.0	12.0	17.0	100.0%	100.0%	3.1%	37	7	65	37	7	2
19	Well:Dnby	28.9	0.0	22.6	19.0	0.0	20.0	100.0%	N/A	0.0%	7	0	9	7	0	0
20	Well:Torr	30.6	12.3	23.3	18.0	12.0	21.0	100.0%	100.0%	10.0%	9	3	10	9	3	1
21	Well:Wtby	37.2	17.8	16.4	13.0	15.0	12.5	100.0%	100.0%	2.2%	21	4	46	21	4	1

^{*} Data includes episodes still in care with referral dates from July 1, 2020 to end of current reporting period.

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

Definitions:

LOS: Phone Length of Stay in Days for Phone Only
LOS: FTF Length of Stay in Days for Face To Face Only

LOS: Stab. Length of Stay in Days for Stabilization Plus Follow-up Only

Phone > 1 Percent of episodes that are phone only that are greater than 1 day
FTF > 5 Percent of episodes that are face to face that are greater than 5 days

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

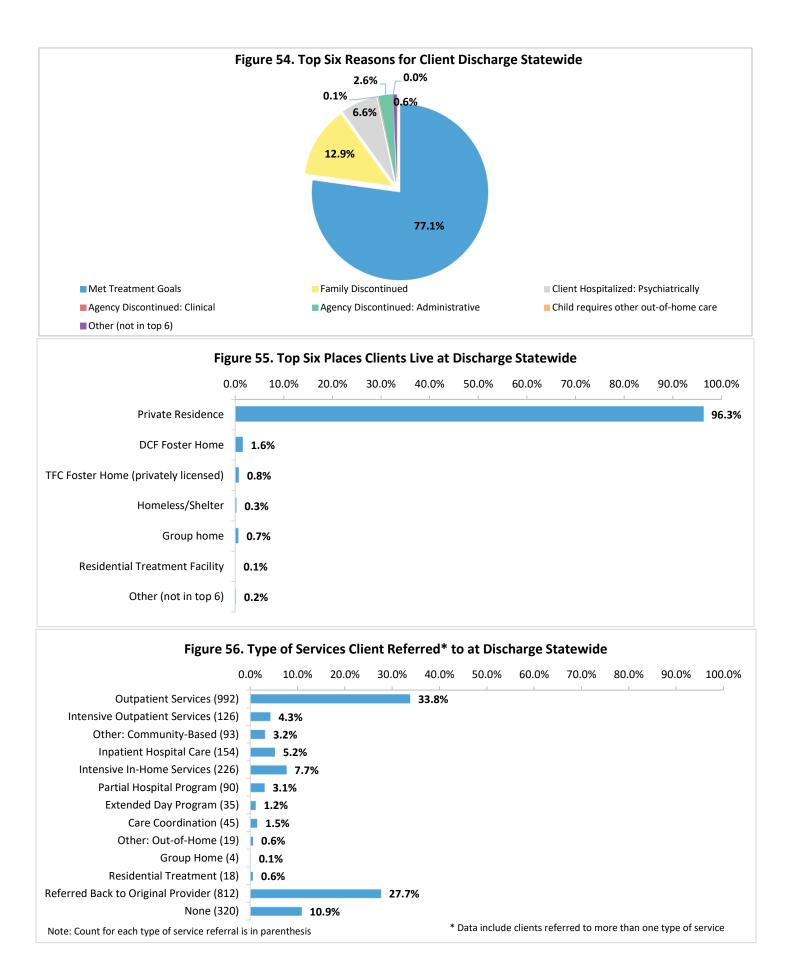


Table 5. Ohio Scales Scores by Service Area

Table 5. Office Scales Scores by S				I			
Samias Anas	N (paired intake &	Mean (paired	Mean (paired [,]	Mean Difference (paired		<i>a.</i>	† .0510 * P < .05 **P < .01
Service Area	discharge)	intake)	discharge)	cases)	t-score	Sig.	
STATEWIDE	400						**
Parent Functioning Score	164	42.85	46.16	3.32	5.23	0.000	
Worker Functioning Score	678	43.98	45.16	1.18	4.70	0.000	**
Parent Problem Score	164	29.52	24.85	-4.67	-5.66	0.000	**
Worker Problem Score	681	29.43	27.07	-2.36	-8.98	0.000	**
Central							
Parent Functioning Score	43	45.37	46.07	0.70	1.47	0.149	
Worker Functioning Score	203	46.88	46.55	-0.33	-0.80	0.426	
Parent Problem Score	43	26.00	25.12	-0.88	-1.35	0.184	
Worker Problem Score	205	28.62	27.98	-0.65	-1.72	0.088	†
Eastern							
Parent Functioning Score	5	34.40	42.00	7.60	1.20	0.298	
Worker Functioning Score	14	41.86	42.29	0.43	0.15	0.882	
Parent Problem Score	5	32.40	23.60	-8.80	-2.88	0.045	
Worker Problem Score	14	33.93	29.00	-4.93	-1.58	0.138	
Hartford							
Parent Functioning Score	97	40.85	45.54	4.69	4.83	0.000	**
Worker Functioning Score	281	43.35	45.14	1.78	4.69	0.000	**
Parent Problem Score	97	31.97	25.67	-6.30	-5.01	0.000	**
Worker Problem Score	282	29.49	25.68	-3.81	-7.55	0.000	**
New Haven							
Parent Functioning Score	0	18.00	17.00	0.00	0.00	0.000	
Worker Functioning Score	8	39.63	40.38	0.75	0.65	0.539	
Parent Problem Score	0	35.00	6.00	0.00	0.00	0.000	
Worker Problem Score	8	24.00	23.38	-0.63	-0.29	0.782	
Southwestern							
Parent Functioning Score	12	52.83	54.33	1.50	1.94	0.079	†
Worker Functioning Score	28	47.46	51.86	4.39	2.78	0.010	*
Parent Problem Score	12	21.33	18.25	-3.08	-1.24	0.239	
Worker Problem Score	28	22.54	19.14	-3.39	-2.36	0.026	*
Western							
Parent Functioning Score	6	48.33	49.00	0.67	1.58	0.175	
Worker Functioning Score	144	40.88	42.49	1.62	2.90	0.004	**
Parent Problem Score	6	28.17	27.17	-1.00	-3.87	0.012	*
Worker Problem Score	144	31.67	30.06	-1.62	-7.61	0.000	**

paired = Number of cases with both intake and discharge scores

^{†.05-.10,}

^{*} P < .05,

^{**}P<.01

Section X: Client & Referral Source Satisfaction

Table 6. Client and Referrer Satisfaction for 211 and EMPS*

2-1-1 Items	Clients (n=61)	Referrers (n=60)
The 2-1-1 staff answered my call in a timely manner	4.30	4.17
The 2-1-1 staff was courteous	4.30	4.17
The 2-1-1 staff was knowledgeable	4.27	4.17
My phone call was quickly transferred to the EMPS provider	4.27	4.17
Sub-Total Mean: 2-1-1	4.28	4.17
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.25	4.17
The Mobile Crisis staff was respectful	4.28	4.13
The Mobile Crisis staff was knowledgeable	4.25	4.13
The Mobile Crisis staff spoke to me in a way that I understood	4.28	Х
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)	4.17	х
The services or resources my child and/or family received were right for us	4.13	Х
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	х	4.17
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.18	4.15
Sub-Total Mean: Mobile Crisis	4.22	4.15
Overall Mean Score	4.24	4.16

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

Client Comments:

- Mom thought the process was great. Mom stated the clinician really connected with her daughter, who is generally shy.
- 1st time parent and they felt the whole process was outstanding. Father stated that her daughter had an instant connection with Clinician and only wish she could see her ongoing.
- Caller reports MCI provided bridge services until the referral they made could be put in place
- Caller felt that the crisis worker was knowledgeable, but never heard back for further services.
- Caller reports the service was fine except that "they are not coming out anymore".

Referrer Comments:

- ED clinician reports being very happy with the service and referrals she has made when calling for services.
- "Everything is always great with you guys."
- Counselor stated that the staff are amazing, 'just the best'.

Section XI: Training Attendance

Table 7. Trainings Completed for All Active* Staff

	DBHRN	Crisis API	DDS	CCSRS	Trauma	Violence	CRC	Emerg. Certificate	QPR	A- SBIRT	ASD	PSB	SR	All 13 Trainings Completed	All 13 Completed for Full-Time Staff Only
Statewide (153)*	56%	66%	39%	44%	62%	37%	52%	52%	24%	34%	59%	48%	53%	5%	7%
CHR:MiddHosp (10)*	80%	80%	50%	90%	70%	60%	70%	60%	100%	70%	80%	60%	50%	10%	0%
CHR (13)*	38%	77%	15%	92%	38%	31%	23%	46%	15%	8%	46%	54%	38%	0%	0%
UCFS:NE (8)*	75%	63%	38%	88%	88%	38%	75%	38%	25%	75%	63%	25%	63%	13%	14%
UCFS:SE (14)*	64%	71%	36%	93%	64%	29%	43%	50%	36%	93%	50%	21%	64%	0%	0%
Wheeler:Htfd (21)*^	52%	57%	43%	5%	71%	38%	52%	57%	10%	5%	67%	57%	38%	0%	0%
Wheeler:Meridn (5)*	40%	80%	20%	20%	80%	40%	80%	80%	0%	0%	80%	80%	60%	0%	0%
Wheeler:NBrit (15)*	87%	93%	40%	13%	73%	60%	73%	80%	0%	7%	93%	0%	87%	0%	0%
CliffBeers (21)*	48%	52%	33%	57%	57%	29%	43%	33%	52%	52%	52%	67%	67%	14%	15%
CFGC:South (4)*	50%	75%	75%	25%	50%	25%	75%	50%	0%	25%	25%	0%	50%	0%	0%
CFGC:Nrwlk (3)*^	67%	67%	33%	33%	67%	33%	67%	67%	0%	33%	100%	67%	67%	0%	0%
CFGC:EMPS (9)*	100%	100%	78%	78%	100%	56%	89%	100%	33%	67%	100%	89%	100%	33%	38%
Well:Dnby (2)*^	0%	0%	50%	0%	100%	50%	50%	0%	0%	0%	0%	0%	50%	0%	0%
Well:Torr (3)*^	100%	100%	100%	33%	100%	100%	100%	100%	33%	67%	100%	33%	33%	0%	0%
Well:Wtby (26)*^	27%	42%	27%	0%	31%	15%	23%	31%	0%	12%	27%	19%	15%	0%	0%
Full-Time Staff Only (104)	61%	73%	42%	51%	66%	37%	60%	59%	27%	42%	66%	56%	64%	7%	

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

Training Title Abbreviations:

DBHRN=Disaster Behavioral Health Response Network

QPR= Question, Persuade and Refer

Crisis API = Crisis Assessment, Planning and Intervention

A-SBIRT= Adolescent Screening, Brief Intervention and Referral to Treatment DDS=An Overview of Intellectual Developmental Disabilities and Positive Behavioral Supports

ASD = Autism Spectrum Disorder

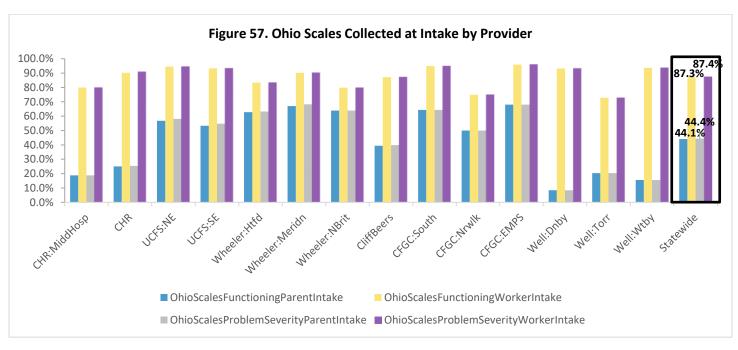
CSSRS=Columbia Suicide Severity Rating Scale

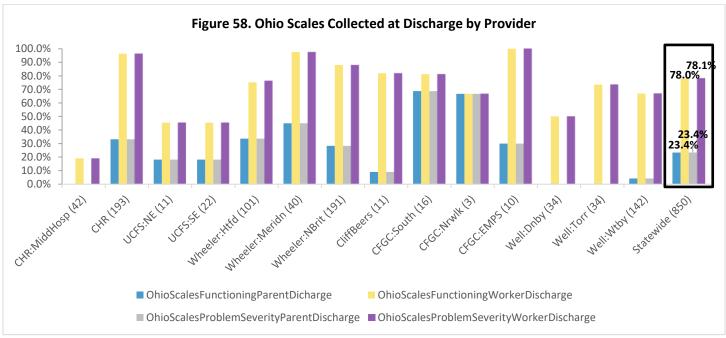
Trauma = Traumatic Stress and Trauma Informed Care Violence = Violence Assessment and Prevention CRC = 21st Century Culturally Responsive Mental Health Care Emerg. Certificate= Emergency Certificate PSB = Problem Sexual Behavior (Added October 2019) SR = School Refusal (Added August 2019)

^{*} Includes all active full-time, part-time and per diem staff as of March 31, 2021.

[^]Includes staff who did not have an assigned site reported and/or support multiple sites.

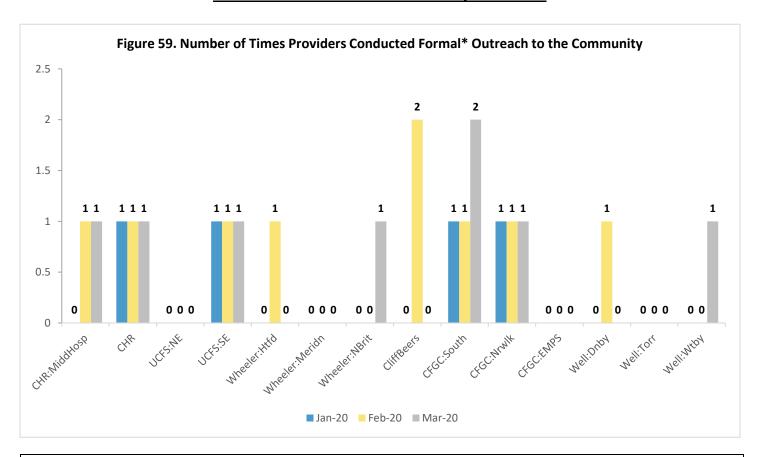
Section XII: Data Quality Monitoring





Note: Number in parentheses refers to the number of episodes meeting criteria for completed Ohio Scales at discharge (crisis response is plus stabilization follow up with a length of stay of five days or more).

Section XIII: Provider Community Outreach



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