



**MOBILE CRISIS
INTERVENTION SERVICES**

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 REPORT

FY2022: Quarter 1

Updated 10/19/21

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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 and video conferencing when needed, while prioritizing in-person responses with safety of the child, family, and clinicians as the top priority. Schools are now re-opened, leading to an increase in call volume since the beginning of the pandemic. However, call volume has still not reached pre-pandemic levels. This change as well as other factors associated with COVID-19, including challenges with data collection, should be noted when reviewing this report.

Call and Episode Volume: In the first quarter of FY2022, **2-1-1 received 3,000 calls** including 2,220 calls (74.0%) handled by Mobile Crisis providers and 780 calls (26.0%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). Of the 2,219 episodes of care (1 call was missing disposition information), 2,052 (92.5%) were received during regular hours and 167 (7.5%) were handled after hours. This quarter saw a 26.7% increase in total call volume compared to the same quarter in FY2021 (2,368), and the total episodes increased by 24.0% (1,790 in FY2021). Though it has not yet reached pre-pandemic levels, call and episode volume has continued to increase since the initial drop at the start of the pandemic. During this quarter, there was only a 9.5% decrease in calls compared to FY2020 Q1 (3,316), which was pre-pandemic, and a 7.9% decrease in episodes (2,410 in FY2020 Q1).

Among the **2,219 episodes of care** generated in Q1 FY22, episode volume ranged from 268 episodes including After Hours calls (Eastern service area) to 566 episodes including After Hours calls (Hartford service area). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 3.0, with service area rates ranging from 1.7 (Southwestern) to 3.9 (Hartford). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 5.8 per 1,000 children in poverty, with service area rates ranging from 3.8 (Southwestern) to 8.6 (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, 10 of the 14 sites met this benchmark.

Demographics: Statewide this quarter, 51.2% of services were for children reported as female and 48.8% for those reported as males.¹ **Care for youth ages 13-15 years old comprised the largest portion of services (36.6%).** Additionally, 27.3% of services were for 9-12 year olds, 22.2% were for 16-18 year olds, 9.1% were for 6-8 year olds, and 4.3% were for five or younger. The majority of services were for White children (55.8%), while 17.4% were for African-American or Black children. Nearly one third (29.4%) of services were for youth of Hispanic ethnicity. The majority of youth were insured by Husky A (60.4%) and private insurance (27.3%). Finally, the majority of clients (86.2%) were not DCF-involved.

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide included: Harm/Risk of Harm to Self (27.4%), Disruptive Behavior (27.1%), Depression (12.3%), Anxiety (9.2%), Family Conflict (6.8%), and Harm/Risk of Harm to Others (4.0%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (31.8%), Adjustment Disorders (15.7%), Anxiety Disorders (14.0%), Conduct Disorders (13.4%), Trauma Disorders (10.1%), and Attention Deficit/Hyperactivity Disorders (6.3%). This quarter, **70.9% 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 60.0%**, with service areas ranging from 45.0% (Southwestern) to 76.0% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (27.1%), Witnessing Violence (16.6%), Victim of Violence (15.8%), and Sexual Victimization (14.7%).

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 26.1%**, similar to 25.9% in the same quarter last fiscal year. During an episode of care, 26.6% of

¹ Per question regarding "Sex Assigned at Birth".

children were evaluated in the Emergency Department at least once. The inpatient admission rate in the six months prior to Mobile Crisis referral was 14.6% statewide, which is slightly lower than the rate in the Q1 FY2021 (15.5%). The admission rate to an inpatient unit during a mobile crisis episode was 8.9%, compared to a rate of 14.2% in the same quarter last fiscal year.

Referral Sources: Statewide, **49.6% of referrals were received from parents, families and youth**, and 25.7% of referrals came from schools. Quarter 1 contains two summer months, so this is fairly consistent with typical years. School referrals are still slightly lower than pre-pandemic (28.4% in FY2020 Q1), but much higher than FY2021 Q1 (9.2%). Emergency Departments (EDs) accounted for 12.3% of all Mobile Crisis referrals. The remaining 12.4% 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 **273 Mobile Crisis referrals were received from EDs**, including 106 referrals for inpatient diversion and 167 referrals for routine follow-up. Regionally, the highest rate of ED referrals, as a percentage of total referrals, was observed in the Western service area (22.4%) and the lowest was in the Southwestern service area (0.7%). Statewide, 12.3% of all Mobile Crisis episodes came from ED referrals this quarter, slightly lower than the rate from Q1 FY2021 (13.2%).

Mobility: The average **statewide mobility this quarter was 93.8%**, similar to the rate in Q1 FY2021 (93.3%) (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 91.0% (New Haven) to 96.5% (Western). The mobility rates among individual providers ranged from 90.4% (CHR) to 98.5% (Wheeler: Meriden; CFGC: EMPS (Bridgeport)). All 14 providers 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.

Response Time: Statewide this quarter, **82.0% of mobile episodes received a face-to-face response in 45 minutes or less**. Performance on this indicator ranged from 74.0% (Eastern) to 96.2% (Southwestern) with three of the six service areas above the 80% benchmark. Across the state, 7 of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 32.0 minutes, with two of the six service areas demonstrating a median response time of 30 minutes or less.

Length of Stay: Among discharged episodes statewide this quarter, 16.9% of Phone Only episodes exceeded one day, 25.0% of Face-to-Face episodes exceeded five days, and **2.9% of Stabilization Plus Follow-up episodes exceeded 45 days**, remaining below 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 7.0 days and ranged from 0.0 days (Eastern) to 21.0 days (Southwestern). The statewide median LOS for Face-to-Face was 9.0 days and ranged from 2.0 days (Eastern) to 11.0 days (New Haven). For *Stabilization Plus Follow-up*, the statewide median LOS was 9.0 days with a range from 8.0 days (Western) to 21.5 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 100.0% 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, 6.6% of these open cases exceeded the benchmark, while regionally this ranged from 1.1% (Western) to 50.0% (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.

Discharge Information: The overwhelming **majority of clients lived in a private residence at discharge from Mobile Crisis (94.9%)**. Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (75.1%), Family Discontinued (15.5%), and Client Hospitalized: Psychiatrically (6.6%).

Statewide, clients were most likely to be **referred to their original provider (30.2%) or Outpatient Services (29.1%) at discharge**. Other care referrals at discharge included: Intensive In-Home Services (7.2%), Inpatient Hospital (4.7%), Intensive Outpatient Program (3.7%), Other Community Based Services (3.4%), Partial Hospital Program (3.0%), and Care Coordination (0.9%). An additional 15.4% 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 6.65 and 2.11 points respectively. Decreases in problem scores of 4.68 points on parent ratings and 2.70 points on worker ratings were reported. Changes on all scales were statistically significant at the statewide level.

Completion rates of the Ohio Scales at discharge for the Worker scores decreased by 1.8 percentage points when compared to the same quarter in FY2021. The completion rate for Parent scores decreased 8.2 percentage points compared to FY2021 Q1.

Satisfaction: This quarter, 63 clients/families and 63 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 4.58 and 4.49**, respectively. Among **other referrers (e.g. schools, hospitals, DCF, etc.)**, **the average ratings of 2-1-1 and Mobile Crisis were 4.13 and 4.16**, respectively. Qualitative comments (see Section X) varied from very satisfied to dissatisfied.

Training Attendance: The **statewide percentage of all thirteen trainings completed by full-time active staff as of September 2021 is 7%**. This is the same percentage of full-time staff who had completed all trainings in FY2021 Q1.

Community Outreach: Due to challenges related to COVID-19, outreaches are more difficult to complete. Many providers continue to provide informational materials and reach out 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: all sites; Wheeler: Meriden and New Britain; CFGC: all sites; Wellmore: all sites) to 3 (Clifford Beers).

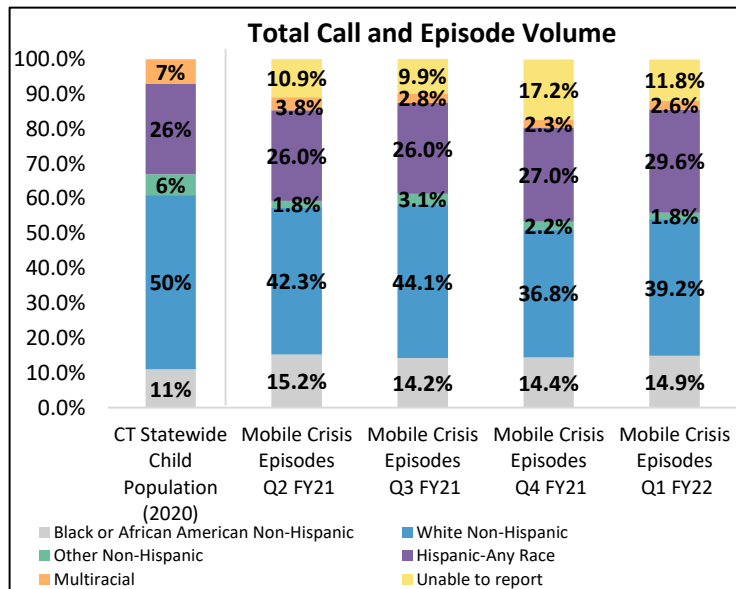
SFY 2022 Q1 RBA Report Card: Mobile Crisis Intervention Services

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 2022	State Funding: \$11,970,297
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How Much Did We Do?



	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
Mobile Crisis Episode	1,790	2,670	2,977	3,082	2,220
2-1-1 Only	578	866	874	925	780
Total	2,368	3,536	3,851	4,007	3,000

Story Behind the Baseline: In SFY 22 Q1 there were 3,000 total calls to the 2-1-1 Call Center resulting in 2,220 episodes of care. Compared to the same quarter in SFY 20 this represents an increase in 2-1-1 calls of 26.7% (632 more calls) and an increase in mobile episodes of 24.0% (430 more episodes). This quarter continued to be affected by the COVID-19 pandemic. Though call volume has increased since falling at the beginning of the pandemic (Q4 FY20), the numbers of episodes and calls have not quite returned to pre-pandemic levels (3,316 total calls in FY20 Q1). 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 21 Q1, the racial composition percentages of children served are relatively similar, though with a slight increase in the percentage of Hispanic children served, and a slight decrease in the percentage of White children served.

Trend: ↑

Episodes Per Child												
Episode	SFY 2021 Q2			SFY 2021 Q3			SFY 2021 Q4			SFY 2022 Q1		
	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	136 (86.6%)	1,212 (91.1%)	1,348	174 (83.3%)	1,396 (91.2%)	1,570	161 (83.9%)	1,438 (89.8%)	1,599	133 (86.4%)	1,028 (92.4%)	1,161
2	17 (10.8%)	91 (6.8%)	108	29 (13.9%)	115 (7.5%)	144	25 (13.0%)	140 (8.7%)	165	16 (10.4%)	70 (6.3%)	86
3	3 (1.9%)	21 (1.6%)	24	5 (2.4%)	15 (1.0%)	20	4 (2.1%)	20 (1.2%)	24	4 (2.6%)	11 (1.0%)	15
4 or more	1 (0.6%)	6 (0.5%)	7	1 (0.5%)	5 (0.3%)	6	2 (1.0%)	3 (0.2%)	5	1 (0.6%)	3 (0.3%)	4

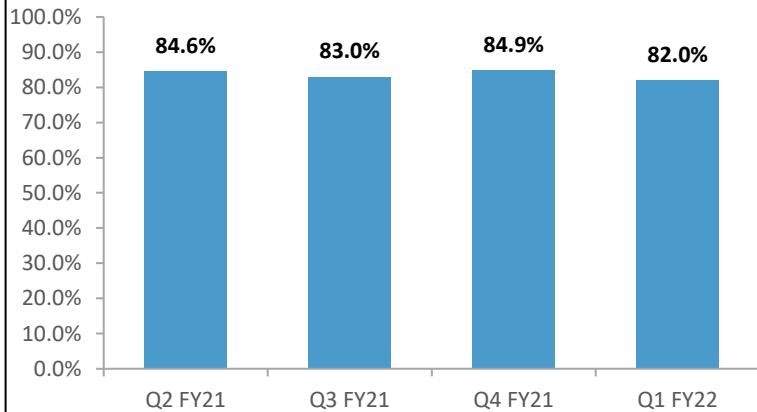
Story Behind the Baseline: In SFY 22 Q1, of the 1,266* children served by Mobile Crisis 91.7% (1,161) received only one episode of care, and 98.5% (1,247) received one or two episodes of care; compared to 90.2% (770) and 97.4% (1,370) respectively for SFY 21 Q1. The proportion of children with four or more is slightly lower than SFY 21 Q1. 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: →

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

How Well Did We Do?

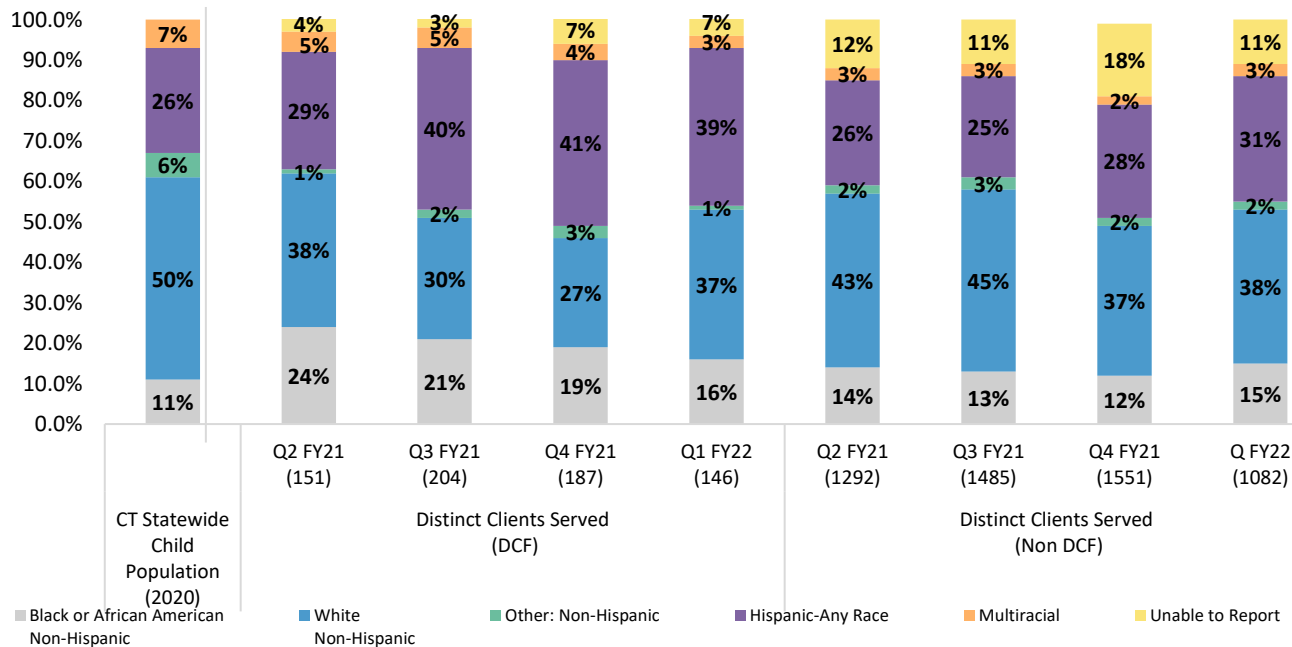
Statewide Response Time Under 45 Minutes



Story Behind the Baseline: In SFY 22 Q1 82.0% of all mobile responses achieved the 45 minute mark compared to 74.3% for SFY 21 Q1. **The median response time for SFY 20 Q4 was 32 minutes.** While providers continued to offer mobile responses in homes and community settings, a small number 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 may have taken extra time to coordinate with families in order to take proper precautions. Clinicians were also sometimes responding from their homes due to office closures, potentially 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 prior to FY22, 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: ↑

Race & Ethnicity of DCF & Non DCF Clients Served



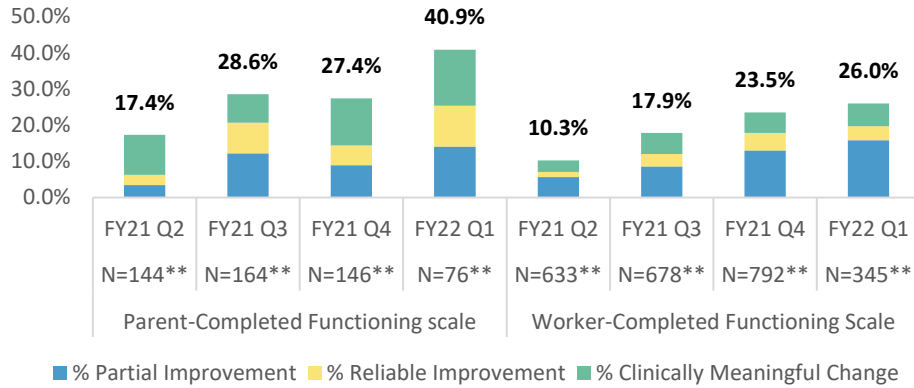
Story Behind the Baseline: In SFY 22 Q1 Hispanic and Black DCF and non-DCF involved children^{1,2} accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF-involved White children accessed the service at lower rates. White Non-DCF-involved children utilized 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.

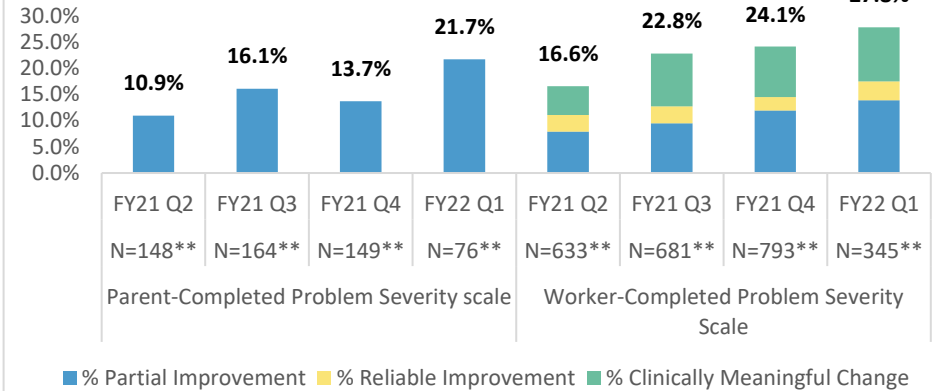
Trend: →

Is Anyone Better Off?

Improvement in Functioning as Measured by the Ohio Scales



Improvement in Problem Severity as Measured by the Ohio Scales



Story Behind the Baseline: The Ohio Scales have demonstrated clinically significant positive changes for children following a Mobile Crisis response. For SFY 22 Q1 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 in part to challenges related to COVID-19.

Trend: →

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

Figure 1. Total Call Volume by Call Type

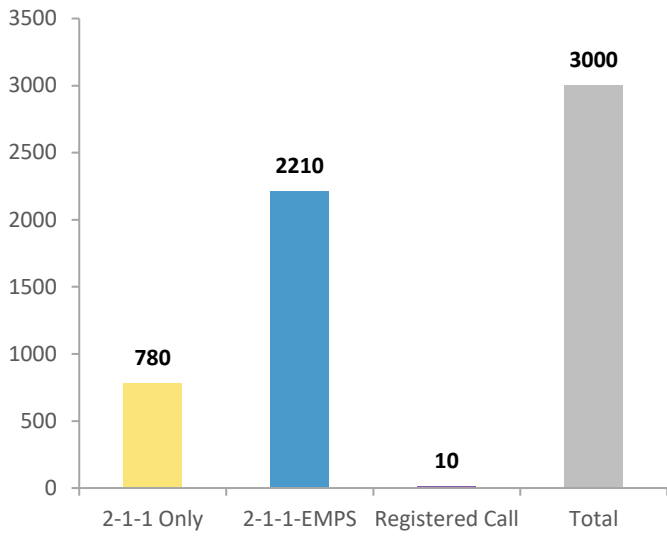


Figure 2. Total Call Volume per Quarter by Call Type

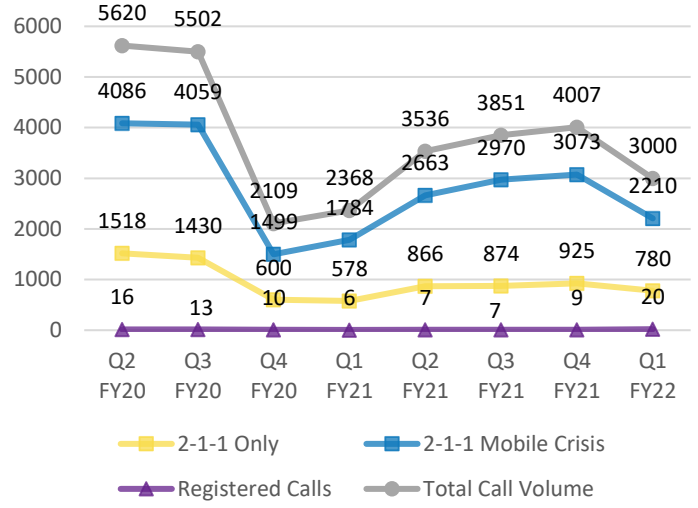
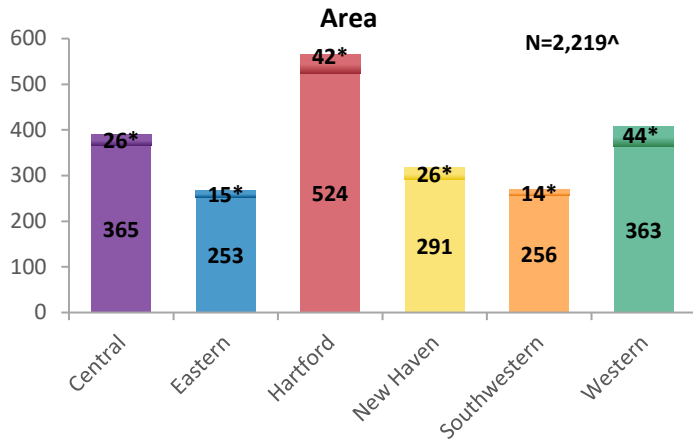


Figure 3. Mobile Crisis Episodes by Service Area



^Excluding 1 call missing disposition information

Figure 4. Mobile Crisis Episodes per Quarter by Service Area

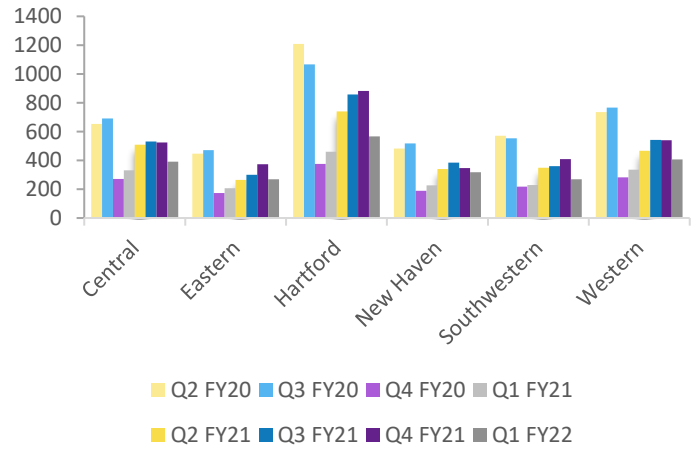


Figure 5. Number Served Per 1,000 Children

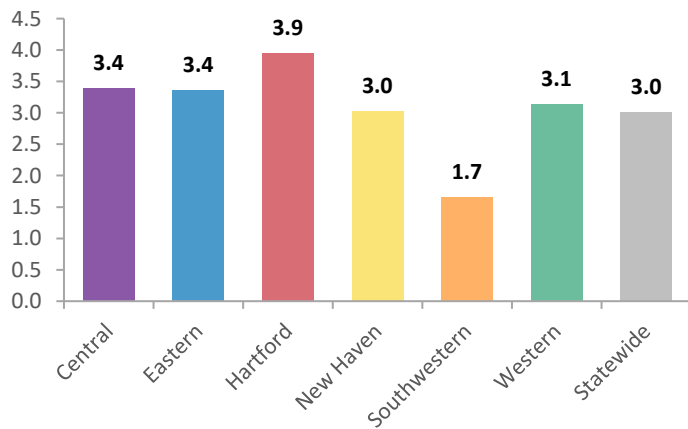


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

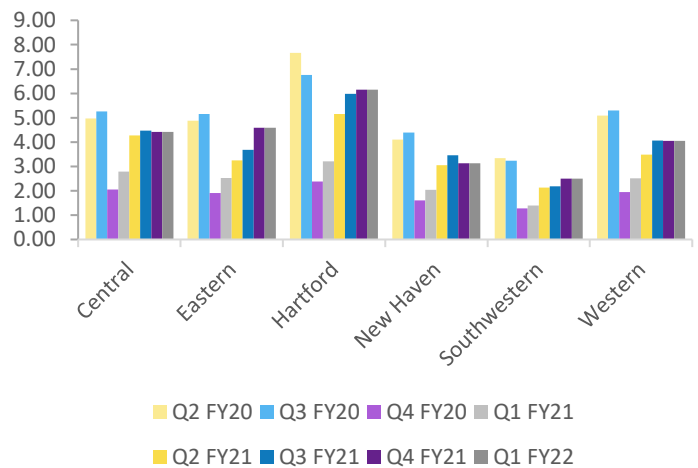


Figure 7. Number Served per 1,000 Children in Poverty

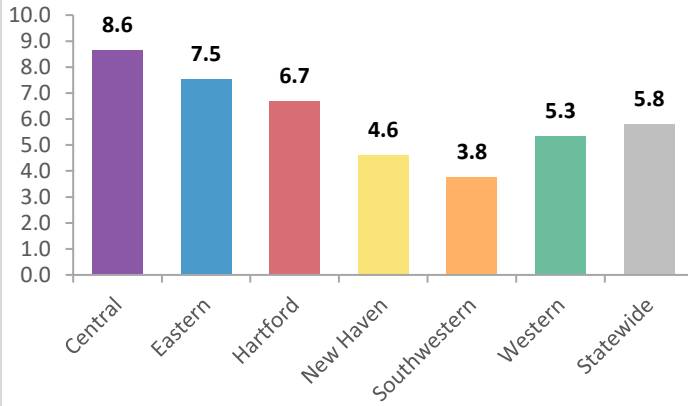


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

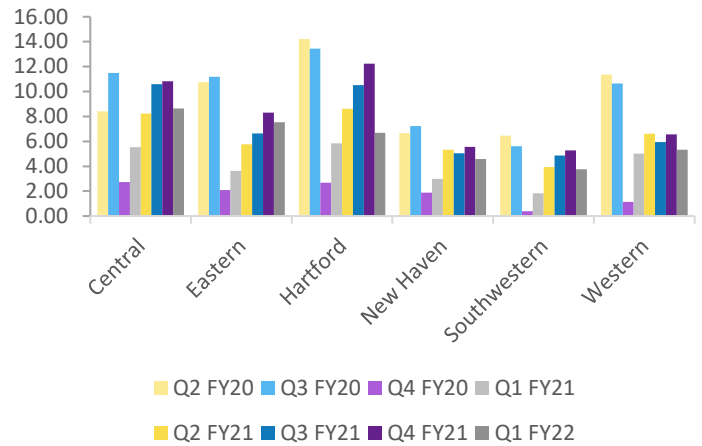
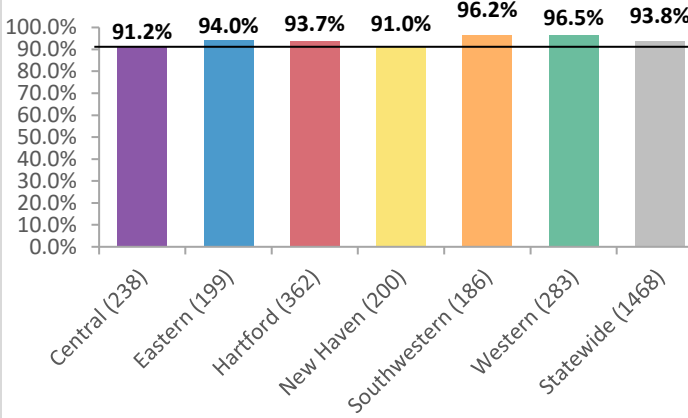


Figure 9. Mobile Response* (Mobile and Deferred Mobile) by Service Area



*Mobility calculation updated – see exec. summary **Goal: 90%**
 Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

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

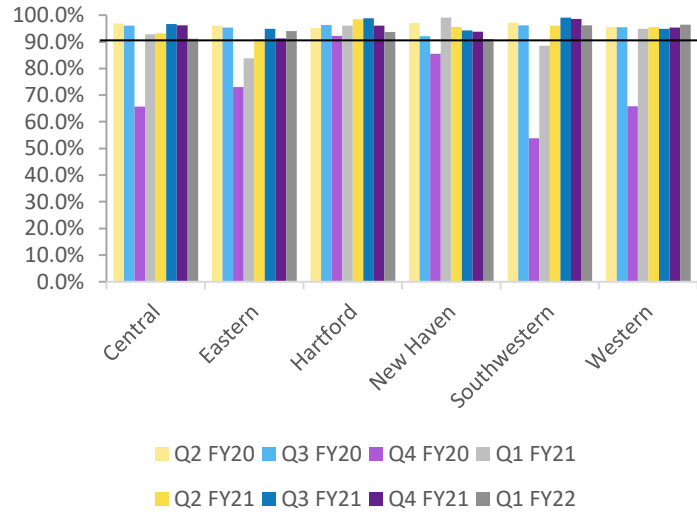
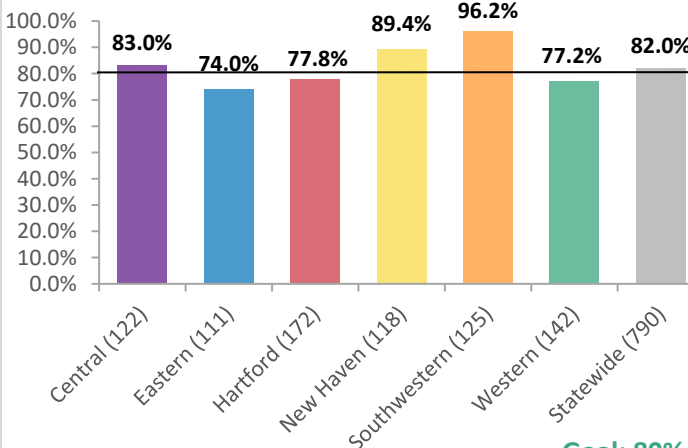


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes



Goal: 80%
 Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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

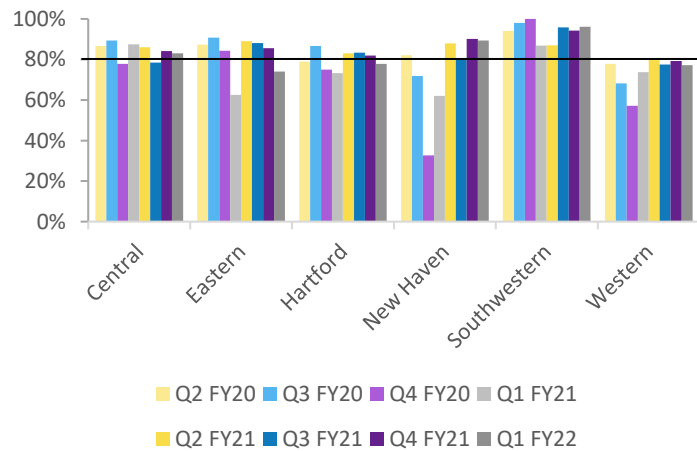
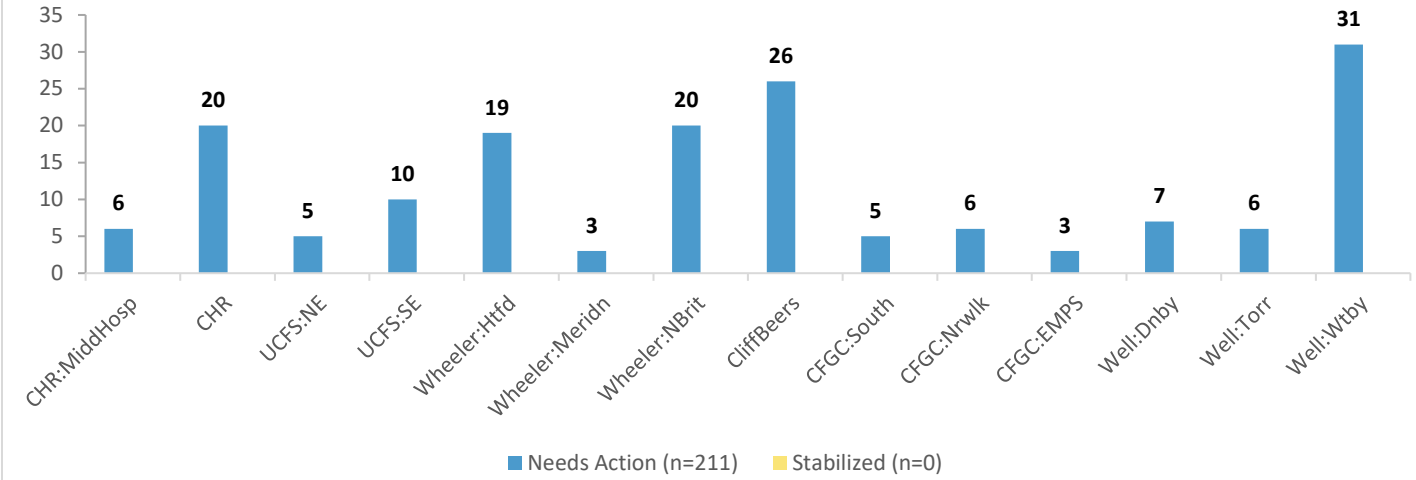


Figure 13. After Hours Follow-up Calls by Provider



Section III: Mobile Crisis Response

Figure 14. Total Call Volume by Call Type

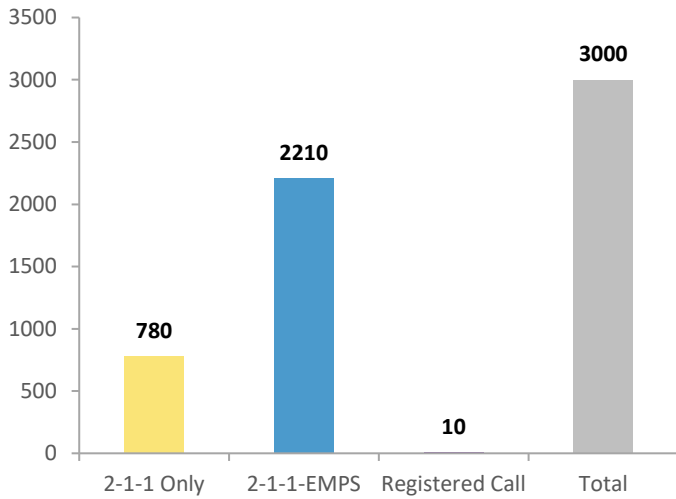
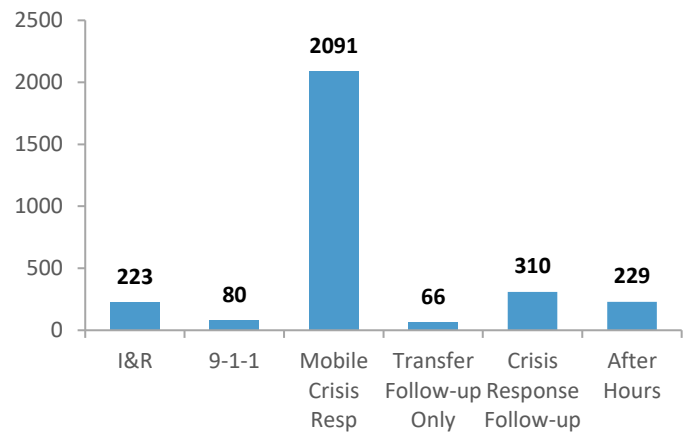


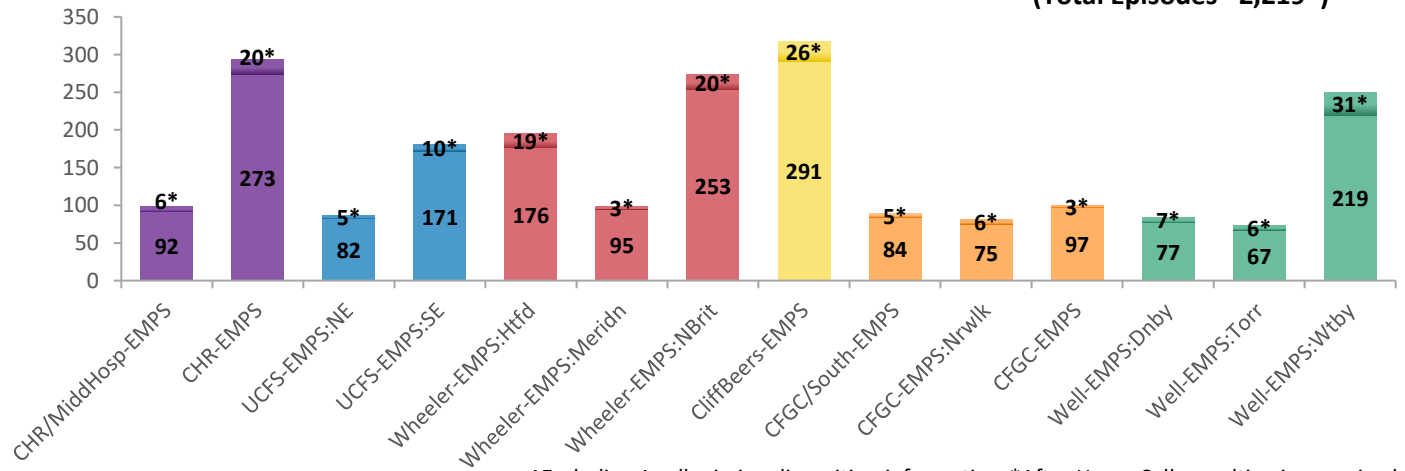
Figure 15. Statewide 2-1-1 Disposition Frequency*



*1 call missing disposition information

Figure 16. Mobile Crisis Response Episodes* by Provider

(Total Episodes =2,219^)



^Excluding 1 call missing disposition information *After Hours Calls resulting in an episode

Figure 17. Number Served per 1,000 Children by Provider

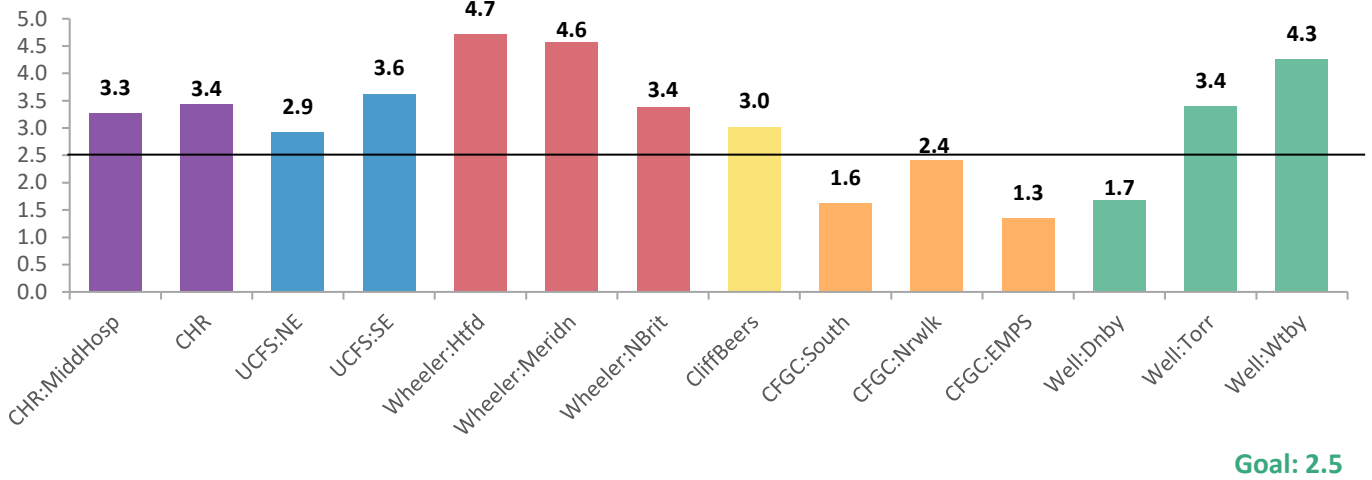


Figure 18. Episode Intervention Crisis Response Types by Service Area

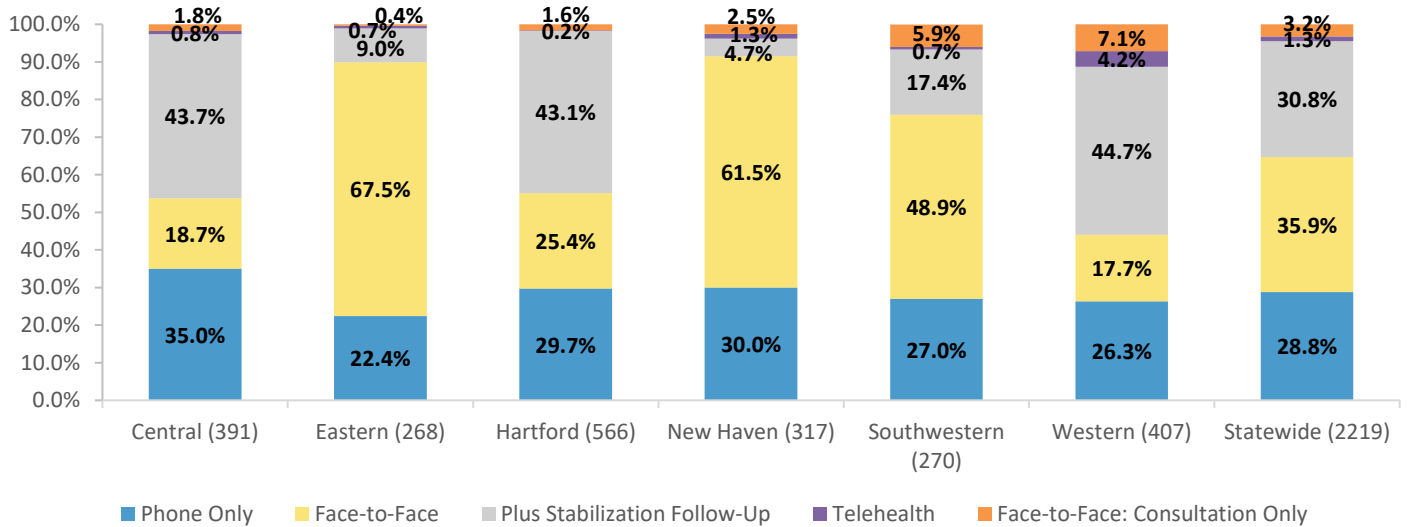
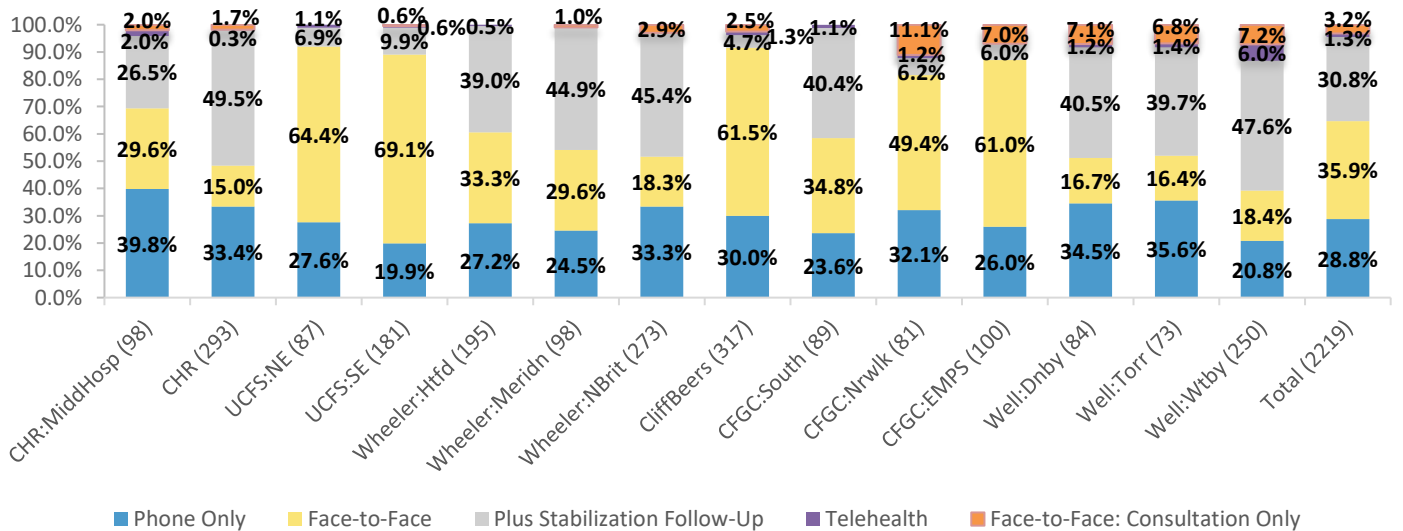


Figure 19. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 20. Sex of Children Served Statewide
(N = 2,219)

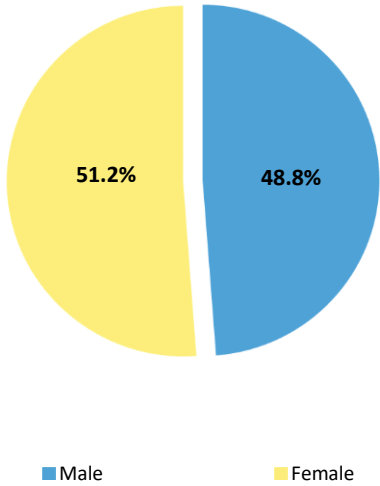


Figure 21. Age Groups of Children Served Statewide
(N = 2,219)

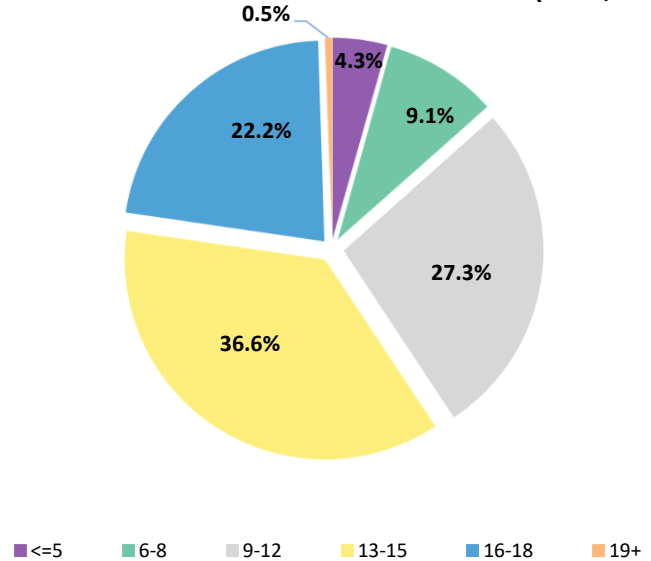


Figure 22. Ethnic Background of Children Served Statewide
(N = 2,163)

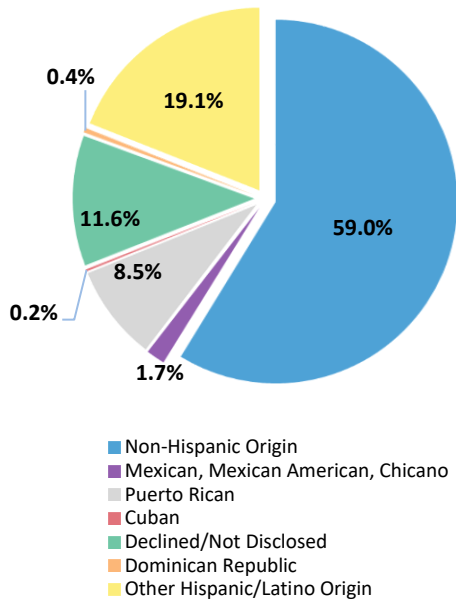
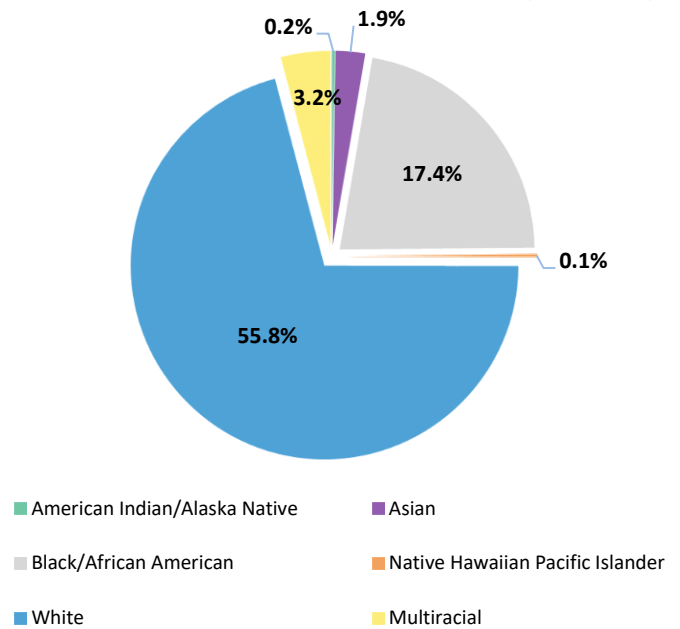


Figure 23. Race of Children Served Statewide
(N = 2,132)



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

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

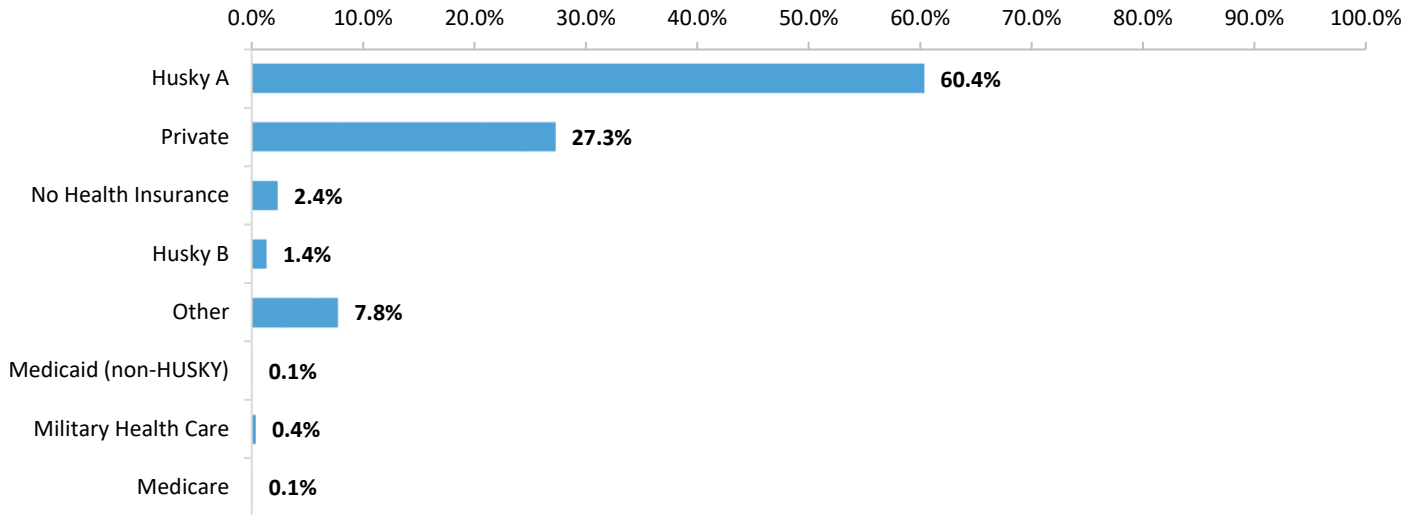
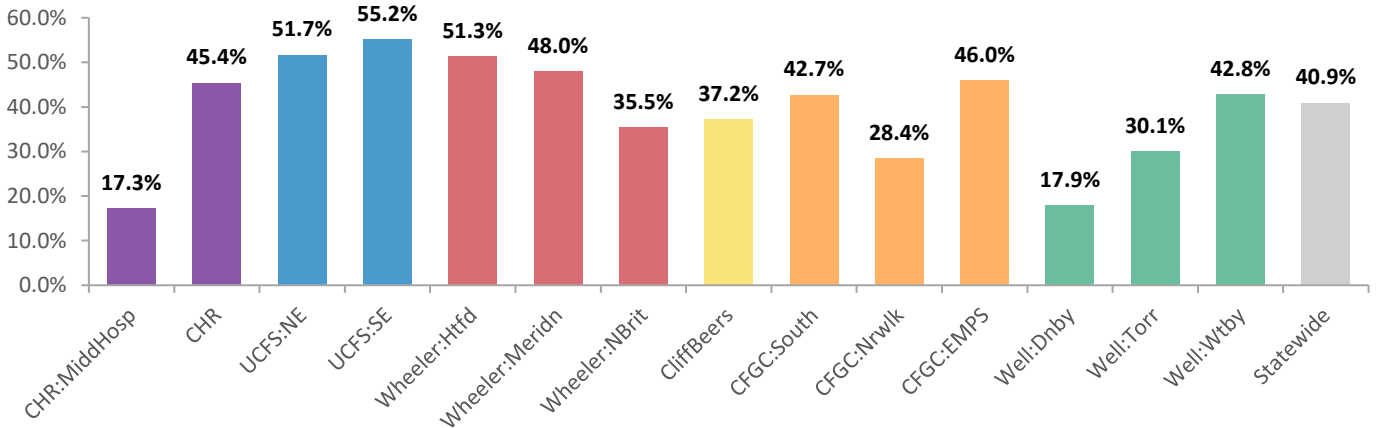
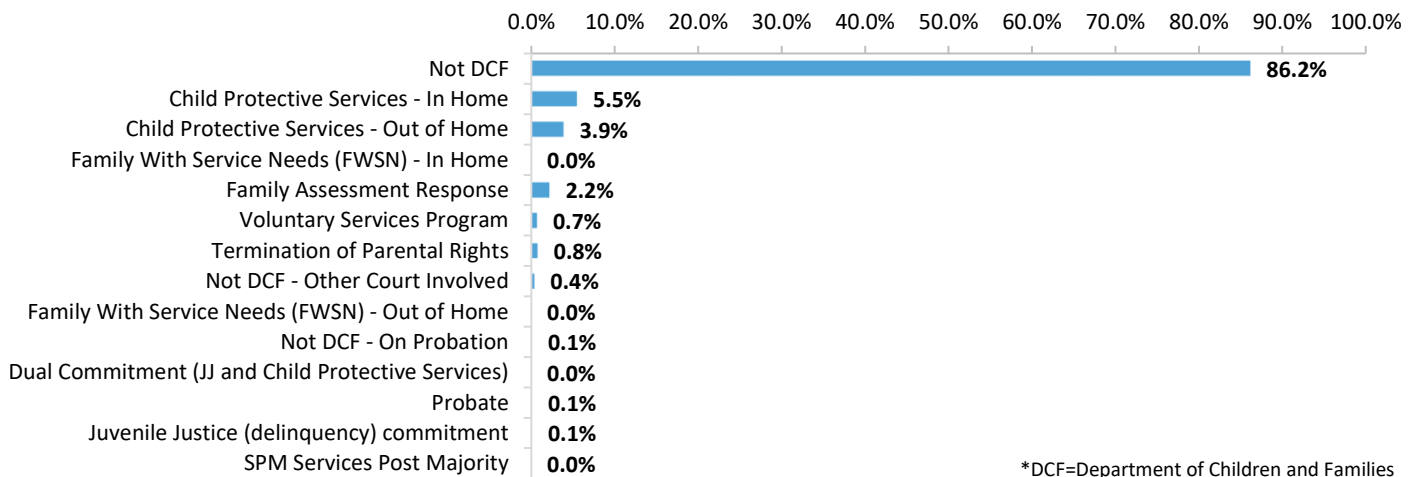


Figure 25. Families that Answered "Yes" TANF* Eligible



*TANF=Temporary Assistance for Needy Families

Figure 26. Client DCF* Status at Intake Statewide



*DCF=Department of Children and Families

Section V: Clinical Functioning

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

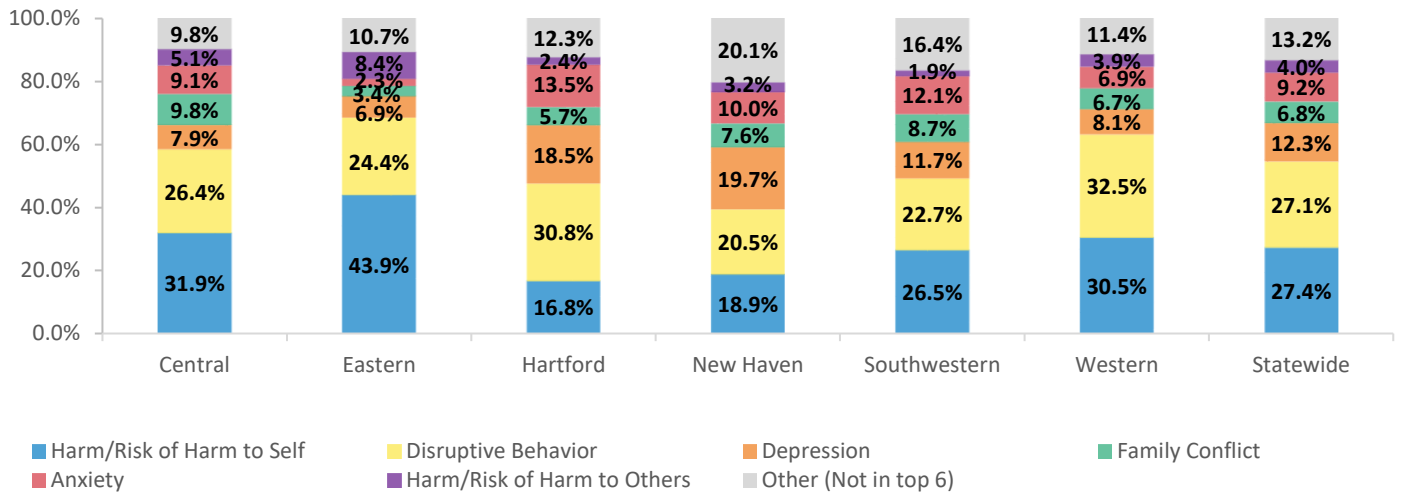


Figure 28. Distribution of Primary Diagnosis Categories at Intake Statewide

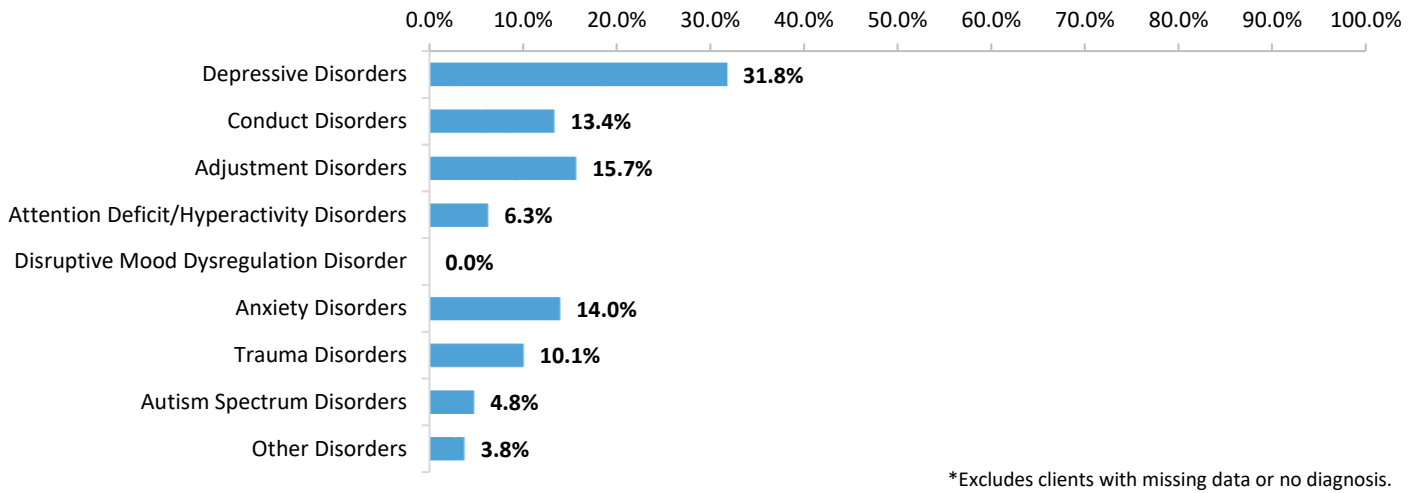


Figure 29. Distribution of Client Secondary Diagnosis Categories at Intake Statewide

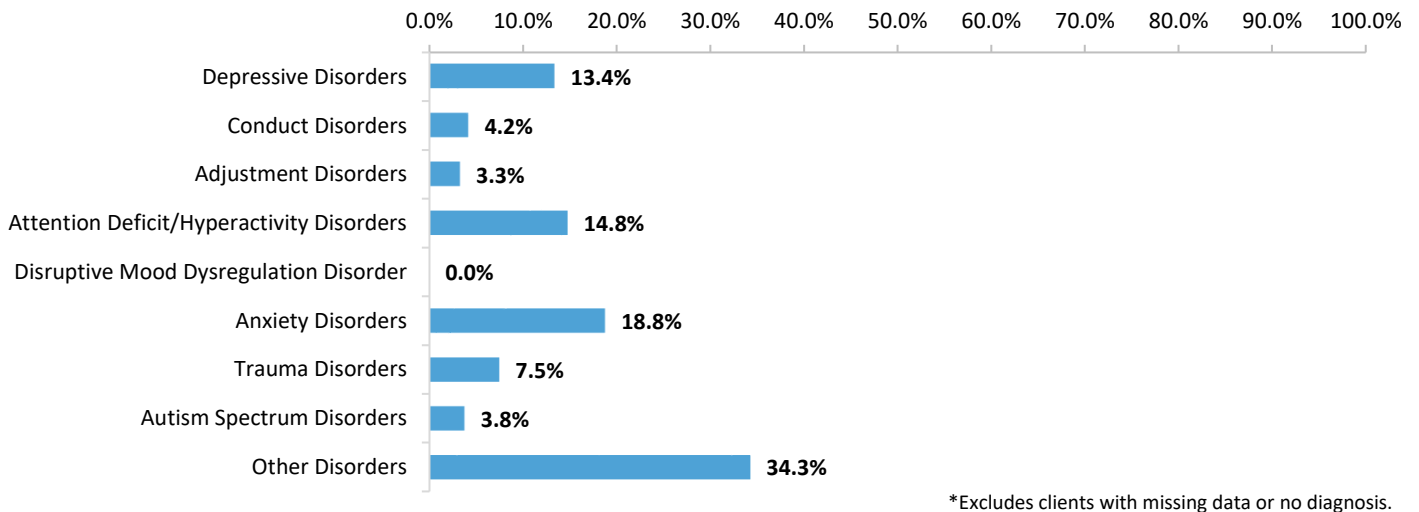


Figure 30. Top 6 Primary Diagnostic Categories at Intake by Service Area

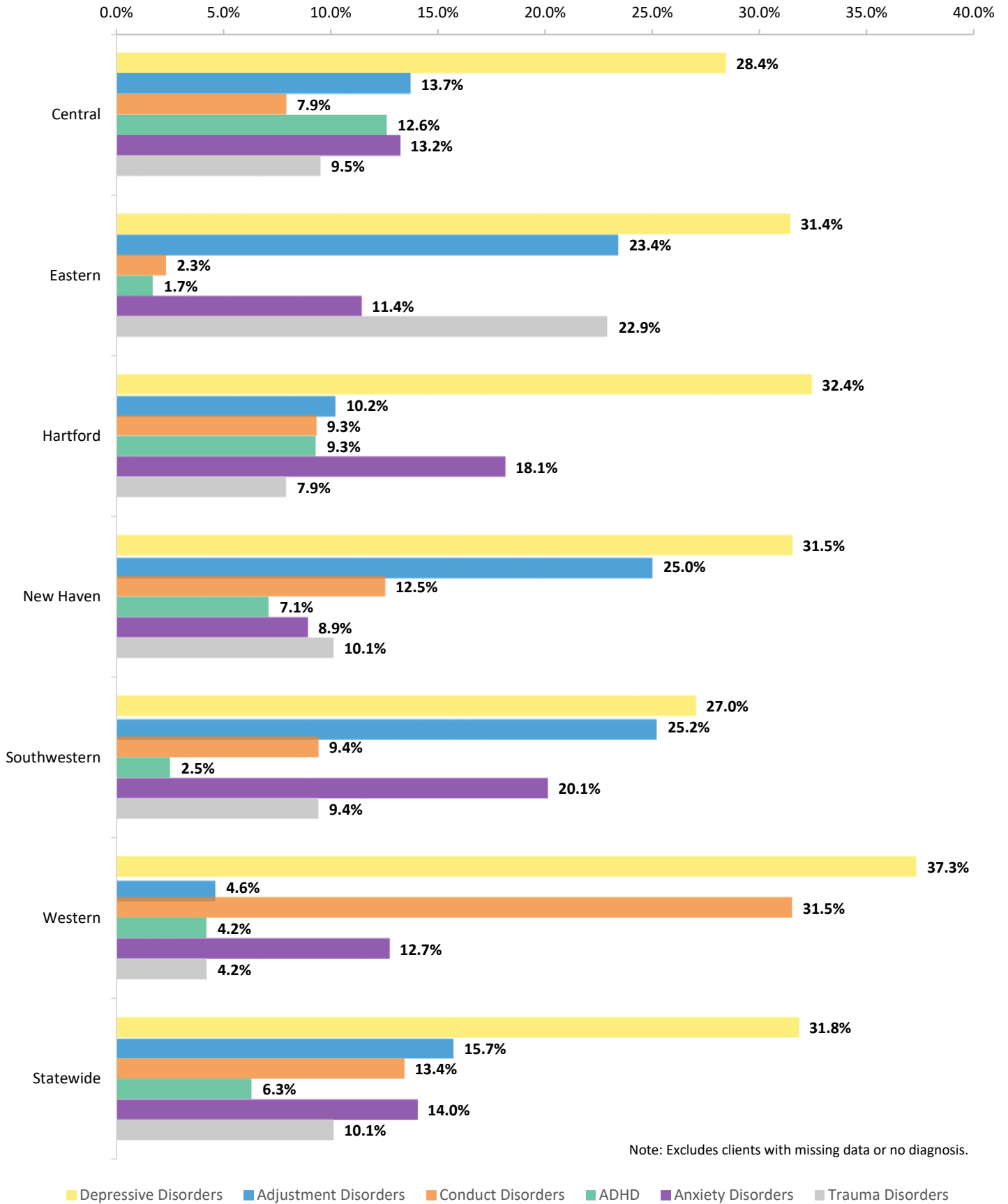
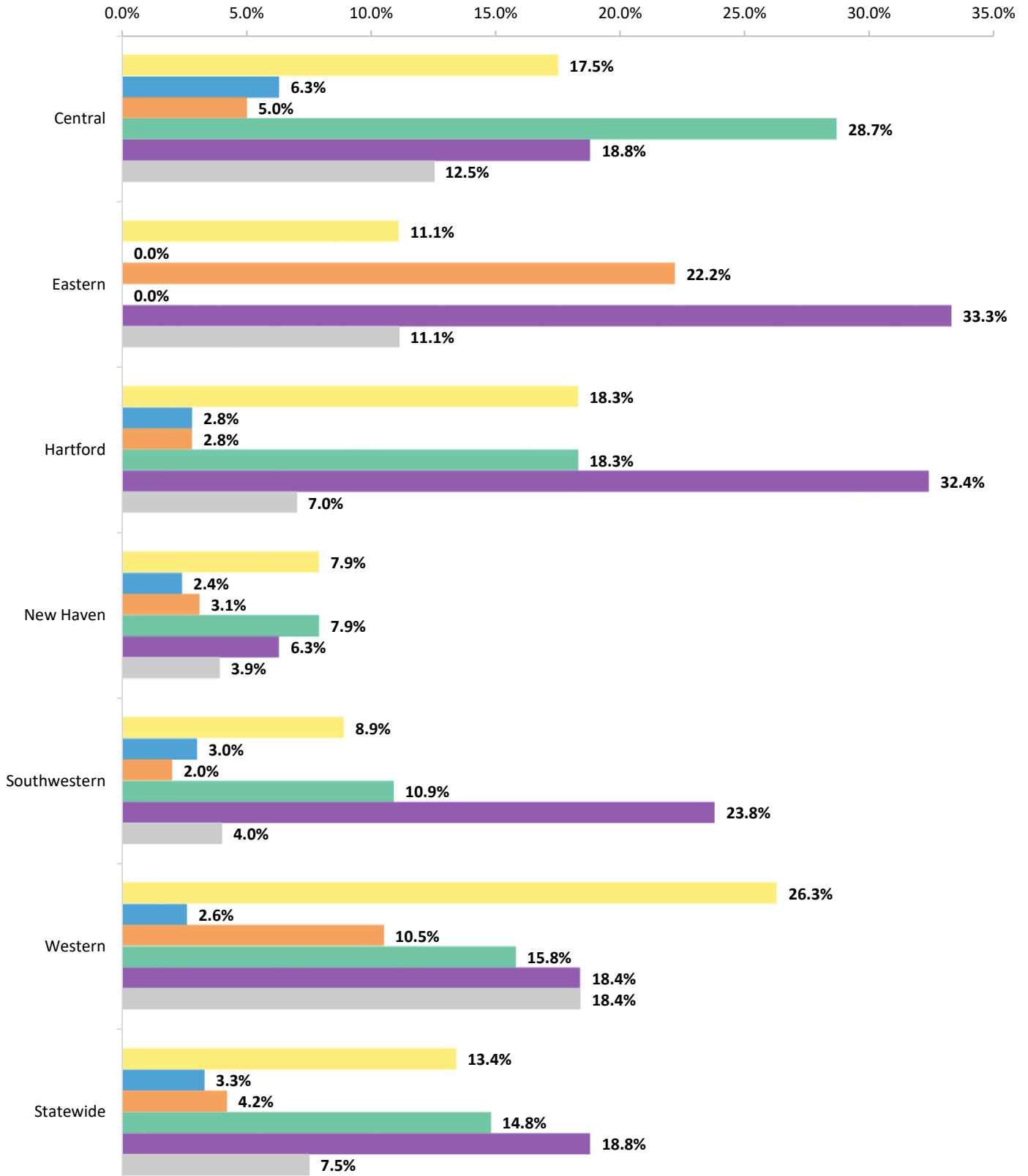


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area



Note: Excludes clients with missing data or no diagnosis.

■ Depressive Disorders
 ■ Adjustment Disorders
 ■ Conduct Disorders
 ■ ADHD
 ■ Anxiety Disorders
 ■ Trauma Disorders

Figure 32. Children Meeting SED* Criteria by Service Area

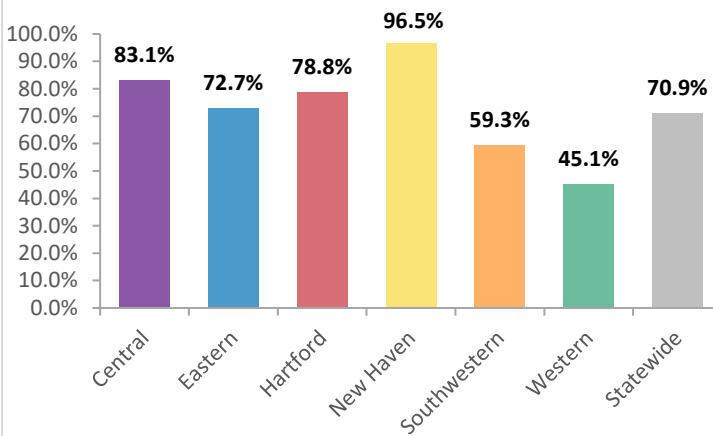


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

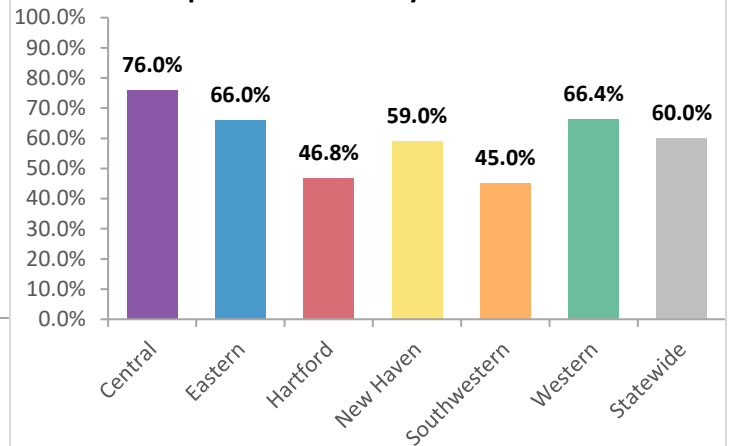


Figure 34. Type of Trauma Reported at Intake by Service Area

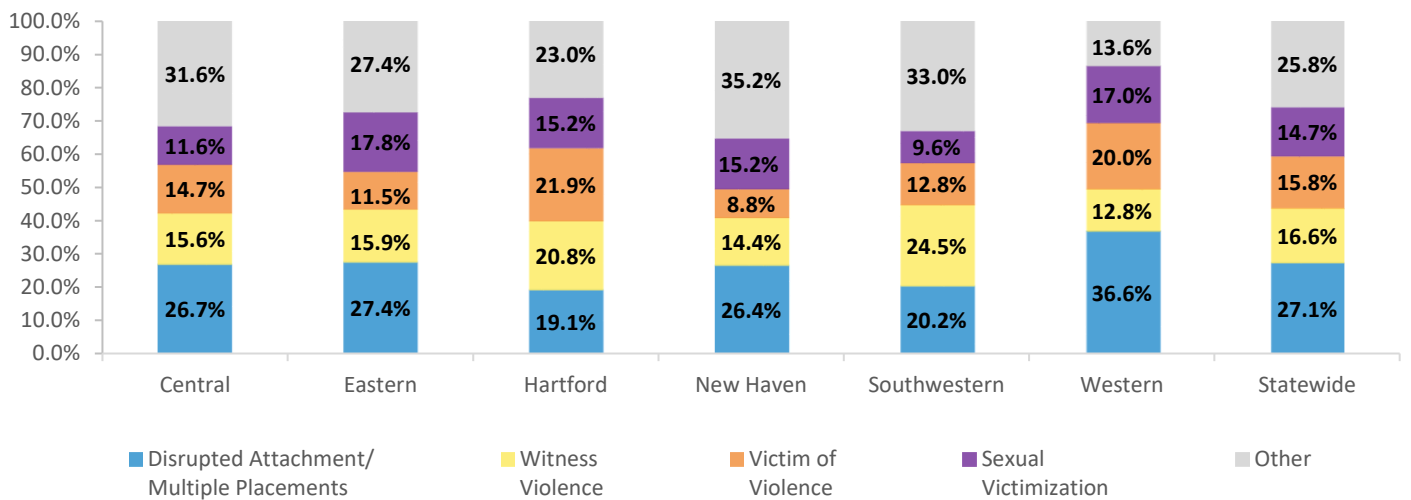


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

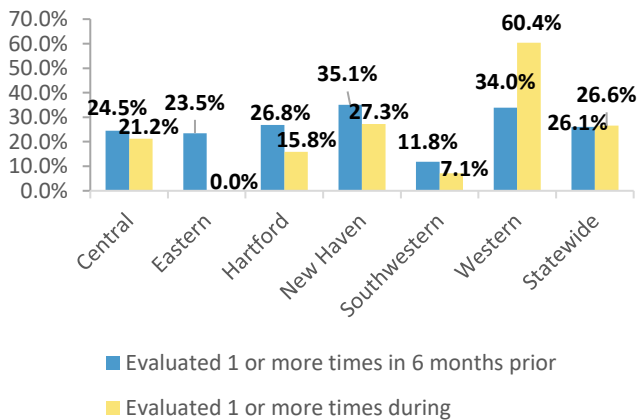
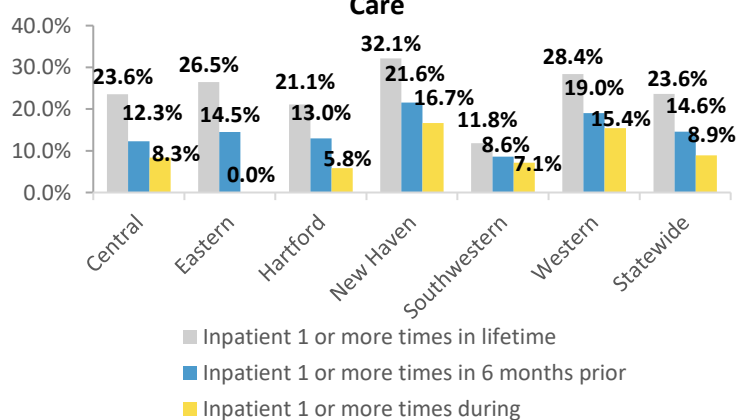


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

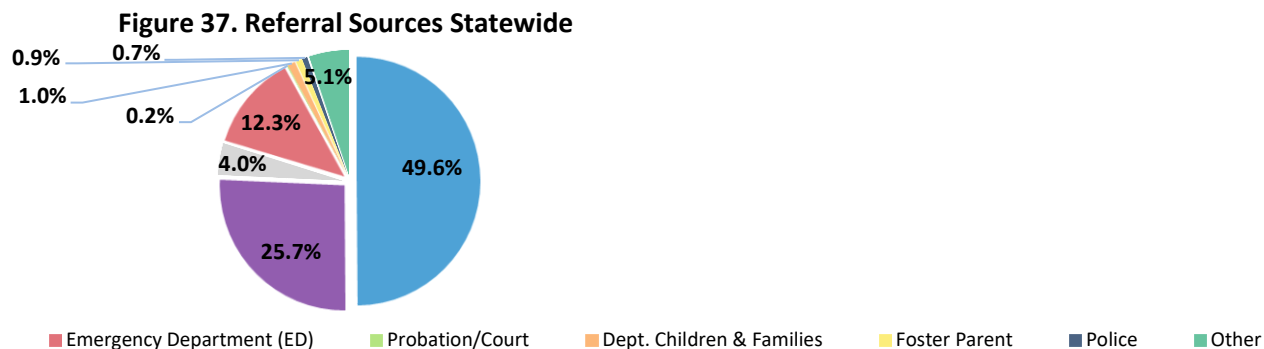
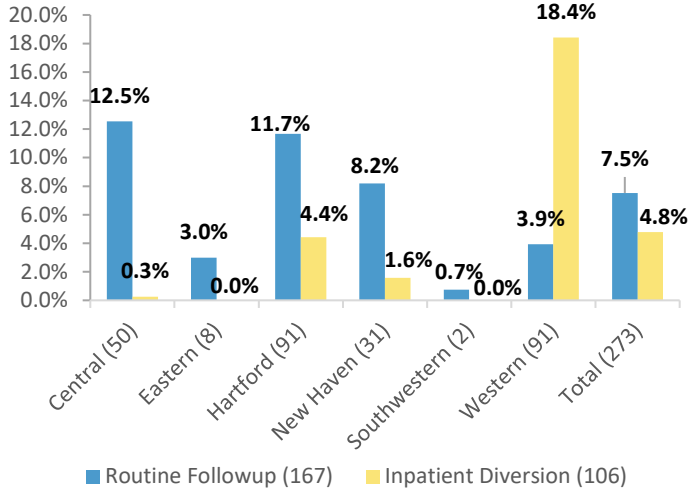


Table 1. Referral Sources (Q3 FY 2021)

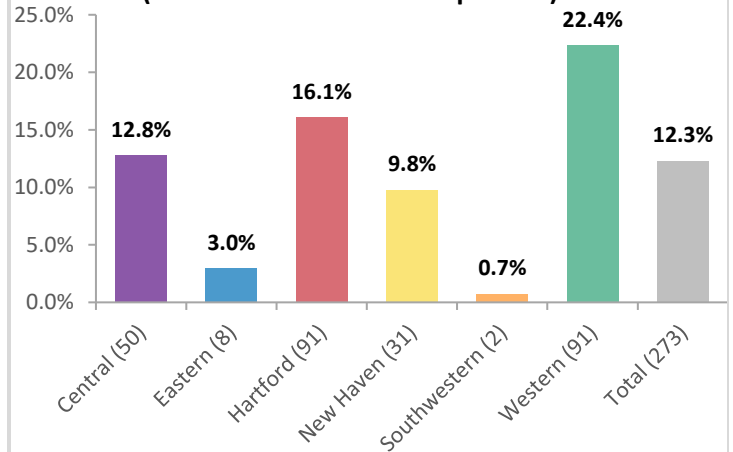
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	49.6%	0.4%	25.7%	0.0%	0.9%	4.0%	12.3%	0.2%	1.0%	2.0%	0.2%	0.9%	0.7%	1.1%	0.4%	0.1%
CENTRAL	56.8%	0.5%	17.7%	0.0%	1.3%	5.4%	12.9%	0.0%	0.8%	2.1%	0.8%	1.3%	0.5%	0.0%	0.0%	0.0%
CHR:MidHosp	67.3%	0.0%	14.3%	0.0%	1.0%	2.0%	13.3%	0.0%	0.0%	0.0%	1.0%	0.0%	1.0%	0.0%	0.0%	0.0%
CHR	53.1%	0.7%	18.8%	0.0%	1.4%	6.5%	12.7%	0.0%	1.0%	2.7%	0.7%	1.7%	0.3%	0.0%	0.3%	0.0%
EASTERN	50.9%	0.0%	33.3%	0.0%	1.1%	4.1%	3.0%	0.7%	1.1%	2.2%	0.4%	1.1%	0.7%	0.7%	0.4%	0.0%
UCFS:NE	49.4%	0.0%	35.6%	0.0%	0.0%	3.4%	4.6%	0.0%	1.1%	2.3%	0.0%	2.3%	0.0%	1.1%	0.0%	0.0%
UCFS:SE	51.7%	0.0%	32.2%	0.0%	1.7%	4.4%	2.2%	1.1%	1.1%	2.2%	0.6%	0.6%	1.1%	0.6%	0.0%	0.6%
HARTFORD	45.8%	0.2%	25.4%	0.2%	0.7%	3.9%	16.3%	0.0%	1.3%	3.8%	0.0%	0.2%	0.7%	1.6%	0.0%	0.0%
Wheeler:Htfd	35.2%	0.0%	24.4%	0.0%	1.0%	4.1%	28.5%	0.0%	0.0%	5.2%	0.0%	0.0%	0.0%	0.5%	1.0%	0.0%
Wheeler:Meridn	44.8%	0.0%	34.4%	0.0%	1.0%	5.2%	7.3%	0.0%	1.0%	3.1%	0.0%	0.0%	2.1%	1.0%	0.0%	0.0%
Wheeler:NBrit	53.1%	0.4%	22.7%	0.4%	0.4%	3.3%	10.6%	0.0%	2.2%	2.9%	0.0%	0.4%	0.7%	2.6%	0.4%	0.0%
NEW HAVEN	56.2%	0.0%	22.2%	0.0%	0.6%	4.1%	9.8%	0.0%	1.0%	1.0%	0.0%	1.9%	1.6%	1.6%	0.0%	0.0%
CliffBeers	56.2%	0.0%	22.2%	0.0%	0.6%	4.1%	9.8%	0.0%	1.0%	1.0%	0.0%	1.9%	1.6%	1.6%	0.0%	0.0%
SOUTHWESTERN	55.8%	0.7%	35.3%	0.0%	1.5%	1.5%	0.7%	0.0%	1.1%	1.1%	0.0%	0.7%	0.0%	1.1%	0.0%	0.4%
CFG:South	50.6%	2.2%	40.4%	0.0%	2.2%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	1.1%	0.0%
CFG:Nrwk	64.2%	0.0%	29.6%	0.0%	0.0%	1.2%	0.0%	0.0%	2.5%	0.0%	0.0%	1.2%	0.0%	1.2%	0.0%	0.0%
CFG:EMPS	53.0%	0.0%	35.0%	0.0%	2.0%	2.0%	2.0%	0.0%	1.0%	3.0%	0.0%	1.0%	0.0%	0.0%	1.0%	0.0%
WESTERN	40.0%	0.7%	26.1%	0.0%	0.7%	4.2%	22.6%	0.5%	0.7%	1.0%	0.2%	0.7%	0.7%	1.2%	0.2%	0.0%
Well:Dnby	57.1%	0.0%	27.4%	0.0%	0.0%	7.1%	1.2%	0.0%	1.2%	0.0%	0.0%	0.0%	3.6%	1.2%	1.2%	0.0%
Well:Torr	52.1%	2.7%	28.8%	0.0%	0.0%	4.1%	5.5%	0.0%	0.0%	1.4%	0.0%	1.4%	0.0%	4.1%	0.0%	0.0%
Well:Wtby	30.2%	0.4%	24.6%	0.0%	1.2%	3.2%	34.7%	0.8%	0.8%	1.2%	0.4%	0.8%	0.0%	0.4%	0.8%	0.4%

Figure 38. Type of Emergency Dept. Referral



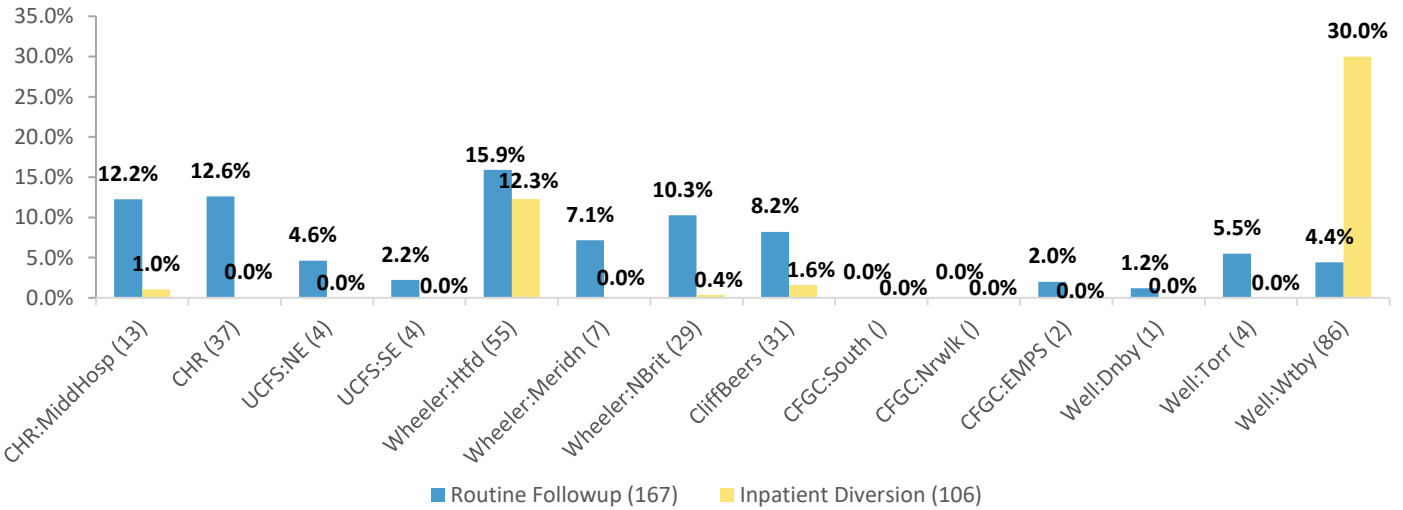
Note: Count total ED referrals are in parenthesis

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



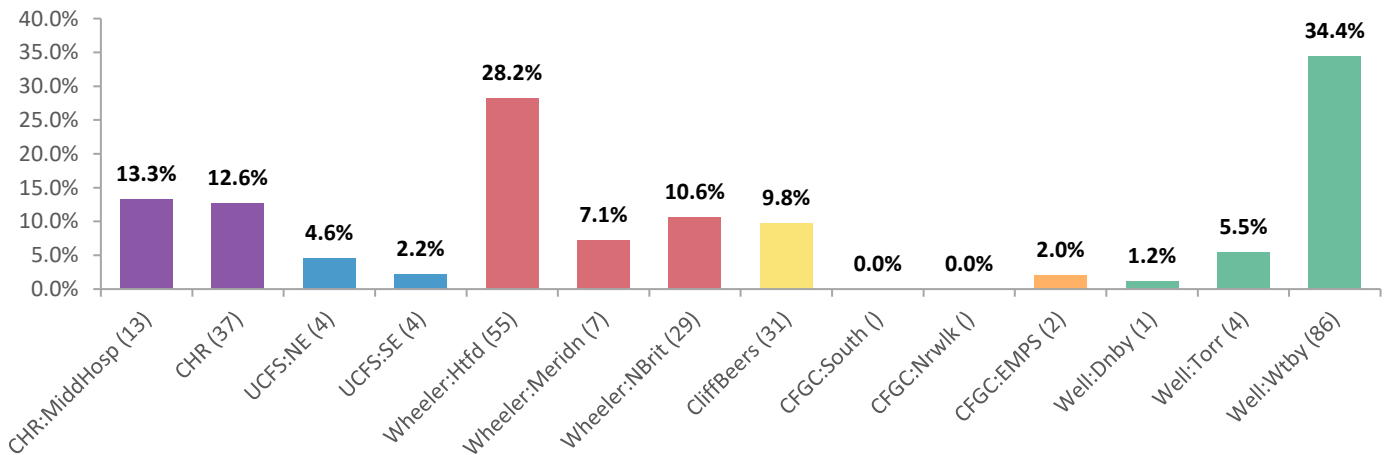
Note: Count total ED referrals are in parenthesis

Figure 40. Type of Emergency Department Referrals by Provider



Note: Count total ED referrals are in parenthesis

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



Note: Count total ED referrals are in parenthesis.

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

Figure 42. 2-1-1 Recommended Initial Response

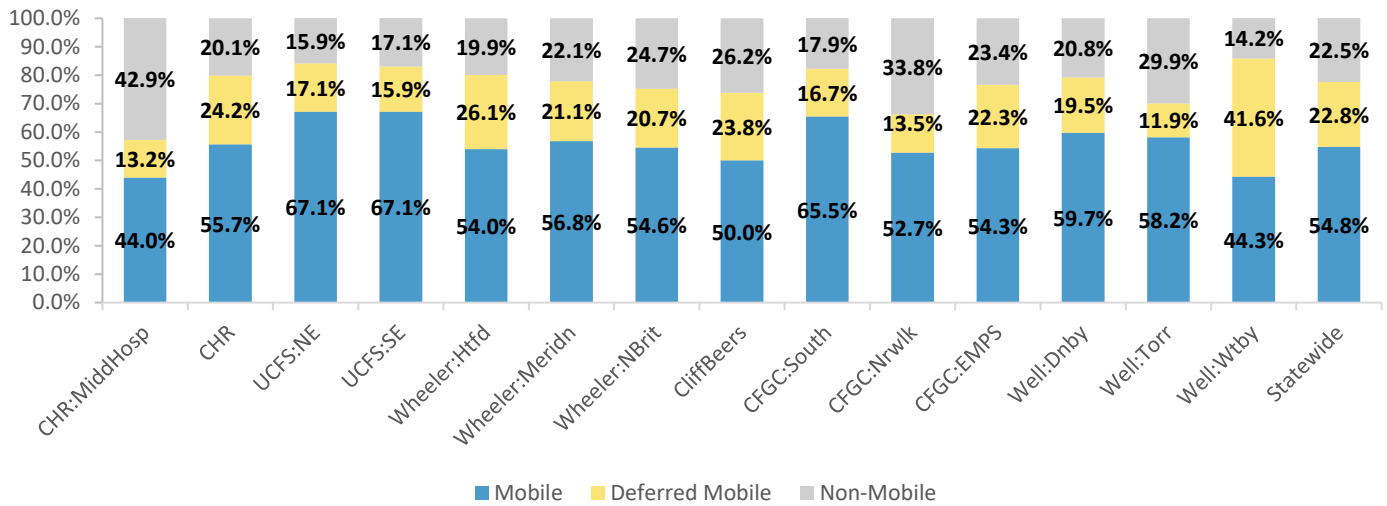


Figure 43. Actual Initial Mobile Crisis Provider Response

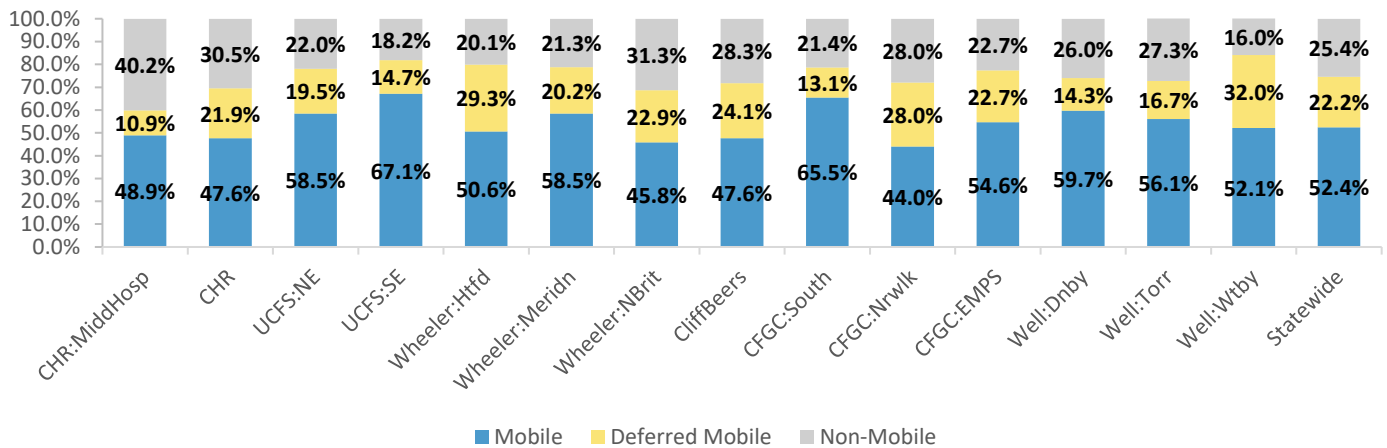
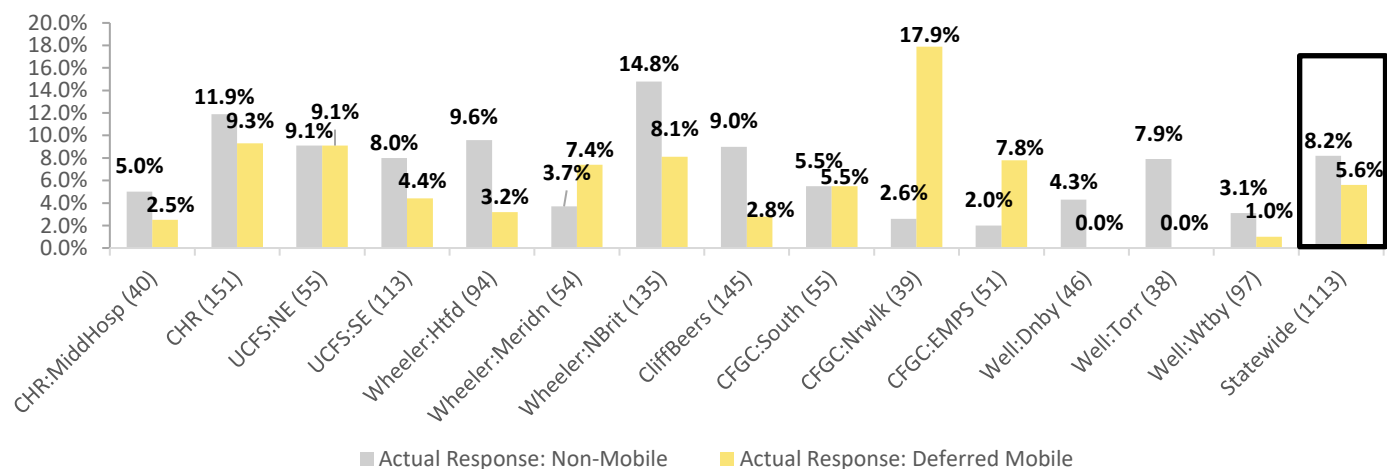
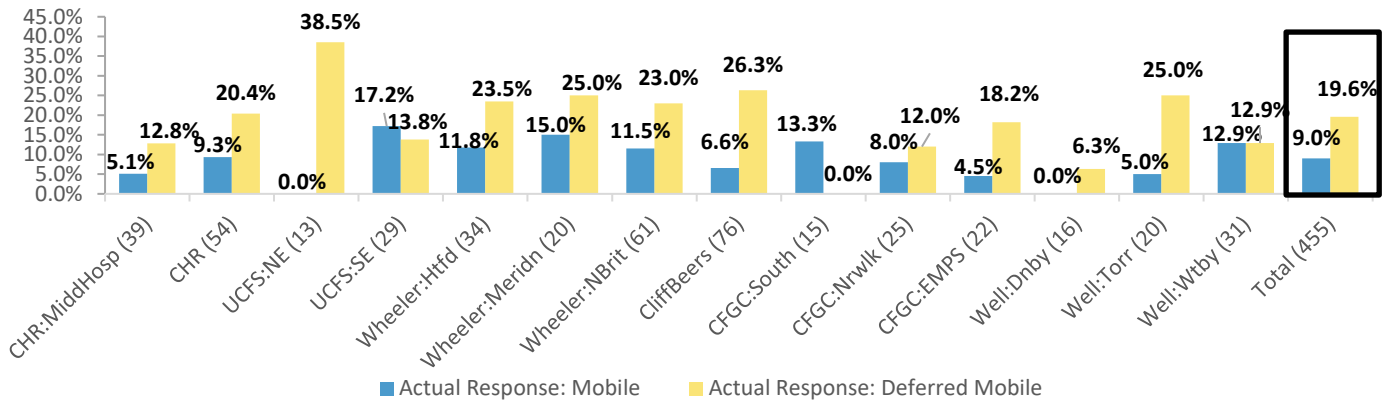


Figure 44. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile



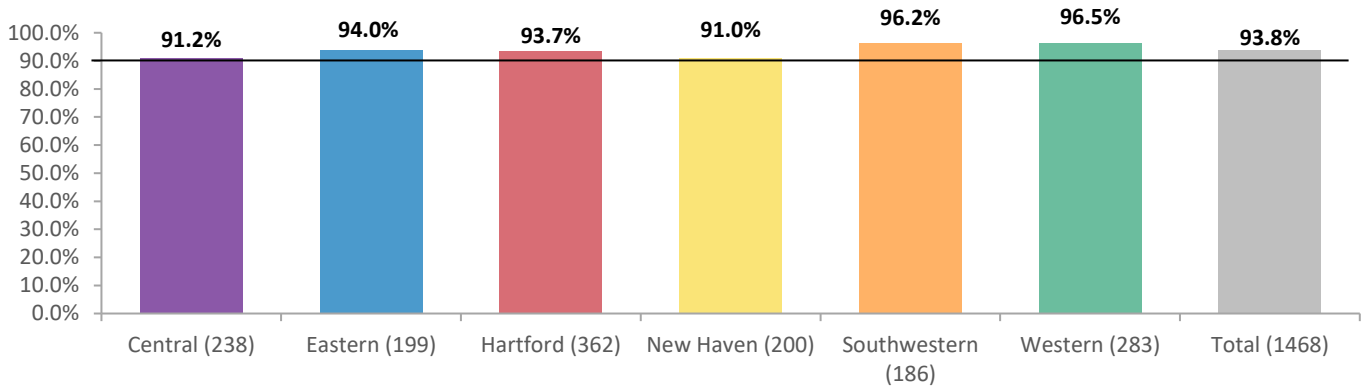
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

Figure 45. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile



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

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

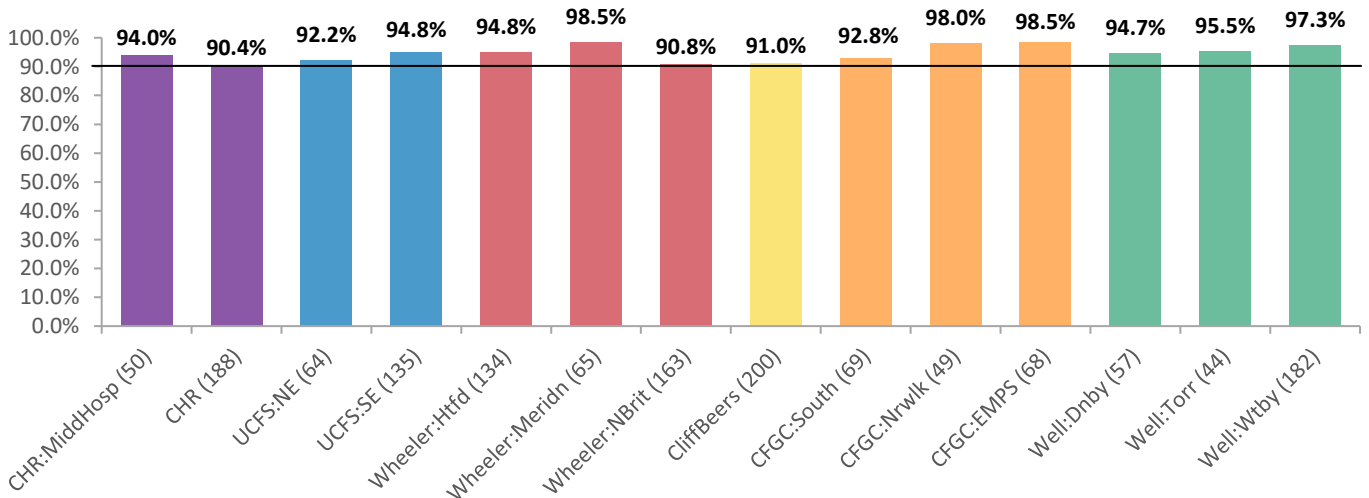


*Mobility calculation updated – see exec. summary

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

Goal: 90%

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



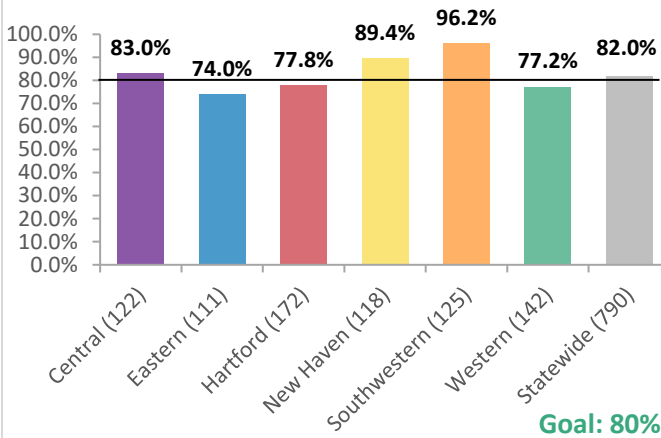
Note: Counts of 211-recommended mobile episodes are in parenthesis

*Mobility calculation updated – see exec. summary

Goal: 90%

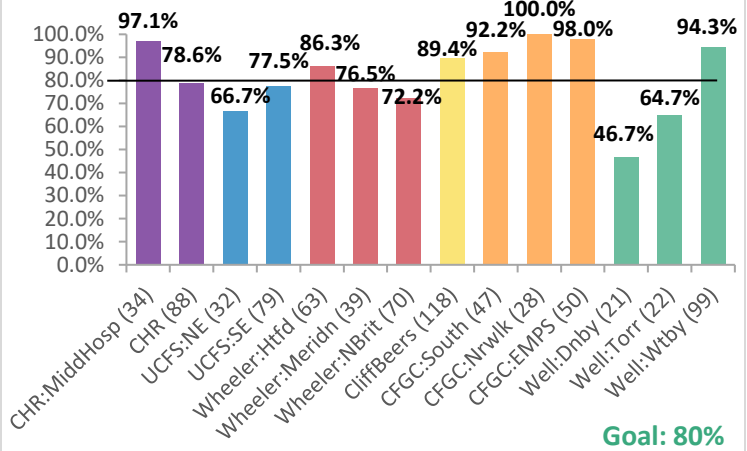
Section VIII: Response Time

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



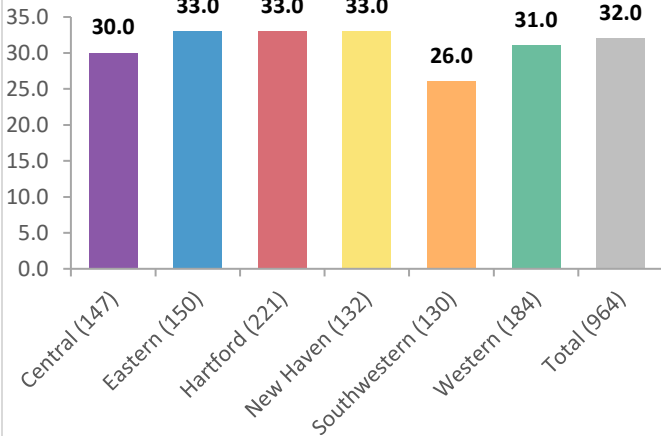
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



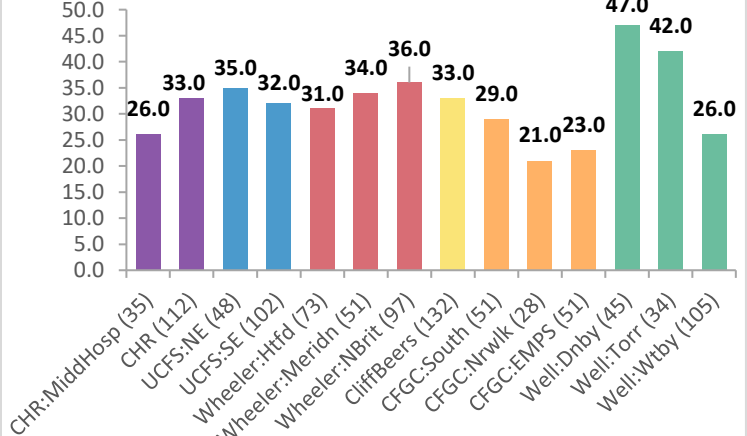
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



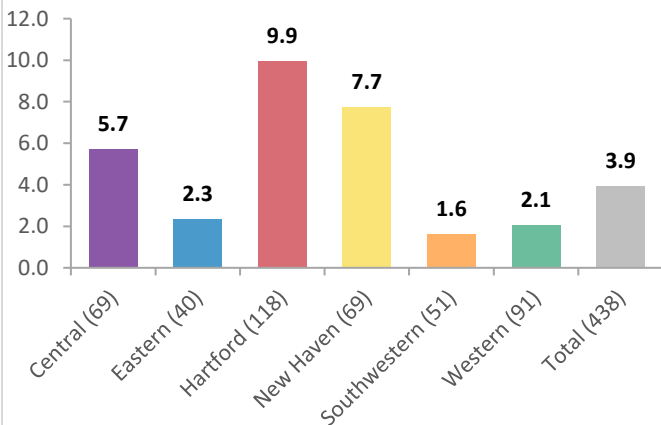
Note: Counts of mobile response episodes are in parenthesis.

Figure 51. Median Mobile Response Time by Provider in Minutes



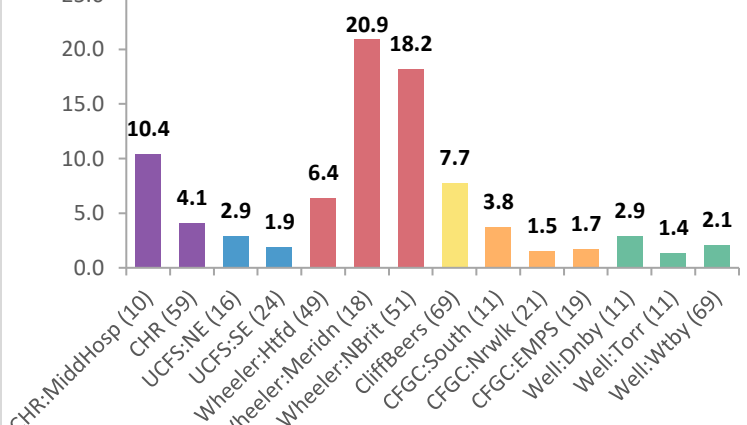
Note: Counts of mobile response episodes are in parenthesis.

Figure 52. Median Deferred Mobile Response Time by Provider in Hours



Note: Counts of deferred mobile response episodes are in parenthesis.

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



Note: Counts of deferred mobile response episodes are in parenthesis.

Section IX: Length of Stay and Discharge Information

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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
		<i>Discharged Episodes for Current Reporting Period</i>									<i>Cumulative Discharged Episodes*</i>								
		Mean			Median			Percent			Mean			Median			Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	1.0	5.4	16.8	0.0	3.0	14.0	16.9%	25.0%	2.9%	1.0	5.4	16.8	0.0	3.0	14.0	16.9%	25.0%	2.9%
2	Central	2.6	4.7	19.3	0.0	3.0	16.5	38.5%	18.5%	4.7%	2.6	4.7	19.3	0.0	3.0	16.5	38.5%	18.5%	4.7%
3	CHR:MidHosp	6.5	5.3	13.9	4.0	3.0	12.5	78.8%	19.0%	0.0%	6.5	5.3	13.9	4.0	3.0	12.5	78.8%	19.0%	0.0%
4	CHR	1.3	2.7	20.6	0.0	0.0	18.5	24.7%	16.7%	5.8%	1.3	2.7	20.6	0.0	0.0	18.5	24.7%	16.7%	5.8%
5	Eastern	0.3	3.4	20.3	0.0	3.0	20.0	6.7%	10.4%	0.0%	0.3	3.4	20.3	0.0	3.0	20.0	6.7%	10.4%	0.0%
6	UCFS:NE	0.4	3.7	15.0	0.0	4.0	15.0	12.5%	10.2%	0.0%	0.4	3.7	15.0	0.0	4.0	15.0	12.5%	10.2%	0.0%
7	UCFS:SE	0.2	3.3	21.3	0.0	3.0	20.0	2.8%	10.4%	0.0%	0.2	3.3	21.3	0.0	3.0	20.0	2.8%	10.4%	0.0%
8	Hartford	0.8	5.3	15.4	0.0	2.0	12.0	17.0%	24.1%	3.1%	0.8	5.3	15.4	0.0	2.0	12.0	17.0%	24.1%	3.1%
9	Wheeler:Htfd	0.6	7.4	16.3	0.0	4.0	13.5	13.2%	38.9%	4.2%	0.6	7.4	16.3	0.0	4.0	13.5	13.2%	38.9%	4.2%
10	Wheeler:Meridn	1.0	2.2	15.9	1.0	1.0	13.5	29.2%	5.3%	6.3%	1.0	2.2	15.9	1.0	1.0	13.5	29.2%	5.3%	6.3%
11	Wheeler:NBrit	0.9	4.0	14.6	0.0	1.0	11.0	15.9%	12.8%	1.5%	0.9	4.0	14.6	0.0	1.0	11.0	15.9%	12.8%	1.5%
12	New Haven	0.5	13.1	23.8	0.0	10.0	18.0	9.7%	73.8%	18.2%	0.5	13.1	23.8	0.0	10.0	18.0	9.7%	73.8%	18.2%
13	CliffBeers	0.5	13.1	23.8	0.0	10.0	18.0	9.7%	73.8%	18.2%	0.5	13.1	23.8	0.0	10.0	18.0	9.7%	73.8%	18.2%
14	Southwestern	0.1	3.2	18.2	0.0	3.0	14.0	0.0%	16.5%	0.0%	0.1	3.2	18.2	0.0	3.0	14.0	0.0%	16.5%	0.0%
15	CFGC:South	0.1	0.8	18.0	0.0	0.0	14.0	0.0%	3.3%	0.0%	0.1	0.8	18.0	0.0	0.0	14.0	0.0%	3.3%	0.0%
16	CFGC:Nrwk	0.0	4.2	0.0	0.0	4.0	0.0	0.0%	33.3%	N/A	0.0	4.2	0.0	0.0	4.0	0.0	0.0%	33.3%	N/A
17	CFGC:EMPS	0.2	4.2	19.0	0.0	4.0	17.0	0.0%	15.2%	0.0%	0.2	4.2	19.0	0.0	4.0	17.0	0.0%	15.2%	0.0%
18	Western	0.9	2.2	13.8	0.0	2.0	13.5	13.8%	1.6%	0.0%	0.9	2.2	13.8	0.0	2.0	13.5	13.8%	1.6%	0.0%
19	Well:Dnby	0.8	2.1	11.9	0.0	2.0	11.5	23.1%	0.0%	0.0%	0.8	2.1	11.9	0.0	2.0	11.5	23.1%	0.0%	0.0%
20	Well:Torr	0.5	1.8	13.8	0.0	1.0	15.0	8.0%	0.0%	0.0%	0.5	1.8	13.8	0.0	1.0	15.0	8.0%	0.0%	0.0%
21	Well:Wtby	1.3	2.4	14.3	0.0	2.0	14.0	11.6%	2.3%	0.0%	1.3	2.4	14.3	0.0	2.0	14.0	11.6%	2.3%	0.0%

* 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

	A	B	C	D	E	F	G	H	I	J	K	L	
	<i>Discharged Episodes for Current Reporting Period</i>						<i>Cumulative Discharged Episodes*</i>						
	N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent			
	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	
1	STATEWIDE	614	572	373	104	143	11	614	572	373	104	143	11
2	Central	130	27	106	50	5	5	130	27	106	50	5	5
3	CHR:MidHosp	33	21	20	26	4	0	33	21	20	26	4	0
4	CHR	97	6	86	24	1	5	97	6	86	24	1	5
5	Eastern	60	164	12	4	17	0	60	164	12	4	17	0
6	UCFS:NE	24	49	2	3	5	0	24	49	2	3	5	0
7	UCFS:SE	36	115	10	1	12	0	36	115	10	1	12	0
8	Hartford	165	112	131	28	27	4	165	112	131	28	27	4
9	Wheeler:Htfd	53	54	48	7	21	2	53	54	48	7	21	2
10	Wheeler:Meridn	24	19	16	7	1	1	24	19	16	7	1	1
11	Wheeler:NBrit	88	39	67	14	5	1	88	39	67	14	5	1
12	New Haven	93	103	11	9	76	2	93	103	11	9	76	2
13	CliffBeers	93	103	11	9	76	2	93	103	11	9	76	2
14	Southwestern	72	103	27	0	17	0	72	103	27	0	17	0
15	CFG:South	21	30	23	0	1	0	21	30	23	0	1	0
16	CFG:Nrwk	25	27	0	0	9	0	25	27	0	0	9	0
17	CFG:EMPS	26	46	4	0	7	0	26	46	4	0	7	0
18	Western	94	63	86	13	1	0	94	63	86	13	1	0
19	Well:Dnby	26	11	14	6	0	0	26	11	14	6	0	0
20	Well:Torr	25	8	14	2	0	0	25	8	14	2	0	0
21	Well:Wtby	43	44	58	5	1	0	43	44	58	5	1	0

* 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

	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	9.1	12.5	13.3	7.0	9.0	9.0	100.0%	100.0%	6.6%	20	185	256	20	185	17
2	Central	17.0	14.3	17.1	17.0	7.0	14.0	100.0%	100.0%	7.9%	2	43	38	2	43	3
3	CHR:MidHosp	17.0	10.7	0.0	17.0	11.0	0.0	100.0%	100.0%	N/A	2	6	0	2	6	0
4	CHR	0.0	14.9	17.1	0.0	7.0	14.0	N/A	100.0%	7.9%	0	37	38	0	37	3
5	Eastern	0.0	4.0	13.7	0.0	2.0	11.5	N/A	100.0%	10.0%	0	5	10	0	5	1
6	UCFS:NE	0.0	3.0	16.0	0.0	1.0	16.0	N/A	100.0%	0.0%	0	3	2	0	3	0
7	UCFS:SE	0.0	5.5	13.1	0.0	5.5	11.0	N/A	100.0%	12.5%	0	2	8	0	2	1
8	Hartford	3.5	9.1	15.4	3.5	8.0	13.0	100.0%	100.0%	8.6%	2	29	93	2	29	8
9	Wheeler:Htfd	0.0	4.5	11.7	0.0	3.0	9.0	N/A	100.0%	4.5%	0	10	22	0	10	1
10	Wheeler:Meridn	0.0	10.7	15.8	0.0	7.0	14.0	N/A	100.0%	4.3%	0	9	23	0	9	1
11	Wheeler:NBrit	3.5	12.4	17.0	3.5	9.5	14.0	100.0%	100.0%	12.5%	2	10	48	2	10	6
12	New Haven	11.0	13.1	20.8	11.0	11.0	21.5	100.0%	100.0%	50.0%	2	79	4	2	79	2
13	CliffBeers	11.0	13.1	20.8	11.0	11.0	21.5	100.0%	100.0%	50.0%	2	79	4	2	79	2
14	Southwestern	21.0	13.8	13.3	21.0	10.0	10.0	100.0%	100.0%	10.5%	1	21	19	1	21	2
15	CFGC:South	0.0	2.0	8.5	0.0	2.0	10.0	N/A	100.0%	0.0%	0	1	12	0	1	0
16	CFGC:Nrwlk	21.0	17.3	25.4	21.0	10.0	16.0	100.0%	100.0%	40.0%	1	9	5	1	9	2
17	CFGC	0.0	12.0	12.0	0.0	14.0	12.0	N/A	100.0%	0.0%	0	11	2	0	11	0
18	Western	7.5	12.1	9.2	7.0	8.5	8.0	100.0%	100.0%	1.1%	13	8	92	13	8	1
19	Well:Dnby	8.7	13.7	8.2	9.0	8.0	6.5	100.0%	100.0%	0.0%	3	3	18	3	3	0
20	Well:Torr	30.0	6.3	9.0	30.0	8.0	5.5	100.0%	100.0%	7.1%	1	4	14	1	4	1
21	Well:Wtby	4.6	31.0	9.6	2.0	31.0	8.0	100.0%	100.0%	0.0%	9	1	60	9	1	0

* 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

Figure 54. Top Six Reasons for Client Discharge Statewide

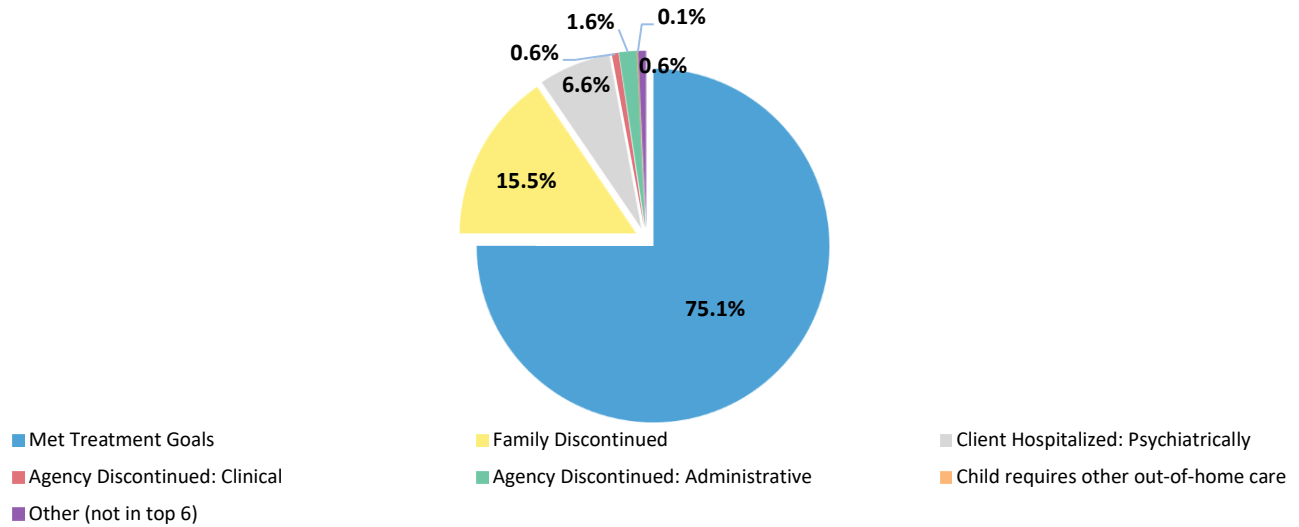


Figure 55. Top Six Places Clients Live at Discharge Statewide

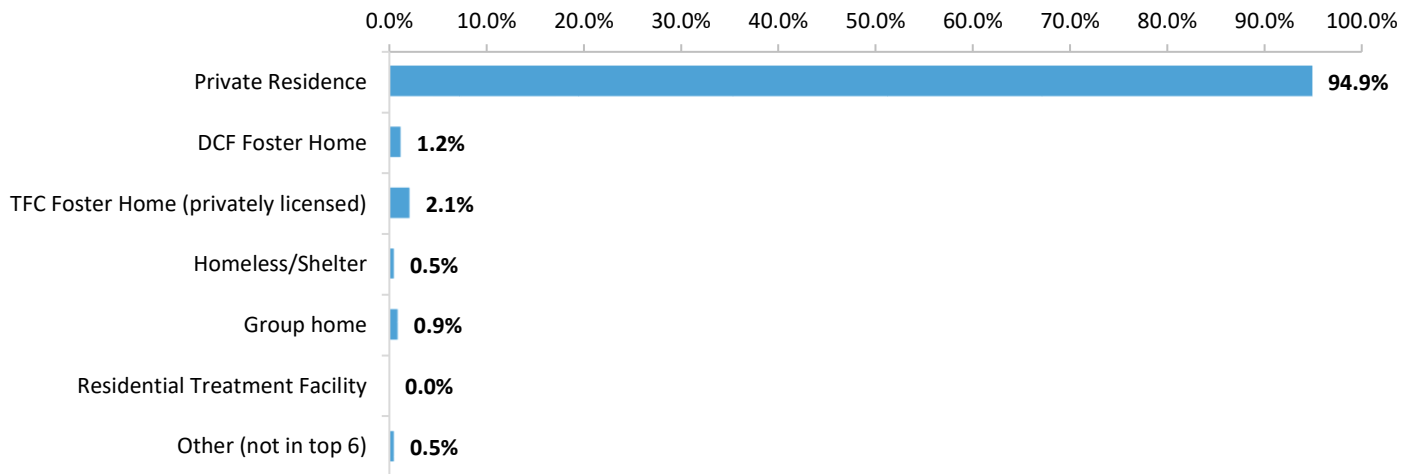
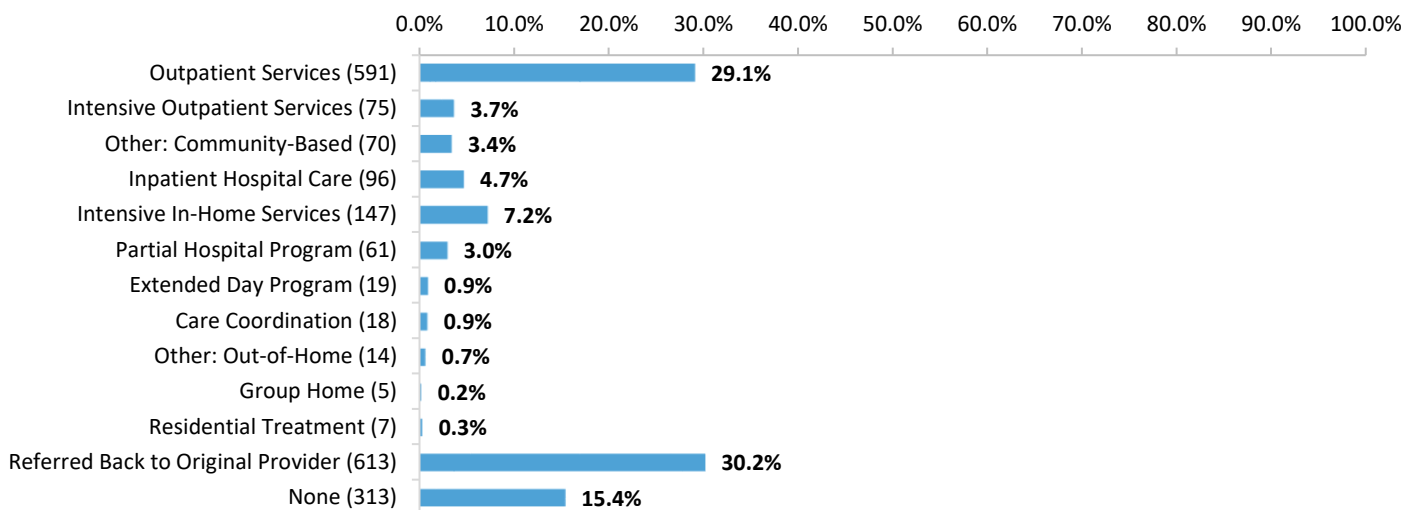


Figure 56. Type of Services Client Referred* to at Discharge Statewide



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

* Data include clients referred to more than one type of service

Table 5. Ohio Scales Scores by Service Area

Service Area	<i>N (paired intake & discharge)</i>	<i>Mean (paired intake)</i>	<i>Mean (paired discharge)</i>	<i>Mean Difference (paired cases)</i>	<i>t-score</i>	<i>Sig.</i>	<i>† .05-.10 * P < .05 **P < .01</i>
STATEWIDE							
Parent Functioning Score	76	43.20	49.84	6.65	4.01	0.000	**
Worker Functioning Score	345	44.28	46.39	2.11	5.04	0.000	**
Parent Problem Score	76	24.54	19.86	-4.68	-3.97	0.000	**
Worker Problem Score	345	28.32	25.62	-2.70	-6.27	0.000	**
Central							
Parent Functioning Score	5	32.00	33.80	1.80	1.00	0.374	
Worker Functioning Score	96	43.68	43.95	0.27	0.36	0.722	
Parent Problem Score	5	43.40	39.80	-3.60	-1.00	0.374	
Worker Problem Score	96	29.99	29.03	-0.96	-1.59	0.115	
Eastern							
Parent Functioning Score	3	50.00	59.67	9.67	1.94	0.192	
Worker Functioning Score	5	51.60	58.20	6.60	2.47	0.069	†
Parent Problem Score	3	14.33	7.33	-7.00	-1.85	0.206	
Worker Problem Score	5	20.00	11.60	-8.40	-2.79	0.049	*
Hartford							
Parent Functioning Score	41	40.93	47.73	6.81	2.47	0.018	*
Worker Functioning Score	120	44.44	46.73	2.28	2.66	0.009	**
Parent Problem Score	41	23.41	21.17	-2.24	-1.97	0.056	†
Worker Problem Score	120	27.53	23.98	-3.54	-3.70	0.000	**
New Haven							
Parent Functioning Score	7	45.43	59.43	14.00	2.18	0.072	†
Worker Functioning Score	10	50.50	56.20	5.70	1.65	0.134	
Parent Problem Score	7	26.14	15.71	-10.43	-1.51	0.183	
Worker Problem Score	10	24.70	21.20	-3.50	-1.17	0.274	
Southwestern							
Parent Functioning Score	13	51.85	55.08	3.23	2.12	0.056	†
Worker Functioning Score	24	49.13	50.50	1.38	1.02	0.320	
Parent Problem Score	13	22.62	14.31	-8.31	-2.03	0.065	†
Worker Problem Score	24	22.42	21.42	-1.00	-0.72	0.482	
Western							
Parent Functioning Score	7	43.29	50.14	6.86	3.74	0.010	*
Worker Functioning Score	90	42.30	45.69	3.39	6.61	0.000	**
Parent Problem Score	7	24.00	17.71	-6.29	-3.38	0.015	*
Worker Problem Score	90	30.03	26.56	-3.48	-5.86	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=63)	Referrers (n=63)
The 2-1-1 staff answered my call in a timely manner	4.43	4.16
The 2-1-1 staff was courteous	4.68	4.24
The 2-1-1 staff was knowledgeable	4.70	4.24
My phone call was quickly transferred to the EMPS provider	4.50	3.89
Sub-Total Mean: 2-1-1	4.58	4.13
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.47	4.15
The Mobile Crisis staff was respectful	4.63	4.21
The Mobile Crisis staff was knowledgeable	4.60	4.21
The Mobile Crisis staff spoke to me in a way that I understood	4.57	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)	4.32	X
The services or resources my child and/or family received were right for us	4.35	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	4.08
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.48	4.15
Sub-Total Mean: Mobile Crisis	4.49	4.16
Overall Mean Score	4.52	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:

- Father very appreciative for services available late at night.
- Mother reports she wasn't sure how the process worked when she dialed 211 but states 211 staff was incredibly patient when explaining the services.
- Mother believes crisis was over when they got back to her. Mother states the crisis worker got back to her within an hour and states the call took a long time to transfer over to EMPS.
- Grandmother felt as for a crisis situation the response time frame could have been a little faster, but it gave her time to think and calm down.

Referrer Comments:

- APRN reports she has had no issue referring to youth MCI and cites a wait of "a few minutes" when calling 211. She reports she just called for a separate request and that MCI team is headed out immediately to see the youth.
- ED Behavioral Health Nurse reports very good experiencing referring and quick response by MCI.
- Therapist wishes there was more communication between them and they can go out sooner.
- ED clinician reports some families have been coming back in September reporting that MCI did not make contact as planned.

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 (147)*	55%	71%	53%	46%	64%	42%	56%	60%	25%	36%	59%	44%	57%	5%	7%
CHR:MidHosp (10)*	80%	80%	60%	90%	80%	80%	70%	70%	100%	70%	90%	60%	50%	20%	20%
CHR (11)*	36%	73%	27%	91%	36%	36%	36%	55%	18%	9%	55%	45%	64%	0%	0%
UCFS:NE (8)*	75%	75%	63%	100%	88%	38%	88%	50%	25%	88%	63%	25%	63%	13%	17%
UCFS:SE (15)*^	53%	73%	47%	87%	53%	47%	47%	47%	40%	87%	40%	20%	67%	0%	0%
Wheeler:Htfd (22)*^	55%	73%	64%	5%	73%	32%	64%	73%	9%	5%	59%	55%	36%	0%	0%
Wheeler:Meridn (2)*	50%	100%	50%	50%	100%	50%	100%	100%	0%	0%	100%	100%	100%	0%	0%
Wheeler:NBrit (13)*	92%	100%	54%	15%	85%	77%	85%	85%	0%	8%	92%	0%	92%	0%	0%
CliffBeers (18)*	50%	72%	67%	67%	78%	39%	50%	67%	61%	67%	72%	61%	67%	11%	12%
CFGC:South (3)*	67%	100%	100%	33%	100%	33%	100%	67%	0%	33%	33%	0%	100%	0%	0%
CFGC:Nrwlk (3)*	33%	33%	33%	67%	67%	33%	33%	33%	0%	33%	67%	33%	33%	0%	0%
CFGC:EMPS (8)*	100%	100%	100%	75%	100%	63%	100%	100%	38%	63%	100%	88%	100%	38%	43%
Well:Dnby (3)*^	33%	67%	67%	0%	33%	33%	33%	67%	0%	0%	33%	33%	67%	0%	0%
Well:Torr (4)*^	75%	75%	75%	25%	75%	75%	75%	75%	25%	50%	75%	25%	25%	0%	0%
Well:Wtby (24)*^	25%	42%	25%	0%	29%	17%	21%	29%	0%	8%	25%	17%	33%	0%	0%
Full-Time Staff Only (97)	63%	81%	63%	52%	71%	44%	63%	68%	28%	43%	66%	51%	70%	7%	

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

* Includes all active full-time, part-time and per diem staff as of June 30, 2021.

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

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

CCSRS=Columbia Suicide Severity Rating Scale

Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

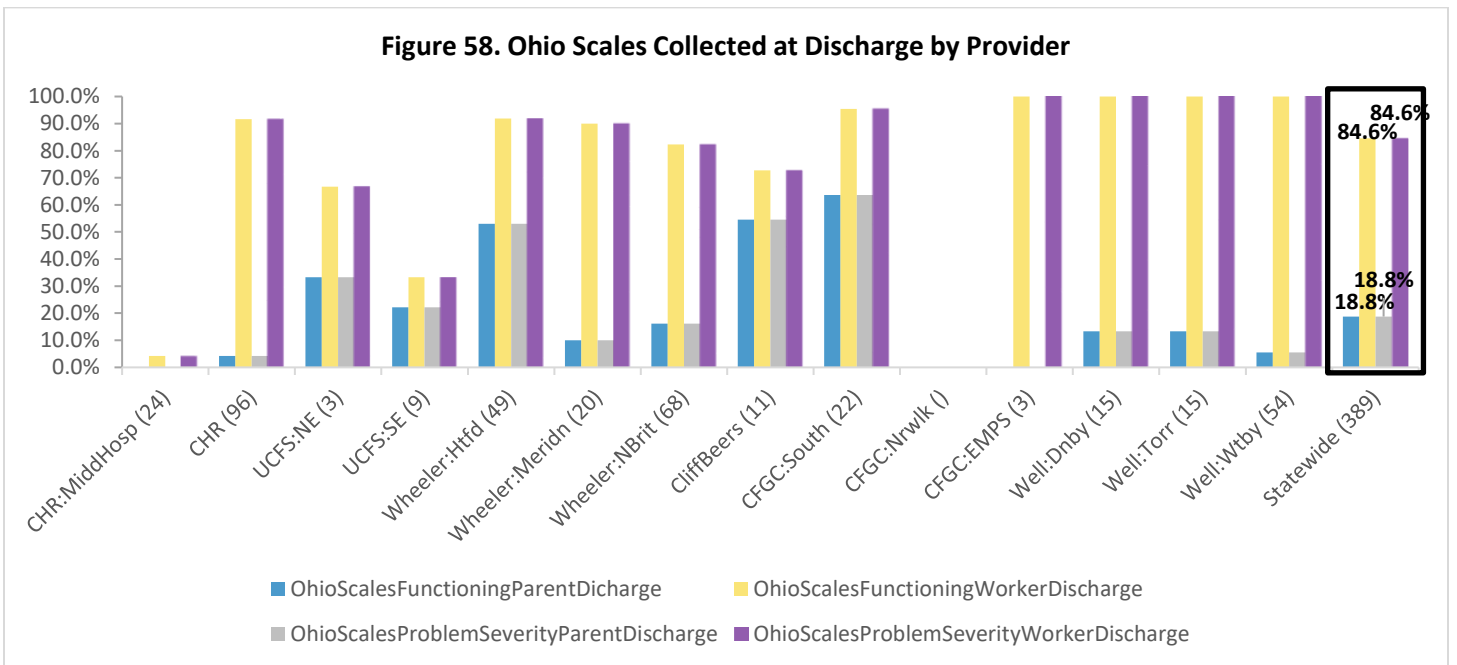
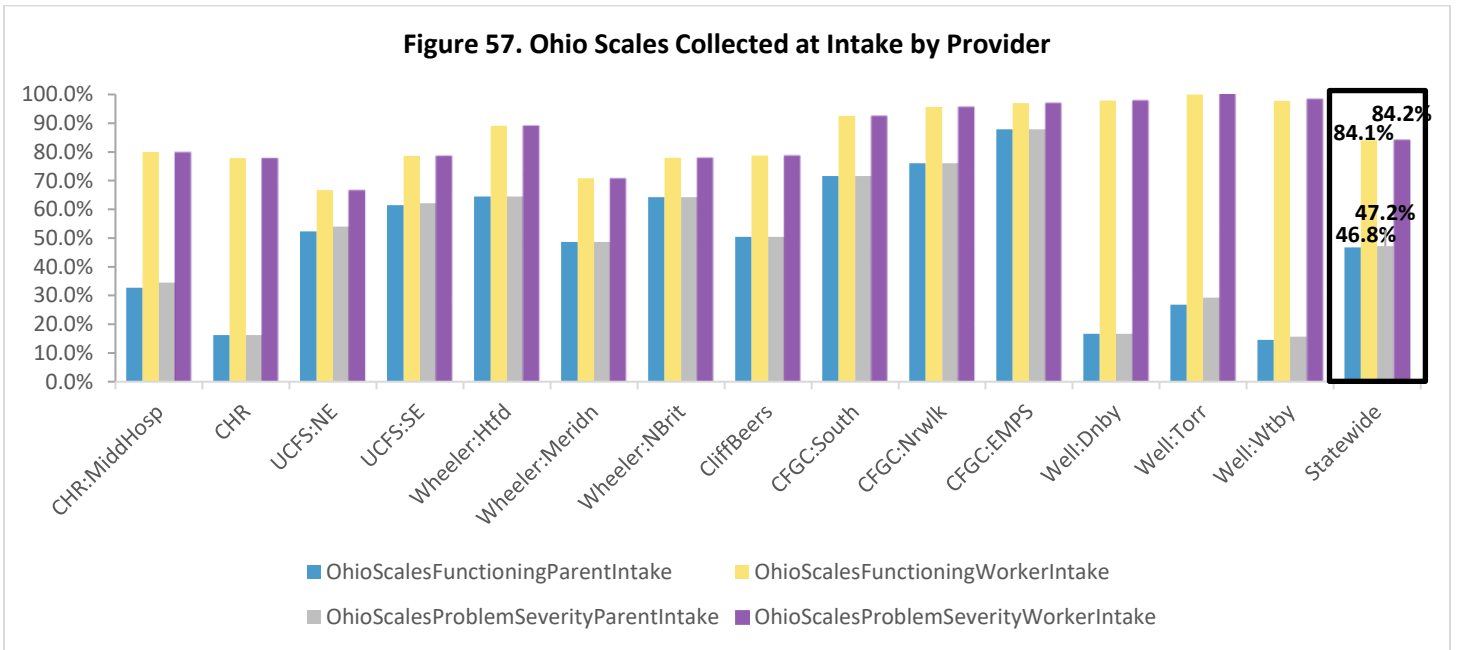
CRC = 21st Century Culturally Responsive Mental Health Care

Emerg. Certificate= Emergency Certificate

PSB = Problem Sexual Behavior (Added October 2019)

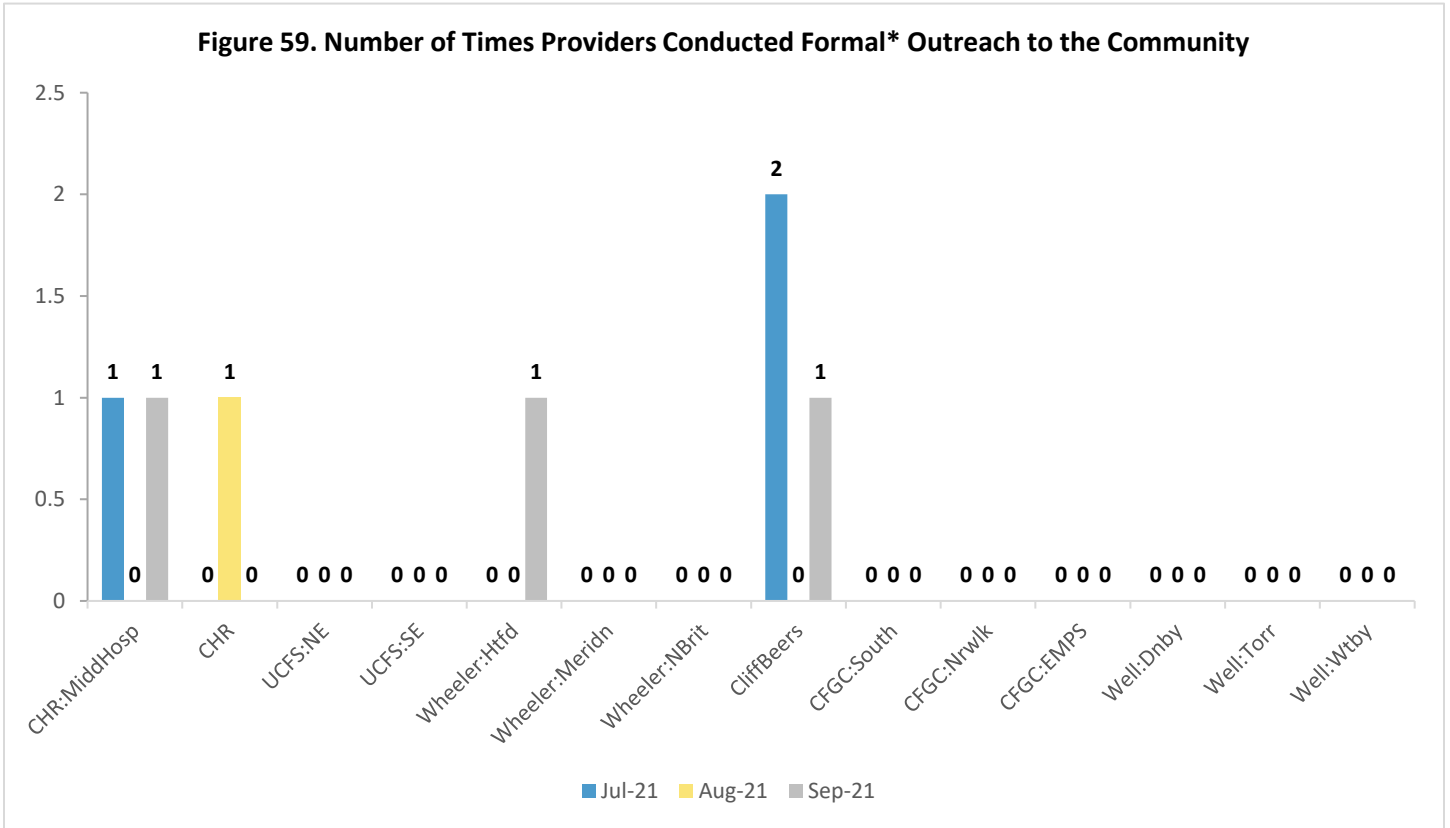
SR = School Refusal (Added August 2019)

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.