

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 REPORTFY2022: Quarter 2

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



Contents

Executive Summary	5
Statewide RBA Report Card	8
Section II: Mobile Crisis Statewide/Service Area Dashboard	
Figure 1. Total Call Volume by Call Type	11
Figure 2. Total Call Volume per Quarter by Call Type	11
Figure 3. Mobile Crisis Response Episodes by Service Area	11
Figure 4. Mobile Crisis Episodes per Quarter by Service Area	11
Figure 5. Number Served Per 1,000 Children	
Figure 6. Number Served per 1,000 Children per Quarter by Service Area	11
Figure 7. Number Served Per 1,000 Children in Poverty	12
Figure 8. Number Served Per 1,000 Children in Poverty	
Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area	12
Figure 10. Mobile Response (Mobile and Deferred Mobile) per Quarter by Service Area	12
Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes	12
Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area	12
Figure 13. After Hours Follow-up Calls by Provider	
Section III: Mobile Crisis Response	14
Figure 14. Total Call Volume by Call Type	13
Figure 15. Statewide 2-1-1 Disposition Frequency	
Figure 16. Mobile Crisis Response Episodes by Provider	
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	15
Figure 21. Age Groups of Children Served Statewide	
Figure 22. Ethnic Background of Children Served Statewide	
Figure 23. Race of Children Served Statewide	
Figure 24. Client's Type of Health Insurance at Intake Statewide	
Figure 25. Families that Answered "Yes" TANF* Eligible	
Figure 26. Client DCF* Status at Intake Statewide	
Section V: Clinical Functioning	
Figure 27. Top Six Client Primary Presenting Problems by Service Area	17
Figure 28. Distribution of Client Primary Diagnosis Categories at Intake Statewide	
Figure 29. Distribution of Client Frimary Diagnosis Categories at Intake Statewide	
Figure 30. Top 6 Client Primary Diagnostic Categories at Intake by Service Area	
Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area	
Figure 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 a	
of Care	•
Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or Mo	
in His/Her Lifetime, in Six Months Prior and During the Episode of Care	
Section VI: Referral Sources	
Figure 37. Referral Sources Statewide	
Table 1. Referral Sources	
Figure 38. Type of Emergency Dept. Referral	22

Figure 39. Emergency Dept. Referral	22
Figure 40. Type of Emergency Department Referrals by Provider	22
Figure 41. Emergency Dept. Referral (% of Total Mobile Crisis Episodes) by Provider	22
Section VII: 2-1-1 Recommendations and Mobile Crisis Response	24
Figure 42. 2-1-1 Recommended Initial Response	23
Figure 43. Actual Initial Mobile Crisis Provider Response	
Figure 44. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile Crisis Response was Non-Mobile Response Where Actual Mobile Response Where Actual Mobile Crisis Response was Non-Mobile Response Where Actual Mobile Crisis Response was Non-Mobile Response Where Actual Mobile Response Where Actual Mobile Crisis Response was Non-Mobile Response Where Actual Mobile Response Where Mobile Response Where Mobile Response Where Mobile Respon	
Mobile	
Figure 45. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile Crisis Response was Mobile Response Where Actual Mobile Response Where Mobile Response Where Actual Mobile Response Where Mobile Response Where Actual Mobile Response Where Where Mobile Response Where	oile or Deferred
Mobile	24
Figure 46. Mobile Response (Mobile & Deferred Mobile) By Service Area	24
Figure 47. Mobile Response (Mobile & Deferred Mobile) By Provider	24
Section VIII: Response Time	26
Figure 48. Total Mobile Episodes with a Response Time Under 45 Minutes	25
Figure 49. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider	
Figure 50. Median Mobile Response Time by Service Area in Minutes	
Figure 51. Median Mobile Response Time by Provider in Minutes	25
Figure 52. Median Deferred Mobile Response Time by Service Area in Hours	25
Figure 53. Median Deferred Mobile Response Time by Provider in Hours	25
Section IX: Length of Stay and Discharge Information	27
Table 2. Length of Stay for Discharged Episodes of Care in Days	27
Table 3. Number of Episodes for Discharged Episodes of Care	
Table 4. Length of Stay for Open Episodes of Care in Days	29
Figure 54. Top Six Reasons for Client Discharge Statewide	29
Figure 55. Top Six Places Clients Live at Discharge Statewide	
Figure 56. Type of Services Client Referred* to at Discharge Statewide	
Table 5. Ohio Scales Scores by Service Area	
Section X: Client & Referral Source Satisfaction	32
Table 6. Client and Referrer Satisfaction for 211 and EMPS	32
Section XI: Training Attendance	33
Table 7. Trainings Completed for All Active Staff	
Section XII: Data Quality Monitoring	34
Figure 57. Ohio Scales Collected at Intake by Provider	33
Figure 58. Ohio Scales Collected at Discharge by Provider	
Section XIII: Provider Community Outreach	
Figure 59. Number of Times Providers Conducted Formal* Outreach to the Community	34

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.

<u>Call and Episode Volume</u>: In the second quarter of FY2022, **2-1-1 received 5,243 calls** including 3,953 calls (75.4%) handled by Mobile Crisis providers and 1290 calls (24.6%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). Of the 3,953 episodes of care, 3791 (95.9%) were received during regular hours and 162 (4.1%) were handled after hours. This quarter saw a 48.2% increase in total call volume compared to the same quarter in FY2021 (3,536), and the total episodes increased by 48.1% (2,670 in FY2021). During this quarter, there was only a 6.7% decrease in calls compared to FY2020 Q1 (5,620), which was pre-pandemic, and a 3.6% decrease in episodes (4,102 in FY2020 Q1). This is a fairly typical variation between years, indicating that volume has returned to pre-pandemic levels.

Among the **3,953 episodes of care** generated in Q2 FY22, episode volume ranged from 517 episodes including After Hours calls (Southwestern area) to 994 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 5.4, with service area rates ranging from 3.2 (Southwestern) to 6.9 (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 10.2 per 1,000 children in poverty, with service area rates ranging from 6.4 (New Haven) to 16.6 (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, 14 of the 14 sites met this benchmark.

<u>Demographics</u>: Statewide this quarter, 53.4% of services were for children reported as female and 46.6% for those reported as males. Care for youth ages 13-15 years old comprised the largest portion of services (36.7%). Additionally, 29.7% of services were for 9-12 year olds, 19.8% were for 16-18 year olds, 9.5% were for 6-8 year olds, and 3.8% were for five or younger. The majority of services were for White children (58.0%), while 19.1% were for African-American or Black children. Nearly one third (30.6%) of services were for youth of Hispanic ethnicity. The majority of youth were insured by Husky A (58.1%) and private insurance (27.5%). Finally, the majority of clients (89.8%) were not DCF-involved.

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide included: Harm/Risk of Harm to Self (32.1%), Disruptive Behavior (23.3%), Depression (16.7%), Anxiety (8.0%), Harm/Risk of Harm to Others (3.8%) and Family Conflict (3.6%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (36.4%), Adjustment Disorders (18.2%), Anxiety Disorders (14.1%), Conduct Disorders (10.9%), Trauma Disorders (7.2%), and Attention Deficit/Hyperactivity Disorders (7.0%). This quarter, 69.7% 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 48.7%**, with service areas ranging from 38.3% (Hartford) to 58.7% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (24.3%), Witnessing Violence (16.6%), Victim of Violence (14.7%), and Sexual Victimization (15.0%).

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 17.4%, similar to 22.6% in the same quarter last fiscal year. During an episode of care, 19.6% 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 9.2% statewide, which is slightly lower than the rate in the Q2 FY2021 (11.1%). The admission rate to an inpatient unit during a mobile crisis episode was 4.7%, compared to a rate of 9.5% in the same quarter last fiscal year.

<u>Referral Sources</u>: Statewide, 49.1% of referrals came from schools, and 34.8% of referrals were received from parents, families and youth. This demonstrates a significant increase in school referrals from FY2021 Q2 (25.0%), and a similar percentage compared to pre-pandemic (50.7% during FY2020 Q2). Emergency Departments (EDs) accounted for 8.9% of all Mobile Crisis referrals. The remaining 7.2% 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 **351 Mobile Crisis referrals were received from EDs**, including 77 referrals for inpatient diversion and 274 referrals for routine follow-up. Regionally, the highest rate of ED referrals, as a percentage of total referrals, was observed in the Central service area (15.1%) and the lowest was in the Southwestern service area (1.2%). Statewide, 8.9% of all Mobile Crisis episodes came from ED referrals this quarter, slightly lower than the rate from Q2 FY2021 (13.6%). Note, this decrease is likely due to the significant increase in school referrals, rather than a decrease in ED referrals

<u>Mobility</u>: The average **statewide mobility this quarter was 94.7%**, similar to the rate in Q2 FY2021 (95.5%) (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 93.3% (New Haven) to 95.7% (Western). The mobility rates among individual providers ranged from 90.1% (CFC: South) to 100% (CFGC: Norwalk). 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.

<u>Response Time</u>: Statewide this quarter, **80.8% of mobile episodes received a face-to-face response in 45 minutes or less**. Performance on this indicator ranged from 73.8% (Hartford) to 96.3% (Southwestern) with two 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 30.0 minutes, with four 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, 16.2% of Phone Only episodes exceeded one day, 31.7% of Face-to-Face episodes exceeded five days, and **3.6% 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, 4.0 days for Face-to-Face episodes, and 16.0 days for *Stabilization Plus*.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 43.0 days and ranged from 0.0 days (Eastern) to 65.0 days (Hartford). The statewide median LOS for Face-to-Face was 37.0 days and ranged from 20.5 days (Eastern) to 45.0 days (New Haven). For *Stabilization Plus Follow-up*, the statewide median LOS was 43.0 days with a range from 29.0 days (Eastern and Western) to 45.0 days (Central). Across open episodes of care with phone and face-to-face crisis response categories during the second quarter of FY2022, 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, 60.0% of these open cases exceeded the benchmark, while regionally this ranged from 33.3% (Eastern) to 62.8% (Hartford). 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 (97.3%). Statewide, the top three reasons for client discharge were: Met Treatment Goals (77.9%), Family Discontinued (15.0%), and Client Hospitalized: Psychiatrically (3.5%).

Statewide, clients were most likely to be **referred to their original provider (28.6%) or Outpatient Services (35.2%) at discharge**. Other care referrals at discharge included: Intensive In-Home Services (5.9%), Other Community Based Services (3.4%), Intensive Outpatient Program (3.3%), Inpatient Hospital (2.5%), Partial Hospital Program (2.4%), and Care Coordination (0.7%). An additional 16.5% 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 2.24 and 2.10 points respectively. Decreases in problem scores of 1.50 points on parent ratings and 2.58 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 6.8 percentage points when compared to the same quarter in FY2022. The completion rate for Parent scores decreased 7.2 percentage points compared to FY2021 Q2.

<u>Satisfaction</u>: This quarter, 66 clients/families and 66 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 4.24 and 4.11, respectively. Among other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were 4.23 and 4.12, 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 December 2021 is 7%. This is the same percentage of full-time staff who had completed all trainings in FY2021 Q2.

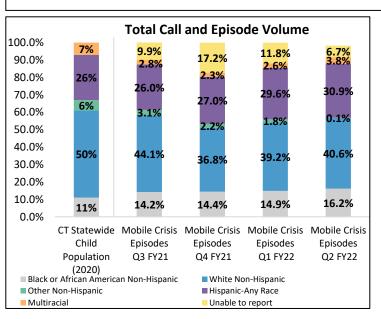
<u>Community Outreach</u>: Due to challenges related to COVID-19, outreaches are more difficult to complete. The number of outreaches ranged from 0 (UCFS: NE; Wheeler: Meriden and New Britain; CFGC: Norwalk; Wellmore: all sites) to 6 (UCFS:SE).

SFY 2022 Q2 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



How Much Did We Do?

	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
Mobile Crisis Episode	2,670	2,977	3,082	2,220	3,953
2-1-1 Only	866	874	925	780	1,290
Total	3,536	3,851	4,007	3,000	5,243

Story Behind the Baseline: In SFY 22 Q2 there were 5,243 total calls to the 2-1-1 Call Center resulting in 3,953 episodes of care. Compared to the same quarter in SFY 21 this represents an increase in call volume of 48.3% (1,707 more calls) and an increase in mobile episodes of 48.1% (1,283 more episodes). This quarter continued to be affected by the COVID-19 pandemic. Call volume has increased since falling at the beginning of the pandemic (FY20 Q4), with the numbers of episodes and calls now coming close to pre-pandemic levels (5,620 total calls in FY20 Q2). 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 Q2, 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.

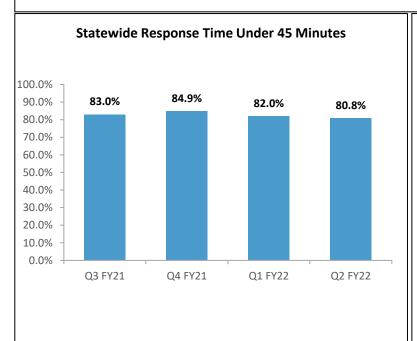
	Episodes Per Child														
	S	FY 2021 Q3		:	SFY 2021 Q4		S	FY 2022 Q1			SFY 2022 Q2				
Episode	DCF Child	Non-DCF Child	Total	DCF Child Non-DCF Child Total			DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total			
1	174 (83.3%)	1,396 (91.2%)	1,570	161 (83.9%)	1,438 (89.8%)	1,599	133 (86.4%)	1,028 (92.4%)	1,161	176 (83.4%)	2023 (91.6%)	2199			
2	29 (13.9%)	115 (7.5%)	144	25 (13.0%)	140 (8.7%)	165	16 (10.4%)	70 (6.3%)	86	27 (12.8%)	152 (6.9%)	179			
3	5 (2.4%)	15 (1.0%)	20	4 (2.1%)	20 (1.2%)	24	4 (2.6%)	11 (1.0%)	15	6 (2.8%)	25 (1.1%)	31			
4 or more	1 (0.5%)	5 (0.3%)	6	2 (1.0%)	3 (0.2%)	5	1 (0.6%)	3 (0.3%)	4	2 (0.9%)	9 (0.4%)	11			

Story Behind the Baseline: In SFY 22 Q2, of the 2,420* children served by Mobile Crisis 90.9% (2,199) received only one episode of care, and 98.3% (2,378) received one or two episodes of care; compared to 90.7% (1,348) and 97.9% (1,456) respectively for SFY 21 Q2. The proportion of children with four or more is similar to SFY 21 Q2. 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: →

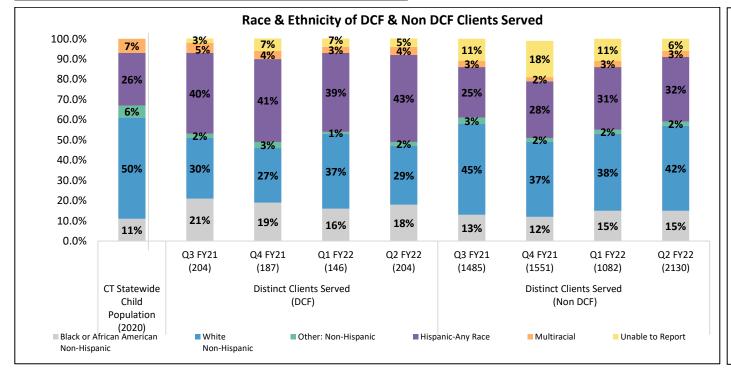
*Note: Only children that had their DCF or non DCF status identified were reported

How Well Did We Do?



Story Behind the Baseline: In SFY 22 Q2 80.8% of all mobile responses achieved the 45 minute mark compared to 83.0% for SFY 21 Q2. The median response time for SFY 22 Q2 was 30 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: 个

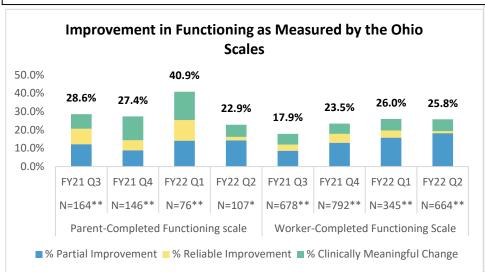


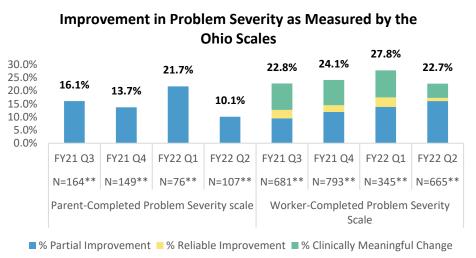
Story Behind the Baseline: In SFY 22 Q2 Hispanic and Black DCF and non-DCF involved children^{1,2} accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF-involved White children accessed the service at lower rates. White Non-DCF-involved children utilized 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?





Story Behind the Baseline: The Ohio Scales have demonstrated clinically significant positive changes for children following a Mobile Crisis response. For SFY 22 Q2 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: →

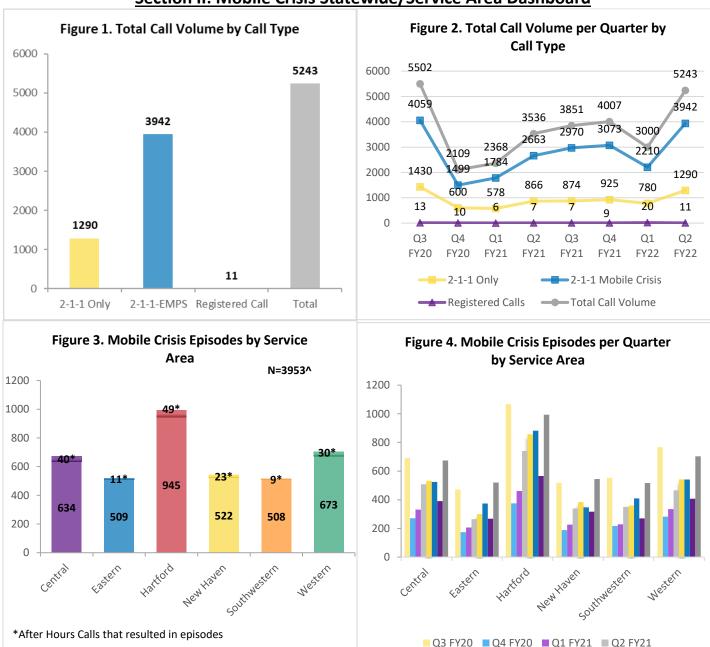
Proposed Actions to Turn the Curve:

- 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.

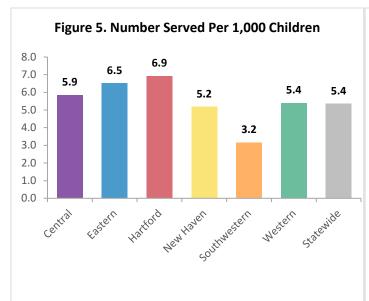
Data Development Agenda:

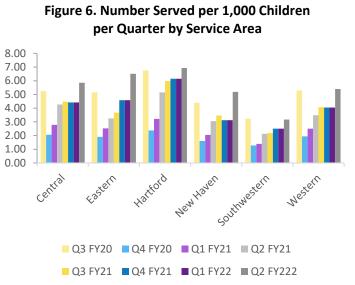
- Utilize Mobile Crisis data to assess utilization and delivery of services across racial and ethnic groups and to identify opportunities to improve health equity.
- Work with providers to identify and accurately capture changes in volume and service delivery due to COVID-19.

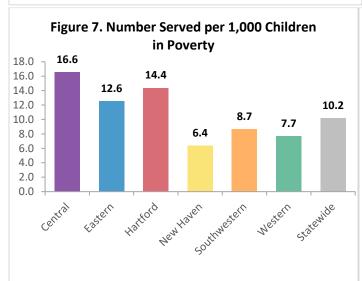
Section II: Mobile Crisis Statewide/Service Area Dashboard

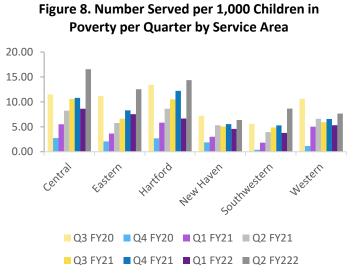


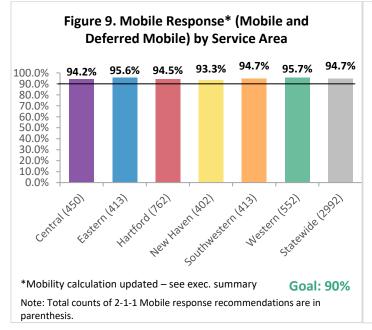
Q3 FY21 ■ Q4 FY21 ■ Q1 FY22 ■ Q2 FY222

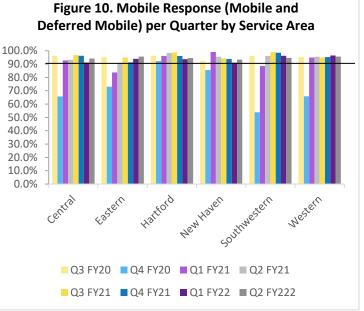


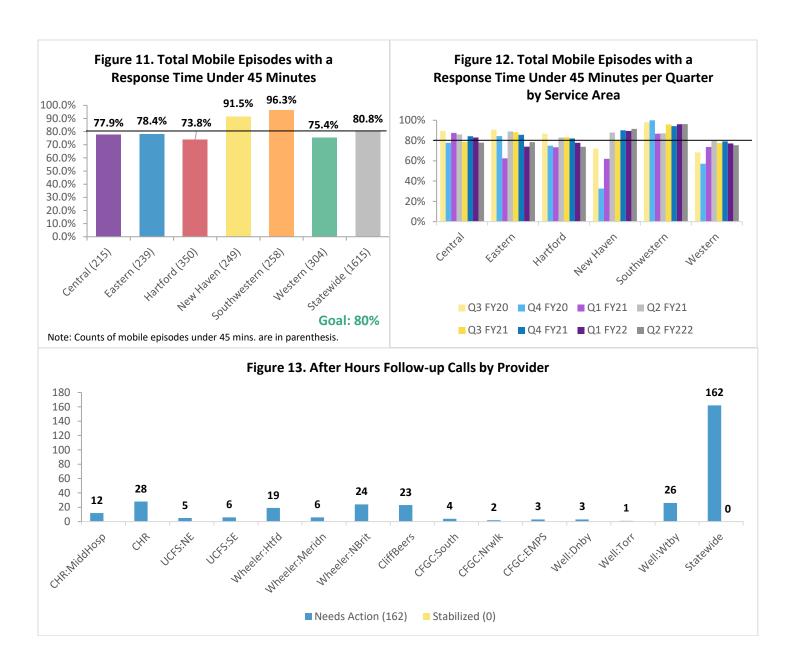




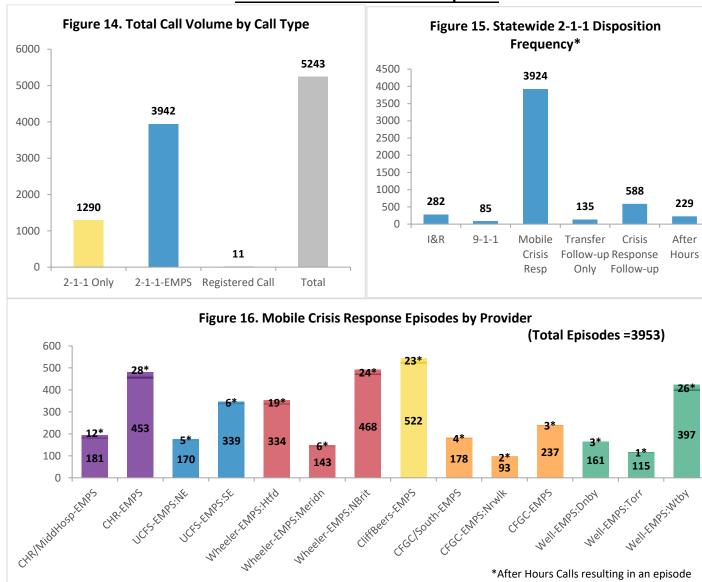




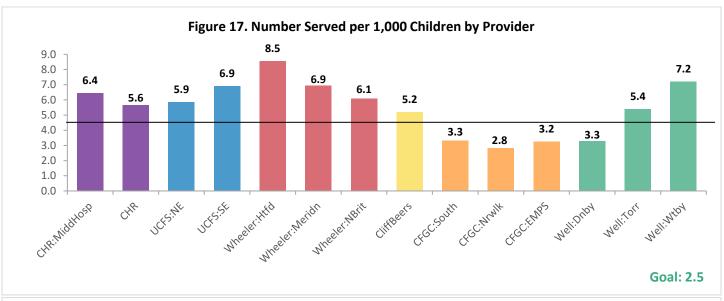


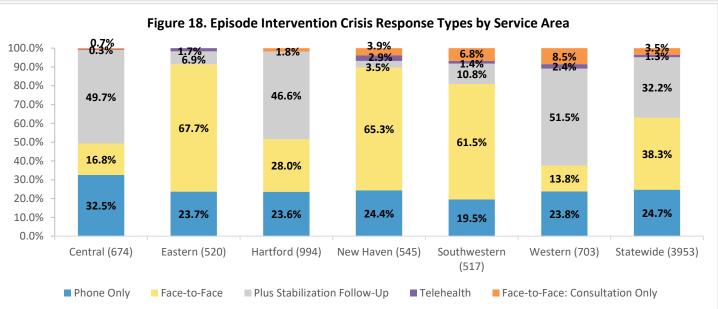


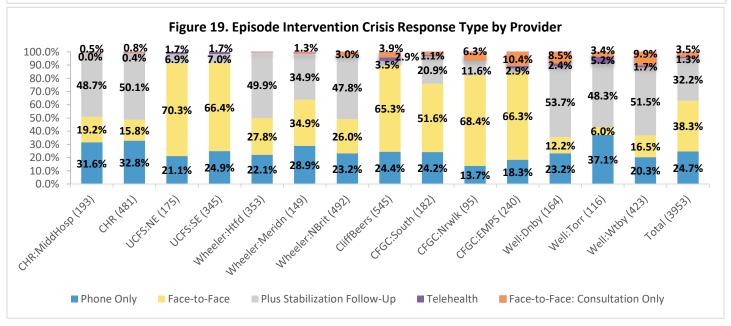
Section III: Mobile Crisis Response



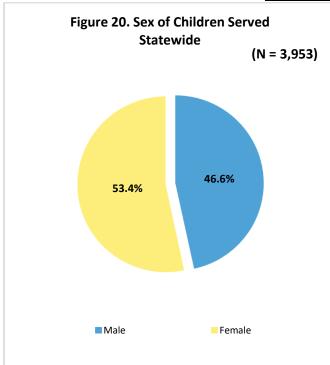
*After Hours Calls resulting in an episode

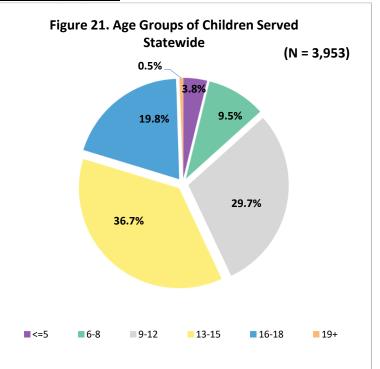


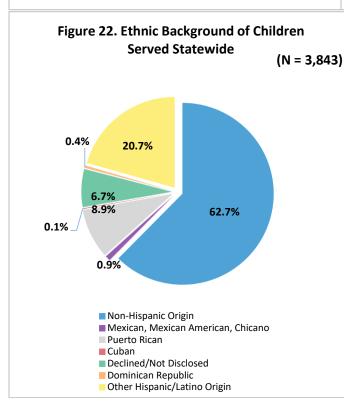


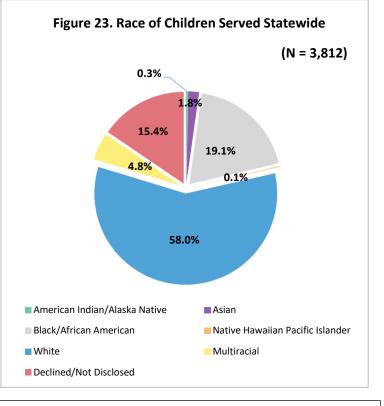


Section IV: Demographics

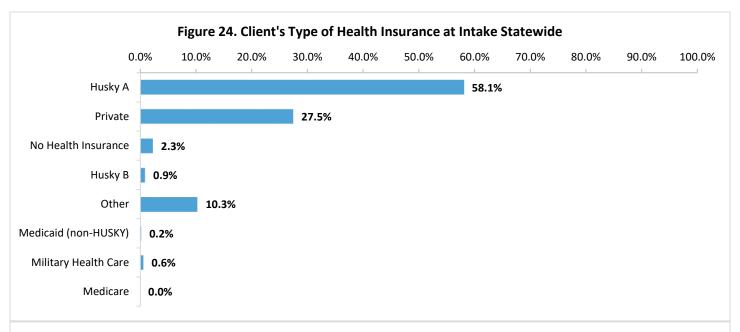


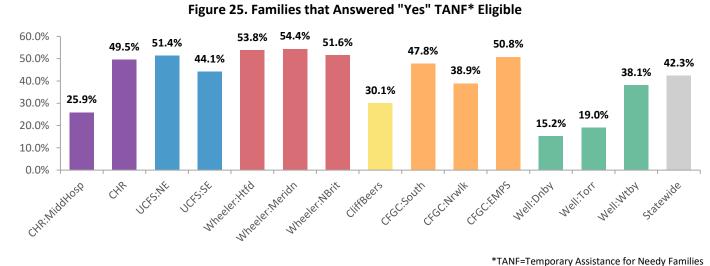


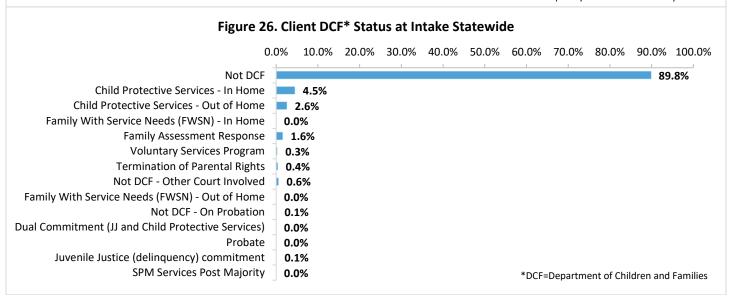




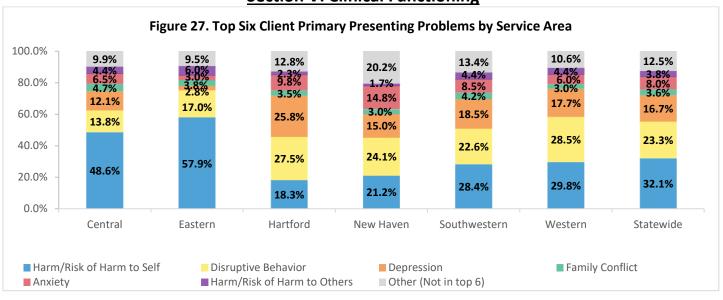
Note: According to the U.S. Census Bureau, "[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept."

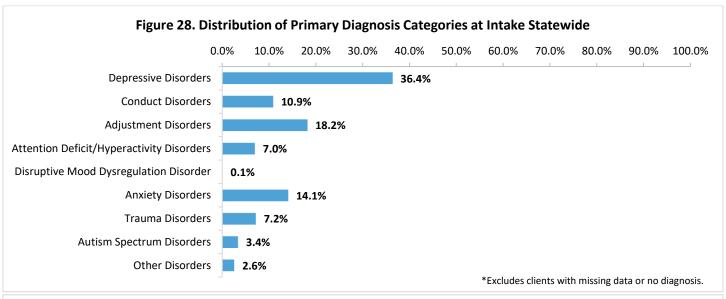


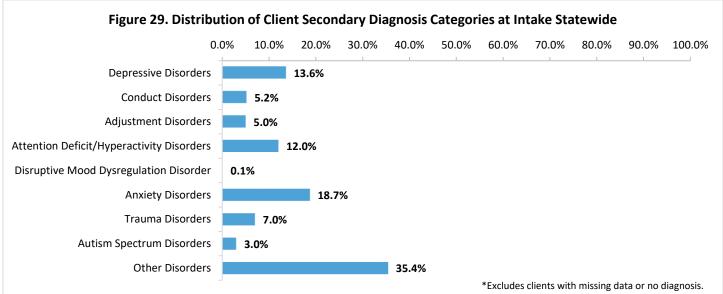


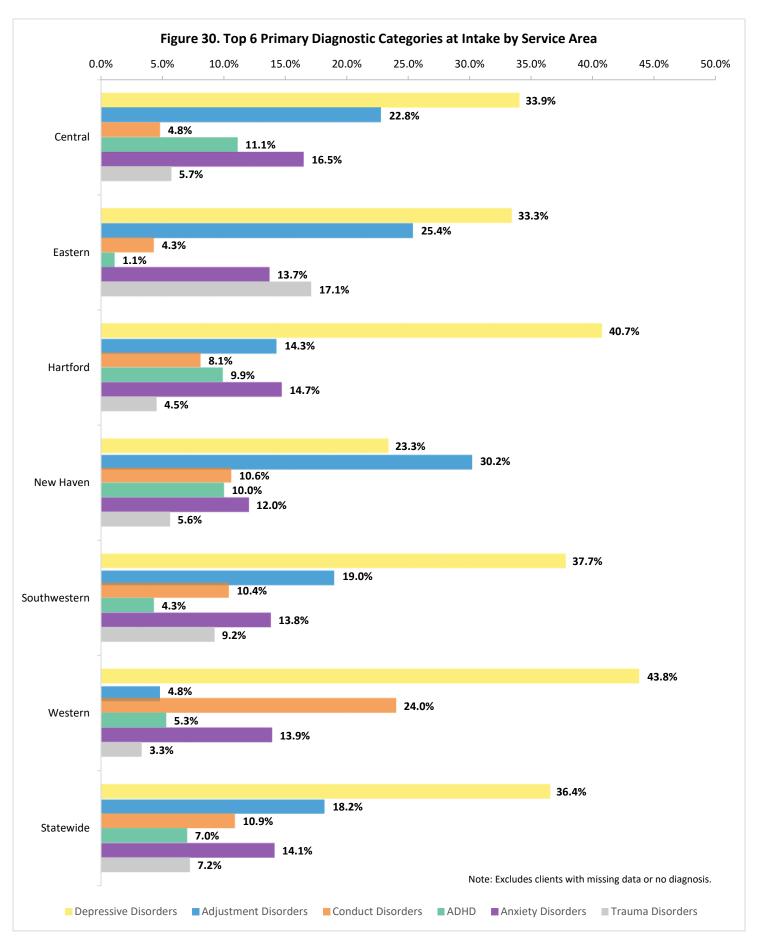


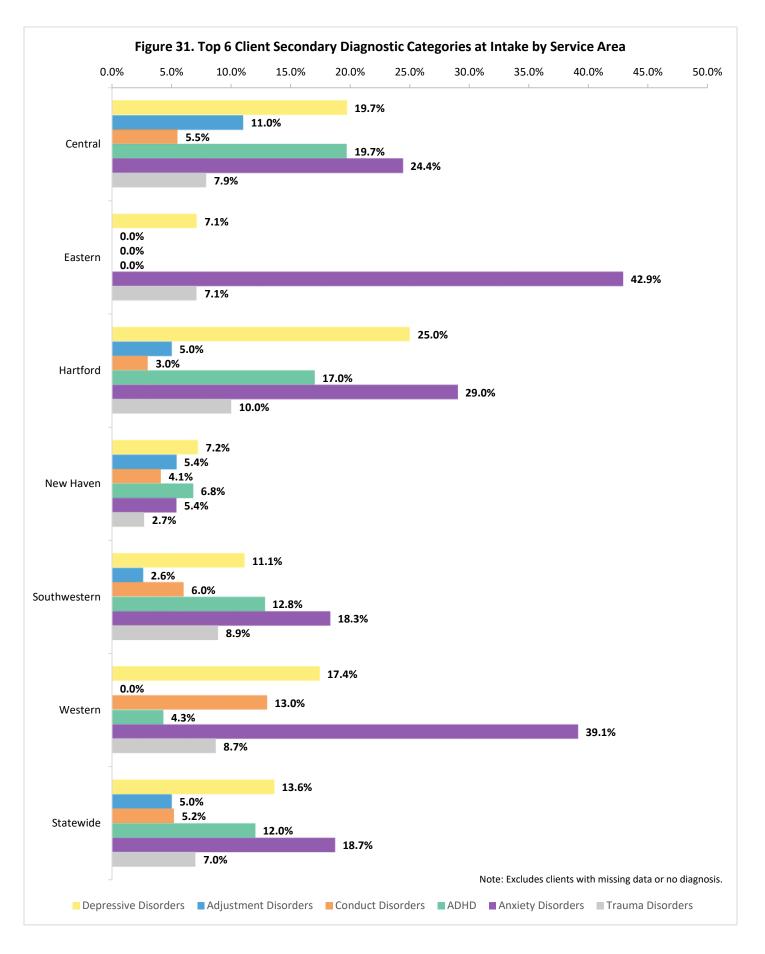
Section V: Clinical Functioning

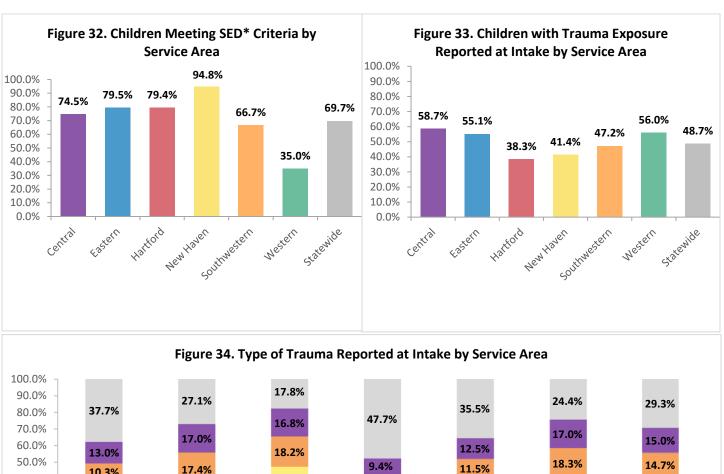


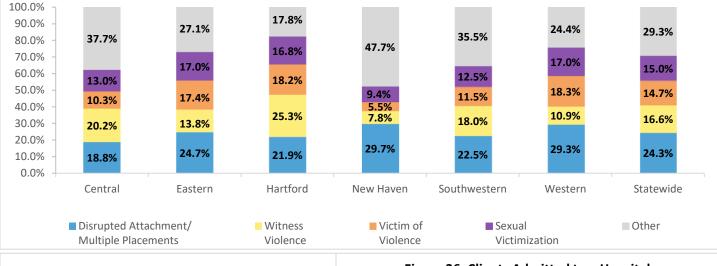


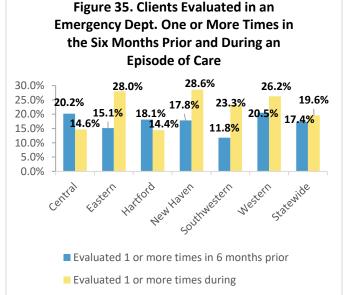


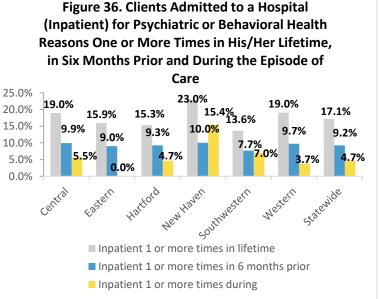












Section VI: Referral Sources

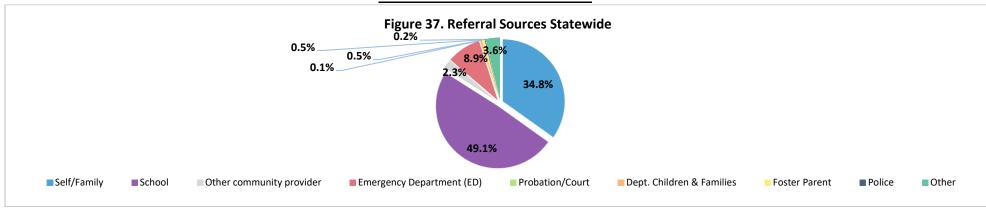
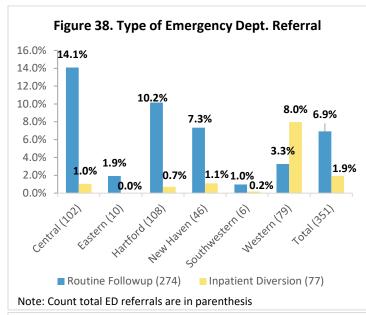
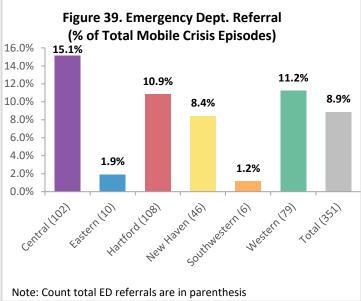
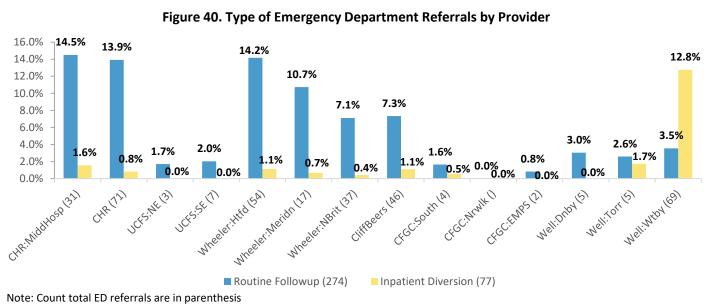


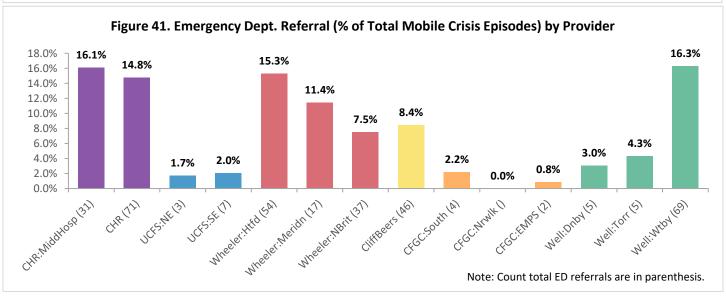
Table 1. Referral Sources (Q2 FY 2022)

	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	34.8%	0.1%	49.1%	0.1%	0.8%	2.3%	8.9%	0.1%	0.5%	2.0%	0.1%	0.5%	0.2%	0.6%	0.1%	0.0%
CENTRAL	34.1%	0.0%	43.0%	0.0%	1.5%	2.1%	15.1%	0.1%	0.6%	2.1%	0.1%	0.3%	0.1%	0.6%	0.1%	0.0%
CHR:MiddHosp	34.2%	0.0%	43.0%	0.0%	1.6%	2.1%	16.1%	0.5%	0.5%	0.5%	0.0%	0.0%	0.5%	1.0%	0.0%	0.0%
CHR	34.1%	0.0%	43.0%	0.0%	1.5%	2.1%	14.8%	0.0%	0.6%	2.7%	0.2%	0.4%	0.0%	0.4%	0.2%	0.0%
EASTERN	36.2%	0.2%	53.9%	0.2%	0.6%	2.1%	1.9%	0.0%	0.2%	2.3%	0.0%	1.3%	0.4%	0.6%	0.0%	0.0%
UCFS:NE	31.6%	0.6%	59.2%	0.0%	0.6%	1.7%	1.7%	0.0%	0.0%	2.9%	0.0%	1.1%	0.6%	0.0%	0.0%	0.0%
UCFS:SE	38.6%	0.0%	51.3%	0.3%	0.6%	2.3%	2.0%	0.0%	0.3%	2.0%	0.0%	1.4%	0.3%	0.9%	0.0%	0.0%
HARTFORD	32.1%	0.1%	48.3%	0.0%	0.8%	3.4%	10.9%	0.0%	0.5%	2.8%	0.1%	0.2%	0.2%	0.6%	0.0%	0.0%
Wheeler:Htfd	22.7%	0.3%	48.3%	0.0%	1.1%	4.8%	15.3%	0.0%	1.1%	5.1%	0.0%	0.6%	0.0%	0.6%	0.0%	0.0%
Wheeler:Meridn	29.5%	0.0%	56.4%	0.0%	0.7%	0.0%	11.4%	0.0%	0.7%	0.0%	0.7%	0.0%	0.7%	0.0%	0.0%	0.0%
Wheeler:NBrit	39.5%	0.0%	45.8%	0.0%	0.6%	3.5%	7.5%	0.0%	0.0%	2.0%	0.0%	0.0%	0.2%	0.8%	0.0%	0.0%
NEW HAVEN	40.9%	0.0%	45.7%	0.2%	0.2%	1.8%	8.4%	0.2%	0.7%	0.7%	0.0%	0.7%	0.0%	0.4%	0.0%	0.0%
CliffBeers	40.9%	0.0%	45.7%	0.2%	0.2%	1.8%	8.4%	0.2%	0.7%	0.7%	0.0%	0.7%	0.0%	0.4%	0.0%	0.0%
SOUTHWESTERN	36.9%	0.0%	55.7%	0.0%	0.8%	2.3%	1.2%	0.0%	0.4%	1.0%	0.0%	1.0%	0.0%	0.8%	0.0%	0.0%
CFGC:South	44.0%	0.0%	46.2%	0.0%	0.0%	4.4%	2.2%	0.0%	0.5%	0.5%	0.0%	1.1%	0.0%	1.1%	0.0%	0.0%
CFGC:Nrwlk	36.8%	0.0%	60.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CFGC:EMPS	31.7%	0.0%	61.3%	0.0%	1.7%	1.7%	0.8%	0.0%	0.0%	0.8%	0.0%	1.3%	0.0%	0.8%	0.0%	0.0%
WESTERN	32.0%	0.0%	50.2%	0.0%	1.0%	1.4%	11.2%	0.0%	0.6%	2.1%	0.3%	0.1%	0.4%	0.4%	0.1%	0.0%
Well:Dnby	37.8%	0.0%	53.0%	0.0%	0.6%	3.0%	3.0%	0.0%	0.0%	0.6%	0.0%	0.0%	1.2%	0.6%	0.0%	0.0%
Well:Torr	32.8%	0.0%	51.7%	0.0%	1.7%	0.9%	4.3%	0.0%	0.0%	7.8%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%
Well:Wtby	29.6%	0.0%	48.7%	0.0%	0.9%	0.9%	16.3%	0.0%	0.9%	1.2%	0.5%	0.2%	0.0%	0.5%	0.2%	0.0%

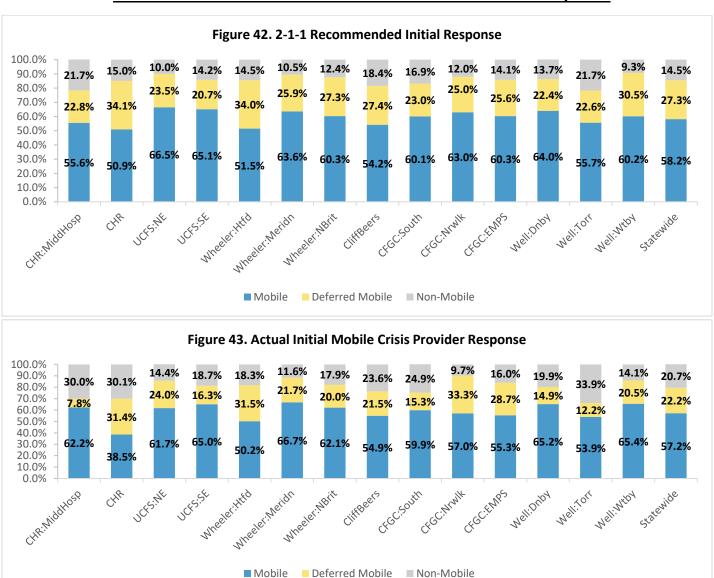


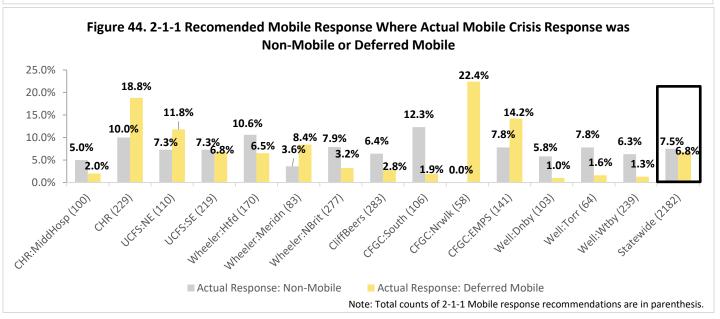


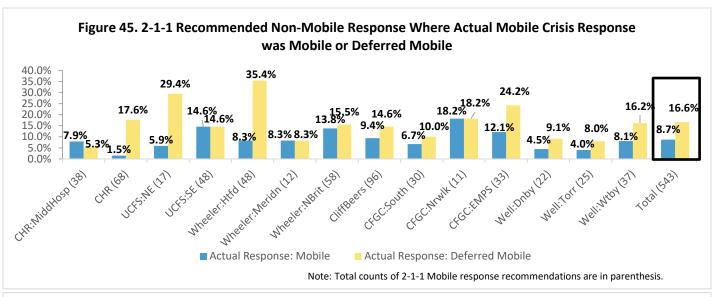


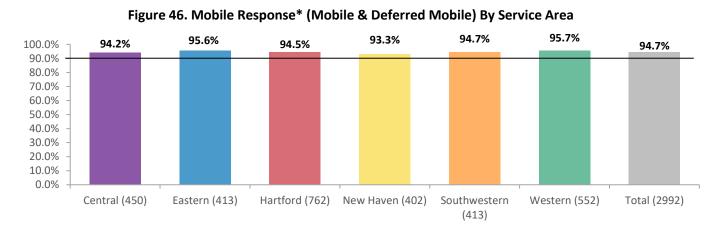


Section VII: 2-1-1 Recommendations and Mobile Crisis Response





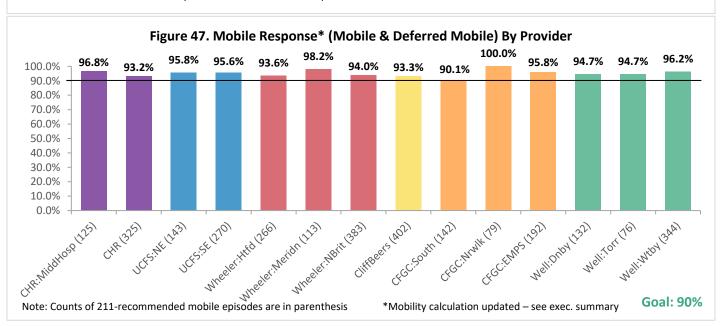




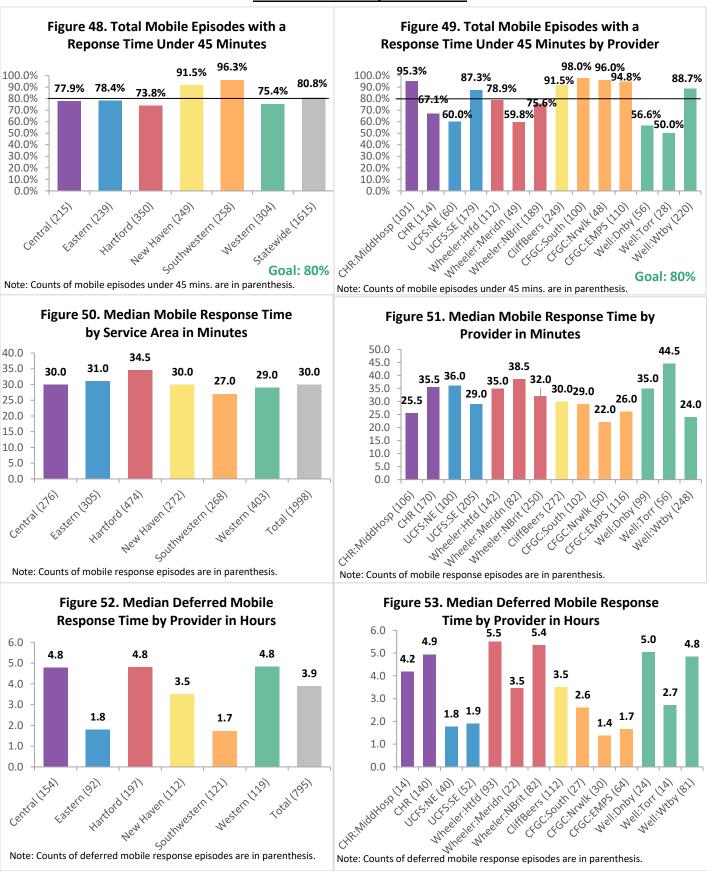
Goal: 90%

*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	ı	J	К	L	М	N	0	Р	Q	R
			Dis	scharged	Episodes	for Curre	ent Repo	rting Perio	d	l.		ı	Cum	ulative	Discho	rged Ep	isodes*	:	
			Mean		•	Median	· ·	Ī	Percen	t		Mean			Media			Percen	t
				LOS:	LOS:		LOS:				LOS:	LOS:	LOS:	LOS:	LOS:	LOS:	Phone		Stab. >
		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	1.4	7.6	19.6	0.0	4.0	16.0	16.2%	31.7%	3.6%	1.3	6.9	18.8	0.0	4.0	15.0	16.5%	29.7%	3.4%
2	Central	3.4	8.8	22.7	0.0	2.0	17.0	38.5%	20.4%	9.2%	3.1	7.4	21.7	0.0	2.0	17.0	38.5%	19.8%	8.0%
3	CHR:MiddHosp	9.6	4.0	14.1	7.0	3.0	13.0	89.1%	15.4%	1.0%	8.5	4.5	14.0	6.0	3.0	13.0	85.6%	16.7%	0.8%
4	CHR	0.8	21.1	27.2	0.0	0.0	24.0	17.5%	33.3%	13.5%	1.0	15.9	25.1	0.0	0.0	23.0	20.3%	28.6%	11.1%
5	Eastern	0.2	3.6	18.2	0.0	4.0	16.0	4.9%	6.1%	0.0%	0.3	3.5	18.6	0.0	4.0	17.0	5.4%	7.4%	0.0%
6	UCFS:NE	0.2	3.7	21.3	0.0	4.0	22.5	2.7%	7.1%	0.0%	0.3	3.7	19.3	0.0	4.0	16.0	6.6%	8.0%	0.0%
7	UCFS:SE	0.2	3.6	16.9	0.0	4.0	14.0	5.8%	5.5%	0.0%	0.2	3.5	18.3	0.0	3.0	17.0	4.9%	7.1%	0.0%
8	Hartford	1.1	5.8	18.6	0.0	3.0	15.0	12.2%	30.2%	1.4%	1.0	5.5	17.5	0.0	3.0	14.0	14.1%	27.4%	1.8%
9	Wheeler:Htfd	0.6	9.1	20.8	0.0	5.0	19.0	14.3%	49.5%	0.7%	0.6	8.4	19.7	0.0	4.0	17.0	13.8%	45.6%	1.6%
10	Wheeler:Meridn	0.6	3.0	19.4	1.0	2.0	16.0	2.9%	16.7%	4.7%	0.8	2.7	18.1	1.0	2.0	14.5	12.9%	12.1%	4.7%
11	Wheeler:NBrit	1.6	4.1	16.4	0.0	2.0	14.0	13.8%	19.1%	1.2%	1.3	3.9	15.6	0.0	2.0	13.0	14.6%	16.7%	1.3%
12	New Haven	0.6	18.2	29.2	0.0	14.0	29.0	7.0%	84.4%	15.8%	0.6	16.7	27.2	0.0	13.0	25.5	8.5%	81.5%	16.7%
13	CliffBeers	0.6	18.2	29.2	0.0	14.0	29.0	7.0%	84.4%	15.8%	0.6	16.7	27.2	0.0	13.0	25.5	8.5%	81.5%	16.7%
14	Southwestern	0.0	6.3	23.0	0.0	4.0	23.0	1.0%	29.8%	1.8%	0.1	5.5	21.2	0.0	4.0	17.0	0.6%	26.7%	1.1%
15	CFGC:South	0.0	1.4	25.1	0.0	0.0	28.0	0.0%	6.6%	0.0%	0.0	1.3	22.3	0.0	0.0	19.0	0.0%	5.8%	0.0%
16	CFGC:Nrwlk	0.0	7.8	14.5	0.0	5.0	14.0	0.0%	41.5%	0.0%	0.0	6.6	18.6	0.0	5.0	21.0	0.0%	41.0%	0.0%
17	CFGC:EMPS	0.1	8.8	17.1	0.0	5.0	14.0	2.3%	39.7%	14.3%	0.1	7.7	16.5	0.0	5.0	11.0	1.4%	33.5%	7.7%
18	Western	1.5	1.8	17.4	0.0	1.0	15.0	16.4%	1.1%	1.3%	1.4	1.9	16.6	0.0	1.0	14.0	15.5%	1.3%	1.1%
19	Well:Dnby	1.9	1.4	16.5	0.0	1.0	14.0	18.2%	0.0%	1.1%	1.3	1.6	15.7	0.0	1.0	13.0	19.7%	0.0%	0.9%
20	Well:Torr	1.5	0.7	17.5	0.0	1.0	15.0	16.3%	0.0%	1.9%	1.4	1.0	16.6	0.0	1.0	15.0	14.5%	0.0%	1.4%
21	Well:Wtby	1.4	2.1	17.7	0.0	1.0	16.0	15.7%	1.6%	1.3%	1.3	2.2	17.0	0.0	2.0	15.0	14.2%	1.9%	1.0%

^{*} Discharged episodes with end dates from July 1, 2021 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	C	D	Е	F	G	Н	I	J	K	L	
		Disch	arged	Episodes for Cเ	ırrent Re	eporti	ng Period	C	umulative	Discha	rged Ep	oisodes*	ŧ	
		N us	ed Me	an/Median	N us	ed for	Percent	N used Mean/Median N used for Percen						
		LOS:	LOS:		Phone	FTF		LOS:		LOS:	Phone		Stab. >	
	CTATEMENT.	Phone	FTF	LOS: Stab.	>1	> 5	Stab. > 45	Phone	LOS: FTF	Stab.	>1	FTF > 5	45	
1	STATEWIDE	946	1299	1128	153	412	41	1578	1904	1532	260	565	52	
2	Central	218	54	294	84	11	27	348	81	401	134	16	32	
3	CHR:MiddHosp	64	39	102	57	6	1	97	60	122	83	10	1	
4	CHR	154	15	192	27	5	26	251	21	279	51	6	31	
5	Eastern	123	361	33	6	22	0	184	526	47	10	39	0	
6	UCFS:NE	37	126	10	1	9	0	61	176	13	4	14	0	
7	UCFS:SE	86	235	23	5	13	0	123	350	34	6	25	0	
8	Hartford	221	245	347	27	74	5	390	369	493	55	101	9	
9	Wheeler:Htfd	77	93	143	11	46	1	130	147	193	18	67	3	
10	Wheeler:Meridn	35	42	43	1	7	2	62	66	64	8	8	3	
11	Wheeler:NBrit	109	110	161	15	21	2	198	156	236	29	26	3	
12	New Haven	129	256	19	9	216	3	223	367	30	19	299	5	
13	CliffBeers	129	256	19	9	216	3	223	367	30	19	299	5	
14	Southwestern	96	295	57	1	88	1	169	404	88	1	108	1	
15	CFGC:South	39	91	44	0	6	0	60	121	68	0	7	0	
16	CFGC:Nrwlk	13	53	6	0	22	0	38	83	7	0	34	0	
17	CFGC:EMPS	44	151	7	1	60	1	71	200	13	1	67	1	
18	Western	159	88	378	26	1	5	264	157	473	41	2	5	
19	Well:Dnby	33	20	90	6	0	1	61	31	107	12	0	1	
20	Well:Torr	43	7	53	7	0	1	69	19	69	10	0	1	
21	Well:Wtby	83	61	235	13	1	3	134	107	297	19	2	3	

^{*} Discharged episodes with end dates from July 1, 2021 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

		Α	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	
					Episo	des Stil	l in Care*					N of E	pisodes	Still in Care*			
												N used	ł				
			Mean			Mediar	1		Percent		Me	an/Me	dian	N used	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	46.6	46.5	49.4	43.0	37.0	43.0	100.0%	100.0%	60.0%	43	356	425	43	356	255	
2	Central	43.4	35.8	49.2	52.0	24.0	45.0	100.0%	100.0%	67.0%	7	75	106	7	75	71	
3	CHR:MiddHosp	22.0	0.0	0.0	22.0	0.0	0.0	100.0%	N/A	N/A	1	0	0	1	0	0	
4	CHR	47.0	35.8	49.2	55.0	24.0	45.0	100.0%	100.0%	67.0%	6	75	106	6	75	71	
5	Eastern	0.0	21.7	28.3	0.0	20.5	29.0	N/A	100.0%	33.3%	0	6	12	0	6	4	
6	UCFS:NE	0.0	21.3	25.4	0.0	18.0	29.0	N/A	100.0%	20.0%	0	3	5	0	3	1	
7	UCFS:SE	0.0	22.0	30.4	0.0	23.0	29.0	N/A	100.0%	42.9%	0	3	7	0	3	3	
8	Hartford	63.1	46.8	54.6	65.0	42.0	49.5	100.0%	100.0%	62.8%	15	59	218	15	59	137	
9	Wheeler:Htfd	39.0	34.9	31.8	39.0	20.0	22.5	100.0%	100.0%	33.3%	1	16	54	1	16	18	
10	Wheeler:Meridn	69.2	45.8	70.5	70.0	33.0	67.5	100.0%	100.0%	80.6%	9	17	36	9	17	29	
11	Wheeler:NBrit	57.0	54.9	59.8	64.0	48.0	58.5	100.0%	100.0%	70.3%	5	26	128	5	26	90	
12	New Haven	51.8	52.9	35.2	39.0	45.0	39.0	100.0%	100.0%	60.0%	5	168	5	5	168	3	
13	CliffBeers	51.8	52.9	35.2	39.0	45.0	39.0	100.0%	100.0%	60.0%	5	168	5	5	168	3	
14	Southwestern	56.7	51.2	45.9	51.5	38.0	32.0	100.0%	100.0%	52.9%	6	37	17	6	37	9	
15	CFGC:South	45.4	18.7	16.0	40.0	18.0	17.0	100.0%	100.0%	0.0%	5	3	7	5	3	0	
16	CFGC:Nrwlk	113.0	63.8	65.6	113.0	64.5	48.5	100.0%	100.0%	87.5%	1	18	8	1	18	7	
17	CFGC	0.0	43.2	72.0	0.0	27.0	72.0	N/A	100.0%	100.0%	0	16	2	0	16	2	
18	Western	15.4	19.5	38.1	16.0	22.0	29.0	100.0%	100.0%	46.3%	10	11	67	10	11	31	
19	Well:Dnby	8.5	0.0	36.1	6.0	0.0	35.0	100.0%	N/A	52.9%	4	0	17	4	0	9	
20	Well:Torr	0.0	0.0	35.6	0.0	0.0	29.5	N/A	N/A	50.0%	0	0	16	0	0	8	
21	Well:Wtby	20.0	19.5	40.4	16.0	22.0	26.0	100.0%	100.0%	41.2%	6	11	34	6	11	14	

^{*} Data includes episodes still in care with referral dates from July 1, 2021 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

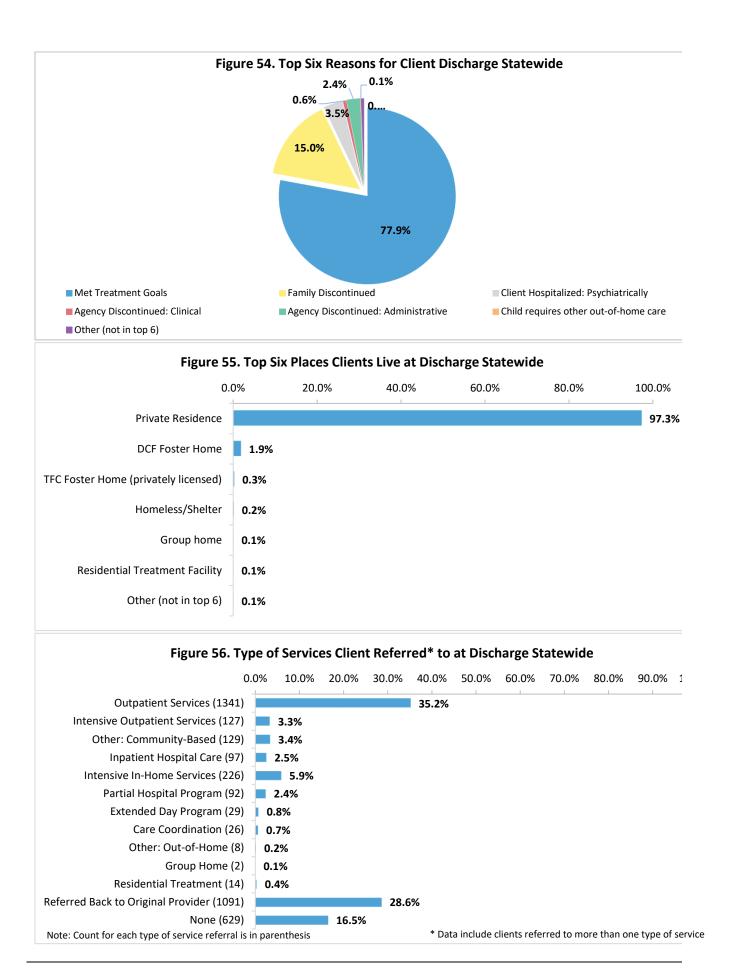


Table 5. Ohio Scales Scores by Service Area

				Mean			† .0510
	N (paired	Mean	Mean	Difference			* P < .05
Service Area	intake & discharge)	(paired [,] intake)	(paired [,] discharge)	(paired [,] cases)	t-score	Sig.	**P < .01
STATEWIDE	uischurge	ппикеј	uischurge	tusesj	t-score	Sig.	
Parent Functioning Score	107	45.79	48.03	2.24	2.03	0.044	*
Worker Functioning Score	664	44.95	47.05	2.10	9.30	<.001	**
Parent Problem Score	107	24.96	23.47	-1.50	-3.00	0.003	**
Worker Problem Score	665	25.66	23.08	-2.58	-11.06	<.001	**
Central							
Parent Functioning Score	20	46.20	46.65	0.45	0.80	0.435	
Worker Functioning Score	130	46.15	46.55	0.41	0.91	0.362	
Parent Problem Score	20	24.60	24.05	-0.55	-1.45	0.164	
Worker Problem Score	130	25.51	24.82	-0.69	-1.25	0.214	
Eastern							
Parent Functioning Score	2	43.50	45.50	2.00	1.00	0.500	
Worker Functioning Score	9	39.56	41.89	2.33	0.83	0.429	
Parent Problem Score	2	19.50	15.50	-4.00	-1.00	0.500	
Worker Problem Score	9	36.44	36.11	-0.33	-0.11	0.918	
Hartford							
Parent Functioning Score	49	45.90	47.04	1.14	0.59	0.556	
Worker Functioning Score	190	44.48	46.38	1.90	3.69	<.001	**
Parent Problem Score	49	24.37	23.18	-1.18	-2.25	0.029	*
Worker Problem Score	191	25.40	23.12	-2.29	-4.82	<.001	**
New Haven							
Parent Functioning Score	5	30.60	47.60	17.00	1.33	0.254	
Worker Functioning Score	10	46.00	53.30	7.30	1.35	0.210	
Parent Problem Score	5	31.40	25.80	-5.60	-0.75	0.497	
Worker Problem Score	10	26.10	17.00	-9.10	-1.78	0.109	
Southwestern							
Parent Functioning Score	18	49.00	51.33	2.33	2.29	0.035	*
Worker Functioning Score	35	45.29	46.09	0.80	0.85	0.403	
Parent Problem Score	18	24.11	23.17	-0.94	-0.62	0.547	
Worker Problem Score	35	25.83	23.66	-2.17	-2.42	0.021	*
Western							
Parent Functioning Score	13	46.46	49.85	3.39	4.25	0.001	**
Worker Functioning Score	290	44.82	47.77	2.96	12.93	<.001	**
Parent Problem Score	13	27.31	24.38	-2.92	-3.87	0.002	**
Worker Problem Score	290	25.53	22.02	-3.52	-13.73	<.001	**

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=66)	Referrers (n=66)
The 2-1-1 staff answered my call in a timely manner	4.18	4.11
The 2-1-1 staff was courteous	4.31	4.40
The 2-1-1 staff was knowledgeable	4.28	4.40
My phone call was quickly transferred to the EMPS provider	4.17	4.02
Sub-Total Mean: 2-1-1	4.24	4.23
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.18	4.02
The Mobile Crisis staff was respectful	4.28	4.26
The Mobile Crisis staff was knowledgeable	4.28	4.23
The Mobile Crisis staff spoke to me in a way that I understood	4.23	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)	3.83	х
The services or resources my child and/or family received were right for us	3.83	Х
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	х	3.95
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.10	4.12
Sub-Total Mean: Mobile Crisis	4.11	4.12
Overall Mean Score	4.15	4.19

^{*} 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:

- Parent provided praise for the service and reported "the call went right through" when asked about reaching 211 timely.
- Caller reports that she had an amazing experience with 211 and EMPS. She was very thankful with the services and how fast someone responded. She reported that she is still on a wait list for her child to see a therapist and feels frustrated that it is taking so long. Caller plans to contact insurance company to find other in network providers to see if there would be anything sooner
- Parent reports that he feels that 211/EMPS is helpful in the moment and that they respond in a "decent timely manner" but that as soon as the team leaves, they are in the same position as before. Overall feels that services are good and he is "Content" but feels response times could be "a little better."
- This was the youth's legal guardian, his aunt. She reported that she was very happy with services and feels that the response times were short and staff was good but feels frustrated that MCI had not followed up with her in regards to the referral that she had discussed with them. She stated that it is not a "big deal" because the youth had additional services in place but that she would have like further follow up by the team. also acknowledges that she has not followed up with them either
- "It's good to know there is someone to talk to."

Referrer Comments:

- Amazing.
- Family did not receive a follow-up from EMPS provider and SW states it is a long wait time connecting to 211 Staff and that is a concern for an individual in a crisis.
- EMPS response time has been challenging because of staffing issues.

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 (125)*	53%	66%	49%	42%	61%	39%	53%	58%	26%	35%	53%	45%	50%	6%	7%
CHR:MiddHosp (10)*	70%	70%	50%	80%	70%	70%	60%	70%	90%	60%	80%	50%	50%	20%	20%
CHR (8)*	38%	75%	25%	63%	38%	38%	38%	50%	13%	13%	50%	38%	50%	0%	0%
UCFS:NE (7)*	86%	71%	71%	100%	86%	43%	86%	57%	57%	86%	57%	43%	57%	14%	20%
UCFS:SE (14)*^	50%	71%	43%	93%	50%	43%	50%	43%	50%	93%	36%	29%	64%	7%	11%
Wheeler:Htfd (19)*^	58%	74%	63%	5%	74%	32%	68%	74%	11%	5%	58%	53%	32%	0%	0%
Wheeler:Meridn (2)*	50%	100%	50%	50%	100%	50%	100%	100%	0%	0%	100%	100%	100%	0%	0%
Wheeler:NBrit (8)*	100%	100%	38%	25%	88%	75%	75%	88%	0%	13%	88%	0%	88%	0%	0%
CliffBeers (17)*	47%	59%	59%	65%	76%	41%	47%	65%	47%	53%	65%	53%	53%	12%	13%
CFGC:South (3)*	67%	100%	100%	33%	100%	33%	100%	67%	0%	33%	33%	100%	100%	0%	0%
CFGC:Nrwlk (2)*	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	50%	0%	0%	0%	0%
CFGC:EMPS (6)*	83%	83%	83%	50%	83%	33%	83%	83%	17%	50%	83%	83%	83%	17%	20%
Well:Dnby (3)*^	33%	67%	67%	0%	33%	33%	33%	67%	0%	0%	33%	33%	67%	0%	0%
Well:Torr (4)*^	50%	50%	50%	25%	50%	50%	50%	50%	25%	50%	50%	25%	0%	0%	0%
Well:Wtby (22)*^	23%	36%	23%	0%	27%	18%	18%	27%	0%	5%	18%	23%	32%	0%	0%
Full-Time Staff Only (82)	60%	74%	57%	46%	66%	40%	59%	66%	28%	39%	56%	52%	62%	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

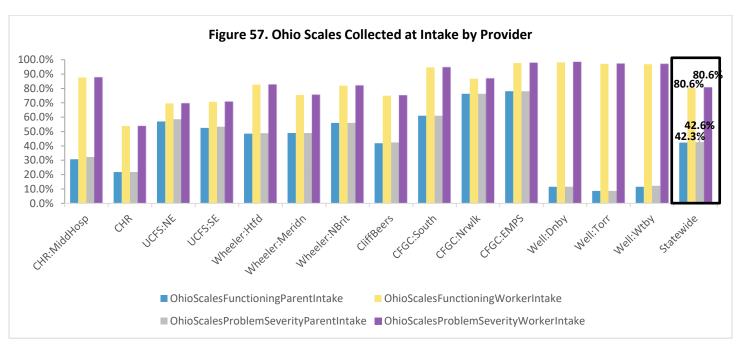
Trauma = Traumatic Stress and Trauma Informed Care Violence = Violence Assessment and Prevention CRC = 21st Century Culturally Responsive Mental Health Care Emerg. Certificate= Emergency Certificate PSB = Problem Sexual Behavior (Added October 2019)

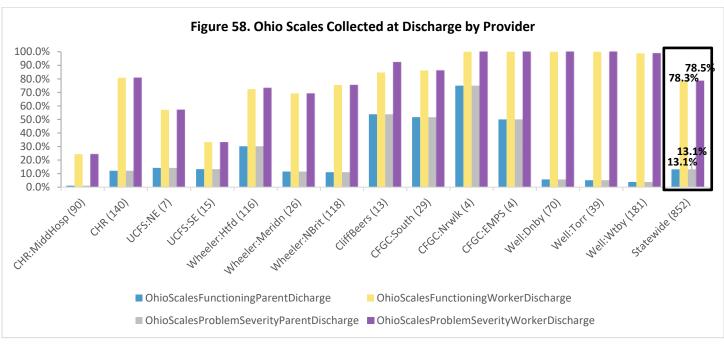
SR = School Refusal (Added August 2019)

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

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

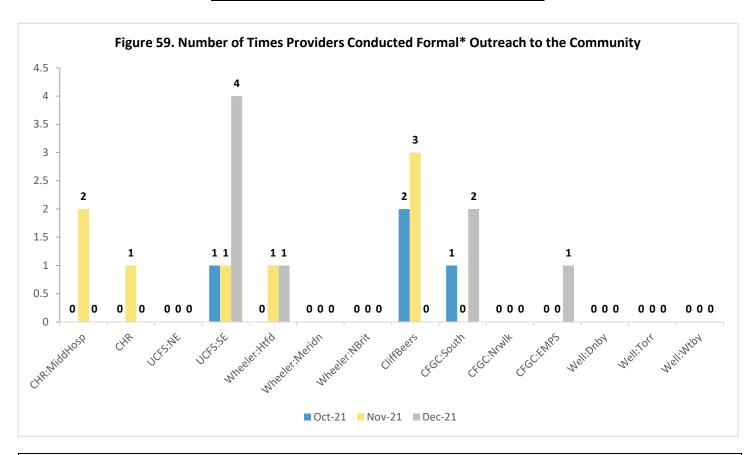
Section XII: Data Quality Monitoring





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.