



**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 3

Updated 5/3/21

This report was prepared by the
Mobile Crisis
Performance Improvement Center (PIC):

Kagnica Seng, MA, Data Analyst

Kayla Theriault, MPH, Senior Data Analyst

Yecenia Casiano, MS, Project Coordinator

Kellie Randall, Ph.D., Director

Heather Clinger, MPH, CPS, Program Manager, Wheeler Clinic

Sarah Camerota, LICSW, United Way of CT – 211

Jeffrey Vanderploeg, Ph.D., CEO

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.....	11
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.....	11
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	12
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	13
Section III: Mobile Crisis Response	13
Figure 14. Total Call Volume by Call Type	13
Figure 15. Statewide 2-1-1 Disposition Frequency	13
Figure 16. Mobile Crisis Response Episodes by Provider.....	13
Figure 17. Number Served Per 1,000 Children by Provider	14
Figure 18. Episode Intervention Crisis Response Types by Service Area	14
Figure 19. Episode Intervention Crisis Response Type by Provider	14
Section IV: Demographics	15
Figure 20. Sex of Children Served Statewide	15
Figure 21. Age Groups of Children Served Statewide	15
Figure 22. Ethnic Background of Children Served Statewide.....	15
Figure 23. Race of Children Served Statewide	15
Figure 24. Client's Type of Health Insurance at Intake Statewide	16
Figure 25. Families that Answered "Yes" TANF* Eligible	16
Figure 26. Client DCF* Status at Intake Statewide.....	16
Section V: Clinical Functioning.....	17
Figure 27. Top Six Client Primary Presenting Problems by Service Area	17
Figure 28. Distribution of Client Primary Diagnosis Categories at Intake Statewide.....	17
Figure 29. Distribution of Client Secondary Diagnosis Categories at Intake Statewide	17
Figure 30. Top 6 Client Primary Diagnostic Categories at Intake by Service Area	18
Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area	19
Figure 32. Children Meeting SED* Criteria by Service Area.....	20
Figure 33. Children with Trauma Exposure Reported at Intake by Service Area	20
Figure 34. Type of Trauma Reported at Intake by Service Area	20
Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care	20
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.....	20
Section VI: Referral Sources.....	21
Figure 37. Referral Sources Statewide	21
Table 1. Referral Sources	21
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	23
Figure 42. 2-1-1 Recommended Initial Response	23
Figure 43. Actual Initial Mobile Crisis Provider Response.....	23
Figure 44. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile	23
Figure 45. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile 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	25
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	25
Figure 50. Median Mobile Response Time by Service Area in Minutes.....	25
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.....	26
Table 2. Length of Stay for Discharged Episodes of Care in Days	26
Table 3. Number of Episodes for Discharged Episodes of Care	27
Table 4. Length of Stay for Open Episodes of Care in Days	28
Figure 54. Top Six Reasons for Client Discharge Statewide	29
Figure 55. Top Six Places Clients Live at Discharge Statewide	29
Figure 56. Type of Services Client Referred* to at Discharge Statewide	29
Table 5. Ohio Scales Scores by Service Area	30
Section X: Client & Referral Source Satisfaction	31
Table 6. Client and Referrer Satisfaction for 211 and EMPS.....	31
Section XI: Training Attendance.....	32
Table 7. Trainings Completed for All Active Staff	32
Section XII: Data Quality Monitoring	33
Figure 57. Ohio Scales Collected at Intake by Provider	33
Figure 58. Ohio Scales Collected at Discharge by Provider.....	33
Section XIII: Provider Community Outreach	34
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.

Call and Episode Volume: In the third quarter of FY2022, **2-1-1 received 5,020 calls** including 3,746 calls (74.6%) handled by Mobile Crisis providers and 1274 calls (25.4%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). Of the 3,744 episodes of care, 3,613 (96.5%) were received during regular hours and 131 (3.5%) were handled after hours. There were two crisis response follow-up calls coded as Mobile Crisis episodes. This quarter saw a 30.4% increase in total call volume compared to the same quarter in FY2021 (3,851), and the total episodes increased by 25.8% (2,977 in FY2021). During this quarter, there was only an 8.7% decrease in calls compared to FY2020 Q3 (5,502), and an 8.0% decrease in episodes (4,072 in FY2020 Q3). This is a fairly typical variation between years, indicating that volume has returned to pre-pandemic levels.

Among the **3,744 episodes of care** generated in Q3 FY22, episode volume ranged from 478 episodes including After Hours calls (Eastern area) to 928 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 5.1, with service area rates ranging from 3.1 (Southwestern) to 6.5 (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 9.6 per 1,000 children in poverty, with service area rates ranging from 5.9 (Western) to 21.0 (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, all 14 sites met this benchmark.

Demographics: Statewide this quarter, 54.1% of services were for children reported as female and 45.9% for those reported as males.¹ **Care for youth ages 13-15 years old comprised the largest portion of services (37.1%).** Additionally, 30.1% of services were for 9-12 year olds, 18.8% were for 16-18 year olds, 10.3% were for 6-8 year olds, and 3.3% were for five or younger. The majority of services were for White children (58.4%), while 18.9% were for African-American or Black children. Over a third (39.3%) of services were for youth of Hispanic ethnicity. The majority of youth were insured by Husky A (56.7%) and private insurance (26.3%). Finally, the majority of clients (90.0%) were not DCF-involved.

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide included: Harm/Risk of Harm to Self (34.0%), Disruptive Behavior (22.1%), Depression (16.4%), Anxiety (7.9%), Harm/Risk of Harm to Others (4.2%) and Family Conflict (3.1%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (36.5%), Adjustment Disorders (16.0%), Anxiety Disorders (14.0%), Conduct Disorders (13.2%), Trauma Disorders (8.9%), and Attention Deficit/Hyperactivity Disorders (6.0%). This quarter, **72.3% 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 52.2%**, with service areas ranging from 30.2% (Hartford) to 66.7% (Eastern). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (24.8%), Witnessing Violence (17.9%), Sexual Victimization (16.7%), and Victim of Violence (14.2%).

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 17.9%**, similar to 22.1% in the same quarter last fiscal year. During an episode of care, 20.6% 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 9.3% statewide, which is slightly lower than the rate in the Q3 FY2021 (11.5%). The admission rate to an inpatient unit during a mobile crisis episode was 9.3%, compared to a rate of 9.6% in the same quarter last fiscal year.

Referral Sources: Statewide, 49.9% of referrals came from schools, and **36.3% of referrals were received from parents, families and youth**. This is an increase in school referrals from FY2021 Q3 (31.6%), when many schools were still using some level of virtual learning due to the pandemic. Emergency Departments (EDs) accounted for 6.5% of all Mobile Crisis referrals. The remaining 7.3% 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 **244 Mobile Crisis referrals were received from EDs**, including 45 referrals for inpatient diversion and 199 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 (9.6%) and the lowest was in the Eastern service area (1.9%). Statewide, 6.5% of all Mobile Crisis episodes came from ED referrals this quarter, slightly lower than the rate from Q3 FY2021 (12.9%). Note, this decrease is likely due to the significant increase in school referrals, rather than a decrease in ED referrals.

Mobility: The average **statewide mobility this quarter was 90.8%**, lower to the rate in Q3 FY2021 (96.8%) (Police referrals are excluded from mobility calculations). Three of the six service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 88.6% (Central, Southwestern) to 94.1% (Western). The mobility rates among individual providers ranged from 83.7% (CFC: South) to 96.0% (Well: Torrington). Ten of the 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, **76.7% of mobile episodes received a face-to-face response in 45 minutes or less**. Performance on this indicator ranged from 69.8% (Hartford) to 93.4% (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 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, 14.2% of Phone Only episodes exceeded one day, 32.9% of Face-to-Face episodes exceeded five days, and **14.7% of Stabilization Plus Follow-up episodes exceeded 45 days**, exceeding 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 20.5 days for *Stabilization Plus*.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 57.5 days and ranged from 0.0 days (Eastern) to 120.0 days (New Haven). The statewide median LOS for Face-to-Face was 41.0 days and ranged from 6.5 days (Eastern) to 59.0 days (Hartford). For *Stabilization Plus Follow-up*, the statewide median LOS was 36.0 days with a range from 11.0 days (Western) to 113.0 days (New Haven). Across open episodes of care with phone and face-to-face crisis response categories during the third 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, 52.1% of these open cases exceeded the benchmark, while regionally this ranged from 11.2% (Western) to 79.7% (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.

Discharge Information: The overwhelming **majority of clients lived in a private residence at discharge from Mobile Crisis (98.4%)**. Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (72.2%), Family Discontinued (19.9%), and Client Hospitalized: Psychiatrically (4.6%).

Statewide, clients were most likely to be **referred to their original provider (29.9%) or Outpatient Services (33.2%) at discharge**. Other care referrals at discharge included: Intensive In-Home Services (5.0%), Intensive Outpatient Program (3.9%) Other Community Based Services (3.4%), Partial Hospital Program (3.3%), Inpatient Hospital (3.0%), and Care Coordination (1.2%). An additional 15.6% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 2.44 points on worker rated functioning, while parent rated functioning scales showed a decrease of -0.02 points on average. Similarly, worker rated Problem Severity Scales showed an average improvement of 2.76 points, while parent-rated Problem Severity Scales showed an increase of 0.18 points on average. Changes worker functioning and worker problem scores were found to be statistically significant at the statewide level.

Completion rates of the Ohio Scales at discharge for the Parent scores decreased by 13.6 points when compared to the same quarter in FY2021. The completion rate for Worker scores increased 5.1 points compared to FY2021 Q3.

Satisfaction: This quarter, 61 clients/families and 61 other referrers were surveyed regarding their satisfaction with the service; referrers 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 4.14 and 4.11.** Among **other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were 4.20 and 3.83,** 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 December 2021 is 7%.** This is the same percentage of full-time staff who had completed all trainings in FY2021 Q3.

Community Outreach: Due to challenges related to COVID-19, outreaches are more difficult to complete. The number of outreaches ranged from 0 (CHR, UCFS:NE, Wheeler: all sites, CFGC: South and Norwalk, Wellmore: Danbury and Torrington) to 4 (Clifford Beers).

SFY 2022 Q2 RBA Report Card: Mobile Crisis Intervention Services

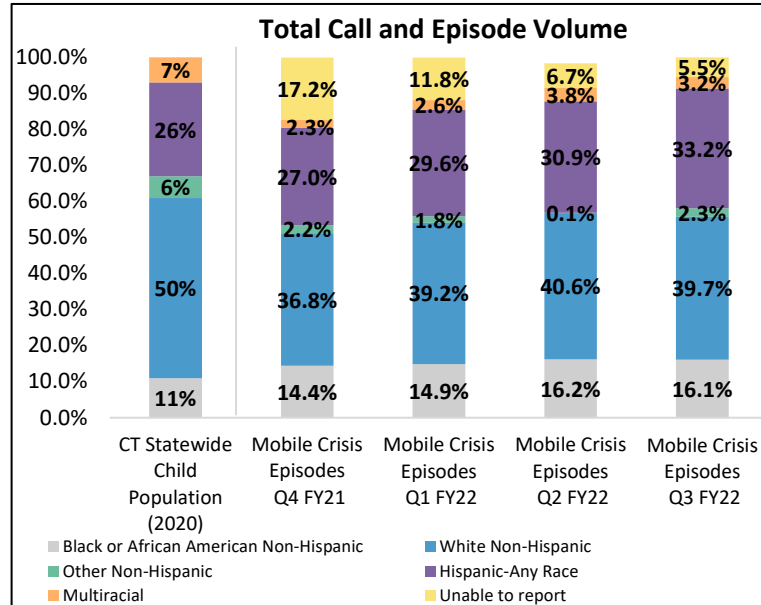
Quality of Life Result: Connecticut's children will live in stable environments, safe, healthy and ready to lead successful lives.

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?



	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
Mobile Crisis Episode	2,977	3,082	2,220	3,953	3,746
2-1-1 Only	874	925	780	1,290	1,274
Total	3,851	4,007	3,000	5,243	5,020

Story Behind the Baseline: In SFY 22 Q3 there were 5,020 total calls to the 2-1-1 Call Center resulting in 3,746 episodes of care. Compared to the same quarter in SFY 21 this represents an increase in call volume of 30.4% (1,169 more calls) and an increase in mobile episodes of 25.8% (769 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 (5,502 total calls in FY20 Q3). 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 Q3, the racial composition percentages of children served are relatively similar, though with a slight increase in the percentage of Hispanic children served and in the percentage of White children served.

Trend: ↑

Episodes Per Child

Episode	SFY 2021 Q4			SFY 2022 Q1			SFY 2022 Q2			SFY 2022 Q3		
	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	161 (83.9%)	1,438 (89.8%)	1,599	133 (86.4%)	1,028 (92.4%)	1,161	176 (83.4%)	2,023 (91.6%)	2,199	170 (88.1%)	1,910 (91.5%)	2,080
2	25 (13.0%)	140 (8.7%)	165	16 (10.4%)	70 (6.3%)	86	27 (12.8%)	152 (6.9%)	179	21 (10.9%)	148 (7.1%)	169
3	4 (2.1%)	20 (1.2%)	24	4 (2.6%)	11 (1.0%)	15	6 (2.8%)	25 (1.1%)	31	2 (1.0%)	25 (1.2%)	27
4 or more	2 (1.0%)	3 (0.2%)	5	1 (0.6%)	3 (0.3%)	4	2 (0.9%)	9 (0.4%)	11	(0.0%)	4 (0.2%)	4

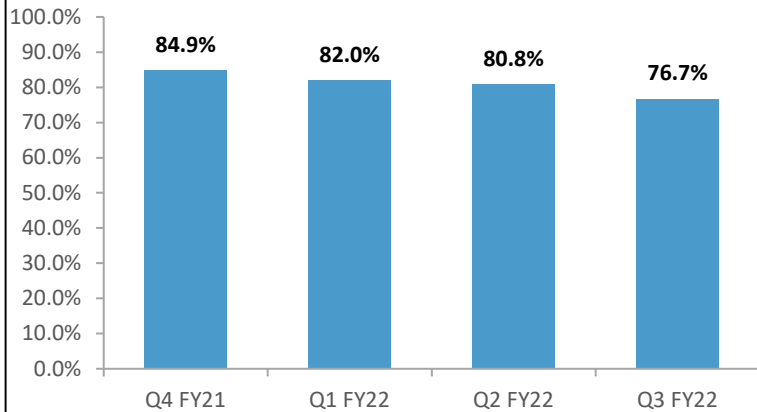
Story Behind the Baseline: In SFY 22 Q3, of the 2,280* children served by Mobile Crisis 91.2% (2,080) received only one episode of care, and 98.6% (2,249) received one or two episodes of care; compared to 90.2% (1,570) and 98.5% (1,714) respectively for SFY 21 Q3. The proportion of children with four or more episodes is similar to SFY 21 Q3. The data indicates that most children and families require only one episode of care.

Trend: →

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

How Well Did We Do?

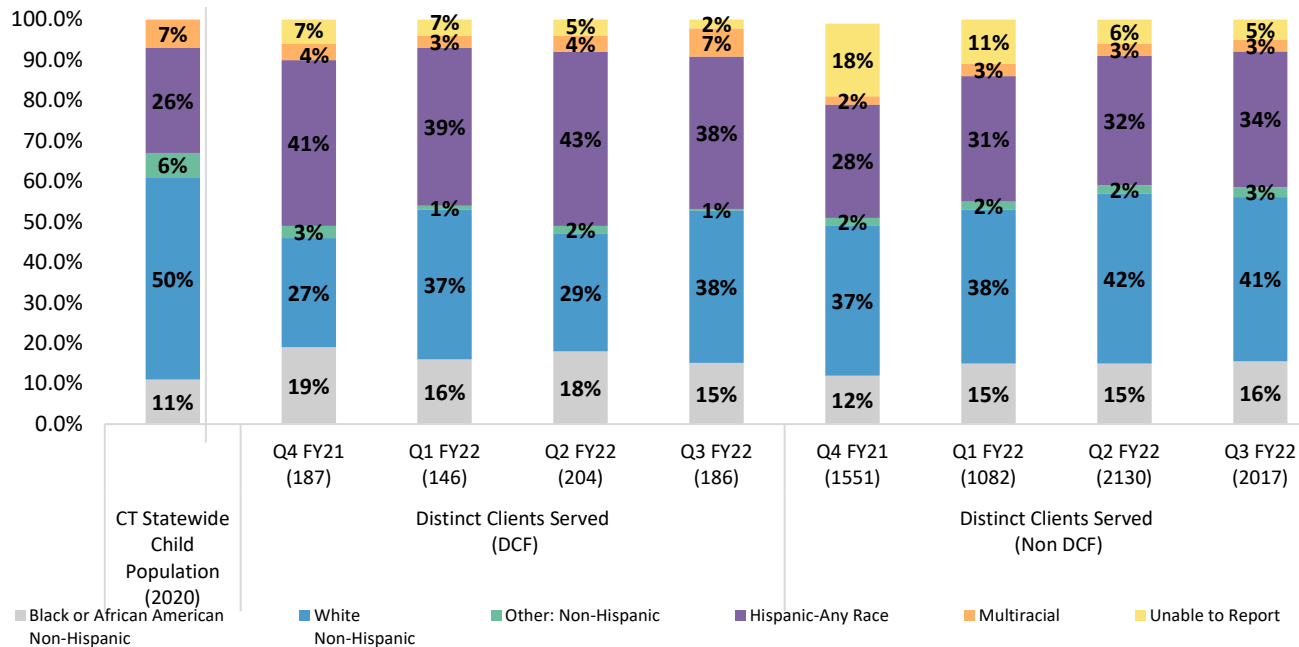
Statewide Response Time Under 45 Minutes



Story Behind the Baseline: In SFY 22 Q3, 76.7% of all mobile responses achieved the 45 minute mark compared to 83.0 % for SFY 21 Q3. **The median response time for SFY 22 Q3 was 32 minutes.** While providers have continued to offer mobile responses in homes and community settings throughout the pandemic, a small number episodes received a phone or video telehealth response due to COVID-19 related concerns and staffing challenges. Telehealth responses are not included in response time calculations. 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. 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



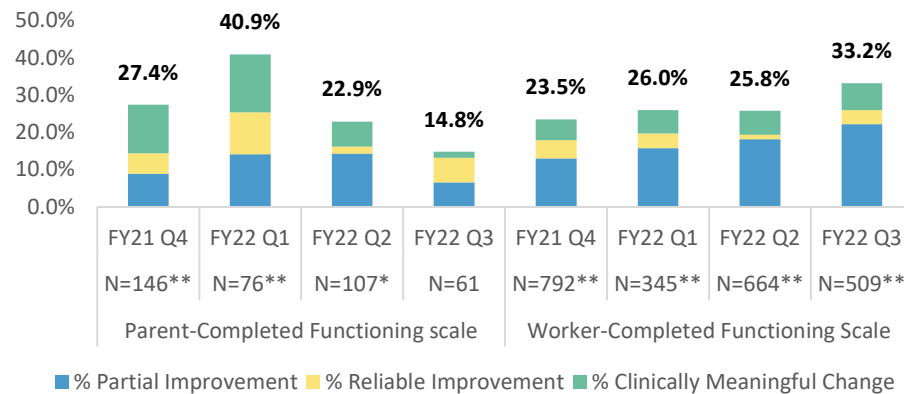
Story Behind the Baseline: In SFY 22 Q3 Hispanic and Black DCF and non-DCF involved children^{1,2} accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF-involved White children accessed the service at lower rates. White Non-DCF-involved children utilized 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.

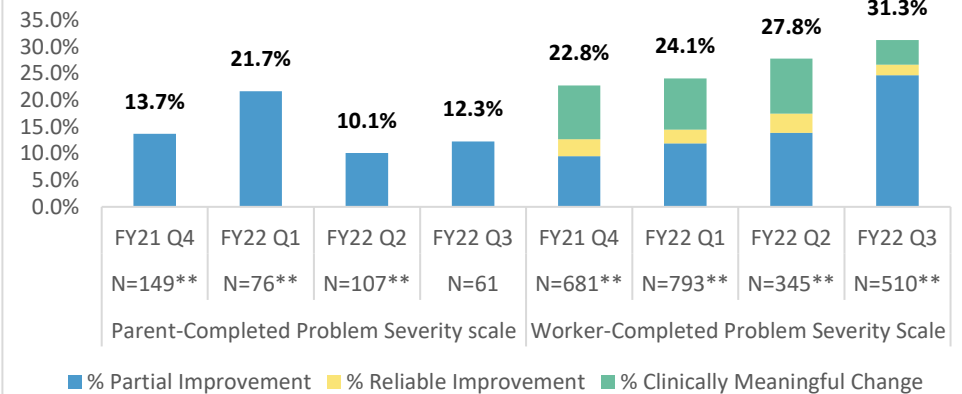
Trend: →

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 Q3, Worker Functioning and Worker Problem Severity scales showed statistically significant change. Despite the relative short time of service engagement, the Ohio Scales reflect the continued effectiveness of Mobile Crisis in defusing 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: →

¹Note: Statewide Ohio Scales Scores are based on paired intake and discharge scores. Discharge scales only collected for episodes 5 days or longer. ²Note: Statistical Significance: † .05-.10; * P < .05; **P < 0.01

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

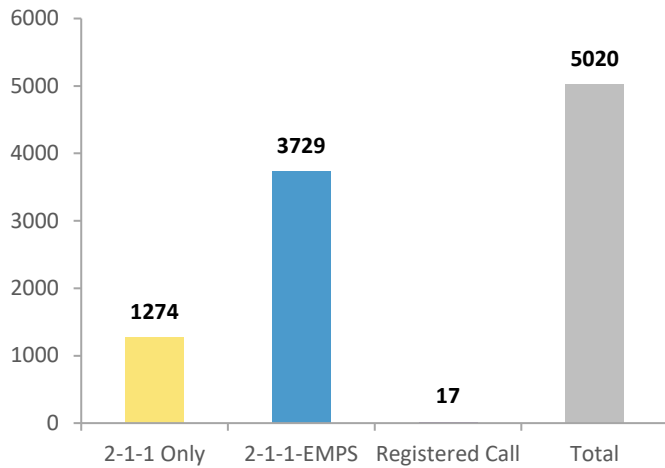


Figure 2. Total Call Volume per Quarter by Call Type

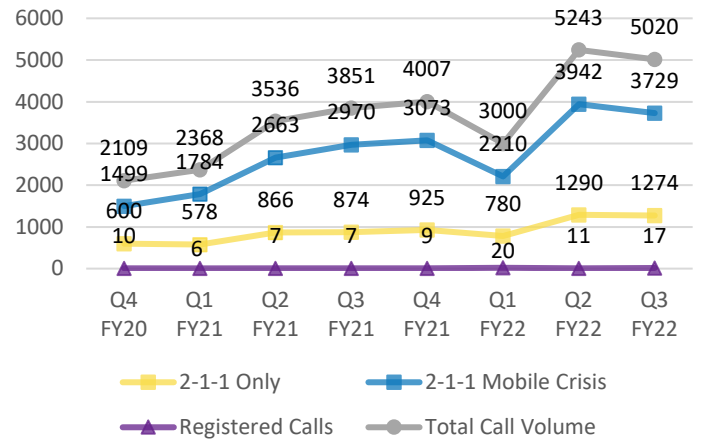
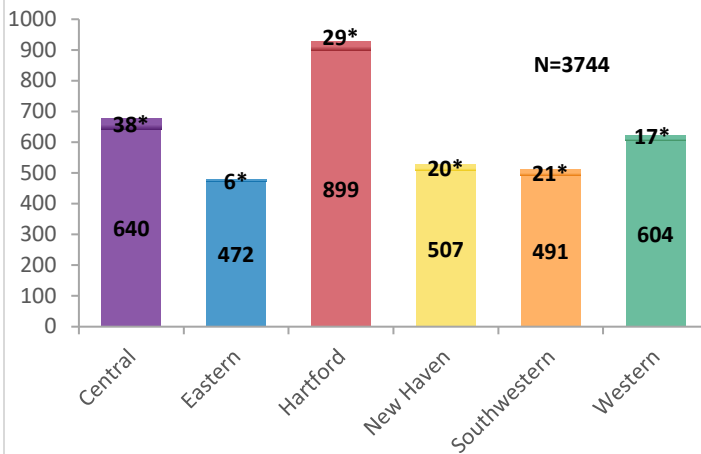


Figure 3. Mobile Crisis Episodes by Service Area



^Excluding 2 Crisis-Response Follow-Up Calls
*After Hour Calls resulting in an episode

Figure 4. Mobile Crisis Episodes per Quarter by Service Area

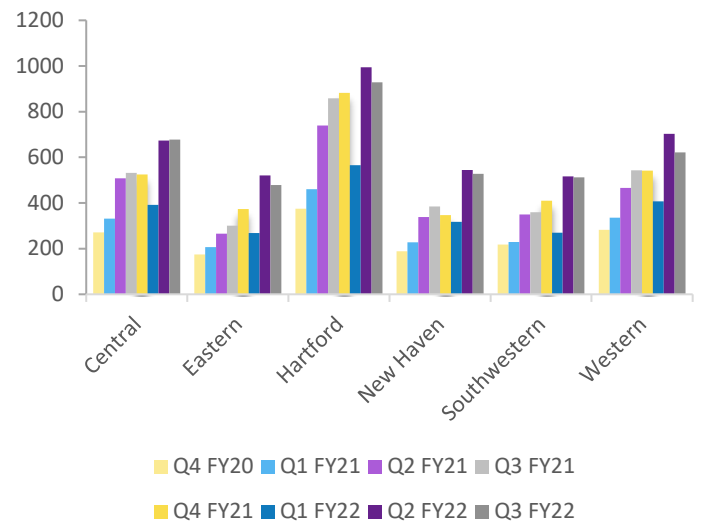


Figure 5. Number Served Per 1,000 Children

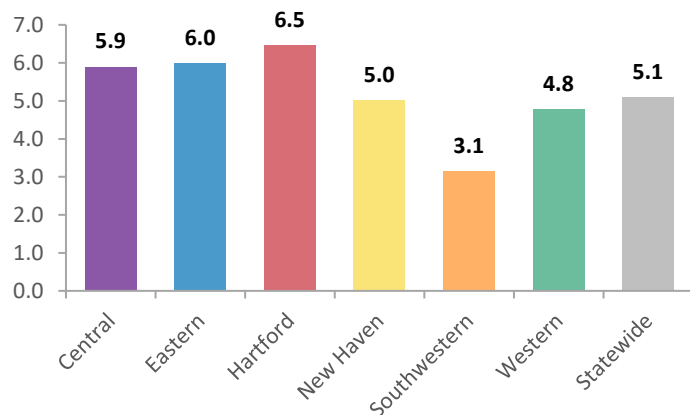


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

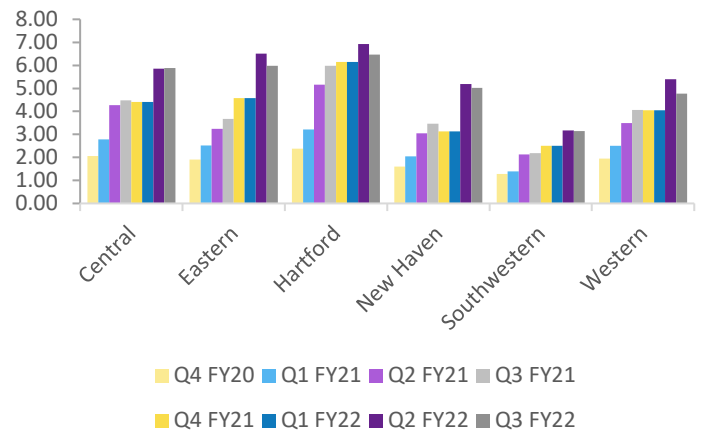


Figure 7. Number Served per 1,000 Children in Poverty

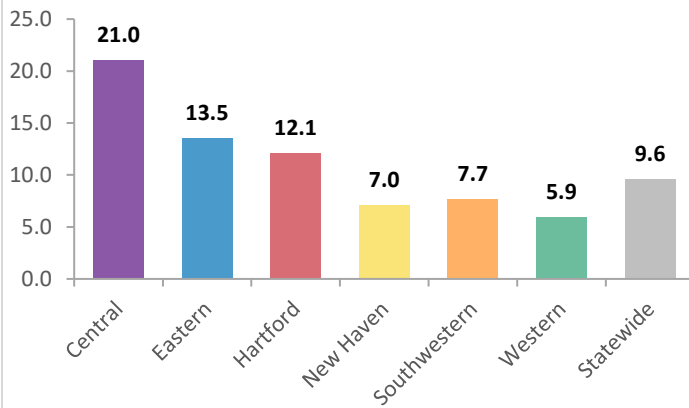


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

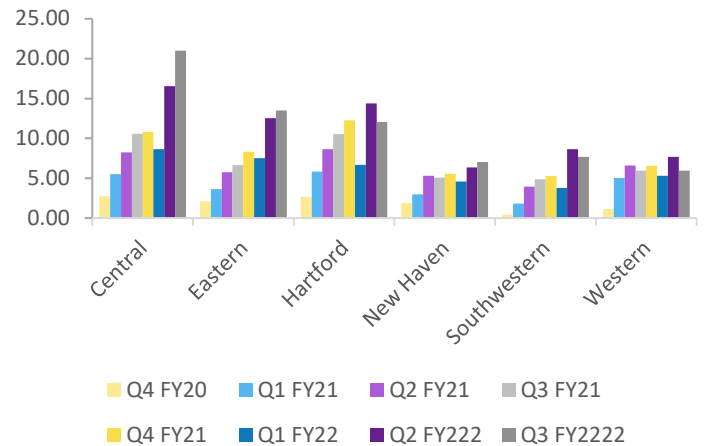
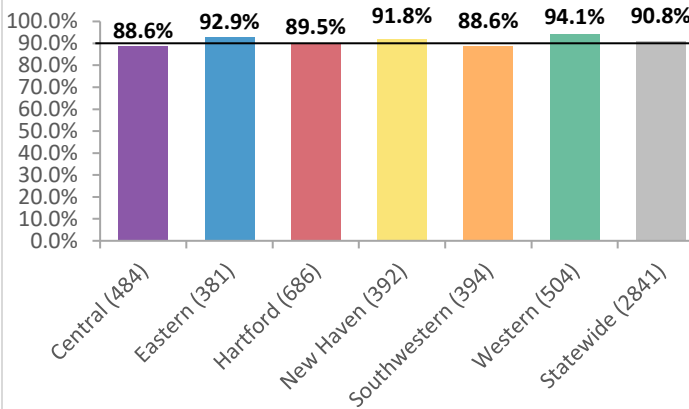


Figure 9. Mobile Response* (Mobile and Deferred Mobile) by Service Area



*Mobility calculation updated – see exec. summary

Goal:

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

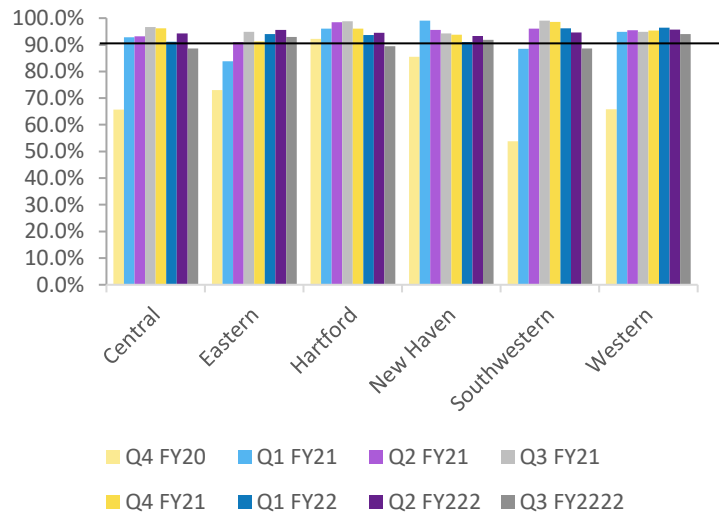
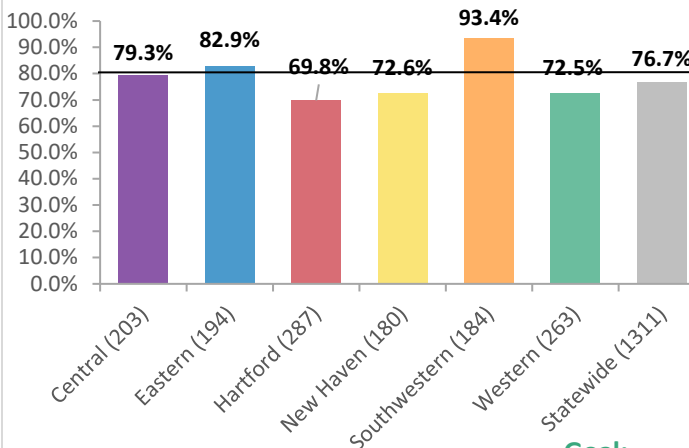


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes



Goal:

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

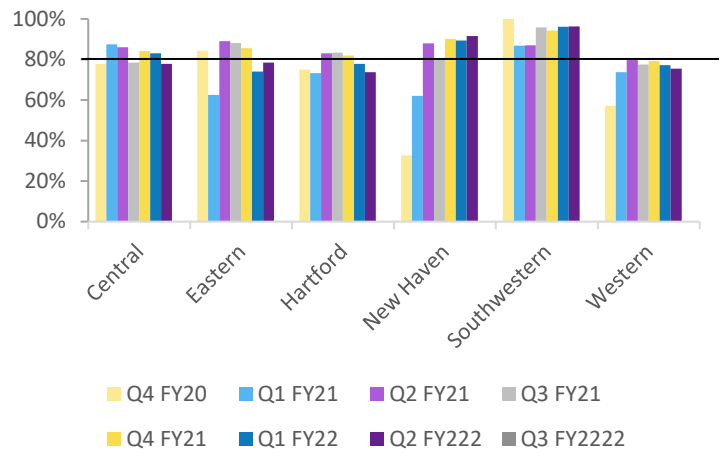
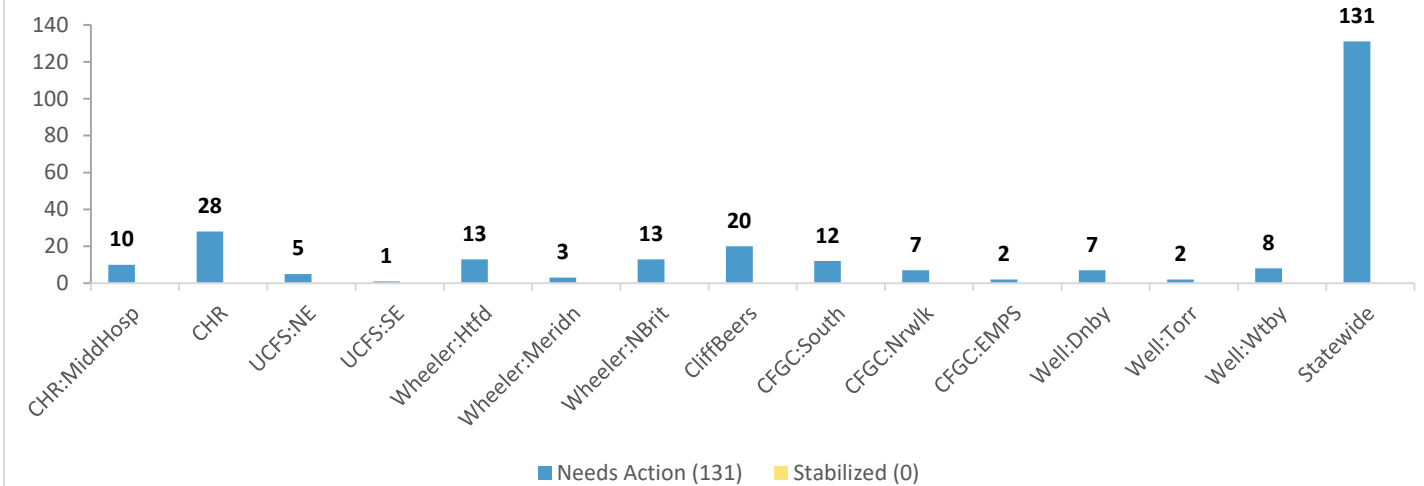


Figure 13. After Hours Follow-up Calls by Provider



Section III: Mobile Crisis Response

Figure 14. Total Call Volume by Call Type

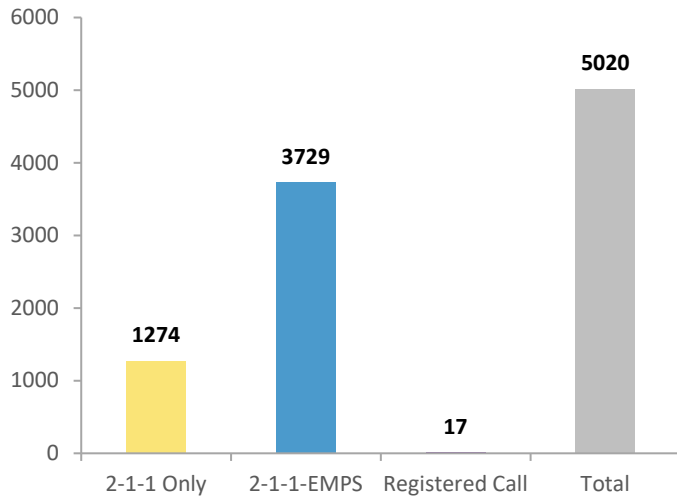


Figure 15. Statewide 2-1-1 Disposition Frequency

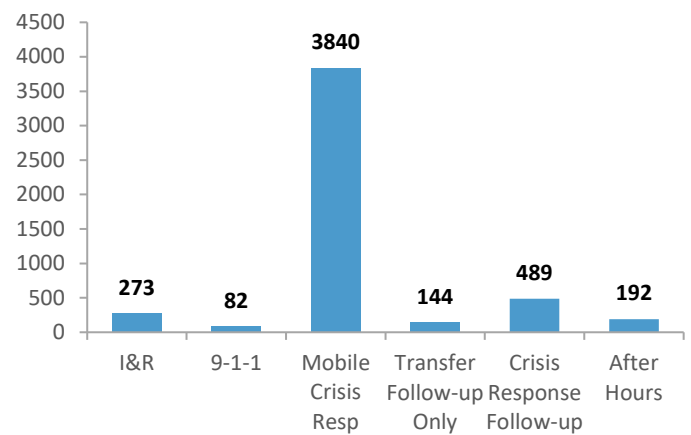
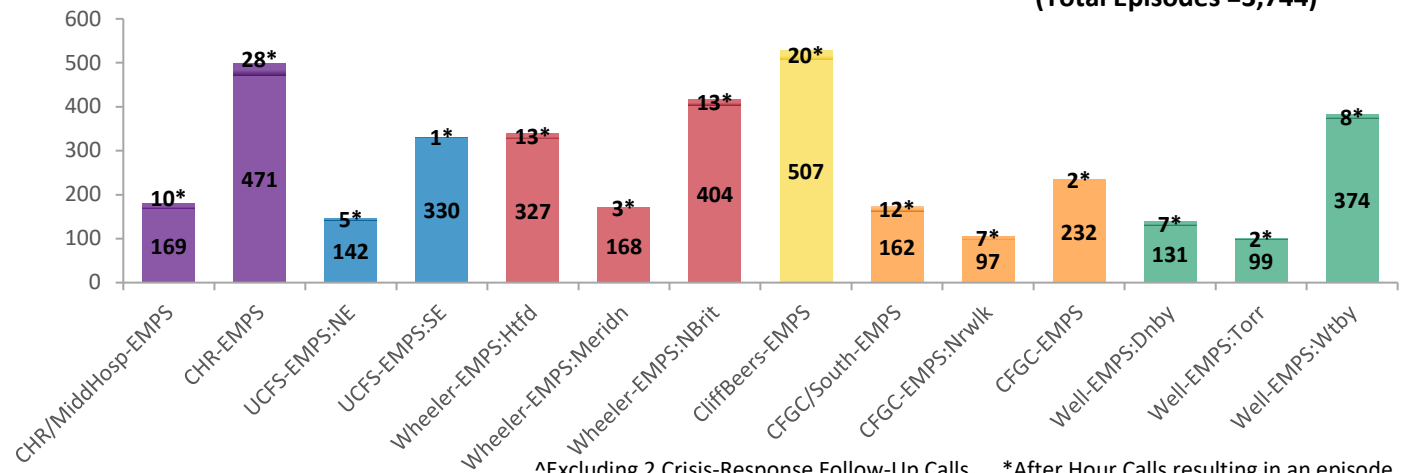


Figure 16. Mobile Crisis Response Episodes by Provider

(Total Episodes =3,744)



^Excluding 2 Crisis-Response Follow-Up Calls

*After Hour Calls resulting in an episode

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

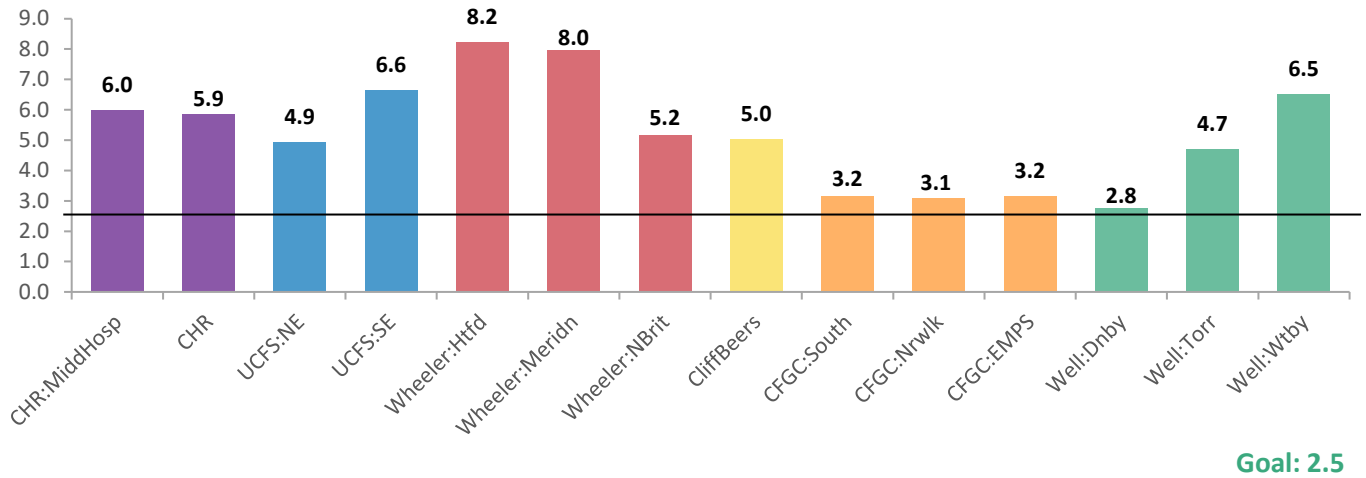


Figure 18. Episode Intervention Crisis Response Types by Service Area

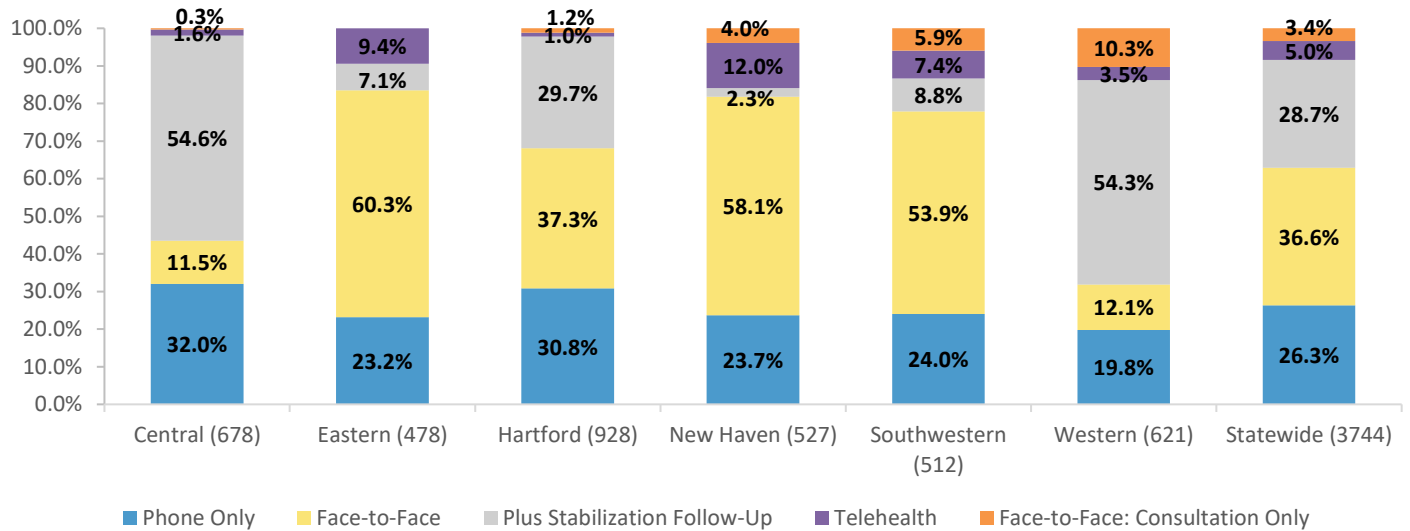
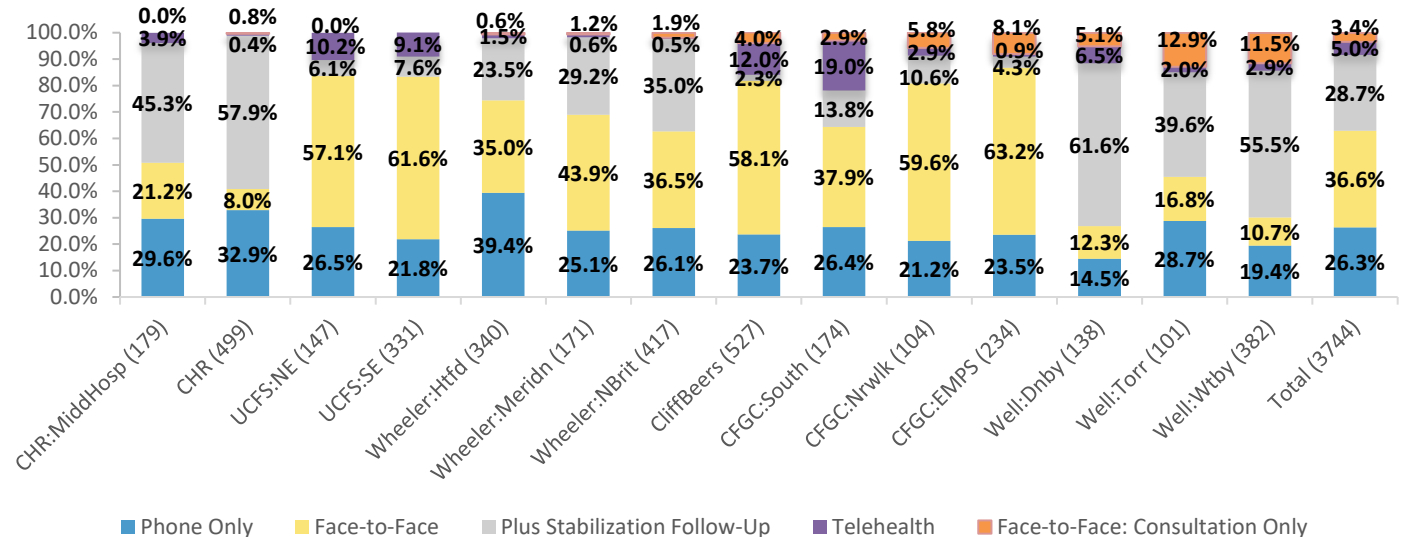


Figure 19. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 20. Sex of Children Served Statewide
(N = 3,744)

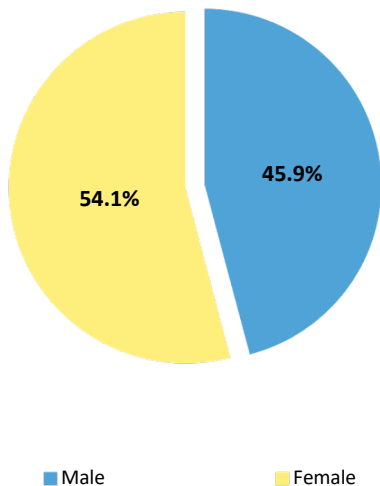


Figure 21. Age Groups of Children Served Statewide
(N = 3,744)

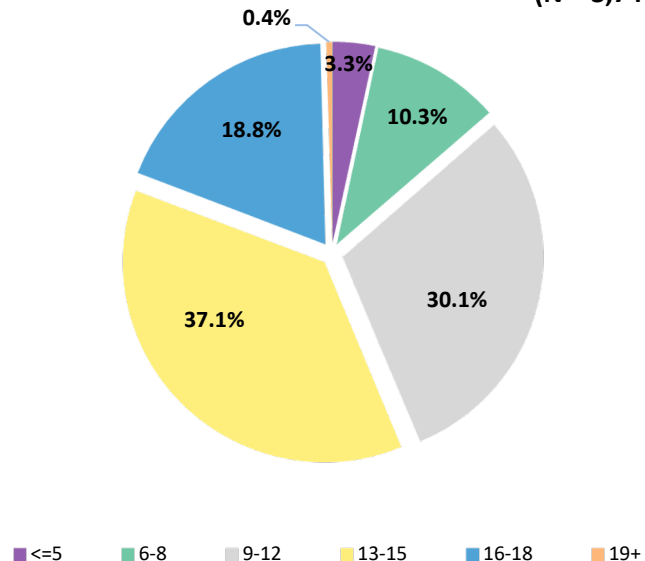


Figure 22. Ethnic Background of Children Served Statewide
(N = 3,642)

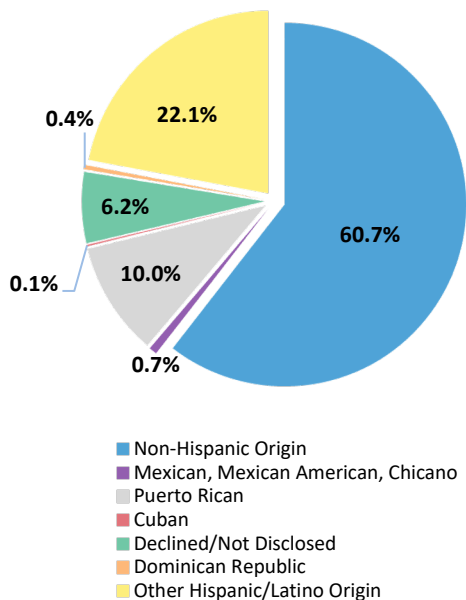
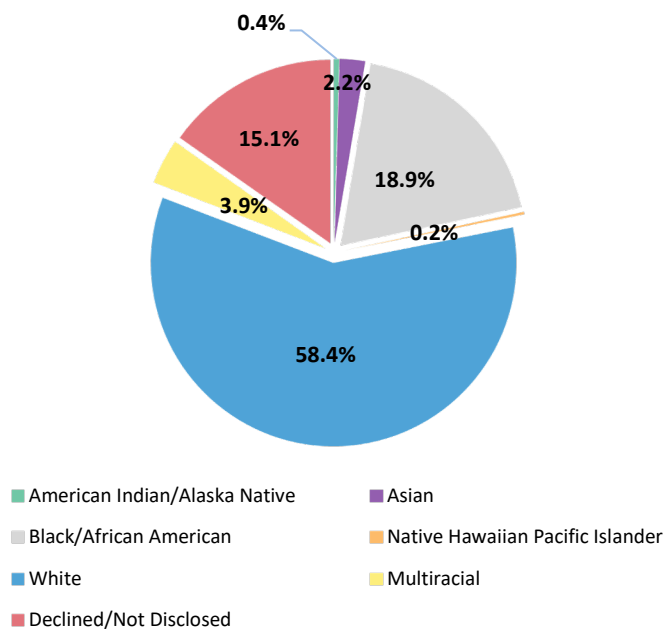


Figure 23. Race of Children Served Statewide
(N = 3,620)



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

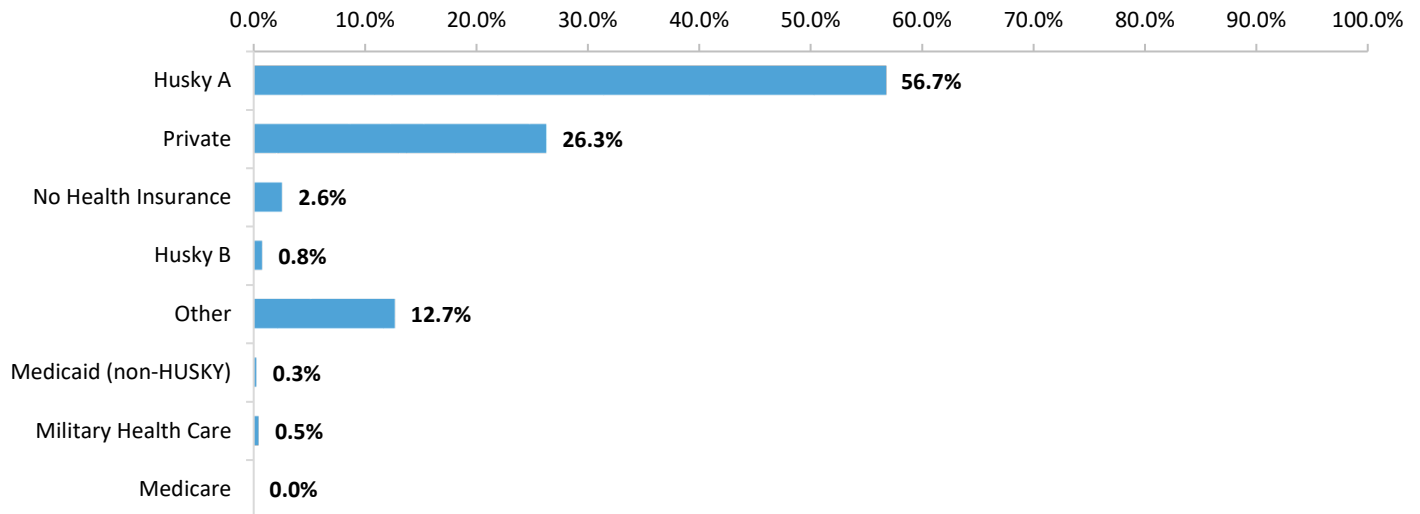
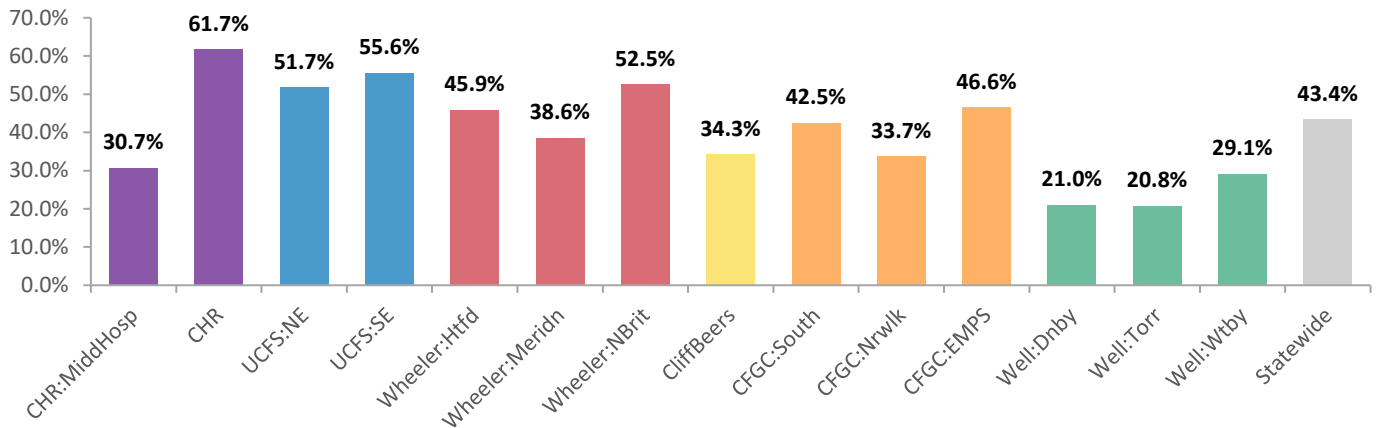
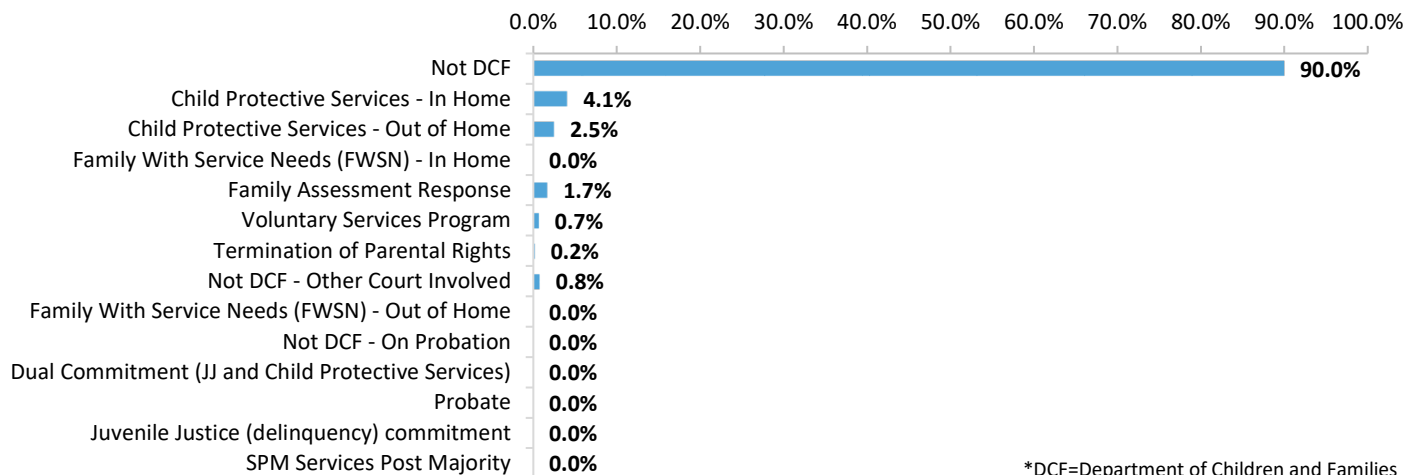


Figure 25. Families that Answered "Yes" TANF* Eligible



*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

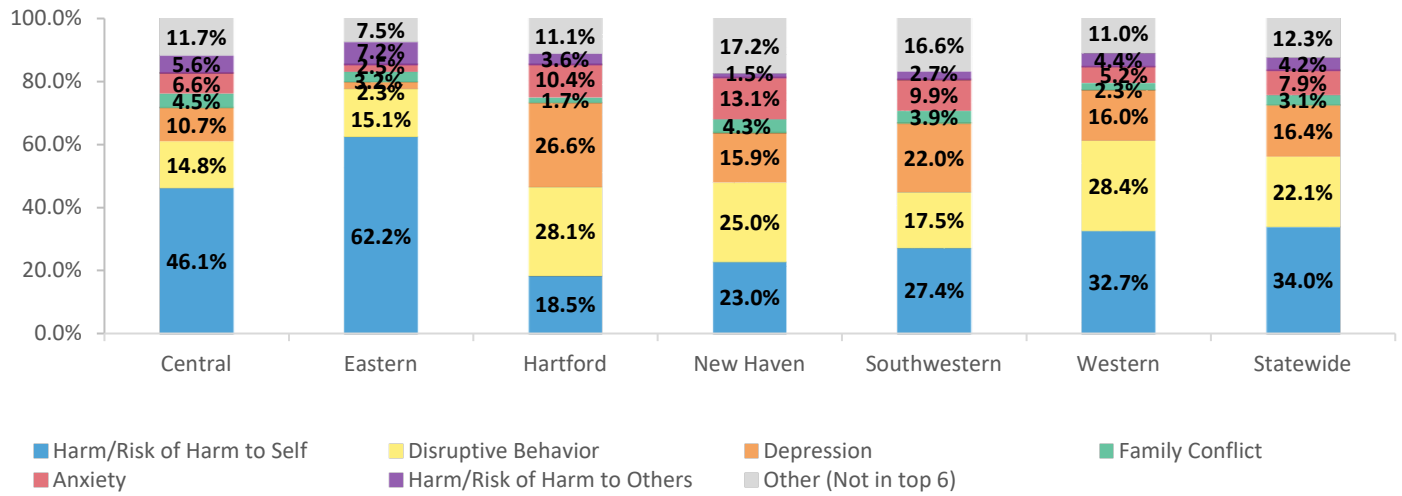
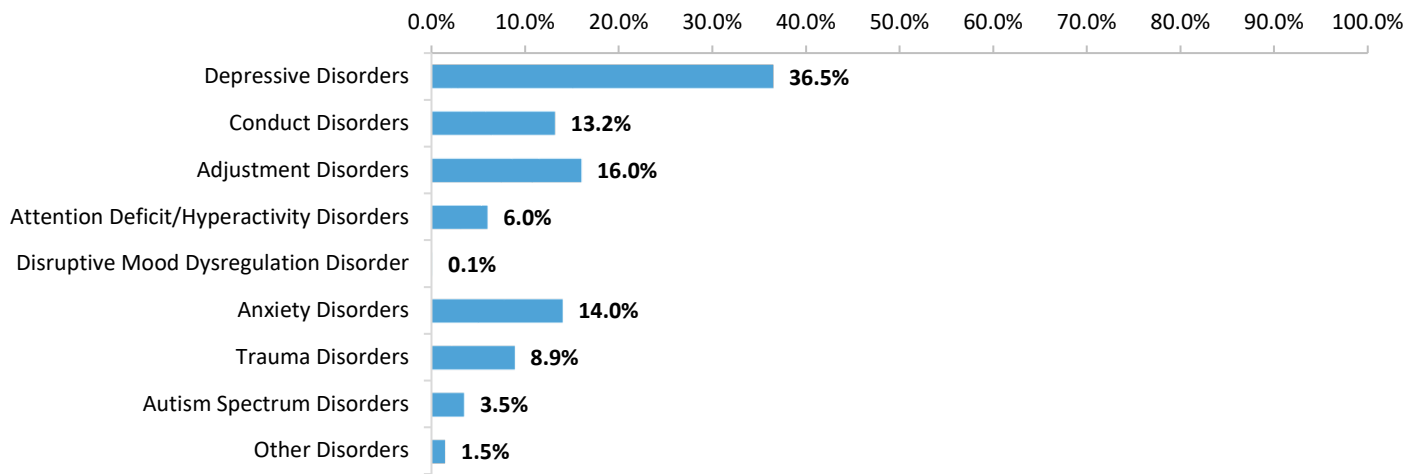
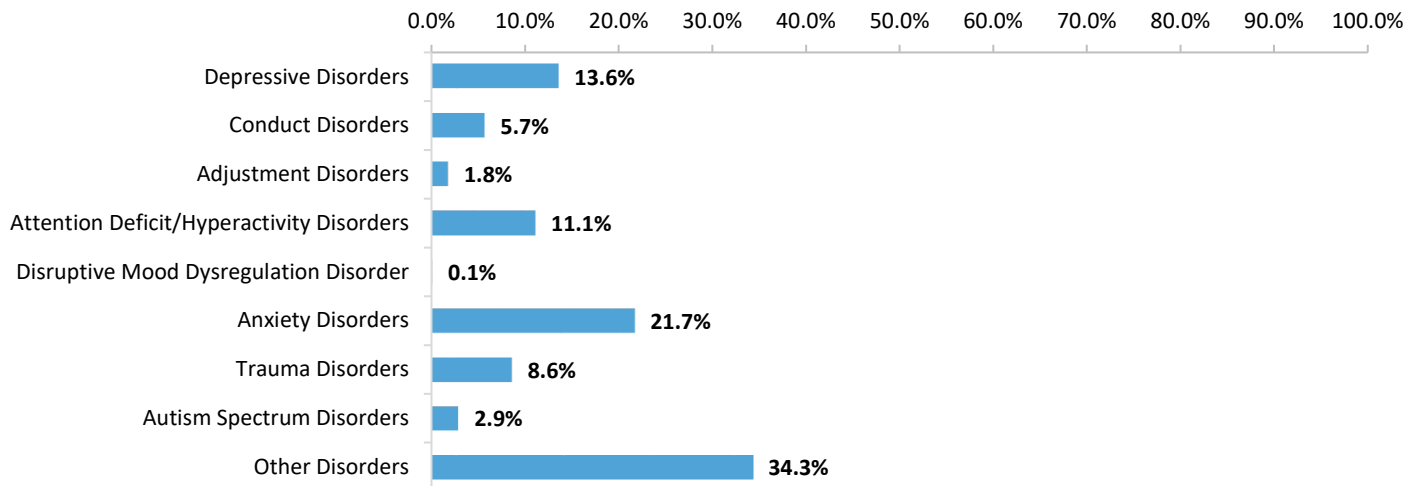


Figure 28. Distribution of Primary Diagnosis Categories at Intake Statewide



*Excludes clients with missing data or no diagnosis.

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



*Excludes clients with missing data or no diagnosis.

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

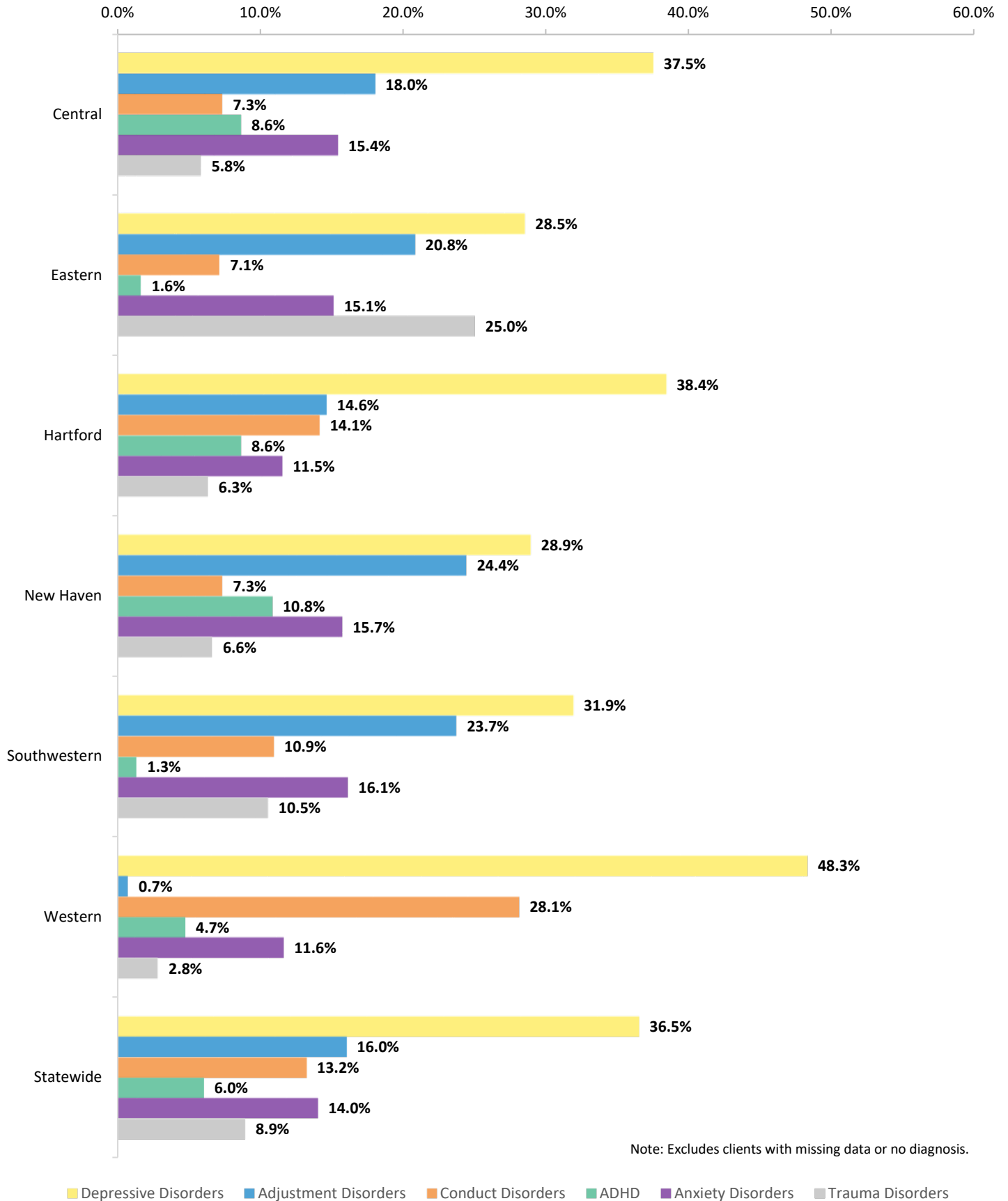


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

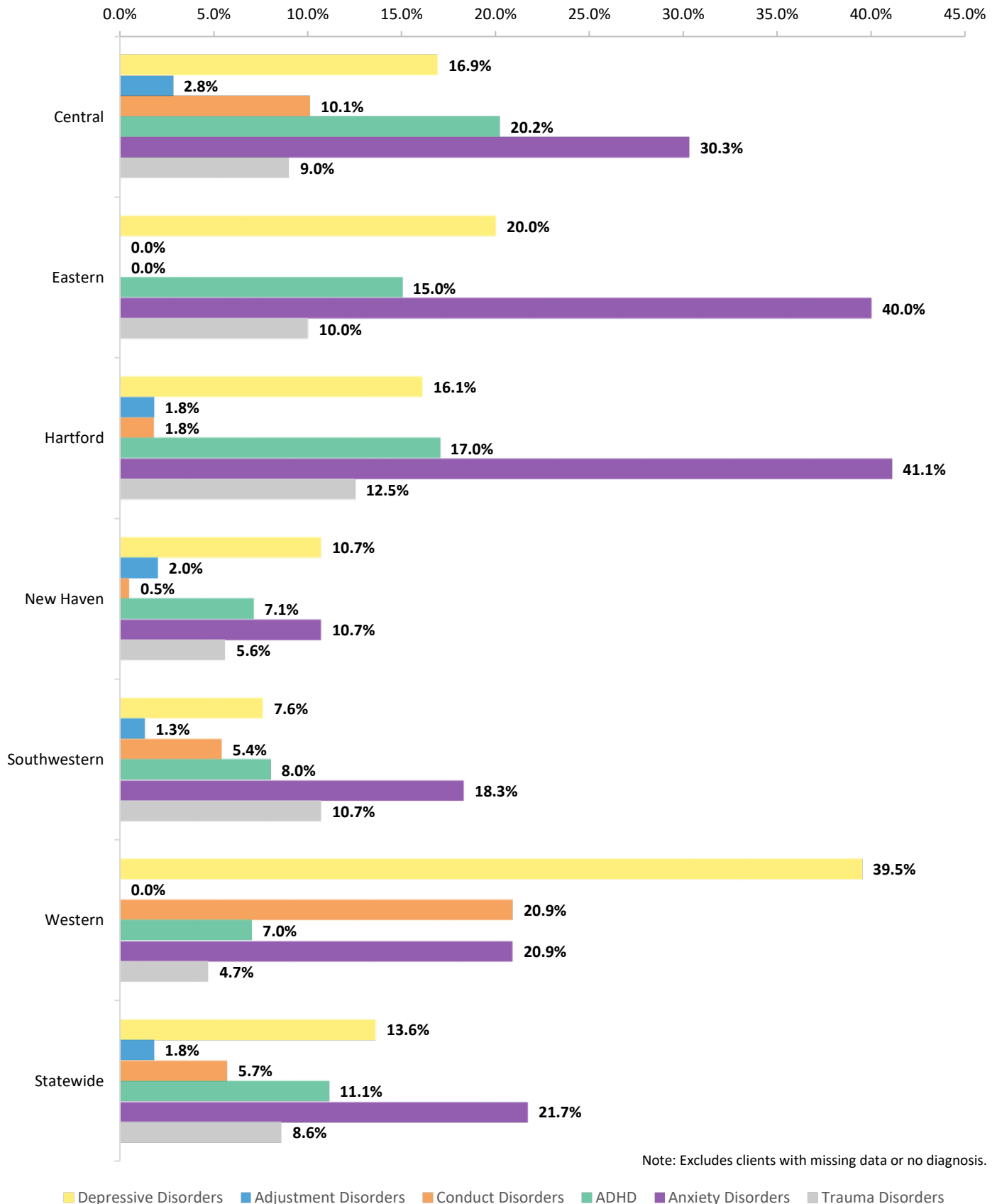


Figure 32. Children Meeting SED* Criteria by Service Area

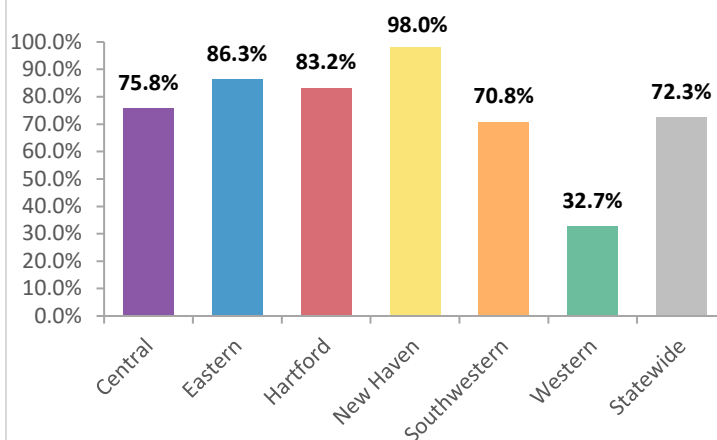


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

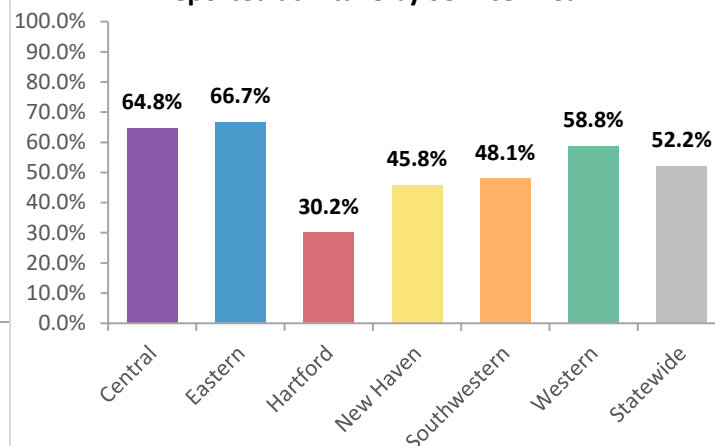


Figure 34. Type of Trauma Reported at Intake by Service Area

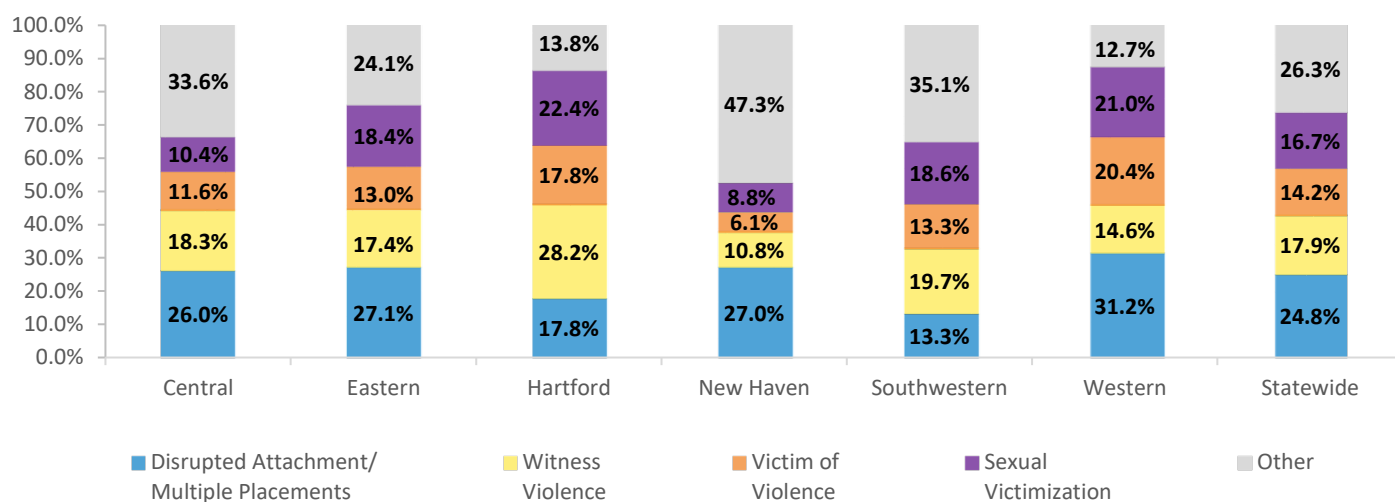


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

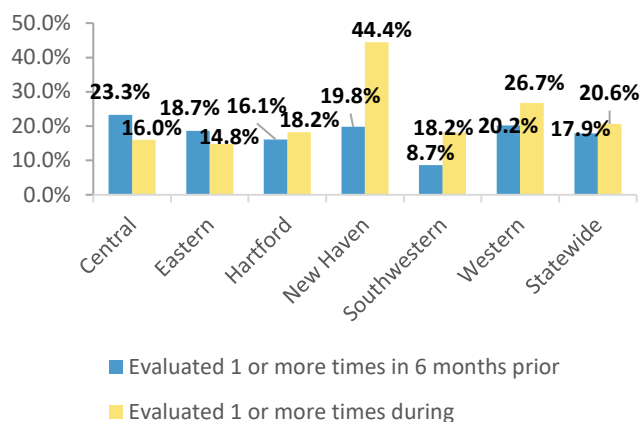
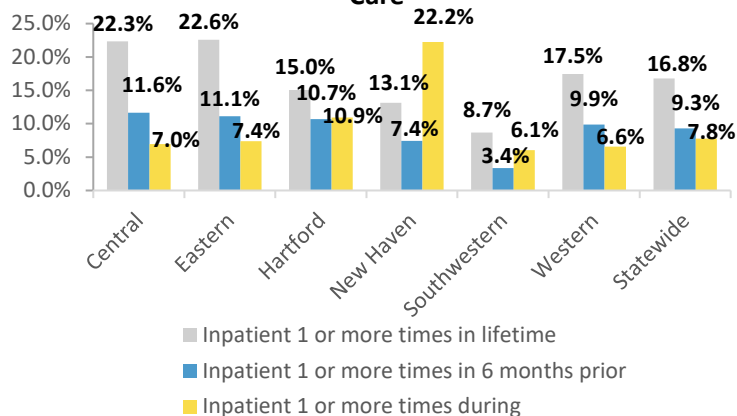


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

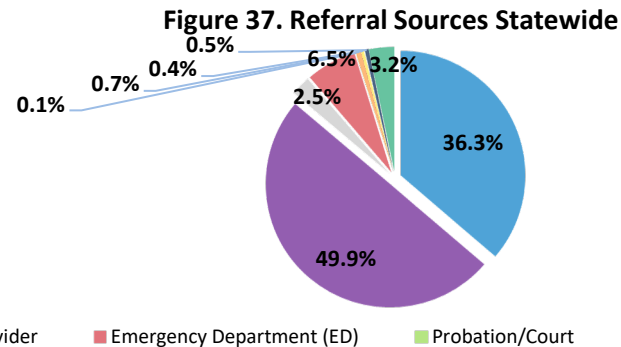
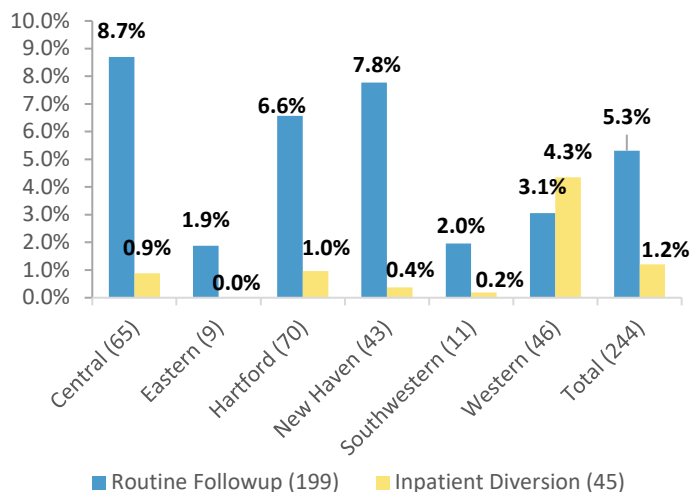


Table 1. Referral Sources (Q3 FY 2022)

	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	36.3%	0.2%	49.9%	0.0%	0.6%	2.5%	6.5%	0.1%	0.7%	1.6%	0.0%	0.4%	0.5%	0.5%	0.2%	0.0%
CENTRAL	37.9%	0.1%	43.7%	0.0%	0.4%	3.2%	9.6%	0.0%	0.9%	2.6%	0.0%	0.3%	0.0%	1.0%	0.1%	0.0%
CHR:MidHosp	41.3%	0.0%	45.3%	0.0%	0.6%	2.8%	6.1%	0.0%	0.6%	1.7%	0.0%	0.0%	0.0%	1.7%	0.0%	0.0%
CHR	36.7%	0.2%	43.1%	0.0%	0.4%	3.4%	10.8%	0.0%	1.0%	3.0%	0.0%	0.4%	0.0%	0.8%	0.2%	0.0%
EASTERN	36.4%	0.2%	54.2%	0.0%	1.3%	2.5%	1.9%	0.0%	0.4%	1.9%	0.0%	0.4%	0.0%	0.8%	0.0%	0.0%
UCFS:NE	38.1%	0.0%	51.0%	0.0%	0.7%	4.1%	3.4%	0.0%	0.0%	1.4%	0.0%	0.7%	0.0%	0.7%	0.0%	0.0%
UCFS:SE	35.6%	0.3%	55.6%	0.0%	1.5%	1.8%	1.2%	0.0%	0.6%	2.1%	0.0%	0.3%	0.0%	0.9%	0.0%	0.0%
HARTFORD	32.9%	0.0%	52.6%	0.0%	0.6%	2.5%	7.5%	0.0%	0.4%	1.8%	0.1%	0.2%	1.0%	0.0%	0.3%	0.0%
Wheeler:Htfd	29.4%	0.0%	49.4%	0.0%	1.5%	4.1%	10.6%	0.0%	0.9%	1.5%	0.3%	0.6%	1.8%	0.0%	0.0%	0.0%
Wheeler:Meridn	29.2%	0.0%	61.4%	0.0%	0.0%	1.2%	4.7%	0.0%	0.0%	1.8%	0.0%	0.0%	1.2%	0.0%	0.6%	0.0%
Wheeler:NBrit	37.2%	0.0%	51.6%	0.0%	0.2%	1.7%	6.2%	0.0%	0.2%	2.2%	0.0%	0.0%	0.2%	0.0%	0.5%	0.0%
NEW HAVEN	37.0%	0.2%	48.2%	0.0%	0.2%	1.7%	8.2%	0.2%	0.8%	0.9%	0.0%	0.9%	0.6%	0.6%	0.4%	0.2%
CliffBeers	37.0%	0.2%	48.2%	0.0%	0.2%	1.7%	8.2%	0.2%	0.8%	0.9%	0.0%	0.9%	0.6%	0.6%	0.4%	0.2%
SOUTHWESTERN	41.6%	0.4%	49.8%	0.0%	1.2%	2.0%	2.1%	0.0%	1.6%	0.6%	0.0%	0.2%	0.2%	0.4%	0.0%	0.0%
CFG:South	43.1%	0.0%	51.7%	0.0%	0.0%	2.3%	0.0%	0.0%	1.1%	0.6%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%
CFG:Nrwk	46.2%	0.0%	45.2%	0.0%	0.0%	1.9%	3.8%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CFG:EMPS	38.5%	0.9%	50.4%	0.0%	2.6%	1.7%	3.0%	0.0%	1.3%	0.9%	0.0%	0.4%	0.4%	0.0%	0.0%	0.0%
WESTERN	34.6%	0.2%	50.7%	0.2%	0.3%	3.1%	7.4%	0.2%	0.3%	1.3%	0.0%	0.3%	1.0%	0.3%	0.2%	0.0%
Well:Dnby	40.6%	0.0%	47.1%	0.0%	0.0%	6.5%	1.4%	0.7%	0.0%	0.0%	0.0%	0.0%	3.6%	0.0%	0.0%	0.0%
Well:Torr	40.6%	0.0%	46.5%	0.0%	1.0%	2.0%	2.0%	0.0%	0.0%	3.0%	0.0%	2.0%	0.0%	2.0%	1.0%	0.0%
Well:Wtby	30.9%	0.3%	53.1%	0.3%	0.3%	2.1%	11.0%	0.0%	0.5%	1.3%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%

Figure 38. Type of Emergency Dept. Referral



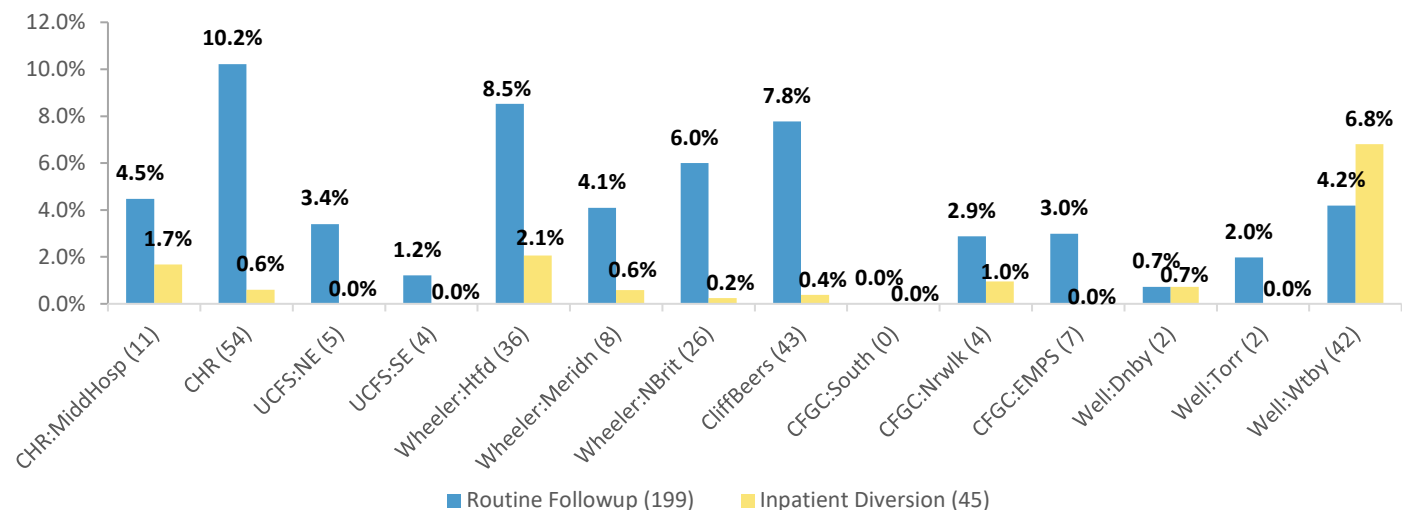
Note: Count total ED referrals are in parenthesis

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



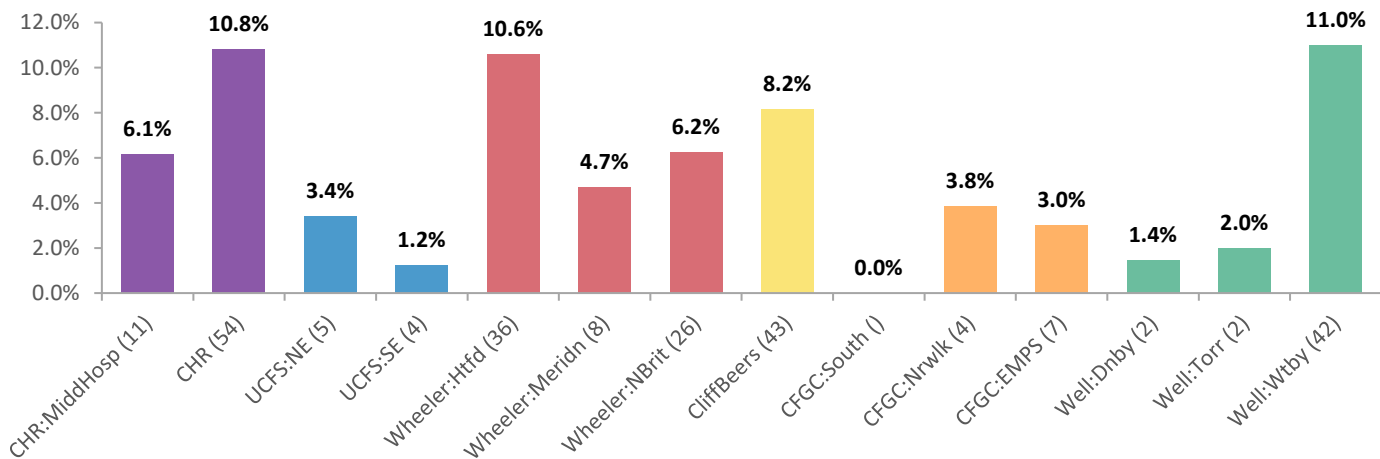
Note: Count total ED referrals are in parenthesis

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

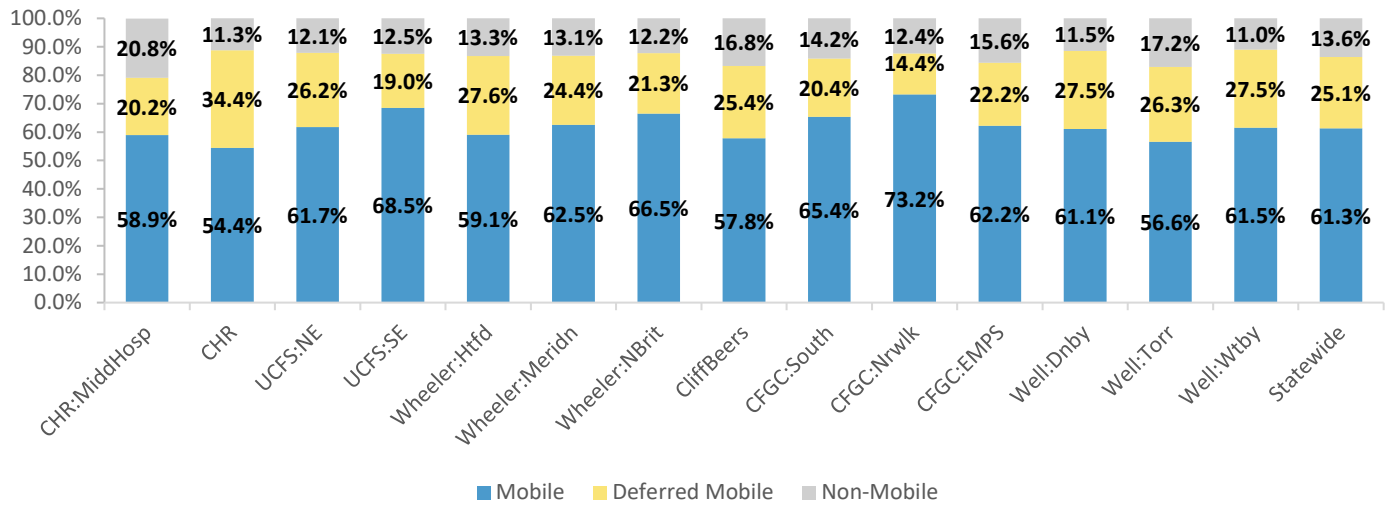


Figure 43. Actual Initial Mobile Crisis Provider Response

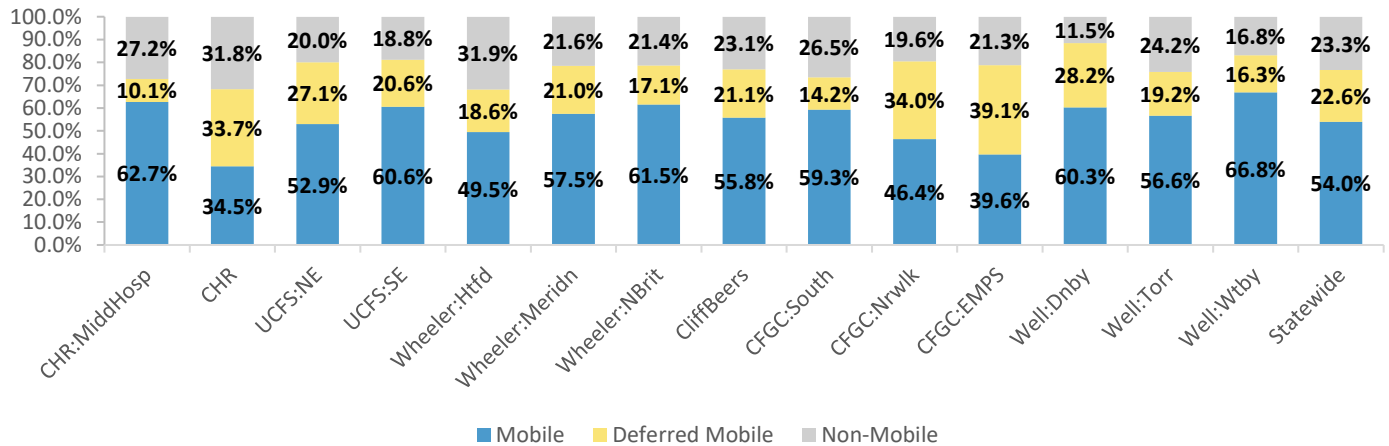
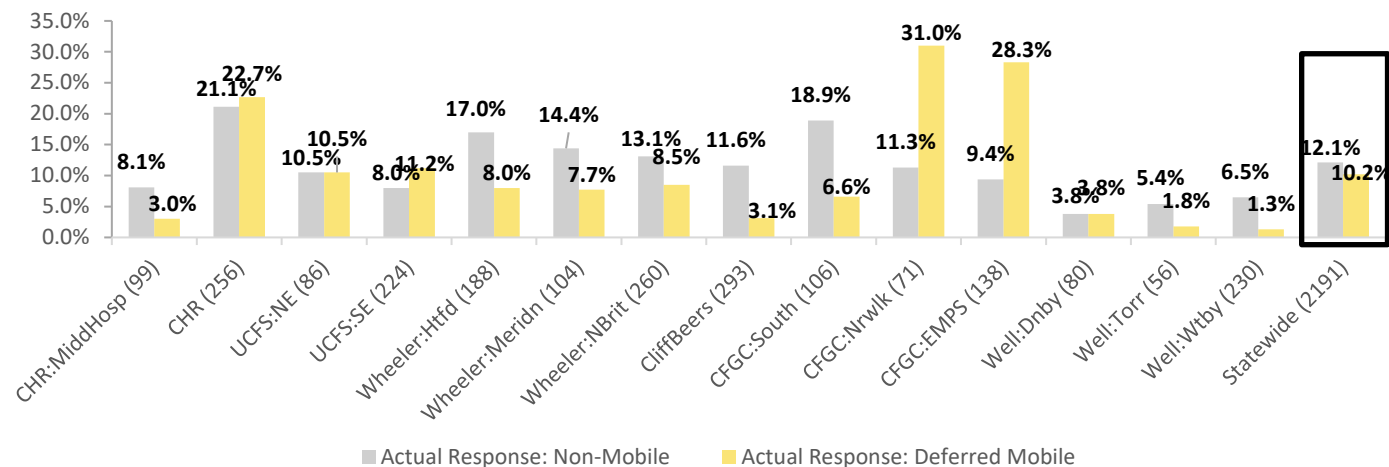
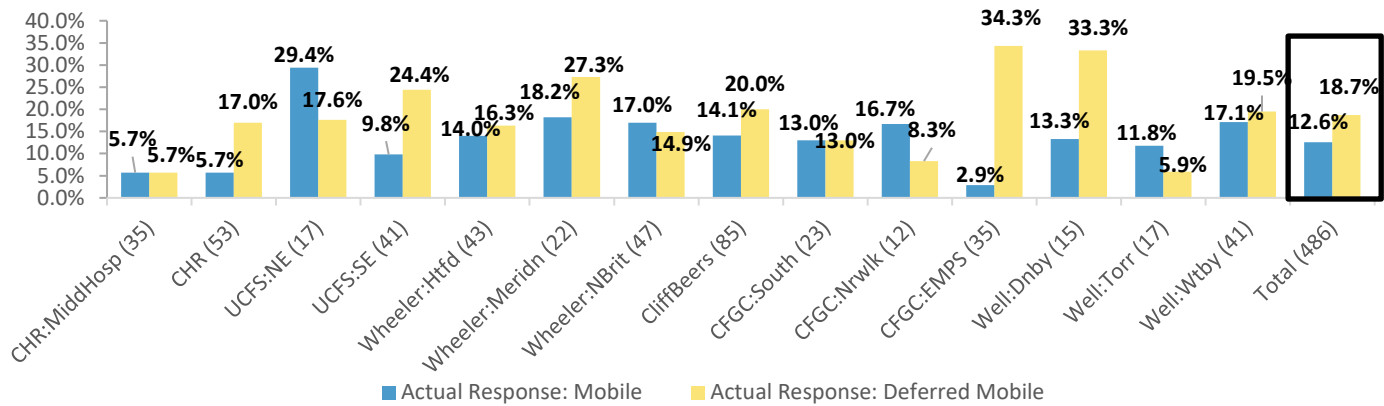


Figure 44. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile



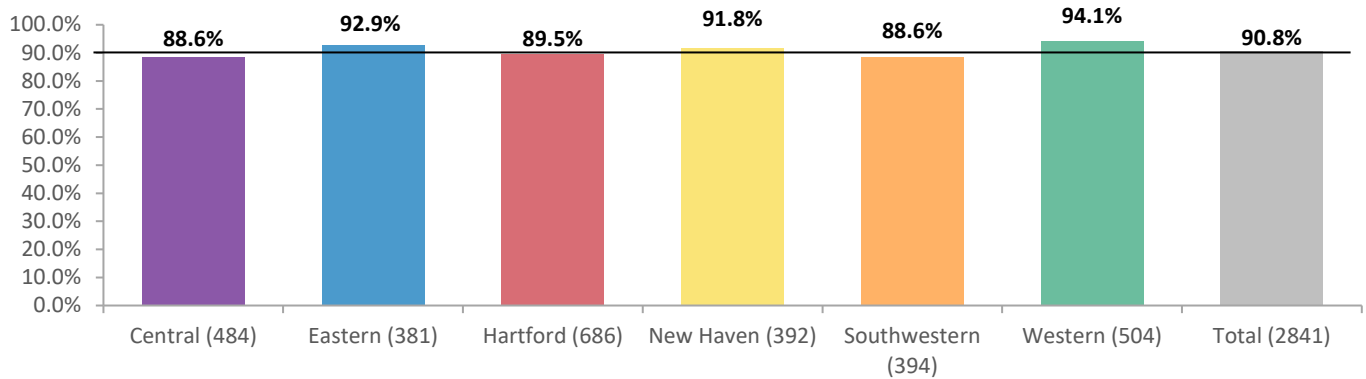
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

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

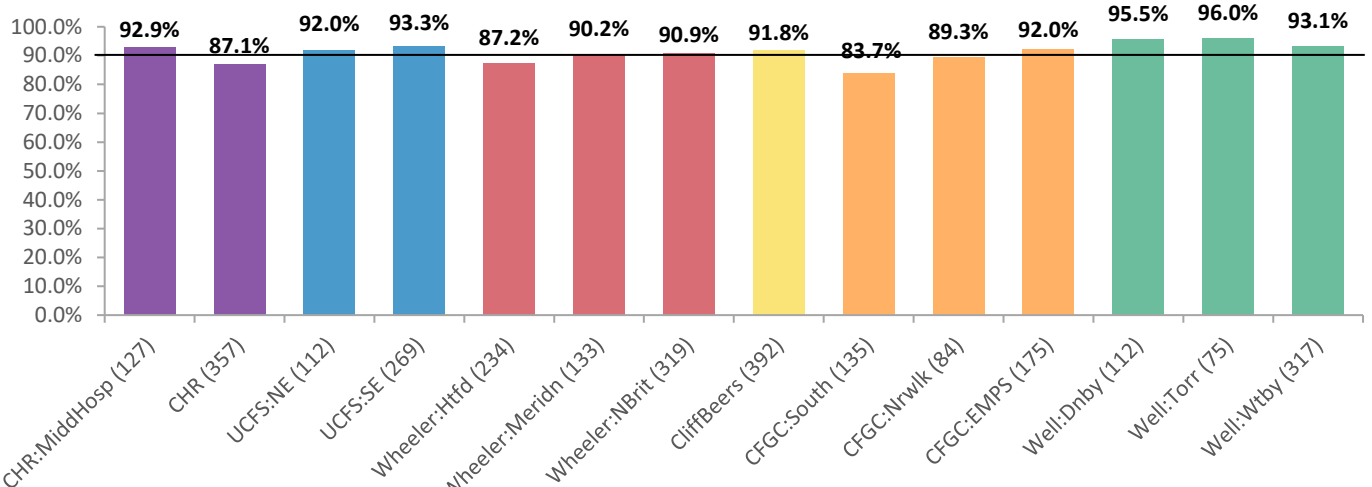


*Mobility calculation updated – see exec. summary

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

Goal: 90%

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



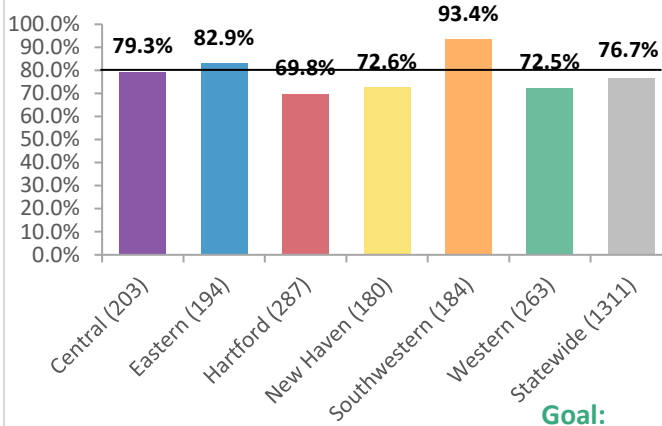
Note: Counts of 211-recommended mobile episodes are in parenthesis

*Mobility calculation updated – see exec. summary

Goal: 90%

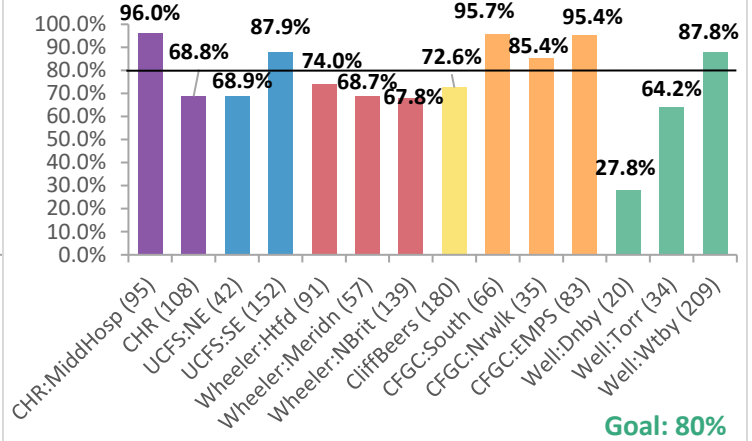
Section VIII: Response Time

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



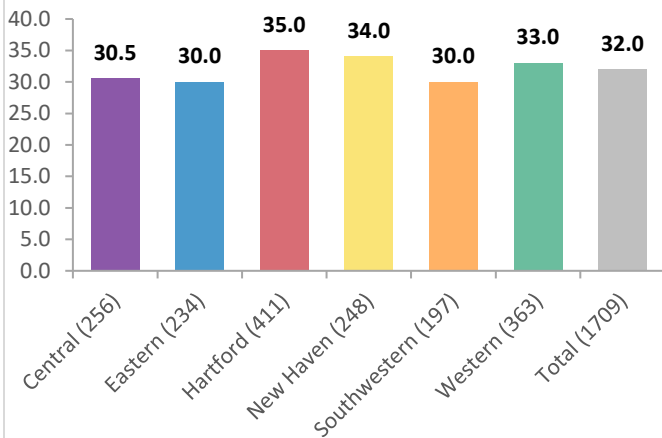
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



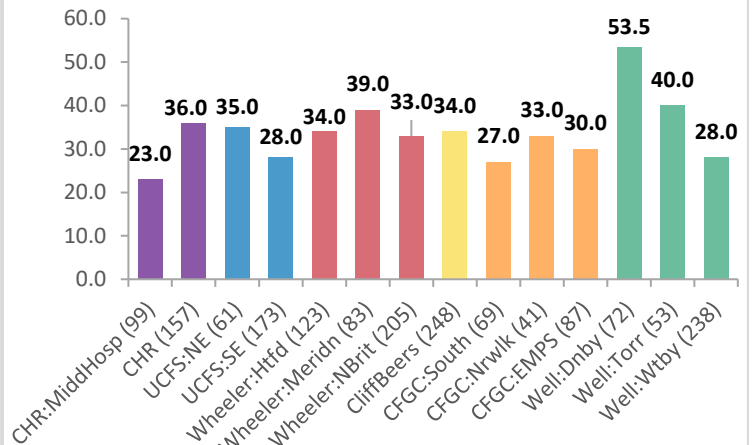
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



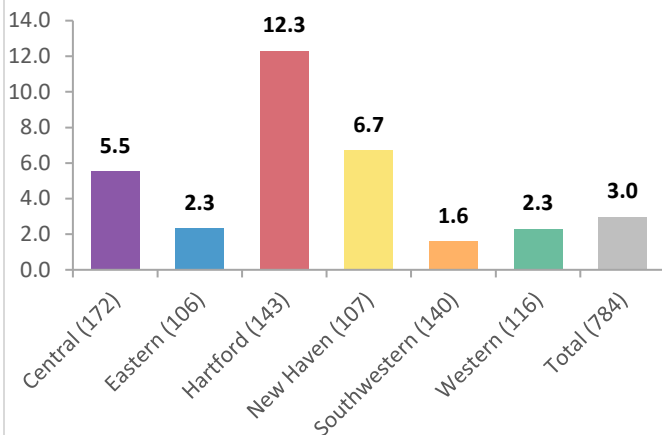
Note: Counts of mobile response episodes are in parenthesis.

Figure 51. Median Mobile Response Time by Provider in Minutes



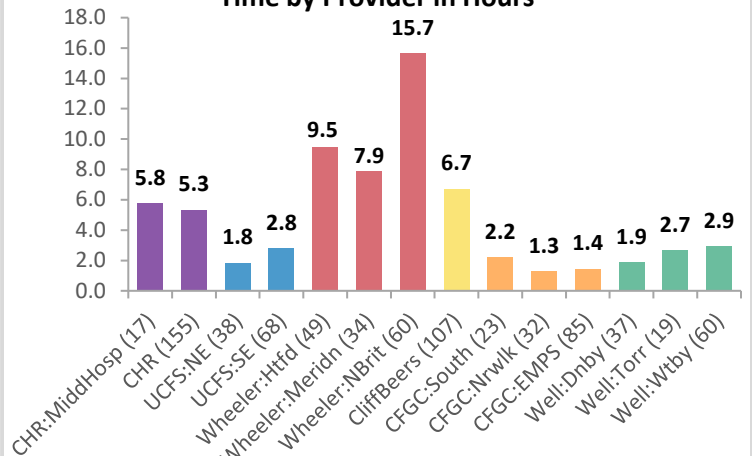
Note: Counts of mobile response episodes are in parenthesis.

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	1.1	10.1	27.8	0.0	4.0	20.5	14.2%	32.9%	14.7%	1.2	8.1	22.0	0.0	4.0	17.0	15.6%	30.8%	7.6%
2	Central	2.3	29.1	40.0	0.0	4.0	30.0	31.2%	37.3%	31.5%	2.9	15.0	30.5	0.0	3.0	23.0	36.0%	25.2%	19.3%
3	CHR:MiddHosp	6.8	3.7	14.2	5.0	3.0	11.0	71.2%	10.0%	0.0%	7.9	4.2	14.1	6.0	3.0	13.0	80.5%	14.4%	0.5%
4	CHR	0.8	65.3	46.5	0.0	75.0	35.0	17.6%	76.2%	39.3%	1.0	34.8	36.0	0.0	3.0	29.0	19.7%	44.9%	25.7%
5	Eastern	0.2	3.9	25.9	0.0	4.0	25.0	4.5%	5.9%	3.1%	0.2	3.7	21.4	0.0	4.0	20.0	5.1%	7.0%	1.2%
6	UCFS:NE	0.2	4.4	23.9	0.0	4.0	23.0	2.6%	6.3%	0.0%	0.3	3.9	20.8	0.0	4.0	20.0	5.0%	7.7%	0.0%
7	UCFS:SE	0.3	3.6	26.4	0.0	4.0	27.0	5.6%	5.7%	4.0%	0.2	3.5	21.6	0.0	4.0	20.0	5.1%	6.6%	1.6%
8	Hartford	0.8	4.4	21.0	0.0	1.0	16.0	10.9%	19.7%	5.0%	0.9	5.0	18.3	0.0	2.0	15.0	13.1%	24.0%	2.6%
9	Wheeler:Htfd	0.8	4.0	25.7	0.0	1.0	27.0	11.0%	21.6%	5.5%	0.7	6.8	21.3	0.0	3.0	19.0	12.5%	36.7%	2.6%
10	Wheeler:Meridn	0.3	3.0	13.7	0.0	2.0	13.0	5.0%	16.3%	0.0%	0.6	2.9	16.8	0.0	2.0	14.0	11.5%	14.0%	3.2%
11	Wheeler:NBrit	1.1	5.1	19.3	0.0	2.0	14.5	13.1%	19.5%	5.9%	1.2	4.4	16.5	0.0	2.0	13.0	14.2%	17.8%	2.5%
12	New Haven	0.6	22.0	23.1	0.0	13.0	21.5	8.1%	80.5%	7.1%	0.6	18.1	25.9	0.0	13.0	24.0	8.4%	78.1%	13.6%
13	CliffBeers	0.6	22.0	23.1	0.0	13.0	21.5	8.1%	80.5%	7.1%	0.6	18.1	25.9	0.0	13.0	24.0	8.4%	78.1%	13.6%
14	Southwestern	0.7	10.5	28.2	0.0	5.0	26.0	3.3%	42.9%	8.9%	0.3	7.2	23.3	0.0	4.0	22.0	1.6%	31.9%	3.6%
15	CFGC:South	0.1	2.6	29.7	0.0	0.0	31.0	0.0%	17.0%	0.0%	0.1	1.6	24.1	0.0	0.0	25.0	0.0%	8.9%	0.0%
16	CFGC:Nrwk	2.9	11.6	24.0	0.0	5.0	20.0	8.7%	49.1%	20.0%	0.9	8.2	20.9	0.0	5.0	17.0	2.6%	41.7%	9.5%
17	CFGC:EMPS	0.2	13.4	28.6	0.0	6.0	23.0	3.7%	50.9%	18.2%	0.2	9.5	22.0	0.0	5.0	16.5	2.3%	39.1%	12.5%
18	Western	2.0	3.6	16.9	0.0	2.0	14.0	20.0%	6.3%	2.1%	1.6	2.4	16.8	0.0	2.0	14.0	16.8%	3.1%	1.6%
19	Well:Dnby	3.9	2.2	15.4	0.0	2.0	14.0	29.4%	7.1%	1.4%	1.9	1.8	15.5	0.0	2.0	14.0	21.5%	2.2%	1.0%
20	Well:Torr	2.4	4.4	17.7	0.0	3.0	15.0	22.7%	7.7%	0.0%	1.9	2.4	16.6	0.0	1.5	15.0	17.6%	3.1%	0.9%
21	Well:Wtby	1.1	3.8	17.3	0.0	2.0	14.0	15.7%	5.4%	2.9%	1.3	2.6	17.3	0.0	2.0	15.0	14.4%	3.4%	2.0%

* 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

		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	925	1075	950	131	354	140	2545	3099	2561	398	956	195
2	Central	205	51	375	64	19	118	556	139	781	200	35	151
3	CHR:MiddHosp	52	30	75	37	3	0	149	90	197	120	13	1
4	CHR	153	21	300	27	16	118	407	49	584	80	22	150
5	Eastern	111	271	32	5	16	1	296	804	83	15	56	1
6	UCFS:NE	39	79	7	1	5	0	100	259	22	5	20	0
7	UCFS:SE	72	192	25	4	11	1	196	545	61	10	36	1
8	Hartford	274	264	199	30	52	10	679	649	720	89	156	19
9	Wheeler:Htfd	127	88	73	14	19	4	257	237	268	32	87	7
10	Wheeler:Meridn	40	43	24	2	7	0	104	114	95	12	16	3
11	Wheeler:NBrit	107	133	102	14	26	6	318	298	357	45	53	9
12	New Haven	123	215	14	10	173	1	346	634	44	29	495	6
13	CliffBeers	123	215	14	10	173	1	346	634	44	29	495	6
14	Southwestern	122	210	45	4	90	4	311	649	138	5	207	5
15	CFGC:South	45	47	24	0	8	0	106	168	93	0	15	0
16	CFGC:Nrwlk	23	53	10	2	26	2	76	151	21	2	63	2
17	CFGC:EMPS	54	110	11	2	56	2	129	330	24	3	129	3
18	Western	90	64	285	18	4	6	357	224	795	60	7	13
19	Well:Dnby	17	14	73	5	1	1	79	45	191	17	1	2
20	Well:Torr	22	13	39	5	1	0	91	32	116	16	1	1
21	Well:Wtby	51	37	173	8	2	5	187	147	488	27	5	10

* 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

		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	70.1	63.2	68.4	57.5	41.0	36.0	100.0%	100.0%	52.1%	98	501	539	98	501	281
2	Central	54.9	65.8	37.1	35.0	47.0	21.0	100.0%	100.0%	27.2%	17	51	136	17	51	37
3	CHR:MiddHosp	35.0	3.0	0.0	35.0	1.0	0.0	100.0%	100.0%	0.0%	1	4	1	1	4	0
4	CHR	56.2	71.1	37.4	38.5	50.0	21.0	100.0%	100.0%	27.4%	16	47	135	16	47	37
5	Eastern	0.0	5.3	24.0	0.0	6.5	20.0	N/A	100.0%	33.3%	0	4	9	0	4	3
6	UCFS:NE	0.0	6.5	36.3	0.0	6.5	35.0	N/A	100.0%	66.7%	0	2	3	0	2	2
7	UCFS:SE	0.0	4.0	17.8	0.0	4.0	14.0	N/A	100.0%	16.7%	0	2	6	0	2	1
8	Hartford	98.5	71.4	102.5	102.5	59.0	108.0	100.0%	100.0%	79.7%	24	133	271	24	133	216
9	Wheeler:Htfd	57.9	53.2	79.8	61.0	37.0	77.0	100.0%	100.0%	71.9%	8	46	57	8	46	41
10	Wheeler:Meridn	132.6	66.2	110.0	155.0	50.0	119.5	100.0%	100.0%	80.0%	9	45	50	9	45	40
11	Wheeler:NBrit	101.3	96.8	108.1	133.0	78.5	115.0	100.0%	100.0%	82.3%	7	42	164	7	42	135
12	New Haven	121.6	66.8	86.0	120.0	36.5	113.0	100.0%	100.0%	60.0%	7	204	5	7	204	3
13	CliffBeers	121.6	66.8	86.0	120.0	36.5	113.0	100.0%	100.0%	60.0%	7	204	5	7	204	3
14	Southwestern	115.9	50.7	82.1	118.0	23.5	49.5	100.0%	100.0%	55.0%	7	98	20	7	98	11
15	CFGC:South	112.8	8.9	17.4	118.0	9.0	17.5	100.0%	100.0%	0.0%	5	19	8	5	19	0
16	CFGC:Nrwlk	203.0	91.6	132.4	203.0	57.5	138.5	100.0%	100.0%	87.5%	1	28	8	1	28	7
17	CFGC	44.0	43.8	111.0	44.0	24.0	105.5	100.0%	100.0%	100.0%	1	51	4	1	51	4
18	Western	44.3	17.6	17.8	43.0	9.0	11.0	100.0%	100.0%	11.2%	43	11	98	43	11	11
19	Well:Dnby	54.1	40.5	10.4	51.5	40.5	7.5	100.0%	100.0%	5.0%	8	2	20	8	2	1
20	Well:Torr	36.8	8.0	27.8	17.5	8.0	17.0	100.0%	100.0%	30.0%	8	4	10	8	4	3
21	Well:Wtby	43.6	16.2	18.4	43.0	8.0	13.0	100.0%	100.0%	10.3%	27	5	68	27	5	7

* 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

Figure 54. Top Six Reasons for Client Discharge Statewide

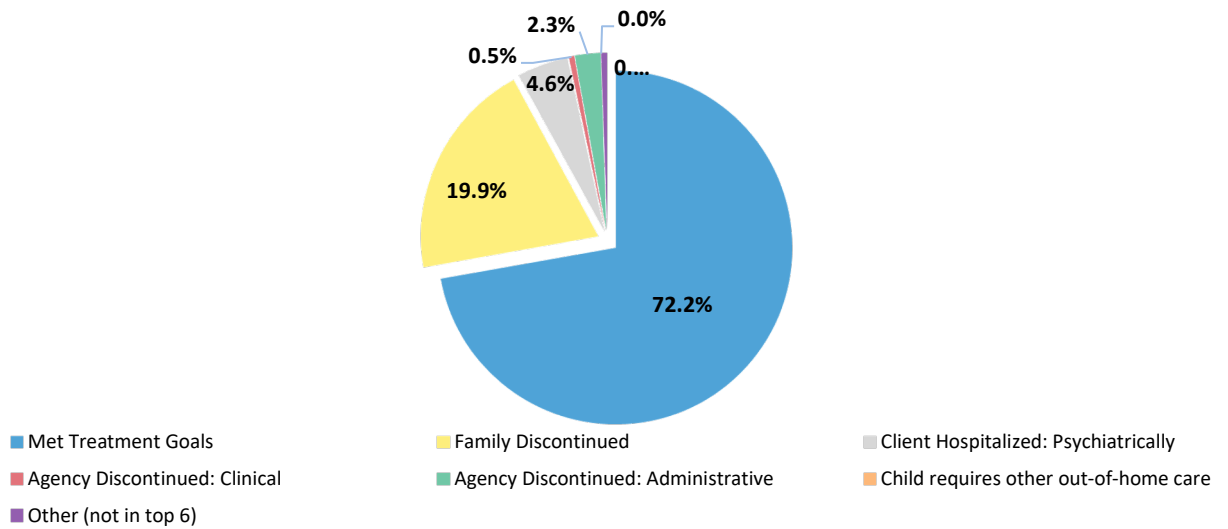


Figure 55. Top Six Places Clients Live at Discharge Statewide

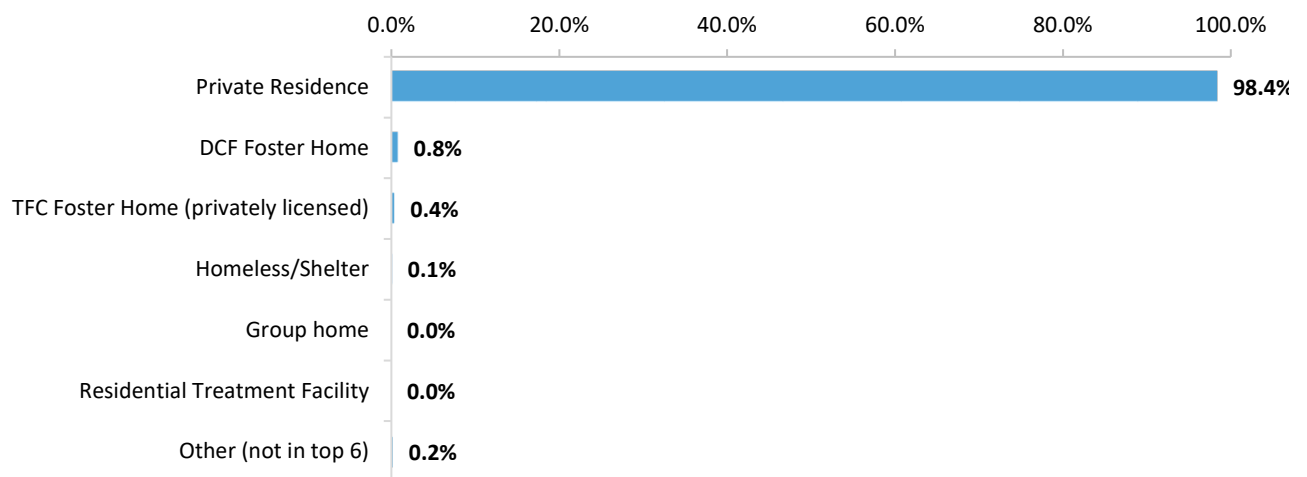
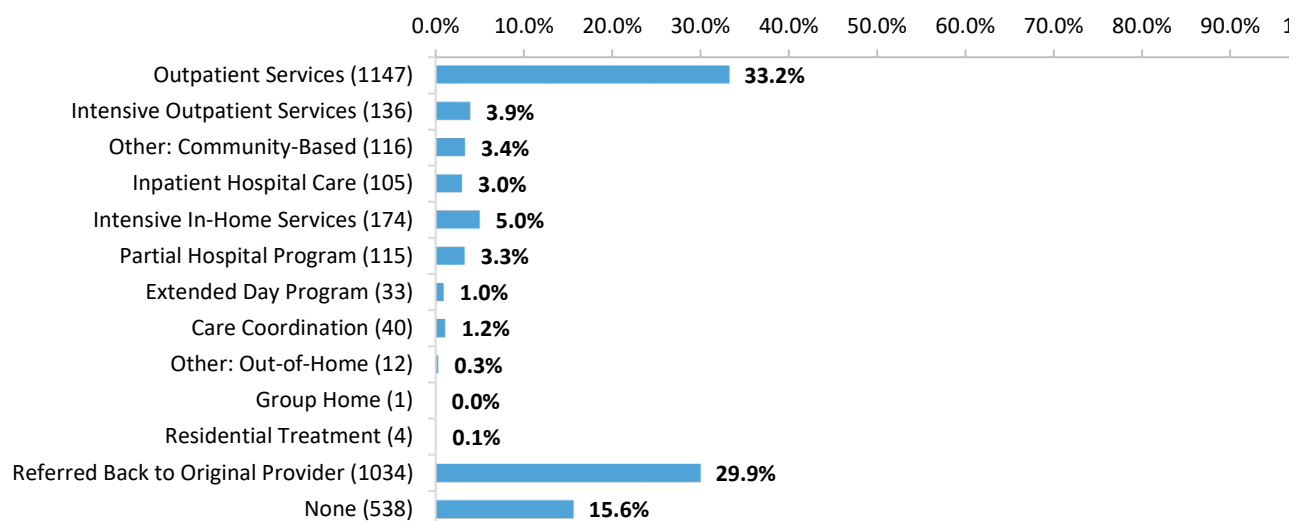


Figure 56. Type of Services Client Referred* to at Discharge Statewide



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	61	43.54	43.52	-0.02	-0.02	0.988	
Worker Functioning Score	509	44.41	46.85	2.44	9.00	<.001	**
Parent Problem Score	61	31.92	32.10	0.18	0.14	0.891	
Worker Problem Score	510	26.39	23.63	-2.76	-9.64	<.001	**
Central							
Parent Functioning Score	23	37.57	37.13	-0.44	-1.00	0.328	
Worker Functioning Score	124	41.74	41.71	-0.03	-0.08	0.940	
Parent Problem Score	23	36.57	36.48	-0.09	-1.00	0.328	
Worker Problem Score	124	26.33	26.56	0.23	0.49	0.626	
Eastern							
Parent Functioning Score	3	49.00	56.67	7.67	6.38	0.024	*
Worker Functioning Score	14	40.43	42.50	2.07	0.77	0.457	
Parent Problem Score	3	23.67	12.67	-11.00	-6.35	0.024	*
Worker Problem Score	14	35.64	27.71	-7.93	-1.96	0.072	†
Hartford							
Parent Functioning Score	11	43.09	42.91	-0.18	-0.17	0.870	
Worker Functioning Score	100	46.37	46.67	0.30	1.03	0.308	
Parent Problem Score	11	36.91	37.18	0.27	0.24	0.819	
Worker Problem Score	101	29.69	29.41	-0.29	-0.80	0.426	
New Haven							
Parent Functioning Score	3	39.67	34.33	-5.33	-0.26	0.823	
Worker Functioning Score	6	48.17	52.67	4.50	0.79	0.467	
Parent Problem Score	3	41.33	45.00	3.67	0.16	0.890	
Worker Problem Score	6	24.50	16.83	-7.67	-1.21	0.282	
Southwestern							
Parent Functioning Score	15	48.07	46.87	-1.20	-0.63	0.542	
Worker Functioning Score	30	48.37	49.57	1.20	0.86	0.398	
Parent Problem Score	15	22.73	26.80	4.07	1.31	0.210	
Worker Problem Score	30	22.40	21.33	-1.07	-0.70	0.487	
Western							
Parent Functioning Score	6	55.17	58.83	3.67	3.05	0.028	*
Worker Functioning Score	235	44.62	49.40	4.79	11.99	<.001	**
Parent Problem Score	6	27.33	22.50	-4.83	-6.10	0.002	**
Worker Problem Score	235	25.00	19.82	-5.18	-14.72	<.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=61)	Referrers (n=61)
The 2-1-1 staff answered my call in a timely manner	4.08	3.90
The 2-1-1 staff was courteous	4.30	4.55
The 2-1-1 staff was knowledgeable	4.28	4.47
My phone call was quickly transferred to the EMPS provider	3.89	3.88
Sub-Total Mean: 2-1-1	4.14	4.20
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	3.93	3.77
The Mobile Crisis staff was respectful	4.23	4.03
The Mobile Crisis staff was knowledgeable	4.23	4.00
The Mobile Crisis staff spoke to me in a way that I understood	4.23	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)	4.05	X
The services or resources my child and/or family received were right for us	3.97	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	3.42
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.11	3.95
Sub-Total Mean: Mobile Crisis	4.11	3.83
Overall Mean Score	4.12	4.07

* 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:

- Caller reports that she is "beyond thankful" for 211 and youth MCI services. She stated "all around it was the best experience that I could have asked for!"
- Caller stated used the service many times and found it helpful.
- Caller reports, "phenomenal".
- Caller is Spanish speaking. Used language line for the call. Client has not received help since calling. Client is waiting on response from referral. Client will call 2-1-1 back for assistance.
- Caller reports long hold times and delay in response from provider. Caller reports disappointed with provider.
- Caller stated the virtual assessment was not what his child needed and was not helpful to their family during crisis. Client stated he was not connected with any additional services.
- Caller reports they were connected with services.

Referrer Comments:

- Provider stated services have always been great.
- Provider felt everyone was appropriate and caller is confident in the care given.
- Provider experienced long wait times, but was happy to share feedback and know that we are following up.
- Provider feels wait time is extremely too long.
- Provider stated never had a bad response with 211.
- Provider stated the process of the entire call takes a while.
- Provider states process is too long.

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 (143)*	59%	66%	62%	53%	65%	64%	59%	62%	28%	43%	55%	9%	27%	2%	3%
CHR:MidHosp (9)*	89%	78%	67%	100%	89%	89%	67%	67%	100%	89%	89%	11%	56%	0%	0%
CHR (10)*	20%	50%	30%	100%	60%	60%	20%	50%	40%	0%	20%	20%	20%	0%	0%
UCFS:NE (7)*	29%	86%	43%	100%	29%	57%	57%	71%	57%	100%	71%	14%	57%	0%	0%
UCFS:SE (13)*	54%	77%	23%	77%	38%	46%	54%	54%	46%	92%	54%	8%	31%	0%	0%
Wheeler:Htfd (16)*^	69%	69%	81%	13%	88%	75%	50%	63%	13%	6%	81%	0%	13%	0%	0%
Wheeler:Meridn (5)*	40%	60%	40%	40%	60%	60%	20%	60%	0%	0%	40%	0%	40%	0%	0%
Wheeler:NBrit (16)*	75%	69%	56%	19%	56%	75%	56%	69%	0%	13%	56%	0%	31%	0%	0%
CliffBeers (24)*	58%	63%	67%	71%	67%	67%	67%	58%	46%	50%	58%	8%	25%	8%	10%
CFGC:South (6)*	83%	83%	100%	67%	83%	67%	100%	83%	0%	67%	50%	17%	33%	0%	0%
CFGC:Nrwk (4)*^	50%	25%	100%	75%	100%	50%	100%	50%	0%	100%	75%	25%	25%	0%	0%
CFGC:EMPS (8)*	88%	75%	100%	100%	100%	75%	100%	75%	38%	75%	88%	13%	25%	13%	14%
Well:Dnby (15)*^	20%	40%	40%	0%	33%	27%	33%	40%	0%	0%	7%	0%	7%	0%	0%
Well:Torr (3)*	100%	100%	100%	0%	67%	67%	67%	67%	0%	0%	33%	0%	33%	0%	0%
Well:Wtby (7)*	86%	86%	86%	14%	86%	86%	86%	86%	14%	71%	57%	14%	14%	0%	0%
Full-Time Staff Only (95)	61%	72%	64%	61%	66%	66%	63%	64%	34%	48%	58%	12%	34%	3%	

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 March 31, 2022.

^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

Figure 57. Ohio Scales Collected at Intake by Provider

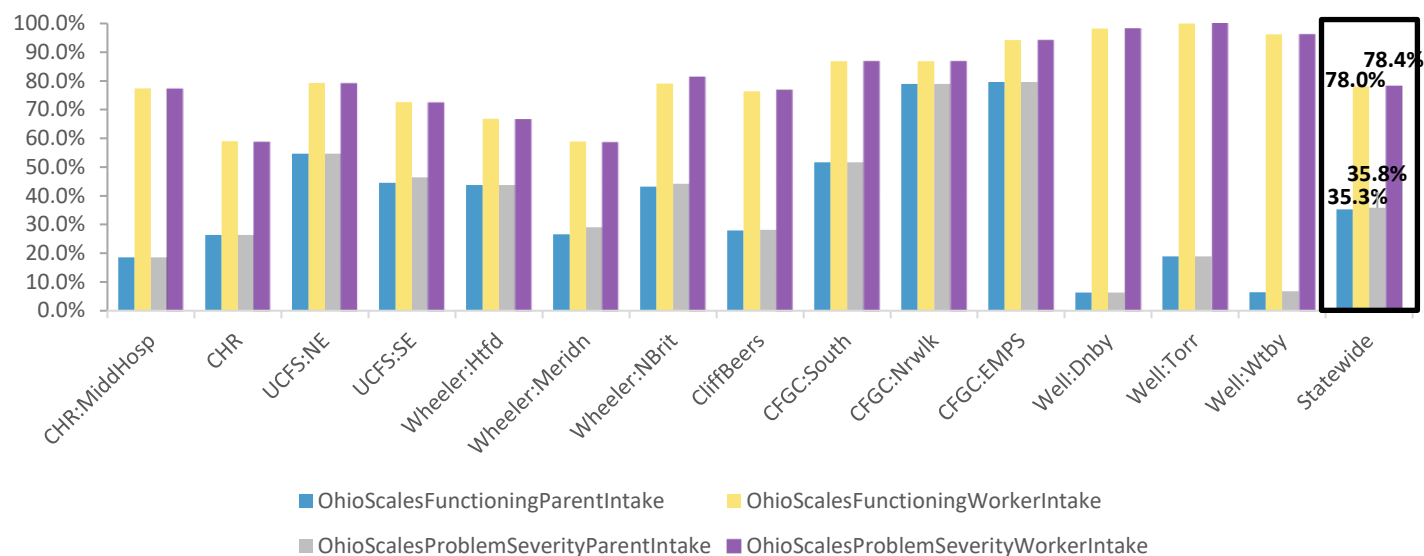
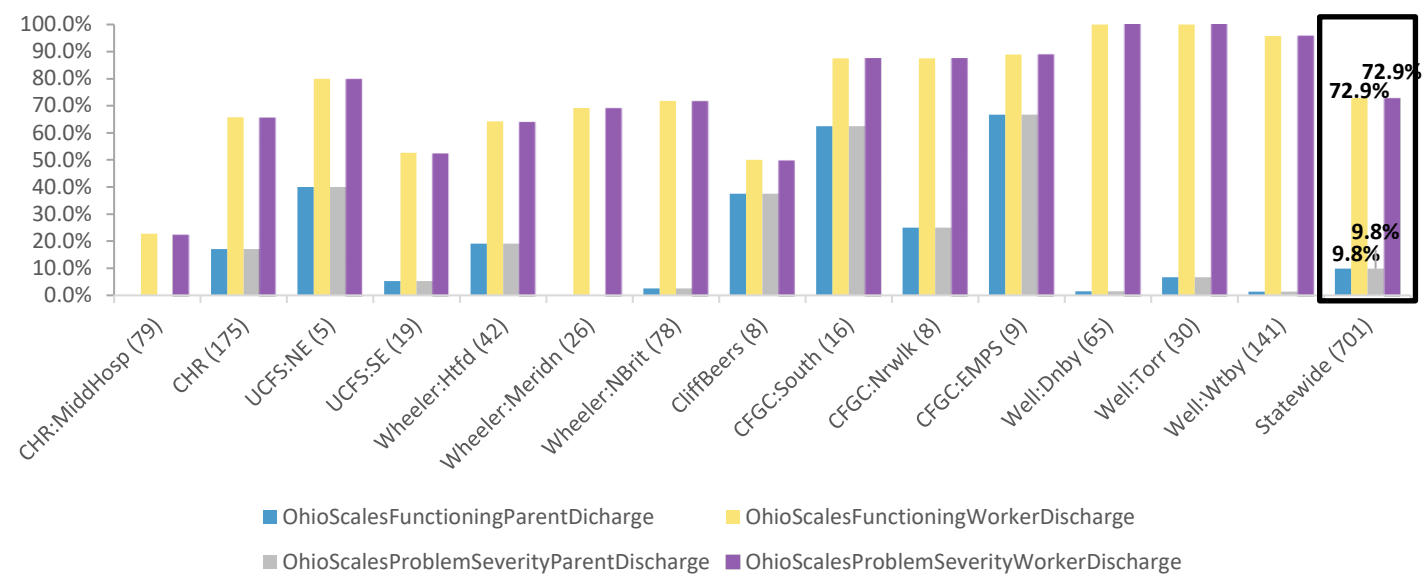


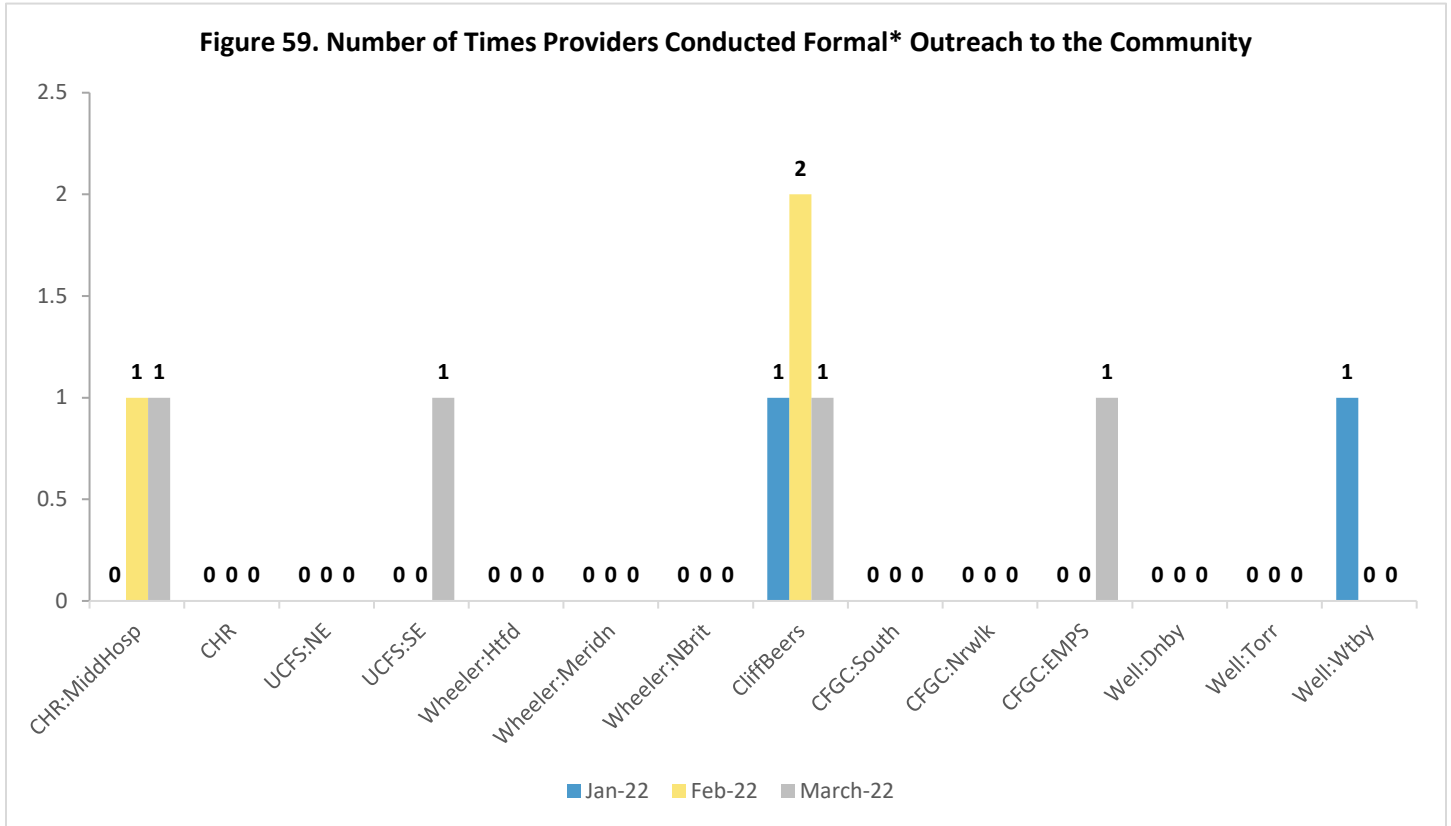
Figure 58. Ohio Scales Collected at Discharge by Provider



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

Figure 59. Number of Times Providers Conducted Formal* Outreach to the Community



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