



Mobile Crisis Intervention Services is a program funded by the State of Connecticut in partnership with the United Way of Connecticut 2-1-1 and the Child Health and Development Institute (CHDI).



MOBILE CRISIS INTERVENTION SERVICES

Performance Improvement Center (PIC)

QUARTERLY REPORT

FY2023: Quarter 1

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Executive Summary

Note: The COVID-19 pandemic began in March 2020, and while schools and businesses have re-opened, the effects of the pandemic are still ongoing. Mobile Crisis is still fully operational, and on rare occasions may respond to a call using video telehealth due to COVID-related concerns. Possible difficulties related to staffing and the effects of COVID-19 in both service provision and data collection should be taken into consideration when reviewing this report.

Call and Episode Volume: In the first quarter of FY2023, **2-1-1 received 2,578 calls** including 1,925 calls (74.7%) handled by Mobile Crisis providers and 653 calls (25.3%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). There was one crisis response follow-up call coded as a Mobile Crisis episode that was not counted as an episode of care in this report. Of the 1,924 episodes of care, 1,825 (94.9%) were received during regular hours and 99 (5.1%) were handled after hours. This quarter saw a 14.1% decrease in total call volume compared to the same quarter in FY2022 (3,000), and the total episodes decreased by 13.3% (2,220 in FY2022). During this quarter, there was a 22.3% decrease in calls compared to FY2020 Q1 (3,316), and a 20.2% decrease in episodes (2,410 in FY2020 Q1). Though call and episode volume had been increasing since the start of the pandemic, volume this quarter decreased compared to last year.

Among the **1,924 episodes of care** generated in Q1 FY23, episode volume ranged from 214 episodes including After Hours calls (Eastern area) to 493 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 2.6, with service area rates ranging from 1.6 (Southwestern) to 3.4 (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 4.9 per 1,000 children in poverty, with service area rates ranging from 3.5 (Western) to 12.1 (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, 9 of the 14 sites met this benchmark.

Demographics: Statewide this quarter, 51.5% of services were for children reported as female and 48.5% were for those reported as male.¹ **Care for youth ages 13-15 years old comprised the largest portion of services (37.4%).** Additionally, 26.8% of services were for 9-12 year olds, 22.0% were for 16-18 year olds, 8.8% were for 6-8 year olds, and 4.7% were for children age five or younger. The majority of services were for White children (57.2%), while 20.4% were for African-American or Black children. Roughly one-third (37.8%) of services were for youth of Hispanic ethnicity. The majority of youth were insured by Husky A (56.4%) and private insurance (29.3%). Finally, the majority of clients (87.2%) were not DCF-involved.

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide included: Harm/Risk of Harm to Self (28.6%), Disruptive Behavior (26.0%), Depression (11.2%), Anxiety (8.8%), Family Conflict (6.2%) and Harm/Risk of Harm to Others (5.5%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (25.3%), Adjustment Disorders (16.4%), Conduct Disorders (15.1%), Anxiety Disorders (14.6%), Trauma Disorders (9.4%), and Attention Deficit/Hyperactivity Disorders (8.3%). This quarter, **66.6% 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 62.8%**, with service areas ranging from 49.5% (Hartford) to 74.9% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (27.1%), Witnessing Violence (16.7%), Victim of Violence (16.0%), and Sexual Victimization (12.6%).

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 23.8%**, lower than 26.1% of the same quarter last fiscal year. During an episode of care, 24.5% of children were evaluated in the Emergency Department at least once. The inpatient admission rate in the six months prior to Mobile

¹ Per question regarding "Sex Assigned at Birth".

Crisis referral was 13.9% statewide, which is slightly lower than the rate in the Q1 FY2022 (14.6%). The admission rate to an inpatient unit during a mobile crisis episode was 8.8%, compared to a rate of 8.9% in the same quarter last fiscal year.

Referral Sources: Statewide, **29.4% of referrals came from schools, and 50.0% of referrals were received from parents, families and youth.** Emergency Departments (EDs) accounted for 12.0% of all Mobile Crisis referrals. The remaining 8.6% 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 **231 Mobile Crisis referrals were received from EDs**, including 57 referrals for inpatient diversion and 174 referrals for routine follow-up. Regionally, the highest rate of ED referrals, as a percentage of total referrals, was observed in the Western service area (18.2%) and the lowest was in the Eastern service area (1.9%). Statewide, 12.0% of all Mobile Crisis episodes came from ED referrals this quarter, similar to the rate from Q1 FY2022 (12.3%).

Mobility: The average **statewide mobility this quarter was 92.2%**, lower than the rate in Q1 FY2022 (93.8%). Police referrals are excluded from mobility calculations. All six service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 90.1% (Hartford) to 94.5% (Western). The mobility rates among individual providers ranged from 84.8% (Wheeler: Meriden) to 98.1% (Wellmore: Waterbury). 11 of the 14 providers surpassed the 90% benchmark.

Response Time: Statewide this quarter, **78.3% of mobile episodes received a face-to-face response in 45 minutes or less.** Performance on this indicator ranged from 61.7% (Hartford) to 92.5% (Southwestern), with four of the six service areas above the 80% benchmark. Across the state, eight of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 31.0 minutes.

Length of Stay: Among discharged episodes statewide this quarter, 18.1% of Phone Only episodes exceeded one day, 31.8% of Face-to-Face episodes exceeded five days, and **1.8% of Stabilization Plus Follow-up episodes exceeded 45 days**, meeting 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 12.0 days for *Stabilization Plus*.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 11.0 days and ranged from 0 days (Central, Eastern) to 32.0 days (Southwestern). The statewide median LOS for Face-to-Face was 11.0 days and ranged from 2.0 day (Eastern) to 11.5 days (New Haven). For *Stabilization Plus Follow-up*, the statewide median LOS was 10.0 days with a range from 4.0 days (New Haven) to 15.0 days (Southwestern). Across open episodes of care with phone and face-to-face crisis response categories during the first quarter of FY2023, 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, 8.4% of these open cases exceeded the benchmark, while regionally this ranged from 0.0% (Eastern and New Haven) to 14.0% (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.

Discharge Information: The overwhelming **majority of clients lived in a private residence at discharge from Mobile Crisis (96.8%).** Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (68.7%), Family Discontinued (21.1%), and Client Hospitalized: Psychiatrically (5.9%).

Statewide, clients were most likely to be **referred to their original provider (30.7%) or Outpatient Services (32.3%) at discharge.** Other care referrals at discharge included: Intensive In-Home Services (8.5%), Intensive Outpatient Program (5.7%), Other Community Based Services (4.5%), Inpatient Hospital (2.9%), Partial Hospital Program (2.2%), and Extended Day Program (1.1%). An additional 10.5% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 2.18 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 1.38 points on average. Similarly, worker-rated Problem Severity Scales showed an average decrease of 2.86 points, while parent-rated Problem Severity Scales showed a decrease of 4.76 points on average. Changes in parent-rated functioning, worker-rated functioning, and worker-rated problem severity 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 6.3 points when compared to the same quarter in FY2022. The completion rate for worker scores decreased 12.2 points compared to FY2022 Q1.

Satisfaction: This quarter, 81 clients/families and 63 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 4.66 and 4.60.** Among other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were **4.43 and 4.21**, 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 November 2022 is **3%**. This percentage is slightly less than the full-time staff who had completed all trainings in FY2022 Q1 at 7%.

Community Outreach: Due to challenges related to COVID-19 and workforce shortages, outreaches are more difficult to complete. The number of outreaches ranged from 0 (UCFS:SE, CFGC: Norwalk, Wellmore: Torrington, Wheeler: Meriden and New Britain) to 7 (CFGC: South).

SFY 2023 Q1 RBA Report Card: Mobile Crisis Intervention Services

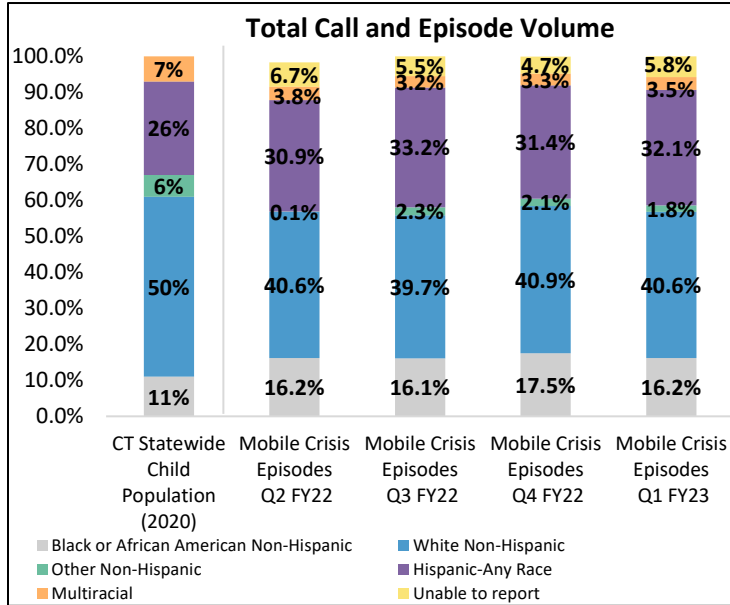
Quality of Life Result: Connecticut's children will live in stable environments, safe, healthy and ready to lead successful lives.

Contribution to the Result: The Mobile Crisis services provide an alternative, community based intervention to youth visits to hospital emergency rooms, inpatient hospitalizations and police calls that could remove them from their home and potentially negatively impact their growth and success. Mobile Crisis providers are expected to respond to all episodes of care. Partners with DCF include Child and Health Development Institute (CHDI) as the Performance Improvement Center.

Program Expenditures: Estimated SFY 2022

State Funding: \$11,970,297

How Much Did We Do?



	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
Mobile Crisis Episode	2,220	3,953	3,746	3,110	1,925
2-1-1 Only	780	1,290	1,274	1,213	653
Total	3,000	5,243	5,020	4,323	2,578

Story Behind the Baseline: In SFY 23 Q1 there were 2,578 total calls to the 2-1-1 Call Center resulting in 1,924 episodes of care (excluding one crisis response follow-up call). Compared to the same quarter in SFY 22 this represents a decrease in call volume of 14.1% (422 less calls) and a decrease in mobile episodes of 13.3% (295 less episodes). Call volume has increased since falling at the beginning of the pandemic (FY20 Q4), but the numbers of episodes and calls are lower than the same quarter last year and when compared to pre-pandemic levels (3,316 total calls in FY20 Q1). During FY22, call volume had been increasing and nearing pre-pandemic levels; however, the decrease in volume in the current quarter marks a departure from that trend. 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 22 Q1, the racial composition of children served are relatively similar. **Trend:** ↓

Episodes Per Child

Episode	SFY 2022 Q2			SFY 2022 Q3			SFY 2022 Q4			SFY 2023 Q1		
	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total
1	176 (83.4%)	2,023 (91.6%)	2,199	170 (88.1%)	1,910 (91.5%)	2,080	168 (88.0%)	1507 (92.7%)	1675	131 (91.0%)	1010 (93.8%)	1141
2	27 (12.8%)	152 (6.9%)	179	21 (10.9%)	148 (7.1%)	169	18 (9.4%)	94 (5.8%)	112	10 (6.9%)	53 (4.9%)	63
3	6 (2.8%)	25 (1.1%)	31	2 (1.0%)	25 (1.2%)	27	3 (1.6%)	20 (1.2%)	23	3 (2.1%)	12 (1.1%)	15
4 or more	2 (0.9%)	9 (0.4%)	11	(0.0%)	4 (0.2%)	4	2 (1.0%)	5 (0.3%)	7	(0.0%)	2 (0.2%)	2

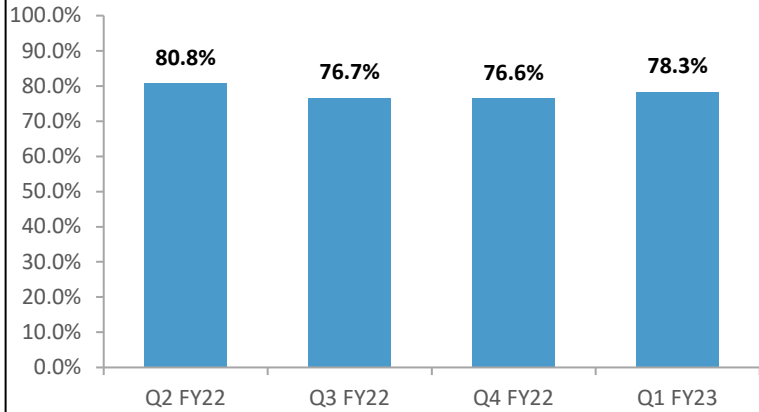
Story Behind the Baseline: In SFY 23 Q1, of the 1221* children served by Mobile Crisis 93.4 % (1141) received only one episode of care, and 98.6% (1,204) received one or two episodes of care; compared to 91.7% (1,161) and 98.4% (1,237) respectively for SFY 21 Q4. The proportion of children with four or more episodes is similar to SFY 21 Q4. 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?

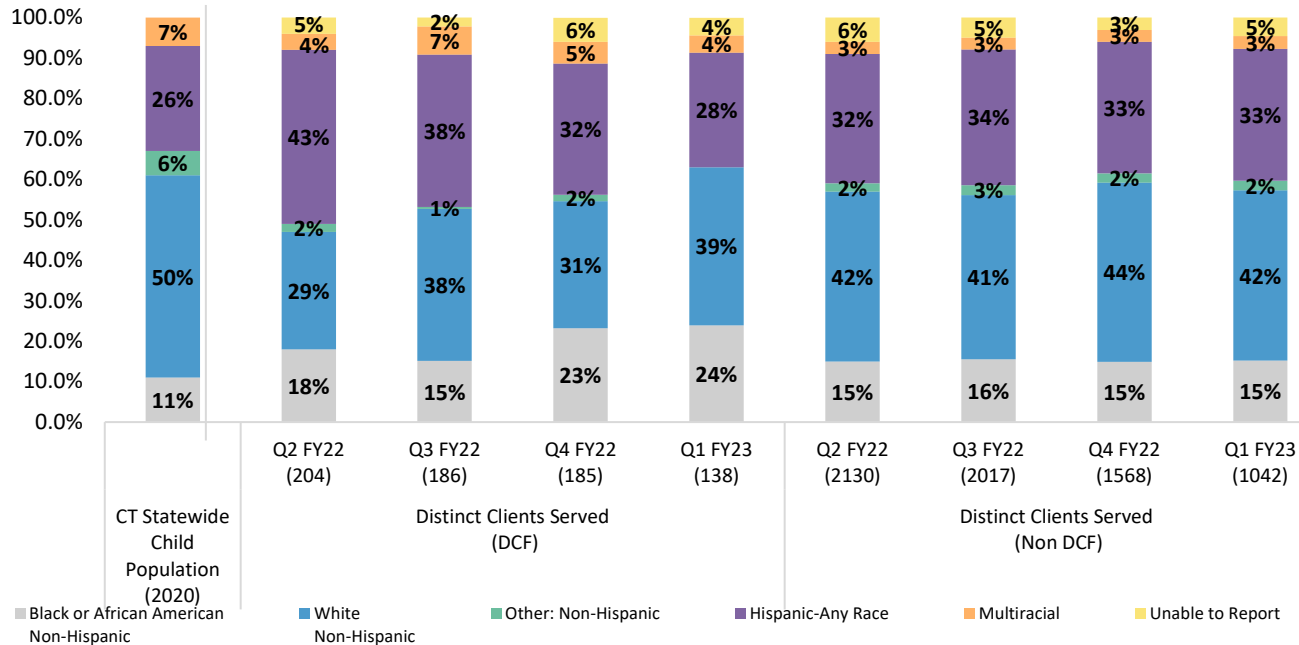
Statewide Response Time Under 45 Minutes



Story Behind the Baseline: In SFY 23 Q1, 78.3% of all mobile responses achieved the 45-minute mark compared to 82.0% for SFY 22 Q1. **The median response time for SFY 22 Q4 was 31 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. Despite these challenges, Mobile Crisis continues to be a highly responsive statewide service system that is 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



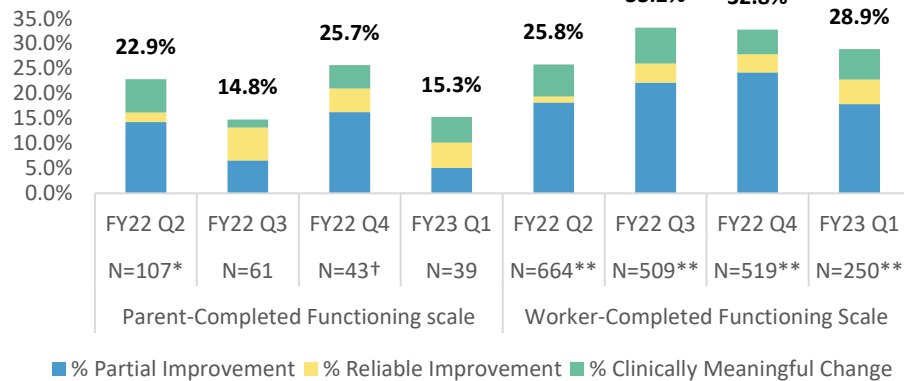
Story Behind the Baseline: In SFY 23 Q1 Hispanic and Black DCF and non-DCF involved children^{1,2} accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF-involved White children accessed the service at lower rates. White Non-DCF-involved children utilized Mobile Crisis at higher rates than their DCF-involved counterparts. Black DCF-involved children utilized Mobile Crisis at higher rates than 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.

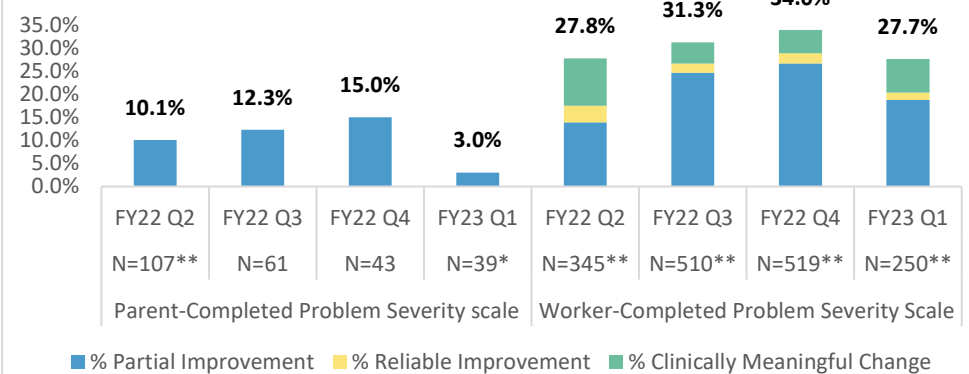
Trend: →

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 23 Q1, Parent Problem Severity, 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.

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:

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

Section II: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

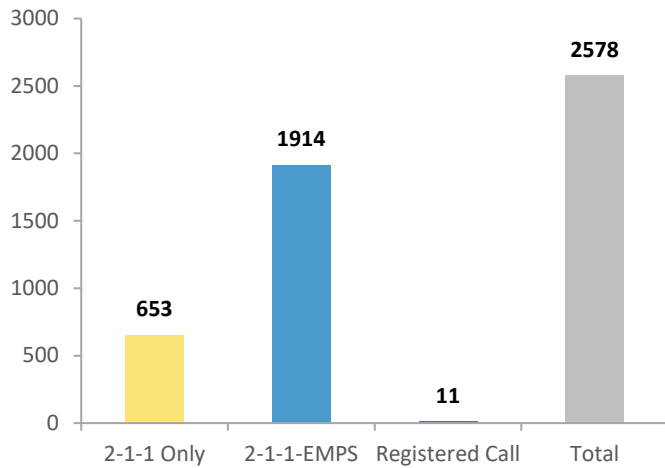


Figure 2. Total Call Volume per Quarter by Call Type

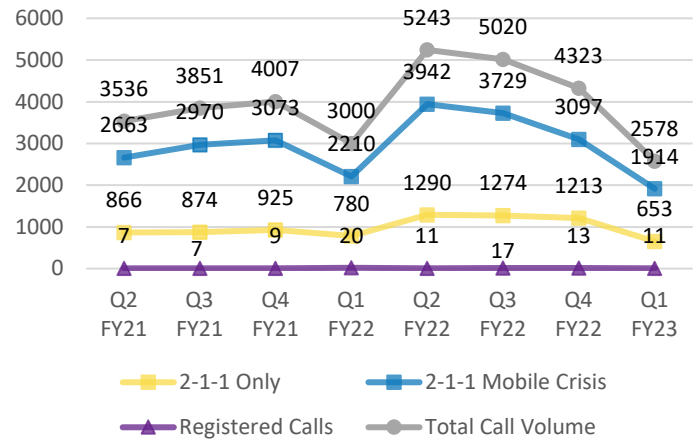
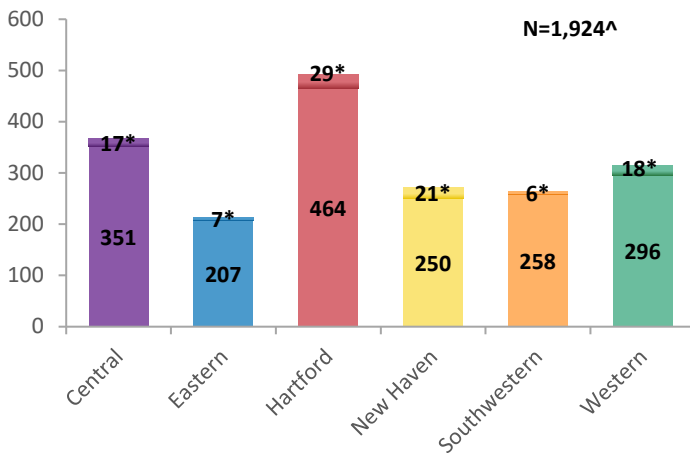


Figure 3. Mobile Crisis Episodes by Service Area



^Excluding 1 Crisis-Response Follow-Up Call
*After Hour Calls resulting in an episode

Figure 4. Mobile Crisis Episodes per Quarter by Service Area

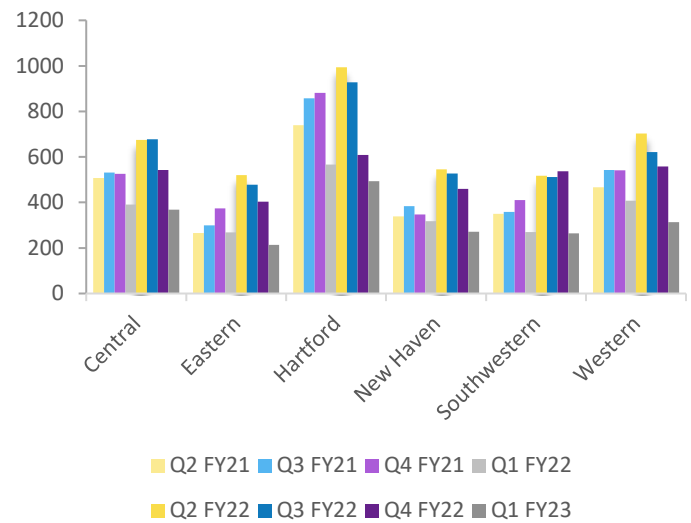


Figure 5. Number Served Per 1,000 Children

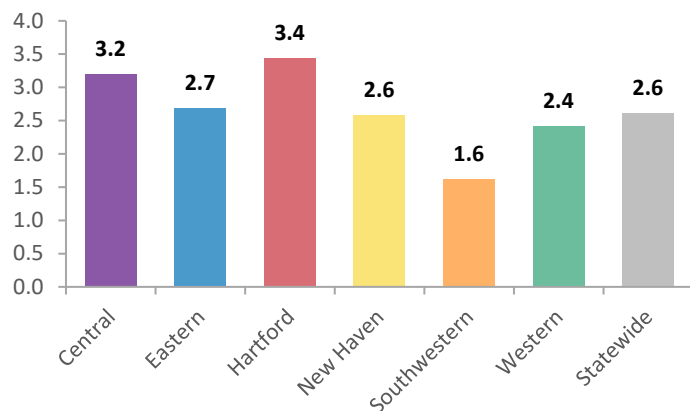


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

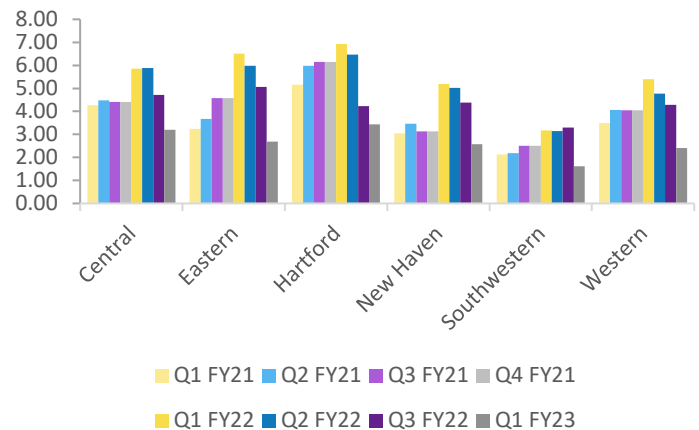


Figure 7. Number Served per 1,000 Children in Poverty

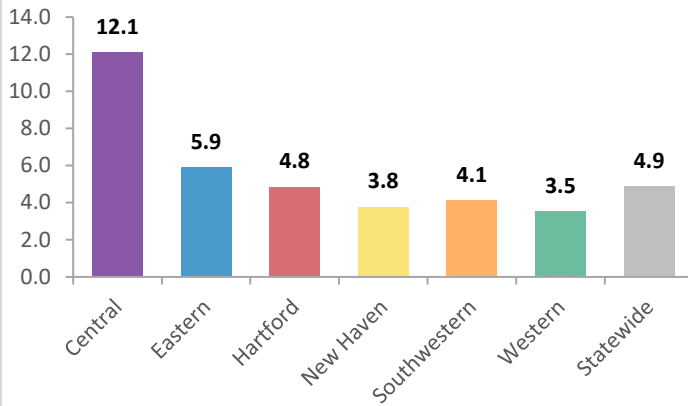


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

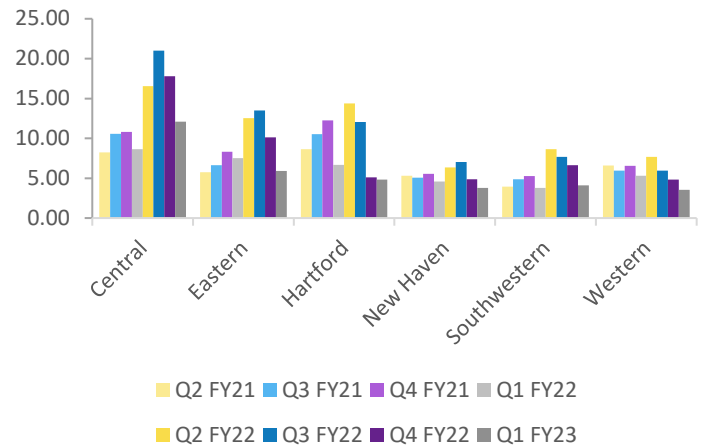
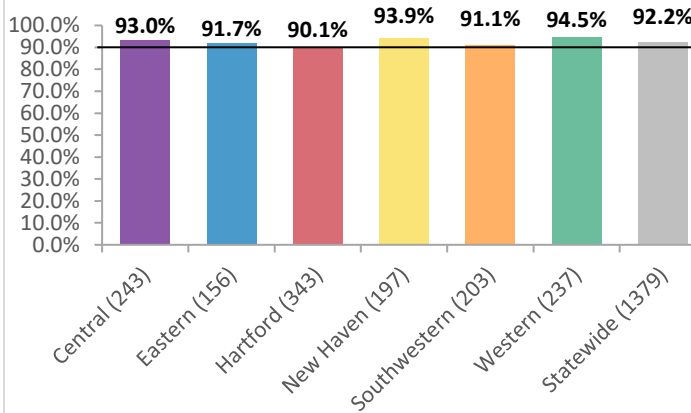


Figure 9. Mobile Response* (Mobile and Deferred Mobile) by Service Area



*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

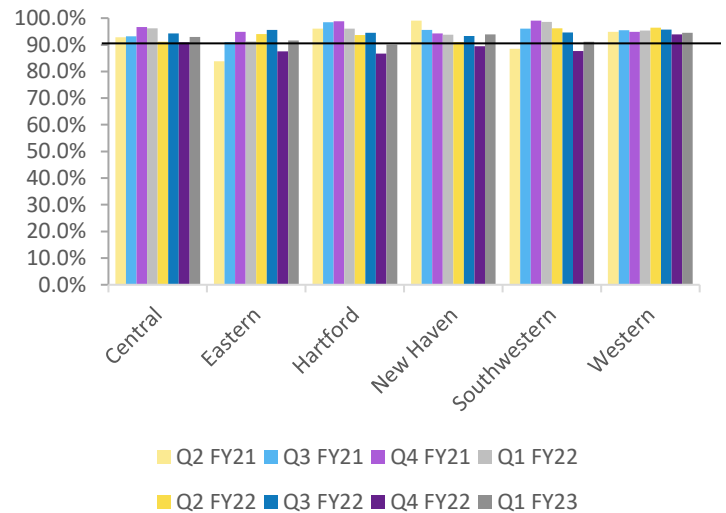
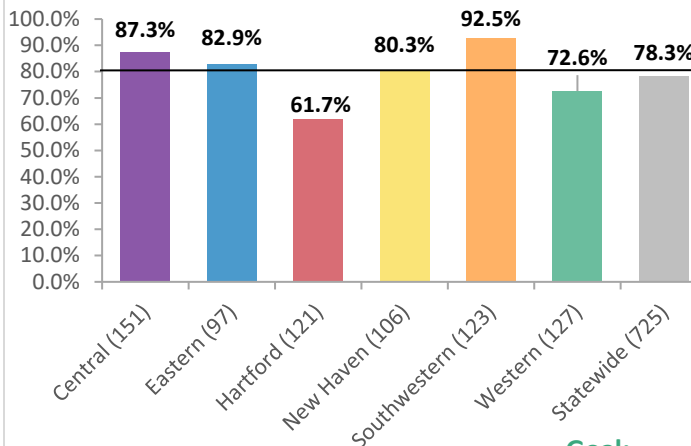


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes



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

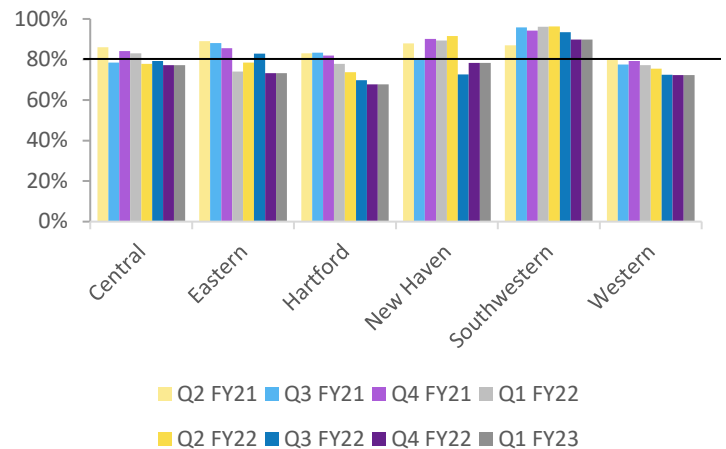
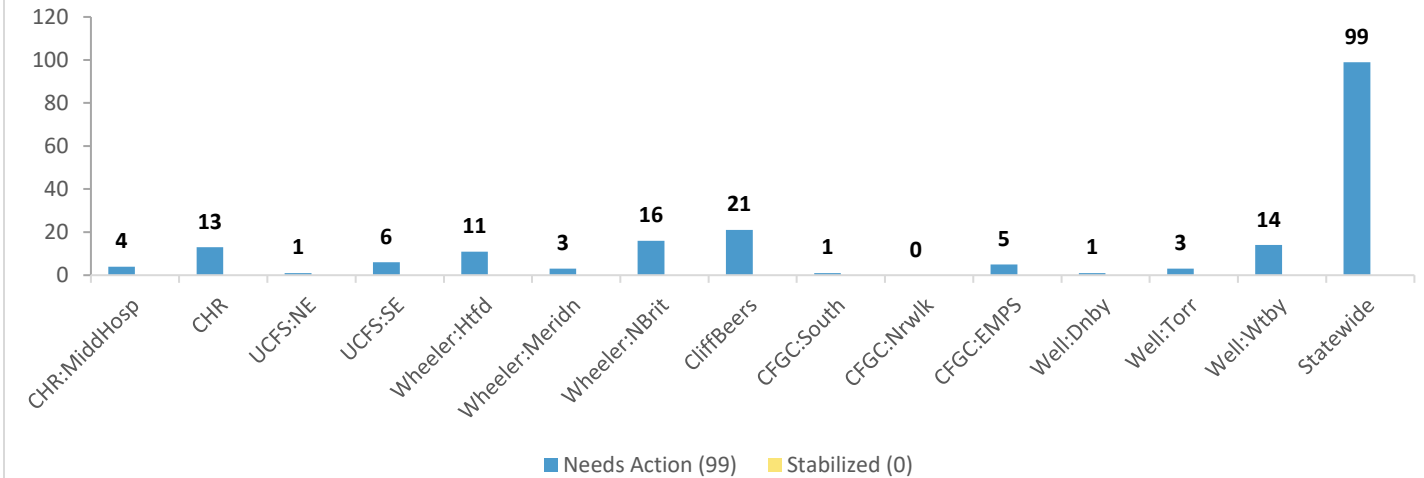


Figure 13. After Hours Follow-up Calls by Provider



Section III: Mobile Crisis Response

Figure 14. Total Call Volume by Call Type

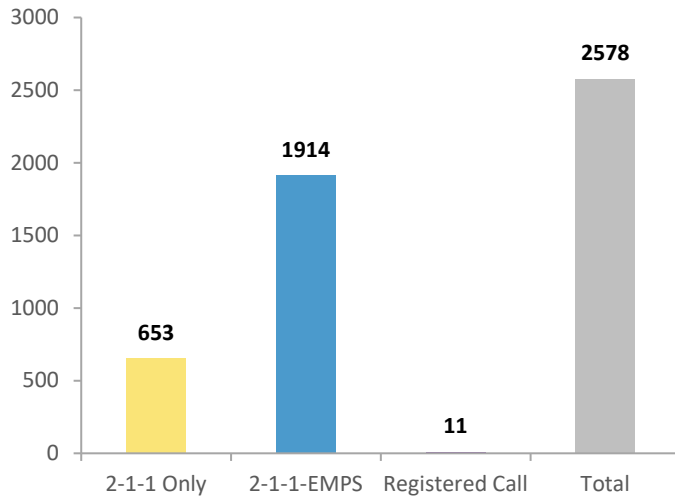


Figure 15. Statewide 2-1-1 Disposition Frequency

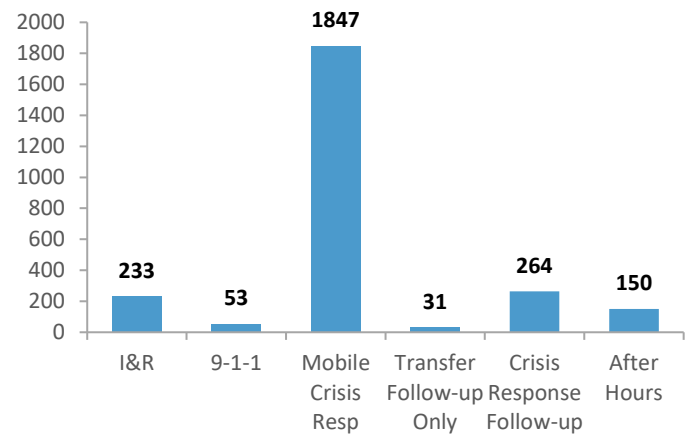
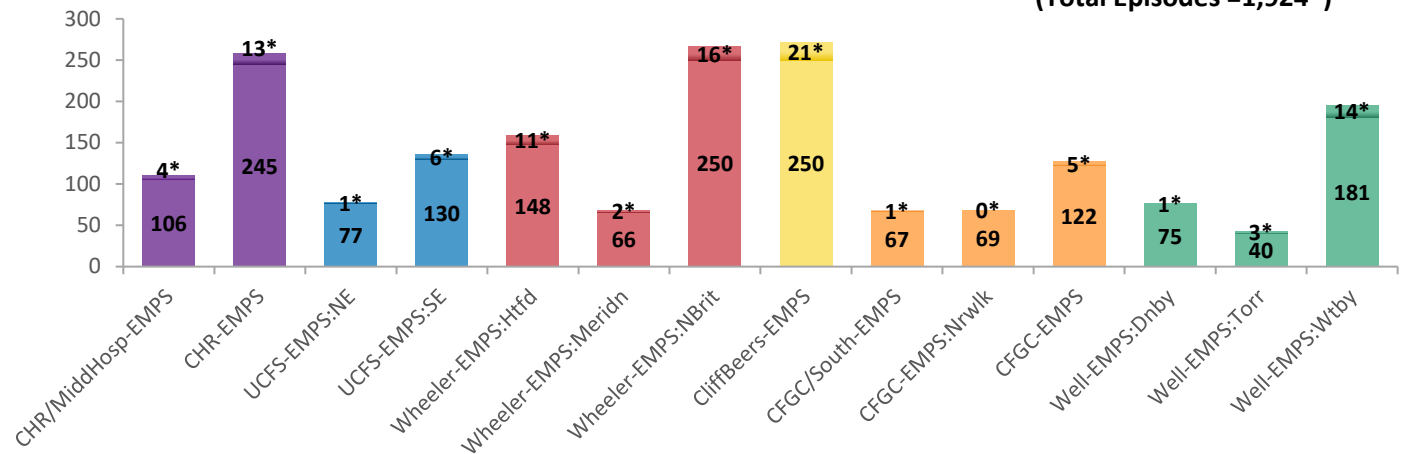


Figure 16. Mobile Crisis Response Episodes by Provider

(Total Episodes =1,924^)



^Excluding 1 Crisis-Response Follow-Up Calls

*After Hour Calls resulting in an episode

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

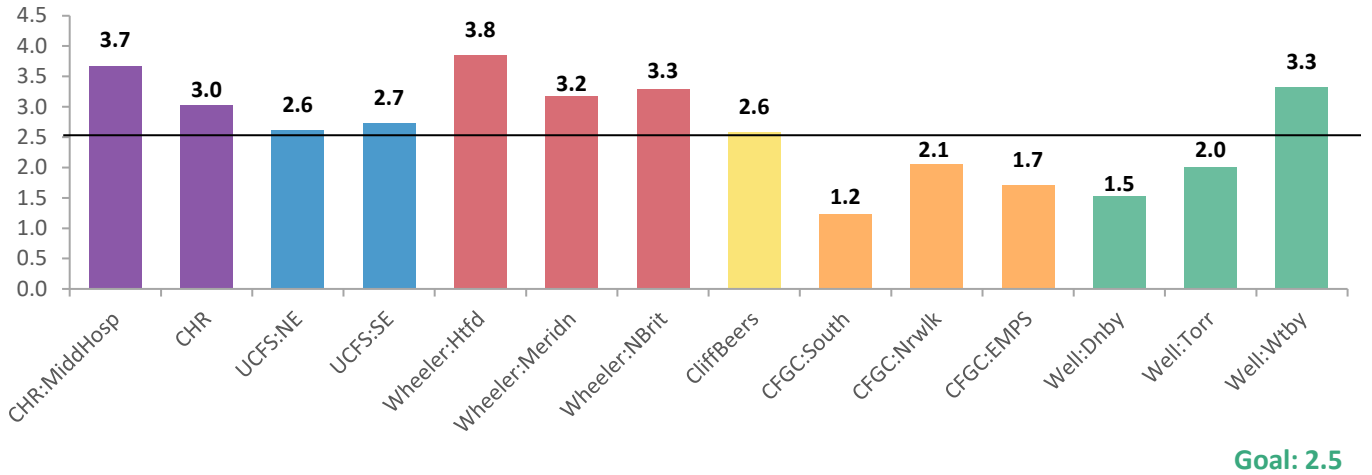


Figure 18. Episode Intervention Crisis Response Types by Service Area

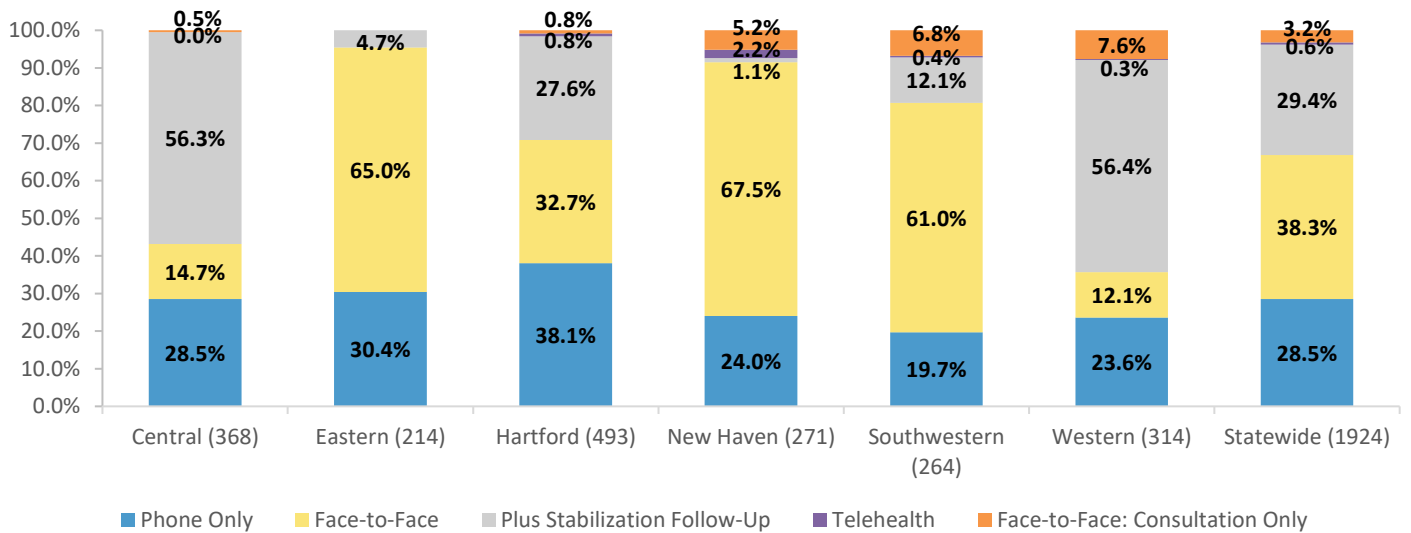
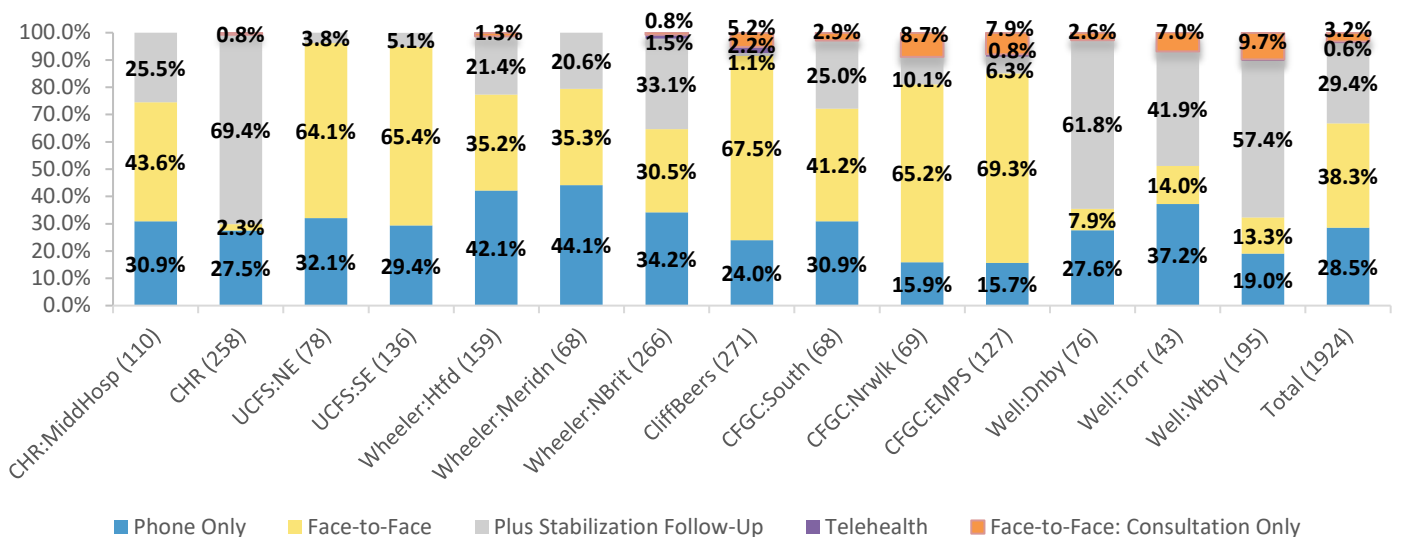


Figure 19. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 20. Sex of Children Served Statewide
(N = 1,924)

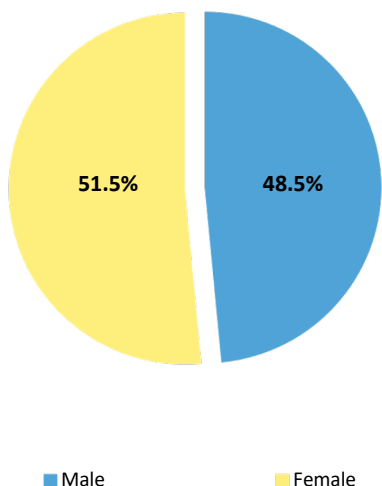


Figure 21. Age Groups of Children Served Statewide
(N = 1,924)

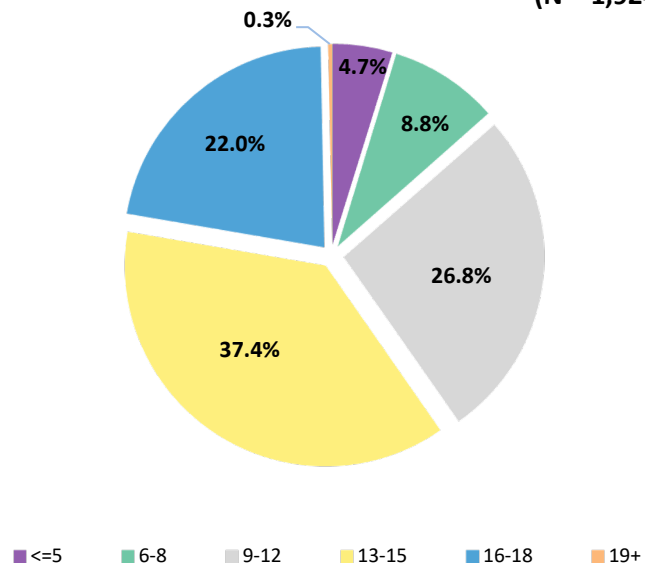


Figure 22. Ethnic Background of Children Served Statewide
(N = 1,880)

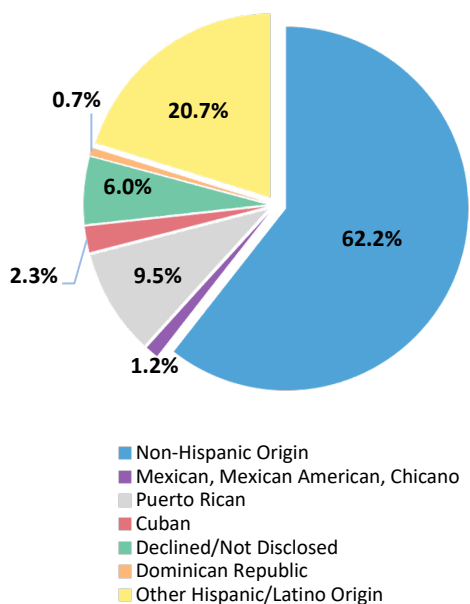
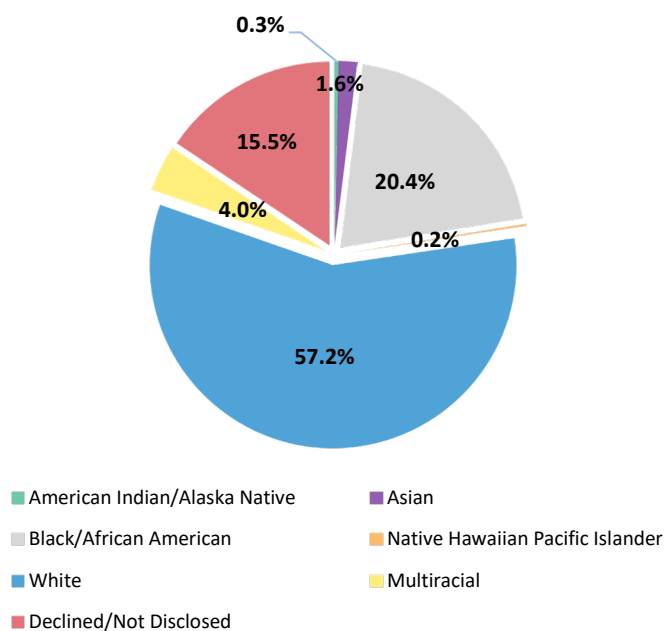


Figure 23. Race of Children Served Statewide
(N = 1,854)



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

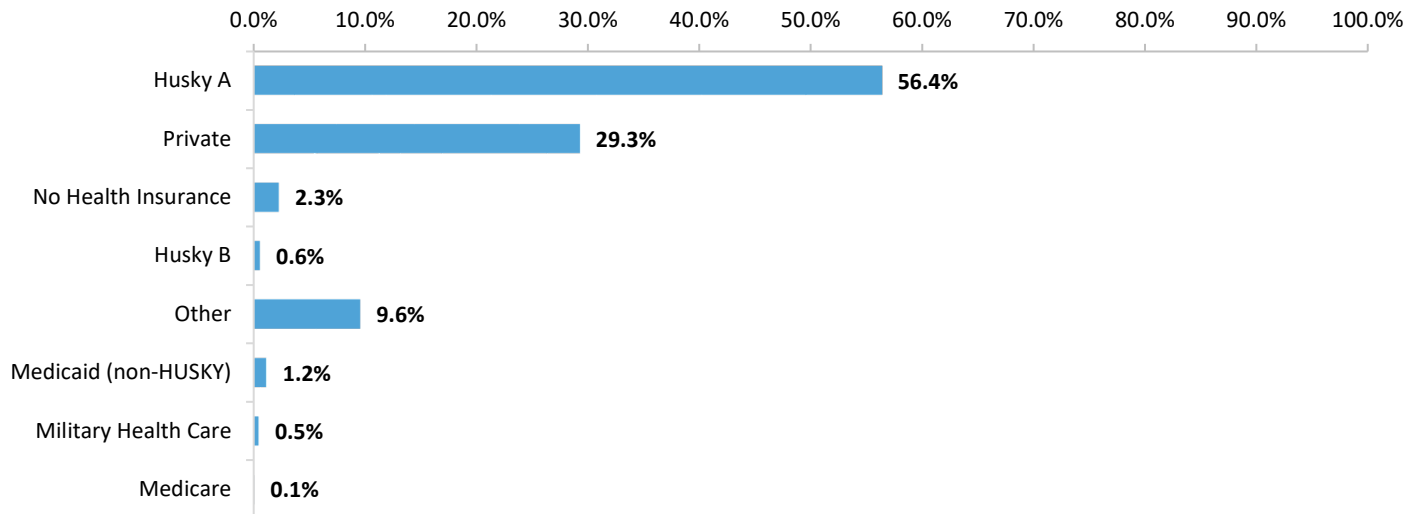
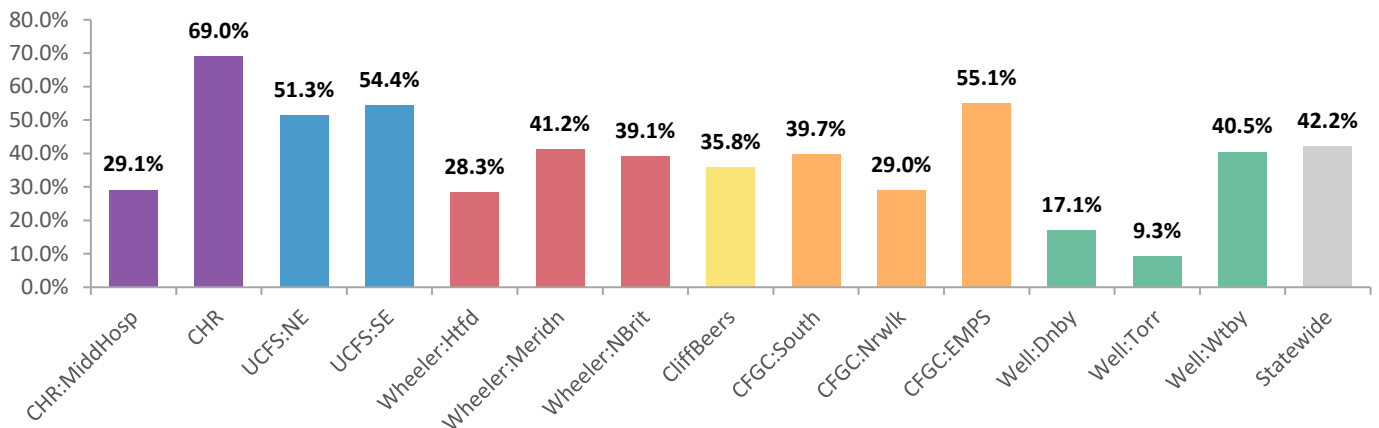
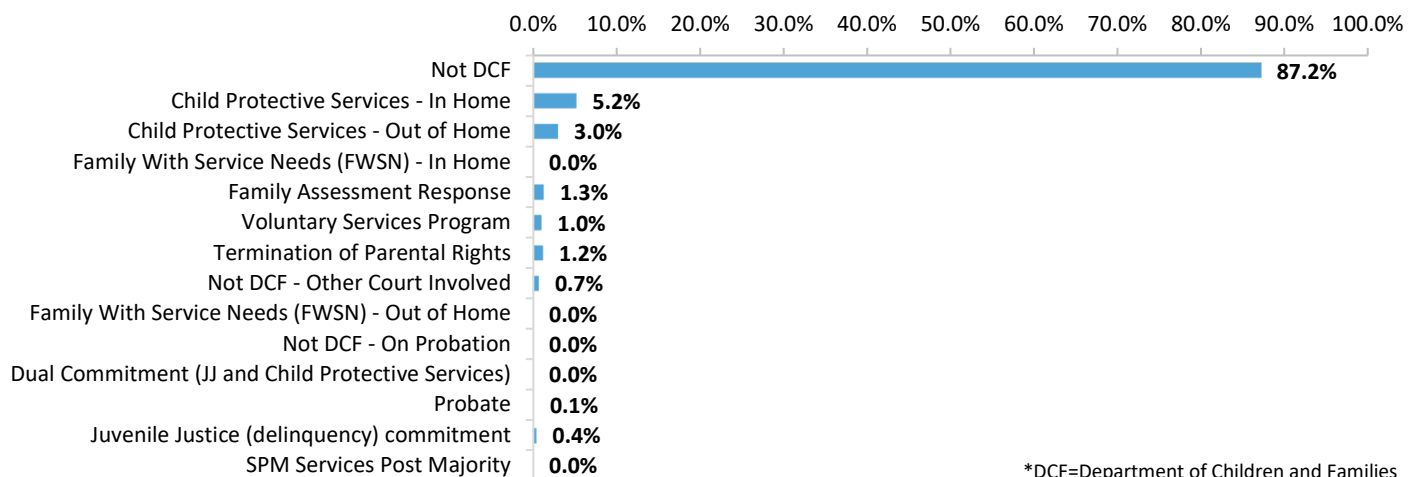


Figure 25. Families that Answered "Yes" TANF* Eligible



*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

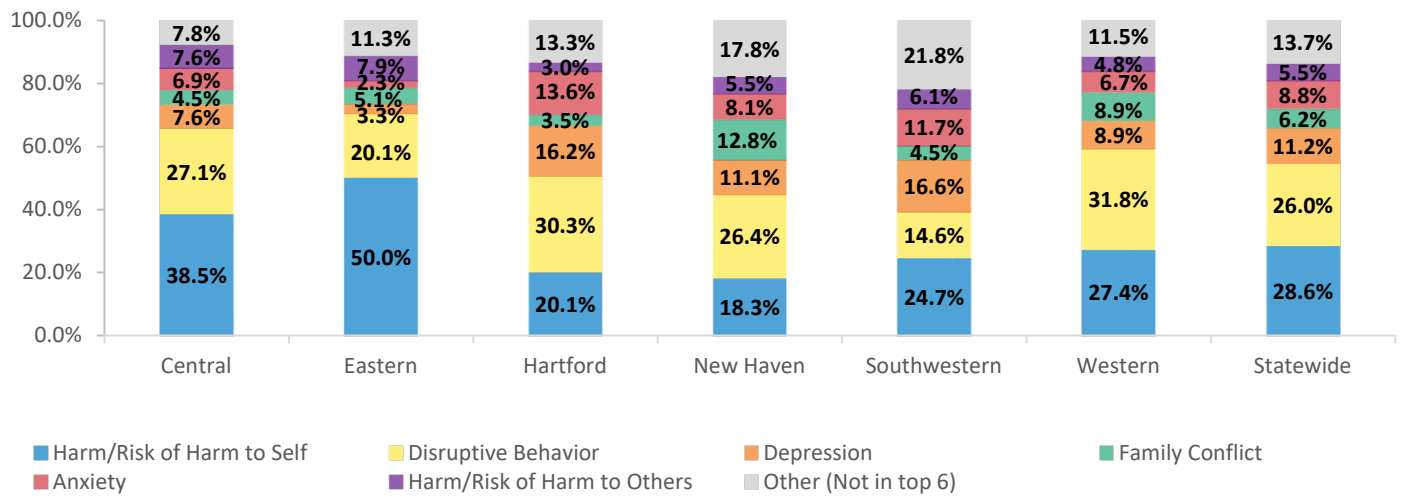
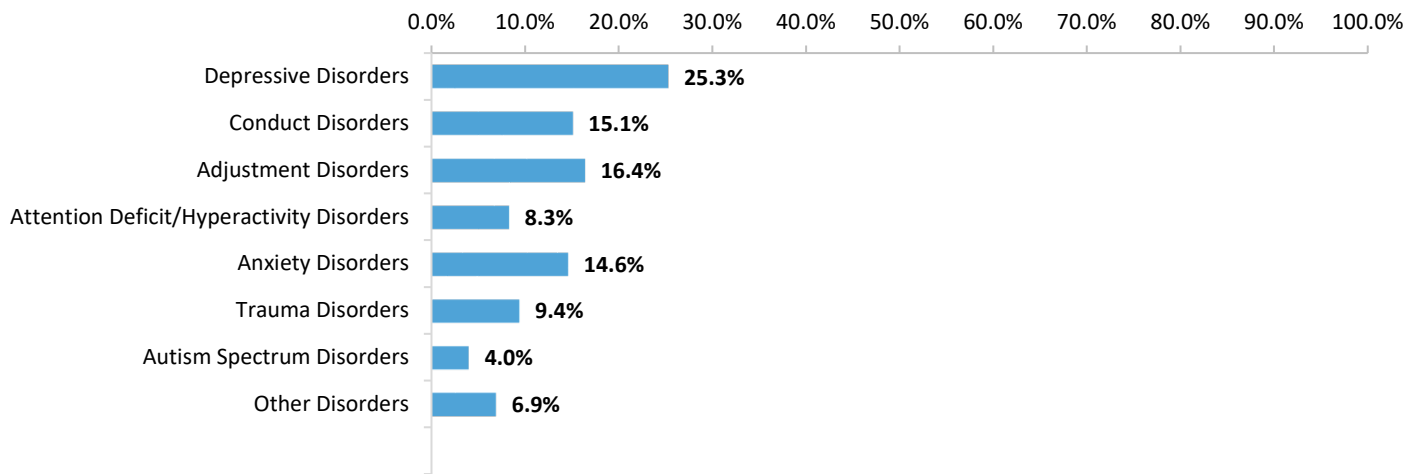
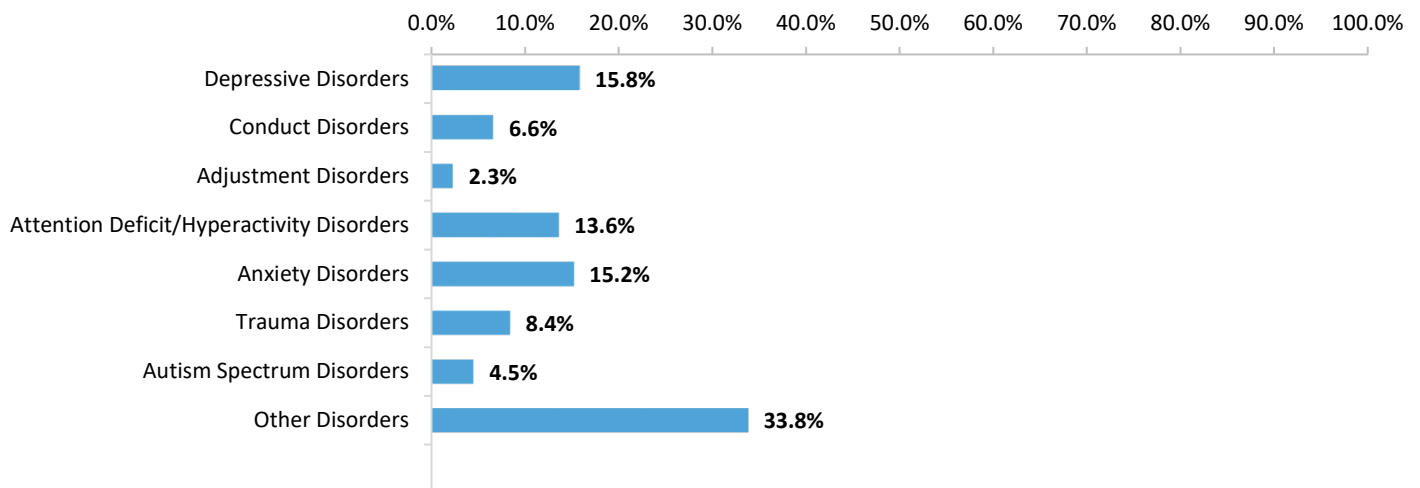


Figure 28. Distribution of Primary Diagnosis Categories at Intake Statewide



*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

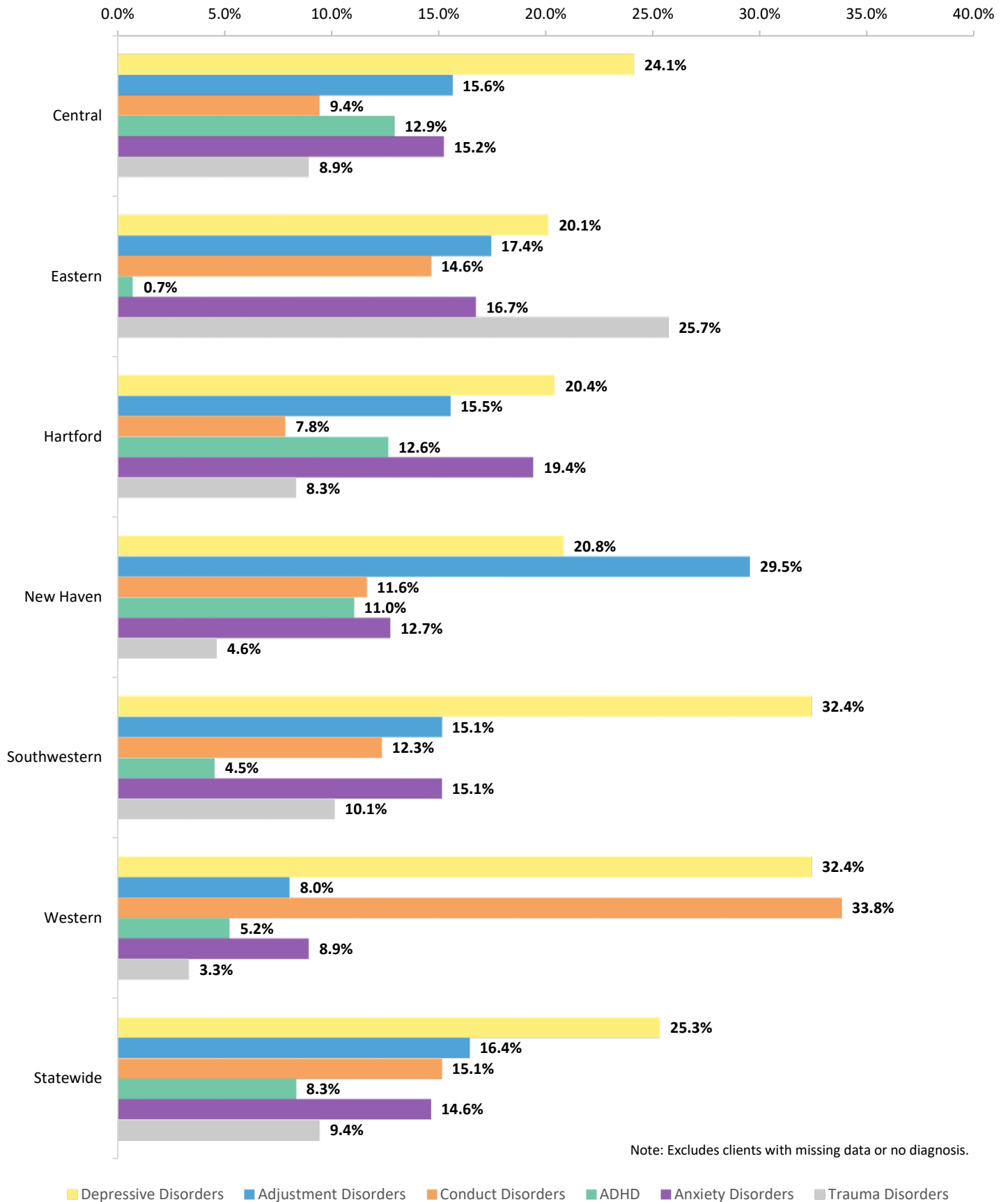


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

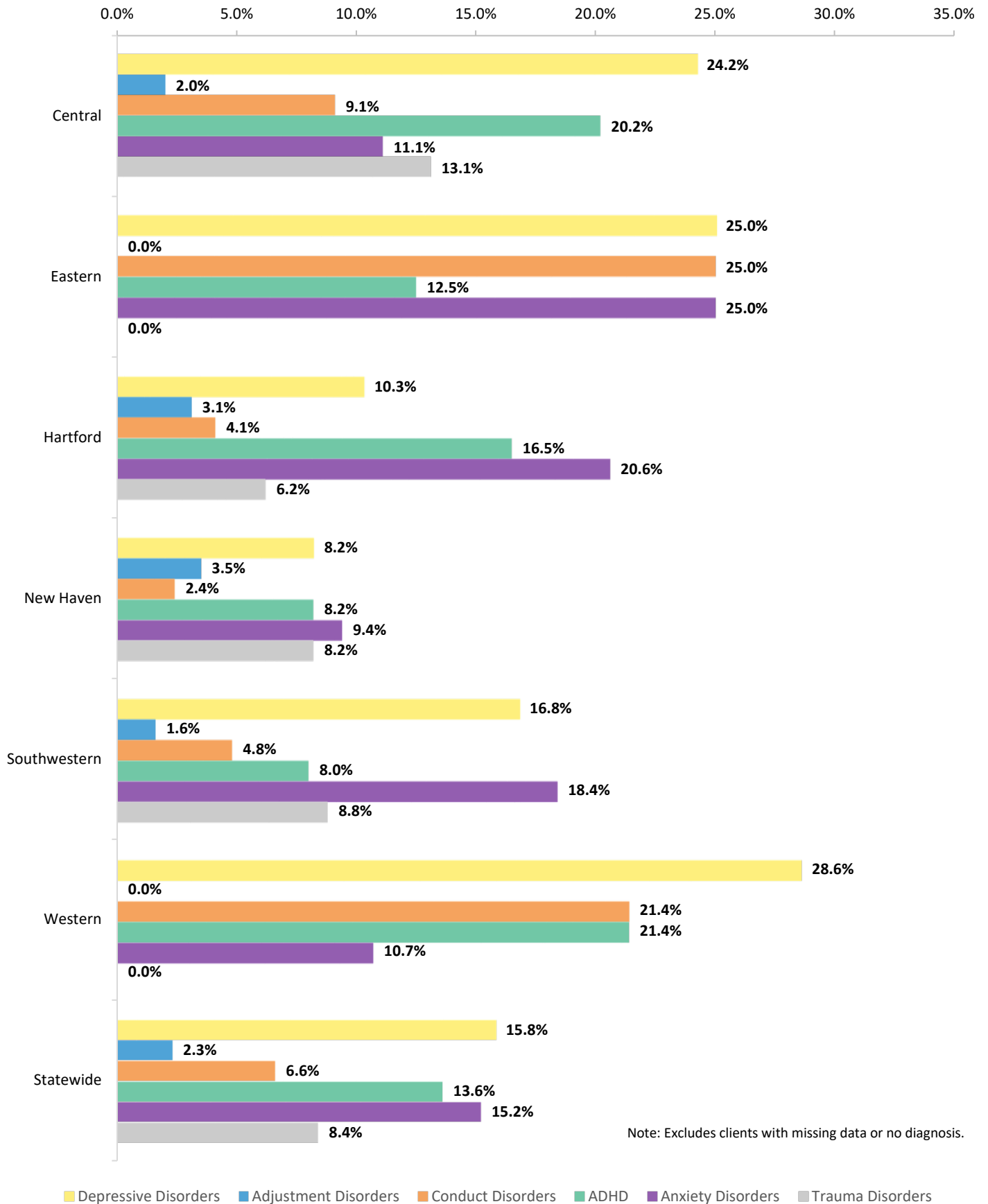


Figure 32. Children Meeting SED* Criteria by Service Area

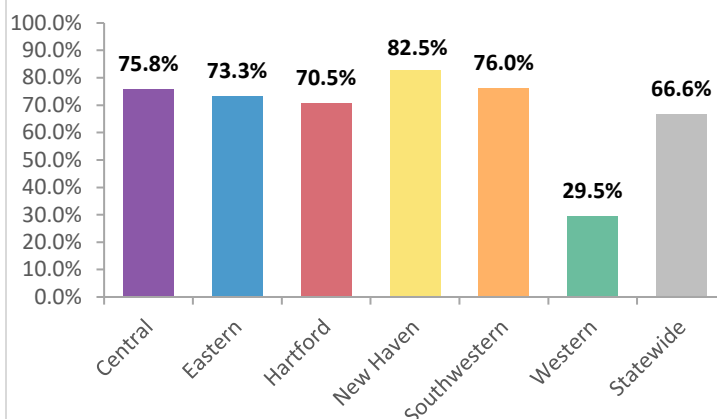


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

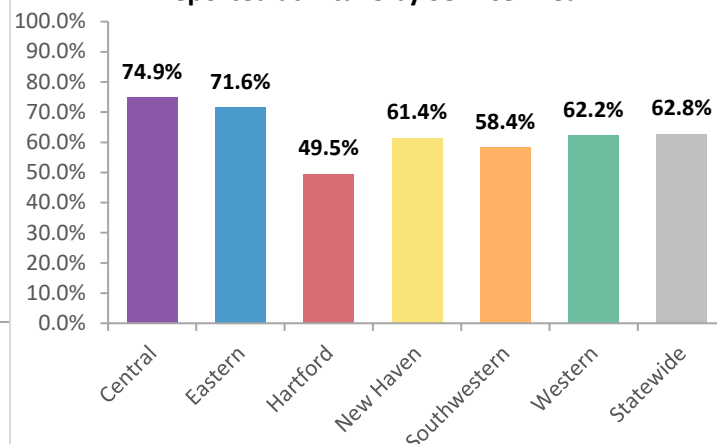


Figure 34. Type of Trauma Reported at Intake by Service Area

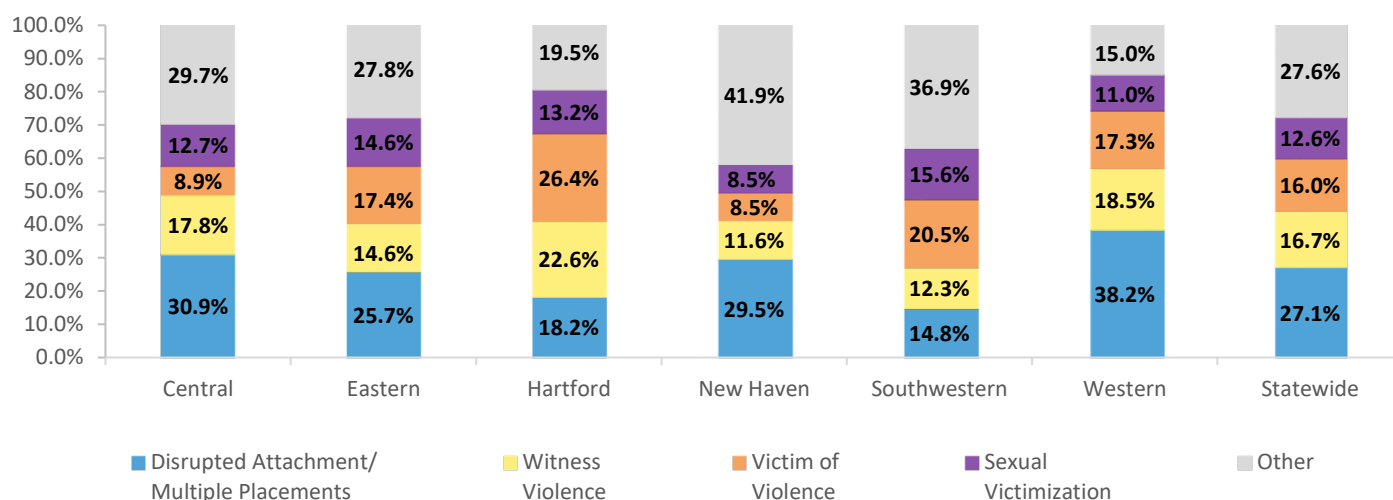


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

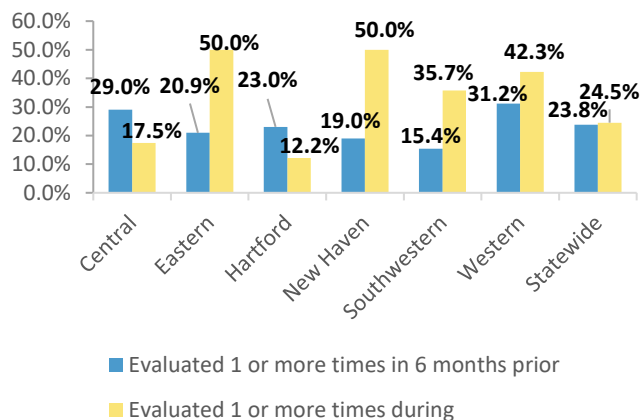
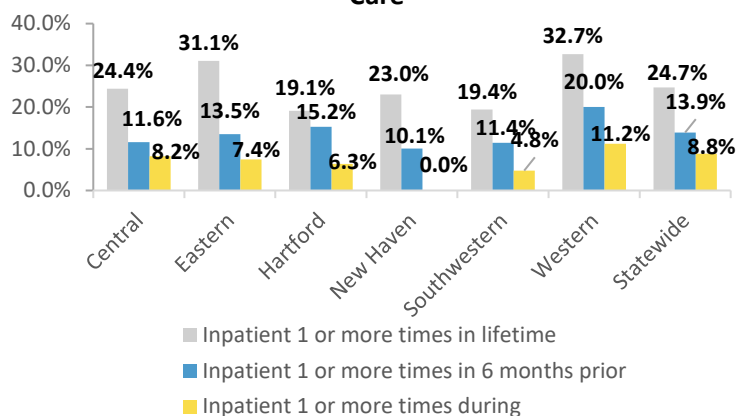


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

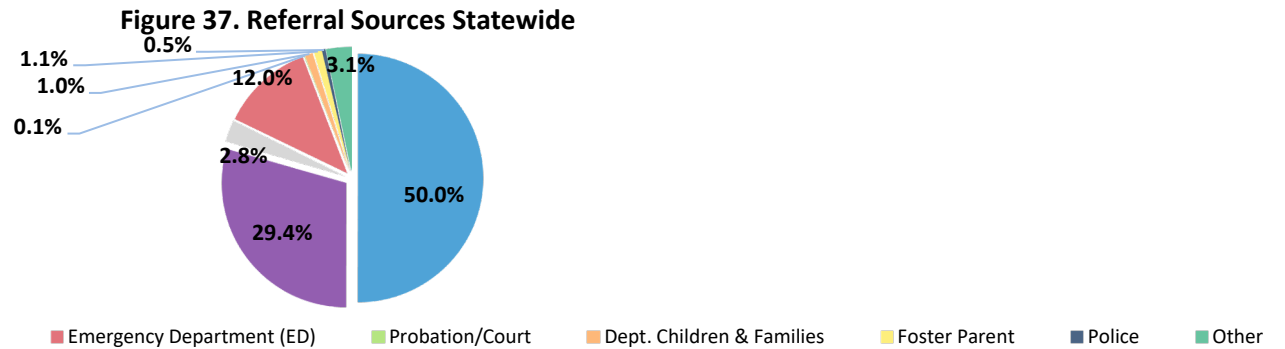
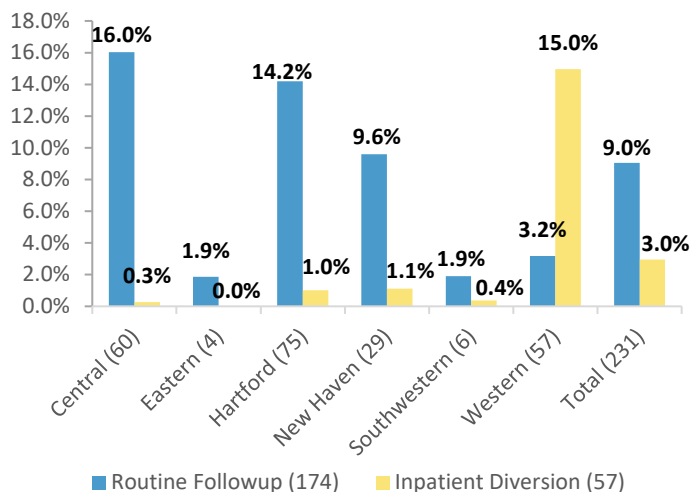


Table 1. Referral Sources (Q1 FY 2023)

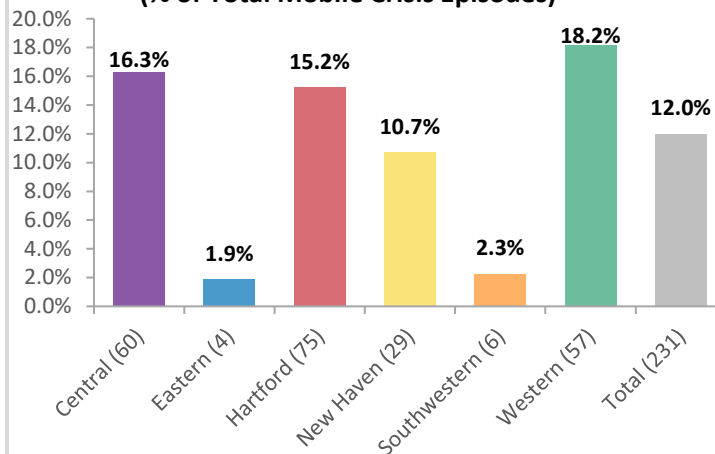
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	50.0%	0.2%	29.4%	0.0%	0.5%	2.8%	12.0%	0.1%	1.0%	1.6%	0.1%	1.1%	0.5%	0.6%	0.2%	0.1%
CENTRAL	49.0%	0.0%	25.9%	0.0%	0.3%	3.0%	16.3%	0.0%	0.8%	2.2%	0.0%	1.4%	0.5%	0.5%	0.0%	0.0%
CHR:MidHosp	53.6%	0.0%	30.0%	0.0%	0.0%	1.8%	10.0%	0.0%	0.9%	1.8%	0.0%	0.0%	0.9%	0.9%	0.0%	0.0%
CHR	47.1%	0.0%	24.1%	0.0%	0.4%	3.5%	19.1%	0.0%	0.8%	2.3%	0.0%	1.9%	0.4%	0.4%	0.0%	0.0%
EASTERN	55.8%	0.5%	31.2%	0.0%	0.5%	2.3%	1.9%	0.0%	0.5%	3.7%	0.9%	1.9%	0.0%	0.0%	0.5%	0.5%
UCFS:NE	64.1%	0.0%	23.1%	0.0%	0.0%	2.6%	1.3%	0.0%	0.0%	7.7%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%
UCFS:SE	51.5%	0.7%	36.0%	0.0%	0.7%	2.2%	2.2%	0.0%	0.7%	1.5%	1.5%	2.2%	0.0%	0.0%	0.7%	0.0%
HARTFORD	48.7%	0.0%	27.5%	0.0%	0.2%	3.2%	15.2%	0.3%	0.4%	2.0%	0.0%	1.0%	0.4%	0.6%	0.4%	0.2%
Wheeler:Htfd	41.5%	0.0%	26.4%	0.0%	0.0%	7.5%	22.0%	0.0%	0.6%	0.6%	0.0%	0.0%	0.6%	0.6%	0.0%	0.0%
Wheeler:Meridn	53.6%	0.0%	30.4%	0.0%	0.0%	1.4%	5.8%	0.0%	0.0%	2.9%	0.0%	2.9%	0.0%	1.4%	0.0%	1.4%
Wheeler:NBrit	51.9%	0.0%	27.4%	0.0%	0.4%	1.1%	13.5%	0.0%	0.4%	2.6%	0.0%	1.1%	0.4%	0.4%	0.8%	0.0%
NEW HAVEN	53.8%	0.0%	27.5%	0.0%	0.0%	2.6%	10.6%	0.7%	1.8%	0.4%	0.0%	0.7%	1.1%	0.7%	0.0%	0.7%
CliffBeers	54.2%	0.0%	27.7%	0.0%	0.0%	2.6%	10.7%	0.0%	1.8%	0.4%	0.0%	0.7%	1.1%	0.7%	0.0%	0.0%
SOUTHWESTERN	51.3%	0.8%	37.0%	0.0%	2.3%	2.6%	2.3%	0.0%	1.5%	0.8%	0.0%	0.8%	0.4%	0.0%	0.0%	0.4%
CFG:South	58.8%	2.9%	33.8%	0.0%	0.0%	1.5%	0.0%	0.0%	1.5%	0.0%	0.0%	0.0%	1.5%	0.0%	0.0%	0.0%
CFG:Nrwk	53.6%	0.0%	42.0%	0.0%	1.4%	0.0%	1.4%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CFG:EMPS	46.5%	0.0%	36.2%	0.0%	3.9%	4.7%	3.9%	0.0%	1.6%	1.6%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%
WESTERN	44.4%	0.0%	30.0%	0.0%	0.0%	2.2%	18.2%	0.4%	1.6%	0.6%	0.0%	1.0%	0.3%	1.3%	0.0%	0.3%
Well:Dnby	53.9%	0.0%	35.5%	0.0%	0.0%	1.3%	0.0%	1.3%	2.6%	0.0%	0.0%	1.3%	1.3%	2.6%	0.0%	0.0%
Well:Torr	67.4%	0.0%	20.9%	0.0%	0.0%	2.3%	4.7%	0.0%	2.3%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Well:Wtby	35.4%	0.0%	29.7%	0.0%	0.0%	2.6%	28.2%	0.5%	1.0%	0.5%	0.0%	1.0%	0.0%	1.0%	0.0%	0.0%

Figure 38. Type of Emergency Dept. Referral



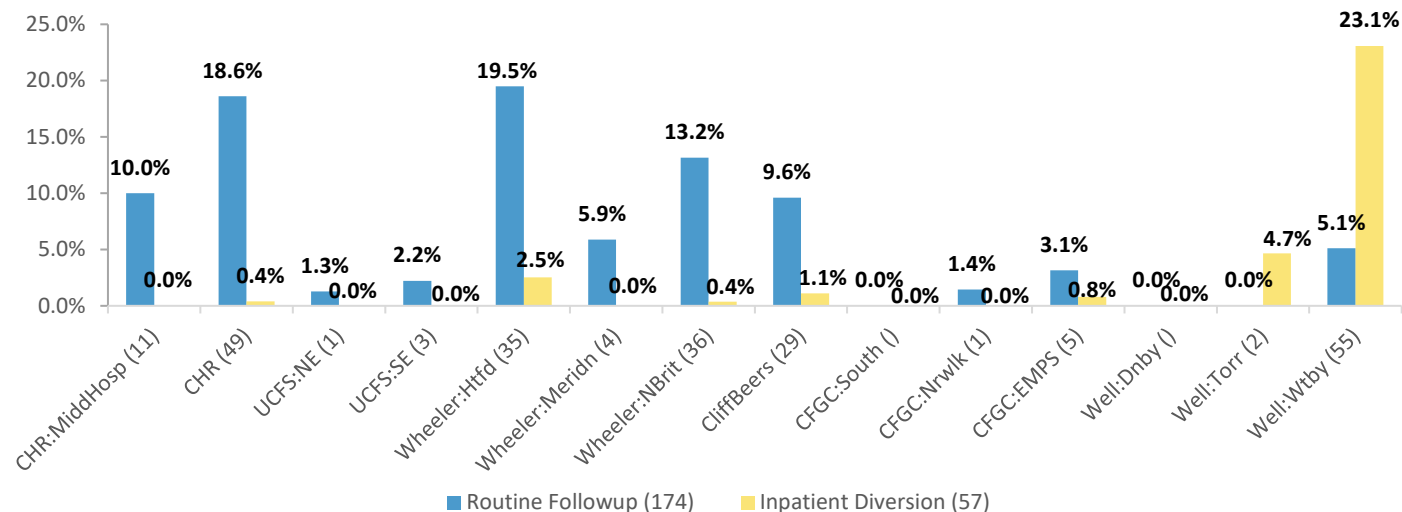
Note: Count total ED referrals are in parenthesis

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



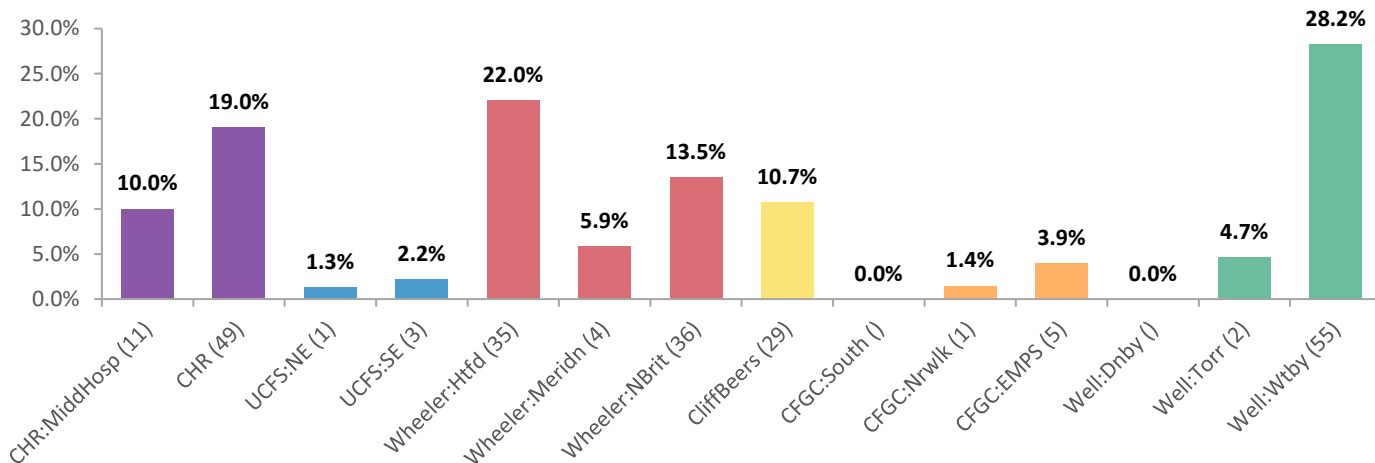
Note: Count total ED referrals are in parenthesis

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

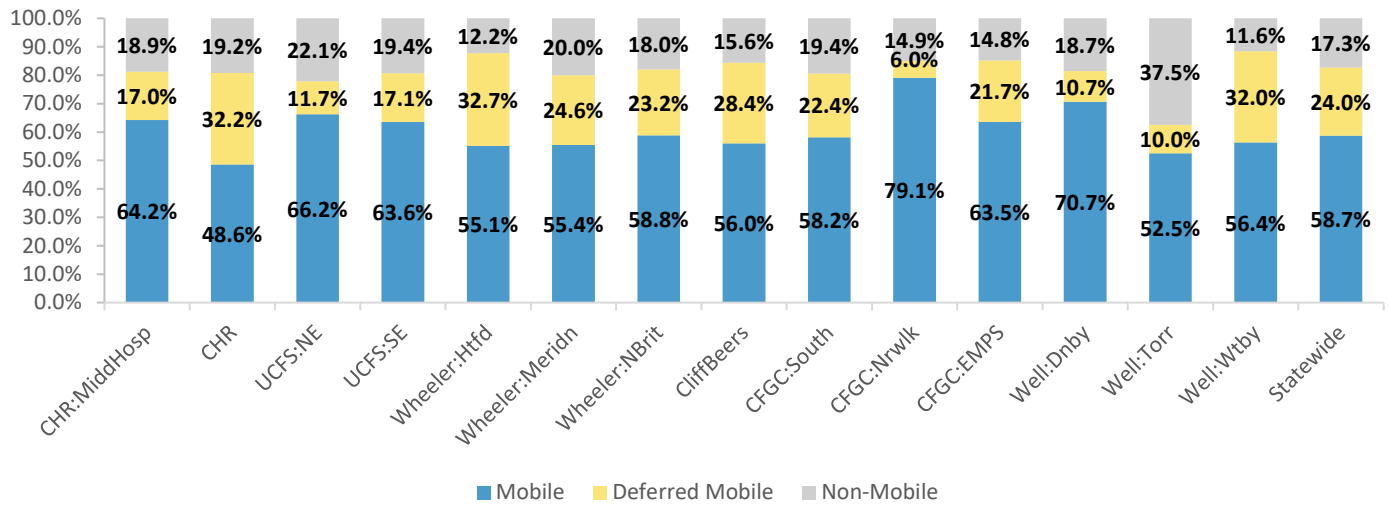


Figure 43. Actual Initial Mobile Crisis Provider Response

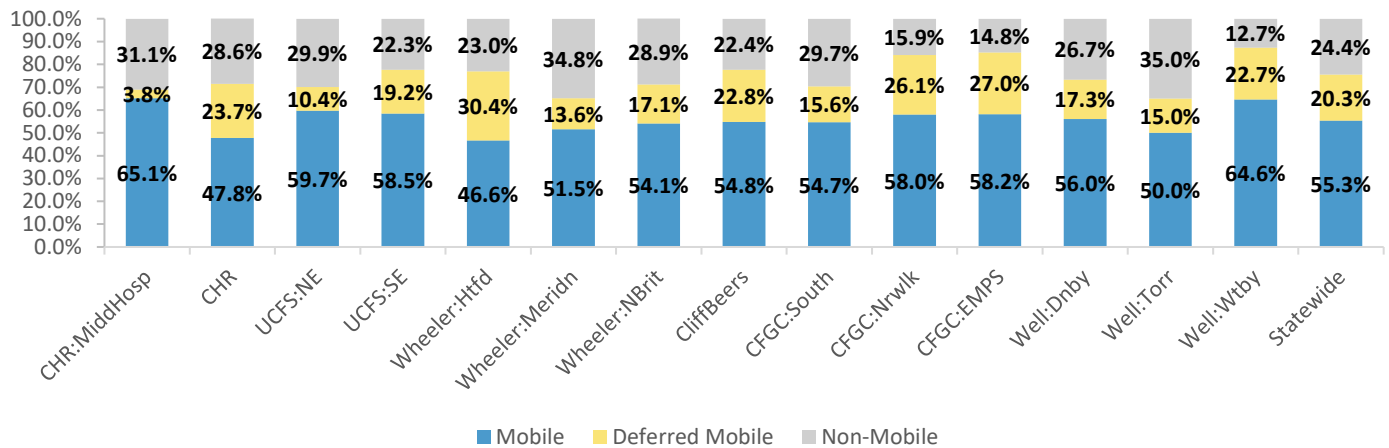
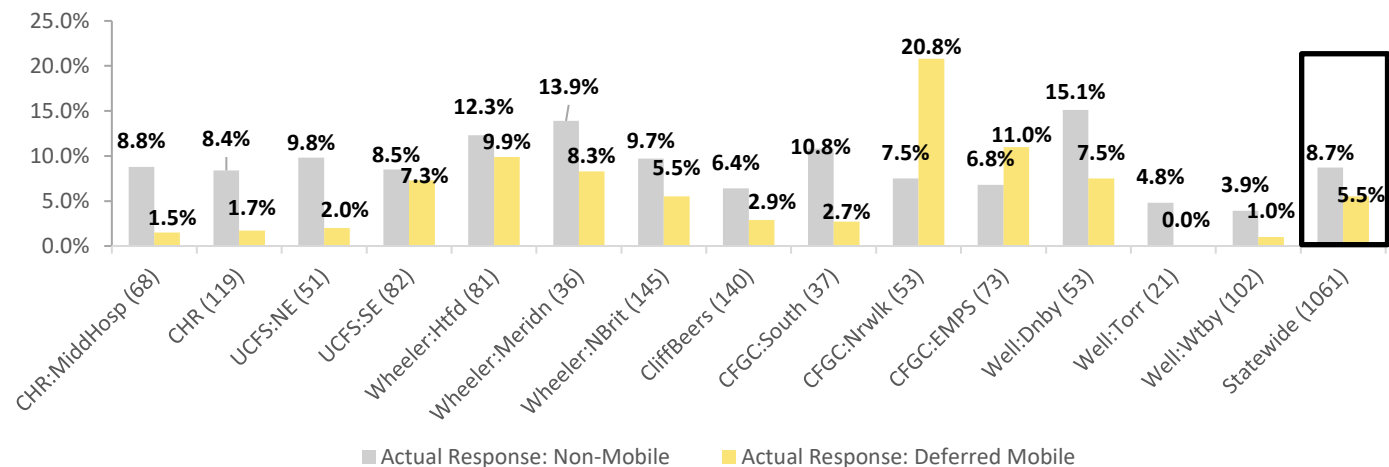
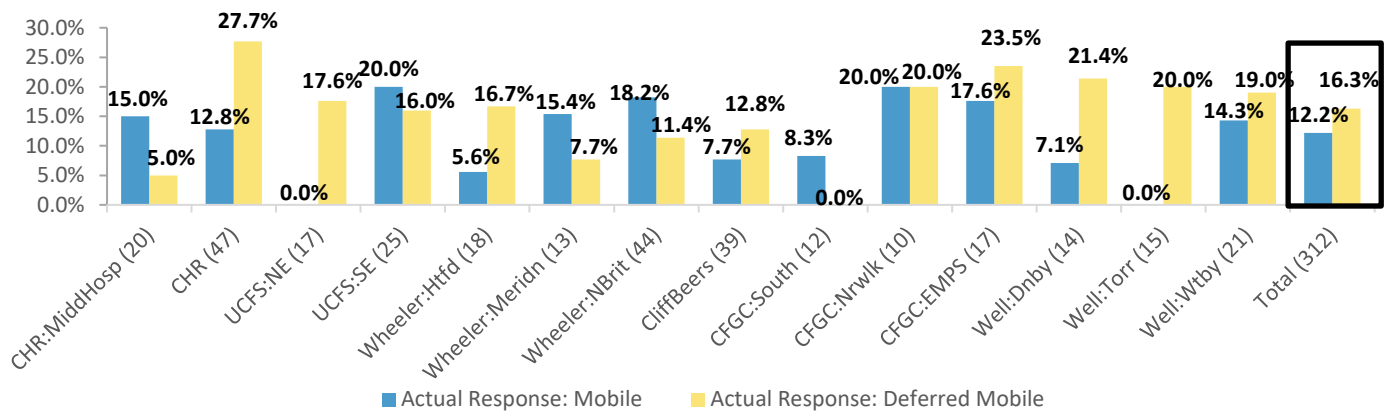


Figure 44. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile



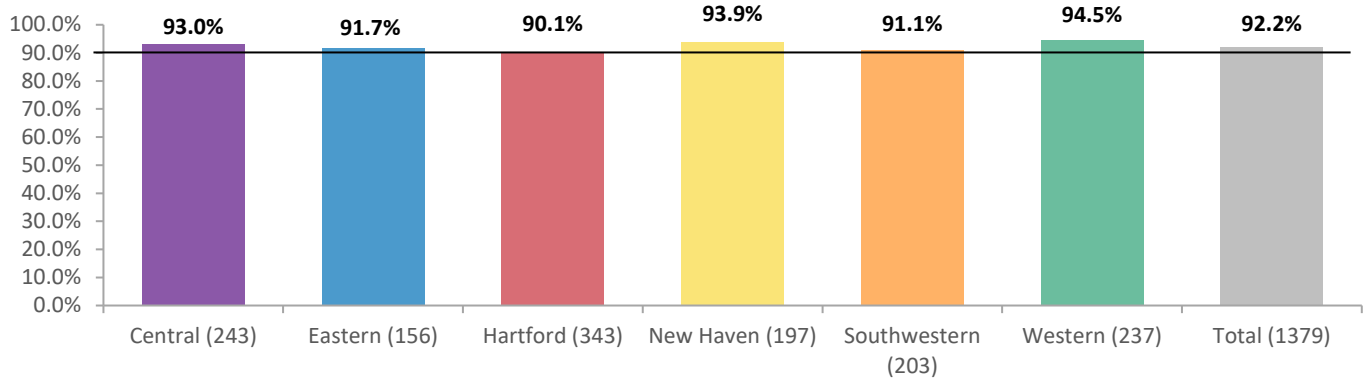
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

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

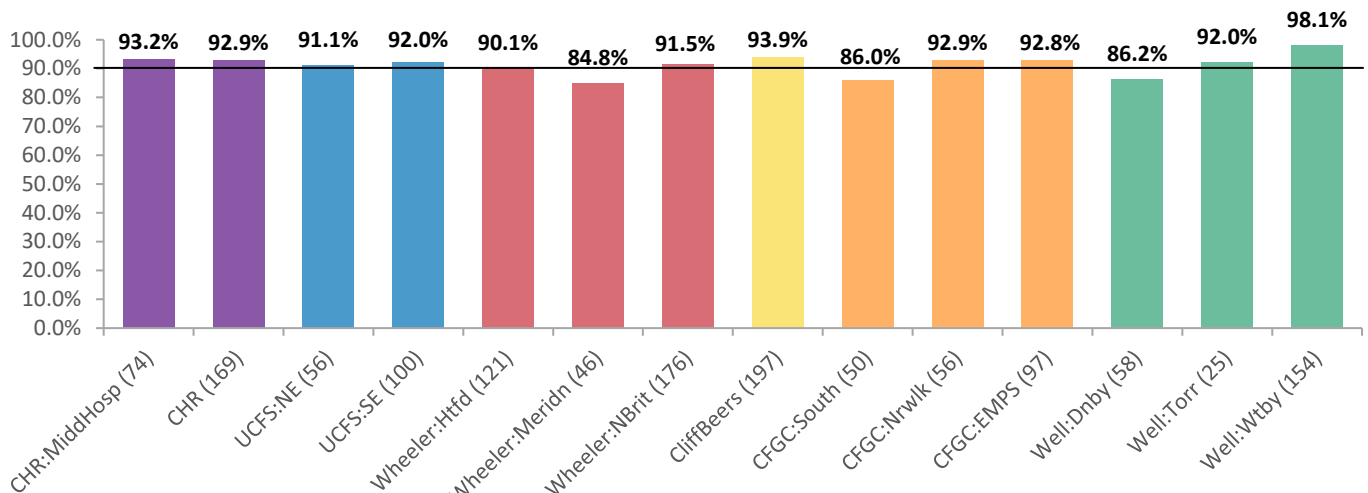


*Mobility calculation updated – see exec. summary

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

Goal: 90%

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



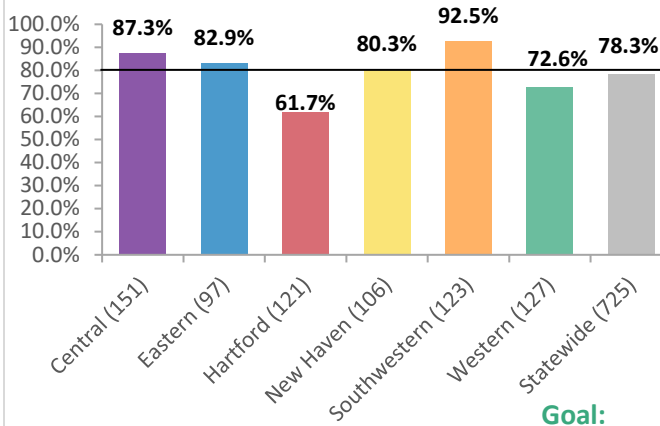
Note: Counts of 211-recommended mobile episodes are in parenthesis

*Mobility calculation updated – see exec. summary

Goal: 90%

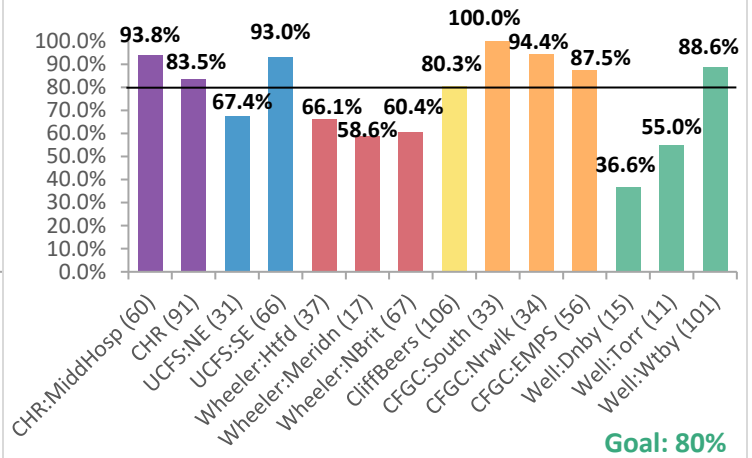
Section VIII: Response Time

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



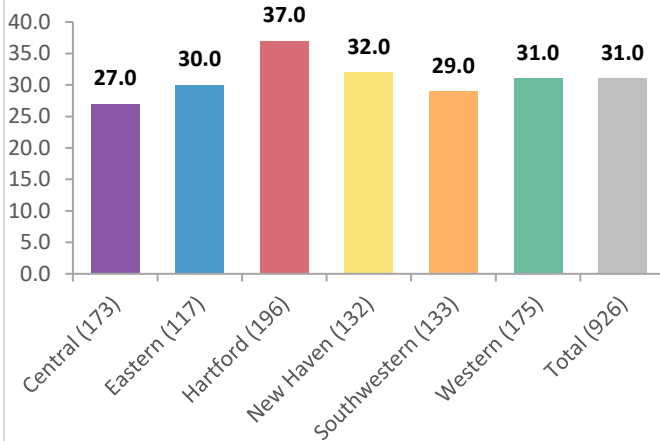
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



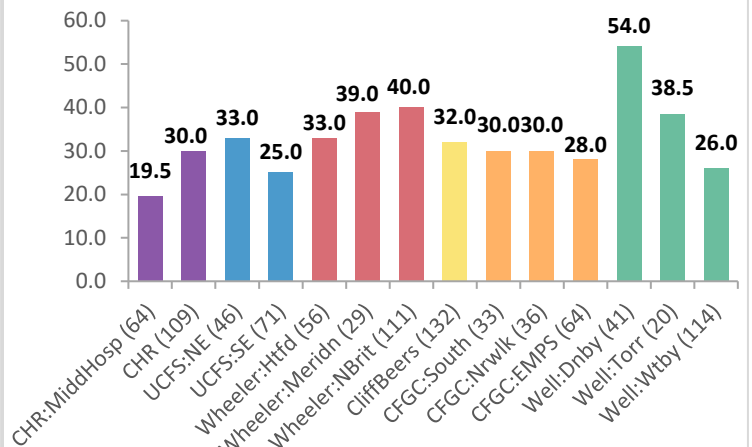
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



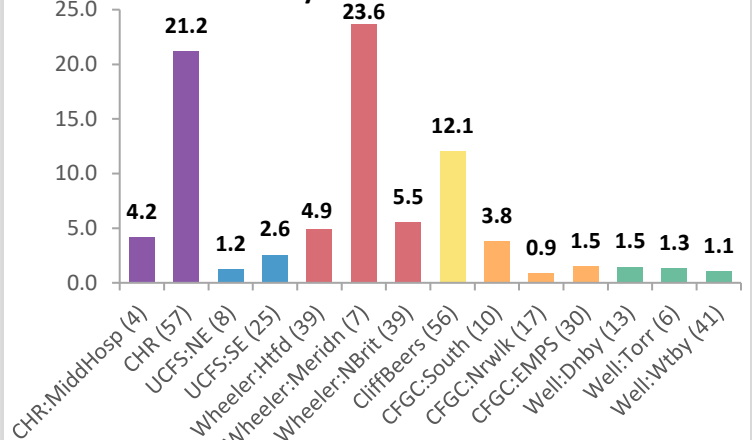
Note: Counts of mobile response episodes are in parenthesis.

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	1.2	6.1	14.6	0.0	4.0	12.0	18.1%	31.8%	1.8%	1.2	6.1	14.6	0.0	4.0	12.0	18.1%	31.8%	1.8%
2	Central	2.1	4.0	15.6	0.0	2.0	13.0	32.4%	21.1%	2.8%	2.1	4.0	15.6	0.0	2.0	13.0	32.4%	21.1%	2.8%
3	CHR:MidHosp	5.1	4.3	13.1	3.0	3.0	11.0	65.6%	22.9%	0.0%	5.1	4.3	13.1	3.0	3.0	11.0	65.6%	22.9%	0.0%
4	CHR	0.7	0.0	16.1	0.0	0.0	14.0	17.1%	0.0%	3.4%	0.7	0.0	16.1	0.0	0.0	14.0	17.1%	0.0%	3.4%
5	Eastern	0.4	2.6	15.2	0.0	3.0	19.0	10.8%	3.2%	0.0%	0.4	2.6	15.2	0.0	3.0	19.0	10.8%	3.2%	0.0%
6	UCFS:NE	0.3	2.7	5.0	0.0	3.0	5.0	8.0%	4.8%	0.0%	0.3	2.7	5.0	0.0	3.0	5.0	8.0%	4.8%	0.0%
7	UCFS:SE	0.5	2.6	22.0	0.0	2.0	21.0	12.5%	2.4%	0.0%	0.5	2.6	22.0	0.0	2.0	21.0	12.5%	2.4%	0.0%
8	Hartford	1.3	6.2	13.6	0.0	4.0	10.0	20.8%	39.4%	2.9%	1.3	6.2	13.6	0.0	4.0	10.0	20.8%	39.4%	2.9%
9	Wheeler:Htfd	0.6	7.9	16.3	0.0	5.0	12.0	10.9%	46.2%	8.3%	0.6	7.9	16.3	0.0	5.0	12.0	10.9%	46.2%	8.3%
10	Wheeler:Meridn	2.7	3.9	14.6	1.0	2.0	12.0	41.4%	25.0%	0.0%	2.7	3.9	14.6	1.0	2.0	12.0	41.4%	25.0%	0.0%
11	Wheeler:NBrit	1.4	5.6	12.8	0.0	3.0	9.0	21.2%	38.8%	2.0%	1.4	5.6	12.8	0.0	3.0	9.0	21.2%	38.8%	2.0%
12	New Haven	0.2	11.5	20.0	0.0	9.0	20.0	1.6%	68.7%	0.0%	0.2	11.5	20.0	0.0	9.0	20.0	1.6%	68.7%	0.0%
13	CliffBeers	0.2	11.5	20.0	0.0	9.0	20.0	1.6%	68.7%	0.0%	0.2	11.5	20.0	0.0	9.0	20.0	1.6%	68.7%	0.0%
14	Southwestern	0.5	6.4	23.7	0.0	5.0	28.0	7.8%	31.4%	0.0%	0.5	6.4	23.7	0.0	5.0	28.0	7.8%	31.4%	0.0%
15	CFGC:South	0.1	1.6	25.0	0.0	0.0	28.0	0.0%	8.0%	0.0%	0.1	1.6	25.0	0.0	0.0	28.0	0.0%	8.0%	0.0%
16	CFGC:Nrwk	0.6	6.2	6.0	0.0	5.0	6.0	9.1%	33.3%	0.0%	0.6	6.2	6.0	0.0	5.0	6.0	9.1%	33.3%	0.0%
17	CFGC:EMPS	0.9	9.0	24.8	0.0	5.0	30.0	15.8%	42.0%	0.0%	0.9	9.0	24.8	0.0	5.0	30.0	15.8%	42.0%	0.0%
18	Western	1.6	3.7	12.3	0.0	2.5	11.0	19.0%	15.4%	0.0%	1.6	3.7	12.3	0.0	2.5	11.0	19.0%	15.4%	0.0%
19	Well:Dnby	2.4	3.0	11.5	1.0	2.5	11.5	26.7%	0.0%	0.0%	2.4	3.0	11.5	1.0	2.5	11.5	26.7%	0.0%	0.0%
20	Well:Torr	1.6	3.0	14.0	0.0	4.0	13.5	25.0%	20.0%	0.0%	1.6	3.0	14.0	0.0	4.0	13.5	25.0%	20.0%	0.0%
21	Well:Wtby	1.2	4.1	12.2	0.0	2.0	11.0	12.9%	17.6%	0.0%	1.2	4.1	12.2	0.0	2.0	11.0	12.9%	17.6%	0.0%

* 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	515	493	330	93	157	6	515	493	330	93	157	6
2	Central	102	38	143	33	8	4	102	38	143	33	8	4
3	CHR:MiddHosp	32	35	24	21	8	0	32	35	24	21	8	0
4	CHR	70	3	119	12	0	4	70	3	119	12	0	4
5	Eastern	65	124	5	7	4	0	65	124	5	7	4	0
6	UCFS:NE	25	42	2	2	2	0	25	42	2	2	2	0
7	UCFS:SE	40	82	3	5	2	0	40	82	3	5	2	0
8	Hartford	178	104	68	37	41	2	178	104	68	37	41	2
9	Wheeler:Htfd	64	39	12	7	18	1	64	39	12	7	18	1
10	Wheeler:Meridn	29	16	7	12	4	0	29	16	7	12	4	0
11	Wheeler:NBrit	85	49	49	18	19	1	85	49	49	18	19	1
12	New Haven	61	99	2	1	68	0	61	99	2	1	68	0
13	CliffBeers	61	99	2	1	68	0	61	99	2	1	68	0
14	Southwestern	51	102	15	4	32	0	51	102	15	4	32	0
15	CFG:C:South	21	25	9	0	2	0	21	25	9	0	2	0
16	CFG:C:Nrwlk	11	27	1	1	9	0	11	27	1	1	9	0
17	CFG:C:EMPS	19	50	5	3	21	0	19	50	5	3	21	0
18	Western	58	26	97	11	4	0	58	26	97	11	4	0
19	Well:Dnby	15	4	20	4	0	0	15	4	20	4	0	0
20	Well:Torr	12	5	12	3	1	0	12	5	12	3	1	0
21	Well:Wtby	31	17	65	4	3	0	31	17	65	4	3	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 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	20.4	16.0	12.5	11.0	11.0	10.0	100.0%	100.0%	8.4%	26	179	190	26	179	16
2	Central	0.0	8.8	10.1	0.0	8.5	9.0	N/A	100.0%	5.0%	0	10	40	0	10	2
3	CHR:MiddHosp	0.0	6.9	0.0	0.0	6.0	0.0	N/A	100.0%	N/A	0	8	0	0	8	0
4	CHR	0.0	16.5	10.1	0.0	16.5	9.0	N/A	100.0%	5.0%	0	2	40	0	2	2
5	Eastern	0.0	2.3	12.3	0.0	2.0	13.0	N/A	100.0%	0.0%	0	3	4	0	3	0
6	UCFS:NE	0.0	1.5	16.0	0.0	1.5	16.0	N/A	100.0%	0.0%	0	2	1	0	2	0
7	UCFS:SE	0.0	4.0	11.0	0.0	4.0	10.0	N/A	100.0%	0.0%	0	1	3	0	1	0
8	Hartford	25.0	16.8	14.0	15.5	10.5	10.0	100.0%	100.0%	14.0%	6	34	50	6	34	7
9	Wheeler:Htfd	28.0	10.7	16.5	17.0	7.5	10.0	100.0%	100.0%	22.2%	3	10	18	3	10	4
10	Wheeler:Meridn	0.0	58.3	12.8	0.0	82.0	20.0	N/A	100.0%	0.0%	0	3	5	0	3	0
11	Wheeler:NBrit	22.0	13.7	12.6	14.0	13.0	9.0	100.0%	100.0%	11.1%	3	21	27	3	21	3
12	New Haven	16.7	20.9	4.0	10.0	11.5	4.0	100.0%	100.0%	0.0%	3	68	1	3	68	0
13	CliffBeers	16.7	20.9	4.0	10.0	11.5	4.0	100.0%	100.0%	0.0%	3	68	1	3	68	0
14	Southwestern	32.0	12.9	16.1	32.0	11.0	15.0	100.0%	100.0%	13.3%	1	52	15	1	52	2
15	CFGC:South	32.0	3.3	9.9	32.0	1.0	15.0	100.0%	100.0%	0.0%	1	3	7	1	3	0
16	CFGC:Nrwlk	0.0	14.8	27.3	0.0	14.5	20.0	N/A	100.0%	33.3%	0	18	6	0	18	2
17	CFGC	0.0	12.7	4.5	0.0	11.0	4.5	N/A	100.0%	0.0%	0	31	2	0	31	0
18	Western	18.6	9.2	12.1	11.0	10.5	10.0	100.0%	100.0%	6.3%	16	12	80	16	12	5
19	Well:Dnby	20.3	7.5	9.4	4.5	7.5	9.0	100.0%	100.0%	3.7%	6	2	27	6	2	1
20	Well:Torr	6.5	2.0	23.2	4.5	2.0	20.5	100.0%	100.0%	16.7%	4	1	6	4	1	1
21	Well:Wtby	25.0	10.3	12.2	12.5	11.0	11.0	100.0%	100.0%	6.4%	6	9	47	6	9	3

* 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

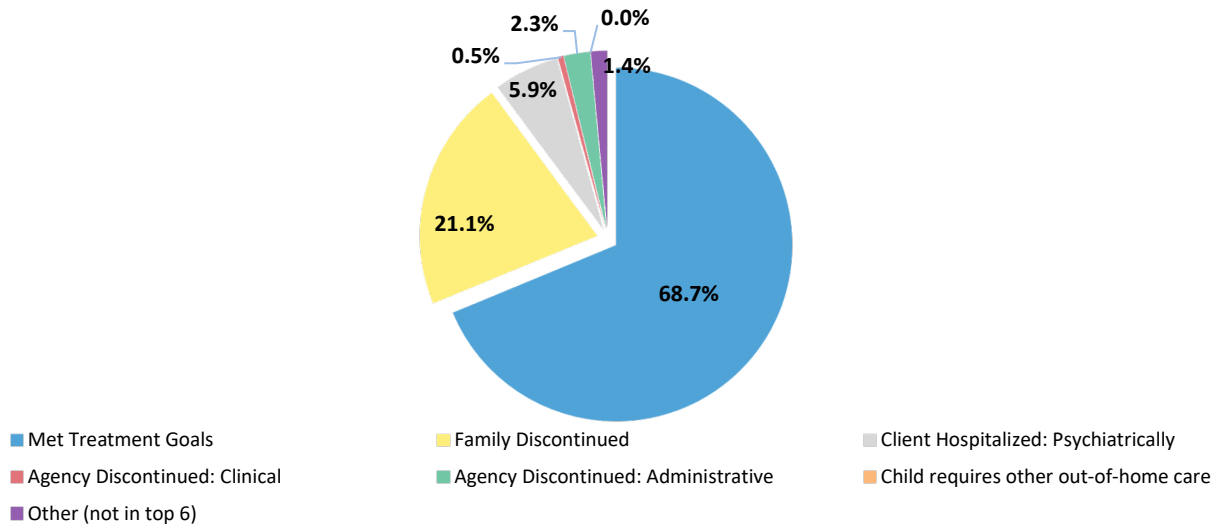


Figure 55. Top Six Places Clients Live at Discharge Statewide

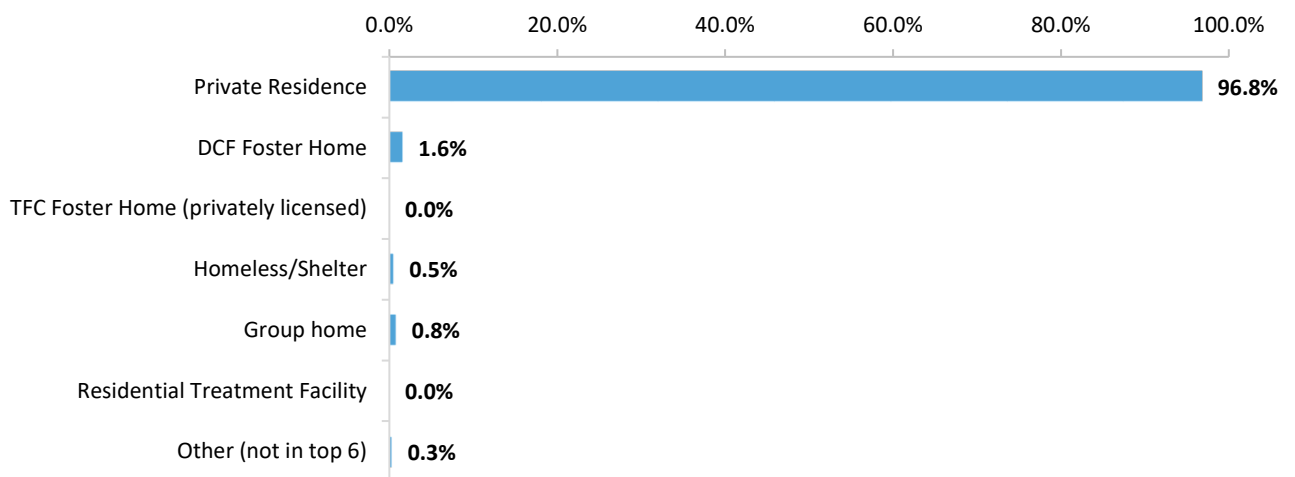
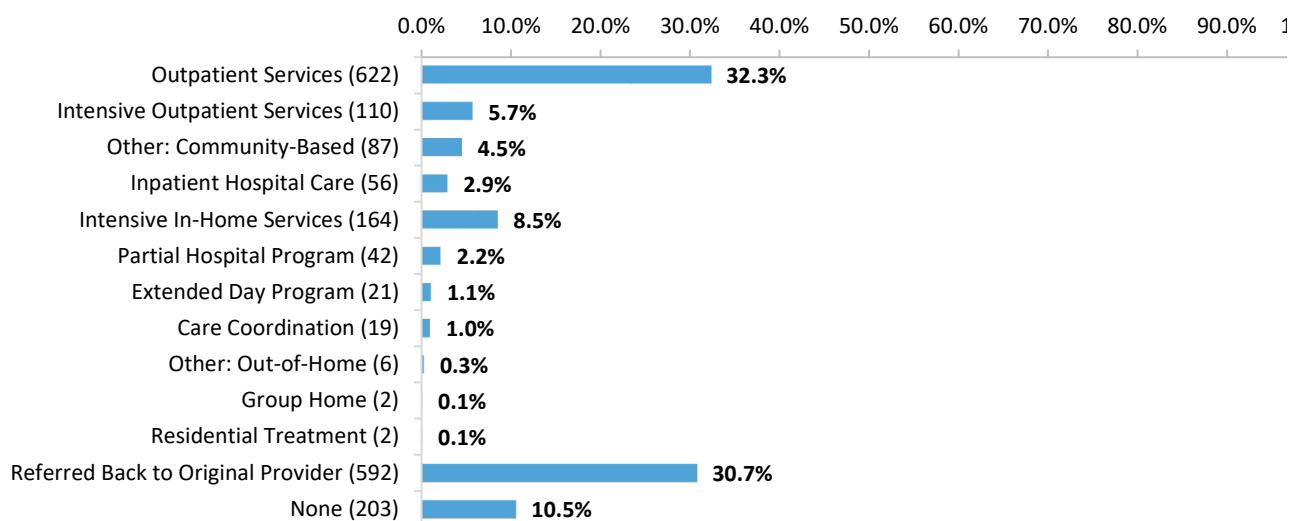


Figure 56. Type of Services Client Referred* to at Discharge Statewide



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</i> (paired ^a intake & discharge)	Mean (paired ^a intake)	Mean (paired ^a discharge)	Mean Difference (paired ^a cases)	<i>t</i> -score	Sig.	† .05-.10 * <i>P</i> < .05 ** <i>p</i> < .01
STATEWIDE							
Parent Functioning Score	39	38.69	40.05	1.36	1.30	0.201	
Worker Functioning Score	250	44.94	47.13	2.18	5.75	<.001	**
Parent Problem Score	39	32.00	27.26	-4.74	-2.53	0.016	†
Worker Problem Score	250	27.88	25.02	-2.86	-6.44	<.001	**
Central							
Parent Functioning Score	22	36.59	38.27	1.68	1.35	0.191	
Worker Functioning Score	89	45.84	47.45	1.61	2.33	0.022	*
Parent Problem Score	22	35.09	33.32	-1.77	-1.34	0.194	
Worker Problem Score	89	26.64	24.71	-1.93	-2.31	0.023	*
Eastern							
Parent Functioning Score	2	41.50	41.50	0.00	0.00	N/A	
Worker Functioning Score	4	40.25	38.25	-2.00	-1.00	0.391	
Parent Problem Score	2	36.50	36.50	0.00	0.00	N/A	
Worker Problem Score	4	40.75	44.50	3.75	1.00	0.391	
Hartford							
Parent Functioning Score	4	34.75	29.75	-5.00	-1.00	0.391	
Worker Functioning Score	52	44.35	45.83	1.48	1.96	0.056	†
Parent Problem Score	4	27.50	17.25	-10.25	-1.00	0.391	
Worker Problem Score	52	30.40	28.67	-1.73	-2.15	0.036	†
New Haven							
Parent Functioning Score	0	.	.	0.00	0.00	N/A	
Worker Functioning Score	2	46.50	46.50	0.00	0.00	0.000	
Parent Problem Score	0	.	.	0.00	0.00	N/A	
Worker Problem Score	2	36.00	36.00	0.00	0.00	0.000	
Southwestern							
Parent Functioning Score	8	40.50	44.25	3.75	1.46	0.189	
Worker Functioning Score	12	47.08	44.50	-2.58	-0.95	0.361	
Parent Problem Score	8	31.50	19.63	-11.88	-1.83	0.110	
Worker Problem Score	12	26.08	25.08	-1.00	-0.35	0.736	
Western							
Parent Functioning Score	3	52.67	54.67	2.00	1.31	0.321	
Worker Functioning Score	91	44.30	48.31	4.01	8.15	<.001	**
Parent Problem Score	3	13.67	10.33	-3.33	-5.00	0.038	*
Worker Problem Score	91	27.13	22.13	-5.00	-8.26	<.001	**

paired^a = 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=81)	Referrers (n=63)
The 2-1-1 staff answered my call in a timely manner	4.48	4.53
The 2-1-1 staff was courteous	4.95	4.69
The 2-1-1 staff was knowledgeable	4.82	4.61
My phone call was quickly transferred to the EMPS provider	4.36	3.87
Sub-Total Mean: 2-1-1	4.66	4.43
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.42	3.85
The Mobile Crisis staff was respectful	4.89	4.58
The Mobile Crisis staff was knowledgeable	4.79	4.58
The Mobile Crisis staff spoke to me in a way that I understood	4.89	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)	4.45	X
The services or resources my child and/or family received were right for us	4.26	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	3.61
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.50	4.40
Sub-Total Mean: Mobile Crisis	4.60	4.21
Overall Mean Score	4.62	4.39

* 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:

- Everyone at mobile crisis was very helpful and thankful for getting an interpreter for her call.
- Doesn't remember much about the experience other than it was a good experience and she was satisfied with the service.
- Social worker that came to the home was very good. The resources they offered were a little "too much" for her child.
- Room for improvement with having to go through prompts when calling 211, as well as wait times for mobile crisis.

Referrer Comments:

- Hoping for more of debrief from clinicians on how to handle the situation going forward, but didn't receive that.
- Call was to bridge services upon discharge, everything was fine.
- Caller reports they never receive follow ups when they call for mobile crisis, other than this, the service is great.
- Caller reports the service is good, but it takes too long to speak to someone from 211.

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)*	42%	58%	25%	58%	50%	58%	50%	67%	50%	33%	58%	25%	33%	8%	25%
CHR (10)*	27%	47%	13%	33%	33%	53%	47%	27%	7%	7%	40%	40%	53%	0%	0%
UCFS:NE (7)*	71%	71%	71%	100%	86%	57%	86%	71%	57%	71%	57%	43%	71%	14%	17%
UCFS:SE (13)*	38%	38%	29%	67%	48%	29%	29%	24%	29%	62%	38%	19%	43%	5%	11%
Wheeler:Htfd (16)*^	53%	59%	59%	6%	65%	41%	59%	53%	12%	6%	53%	41%	24%	0%	0%
Wheeler:Meridn (5)*	50%	50%	50%	50%	50%	50%	50%	50%	0%	0%	50%	50%	50%	0%	0%
Wheeler:NBrit (16)*	25%	25%	17%	0%	25%	25%	17%	17%	0%	0%	25%	0%	33%	0%	0%
CliffBeers (24)*	41%	55%	50%	59%	82%	59%	64%	59%	45%	50%	73%	50%	73%	18%	15%
CFGC:South (6)*	67%	67%	33%	17%	50%	17%	67%	33%	0%	17%	33%	50%	33%	0%	0%
CFGC:Nrwlk (4)*^	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	#DIV/0!
CFGC:EMPS (8)*	42%	33%	33%	17%	67%	67%	33%	33%	0%	17%	67%	42%	67%	0%	0%
Well:Dnby (15)*^	25%	25%	25%	0%	38%	38%	13%	38%	0%	0%	50%	25%	38%	0%	0%
Well:Torr (3)*	67%	67%	67%	33%	67%	67%	67%	67%	33%	67%	67%	33%	0%	0%	0%
Well:Wtby (7)*	40%	60%	40%	5%	50%	45%	30%	40%	5%	10%	40%	30%	55%	5%	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

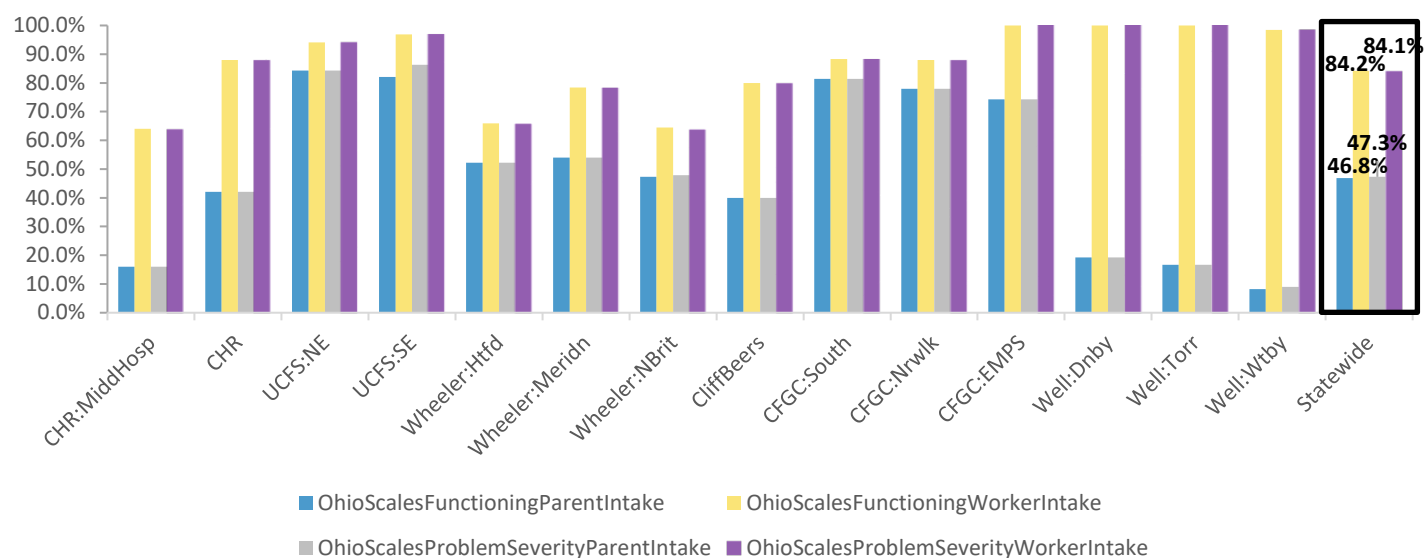
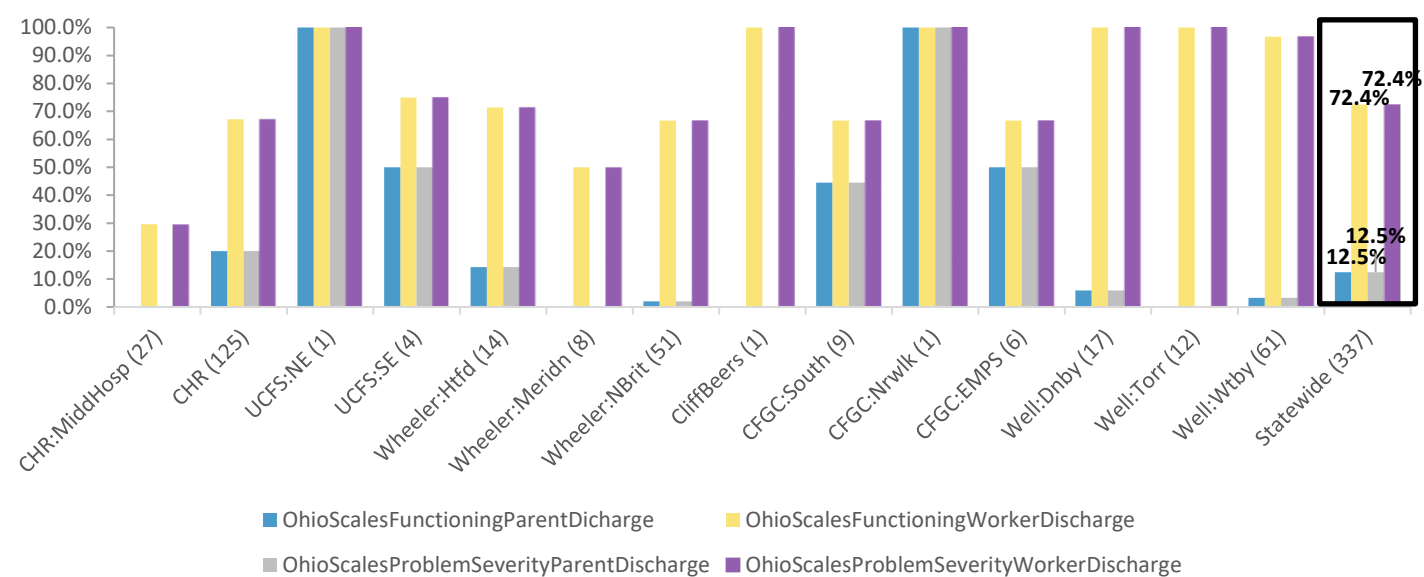


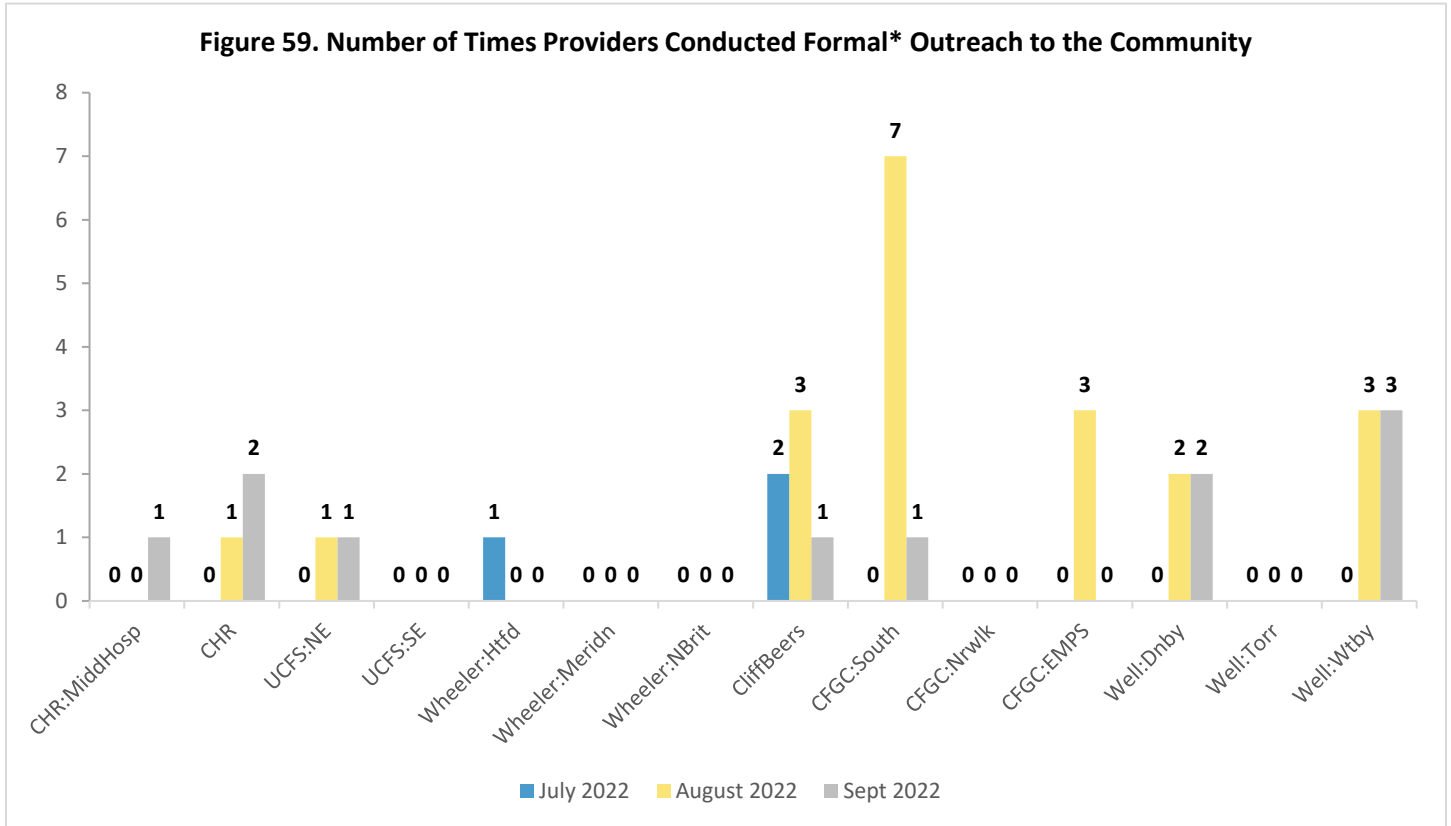
Figure 58. Ohio Scales Collected at Discharge by Provider



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.