



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 3

Updated 5/2/23

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## Executive Summary

**Note:** As of January 2023, Mobile Crisis providers are available for a mobile response 24 hours a day, 7 days of the week. Prior to January 2023, a mobile response was only available Monday – Friday 6:00 AM to 10:00 PM and from 1:00 PM to 10:00 PM on weekends. At this time, the main content of this report only reflects calls that took place during the previous mobile hours. Data specific to the new overnight hours is reported in the appendix at the end of this report.

**Call and Episode Volume:** In the third quarter of FY2023, **2-1-1 received 4,881 calls** including 3,791 calls (77.7%) handled by Mobile Crisis providers and 1,090 calls (22.3%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This quarter saw a 2.8% decrease in total call volume compared to the same quarter in FY2022 (5,020), and the total episodes increased by 1.2% (3,746 in FY2022). During this quarter, there was an 11.3% decrease in calls compared to FY2020 Q3 (5,502), and a 6.0% decrease in episodes (4,072 in FY2020 Q3). Call and episode volume have significantly increased since the height of the pandemic, but still remain below pre-pandemic levels.

Among the **3,791 episodes of care** generated in Q3 FY23, episode volume ranged from 494 episodes (Eastern area) to 868 episodes (Hartford). 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 3.4 (Southwestern) to 6.2 (Eastern). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 10.5 per 1,000 children in poverty, with service area rates ranging from 6.9 (Western) to 24.9 (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, 13 of the 14 sites met this benchmark.

**Demographics:** Statewide this quarter, 52.6% of services were for children reported as female and 47.4% were for those reported as male.<sup>1</sup> **Care for youth ages 13-15 years old comprised the largest portion of services (34.3%).** Additionally, 32.2% of services were for 9-12 year olds, 18.4% were for 16-18 year olds, 11.5% were for 6-8 year olds, and 3.4% were for children age five or younger. The majority of services were for White children (55.7%), while 19.5% were for African-American or Black children. Roughly one-third (33.5%) of services were for youth of Hispanic ethnicity. The majority of youth were insured by Husky A (56.5%) and private insurance (26.2%). Finally, the majority of clients (88.7%) were not DCF-involved.

**Clinical Functioning:** The most commonly reported primary presenting problems for clients statewide included: Harm/Risk of Harm to Self (37.2%), Disruptive Behavior (20.4%), Depression (13.2%), Harm/Risk of Harm to Others (6.6%), Anxiety (6.2%), and Family Conflict (3.6%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (30.5%), Adjustment Disorders (14.9%), Anxiety Disorders (14.6%), Conduct Disorders (13.9%), Trauma Disorders (8.8%), and Attention Deficit/Hyperactivity Disorders (8.8%). This quarter, **56.5% 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 59.3%**, with service areas ranging from 50.4% (Hartford) to 66.2% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (25.3%), Witnessing Violence (17.8%), Victim of Violence (16.1%), and Sexual Victimization (12.7%).

The statewide rate for **the percentage of children evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 21.1%**, higher than 17.9% of the same quarter last fiscal year. During an episode of care, 19.1% of children were evaluated in the Emergency Department at least once. The inpatient admission rate in the six months prior to Mobile Crisis referral was 8.9% statewide, which is similar to the rate in the Q3 FY2022 (9.3%). The admission rate to an inpatient unit during a mobile crisis episode was 6.3%, compared to the rate of 9.3% in the same quarter last fiscal year.

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<sup>1</sup> Per question regarding “Sex Assigned at Birth”.

**Referral Sources:** Statewide, **52.9% of referrals came from schools, and 33.3% of referrals were received from parents, families and youth.** Emergency Departments (EDs) accounted for 7.7% of all Mobile Crisis referrals. The remaining 6.1% 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 **290 Mobile Crisis referrals were received from EDs**, including 117 referrals for inpatient diversion and 173 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 (20.2%) and the lowest was in the Southwestern service area (0.4%). Statewide, 7.6% of all Mobile Crisis episodes came from ED referrals this quarter, slightly higher than the rate from Q3 FY2022 (6.5%).

**Mobility:** The average **statewide mobility this quarter was 95.3%**, higher than the rate in Q3 FY2022 (90.8%). 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 93.0% (New Haven) to 98.0% (Western). The mobility rates among individual providers ranged from 88.6% (CFG: South) to 98.7% (Wellmore: Waterbury). 13 of the 14 providers surpassed the 90% benchmark.

**Response Time:** Statewide this quarter, **87.3% of mobile episodes received a face-to-face response in 45 minutes or less.** Performance on this indicator ranged from 76.2% (Hartford) to 95.2% (Eastern), with five of the six service areas above the 80% benchmark. Across the state, nine of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 29 minutes.

**Length of Stay:** Among discharged episodes statewide this quarter, 20.1% of Phone Only episodes exceeded one day, 42.2% of Face-to-Face episodes exceeded five days, and **3.5% 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, 5.0 days for Face-to-Face episodes, and 15.0 days for *Stabilization Plus*.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 60.0 days and ranged from 0 days (Eastern) to 157.5 days (Hartford). The statewide median LOS for Face-to-Face was 30.0 days and ranged from 1.5 days (Eastern) to 82.0 days (Hartford). For *Stabilization Plus Follow-up*, the statewide median LOS was 16.0 days with a range from 8.0 days (Western and New Haven) to 33.0 days (Hartford). Across open episodes of care with phone and face-to-face crisis response categories during the Third 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, 34.8.8% of these open cases exceeded the benchmark, while regionally this ranged from 6.5% (Western) to 50.0% (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 (97.2%).** Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (76.2%), Family Discontinued (15.8%), and Client Hospitalized: Psychiatrically (5.2%).

Statewide, clients were most likely to be referred to **outpatient services (40.8%) or to their original provider (27.1%) at discharge.** Other care referrals at discharge included: Intensive In-Home Services (5.4%), Intensive Outpatient Program (4.0%), Inpatient Hospital Care (3.0%), Other Community Based Services (2.5%), and Partial Hospital Program (2.3%). An additional 10.8% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 2.45 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 1.84 points on average. Similarly, worker-rated Problem Severity Scales showed an average decrease of 2.89 points, while parent-rated Problem Severity Scales showed a decrease of 1.23 points on average. Changes in 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 increased by 1.5 points when compared to the same quarter in FY2022. The completion rate for worker scores increased 6.2 points compared to FY2022 Q3.

**Satisfaction:** This quarter, 85 clients/families and 91 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 4.90 and 4.62.** Among **other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were 4.98 and 4.82**, 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 April 2023 is 6%. This percentage is the same as the full-time staff who had completed all trainings in FY2022 Q3 at 7%.

**Community Outreach:** The number of outreaches ranged from 0 (Wellmore: Torrington, Wheeler: Hartford and Meriden) to 8 (UCFS:NE).

## SFY 2023 Q3 RBA Report Card: Mobile Crisis Intervention Services

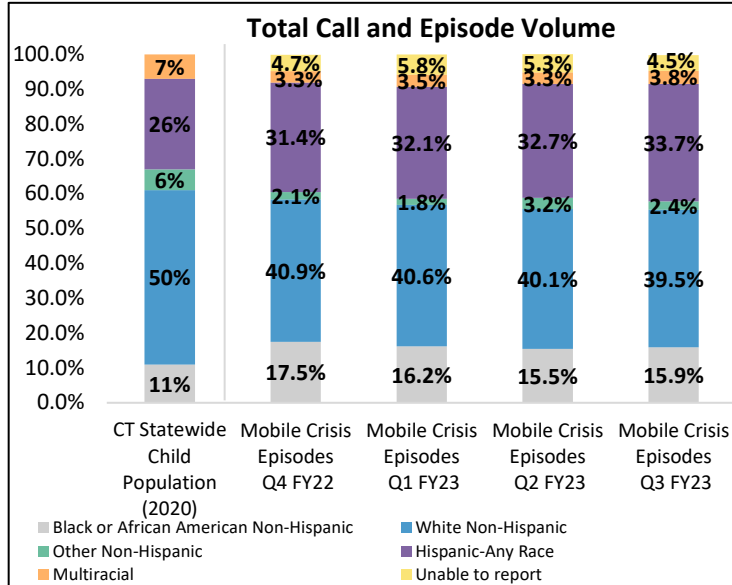
**Quality of Life Result:** Connecticut's children will live in stable environments, safe, healthy and ready to lead successful lives.

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

**Program Expenditures: Estimated SFY 2022**

**State Funding: \$11,970,297**

### How Much Did We Do?



	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23
Mobile Crisis Episode	3,746	3,110	1,925	3,364	3,791
2-1-1 Only	1,274	1,213	653	1,016	1,090
Total	5,020	4,323	2,578	4,380	4,881

**Story Behind the Baseline:** In SFY 23 Q3, there were 4,881 total calls to the 2-1-1 Call Center resulting in 3,791 episodes of care. Compared to the same quarter in SFY 22 this represents a decrease in call volume of 2.8% (139 less calls) and a slight increase in mobile episodes of 1.2% (45 more episodes). Call volume has increased since falling at the beginning of the pandemic (FY20 Q4), but the numbers of episodes and calls remain lower than 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, while the percentage of White children is lower. Compared to SFY 22 Q3, the racial composition of children served is relatively similar. **Trend:** →

### Episodes Per Child

Episode	SFY 2022 Q4			SFY 2023 Q1			SFY 2023 Q2			SFY 2023 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	168 (88.0%)	1507 (92.7%)	1,675	131 (91.0%)	1010 (93.8%)	1,141	199 (91.3%)	1889 (90.6%)	2,088	238 (85.9%)	2222 (91.4%)	2460
2	18 (9.4%)	94 (5.8%)	112	10 (6.9%)	53 (4.9%)	63	16 (7.3%)	160 (7.7%)	176	35 (12.6%)	178 (7.3%)	213
3	3 (1.6%)	20 (1.2%)	23	3 (2.1%)	12 (1.1%)	15	2 (0.9%)	30 (1.4%)	32	3 (1.1%)	20 (0.8%)	23
4 or more	2 (1.0%)	5 (0.3%)	7	(0.0%)	2 (0.2%)	2	1 (0.5%)	6 (0.3%)	7	1 (0.4%)	11 (0.5%)	12

**Story Behind the Baseline:** In SFY 23 Q3, of the 2,708\* children served by Mobile Crisis 90.8 % (2,460) received only one episode of care, and 98.7% (2,673) received one or two episodes of care; compared to 91.2% (2,080) and 98.6% (2,249) respectively for SFY 22 Q3. The proportion of children with four or more episodes is similar to SFY 22 Q3. The data indicates that most children and families require only one episode of care.

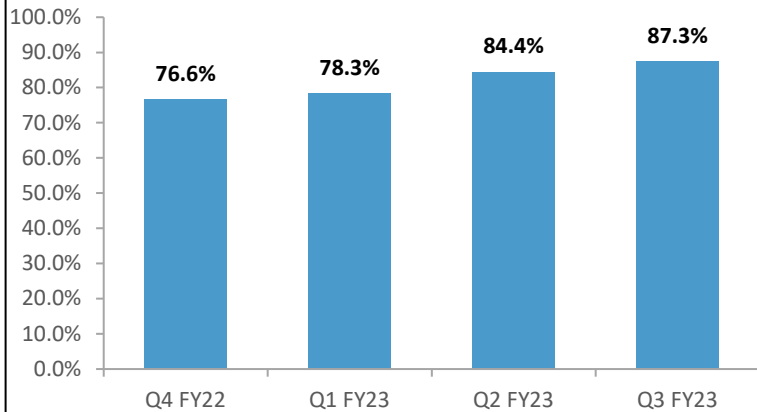
**Trend:** →

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



## How Well Did We Do?

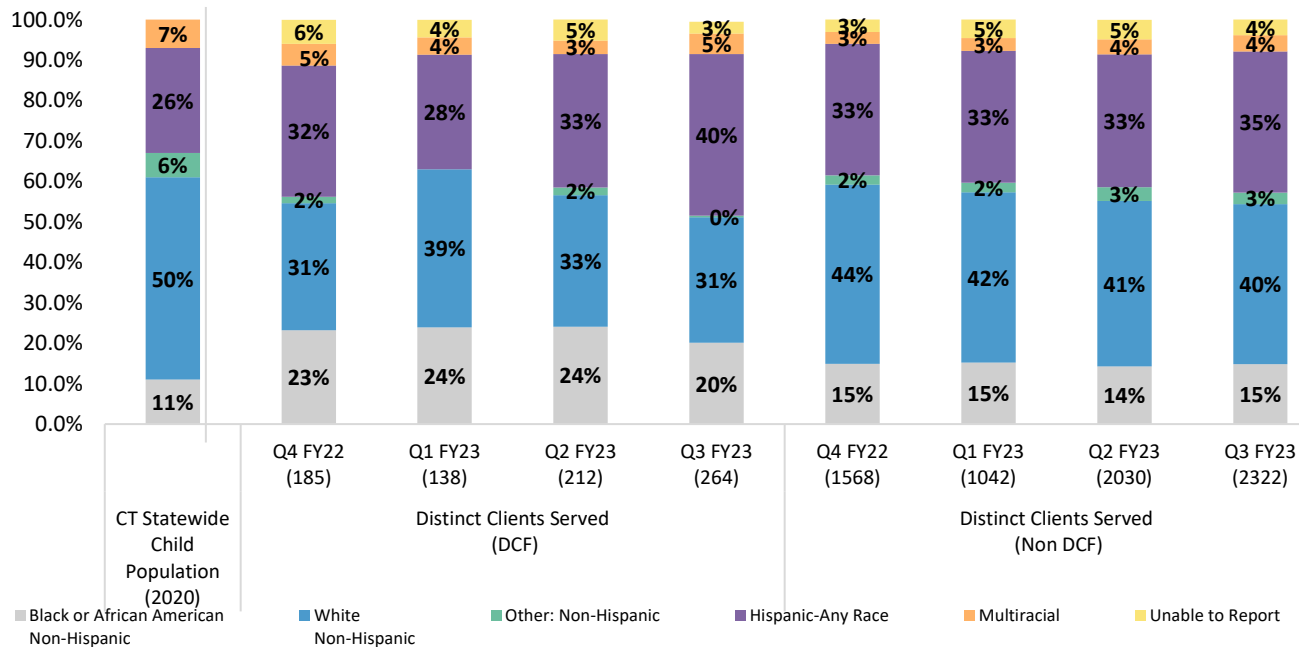
### Statewide Response Time Under 45 Minutes



**Story Behind the Baseline:** In SFY 23 Q3, 87.3% of all mobile responses achieved the 45 minute mark compared to 76.7% for SFY 22 Q3. **The median response time for SFY 23 Q3 was 29 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



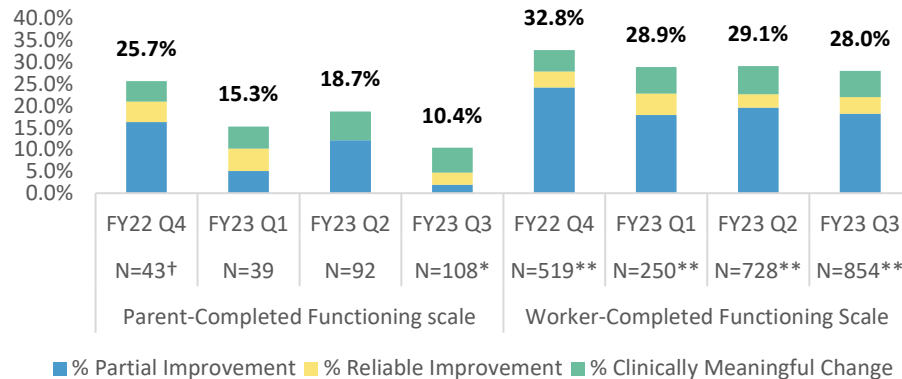
**Story Behind the Baseline:** In SFY 23 Q3 Hispanic and Black DCF and non-DCF involved children<sup>1,2</sup> accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF-involved White children accessed the service at lower rates. White Non-DCF-involved children 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: <sup>1</sup>Only children having their DCF or non-DCF status as well as race/ethnicity identified were included. <sup>2</sup>For the Distinct Clients served some had multiple episodes as identified above in Episodes per Child.

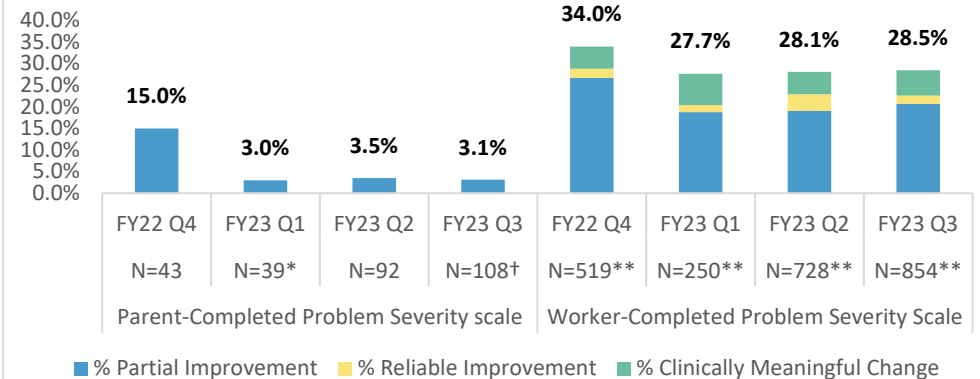
**Trend:** →

## 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 Q3, all Ohio 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: →

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

#### Proposed Actions to Turn the Curve:

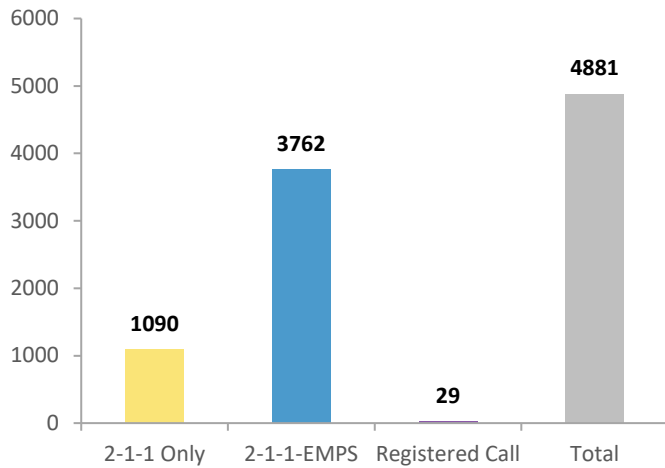
- Mobile Crisis providers will work with schools and Emergency Departments to reduce school utilization of ED's and increase utilization of Mobile Crisis.
- Continue outreach to Police Departments to support their ongoing collaboration with Mobile Crisis.
- Continue to increase the parent completion 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:

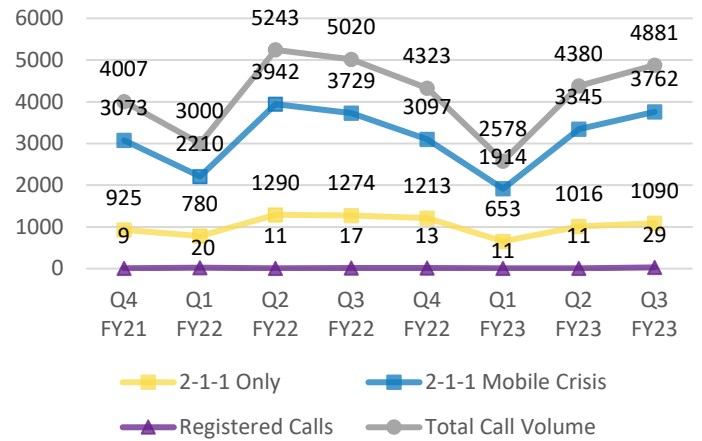
- Explore Mobile Crisis data to assess utilization and delivery of services across racial and ethnic groups and to identify opportunities to improve health equity.
- Work with providers to identify and accurately capture changes in volume and service delivery due to COVID-19.

## Section II: Mobile Crisis Statewide/Service Area Dashboard

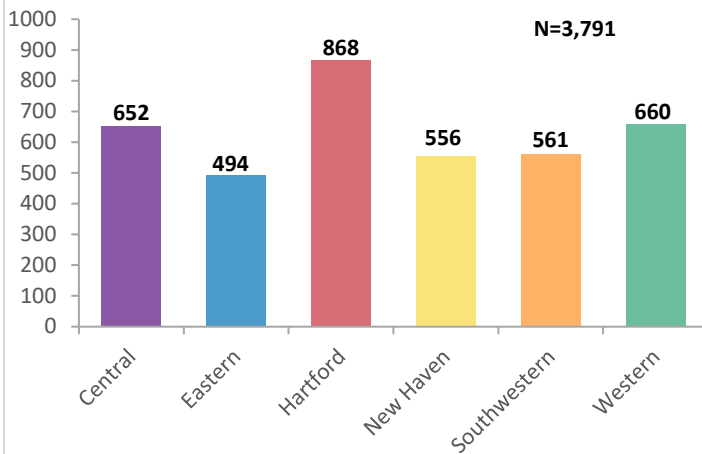
**Figure 1. Total Call Volume by Call Type**



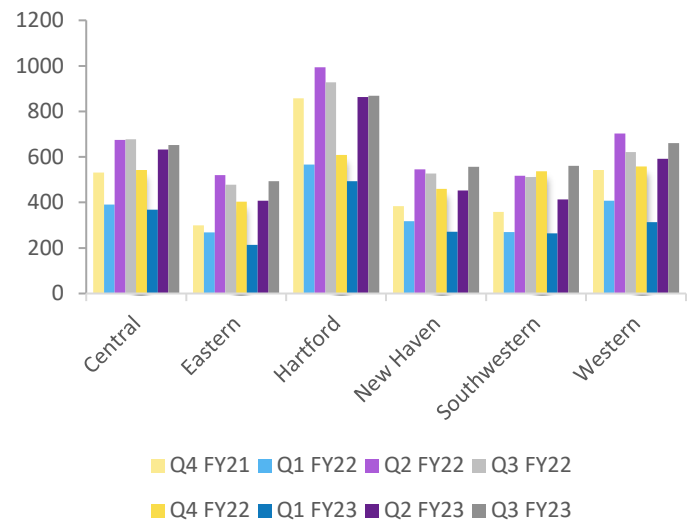
**Figure 2. Total Call Volume per Quarter by Call Type**



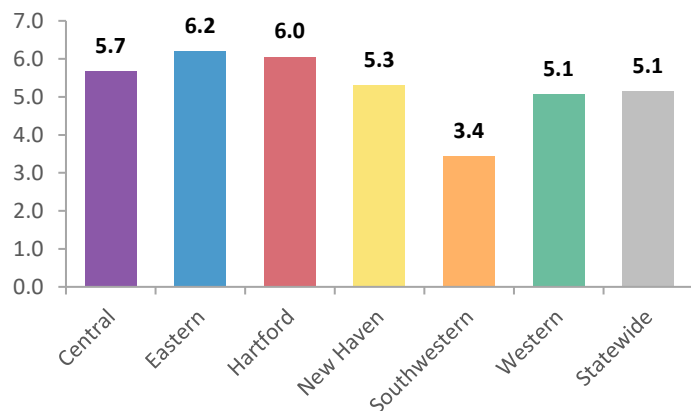
**Figure 3. Mobile Crisis Episodes by Service Area**



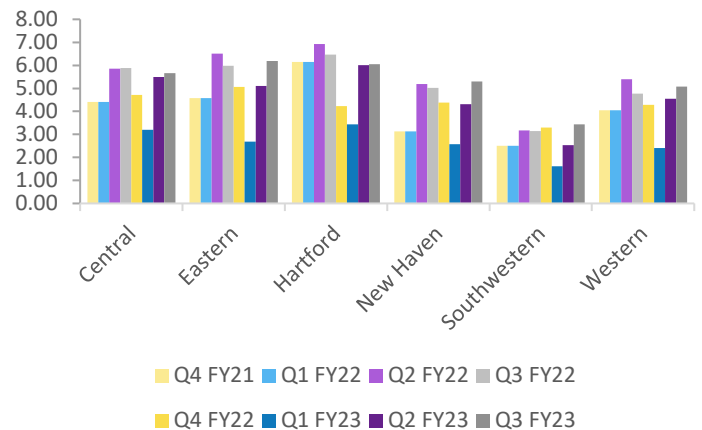
**Figure 4. Mobile Crisis Episodes per Quarter by Service Area**



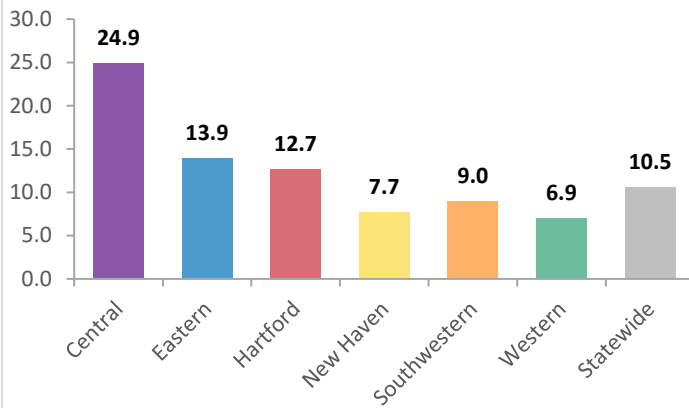
**Figure 5. Number Served Per 1,000 Children**



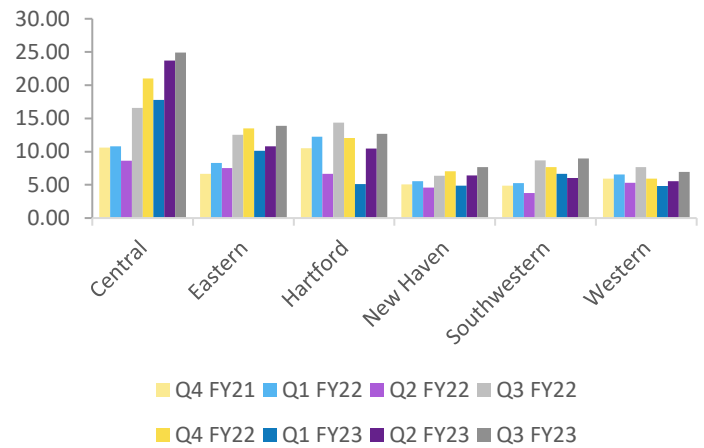
**Figure 6. Number Served per 1,000 Children per Quarter by Service Area**



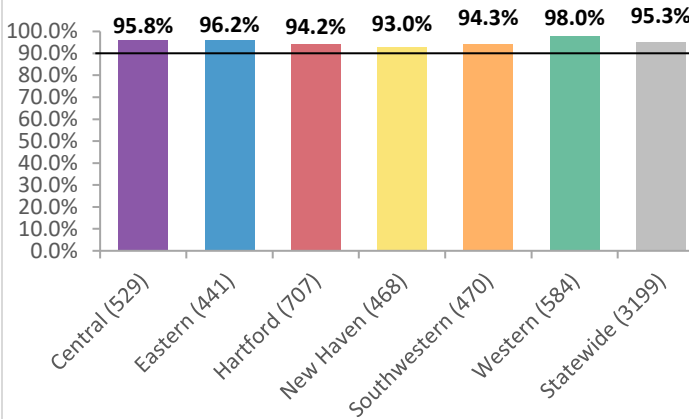
**Figure 7. Number Served per 1,000 Children in Poverty**



**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**

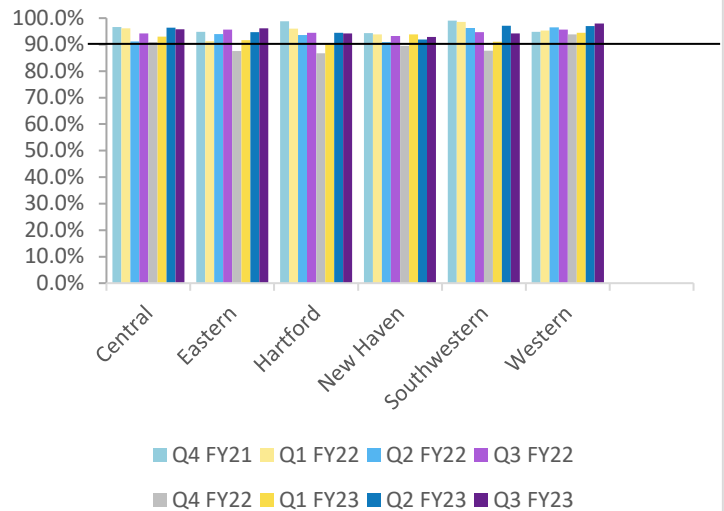


\*Mobility calculation updated – see exec. summary

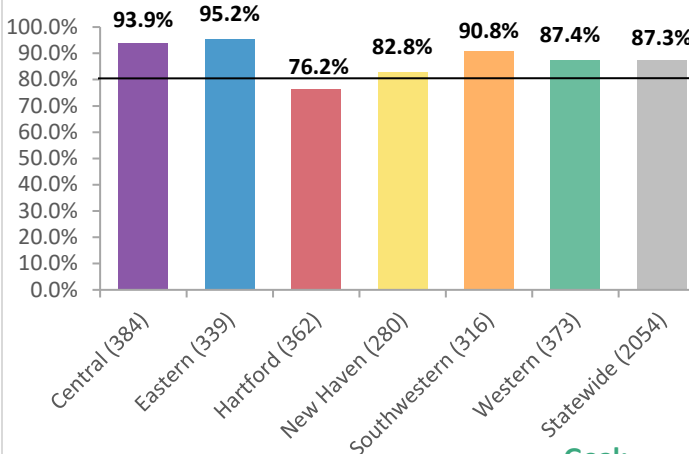
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

**Goal:**

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



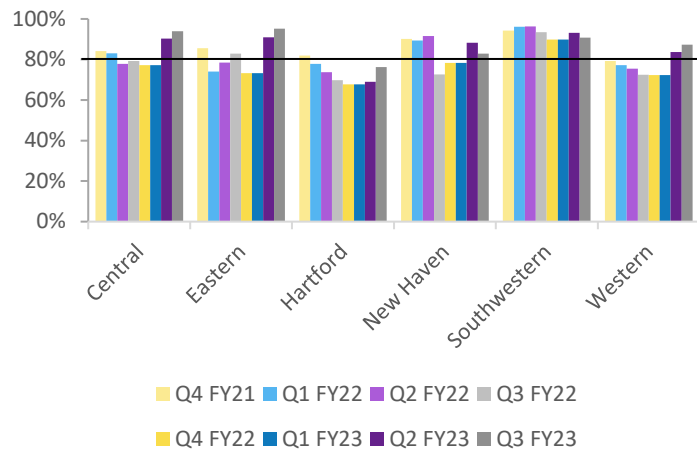
**Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes**



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

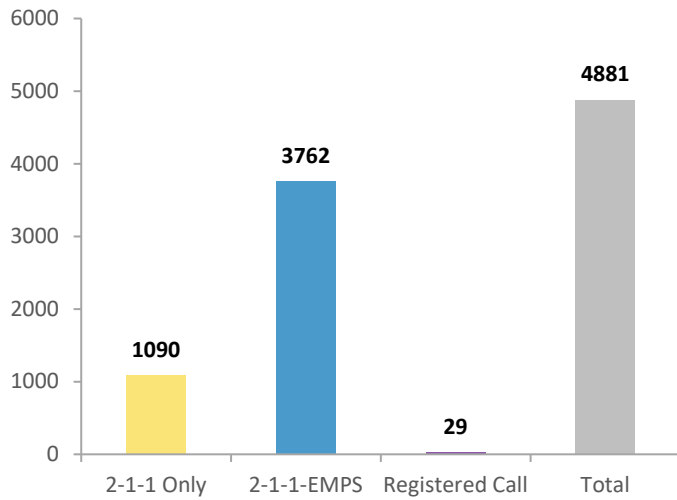
**Goal:**

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

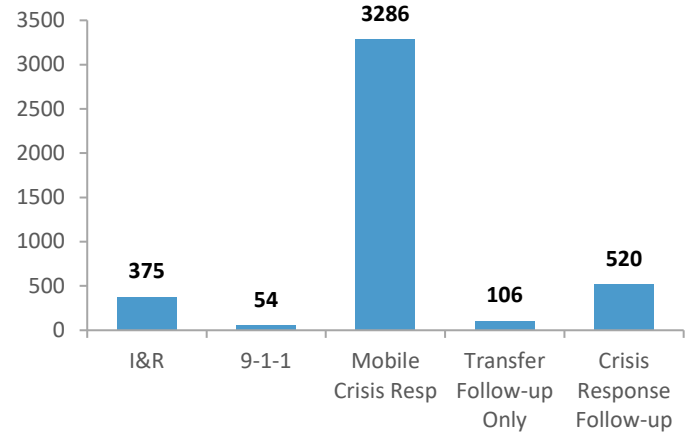


### Section III: Mobile Crisis Response

**Figure 13. Total Call Volume by Call Type**



**Figure 14. Statewide 2-1-1 Disposition Frequency**



**Figure 15. Mobile Crisis Response Episodes by Provider**

(Total Episodes =3,791)

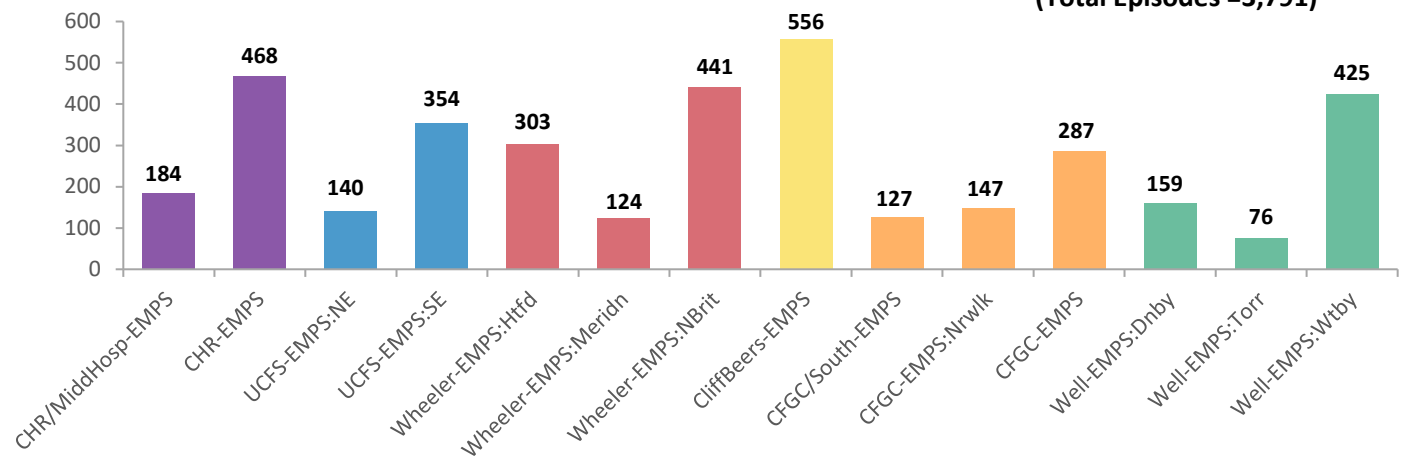


Figure 16. Number Served per 1,000 Children by Provider

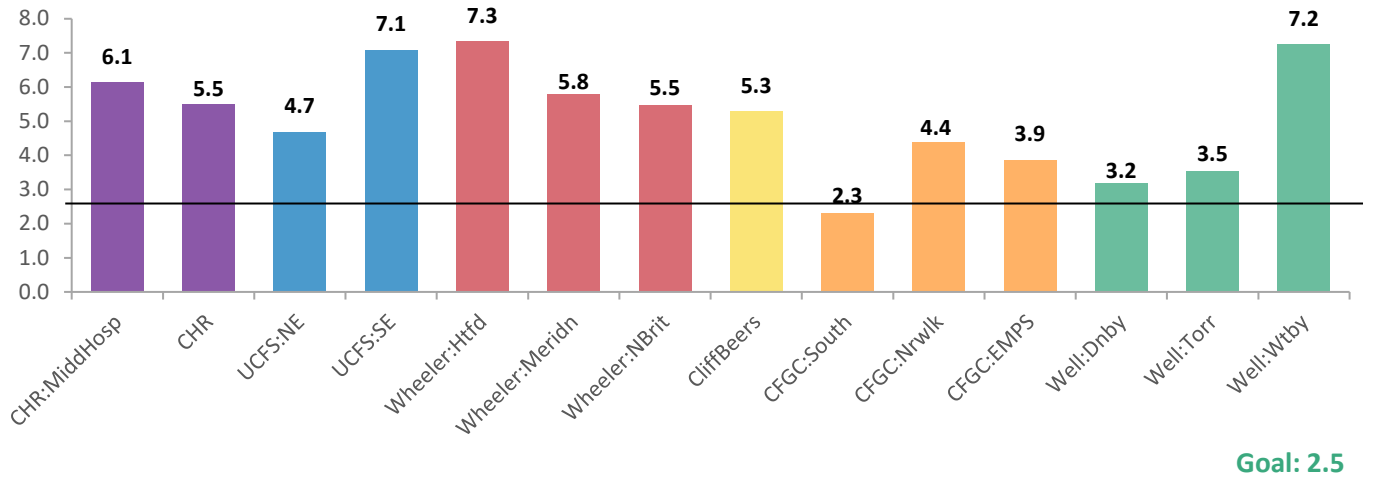


Figure 17. Episode Intervention Crisis Response Types by Service Area

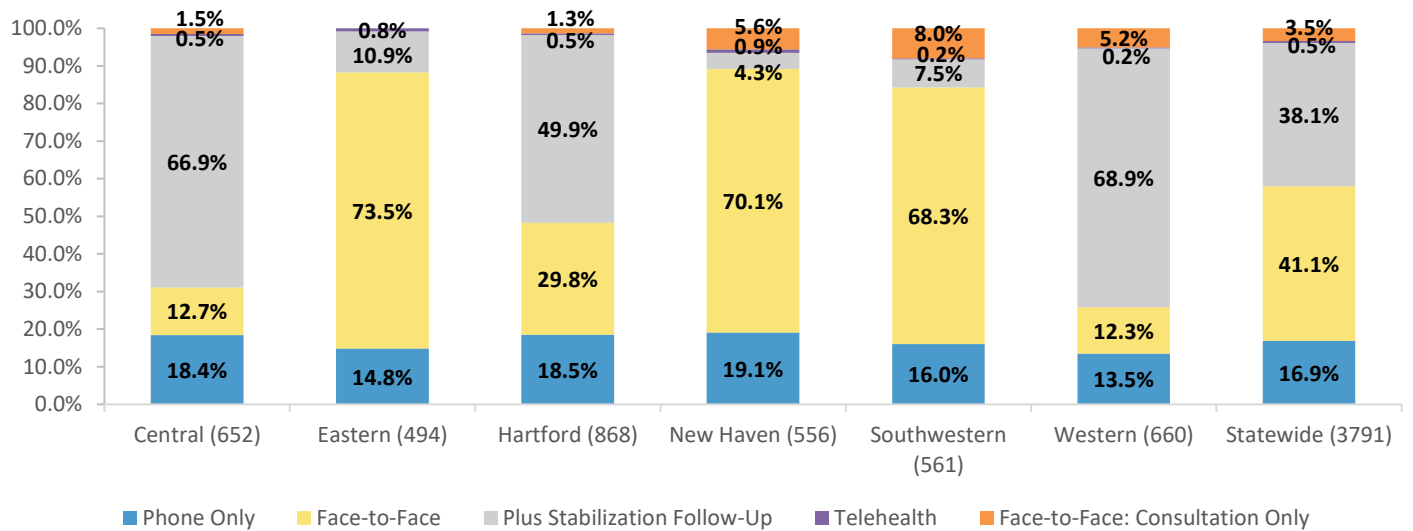
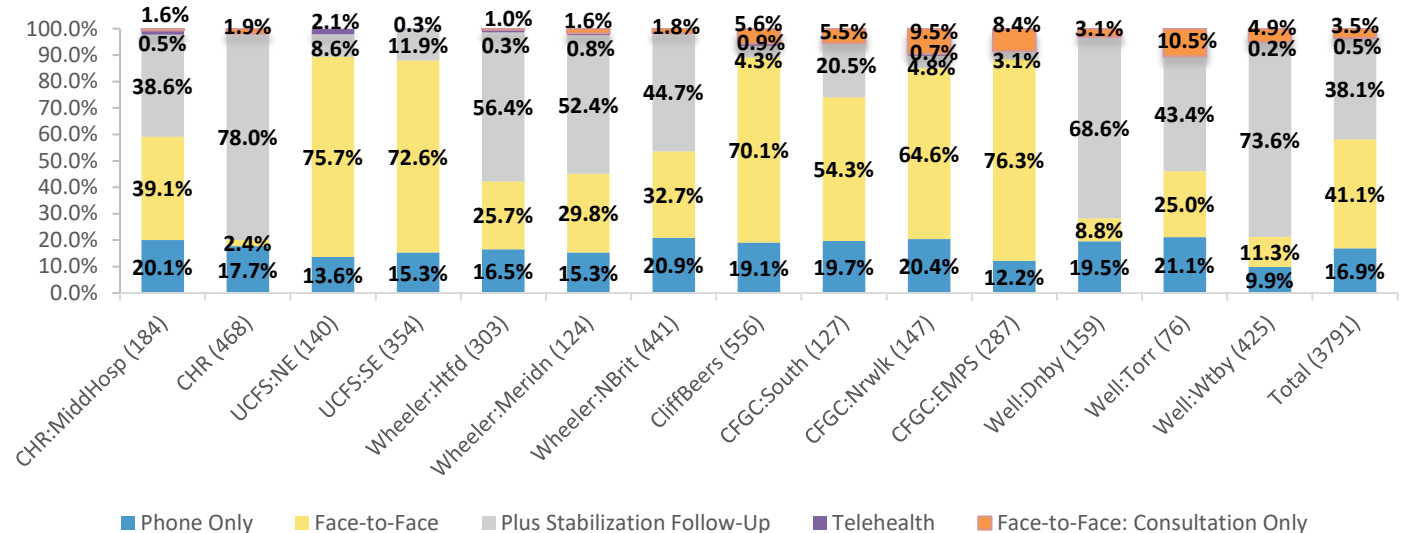
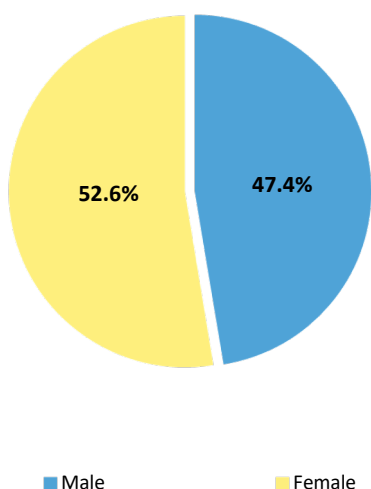


Figure 18. Episode Intervention Crisis Response Type by Provider

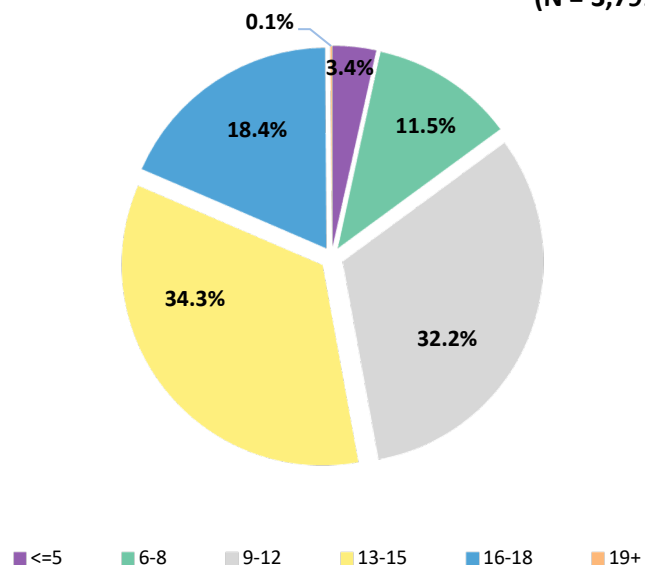


## Section IV: Demographics

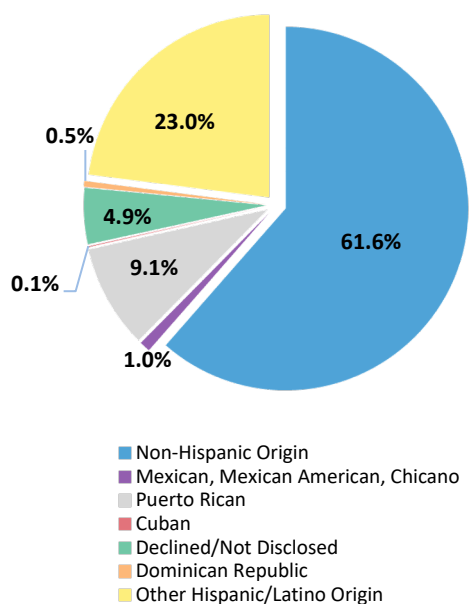
**Figure 19. Sex of Children Served Statewide**  
(N = 3,791)



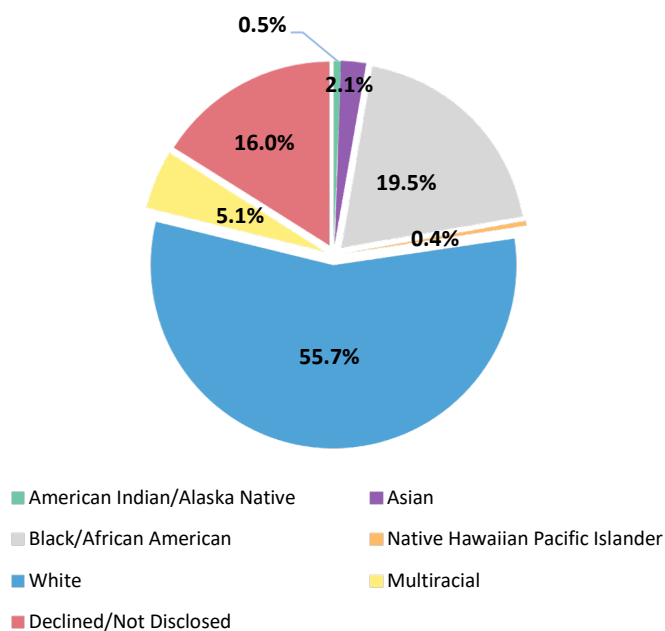
**Figure 20. Age Groups of Children Served Statewide**  
(N = 3,791)



**Figure 21. Ethnic Background of Children Served Statewide**  
(N = 3,637)

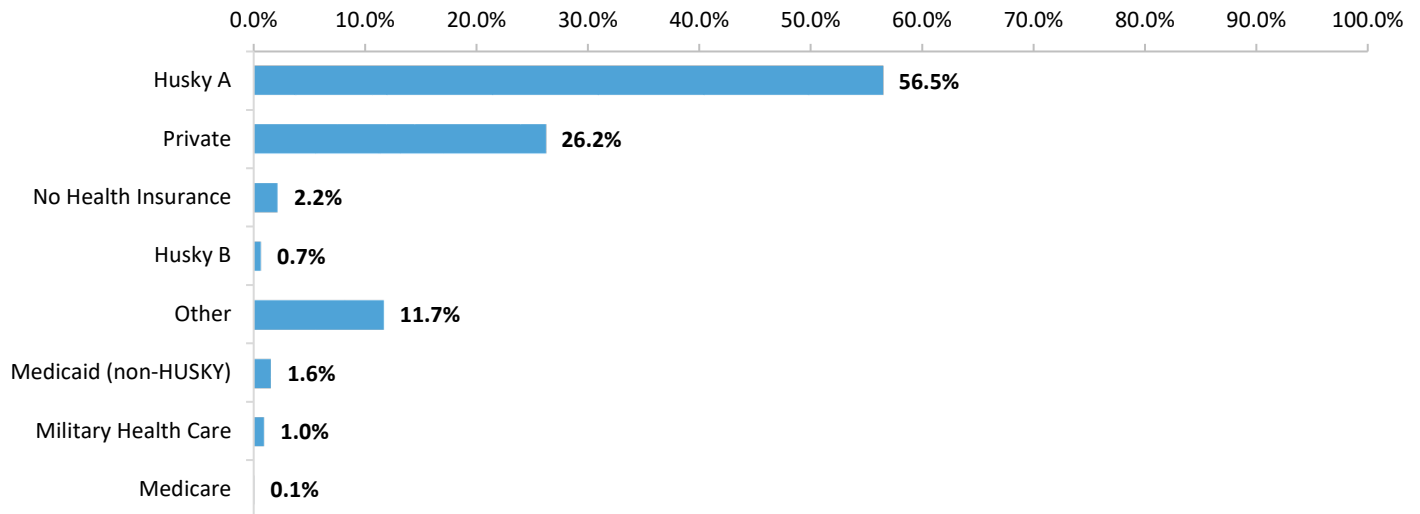


**Figure 22. Race of Children Served Statewide**  
(N = 3,597)

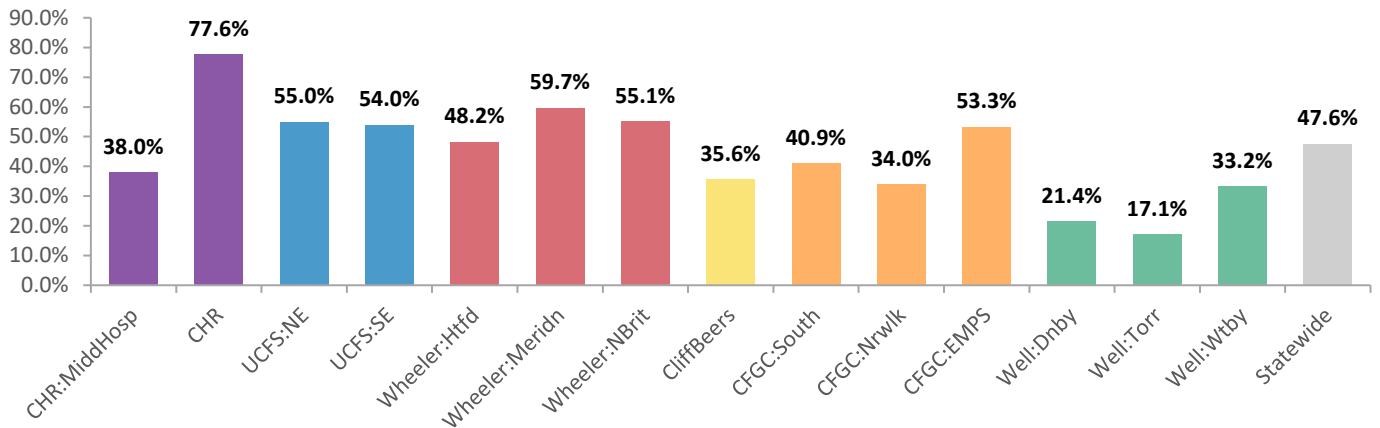


Note: According to the U.S. Census Bureau, “[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept.”

**Figure 25. Client's Type of Health Insurance at Intake Statewide**

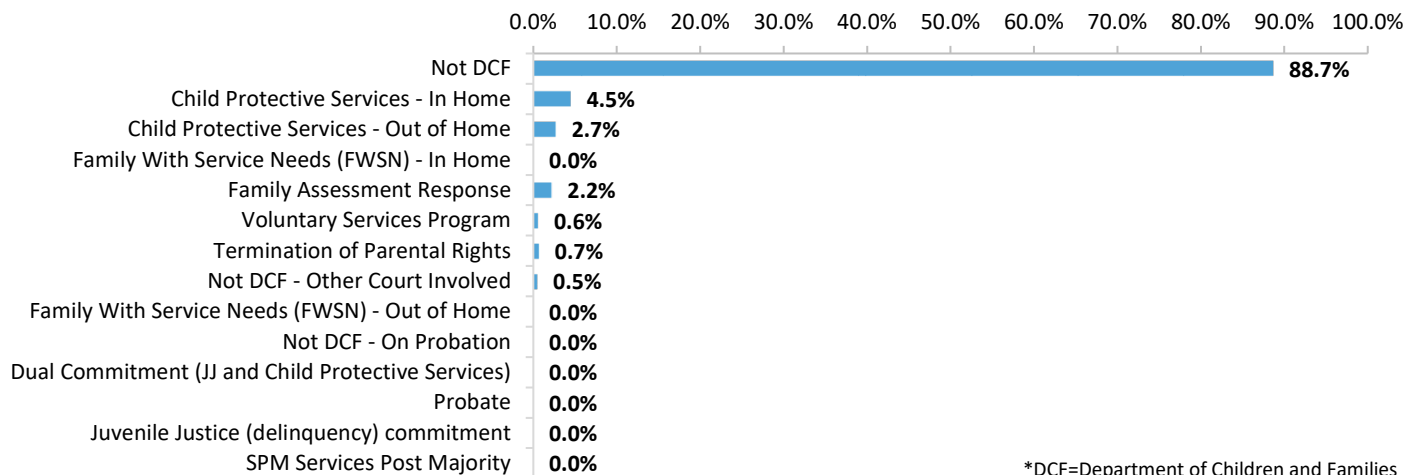


**Figure 26. Families that Answered "Yes" TANF\* Eligible**



\*TANF=Temporary Assistance for Needy Families

**Figure 27. Client DCF\* Status at Intake Statewide**

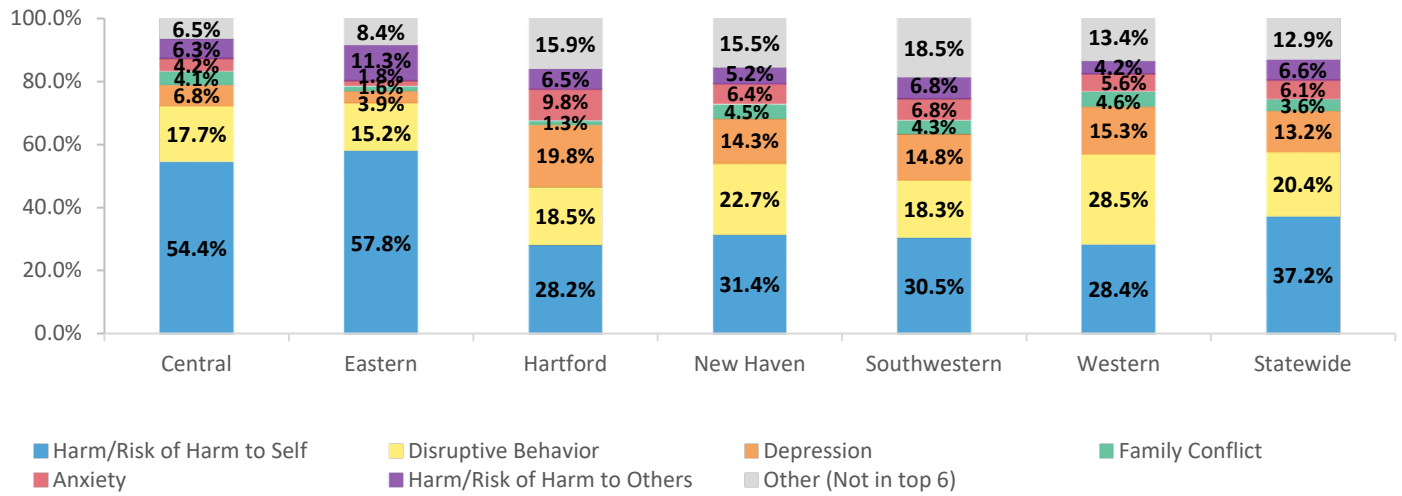


\*DCF=Department of Children and Families

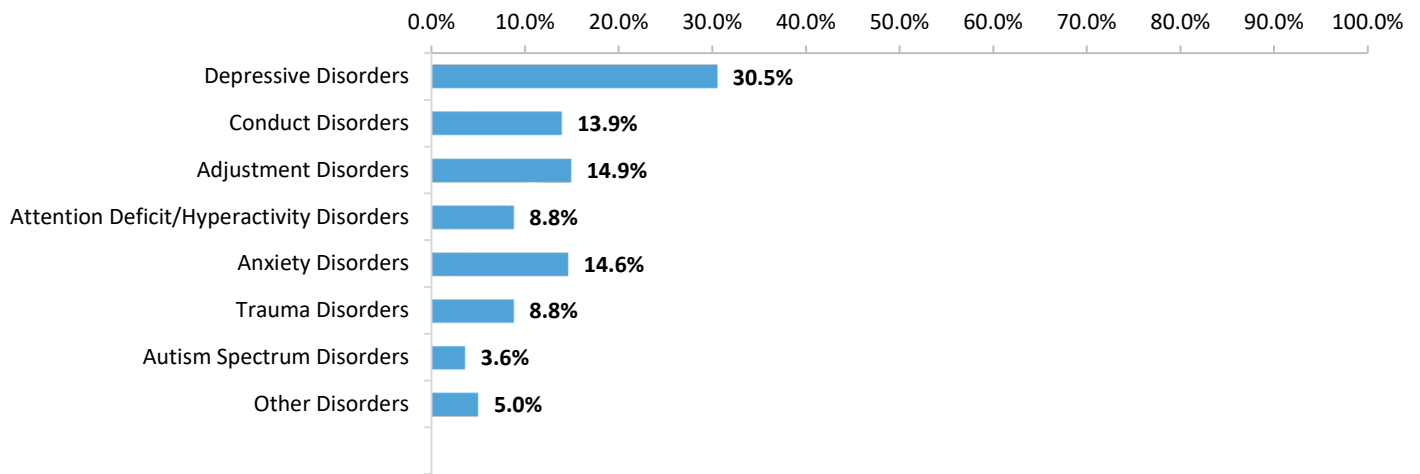


## Section V: Clinical Functioning

**Figure 28. Top Six Client Primary Presenting Problems by Service Area**

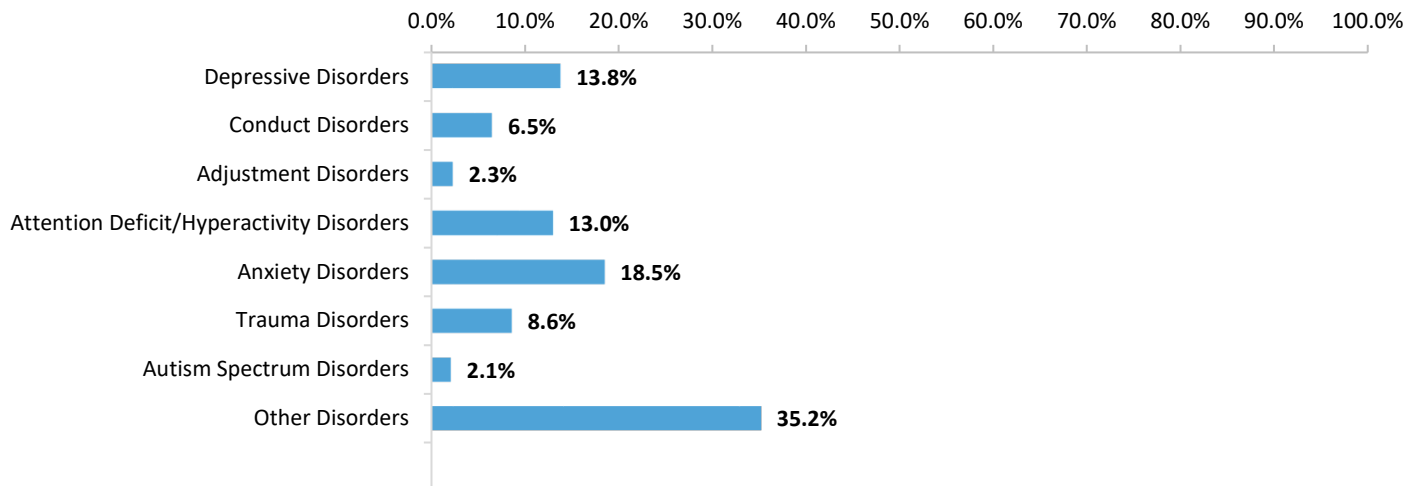


**Figure 29. Distribution of Primary Diagnosis Categories at Intake Statewide**



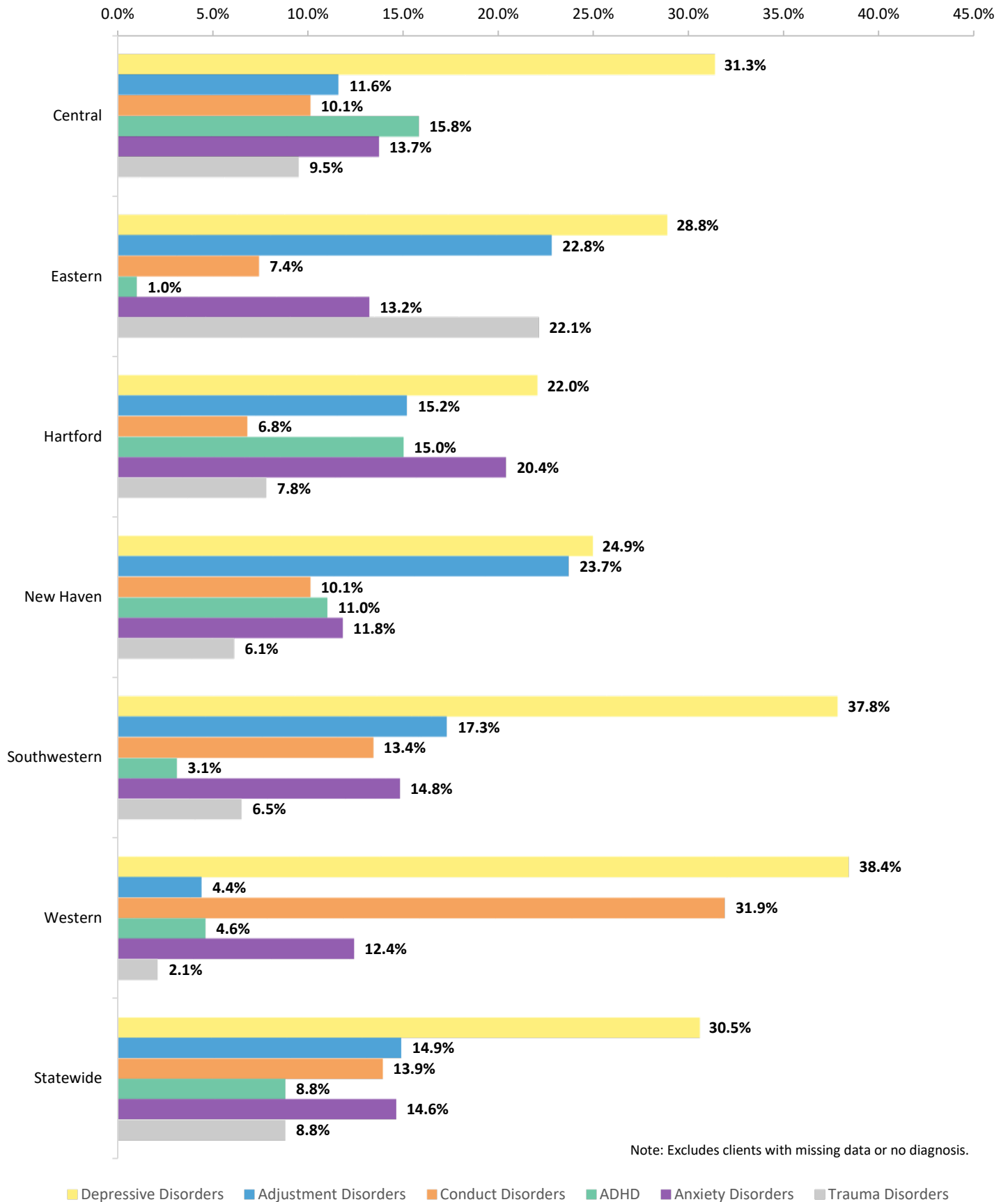
\*Excludes clients with missing data or no diagnosis.

**Figure 30. Distribution of Client Secondary Diagnosis Categories at Intake Statewide**

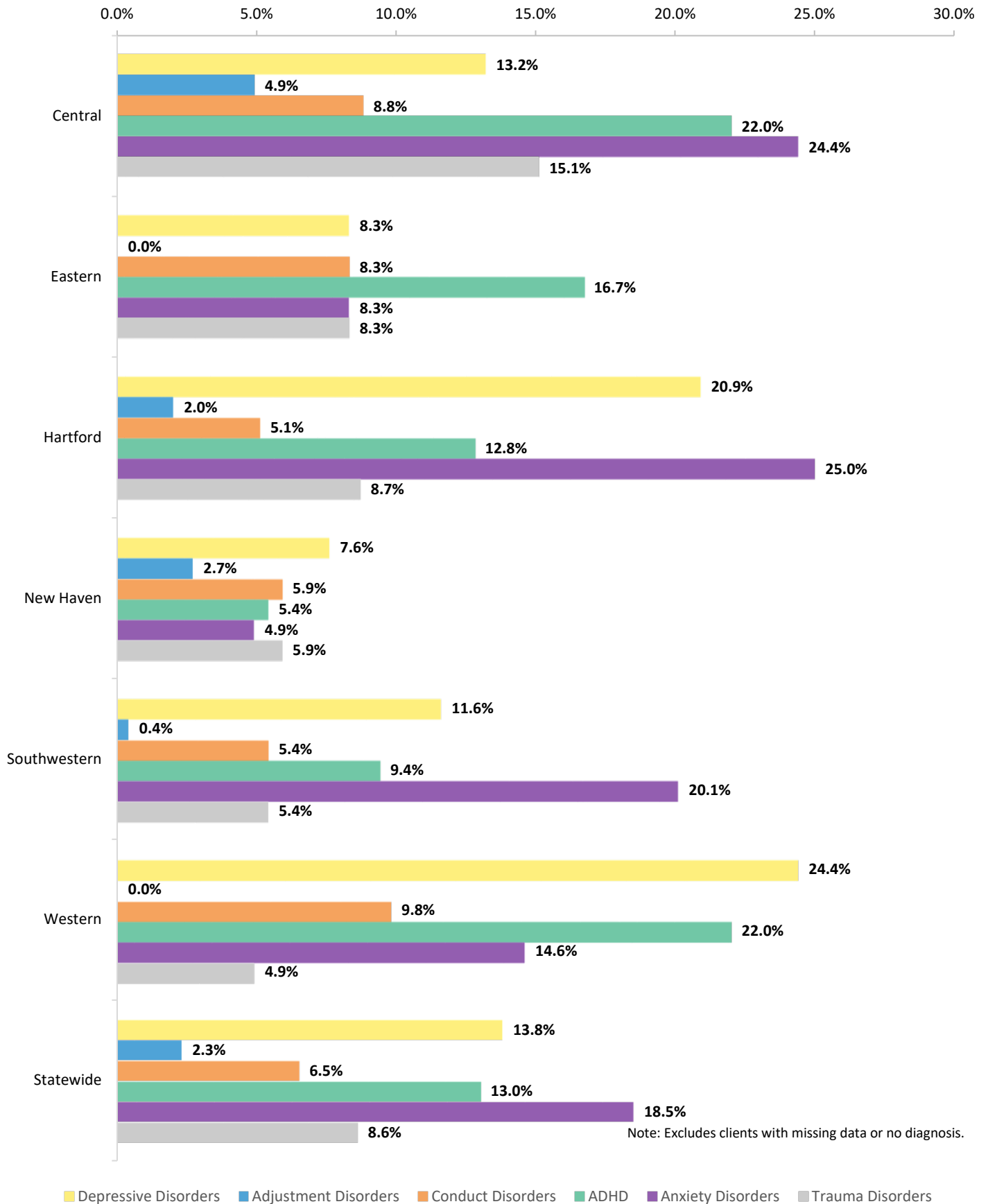


\*Excludes clients with missing data or no diagnosis.

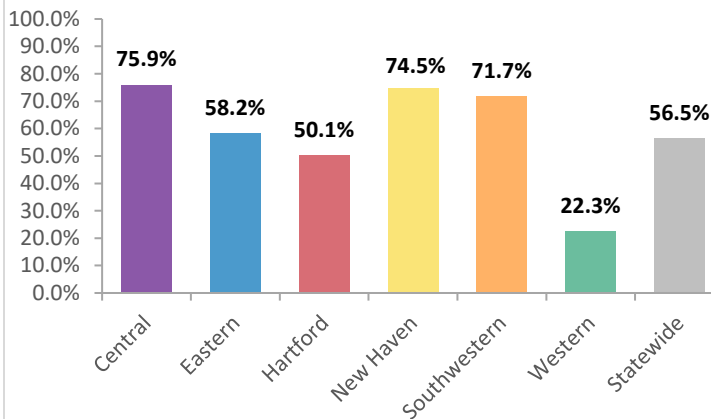
**Figure 31. Top 6 Primary Diagnostic Categories at Intake by Service Area**



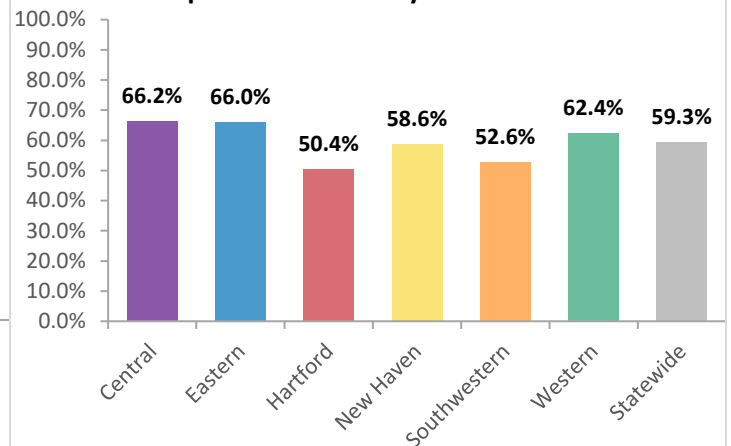
**Figure 32. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area**



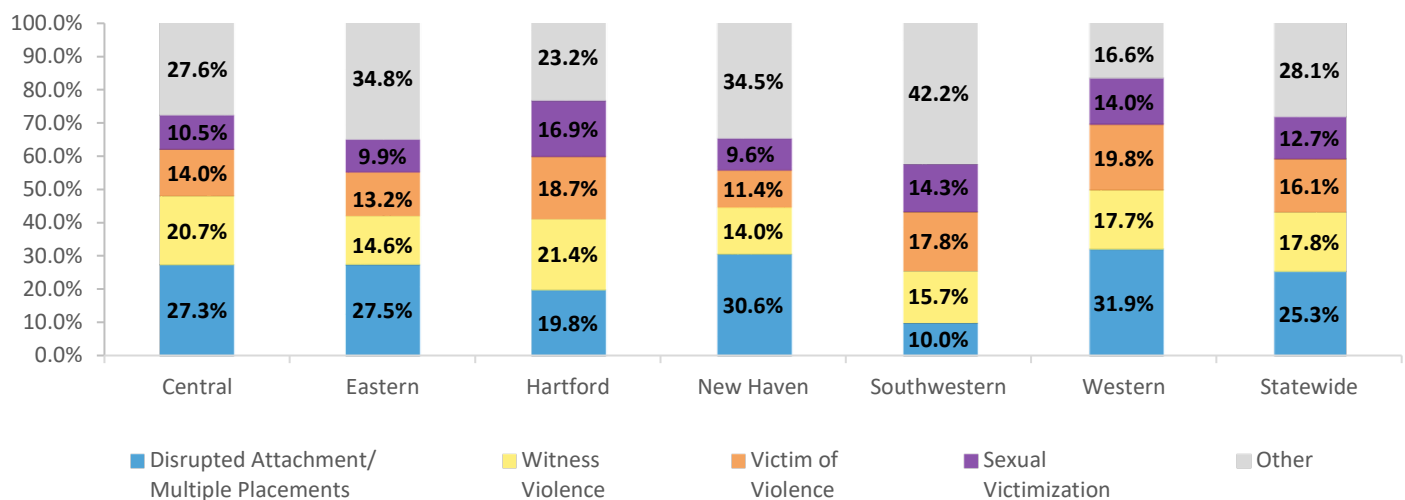
**Figure 33. Children Meeting SED\* Criteria by Service Area**



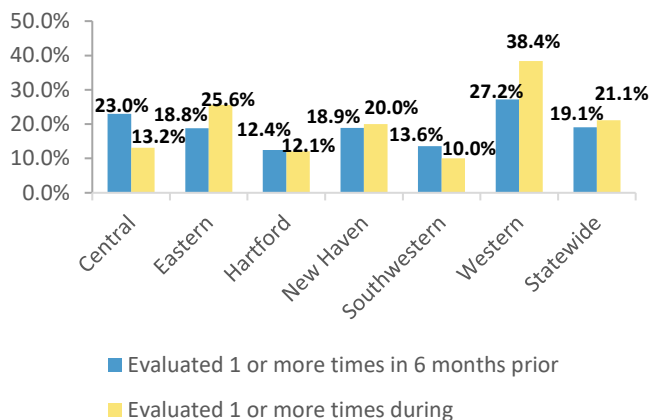
**Figure 34. Children with Trauma Exposure Reported at Intake by Service Area**



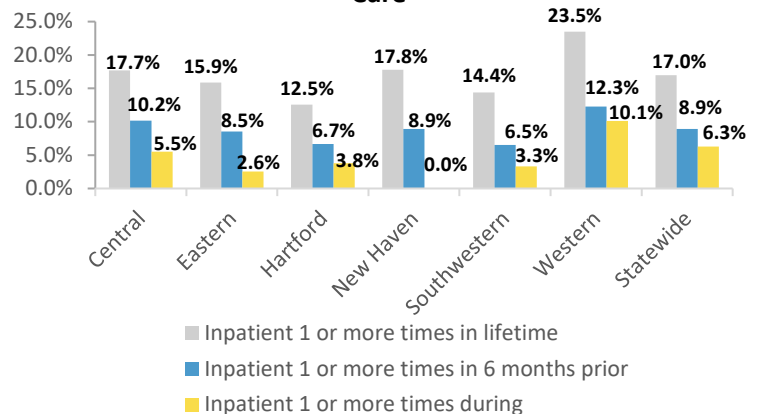
**Figure 35. Type of Trauma Reported at Intake by Service Area**



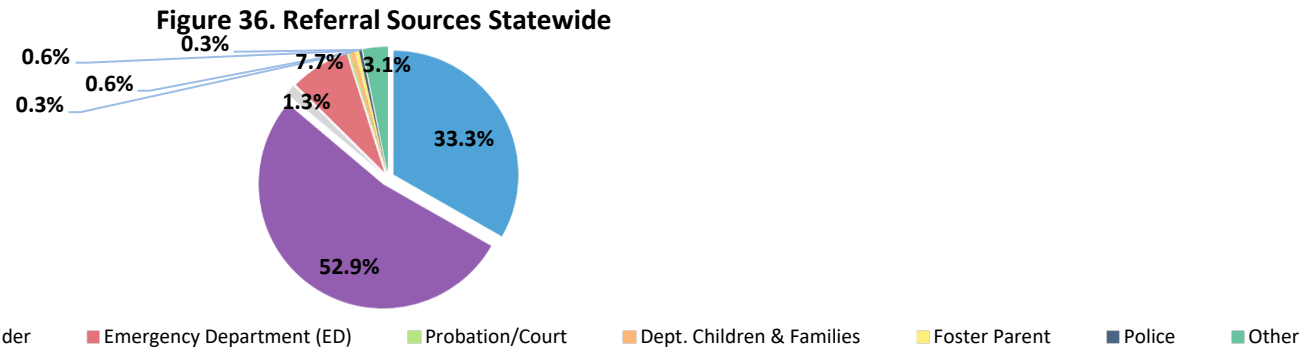
**Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care**



**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**

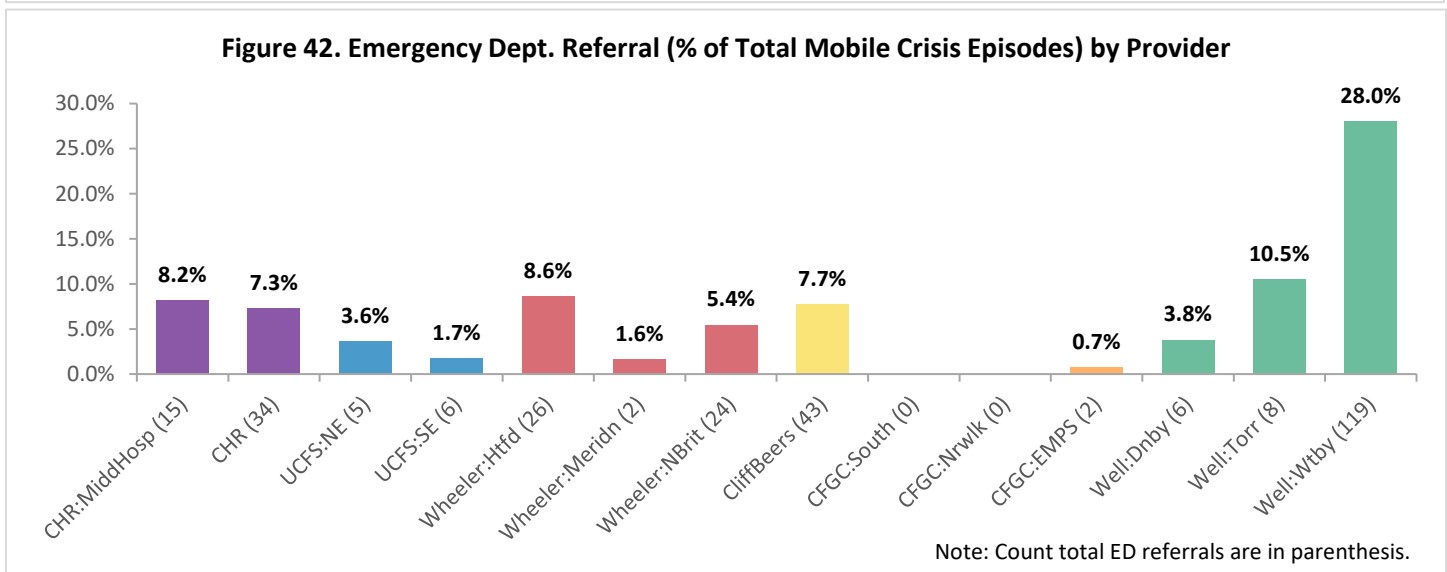
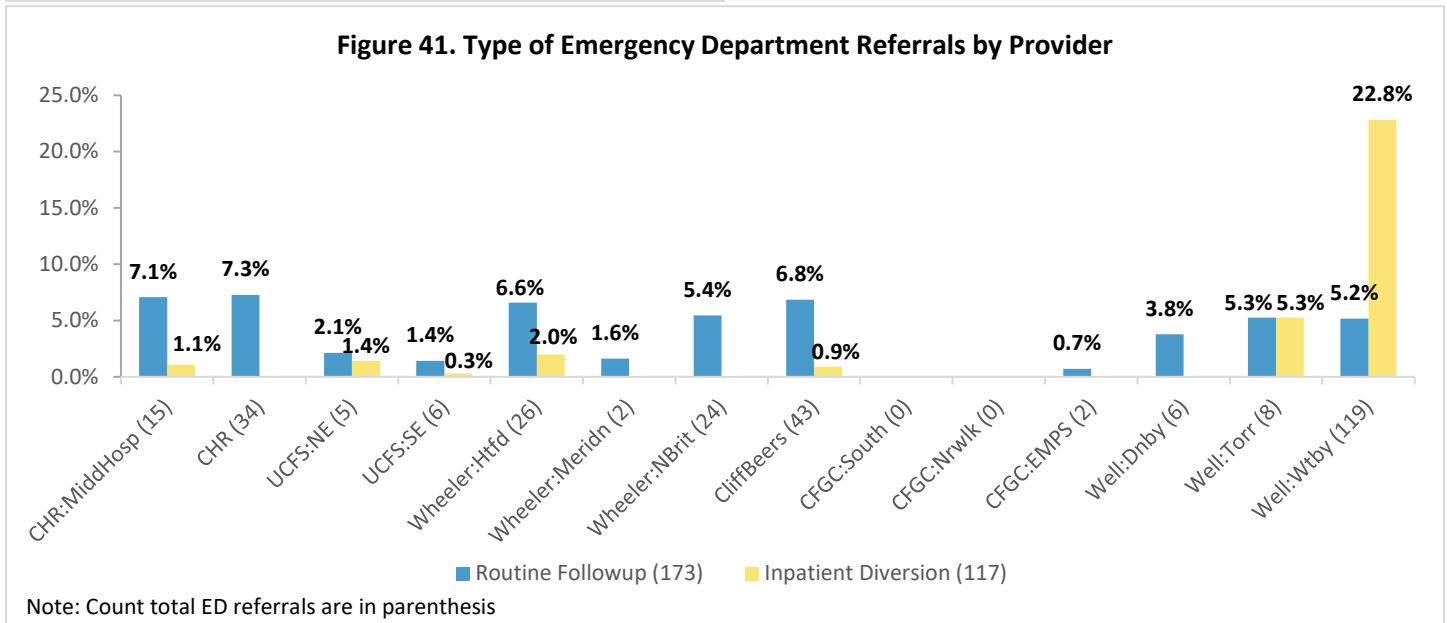
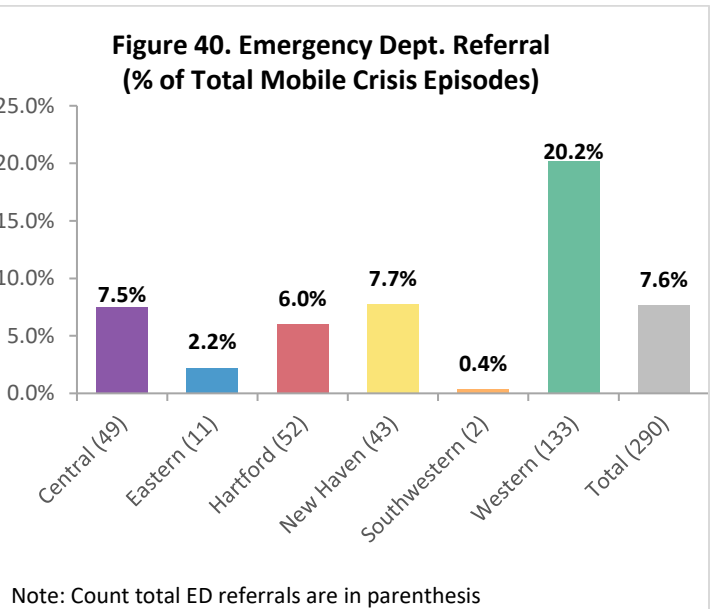
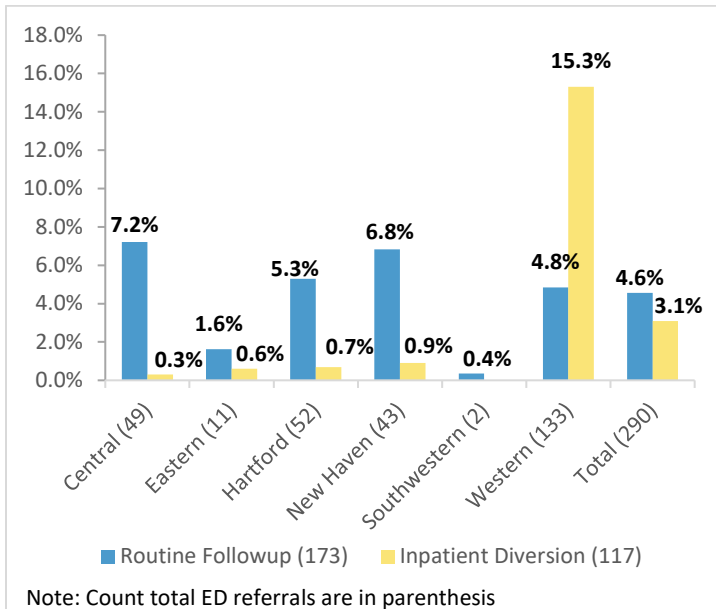


## Section VI: Referral Sources



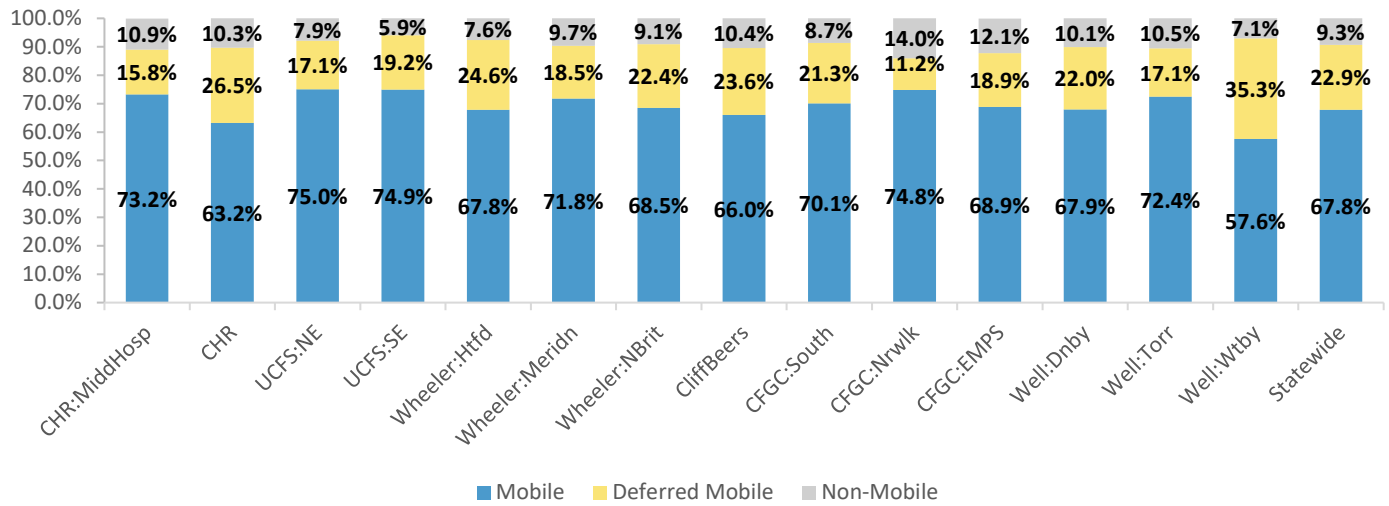
**Table 1. Referral Sources (Q3 FY 2023)**

	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
<b>STATEWIDE</b>	33.3%	0.3%	52.9%	0.1%	0.9%	1.3%	7.7%	0.3%	0.6%	1.4%	0.0%	0.6%	0.3%	0.3%	0.1%	0.0%
<b>CENTRAL</b>	36.8%	0.8%	49.4%	0.0%	0.5%	1.7%	7.5%	0.5%	0.3%	1.2%	0.0%	0.5%	0.6%	0.3%	0.0%	0.0%
CHR:MidHosp	37.0%	0.0%	50.0%	0.0%	1.1%	1.1%	8.2%	0.5%	0.0%	0.5%	0.0%	0.0%	1.1%	0.5%	0.0%	0.0%
CHR	36.8%	1.1%	49.1%	0.0%	0.2%	1.9%	7.3%	0.4%	0.4%	1.5%	0.0%	0.6%	0.4%	0.2%	0.0%	0.0%
<b>EASTERN</b>	30.4%	0.0%	60.7%	0.0%	1.4%	0.8%	2.2%	0.0%	0.6%	1.6%	0.0%	0.8%	0.4%	1.0%	0.0%	0.0%
UCFS:NE	31.4%	0.0%	56.4%	0.0%	1.4%	0.7%	3.6%	0.0%	1.4%	2.1%	0.0%	1.4%	0.7%	0.7%	0.0%	0.0%
UCFS:SE	29.9%	0.0%	62.4%	0.0%	1.4%	0.8%	1.7%	0.0%	0.3%	1.4%	0.0%	0.6%	0.3%	1.1%	0.0%	0.0%
<b>HARTFORD</b>	32.7%	0.3%	51.6%	0.3%	1.0%	2.0%	6.1%	0.2%	1.2%	2.3%	0.0%	0.8%	0.8%	0.3%	0.2%	0.0%
Wheeler:Htfd	26.1%	0.0%	53.8%	0.3%	1.3%	3.0%	8.9%	0.0%	1.3%	2.0%	0.0%	1.0%	1.7%	0.7%	0.0%	0.0%
Wheeler:Meridn	39.5%	0.0%	53.2%	0.0%	0.8%	0.0%	1.6%	0.0%	0.8%	2.4%	0.0%	0.0%	0.8%	0.8%	0.0%	0.0%
Wheeler:NBrit	35.4%	0.7%	49.7%	0.5%	0.9%	1.8%	5.4%	0.5%	1.1%	2.5%	0.0%	0.9%	0.2%	0.0%	0.5%	0.0%
<b>NEW HAVEN</b>	35.4%	0.2%	51.4%	0.0%	0.4%	1.3%	7.7%	0.5%	0.5%	1.4%	0.0%	0.9%	0.0%	0.0%	0.2%	0.0%
CliffBeers	35.4%	0.2%	51.4%	0.0%	0.4%	1.3%	7.7%	0.5%	0.5%	1.4%	0.0%	0.9%	0.0%	0.0%	0.2%	0.0%
<b>SOUTHWESTERN</b>	35.3%	0.2%	60.1%	0.0%	1.4%	0.9%	0.4%	0.0%	0.4%	0.9%	0.0%	0.0%	0.0%	0.4%	0.2%	0.0%
CFG:South	44.1%	0.0%	52.8%	0.0%	0.8%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%
CFG:Nrwk	32.0%	0.7%	62.6%	0.0%	2.0%	0.7%	0.0%	0.0%	1.4%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CFG:EMPS	33.1%	0.0%	62.0%	0.0%	1.4%	0.7%	0.7%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.3%	0.3%	0.0%
<b>WESTERN</b>	29.1%	0.0%	47.1%	0.0%	0.8%	0.9%	20.2%	0.3%	0.5%	0.6%	0.0%	0.5%	0.0%	0.2%	0.0%	0.0%
Well:Dnby	40.3%	0.0%	52.8%	0.0%	0.0%	1.3%	3.8%	0.0%	0.6%	0.0%	0.0%	0.6%	0.0%	0.6%	0.0%	0.0%
Well:Torr	30.3%	0.0%	53.9%	0.0%	0.0%	0.0%	10.5%	0.0%	0.0%	3.9%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%
Well:Wtby	24.7%	0.0%	43.8%	0.0%	1.2%	0.9%	28.0%	0.5%	0.5%	0.2%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%

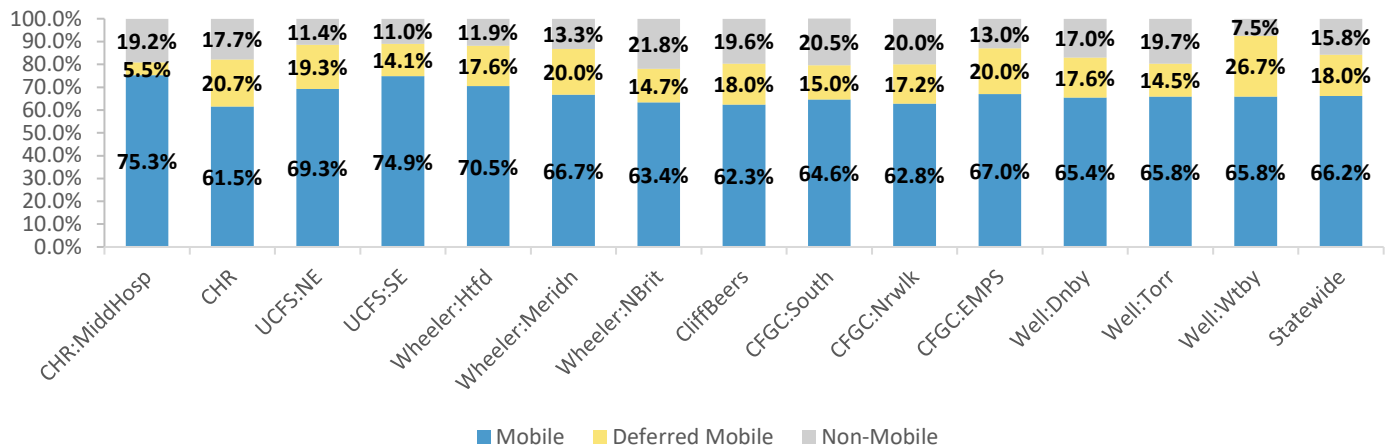


## Section VII: 2-1-1 Recommendations and Mobile Crisis Response

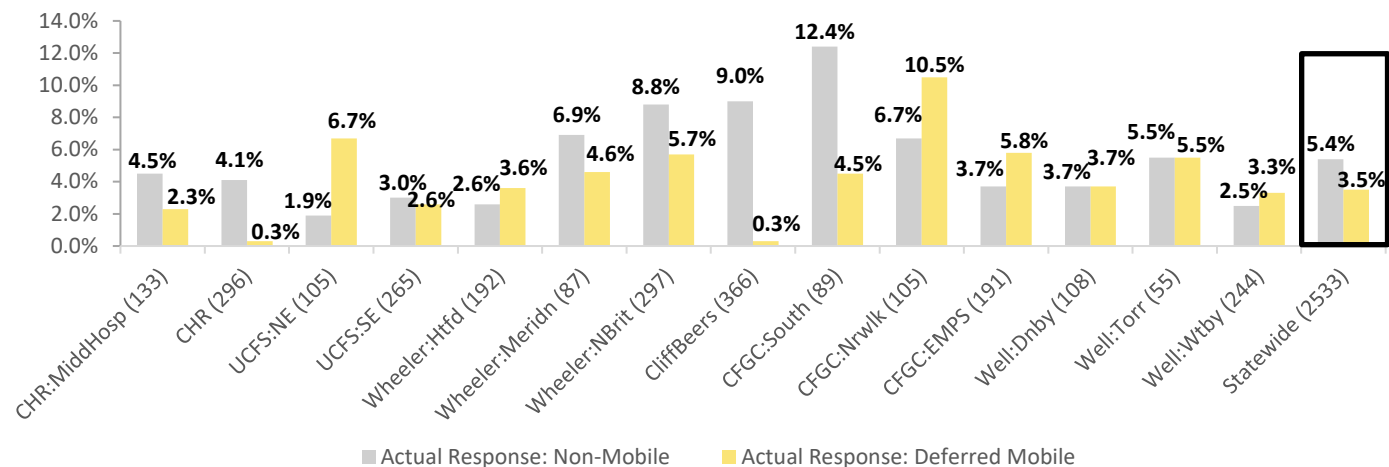
**Figure 43. 2-1-1 Recommended Initial Response**



**Figure 44. Actual Initial Mobile Crisis Provider Response**

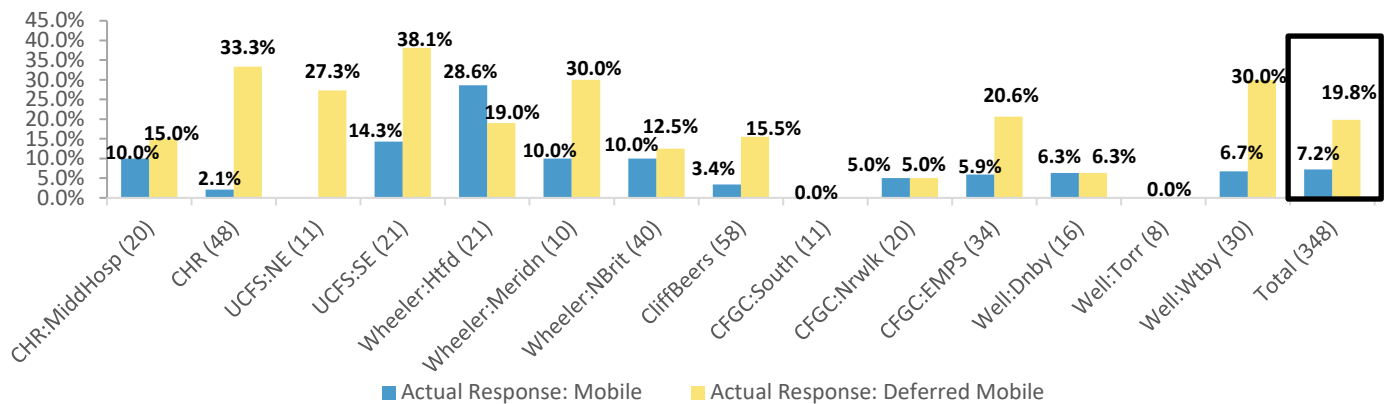


**Figure 45. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile**



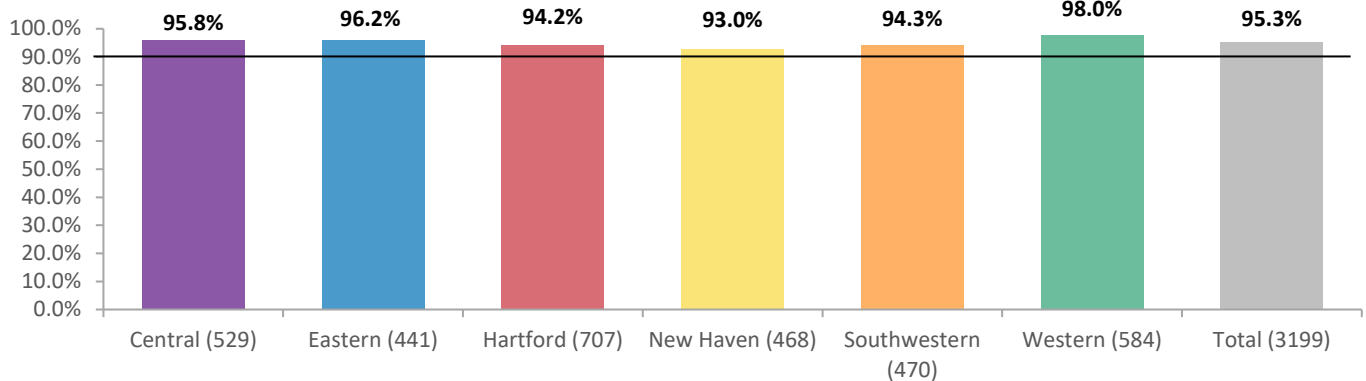
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

**Figure 46. 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 47. Mobile Response\* (Mobile & Deferred Mobile) By Service Area**

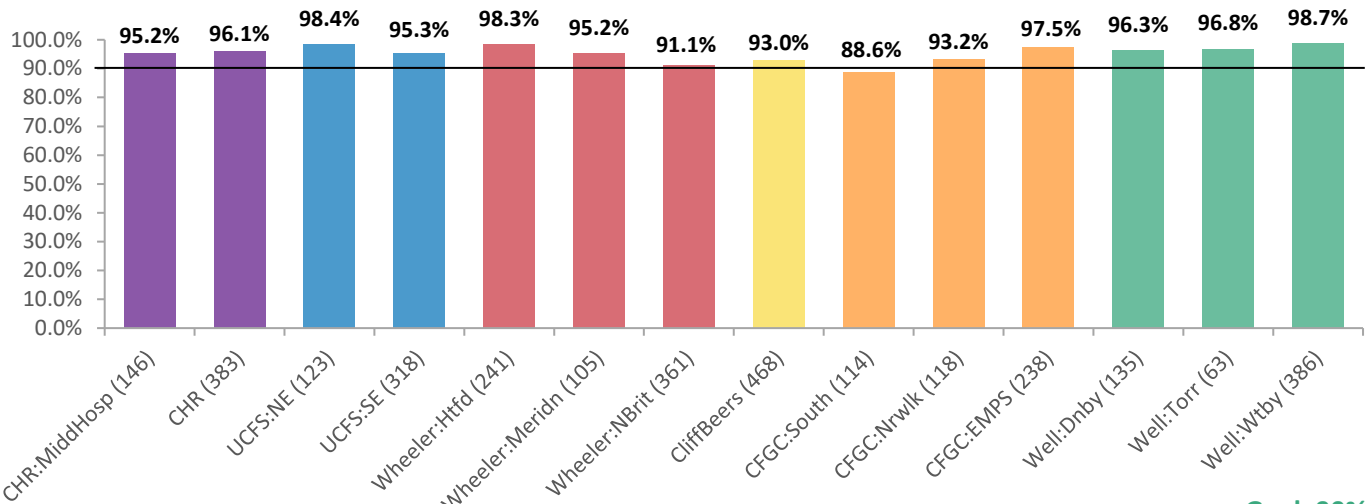


\*Mobility calculation updated – see exec. summary

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

Goal: 90%

**Figure 48. Mobile Response\* (Mobile & Deferred Mobile) By Provider**



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

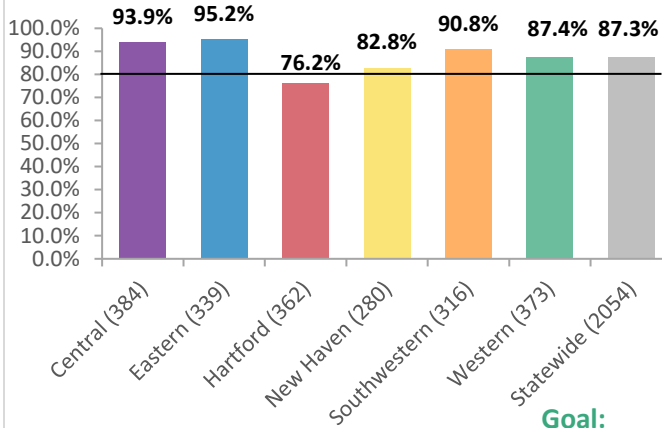
\*Mobility calculation updated – see exec. summary

Goal: 90%



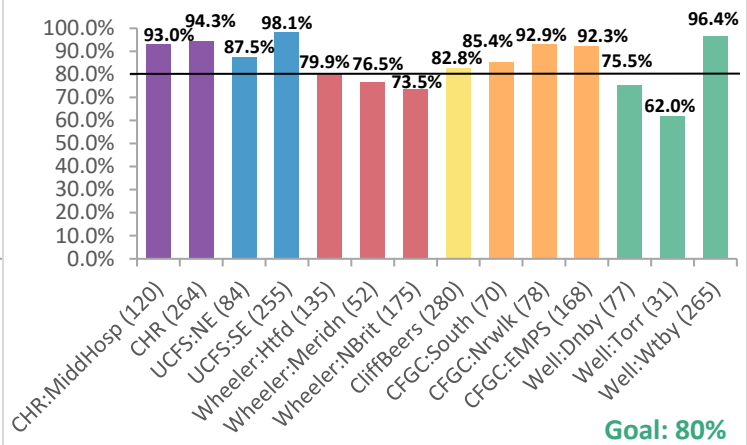
## Section VIII: Response Time

**Figure 49. Total Mobile Episodes with a Reponse Time Under 45 Minutes**



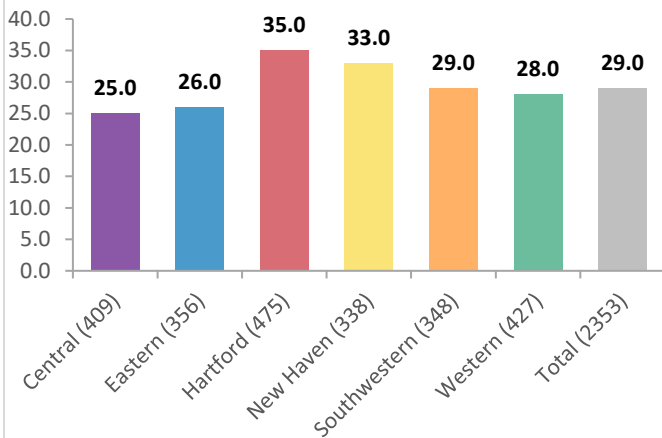
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

**Figure 50. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider**



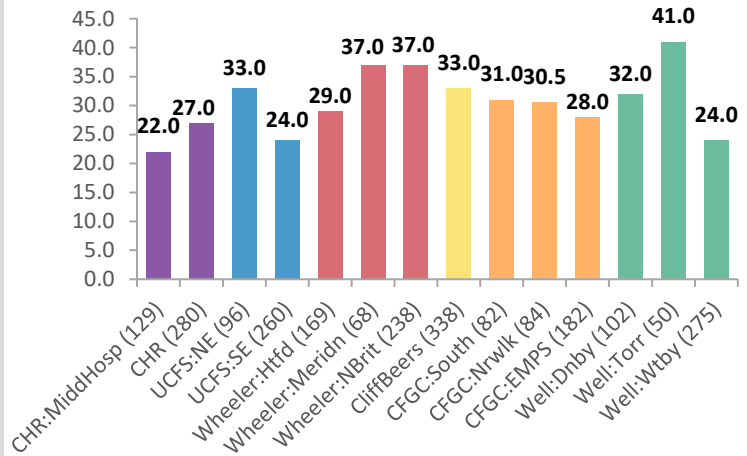
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

**Figure 51. Median Mobile Response Time by Service Area in Minutes**



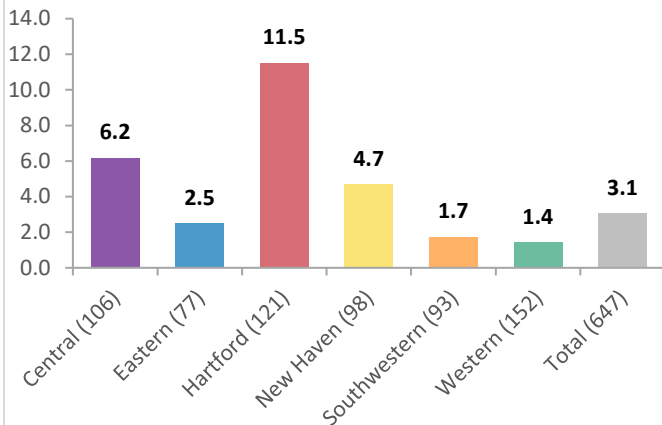
Note: Counts of mobile response episodes are in parenthesis.

**Figure 52. Median Mobile Response Time by Provider in Minutes**



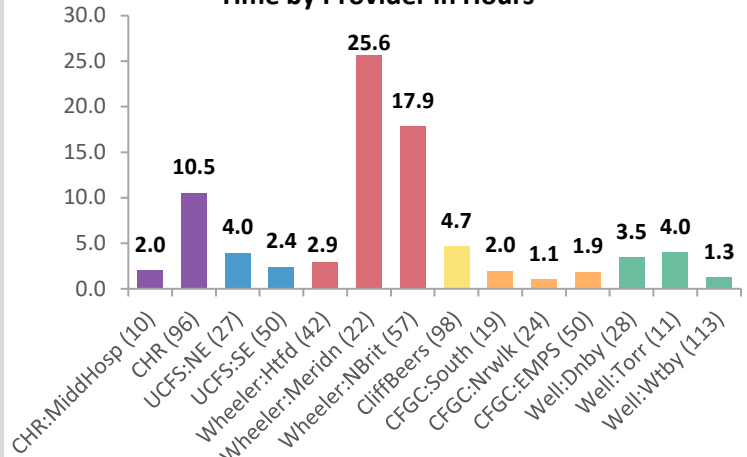
Note: Counts of mobile response episodes are in parenthesis.

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



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

**Figure 54. 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		
		Discharged Episodes for Current Reporting Period										Cumulative Discharged Episodes*									
		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	1.4	13.6	18.5	0.0	5.0	15.0	20.1%	42.2%	3.5%	1.4	11.3	18.3	0.0	5.0	15.0	19.2%	42.0%	3.6%		
2	Central	2.0	7.9	18.0	0.0	4.0	14.0	35.2%	41.1%	4.7%	2.3	5.8	17.9	0.0	3.0	14.0	34.5%	30.7%	4.9%		
3	CHR/MiddHosp-EMPS	4.5	7.9	13.6	3.0	4.0	10.0	64.1%	42.0%	1.6%	5.5	6.0	13.9	3.0	3.0	11.0	64.0%	32.4%	0.7%		
4	CHR-EMPS	0.8	7.5	18.7	0.0	1.0	14.0	22.1%	25.0%	5.2%	0.8	2.4	18.6	0.0	0.0	15.0	19.9%	7.7%	5.7%		
5	Eastern	0.6	4.1	29.4	0.0	4.0	31.5	11.4%	10.5%	4.2%	0.6	3.8	25.8	0.0	4.0	26.0	10.1%	10.6%	3.8%		
6	UCFS-EMPS:NE	1.2	3.9	25.8	0.0	4.0	22.0	17.4%	8.7%	0.0%	0.8	3.8	22.6	0.0	4.0	20.0	13.1%	9.4%	5.6%		
7	UCFS-EMPS:SE	0.4	4.2	30.1	0.0	4.0	32.5	9.2%	11.2%	5.0%	0.4	3.8	26.7	0.0	4.0	27.5	8.5%	11.1%	3.2%		
8	Hartford	2.1	7.2	18.6	0.0	3.0	15.0	32.8%	32.9%	2.0%	1.9	7.8	19.1	0.0	4.0	16.0	26.5%	42.7%	2.3%		
9	Wheeler-EMPS:Htfd	1.4	9.6	25.1	0.0	5.0	26.0	31.5%	41.1%	1.6%	1.3	9.8	25.2	0.0	5.0	24.5	21.2%	43.7%	2.6%		
10	Wheeler-EMPS:Meridn	5.1	6.7	14.0	0.5	2.0	12.0	45.5%	33.3%	1.9%	3.8	7.0	16.5	1.0	5.0	13.0	41.6%	45.1%	2.0%		
11	Wheeler-EMPS:NBrit	1.8	6.2	15.6	0.0	3.0	13.0	30.8%	29.2%	2.2%	1.7	7.0	15.9	0.0	4.0	13.0	25.8%	41.3%	2.3%		
12	New Haven	1.0	26.5	29.4	0.0	16.0	27.0	3.7%	73.2%	17.6%	0.6	21.3	28.8	0.0	14.0	30.0	3.1%	73.5%	13.6%		
14	CliffBeers-EMPS	1.0	26.5	29.4	0.0	16.0	27.0	3.7%	73.2%	17.6%	0.6	21.3	28.8	0.0	14.0	30.0	3.1%	73.5%	13.6%		
15	Southwestern	0.7	20.8	36.5	0.0	16.0	35.0	6.0%	65.4%	22.5%	0.5	17.1	34.9	0.0	9.0	34.0	5.7%	59.0%	18.0%		
16	CFGC/South-EMPS	0.0	3.8	28.4	0.0	0.0	34.0	0.0%	10.2%	0.0%	0.1	2.1	27.5	0.0	0.0	31.5	1.4%	5.2%	0.0%		
17	CFGC-EMPS:Nrwlk	1.7	23.8	35.1	0.0	20.0	33.0	10.0%	74.2%	28.6%	1.1	18.9	44.4	0.0	12.0	41.0	7.5%	68.6%	42.1%		
18	CFGC-EMPS	0.4	25.4	56.2	0.0	21.0	47.5	7.7%	81.0%	70.0%	0.5	21.7	43.1	0.0	16.0	39.5	8.5%	73.5%	37.5%		
19	Western	1.1	2.7	15.5	0.0	2.0	14.0	17.9%	5.1%	1.0%	1.2	2.6	15.2	0.0	2.0	13.0	18.7%	4.5%	1.0%		
20	Well-EMPS:Dnby	0.3	3.3	15.3	0.0	2.0	14.0	7.1%	7.7%	0.0%	1.1	2.7	14.7	0.0	2.0	13.0	18.2%	2.6%	0.4%		
21	Well-EMPS:Torr	0.9	2.9	15.0	0.0	1.0	13.0	15.4%	6.3%	0.0%	1.1	2.6	14.9	0.0	1.0	14.0	19.1%	6.9%	1.1%		
22	Well-EMPS:Wtby	1.6	2.4	15.6	0.0	2.0	13.0	25.6%	4.0%	1.4%	1.2	2.6	15.4	0.0	2.0	13.0	18.8%	4.4%	1.2%		

\* Discharged episodes with end dates from July 1, 2021 to the end of the current reporting period.

### 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	<b>STATEWIDE</b>	685	1322	1323	138	558	46	1838	3220	2811	352	1351	100
2	<b>Central</b>	125	73	444	44	30	21	345	192	991	119	59	49
3	<b>CHR/MiddHosp-EMPS</b>	39	69	63	25	29	1	114	179	147	73	58	1
4	<b>CHR-EMPS</b>	86	4	381	19	1	20	231	13	844	46	1	48
5	<b>Eastern</b>	88	353	48	10	37	2	237	776	80	24	82	3
6	<b>UCFS-EMPS:NE</b>	23	104	8	4	9	0	84	224	18	11	21	1
7	<b>UCFS-EMPS:SE</b>	65	249	40	6	28	2	153	552	62	13	61	2
8	<b>Hartford</b>	180	216	355	59	71	7	544	663	685	144	283	16
9	<b>Wheeler-EMPS:Htfd</b>	54	56	122	17	23	2	184	183	232	39	80	6
10	<b>Wheeler-EMPS:Meridn</b>	22	30	53	10	10	1	77	122	99	32	55	2
11	<b>Wheeler-EMPS:NBrit</b>	104	130	180	32	38	4	283	358	354	73	148	8
12	<b>New Haven</b>	108	295	17	4	216	3	262	690	22	8	507	3
14	<b>CliffBeers-EMPS</b>	108	295	17	4	216	3	262	690	22	8	507	3
15	<b>Southwestern</b>	100	306	40	6	200	9	209	697	111	12	411	20
16	<b>CFGC/South-EMPS</b>	31	59	23	0	6	0	74	134	60	1	7	0
17	<b>CFGC-EMPS:Nrwlk</b>	30	89	7	3	66	2	53	204	19	4	140	8
18	<b>CFGC-EMPS</b>	39	158	10	3	128	7	82	359	32	7	264	12
19	<b>Western</b>	84	79	419	15	4	4	241	202	922	45	9	9
20	<b>Well-EMPS:Dnby</b>	28	13	98	2	1	0	66	38	227	12	1	1
21	<b>Well-EMPS:Torr</b>	13	16	28	2	1	0	47	29	91	9	2	1
22	<b>Well-EMPS:Wtby</b>	43	50	293	11	2	4	128	135	604	24	6	7

\* Discharged episodes with end dates from July 1, 2021 to the end of the current reporting period.

**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	91.0	53.7	47.7	60.0	30.0	16.0	100.0%	100.0%	34.8%	97	475	359	97	475	125
2	Central	65.7	34.5	60.2	27.5	3.0	17.0	100.0%	100.0%	38.6%	12	13	70	12	13	27
3	CHR/MiddHosp-EMPS	9.0	3.8	9.0	9.0	3.0	9.0	100.0%	75.0%	0.0%	1	4	3	1	3	0
4	CHR-EMPS	70.8	48.2	62.5	28.0	3.0	17.0	100.0%	55.6%	40.3%	11	9	67	11	5	27
5	Eastern	0.0	3.3	17.7	0.0	1.5	14.0	N/A	100.0%	17.6%	0	8	17	0	8	3
6	UCFS-EMPS:NE	0.0	6.5	23.5	0.0	6.5	15.5	N/A	0.0%	33.3%	0	2	6	0	0	2
7	UCFS-EMPS:SE	0.0	2.2	14.5	0.0	1.0	14.0	N/A	33.3%	9.1%	0	6	11	0	2	1
8	Hartford	140.6	94.5	63.6	157.5	82.0	33.0	100.0%	100.0%	50.0%	28	129	176	28	129	88
9	Wheeler-EMPS:Htfd	167.4	84.0	51.9	165.5	66.0	22.0	100.0%	51.9%	40.0%	10	52	90	10	27	36
10	Wheeler-EMPS:Meridn	148.0	104.5	65.0	140.0	128.0	43.0	100.0%	89.5%	57.1%	5	19	21	5	17	12
11	Wheeler-EMPS:NBrit	117.1	100.6	79.5	143.0	103.5	70.0	100.0%	72.4%	61.5%	13	58	65	13	42	40
12	New Haven	73.4	46.9	16.0	48.5	29.0	8.0	100.0%	100.0%	16.7%	18	195	6	18	195	1
14	CliffBeers-EMPS	73.4	46.9	16.0	48.5	29.0	8.0	100.0%	100.0%	16.7%	18	195	6	18	195	1
15	Southwestern	24.0	29.1	20.2	19.0	22.0	13.0	100.0%	100.0%	7.7%	4	126	13	4	126	1
16	CFGC/South-EMPS	0.0	12.6	13.8	0.0	11.0	11.0	N/A	18.2%	0.0%	0	11	9	0	2	0
17	CFGC-EMPS:Nrwk	29.5	27.1	11.0	29.5	24.0	11.0	100.0%	96.3%	0.0%	2	27	2	2	26	0
18	CFGC-EMPS	18.5	31.7	58.0	18.5	22.0	58.0	100.0%	47.7%	50.0%	2	88	2	2	42	1
19	Western	76.7	8.5	13.8	47.0	7.5	8.0	100.0%	100.0%	6.5%	35	4	77	35	4	5
20	Well-EMPS:Dnby	59.8	0.0	9.7	29.0	0.0	6.0	100.0%	N/A	8.3%	12	0	12	12	0	1
21	Well-EMPS:Torr	78.6	7.5	14.9	57.0	7.5	10.0	100.0%	50.0%	12.5%	9	2	8	9	1	1
22	Well-EMPS:Wtby	90.0	9.5	14.5	49.0	9.5	8.0	100.0%	100.0%	5.3%	14	2	57	14	2	3

\* Data includes episodes still in care with referral dates from July 1, 2021 to end of current reporting period.

**Definitions:**

LOS: Phone Length of Stay in Days for Phone Only

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

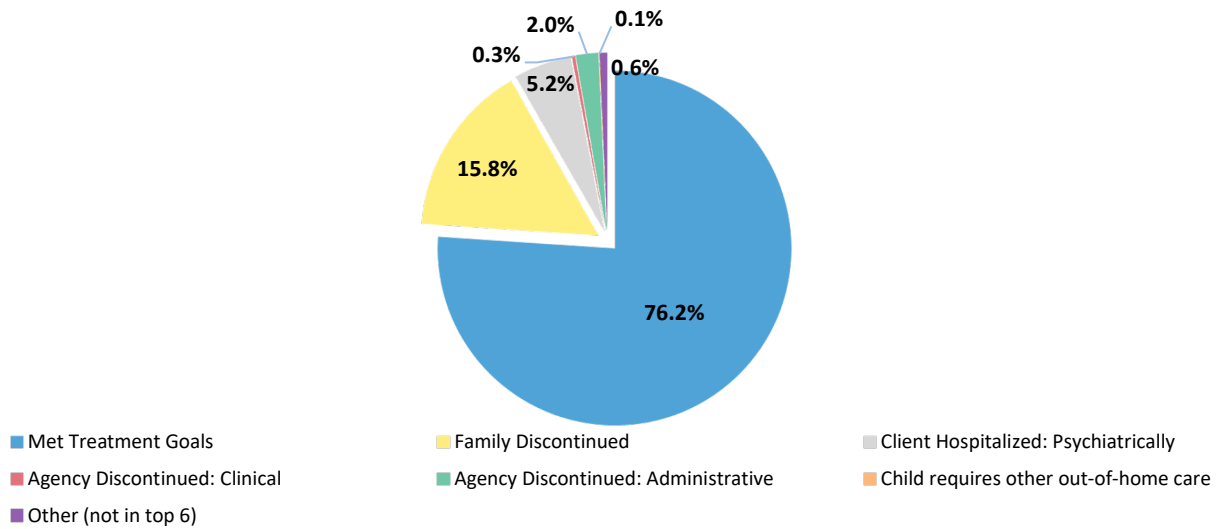
LOS: Stab. Length of Stay in Days for Stabilization Plus Follow-up Only

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

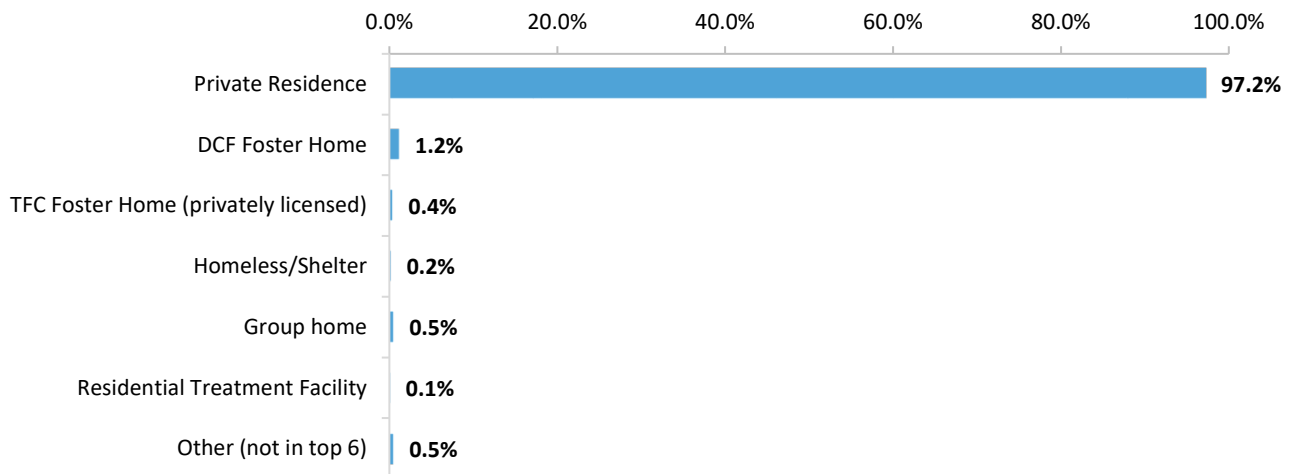
FTF > 5 Percent of episodes that are face to face that are greater than 5 days

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

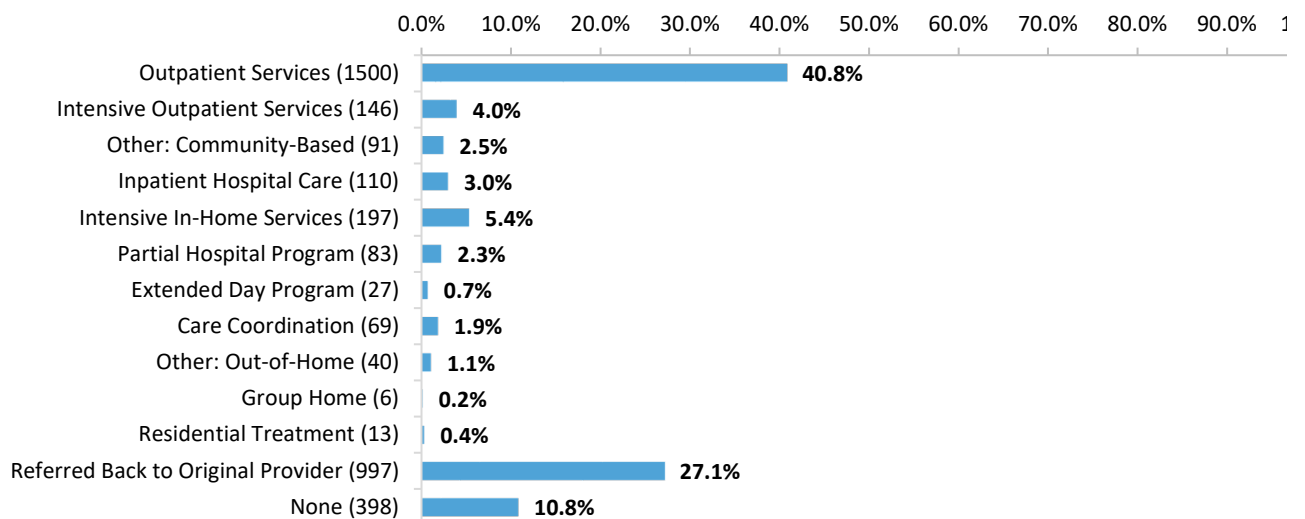
**Figure 55. Top Six Reasons for Client Discharge Statewide**



**Figure 56. Top Six Places Clients Live at Discharge Statewide**



**Figure 57. 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 <sup>a</sup> intake & discharge)	Mean (paired <sup>a</sup> intake)	Mean (paired <sup>a</sup> discharge)	Mean Difference (paired <sup>a</sup> cases)	t-score	Sig.	† .05-.10 * <i>P</i> < .05 ** <i>P</i> < .01
<b>STATEWIDE</b>							
Parent Functioning Score	108	39.70	41.55	1.84	2.44	0.016	*
Worker Functioning Score	854	45.29	47.74	2.45	11.67	<.001	**
Parent Problem Score	108	29.28	28.05	-1.23	-1.68	0.097	†
Worker Problem Score	854	27.76	24.87	-2.89	-13.75	<.001	**
<b>Central</b>							
Parent Functioning Score	69	37.83	38.12	0.29	1.05	0.299	
Worker Functioning Score	283	46.10	46.44	0.34	1.31	0.191	
Parent Problem Score	69	30.78	30.64	-0.15	-1.00	0.321	
Worker Problem Score	283	26.42	25.78	-0.64	-2.30	0.022	*
<b>Eastern</b>							
Parent Functioning Score	10	50.80	56.80	6.00	1.47	0.176	
Worker Functioning Score	27	43.52	47.59	4.07	2.52	0.018	*
Parent Problem Score	10	25.90	15.20	-10.70	-2.35	0.043	*
Worker Problem Score	27	32.70	25.85	-6.85	-2.90	0.007	**
<b>Hartford</b>							
Parent Functioning Score	7	40.00	50.14	10.14	2.03	0.088	†
Worker Functioning Score	195	45.77	48.34	2.56	4.50	<.001	**
Parent Problem Score	7	24.00	22.71	-1.29	-0.21	0.840	
Worker Problem Score	195	31.10	27.61	-3.49	-6.16	<.001	**
<b>New Haven</b>							
Parent Functioning Score	1	50.00	50.00	0.00	0.00	0.000	N/A
Worker Functioning Score	9	40.78	40.78	0.00	0.00	0.000	N/A
Parent Problem Score	1	26.00	26.00	0.00	0.00	0.000	N/A
Worker Problem Score	9	30.44	30.00	-0.44	-1.00	0.347	
<b>Southwestern</b>							
Parent Functioning Score	13	43.77	41.08	-2.69	-1.40	0.186	
Worker Functioning Score	25	47.04	48.44	1.40	1.33	0.195	
Parent Problem Score	13	26.00	28.31	2.31	0.84	0.418	
Worker Problem Score	25	23.92	20.64	-3.28	-2.72	0.012	*
<b>Western</b>							
Parent Functioning Score	8	33.88	44.25	10.38	2.04	0.081	†
Worker Functioning Score	315	44.40	48.70	4.30	13.87	<.001	**
Parent Problem Score	8	30.88	26.25	-4.63	-1.95	0.093	†
Worker Problem Score	315	26.70	22.45	-4.25	-16.46	<.001	**

paired<sup>a</sup> = 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\***

<b>2-1-1 Items</b>	<b>Clients (n=85)</b>	<b>Referrers (n=91)</b>
The 2-1-1 staff answered my call in a timely manner	4.84	4.97
The 2-1-1 staff was courteous	4.93	5.00
The 2-1-1 staff was knowledgeable	4.96	5.00
My phone call was quickly transferred to the EMPS provider	4.87	4.97
<b>Sub-Total Mean: 2-1-1</b>	<b>4.90</b>	<b>4.98</b>
<b>Mobile Crisis Items</b>		
Mobile Crisis responded to the crisis in a timely manner	4.81	4.61
The Mobile Crisis staff was respectful	4.81	4.97
The Mobile Crisis staff was knowledgeable	4.70	4.98
The Mobile Crisis staff spoke to me in a way that I understood	4.80	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)	4.44	X
The services or resources my child and/or family received were right for us	4.30	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	4.71
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.47	4.84
<b>Sub-Total Mean: Mobile Crisis</b>	<b>4.62</b>	<b>4.82</b>
<b>Overall Mean Score</b>	<b>4.72</b>	<b>4.92</b>

\* 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 he feels he needed a sooner response time than 45 minutes but also states that he understands the difficulty with that request.
- Caller reports the wait on the EMPS line was longer than usual, but caller felt informed as the line updated her on call representative status. Caller reports there is no judgement with clinicians.
- Caller expressed her gratitude for the service.
- Great resource

### **Referrer Comments:**

- Very appreciative of the services. Caller reports that MCI was instrumental in supporting/ comforting children on a difficult family visit.
- Wishes more people were aware of the service.
- The caller would like to note that it would be helpful if parents and the school could sign an agreement to discuss services rendered, to discuss upcoming appointments and to generally create a more open environment regarding services.

## 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 (209)*	29%	44%	30%	28%	42%	32%	36%	36%	16%	22%	38%	29%	35%	4%	6%
CHR:MidHosp (14)*	36%	57%	29%	79%	50%	43%	43%	50%	79%	29%	57%	21%	29%	7%	17%
CHR (27)*	15%	33%	19%	19%	22%	30%	33%	22%	4%	4%	26%	22%	30%	0%	0%
UCFS:NE (6)*	67%	67%	83%	83%	83%	50%	83%	83%	67%	83%	50%	50%	67%	33%	40%
UCFS:SE (22)*	36%	68%	36%	91%	55%	27%	32%	41%	23%	82%	36%	45%	50%	5%	9%
Wheeler:Htfd (21)*^	38%	52%	43%	5%	52%	29%	43%	38%	10%	5%	43%	33%	14%	0%	0%
Wheeler:Meridn (5)*^	20%	40%	20%	20%	20%	20%	20%	20%	0%	0%	20%	20%	20%	0%	0%
Wheeler:NBrit (17)*	24%	24%	24%	6%	29%	24%	18%	24%	0%	6%	29%	0%	29%	0%	0%
CliffBeers (23)*	35%	43%	39%	48%	65%	52%	52%	52%	39%	43%	65%	39%	65%	17%	14%
CFGC:South (4)*	75%	75%	50%	25%	75%	25%	50%	50%	0%	25%	25%	100%	50%	0%	0%
CFGC:Nrwk (1)*	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%
CFGC:EMPS (21)*^	29%	38%	24%	10%	38%	38%	52%	33%	0%	10%	43%	38%	43%	0%	0%
Well:Dnby (11)*^	18%	27%	9%	0%	27%	18%	18%	27%	0%	0%	27%	9%	18%	0%	0%
Well:Torr (3)*	33%	67%	33%	33%	67%	33%	33%	67%	33%	33%	67%	0%	0%	0%	0%
Well:Wtby (21)*^	38%	48%	38%	57%	14%	43%	29%	38%	0%	10%	38%	29%	48%	0%	0%
Full-Time Staff Only (115)	35%	55%	40%	34%	53%	42%	54%	47%	22%	29%	50%	39%	50%	6%	

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

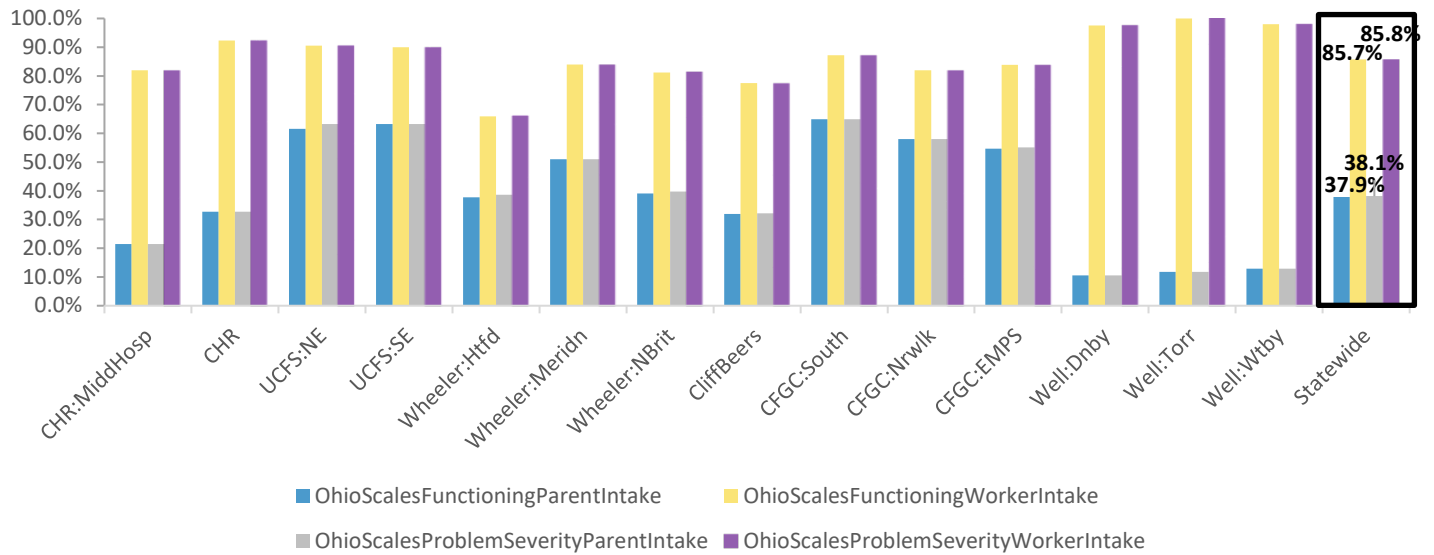
PSB = Problem Sexual Behavior (Added October 2019)

SR = School Refusal (Added August 2019)

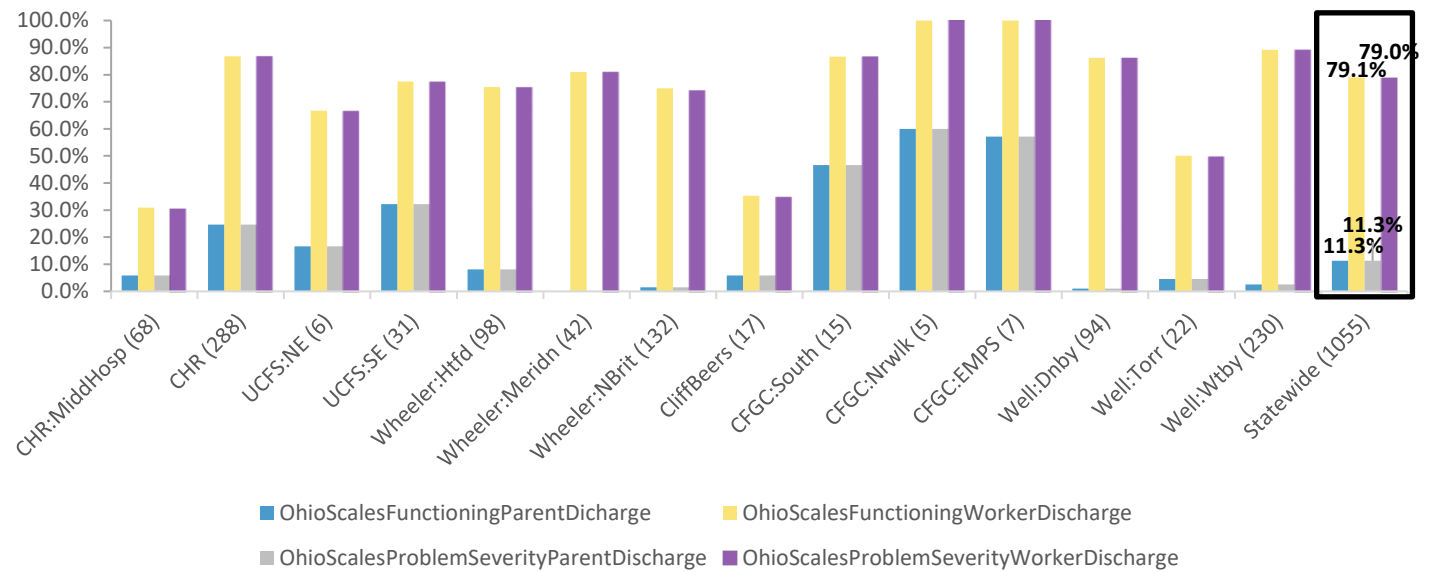


## Section XII: Data Quality Monitoring

**Figure 58. Ohio Scales Collected at Intake by Provider**



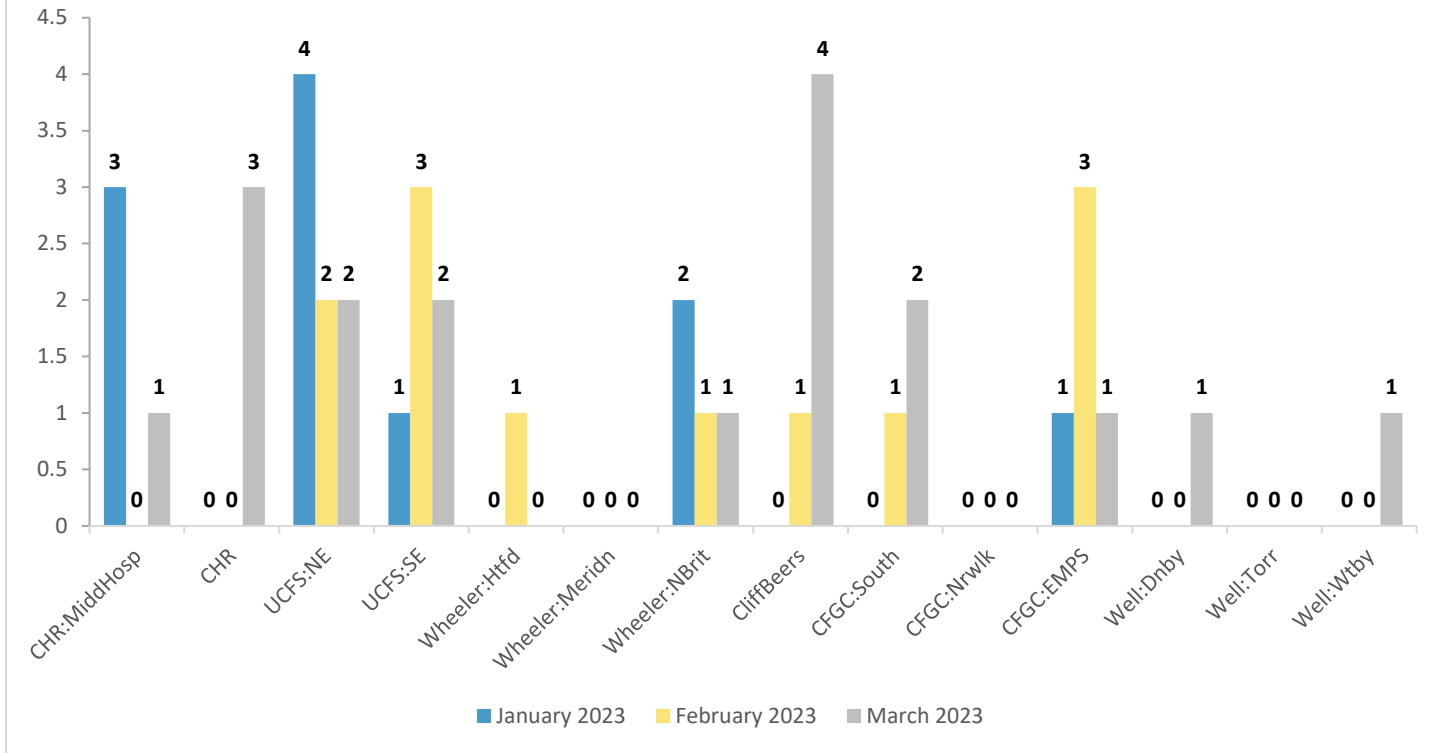
**Figure 59. Ohio Scales Collected at Discharge by Provider**



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 60. Number of Times Providers Conducted Formal\* Outreach to the Community**

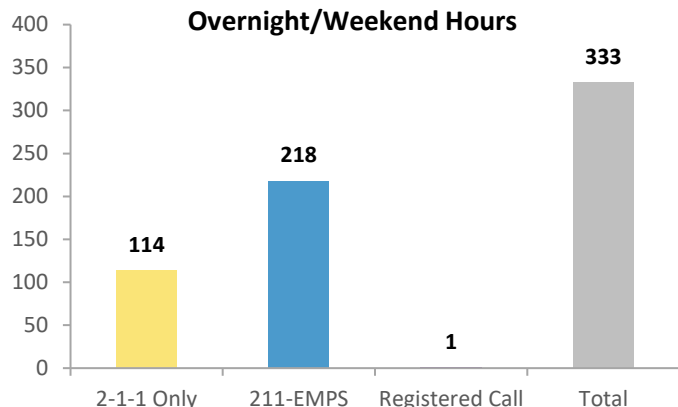


\*Formal outreach refers to: 1) In person presentations lasting 30 minutes, preferably more, using the EMPS PowerPoint slides and including distribution to attendees of marketing materials and other EMPS resources; 2) Outreach presentations that are in person that include workshops, conferences, or similar 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.

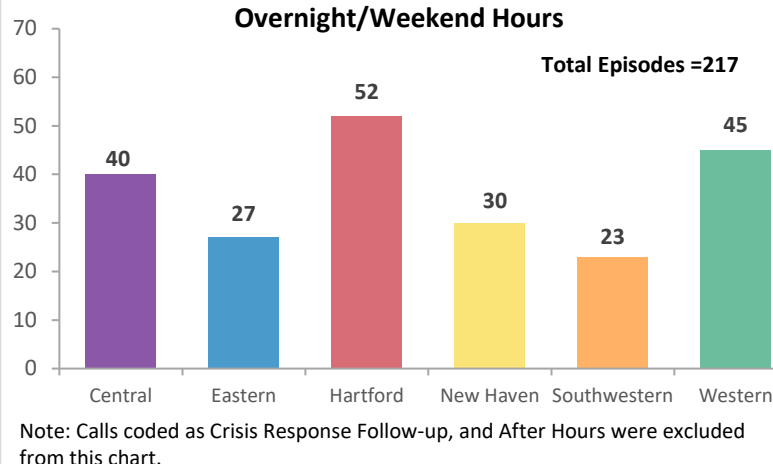
## Appendix: Mobile Crisis Overnight and Weekend Hours

This appendix provides an overview of Mobile Crisis episodes that took place during the new mobile hours from January to March 2023 (10 p.m. – 6 a.m. on weekdays and 10 p.m. – 1:00 p.m. on weekends). Mobile Crisis and 2-1-1 received 333 calls including 219 calls handled by Mobile Crisis providers and 114 calls handled by 2-1-1 only. Among the 217 episodes of care, episode volume ranged from 23 episodes (Southwestern) to 53 episodes (Western).

**Figure 61. Total Call Volume by Call Type - Overnight/Weekend Hours**

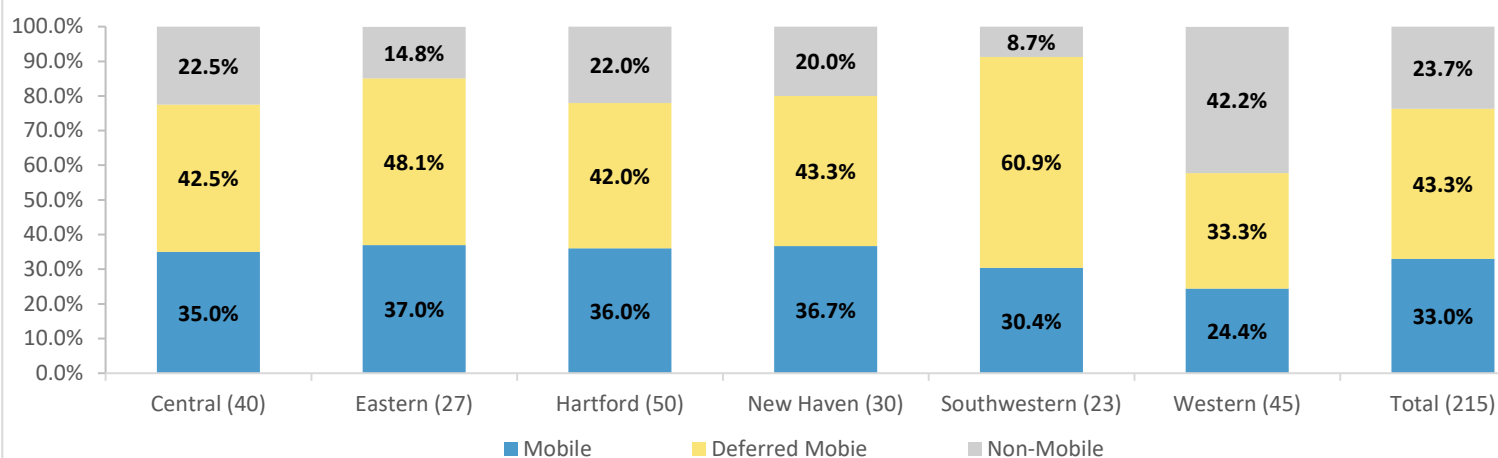


**Figure 62. Mobile Crisis Episodes by Service Area - Overnight/Weekend Hours**



Statewide, 33.0% of these episodes received a mobile response, 44.3% received a deferred mobile response, and 23.7% received a non-mobile response. During the daytime hours, 66.2% of episodes received a non-mobile response (Figure 44). Of the mobile and deferred mobile episodes, 54 received a face-to-face assessment, and an additional 57 received a face-to-face assessment plus follow-up (Table 8.)

**Figure 63. Actual Initial Mobile Response by Service Area - Overnight/Weekend Hours**

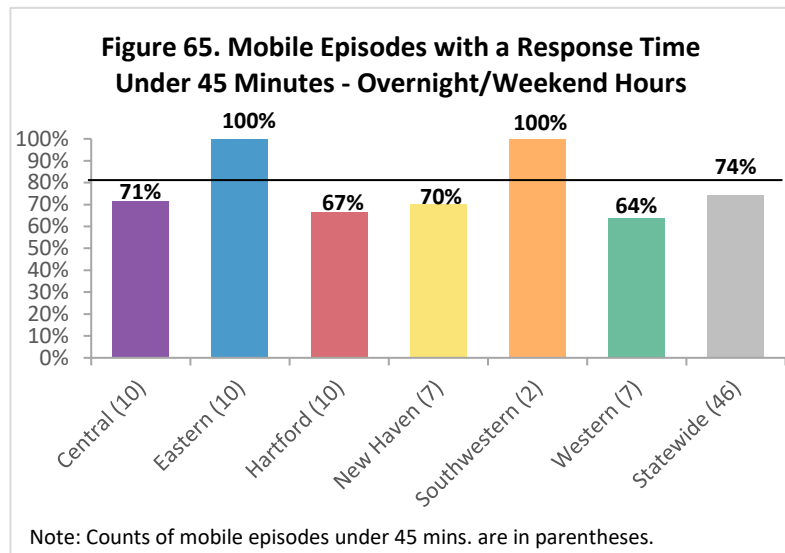
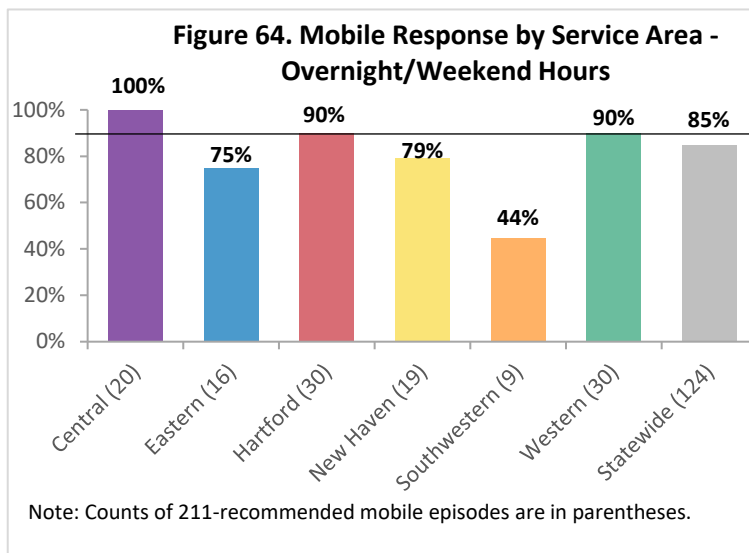


Note: Two episode were missing response type data, bringing the N for this chart down to 215.

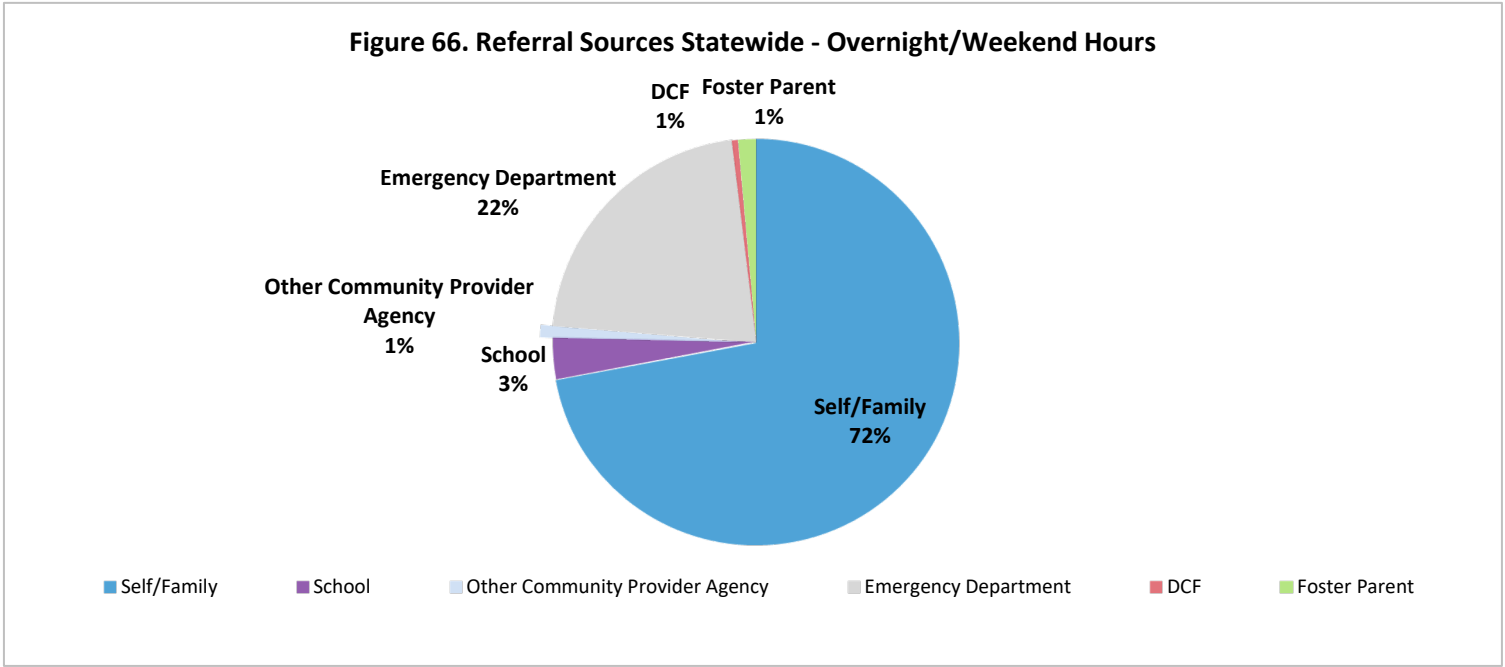
**Table 8. Assessment Type by Response Mode – Overnight/Weekend Hours**

Response Mode	Phone Only	Face-to-Face	Plus Stabilization Follow-Up	Telehealth	Face to Face: Consultation Only	Total
Mobile	5	38	24	1	3	71
Non-Mobile	93	0	0	0	0	93
Deferred Mobile	1	16	33	0	1	51
Total	99	54	57	1	4	215

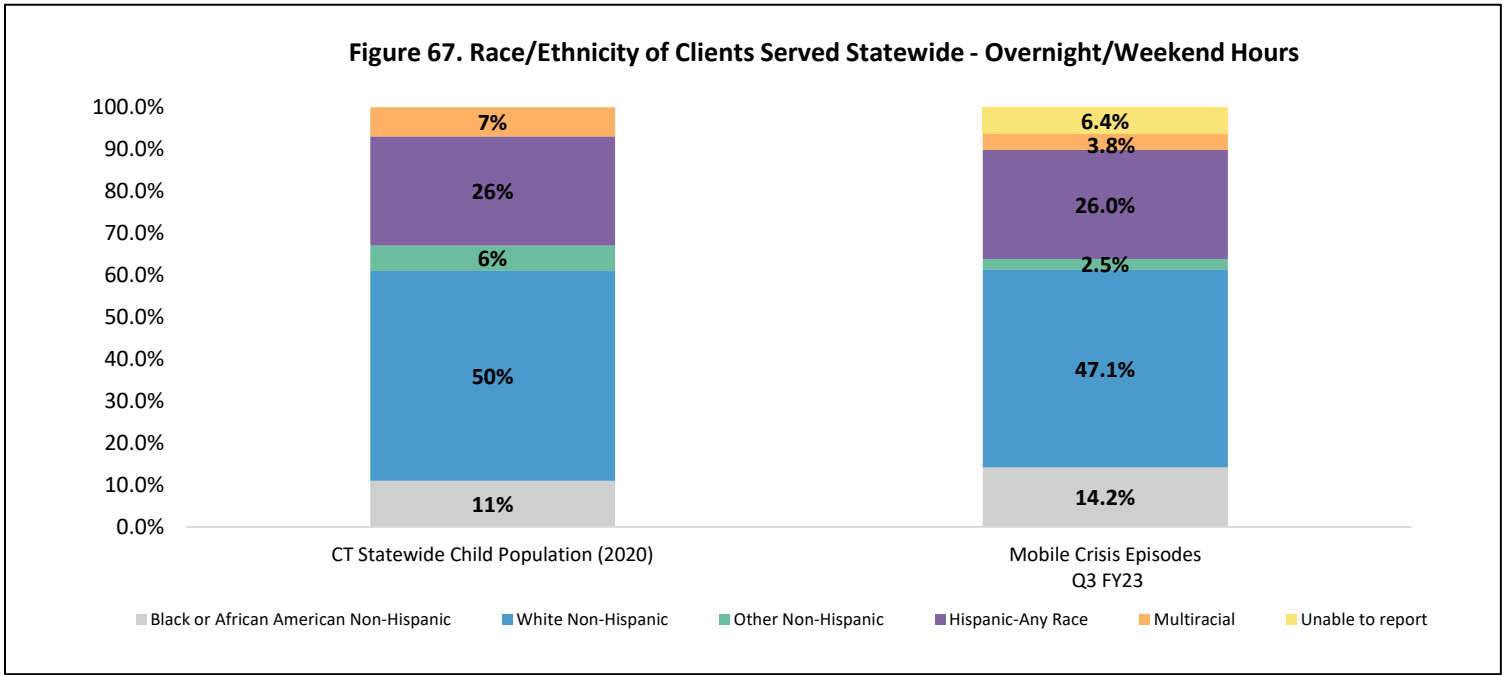
There were 124 episodes that 211 recommended for a mobile (or deferred) response. The statewide mobility rate was 85% with three regions meeting the 90% benchmark. Additionally, of the 62 episodes that had an immediate response, 74% received a face-to-face response in 45 minutes or less, with two of the six regions meeting the 80% benchmark.



The majority of referrals to Mobile Crisis during the overnight/weekend hours were from ‘Self/Family’ (72%) and Emergency Departments (22%). School referrals appearing during these hours are likely data entry errors, as schools are not open.



During the new overnight/weekend hours, Black or African American Non-Hispanic (14.2%) children were served at slightly higher rates than the CT child population, while White Non-Hispanic children were served at slightly lower rates.



During the newly added overnight and weekend hours, 'Harm/Risk of Harm to Self' (32%) and 'Disruptive Behavior' (31%) were the most common presenting problems. However, the rate of 'Harm/Risk of Harm to Self' was higher during daytime hours (37.2%) while the rate 'Disruptive Behavior' (20.4%) was lower in comparison to the rate during overnight and weekend hours.

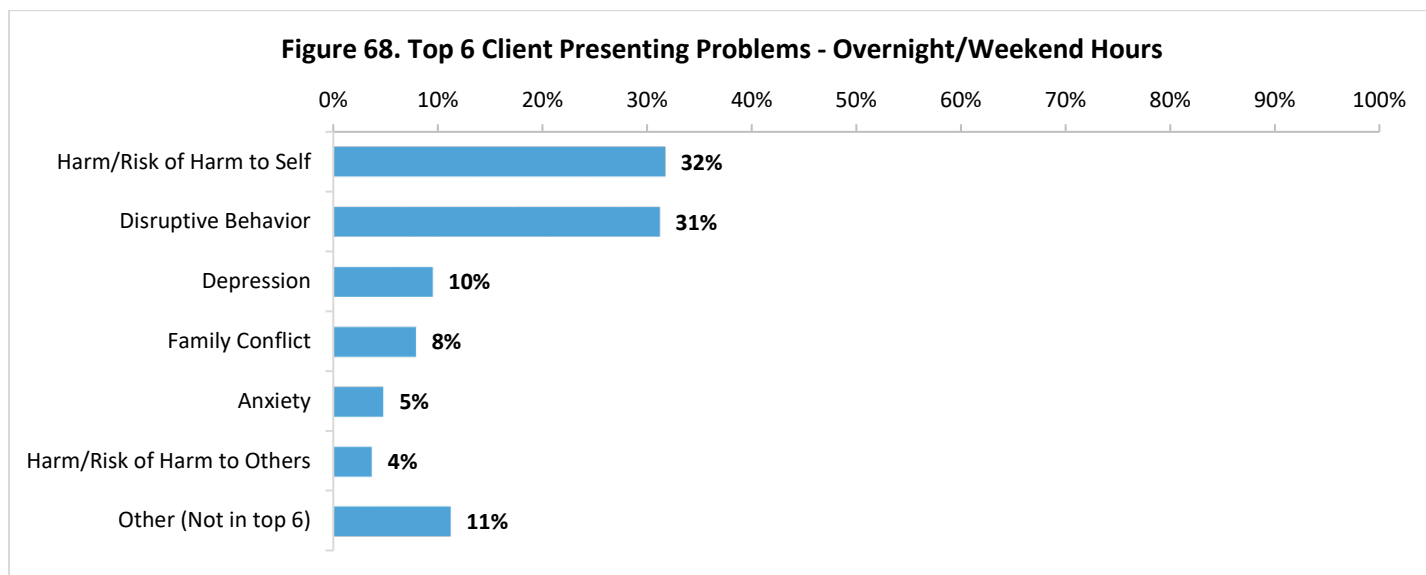


Table 9 reflects the number of calls during the newly added hours broken down by “shift”, combining late night calls with the early morning. The highest volume of calls occurred from Friday at 10 p.m. to Saturday 1 p.m. (68 calls) and on Saturday at 10 p.m. to Sunday 1 p.m. (54 calls), which is 55.9% of the total calls that had occurred within the newly added hours.

**Table 9. Episodes per hour based on day of week – Overnight/Weekend Hours**

Time	Sun 10PM - Mon 6AM	Mon 10PM - Tue 6AM	Tue 10PM - Wed 6AM	Wed 10PM - Thu 6AM	Thur 10PM - Fri 6AM	Fri 10PM - Sat 1PM	Sat 10PM - Sun 1PM	Total
22:00-22:59	10	7	4	5	10	9	5	50
23:00-23:59	5	4	3	3	7	3	2	27
0:00-0:59	6	2	3	3	2	9	2	27
1:00-1:59	3	3	0	3	2	1	1	13
2:00-2:59	0	0	0	0	0	2	0	2
3:00-3:59	1	0	0	0	1	0	0	2
4:00-4:59	0	0	2	0	1	0	0	3
5:00-5:59	1	2	1	2	0	0	0	6
6:00-6:59	N/A	N/A	N/A	N/A	N/A	1	1	2
7:00-7:59	N/A	N/A	N/A	N/A	N/A	3	0	3
8:00-8:59	N/A	N/A	N/A	N/A	N/A	6	4	10
9:00-9:59	N/A	N/A	N/A	N/A	N/A	5	6	11
10:00-10:59	N/A	N/A	N/A	N/A	N/A	8	9	17
11:00-11:59	N/A	N/A	N/A	N/A	N/A	8	11	19
12:00-12:59	N/A	N/A	N/A	N/A	N/A	13	13	26
Total	26	18	13	16	23	68	54	218

