

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 REPORTFY2024: Quarter 3

Updated 4/22/24

This report was prepared by the Mobile Crisis

Performance Improvement Center (PIC):

Kayla Theriault, MPH, Senior Associate
Yecenia Casiano, MS, Senior Project Coordinator
Kellie Randall, Ph.D., Associate VP of Quality Improvement
Heather Clinger, MPH, CPS, Program Manager, Wheeler Clinic
Eliana Colón, 2-1-1 Services Manager, United Way of CT-2-1-1
Ronette Daniels, Director of 2-1-1 Services, United Way of CT-2-1-1
Jeffrey Vanderploeg, Ph.D., CEO

The Mobile Crisis Performance Improvement Center is housed at the Child Health and Development Institute



Contents

Executive Summary	5
Statewide RBA Report Card	8
Section II: Mobile Crisis Statewide/Service Area Dashboard	
Figure 1. Total Call Volume by Call Type	11
Figure 2. Total Call Volume per Quarter by Call Type	
Figure 3. Mobile Crisis Response 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	
Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area	
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	
Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area	12
Section III: Mobile Crisis Response	13
Figure 13. Total Call Volume by Call Type	13
Figure 14. Statewide 2-1-1 Disposition Frequency	
Figure 15. Mobile Crisis Response Episodes by Provider	
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	15
Figure 20. Age Groups of Children Served Statewide	
Figure 21. Ethnic Background of Children Served Statewide	
Figure 22. Race of Children Served Statewide	
Figure 23. Client's Type of Health Insurance at Intake Statewide	16
Figure 24. Families that Answered "Yes" TANF* Eligible	16
Figure 25. Client DCF* Status at Intake Statewide	
Section V: Clinical Functioning	17
Figure 26. All Hours - Top Six Client Primary Presenting Problems by Service Area	17
Figure 27. New Hours – Top Six Client Primary Presenting Problems Statewide	17
Figure 28. Distribution of Client Primary Diagnosis Categories at Intake Statewide	18
Figure 29. Distribution of Client Secondary Diagnosis Catergories at Intake Statewide	18
Figure 30. Top 6 Client Primary Diagnostic Categories at Intake by Service Area	19
Figure 31. Top 6 Client Secondary Diagnostic Categories 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	-
of care	
Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons one or More	
in His/Her Lifetime, in Six Months Prior and During the Episode of Care	21

Section VI: Referral Sources	22
Figure 37. Referral Sources Statewide	22
Table 1. Referral Sources	22
Figure 38. Type of Emergency Dept. Referral	23
Figure 39. Emergency Dept. Referral	
Figure 40. Type of Emergency Department Referrals by Provider	
Figure 41. Emergency Dept. Referral (% of Total Mobile Crisis Episodes) by Provider	
Section VII: 2-1-1 Recommendations and Mobile Crisis Response	
Figure 42. 2-1-1 Recommended Initial Response	24
Figure 43. Actual Initial Mobile Crisis Provider Response	
Figure 44. 2-1-1 Recommended Response New/Old Hours	
Figure 45. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-N	Nobile or Deferred
Mobile	
Figure 46. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Nobile	
Figure 47. Mobile Response (Mobile & Deferred Mobile) By Service Area	
Figure 48. Mobile Response (Mobile & Deferred Mobile) By Provider	26
Section VIII: Response Time	
Figure 49. Total Mobile Episodes with a Response Time Under 45 Minutes	27
Figure 50. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider	
Figure 51. Median Mobile Response Time by Service Area in Minutes	
Figure 52. Median Mobile Response Time by Provider in Minutes	
Figure 53. Median Deferred Mobile Response Time by Service Area in Hours	
Figure 54. Median Deferred Mobile Response Time by Provider in Hours	
Section IX: Length of Stay and Discharge Information	29
Table 2. Length of Stay for Discharged Episodes of Care in Days Error! Boo	okmark not defined.
Table 3. Number of Episodes for Discharged Episodes of Care Error! Boo	
Table 4. Length of Stay for Open Episodes of Care in 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	
Table 5. Ohio Scales Scores by Service Area	
Section X: Client & Referral Source Satisfaction	
Table 6. Client and Referrer Satisfaction for 211 and EMPS	34
Section XI: Training Attendance	
Table 7. Trainings Completed for All Active Staff	35
Section XII: Data Quality Monitoring	36
Figure 58. Ohio Scales Collected at Intake by Provider	
Figure 59. Ohio Scales Collected at Intake by Provider	
Section XIII: Provider Community Outreach	
Figure 60. Number of Times Providers Conducted Formal* Outreach to the Community	37

Executive Summary

Note: As of January 2023, Mobile Crisis providers are available for a mobile response 24 hours a day, 7 days a 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. Unless stated otherwise, the data in this report reflects calls during all 24 hours. Select charts continue to break out data by old and new hours to highlight any differences during the expanded hours.

Call and Episode Volume: In the third quarter of FY2024, 2-1-1 received 4,398 calls including 3,321 calls (75.5%) handled by Mobile Crisis providers and 1,077 calls (24.5%) 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 an episode that was not counted as an episode in this report. This quarter saw a 9.9% decrease in total call volume compared to the same quarter in FY2023 (4,881), and a 12.4% decrease in episodes (3,791 in FY2023). Though volume had started to increase during FY2022, it then fell again and still remains well below pre-pandemic levels. During this quarter, there remains a 21.1% decrease in calls compared to FY2020 Q3 (5,502), and an 18.4% decrease in episodes (4,072 in FY2020 Q3). Of the 4,398 calls this quarter, 346 calls (7.9%) came in during the expanded overnight and weekend hours. Of these 346 calls, 229 (66.2%) were handled by Mobile Crisis providers and 117 (33.8%) were handled by 2-1-1 only.

Among the total 3,320 episodes of care generated in Q3 FY24, episode volume ranged from 405 episodes (Southwestern) to 826 episodes (Hartford). Of these, 229 episodes of care were initiated during the expanded overnight and weekend hours, with episode volume ranging from 20 episodes (Eastern) to 69 episodes (Western). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 4.5, with service area rates ranging from 2.5 (Southwestern) to 5.8 (Hartford). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 9.2 per 1,000 children in poverty, with service area rates ranging from 4.4 (Southwestern) to 21.3 (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, 51.1% of services were for children reported as female and 48.9% were for those reported as male. ¹ Care for youth ages 13-15 years old comprised the largest portion of services (33.0%). Additionally, 31.8% of services were for 9-12 year olds, 18.8% were for 16-18 year olds, 12.5% were for 6-8 year olds, and 3.8% were for children age five or younger. The majority of services were for White children (54.4%), while 21.2% were for African-American or Black children. Roughly one-third (32.3%) of services were for youth of Hispanic ethnicity. Most youth were insured by Husky A (57.5%) and private insurance (26.3%). Finally, most clients (88.0%) were not DCF-involved.

Clinical Functioning: The most reported primary presenting problems for clients statewide included: Harm/Risk of Harm to Self (30.0%), Disruptive Behavior (23.3%), Depression (12.6%), Anxiety (7.6%), School Problems (6.2%), and Harm/Risk of Harm to Others (5.3%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (24.2%), Anxiety Disorders (15.8%), Adjustment Disorders (15.3%), Conduct Disorders (12.4%), Trauma Disorders (11.1%), and Attention Deficit/Hyperactivity Disorders (9.9%). This quarter, 62.6% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED). During the expanded overnight and weekend hours, the top primary presenting problems statewide were similar to overall rates. The top primary presenting problems statewide during the expanded overnight and weekend hours included: Harm/Risk of Harm to Self (23.2%), Disruptive Behavior (34.0%), Depression (13.3%), Anxiety (9.4%), Family Conflict (7.4%), and Harm/Risk of Harm to Others (3.9%).

In this quarter, the statewide percentage of children with trauma exposure reported at intake was 36.7%², with service areas ranging from 25.9% (Southwestern) to 43.5% (Eastern). The most common types of trauma exposure reported at intake

¹ Per question regarding "Sex Assigned at Birth".

² This is lower than rates of trauma reported in previous quarters due to a change in calculation rather than a change in the frequency of trauma being reported.

statewide were: Disrupted Attachment/Multiple Placements (22.9%), Witnessing Violence (19.6%), Victim of Violence (16.8%), and Sexual Victimization (11.0%).

The statewide rate for the percentage of children evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 20.6%, slightly lower than 21.1% of the same quarter last fiscal year. During an episode of care, 17.8% of children were evaluated in the Emergency Department at least once, which is lower than 19.1% of the same quarter of FY2023. The inpatient admission rate in the six months prior to Mobile Crisis referral was 11.4% statewide, which is higher than the rate in the Q3 FY2023 (8.9%). The admission rate to an inpatient unit during a mobile crisis episode was 6.7%, compared to the rate of 6.3% in the same quarter last fiscal year.

<u>Referral Sources</u>: Statewide, **47.7%** of referrals came from schools, and **35.9%** of referrals were received from parents, families, and youth. Emergency Departments (EDs) accounted for 9.1% of all Mobile Crisis referrals. The remaining 7.6% of referrals came from a variety of other sources. During the expanded overnight and weekend hours, the majority of referrals were from parents, family, and youth (61.6%) and emergency departments (29.3%).

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **301 Mobile Crisis referrals were received from EDs**, including 138 referrals for inpatient diversion and 163 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 (21.1%) and the lowest was in the Southwestern service area (1.0%). Statewide, 9.1% of all Mobile Crisis episodes came from ED referrals this quarter, higher than the rate from Q2 FY2023 (7.7%).

Mobility: The average statewide mobility this quarter was 94.7%, slightly lower than the rate in Q3 FY2023 (95.3%). Police referrals are excluded from mobility calculations. All service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 90.4% (New Haven) to 96.9% (Southwestern). The mobility rates among individual providers ranged from 90.4% (Clifford Beers) to 97.9% (Wellmore: Waterbury). All 14 providers surpassed the 90% benchmark. The mobility rate during the traditional hours (95.2%) was similar to the overall rate, while the mobility rate during the expanded hours was lower (86.6%). During the new overnight and weekend hours, callers are more likely to request a non-mobile response. During the new hours, 43.2% of episodes requested a mobile response, 21.0% requested a deferred mobile response, and 35.8% requested a non-mobile response; in the traditional hours, 66.5% of episodes requested a mobile response, 23.5% requested a deferred mobile response, and 10.0% requested a non-mobile response. As seen in the mobility rate, the vast majority of callers requesting a mobile or deferred mobile response receive it.

Response Time: Statewide this quarter, 87.5% of mobile episodes received a face-to-face response in 45 minutes or less. Performance on this indicator ranged from 82.1% (Western) to 96.4% (Eastern), with all service areas above the 80% benchmark. Across the state, 11 of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 29 minutes. During the expanded hours, there was a greater range of performance. Statewide, 67.8% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 57.1% (Hartford) to 100% (Eastern).

<u>Length of Stay</u>: Among discharged episodes statewide this quarter, 20.7% of Phone Only episodes exceeded one day, 52.2% of Face-to-Face episodes exceeded five days, and **2.7% 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, 6.0 days for Face-to-Face episodes, and 17.0 days for *Stabilization Plus*.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 58.0 days and ranged from 0.0 days (Eastern) to 84.0 days (Central). The statewide median LOS for Face-to-Face was 17.0 days and ranged from 5 days (Western) to 54.0 days (Hartford). For *Stabilization Plus Follow-up*, the statewide median LOS was 17.0 days with a range from 13.0 days (Central) to 35.5 days (New Haven). Across open episodes of care with phone and face-to-face crisis response categories during the second quarter of FY2024, 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, 27.9% of these open cases exceeded the benchmark, while regionally this ranged from 0.0% (Eastern) to 35.4% (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.

<u>Discharge Information</u>: The overwhelming majority of clients lived in a private residence at discharge from Mobile Crisis (96.5%). Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (71.8%), Family Discontinued (18.4%), and Client Hospitalized: Psychiatrically (6.4%).

Statewide, clients were most likely to be referred to **outpatient services (37.6%)** or **to their original provider (27.1%) at discharge**. Other care referrals at discharge included: Intensive In-Home Services (5.9%), Other Community Based Services (4.2%), Intensive Outpatient Program (3.9%), Inpatient Hospital Care (3.4%), Partial Hospital Program (2.1%), and Care Coordination (1.9%). An additional 12.0% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 2.66 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 1.39 points on average. Worker-rated Problem Severity Scales showed an average decrease of 4.43 points, while parent-rated Problem Severity Scales showed a decrease of 1.17 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 decreased by 0.5 percentage points when compared to the same quarter in FY2023. The completion rate for worker scores increased by 1.2 percentage points compared to FY2023 Q3.

Satisfaction: Satisfaction data was unable to be reported this quarter.

<u>Training Attendance</u>: The statewide percentage of all thirteen trainings completed by full-time active staff as of March 2024 is 9%. This is an increase compared to FY2023 Q3 (6%).

<u>Community Outreach</u>: The number of outreaches ranged from 0 (CHR; Wheeler: Meriden and New Britain; CFGC: Norwalk; Wellmore: Danbury and Torrington) to 6 (CFGC: EMPS/Bridgeport).

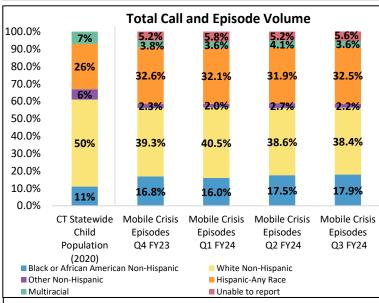
SFY 2024 Q3 RBA Report Card: Mobile Crisis Intervention Services

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 2024 State Funding: \$13,654,662

How Much Did We Do?

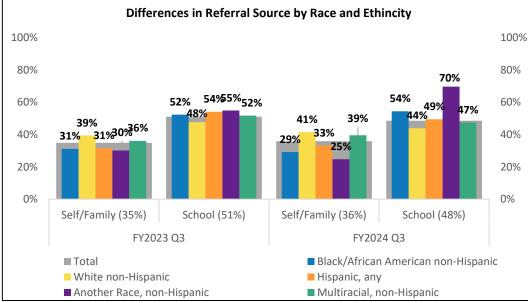


	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24
Mobile Crisis Episode	4,037	3,057	1,829	3,241	3,321
2-1-1 Only	1,181	1,085	731	1,071	1,077
Total	5,218	4,142	2,560	4,312	4,398

Story Behind the Baseline: In SFY 24 Q3, there were 4,398 total calls to the 2-1-1 Call Center resulting in 3,321* episodes of care. Compared to the same quarter in SFY 23 this represents a decrease in call volume of 15.7% (820 fewer calls) and a decrease in mobile episodes of 17.7% (716 fewer episodes). The numbers of episodes and calls remain lower than pre-pandemic levels (6,087 total calls in FY19 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.

Trend: ↓

*Totals may include a small number of crisis-response follow-up calls coded as episodes or calls missing disposition information that were excluded from the episode count.



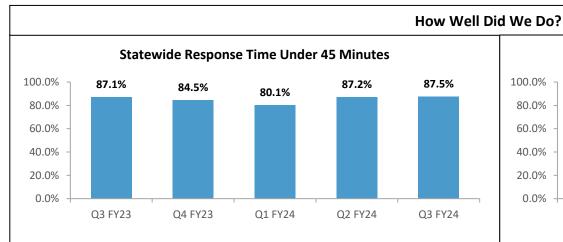
Story Behind the Baseline: In SFY24 Q3, 36% of referrals came from self/family while 48% came from schools. Black youth received a lower proportion of referrals from self/family (29%) compared to the statewide average (36%) and White youth (41%). Black youth received a higher proportion of their referrals from schools (54%) compared to the statewide average (48%) and White youth (44%). This trend is consistent with the same quarter last year, though with slightly larger differences. There is some fluctuation in the referral sources for children of another race, but these numbers should be interpreted with caution due to a low N.

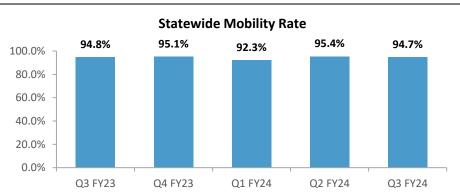
Trend: →

			1	Episodes Per Child	SFY 2024			
		Quarte	Past Ye	ar: FY23 Q3 - FY2	4 Q2			
	FY2023 Q3	FY2023 Q4	FY2024 Q1	FY2024 Q2	FY2024 Q3	Total	DCF	Non-DCF
1	3133 (88.9%)	2400 (89.2%)	1385 (88.0%)	2515 (88.5%)	2554 (88.4%)	5362 (81.9%)	477 (77.6%)	3784 (84.3%)
2	324 (9.2%)	237 (8.8%)	150 (9.5%)	274 (9.6%)	266 (9.2%)	843 (12.9%)	94 (15.3%)	499 (11.1%)
3	46 (1.3%)	43 (1.6%)	26 (1.7%)	39 (1.4%)	51 (1.8%)	201 (3.1%)	25 (4.1%)	122 (2.7%)
4 or more	22 (0.6%)	12 (0.4%)	13 (0.8%)	14 (0.5%)	18 (0.6%)	139 (2.1%)	19 (3.1%)	83 (1.8%)

Story Behind the Baseline: In SFY 24 Q3, of the 2,889 children served by Mobile Crisis 88.4% (2,554) received only one episode of care, and 97.6% (2,820) received one or two episodes of care; compared to 88.9% (3,133) and 98.1% (3,457) respectively for SFY 23 Q3. The proportion of children with four or more episodes is the same as SFY 23 Q3. Over the past year, of the 6,545 children served, 81.9% (5,362) had only one episode while 94.8% had only one or two episodes. The data indicates that most children and families require only one episode of care.

Trend: \rightarrow





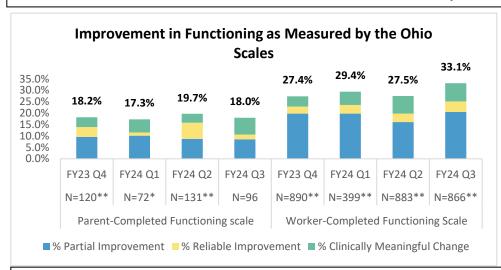
Story Behind the Baseline: In SFY 24 Q2, 87.5% of all mobile responses achieved the 45 minute mark compared to 87.1% for SFY 23 Q3. **The median response time for SFY 24 Q3 was 29 minutes.** Mobile Crisis continues to be a highly responsive statewide service system that is present to engage and deescalate a crisis and return stability to the child and family, school or other setting they are in.

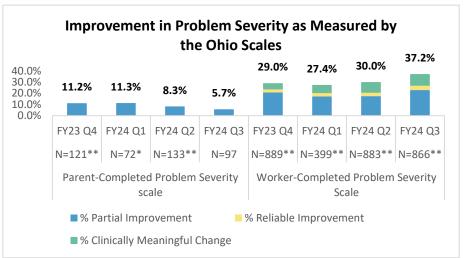
Trend: \rightarrow

Story Behind the Baseline: In SFY 24 Q3, 94.7% of all mobile responses achieved the 45 minute mark, similar to SFY23 Q3. Mobile Crisis continues to provide children and families with a face-to-face response at a high rate.

Trend: →

Is Anyone Better Off?





Story Behind the Baseline: The Ohio Scales have demonstrated clinically significant positive changes for children following a Mobile Crisis response. For SFY 24 Q3, Ohio worker scales statistically significant change. For both functioning and problem severity worker-completed scales, this quarter showed an increase in positive changes compared to previous quarters. 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: 个

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:

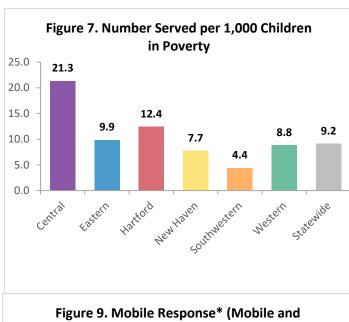
- Mobile Crisis providers will work with schools and Emergency Departments to reduce school utilization of ED's and increase utilization of Mobile Crisis.
- Continue outreach to Police Departments to support their ongoing collaboration with Mobile Crisis.
- Continue to increase the parent completion 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.
- Plan outreach activities with a lens towards health equity and promoting equitable access to Mobile Crisis across referral sources, including identifying outreach strategies to target self/family referrals.

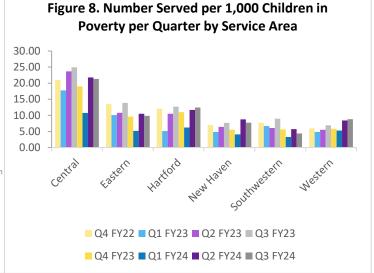
Data Development Agenda:

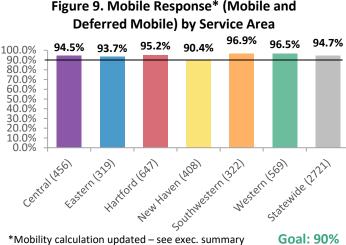
- Explore Mobile Crisis data to assess utilization and delivery of services across racial and ethnic groups and to identify opportunities to improve health equity.
- Work with providers to identify and accurately capture changes in volume and service delivery during the extended hours.
- Work with existing data and propose new data elements to better capture the stabilization phase.

Section II: Mobile Crisis Statewide/Service Area Dashboard



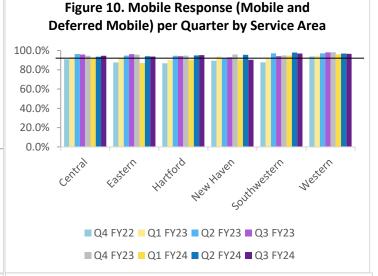


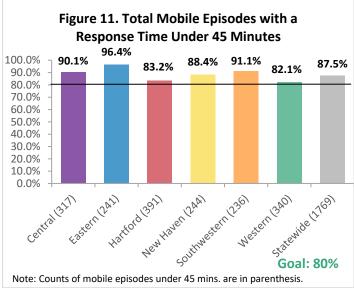


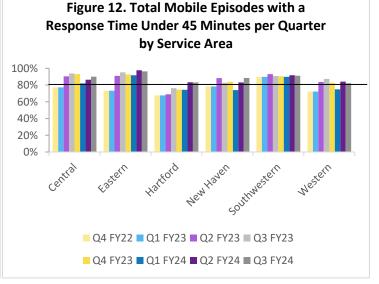


Note: Total counts of 2-1-1 Mobile response recommendations are in

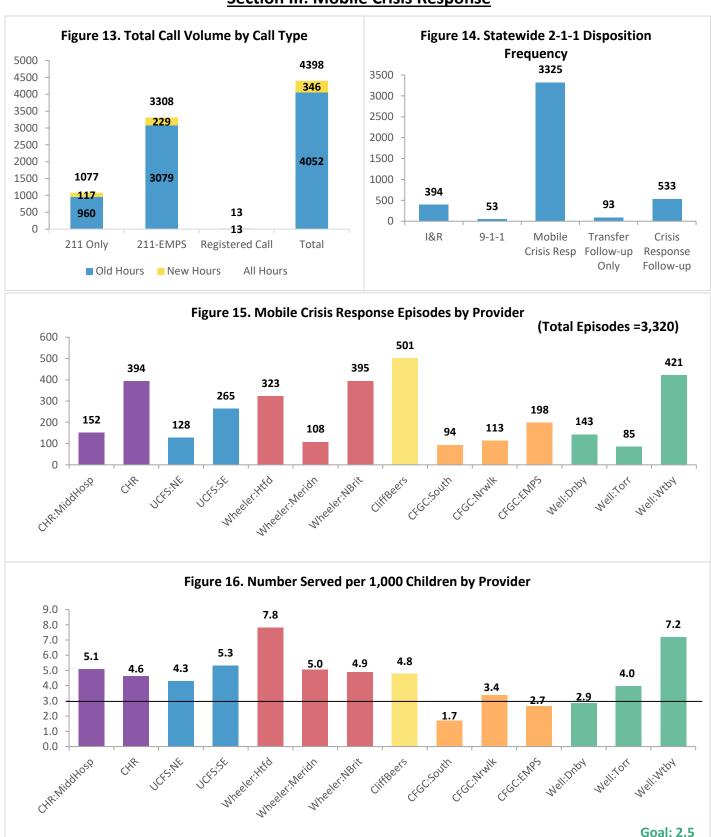
parenthesis.

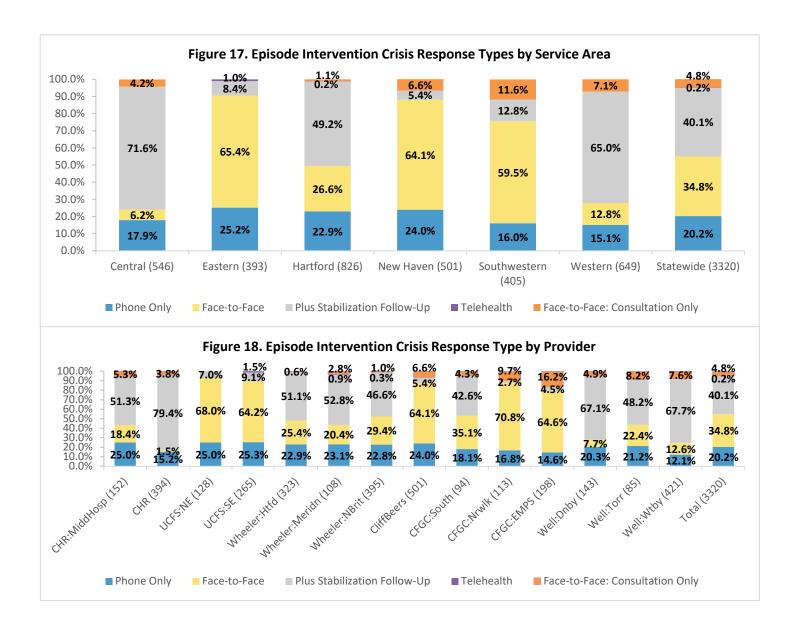




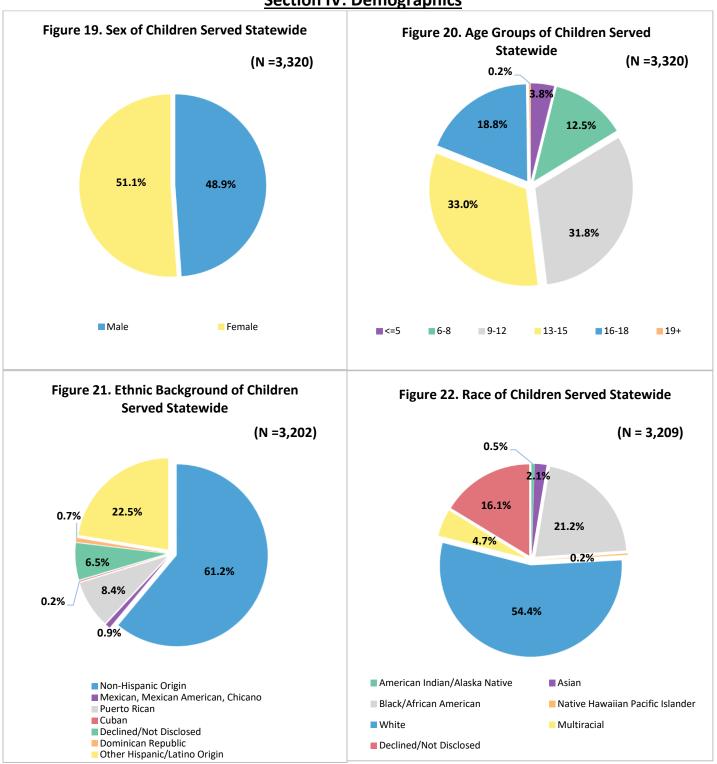


Section III: Mobile Crisis Response

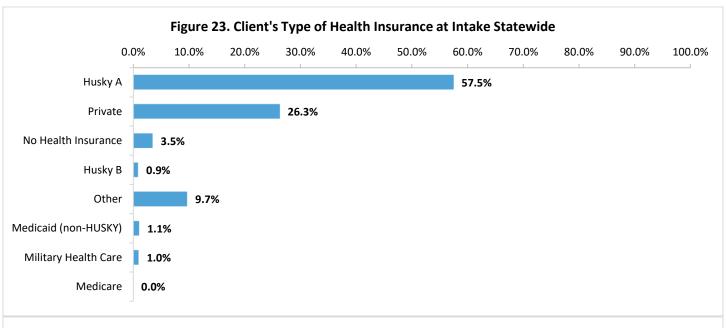


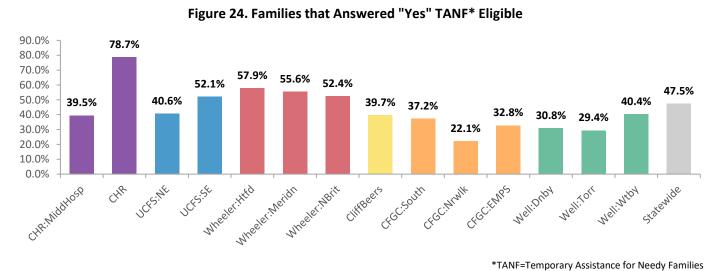


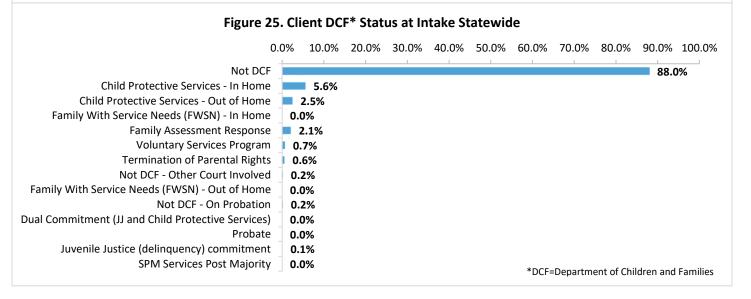
Section IV: Demographics



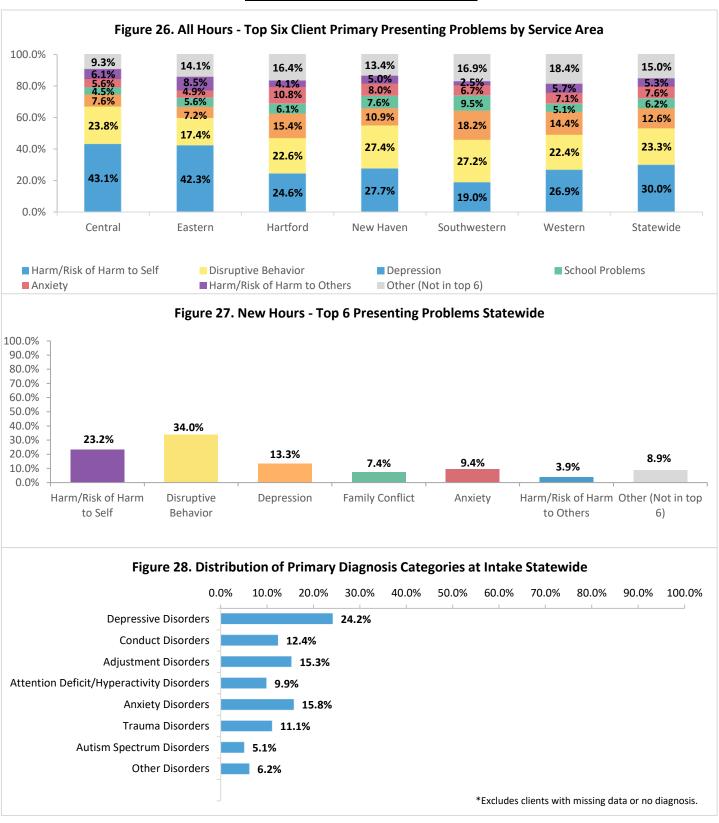
Note: According to the U.S. Census Bureau, "[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept."

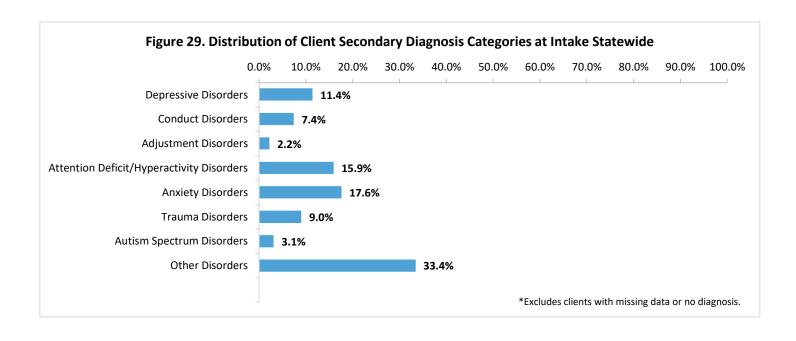


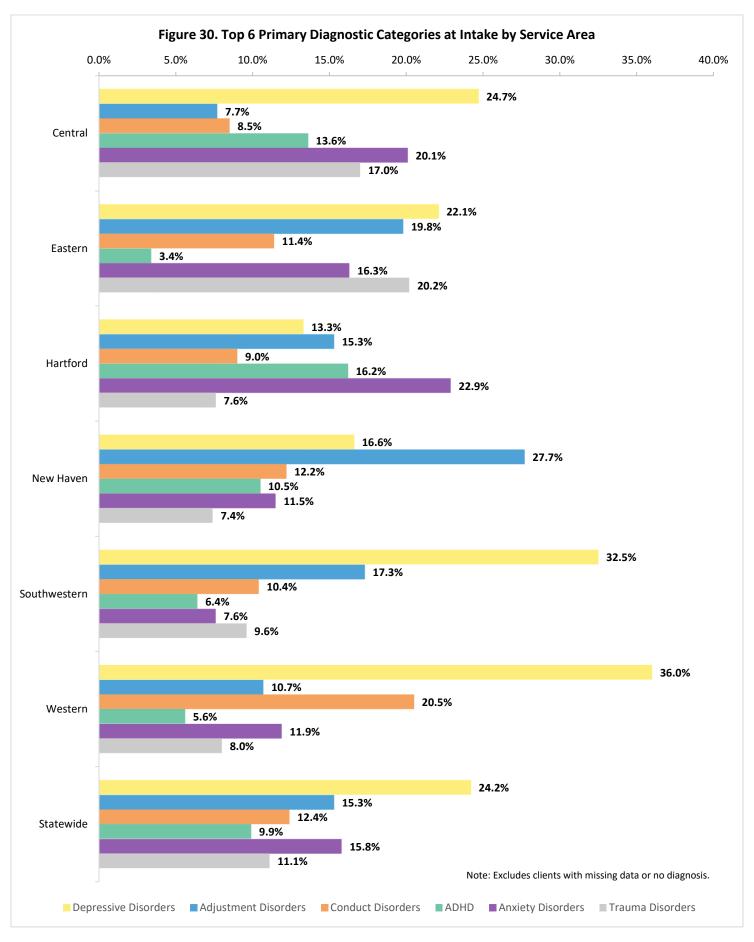


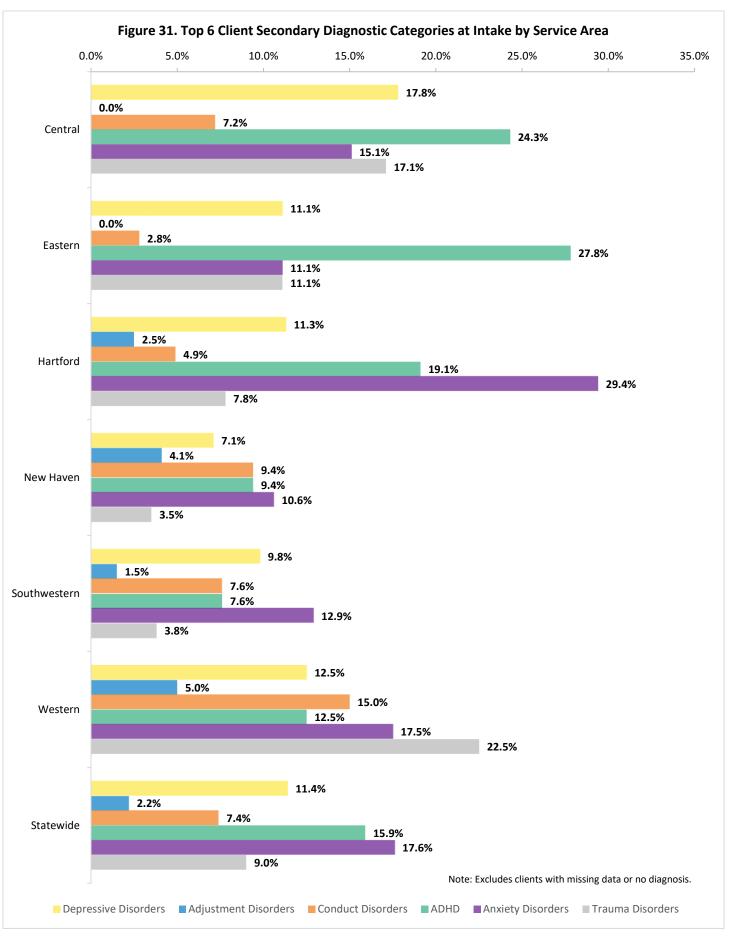


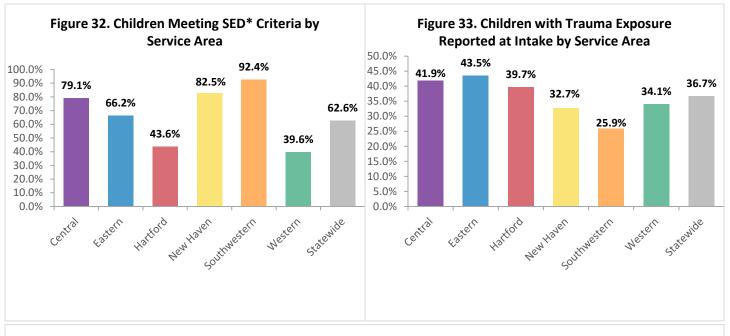
Section V: Clinical Functioning

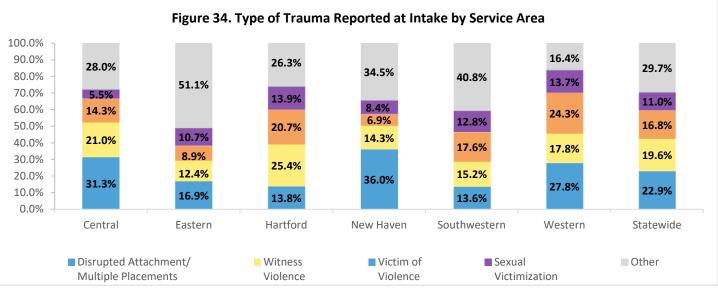


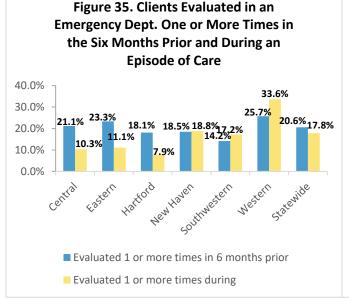












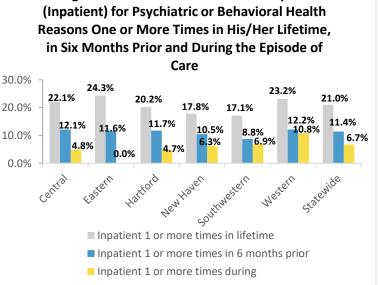


Figure 36. Clients Admitted to a Hospital

Section VI: Referral Sources

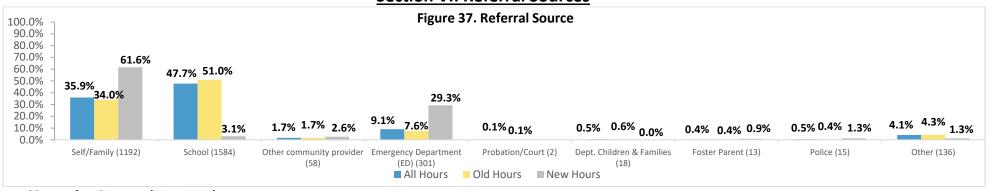
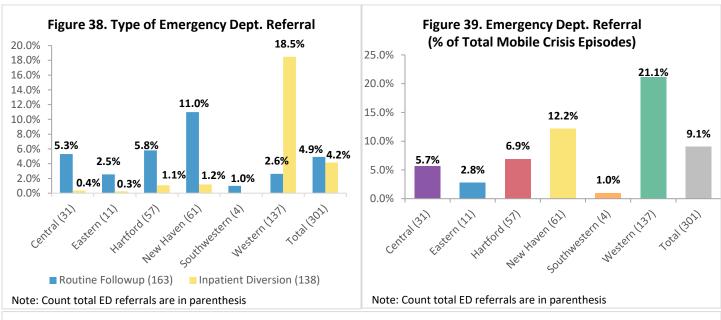
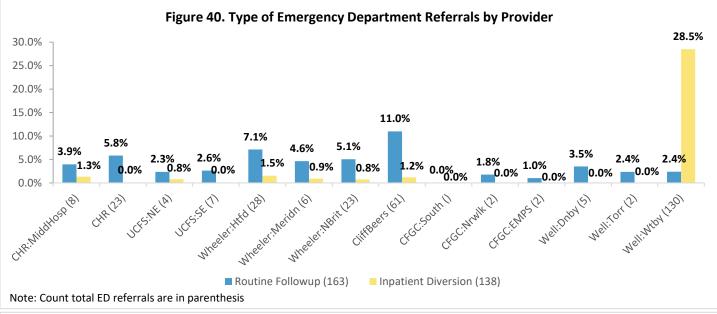
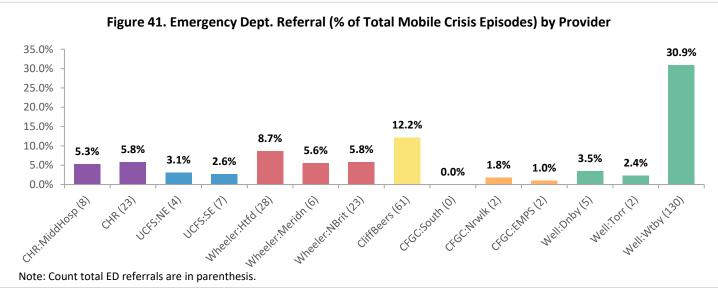


Table 1. Referral Sources (Q2 FY 2024)

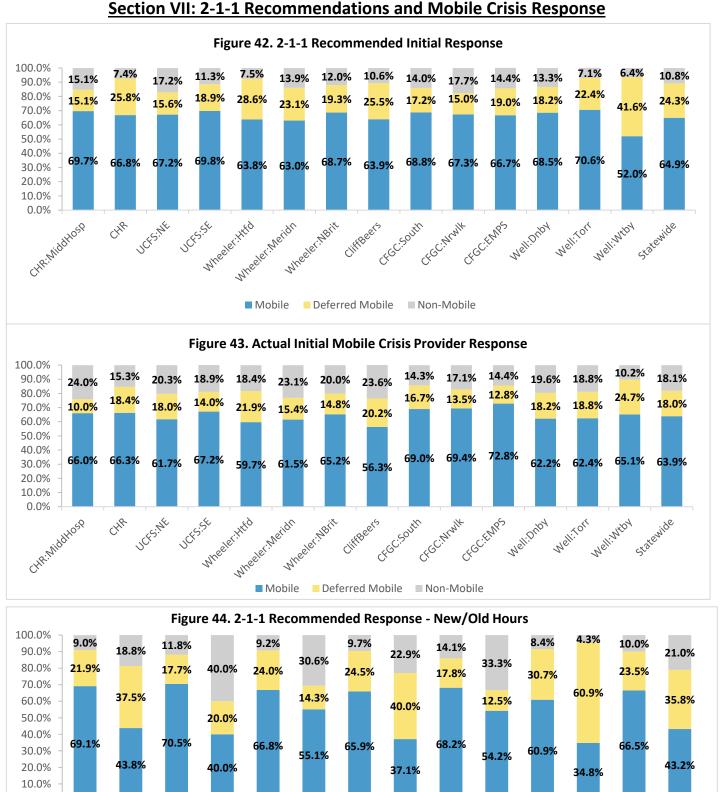
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	35.9%	0.1%	47.7%	0.1%	0.5%	1.7%	9.1%	0.1%	0.5%	2.8%	0.1%	0.4%	0.5%	0.5%	0.0%	0.0%
CENTRAL	35.3%	0.2%	50.6%	0.0%	0.7%	2.4%	5.7%	0.2%	0.4%	3.5%	0.0%	0.2%	0.2%	0.5%	0.2%	0.0%
CHR:MiddHosp	36.2%	0.0%	51.3%	0.0%	0.7%	2.6%	5.3%	0.7%	0.0%	0.7%	0.0%	0.7%	0.7%	0.7%	0.7%	0.0%
CHR	34.9%	0.3%	50.4%	0.0%	0.8%	2.3%	5.8%	0.0%	0.5%	4.6%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%
EASTERN	46.1%	0.0%	44.0%	0.0%	0.3%	1.5%	2.8%	0.0%	0.5%	3.3%	0.0%	0.5%	0.8%	0.3%	0.0%	0.0%
UCFS:NE	43.0%	0.0%	46.9%	0.0%	0.8%	1.6%	3.1%	0.0%	0.0%	3.1%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%
UCFS:SE	47.5%	0.0%	42.6%	0.0%	0.0%	1.5%	2.6%	0.0%	0.8%	3.4%	0.0%	0.0%	1.1%	0.4%	0.0%	0.0%
HARTFORD	35.4%	0.1%	47.7%	0.1%	1.1%	1.7%	6.9%	0.0%	0.5%	4.2%	0.1%	0.7%	0.8%	0.5%	0.0%	0.1%
Wheeler:Htfd	26.3%	0.0%	52.6%	0.3%	2.2%	2.8%	8.7%	0.0%	0.6%	3.4%	0.3%	0.6%	1.2%	0.6%	0.0%	0.3%
Wheeler:Meridn	38.0%	0.0%	46.3%	0.0%	0.0%	0.9%	5.6%	0.0%	0.0%	5.6%	0.0%	1.9%	1.9%	0.0%	0.0%	0.0%
Wheeler:NBrit	42.0%	0.3%	44.1%	0.0%	0.5%	1.0%	5.8%	0.0%	0.5%	4.6%	0.0%	0.5%	0.3%	0.5%	0.0%	0.0%
NEW HAVEN	36.7%	0.2%	46.5%	0.0%	0.2%	1.4%	12.2%	0.0%	0.6%	1.2%	0.0%	0.4%	0.0%	0.6%	0.0%	0.0%
CliffBeers	36.7%	0.2%	46.5%	0.0%	0.2%	1.4%	12.2%	0.0%	0.6%	1.2%	0.0%	0.4%	0.0%	0.6%	0.0%	0.0%
SOUTHWESTERN	39.0%	0.2%	53.8%	0.0%	0.0%	2.0%	1.0%	0.2%	1.2%	1.0%	0.0%	0.5%	0.2%	0.7%	0.0%	0.0%
CFGC:South	50.0%	0.0%	42.6%	0.0%	0.0%	3.2%	0.0%	0.0%	3.2%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%
CFGC:Nrwlk	40.7%	0.0%	53.1%	0.0%	0.0%	0.9%	1.8%	0.0%	0.9%	0.9%	0.0%	0.0%	0.9%	0.9%	0.0%	0.0%
CFGC:EMPS	32.8%	0.5%	59.6%	0.0%	0.0%	2.0%	1.0%	0.5%	0.5%	1.5%	0.0%	1.0%	0.0%	0.5%	0.0%	0.0%
WESTERN	28.5%	0.0%	44.6%	0.2%	0.5%	1.5%	21.1%	0.0%	0.3%	2.5%	0.2%	0.0%	0.5%	0.2%	0.0%	0.0%
Well:Dnby	43.0%	0.0%	48.6%	0.0%	0.0%	2.1%	3.5%	0.0%	0.7%	0.7%	0.0%	0.0%	0.7%	0.7%	0.0%	0.0%
Well:Torr	43.5%	0.0%	43.5%	0.0%	1.2%	1.2%	2.4%	0.0%	0.0%	8.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Well:Wtby	20.7%	0.0%	43.5%	0.2%	0.5%	1.4%	30.9%	0.0%	0.2%	1.9%	0.2%	0.0%	0.5%	0.0%	0.0%	0.0%







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



Old

Hours

New

Hours

New Haven

Deferred Mobile

Old

Hours

Southwestern

■ Non-Mobile

New

Hours

Old

Hours

New

Hours

Western

Old

Hours

Statewide

New

Hours

0.0%

Old

Hours

New

Hours

Central

Old

Hours

Eastern

New

Hours

Old

Hours

Hartford

■ Mobile

New

Hours

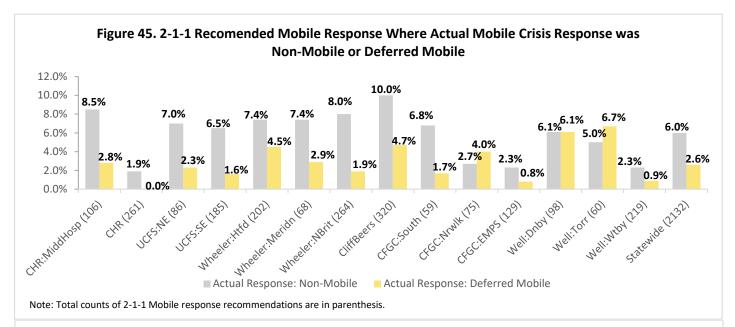
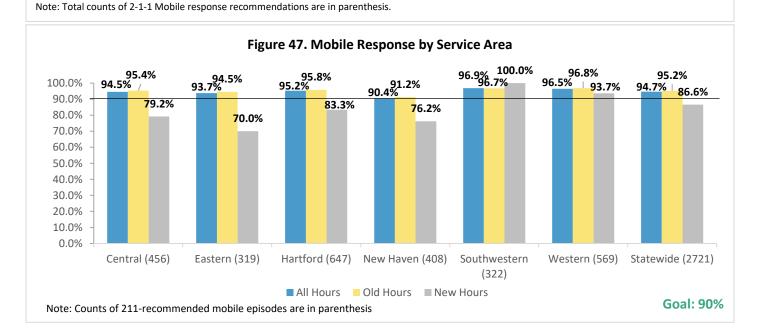
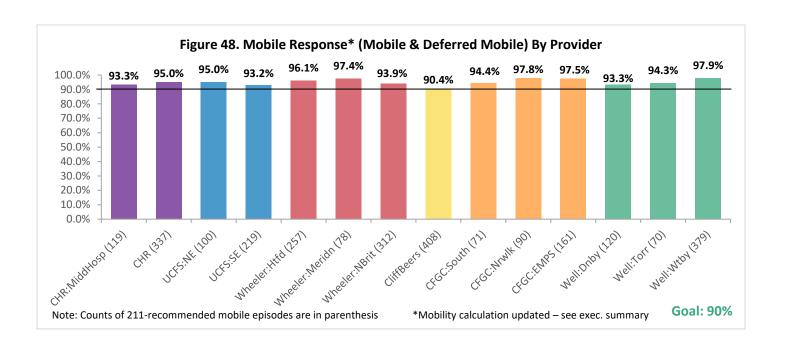
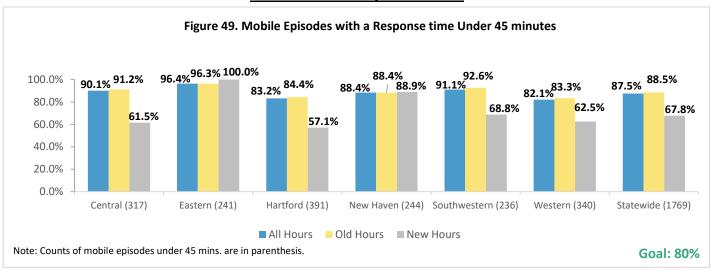


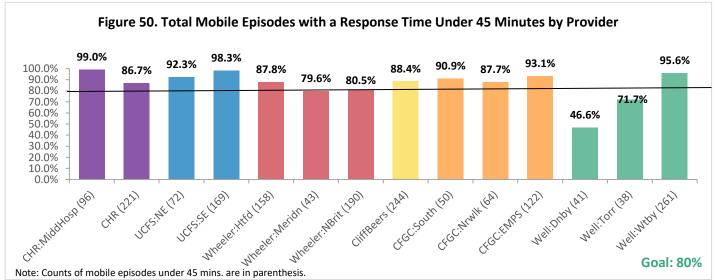
Figure 46. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile 60.0% 50.0% 50.0% 34.5% 40.0% 30.8% 27.3% 27.3% 30.0% 22.2% 18.5% 19.1% 16.7% 17.0% 17.0% 14.3% 15.0% 20.0% 10.0% 10.5% 9.4% 9.1% 8.5% 7.1% 7.7% 7.1% 4% 5.3% 4.5% 5.0% 10.0% 0.0% 0.0% 0.0% 0.0% CHR.Midthosp [22] ■ Actual Response: Mobile Actual Response: Deferred Mobile

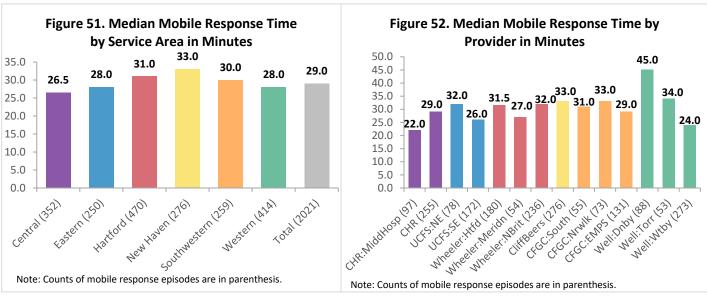


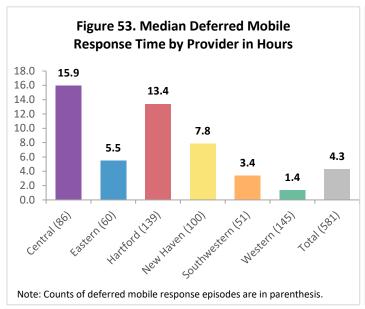


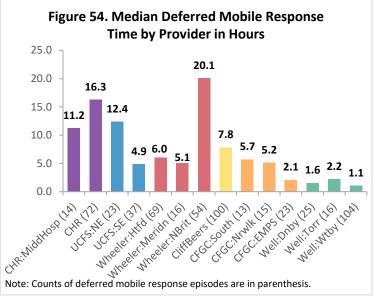
Section VIII: Response Time











Section IX: Length of Stay and Discharge Information

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

	rable 2. Length of Sta	Α	B	C	D	F	F	G	Н	ı	ı	K	ı	М	N	Ο	Р	Q	R
		,,			Episodes		rent Rei				,	, ,	Cum	ulative D		Ū	odes*	ų.	.,
			Mean	9	•	/Jedian			Percent			Mean		Median l			Percent		
		LOS:	LOS:	LOS:	LOS:	LOS:	LOS:	Phone >	FTF > 5	Stab. >	LOS:	LOS:	LOS:	LOS:	LOS:	LOS:	Phone >	FTF > 5	Stab. >
		Phone	FTF	Stab.	Phone	FTF	Stab.	1		45	Phone	FTF	Stab.	Phone	FTF	Stab.	1		45
1	STATEWIDE	1.2	15.8	19.5	0.0	6.0	17.0	20.7%	52.2%	2.7%	1.3	12.9	18.2	0.0	5.0	15.0	20.6%	47.8%	2.0%
2	Central	3.3	6.9	19.1	1.0	3.0	19.0	48.3%	26.9%	2.5%	2.9	4.5	17.3	1.0	2.0	15.0	43.6%	16.1%	2.3%
3	CHR/MiddHosp-EMPS	6.8	6.5	16.7	4.0	3.0	15.0	76.5%	24.0%	0.0%	6.9	4.7	14.6	5.0	2.0	12.0	80.4%	16.2%	0.6%
4	CHR-EMPS	1.2	18.0	19.9	1.0	18.0	20.0	30.9%	100.0%	3.3%	1.0	3.5	18.0	0.0	1.0	16.0	25.8%	15.4%	2.7%
5	Eastern	0.4	3.8	25.3	0.0	4.0	23.0	7.1%	4.1%	6.9%	0.4	3.9	20.8	0.0	4.0	18.0	7.6%	7.4%	2.5%
6	UCFS-EMPS:NE	0.4	3.8	24.2	0.0	5.0	20.5	6.3%	3.8%	10.0%	0.4	3.9	18.4	0.0	4.0	14.0	7.6%	7.3%	3.8%
7	UCFS-EMPS:SE	0.4	3.8	25.8	0.0	4.0	23.0	7.5%	4.3%	5.3%	0.4	3.9	21.9	0.0	4.0	20.0	7.6%	7.4%	1.8%
8	Hartford	1.2	9.5	20.2	0.0	4.0	19.0	27.9%	44.2%	0.3%	1.5	9.0	18.5	0.0	4.0	16.0	28.7%	42.2%	0.1%
9	Wheeler-EMPS:Htfd	0.9	15.0	23.7	0.0	14.5	25.0	23.3%	60.8%	0.0%	1.4	14.4	23.3	0.0	11.0	24.0	26.9%	58.3%	0.0%
10	Wheeler-EMPS:Meridn	2.5	6.2	22.2	1.0	1.5	21.0	37.5%	28.6%	0.0%	1.9	7.2	17.4	1.0	3.0	15.0	33.3%	39.7%	0.0%
11	Wheeler-EMPS:NBrit	1.1	6.3	16.9	1.0	2.0	14.0	29.1%	35.1%	0.6%	1.5	6.2	14.6	0.0	3.0	13.0	29.1%	33.2%	0.3%
12	New Haven	0.6	26.9	27.3	0.0	23.0	29.0	5.1%	87.8%	12.0%	0.4	22.3	25.5	0.0	19.0	26.0	3.1%	82.9%	10.2%
14	CliffBeers-EMPS	0.6	26.9	27.3	0.0	23.0	29.0	5.1%	87.8%	12.0%	0.4	22.3	25.5	0.0	19.0	26.0	3.1%	82.9%	10.2%
15	Southwestern	0.2	22.6	31.5	0.0	18.0	33.0	1.7%	75.5%	6.9%	0.4	19.7	32.3	0.0	15.0	34.0	3.2%	73.5%	7.0%
16	CFGC/South-EMPS	0.0	4.6	30.6	0.0	1.0	33.5	0.0%	25.8%	0.0%	0.0	2.2	31.0	0.0	0.0	35.0	2.1%	10.4%	0.0%
17	CFGC-EMPS:Nrwlk	0.1	23.5	51.0	0.0	20.5	47.5	0.0%	84.4%	50.0%	0.2	21.5	38.7	0.0	20.0	37.0	4.0%	88.0%	22.2%
18	CFGC-EMPS	0.3	26.4	27.3	0.0	21.5	19.5	3.6%	82.8%	20.0%	0.8	22.8	35.3	0.0	19.0	26.5	3.3%	81.5%	31.8%
19	Western	1.8	1.8	16.5	0.0	1.5	13.0	27.6%	2.7%	3.5%	1.6	1.9	15.9	0.0	2.0	14.0	24.0%	3.6%	2.0%
20	Well-EMPS:Dnby	2.2	2.9	16.8	0.0	1.5	14.0	19.2%	10.0%	2.3%	2.1	2.4	15.7	0.0	1.5	14.0	23.4%	6.7%	0.9%
21	Well-EMPS:Torr	2.1	1.2	17.3	1.0	1.0	12.0	50.0%	0.0%	8.3%	2.1	1.3	15.9	0.0	0.0	12.0	35.9%	4.2%	3.4%
22	Well-EMPS:Wtby	1.5	1.8	16.3	0.0	2.0	13.0	25.0%	2.2%	3.2%	1.1	2.0	16.0	0.0	2.0	14.0	19.8%	2.5%	2.1%

^{*} 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 <u>Discharged Episodes</u> of Care

		Α	В	С	D	E	F	G	Н	I	J	K	L
		Disc	harged Ep	isodes for C	urrent Repo	rting Peri	od		Cumul	ative Discho	rged Episod	les*	
		N used	d Mean/Me	edian	N us	ed for Pei	cent	N used	edian	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	624	1114	1165	129	582	32	1644	2788	2827	339	1333	56
2	Central	89	26	354	43	7	9	282	87	872	123	14	20
3	CHR/MiddHosp-EMPS	34	25	84	26	6	0	92	74	174	74	12	1
4	CHR-EMPS	55	1	270	17	1	9	190	13	698	49	2	19
5	Eastern	99	242	29	7	10	2	277	639	81	21	47	2
6	UCFS-EMPS:NE	32	79	10	2	3	1	105	206	26	8	15	1
7	UCFS-EMPS:SE	67	163	19	5	7	1	172	433	55	13	32	1
8	Hartford	183	199	329	51	88	1	463	561	774	133	237	1
9	Wheeler-EMPS:Htfd	73	74	130	17	45	0	175	187	306	47	109	0
10	Wheeler-EMPS:Meridn	24	14	39	9	4	0	54	58	125	18	23	0
11	Wheeler-EMPS:NBrit	86	111	160	25	39	1	234	316	343	68	105	1
12	New Haven	117	344	25	6	302	3	260	737	59	8	611	6
14	CliffBeers-EMPS	117	344	25	6	302	3	260	737	59	8	611	6
15	Southwestern	60	229	58	1	173	4	158	567	128	5	417	9
16	CFGC/South-EMPS	15	31	44	0	8	0	47	77	97	1	8	0
17	CFGC-EMPS:Nrwlk	17	64	4	0	54	2	50	150	9	2	132	2
18	CFGC-EMPS	28	134	10	1	111	2	61	340	22	2	277	7
19	Western	76	74	370	21	2	13	204	197	913	49	7	18
20	Well-EMPS:Dnby	26	10	86	5	1	2	64	30	214	15	2	2
21	Well-EMPS:Torr	14	19	36	7	0	3	39	48	87	14	2	3
22	Well-EMPS:Wtby	36	45	248	9	1	8	101	119	612	20	3	13

^{*} 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

		Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0
					Episod	es Still in	Care*					N of	Episodes	Still in Ca	re*	
			Mean			Median		Percent			N use	d Mean/M	edian	N used for Percent		
	LOS: Phone LOS: FTF 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	81.4	35.7	28.5	58.0	17.0	13.0	100.0%	100.0%	27.9%	59	183	297	59	183	83
2	Central	79.3	45.9	31.2	84.0	24.0	13.0	100.0%	100.0%	30.6%	7	7	62	7	7	19
3	CHR/MiddHosp-EMPS	3.0	3.5	5.5	3.0	3.5	5.5	100.0%	100.0%	0.0%	1	2	2	1	2	0
4	CHR-EMPS	92.0	62.8	32.1	92.0	79.0	13.0	100.0%	100.0%	31.7%	6	5	60	6	5	19
5	Eastern	0.0	9.3	5.1	0.0	10.0	5.0	N/A	100.0%	0.0%	0	9	7	0	9	0
6	UCFS-EMPS:NE	0.0	11.8	4.0	0.0	12.0	4.0	N/A	100.0%	0.0%	0	5	2	0	5	0
7	UCFS-EMPS:SE	0.0	6.3	5.6	0.0	6.5	5.0	N/A	100.0%	0.0%	0	4	5	0	4	0
8	Hartford	125.0	73.0	34.5	81.0	54.0	21.0	100.0%	100.0%	35.4%	11	43	113	11	43	40
9	Wheeler-EMPS:Htfd	184.8	67.6	34.9	215.5	50.0	20.0	100.0%	100.0%	36.2%	4	15	47	4	15	17
10	Wheeler-EMPS:Meridn	29.5	84.1	36.4	29.5	60.0	26.0	100.0%	100.0%	39.3%	2	15	28	2	15	11
11	Wheeler-EMPS:NBrit	115.4	66.3	32.6	81.0	48.0	19.5	100.0%	100.0%	31.6%	5	13	38	5	13	12
12	New Haven	92.4	26.0	42.0	74.5	14.0	22.0	100.0%	100.0%	28.6%	8	67	7	8	67	2
14	CliffBeers-EMPS	92.4	26.0	42.0	74.5	14.0	22.0	100.0%	100.0%	28.6%	8	67	7	8	67	2
15	Southwestern	33.5	24.7	22.2	32.0	16.5	19.0	100.0%	100.0%	33.3%	4	48	21	4	48	7
16	CFGC/South-EMPS	30.0	57.8	16.3	30.0	17.5	13.0	100.0%	100.0%	20.0%	2	4	15	2	4	3
17	CFGC-EMPS:Nrwlk	37.0	22.9	35.0	37.0	19.5	33.0	100.0%	100.0%	66.7%	2	18	3	2	18	2
18	CFGC-EMPS	0.0	20.8	39.3	0.0	16.0	34.0	N/A	100.0%	66.7%	0	26	3	0	26	2
19	Western	68.9	6.1	21.0	37.0	5.0	11.0	100.0%	100.0%	17.2%	29	9	87	29	9	15
20	Well-EMPS:Dnby	111.6	0.0	16.2	145.0	0.0	8.5	100.0%	100.0%	16.7%	8	1	18	8	1	3
21	Well-EMPS:Torr	10.0	0.0	47.3	12.0	0.0	13.0	100.0%	N/A	14.3%	3	0	7	3	0	1
22	Well-EMPS:Wtby	59.7	6.9	19.4	39.0	5.0	11.5	100.0%	100.0%	17.7%	18	8	62	18	8	11

^{*} 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

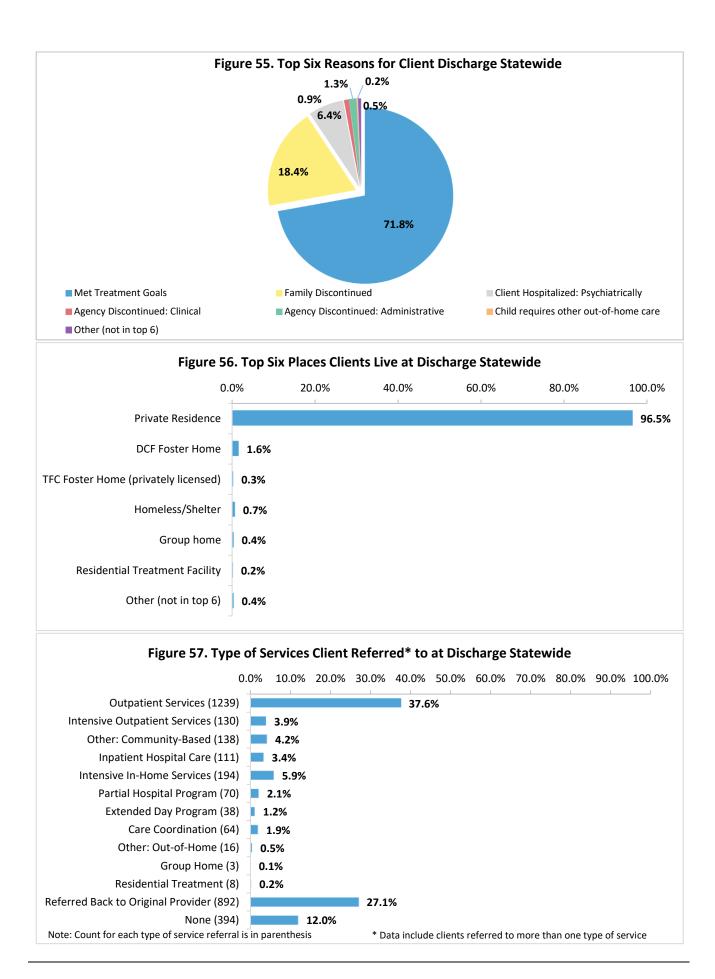


Table 5. Ohio Scales Scores by Service Area

Table 5. Office Scales Scores by	1			0.4			
	N (paired	Mean	Mean	Mean Difference			† .0510
	intake &	(paired	(paired [,]	(paired ¹			* P < .05
Service Area	discharge)	intake)	discharge)	cases)	t-score	Sig.	**P < .01
STATEWIDE		,					
Parent Functioning Score	96	45.77	47.16	1.39	1.20	0.234	
Worker Functioning	866	45.51	48.17	2.66	10.25	<.001	**
Score	07	25.24	2444	4.47	4.50	0.420	
Parent Problem Score	97	25.31	24.14	-1.17	-1.53	0.130	**
Worker Problem Score	866	27.60	23.17	-4.43	-12.20	<.001	**
Central							
Parent Functioning Score	34	46.18	46.68	0.50	0.92	0.366	
Worker Functioning Score	238	46.52	47.96	1.44	3.33	0.001	**
Parent Problem Score	34	28.56	27.44	-1.12	-1.56	0.129	
Worker Problem Score	238	25.43	23.73	-1.70	-3.41	<.001	**
Eastern							
Parent Functioning Score	12	48.17	54.25	6.08	2.10	0.060	†
Worker Functioning Score	23	44.48	47.57	3.09	2.48	0.021	*
Parent Problem Score	12	24.33	15.42	-8.92	-2.75	0.019	*
							**
Worker Problem Score	23	32.57	27.91	-4.65	-3.59	0.002	4.4
Hartford							
Parent Functioning Score	17	38.59	37.94	-0.65	-0.20	0.843	
Worker Functioning Score	239	44.63	47.44	2.81	5.03	<.001	**
Parent Problem Score	17	21.41	20.29	-1.12	-0.68	0.504	
Worker Problem Score	239	30.08	25.16	-4.93	-5.14	<.001	**
New Haven							
Parent Functioning Score	5	46.80	46.40	-0.40	-1.00	0.374	
Worker Functioning Score	13	46.38	47.23	0.85	1.01	0.333	
Parent Problem Score	5	19.40	20.20	0.80	1.00	0.374	
Worker Problem Score	13	24.54	24.15	-0.39	-0.22	0.832	
Southwestern	13	27.34	24.13	-0.59	-0.22	0.632	
Parent Functioning Score	16	47.56	49.50	1.94	0.35	0.734	
Worker Functioning	28	46.50	46.64	0.14	0.35	0.734	
Score							
Parent Problem Score	16	21.00	26.06	5.06	2.20	0.044	*
Worker Problem Score	28	21.39	19.57	-1.82	-1.09	0.285	
Western							
Parent Functioning Score	12	49.58	51.67	2.08	3.65	0.004	**
Worker Functioning Score	325	45.38	49.09	3.71	9.59	<.001	**
Parent Problem Score	13	30.38	27.77	-2.62	-4.05	0.002	**
Worker Problem Score	325	27.66	21.24	-6.42	-13.11	<.001	**

paired = Number of cases with both intake and discharge scores

^{†.05-.10,}

^{*} P < .05,

^{**}P<.01

Section X: Client & Referral Source Satisfaction

Note: Satisfaction data is not able to be reported this quarter.

Table 6. Client and Referrer Satisfaction for 211 and EMPS*

2-1-1 Items	Clients	Referrers
The 2-1-1 staff answered my call in a timely manner	N/A	N/A
The 2-1-1 staff was courteous	N/A	N/A
The 2-1-1 staff was knowledgeable	N/A	N/A
My phone call was quickly transferred to the EMPS provider	N/A	N/A
Sub-Total Mean: 2-1-1	N/A	N/A
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	N/A	N/A
The Mobile Crisis staff was respectful	N/A	N/A
The Mobile Crisis staff was knowledgeable	N/A	N/A
The Mobile Crisis staff spoke to me in a way that I understood	N/A	N/A
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)	N/A	N/A
The services or resources my child and/or family received were right for us	N/A	N/A
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	N/A	N/A
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	N/A	N/A
Sub-Total Mean: Mobile Crisis	N/A	N/A
Overall Mean Score	N/A	N/A

^{*} 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)

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 (217)*	28%	59%	47%	35%	53%	36%	49%	49%	20%	29%	36%	46%	54%	6%	9%
CHR:MiddHosp (12)*	25%	75%	67%	58%	58%	50%	50%	58%	67%	33%	50%	33%	58%	0%	0%
CHR (32)*	9%	38%	28%	72%	34%	28%	38%	34%	9%	9%	28%	34%	34%	3%	7%
UCFS:NE (6)*	67%	83%	83%	100%	83%	67%	100%	83%	67%	100%	67%	67%	83%	67%	80%
UCFS:SE (16)*	50%	100%	56%	100%	88%	63%	50%	69%	38%	100%	56%	63%	94%	13%	22%
Wheeler:Htfd (21)*	24%	67%	52%	0%	52%	14%	52%	52%	10%	10%	33%	52%	48%	0%	0%
Wheeler:Meridn (11)*	27%	55%	36%	9%	36%	9%	36%	27%	0%	0%	18%	45%	36%	0%	0%
Wheeler:NBrit (21)*	29%	67%	43%	10%	48%	24%	48%	38%	0%	5%	29%	0%	57%	0%	0%
CliffBeers (30)*	27%	37%	63%	57%	53%	40%	57%	53%	67%	67%	47%	57%	57%	17%	18%
CFGC:South (6)	50%	83%	33%	17%	67%	33%	67%	67%	0%	17%	17%	67%	67%	0%	0%
CFGC:Nrwlk (17)*^	29%	65%	29%	6%	47%	53%	47%	59%	0%	12%	41%	41%	59%	0%	0%
CFGC:EMPS (0)					Bridgep	ort and Nor	walk staff	counted toge	ether unde	er Norwalk	(N/A
Well:Dnby (1)*	0%	100%	100%	0%	0%	0%	100%	100%	0%	0%	100%	100%	100%	0%	0%
Well:Torr (2)*	50%	100%	100%	50%	100%	50%	50%	100%	50%	50%	100%	50%	50%	0%	0%
Well:Wtby (41)*^	29%	54%	41%	0%	59%	39%	44%	39%	0%	17%	27%	39%	49%	0%	0%
Full-Time Staff Only (129)	33%	69%	60%	38%	64%	43%	62%	62%	28%	37%	43%	57%	66%	9%	

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

Training Title Abbreviations:

DBHRN=Disaster Behavioral Health Response Network

QPR= Question, Persuade and Refer

Crisis API = Crisis Assessment, Planning and Intervention

A-SBIRT= Adolescent Screening, Brief Intervention and Referral to Treatment

DDS=An Overview of Intellectual Developmental Disabilities and Positive Behavioral

Supports

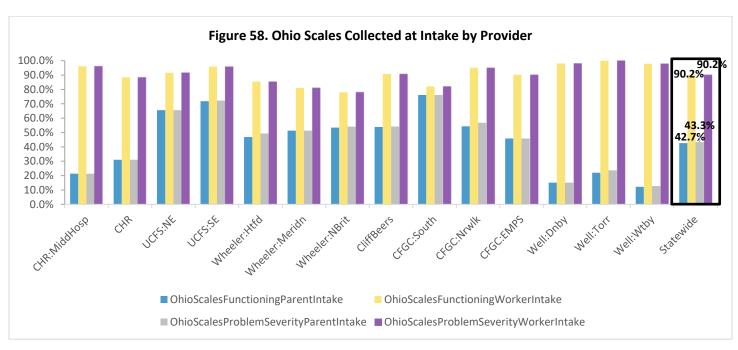
ASD = Autism Spectrum Disorder

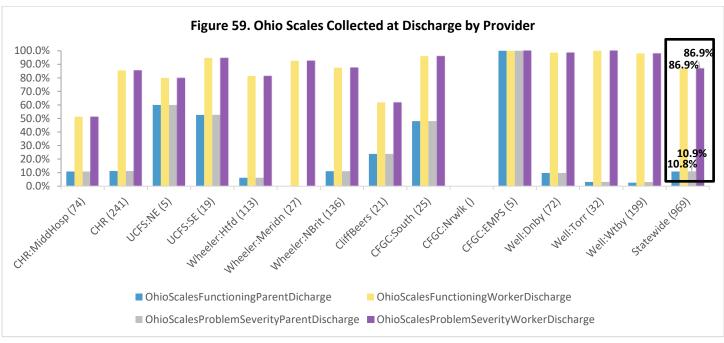
CSSRS=Columbia Suicide Severity Rating Scale Trauma = Traumatic Stress and Trauma Informed Care Violence = Violence Assessment and Prevention CRC = 21st Century Culturally Responsive Mental Health Care Emerg. Certificate= Emergency Certificate PSB = Problem Sexual Behavior (Added October 2019) SR = School Refusal (Added August 2019)

^{*} Includes all active full-time, part-time and per diem staff as of March 31, 2024.

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

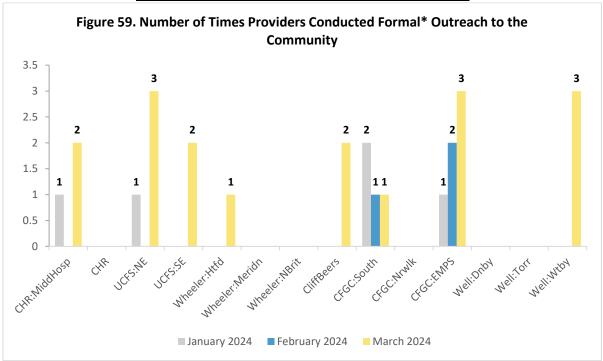
Section XII: Data Quality Monitoring





Note: Number in parentheses refers to the number of episodes meeting criteria for completed Ohio Scales at discharge (crisis response is plus stabilization follow up with a length of stay of five days or more).

Section XIII: Provider Community Outreach



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