



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

FY2025: Quarter 4

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



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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 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 fourth quarter of FY2025, **2-1-1 received 3,902 calls** including 2,942 calls (75.4%) handled by Mobile Crisis providers and 960 calls (24.6%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This quarter saw a 0.3% decrease in total call volume compared to the same quarter in FY2024 (3,914), and in the same number of episodes (2,942 in FY2024 Q4). Of the 3,902 calls this quarter, 368 calls (9.4%) came in during the expanded overnight and weekend hours. Of these 368 calls, 269 (73.1%) were handled by Mobile Crisis providers and 99 (26.9%) were handled by 2-1-1 only.

Of the total **2,941 episodes of care** generated in Q4 FY25, episode volume ranged from 361 episodes (Eastern) to 735 episodes (Hartford); 269 (9.1%) episodes of care were initiated during the expanded overnight and weekend hours, with episode volume ranging from 26 episodes (Newhaven) to 59 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 4.0, with service area rates ranging from 2.8 (Southwestern) to 5.1 (Hartford). 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, 12 of the 14 sites met this benchmark. 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 8.7 per 1,000 children in poverty, with service area rates ranging from 5.0 (New Haven) to 18.5 (Central).

Demographics: Statewide this quarter, 48.1% of services were for children reported as male and 51.9% were for those reported as female.¹ **Care for youth ages 13-15 years old comprised the largest portion of services (33.8%).** Additionally, 32.2% of services were for 9-12 year olds, 18.1% were for 16-18 year olds, 12.9% were for 6-8 year olds, and 2.9% were for children age five or younger. The majority of services were for White children (53.1%), while 21.8% were for African-American or Black children. Roughly one-third (32.9%) of services were for children of Hispanic ethnicity. Most children were insured by Husky A (62.5%) and private insurance (27.6%). Finally, most (84.6%) were not DCF-involved.

Clinical Functioning: The most reported primary presenting problems for clients statewide were: Harm/Risk of Harm to Self (31.4%), Disruptive Behavior (25.8%), Depression (9.8%), Anxiety (4.6%), School Problems (7.0%), and Harm/Risk of Harm to Others (5.0%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (24.0%), Adjustment Disorders (17.6%), Anxiety Disorders (13.8%), Attention Deficit/Hyperactivity Disorders (11.5%), Trauma Disorders (10.7%), and Conduct Disorders (9.7%). This quarter, **66.0% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED).** During the expanded overnight and weekend hours, the top primary presenting problem statewide was Disruptive Behavior (33.0%).

In this quarter, the **statewide percentage of children with trauma exposure reported at intake was 36.6%²**, with service areas ranging from 23.6% (Southwestern) to 48.0% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (25.8%), Witness Violence (19.3%), Victim of Violence (17.1%), and Sexual Victimization (10.1%). Other types of trauma, including those that do not have a distinct category in PIE, were reported in 27.7% of cases.

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 22.0%**, slightly lower than 23.1% of the same quarter last fiscal year. During an episode of care, 17.4% of children were evaluated in the Emergency Department at least once, which is slightly lower than 18.3% in the same quarter of

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.

FY2024. The inpatient admission rate in the six months prior to Mobile Crisis referral was 12.1% statewide, which is similar to the rate in Q4 FY2024 (13.3%). The admission rate to an inpatient unit during a mobile crisis episode was 7.5%, compared to the rate of 6.8% in the same quarter last fiscal year.

Referral Sources: Statewide, **41.3% of referrals came from parents, families, and youth, and 38.7% of referrals were received from schools.** Emergency Departments (EDs) accounted for 11.1% of all Mobile Crisis referrals. The remaining 8.9% 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 (68.0%) and emergency departments (24.2%).

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **321 Mobile Crisis referrals were received from EDs**, including 147 referrals for inpatient diversion and 174 referrals for routine follow-up. Regionally, the highest rate of ED referrals, as a percentage of total referrals, was observed in the Western service area (23.1%) and the lowest was in the Southwestern service area (0.9%). Statewide, 11.1% of all Mobile Crisis episodes came from ED referrals this quarter, higher than the rate from Q4 FY2024 (9.4%).

Mobility: The average **statewide mobility this quarter was 95.7%**, higher than the rate in Q4 FY2024 (94.2%). Police referrals are excluded from mobility calculations. Five of the six service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 88.0% (New Haven) to 97.8% (Hartford and Western). The mobility rates among individual providers ranged from 88.0% (Clifford Beers) to 99.0% (Wheeler:New Britain). Thirteen of the fourteen providers surpassed the 90% benchmark. The mobility rate during the traditional hours (96.3%) was similar to the overall rate, while the mobility rate during the expanded hours was lower (89.3%). During the new overnight and weekend hours, callers are more likely to request a non-mobile response. During the new hours, 50.2% of episodes requested a mobile response, 29.0% requested a deferred mobile response, and 20.8% requested a non-mobile response; in the traditional hours, 66.3% of episodes requested a mobile response, 23.8% 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, **87.8% of mobile episodes received a face-to-face response in 45 minutes or less.** Performance on this indicator ranged from 81.0% (Hartford) to 96.9% (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 29.0 minutes. During the expanded hours, there was a greater range of performance. Statewide, 75.8% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 63.2% (Southwestern) to 100% (Eastern). When looking at these rates, it is important to keep in mind that the number of overnight episodes is very low, and the number receiving a Mobile response is even lower.

Length of Stay: Among discharged episodes statewide this quarter, 24.3% of Phone Only episodes exceeded one day, 54.7% 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, 7.0 days for Face-to-Face episodes, and 20.0 days for *Stabilization Plus*.

Statewide, for open episodes of care, the median Length of Stay (LOS) with a Crisis Response of Phone Only was 44.0 days and ranged from 34.0 days (Western) to 188.0 days (New Haven). The statewide median LOS for Face-to-Face was 31.0 days and ranged from 7.0 days (Eastern) to 41.0 days (Central). For *Stabilization Plus Follow-up*, the statewide median LOS was 25.0 days with a range from 20.0 days (Western) to 48.0 days (Central). Across open episodes of care with phone and face-to-face crisis response categories during the fourth quarter of FY2025, 96.6% of phone-only and 90.2% 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, 30.9% of these open cases exceeded the benchmark, while regionally this ranged from 0.0% (Newhaven) to 52.3% (Central). 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. It is also likely that many Phone Only and Face-to-Face cases that are open significantly past benchmarks are due to data entry errors or delays in closing the case in PIE.

Note: Length of Stay data only includes episodes that began during the current fiscal year.

Discharge Information: The overwhelming **majority of clients lived in a private residence at discharge from Mobile Crisis (95.7%).** Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (73.2%), Family Discontinued (17.7%), and Client Hospitalized: Psychiatrically (5.3%).

Statewide, clients were most likely to be referred to **outpatient services (33.9%)** or to **their original provider (33.3%) at discharge**. Other care referrals at discharge included: Intensive In-Home Services (8.0%), Intensive Outpatient Program (3.7%), Inpatient Hospital Care (3.7%), Other: Community-Based (2.5%), Partial Hospital Program (1.5%), and Care Coordination (1.5%). An additional 10.5% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 2.15 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 1.91 points on average. Worker-rated Problem Severity Scales showed an average decrease of 2.89 points, while parent-rated Problem Severity Scales showed a decrease of 1.29 points on average. Changes on all Ohio Scales were found to be statistically significant at the statewide level.

Completion rates of the Ohio Scales at discharge for the parent scores increased by 6.3 percentage points when compared to the same quarter in FY2024. The completion rate for worker scores increased by 12.8 percentage points compared to FY2024 Q4.

Satisfaction: This quarter, 76 clients/families and 71 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 4.70 and 4.63**. Among **other referrers (e.g. schools, hospitals, DCF, etc.)**, **the average ratings of 2-1-1 and Mobile Crisis were 4.76 and 4.69**, 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 June 2025 is 14%**. This is an increase compared to FY2024 Q4 (10%).

Community Outreach: The number of outreaches ranged from 0 (Wellmore: Danbury, Torrington) to 9 (UCFS: SE). Some sites reported 0 outreaches themselves but were involved in outreaches completed by another site in their region. Providers also frequently do outreaches that are more informal, such as dropping off materials or making phone calls.

SFY 2025 Q4 RBA Report Card: Mobile Crisis Intervention Services

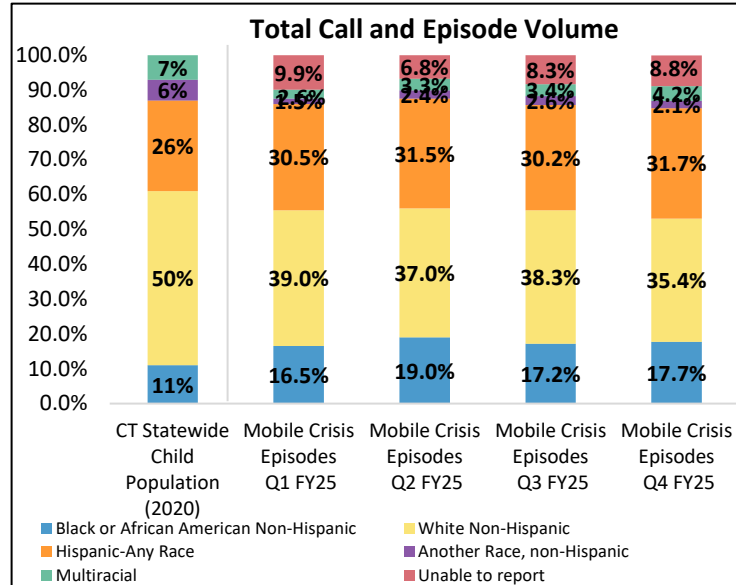
Quality of Life Result: Connecticut's children will live in stable environments, safe, healthy and ready to lead successful lives.

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 2025

State Funding: \$13,654,662

How Much Did We Do?

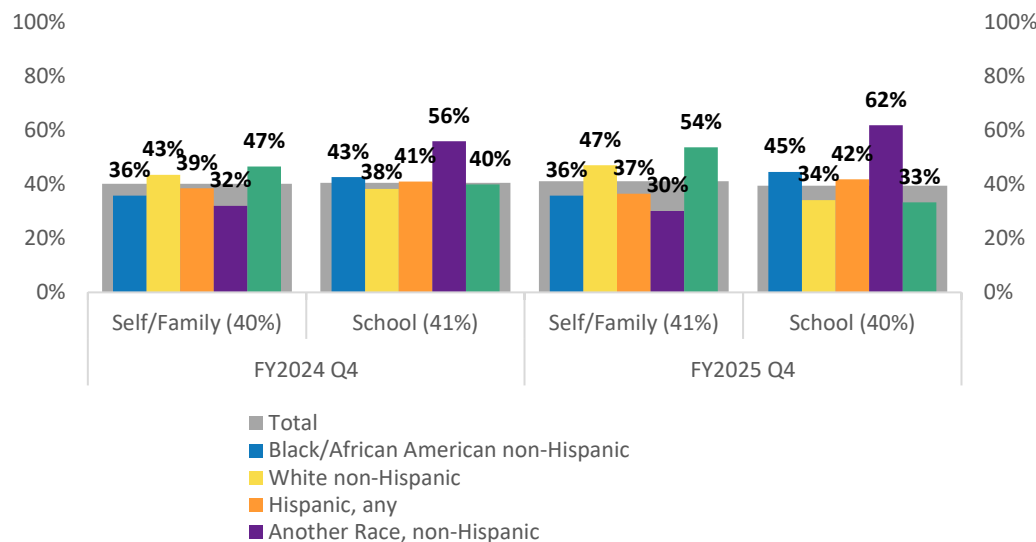


	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25
Mobile Crisis Episode	2,942	2,074	3,253	3,212	2,942
2-1-1 Only	972	778	1,284	1,172	960
Total	3,914	2,852	4,537	4,384	3,902

Story Behind the Baseline: In SFY 25 Q4, there were 3,902 total calls to the 2-1-1 Call Center resulting in 3,902 episodes of care. Compared to the same quarter in SFY 24 this was a 0.3% decrease in call volume (12 fewer calls) and the same number of mobile crisis episodes. 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: →

Differences in Referral Source by Race and Ethnicity



Story Behind the Baseline: In SFY25 Q4, 40% of referrals came from schools while 41% came from self/family. Black and Hispanic youth received 36% and 37% of their referrals from self/family compared to 47% for White youth. Black youth received 45% of their referrals from schools and Hispanic youth received 42%, while White youth were referred by schools 34% of the time. There was statistically significant variation in groups by referral source, with a trend of Black and Hispanic youth having higher rates of school referrals and lower rates of self/family referrals. There is some fluctuation in the referral sources for children of another race and multiracial children, but these numbers should be interpreted with caution due the small number of children included in this group.

Trend: →

Episodes Per Child SFY 2025									
Quarterly Breakdown						Past Year: FY25 Q1 – FY25 Q4			
	FY2024 Q4	FY2025 Q1	FY2025 Q2	FY2025 Q3	FY2025 Q4	Total		DCF	Non-DCF
1	2302 (89.1%)	1635 (89.2%)	2384 (86.7%)	2464 (88.0%)	2225 (87.3%)	6488 (77.0%)		552 (71.9%)	4589 (78.8%)
2	224 (8.7%)	162 (8.8%)	277 (10.1%)	276 (9.9%)	261 (10.2%)	1273 (15.1%)		128 (16.7%)	830 (14.3%)
3	48 (1.9%)	29 (1.6%)	66 (2.4%)	45 (1.6%)	54 (2.1%)	396 (4.7%)		50 (6.5%)	253 (4.3%)
4 or more	11 (0.4%)	7 (0.4%)	24 (0.9%)	15 (0.5%)	8 (0.3%)	272 (3.2%)		38 (4.9%)	148 (2.5%)

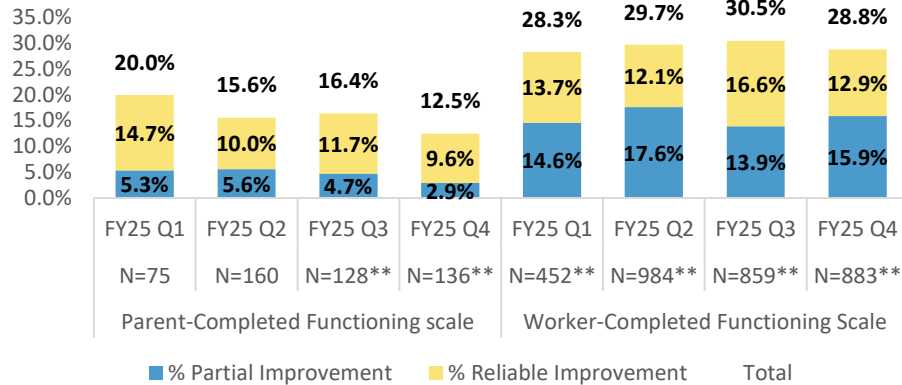
Story Behind the Baseline: In SFY 25 Q4, of the 2,548 children served by Mobile Crisis 87.3% (2,225) received only one episode of care, and 97.5% (2,486) received one or two episodes of care. These numbers are similar to SFY 24 Q4 which had 89.1% (2,302) and 97.8% (2,526) respectively. The proportion of children with four or more episodes is similar to SFY 24 Q4. Over the past year, of the 8,429 children served, 77.0% (6,488) had only one episode while 92.1% (7,761) had only one or two episodes. The data indicates that most children and families require only one episode of care.

Trend: →

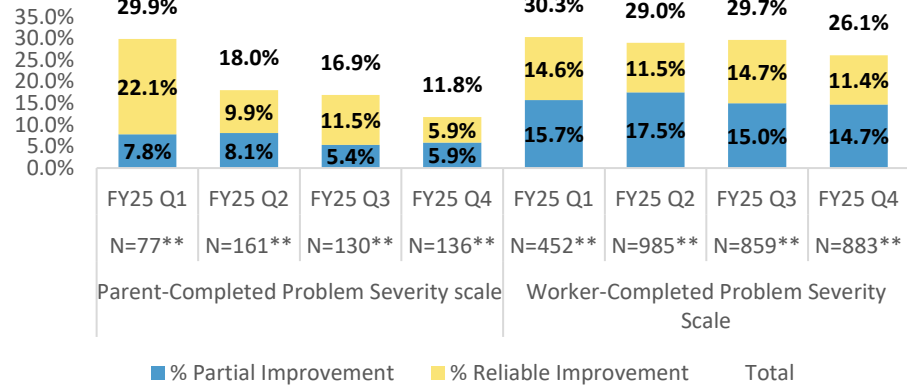
How Well Did We Do?																									
<p>Statewide Response Time Under 45 Minutes</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Response Time Under 45 Minutes</th> </tr> </thead> <tbody> <tr> <td>Q4 FY24</td> <td>88.0%</td> </tr> <tr> <td>Q1 FY25</td> <td>86.9%</td> </tr> <tr> <td>Q2 FY25</td> <td>87.7%</td> </tr> <tr> <td>Q3 FY25</td> <td>89.1%</td> </tr> <tr> <td>Q4 FY25</td> <td>87.8%</td> </tr> </tbody> </table>	Quarter	Response Time Under 45 Minutes	Q4 FY24	88.0%	Q1 FY25	86.9%	Q2 FY25	87.7%	Q3 FY25	89.1%	Q4 FY25	87.8%	<p>Statewide Mobility Rate</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Mobility Rate</th> </tr> </thead> <tbody> <tr> <td>Q4 FY24</td> <td>94.2%</td> </tr> <tr> <td>Q1 FY25</td> <td>94.4%</td> </tr> <tr> <td>Q2 FY25</td> <td>96.0%</td> </tr> <tr> <td>Q3 FY25</td> <td>96.6%</td> </tr> <tr> <td>Q4 FY25</td> <td>95.7%</td> </tr> </tbody> </table>	Quarter	Mobility Rate	Q4 FY24	94.2%	Q1 FY25	94.4%	Q2 FY25	96.0%	Q3 FY25	96.6%	Q4 FY25	95.7%
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<p>Story Behind the Baseline: In SFY 25 Q4, 87.8% of all mobile responses achieved the 45-minute mark compared to 88.0% for SFY 24 Q4. The median response time for SFY 25 Q4 was 29 minutes. Mobile Crisis continues to be a highly responsive statewide service system that responds rapidly to help deescalate a crisis and works to meet the needs of the child and family in their home and community.</p> <p>Trend: →</p>	<p>Story Behind the Baseline: In SFY 25 Q4, the statewide mobility rate was 95.7%, higher than SFY24 Q4. Mobile Crisis continues to provide children and families with a face-to-face response at a high rate.</p> <p>Trend: →</p>																								

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 demonstrated statistically significant positive changes for children following a Mobile Crisis response. For SFY 25 Q4, Ohio worker scales had statistically significant change for 28.8% of episodes in Functioning and 26.1% in Problem Severity. Both of these numbers are similar to rates in recent quarters. For parent-completed scales, the Functioning scale showed statistically significant improvement for 12.5% of cases, and the Problem Severity scale showed statistically significant improvement on 11.8% of cases, a decrease from recent 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: →

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

Figure 1. Total Call Volume by Call Type

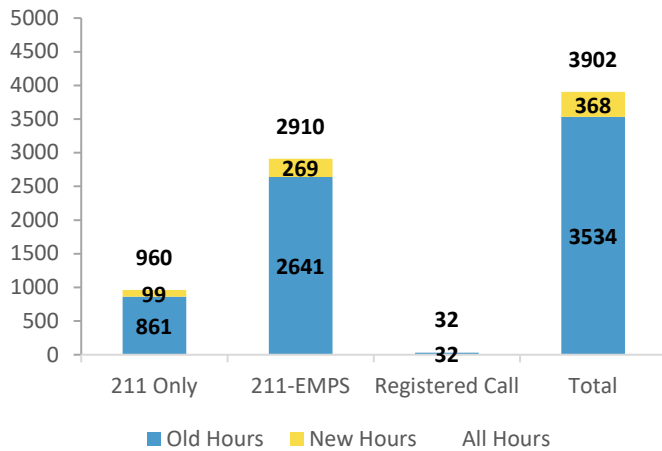


Figure 2. Total Call Volume per Quarter by Call Type

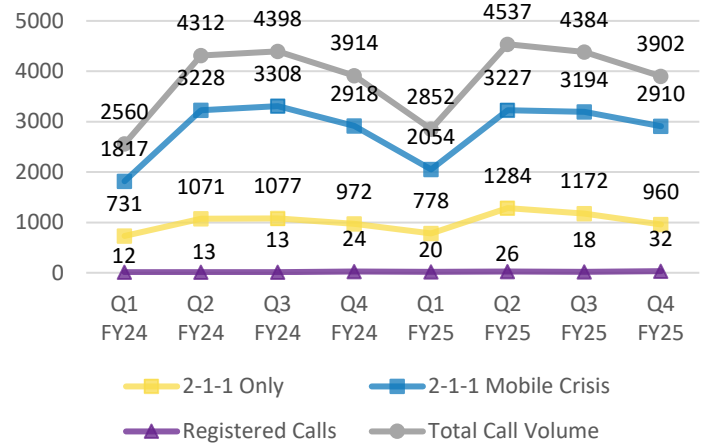
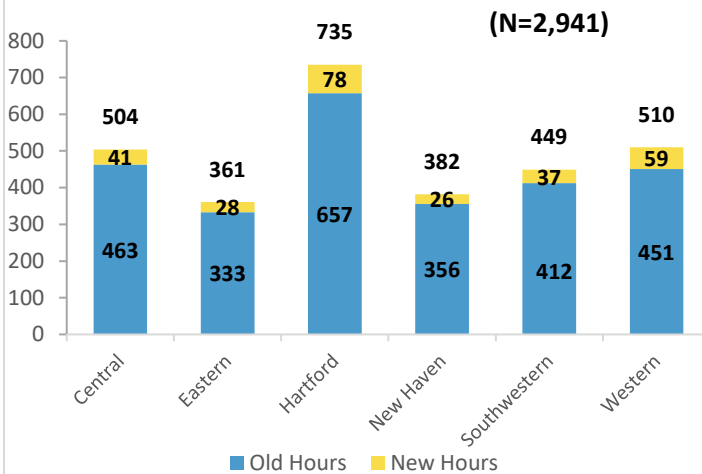


Figure 3. Mobile Crisis Episodes by Service Area



*Excludes 1 crisis response follow up call

Figure 4. Mobile Crisis Episodes per Quarter by Service Area

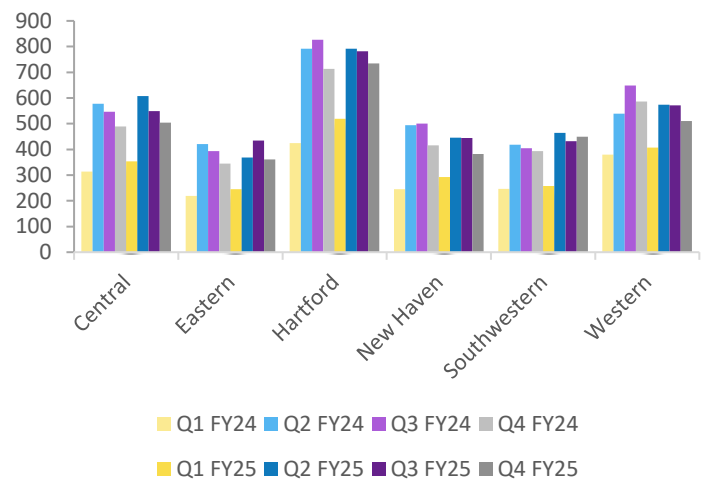


Figure 5. Number Served Per 1,000 Children

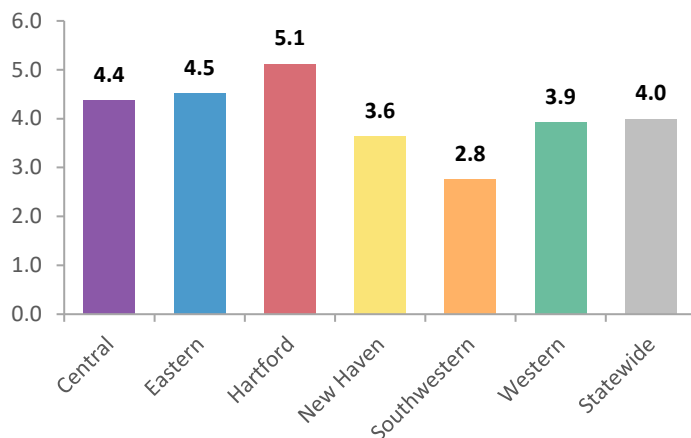


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

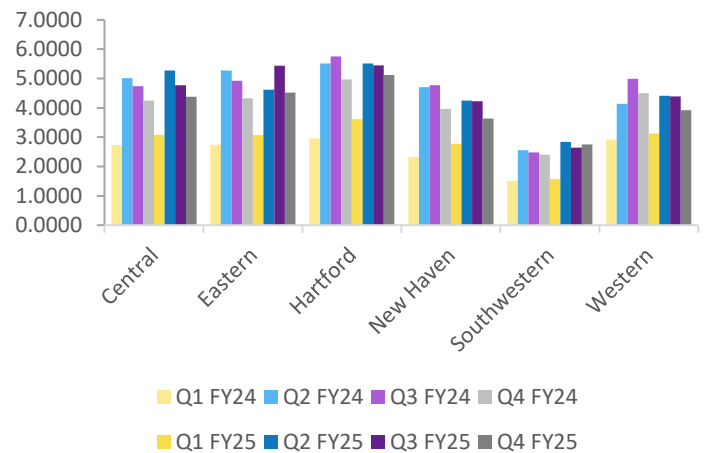


Figure 7. Number Served per 1,000 Children in Poverty

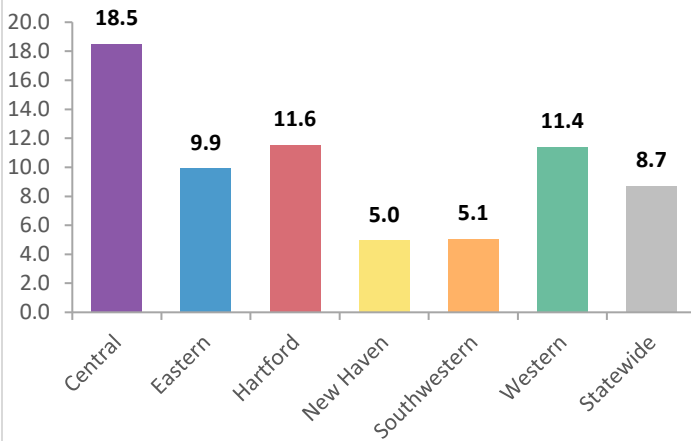


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

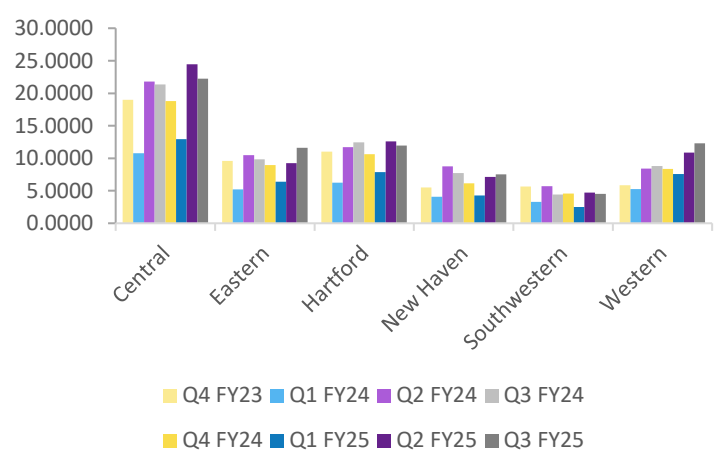


Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area

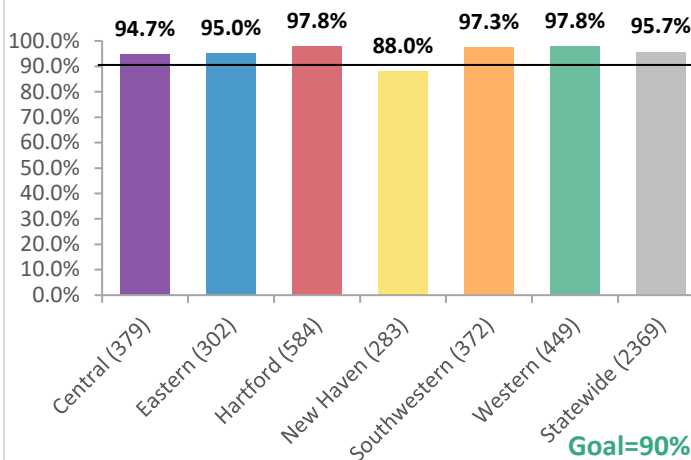


Figure 10. Mobile Response (Mobile and Deferred Mobile) per Quarter by Service Area

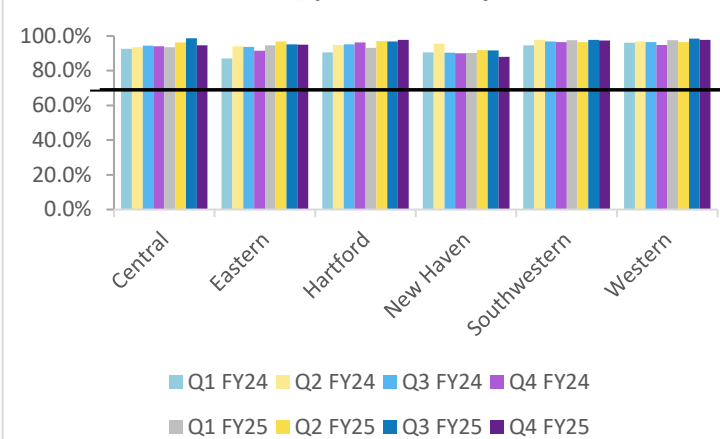


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes

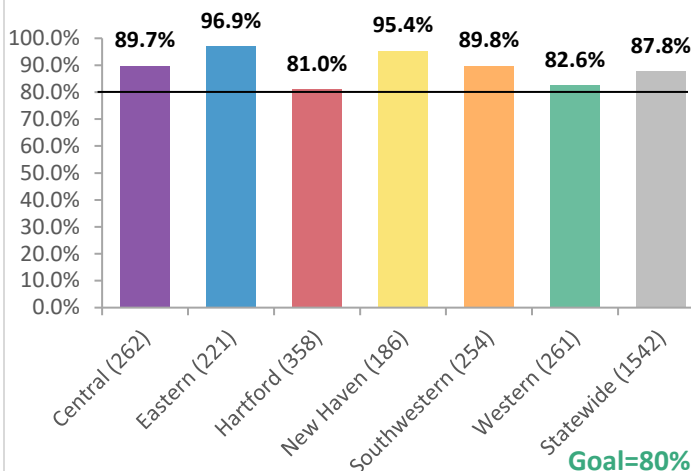
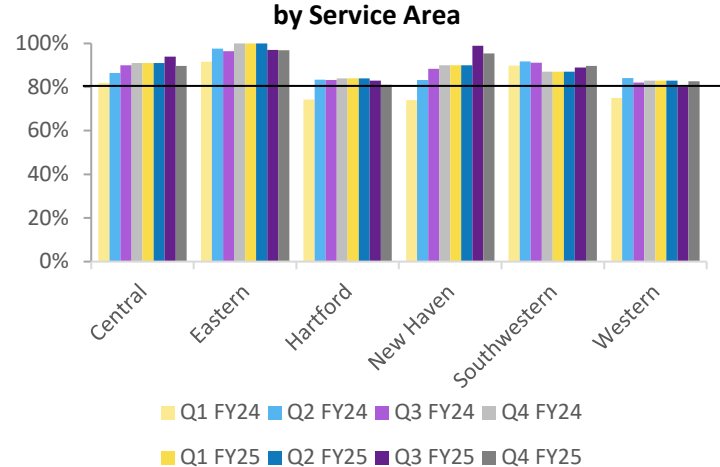


Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area



Section III: Mobile Crisis Response

Figure 1. Total Call Volume by Call Type

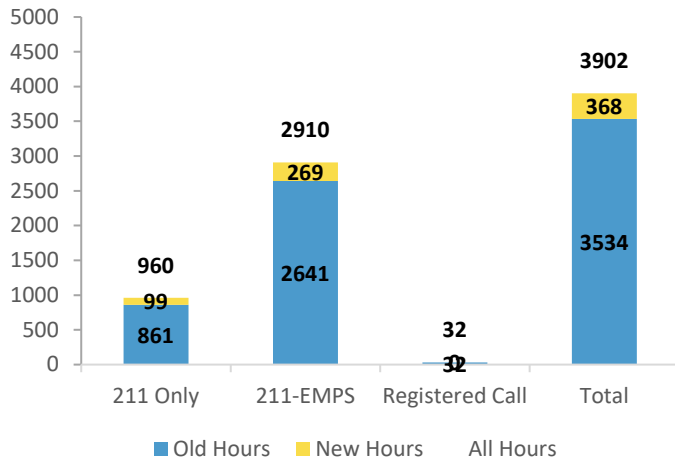


Figure 14. Statewide 2-1-1 Disposition Frequency*

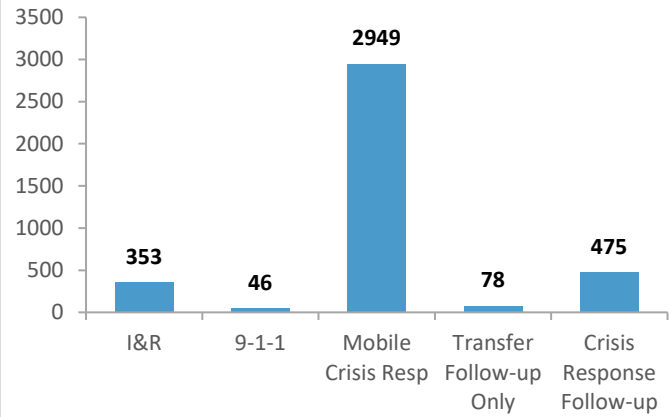


Figure 15. Mobile Crisis Response Episodes by Provider

(Total Episodes = 2,941)

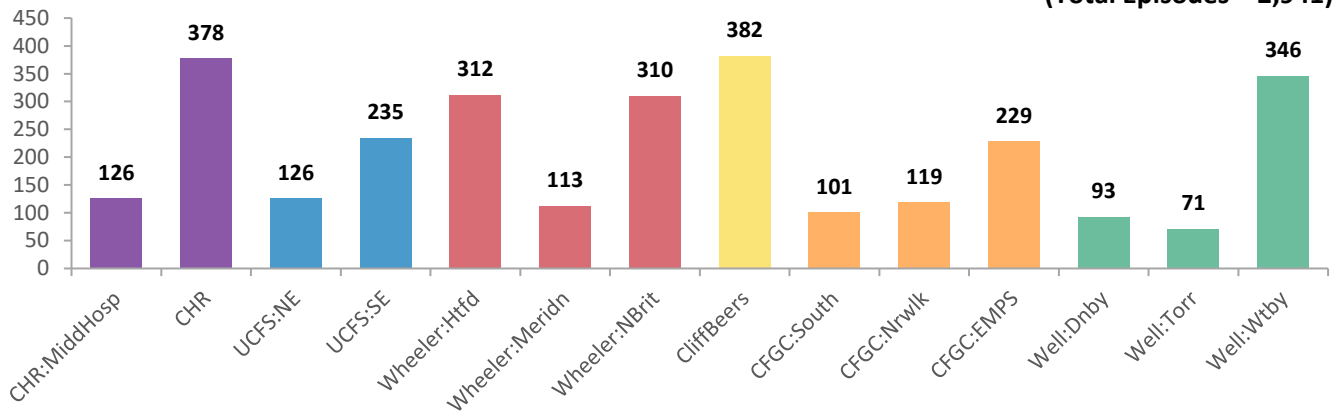
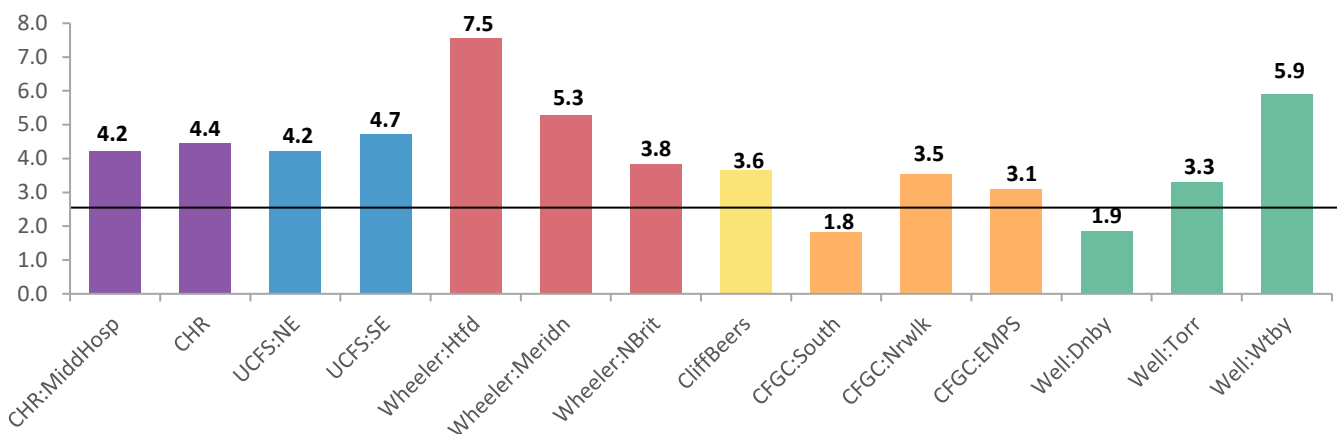


Figure 16. Number Served per 1,000 Children by Provider



Note: Counts of 211-recommended mobile episodes are in parentheses.

Goal: 2.5

Figure 17. Episode Intervention Crisis Response Types by Service Area

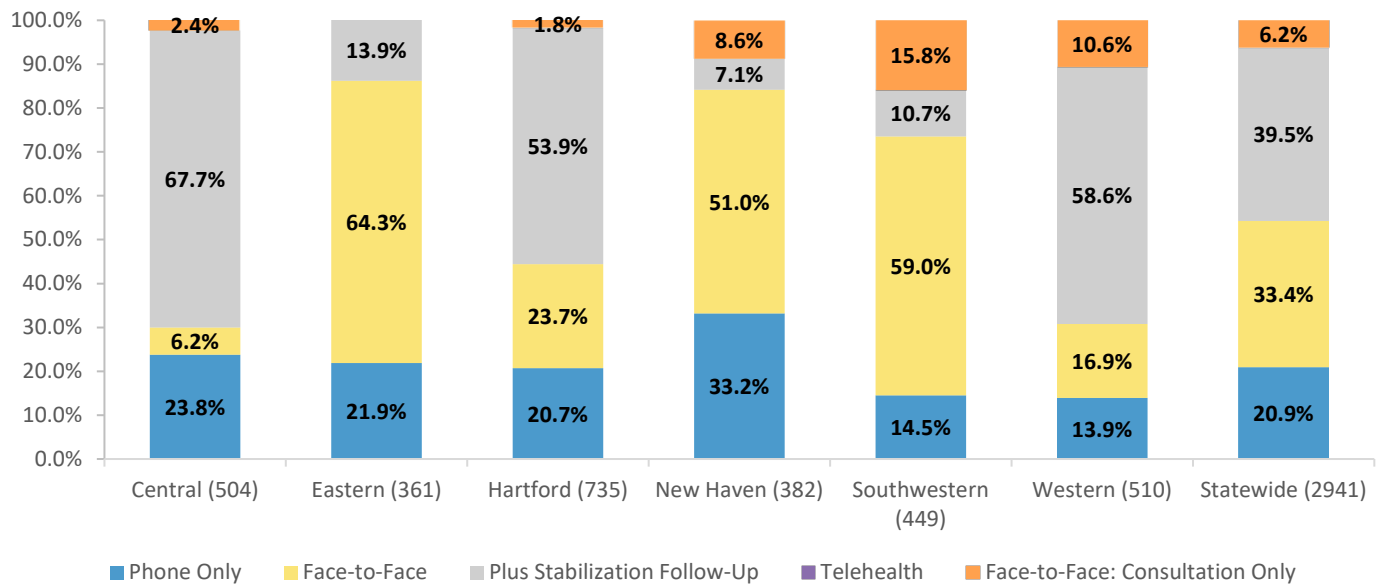
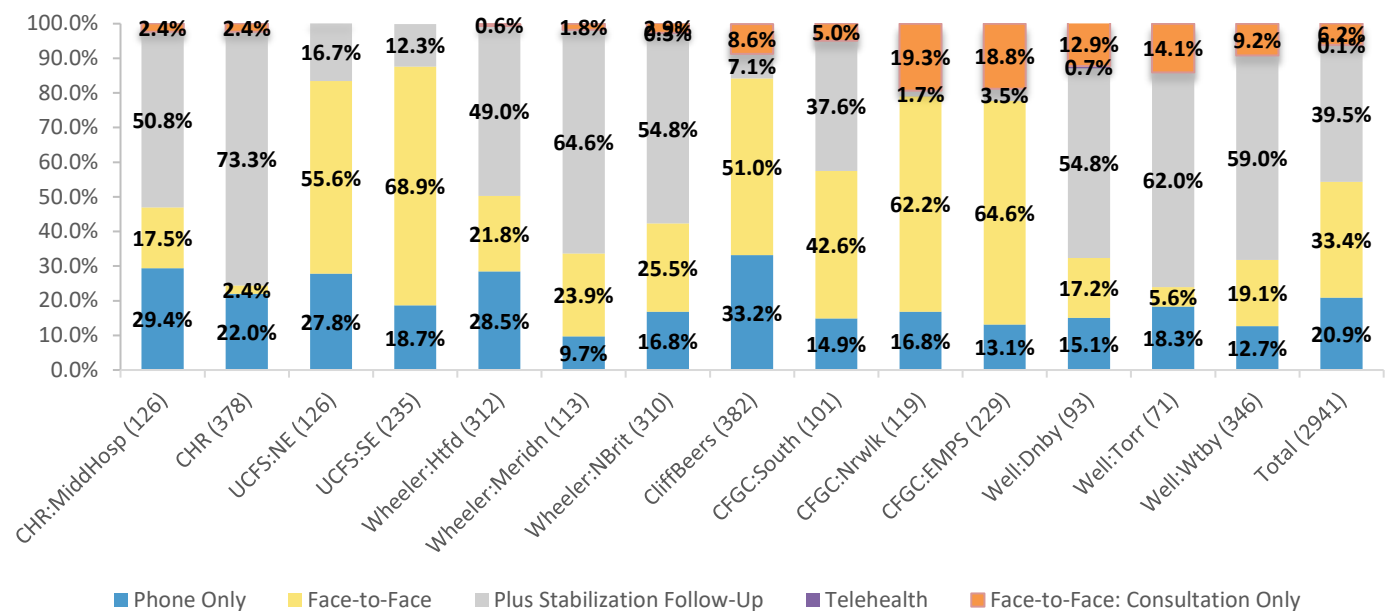


Figure 18. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 19. Sex of Children Served Statewide

(N =2,941)

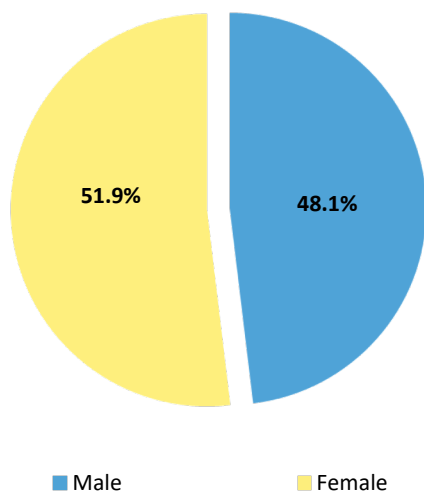


Figure 20. Age Groups of Children Served Statewide

(N =2,941)

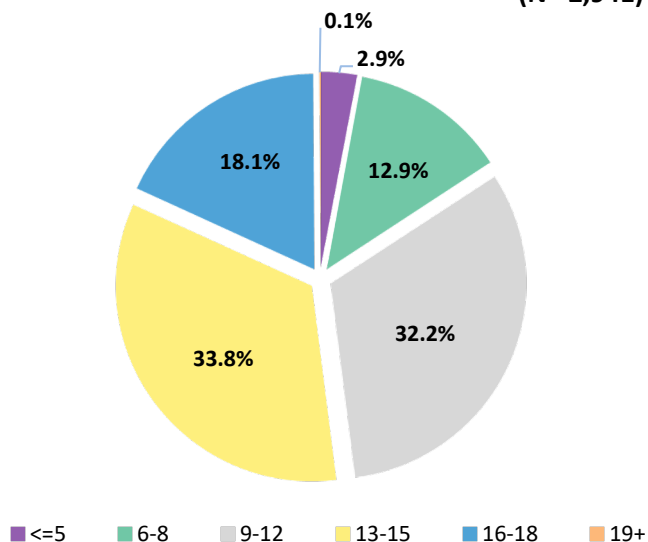


Figure 21. Ethnic Background of Children Served Statewide

(N =2,851)

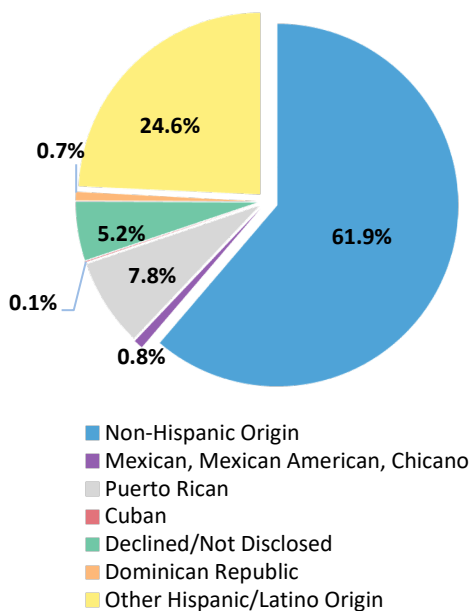
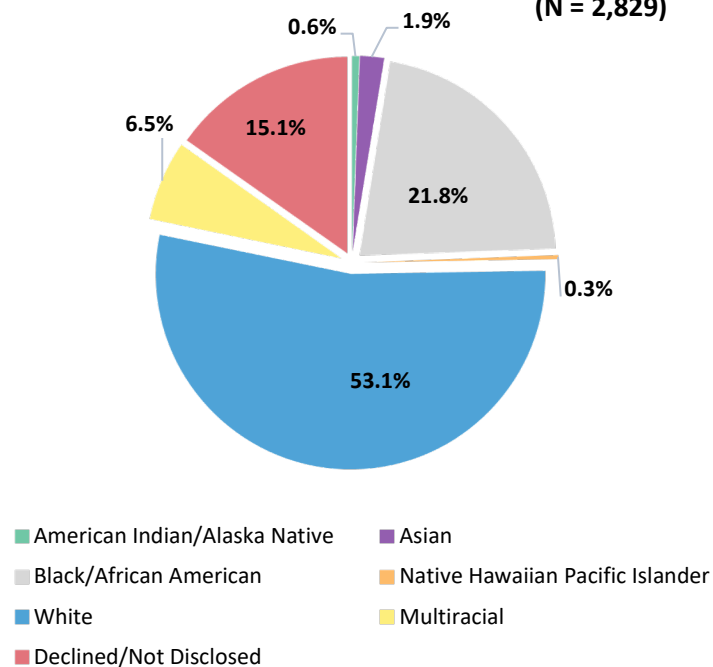


Figure 22. Race of Children Served Statewide

(N = 2,829)



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 23. Client's Type of Health Insurance at Intake Statewide

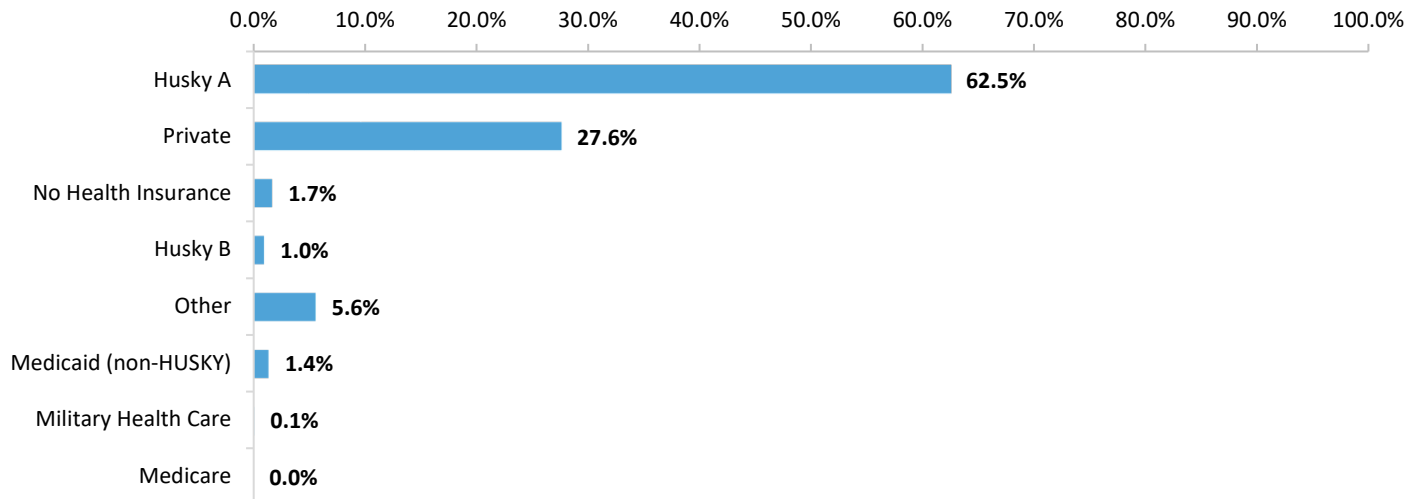
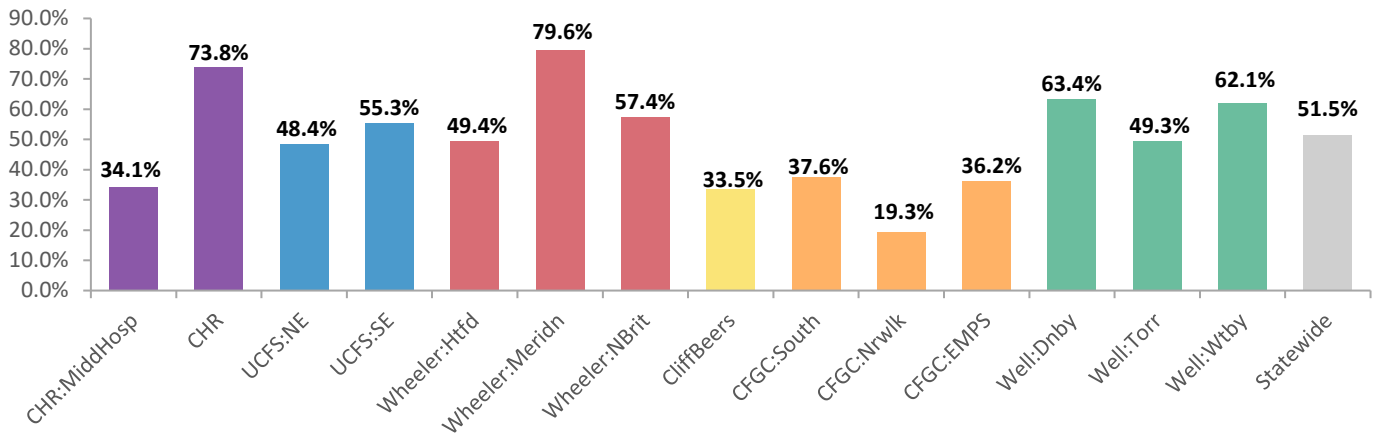


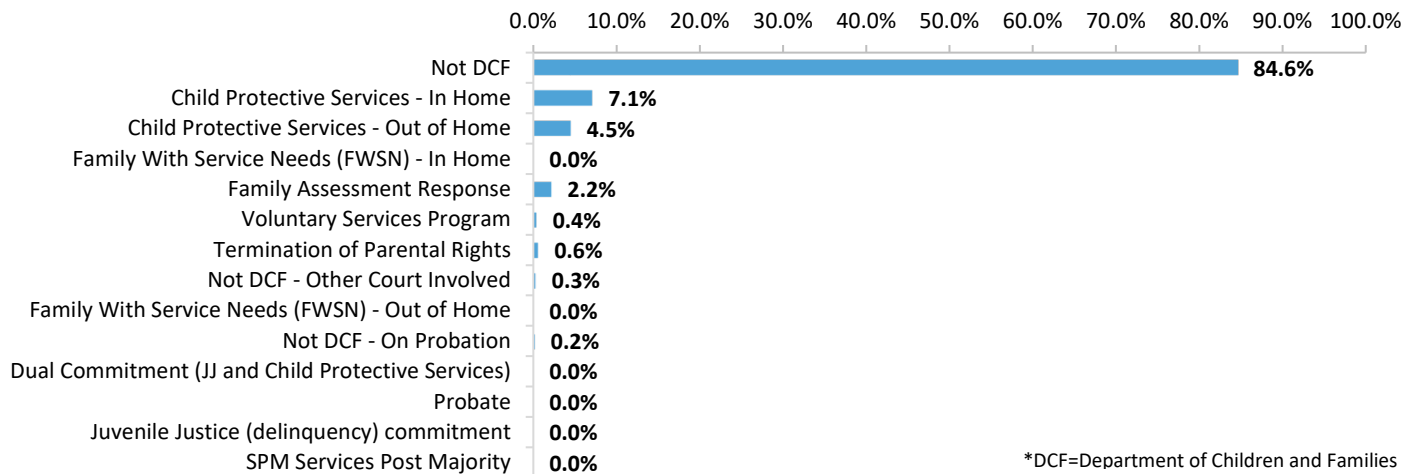
Figure 24. Families that Answered "Yes" TANF* Eligible



Note: Counts of 211-recommended mobile episodes are in parentheses.

*TANF=Temporary Assistance for Needy Families

Figure 25. Client DCF* Status at Intake Statewide



*DCF=Department of Children and Families

Section V: Clinical Functioning

Figure 26. Top Six Client Primary Presenting Problems by Service Area

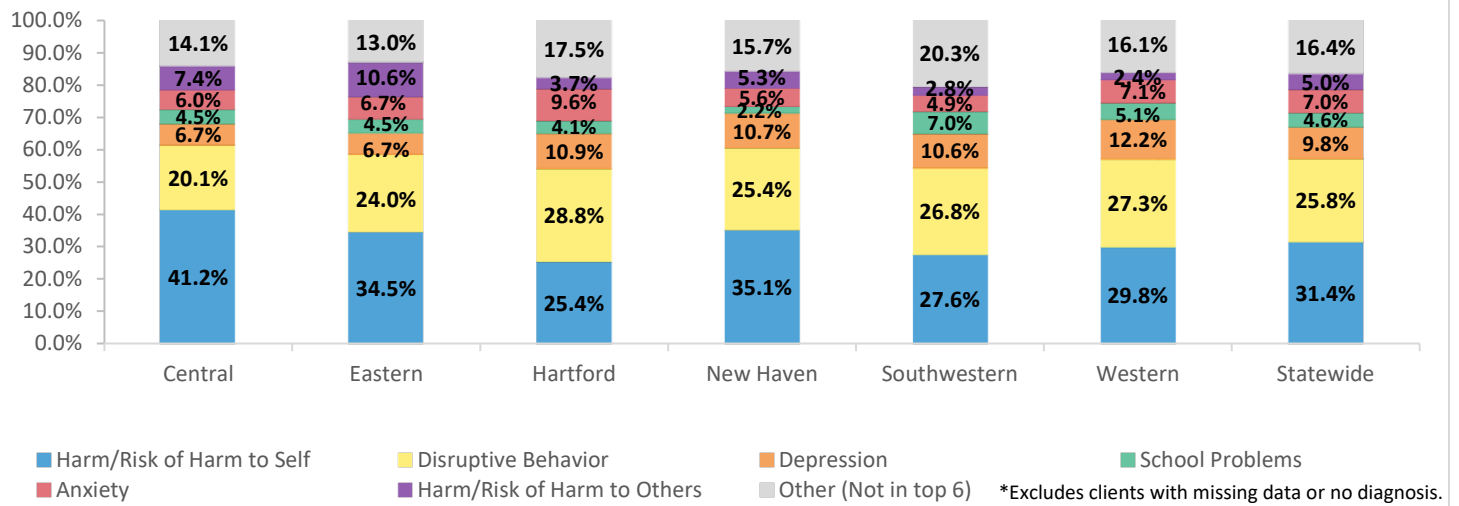


Figure 27. New Hours - Top 6 Primary Presenting Problems Statewide

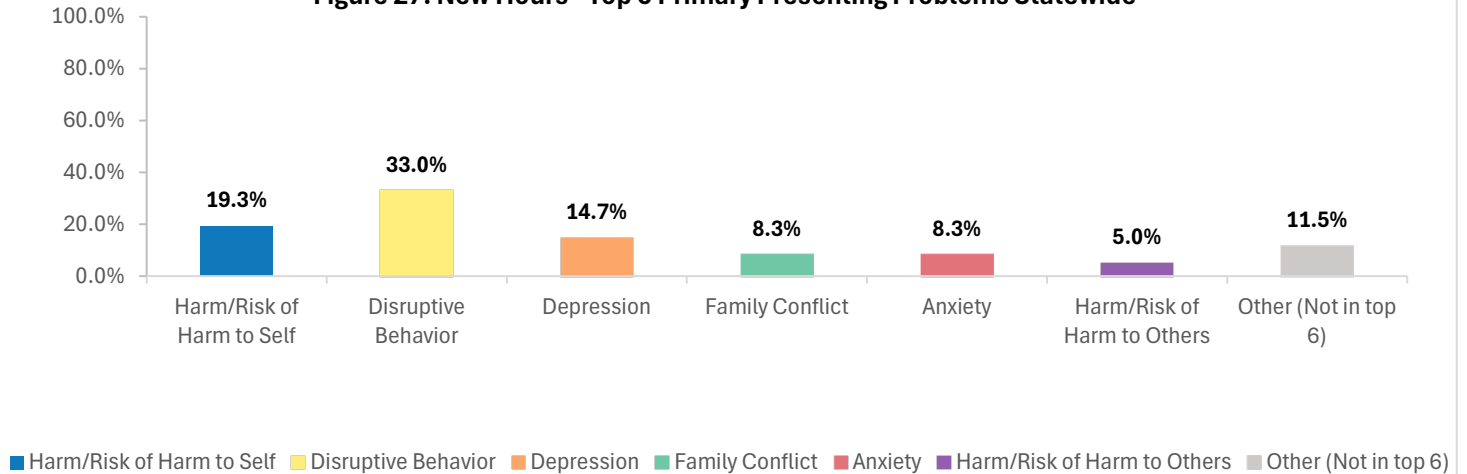


Figure 28. Distribution of Primary Diagnosis Categories at Intake Statewide

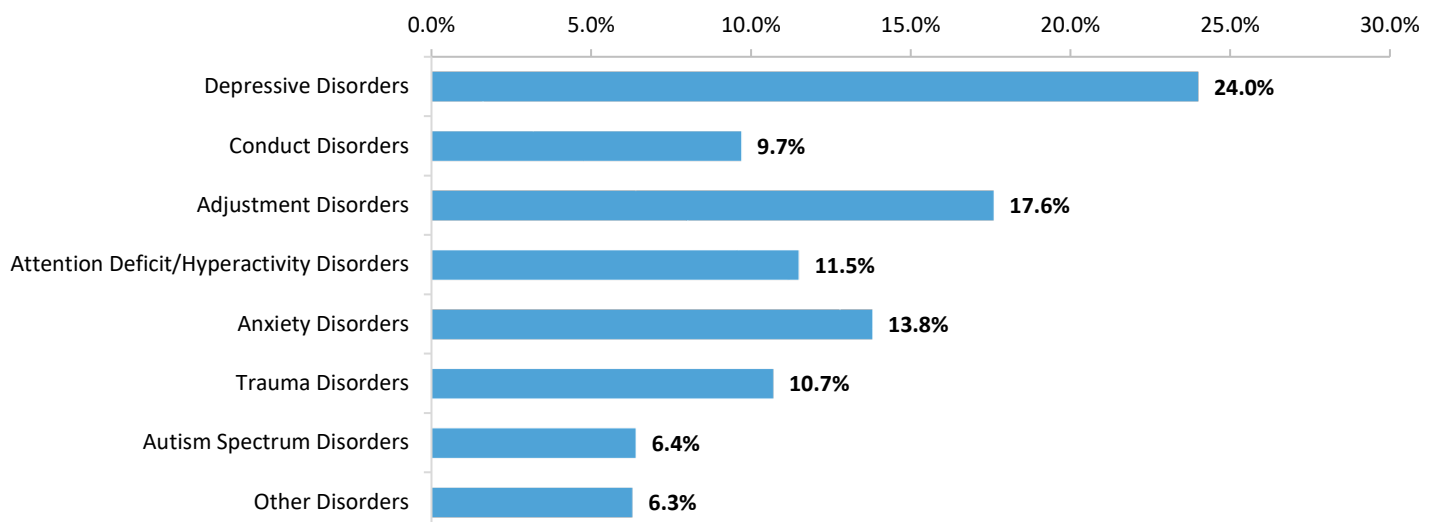


Figure 29. Distribution of Client Secondary Diagnosis Categories at Intake Statewide

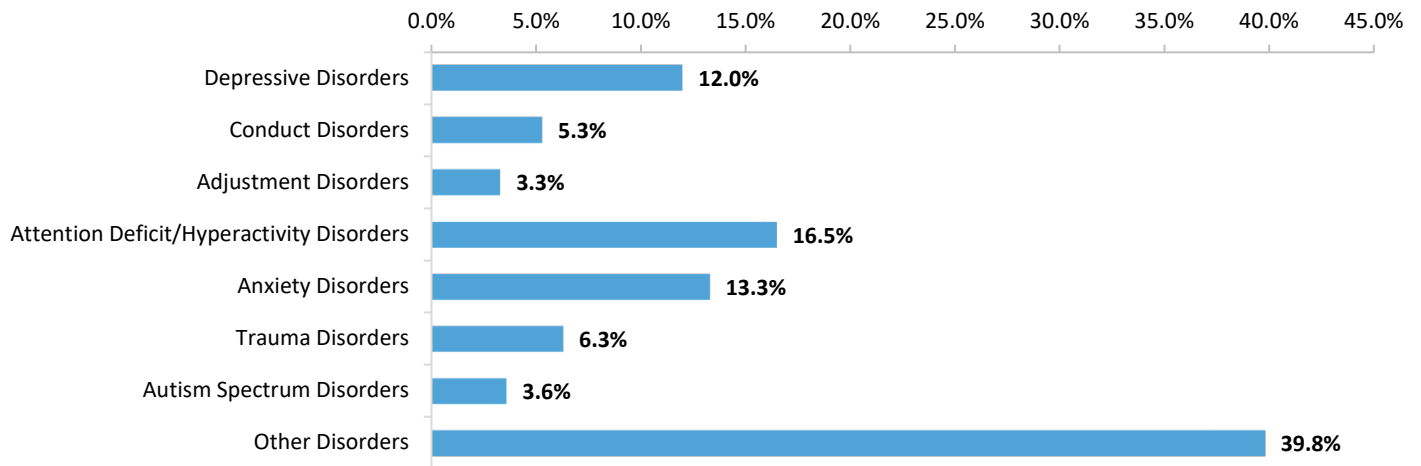


Figure 30. Top 6 Primary Diagnostic Categories at Intake by Service Area

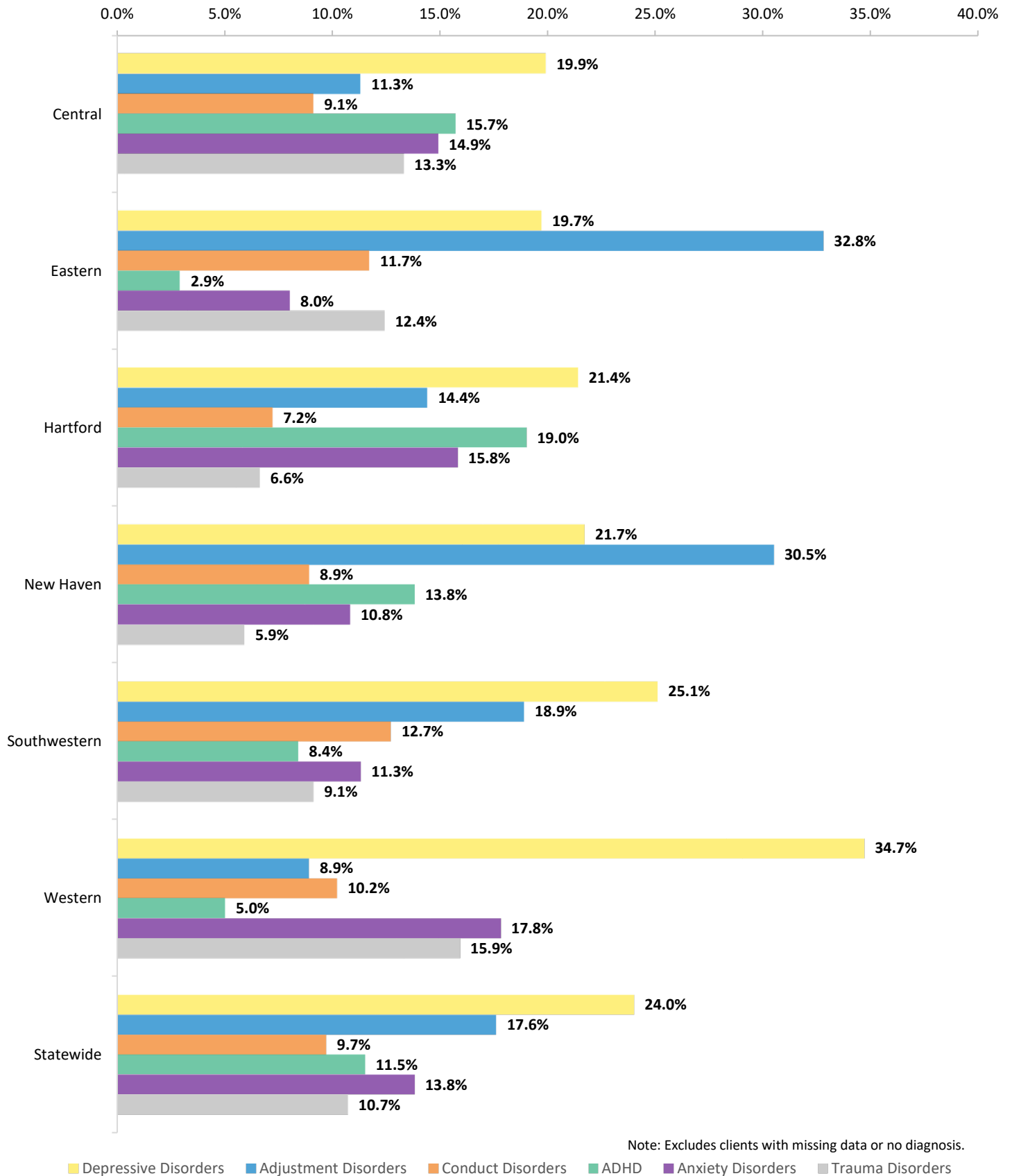


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

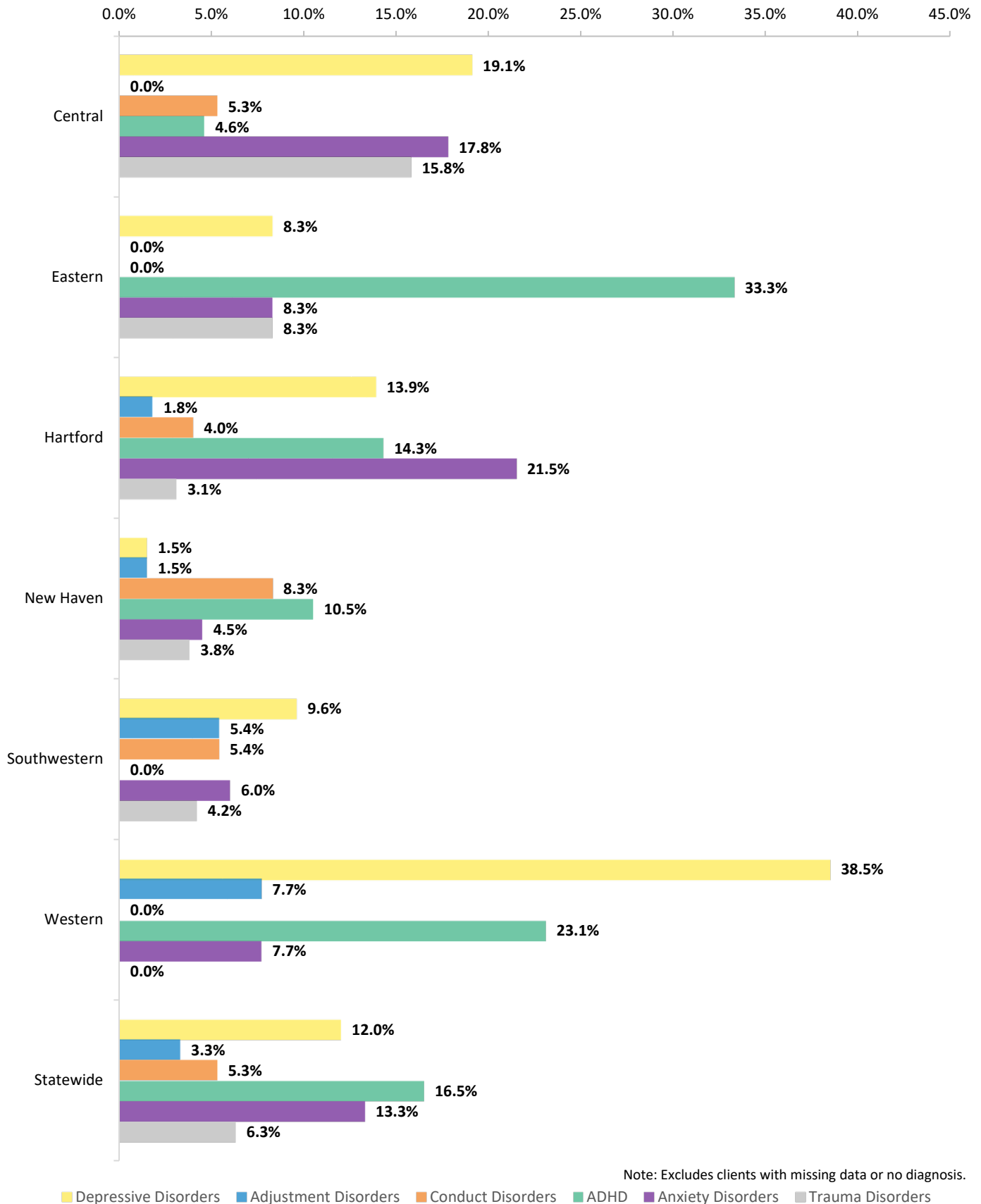


Figure 32. Children Meeting SED* Criteria by Service Area

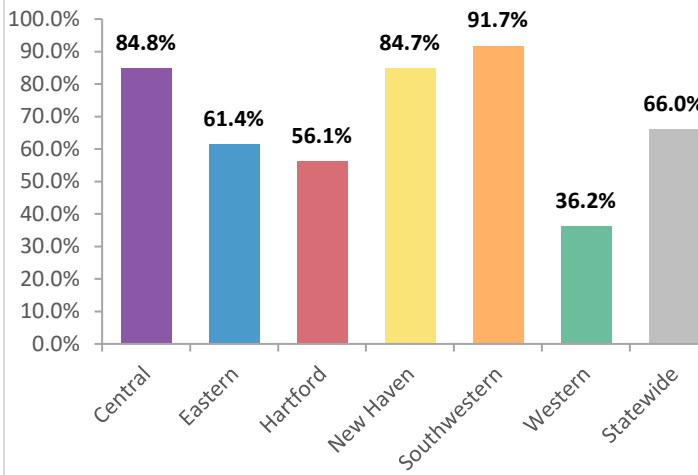


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

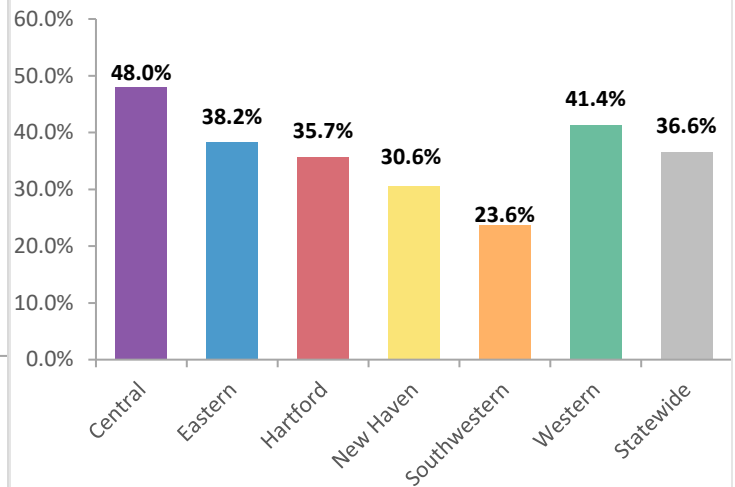


Figure 34. Type of Trauma Reported at Intake by Service Area

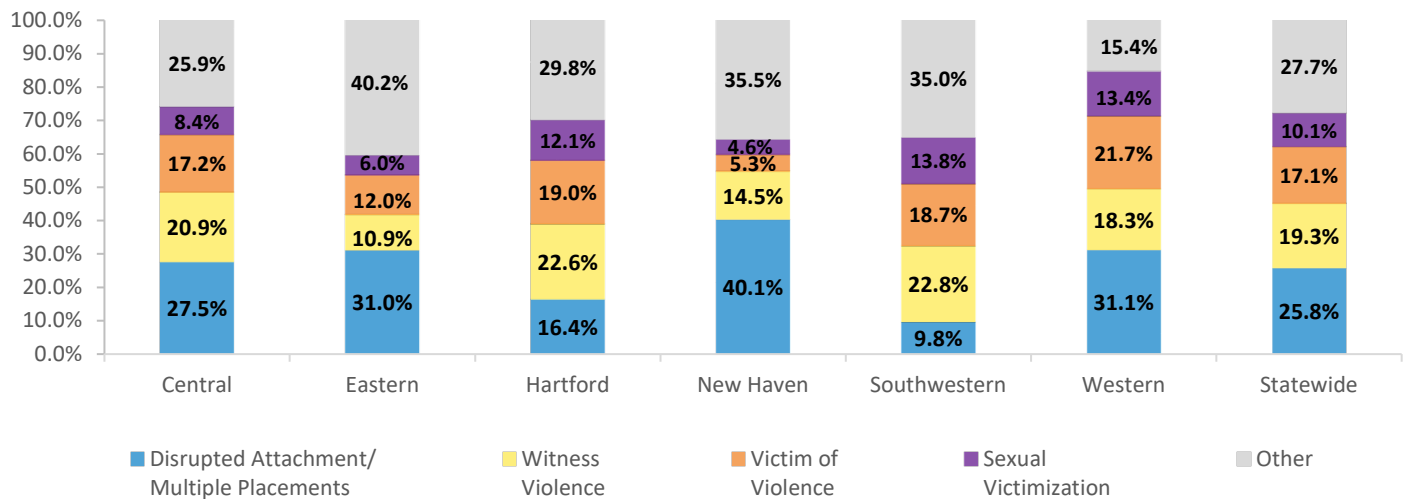


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

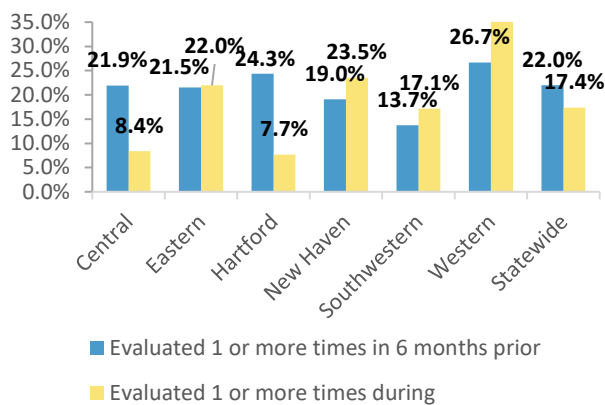
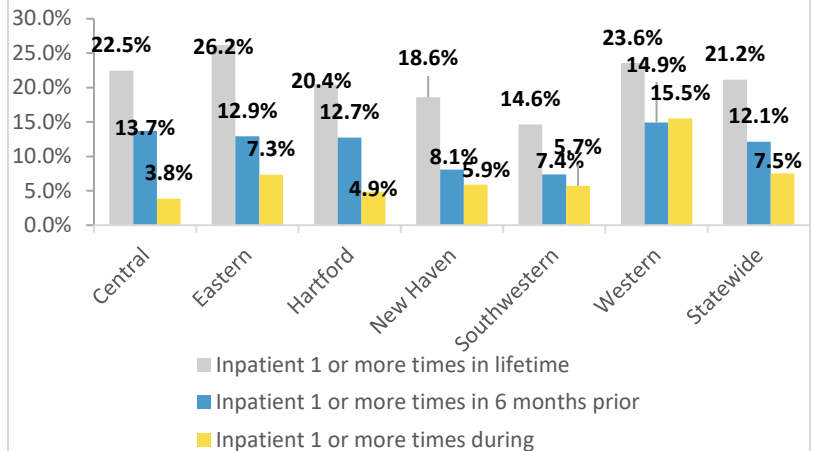


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

Figure 37. Referral Sources Statewide

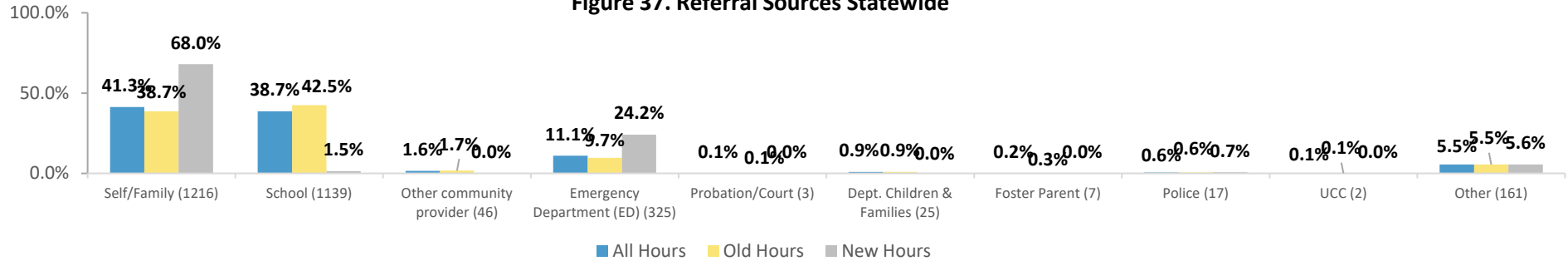
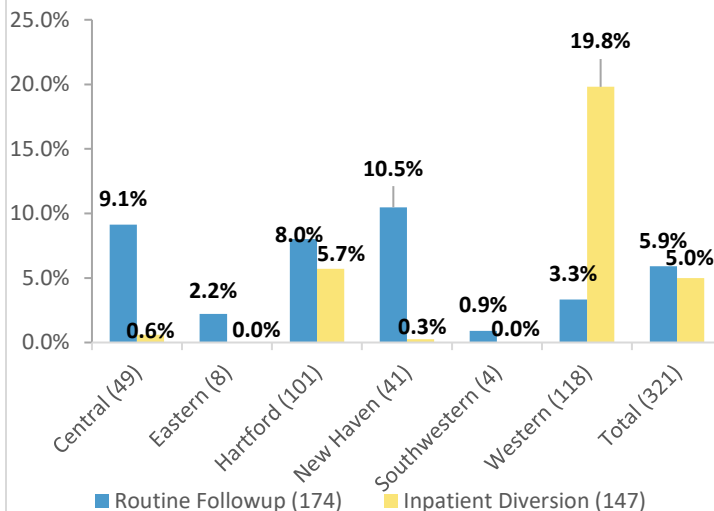


Table 1. Referral Sources (Q4 FY 2025)

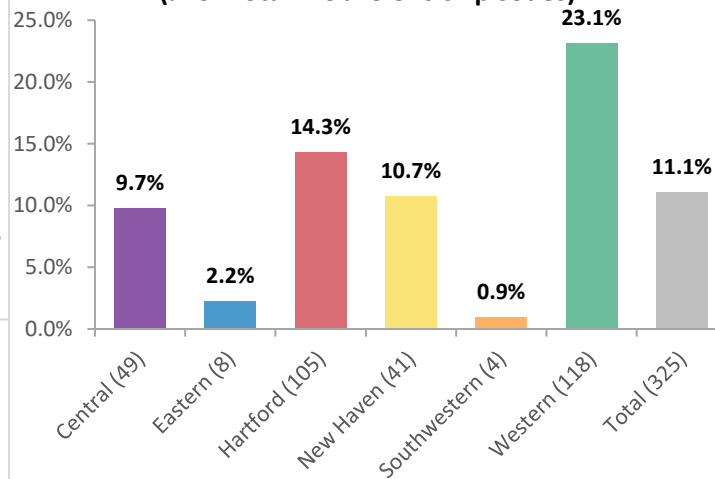
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	41.3%	0.7%	38.7%	0.2%	0.9%	1.6%	11.1%	0.1%	0.9%	3.1%	0.1%	0.2%	0.6%	0.3%	0.1%	0.1%
CENTRAL	42.9%	0.6%	36.5%	0.4%	3.2%	1.4%	9.7%	0.4%	0.8%	3.2%	0.0%	0.2%	0.4%	0.4%	0.0%	0.0%
CHR:MidHosp	42.9%	0.8%	36.5%	0.0%	0.0%	0.0%	11.1%	0.8%	0.8%	4.8%	0.0%	0.8%	0.0%	1.6%	0.0%	0.0%
CHR	42.9%	0.5%	36.5%	0.5%	4.2%	1.9%	9.3%	0.3%	0.8%	2.6%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%
EASTERN	51.2%	0.6%	36.8%	0.3%	0.6%	1.7%	2.2%	0.0%	0.3%	4.7%	0.3%	0.6%	0.3%	0.3%	0.3%	0.0%
UCFS:NE	51.6%	0.0%	38.9%	0.8%	0.0%	1.6%	1.6%	0.0%	0.0%	4.8%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%
UCFS:SE	51.1%	0.9%	35.7%	0.0%	0.9%	1.7%	2.6%	0.0%	0.4%	4.7%	0.4%	0.9%	0.4%	0.0%	0.4%	0.0%
HARTFORD	36.1%	0.7%	38.7%	0.3%	0.3%	1.9%	14.3%	0.1%	1.2%	4.2%	0.3%	0.3%	1.4%	0.1%	0.1%	0.0%
Wheeler:Htfd	27.4%	1.0%	35.2%	0.0%	0.3%	2.3%	23.9%	0.3%	2.3%	3.9%	0.3%	0.3%	2.9%	0.0%	0.0%	0.0%
Wheeler:Meridn	41.6%	0.9%	42.5%	0.0%	0.0%	0.9%	8.0%	0.0%	0.9%	4.4%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%
Wheeler:NBrit	42.8%	0.3%	40.8%	0.6%	0.3%	1.9%	7.1%	0.0%	0.3%	4.5%	0.3%	0.3%	0.3%	0.3%	0.0%	0.0%
NEW HAVEN	43.6%	1.3%	39.6%	0.0%	0.3%	0.8%	10.8%	0.0%	0.0%	2.6%	0.0%	0.0%	0.5%	0.5%	0.0%	0.0%
CliffBeers	43.6%	1.3%	39.6%	0.0%	0.3%	0.8%	10.8%	0.0%	0.0%	2.6%	0.0%	0.0%	0.5%	0.5%	0.0%	0.0%
SOUTHWESTERN	47.5%	0.2%	46.7%	0.0%	0.9%	1.3%	0.9%	0.0%	1.6%	0.7%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
CFG:South	61.4%	1.0%	30.7%	0.0%	2.0%	4.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CFG:Nrwlk	47.9%	0.0%	47.1%	0.0%	0.8%	1.7%	0.0%	0.0%	1.7%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%
CFG:EMPS	41.2%	0.0%	53.5%	0.0%	0.4%	0.0%	1.8%	0.0%	1.8%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WESTERN	33.6%	0.8%	35.2%	0.2%	0.4%	2.0%	23.2%	0.0%	0.8%	2.8%	0.0%	0.4%	0.2%	0.6%	0.0%	0.0%
Well:Dnby	47.3%	0.0%	38.7%	0.0%	1.1%	4.3%	2.2%	0.0%	2.2%	2.2%	0.0%	1.1%	1.1%	0.0%	0.0%	0.0%
Well:Torr	38.6%	1.4%	47.1%	0.0%	0.0%	1.4%	1.4%	0.0%	1.4%	5.7%	0.0%	0.0%	0.0%	2.9%	0.0%	0.0%
Well:Wtby	28.9%	0.9%	31.8%	0.3%	0.3%	1.4%	33.2%	0.0%	0.3%	2.3%	0.0%	0.3%	0.0%	0.3%	0.0%	0.0%

Figure 38. Type of Emergency Dept. Referral



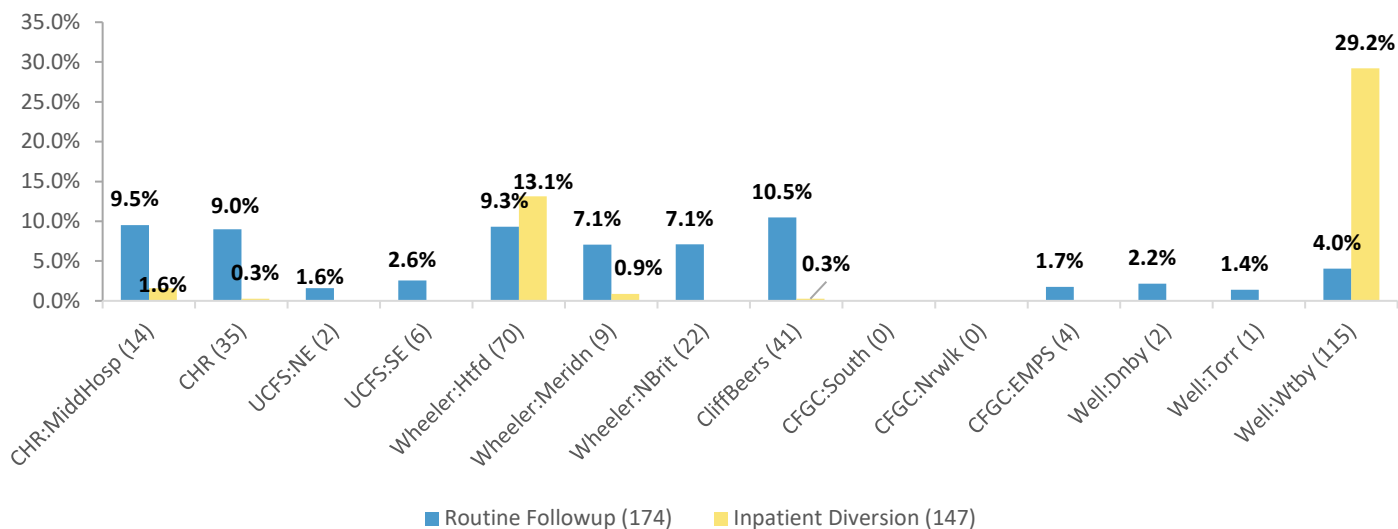
Note: Count total ED referrals are in parenthesis

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



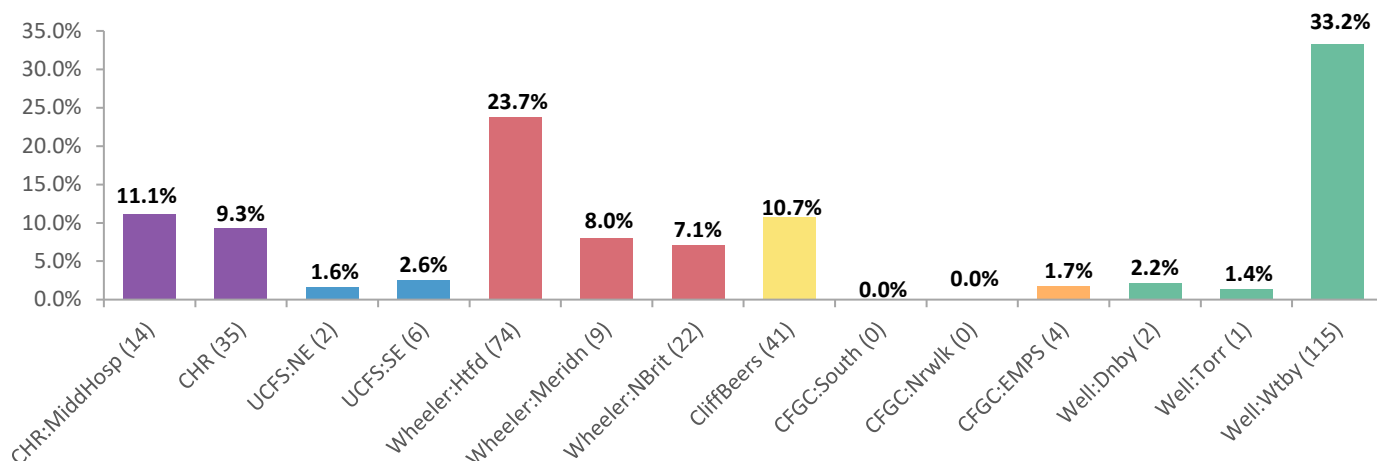
Note: Count total ED referrals are in parenthesis

Figure 40. Type of Emergency Department Referrals by Provider



Note: Count total ED referrals are in parenthesis

Figure 41. Emergency Dept. Referrals (% of Total Mobile Crisis Episodes) by Provider



Note: Count total ED referrals are in parenthesis.

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

Figure 42. 2-1-1 Recommended Initial Response

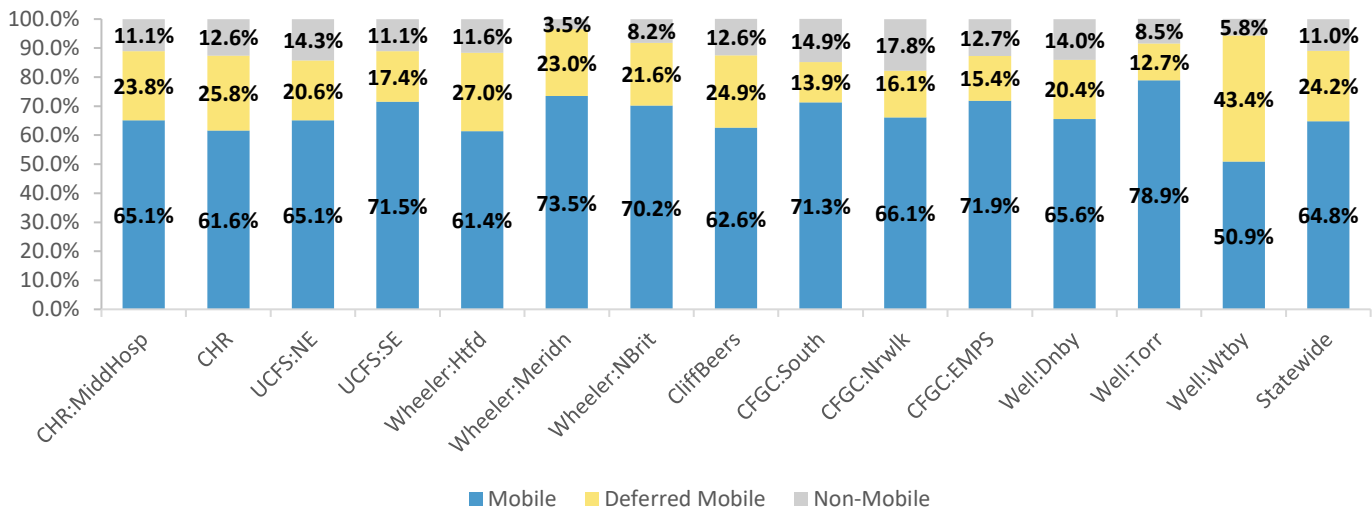


Figure 43. Actual Initial Mobile Crisis Provider Response

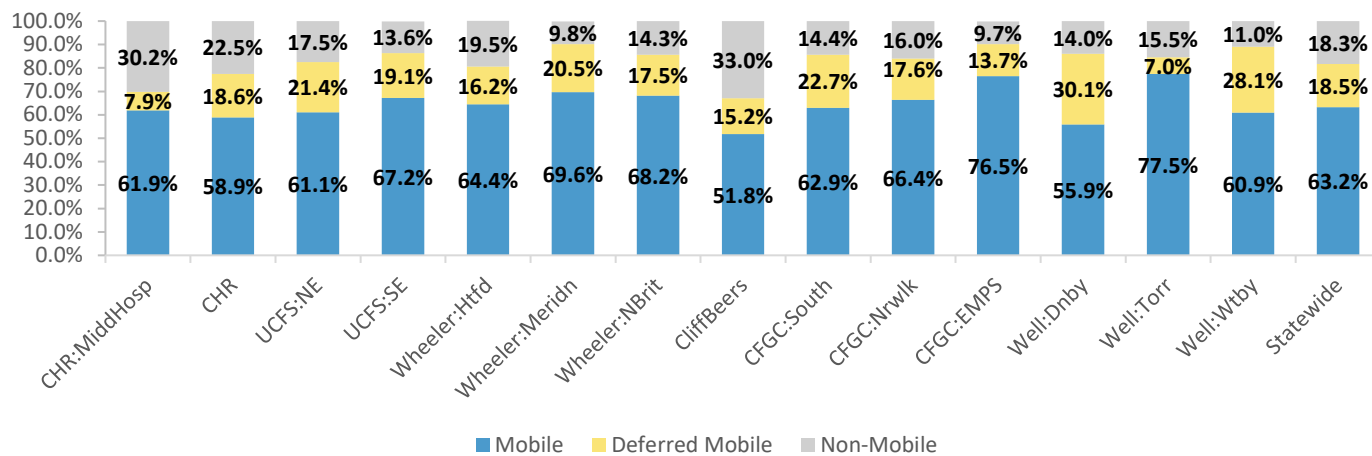


Figure 44. 211-Recommended Response - Old vs. New Hours

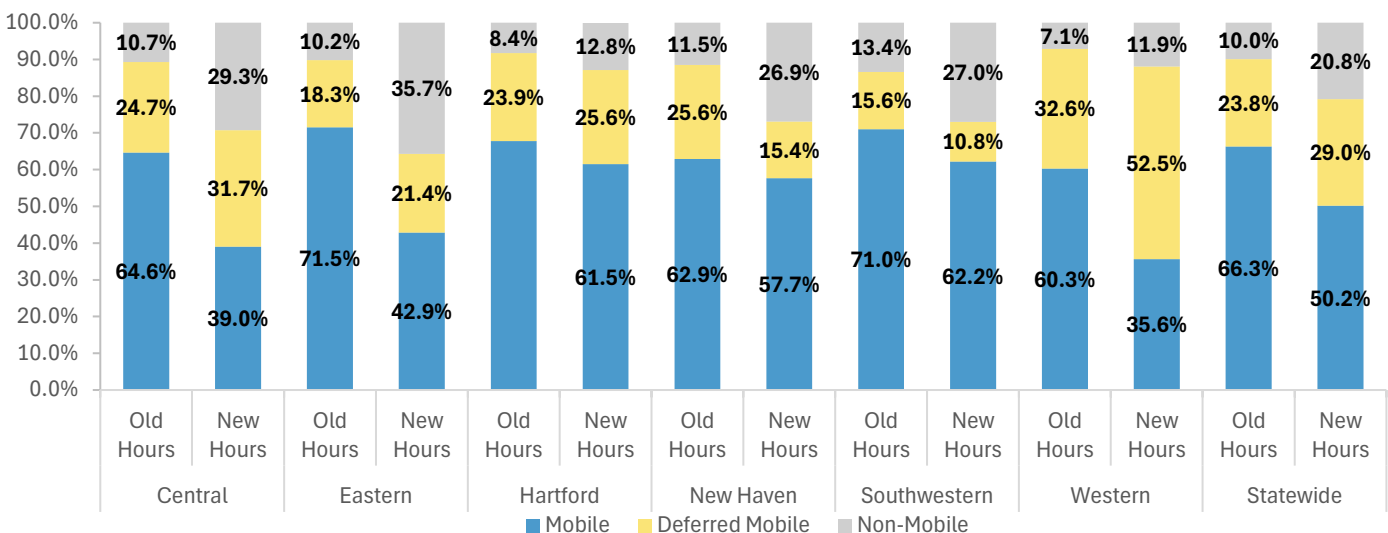


Figure 45. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile

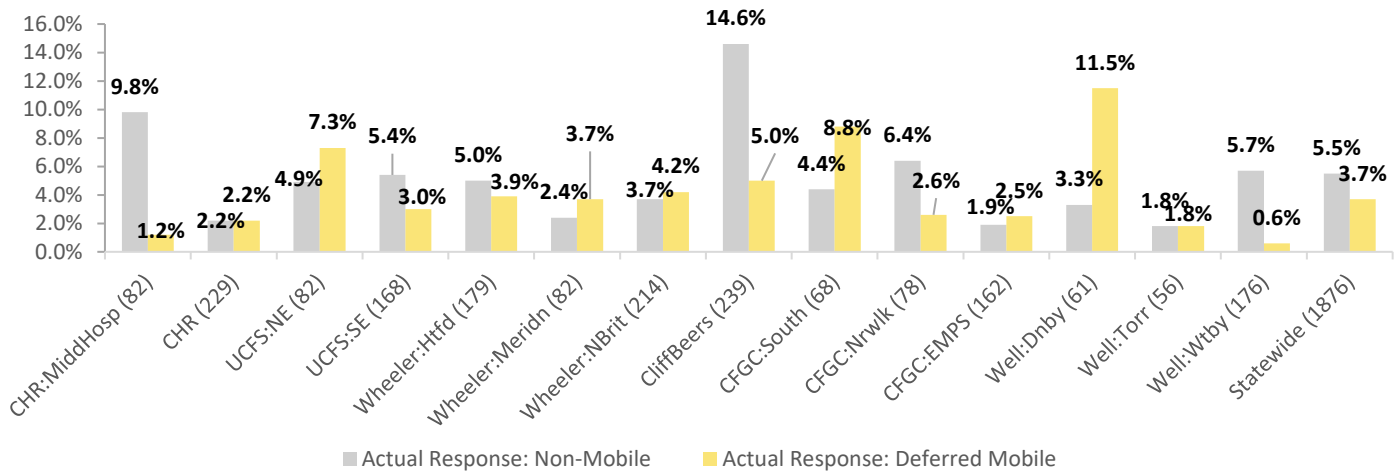


Figure 46. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile

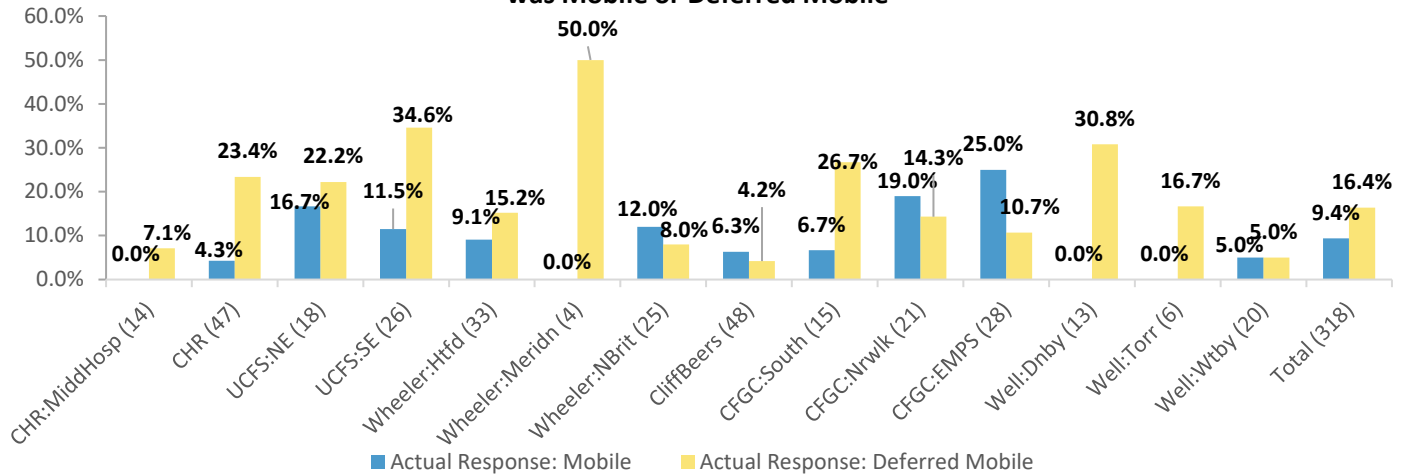


Figure 47. Mobile Response by Service Area

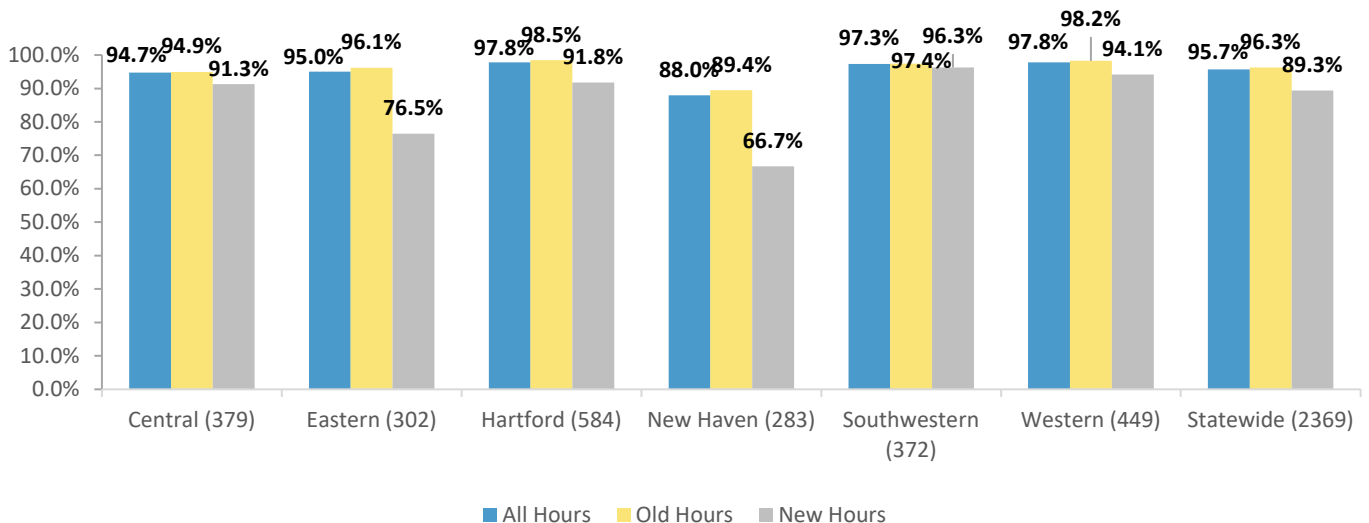
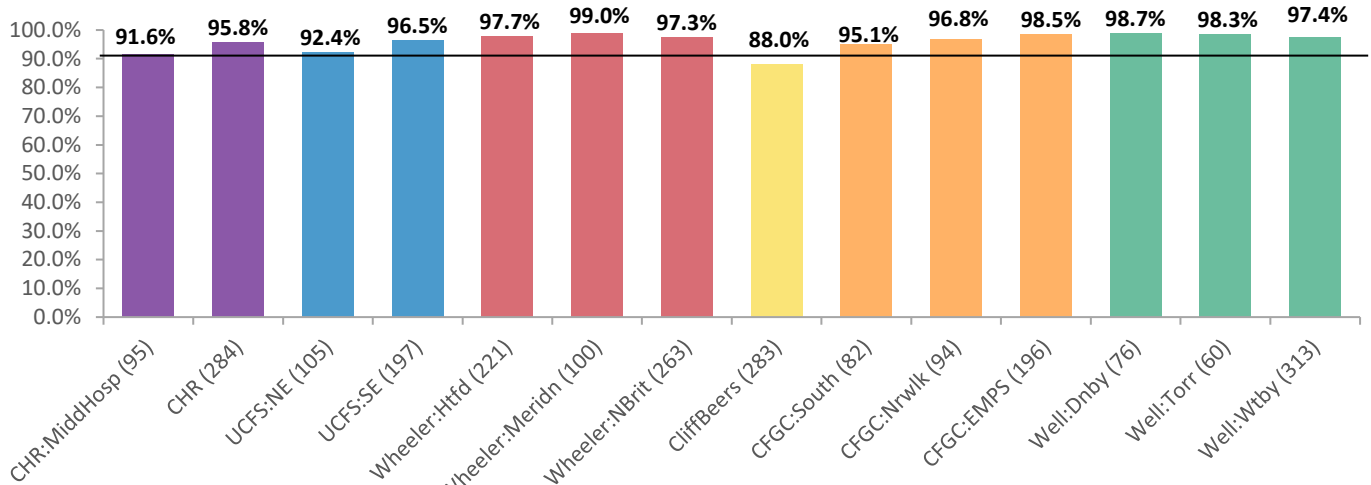


Figure 48. Mobile Response (Mobile & Deferred Mobile) By Provider



Note: Counts of 211-recommended mobile episodes are in parentheses.

Goal = 90%

Section VIII: Response Time

Figure 49. Mobile Episodes with a Response time Under 45 minutes

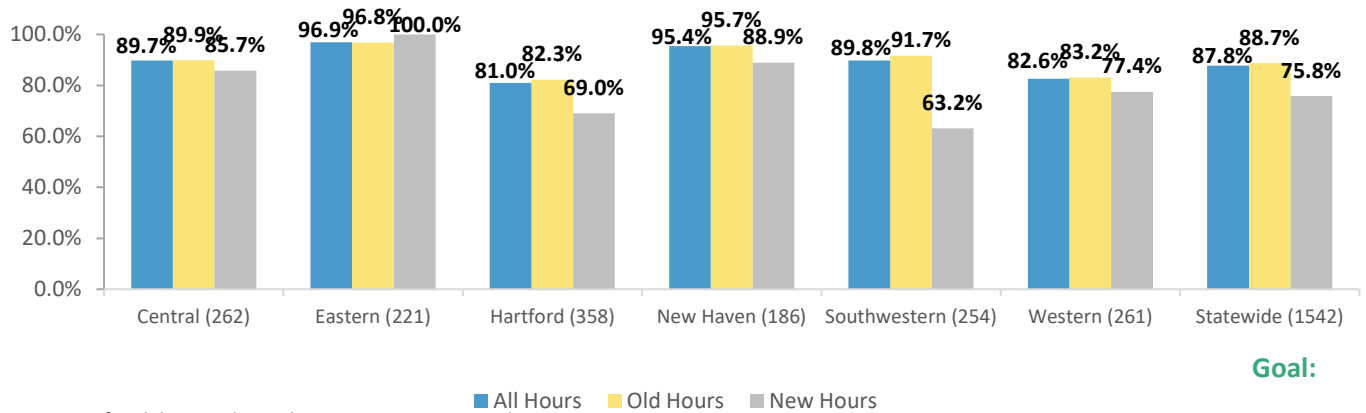


Figure 50. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider

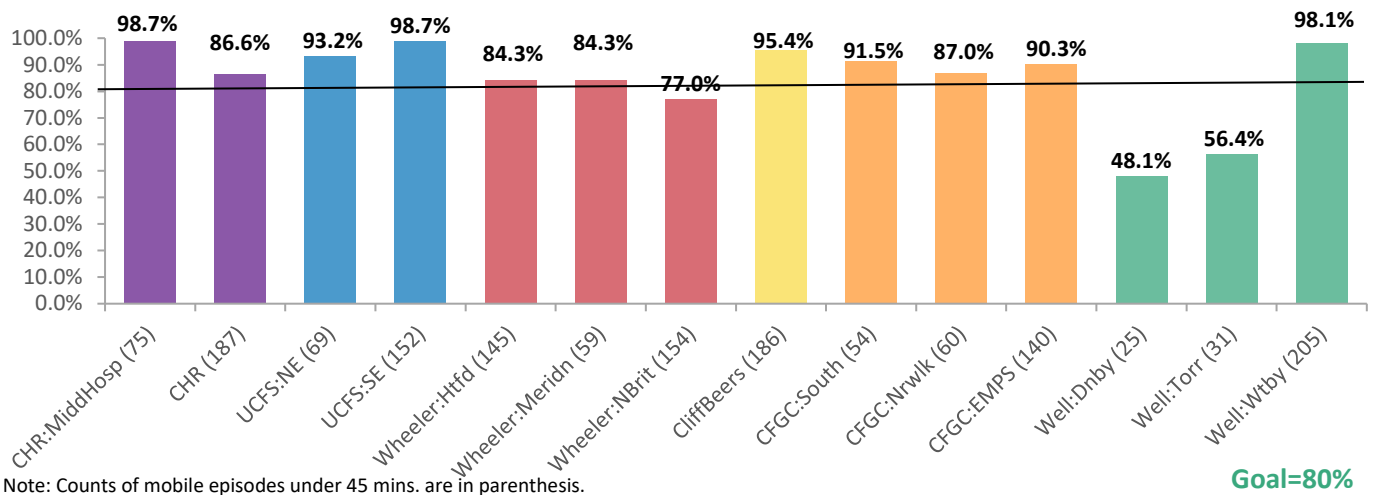


Figure 51. Median Mobile Response Time by Service Area in Minutes

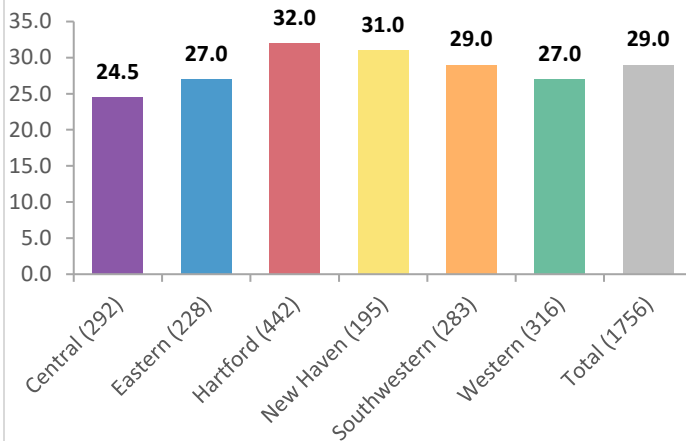


Figure 52. Median Mobile Response Time by Provider in Minutes

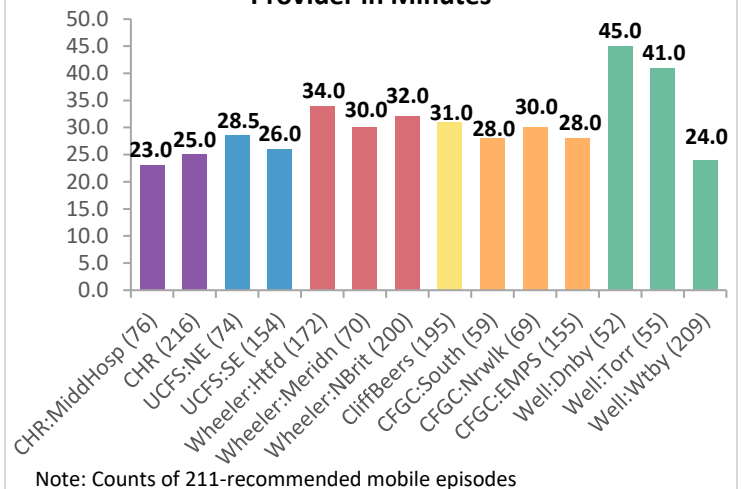
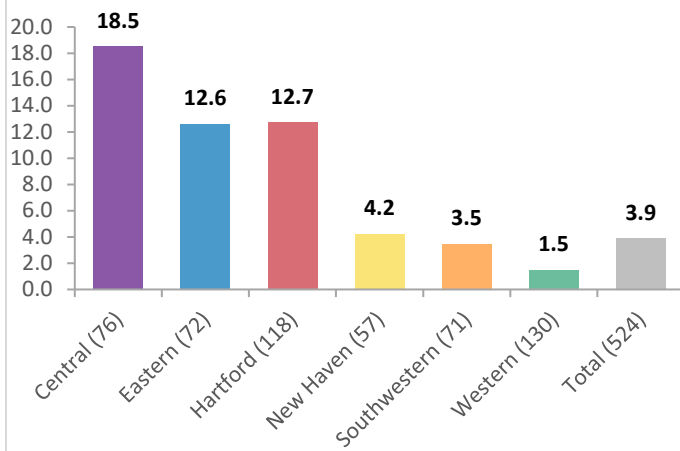
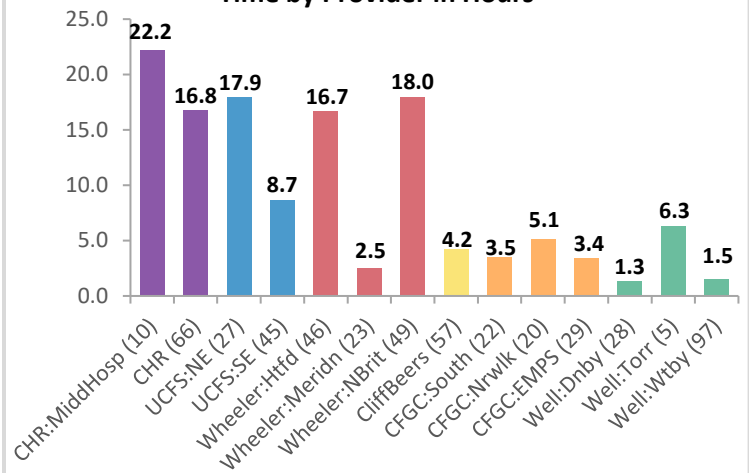


Figure 53. Median Deferred Mobile Response Time by Provider in Hours



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	1.7	13.9	20.8	0.0	7.0	20.0	24.3%	54.7%	2.7%	1.6	12.0	19.5	0.0	5.0	17.0	24.5%	45.5%	2.1%		
2	Central	2.8	4.6	21.1	2.0	3.0	21.0	51.3%	17.9%	2.3%	3.3	4.8	20.2	2.0	2.0	20.0	53.8%	17.4%	1.8%		
3	CHR/MiddHosp-EMPS	5.5	4.9	14.8	5.0	3.0	13.5	80.6%	20.8%	0.0%	6.2	5.2	15.3	5.0	3.0	13.0	79.3%	19.4%	0.0%		
4	CHR-EMPS	1.7	3.0	22.6	1.0	3.5	22.0	38.3%	0.0%	2.8%	1.7	1.2	21.4	1.0	0.0	21.0	39.5%	0.0%	2.2%		
5	Eastern	0.5	5.2	24.0	0.0	5.0	21.5	13.9%	32.8%	3.6%	0.4	4.3	24.3	0.0	4.0	22.0	9.5%	15.0%	4.8%		
6	UCFS-EMPS:NE	0.4	5.2	24.8	0.0	5.0	22.0	14.3%	36.8%	4.3%	0.4	4.3	24.7	0.0	4.0	22.0	13.1%	15.7%	2.9%		
7	UCFS-EMPS:SE	0.5	5.2	23.4	0.0	5.0	21.0	13.6%	30.9%	3.0%	0.3	4.3	23.9	0.0	4.0	21.5	7.3%	14.6%	6.1%		
8	Hartford	1.4	5.3	18.6	0.0	2.0	16.0	24.0%	23.7%	0.2%	1.4	4.7	17.4	0.0	2.0	15.0	27.3%	21.9%	0.1%		
9	Wheeler-EMPS:Htfd	0.9	6.5	21.3	0.0	1.0	21.0	20.7%	23.2%	0.0%	1.1	5.6	20.5	0.0	1.0	20.0	24.7%	25.6%	0.0%		
10	Wheeler-EMPS:Meridn	2.9	9.4	19.2	0.0	5.5	18.0	33.3%	50.0%	0.0%	2.1	7.1	17.9	0.0	3.0	16.0	33.3%	37.3%	0.4%		
11	Wheeler-EMPS:NBrit	1.9	3.0	15.9	0.0	2.0	13.0	28.0%	15.9%	0.5%	1.7	3.4	14.7	0.0	2.0	13.0	28.5%	15.2%	0.1%		
12	New Haven	0.7	23.8	30.6	0.0	19.5	30.0	10.1%	88.1%	13.5%	0.5	20.9	31.1	0.0	18.0	28.0	7.2%	83.0%	12.5%		
14	CliffBeers-EMPS	0.7	23.8	30.6	0.0	19.5	30.0	10.1%	88.1%	13.5%	0.5	20.9	31.1	0.0	18.0	28.0	7.2%	83.0%	12.5%		
15	Southwestern	3.0	22.4	37.3	0.0	21.0	41.0	12.5%	78.8%	10.3%	1.3	20.7	37.0	0.0	18.0	40.0	8.3%	73.7%	10.3%		
16	CFGC/South-EMPS	0.0	9.7	36.6	0.0	3.0	41.0	0.0%	35.3%	4.4%	0.4	6.2	35.3	0.0	1.0	40.5	3.3%	28.9%	1.7%		
17	CFGC-EMPS:Nrwlk	3.4	23.8	35.5	0.0	22.0	27.0	26.3%	89.5%	16.7%	1.4	22.7	32.0	0.0	20.0	27.5	11.8%	82.9%	18.8%		
18	CFGC-EMPS	4.1	24.8	43.4	0.0	24.0	45.0	9.7%	83.7%	42.9%	1.7	24.3	48.7	0.0	22.0	45.0	8.5%	83.6%	47.8%		
19	Western	2.5	4.9	18.7	0.0	3.0	16.0	29.6%	23.2%	3.8%	3.4	3.0	17.1	0.0	2.0	15.0	35.3%	9.2%	2.6%		
20	Well-EMPS:Dnby	5.6	7.7	19.0	3.5	7.0	15.0	50.0%	53.3%	3.6%	6.2	3.7	17.1	1.0	2.0	15.0	42.9%	19.2%	3.0%		
21	Well-EMPS:Torr	1.0	5.8	22.2	0.0	1.0	21.0	25.0%	25.0%	5.9%	2.4	2.5	18.3	0.5	1.0	15.0	37.0%	6.5%	4.8%		
22	Well-EMPS:Wtby	1.7	4.1	17.8	0.0	2.0	15.0	23.7%	15.9%	3.3%	2.5	3.0	16.9	0.0	2.0	14.0	31.5%	7.5%	2.0%		

* Discharged episodes with end dates from July 1, 2024 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	STATEWIDE	589	1022	1299	143	559	35	2278	3647	4535	558	1658	97
2	Central	117	28	397	60	5	9	403	115	1353	217	20	24
3	CHR/MiddHosp-EMPS	36	24	74	29	5	0	145	103	269	115	20	0
4	CHR-EMPS	81	4	323	31	0	9	258	12	1084	102	0	24
5	Eastern	79	238	56	11	78	2	336	881	166	32	132	8
6	UCFS-EMPS:NE	35	76	23	5	28	1	130	280	68	17	44	2
7	UCFS-EMPS:SE	44	162	33	6	50	1	206	601	98	15	88	6
8	Hartford	146	177	432	35	42	1	620	599	1540	169	131	2
9	Wheeler-EMPS:Htfd	87	69	178	18	16	0	287	207	583	71	53	0
10	Wheeler-EMPS:Meridn	9	26	63	3	13	0	63	83	243	21	31	1
11	Wheeler-EMPS:NBrit	50	82	191	14	13	1	270	309	714	77	47	1
12	New Haven	129	252	37	13	222	5	414	859	128	30	713	16
14	CliffBeers-EMPS	129	252	37	13	222	5	414	859	128	30	713	16
15	Southwestern	64	245	58	8	193	6	253	856	155	21	631	16
16	CFGC/South-EMPS	14	34	45	0	12	2	60	152	116	2	44	2
17	CFGC-EMPS:Nrwlk	19	76	6	5	68	1	76	246	16	9	204	3
18	CFGC-EMPS	31	135	7	3	113	3	117	458	23	10	383	11
19	Western	54	82	319	16	19	12	252	337	1193	89	31	31
20	Well-EMPS:Dnby	12	15	55	6	8	2	63	52	234	27	10	7
21	Well-EMPS:Torr	4	4	51	1	1	3	46	31	165	17	2	8
22	Well-EMPS:Wtby	38	63	213	9	10	7	143	254	794	45	19	16

* Discharged episodes with end dates from July 1, 2024 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	109.1	38.2	42.5	44.0	31.0	25.0	96.6%	90.2%	30.9%	59	122	162	57	110	50
2	Central	123.1	66.6	61.8	91.5	41.0	48.0	87.5%	100.0%	52.3%	8	10	65	7	10	34
3	CHR/MiddHosp-EMPS	95.5	73.0	120.2	95.5	68.0	130.0	75.0%	100.0%	83.3%	4	3	12	3	3	10
4	CHR-EMPS	150.8	63.9	48.5	91.5	21.0	26.0	100.0%	100.0%	45.3%	4	7	53	4	7	24
5	Eastern	.	6.8	39.6	.	7.0	39.0	0.0%	75.0%	28.6%	0	4	7	0	3	2
6	UCFS-EMPS:NE	.	13.0	47.0	.	13.0	47.0	0.0%	100.0%	66.7%	0	1	3	0	1	2
7	UCFS-EMPS:SE	.	4.7	34.0	.	7.0	35.0	0.0%	66.7%	0.0%	0	3	4	0	2	0
8	Hartford	61.1	42.3	30.3	44.0	31.0	21.0	88.9%	85.7%	21.2%	9	14	33	8	12	7
9	Wheeler-EMPS:Htfd	106.5	43.5	41.6	56.5	41.0	20.5	100.0%	100.0%	25.0%	4	8	12	4	8	3
10	Wheeler-EMPS:Meridn	19.0	32.0	30.4	19.0	31.0	27.0	100.0%	100.0%	23.1%	2	3	13	2	3	3
11	Wheeler-EMPS:NBrit	28.7	49.3	13.1	41.0	2.0	7.5	66.7%	33.3%	12.5%	3	3	8	2	1	1
12	New Haven	188.0	27.8	.	188.0	23.0	.	100.0%	81.8%	0.0%	1	11	0	1	9	0
14	CliffBeers-EMPS	188.0	27.8	.	188.0	23.0	.	100.0%	81.8%	0.0%	1	11	0	1	9	0
15	Southwestern	80.5	38.5	23.1	80.5	38.0	21.0	100.0%	93.5%	7.1%	2	77	14	2	72	1
16	CFGC/South-EMPS	80.5	39.1	19.5	80.5	20.0	20.0	100.0%	77.8%	0.0%	2	9	11	2	7	0
17	CFGC-EMPS:Nrwlk	.	41.8	.	.	42.0	.	0.0%	100.0%	0.0%	0	18	0	0	18	0
18	CFGC-EMPS	.	37.2	36.0	.	33.0	34.0	0.0%	94.0%	33.3%	0	50	3	0	47	1
19	Western	116.7	18.7	29.7	34.0	14.5	20.0	100.0%	66.7%	14.0%	39	6	43	39	4	6
20	Well-EMPS:Dnby	94.5	32.7	29.3	42.0	22.0	25.0	100.0%	100.0%	28.6%	8	3	7	8	3	2
21	Well-EMPS:Torr	106.2	.	26.0	29.0	.	25.0	100.0%	0.0%	20.0%	14	0	5	14	0	1
22	Well-EMPS:Wtby	135.8	4.7	30.4	35.0	1.0	19.0	100.0%	33.3%	9.7%	17	3	31	17	1	3

* Data includes episodes still in care with start dates from July 1, 2024 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

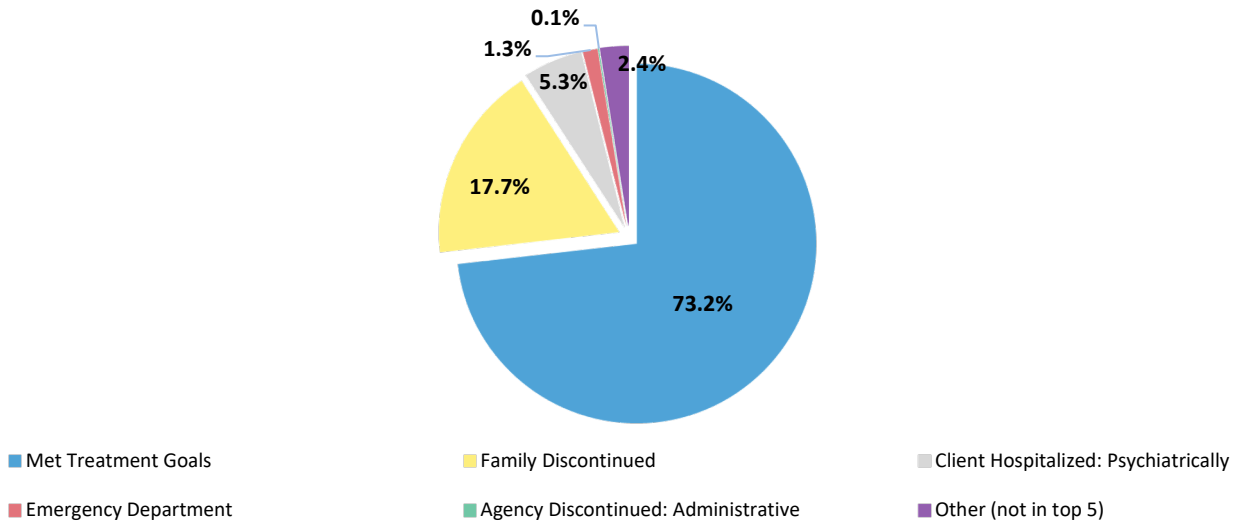


Figure 56. Top Six Places Clients Live at Discharge Statewide

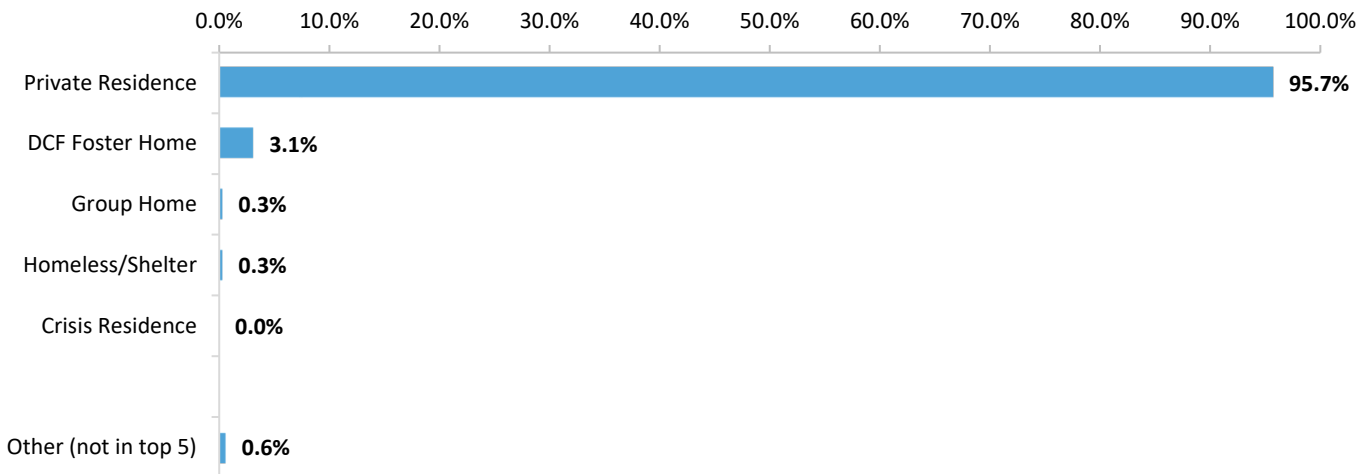
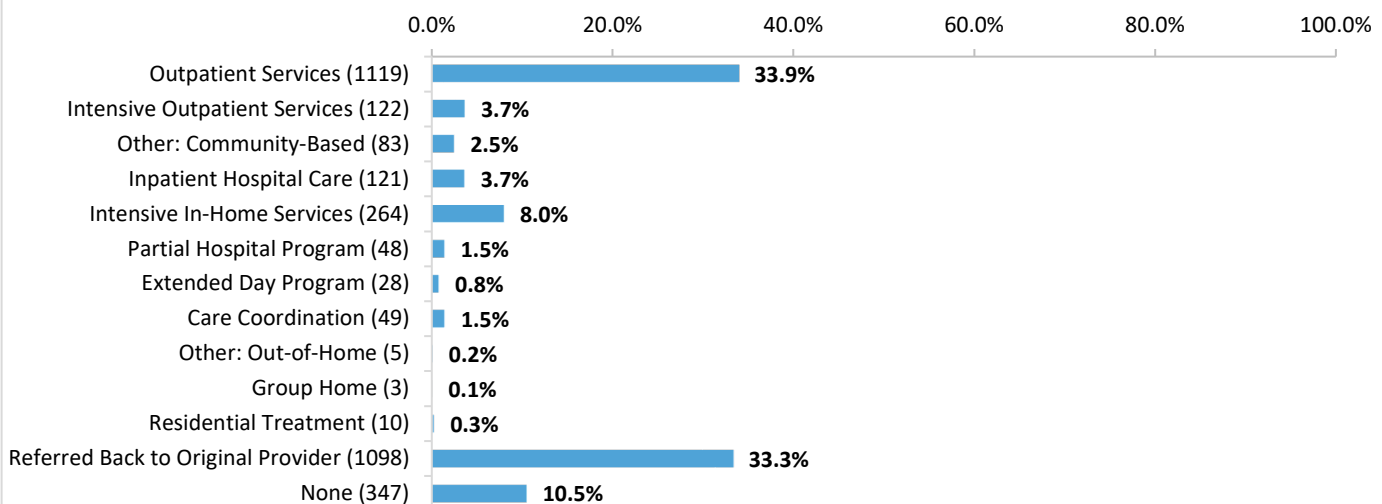


Figure 57. Type of Services Client Referred* to at Discharge Statewide



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 (paired intake & discharge)</i>	<i>Mean (paired intake)</i>	<i>Mean (paired discharge)</i>	<i>Mean Difference (paired cases)</i>	<i>t-score</i>	<i>Sig.</i>	† .05-.10 * <i>P</i> < .05 ** <i>P</i> < .01
STATEWIDE							
Parent Functioning Score	136	41.51	43.42	1.91	2.87	0.005	**
Worker Functioning Score	883	46.03	48.18	2.15	8.42	<.001	**
Parent Problem Score	136	27.63	26.33	-1.29	-2.68	0.008	**
Worker Problem Score	883	27.48	24.59	-2.89	-11.52	<.001	**
Central							
Parent Functioning Score	78	40.24	40.33	0.09	1.31	0.196	
Worker Functioning Score	249	47.71	48.08	0.37	2.24	0.026	*
Parent Problem Score	78	27.55	27.46	-0.09	-1.35	0.180	
Worker Problem Score	249	27.12	26.41	-0.72	-2.97	0.003	**
Eastern							
Parent Functioning Score	14	32.36	44.36	12.00	2.59	0.023	*
Worker Functioning Score	26	41.73	46.85	5.12	2.25	0.034	*
Parent Problem Score	14	35.36	28.21	-7.14	-2.15	0.051	†
Worker Problem Score	26	31.38	25.54	-5.85	-3.03	0.006	**
Hartford							
Parent Functioning Score	22	46.36	48.59	2.23	1.78	0.090	†
Worker Functioning Score	318	45.29	46.93	1.64	3.75	<.001	**
Parent Problem Score	22	24.18	23.95	-0.23	-0.19	0.849	
Worker Problem Score	318	28.43	25.79	-2.64	-5.35	<.001	**
New Haven							
Parent Functioning Score	10	40.10	41.90	1.80	0.84	0.425	
Worker Functioning Score	22	49.32	50.27	0.96	0.94	0.358	
Parent Problem Score	10	36.60	34.60	-2.00	-0.90	0.393	
Worker Problem Score	22	27.14	26.41	-0.73	-0.68	0.507	
Southwestern							
Parent Functioning Score	11	53.73	55.18	1.46	0.41	0.688	
Worker Functioning Score	26	48.27	49.73	1.46	1.24	0.225	
Parent Problem Score	11	16.64	13.27	-3.36	-1.64	0.133	
Worker Problem Score	26	21.62	19.69	-1.92	-1.43	0.165	
Western							
Parent Functioning Score	1	41.00	43.00	0.00	0.00	0.000	N/A
Worker Functioning Score	242	45.19	49.69	4.51	7.26	<.001	**
Parent Problem Score	1	32.00	25.00	0.00	0.00	0.000	N/A
Worker Problem Score	242	26.84	21.41	-5.43	-11.24	<.001	**

paired' = Number of cases with both intake and discharge scores

† .05-.10,

* *P* < .05,***P* < .01

Section X: Client & Referral Source Satisfaction

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

2-1-1 Items	Clients (n=76)	Referrers (n=71)
The 2-1-1 staff answered my call in a timely manner	4.70	4.80
The 2-1-1 staff was courteous	4.81	4.83
The 2-1-1 staff was knowledgeable	4.65	4.74
My phone call was quickly transferred to the EMPS provider	4.63	4.67
Sub-Total Mean: 2-1-1	4.70	4.76
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.70	4.73
The Mobile Crisis staff was respectful	4.83	4.81
The Mobile Crisis staff was knowledgeable	4.73	4.74
The Mobile Crisis staff spoke to me in a way that I understood	4.75	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)	4.40	X
The services or resources my child and/or family received were right for us	4.43	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	4.43
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.59	4.73
Sub-Total Mean: Mobile Crisis	4.63	4.69
Overall Mean Score	4.66	4.76

* 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:

- The clinician was awesome. They coordinated everything and alleviated a tremendous amount of stress.
- MCI was accommodating for me and my autistic child.
- Caller feels the hold time for 211 is too long and it takes too long to get transferred to a clinician.
- Caller feels the demographics should be stored in PIE rather than a new form being filled out each time.
- Parent reports that the clinician that intervened was very sweet and caring.
- Caller feels MCI did not give her enough parental controls in their decision-making process.

Referrer Comments:

- Provider was extremely happy to receive a follow-up call from the clinician who did the assessment.
- Caller reports MCI clinician was patient and worked really well with the student.
- Caller feels MCI could have done more follow through with family and provided more wraparound services.
- Caller reports the arrival time of MCI could improve

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 (224)*	53%	67%	54%	38%	52%	41%	52%	49%	19%	49%	50%	50%	63%	9%	15%
CHR:MidHosp (15)*	47%	60%	53%	53%	53%	47%	53%	47%	53%	40%	47%	27%	53%	0%	0%
CHR (28)*	36%	57%	36%	82%	29%	39%	43%	32%	11%	29%	36%	36%	43%	7%	13%
UCFS:NE (7)*	71%	71%	57%	71%	71%	57%	71%	71%	71%	71%	71%	57%	71%	43%	50%
UCFS:SE (14)*	79%	100%	86%	100%	79%	57%	79%	71%	86%	93%	71%	86%	100%	36%	45%
Wheeler:Htfd (19)*	68%	89%	84%	0%	58%	21%	74%	68%	11%	63%	58%	63%	74%	0%	0%
Wheeler:Meridn (9)*	67%	78%	56%	11%	56%	56%	56%	44%	0%	89%	44%	56%	89%	0%	0%
Wheeler:NBrit (27)^	63%	78%	52%	7%	48%	26%	48%	44%	0%	59%	56%	0%	74%	0%	0%
CliffBeers (20)*	90%	90%	90%	80%	85%	80%	75%	75%	60%	75%	95%	90%	90%	45%	50%
CFGC:South (5)	80%	100%	60%	20%	80%	40%	80%	80%	0%	60%	60%	80%	100%	0%	0%
CFGC:Nrwlk (18)*^	33%	56%	39%	72%	44%	44%	39%	44%	6%	28%	44%	44%	61%	0%	0%
CFGC:EMPS (0)*	Bridgeport and Norwalk staff counted together under Norwalk site														
Well:Dnby (1)*	0%	100%	100%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%
Well:Torr (1)*	100%	100%	100%	0%	100%	0%	0%	100%	0%	100%	100%	100%	100%	0%	0%
Well:Wtby (60)*^	33%	45%	35%	2%	42%	33%	37%	37%	0%	30%	32%	35%	42%	0%	0%
Full-Time Staff Only (138)	70%	80%	73%	45%	66%	56%	68%	64%	26%	62%	64%	65%	75%	14%	

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, 2024.

^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

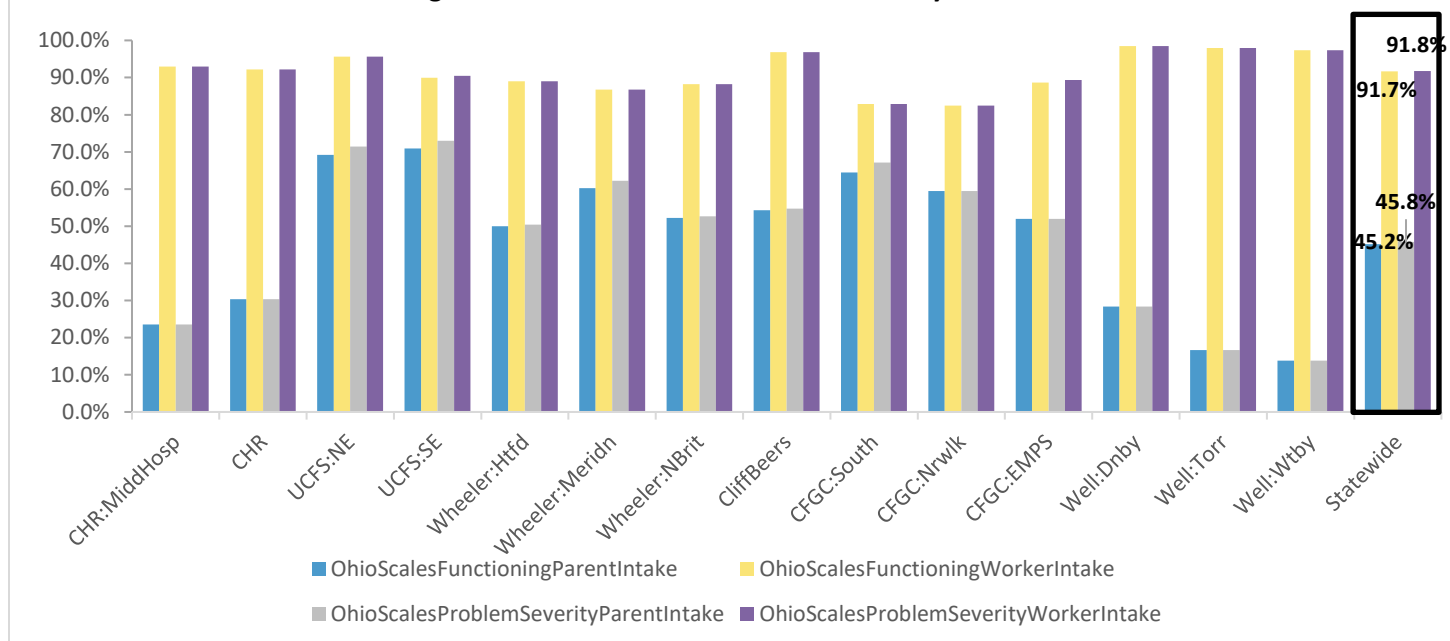
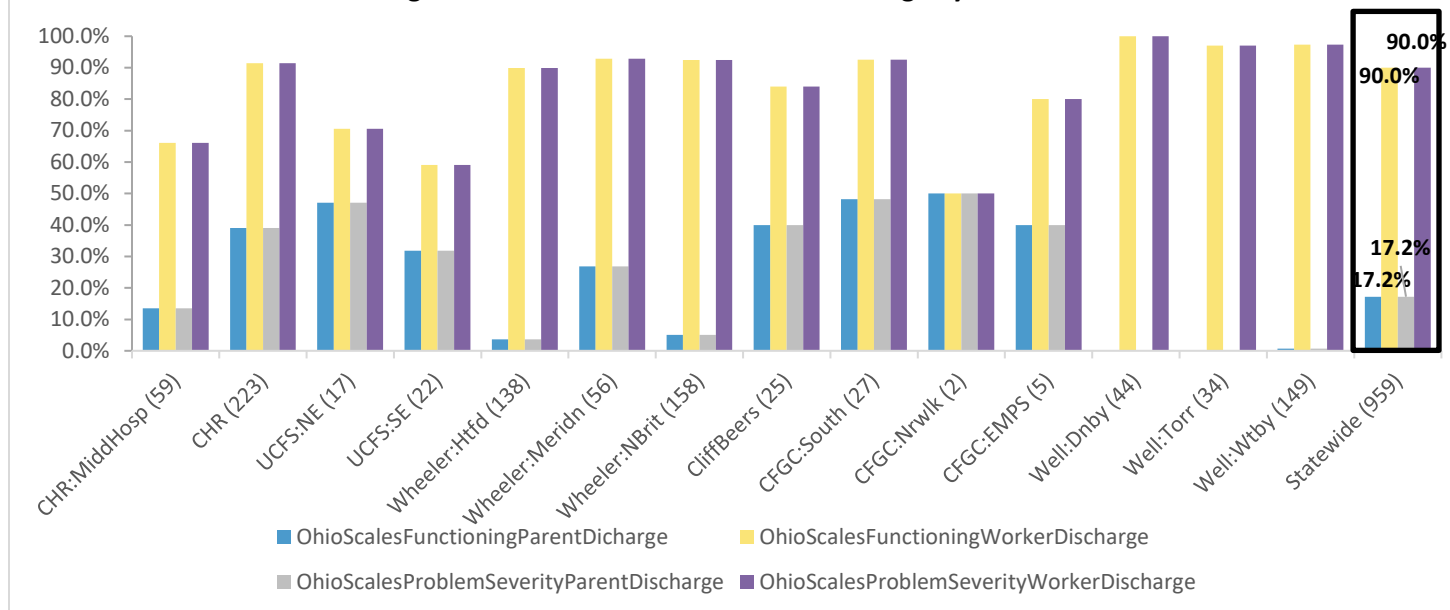


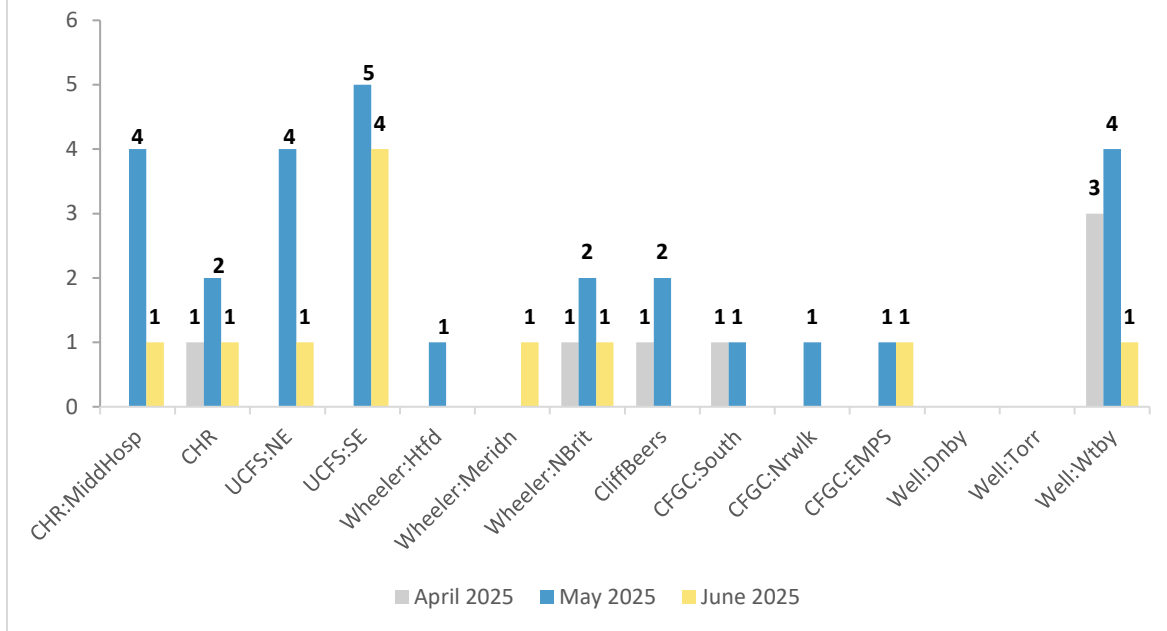
Figure 59. Ohio Scales Collected at Discharge by Provider



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.