



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

FY2026: Quarter 3

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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.....	11
Figure 1. Total Call Volume by Call Type	11
Figure 2. Total Call Volume per Quarter by Call Type	11
Figure 3. Mobile Crisis Response Episodes by Service Area	11
Figure 4. Mobile Crisis Episodes per Quarter by Service Area	11
Figure 5. Number Served Per 1,000 Children.....	11
Figure 6. Number Served per 1,000 Children per Quarter by Service Area.....	11
Figure 7. Number Served Per 1,000 Children in Poverty	12
Figure 8. Number Served Per 1,000 Children in Poverty	12
Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area.....	12
Figure 10. Mobile Response (Mobile and Deferred Mobile) per Quarter by Service Area	12
Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes	12
Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area.....	12
Section III: Mobile Crisis Response	13
Figure 13. Total Call Volume by Call Type	13
Figure 14. Statewide 2-1-1 Disposition Frequency	13
Figure 15. Mobile Crisis Response Episodes by Provider	13
Figure 16. Number Served Per 1,000 Children by Provider	14
Figure 17. Episode Intervention Crisis Response Types by Service Area	14
Figure 18. Episode Intervention Crisis Response Type by Provider	14
Section IV: Demographics	15
Figure 19. Sex of Children Served Statewide	15
Figure 20. Age Groups of Children Served Statewide	15
Figure 21. Ethnic Background of Children Served Statewide.....	15
Figure 22. Race of Children Served Statewide	15
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.....	16
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.....	17
Figure 29. Distribution of Client Secondary Diagnosis Categories 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.....	20
Figure 32. Children Meeting SED Criteria by Service Area.....	21
Figure 33. Children with Trauma Exposure Reported at Intake by Service Area	21
Figure 34. Type of Trauma Reported at Intake by Service Area	21
Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of care	21
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	21

Section VI: Referral Sources	22
Figure 37. Referral Sources Statewide	22
Figure 38. Type of Emergency Dept. Referral	22
Figure 39. Emergency Dept. Referral	22
Figure 40. Type of Emergency Department Referrals by Provider	22
Figure 41. Emergency Dept. Referral (% of Total Mobile Crisis Episodes) by Provider	23
Section VII: 2-1-1 Recommendations and Mobile Crisis Response	23
Figure 42. 2-1-1 Recommended Initial Response	24
Figure 43. Actual Initial Mobile Crisis Provider Response.....	24
Figure 44. 2-1-1 Recommended Response New/Old Hours.....	24
Figure 45. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile	25
Figure 46. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile	25
Figure 47. Mobile Response (Mobile & Deferred Mobile) By Service Area	25
Figure 48. Mobile Response (Mobile & Deferred Mobile) By Provider	26
Section VIII: Response Time	27
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	27
Figure 51. Median Mobile Response Time by Service Area in Minutes.....	27
Figure 52. Median Mobile Response Time by Provider in Minutes.....	27
Figure 53. Median Deferred Mobile Response Time by Service Area in Hours	28
Figure 54. Median Deferred Mobile Response Time by Provider in Hours.....	28
Section IX: Length of Stay and Discharge Information.....	29
Table 1. Length of Stay for Discharged Episodes of Care in Days	29
Table 2. Length of Stay for Open Episodes of Care in Days	29
Figure 55. Top Five Reasons for Client Discharge Statewide	30
Figure 56. Top Five Places Clients Live at Discharge Statewide	30
Figure 57. Type of Services Client Referred* to at Discharge Statewide	30
Table 3. Ohio Scales Scores by Service Area	31
Section X: Client & Referral Source Satisfaction	32
Table 4. Client and Referrer Satisfaction for 211 and EMPS.....	32
Section XI: Training Attendance.....	33
Table 6. Statewide Training Completion Rates	33
Table 6. Staff Trained by Region	33
Section XII: Data Quality Monitoring	34
Figure 58. Ohio Scales Collected at Intake by Provider	34
Figure 59. Ohio Scales Collected at Discharge by Provider.....	34
Section XIII: Provider Community Outreach	35
Figure 60. Number of Times Providers Conducted Formal* Outreach to the Community	35

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 FY2026, **2-1-1 received 4,265 calls** including 3,149 calls (73.8%) handled by Mobile Crisis providers and 1,116 calls (26.2%) 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 excluded from this report. This quarter saw a 2.7% decrease in total call volume compared to the same quarter in FY2025 (4,384), and a 3.0% decrease in the number of episodes (3,244 in FY2025 Q2). Of the 4,265 calls this quarter, 458 calls (10.7%) came in during the expanded overnight and weekend hours. Of these 458 calls, 280 (61.1%) were handled by Mobile Crisis providers and 178 (38.9%) were handled by 2-1-1 only.

Of the total **3,148 episodes of care** generated in Q3 FY26, episode volume ranged from 382 episodes (Eastern) to 762 episodes (Hartford); 280 (8.9%) episodes of care were initiated during the expanded overnight and weekend hours, with episode volume ranging from 22 episodes (Southwestern) to 77 episodes (Hartford).

Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 4.3, with service area rates ranging from 2.6 (Southwestern) to 5.3 (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, 13 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 9.3 per 1,000 children in poverty, with service area rates ranging from 4.6 (Southwestern) to 21.5 (Central).

Demographics: Statewide this quarter, 47.3% of services were for children reported as male and 52.7% were for those reported as female.¹ **Care for youth ages 13-15 years old comprised the largest portion of services (34.8%).** Additionally, 29.4% of services were for 9-12 year olds, 19.7% were for 16-18 year olds, 13.2% were for 6-8 year olds, and 2.8% were for children age five or younger. The majority of services were for White children (54.5%), while 23.1% were for African-American or Black children. Roughly one-third (33.3%) of services were for children of Hispanic ethnicity. Most children were insured by Husky A (62.3%) and private insurance (27.1%). Finally, most (87.4%) were not DCF-involved.

Clinical Functioning: The most reported primary presenting problems for clients statewide were: Harm/Risk of Harm to Self (33.4%), Disruptive Behavior (22.5%), Depression (11.9%), Family Conflict (6.2%), Anxiety (6.0%), and Harm/Risk of Harm to Others (5.3%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (30.1%), Adjustment Disorders (22.8%), Anxiety Disorders (13.9%), Attention Deficit/Hyperactivity Disorders (12.3%), Conduct Disorders (7.4%), and Autism Spectrum Disorders (7.0%). This quarter, **70.2% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED).**

In this quarter, the **statewide percentage of children with trauma exposure reported at intake was 38.0%**², with service areas ranging from 26.3% (New Haven) to 49.2% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (25.9%), Witness Violence (19.8%), Victim of Violence (14.8%), and Sexual Victimization (11.5%). Other types of trauma, including those that do not have a distinct category in PIE, were reported in 28.1% of cases.

The statewide rate for **the percentage of children reporting having been evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 15.5%**. During an episode of care, 3.4% of children reported being evaluated

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.

in the Emergency Department at least once. The inpatient admission rate in the six months prior to Mobile Crisis referral was 8.0% statewide, while the admission rate to an inpatient unit during a mobile crisis episode was 1.5%. **Note:** These rates are lower than in previous quarters due to a change in calculation. We are now reporting the percent of all children who answered yes to these questions rather than the percent who answered yes out of the percent who answered. Though it can't be confirmed, missing data may often represent a "no" answer.

Referral Sources: Statewide, **44.6% of referrals were received from schools and 37.7% of referrals came from parents, families, and youth.** Emergency Departments (EDs) accounted for 10.0% of all Mobile Crisis referrals. The remaining 7.7% 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 (71.1%) and emergency departments (22.5%).

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **315 Mobile Crisis referrals were received from EDs**, including 145 referrals for inpatient diversion and 170 referrals for routine follow-up. Regionally, the highest rate of ED referrals, as a percentage of total referrals, was observed in the Western service area (20.9%) and the lowest was in the Southwestern service area (0.5%). Statewide, 10.0% of all Mobile Crisis episodes came from ED referrals this quarter, higher than the rate from Q3 FY25 (7.9%).

Mobility: The average **statewide mobility this quarter was 96.0%**, similar to the rate in Q3 FY2025 (96.7%). Police referrals are excluded from mobility calculations. All six service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 92.1% (New Haven) to 99.2% (Southwestern). The mobility rates among individual providers ranged from 91.2% (CHR: Middlesex) to 100.0% (CFG:EMPS/Bridgeport and Wellmore: Torrington). All fourteen providers surpassed the 90% benchmark. The mobility rate during the traditional hours (96.5%) was similar to the overall rate, while the mobility rate during the expanded hours was lower (89.1%). During the new overnight and weekend hours, callers are more likely to request a non-mobile response. During the new hours, 42.9% of episodes requested a mobile response, 27.1% requested a deferred mobile response, and 30.0% requested a non-mobile response; in the traditional hours, 64.7% of episodes requested a mobile response, 24.0% requested a deferred mobile response, and 11.2% 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, **90.4% of mobile episodes received a face-to-face response in 45 minutes or less.** Performance on this indicator ranged from 82.7% (Hartford) to 97.0% (Western), with all service areas above the 80% benchmark. Across the state, 13 of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 29.0 minutes. Statewide, 85.7% of mobile episodes received a response within 45 minutes during the new hours, with performance ranging from 63.6% (Eastern) to 96.4% (Western). 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: Statewide, the median length of service for discharged episodes during Q3 was 5 days for eval only episodes, 11 days for connect to care episodes, and 22 days for treatment and connection to care episodes. 62.8% of eval only episodes exceeded one day, 37.6% of connect to care episodes exceeded 14 days, and **7.3% of treatment and connection to care episodes exceeded 45 days, exceeding the statewide benchmark of less than 5%.**

Among open episodes of care, the median length of service was 22 days for eval only episodes, 13 days for connect to care episodes, and 14 days for treatment and connection to care episodes. 92.7% of open eval only episodes exceeded the one day benchmark, 70.4% of open connect to care episodes exceeded the 14 day benchmark, and 21.8% of open treatment and connection to care episodes exceeded the 45 day benchmark. 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.

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 (97.8%).** Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (70.3%), Family Discontinued (18.3%), and Client Hospitalized: Psychiatrically (6.5%).

Statewide, clients were most likely to be referred to **outpatient services (31.2%) or to their original provider (32.6%) at discharge.** Other care referrals at discharge included: Intensive In-Home Services (6.6%), Inpatient Hospital Care (4.1%), Intensive Outpatient Program (4.5%), Other: Community-Based services (3.6%), a Psychiatric provider for medication (2.3%), and Partial Hospital Program (1.7%). An additional 9.1% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 1.29 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 2.06 points on average. Worker-rated Problem Severity Scales showed an average decrease

of 1.71 points, while parent-rated Problem Severity Scales showed a decrease of 2.14 points on average. Changes on all 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 10.4 percentage points when compared to the same quarter in FY2025. The completion rate for worker scores increased by 1.4 percentage points compared to FY2025 Q2.

Satisfaction: This quarter, 72 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 4.77 and 4.78.** Among **other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were 4.88 and 4.75,** respectively. On a 10-point scale, average ratings of how Mobile Crisis responded overall were 8.93 for clients and 8.91 for other referrers. Qualitative comments (see Section X) varied from very satisfied to dissatisfied.

Training Attendance: Full-time Mobile Crisis clinicians are required to complete six core trainings in their first year. Of the 102 full-time staff who have been with Mobile Crisis at least a year, 46% have completed all six core trainings. The remaining six required trainings are completed by the end of the second year. Of the 85 full-time staff who have been with Mobile Crisis at least 2 years, 40% have completed all 12 required trainings.

Community Outreach: The number of outreaches ranged from 0 (New Haven region) to 12 (Hartford region). Some provider 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.

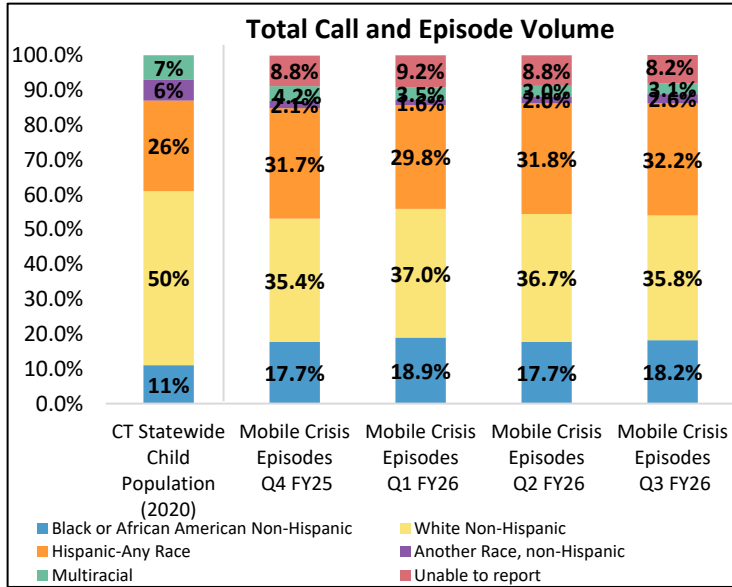
SFY 2026 Q3 RBA Report Card: Mobile Crisis Intervention Services

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 2025 **State Funding: \$13,654,662**

How Much Did We Do?

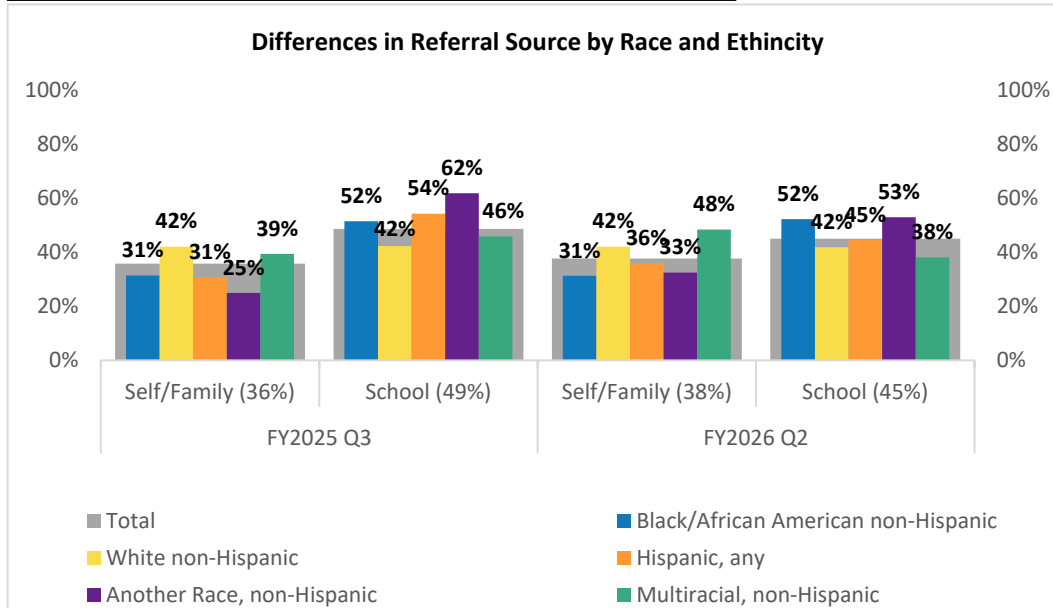


	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26
Mobile Crisis Episode	3,212	2,942	2,012	3,308	3,148*
2-1-1 Only	1,172	960	844	1,194	1,116
Total	4,384	3,902	2,856	4,502	4,265

*Excludes one crisis-response follow-up call coded as an episode

Story Behind the Baseline: In SFY 26 Q3, there were 4,265 total calls to the 2-1-1 Call Center resulting in 3,148 episodes of care. Compared to the same quarter in SFY 25 this was a 2.7% decrease in call volume and a 2.0% decrease in 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: →



Story Behind the Baseline: In SFY26 Q2, 38% of referrals came from self/family and 45% came from schools. There was statistically significant variation in groups by referral source, with a trend of Black youth having higher rates of school referrals and lower rates of self/family referrals compared to White youth. 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 these groups.

Trend: →

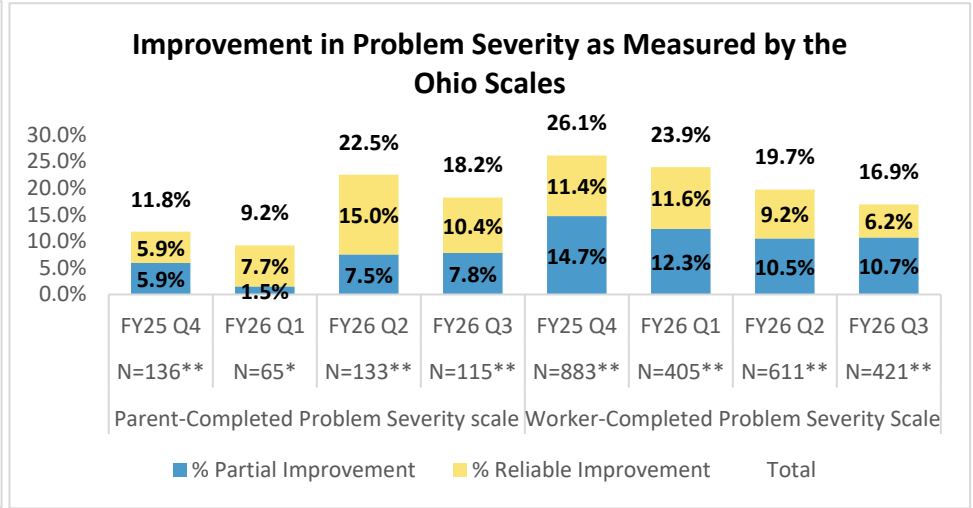
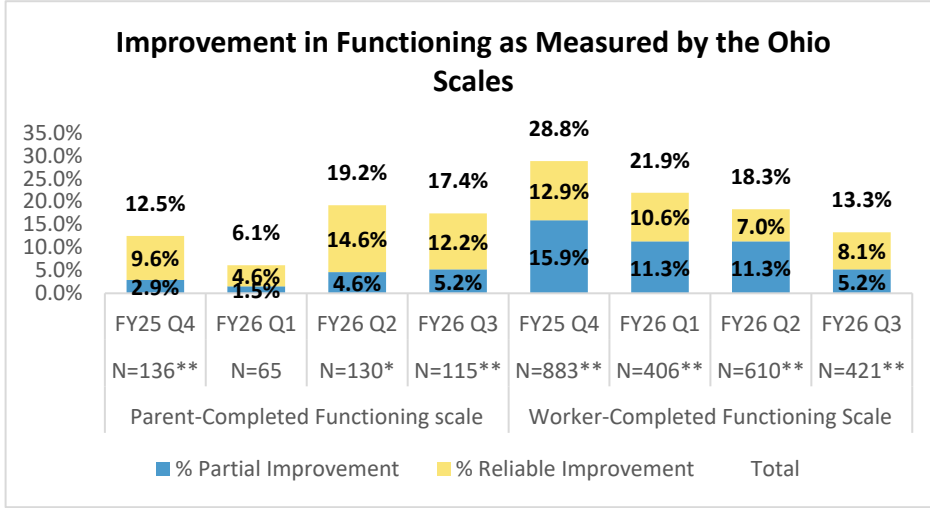
Episodes Per Child SFY 2025									
Quarterly Breakdown						Past Year: FY25 Q4 – FY26 Q3			
	FY2025 Q3	FY2025 Q4	FY2026 Q1	FY2026 Q2	FY2026 Q3	Total	DCF	Non-DCF	
1	2464 (88.0%)	2225 (87.3%)	1518 (87.3%)	2,427 (86.2%)	2,336 (86.8%)	6,367 (76.7%)	517 (63.6%)	4,491 (78.4%)	
2	276 (9.9%)	261 (10.2%)	184 (10.6%)	319 (11.3%)	278 (10.3%)	1,290 (15.5%)	175(21.5%)	1,016(16.9%)	
3	45 (1.6%)	54 (2.1%)	28 (1.6%)	60 (2.1%)	59 (2.2%)	380 (4.6%)	66 (8.1%)	298 (5.0%)	
4 or more	15 (0.5%)	8 (0.3%)	9 (0.5%)	11 (0.4%)	19 (0.7%)	269 (3.2%)	55 (6.8%)	208 (3.5%)	

Story Behind the Baseline: In SFY 26 Q3, of the 2,692 children served by Mobile Crisis 86.8% (2,336) received only one episode of care, and 97.1% (2,614) received one or two episodes of care. These numbers are similar to SFY 25 Q3 which had 88.0% (2,464) and 97.9% (2,740) respectively. The proportion of children with four or more episodes is slightly lower than SFY 25 Q3. Over the past year, of the 8,528 children served, 78.4% (6,674) had only one episode while 92.2% (7,915) 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 style="text-align: center;">Statewide Response Time Under 45 Minutes</p> <table border="1"> <tr><th>Quarter</th><th>Response Time (%)</th></tr> <tr><td>Q3 FY25</td><td>89.1%</td></tr> <tr><td>Q4 FY25</td><td>87.8%</td></tr> <tr><td>Q1 FY26</td><td>88.9%</td></tr> <tr><td>Q2 FY26</td><td>89.2%</td></tr> <tr><td>Q3 FY26</td><td>90.4%</td></tr> </table>	Quarter	Response Time (%)	Q3 FY25	89.1%	Q4 FY25	87.8%	Q1 FY26	88.9%	Q2 FY26	89.2%	Q3 FY26	90.4%	<p style="text-align: center;">Statewide Mobility Rate</p> <table border="1"> <tr><th>Quarter</th><th>Mobility Rate (%)</th></tr> <tr><td>Q3 FY25</td><td>96.6%</td></tr> <tr><td>Q4 FY25</td><td>95.7%</td></tr> <tr><td>Q1 FY26</td><td>94.3%</td></tr> <tr><td>Q2 FY26</td><td>96.1%</td></tr> <tr><td>Q3 FY26</td><td>96.0%</td></tr> </table>	Quarter	Mobility Rate (%)	Q3 FY25	96.6%	Q4 FY25	95.7%	Q1 FY26	94.3%	Q2 FY26	96.1%	Q3 FY26	96.0%
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<p>Story Behind the Baseline: In SFY 26 Q3, 90.4% of all mobile responses achieved the 45-minute mark compared to 89.1% for SFY 25 Q3. The median response time for SFY 26 Q3 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 26 Q3, the statewide mobility rate was 96.0%, similar to SFY25 Q3. 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?



Story Behind the Baseline: The Ohio Scales demonstrated statistically significant positive changes for children following a Mobile Crisis response. For SFY 26 Q3, Ohio worker scales had statistically significant change for 13.3% of episodes in Functioning and 16.9% in Problem Severity. Both of these numbers are lower than rates in recent quarters. Parent-completed scales had statistically significant change for 17.4% of episodes in Functioning and 18.2% in Problem Severity, both within similar range of 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

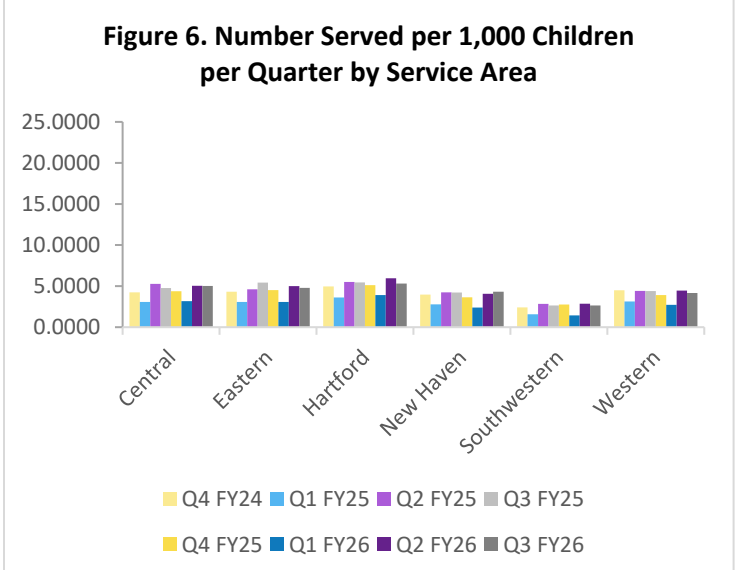
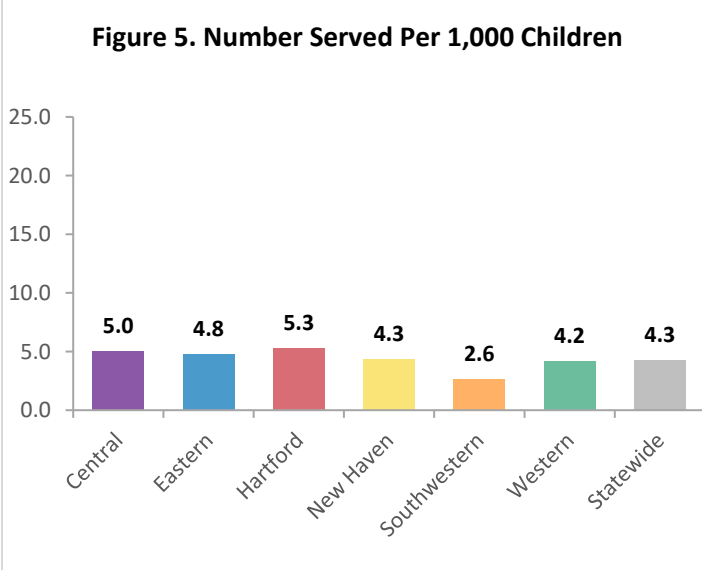
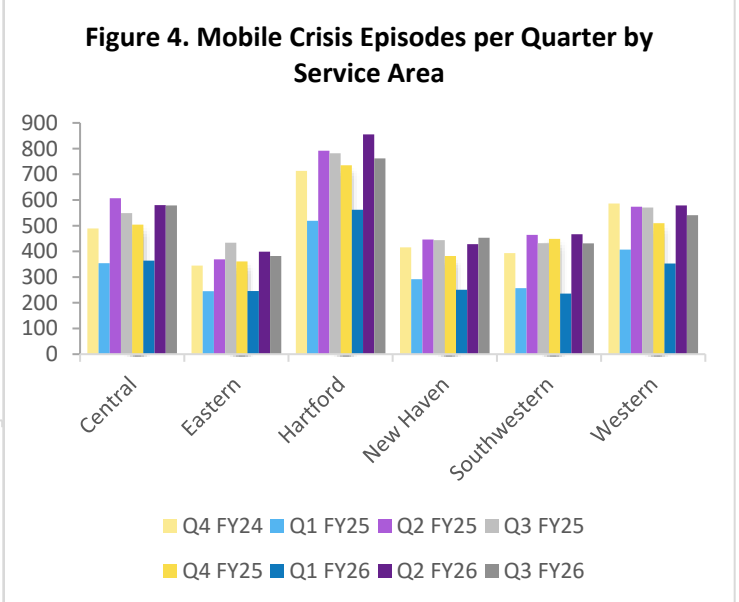
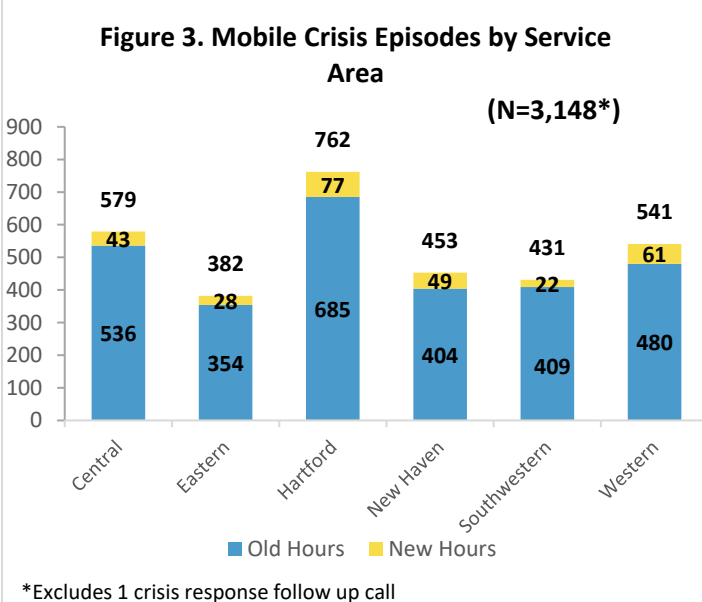
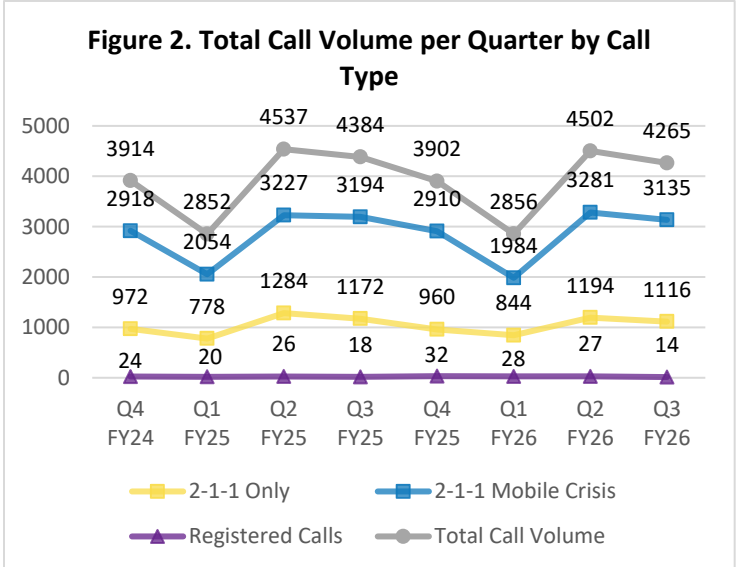
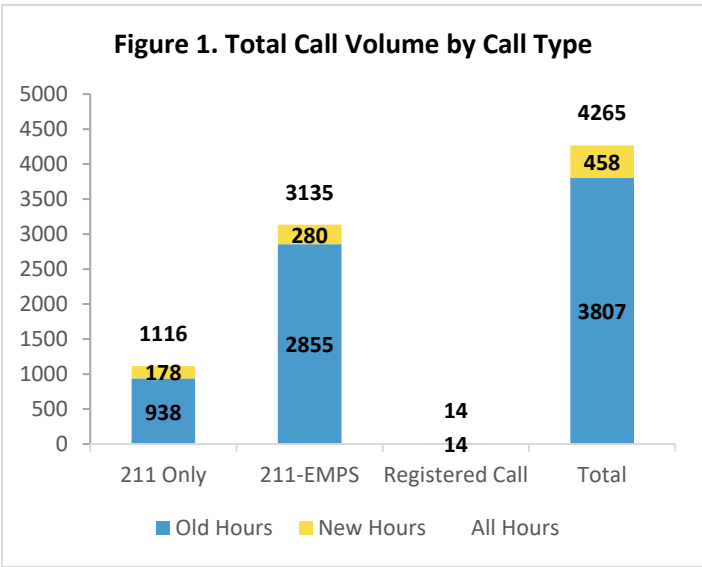


Figure 7. Number Served per 1,000 Children in Poverty

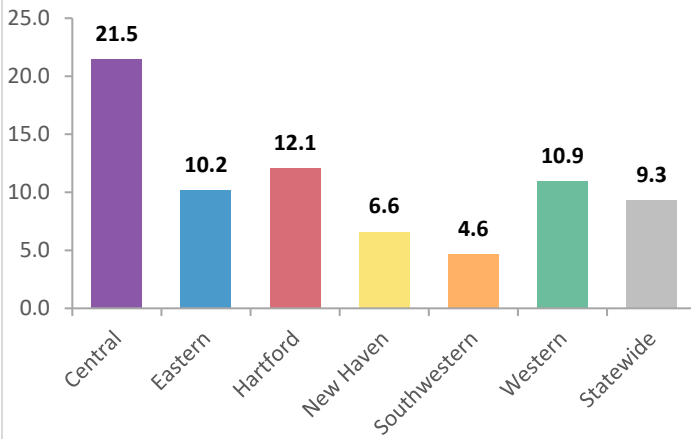


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

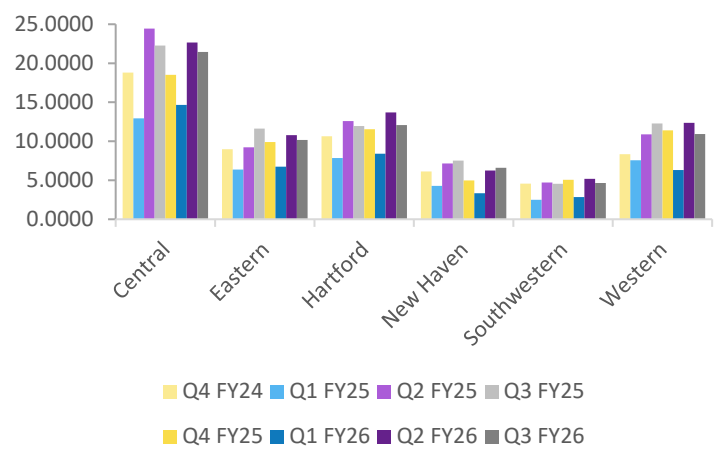


Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area

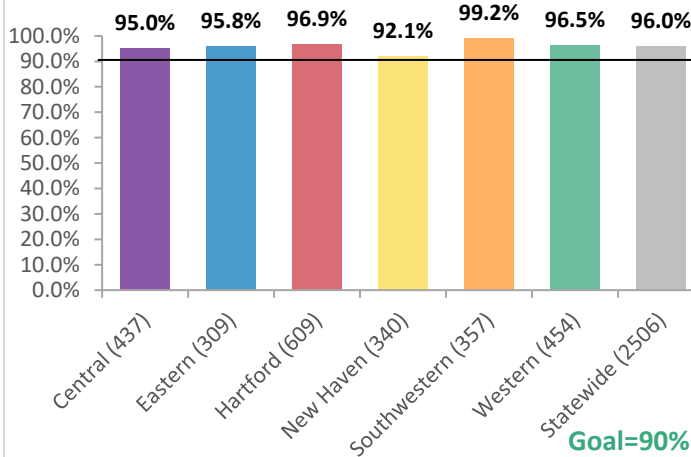


Figure 10. Mobile Response (Mobile and Deferred Mobile) per Quarter by Service Area

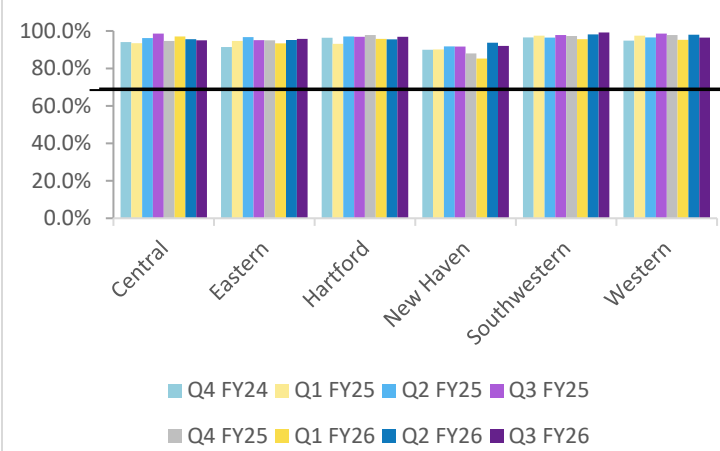
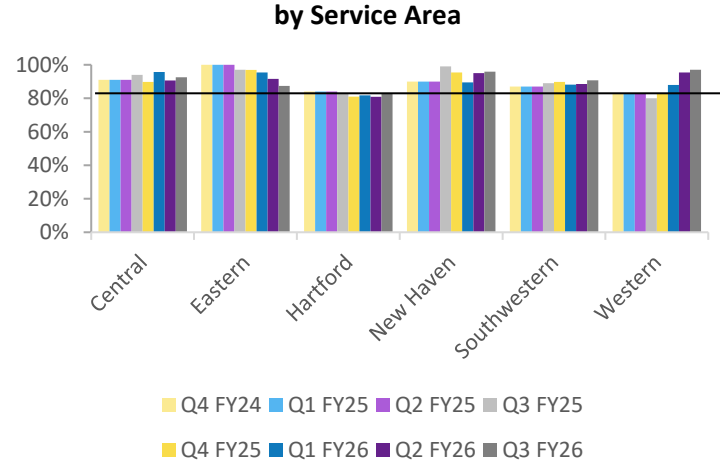


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes



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



Section III: Mobile Crisis Response

Figure 13. Total Call Volume by Call Type

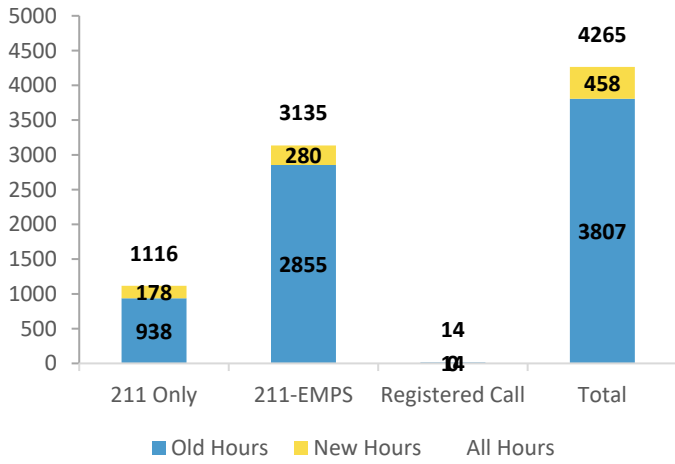


Figure 14. Statewide 2-1-1 Disposition Frequency

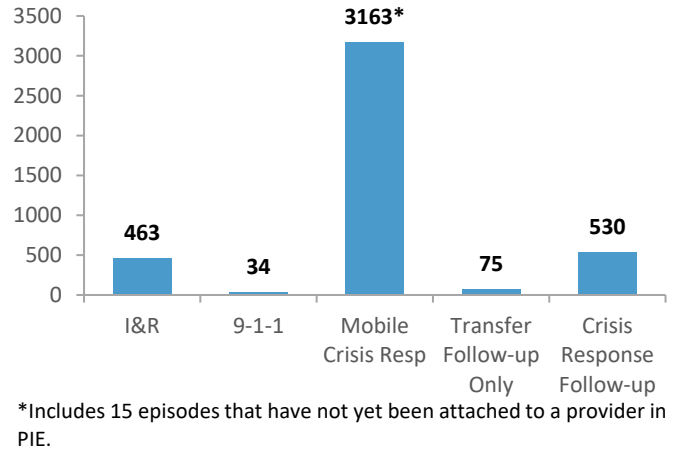
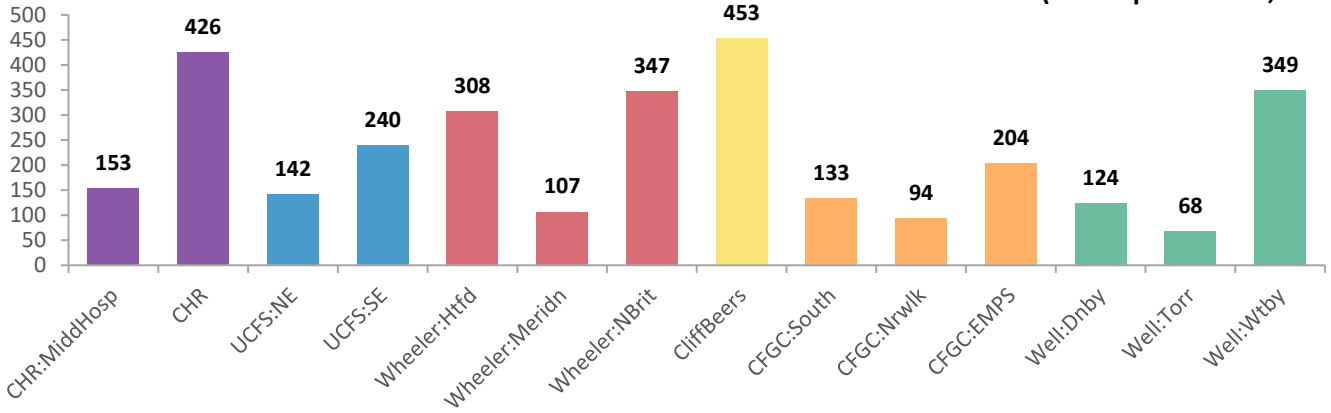


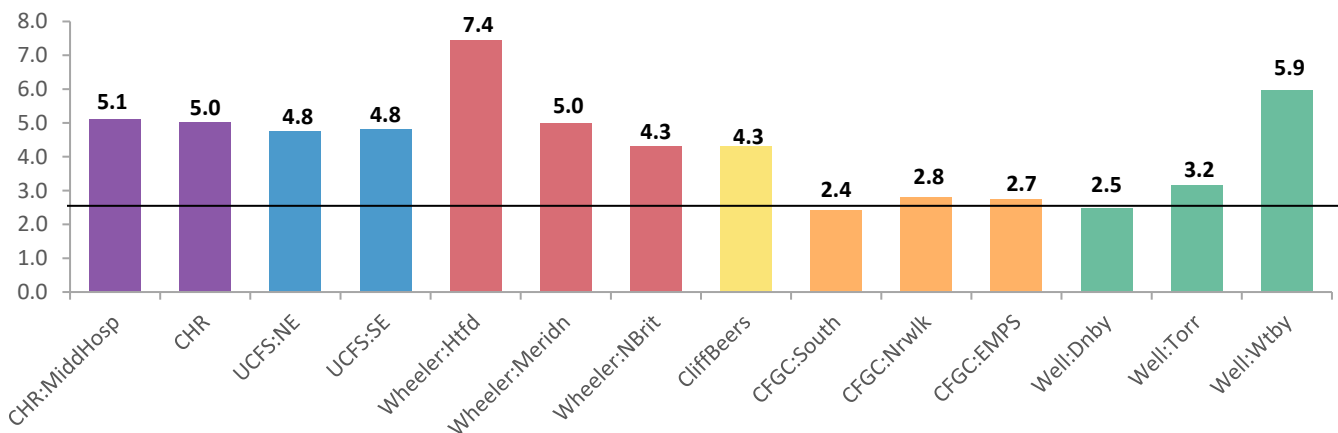
Figure 15. Mobile Crisis Response Episodes by Provider

(Total Episodes = 3,148*)



*Excludes 1 crisis response follow-up call.

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

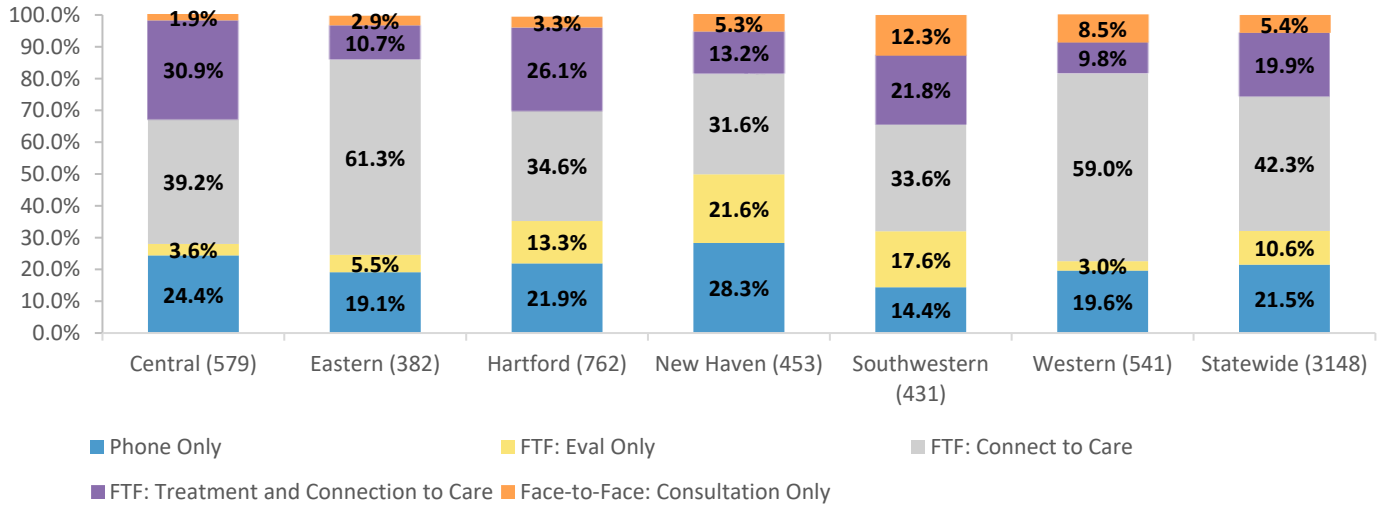
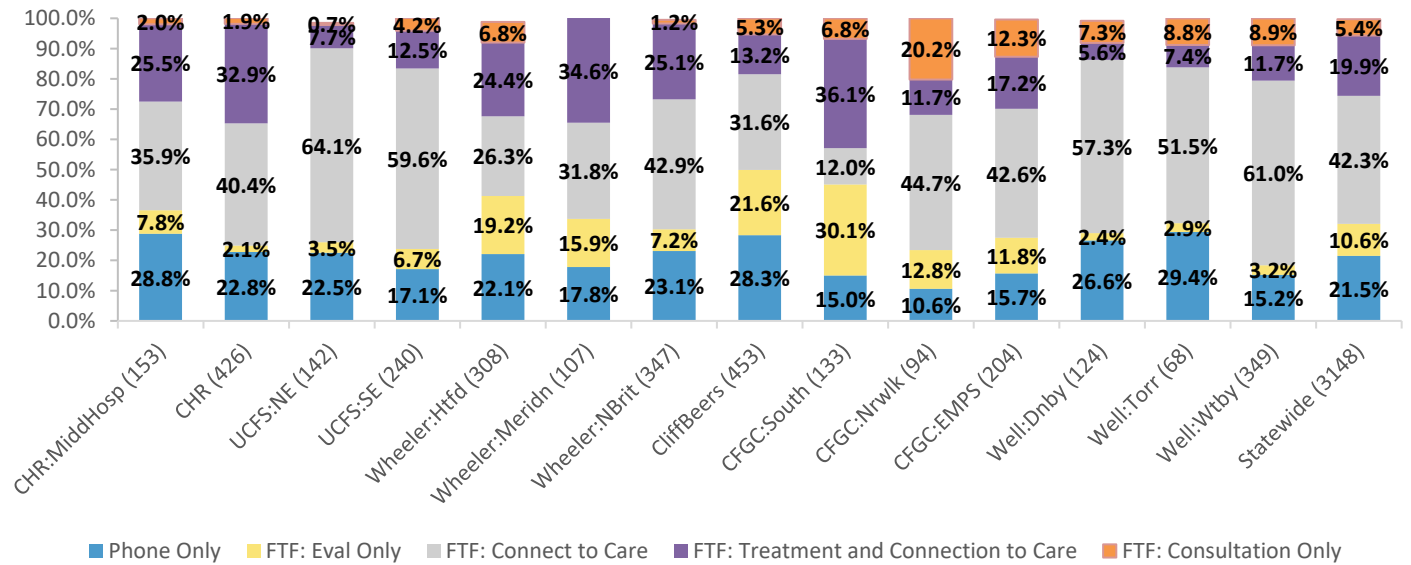


Figure 18. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 19. Sex of Children Served Statewide

(N =3,148)

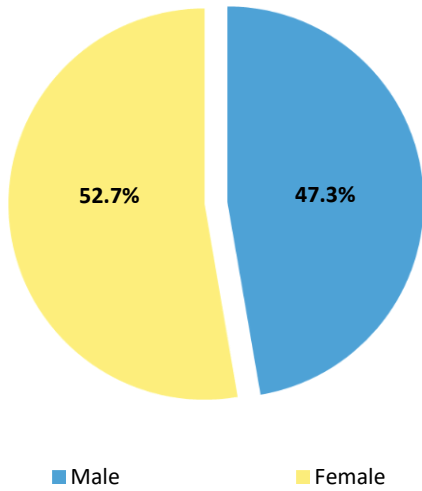


Figure 20. Age Groups of Children Served Statewide

(N =3,148)

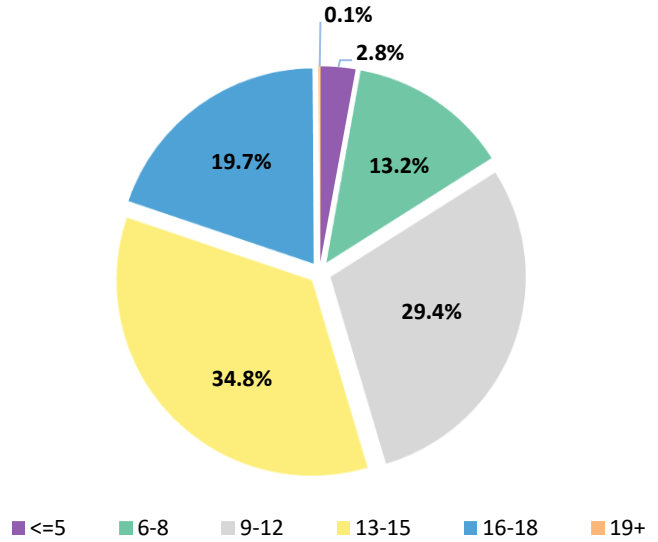


Figure 21. Ethnic Background of Children Served Statewide

(N =3,049)

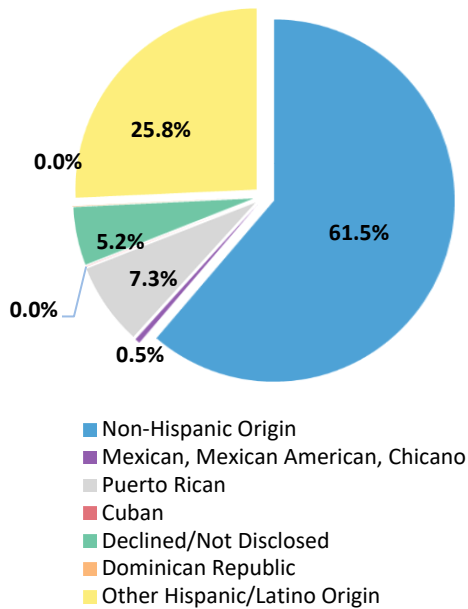
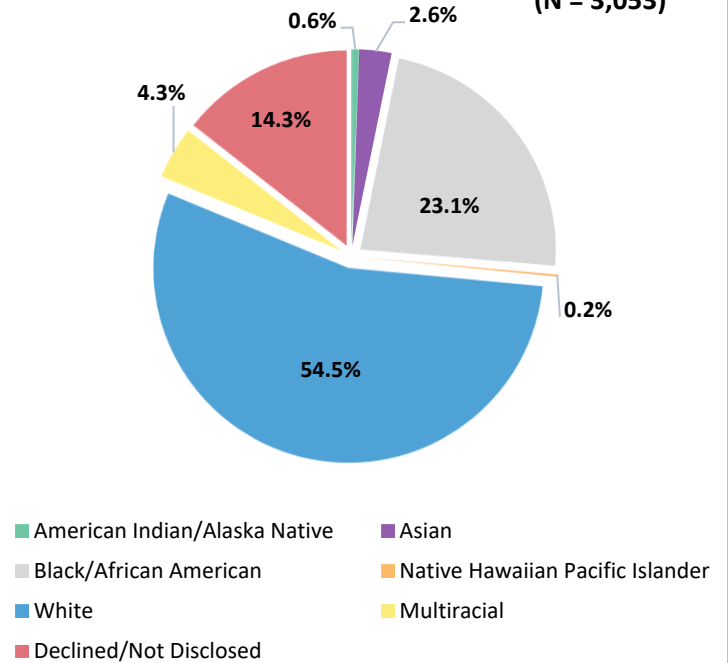


Figure 22. Race of Children Served Statewide

(N = 3,053)



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

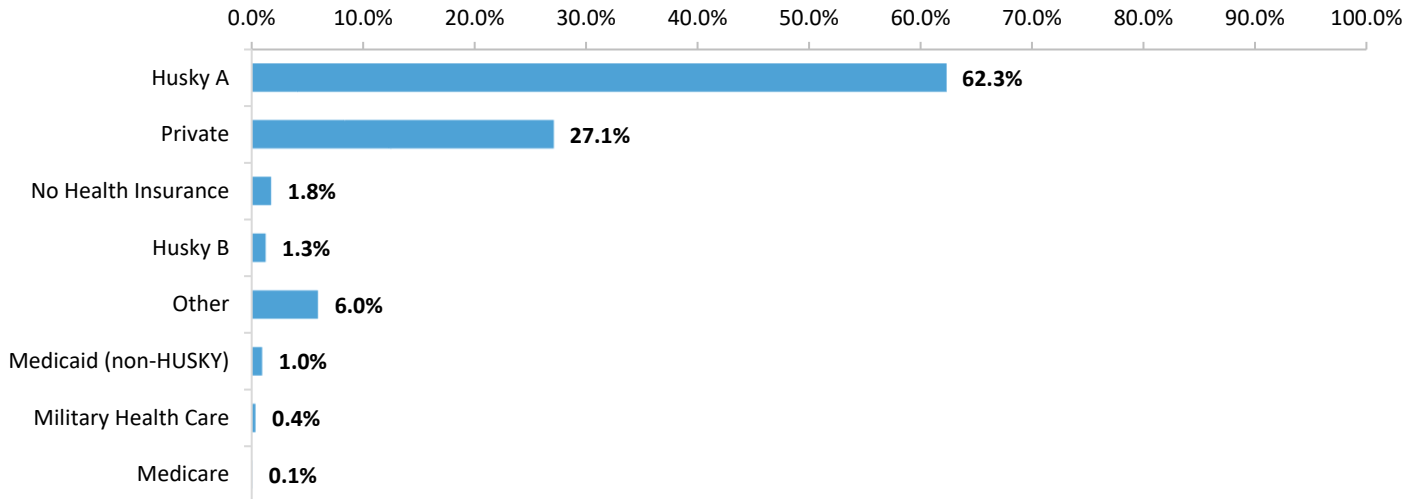
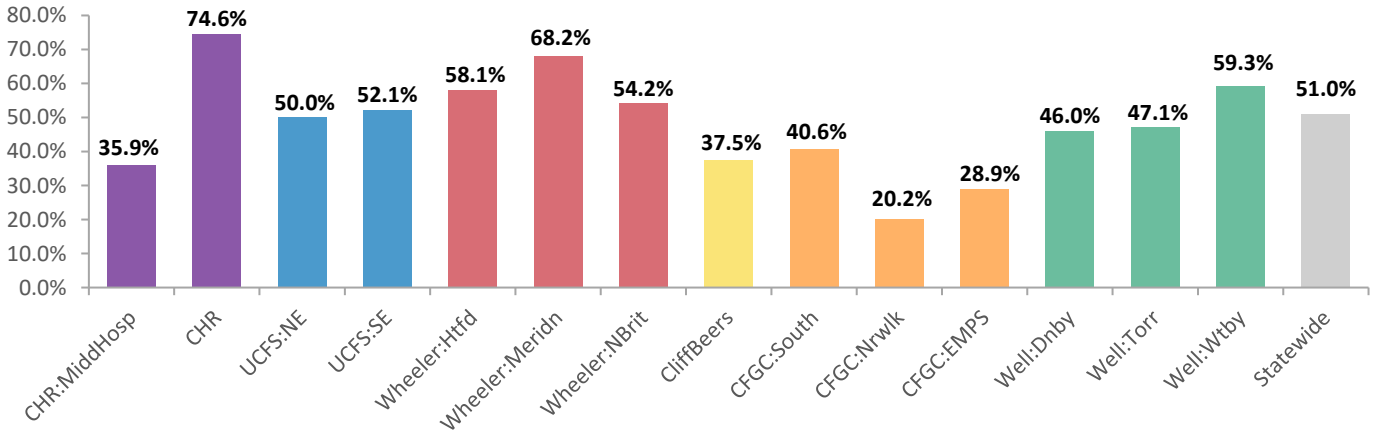


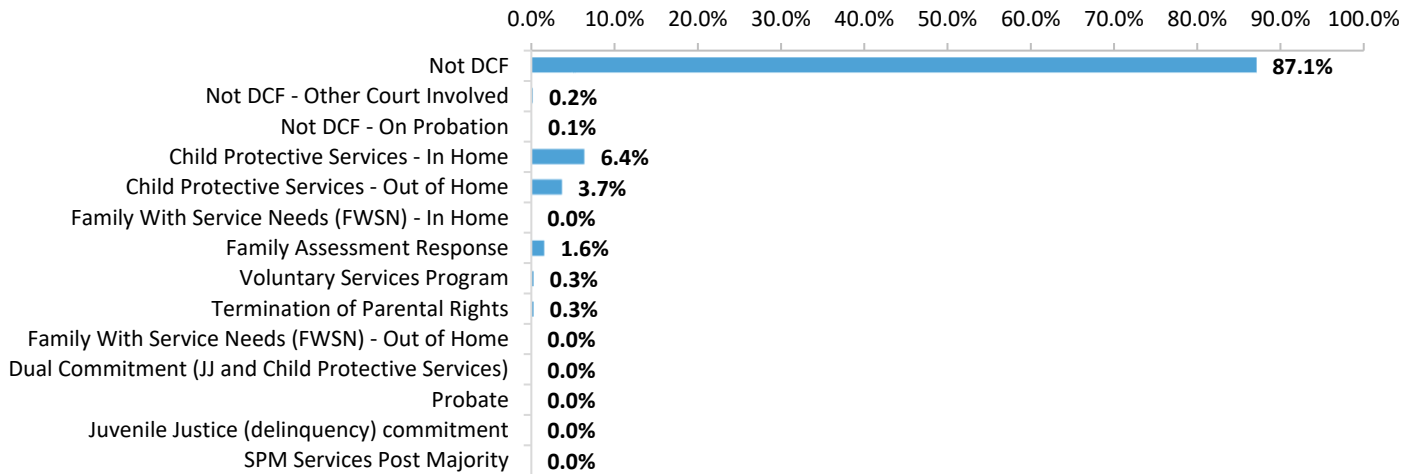
Figure 24. Families that Answered "Yes" TANF* Eligible



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

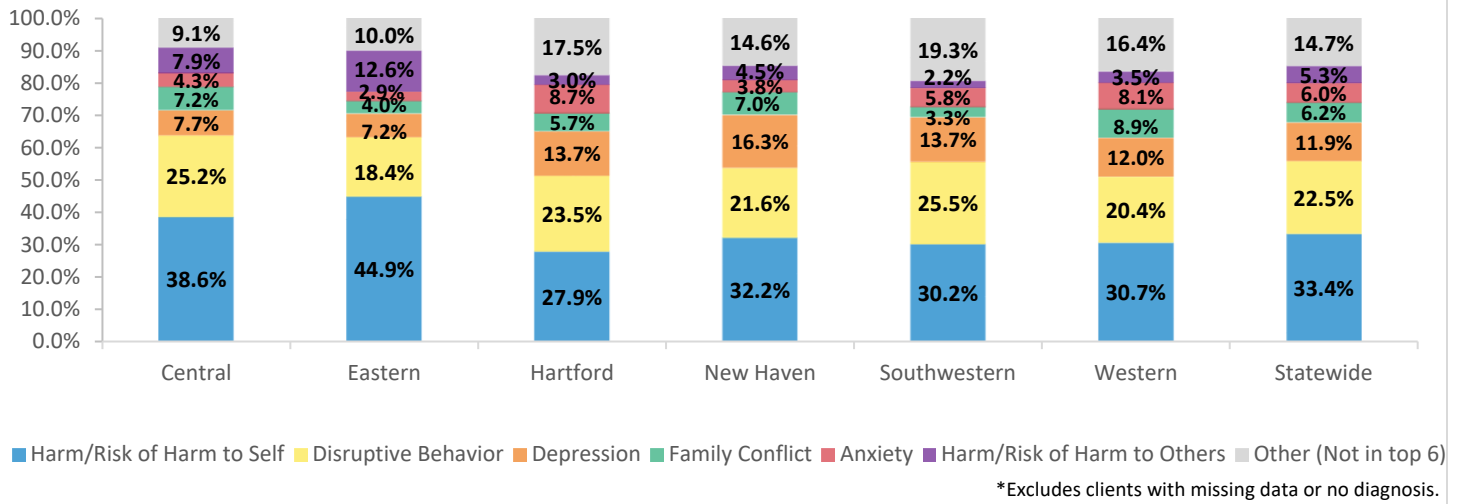


Figure 27. New Hours - Top 6 Primary Presenting Problems Statewide

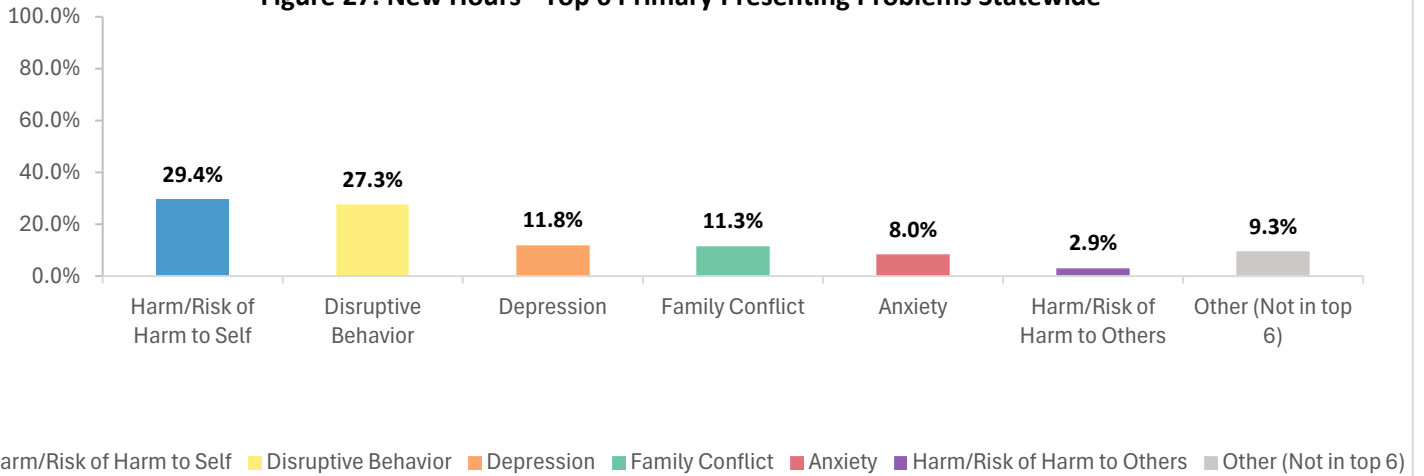


Figure 28. Distribution of Primary Diagnosis Categories at Intake Statewide

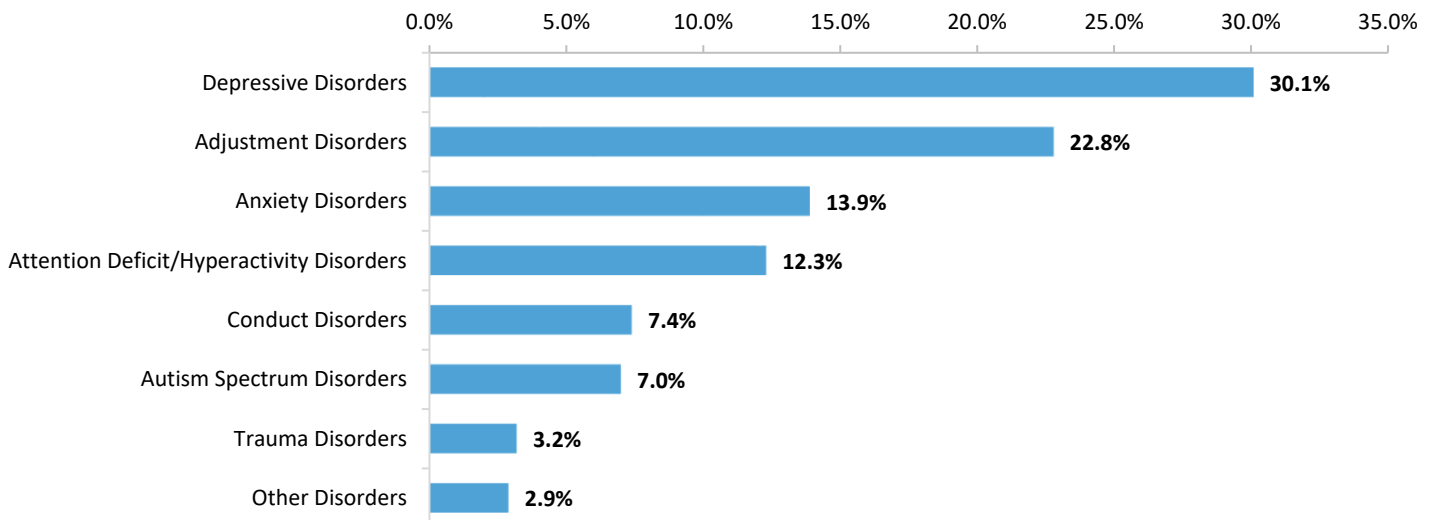


Figure 29. Distribution of Client Secondary Diagnosis Categories at Intake Statewide

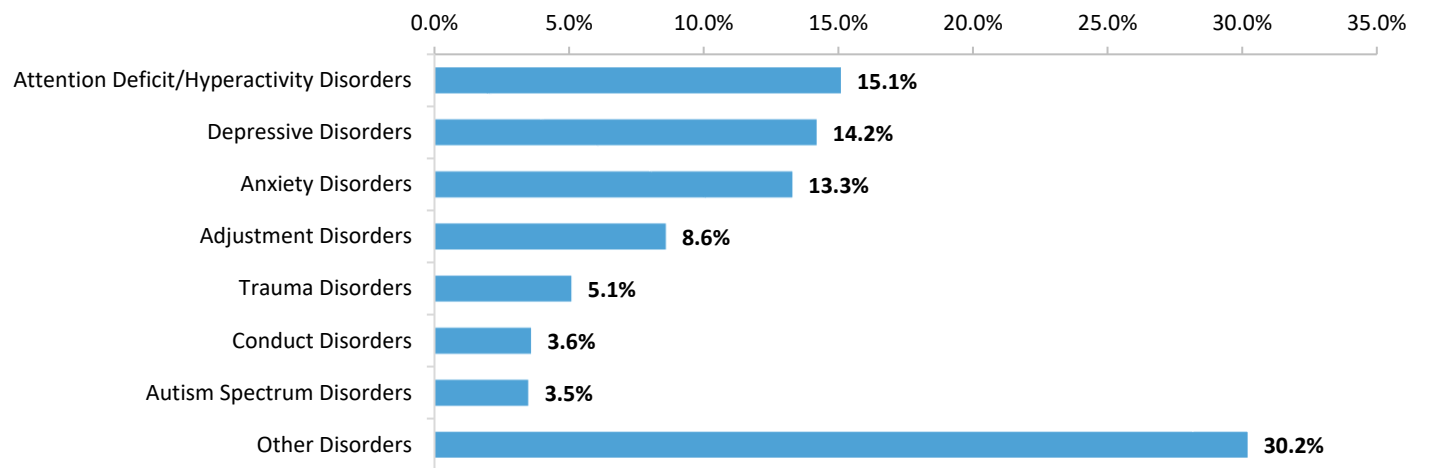
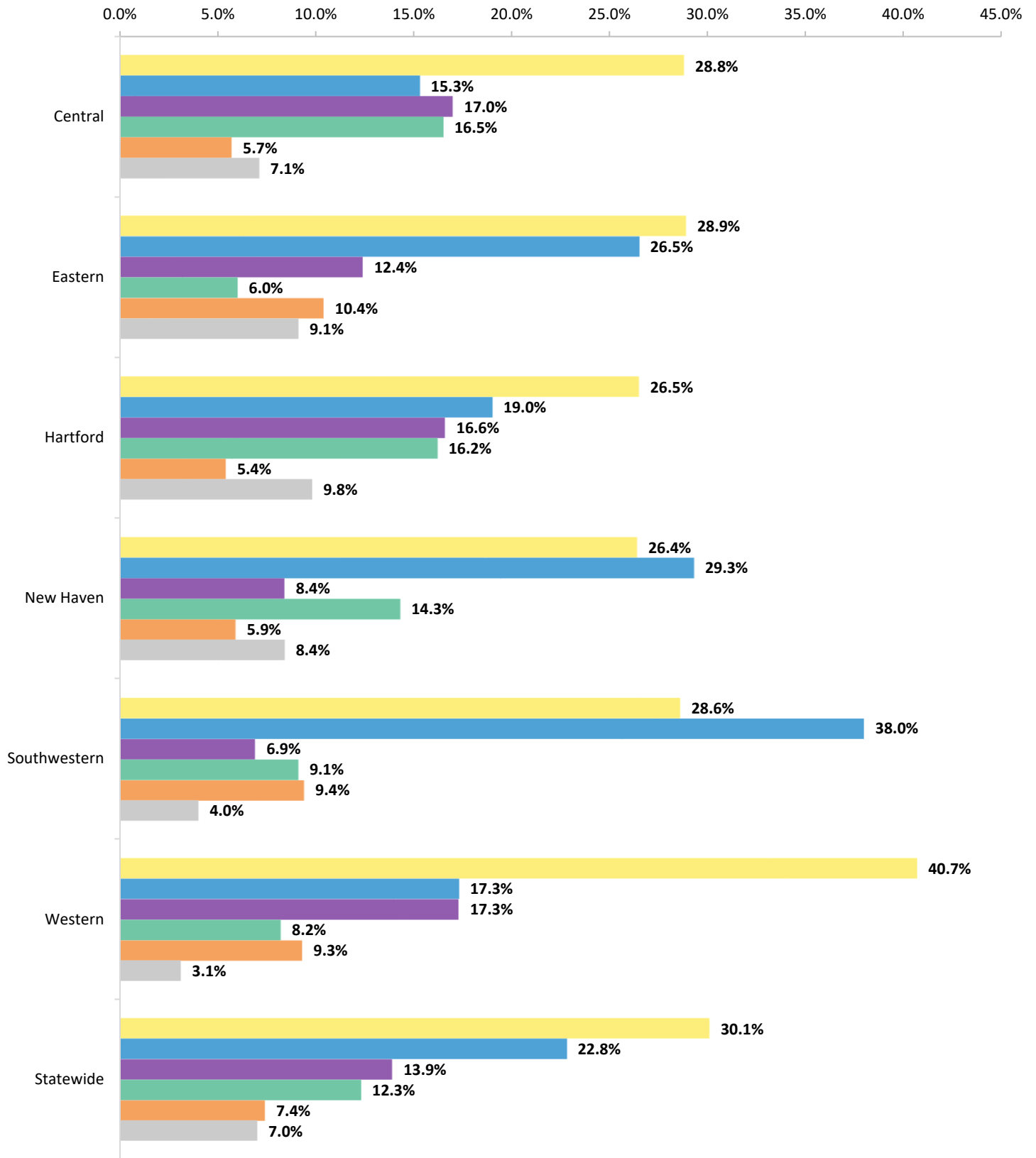


Figure 30. Top 6 Primary Diagnostic Categories at Intake by Service Area



Note: Excludes clients with missing data or no diagnosis.

■ Depressive Disorders
 ■ Adjustment Disorders
 ■ Anxiety Disorders
 ■ ADHD
 ■ Conduct Disorders
 ■ Autism Spectrum Disorders

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

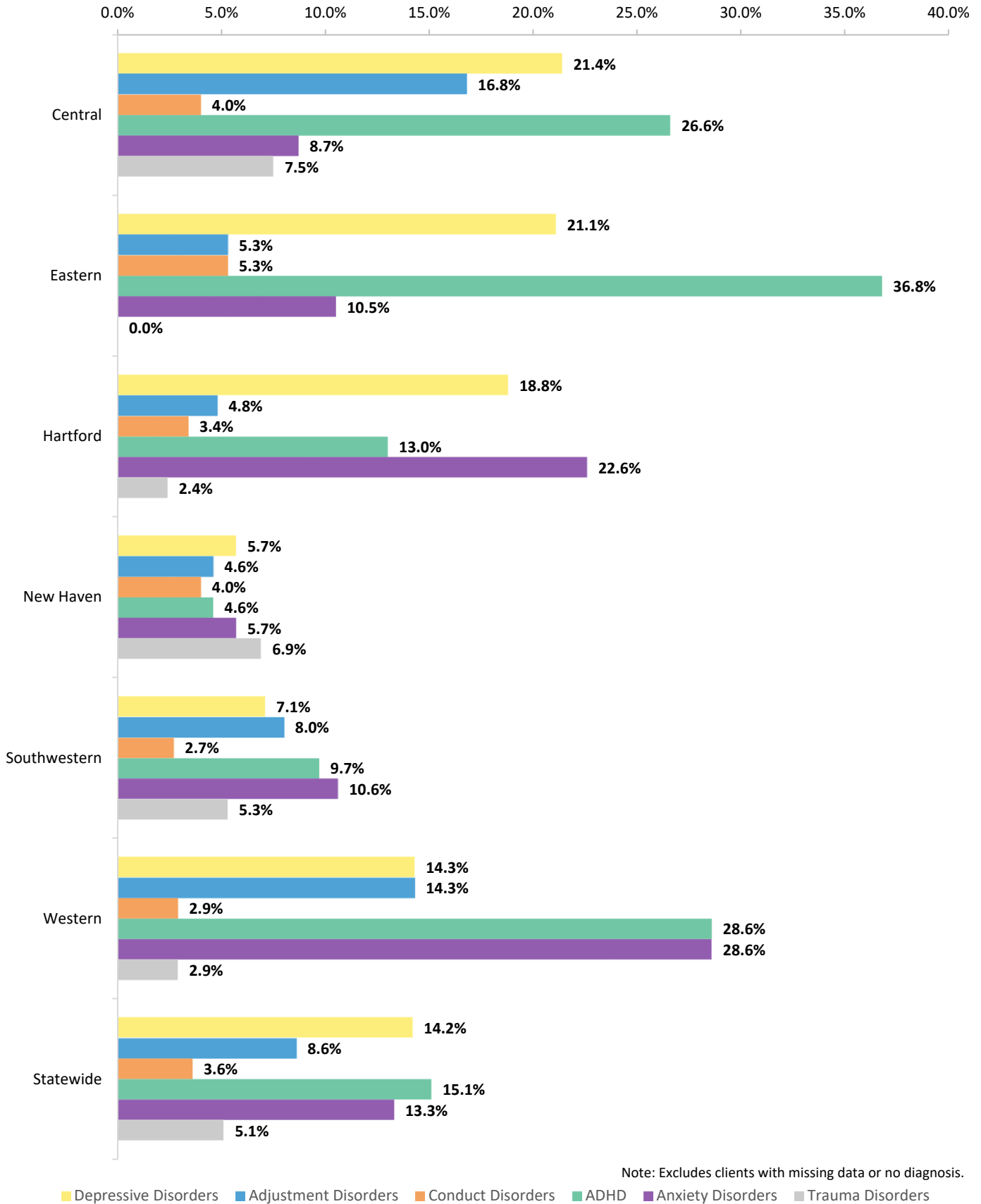


Figure 32. Children Meeting SED* Criteria by Service Area

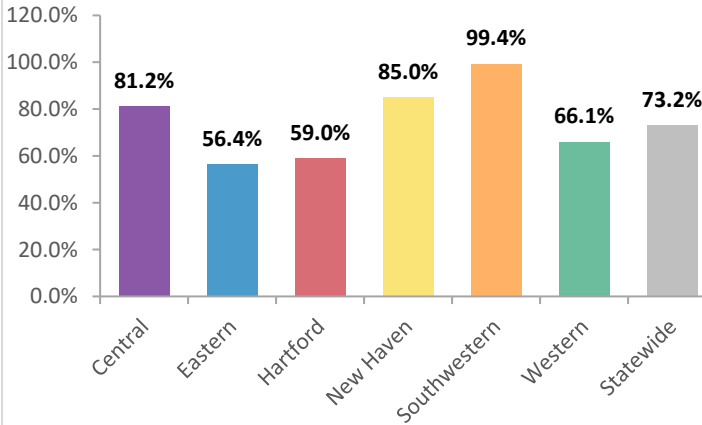


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

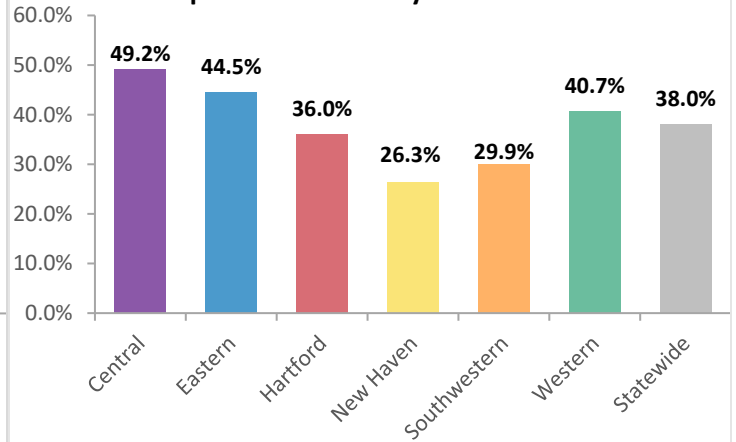


Figure 34. Type of Trauma Reported at Intake by Service Area

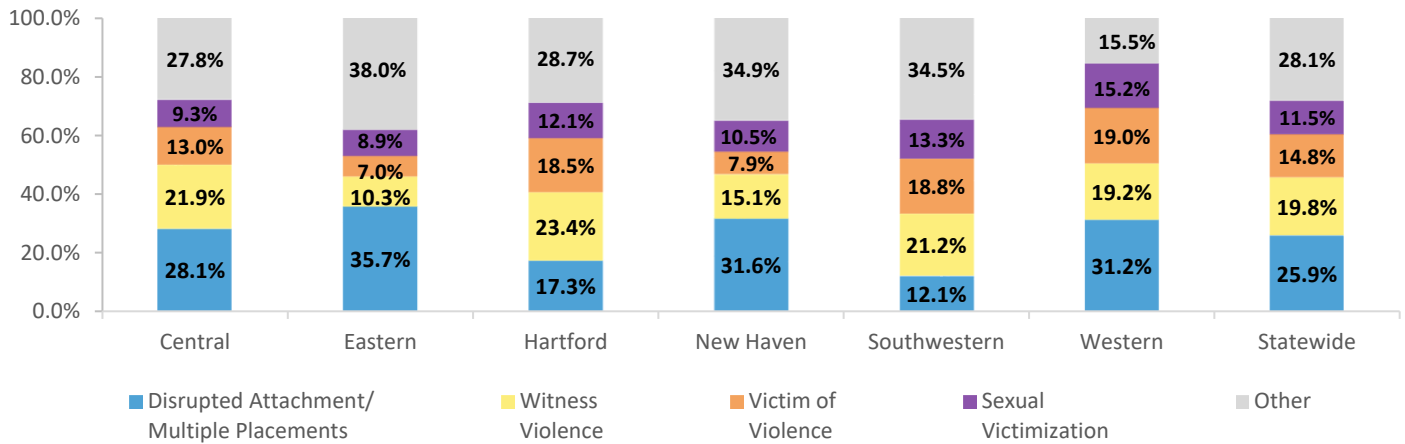
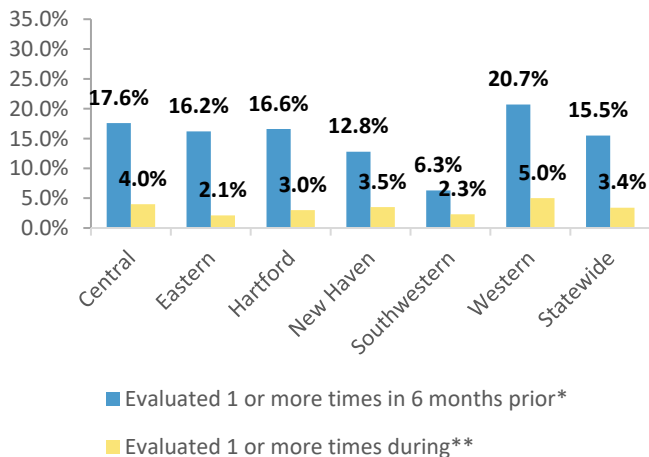
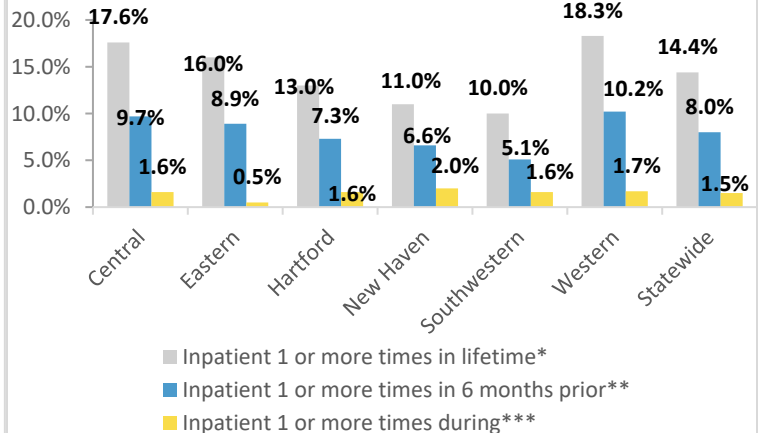


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care



*Data not reported for 31% of cases. % out of total episodes.
 **Data not reported for 84% of cases. % out of total episodes.

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



*Data not reported for 31% of cases. % out of total episodes.
 **Data not reported for 31% of cases. % out of total episodes.
 ***Data not reported for 84% of cases. % out of total episodes.

Section VI: Referral Sources

Figure 37. Referral Sources Statewide

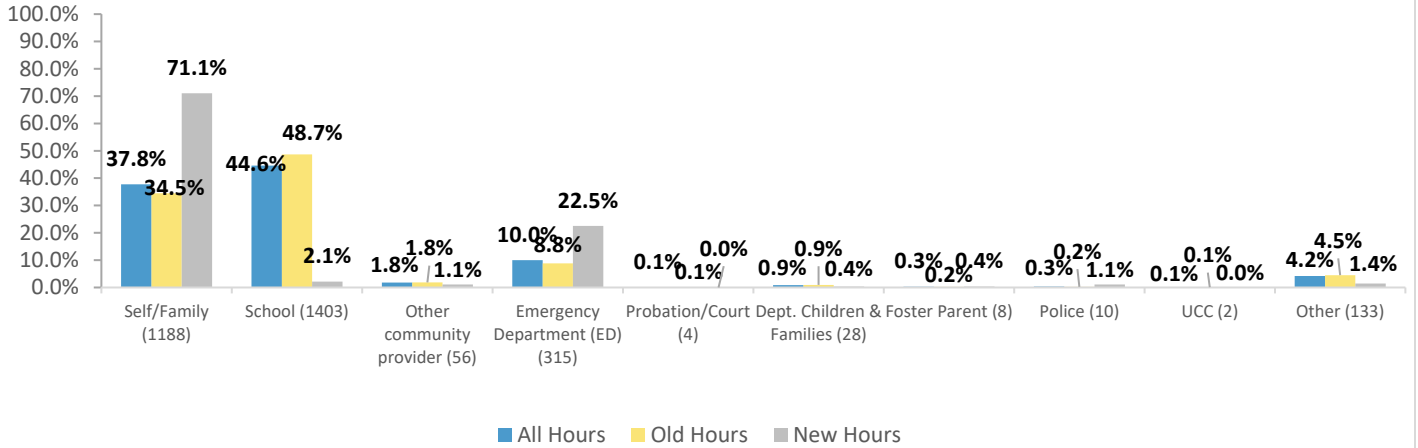
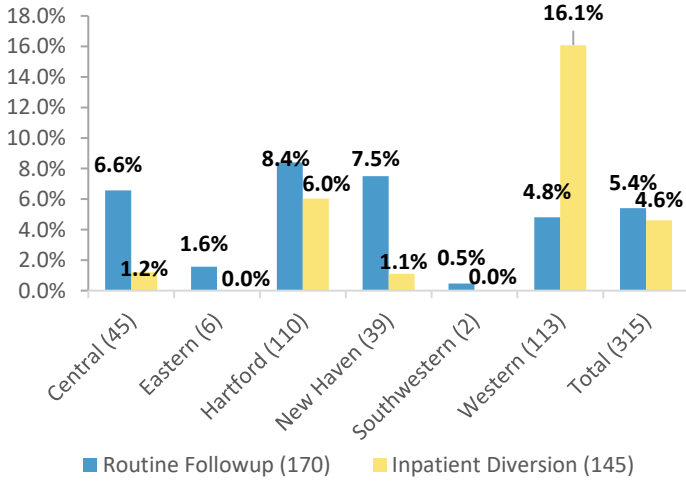
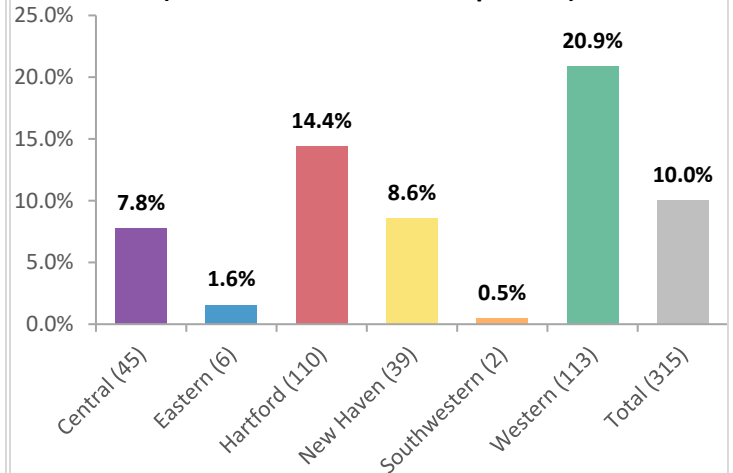


Figure 38. Type of Emergency Dept. Referral



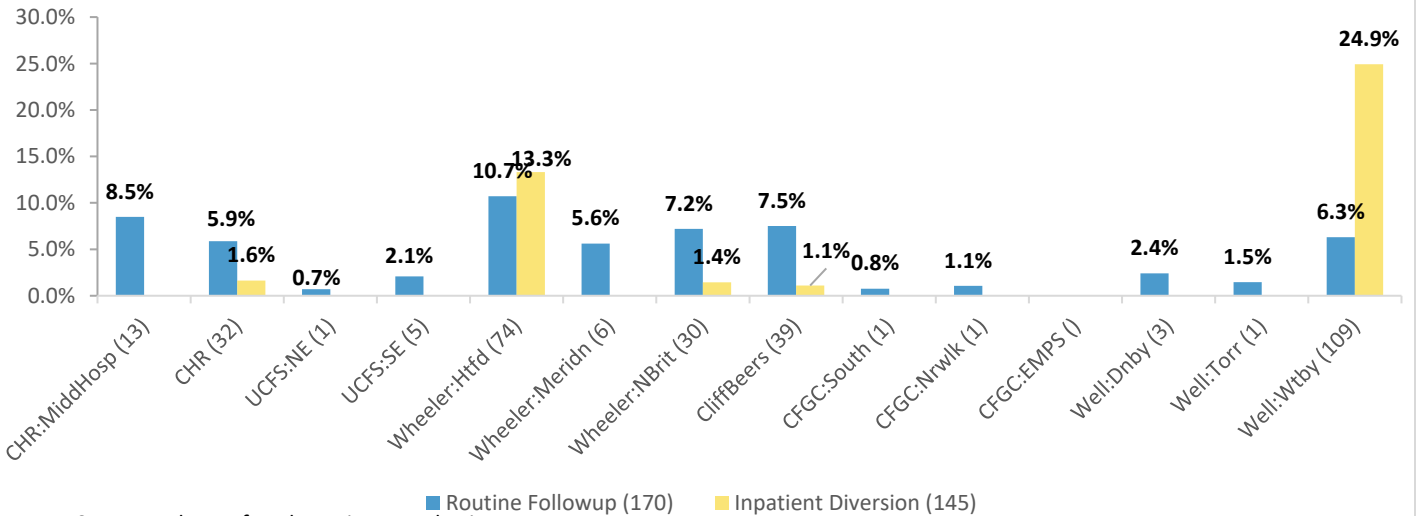
Note: Count total ED referrals are in parenthesis

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



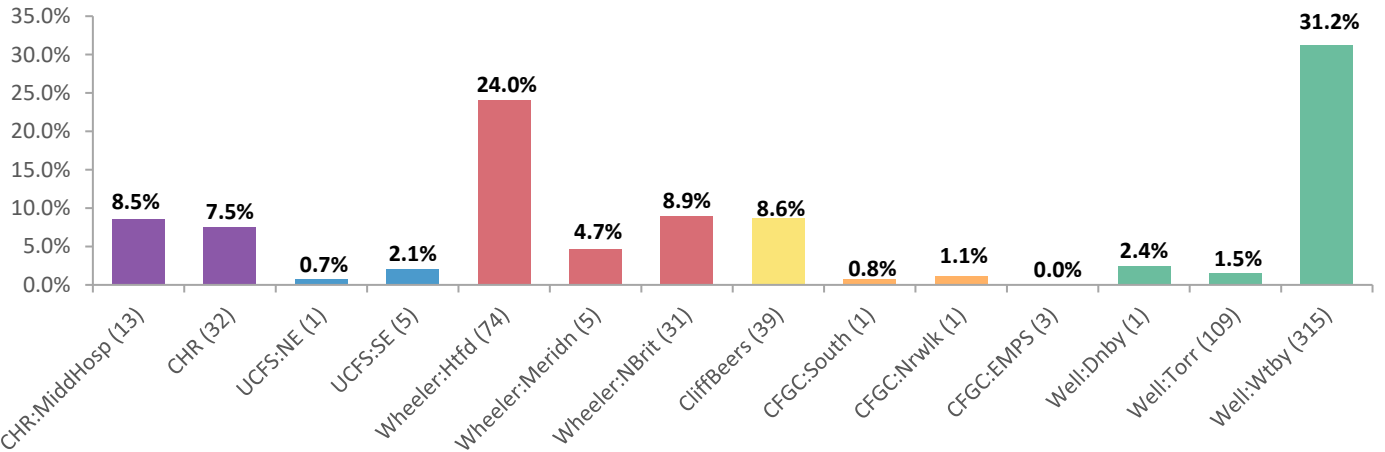
Note: Count total ED referrals are in parenthesis

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

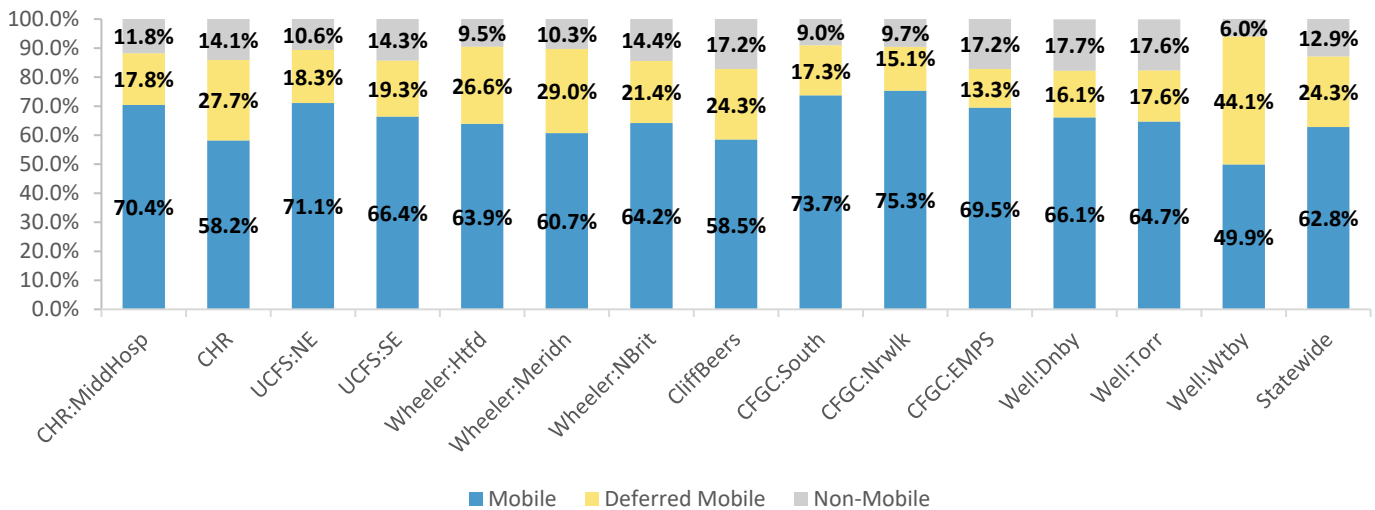


Figure 43. Actual Initial Mobile Crisis Provider Response

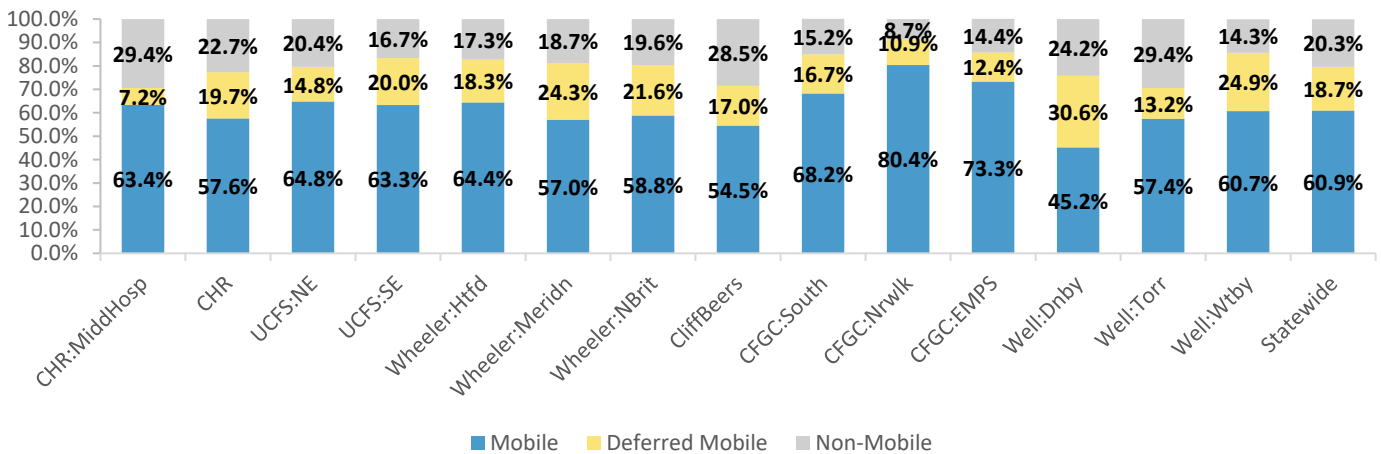


Figure 44. 211-Recommended Response - Old vs. New Hours

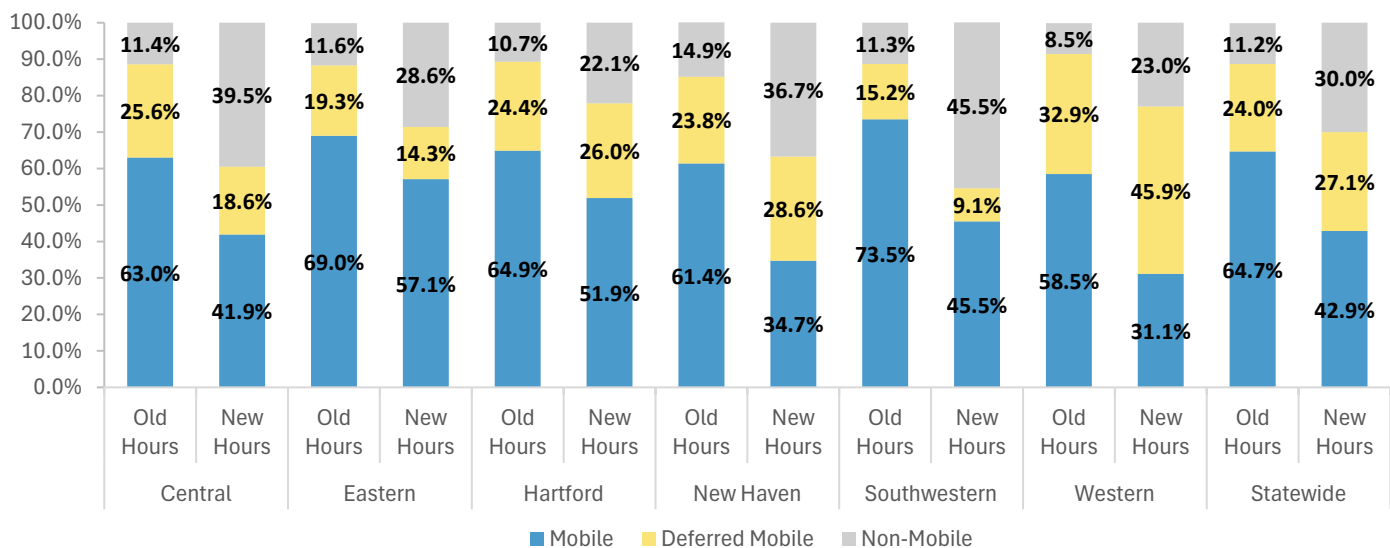


Figure 45. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile

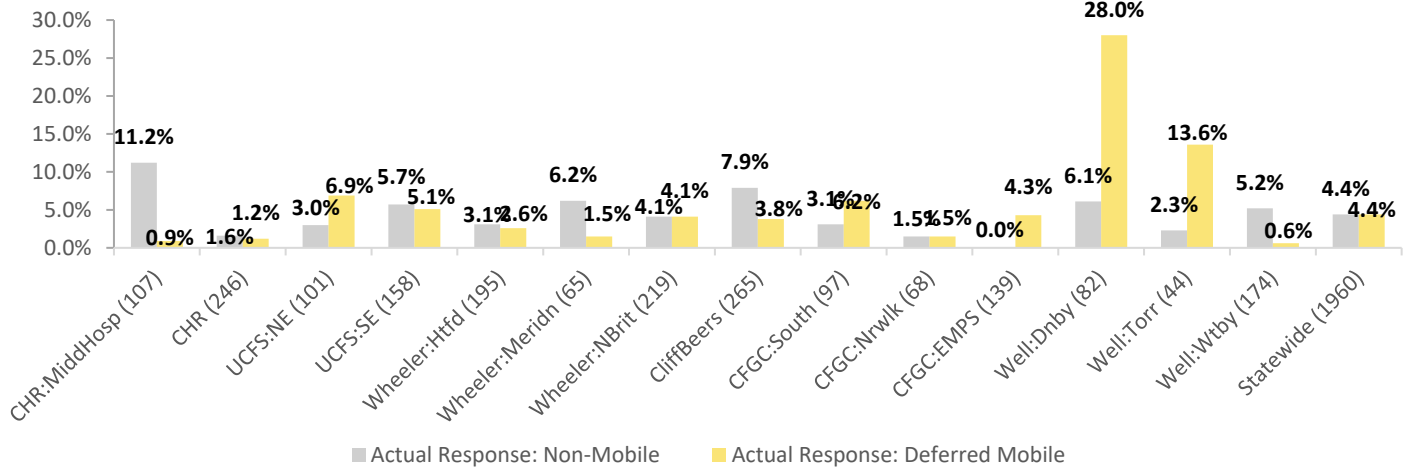


Figure 46. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile

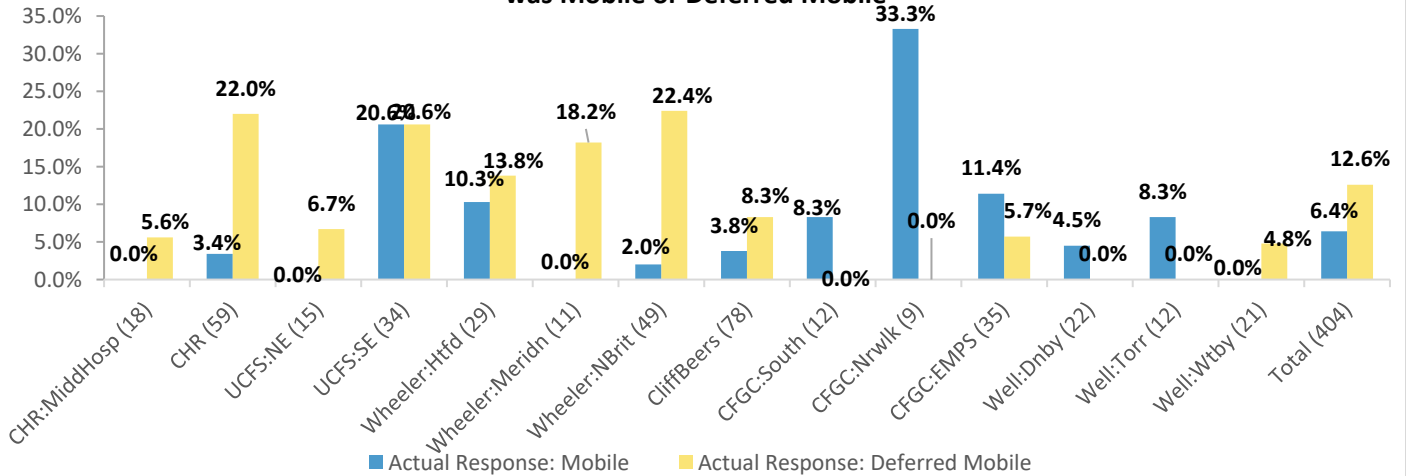


Figure 47. Mobile Response by Service Area

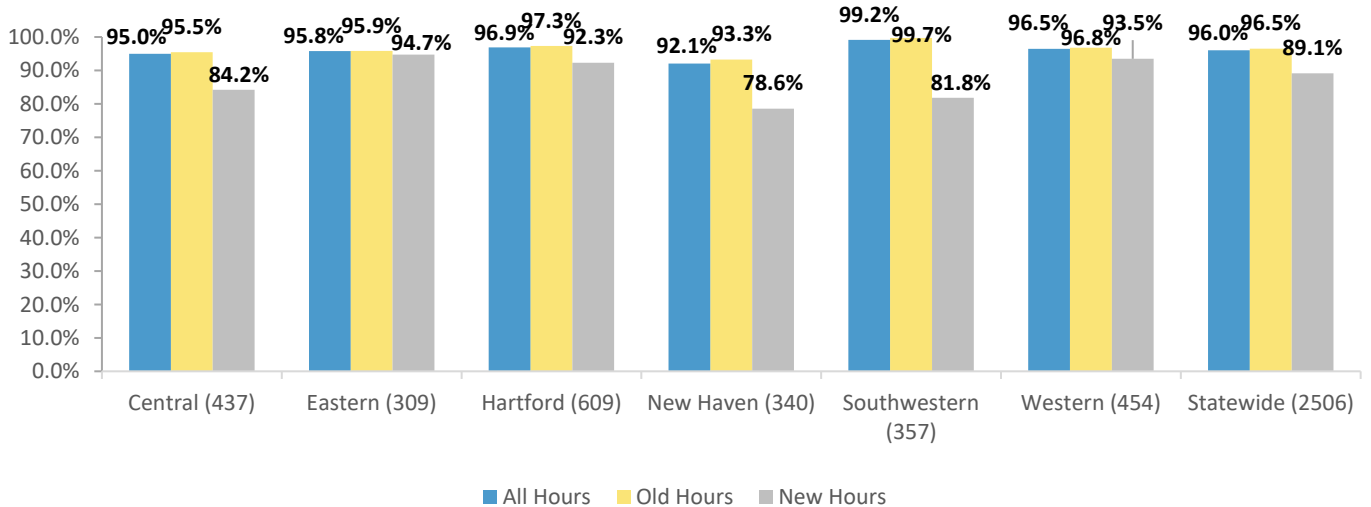
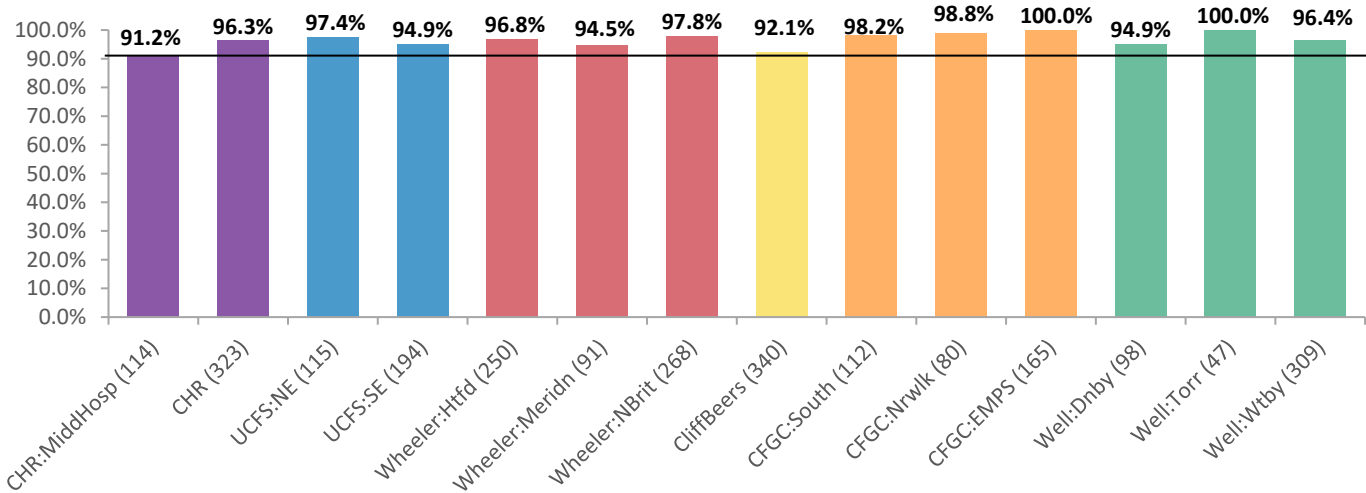


Figure 48. Mobile Response (Mobile & Deferred Mobile) By Provider

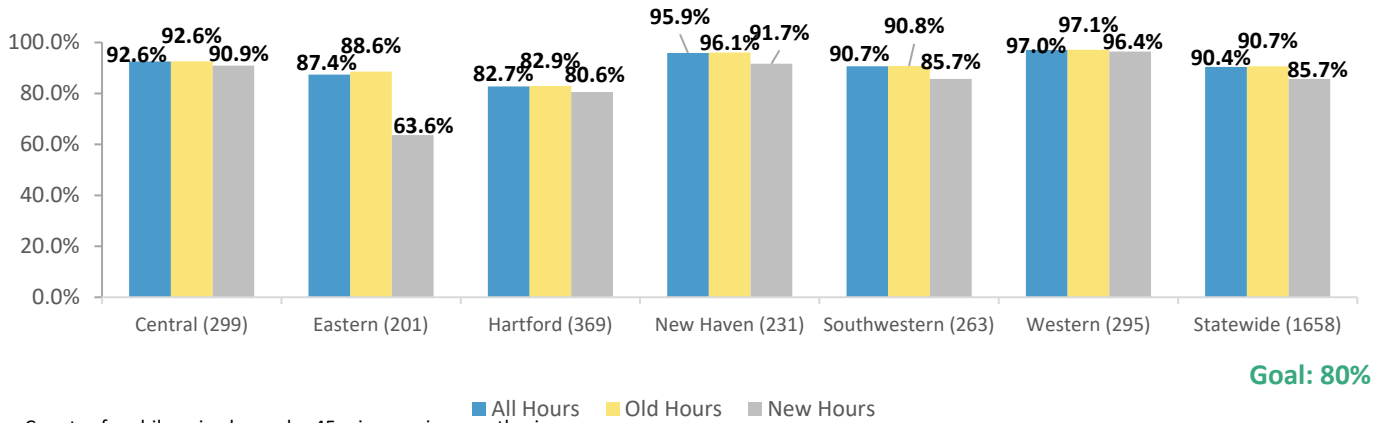


Note: Counts of 211-recommended mobile episodes are in parentheses.

Goal = 90%

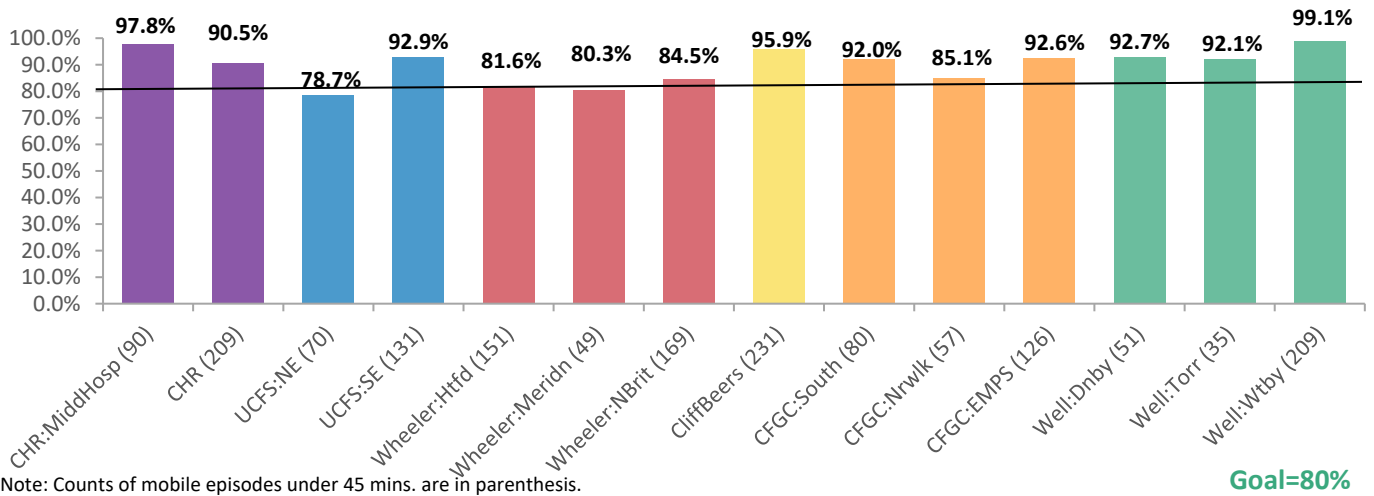
Section VIII: Response Time

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



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

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



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

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

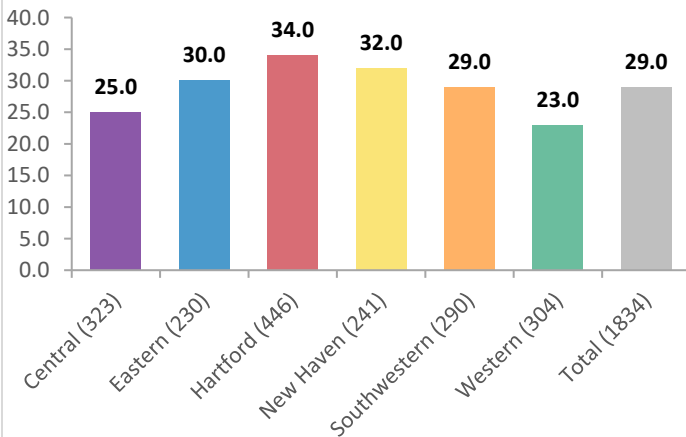
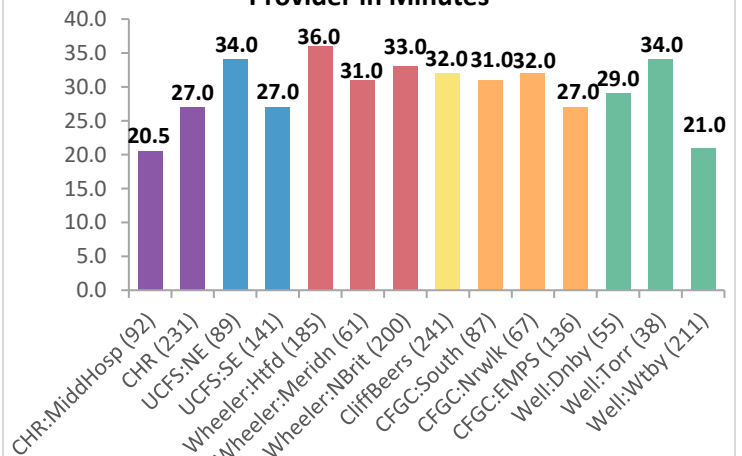
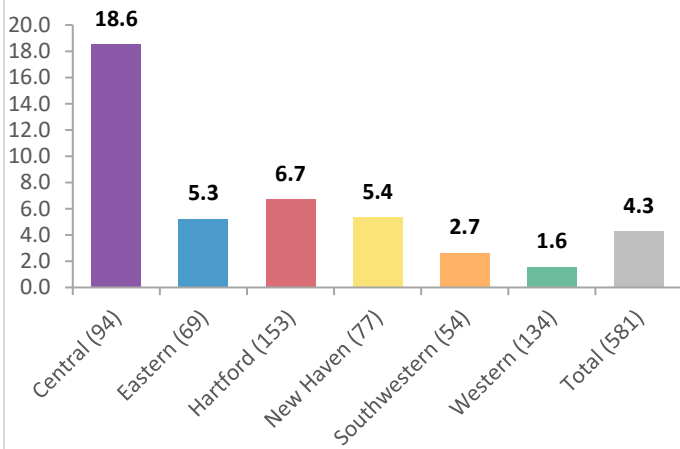


Figure 52. Median Mobile Response Time by Provider in Minutes



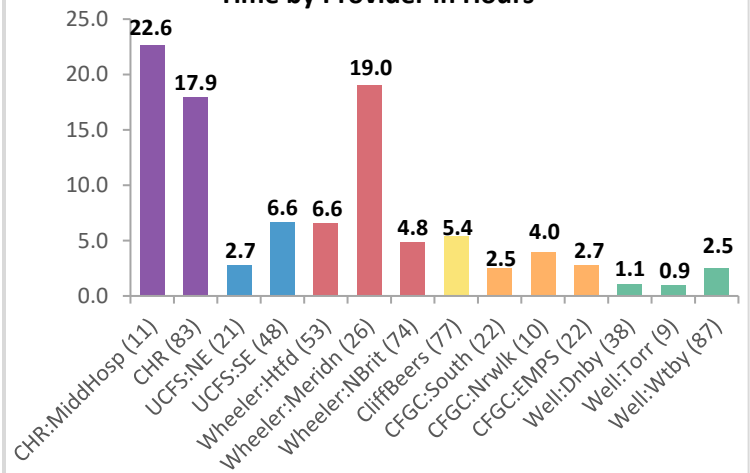
Note: Counts of 211-recommended mobile episodes

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 1. Length of service for discharged episodes.

		Central	Eastern	Hartford	New Haven	South-western	Western	Statewide
Face-to-Face: Eval Only	n	19	21	94	91	58	15	298
	Median (Days)	6	0	2	14	1	7	5
	Exceeding 1 day	68.4%	28.6%	51.1%	91.2%	48.3%	60.0%	62.8%
Face-to-Face: Connect to Care	n	170	214	226	114	131	253	1108
	Median	18	7	9	21	27	7	11
	Exceeding 14 days	61.8%	12.1%	23.5%	69.3%	67.2%	26.1%	37.6%
Face-to-Face: Treatment and Connection to Care	n	198	33	180	63	75	51	600
	Median	23	21	20	21	36	14	22
	Exceeding 45 days	6.1%	3.0%	2.8%	22.2%	10.7%	7.8%	7.3%

Table 2. Length of service for open episodes.

		Central	Eastern	Hartford	New Haven	South-western	Western	Statewide
Face-to-Face: Eval Only	n	0	0	13	15	24	3	55
	Median (Days)			117	15	19	15	22
	Exceeding 1 day			92.3%	80.0%	100.0%	100.0%	92.7%
Face-to-Face: Connect to Care	n	56	8	46	44	54	83	291
	Median	6	4	35	8	32	13	13
	Exceeding 14 days	58.9%	37.5%	67.4%	65.9%	94.4%	69.9%	70.4%
Face-to-Face: Treatment and Connection to Care	n	25	11	46	9	36	15	142
	Median	14	11	33	6	17	12	14
	Exceeding 45 days	16.0%	0.0%	45.7%	11.1%	8.3%	13.3%	21.8%

Figure 55. Top Six Reasons for Client Discharge Statewide

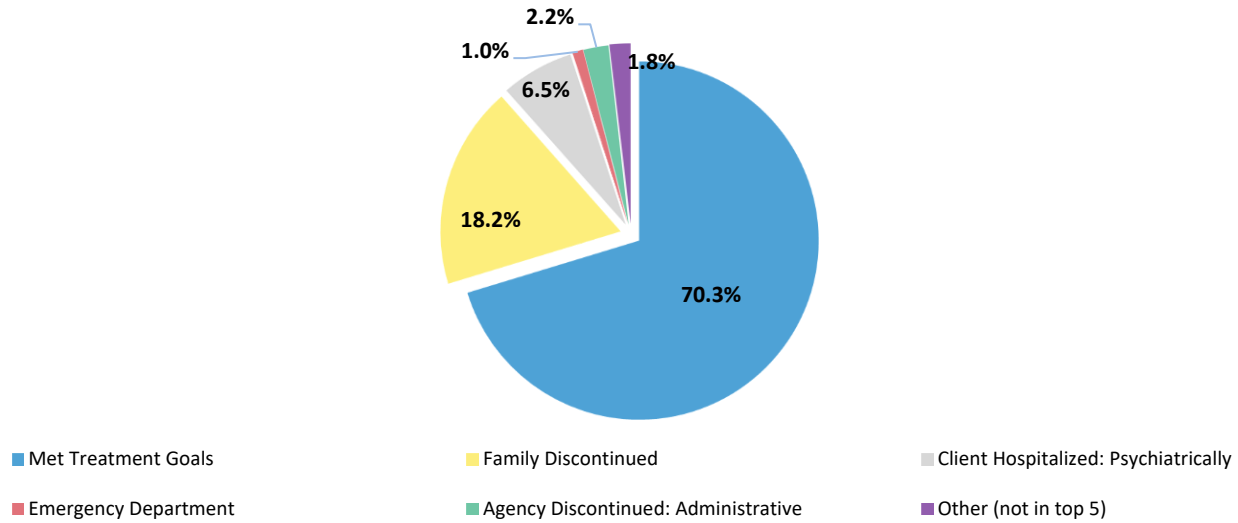


Figure 56. Top Six Places Clients Live at Discharge Statewide

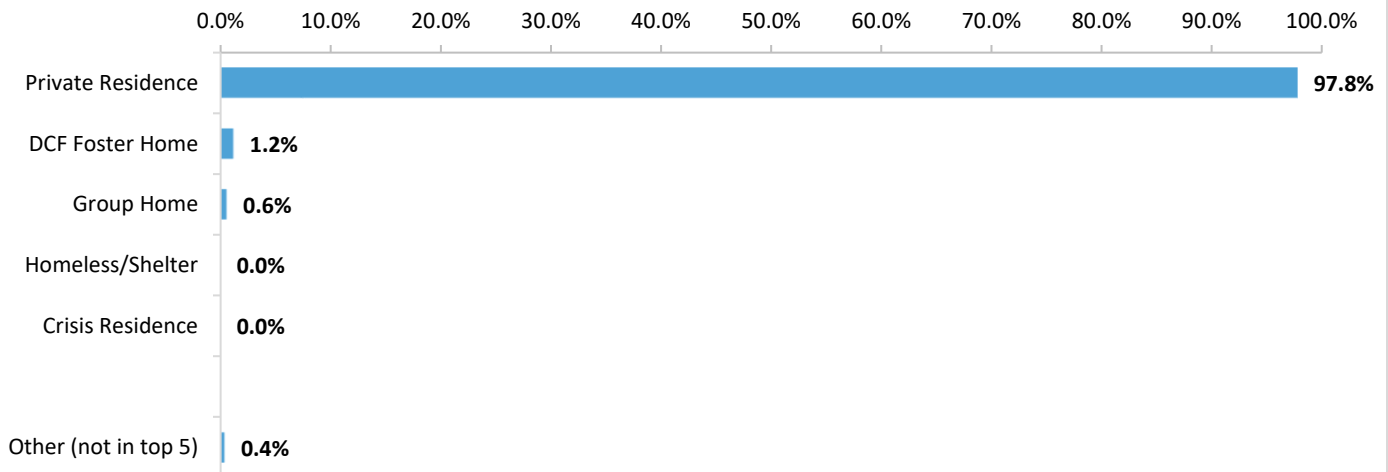
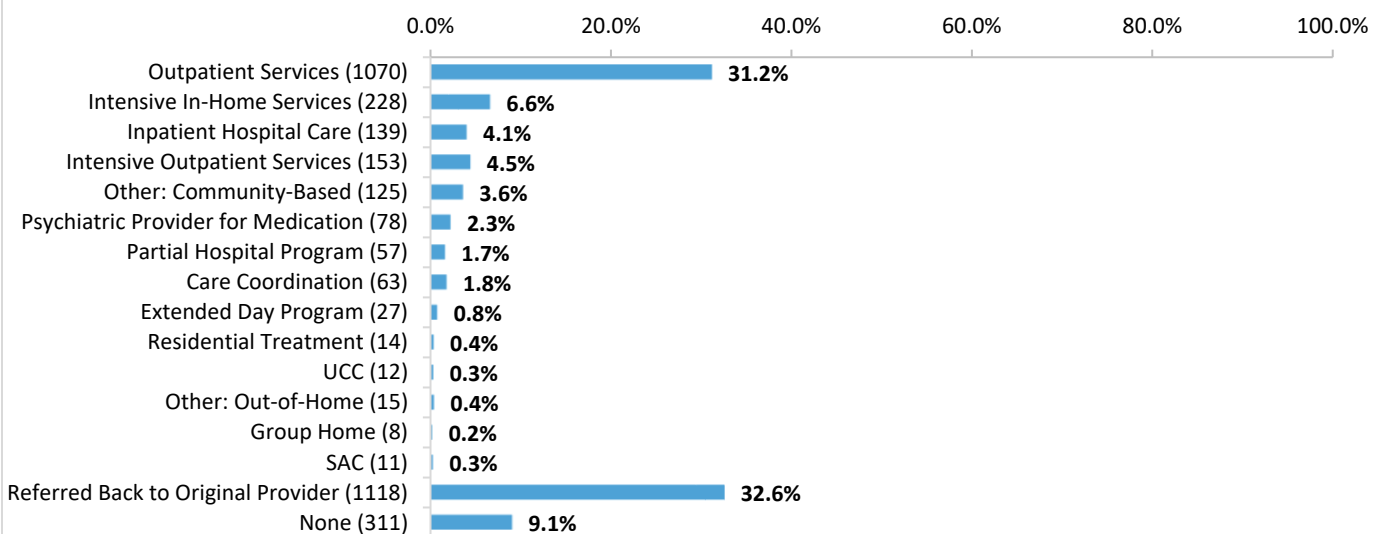


Figure 57. Type of Services Client Referred* to at Discharge Statewide



Note: Count for each type of service referral is in parenthesis

* Data include clients referred to more than one type of service

Table 3. Ohio Scales Scores by Service Area

Service Area	N (paired intake & discharge)	Mean (paired intake)	Mean (paired discharge)	Mean Difference (paired cases)	t-score	Sig.	† .05-.10 * P < .05 **P < .01
STATEWIDE							
Parent Functioning Score	115	42.88	44.94	2.06	3.54	<.001	**
Worker Functioning Score	421	45.75	47.04	1.29	4.64	<.001	**
Parent Problem Score	115	27.37	25.23	-2.14	-4.27	<.001	**
Worker Problem Score	421	27.28	25.57	-1.71	-6.68	<.001	**
Central							
Parent Functioning Score	34	37.12	37.12	0.00	0.00	N/A	
Worker Functioning Score	141	47.72	47.78	0.06	1.82	0.072	†
Parent Problem Score	34	32.65	32.65	0.00	0.00	N/A	
Worker Problem Score	141	27.85	27.79	-0.06	-1.22	0.226	
Eastern							
Parent Functioning Score	9	48.78	55.00	6.22	2.82	0.023	*
Worker Functioning Score	26	43.23	46.23	3.00	1.83	0.079	†
Parent Problem Score	9	26.78	19.56	-7.22	-3.10	0.015	*
Worker Problem Score	26	28.81	24.54	-4.27	-3.47	0.002	**
Hartford							
Parent Functioning Score	17	40.12	42.00	1.88	1.79	0.092	†
Worker Functioning Score	124	43.44	45.15	1.72	2.98	0.003	**
Parent Problem Score	17	22.65	20.41	-2.24	-1.70	0.109	
Worker Problem Score	124	29.30	26.40	-2.90	-4.56	<.001	**
New Haven							
Parent Functioning Score	26	46.50	45.81	-0.69	-1.00	0.327	
Worker Functioning Score	48	48.46	48.25	-0.21	-1.17	0.249	
Parent Problem Score	26	25.96	25.96	0.00	0.00	N/A	
Worker Problem Score	48	22.79	23.21	0.42	1.65	0.105	
Southwestern							
Parent Functioning Score	25	49.64	55.24	5.60	2.75	0.011	*
Worker Functioning Score	48	47.79	50.42	2.63	2.39	0.021	*
Parent Problem Score	25	23.04	18.80	-4.24	-2.73	0.012	*
Worker Problem Score	48	20.40	18.79	-1.60	-1.86	0.070	†
Western							
Parent Functioning Score	4	24.50	31.25	6.75	2.43	0.094	†
Worker Functioning Score	34	41.24	44.97	3.74	2.17	0.037	*
Parent Problem Score	4	40.00	30.75	-9.25	-2.61	0.080	†
Worker Problem Score	34	32.41	27.06	-5.35	-5.41	<.001	**

paired = Number of cases with both intake and discharge scores

† .05-.10,

* P < .05,

**P < .01

Section X: Client & Referral Source Satisfaction

Table 4. Client and Referrer Satisfaction for 211 and EMPS

2-1-1 Items*	Clients (n=72)	Referrers (n=71)
The 2-1-1 staff answered my call in a timely manner	4.59	4.93
The 2-1-1 staff was courteous	4.87	4.97
The 2-1-1 staff was knowledgeable	4.83	4.81
My phone call was quickly transferred to the EMPS provider	4.80	4.81
Sub-Total Mean: 2-1-1	4.77	4.88
Mobile Crisis Items*		
Mobile Crisis responded to the crisis in a timely manner	4.82	4.77
The Mobile Crisis staff was respectful	4.82	4.71
The Mobile Crisis staff was knowledgeable	4.82	4.78
The Mobile Crisis staff spoke to me in a way that I understood	4.86	4.83
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)	4.72	X
The services or resources my child and/or family received were right for us	4.65	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	4.68
Sub-Total Mean: Mobile Crisis	4.78	4.75
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis <i>*This question is rated on a 1 to 10 scale, while the others are rated from 1 to 5</i>	8.93	8.91

* All items collected by 2-1-1, in collaboration with the PIC and DCF; measured on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree).

Client Comments:

- [The clinician] was excellent! She made my daughter feel very comfortable and she was easy to open up to. She gave great suggestions and guided us in the right direction to get my daughter the help she needs.
- The services were very helpful and still are helpful with the follow up. I'm thankful they are available.
- They are always a great support! Life saving in moments of despair or personal loss.
- Filling out the questionnaires and forms takes up a lot of time when teenager just needs help.
- The team was grounded due to weather. Spoke to [clinician] who was AMAZING! She got us a referral for additional service which no one else had been able to do. I only wish she was available as our families counselor because she was great!
- [Clinician] was very helpful with my daughter and gave her some good strategies for her to help with her panic attacks.

Referrer Comments:

- So much gratitude for the support provided by the program.
- The team's involvement made a difference for the student.
- The support provided helped move the situation in a positive direction
- Staff shared appreciation for the assistance offered to their students.

Section XI: Training Attendance

Table 5. Statewide Training Completion Rates

		All Staff	Full Time staff employed at least 1 year
Core Trainings	Crisis Assessment, Planning and Intervention	70%	69%
	Emergency Certificate	60%	67%
	Assessing Violence Risk in Children and Adolescents	54%	63%
	Traumatic Stress and Trauma-Informed Care	56%	63%
	21 st Century Culturally Responsive Mental Health Care	59%	66%
	Columbia Suicide Severity Rating Scale	46%	43%
Required Trainings	A-SBIRT (Adolescent Screening, Brief Intervention, and Referral to Treatment)	69%	66%
	Autism, Families, and Severe Behavior	51%	58%
	Overview of Developmental Disabilities	53%	63%
	Disaster Behavioral Health Response Network	56%	66%
	Problem Sexual Behavior	58%	65%
	School Refusal	68%	66%
Recommended Trainings	Autism Spectrum Disorders: An Overview of Characteristics, Misconceptions, and Community Resources (advanced course)*	17%	24%
	Clinical and Behavioral Effectiveness with Developmental Disabilities: Demystifying Conceptualization & Advancing Positive Behavior Support (advanced course)*	23%	30%
	Question, Persuade, and Refer (QPR)	19%	21%
	Effective Family Engagement**	7%	6%
	Race and Mental Health Part 1**	6%	5%
	Race and Mental Health Part 2**	6%	5%

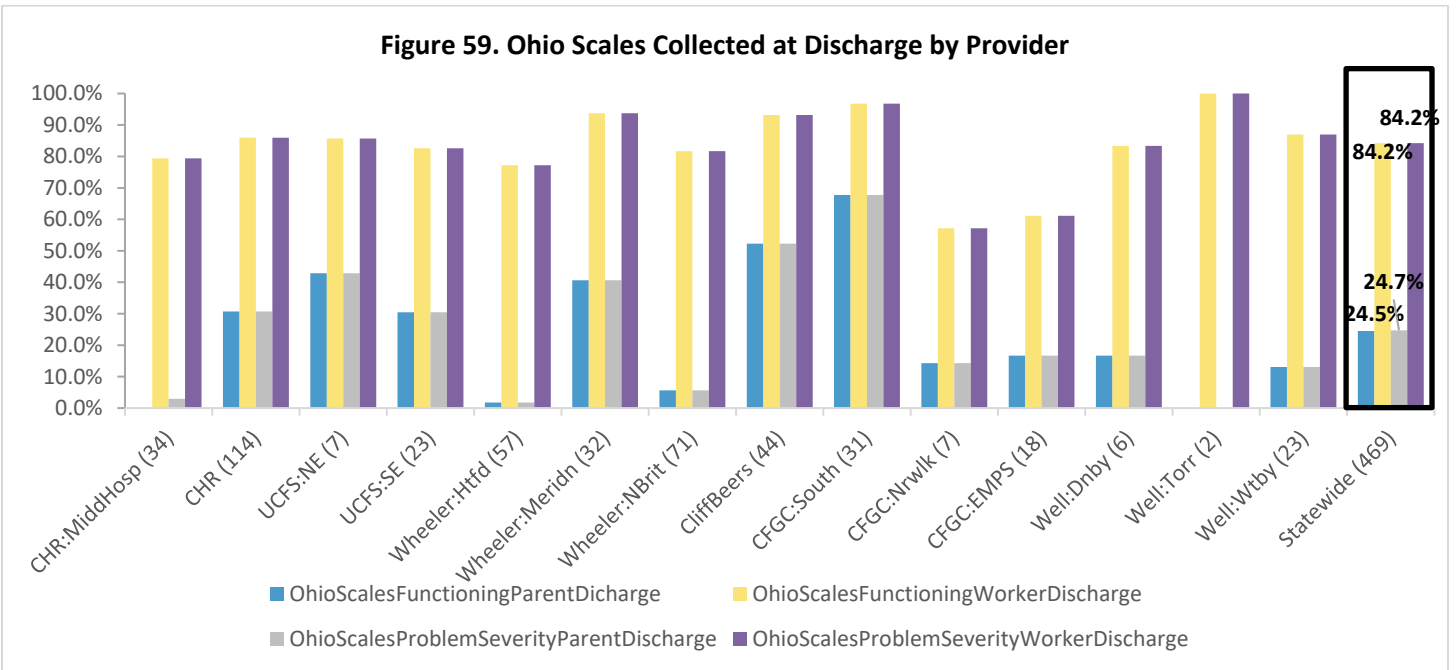
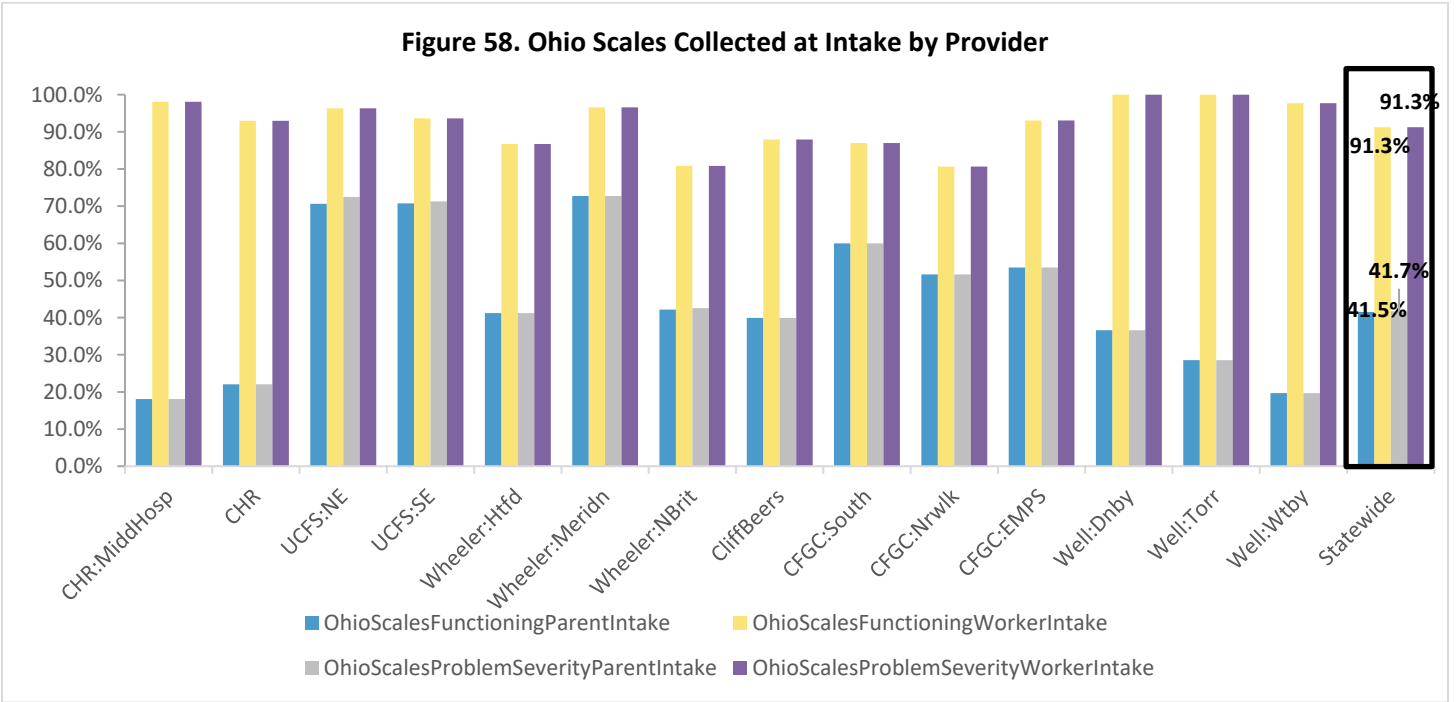
*These trainings were offered for the first time in FY2025.

**These trainings became available at the end of FY26 Q1.

Table 6. Staff Trained by Region

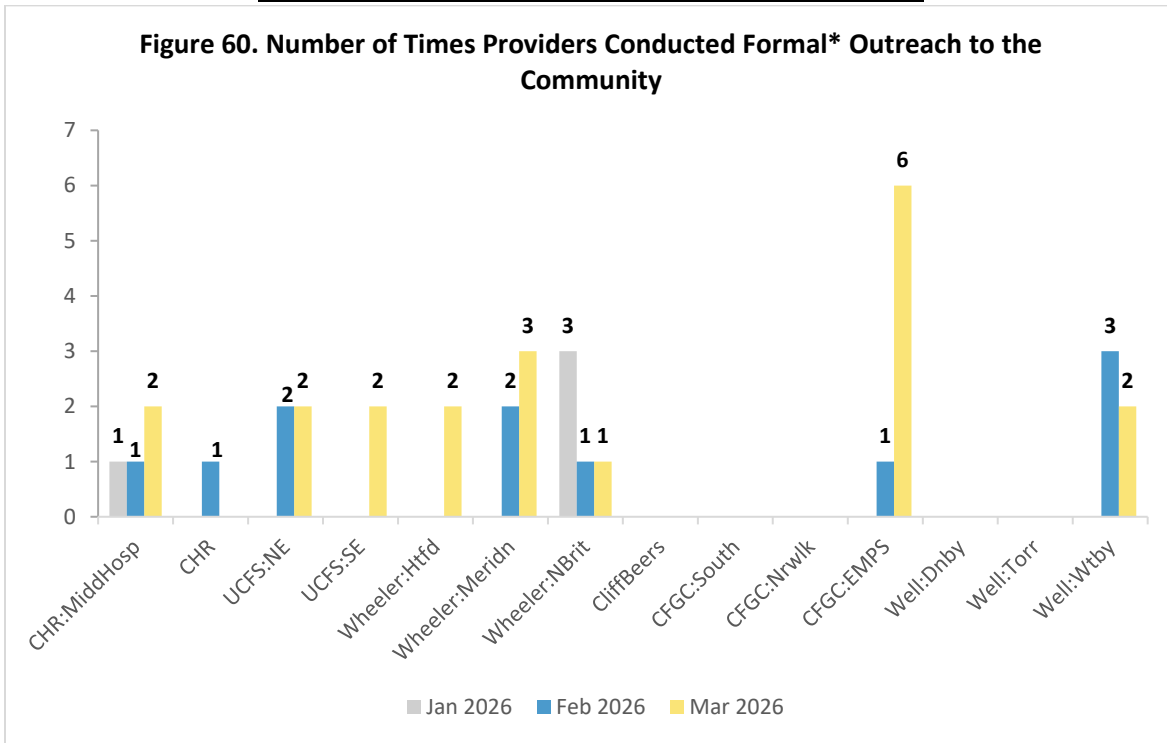
	Total Staff	Full Time staff employed at least 1 year	Core Trainings Completed	Full Time staff employed at least 2 years	Core Trainings Completed	All Required Trainings Completed
Central	38	14	71%	13	77%	38%
Eastern	23	11	91%	9	89%	89%
Hartford	53	35	6%	28	7%	4%
New Haven	20	13	77%	13	77%	69%
Southwestern	24	9	56%	8	50%	38%
Western	55	20	50%	14	71%	57%
Statewide	213	102	46%	85	52%	40%

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.