



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



MOBILE CRISIS INTERVENTION SERVICES

Performance Improvement Center (PIC)

QUARTERLY REPORT

FY2023: Quarter 4

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

Call and Episode Volume: In the fourth quarter of FY2023, **2-1-1 received 3,814 calls** including 2,843 calls (74.5%) handled by Mobile Crisis providers and 971 calls (25.5%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). There was one crisis response follow-up call that was coded as a Mobile Crisis episode and was not counted as an episode of care in this report. This quarter saw an 11.8% decrease in total call volume compared to the same quarter in FY2022 (4,323), and the total episodes decreased by 8.6% (3,110 in FY2022). During this quarter, there was an 29.6% decrease in calls compared to FY2019 Q4 (5,461), and an 28.7% decrease in episodes (3,986 in FY2019 Q4). Call and episode volume have significantly increased since the height of the pandemic, but still remain below pre-pandemic levels.

Among the **2,842 episodes of care** generated in Q4 FY23, episode volume ranged from 355 episodes (New Haven area) to 702 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 3.9, with service area rates ranging from 2.3 (Southwestern) to 4.9 (Hartford). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 8.0 per 1,000 children in poverty, with service area rates ranging from 5.5 (New Haven) to 19.0 (Central).

Each quarter, every Mobile Crisis site is required to achieve an overall service reach rate of 2.5 episodes per 1,000 children. For this quarter, 12 of the 14 sites met this benchmark.

Demographics: Statewide this quarter, 51.7% of services were for children reported as female and 48.3% were for those reported as male.¹ **Care for youth ages 13-15 years old comprised the largest portion of services (33.9%).** Additionally, 32.3% of services were for 9-12 year olds, 18.0% were for 16-18 year olds, 12.8% were for 6-8 year olds, and 2.7% were for children age five or younger. The majority of services were for White children (56.3%), while 19.8% were for African-American or Black children. Roughly one-third (32.4%) of services were for youth of Hispanic ethnicity. The majority of youth were insured by Husky A (54.5%) and private insurance (27.1%). Finally, the majority of clients (85.8%) were not DCF-involved.

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide included: Harm/Risk of Harm to Self (32.8%), Disruptive Behavior (26.2%), Depression (10.4%), Anxiety (6.3%), Harm/Risk of Harm to Others (5.9%), and Family Conflict (5.3%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (28.0%), Conduct Disorders (15.6%), Adjustment Disorders (14.5%), Anxiety Disorders (13.9%), Attention Deficit/Hyperactivity Disorders (9.4%), Trauma Disorders (8.9%). This quarter, **56.1% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED).**

In this quarter, the **statewide percentage of children with trauma exposure reported at intake was 62.4%**, with service areas ranging from 51.0% (Southwestern) to 72.7% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (25.9%), Witnessing Violence (19.2%), Victim of Violence (16.2%), and Sexual Victimization (12.7%).

The statewide rate for **the percentage of children evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 24.1%**, higher than 19.8% of the same quarter last fiscal year. During an episode of care, 18.7% of children were evaluated in the Emergency Department at least once. The inpatient admission rate in the six months prior to Mobile Crisis referral was 11.9% statewide, which is slightly higher than the rate in the Q4 FY2022 (10.0%). The admission rate to an inpatient unit during a mobile crisis episode was 6.9%, compared to the rate of 8.8% in the same quarter last fiscal year.

¹ Per question regarding "Sex Assigned at Birth".

Referral Sources: Statewide, **44.6% of referrals came from schools, and 39.9% of referrals were received from parents, families and youth.** Emergency Departments (EDs) accounted for 7.9% of all Mobile Crisis referrals. The remaining 6.1% of referrals came from a variety of other sources.

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **224 Mobile Crisis referrals were received from EDs**, including 104 referrals for inpatient diversion and 120 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 (19.0%) and the lowest was in the Eastern service area (1.7%). Statewide, 7.9% of all Mobile Crisis episodes came from ED referrals this quarter, similar to the rate from Q4 FY2022 (7.7%).

Mobility: The average **statewide mobility this quarter was 95.7%**, higher than the rate in Q4 FY2022 (89.4%). 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 94.5% (Central) to 98.2% (Western). The mobility rates among individual providers ranged from 91.5% (CHR: Middlesex Hospital) to 99.0% (Wellmore: Waterbury). All 14 providers surpassed the 90% benchmark.

Response Time: Statewide this quarter, **85.3% of mobile episodes received a face-to-face response in 45 minutes or less.** Performance on this indicator ranged from 74.5% (Hartford) to 93.1% (Central), with five of the six service areas above the 80% benchmark. Across the state, nine of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 30 minutes.

Length of Stay: Among discharged episodes statewide this quarter, 24.1% of Phone Only episodes exceeded one day, 52.8% of Face-to-Face episodes exceeded five days, and **2.9% 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 16.0 days for *Stabilization Plus*.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 111.5 days and ranged from 0 days (Eastern) to 170.0 days (Hartford). The statewide median LOS for Face-to-Face was 67.0 days and ranged from 4.0 days (Eastern) to 119.0 days (Hartford). For *Stabilization Plus Follow-up*, the statewide median LOS was 36.0 days with a range from 12.5 days (Western) to 99.5 days (Hartford). Across open episodes of care with phone and face-to-face crisis response categories during the fourth quarter of FY2023, 100.0% of phone-only and 100.0% of face-to-face episodes remained open beyond the benchmarks (1 day for Phone Only, 5 days for Face-to-Face). For open *Stabilization Plus Follow-up*, there was a wide range of cases remaining open past the benchmark (45 days). Statewide, 51.0% of these open cases exceeded the benchmark, while regionally this ranged from 10.0% (Eastern) to 83.3% (New Haven). Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase and can compromise accurate and timely data entry.

Discharge Information: The overwhelming **majority of clients lived in a private residence at discharge from Mobile Crisis (96.6%).** Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (77.5%), Family Discontinued (13.9%), and Client Hospitalized: Psychiatrically (5.0%).

Statewide, clients were most likely to be referred to **outpatient services (38.7%) or to their original provider (25.3%) at discharge.** Other care referrals at discharge included: Intensive In-Home Services (7.4%), Intensive Outpatient Program (4.4%), Other Community Based Services (3.4%), Inpatient Hospital Care (3.0%), and Partial Hospital Program (2.8%). An additional 10.7% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 1.88 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 2.99 points on average. Similarly, worker-rated Problem Severity Scales showed an average improvement of 2.69 points, while parent-rated Problem Severity Scales showed a decrease of 2.61 points on average. Changes in parent and worker-rated functioning and worker-rated problem severity scores were found to be statistically significant at the statewide level.

Completion rates of the Ohio Scales at discharge for the parent scores 3.6 increased by points when compared to the same quarter in FY2022. The completion rate for worker scores 5.5 increased points compared to FY2022 Q4.

Satisfaction: This quarter, 73 clients/families and 63 other referrers were surveyed regarding their satisfaction with the service; referrers gave favorable ratings to 2-1-1 and Mobile Crisis services. On a 5-point scale, **clients' average ratings of 2-1-1 and Mobile Crisis were 4.92 and 4.67.** Among **other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were 4.96 and 4.82**, respectively. Qualitative comments (see Section X) varied from very satisfied to dissatisfied.

Training Attendance: The statewide percentage of all thirteen trainings completed by full-time active staff as of June 2023 is 6%. This percentage is slightly lower than the percentage of full-time staff who had completed all trainings in FY2022 Q4 at 7%.

Community Outreach: The number of outreaches ranged from 0 (Update) to 13 (UCFS:SE).

SFY 2023 Q4 RBA Report Card: Mobile Crisis Intervention Services

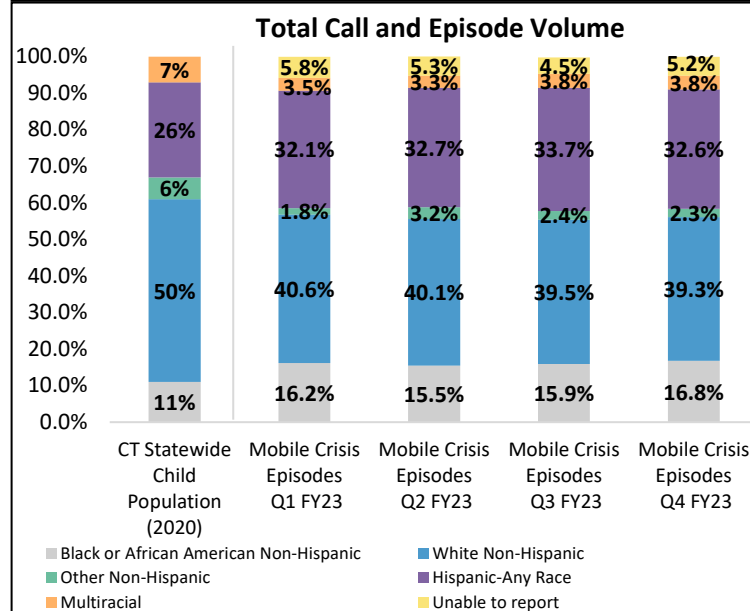
Quality of Life Result: Connecticut's children will live in stable environments, safe, healthy and ready to lead successful lives.

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 2022

State Funding: \$11,970,297

How Much Did We Do?



	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23
Mobile Crisis Episode	3,110	1,925	3,364	3,791	2,843
2-1-1 Only	1,213	653	1,016	1,090	971
Total	4,323	2,578	4,380	4,881	3,814

Story Behind the Baseline: In SFY 23 Q4, there were 3,814 total calls to the 2-1-1 Call Center resulting in 2,843 episodes of care. Compared to the same quarter in SFY 22 this represents a decrease in call volume of 11.8% (509 fewer calls) and a decrease in mobile episodes of 8.6% (267 fewer episodes). Call volume has increased since falling at the beginning of the pandemic (FY20 Q4), but the numbers of episodes and calls remain lower than pre-pandemic levels (5,461 total calls in FY19 Q4). 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. The racial composition of children served is relatively similar to SFY22 Q4.

Trend: →

Episodes Per Child

	SFY 2023 Q1			SFY 2023 Q2			SFY 2023 Q3			SFY 2023 Q4		
Episode	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total
1	131 (91.0%)	1010 (93.8%)	1,141	199 (91.3%)	1889 (90.6%)	2,088	238 (85.9%)	2222 (91.4%)	2460	217 (88.2%)	1616 (92.3%)	1833
2	10 (6.9%)	53 (4.9%)	63	16 (7.3%)	160 (7.7%)	176	35 (12.6%)	178 (7.3%)	213	21 (8.5%)	114 (6.5%)	135
3	3 (2.1%)	12 (1.1%)	15	2 (0.9%)	30 (1.4%)	32	3 (1.1%)	20 (0.8%)	23	7 (2.8%)	15 (0.9%)	22
4 or more	(0.0%)	2 (0.2%)	2	1 (0.5%)	6 (0.3%)	7	1 (0.4%)	11 (0.5%)	12	1 (0.4%)	6 (0.3%)	7

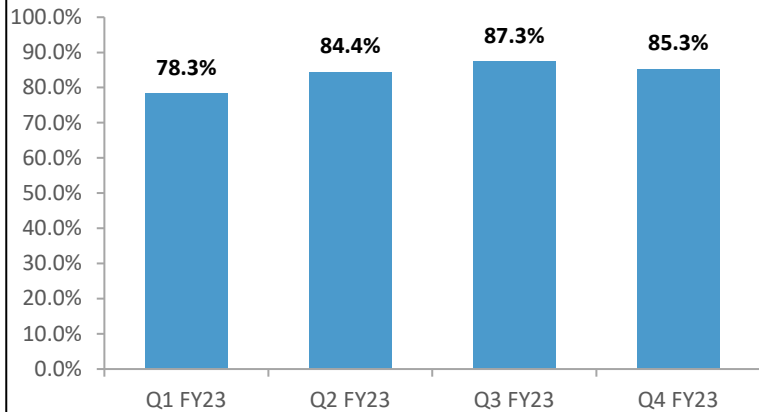
Story Behind the Baseline: In SFY 23 Q4, of the 1,997* children served by Mobile Crisis 91.8 % (1,833) received only one episode of care, and 98.5% (1,968) received one or two episodes of care; compared to 92.2% (1,675) and 98.3% (1,787) respectively for SFY 22 Q4. The proportion of children with four or more episodes is similar to SFY 22 Q4. The data indicates that most children and families require only one episode of care.

Trend: →

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

How Well Did We Do?

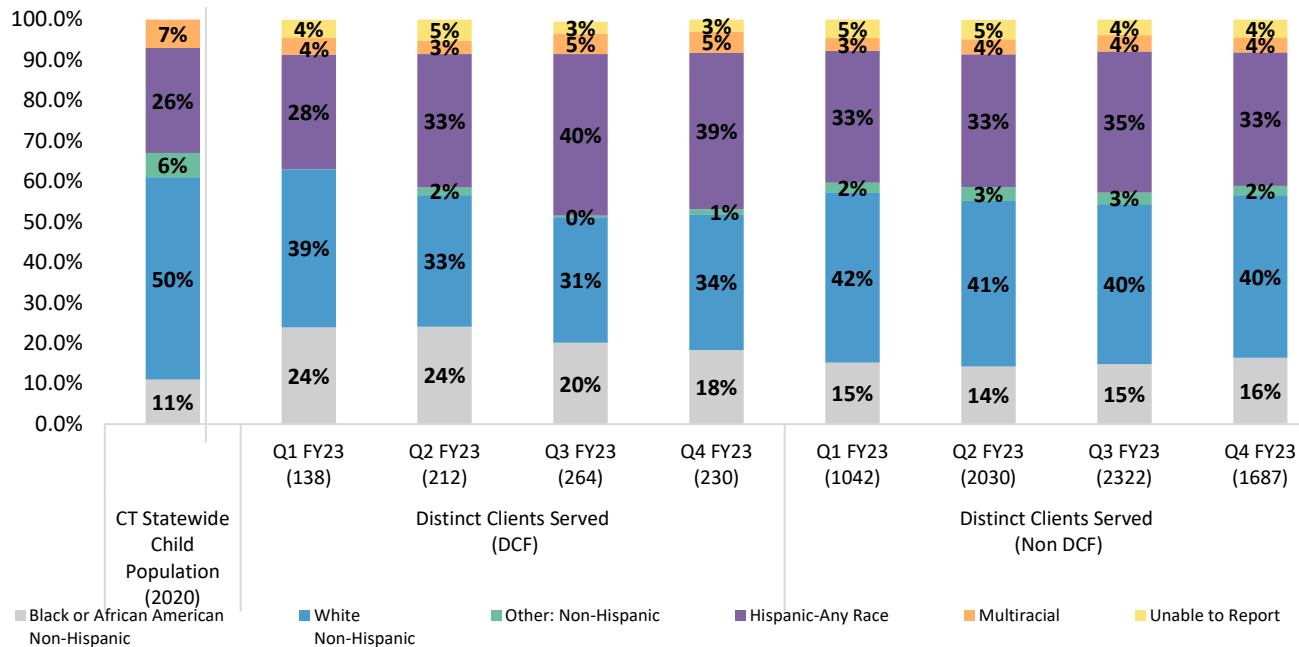
Statewide Response Time Under 45 Minutes



Story Behind the Baseline: In SFY 23 Q4, 85.3% of all mobile responses achieved the 45 minute mark compared to 76.6% for SFY 22 Q4. **The median response time for SFY 23 Q4 was 30 minutes.** Response time has improved since last year, where agencies were seeing the impacts of statewide staffing shortages. Mobile Crisis continues to be a highly responsive statewide service system that is present to engage and deescalate a crisis and return stability to the child and family, school or other setting they are in.

Trend: ↑

Race & Ethnicity of DCF & Non DCF Clients Served



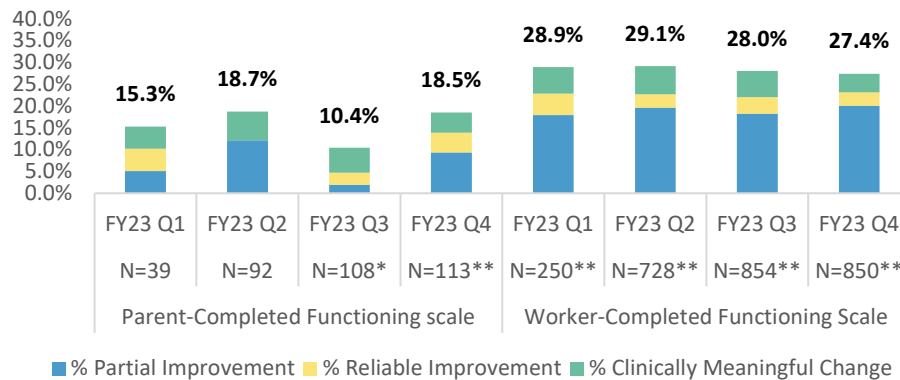
Story Behind the Baseline: In SFY 23 Q4 Hispanic and Black DCF and non-DCF involved children^{1,2} accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF-involved White children accessed the service at lower rates. White Non-DCF-involved children utilized Mobile Crisis at higher rates than their DCF-involved counterparts. Hispanic DCF-involved children utilized Mobile Crisis at higher rates than Hispanic Non-DCF involved children.

Notes: ¹Only children having their DCF or non-DCF status as well as race/ethnicity identified were included. ²For the Distinct Clients served some had multiple episodes as identified above in Episodes per Child.

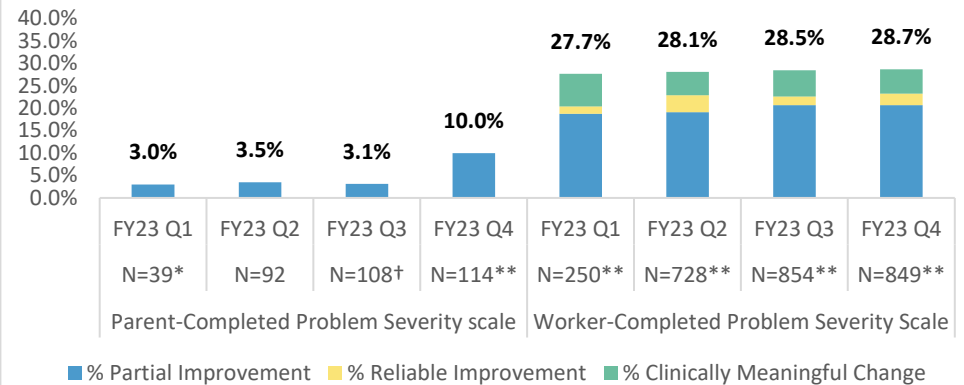
Trend: →

Is Anyone Better Off?

Improvement in Functioning as Measured by the Ohio Scales



Improvement in Problem Severity as Measured by the Ohio Scales



Story Behind the Baseline: The Ohio Scales have demonstrated clinically significant positive changes for children following a Mobile Crisis response. For SFY 23 Q4, all Ohio scales showed statistically significant change. Despite the relative short time of service engagement, the Ohio Scales reflect the continued effectiveness of Mobile Crisis in defusing the immediate crisis and supporting the positive growth and success of youth.

Trend: →

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

Proposed Actions to Turn the Curve:

- Mobile Crisis providers will work with schools and Emergency Departments to reduce school utilization of ED's and increase utilization of Mobile Crisis.
- Continue outreach to Police Departments to support their ongoing collaboration with Mobile Crisis.
- Continue to increase the parent completion rates for the Ohio Scales.
- Review with each provider their self-care activities to support their clinical staff in being continuously effective in delivering Mobile Crisis services.
- Continue to review RBA report cards on a quarterly basis with each Mobile Crisis provider, with a focus on the racial and ethnic distributions of the children served in each region.
- Continue to monitor how providers are addressing COVID-19 challenges and providing additional supports or resources if needed.

Data Development Agenda:

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

Section II: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

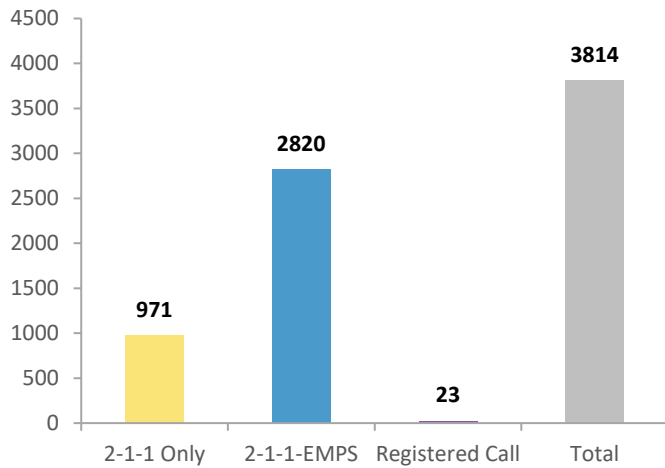


Figure 2. Total Call Volume per Quarter by Call Type

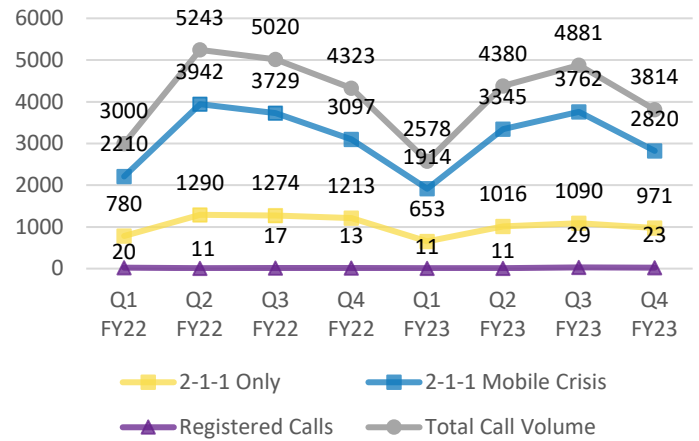
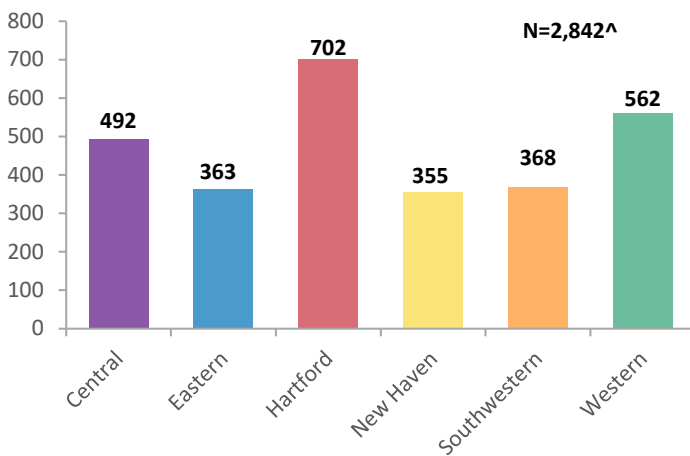


Figure 3. Mobile Crisis Episodes by Service Area



^Excluding 1 Crisis response follow-up call

Figure 4. Mobile Crisis Episodes per Quarter by Service Area

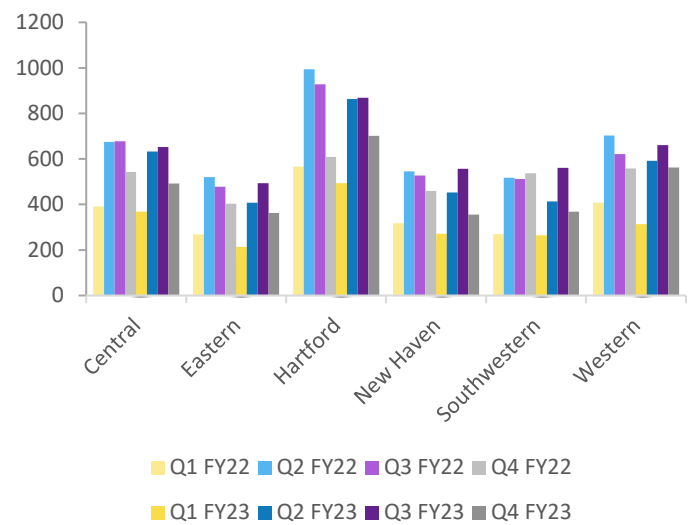


Figure 5. Number Served Per 1,000 Children

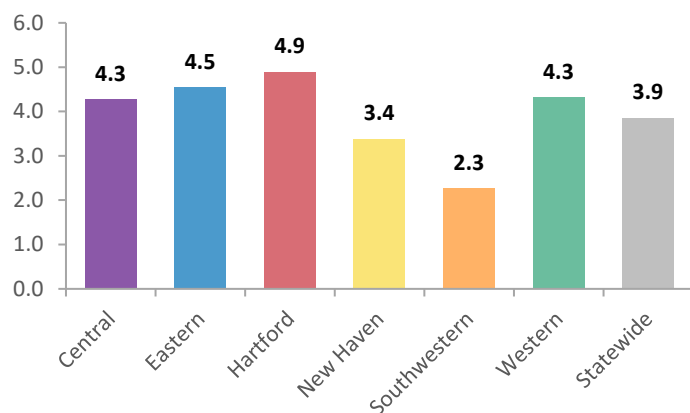


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

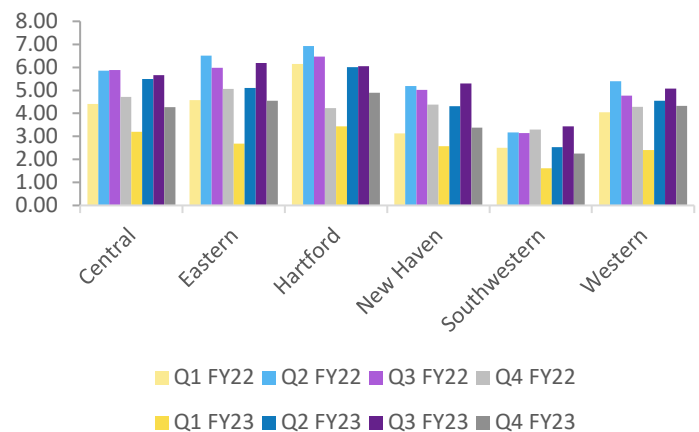


Figure 7. Number Served per 1,000 Children in Poverty

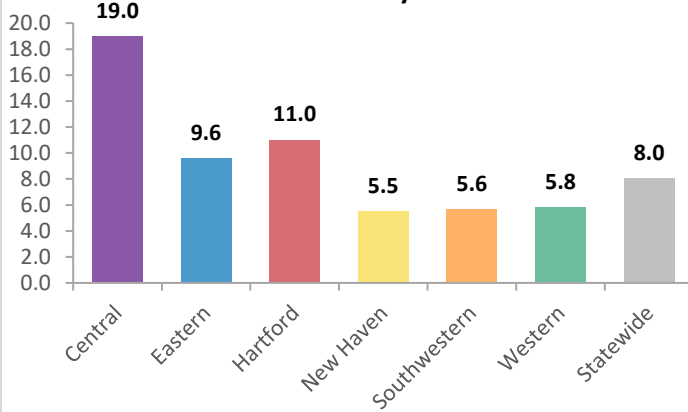


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

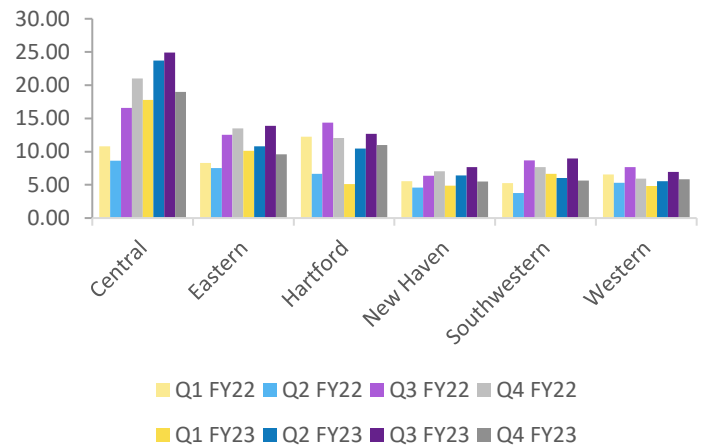
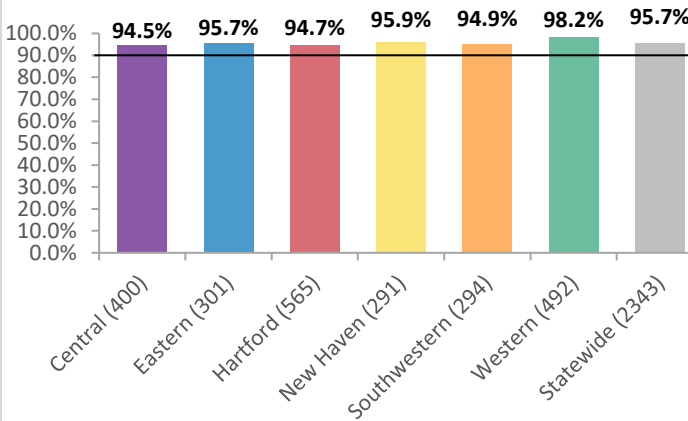


Figure 9. Mobile Response* (Mobile and Deferred Mobile) by Service Area



*Mobility calculation updated – see exec. summary

Goal:

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

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

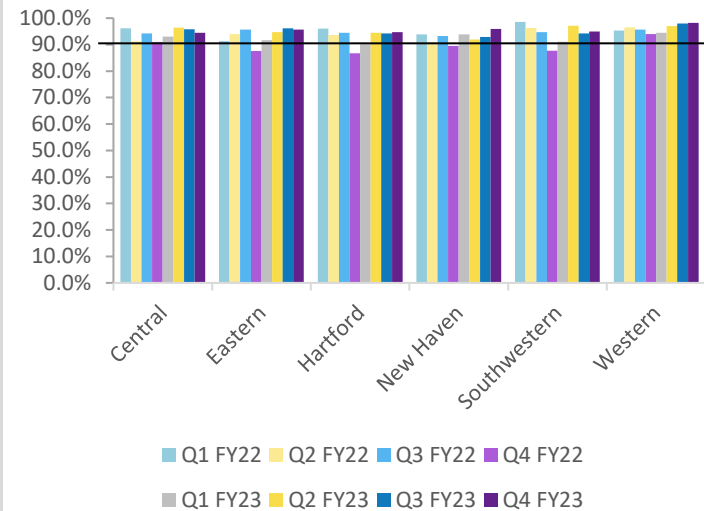
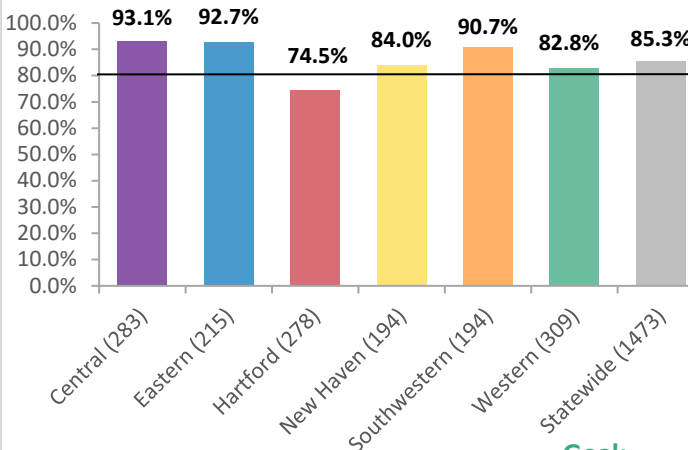


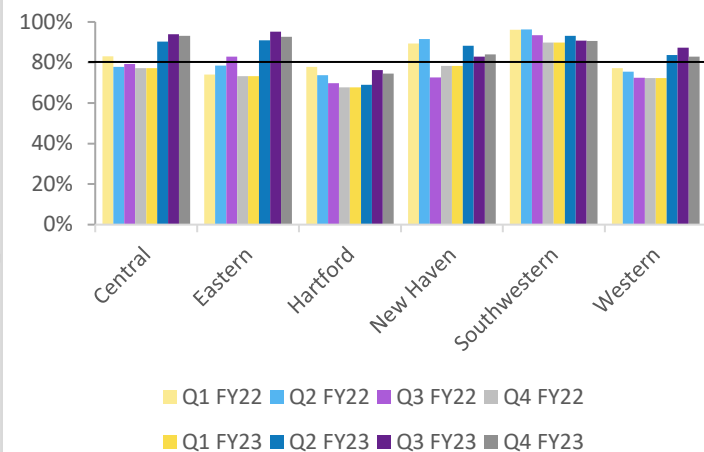
Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes



Goal:

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

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



Section III: Mobile Crisis Response

Figure 13. Total Call Volume by Call Type

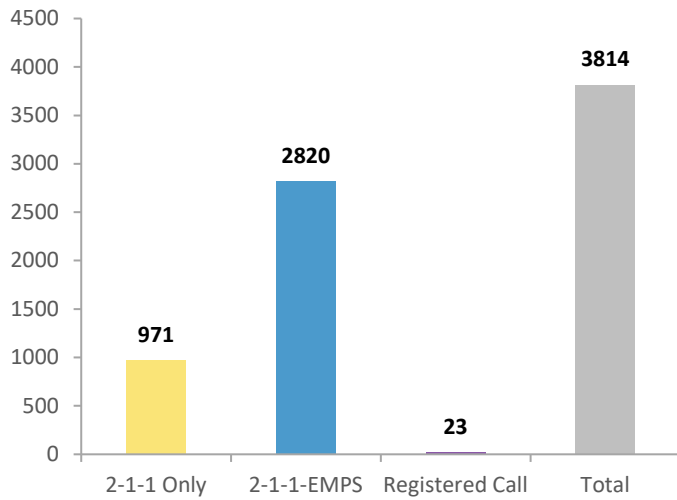


Figure 14. Statewide 2-1-1 Disposition Frequency

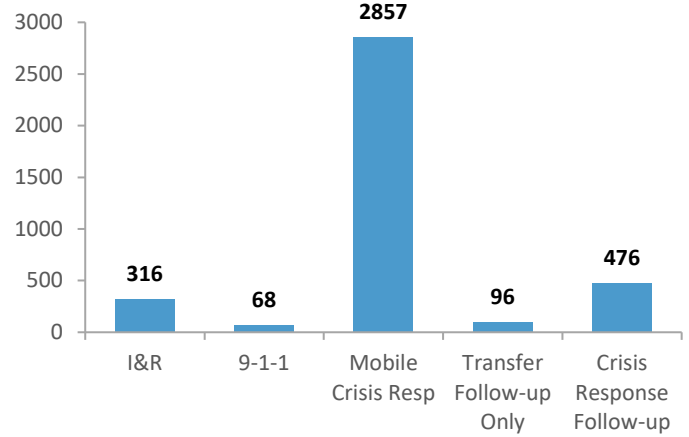


Figure 15. Mobile Crisis Response Episodes by Provider

(Total Episodes =2,842)

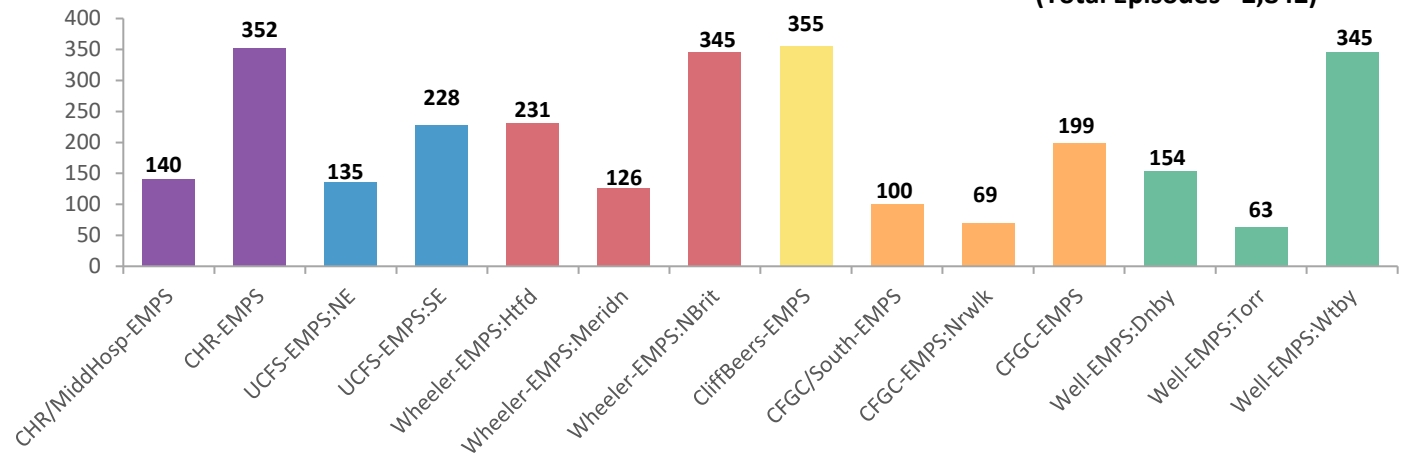


Figure 16. Number Served per 1,000 Children by Provider

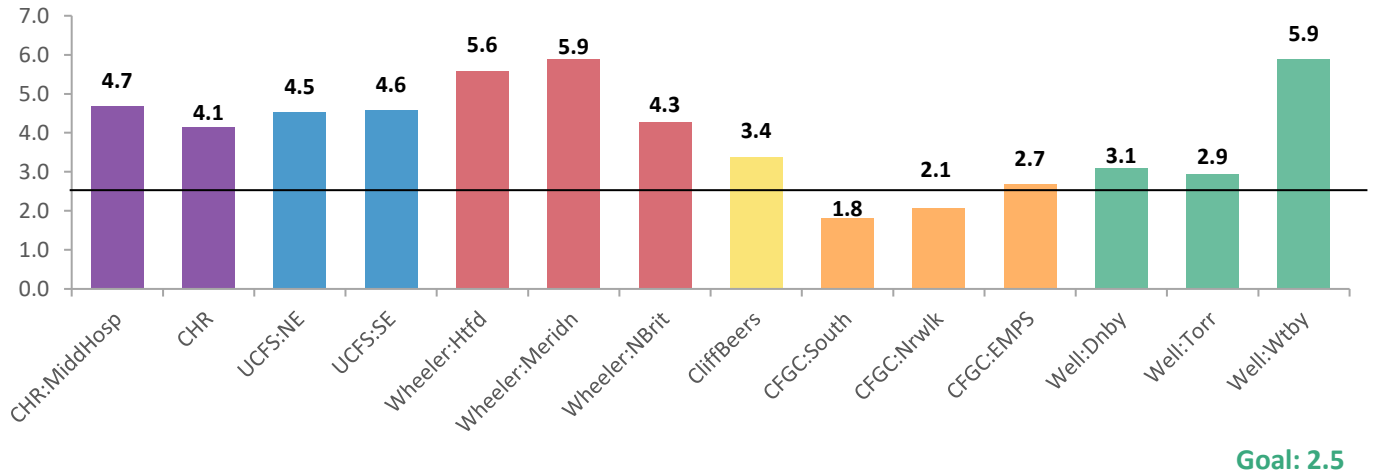


Figure 17. Episode Intervention Crisis Response Types by Service Area

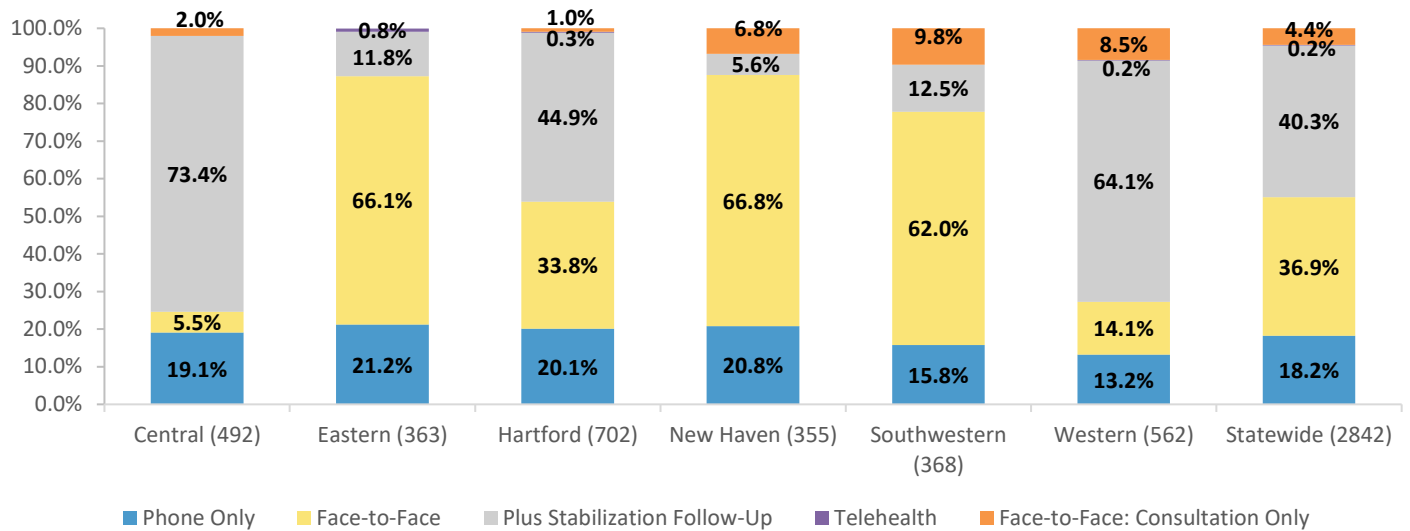
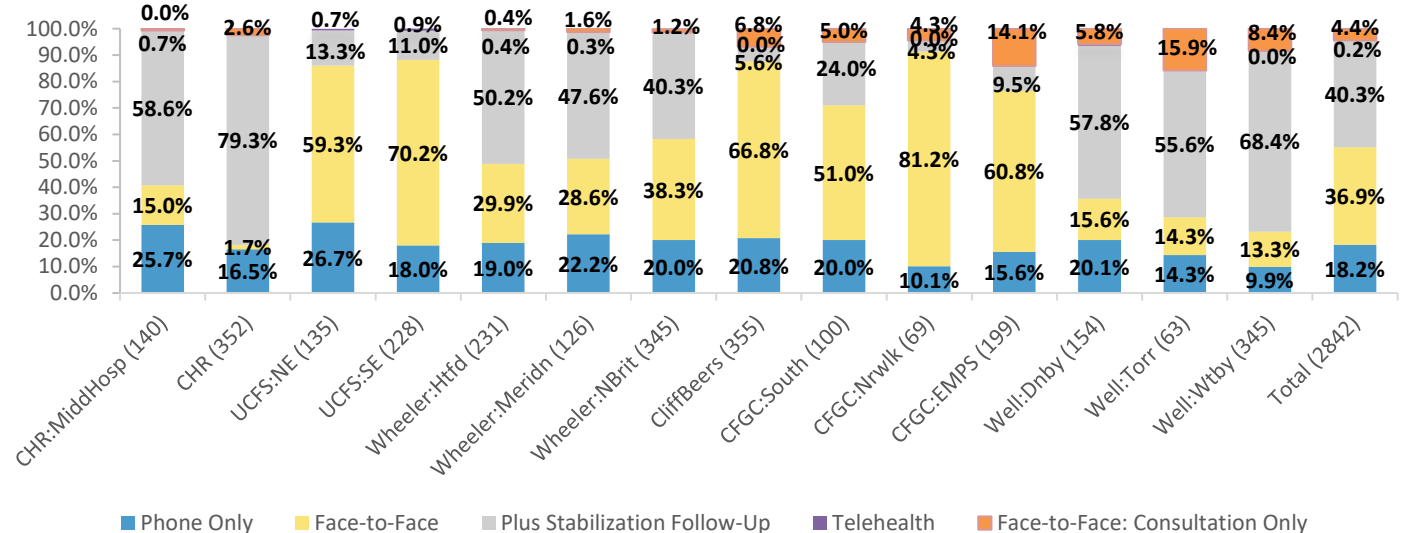


Figure 18. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 19. Sex of Children Served Statewide
(N = 2,842)

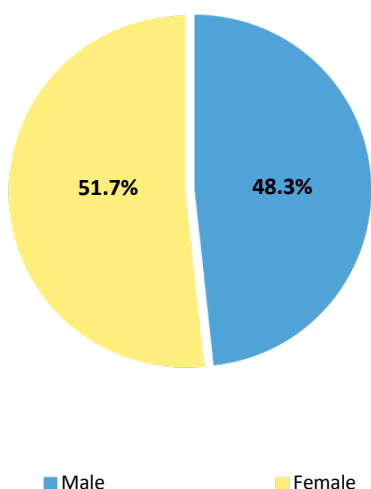


Figure 20. Age Groups of Children Served Statewide
(N = 2,842)

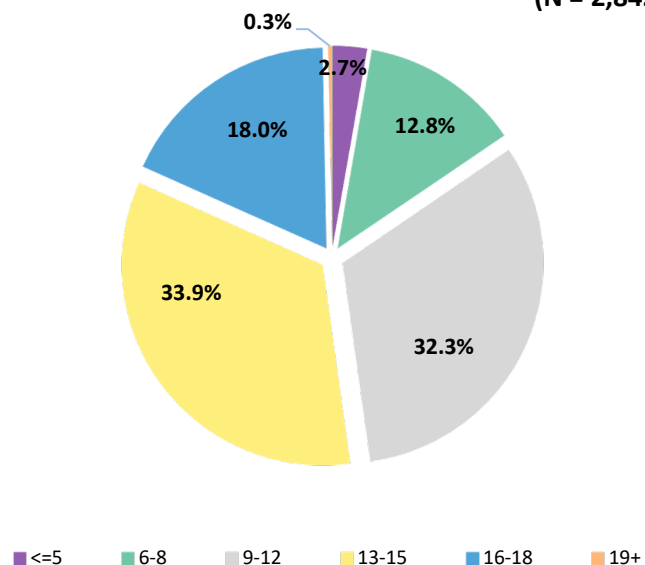


Figure 21. Ethnic Background of Children Served Statewide
(N = 2,748)

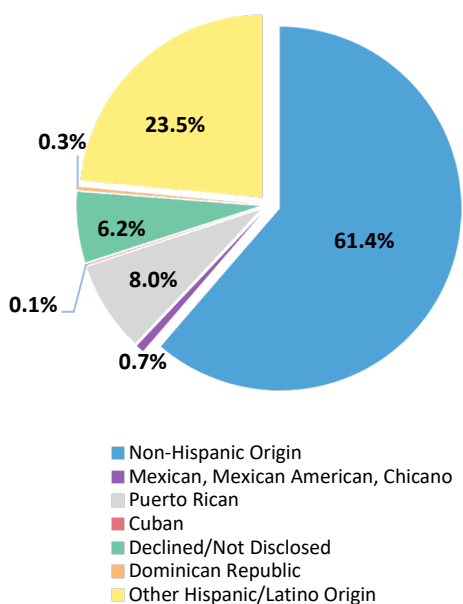
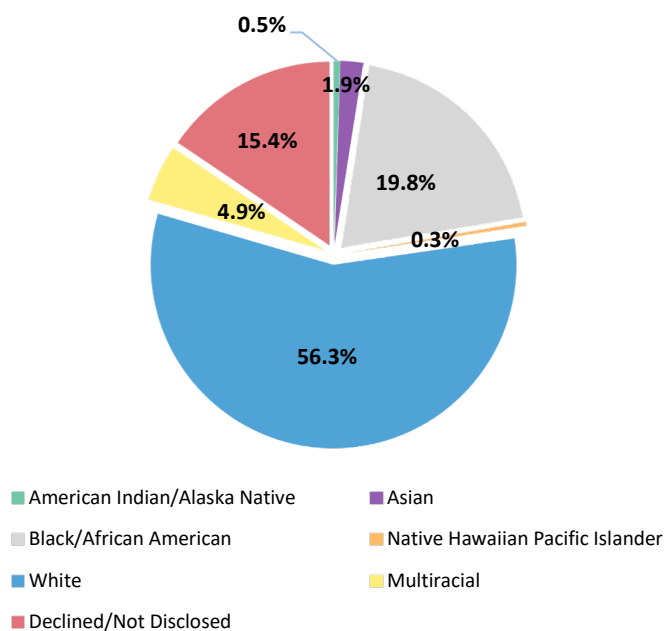


Figure 22. Race of Children Served Statewide
(N = 2,722)



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

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

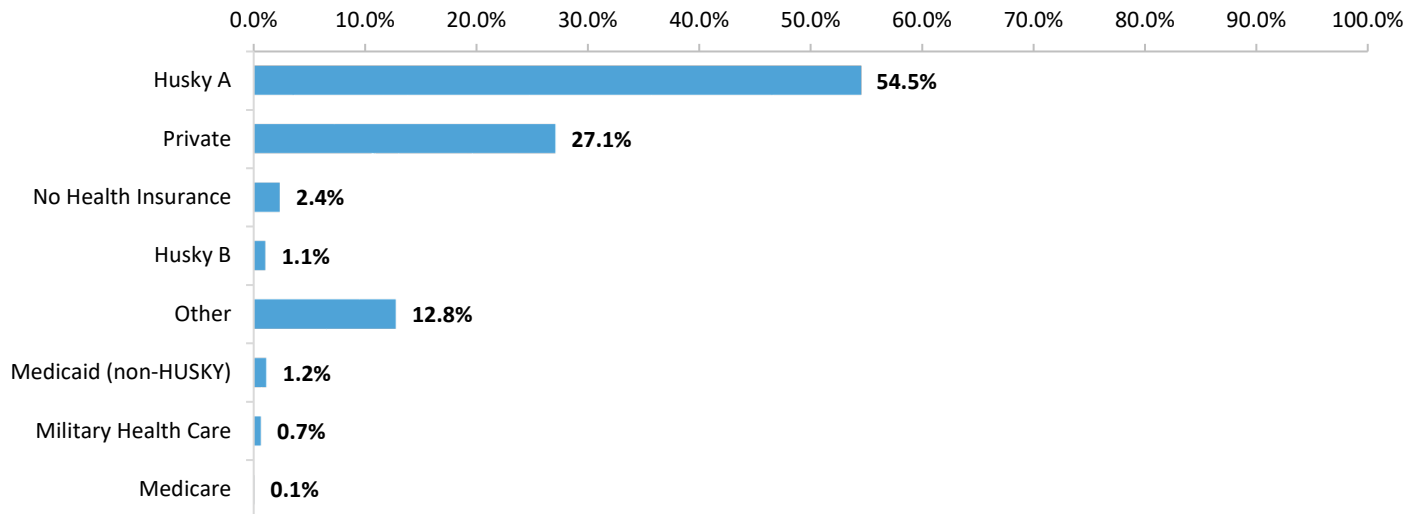
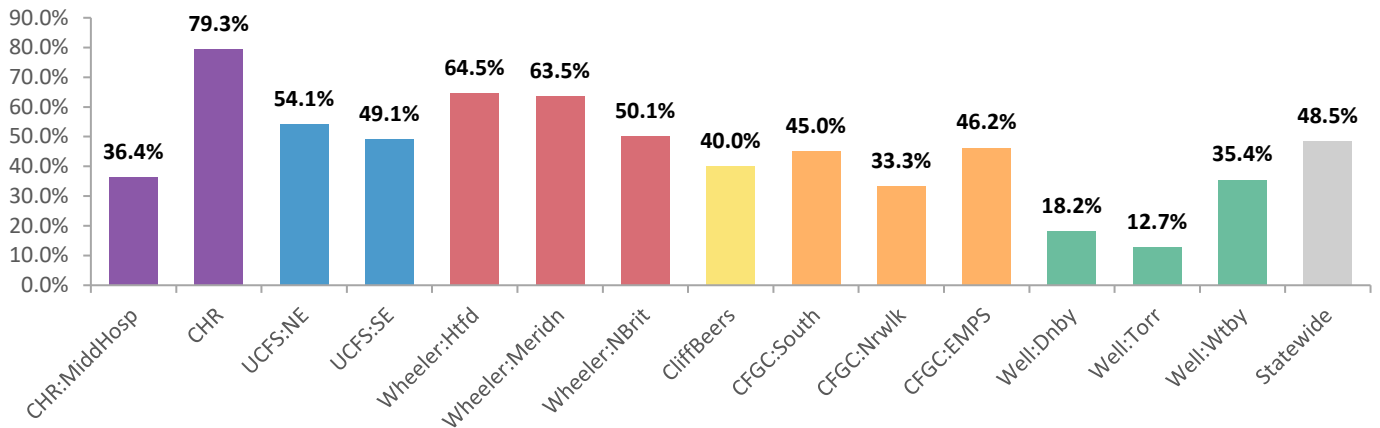
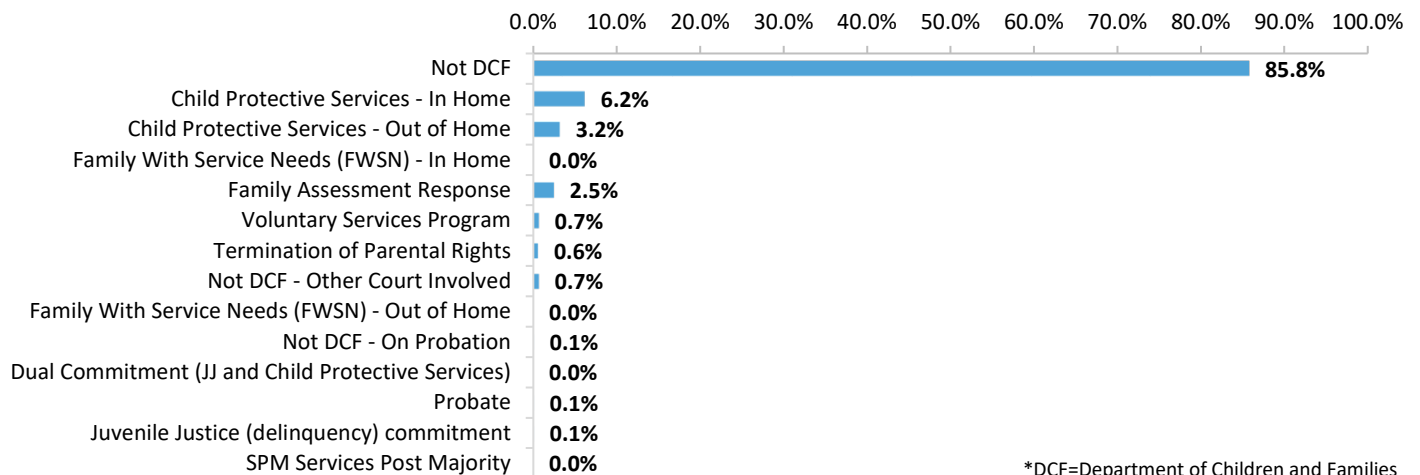


Figure 26. Families that Answered "Yes" TANF* Eligible



*TANF=Temporary Assistance for Needy Families

Figure 27. Client DCF* Status at Intake Statewide



*DCF=Department of Children and Families

Section V: Clinical Functioning

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

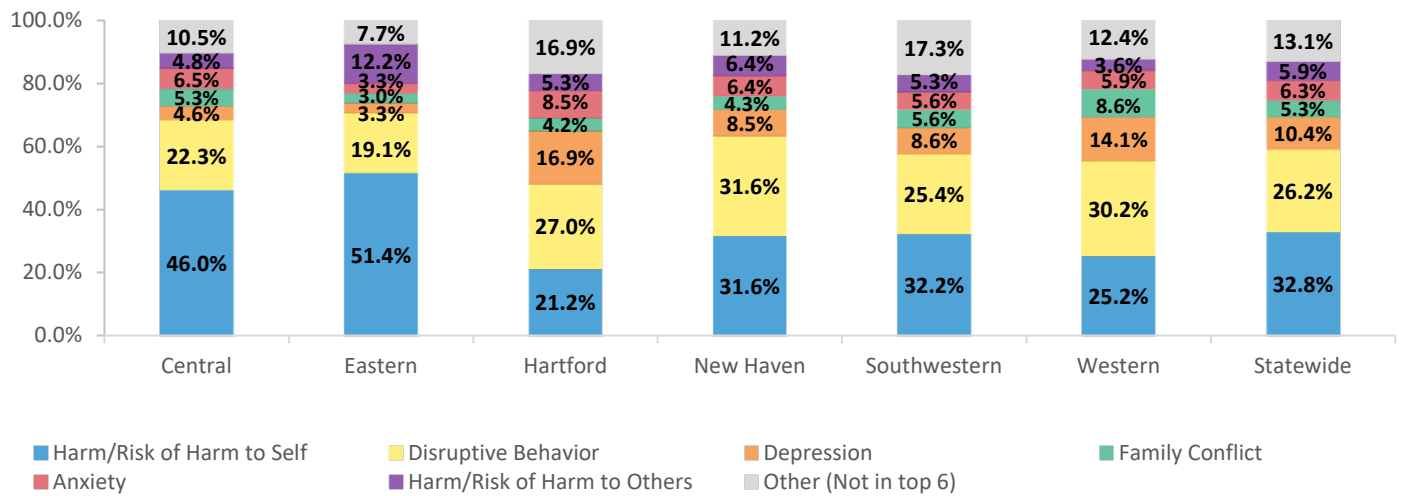
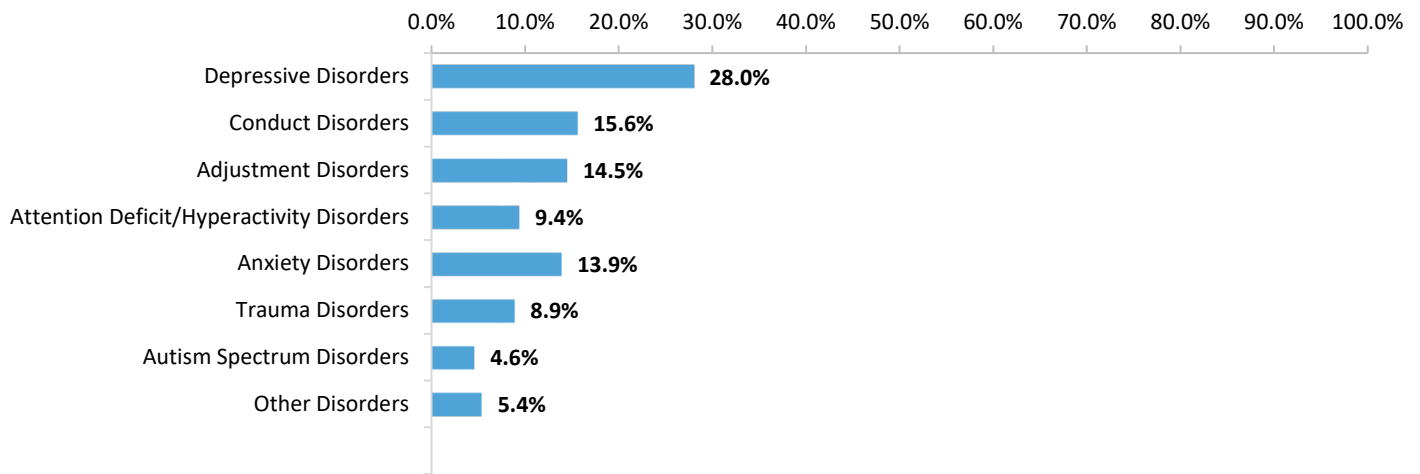
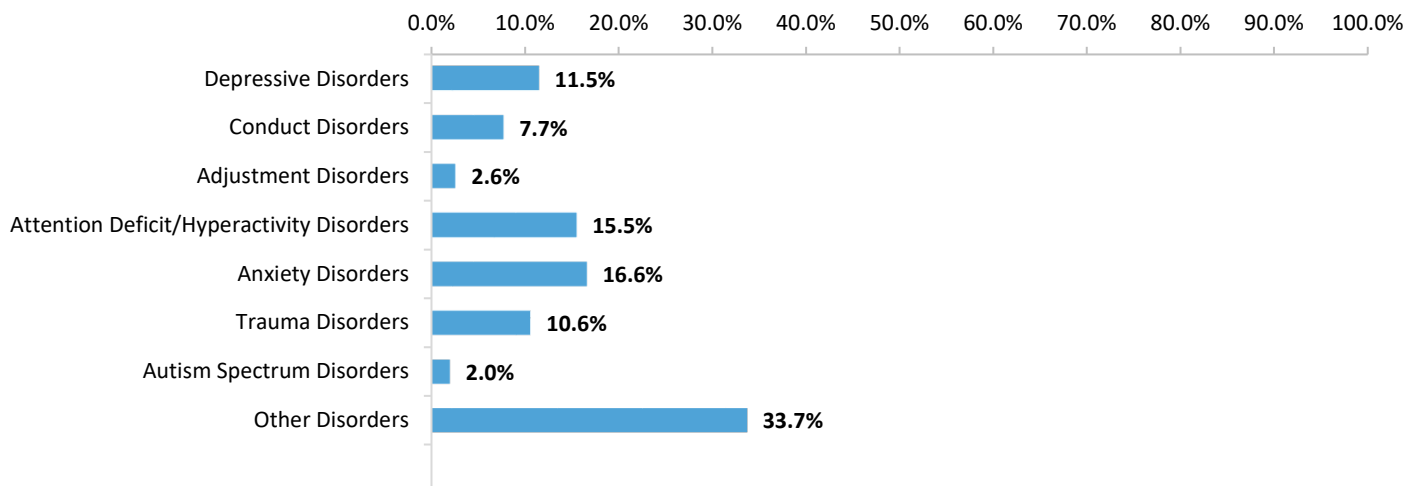


Figure 29. Distribution of Primary Diagnosis Categories at Intake Statewide



*Excludes clients with missing data or no diagnosis.

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



*Excludes clients with missing data or no diagnosis.

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

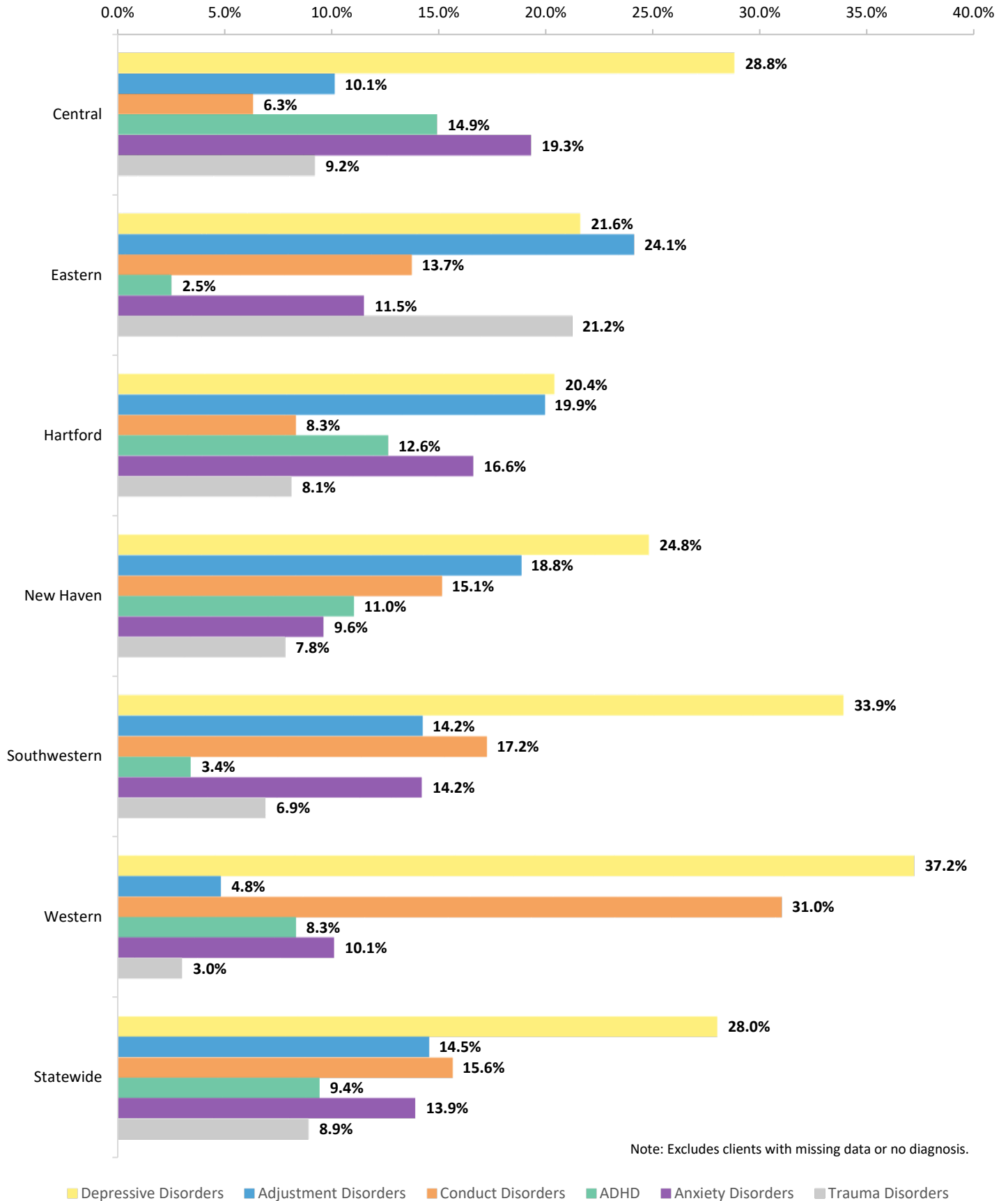


Figure 32. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

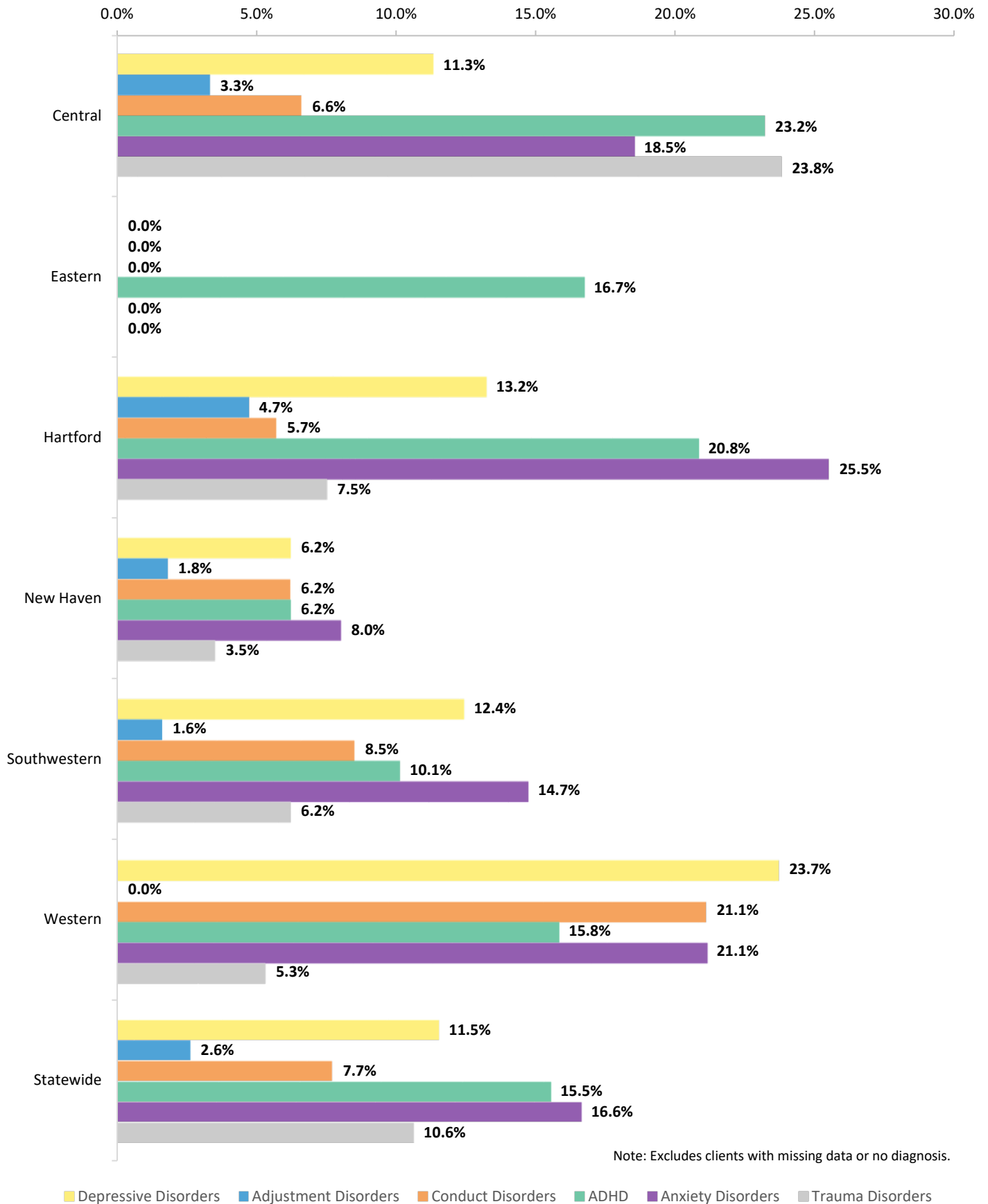


Figure 33. Children Meeting SED* Criteria by Service Area

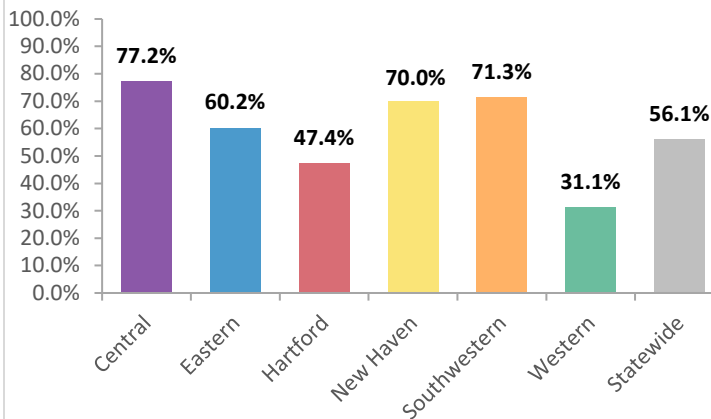


Figure 34. Children with Trauma Exposure Reported at Intake by Service Area

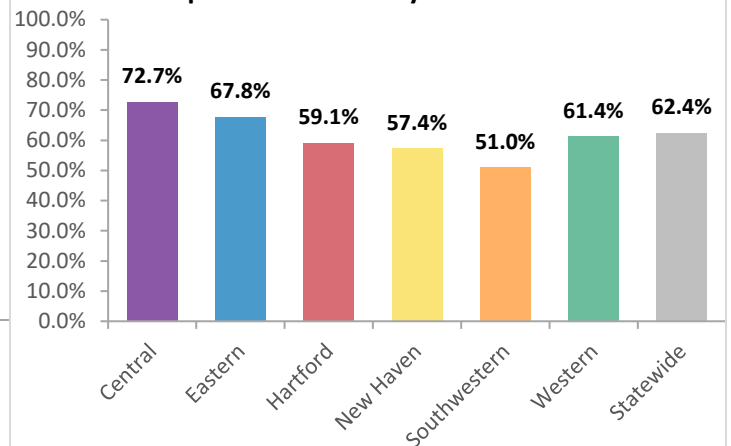


Figure 35. Type of Trauma Reported at Intake by Service Area

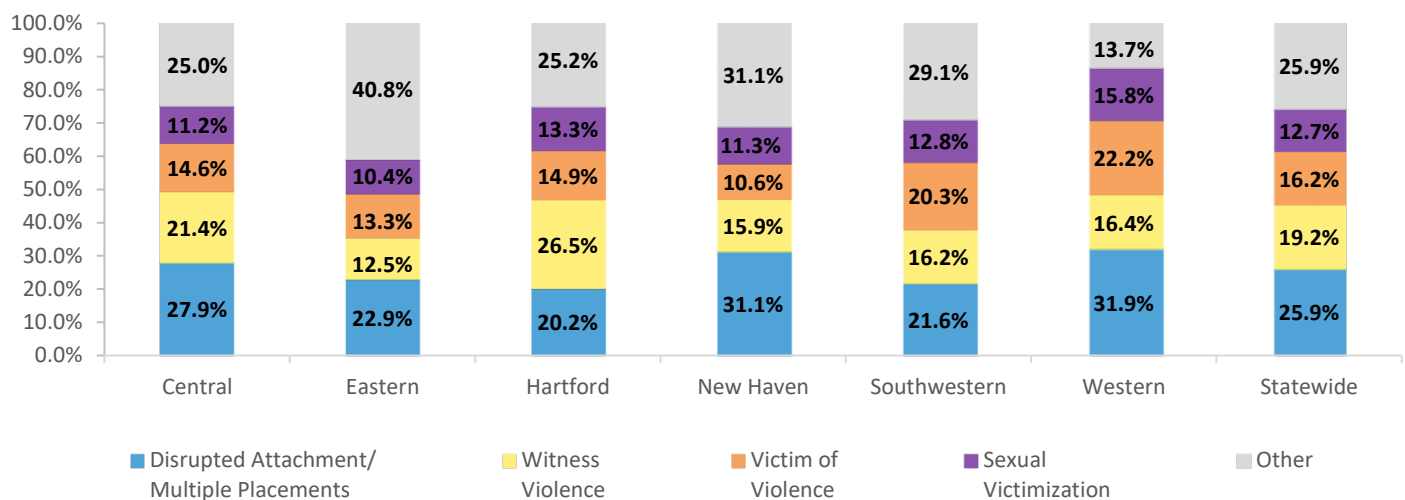


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

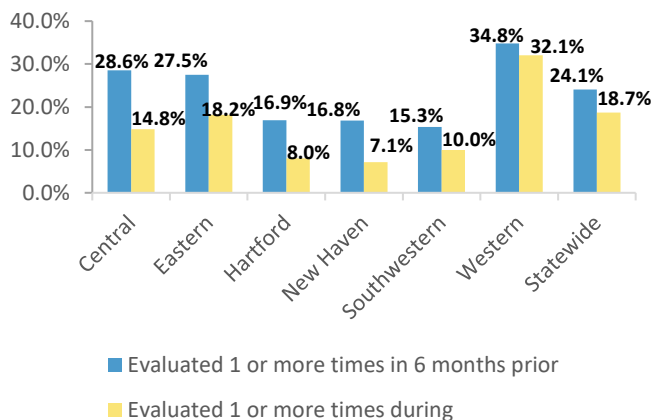
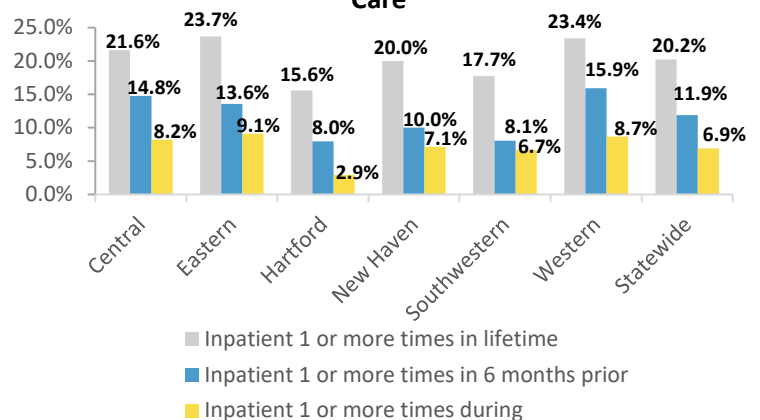


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

Figure 36. Referral Sources Statewide

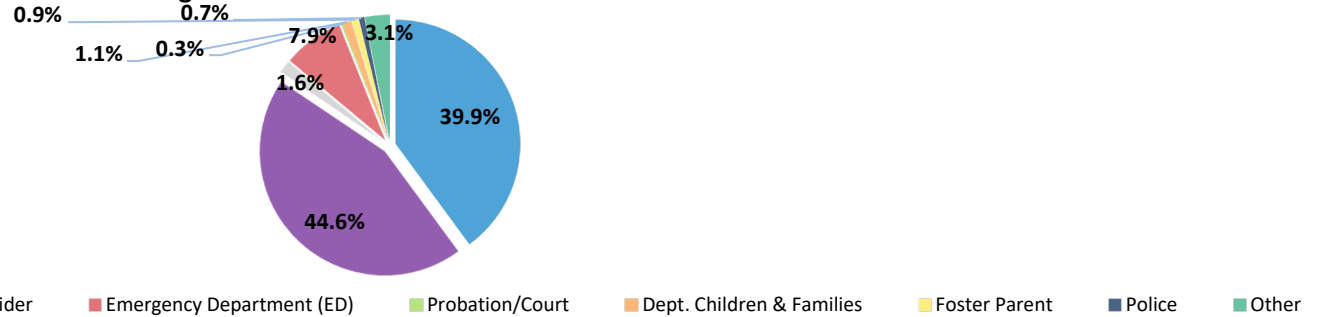
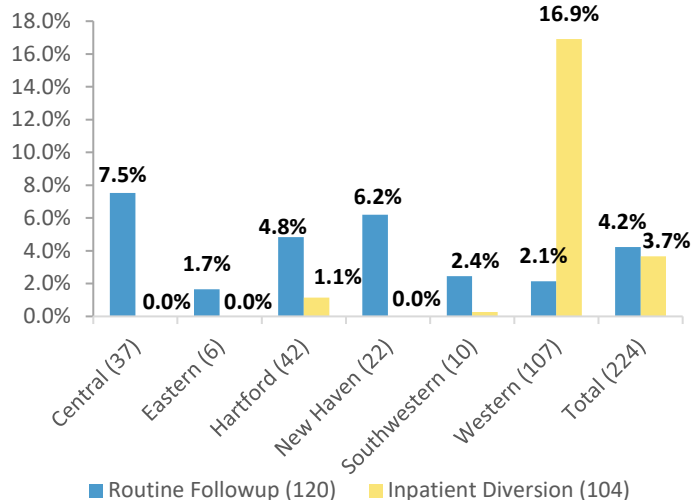


Table 1. Referral Sources (Q4 FY 2023)

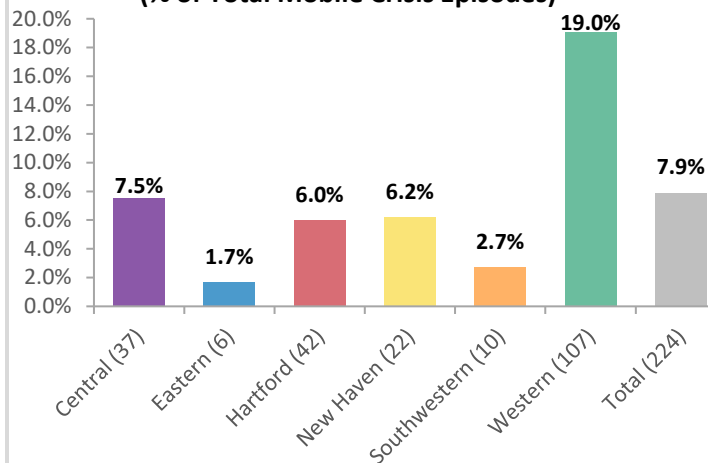
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	39.9%	0.2%	44.5%	0.0%	0.6%	1.6%	7.9%	0.3%	1.1%	2.0%	0.0%	0.9%	0.7%	0.2%	0.0%	0.0%
CENTRAL	44.9%	0.4%	40.2%	0.0%	0.4%	1.6%	7.5%	0.2%	0.4%	3.3%	0.0%	0.4%	0.6%	0.0%	0.0%	0.0%
CHR:MidHosp	42.1%	0.0%	42.1%	0.0%	0.7%	1.4%	8.6%	0.0%	0.0%	4.3%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%
CHR	46.0%	0.6%	39.5%	0.0%	0.3%	1.7%	7.1%	0.3%	0.6%	2.8%	0.0%	0.6%	0.6%	0.0%	0.0%	0.0%
EASTERN	43.5%	0.3%	45.5%	0.0%	0.0%	1.4%	1.7%	0.3%	3.0%	2.8%	0.0%	0.3%	1.1%	0.3%	0.0%	0.0%
UCFS:NE	42.2%	0.7%	40.7%	0.0%	0.0%	2.2%	2.2%	0.0%	6.7%	3.7%	0.0%	0.7%	0.7%	0.0%	0.0%	0.0%
UCFS:SE	44.3%	0.0%	48.2%	0.0%	0.0%	0.9%	1.3%	0.4%	0.9%	2.2%	0.0%	0.0%	1.3%	0.4%	0.0%	0.0%
HARTFORD	38.6%	0.1%	45.7%	0.0%	1.0%	2.3%	6.0%	0.0%	1.1%	2.8%	0.0%	0.3%	1.6%	0.3%	0.0%	0.1%
Wheeler:Htfd	32.0%	0.4%	45.9%	0.0%	0.9%	3.9%	8.7%	0.0%	1.7%	1.3%	0.0%	0.4%	4.3%	0.0%	0.0%	0.4%
Wheeler:Meridn	41.3%	0.0%	48.4%	0.0%	0.0%	0.8%	4.0%	0.0%	0.8%	4.0%	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%
Wheeler:NBrit	42.0%	0.0%	44.6%	0.0%	1.4%	1.7%	4.9%	0.0%	0.9%	3.5%	0.0%	0.0%	0.3%	0.6%	0.0%	0.0%
NEW HAVEN	37.5%	0.0%	51.0%	0.0%	0.0%	0.8%	6.2%	0.0%	0.6%	1.4%	0.0%	2.3%	0.0%	0.0%	0.3%	0.0%
CliffBeers	37.5%	0.0%	51.0%	0.0%	0.0%	0.8%	6.2%	0.0%	0.6%	1.4%	0.0%	2.3%	0.0%	0.0%	0.3%	0.0%
SOUTHWESTERN	43.5%	0.3%	46.2%	0.0%	1.1%	1.6%	2.7%	0.3%	1.4%	1.1%	0.0%	1.4%	0.0%	0.5%	0.0%	0.0%
CFG:South	55.0%	1.0%	30.0%	0.0%	1.0%	2.0%	5.0%	0.0%	1.0%	0.0%	0.0%	3.0%	0.0%	2.0%	0.0%	0.0%
CFG:Nrwk	45.7%	0.0%	48.6%	0.0%	0.0%	1.4%	1.4%	0.0%	1.4%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CFG:EMPS	36.9%	0.0%	53.5%	0.0%	1.5%	1.5%	2.0%	0.5%	1.5%	1.5%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%
WESTERN	34.2%	0.0%	41.1%	0.0%	0.5%	1.2%	19.0%	0.9%	0.7%	0.5%	0.0%	1.2%	0.4%	0.2%	0.0%	0.0%
Well:Dnby	48.1%	0.0%	46.8%	0.0%	0.0%	1.3%	1.3%	0.0%	0.6%	0.6%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%
Well:Torr	38.1%	0.0%	49.2%	0.0%	0.0%	1.6%	4.8%	0.0%	1.6%	1.6%	0.0%	1.6%	1.6%	0.0%	0.0%	0.0%
Well:Wtby	27.2%	0.0%	37.1%	0.0%	0.9%	1.2%	29.6%	1.4%	0.6%	0.3%	0.0%	1.2%	0.3%	0.3%	0.0%	0.0%

Figure 39. Type of Emergency Dept. Referral



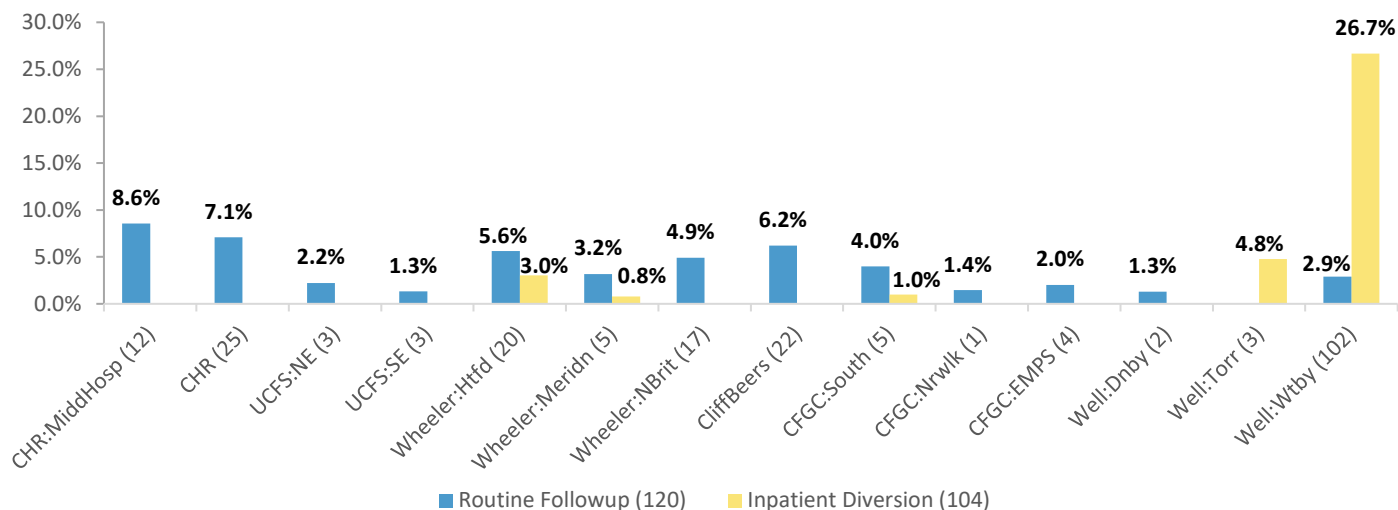
Note: Count total ED referrals are in parenthesis

Figure 40. Emergency Dept. Referral (% of Total Mobile Crisis Episodes)



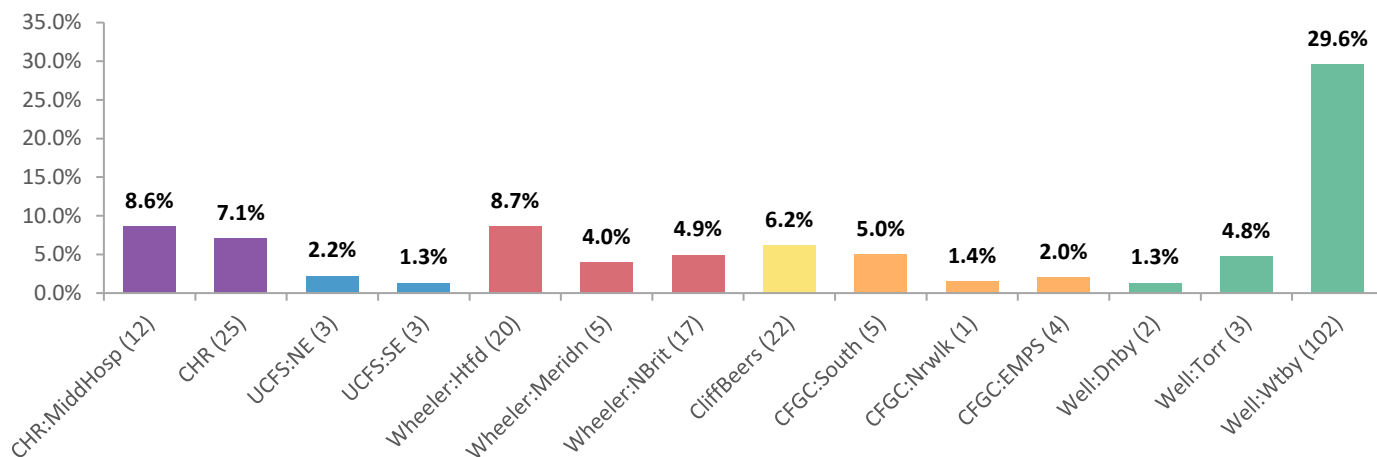
Note: Count total ED referrals are in parenthesis

Figure 41. Type of Emergency Department Referrals by Provider



Note: Count total ED referrals are in parenthesis

Figure 42. Emergency Dept. Referral (% of Total Mobile Crisis Episodes) by Provider



Note: Count total ED referrals are in parenthesis.

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

Figure 43. 2-1-1 Recommended Initial Response

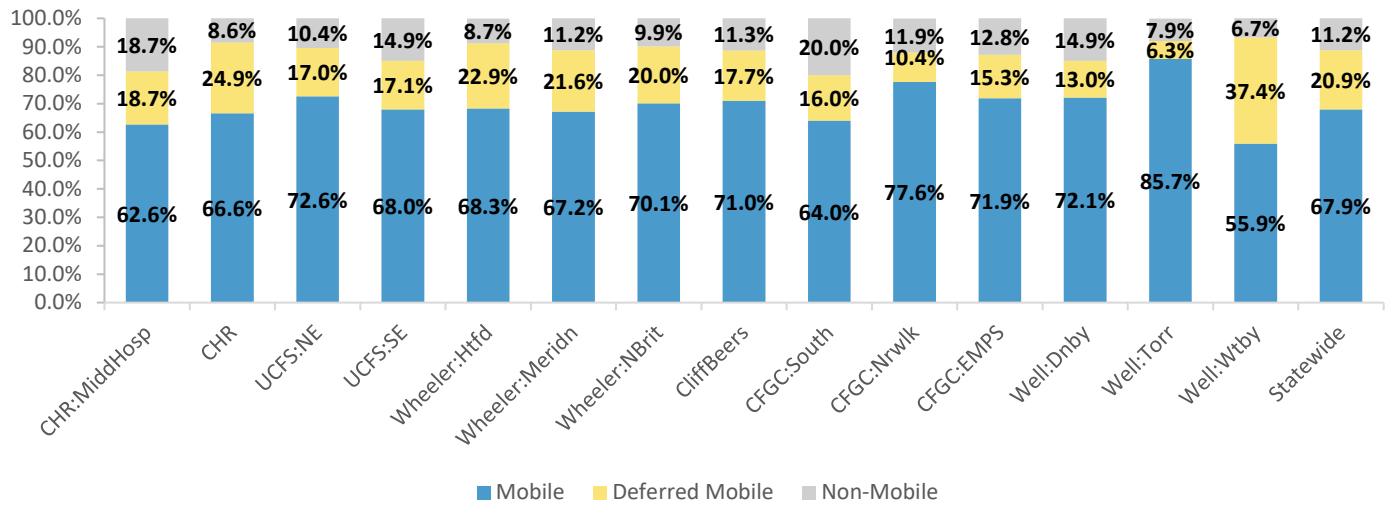


Figure 44. Actual Initial Mobile Crisis Provider Response

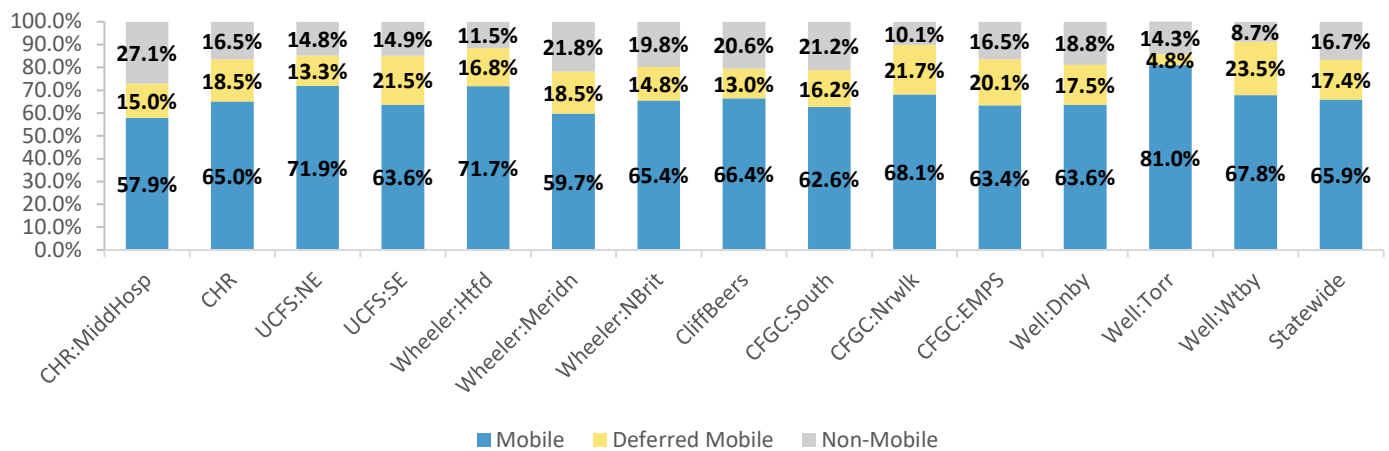
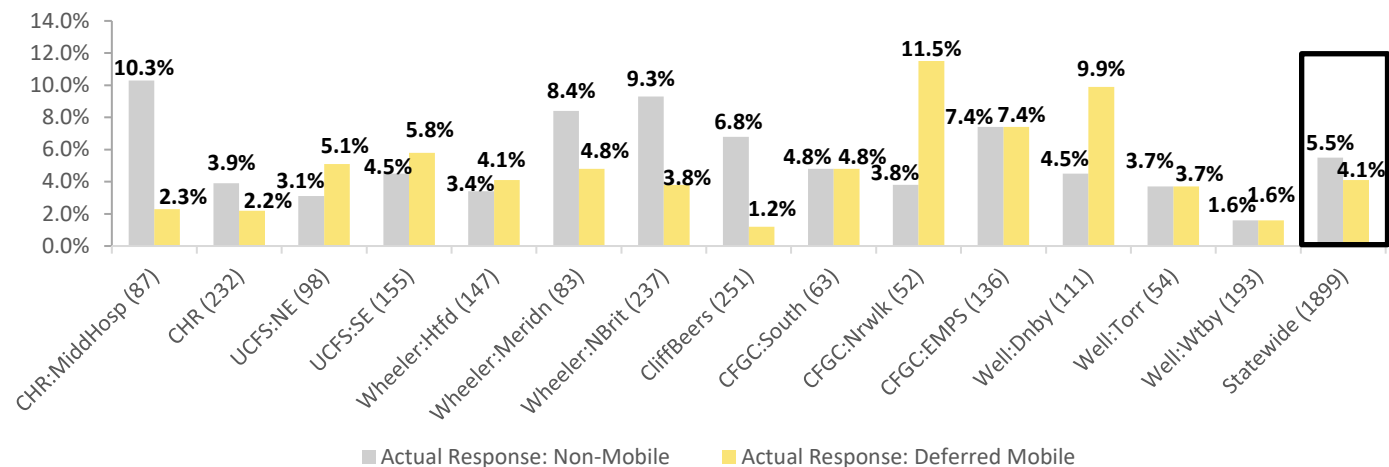
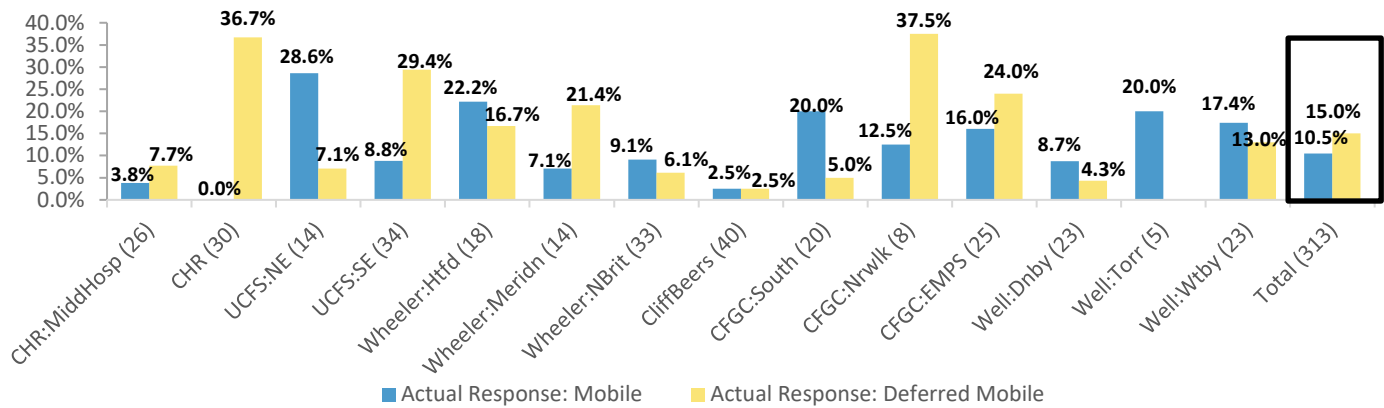


Figure 45. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile



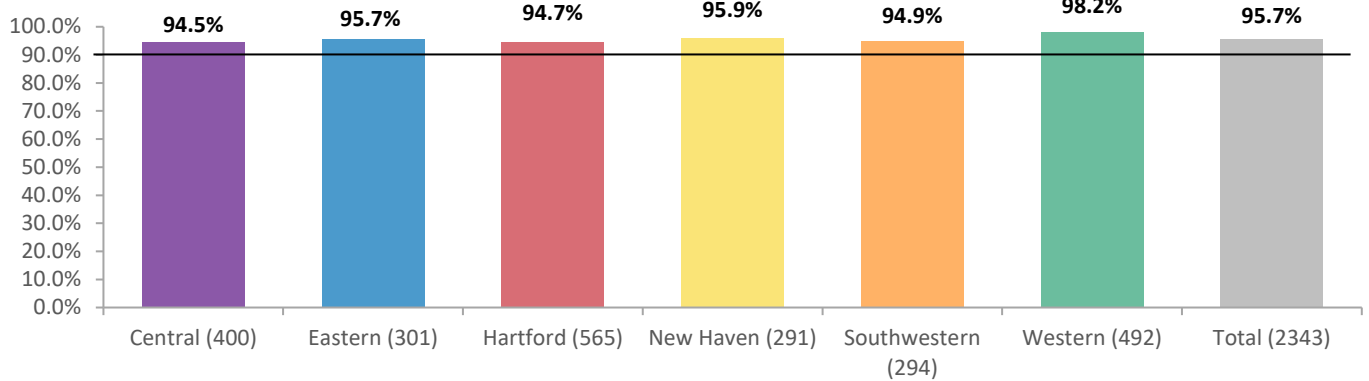
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

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



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

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

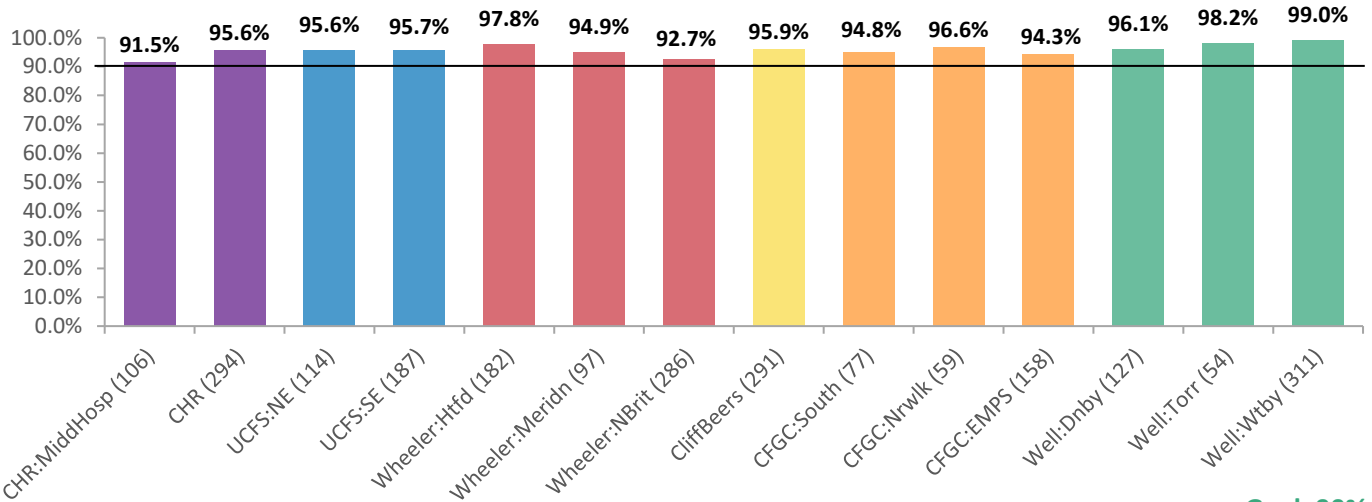


*Mobility calculation updated – see exec. summary

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

Goal: 90%

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



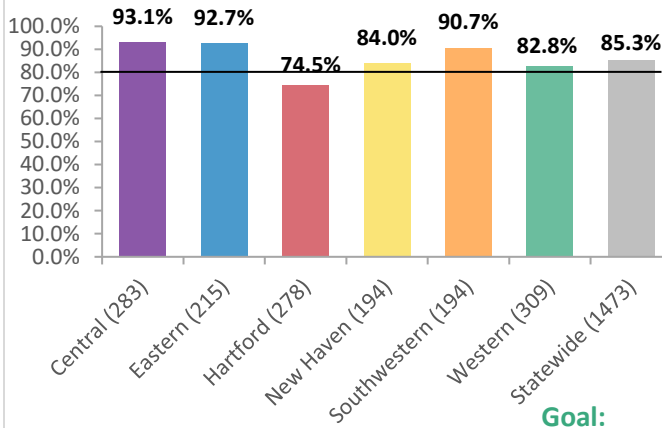
Note: Counts of 211-recommended mobile episodes are in parenthesis

*Mobility calculation updated – see exec. summary

Goal: 90%

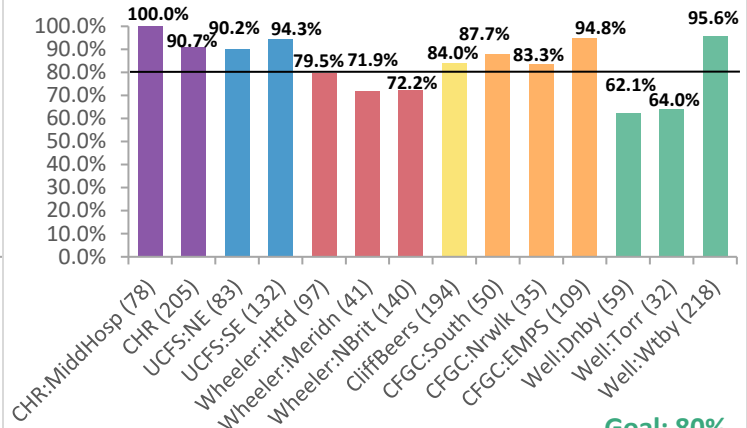
Section VIII: Response Time

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



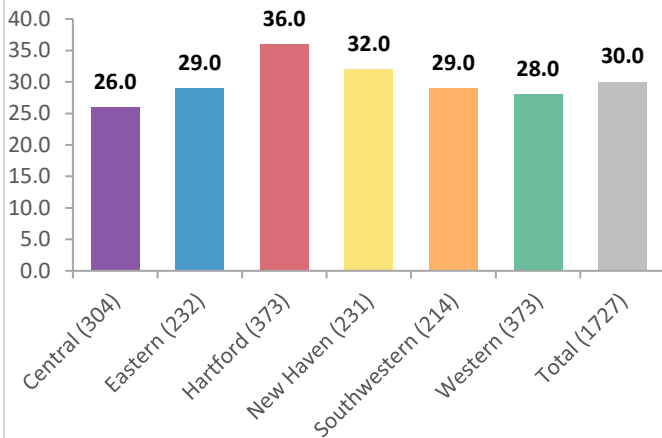
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



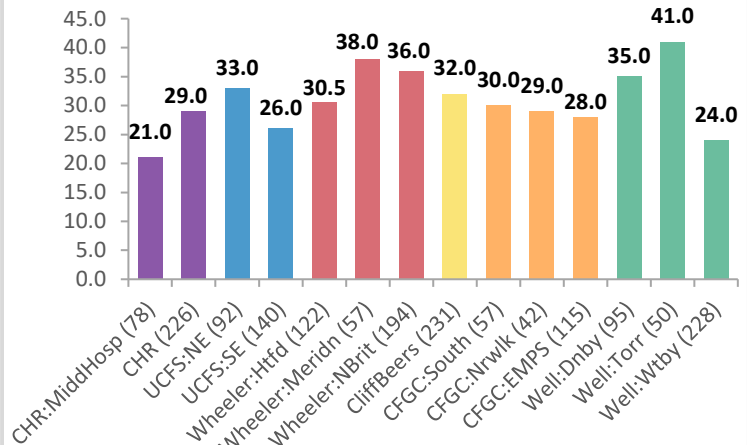
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



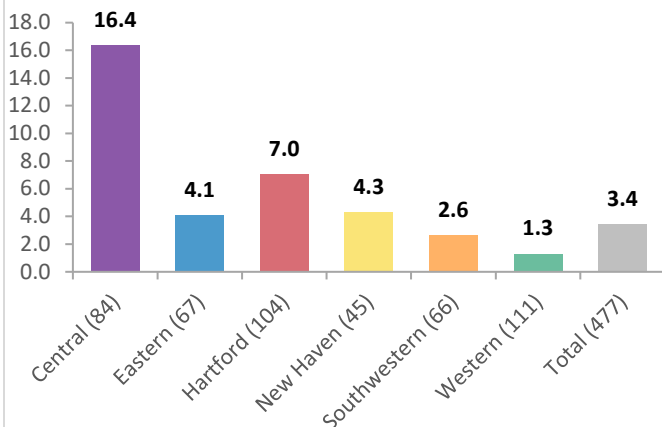
Note: Counts of mobile response episodes are in parenthesis.

Figure 52. Median Mobile Response Time by Provider in Minutes



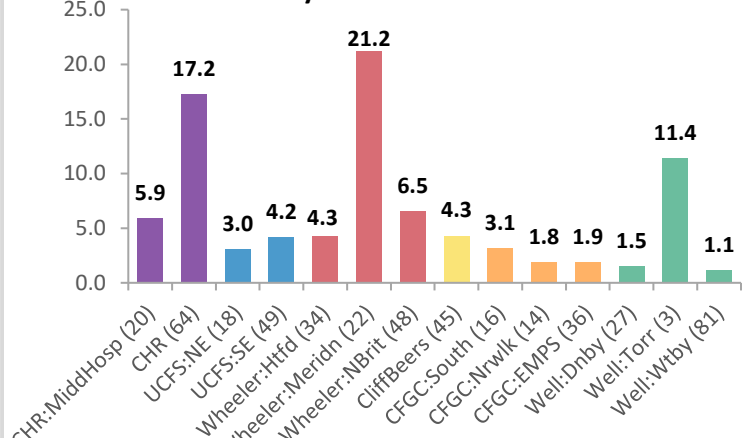
Note: Counts of mobile response episodes are in parenthesis.

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



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

Figure 54. Median Deferred Mobile Response Time by Provider in Hours



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

Section IX: Length of Stay and Discharge Information

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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R		
		Discharged Episodes for Current Reporting Period										Cumulative Discharged Episodes*									
		Mean			Median			Percent				Mean			Median			Percent			
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45		
1	STATEWIDE	2.1	19.5	18.9	0.0	7.0	16.0	24.1%	52.8%	2.9%	1.6	13.5	18.5	0.0	5.0	15.0	20.4%	45.0%	3.4%		
2	Central	2.7	4.7	17.8	1.0	3.0	14.5	42.2%	20.0%	3.3%	2.4	5.6	17.9	0.0	3.0	14.0	36.1%	29.5%	4.4%		
3	CHR/MiddHosp-EMPS	5.1	4.7	15.4	3.0	3.0	14.0	63.6%	20.0%	0.0%	5.4	5.8	14.5	3.0	3.0	12.0	63.9%	30.9%	0.4%		
4	CHR-EMPS	1.0	0.0	18.6	0.0	0.0	15.0	25.9%	N/A	4.3%	0.8	2.4	18.6	0.0	0.0	15.0	21.0%	7.7%	5.3%		
5	Eastern	0.6	4.4	27.8	0.0	4.0	23.0	10.8%	14.2%	5.9%	0.6	4.0	26.1	0.0	4.0	25.0	10.3%	11.4%	4.4%		
6	UCFS-EMPS:NE	0.5	3.7	27.1	0.0	4.0	26.0	4.5%	7.1%	4.8%	0.7	3.8	24.1	0.0	4.0	21.0	10.2%	8.7%	4.9%		
7	UCFS-EMPS:SE	0.7	4.8	28.2	0.0	5.0	22.5	16.3%	17.7%	6.7%	0.5	4.0	27.0	0.0	4.0	26.5	10.4%	12.5%	4.3%		
8	Hartford	3.3	10.3	19.2	1.0	4.0	17.0	37.3%	44.1%	1.0%	2.2	8.4	19.2	0.0	4.0	16.0	28.8%	42.8%	2.1%		
9	Wheeler-EMPS:Htfd	3.7	14.9	25.3	1.0	12.0	26.0	38.9%	62.3%	0.6%	2.0	10.5	25.2	0.0	5.0	25.0	25.5%	46.1%	2.3%		
10	Wheeler-EMPS:Meridn	5.7	13.0	14.0	1.5	6.5	12.0	50.0%	55.3%	1.4%	4.1	8.3	15.4	1.0	5.0	12.0	41.4%	47.3%	1.7%		
11	Wheeler-EMPS:NBrit	2.2	7.2	15.0	0.0	3.0	12.0	31.7%	31.3%	1.3%	1.8	7.2	15.6	0.0	4.0	13.0	27.0%	39.5%	2.0%		
12	New Haven	0.2	37.7	25.0	0.0	23.0	22.5	3.7%	83.7%	10.0%	0.5	26.6	25.9	0.0	17.0	24.5	3.2%	76.6%	11.1%		
14	CliffBeers-EMPS	0.2	37.7	25.0	0.0	23.0	22.5	3.7%	83.7%	10.0%	0.5	26.6	25.9	0.0	17.0	24.5	3.2%	76.6%	11.1%		
15	Southwestern	1.4	24.6	37.2	0.0	19.5	38.5	5.6%	73.5%	22.9%	0.7	19.2	35.5	0.0	12.0	35.0	6.0%	62.8%	19.4%		
16	CFGC/South-EMPS	0.2	1.6	31.5	0.0	0.0	36.0	4.3%	5.5%	0.0%	0.1	2.0	28.5	0.0	0.0	33.0	2.1%	5.6%	0.0%		
17	CFGC-EMPS:Nrwlk	0.0	25.1	62.0	0.0	24.5	69.5	0.0%	86.5%	75.0%	0.9	20.6	47.5	0.0	15.0	42.0	6.2%	73.5%	47.8%		
18	CFGC-EMPS	2.4	31.6	39.2	0.0	27.0	38.5	7.9%	89.6%	40.0%	1.1	24.7	41.6	0.0	20.0	38.5	9.1%	77.9%	38.5%		
19	Western	3.3	2.2	16.1	0.0	2.0	14.0	26.7%	4.5%	1.2%	1.8	2.5	15.4	0.0	2.0	14.0	21.1%	4.4%	1.0%		
20	Well-EMPS:Dnby	3.5	2.2	15.9	0.0	2.0	14.0	18.8%	0.0%	1.0%	1.9	2.5	15.1	0.0	2.0	13.0	20.4%	1.6%	0.6%		
21	Well-EMPS:Torr	3.7	2.3	16.2	0.0	1.0	14.0	33.3%	20.0%	0.0%	2.1	2.4	15.2	0.0	1.0	14.0	22.6%	9.3%	0.7%		
22	Well-EMPS:Wtby	2.9	2.2	16.1	0.0	1.5	14.0	32.4%	3.7%	1.4%	1.7	2.5	15.5	0.0	2.0	14.0	20.9%	4.2%	1.2%		

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

Definitions:

LOS: Phone	Length of Stay in Days for Phone Only
LOS: FTF	Length of Stay in Days for Face To Face Only
LOS: Stab.	Length of Stay in Days for Plus Stabilization Follow-up Only
Phone > 1	Percent of episodes that are phone only that are greater than 1 day
FTF > 5	Percent of episodes that are face to face that are greater than 5 days
Stab. > 45	Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Table 3. Number of Episodes for Discharged Episodes of Care

		A	B	C	D	E	F	G	H	I	J	K	L
		<i>Discharged Episodes for Current Reporting Period</i>						<i>Cumulative Discharged Episodes*</i>					
		N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	588	1269	1367	142	670	40	2481	4639	4291	507	2089	144
2	Central	102	25	426	43	5	14	449	217	1420	162	64	63
3	CHR/MiddHosp-EMPS	44	25	100	28	5	0	158	204	247	101	63	1
4	CHR-EMPS	58	0	326	15	0	14	291	13	1173	61	1	62
5	Eastern	93	260	51	10	37	3	330	1037	135	34	118	6
6	UCFS-EMPS:NE	44	85	21	2	6	1	128	309	41	13	27	2
7	UCFS-EMPS:SE	49	175	30	8	31	2	202	728	94	21	91	4
8	Hartford	166	238	388	62	105	4	733	974	1152	211	417	24
9	Wheeler-EMPS:Htfd	54	69	163	21	43	1	247	295	436	63	136	10
10	Wheeler-EMPS:Meridn	30	38	69	15	21	1	116	165	173	48	78	3
11	Wheeler-EMPS:NBrit	82	131	156	26	41	2	370	514	543	100	203	11
12	New Haven	81	355	30	3	297	3	344	1078	54	11	826	6
14	CliffBeers-EMPS	81	355	30	3	297	3	344	1078	54	11	826	6
15	Southwestern	71	302	48	4	222	11	283	1036	160	17	651	31
16	CFGC/South-EMPS	23	55	24	1	3	0	97	198	85	2	11	0
17	CFGC-EMPS:Nrwlk	10	74	4	0	64	3	65	287	23	4	211	11
18	CFGC-EMPS	38	173	20	3	155	8	121	551	52	11	429	20
19	Western	75	89	424	20	4	5	342	297	1370	72	13	14
20	Well-EMPS:Dnby	32	25	100	6	0	1	108	64	330	22	1	2
21	Well-EMPS:Torr	9	10	43	3	2	0	62	43	137	14	4	1
22	Well-EMPS:Wtby	34	54	281	11	2	4	172	190	903	36	8	11

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

Definitions:

LOS: Phone	Length of Stay in Days for Phone Only
LOS: FTF	Length of Stay in Days for Face To Face Only
LOS: Stab.	Length of Stay in Days for Stabilization Plus Follow-up Only
Phone > 1	Percent of episodes that are phone only that are greater than 1 day
FTF > 5	Percent of episodes that are face to face that are greater than 5 days
Stab. > 45	Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Table 4. Length of Stay for Open Episodes of Care in Days

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		<i>Episodes Still in Care*</i>									<i>N of Episodes Still in Care*</i>					
		Mean			Median			Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	125.1	105.8	85.2	111.5	67.0	36.0	100.0%	100.0%	51.0%	80	193	151	80	193	77
2	Central	105.1	98.2	114.0	87.5	64.0	38.0	100.0%	100.0%	54.7%	20	10	53	20	10	29
3	CHR/MiddHosp-EMPS	2.0	98.2	1.0	2.0	64.0	1.0	100.0%	0.0%	0.0%	1	10	1	1	0	0
4	CHR-EMPS	110.5	0.0	116.2	89.0	0.0	51.0	100.0%	N/A	55.8%	19	0	52	19	10	29
5	Eastern	0.0	4.0	18.4	0.0	4.0	16.0	N/A	100.0%	10.0%	0	2	10	0	2	1
6	UCFS-EMPS:NE	0.0	0.0	11.0	0.0	0.0	6.5	N/A	N/A	0.0%	0	0	4	0	0	0
7	UCFS-EMPS:SE	0.0	4.0	23.3	0.0	4.0	22.0	N/A	100.0%	16.7%	0	2	6	0	2	1
8	Hartford	168.4	133.2	116.7	170.0	119.0	99.5	100.0%	100.0%	69.6%	19	77	46	19	77	32
9	Wheeler-EMPS:Htfd	293.0	58.5	21.2	293.0	26.5	18.0	100.0%	100.0%	8.3%	2	16	12	2	16	1
10	Wheeler-EMPS:Meridn	138.7	156.1	172.8	140.5	139.5	177.0	100.0%	100.0%	100.0%	6	18	12	6	18	12
11	Wheeler-EMPS:NBrit	161.9	151.4	138.1	156.0	135.0	151.0	100.0%	100.0%	86.4%	11	43	22	11	43	19
12	New Haven	140.0	105.0	44.3	126.0	58.5	48.0	100.0%	100.0%	83.3%	21	60	6	21	60	5
14	CliffBeers-EMPS	140.0	105.0	44.3	126.0	58.5	48.0	100.0%	100.0%	83.3%	21	60	6	21	60	5
15	Southwestern	75.7	64.6	33.0	47.0	39.0	30.0	100.0%	100.0%	35.7%	3	43	14	3	43	5
16	CFGC/South-EMPS	45.5	6.0	16.2	45.5	6.0	15.0	100.0%	100.0%	0.0%	2	2	5	2	2	0
17	CFGC-EMPS:Nrwlk	136.0	51.8	70.5	136.0	54.0	70.5	100.0%	100.0%	100.0%	1	12	2	1	12	2
18	CFGC-EMPS	0.0	74.0	34.3	0.0	36.0	31.0	N/A	100.0%	42.9%	0	29	7	0	29	3
19	Western	90.6	92.0	24.8	89.0	92.0	12.5	100.0%	100.0%	22.7%	17	1	22	17	1	5
20	Well-EMPS:Dnby	85.4	0.0	27.5	71.0	0.0	27.5	100.0%	N/A	50.0%	7	0	2	7	0	1
21	Well-EMPS:Torr	90.3	0.0	1.0	101.0	0.0	1.0	100.0%	N/A	0.0%	4	0	1	4	0	0
22	Well-EMPS:Wtby	96.8	92.0	25.7	100.0	92.0	11.0	100.0%	100.0%	21.1%	6	1	19	6	1	4

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

Definitions:

LOS: Phone Length of Stay in Days for Phone Only

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

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

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

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

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

Figure 55. Top Six Reasons for Client Discharge Statewide

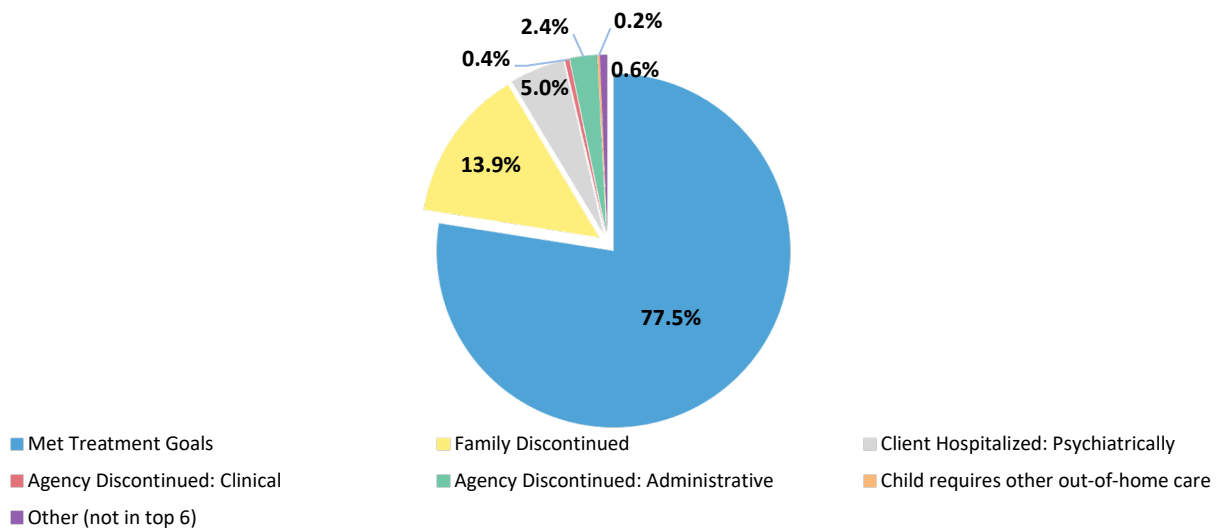


Figure 56. Top Six Places Clients Live at Discharge Statewide

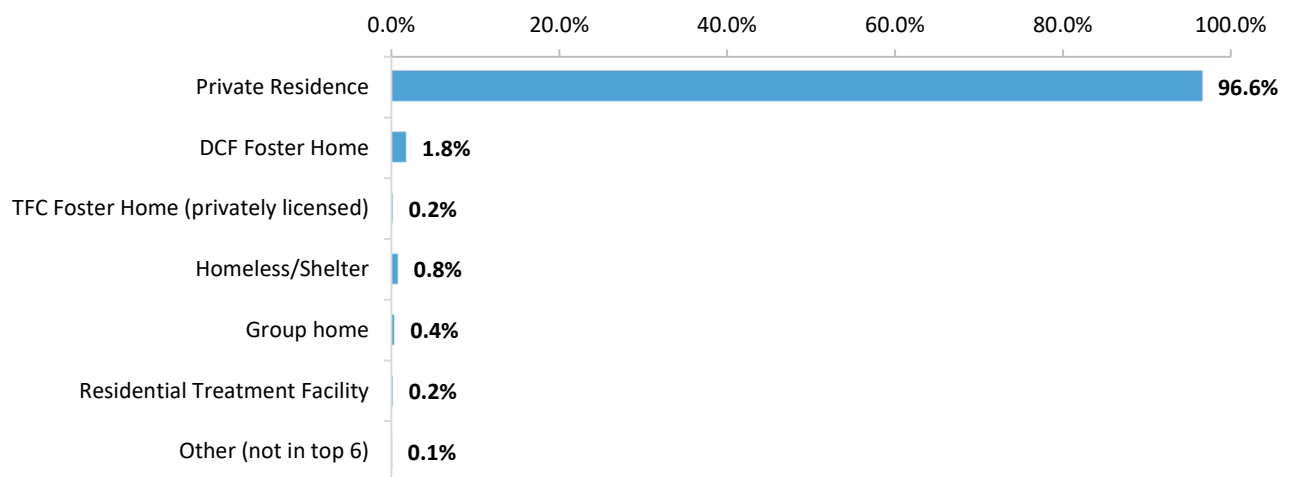
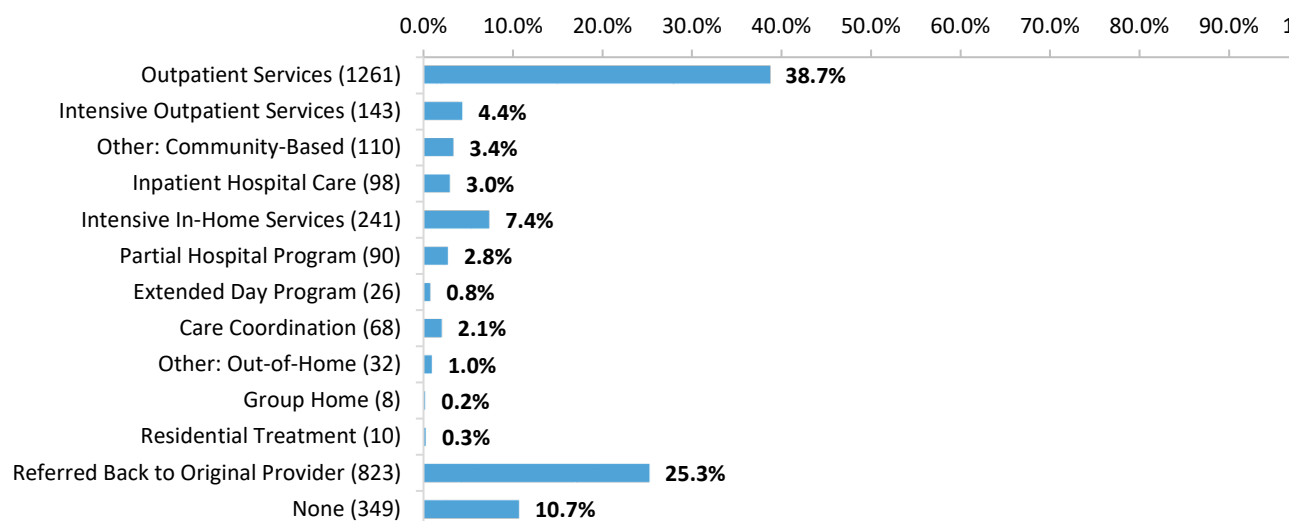


Figure 57. Type of Services Client Referred* to at Discharge Statewide



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

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

Table 5. Ohio Scales Scores by Service Area

Service Area	<i>N</i> (paired ^a intake & discharge)	Mean (paired ^a intake)	Mean (paired ^a discharge)	Mean Difference (paired ^a cases)	t-score	Sig.	† .05-.10 * P < .05 **P < .01
STATEWIDE							
Parent Functioning Score	113	41.19	44.18	2.99	3.75	<.001	**
Worker Functioning Score	850	44.79	46.66	1.88	8.48	<.001	**
Parent Problem Score	114	32.20	29.51	-2.69	-2.95	0.004	**
Worker Problem Score	849	28.04	25.43	-2.61	-11.78	<.001	**
Central							
Parent Functioning Score	62	40.50	41.55	1.05	1.03	0.306	
Worker Functioning Score	251	46.61	46.58	-0.03	-0.22	0.827	
Parent Problem Score	62	30.84	31.77	0.94	1.00	0.321	
Worker Problem Score	251	26.07	26.11	0.04	0.20	0.846	
Eastern							
Parent Functioning Score	6	48.00	52.83	4.83	0.98	0.371	
Worker Functioning Score	22	41.00	41.91	0.91	0.48	0.638	
Parent Problem Score	7	27.57	14.86	-12.71	-2.38	0.055	†
Worker Problem Score	22	35.64	30.45	-5.18	-2.65	0.015	*
Hartford							
Parent Functioning Score	12	46.08	51.33	5.25	1.95	0.077	†
Worker Functioning Score	206	46.27	46.74	0.47	0.86	0.392	
Parent Problem Score	12	29.08	25.67	-3.42	-2.18	0.051	†
Worker Problem Score	205	28.66	26.78	-1.88	-3.53	<.001	**
New Haven							
Parent Functioning Score	6	47.00	47.00	0.00	0.00	N/A	
Worker Functioning Score	11	46.00	48.36	2.36	1.52	0.158	
Parent Problem Score	6	32.50	32.50	0.00	0.00	N/A	
Worker Problem Score	11	25.91	24.45	-1.46	-1.72	0.116	
Southwestern							
Parent Functioning Score	9	40.56	48.00	7.44	2.03	0.077	†
Worker Functioning Score	24	45.25	46.42	1.17	0.94	0.356	
Parent Problem Score	9	40.33	26.11	-14.22	-2.75	0.025	†
Worker Problem Score	24	29.58	27.54	-2.04	-0.94	0.355	
Western							
Parent Functioning Score	18	36.39	42.72	6.33	4.08	<.001	**
Worker Functioning Score	336	42.69	46.95	4.26	11.59	<.001	**
Parent Problem Score	18	36.61	30.67	-5.94	-3.22	0.005	**
Worker Problem Score	336	28.59	23.65	-4.94	-14.84	<.001	**

paired^a = Number of cases with both intake and discharge scores

† .05-.10,

* P < .05,

**P < .01

Section X: Client & Referral Source Satisfaction

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

2-1-1 Items	Clients (n=73)	Referrers (n=63)
The 2-1-1 staff answered my call in a timely manner	4.91	4.95
The 2-1-1 staff was courteous	5.00	5.00
The 2-1-1 staff was knowledgeable	4.89	5.00
My phone call was quickly transferred to the EMPS provider	4.89	4.90
Sub-Total Mean: 2-1-1	4.92	4.96
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.82	4.95
The Mobile Crisis staff was respectful	4.83	4.97
The Mobile Crisis staff was knowledgeable	4.83	4.97
The Mobile Crisis staff spoke to me in a way that I understood	4.88	X
Mobile Crisis helped my child/family get the services needed or made contact with my current service provider (if you had one at the time you called Mobile Crisis)	4.45	X
The services or resources my child and/or family received were right for us	4.29	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	4.69
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.60	4.53
Sub-Total Mean: Mobile Crisis	4.67	4.82
Overall Mean Score	4.76	4.91

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

Client Comments:

- Caller was very appreciative of MCI services and supports during difficult times.
- Caller had a great experience with MCI.
- Caller reports he is more than satisfied with the services provided.

Referrer Comments:

- Caller reports that in the past she has had to wait a very long time to get through to 211/MCI but the process was much quicker/expedient this time.
- Caller reports she was on hold 7 mins with 211 and call was disconnected. Caller feels it would be beneficial to be able to bypass 211 process to save callers time. Caller reported MCI providers were very timely.
- Caller reports that youth ran away and clinician left before meeting with youth.

Section XI: Training Attendance

Table 7. Trainings Completed for All Active* Staff

	DBHRN	Crisis API	DDS	CCSRS	Trauma	Violence	CRC	Emerg. Certificate	QPR	A-SBIRT	ASD	PSB	SR	All 13 Trainings Completed	All 13 Completed for Full-Time Staff Only
Statewide (143)*	59%	66%	62%	53%	65%	64%	59%	62%	28%	43%	55%	9%	27%	2%	3%
CHR:MidHosp (9)*	42%	58%	25%	58%	50%	58%	50%	67%	50%	33%	58%	25%	33%	8%	25%
CHR (10)*	27%	47%	13%	33%	33%	53%	47%	27%	7%	7%	40%	40%	53%	0%	0%
UCFS:NE (7)*	71%	71%	71%	100%	86%	57%	86%	71%	57%	71%	57%	43%	71%	14%	17%
UCFS:SE (13)*	38%	38%	29%	67%	48%	29%	29%	24%	29%	62%	38%	19%	43%	5%	11%
Wheeler:Htfd (16)*^	53%	59%	59%	6%	65%	41%	59%	53%	12%	6%	53%	41%	24%	0%	0%
Wheeler:Meridn (5)*	50%	50%	50%	50%	50%	50%	50%	50%	0%	0%	50%	50%	50%	0%	0%
Wheeler:NBrit (16)*	25%	25%	17%	0%	25%	25%	17%	17%	0%	0%	25%	0%	33%	0%	0%
CliffBeers (24)*	41%	55%	50%	59%	82%	59%	64%	59%	45%	50%	73%	50%	73%	18%	15%
CFGC:South (6)*	67%	67%	33%	17%	50%	17%	67%	33%	0%	17%	33%	50%	33%	0%	0%
CFGC:Nrwk (4)*^	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	#DIV/0!
CFGC:EMPS (8)*	42%	33%	33%	17%	67%	67%	33%	33%	0%	17%	67%	42%	67%	0%	0%
Well:Dnby (15)*^	25%	25%	25%	0%	38%	38%	13%	38%	0%	0%	50%	25%	38%	0%	0%
Well:Torr (3)*	67%	67%	67%	33%	67%	67%	67%	67%	33%	67%	67%	33%	0%	0%	0%
Well:Wtby (7)*	40%	60%	40%	5%	50%	45%	30%	40%	5%	10%	40%	30%	55%	5%	0%
Full-Time Staff Only (95)	61%	72%	64%	61%	66%	66%	63%	64%	34%	48%	58%	12%	34%	3%	

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

* Includes all active full-time, part-time and per diem staff as of March 31, 2022.

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

Training Title Abbreviations:

DBHRN=Disaster Behavioral Health Response Network

QPR= Question, Persuade and Refer

Crisis API = Crisis Assessment, Planning and Intervention

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

DDS=An Overview of Intellectual Developmental Disabilities and Positive Behavioral Supports

ASD = Autism Spectrum Disorder

CCSRS=Columbia Suicide Severity Rating Scale

Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

CRC = 21st Century Culturally Responsive Mental Health Care

Emerg. Certificate= Emergency Certificate

PSB = Problem Sexual Behavior (Added October 2019)

SR = School Refusal (Added August 2019)

Section XII: Data Quality Monitoring

Figure 58. Ohio Scales Collected at Intake by Provider

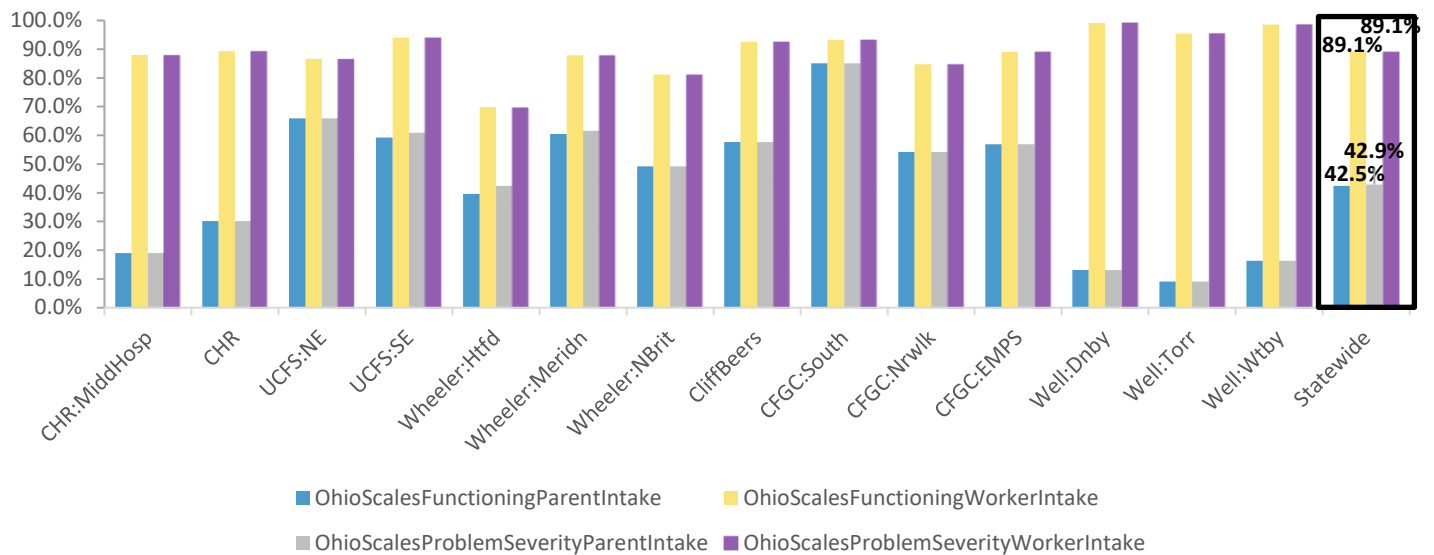
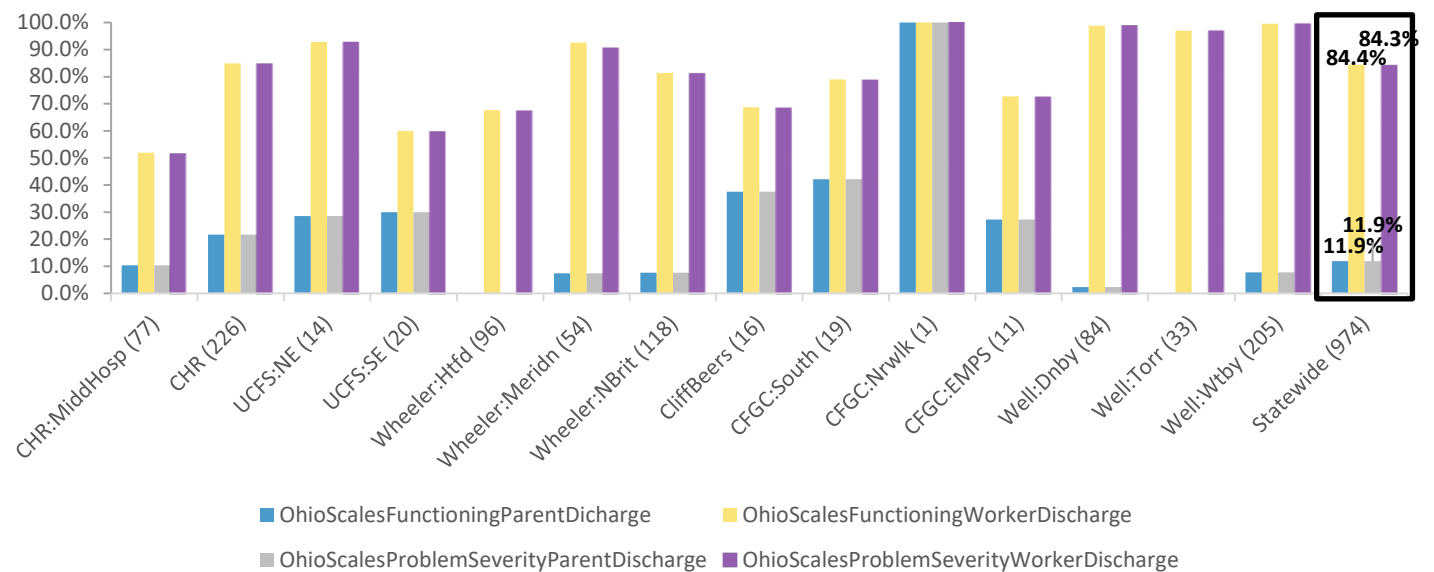


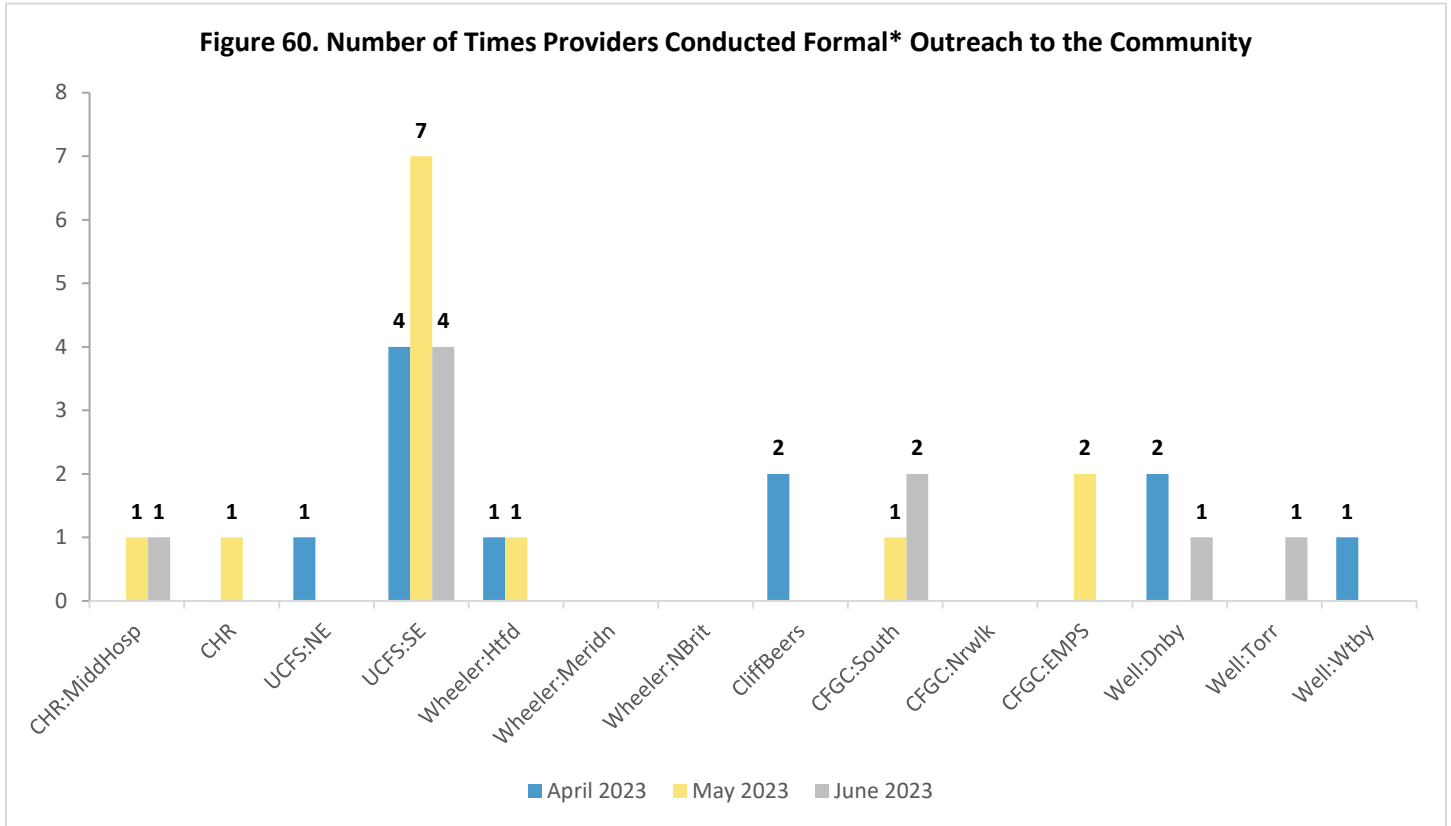
Figure 59. Ohio Scales Collected at Discharge by Provider



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

Section XIII: Provider Community Outreach

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



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

Appendix: Mobile Crisis Overnight and Weekend Hours

This appendix provides an overview of Mobile Crisis episodes that took place during the new mobile hours from April to June 2023 (10 p.m. – 6 a.m. on weekdays and 10 p.m. – 1:00 p.m. on weekends). Mobile Crisis and 2-1-1 received 328 calls including 214 calls handled by Mobile Crisis providers and 114 calls handled by 2-1-1 only. Among the 212 episodes of care, episode volume ranged from 23 episodes (Eastern) to 50 episodes (Hartford).

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

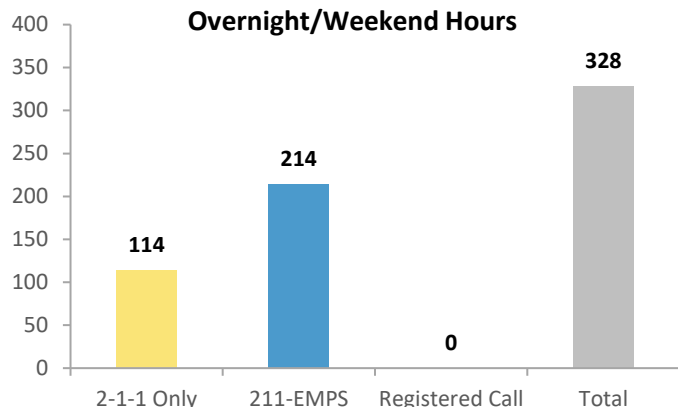
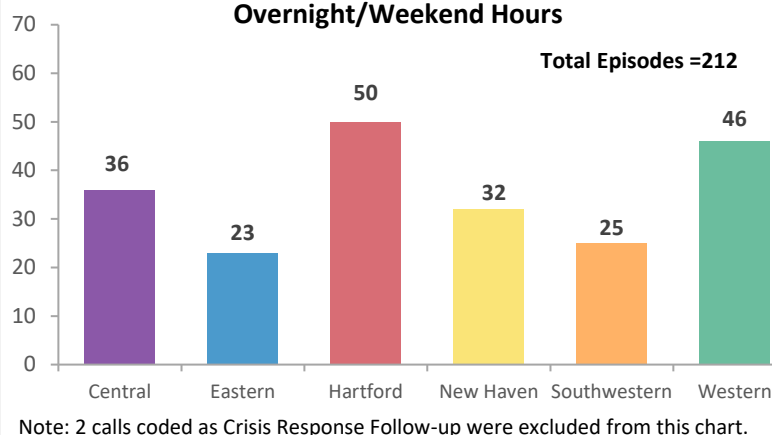
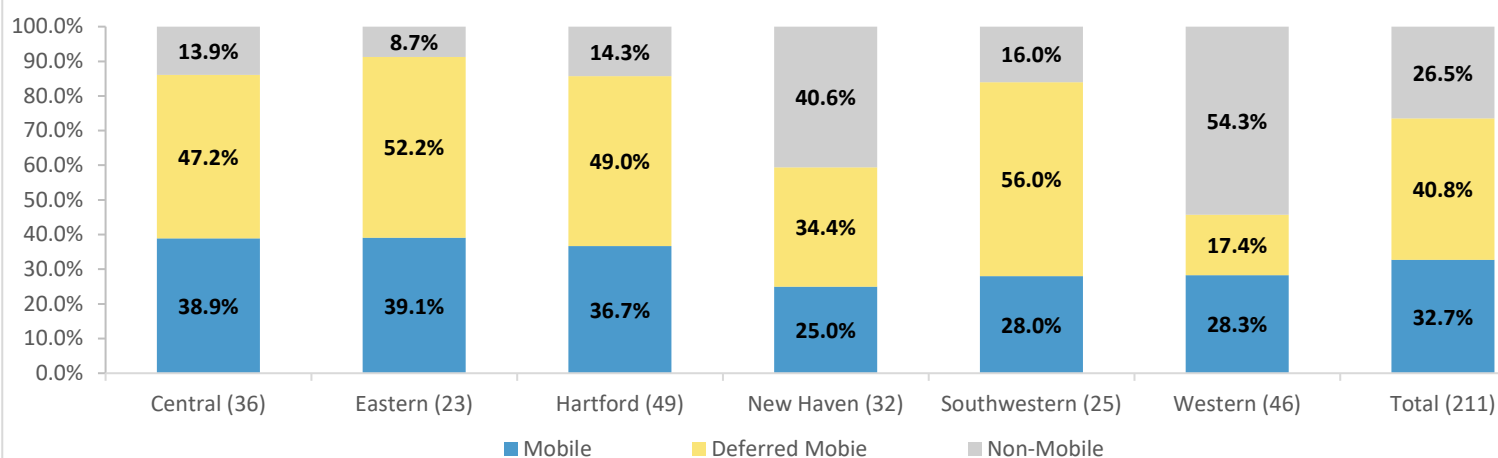


Figure 62. Mobile Crisis Episodes by Service Area - Overnight/Weekend Hours



Statewide, 32.7% of these episodes received a mobile response, 40.8% received a deferred mobile response, and 26.5% received a non-mobile response. During the daytime hours, 65.9% of episodes received a non-mobile response (Figure 44). Of the mobile and deferred mobile episodes, 55 received a face-to-face assessment, and an additional 56 received a face-to-face assessment plus follow-up (Table 8.)

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



Note: Two episode were missing response type data, bringing the N for this chart down to 211.

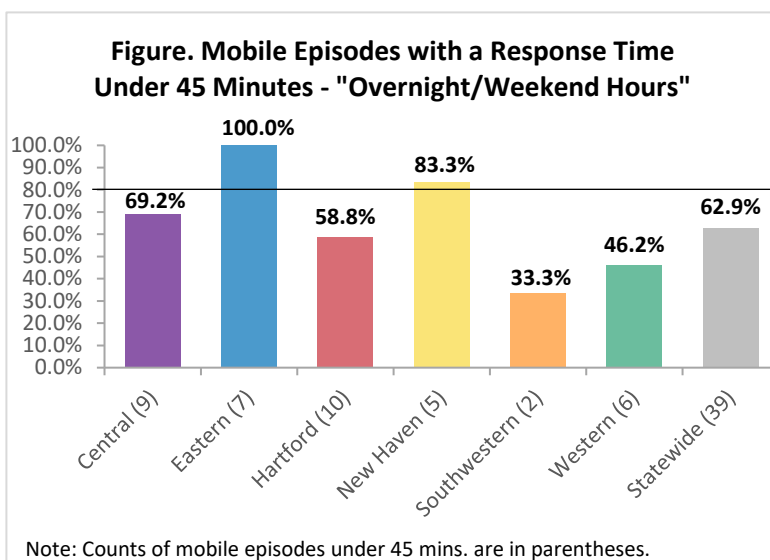
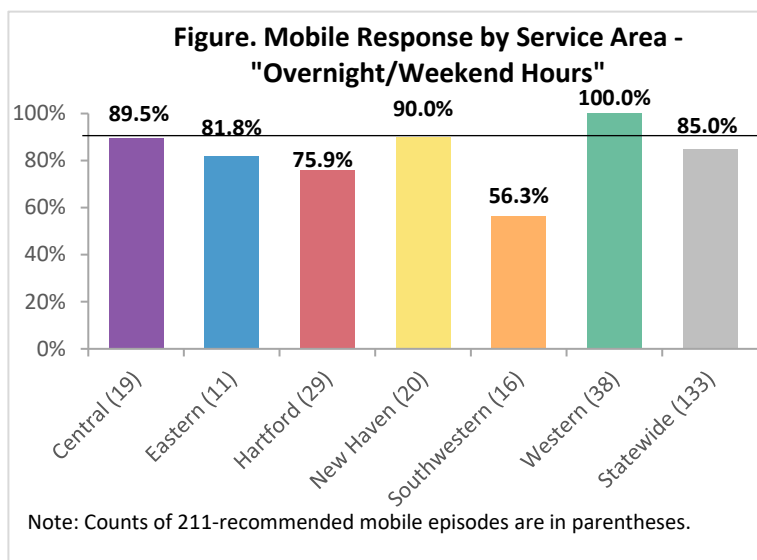
Response Mode	Phone Only	Face-to-Face	Plus Stabilization Follow-Up	Telehealth	Face to Face: Consultation Only	Total
---------------	------------	--------------	------------------------------	------------	---------------------------------	-------

Mobile	6	30	31	0	2	69
Non-Mobile	86	0	0	0	0	86
Deferred Mobile	0	25	25	1	5	56
Total	92	55	56	1	7	211

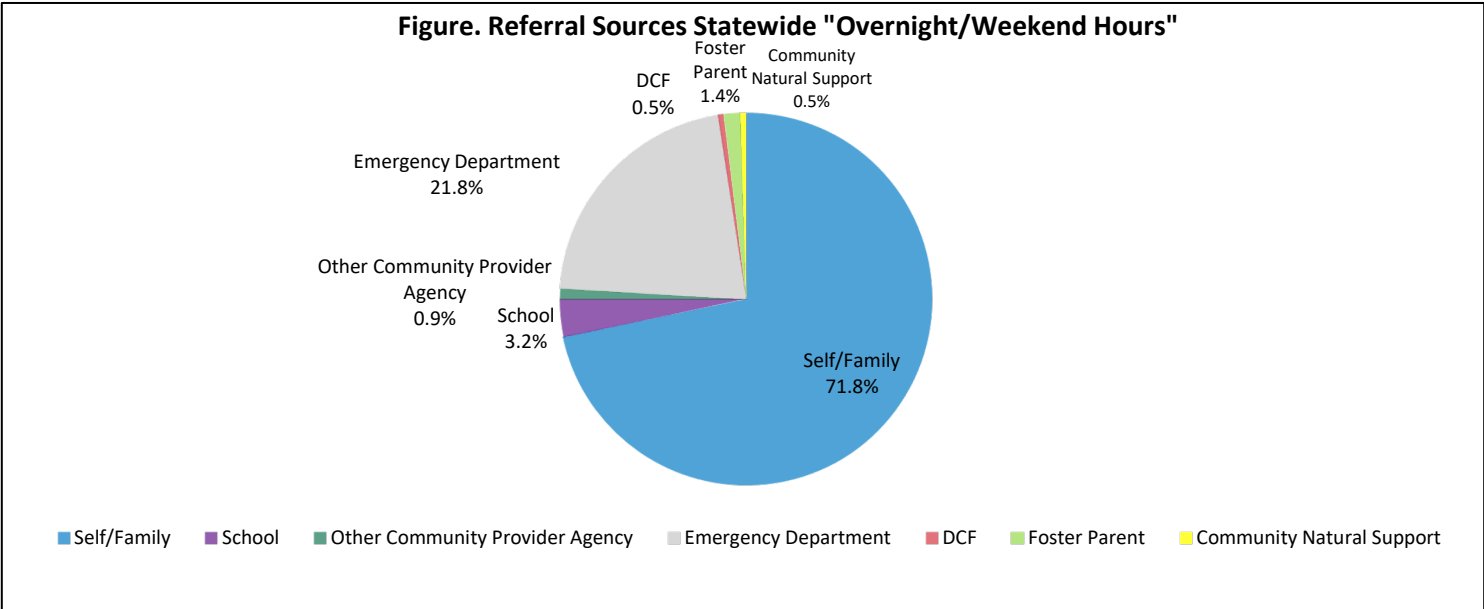
Table 8. Assessment Type by Response Mode – Overnight/Weekend Hours

Response Mode	Phone Only	Face-to-Face	Plus Stabilization Follow-Up	Telehealth	Face to Face: Consultation Only	Total
Mobile	6	30	31	0	2	69
Non-Mobile	86	0	0	0	0	86
Deferred Mobile	0	25	25	1	5	56
Total	92	55	56	1	7	211

There were 125 episodes that 211 recommended for a mobile (or deferred) response. The statewide mobility rate was 85% with two regions meeting the 90% benchmark. Additionally, of the 69 episodes that had an immediate response, 62.9% received a face-to-face response in 45 minutes or less, with two of the six regions meeting the 80% benchmark.

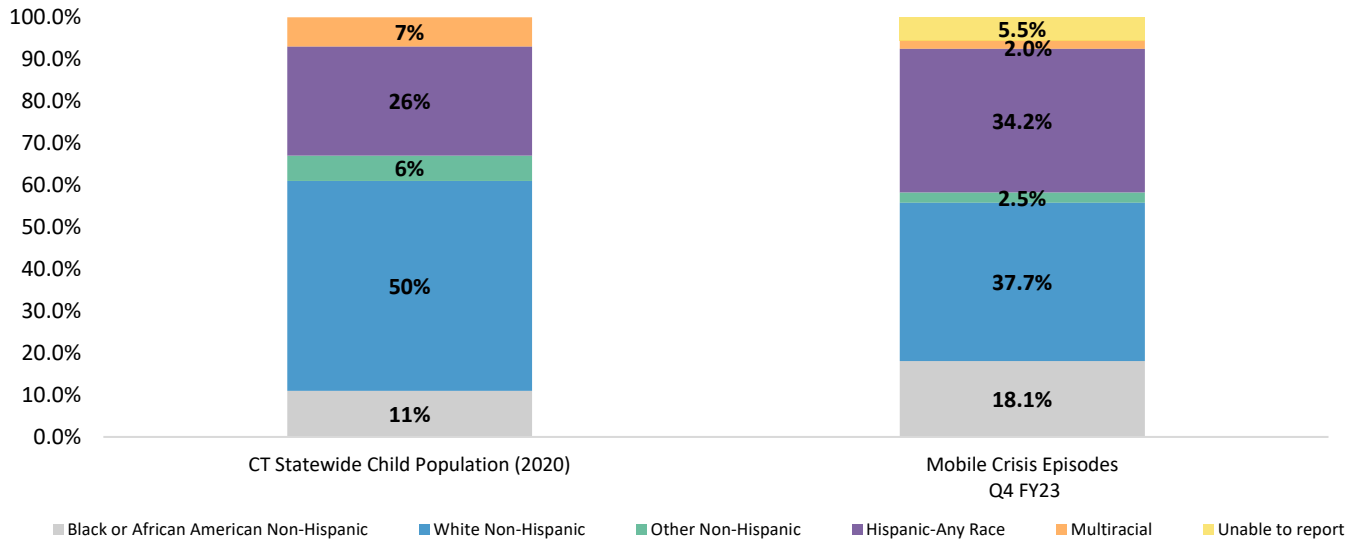


The majority of referrals to Mobile Crisis during the overnight/weekend hours were from ‘Self/Family’ (71.8%) and Emergency Departments (21.8%). School referrals appearing during these hours are likely data entry errors, as schools are not open.



During the new overnight/weekend hours, Hispanic (34.2%) and Black or African American Non-Hispanic (18.1%) children were served at slightly higher rates than the CT child population, while White Non-Hispanic children were served at slightly lower rates.

Figure 67. Race/Ethnicity of Clients Served Statewide - Overnight/Weekend Hours



During the newly added overnight and weekend hours, 'Harm/Risk of Harm to Self' (27%) and 'Disruptive Behavior' (32%) were the most common presenting problems. However, the rate of 'Harm/Risk of Harm to Self' was higher during daytime hours (32.8%) while the rate 'Disruptive Behavior' (26.2%) was lower in comparison to the rate during overnight and weekend hours.

Figure 68. Top 6 Client Presenting Problems - Overnight/Weekend Hours

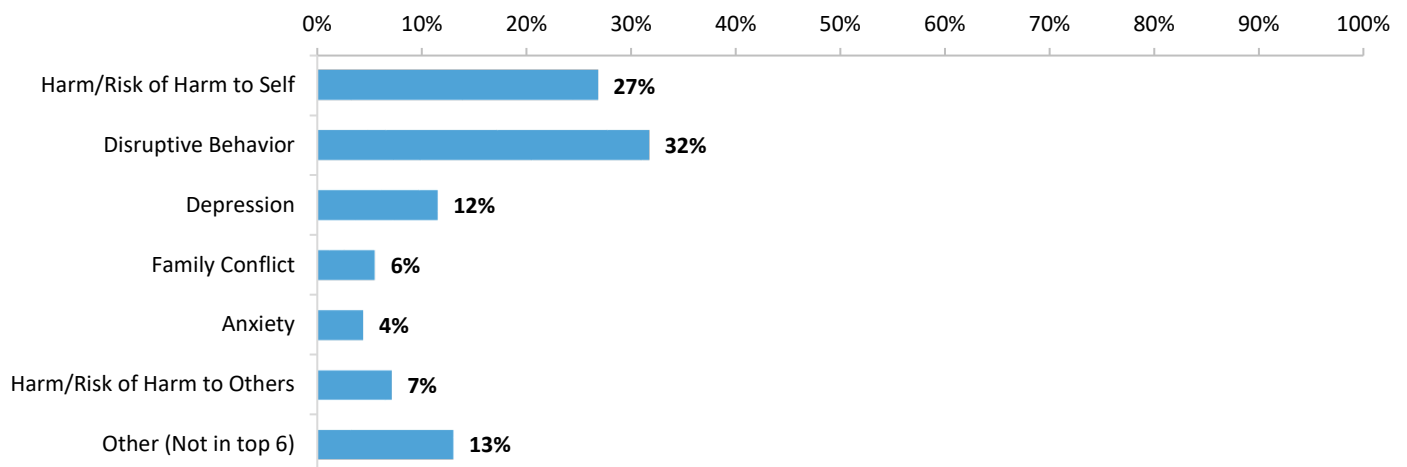


Table 9 reflects the number of calls during the newly added hours broken down by "shift", combining late night calls with the early morning. The highest volume of calls occurred from Friday at 10 p.m. to Saturday 1 p.m. (57 calls) and on Saturday at 10 p.m. to Sunday 1 p.m. (61 calls), which is 55.7% of the total calls that had occurred within the newly added hours.

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

Time	Sun 10PM - Mon 6AM	Mon 10PM - Tue 6AM	Tue 10PM - Wed 6AM	Wed 10PM - Thu 6AM	Thur 10PM - Fri 6AM	Fri 10PM - Sat 1PM	Sat 10PM - Sun 1PM	Total
22:00-22:59	5	6	11	10	10	7	7	56
23:00-23:59	2	1	4	3	2	4	3	19
0:00-0:59	2	4	2	5	2	1	0	16
1:00-1:59	4	3	1	0	1	1	1	11
2:00-2:59	3	1	2	0	2	0	2	10
3:00-3:59	1	0	0	1	1	1	3	7
4:00-4:59	1	1	0	0	0	0	1	3
5:00-5:59	1	1	0	0	1	1	1	5
6:00-6:59	N/A	N/A	N/A	N/A	N/A	0	0	0
7:00-7:59	N/A	N/A	N/A	N/A	N/A	2	3	5
8:00-8:59	N/A	N/A	N/A	N/A	N/A	5	4	9
9:00-9:59	N/A	N/A	N/A	N/A	N/A	4	4	8
10:00-10:59	N/A	N/A	N/A	N/A	N/A	11	6	17
11:00-11:59	N/A	N/A	N/A	N/A	N/A	8	14	22
12:00-12:59	N/A	N/A	N/A	N/A	N/A	12	12	24
Total	19	17	20	19	19	57	61	212