



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



MOBILE CRISIS INTERVENTION SERVICES

Performance Improvement Center (PIC)

QUARTERLY REPORT

FY2025: Quarter 3

Updated 4/22/25

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



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Executive Summary

Note: As of January 2023, Mobile Crisis providers are available for a mobile response 24 hours a day, 7 days a week. Prior to January 2023, a mobile response was only available Monday – Friday 6:00 AM to 10:00 PM and from 1:00 PM to 10:00 PM on weekends. Unless stated otherwise, the data in this report reflects calls during all 24 hours. Select charts continue to break out data by old and new hours to highlight any differences during the expanded hours.

Call and Episode Volume: In the third quarter of FY2025, **2-1-1 received 4,384 calls** including 3,212 calls (73.3%) handled by Mobile Crisis providers and 1,172 calls (26.7%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This quarter saw a 0.3% decrease in total call volume compared to the same quarter in FY2024 (4,398), and a 3.3% decrease in episodes (3,320 in FY2024 Q3). Of the 4,384 calls this quarter, 331 calls (7.6%) came in during the expanded overnight and weekend hours. Of these 331 calls, 197 (59.5%) were handled by Mobile Crisis providers and 134 (40.5%) were handled by 2-1-1 only.

Of the total **3,212 episodes of care** generated in Q1 FY25, episode volume ranged from 432 episodes (Southwestern) to 782 episodes (Hartford); 197 (6.1%) episodes of care were initiated during the expanded overnight and weekend hours, with episode volume ranging from 13 episodes (Eastern) to 56 episodes (Western).

Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 4.4, with service area rates ranging from 2.6 (Southwestern) to 5.4 (Eastern and 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 9.8 per 1,000 children in poverty, with service area rates ranging from 4.5 (Southwestern) to 22.3 (Central).

Demographics: Statewide this quarter, 52.4% of services were for children reported as female and 47.6% were for those reported as male.¹ **Care for youth ages 9-12 years old comprised the largest portion of services (31.6%).** Additionally, 31.1% of services were for 13-15 year olds, 19.7% were for 16-18 year olds, 14.3% were for 6-8 year olds, and 3.3% were for children age five or younger. The majority of services were for White children (56.9%), while 21.4% were for African-American or Black children. Roughly one-third (31.1%) of services were for children of Hispanic ethnicity. Most children were insured by Husky A (59.2%) and private insurance (28.6%). Finally, most (86.6%) were not DCF-involved.

Clinical Functioning: The most reported primary presenting problems for clients statewide were: Harm/Risk of Harm to Self (30.5%), Disruptive Behavior (24.5%), Depression (12.4%), Anxiety (7.4%), School Problems (7.0%), and Harm/Risk of Harm to Others (4.2%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (5.6%), Adjustment Disorders (16.4%), Anxiety Disorders (14.8%), Attention Deficit/Hyperactivity Disorders (12.3%), Trauma Disorders (11.0%), and Conduct Disorders (8.0%). This quarter, **65.1% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED).** During the expanded overnight and weekend hours, the top primary presenting problem statewide was Disruptive Behavior (23.9%).

In this quarter, the **statewide percentage of children with trauma exposure reported at intake was 37.9%²**, with service areas ranging from 22.9% (Southwestern) to 47.7% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (25.4%), Witness Violence (19.8%), Victim of Violence (15.1%), and Sexual Victimization (11.8%). Other types of trauma, including those that do not have a distinct category in PIE, were reported in 27.9% of cases.

The statewide rate for **the percentage of children evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 19.8%**, slightly lower than 20.6% of the same quarter last fiscal year. During an episode of care, 17.9%

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.

of children were evaluated in the Emergency Department at least once, which is similar to 17.8% in the same quarter of FY2024. The inpatient admission rate in the six months prior to Mobile Crisis referral was 11.2% statewide, which is similar to the rate in Q3 FY2024 (11.4%). The admission rate to an inpatient unit during a mobile crisis episode was 8.1%, compared to the rate of 6.7% in the same quarter last fiscal year.

Referral Sources: Statewide, **35.6% of referrals came from parents, families, and youth, and 48.0% of referrals were received from schools.** Emergency Departments (EDs) accounted for 7.8% of all Mobile Crisis referrals. The remaining 8.6% of referrals came from a variety of other sources. During the expanded overnight and weekend hours, the majority of referrals were from parents, family, and youth (66.0%) and emergency departments (24.9%).

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **249 Mobile Crisis referrals were received from EDs**, including 100 referrals for inpatient diversion and 149 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 (15.8%) and the lowest was in the Southwestern service area (0.5%). Statewide, 7.8% of all Mobile Crisis episodes came from ED referrals this quarter, lower than the rate from Q2 FY2024 (9.1%).

Mobility: The average **statewide mobility this quarter was 96.6%**, higher than the rate in Q3 FY2024 (94.7%). 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 91.7% (New Haven) to 98.6% (Central and Western). The mobility rates among individual providers ranged from 91.7% (Clifford Beers) to 99.4% (CHR and CFGC: EMPS/Bridgeport). All fourteen providers surpassed the 90% benchmark. The mobility rate during the traditional hours (96.8%) was similar to the overall rate, while the mobility rate during the expanded hours was lower (83.1%). During the new overnight and weekend hours, callers are more likely to request a non-mobile response. During the new hours, 42.1% of episodes requested a mobile response, 31.5% requested a deferred mobile response, and 26.4% requested a non-mobile response; in the traditional hours, 69.5% of episodes requested a mobile response, 21.7% requested a deferred mobile response, and 8.8% 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, **89.1% of mobile episodes received a face-to-face response in 45 minutes or less.** Performance on this indicator ranged from 79.8% (Western) to 99.2% (New Haven), with all service areas above the 80% benchmark. Across the state, 11 of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 30 minutes. During the expanded hours, there was a greater range of performance. Statewide, 85.9% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 60.0% (Southwestern) to 100% (Central and Eastern). When looking at these rates, it is important to keep in mind that the number of overnight episodes is very low, and the number receiving a Mobile response is even lower.

Length of Stay: Among discharged episodes statewide this quarter, 25.9% of Phone Only episodes exceeded one day, 42.4% of Face-to-Face episodes exceeded five days, and **2.1% of Stabilization Plus Follow-up episodes exceeded 45 days**, meeting the statewide benchmark of less than 5%. The statewide median LOS among discharged episodes was less than one day for Phone Only, 5.0 days for Face-to-Face episodes, and 17.0 days for *Stabilization Plus*.

Statewide, for open episodes of care, the median Length of Stay (LOS) with a Crisis Response of Phone Only was 66.0 days and ranged from 29.5 days (Hartford) to 161.0 days (New Haven). The statewide median LOS for Face-to-Face was 18.0 days and ranged from 8.0 days (Eastern and Western) to 24.0 days (Southwestern). For *Stabilization Plus Follow-up*, the statewide median LOS was 13.5 days with a range from 11.0 days (Central) to 24.0 days (Southwestern). Across open episodes of care with phone and face-to-face crisis response categories during the second quarter of FY2025, 98.1% of phone-only and 80.9% 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, 11.5% of these open cases exceeded the benchmark, while regionally this ranged from 0.0% (Eastern) to 16.4% (Central). Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase and can compromise accurate and timely data entry. It is also likely that many Phone Only and Face-to-Face cases that are open significantly past benchmarks are due to data entry errors or delays in closing the case in PIE.

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

Discharge Information: The overwhelming **majority of clients lived in a private residence at discharge from Mobile Crisis (95.8%).** Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (71.4%), Family Discontinued (17.3%), and Client Hospitalized: Psychiatrically (6.5%).

Statewide, clients were most likely to be referred to **outpatient services (34.2%)** or to **their original provider (32.1%) at discharge**. Other care referrals at discharge included: Intensive In-Home Services (6.7%), Intensive Outpatient Program (4.3%), Inpatient Hospital Care (3.7%), Other: Community-Based (3.4%), Partial Hospital Program (1.6%), and Care Coordination (1.2%). An additional 11.4% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 2.74 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 2.66 points on average. Worker-rated Problem Severity Scales showed an average decrease of 3.33 points, while parent-rated Problem Severity Scales showed a decrease of 2.67 points on average. Changes on all Ohio Scales were found to be statistically significant at the statewide level.

Completion rates of the Ohio Scales at discharge for the parent scores increased by 3.3 percentage points when compared to the same quarter in FY2024. The completion rate for worker scores decreased by 4.1 percentage points compared to FY2024 Q3.

Satisfaction: This quarter, 60 clients/families and 61 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 4.59 and 4.46**. Among **other referrers (e.g. schools, hospitals, DCF, etc.)**, **the average ratings of 2-1-1 and Mobile Crisis were 4.78 and 4.81**, 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 March 2025 is 11%**. This is an increase compared to FY2024 Q3 (9%).

Community Outreach: The number of outreaches ranged from 1 (CHR) to 9 (UCFS: SE and Wellmore: Waterbury). Some sites reported 0 outreaches themselves but were involved in outreaches completed by another site in their region. Providers also frequently do outreaches that are more informal, such as dropping off materials or making phone calls.

SFY 2025 Q3 RBA Report Card: Mobile Crisis Intervention Services

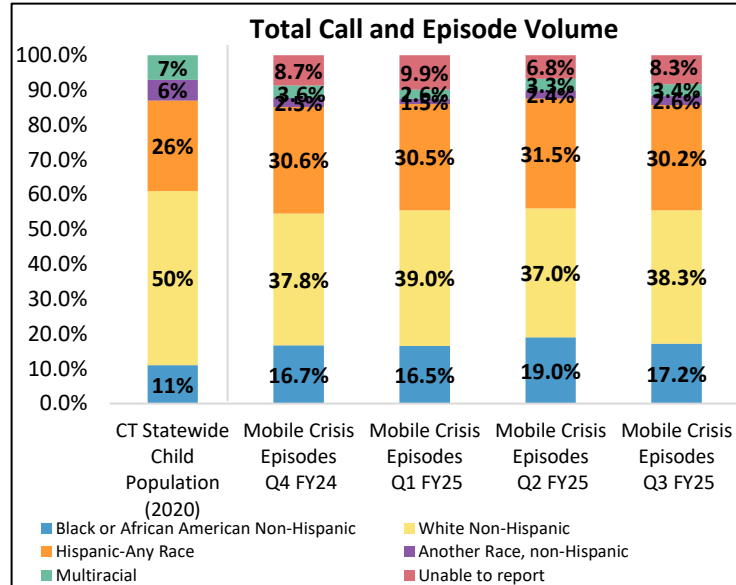
Quality of Life Result: Connecticut's children will live in stable environments, safe, healthy and ready to lead successful lives.

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

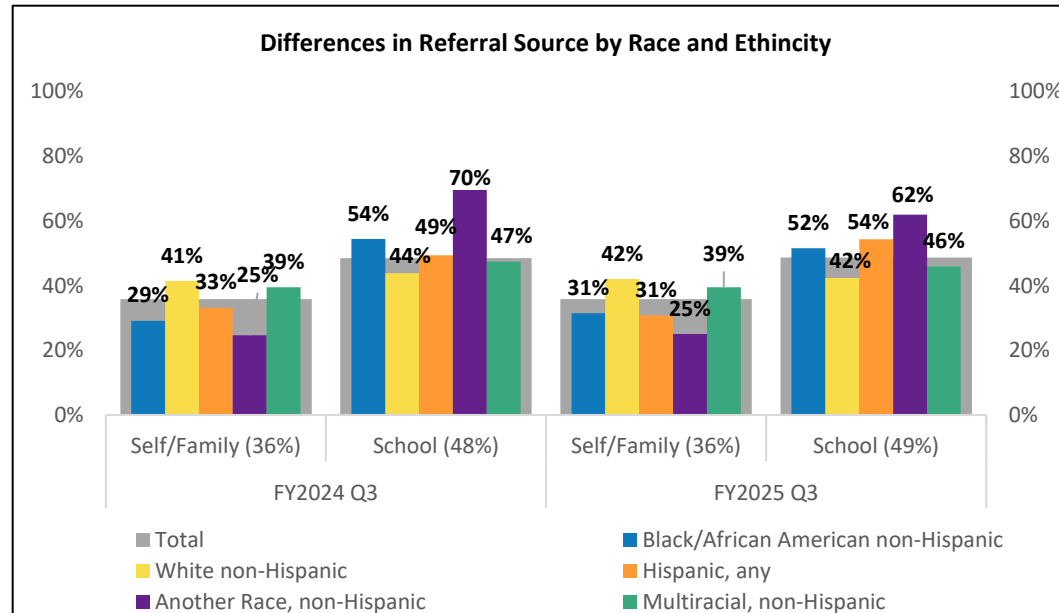
How Much Did We Do?



	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
Mobile Crisis Episode	3,321	2,942	2,074	3,253	3,212
2-1-1 Only	1,077	972	778	1,284	1,172
Total	4,398	3,914	2,852	4,537	4,384

Story Behind the Baseline: In SFY 25 Q3, there were 4,384 total calls to the 2-1-1 Call Center resulting in 3,212 episodes of care. Compared to the same quarter in SFY 24 this was a 0.3% decrease in call volume (14 fewer calls) and 3.3% decrease in mobile episodes (108 fewer 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: →



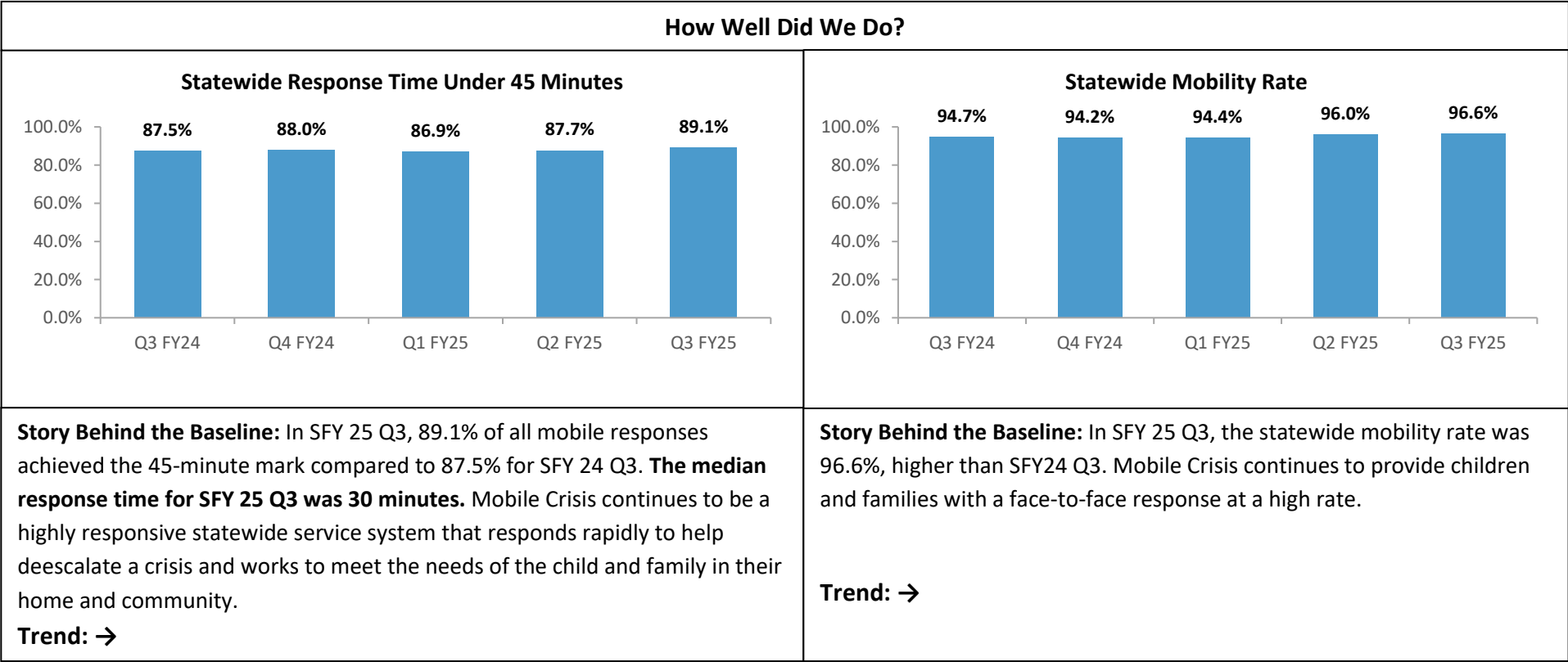
Story Behind the Baseline: In SFY25 Q3, 49% of referrals came from schools while 36% came from self/family. Black and Hispanic youth each received 31% of their referrals from self/family compared to 42% for White youth. Black youth received 52% of their referrals from schools and Hispanic youth received 54%, while White youth were referred by schools 42% of the time. There was statistically significant variation in groups by referral source, with a trend of Black and Hispanic youth having higher rates of school referrals and lower rates of self/family referrals. There is some fluctuation in the referral sources for children of another race and multiracial children, but these numbers should be interpreted with caution due the small number of children included in this group.

Trend: →

Episodes Per Child SFY 2025									
Quarterly Breakdown						Past Year: FY24 Q4 - FY25 Q3			
	FY2024 Q3	FY2024 Q4	FY2025 Q1	FY2025 Q2	FY2025 Q3	Total		DCF	Non-DCF
1	2554 (88.4%)	2302 (89.1%)	1635 (89.2%)	2384 (86.7%)	2464 (88.0%)	6639 (78.0%)		554 (66.3%)	4704 (76.1%)
2	266 (9.2%)	224 (8.7%)	162 (8.8%)	277 (10.1%)	276 (9.9%)	1237 (14.5%)		170 (20.4%)	968 (15.7%)
3	51 (1.8%)	48 (1.9%)	29 (1.6%)	66 (2.4%)	45 (1.6%)	375 (4.4%)		61 (7.3%)	303 (4.9%)
4 or more	18 (0.6%)	11 (0.4%)	7 (0.4%)	24 (0.9%)	15 (0.5%)	262 (3.1%)		50 (6.0%)	206 (3.3%)

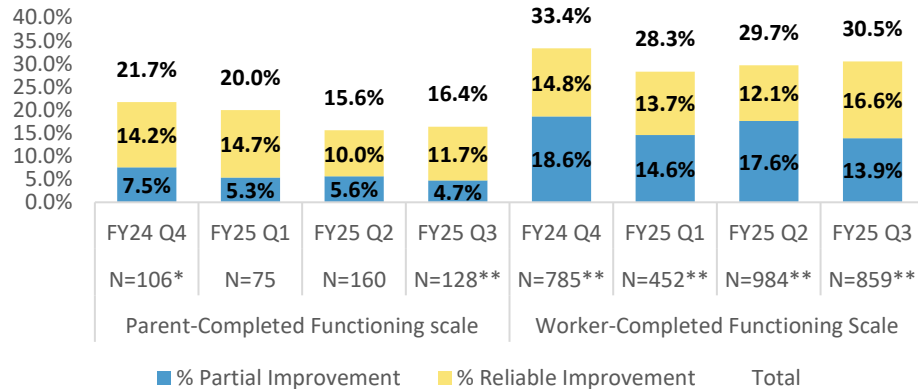
Story Behind the Baseline: In SFY 25 Q3, of the 2,800 children served by Mobile Crisis 88.0% (2,464) received only one episode of care, and 97.9% (2,740) received one or two episodes of care. These numbers are similar to SFY 24 Q3 which had 88.4% (2,554) and 97.6% (2,820) respectively. The proportion of children with four or more episodes is similar to SFY 24 Q3. Over the past year, of the 8,513 children served, 78.0% (6,639) had only one episode while 92.5% (7,876) had only one or two episodes. The data indicates that most children and families require only one episode of care.

Trend: →

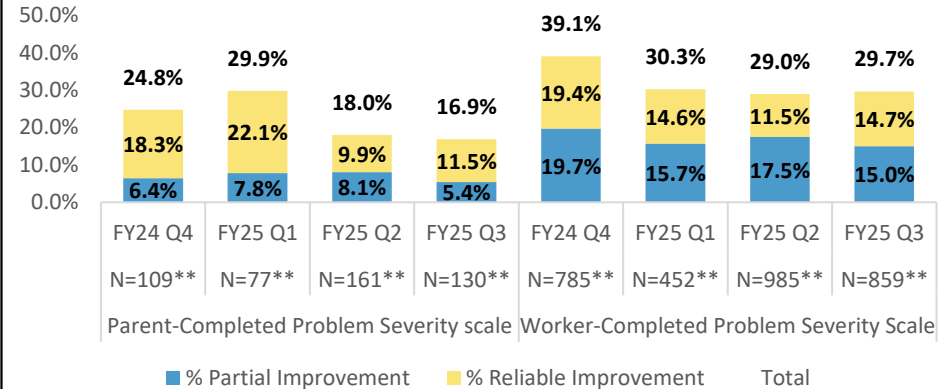


Is Anyone Better Off?

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 demonstrated statistically significant positive changes for children following a Mobile Crisis response. For SFY 25 Q3, Ohio worker scales had statistically significant change for 30.5% of episodes in Functioning and 29.7% in Problem Severity. Both of these numbers are similar to rates in the past two quarters. For parent-completed scales, the Functioning scale showed statistically significant improvement for 16.4% of cases, and the Problem Severity scale showed statistically significant improvement on 16.9% of cases, an decrease over the recent quarters. Despite the relative short time of service engagement, the Ohio Scales reflect the continued effectiveness of Mobile Crisis in defusing the immediate crisis and supporting the positive growth and success of youth.

Trend: →

Proposed Actions to Turn the Curve:

- Mobile Crisis providers will work with schools and Emergency Departments to reduce school utilization of ED's and increase utilization of Mobile Crisis.
- Continue outreach to Police Departments to support their ongoing collaboration with Mobile Crisis.
- Continue to increase the parent completion rates for the Ohio Scales.
- Review with each provider their self-care activities to support their clinical staff in being continuously effective in delivering Mobile Crisis services.
- Continue to review RBA report cards on a quarterly basis with each Mobile Crisis provider, with a focus on the racial and ethnic distributions of the children served in each region.
- Plan outreach activities with a lens towards health equity and promoting equitable access to Mobile Crisis across referral sources, including identifying outreach strategies to target self/family referrals.

Data Development Agenda:

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

Section II: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

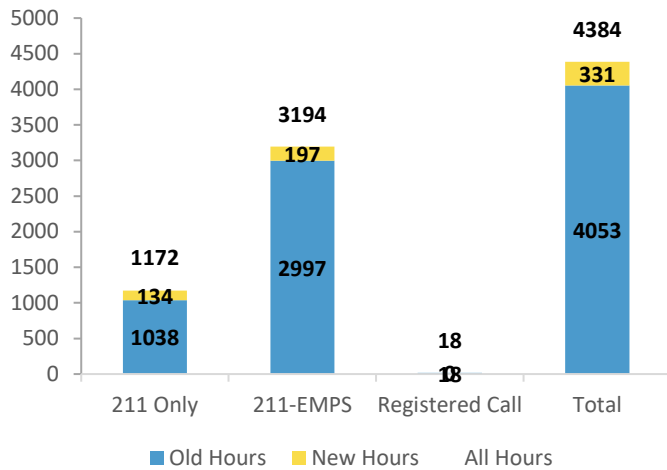


Figure 2. Total Call Volume per Quarter by Call Type

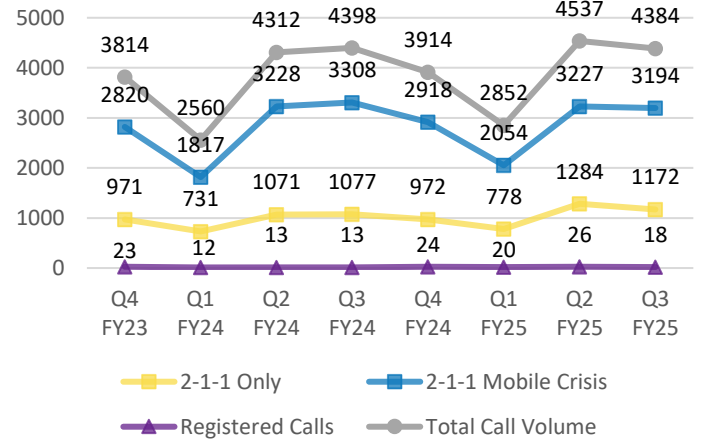


Figure 3. Mobile Crisis Episodes by Service Area

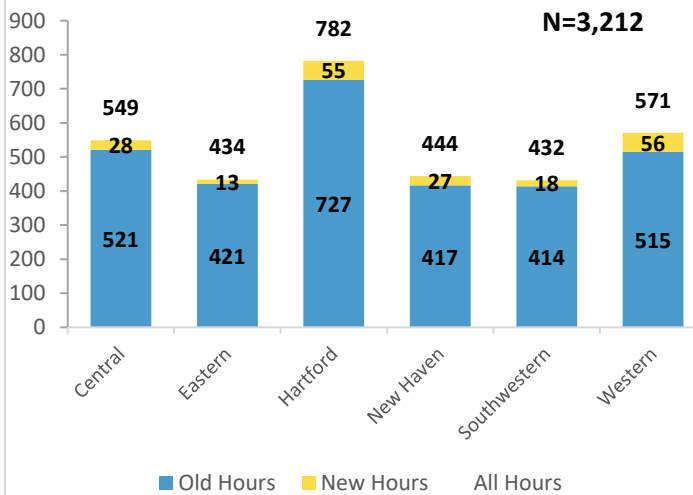


Figure 4. Mobile Crisis Episodes per Quarter by Service Area

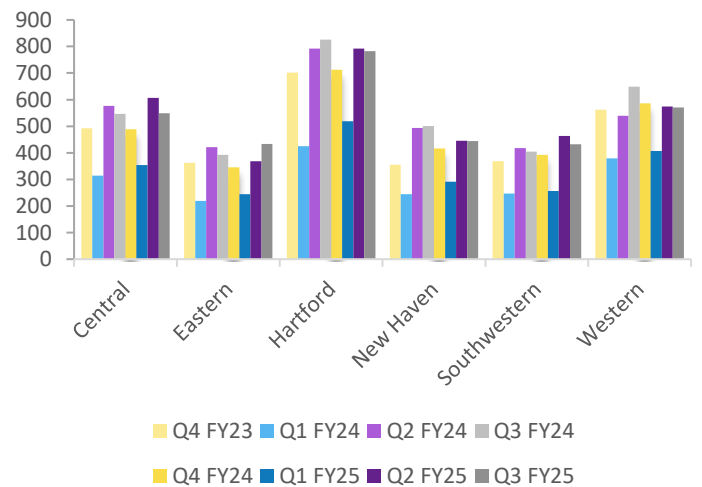


Figure 5. Number Served Per 1,000 Children

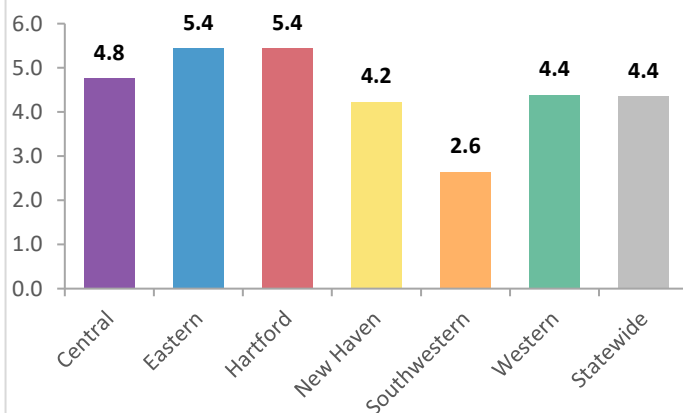


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

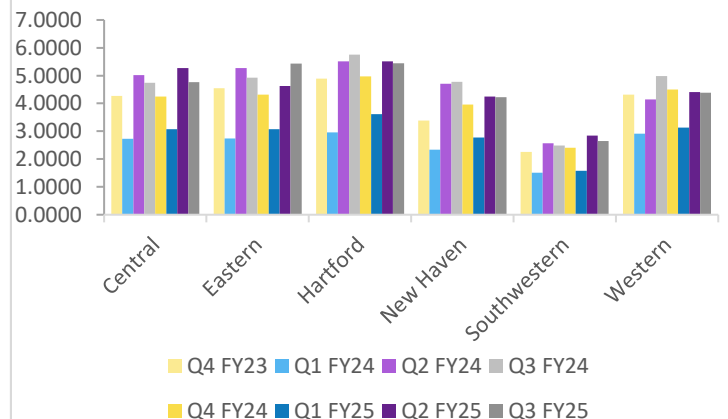


Figure 7. Number Served per 1,000 Children in Poverty

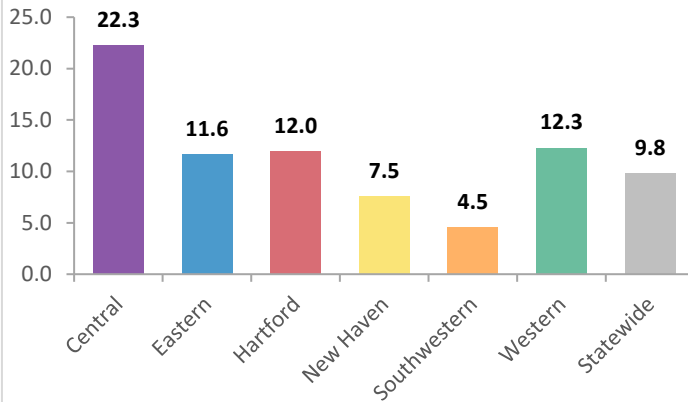


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

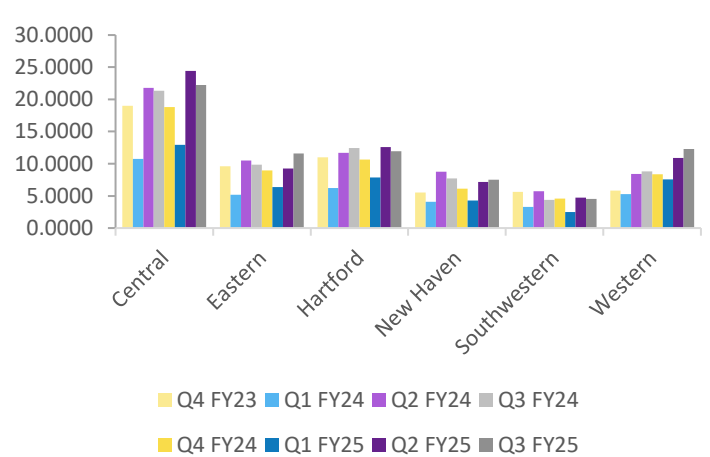
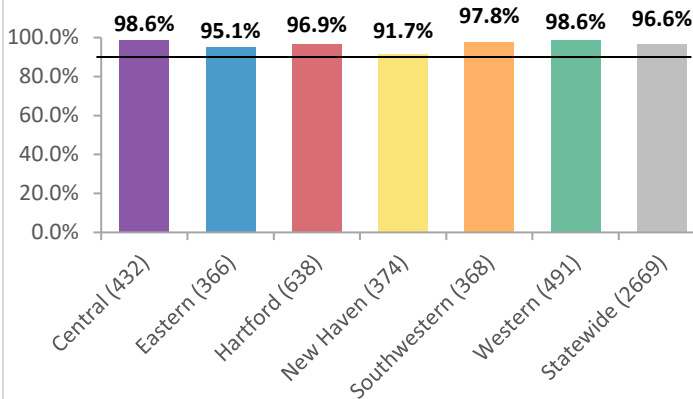


Figure 9. Mobile Response* (Mobile and Deferred Mobile) by Service Area



*Mobility calculation updated – see exec. summary
 Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis. **Goal: 90%**

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

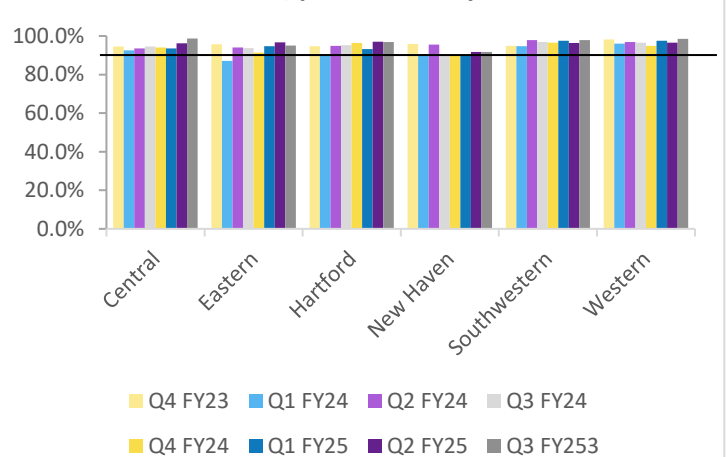
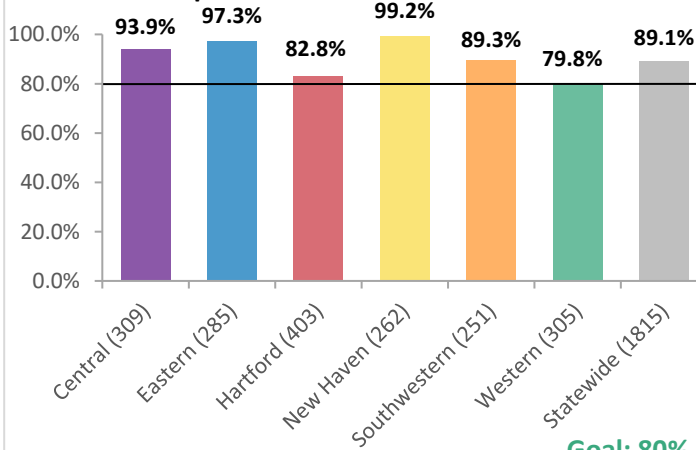
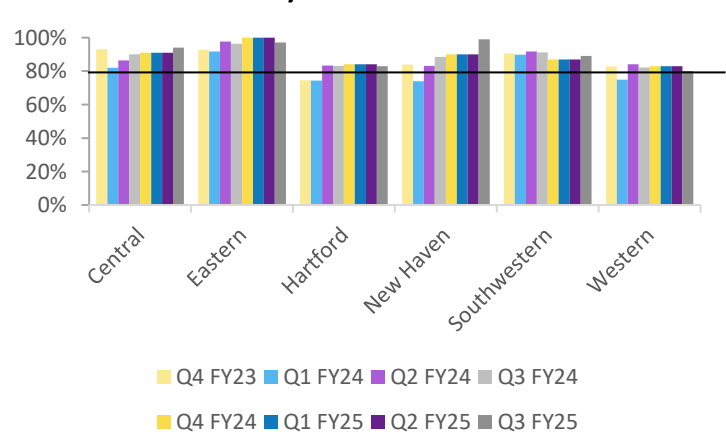


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes



Goal: 80%
 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

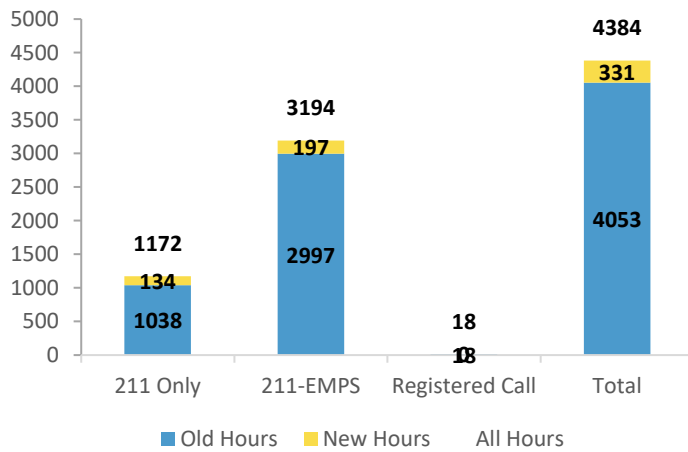


Figure 14. Statewide 2-1-1 Disposition Frequency

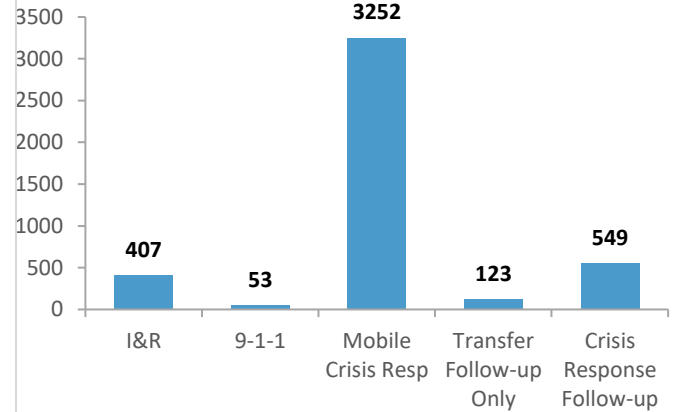


Figure 15. Mobile Crisis Response Episodes by Provider

(Total Episodes = 3,212)

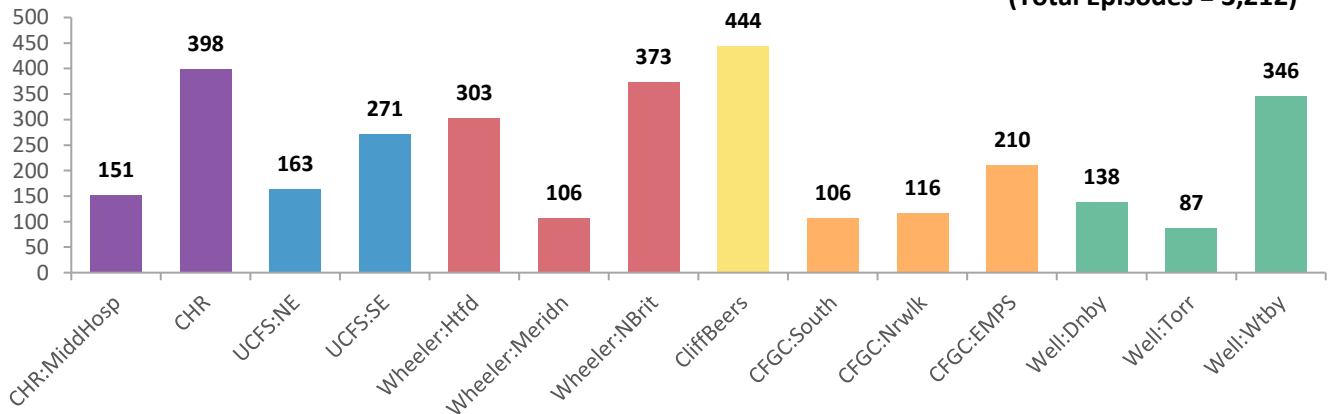
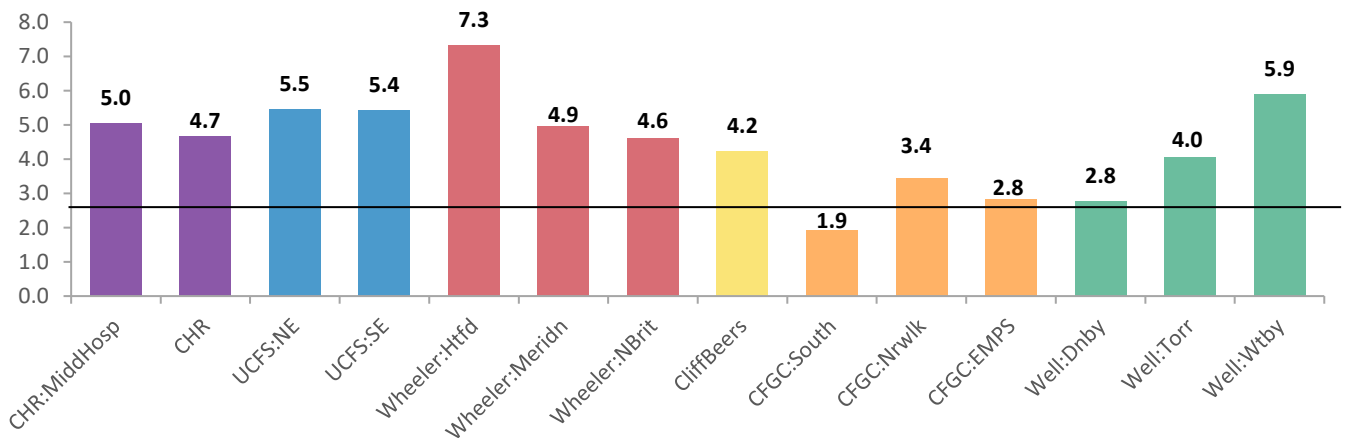


Figure 16. Number Served per 1,000 Children by Provider



Goal: 2.5

Figure 17. Episode Intervention Crisis Response Types by Service Area

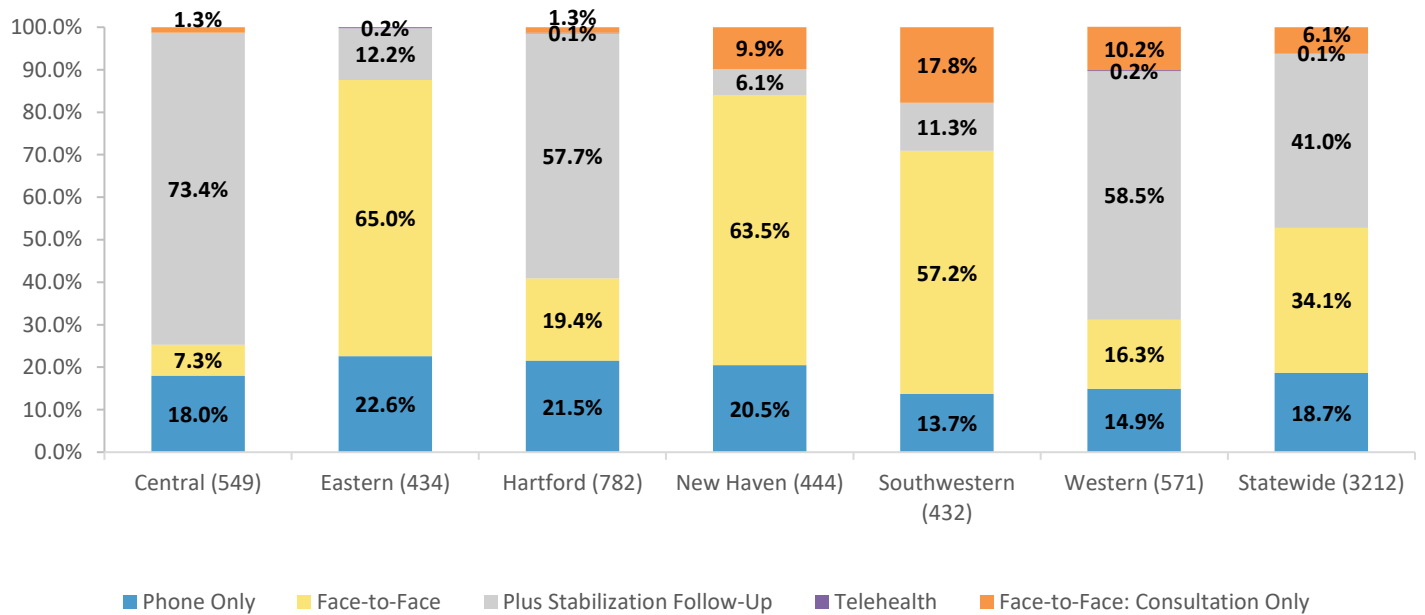
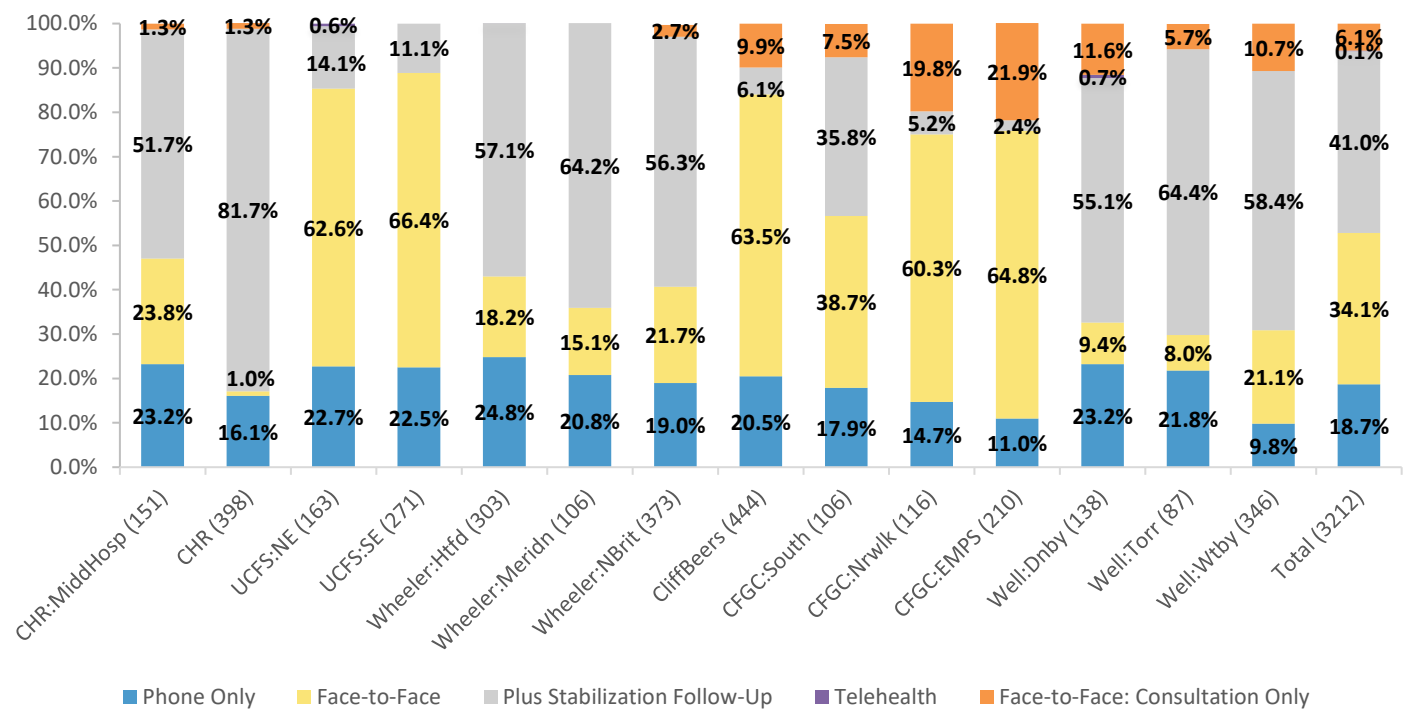


Figure 18. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 19. Sex of Children Served Statewide

(N =3,212)

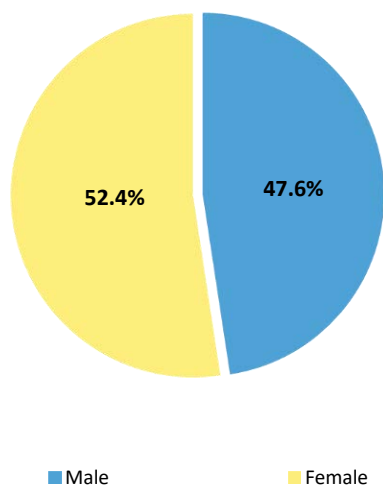


Figure 20. Age Groups of Children Served Statewide

(N =3,212)

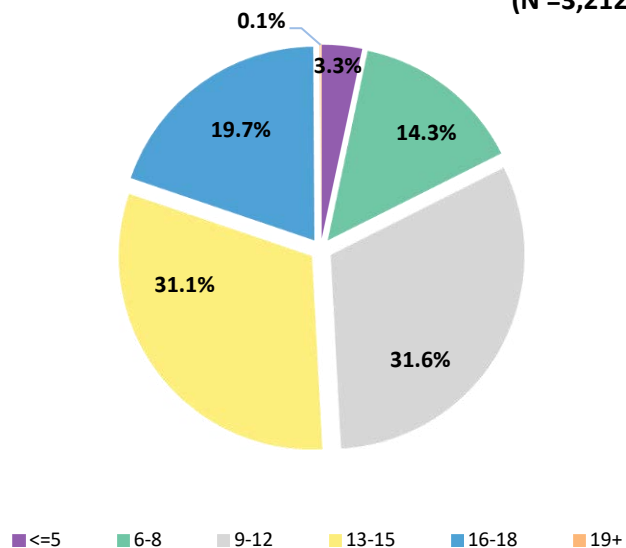


Figure 21. Ethnic Background of Children Served Statewide

(N =3,116)

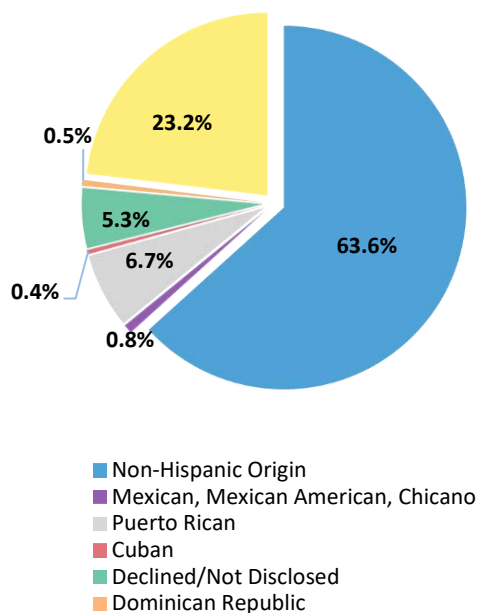
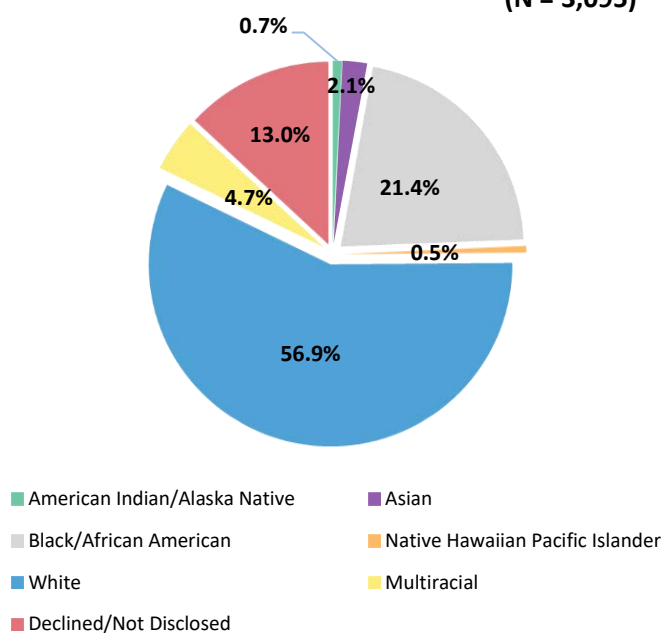


Figure 22. Race of Children Served Statewide

(N = 3,095)



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

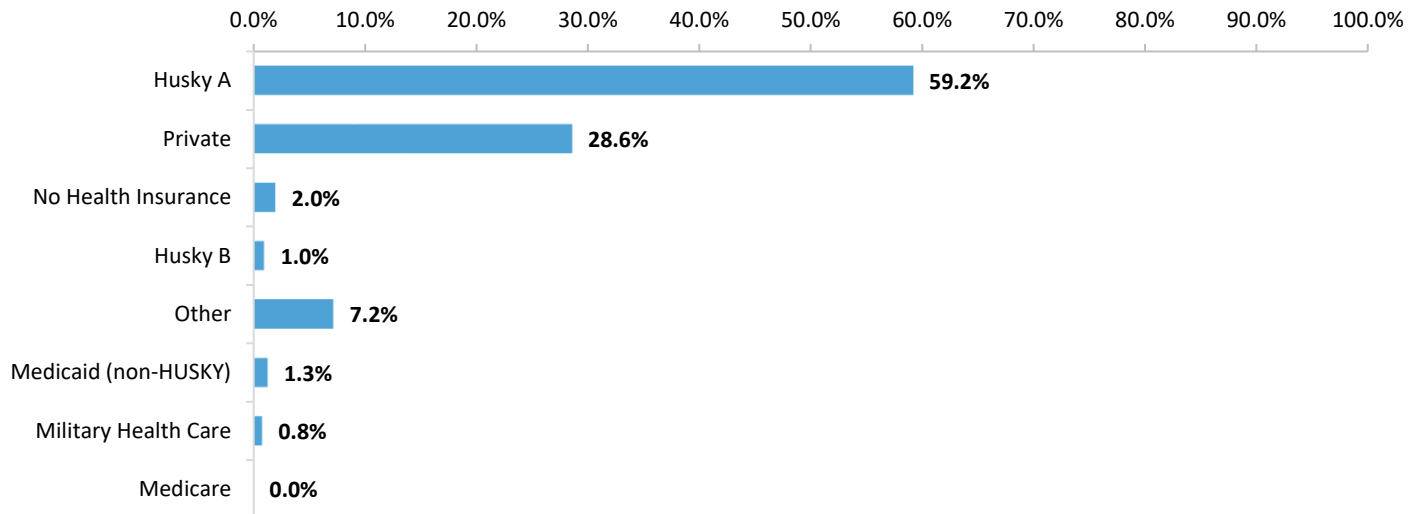
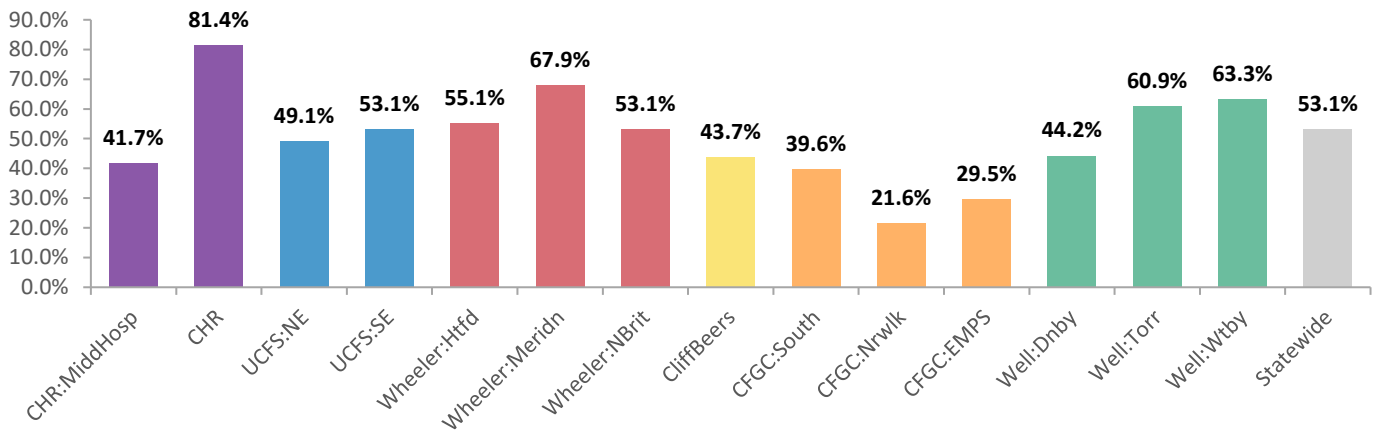
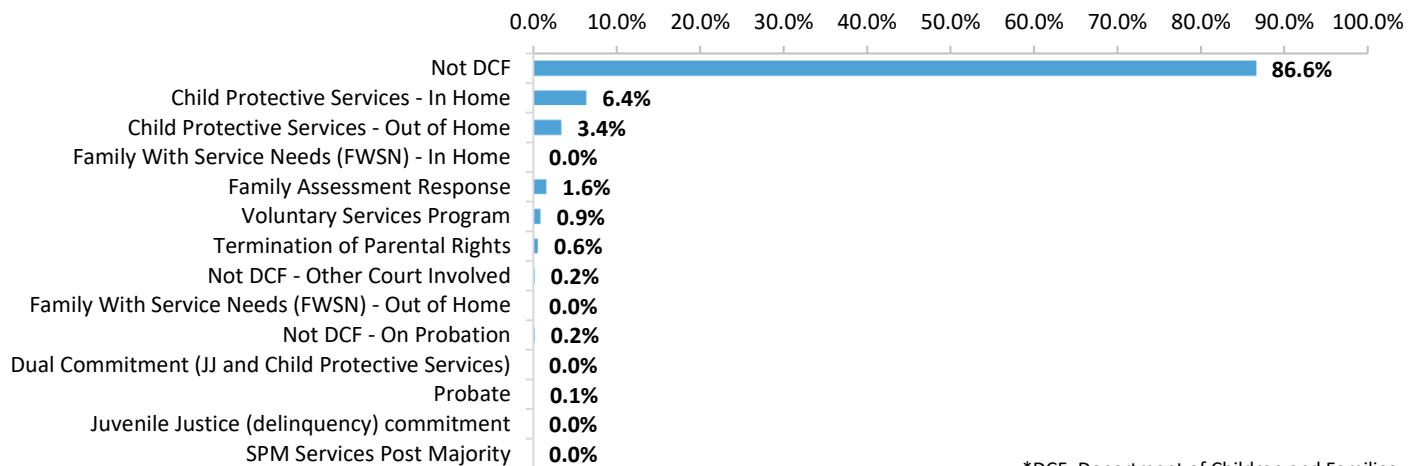


Figure 24. Families that Answered "Yes" TANF* Eligible



*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. All Hours - Top Six Client Primary Presenting Problems by Service Area

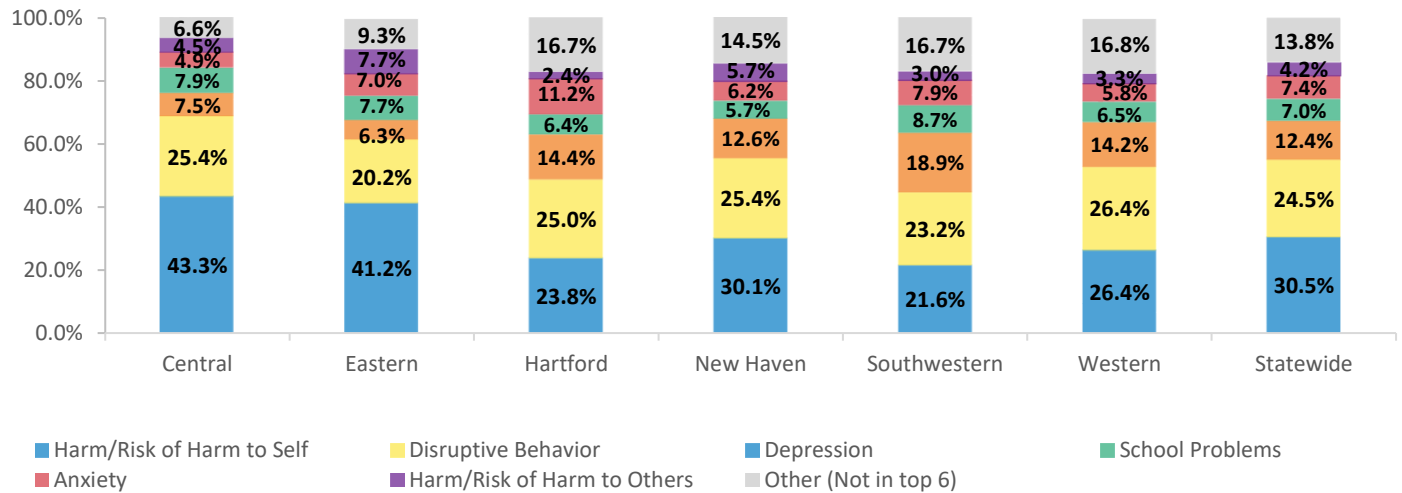


Figure 27. New Hours - Top 6 Presenting Problems Statewide

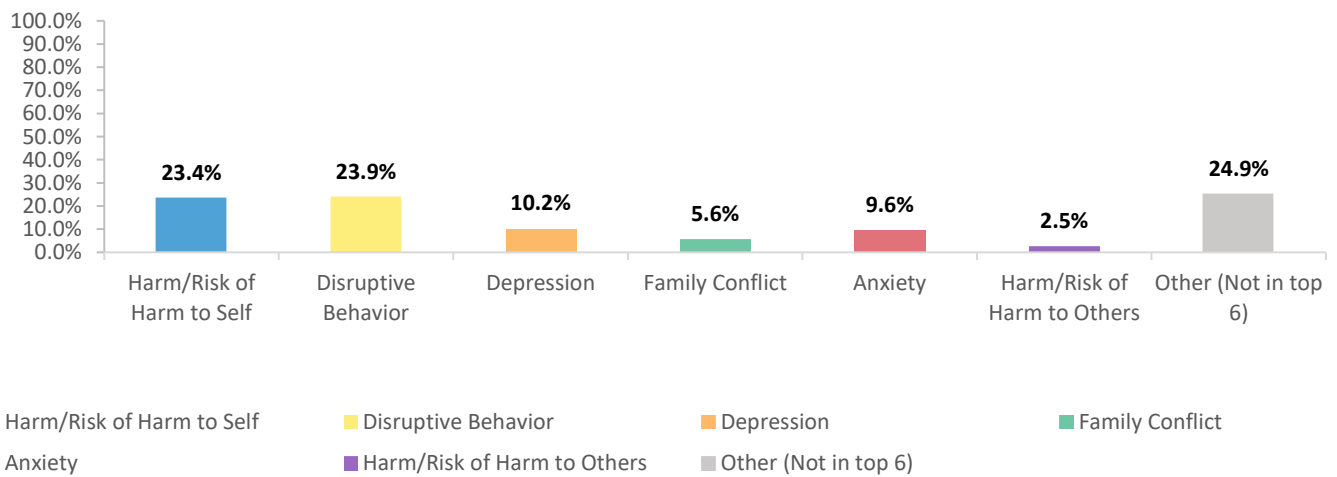
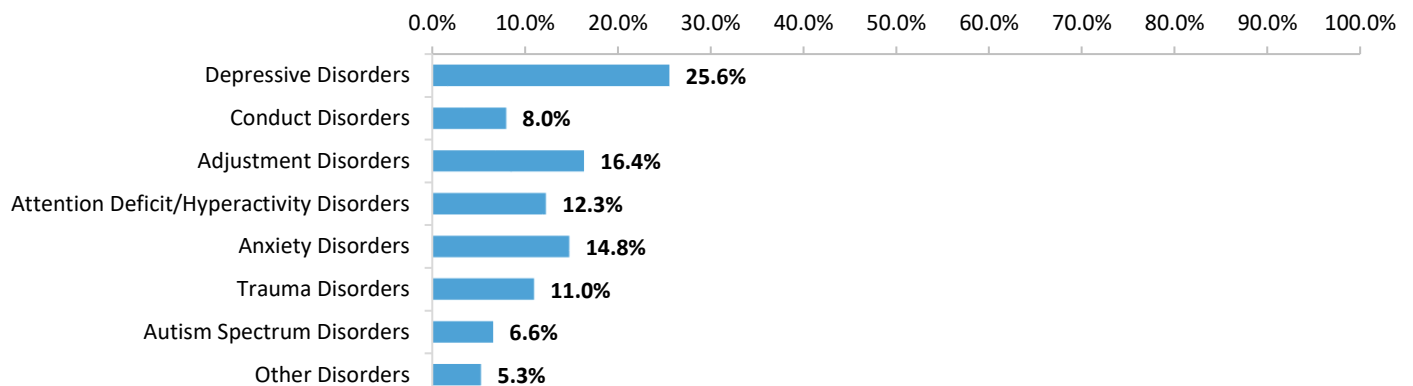


Figure 28. Distribution of Primary Diagnosis Categories at Intake Statewide



*Excludes clients with missing data or no diagnosis.

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

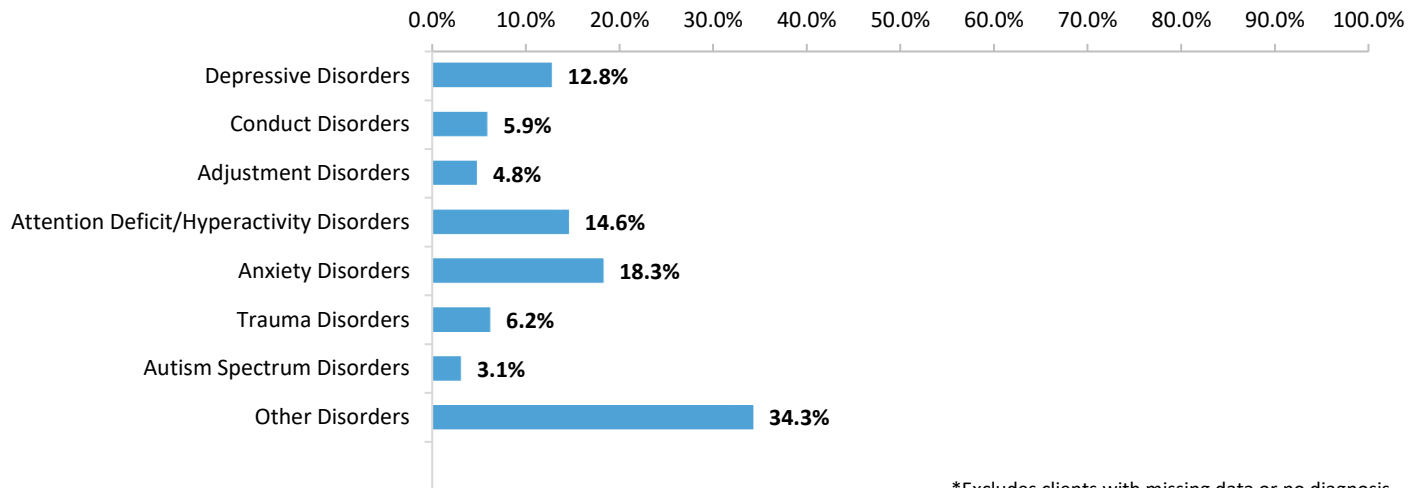


Figure 30. Top 6 Primary Diagnostic Categories at Intake by Service Area

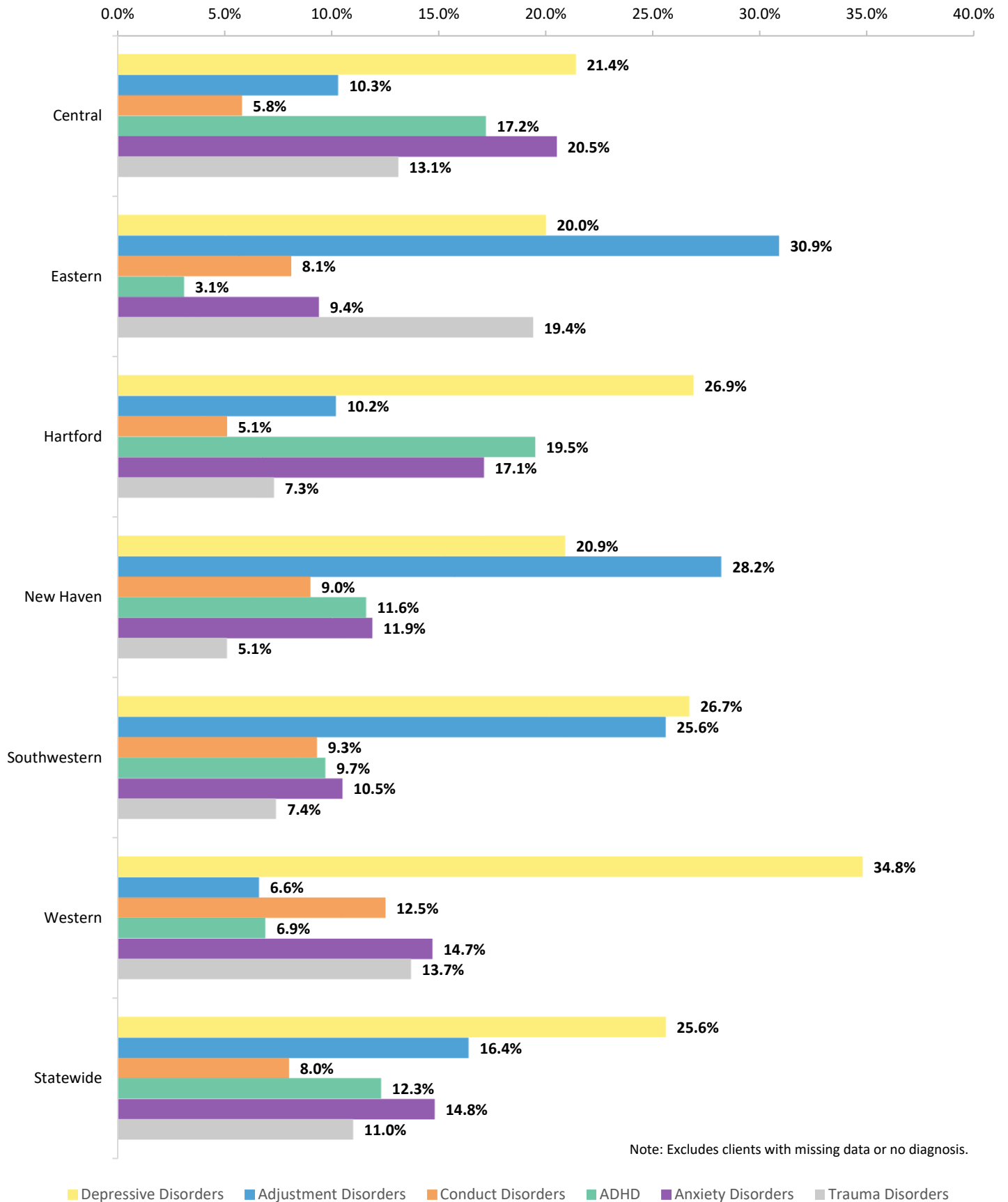


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

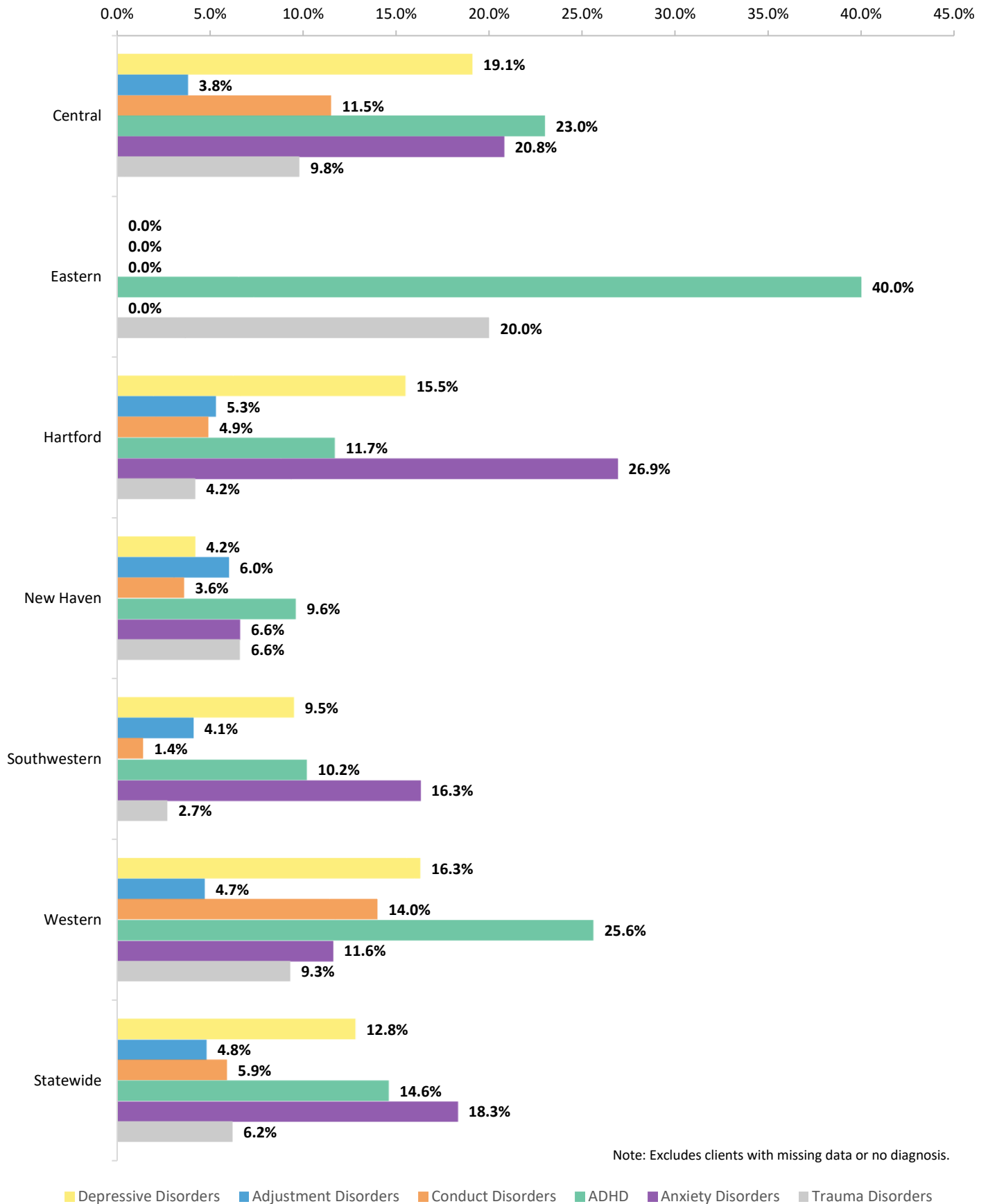


Figure 32. Children Meeting SED* Criteria by Service Area

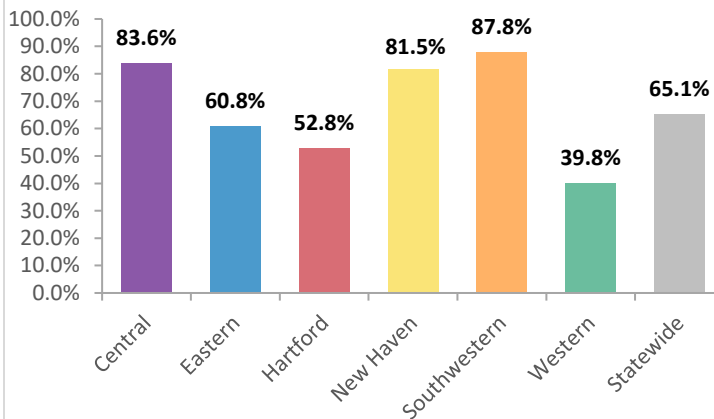


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

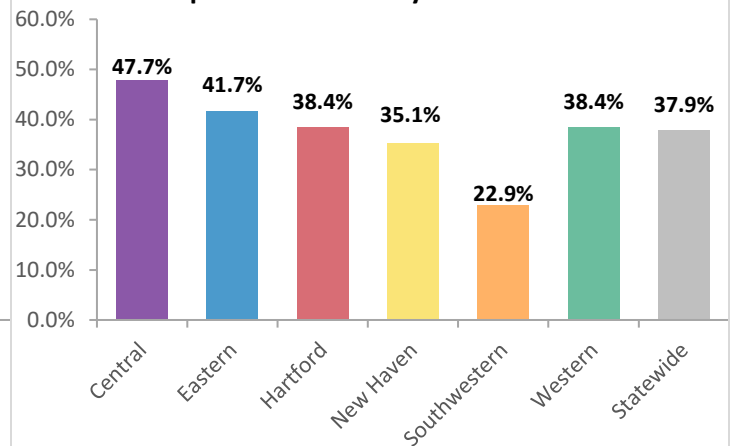


Figure 34. Type of Trauma Exposure Reported at Intake by Service Area

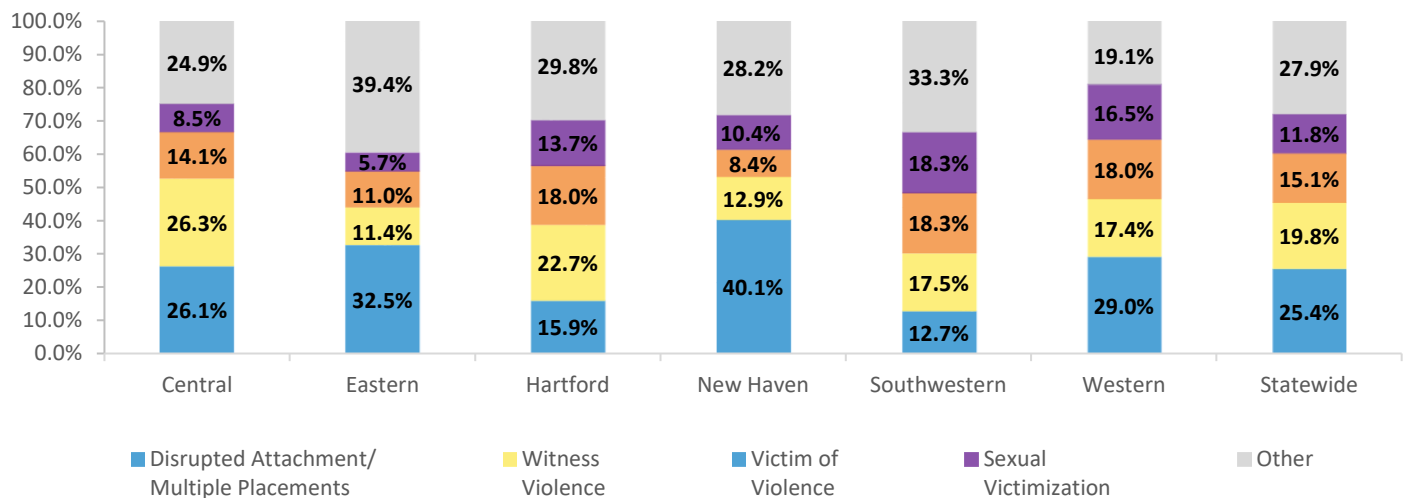


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

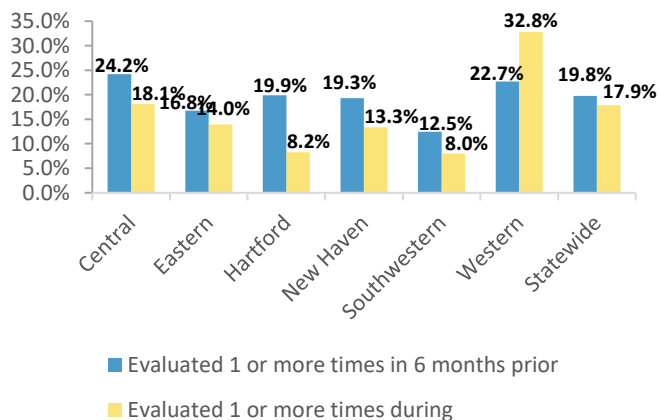
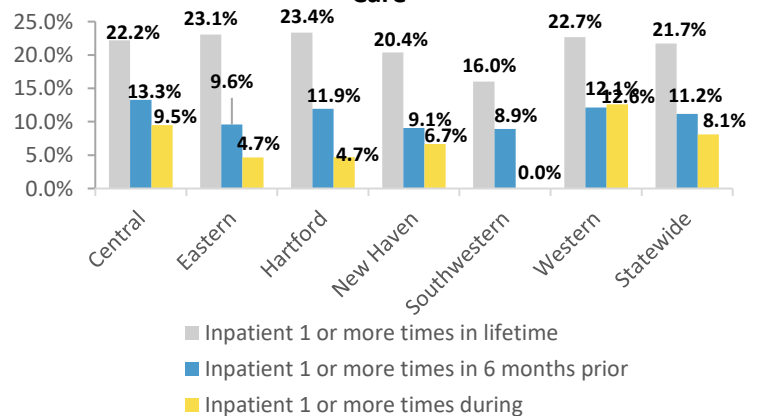


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

Figure 37. Referral Source

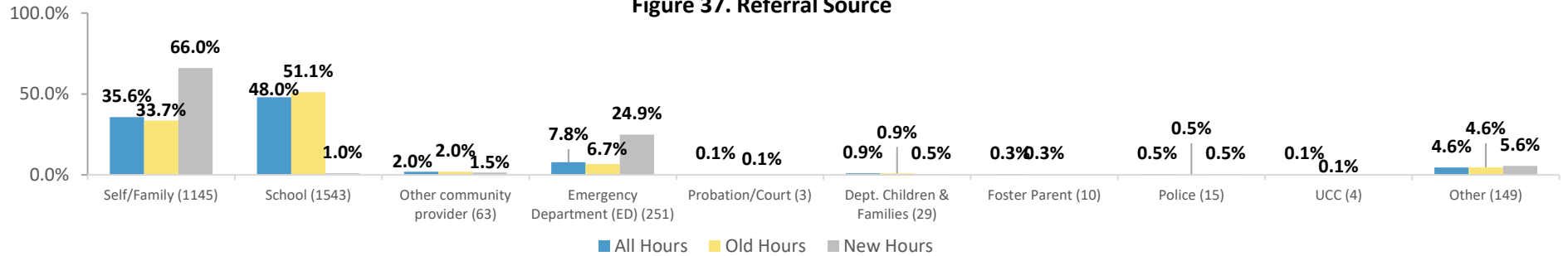
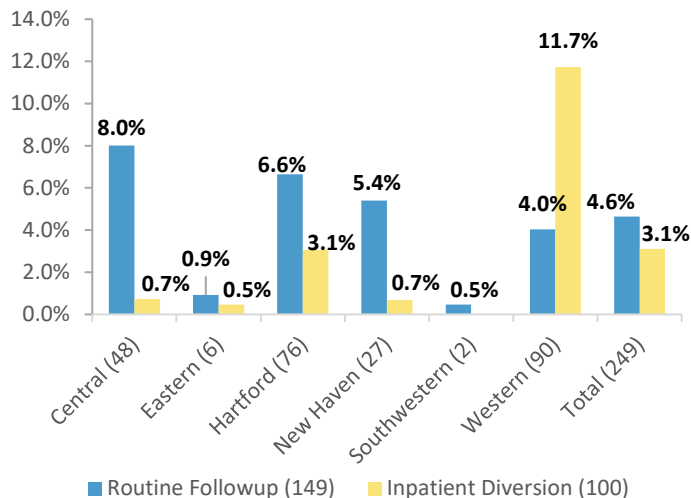


Table 1. Referral Sources (Q1 FY 2025)

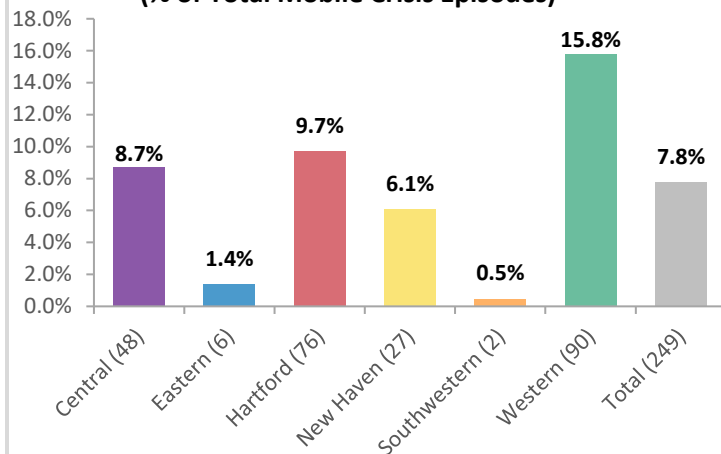
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	35.6%	0.2%	48.0%	0.2%	0.3%	0.5%	2.0%	7.8%	0.1%	0.9%	2.9%	0.0%	0.3%	0.5%	0.4%	0.1%
CENTRAL	35.3%	0.0%	46.1%	0.4%	1.3%	2.2%	8.7%	0.0%	0.7%	3.5%	0.0%	0.4%	0.0%	1.1%	0.2%	0.2%
CHR:MiddHosp	42.4%	0.0%	41.7%	0.7%	1.3%	2.0%	7.9%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%
CHR	32.7%	0.0%	47.7%	0.3%	1.3%	2.3%	9.0%	0.0%	1.0%	4.0%	0.0%	0.5%	0.0%	0.8%	0.3%	0.3%
EASTERN	42.7%	0.0%	46.9%	0.5%	0.2%	1.6%	1.4%	0.2%	1.2%	4.4%	0.2%	0.2%	0.0%	0.0%	0.2%	0.2%
UCFS:NE	43.2%	0.0%	42.6%	0.0%	0.0%	1.9%	1.2%	0.6%	1.9%	7.4%	0.0%	0.6%	0.0%	0.0%	0.6%	0.0%
UCFS:SE	42.4%	0.0%	49.4%	0.7%	0.4%	1.5%	1.5%	0.0%	0.7%	2.6%	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%
HARTFORD	33.4%	0.1%	46.0%	0.3%	0.5%	3.2%	10.0%	0.1%	0.5%	4.0%	0.0%	0.5%	1.2%	0.3%	0.0%	0.0%
Wheeler:Htfd	29.4%	0.0%	43.6%	0.3%	0.3%	3.3%	14.9%	0.3%	0.3%	5.0%	0.0%	0.0%	2.3%	0.3%	0.0%	0.0%
Wheeler:Meridn	31.1%	0.0%	51.9%	0.0%	0.9%	2.8%	5.7%	0.0%	0.0%	5.7%	0.0%	0.0%	0.9%	0.9%	0.0%	0.0%
Wheeler:NBrit	37.3%	0.3%	46.4%	0.3%	0.5%	3.2%	7.2%	0.0%	0.8%	2.7%	0.0%	1.1%	0.3%	0.0%	0.0%	0.0%
NEW HAVEN	38.3%	0.0%	51.6%	0.9%	0.0%	0.9%	6.1%	0.0%	0.5%	0.9%	0.0%	0.2%	0.0%	0.0%	0.0%	0.7%
CliffBeers	38.3%	0.0%	51.6%	0.9%	0.0%	0.9%	6.1%	0.0%	0.5%	0.9%	0.0%	0.2%	0.0%	0.0%	0.0%	0.7%
SOUTHWESTERN	35.9%	0.2%	56.3%	0.0%	0.7%	1.4%	0.5%	0.0%	1.9%	2.1%	0.0%	0.2%	0.2%	0.5%	0.2%	0.0%
CFGCSouth	50.0%	0.9%	38.7%	0.0%	1.9%	2.8%	0.0%	0.0%	0.9%	2.8%	0.0%	0.0%	0.0%	0.9%	0.9%	0.0%
CFGCSrwlk	31.0%	0.0%	64.7%	0.0%	0.0%	1.7%	0.0%	0.0%	1.7%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%
CFGCEmps	31.4%	0.0%	60.5%	0.0%	0.5%	0.5%	1.0%	0.0%	2.4%	2.9%	0.0%	0.5%	0.0%	0.5%	0.0%	0.0%
WESTERN	31.7%	0.5%	44.9%	0.2%	0.2%	1.6%	15.8%	0.2%	1.1%	1.9%	0.0%	0.2%	0.9%	0.5%	0.2%	0.2%
Well:Dnby	41.3%	1.4%	47.1%	0.7%	0.0%	1.4%	1.4%	0.7%	0.7%	1.4%	0.0%	0.0%	2.2%	0.7%	0.0%	0.7%
Well:Torr	46.0%	1.1%	47.1%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Well:Wtby	24.2%	0.0%	43.4%	0.0%	0.3%	2.0%	24.8%	0.0%	1.5%	2.0%	0.0%	0.3%	0.6%	0.6%	0.3%	0.0%

Figure 38. Type of Emergency Dept. Referral



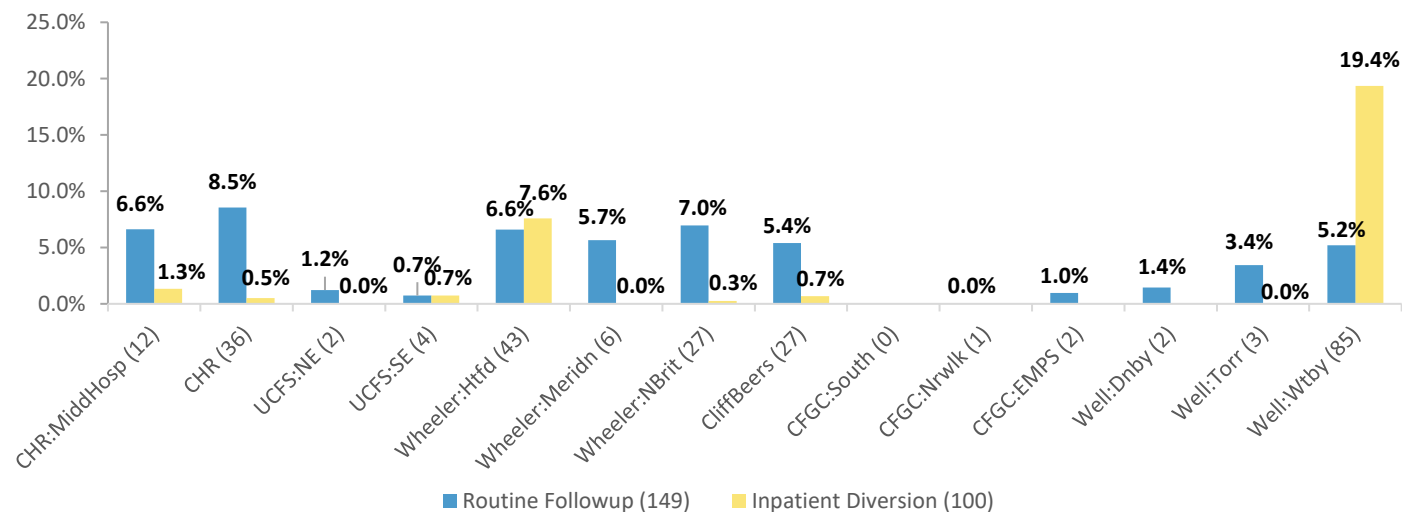
Note: Count total ED referrals are in parenthesis

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



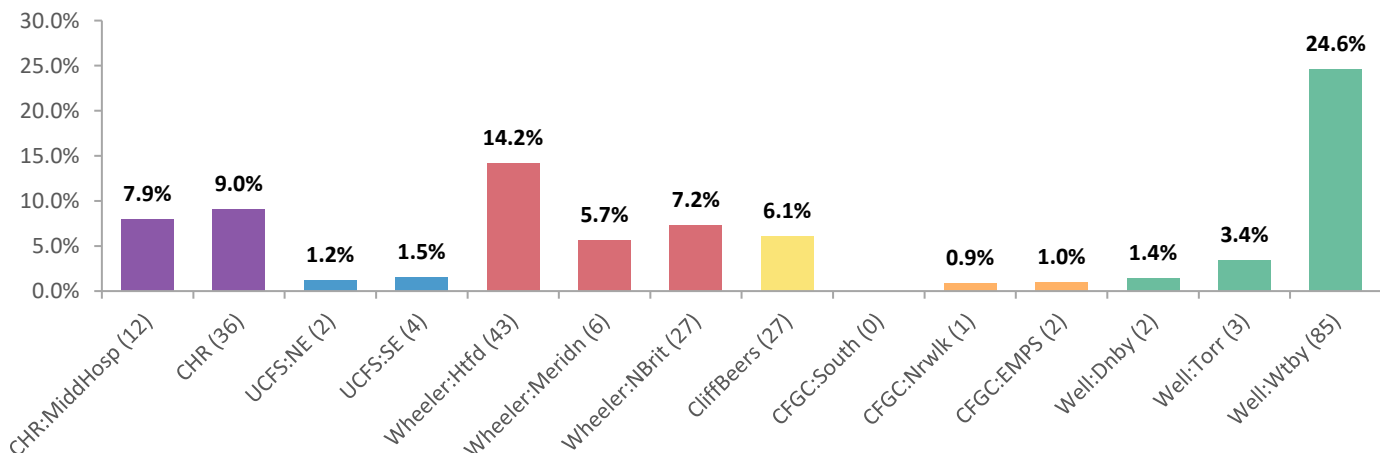
Note: Count total ED referrals are in parenthesis

Figure 40. Type of Emergency Department Referrals by Provider



Note: Count total ED referrals are in parenthesis

Figure 41. Emergency Dept. 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 42. 2-1-1 Recommended Initial Response

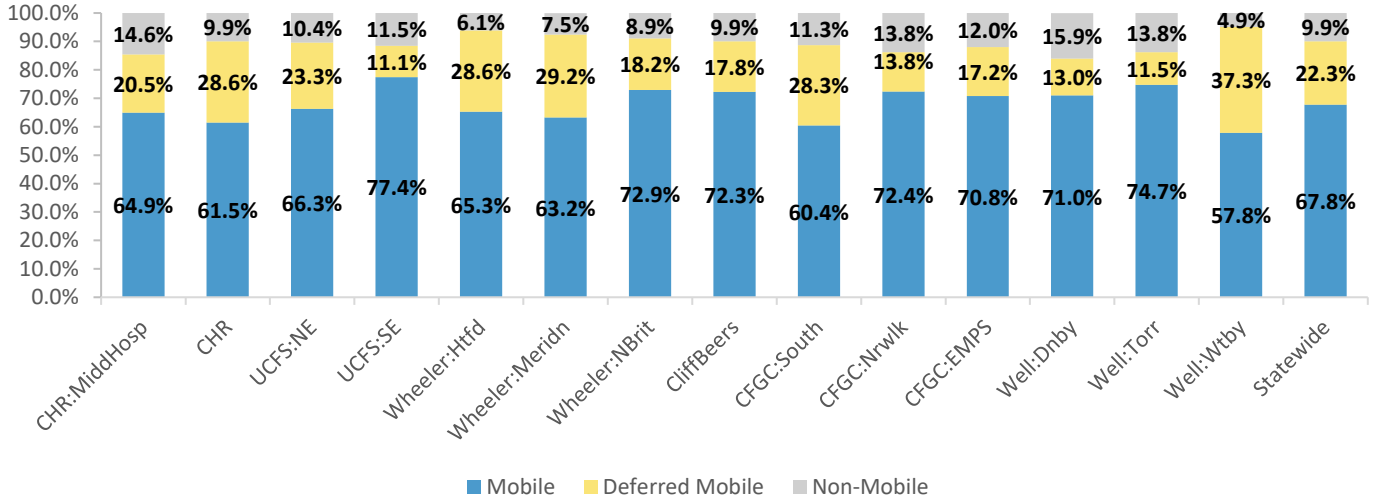


Figure 43. Actual Initial Mobile Crisis Provider Response

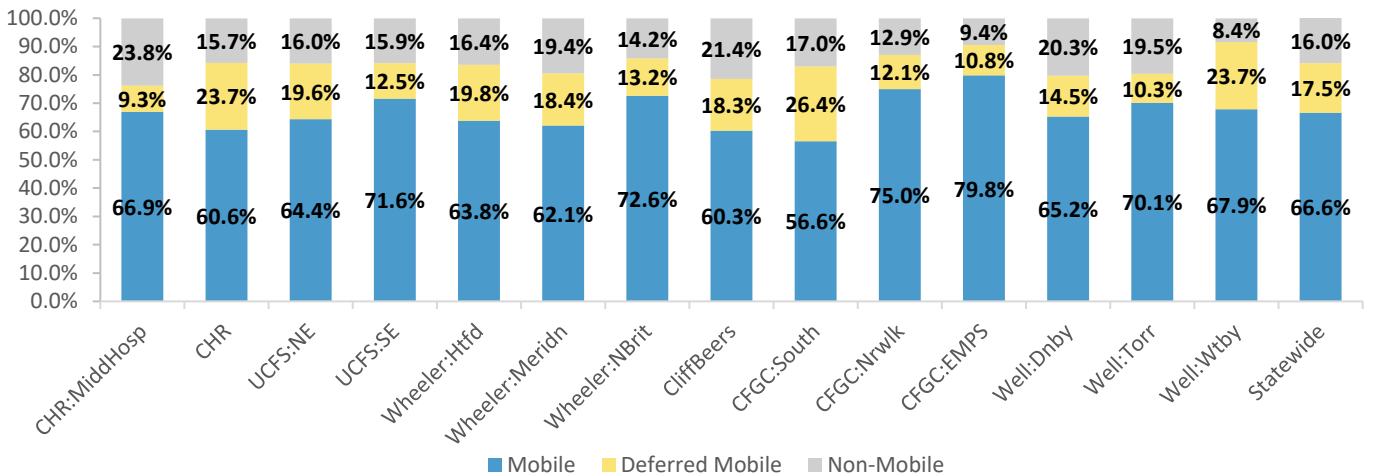


Figure 44. 211-Recommended Response - Old vs. New Hours

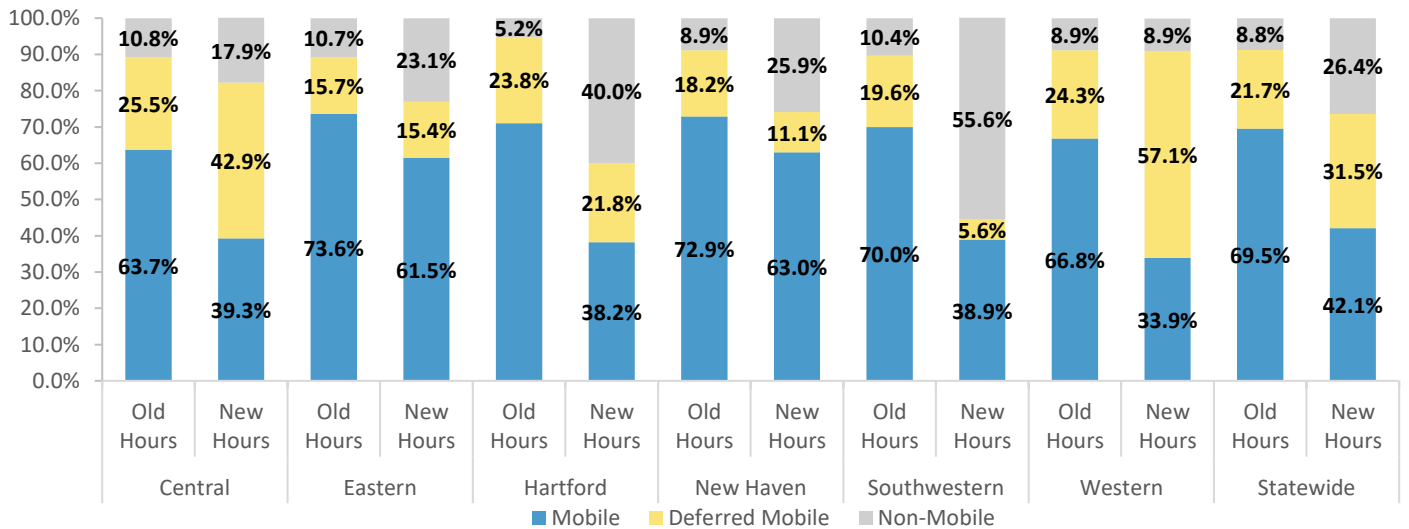
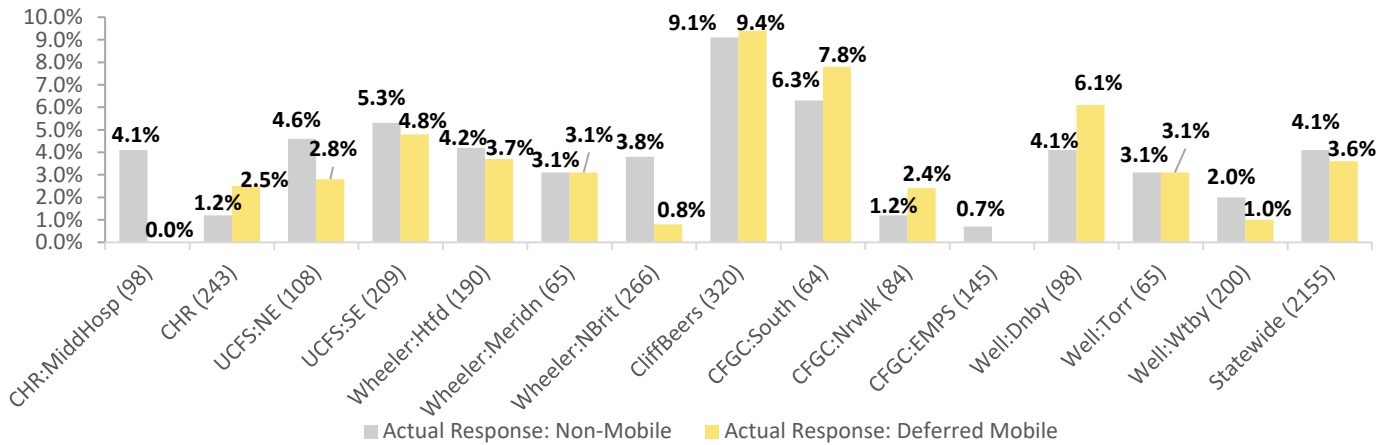
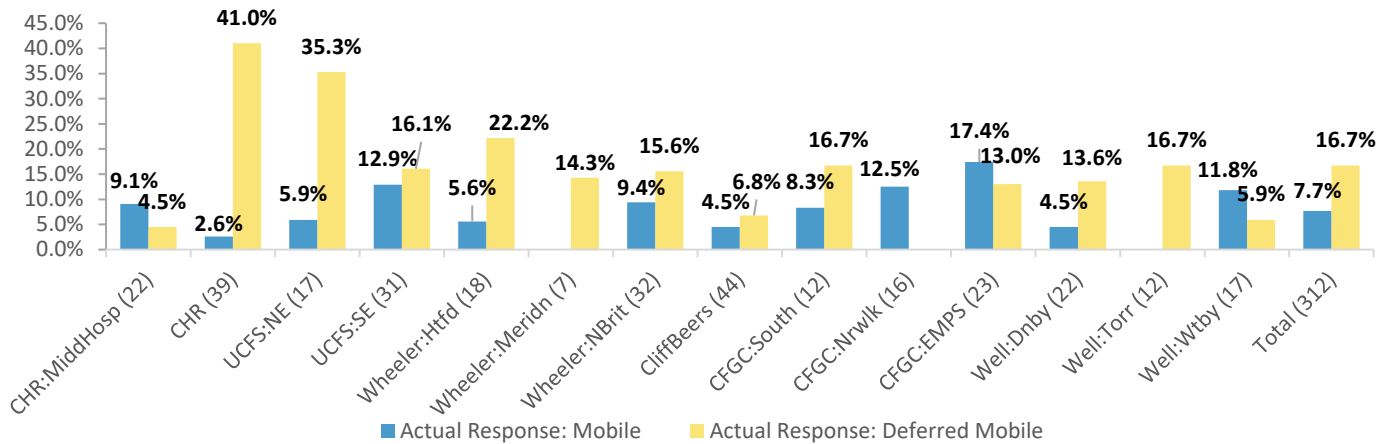


Figure 45. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile



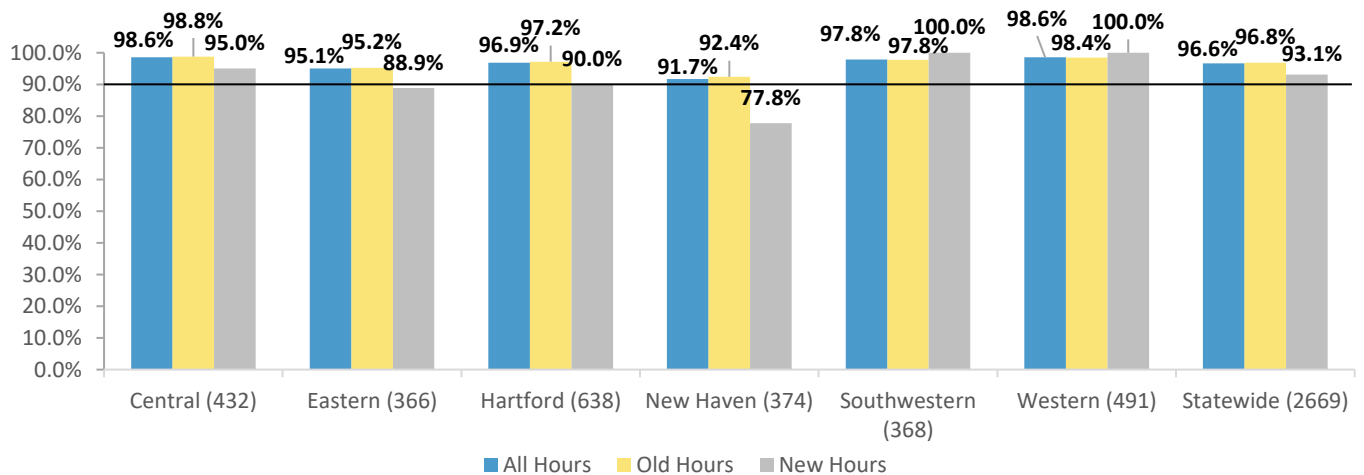
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

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.

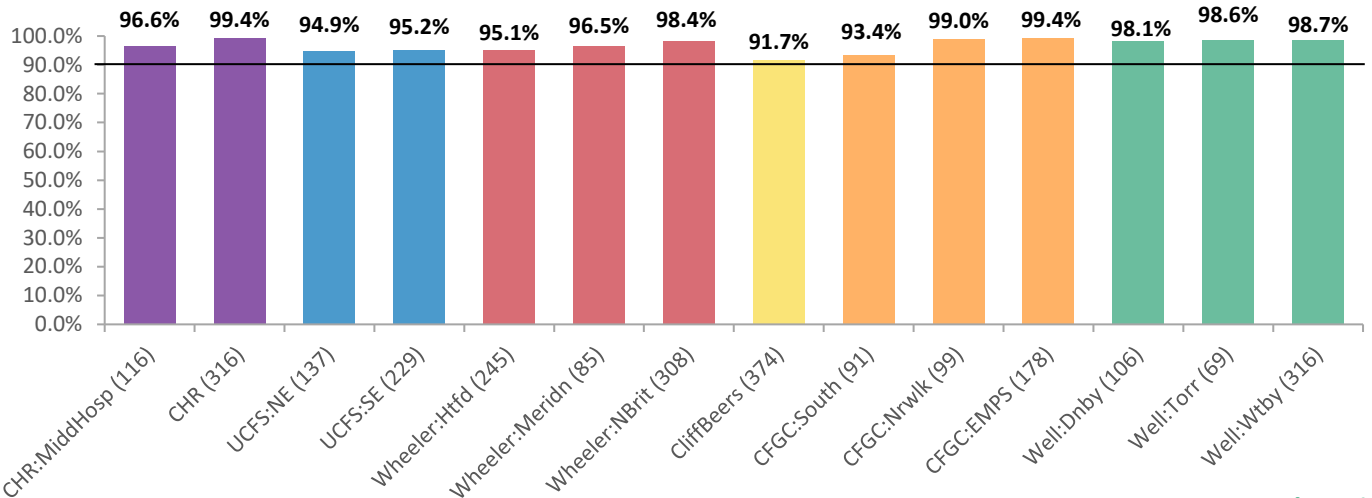
Figure 47. Mobile Response by Service Area



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

Goal: 90%

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



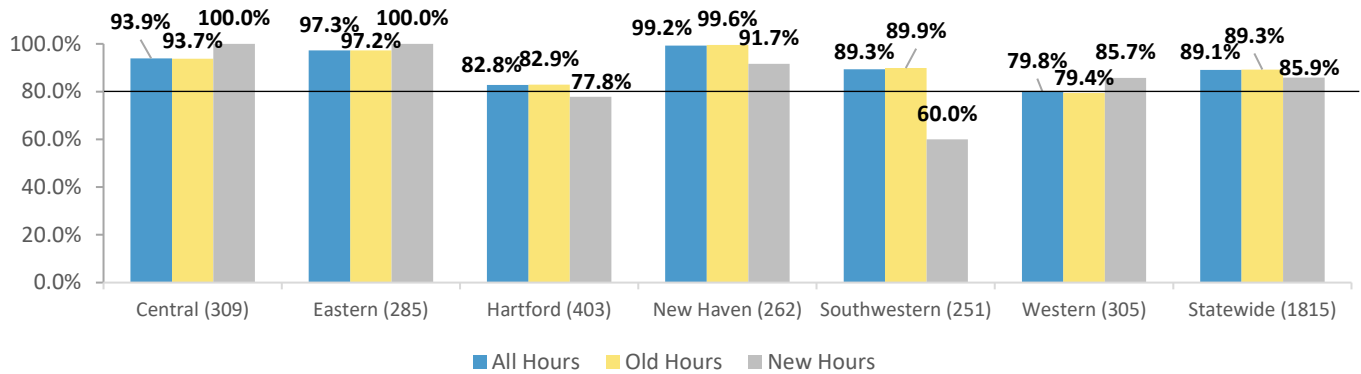
Note: Counts of 211-recommended mobile episodes are in parenthesis

*Mobility calculation updated – see exec. summary

Goal: 90%

Section VIII: Response Time

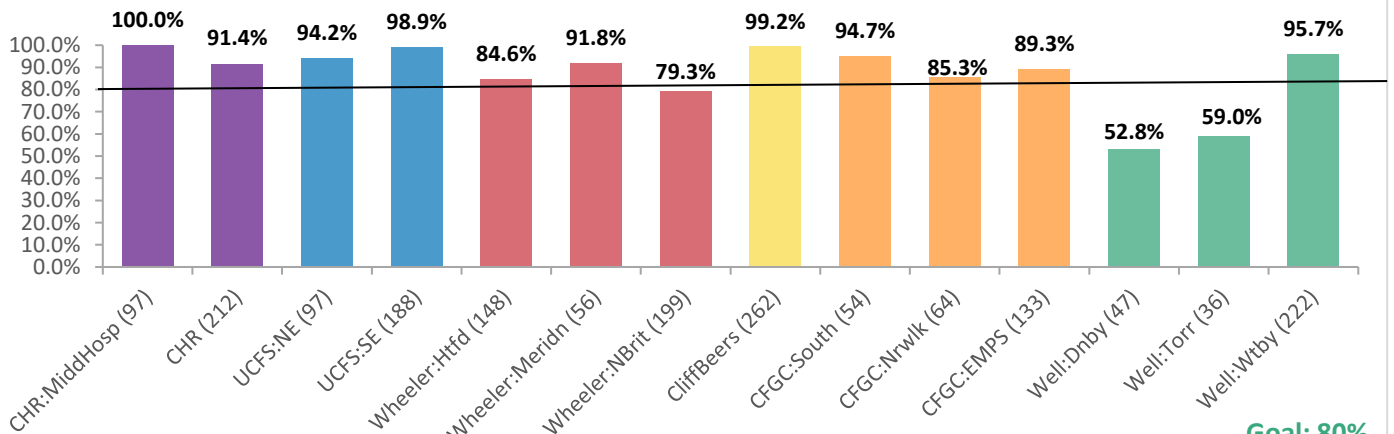
Figure 49. Mobile Episodes with a Response time Under 45 minutes



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

Goal: 80%

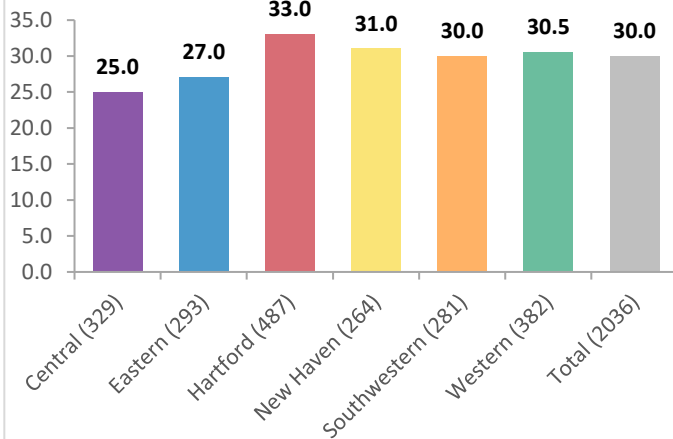
Figure 50. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider



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

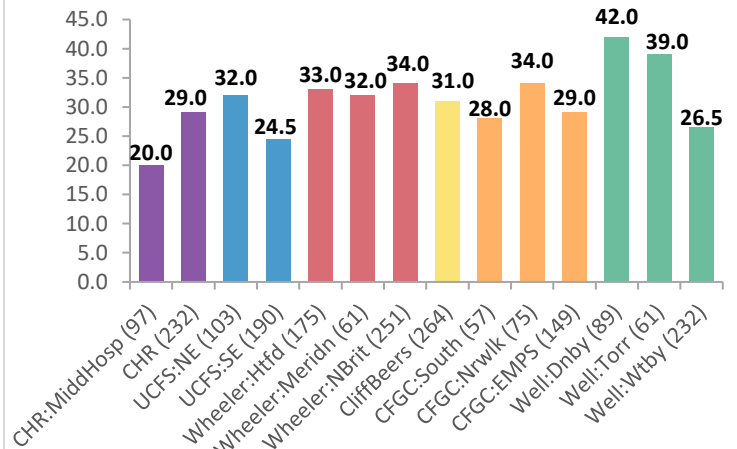
Goal: 80%

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



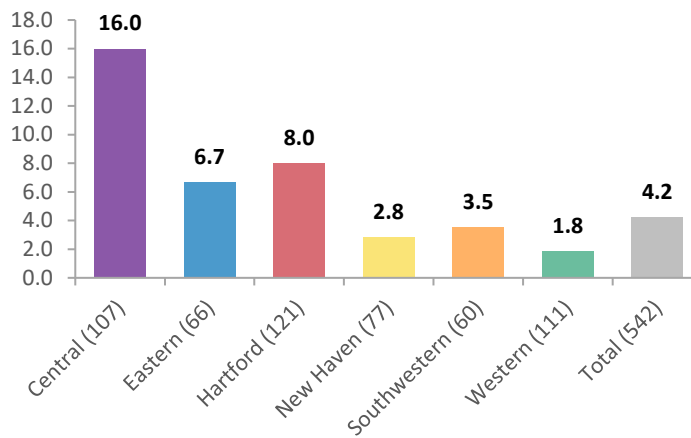
Note: Counts of mobile response episodes are in parenthesis.

Figure 52. Median Mobile Response Time by Provider in Minutes



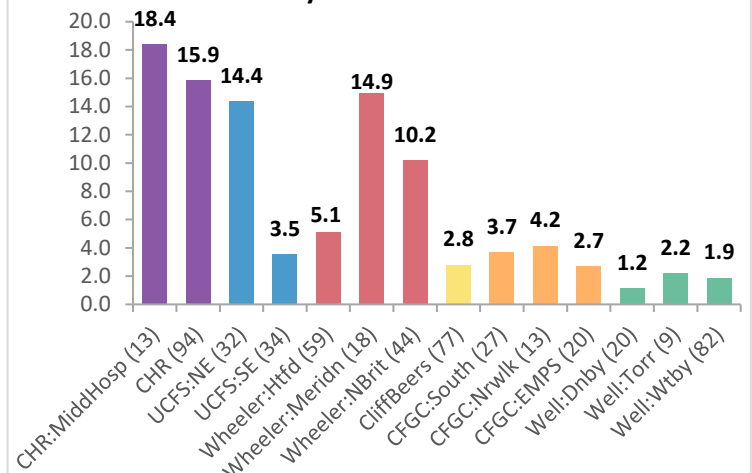
Note: Counts of mobile response episodes are in parenthesis.

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



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

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



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

Section IX: Length of Stay and Discharge Information

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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
		Discharged Episodes for Current Reporting Period										Cumulative Discharged Episodes*								
		Mean			Median			Percent				Mean			Median			Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	
1	STATEWIDE	1.8	13.0	19.8	0.0	5.0	17.0	25.9%	42.4%	2.1%	1.6	11.3	19.0	0.0	5.0	17.0	24.8%	41.5%	1.9%	
2	Central	3.3	6.5	20.7	2.0	2.5	20.0	52.5%	19.2%	1.8%	3.5	4.5	19.8	2.0	2.0	19.0	54.9%	15.3%	1.6%	
3	CHR/MiddHosp-EMPS	6.6	7.0	15.2	6.0	3.0	13.5	80.0%	20.8%	0.0%	6.4	4.9	15.5	5.0	2.0	13.0	78.9%	16.9%	0.0%	
4	CHR-EMPS	1.6	0.0	22.1	1.0	0.0	21.0	37.9%	0.0%	2.3%	1.6	0.3	20.9	1.0	0.0	20.0	40.1%	0.0%	2.0%	
5	Eastern	0.2	3.6	25.2	0.0	4.0	25.5	6.1%	6.0%	6.0%	0.3	3.9	24.8	0.0	4.0	22.0	8.2%	8.3%	5.6%	
6	UCFS-EMPS:NE	0.2	3.3	24.4	0.0	3.0	24.5	8.1%	5.3%	0.0%	0.4	3.9	25.7	0.0	4.0	27.0	12.6%	7.8%	2.3%	
7	UCFS-EMPS:SE	0.3	3.7	25.9	0.0	4.0	25.5	4.9%	6.5%	10.7%	0.3	4.0	24.2	0.0	4.0	22.0	5.6%	8.5%	7.7%	
8	Hartford	1.6	3.6	16.9	0.0	2.0	14.0	29.7%	17.2%	0.0%	1.5	4.5	16.9	0.0	2.0	15.0	28.7%	21.3%	0.1%	
9	Wheeler-EMPS:Htfd	1.4	4.4	20.6	0.0	1.0	20.0	28.4%	23.9%	0.0%	1.1	5.3	20.1	0.0	1.0	19.0	25.5%	26.6%	0.0%	
10	Wheeler-EMPS:Meridn	3.4	6.2	16.1	1.0	3.0	14.0	45.0%	35.3%	0.0%	2.0	6.1	17.1	0.0	3.0	15.0	34.0%	31.6%	0.6%	
11	Wheeler-EMPS:NBrit	1.3	2.5	14.4	0.0	2.0	12.5	26.8%	8.5%	0.0%	1.7	3.6	14.3	0.0	2.0	13.0	30.4%	15.0%	0.0%	
12	New Haven	0.3	21.3	33.7	0.0	19.0	28.0	4.6%	82.2%	11.4%	0.3	19.9	31.5	0.0	18.0	28.0	6.1%	81.4%	12.2%	
14	CliffBeers-EMPS	0.3	21.3	33.7	0.0	19.0	28.0	4.6%	82.2%	11.4%	0.3	19.9	31.5	0.0	18.0	28.0	6.1%	81.4%	12.2%	
15	Southwestern	1.3	25.4	39.0	0.0	23.0	40.0	7.3%	74.2%	9.8%	0.7	20.1	37.3	0.0	15.0	39.0	6.5%	71.8%	10.5%	
16	CFGC/South-EMPS	0.1	6.7	36.5	0.0	2.5	42.0	0.0%	29.5%	0.0%	0.3	5.2	34.9	0.0	1.0	40.0	2.3%	27.1%	0.0%	
17	CFGC-EMPS:Nrwlk	2.0	30.4	18.5	0.0	29.0	23.5	12.5%	83.6%	0.0%	0.7	22.9	29.9	0.0	19.0	27.5	7.1%	80.2%	20.0%	
18	CFGC-EMPS	1.7	29.9	61.3	0.0	27.0	49.0	9.1%	86.4%	57.1%	0.8	24.3	53.5	0.0	22.0	49.0	8.2%	84.7%	53.3%	
19	Western	5.0	2.5	17.4	1.0	1.0	14.0	47.8%	4.7%	2.4%	3.8	2.4	16.6	1.0	2.0	14.0	38.0%	4.0%	2.2%	
20	Well-EMPS:Dnby	8.4	2.3	16.9	1.0	1.0	15.0	46.4%	9.1%	1.5%	6.5	1.9	16.6	1.0	1.0	15.0	40.8%	2.9%	2.8%	
21	Well-EMPS:Torr	3.7	1.9	17.4	2.0	1.0	14.0	66.7%	0.0%	4.0%	2.7	2.0	16.5	1.0	1.0	13.0	39.5%	3.7%	4.5%	
22	Well-EMPS:Wtby	2.2	2.7	17.5	0.0	2.0	14.0	38.5%	4.4%	2.2%	2.9	2.5	16.6	0.0	2.0	14.0	36.0%	4.3%	1.6%	

* Discharged episodes with end dates from July 1, 2024 to the end of the current reporting period.

Definitions:

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

Table 3. Number of Episodes for Discharged Episodes of Care

		A	B	C	D	E	F	G	H	I	J	K	L
		<i>Discharged Episodes for Current Reporting Period</i>						<i>Cumulative Discharged Episodes*</i>					
		N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	575	979	1150	149	415	24	1649	2555	3190	409	1061	62
2	Central	101	26	326	53	5	6	286	85	953	157	13	15
3	CHR/MiddHosp-EMPS	35	24	64	28	5	0	109	77	194	86	13	0
4	CHR-EMPS	66	2	262	25	0	6	177	8	759	71	0	15
5	Eastern	98	265	50	6	16	3	257	642	108	21	53	6
6	UCFS-EMPS:NE	37	95	22	3	5	0	95	205	43	12	16	1
7	UCFS-EMPS:SE	61	170	28	3	11	3	162	437	65	9	37	5
8	Hartford	165	134	403	49	23	0	456	409	1088	131	87	1
9	Wheeler-EMPS:Htfd	74	46	147	21	11	0	196	139	398	50	37	0
10	Wheeler-EMPS:Meridn	20	17	60	9	6	0	53	57	170	18	18	1
11	Wheeler-EMPS:NBrit	71	71	196	19	6	0	207	213	520	63	32	0
12	New Haven	87	247	35	4	203	4	278	591	90	17	481	11
14	CliffBeers-EMPS	87	247	35	4	203	4	278	591	90	17	481	11
15	Southwestern	55	221	41	4	164	4	185	581	95	12	417	10
16	CFGC/South-EMPS	17	44	30	0	13	0	44	118	70	1	32	0
17	CFGC-EMPS:Nrwlk	16	67	4	2	56	0	56	162	10	4	130	2
18	CFGC-EMPS	22	110	7	2	95	4	85	301	15	7	255	8
19	Western	69	86	295	33	4	7	187	247	856	71	10	19
20	Well-EMPS:Dnby	28	11	67	13	1	1	49	35	176	20	1	5
21	Well-EMPS:Torr	15	7	50	10	0	2	38	27	111	15	1	5
22	Well-EMPS:Wtby	26	68	178	10	3	4	100	185	569	36	8	9

* Discharged episodes with end dates from July 1, 2024 to the end of the current reporting period.

Definitions:

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

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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		<i>Episodes Still in Care*</i>									<i>N of Episodes Still in Care*</i>					
		Mean			Median			Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	98.4	27.6	21.6	66.0	18.0	13.5	98.1%	80.9%	11.5%	53	183	262	52	148	30
2	Central	97.2	31.3	23.2	94.0	13.0	11.0	100.0%	60.0%	16.4%	5	10	73	5	6	12
3	CHR/MiddHosp-EMPS	66.3	21.0	52.0	94.0	5.0	54.0	100.0%	42.9%	63.6%	3	7	11	3	3	7
4	CHR-EMPS	143.5	55.3	18.1	143.5	49.0	9.5	100.0%	100.0%	8.1%	2	3	62	2	3	5
5	Eastern	.	8.3	17.6	.	8.0	21.0	0.0%	75.0%	0.0%	0	4	9	0	3	0
6	UCFS-EMPS:NE	.	.	17.3	.	.	21.0	0.0%	0.0%	0.0%	0	0	3	0	0	0
7	UCFS-EMPS:SE	.	8.3	17.7	.	8.0	17.0	0.0%	75.0%	0.0%	0	4	6	0	3	0
8	Hartford	29.0	25.5	23.0	29.5	19.0	14.0	100.0%	73.3%	13.0%	4	15	77	4	11	10
9	Wheeler-EMPS:Htfd	51.0	16.0	22.3	51.0	17.0	14.0	100.0%	62.5%	12.2%	1	8	41	1	5	5
10	Wheeler-EMPS:Meridn	8.5	26.0	28.2	8.5	26.0	26.0	100.0%	100.0%	15.8%	2	1	19	2	1	3
11	Wheeler-EMPS:NBrit	48.0	38.2	18.8	48.0	45.0	11.0	100.0%	83.3%	11.8%	1	6	17	1	5	2
12	New Haven	133.9	28.3	22.4	161.0	13.0	25.0	88.9%	76.8%	0.0%	9	69	5	8	53	0
14	CliffBeers-EMPS	133.9	28.3	22.4	161.0	13.0	25.0	88.9%	76.8%	0.0%	9	69	5	8	53	0
15	Southwestern	41.8	28.6	22.5	37.0	24.0	18.0	100.0%	87.3%	12.0%	4	79	25	4	69	3
16	CFGC/South-EMPS	50.5	59.5	19.5	50.5	59.5	14.0	100.0%	100.0%	5.9%	2	2	17	2	2	1
17	CFGC-EMPS:Nrwlk	33.0	28.4	23.0	33.0	19.0	13.0	100.0%	95.2%	33.3%	1	21	3	1	20	1
18	CFGC-EMPS	33.0	27.6	32.4	33.0	24.0	27.0	100.0%	83.9%	20.0%	1	56	5	1	47	1
19	Western	104.5	16.8	18.7	107.0	8.0	14.0	100.0%	100.0%	6.8%	31	6	73	31	6	5
20	Well-EMPS:Dnby	78.2	6.5	15.2	29.0	6.5	15.5	100.0%	100.0%	0.0%	8	2	10	8	2	0
21	Well-EMPS:Torr	106.7	.	21.1	118.0	.	18.5	100.0%	0.0%	8.3%	9	0	12	9	0	1
22	Well-EMPS:Wtby	118.1	22.0	18.8	118.0	18.5	13.0	100.0%	100.0%	7.8%	14	4	51	14	4	4

* Data includes episodes still in care with start dates from July 1, 2024 to end of current reporting period.

Definitions:

LOS: Phone Length of Stay in Days for Phone Only

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

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

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

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

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

Figure 545. Top Five Reasons for Client Discharge Statewide

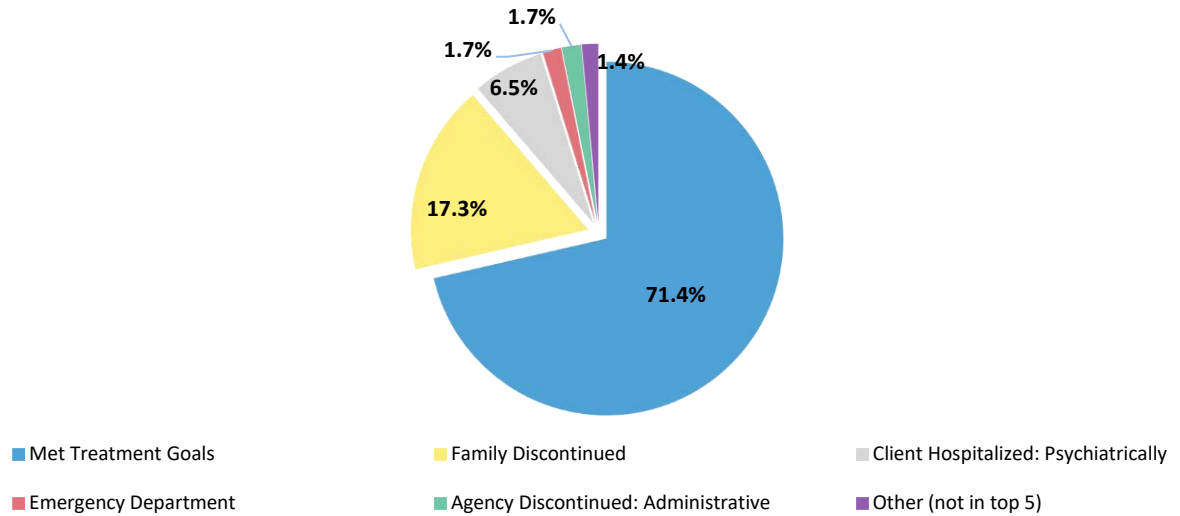


Figure 56. Top Five Places Clients Live at Discharge Statewide

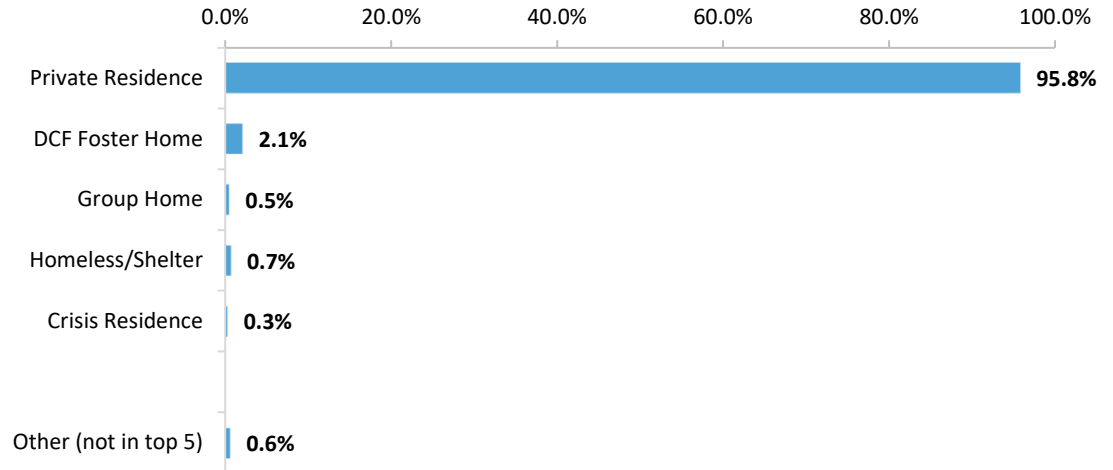
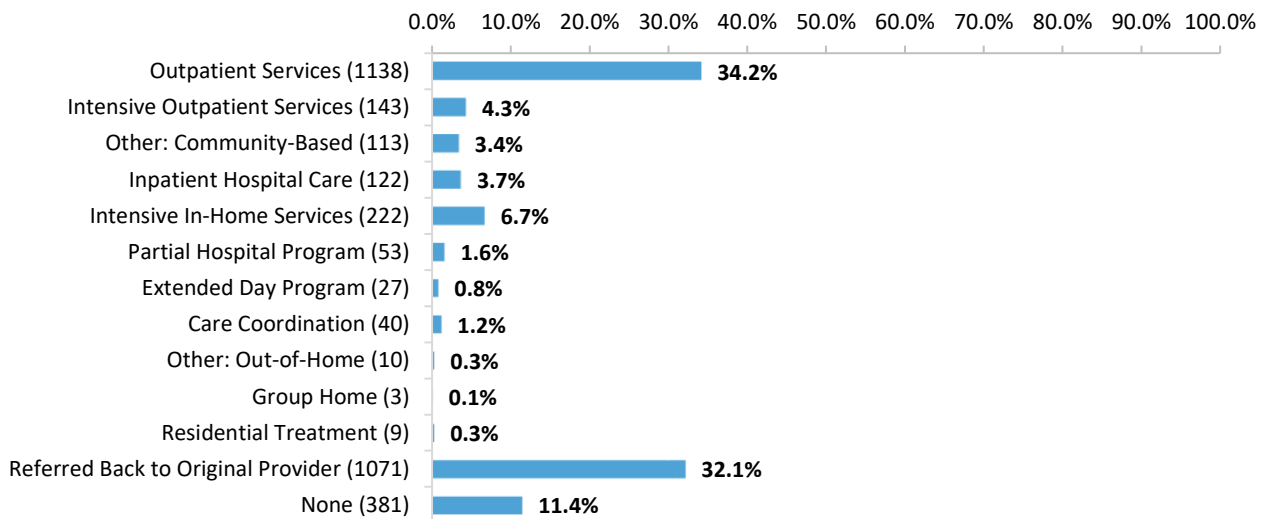


Figure 57. Type of Services Client Referred* to at Discharge Statewide



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

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

Table 5. Ohio Scales Scores by Service Area

Service Area	<i>N (paired[†] intake & discharge)</i>	<i>Mean (paired[†] intake)</i>	<i>Mean (paired[†] discharge)</i>	<i>Mean Difference (paired[†] cases)</i>	<i>t-score</i>	<i>Sig.</i>	<i>† .05-.10 * P < .05 **P < .01</i>
STATEWIDE							
Parent Functioning Score	128	43.69	46.35	2.66	3.44	<.001	**
Worker Functioning Score	859	44.11	46.86	2.74	10.20	<.001	**
Parent Problem Score	130	27.93	25.26	-2.67	-3.27	0.001	**
Worker Problem Score	859	27.32	23.99	-3.33	-11.89	<.001	**
Central							
Parent Functioning Score	64	44.22	44.64	0.42	0.71	0.482	
Worker Functioning Score	216	48.54	49.42	0.88	2.63	0.009	**
Parent Problem Score	64	28.41	27.95	-0.45	-0.92	0.360	
Worker Problem Score	216	25.74	24.43	-1.31	-3.61	<.001	**
Eastern							
Parent Functioning Score	15	38.60	43.47	4.87	2.03	0.062	†
Worker Functioning Score	31	43.90	44.32	0.42	0.33	0.742	
Parent Problem Score	15	30.80	25.07	-5.73	-1.58	0.137	
Worker Problem Score	31	30.81	26.74	-4.07	-2.42	0.022	*
Hartford							
Parent Functioning Score	26	44.92	46.81	1.89	1.89	0.071	†
Worker Functioning Score	321	43.54	45.61	2.07	4.42	<.001	**
Parent Problem Score	27	26.26	25.89	-0.37	-0.32	0.755	
Worker Problem Score	321	29.43	26.48	-2.95	-5.47	<.001	**
New Haven							
Parent Functioning Score	3	61.67	57.67	-4.00	-1.00	0.423	
Worker Functioning Score	15	49.53	49.80	0.27	0.10	0.920	
Parent Problem Score	0	20.33	20.33	0.00	0.00	0.000	N/A
Worker Problem Score	15	22.20	21.80	-0.40	-0.23	0.823	
Southwestern							
Parent Functioning Score	11	36.73	53.09	16.36	2.82	0.018	*
Worker Functioning Score	25	44.80	48.96	4.16	2.47	0.021	*
Parent Problem Score	12	30.17	15.08	-15.08	-2.78	0.018	*
Worker Problem Score	25	21.76	16.68	-5.08	-2.90	0.008	**
Western							
Parent Functioning Score	9	47.33	50.00	2.67	2.97	0.018	*
Worker Functioning Score	251	40.67	46.17	5.51	10.33	<.001	**
Parent Problem Score	9	24.33	19.78	-4.56	-4.16	0.003	**
Worker Problem Score	251	26.40	20.94	-5.47	-11.38	<.001	**

paired[†] = Number of cases with both intake and discharge scores

† .05-.10,

* P < .05,

**P < .01

Section X: Client & Referral Source Satisfaction

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

2-1-1 Items	Clients (n=60)	Referrers (n=61)
The 2-1-1 staff answered my call in a timely manner	4.57	4.77
The 2-1-1 staff was courteous	4.81	4.83
The 2-1-1 staff was knowledgeable	4.51	4.78
My phone call was quickly transferred to the EMPS provider	4.49	4.75
Sub-Total Mean: 2-1-1	4.59	4.78
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.53	4.85
The Mobile Crisis staff was respectful	4.68	4.83
The Mobile Crisis staff was knowledgeable	4.49	4.83
The Mobile Crisis staff spoke to me in a way that I understood	4.70	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)	4.25	X
The services or resources my child and/or family received were right for us	4.21	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	4.67
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.36	4.87
Sub-Total Mean: Mobile Crisis	4.46	4.81
Overall Mean Score	4.51	4.81

* 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:

- Parent reports that MCIS was incredible regarding supporting her son. Parent expressed that she is thankful that she can call the service for support.
- The services have always been helpful over the two years that I have been using the services.
- I utilize MCIS in my professional life while at my job and personal life with my son. I believe the MCIS services are phenomenal.
- Caller feels asking race, ethnicity, and gender identity take up unnecessary time during the call. Caller feels clinicians should respond sooner than 45min.
- Parent reports that although she appreciated the visit, she felt that more follow-up would have helped maintain progress.

Referrer Comments:

- Provider reports that the parents declined resources/services upon discharge from MCIS.
- Response was quick and the clinician provided clear next steps, which helped reduce anxiety.
- Teacher noted that the student returned to class calmer and more focused after meeting with the MCIS staff.
- MCI seems more organized and knowledgeable than last year. Caller would prefer that a safety plan is offered for every case.
- School psychologist shared that the clinician collaborated well with staff and helped create a plan that supported the student's needs.

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 (256)*	43%	63%	45%	32%	51%	41%	50%	48%	18%	31%	50%	48%	59%	7%	11%
CHR:MiddHosp (17)*	35%	53%	47%	53%	47%	41%	47%	41%	53%	24%	41%	24%	47%	0%	0%
CHR (29)*	31%	48%	31%	90%	31%	41%	45%	34%	10%	17%	38%	38%	45%	7%	13%
UCFS:NE (5)*	80%	100%	80%	100%	100%	80%	100%	100%	100%	100%	100%	80%	80%	60%	60%
UCFS:SE (16)*	69%	100%	63%	100%	75%	56%	69%	69%	81%	94%	75%	75%	100%	31%	38%
Wheeler:Htfd (25)*	40%	76%	60%	0%	52%	20%	64%	56%	8%	12%	52%	56%	52%	0%	0%
Wheeler:Meridn (13)*	38%	62%	38%	8%	38%	38%	38%	38%	0%	62%	38%	46%	69%	0%	0%
Wheeler:NBrit (28)^	46%	75%	39%	11%	50%	29%	50%	46%	0%	21%	57%	0%	61%	0%	0%
CliffBeers (26)*	65%	81%	77%	73%	77%	69%	69%	69%	58%	69%	85%	81%	81%	31%	33%
CFGC:South (6)	67%	83%	33%	17%	67%	33%	67%	67%	0%	33%	50%	67%	100%	0%	0%
CFGC:Nrwk (25)*^	36%	52%	40%	4%	44%	44%	36%	48%	0%	20%	48%	40%	56%	0%	0%
CFGC:EMPS (0)	Bridgeport and Norwalk staff counted together under Norwalk														N/A
Well:Dnby (1)*	0%	100%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%
Well:Torr (1)*	100%	100%	100%	0%	100%	0%	0%	100%	0%	0%	100%	100%	100%	0%	0%
Well:Wtby (64)*^	31%	42%	31%	2%	44%	38%	36%	38%	0%	13%	34%	38%	44%	0%	0%
Full-Time Staff Only (149)	56%	81%	64%	40%	67%	56%	68%	65%	26%	43%	65%	65%	75%	11%	

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

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

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

Training Title Abbreviations:

DBHRN=Disaster Behavioral Health Response Network

QPR= Question, Persuade and Refer

Crisis API = Crisis Assessment, Planning and Intervention

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

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

ASD = Autism Spectrum Disorder

CCSRs=Columbia Suicide Severity Rating Scale

Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

CRC = 21st Century Culturally Responsive Mental Health Care

Emerg. Certificate= Emergency Certificate

PSB = Problem Sexual Behavior (Added October 2019)

SR = School Refusal (Added August 2019)

Section XII: Data Quality Monitoring

Figure 58. Ohio Scales Collected at Intake by Provider

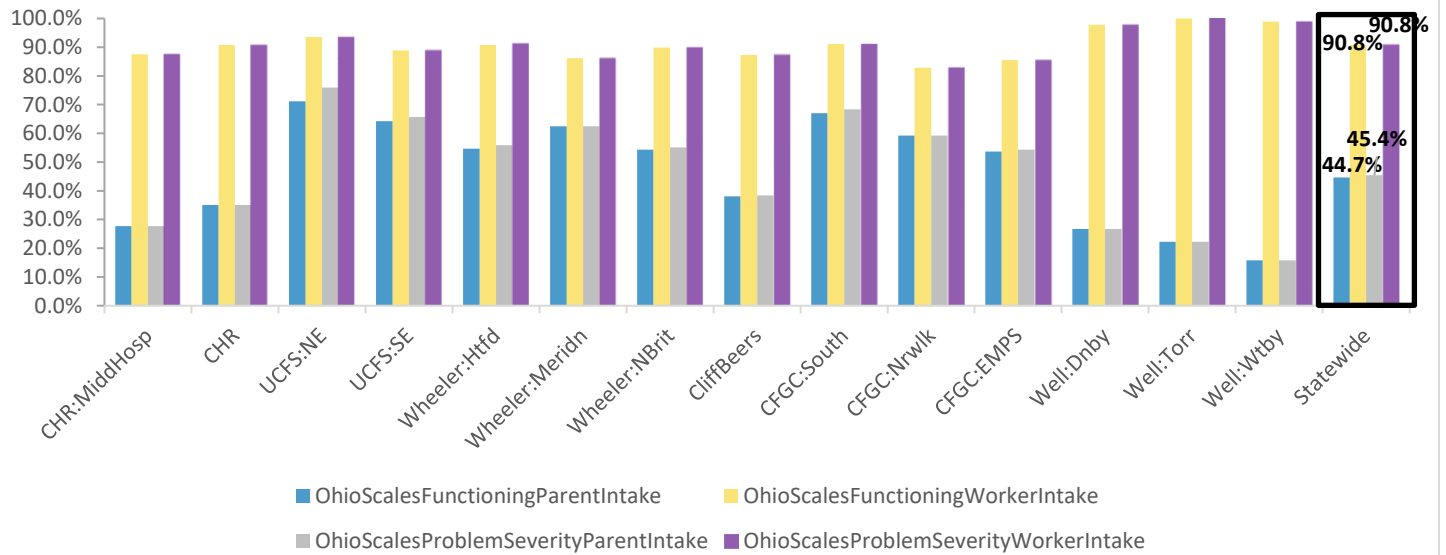
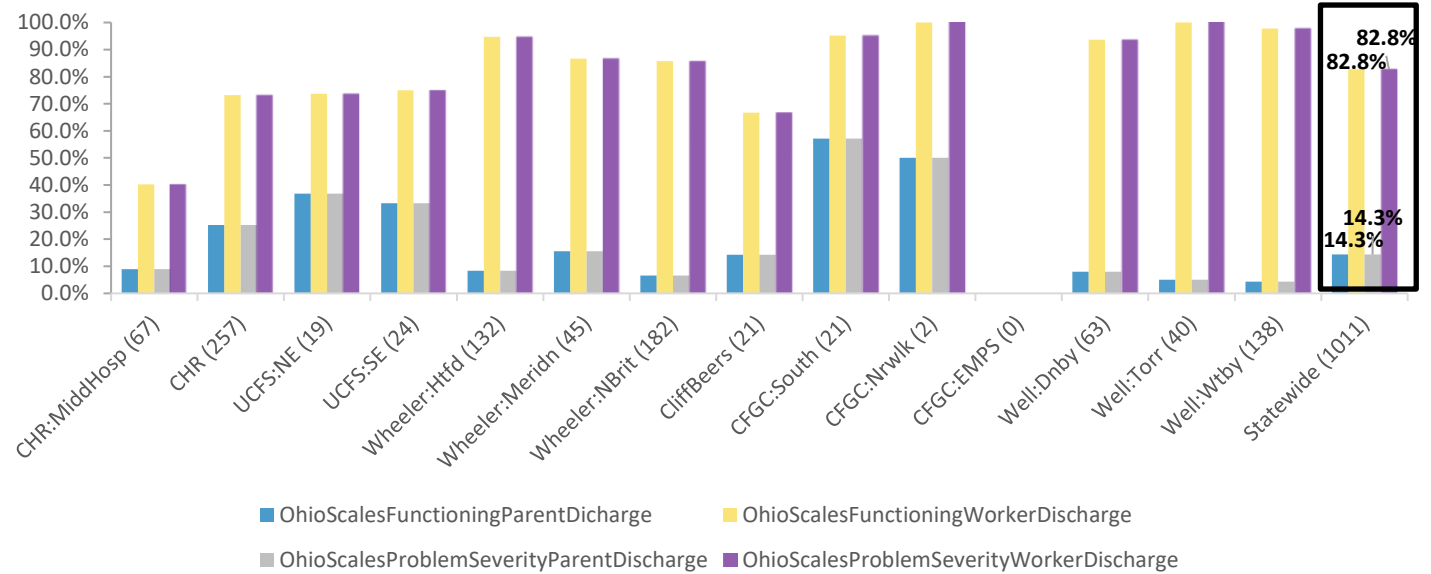


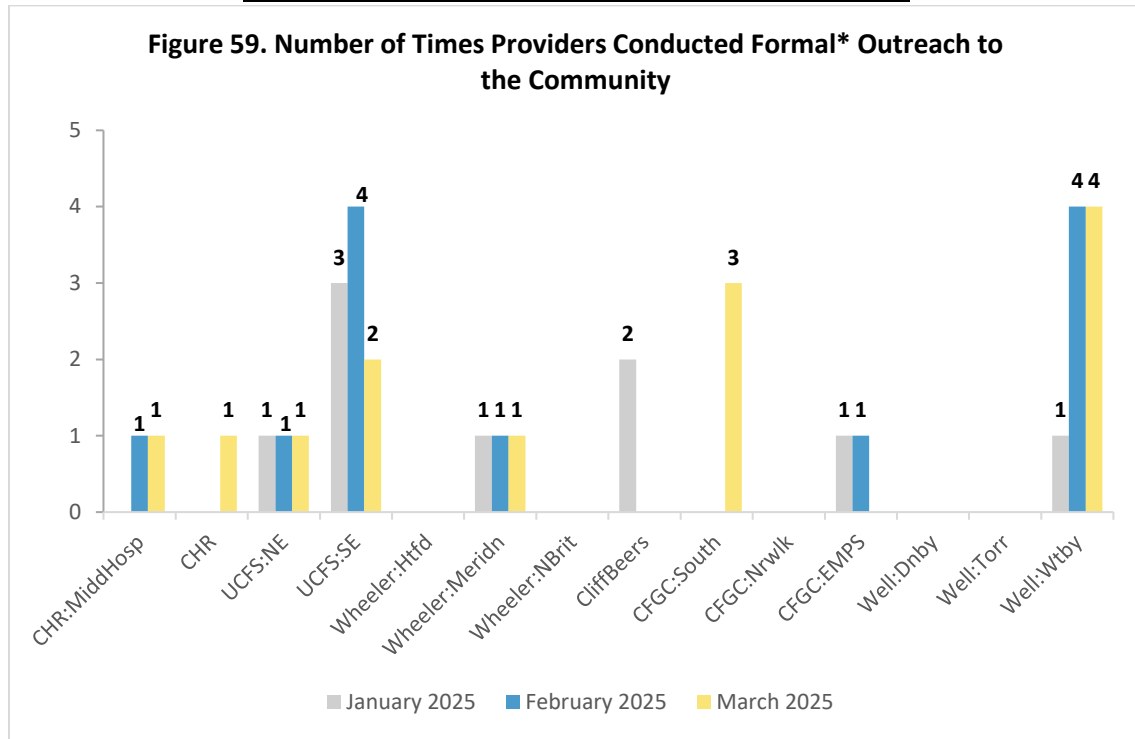
Figure 59. Ohio Scales Collected at Discharge by Provider



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

Section XIII: Provider Community Outreach

Figure 59. 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.