

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 REPORTFY2025: Quarter 2

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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 second quarter of FY2025, 2-1-1 received 4,537 calls including 3,253 calls (71.7%) handled by Mobile Crisis providers and 1,284 calls (28.3%) 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 an episode but was not counted as an episode in this report. This quarter saw a 5.2% increase in total call volume compared to the same quarter in FY2024 (4,312), and a 0.3% increase in episodes (3,241 in FY2024 Q2). Of the 4,537 calls this guarter, 352 calls (7.8%) came in during the expanded overnight and weekend hours. Of these 352 calls, 208 (59.1%) were handled by Mobile Crisis providers and 144 (40.9%) were handled by 2-1-1 only.

Of the total 3,252 episodes of care generated in Q1 FY25, episode volume ranged from 369 episodes (Eastern) to 792 episodes (Hartford); 208 (6.4%) episodes of care were initiated during the expanded overnight and weekend hours, with episode volume ranging from 20 episodes (Southwestern) to 55 episodes (Hartford).

Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 4.4, with service area rates ranging from 2.8 (Southwestern) to 5.5 (Hartford). Each quarter, every Mobile Crisis site is required to achieve an overall service reach rate of 2.5 episodes per 1,000 children. For this quarter, 12 of the 14 sites met this benchmark. Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 9.5 per 1,000 children in poverty, with service area rates ranging from 4.7 (Southwestern) to 24.4 (Central).

Demographics: Statewide this quarter, 52.2% of services were for children reported as female and 47.8% were for those reported as male. 1 Care for youth ages 13-15 years old comprised the largest portion of services (33.6%). Additionally, 28.5% of services were for 9-12 year olds, 20.4% were for 16-18 year olds, 13.1% were for 6-8 year olds, and 4.3% were for children age five or younger. The majority of services were for White children (56.5%), while 23.3% were for African-American or Black children. Roughly one-third (32.8%) of services were for children of Hispanic ethnicity. Most children were insured by Husky A (57.7%) and private insurance (28.0%). Finally, most (87.2%) were not DCF-involved.

Clinical Functioning: The most reported primary presenting problems for clients statewide were: Harm/Risk of Harm to Self (32.1%), Disruptive Behavior (24.0%), Depression (11.3%), Anxiety (7.0%), School Problems (5.6%), and Harm/Risk of Harm to Others (5.4%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (26.4%), Adjustment Disorders (15.6%), Anxiety Disorders (13.7%), Attention Deficit/Hyperactivity Disorders (12.6%), Trauma Disorders (11.2%), and Conduct Disorders (9.4%). This quarter, 65.2% 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 Harm/Risk of Harm to Self (27.5%).

In this quarter, the statewide percentage of children with trauma exposure reported at intake was 38.5%², with service areas ranging from 25.4% (Southwestern) to 48.0% (Eastern). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (25.3%), Witness Violence (18.2%), Victim of Violence (15.8%), and Sexual Victimization (11.5%). Other types of trauma that do not have a distinct category in PIE were reported in 29.2% 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 21.0%, higher than 19.6% of the same quarter last fiscal year. During an episode of care, 19.4% of

¹ Per question regarding "Sex Assigned at Birth".

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

children were evaluated in the Emergency Department at least once, which is lower than 20.9% in the same quarter of FY2024. The inpatient admission rate in the six months prior to Mobile Crisis referral was 12.0% statewide, which is higher than the rate in the Q2 FY2024 (9.7%). The admission rate to an inpatient unit during a mobile crisis episode was 7.1%, compared to the rate of 6.5% in the same quarter last fiscal year.

<u>Referral Sources</u>: Statewide, **36.2%** of referrals came from parents, families, and youth, and **46.9%** of referrals were received from schools. Emergency Departments (EDs) accounted for 8.7% of all Mobile Crisis referrals. The remaining 8.2% 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 (64.9%) and emergency departments (23.1%).

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **283 Mobile Crisis referrals were received from EDs**, including 148 referrals for inpatient diversion and 135 referrals for routine follow-up. Regionally, the highest rate of ED referrals, as a percentage of total referrals, was observed in the Western service area (21.3%) and the lowest was in the Southwestern service area (0.6%). Statewide, 8.7% of all Mobile Crisis episodes came from ED referrals this quarter, higher than the rate from Q2 FY2024 (6.9%).

Mobility: The average statewide mobility this quarter was 96.0%, similar to the rate in Q2 FY2024 (95.4%). 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 91.8% (New Haven) to 97.1% (Hartford). The mobility rates among individual providers ranged from 89.9% (CHR: Middlesex) to 9.83% (CHR). Thirteen (13) of the fourteen (14) providers surpassed the 90% benchmark. The mobility rate during the traditional hours (96.6%) was similar to the overall rate, while the mobility rate during the expanded hours was lower (87.0%). During the new overnight and weekend hours, callers are more likely to request a non-mobile response. During the new hours, 48.8% of episodes requested a mobile response, 32.9% requested a deferred mobile response, and 18.4% requested a non-mobile response; in the traditional hours, 69.9% of episodes requested a mobile response, 20.5% requested a deferred mobile response, and 9.6% requested a non-mobile response. As seen in the mobility rate, the vast majority of callers requesting a mobile or deferred mobile response receive it.

Response Time: Statewide this quarter, **87.7%** of mobile episodes received a face-to-face response in **45** minutes or less. Performance on this indicator ranged from 81.2% (Hartford) to 95.3% (Eastern and 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 29 minutes. During the expanded hours, there was a greater range of performance. Statewide, 78.1% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 59.1% (Hartford) to 90.9% Southwestern). 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.

<u>Length of Stay</u>: Among discharged episodes statewide this quarter, 22.3% of Phone Only episodes exceeded one day, 42.7% of Face-to-Face episodes exceeded five days, and **2.3% 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 57.0 days and ranged from 7.0 days (Central) to 160.0 days (Southwestern). The statewide median LOS for Face-to-Face was 36.0 days and ranged from 4.0 days (Eastern) to 48.0 days (Southwestern). For *Stabilization Plus Follow-up*, the statewide median LOS was 19.0 days with a range from 14.5 days (Central) to 21.0 days (Eastern). Across open episodes of care with phone and face-to-face crisis response categories during the second quarter of FY2025, 100.0% of phone-only and 96.1% 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, 15.2% of these open cases exceeded the benchmark, while regionally this ranged from 0.0% (Eastern) to 40.0% (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. 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.

<u>Discharge Information</u>: The overwhelming majority of clients lived in a private residence at discharge from Mobile Crisis (96.4%). Statewide, the top three reasons for client discharge were: Met Treatment Goals (72.2%), Family Discontinued (19.1%), and Client Hospitalized: Psychiatrically (5.1%).

Statewide, clients were most likely to be referred to **outpatient services (36.5%)** or **to their original provider (28.0%) at discharge**. Other care referrals at discharge included: Intensive In-Home Services (7.1%), Other: Community-Based (4.9%), Intensive Outpatient Program (4.3%), Inpatient Hospital Care (2.7%), Partial Hospital Program (1.5%), and Care Coordination (1.4%). An additional 12.3% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 2.36 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 0.60 points on average. Worker-rated Problem Severity Scales showed an average decrease of 2.98 points, while parent-rated Problem Severity Scales showed a decrease of 1.50 points on average. Changes in worker-rated functioning, worker-rated problem severity, and parent-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 increased by 1 percentage point when compared to the same quarter in FY2024. The completion rate for worker scores decreased by 1.2 percentage points compared to FY2024 Q2.

<u>Satisfaction</u>: This quarter, 63 clients/families and 60 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 4.52 and 4.36**. Among **other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were 4.65 and 4.56**, respectively. Qualitative comments (see Section X) varied from very satisfied to dissatisfied.

<u>Training Attendance</u>: The statewide percentage of all thirteen trainings completed by full-time active staff as of June 2024 is 11%. This is an increase compared to FY2024 Q2 (3%).

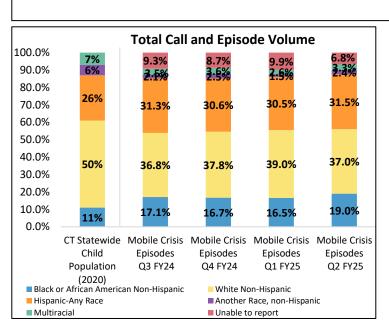
<u>Community Outreach</u>: The number of outreaches ranged from 0 (Wheeler: Meriden, CFGC: South, Wellmore: Danbury) to 12 (Wellmore: Waterbury). Providers also frequently do outreaches that are more informal, such as dropping off materials or making phone calls.

SFY 2025 Q1 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

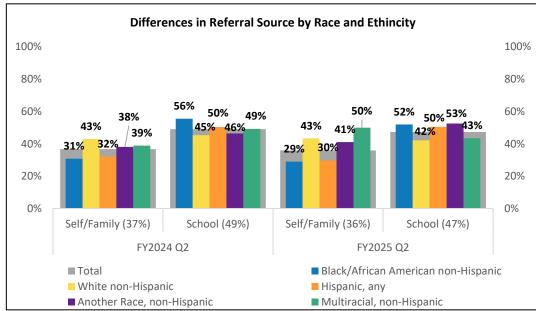


How Much Did We Do?

	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25
Mobile Crisis Episode	3,241	3,321	2,942	2,074	3,253
2-1-1 Only	1,071	1,077	972	778	1,284
Total	4,312	4,398	3,914	2,852	4,537

Story Behind the Baseline: In SFY 25 Q2, there were 4,537 total calls to the 2-1-1 Call Center resulting in 3,253 episodes of care. Compared to the same quarter in SFY 24 this was an 5.2% increase in call volume (225 more calls) and 0.3% increase in mobile episodes of (12 more episodes). The number of episodes and calls remain 19.3% lower than pre-pandemic levels (5,620 total calls in FY20 Q2). 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: \rightarrow



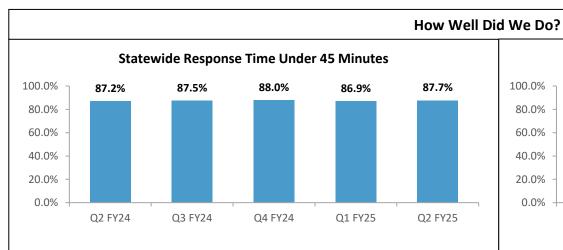
Story Behind the Baseline: In SFY25 Q2, 47% of referrals came from schools while 36% came from self/family. Black and Hispanic youth received 29% and 30% respectively of their referrals from self/family compared to 43% for White youth. Black youth received 52% of their referrals from schools and Hispanic youth received 50%, 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 White youth having higher 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.

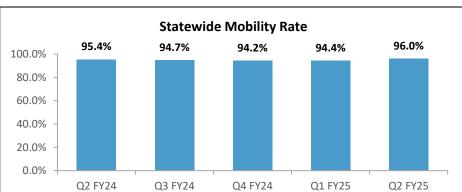
Trend: →

			1	Episodes Per Child	SFY 2025				
		Quarte	Past	Yea	ar: FY24 Q3 - FY2	5 Q2			
	FY2024 Q2	FY2024 Q3	FY2024 Q4	FY2025 Q1	FY2025 Q2	Total		DCF	Non-DCF
1	2515 (88.5%)	2554 (88.4%)	2302 (89.1%)	1635 (89.2%)	2384 (86.7%)	6702 (78.2%)		550 (72.9%)	4723 (79.7%)
2	274 (9.6%)	266 (9.2%)	224 (8.7%)	162 (8.8%)	277 (10.1%)	1204 (14.1%)		114 (15.1%)	795 (13.4%)
3	39 (1.4%)	51 (1.8%)	48 (1.9%)	29 (1.6%)	66 (2.4%)	402 (4.7%)		50 (6.6%)	252 (4.3%)
4 or more	14 (0.5%)	18 (0.6%)	11 (0.4%)	7 (0.4%)	24 (0.9%)	257 (3.0%)		40 (5.3%)	156 (2.6%)

Story Behind the Baseline: In SFY 25 Q2, of the 2,751 children served by Mobile Crisis 86.7% (2,384) received only one episode of care, and 96.8% (2,661) received one or two episodes of care. These numbers are similar to SFY 24 Q2 which had 88.5% (2,515) and 98.1% (2,789) respectively. The proportion of children with four or more episodes is slightly higher than SFY 24 Q2. Over the past year, of the 8,565 children served, 78.2% (6,702) had only one episode while 92.3% had only one or two episodes. The data indicates that most children and families require only one episode of care.

Trend: →





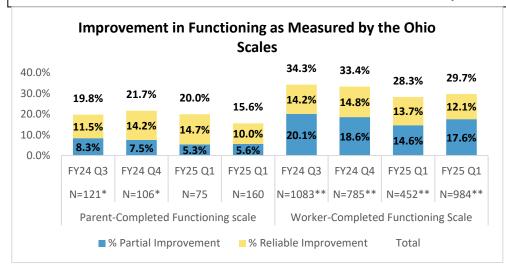
Story Behind the Baseline: In SFY 25 Q2, 87.7% of all mobile responses achieved the 45-minute mark compared to 87.2% for SFY 24 Q2. **The median response time for SFY 25 Q2 was 29 minutes.** Mobile Crisis continues to be a highly responsive statewide service system that responds rapidly to help deescalate a crisis and works to meet the needs of the child and family in their home and community.

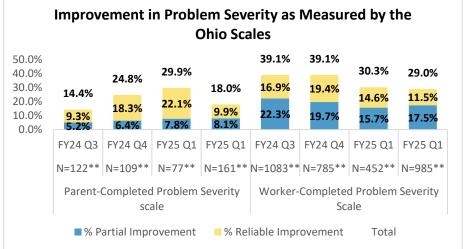
Trend: \rightarrow

Story Behind the Baseline: In SFY 25 Q2, the statewide mobility rate was 96.0%, higher than SFY24 Q2. Mobile Crisis continues to provide children and families with a face-to-face response at a high rate.

Trend: →

Is Anyone Better Off?





Story Behind the Baseline: The Ohio Scales demonstrated statistically significant positive changes for children following a Mobile Crisis response. For SFY 25 Q2, Ohio worker scales had statistically significant change for 29.7 of episodes in Functioning and 29.0% in Problem Severity. Both of these numbers are lower than rates in the recent quarters. For parent-completed scales, the Problem Severity scale showed statistically significant improvement on 18.0% of cases, an decrease over the past two 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: \rightarrow

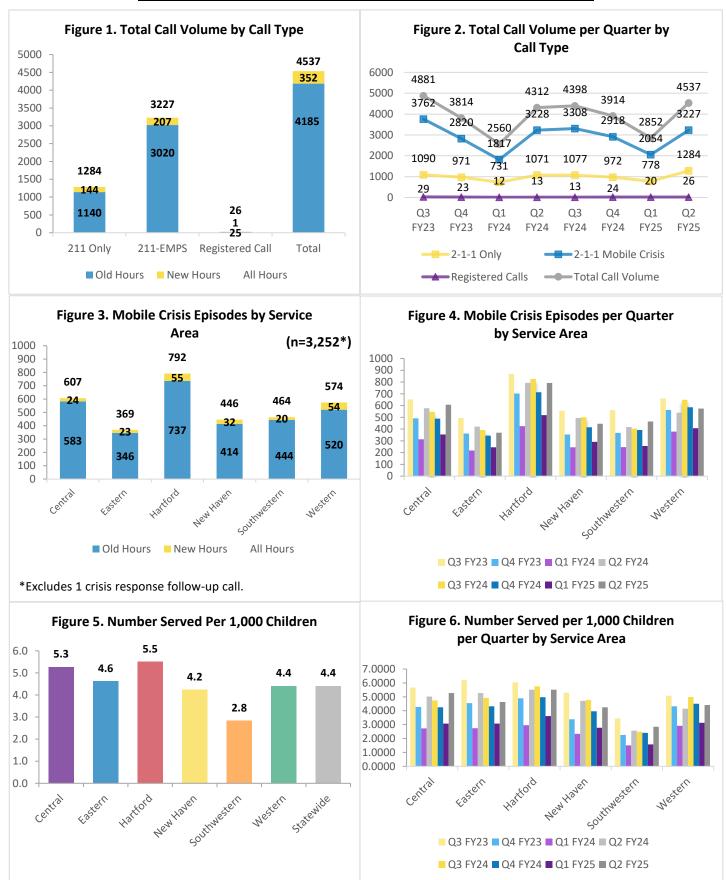
Proposed Actions to Turn the Curve:

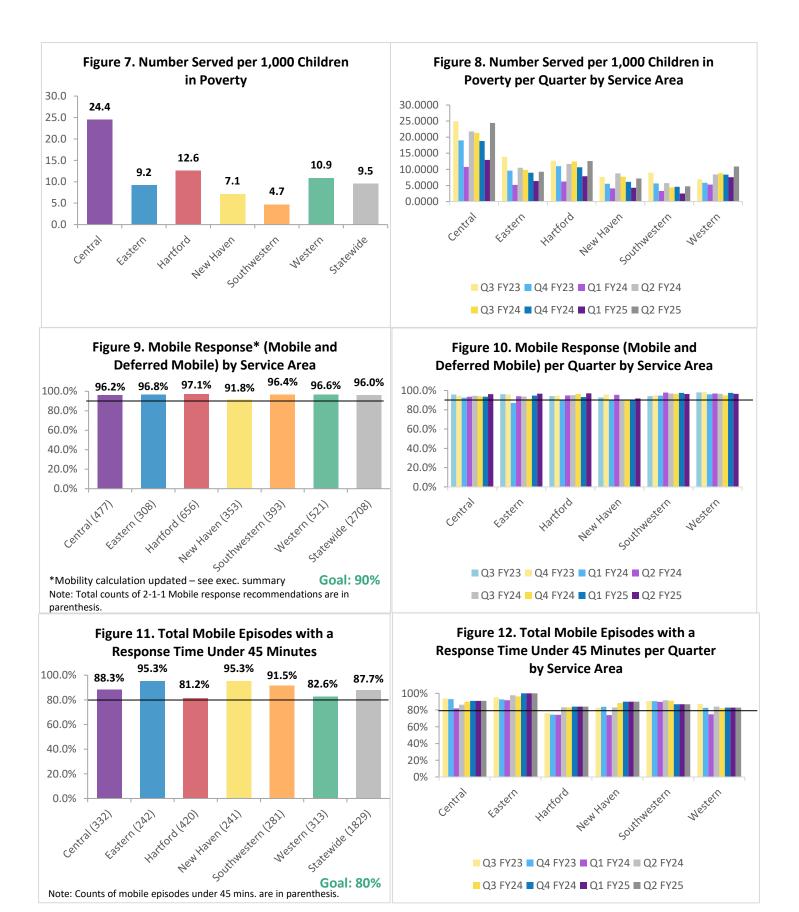
- Mobile Crisis providers will work with schools and Emergency Departments to reduce school utilization of ED's and increase utilization of Mobile Crisis.
- Continue outreach to Police Departments to support their ongoing collaboration with Mobile Crisis.
- Continue to increase the parent completion 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:

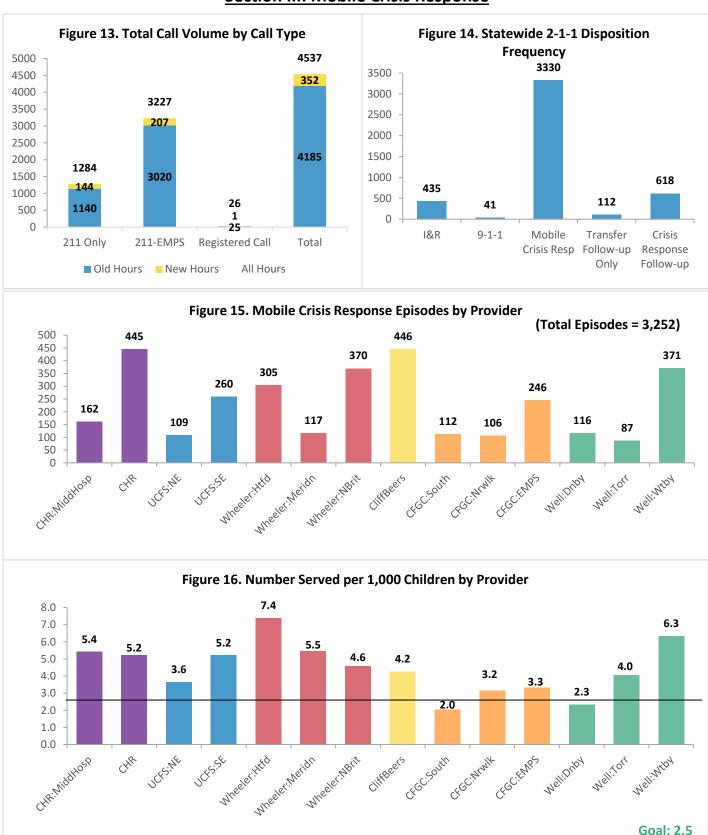
- Explore Mobile Crisis data to assess utilization and delivery of services across racial and ethnic groups and to identify opportunities to improve health equity.
- Work with providers to identify and accurately capture changes in volume and service delivery during the extended hours.
- Work with existing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

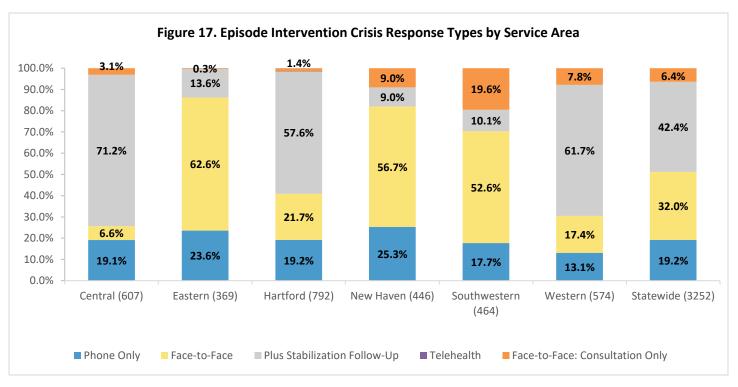
Section II: Mobile Crisis Statewide/Service Area Dashboard

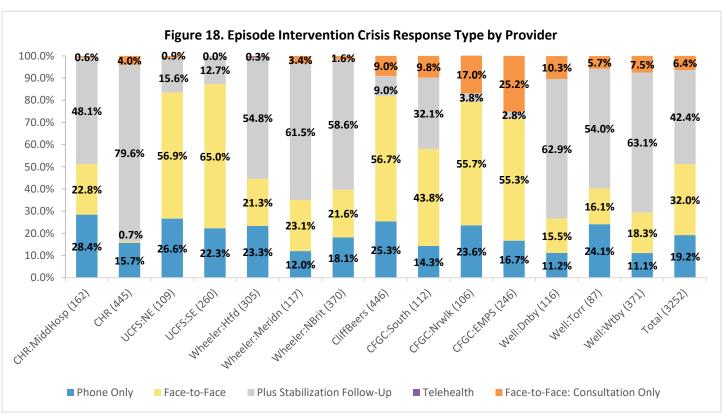




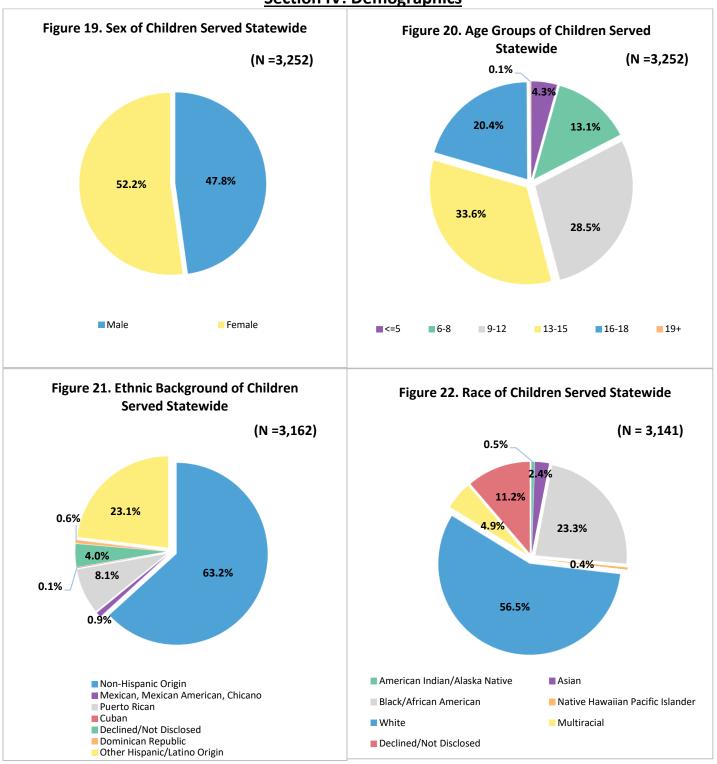
Section III: Mobile Crisis Response



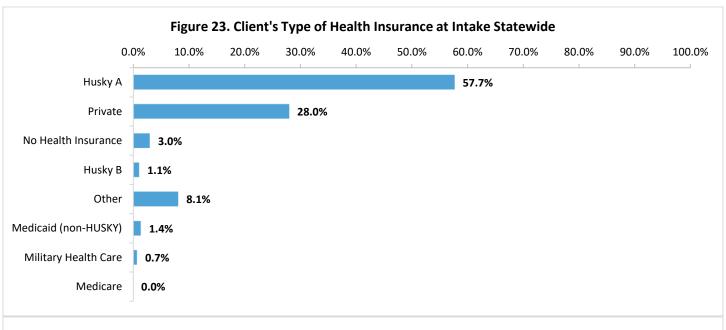


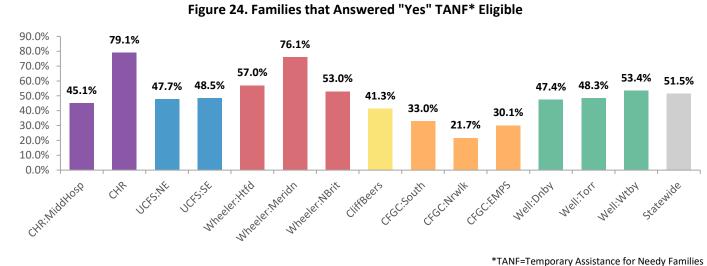


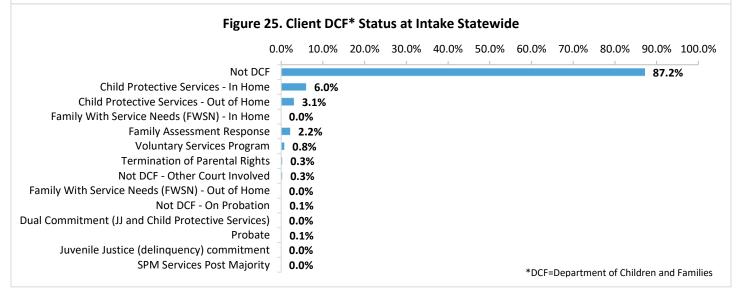
Section IV: Demographics



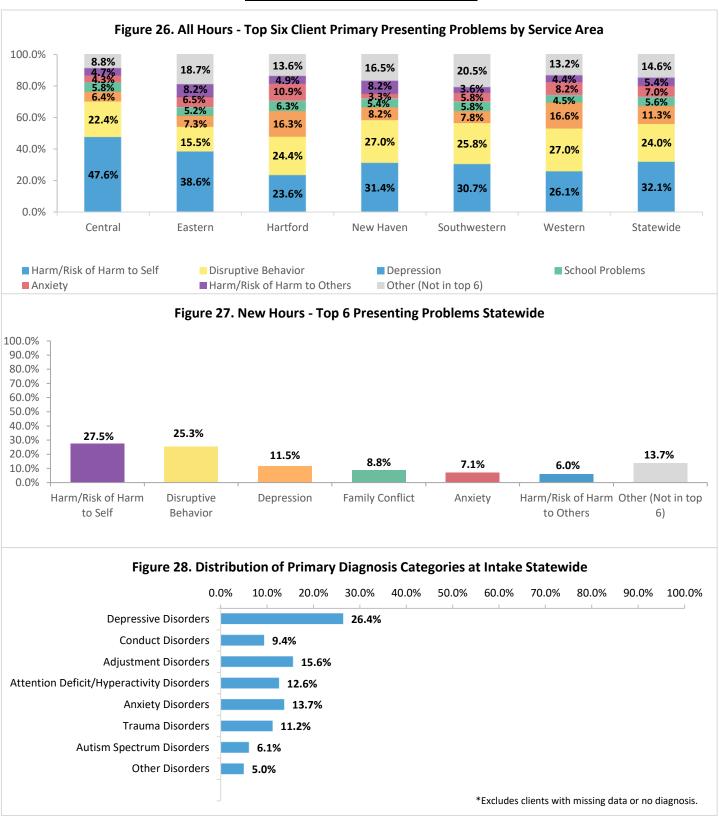
Note: According to the U.S. Census Bureau, "[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept."

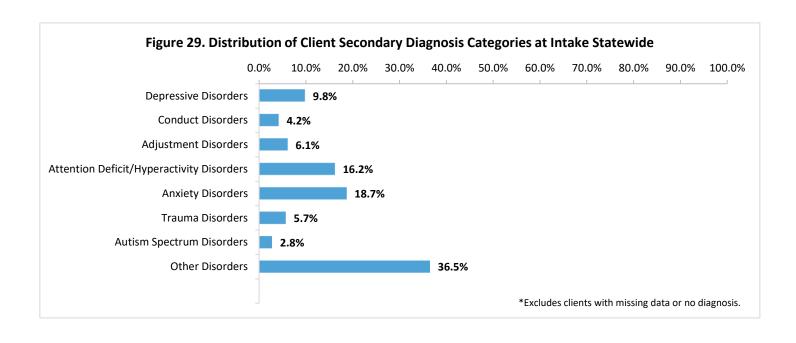


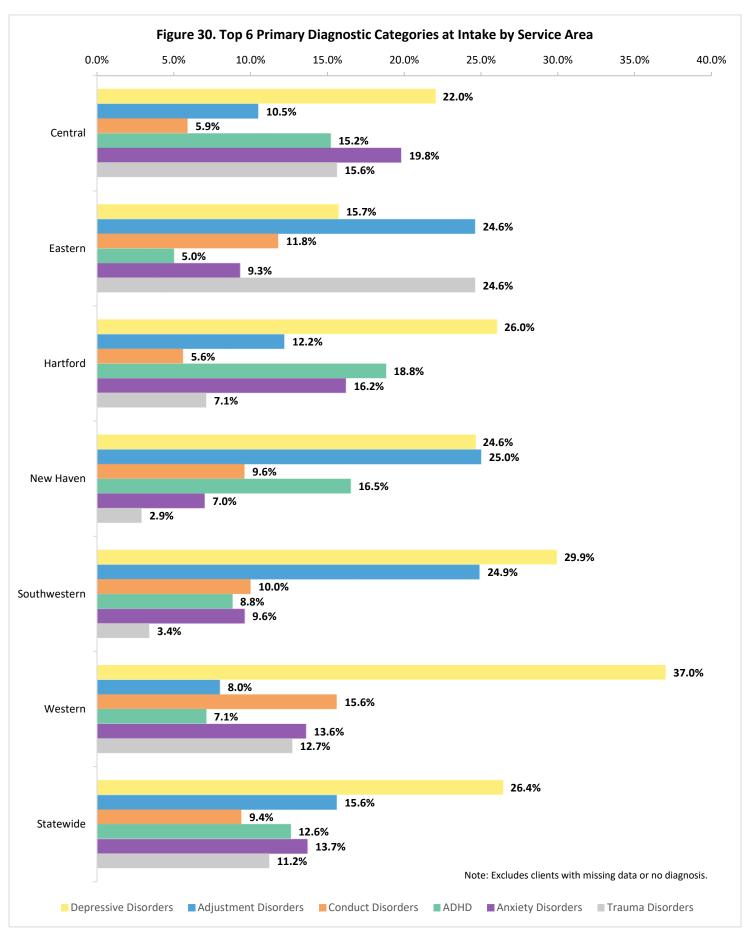


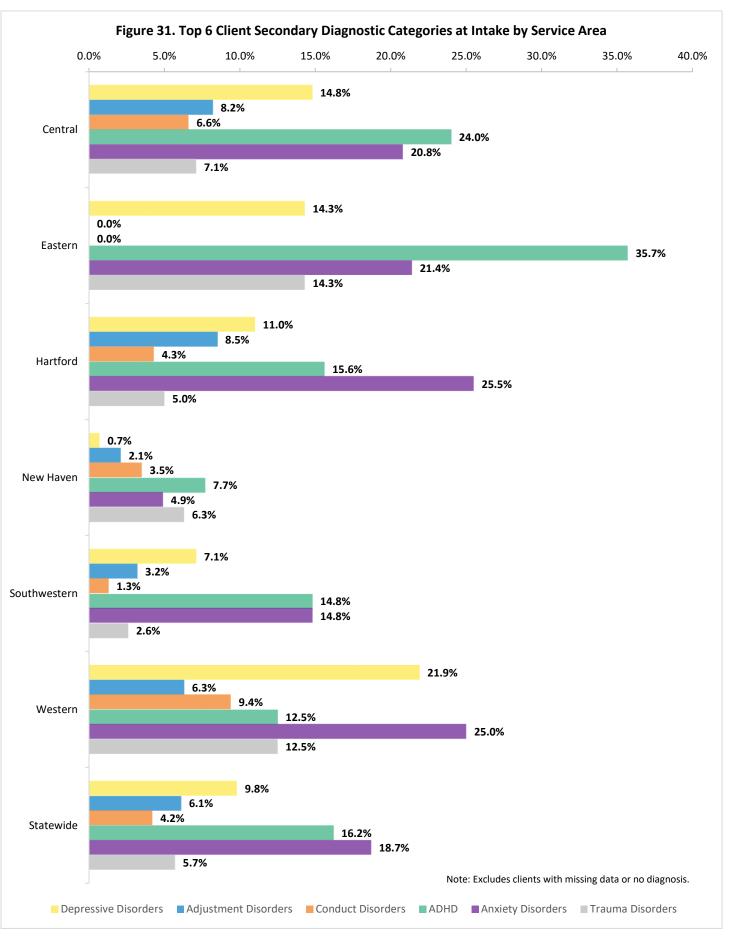


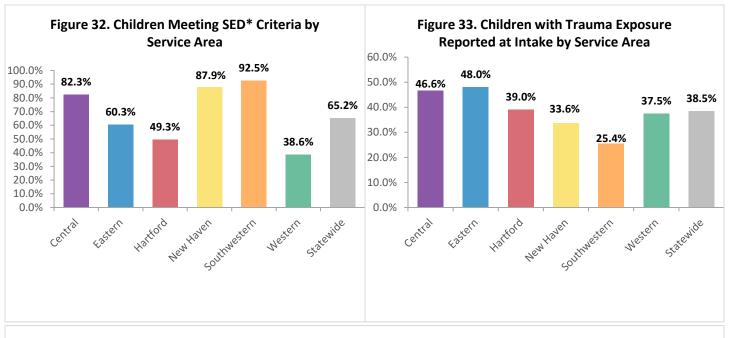
Section V: Clinical Functioning

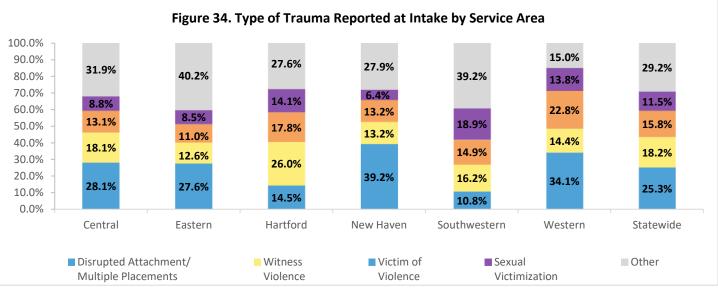


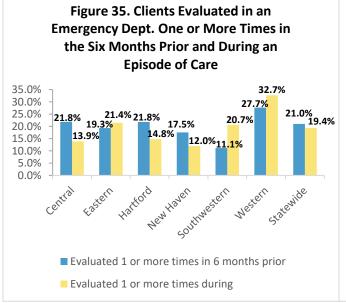


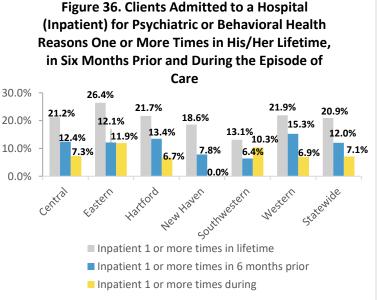












Section VI: Referral Sources

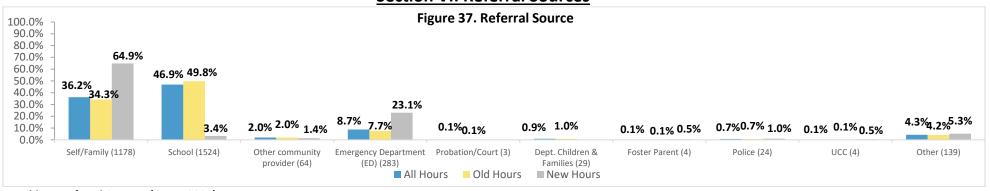
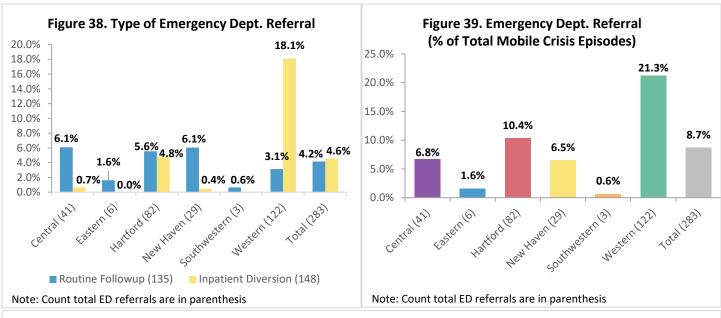
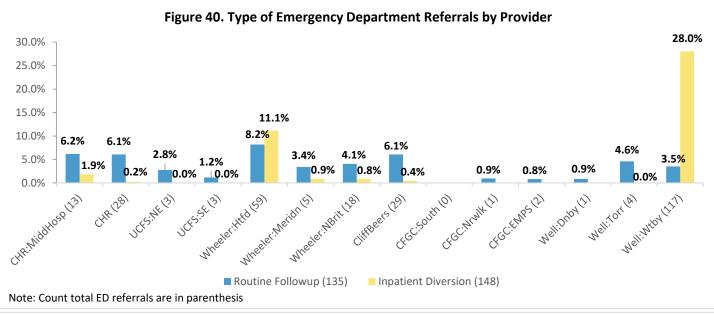
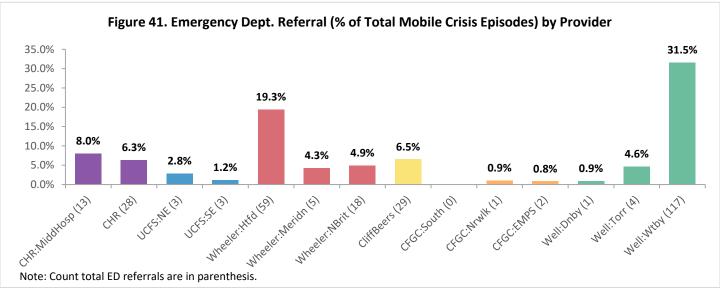


Table 1. Referral Sources (Q1 FY 2025)

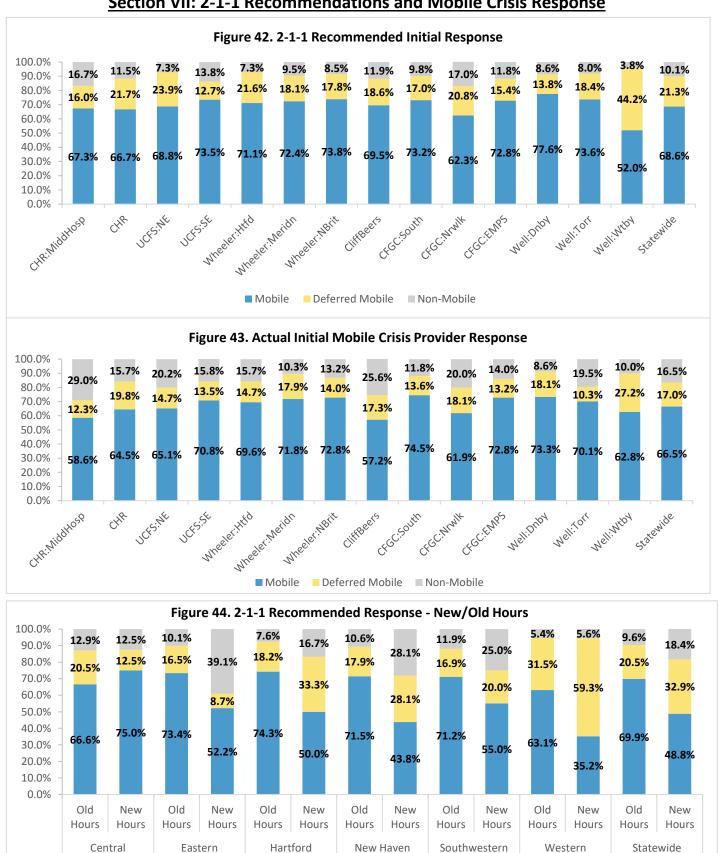
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	36.2%	0.2%	46.9%	0.3%	0.6%	2.0%	8.7%	0.1%	0.9%	2.5%	0.0%	0.1%	0.7%	0.4%	0.2%	0.1%
CENTRAL	36.6%	0.0%	47.2%	0.7%	1.0%	2.3%	6.8%	0.0%	1.0%	3.1%	0.0%	0.0%	0.7%	0.3%	0.2%	0.2%
CHR:MiddHosp	38.9%	0.0%	45.1%	1.2%	1.9%	1.2%	8.0%	0.0%	0.6%	1.9%	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%
CHR	35.8%	0.0%	48.0%	0.5%	0.7%	2.7%	6.3%	0.0%	1.1%	3.6%	0.0%	0.0%	0.5%	0.5%	0.2%	0.2%
EASTERN	45.3%	0.3%	45.0%	0.3%	0.5%	2.2%	1.6%	0.0%	0.8%	3.0%	0.0%	0.5%	0.3%	0.0%	0.3%	0.0%
UCFS:NE	34.9%	0.0%	50.5%	0.9%	0.0%	3.7%	2.8%	0.0%	0.9%	6.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
UCFS:SE	49.6%	0.4%	42.7%	0.0%	0.8%	1.5%	1.2%	0.0%	0.8%	1.5%	0.0%	0.8%	0.4%	0.0%	0.4%	0.0%
HARTFORD	32.0%	0.1%	46.4%	0.5%	0.5%	2.1%	10.4%	0.0%	1.0%	4.3%	0.0%	0.0%	1.6%	0.6%	0.4%	0.0%
Wheeler:Htfd	20.7%	0.0%	46.4%	0.3%	1.0%	2.6%	19.4%	0.0%	0.3%	4.3%	0.0%	0.0%	3.9%	0.7%	0.3%	0.0%
Wheeler:Meridn	46.2%	0.9%	41.9%	1.7%	0.0%	0.9%	4.3%	0.0%	0.9%	2.6%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%
Wheeler:NBrit	36.8%	0.0%	47.8%	0.3%	0.3%	2.2%	4.9%	0.0%	1.6%	4.9%	0.0%	0.0%	0.3%	0.5%	0.5%	0.0%
NEW HAVEN	38.1%	0.0%	50.9%	0.2%	0.5%	1.1%	6.5%	0.2%	0.9%	0.7%	0.0%	0.2%	0.2%	0.2%	0.0%	0.2%
CliffBeers	38.1%	0.0%	50.9%	0.2%	0.5%	1.1%	6.5%	0.2%	0.9%	0.7%	0.0%	0.2%	0.2%	0.2%	0.0%	0.2%
SOUTHWESTERN	39.2%	0.6%	53.9%	0.0%	0.4%	2.4%	0.6%	0.0%	0.9%	0.6%	0.0%	0.2%	0.6%	0.2%	0.2%	0.0%
CFGC:South	54.5%	1.8%	38.4%	0.0%	0.0%	1.8%	0.0%	0.0%	1.8%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%
CFGC:Nrwlk	45.3%	0.0%	50.0%	0.0%	0.0%	1.9%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%
CFGC:EMPS	29.7%	0.4%	62.6%	0.0%	0.8%	2.8%	0.8%	0.0%	0.8%	0.8%	0.0%	0.4%	0.0%	0.4%	0.4%	0.0%
WESTERN	32.5%	0.0%	40.0%	0.2%	0.5%	1.6%	21.3%	0.3%	0.7%	2.1%	0.0%	0.0%	0.3%	0.5%	0.0%	0.0%
Well:Dnby	50.9%	0.0%	45.7%	0.0%	0.0%	1.7%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Well:Torr	48.3%	0.0%	39.1%	1.1%	0.0%	2.3%	4.6%	0.0%	1.1%	2.3%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%
Well:Wtby	23.0%	0.0%	38.4%	0.0%	0.8%	1.4%	31.6%	0.5%	0.8%	2.4%	0.0%	0.0%	0.5%	0.5%	0.0%	0.0%







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



■ Mobile

New Haven

Deferred Mobile

Southwestern

■ Non-Mobile

Western

Central

Eastern

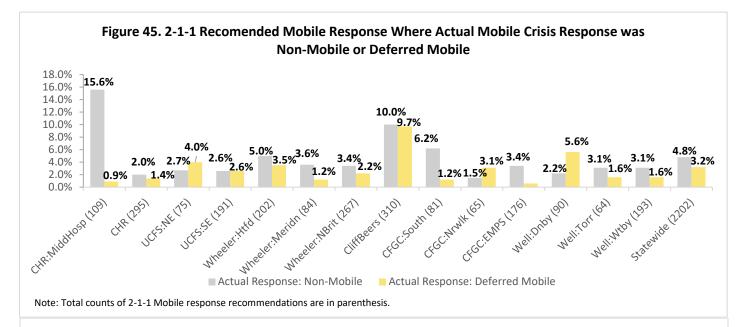
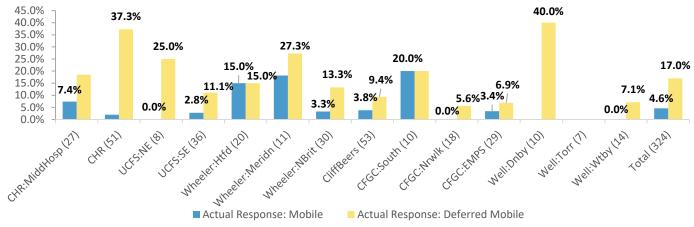
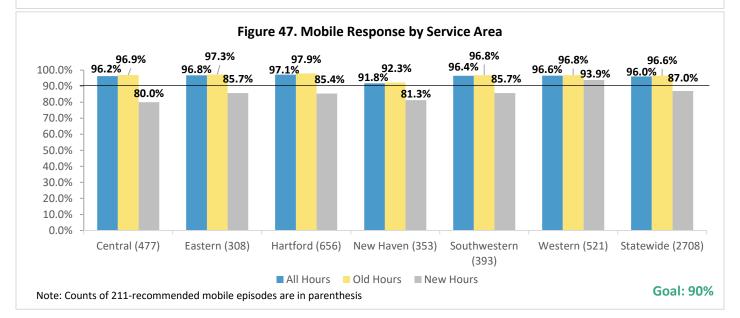


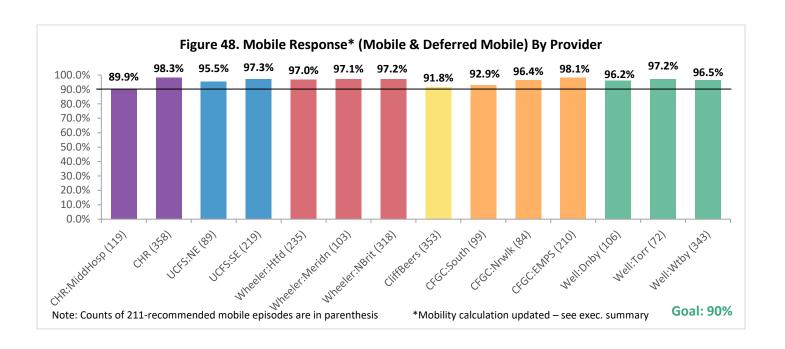
Figure 46. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile

45.0%
40.0%
37.3%

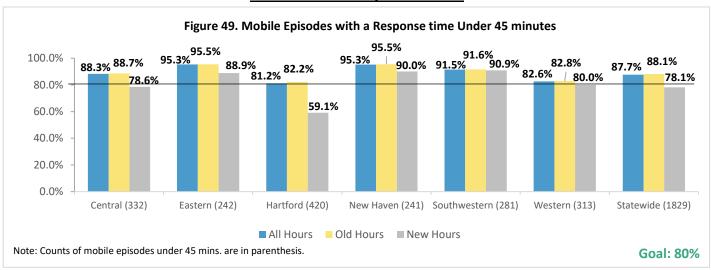


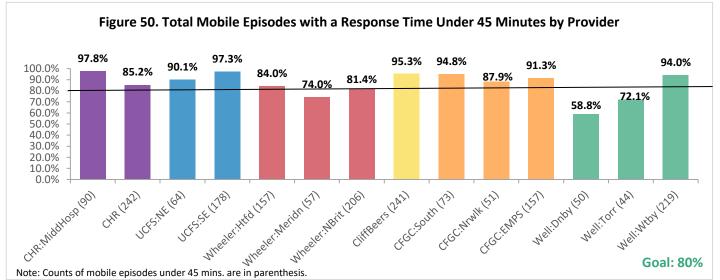
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

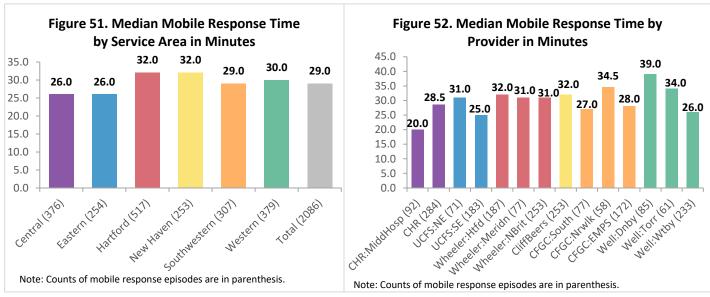


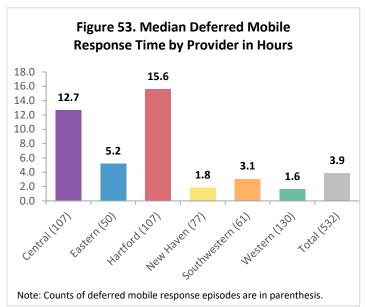


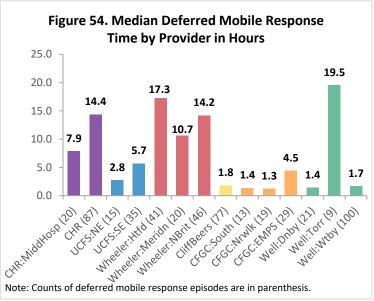
Section VIII: Response Time











Section IX: Length of Stay and Discharge Information

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

	_	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q	R
			Discl	harged I	pisodes	for Curi	rent Rep	orting P	eriod				Cum	ulative D	ischarg	ed Episo	odes*	<u>. </u>	
			Mean		I	Median			Percent	:		Mean		1	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	1.5	11.0	19.6	0.0	5.0	17.0	22.3%	42.7%	2.3%	1.5	9.9	18.5	0.0	5.0	16.0	24.1%	39.6%	1.9%
2	Central	3.5	4.0	20.2	2.0	2.0	19.0	54.1%	15.8%	1.7%	3.6	3.6	19.3	2.0	2.0	18.0	56.2%	13.8%	1.4%
3	CHR/MiddHosp-EMPS	6.2	4.2	16.1	5.0	2.0	13.0	76.2%	16.7%	0.0%	6.4	4.0	15.6	5.0	2.0	12.5	78.4%	15.4%	0.0%
4	CHR-EMPS	1.8	0.0	21.2	0.0	0.0	21.0	40.3%	0.0%	2.1%	1.7	0.3	20.3	1.0	0.0	20.0	41.4%	0.0%	1.8%
5	Eastern	0.3	4.5	25.9	0.0	4.0	22.0	5.7%	11.6%	6.7%	0.4	4.2	24.4	0.0	4.0	22.0	9.5%	9.8%	5.2%
6	UCFS-EMPS:NE	0.4	4.9	31.5	0.0	4.0	29.0	10.3%	15.6%	6.7%	0.6	4.4	27.0	0.0	4.0	28.0	15.5%	10.0%	4.8%
7	UCFS-EMPS:SE	0.3	4.3	23.1	0.0	5.0	21.0	3.4%	10.2%	6.7%	0.3	4.1	22.9	0.0	4.0	21.0	6.0%	9.7%	5.4%
8	Hartford	1.5	5.3	17.4	0.0	2.0	15.0	27.6%	24.7%	0.4%	1.5	5.1	17.1	0.0	2.0	15.0	27.4%	23.8%	0.3%
9	Wheeler-EMPS:Htfd	0.9	6.4	20.0	0.0	1.0	19.0	21.7%	31.4%	0.0%	1.0	5.8	19.9	0.0	1.0	18.5	22.2%	28.6%	0.0%
10	Wheeler-EMPS:Meridn	1.6	6.3	18.5	0.0	3.0	17.0	28.6%	34.8%	1.3%	1.1	6.3	17.6	0.0	3.0	16.0	27.3%	31.6%	1.0%
11	Wheeler-EMPS:NBrit	2.2	4.0	15.0	1.0	2.0	13.0	33.3%	16.5%	0.4%	2.0	4.3	14.7	1.0	2.0	13.0	32.1%	18.4%	0.3%
12	New Haven	0.3	20.8	30.5	0.0	19.0	28.0	5.6%	83.6%	10.9%	0.4	18.9	30.3	0.0	17.0	28.0	6.8%	80.9%	13.0%
14	CliffBeers-EMPS	0.3	20.8	30.5	0.0	19.0	28.0	5.6%	83.6%	10.9%	0.4	18.9	30.3	0.0	17.0	28.0	6.8%	80.9%	13.0%
15	Southwestern	0.4	18.0	37.9	0.0	14.0	40.5	4.8%	71.5%	13.2%	0.4	16.5	35.5	0.0	13.0	38.0	6.3%	69.4%	10.0%
16	CFGC/South-EMPS	0.7	4.4	35.4	0.0	0.5	40.0	6.3%	27.1%	0.0%	0.5	4.7	33.7	0.0	1.0	38.0	4.0%	27.9%	0.0%
17	CFGC-EMPS:Nrwlk	0.0	17.9	32.0	0.0	14.5	30.0	0.0%	76.2%	33.3%	0.2	17.1	31.0	0.0	14.0	29.0	5.1%	76.1%	25.0%
18	CFGC-EMPS	0.5	24.0	62.5	0.0	23.0	61.5	7.1%	89.1%	100.0%	0.5	21.8	50.2	0.0	20.0	56.5	8.1%	85.5%	66.7%
19	Western	3.5	2.3	17.7	0.0	1.0	15.0	29.2%	4.0%	3.1%	3.2	2.1	16.0	0.0	2.0	14.0	32.2%	2.6%	2.2%
20	Well-EMPS:Dnby	5.3	1.5	17.6	0.0	1.0	14.5	20.0%	0.0%	4.9%	4.0	1.7	16.5	1.0	1.0	14.0	33.3%	0.0%	3.7%
21	Well-EMPS:Torr	2.4	1.9	17.0	0.0	0.0	13.0	23.5%	7.1%	6.5%	1.9	2.1	15.6	0.0	1.0	11.0	18.2%	5.0%	5.1%
22	Well-EMPS:Wtby	3.5	2.5	17.9	0.0	2.0	15.5	34.2%	4.5%	1.9%	3.3	2.2	16.0	0.0	2.0	14.0	36.1%	2.8%	1.3%

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

	5. Number of Episodes for <u>Bischarge</u>	A	В	С	D	E	F	G	Н	I	J	K	L	
		Disc	harged Ep	isodes for C	urrent Repo	rting Peri	od		Cumul	ative Discha	rged Episod	les*		
		N used	d Mean/Me	edian	N us	ed for Pei	cent	N used	d Mean/Me	edian	N used for Percent			
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	
1	STATEWIDE	605	994	1492	135	424	35	1056	1476	2008	254	584	38	
2	Central	109	38	479	59	6	8	185	58	626	104	8	9	
3	CHR/MiddHosp-EMPS	42	36	94	32	6	0	74	52	130	58	8	0	
4	CHR-EMPS	67	2	385	27	0	8	111	6	496	46	0	9	
5	Eastern	88	241	45	5	28	3	158	378	58	15	37	3	
6	UCFS-EMPS:NE	29	64	15	3	10	1	58	110	21	9	11	1	
7	UCFS-EMPS:SE	59	177	30	2	18	2	100	268	37	6	26	2	
8	Hartford	152	178	494	42	44	2	281	265	669	77	63	2	
9	Wheeler-EMPS:Htfd	69	70	184	15	22	0	117	91	248	26	26	0	
10	Wheeler-EMPS:Meridn	14	23	77	4	8	1	33	38	105	9	12	1	
11	Wheeler-EMPS:NBrit	69	85	233	23	14	1	131	136	316	42	25	1	
12	New Haven	108	238	46	6	199	5	191	340	54	13	275	7	
14	CliffBeers-EMPS	108	238	46	6	199	5	191	340	54	13	275	7	
15	Southwestern	83	200	38	4	143	5	126	284	50	8	197	5	
16	CFGC/South-EMPS	16	48	31	1	13	0	25	68	40	1	19	0	
17	CFGC-EMPS:Nrwlk	25	42	3	0	32	1	39	71	4	2	54	1	
18	CFGC-EMPS	42	110	4	3	98	4	62	145	6	5	124	4	
19	Western	65	99	390	19	4	12	115	151	551	37	4	12	
20	Well-EMPS:Dnby	10	19	82	2	0	4	21	23	108	7	0	4	
21	Well-EMPS:Torr	17	14	46	4	1	3	22	20	59	4	1	3	
22	Well-EMPS:Wtby	38	66	262	13	3	5	72	108	384	26	3	5	

^{*} 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

		Α	В	С	D	Е	F	G	Н	1	1	K	1	М	N	0
		^	В				•	0	"	'	,		Fuinadas			0
					Episoa	les Still in	Care*				N of Episodes Still in Care* N used Mean/Median N used for Percent					
		100	Mean	100	100	Median	Loc	Percent				d Mean/M			ed for Per	
		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	70.6	44.3	26.4	57.0	36.0	19.0	100.0%	96.1%	15.2%	37	154	158	37	148	24
2	Central	42.2	11.5	19.4	10.0	11.5	14.5	100.0%	50.0%	3.3%	5	2	30	5	1	1
3	CHR/MiddHosp-EMPS	8.0	3.0	25.3	7.0	3.0	29.0	100.0%	0.0%	0.0%	4	1	3	4	0	0
4	CHR-EMPS	179.0	20.0	18.8	179.0	20.0	14.0	100.0%	100.0%	3.7%	1	1	27	1	1	1
5	Eastern		4.0	18.6		4.0	21.0	0.0%	0.0%	0.0%	0	1	7	0	0	0
6	UCFS-EMPS:NE		•	21.7			21.0	0.0%	0.0%	0.0%	0	0	3	0	0	0
7	UCFS-EMPS:SE		4.0	16.3		4.0	20.0	0.0%	0.0%	0.0%	0	1	4	0	0	0
8	Hartford	58.3	44.1	30.7	52.0	36.0	19.5	100.0%	100.0%	19.6%	4	9	46	4	9	9
9	Wheeler-EMPS:Htfd	38.5	30.5	18.7	38.5	30.5	17.0	100.0%	100.0%	0.0%	2	2	22	2	2	0
10	Wheeler-EMPS:Meridn		24.6	29.9	•	19.0	25.0	0.0%	100.0%	28.6%	0	5	7	0	5	2
11	Wheeler-EMPS:NBrit	78.0	106.5	46.6	78.0	106.5	23.0	100.0%	100.0%	41.2%	2	2	17	2	2	7
12	New Haven	76.7	32.3	43.2	78.0	21.5	26.0	100.0%	97.5%	40.0%	7	40	5	7	39	2
14	CliffBeers-EMPS	76.7	32.3	43.2	78.0	21.5	26.0	100.0%	97.5%	40.0%	7	40	5	7	39	2
15	Southwestern	160.0	52.0	32.2	160.0	48.0	15.5	100.0%	99.0%	30.0%	1	96	20	1	95	6
16	CFGC/South-EMPS	160.0	16.7	15.1	160.0	12.0	14.0	100.0%	85.7%	0.0%	1	7	13	1	6	0
17	CFGC-EMPS:Nrwlk		55.6	74.0		47.5	74.0	0.0%	100.0%	100.0%	0	32	2	0	32	2
18	CFGC-EMPS		54.4	60.0		55.0	75.0	0.0%	100.0%	80.0%	0	57	5	0	57	4
19	Western	73.5	19.0	23.6	62.5	20.0	18.0	100.0%	66.7%	12.0%	20	6	50	20	4	6
20	Well-EMPS:Dnby	78.5		30.7	63.0		20.0	100.0%	0.0%	16.7%	4	0	6	4	0	1
21	Well-EMPS:Torr	67.8	•	18.1	63.5		18.0	100.0%	0.0%	0.0%	6	0	9	6	0	0
22	Well-EMPS:Wtby	74.9	19.0	23.8	62.5	20.0	17.0	100.0%	66.7%	14.3%	10	6	35	10	4	5
* Data i	ncludes enisodes still in ca	ro with st	art datas	from Luly	1 2024+	ond of o	urront ror	ortina na	riad							

^{*} 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

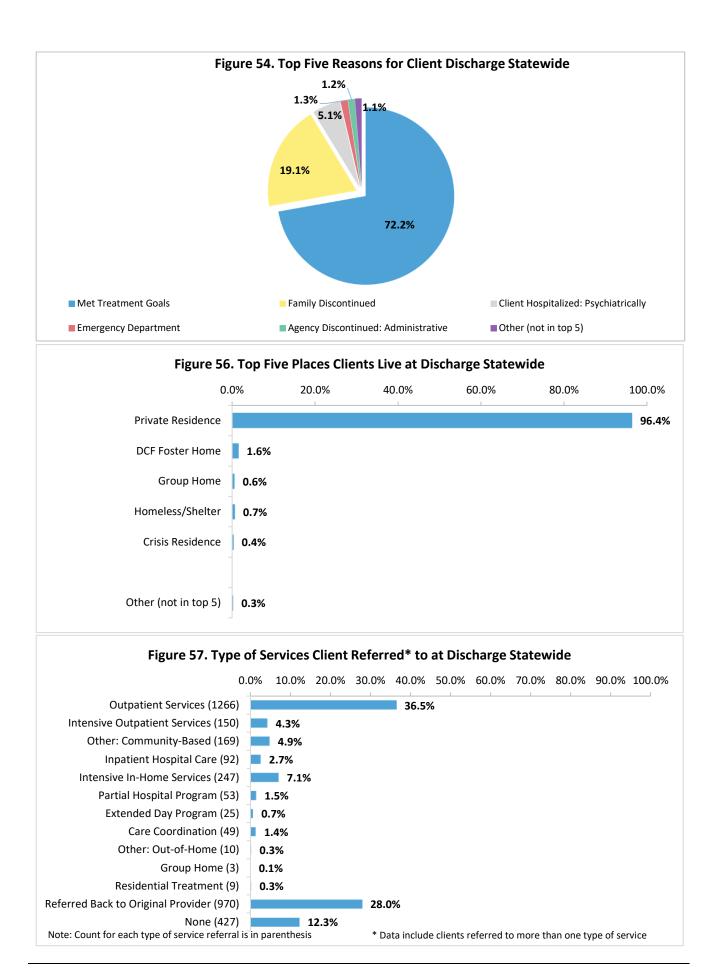


Table 5. Ohio Scales Scores by Service Area

	1					1	
				Mean			† .0510
	N (paired	Mean	Mean	Difference			* P < .05
Service Area	intake &	(paired [,]	(paired [,]	(paired ¹	4	C:m	**P < .01
	discharge)	intake)	discharge)	cases)	t-score	Sig.	
STATEWIDE	100	40.40	10.70	2.52		0.074	
Parent Functioning Score	160	43.18	43.78	0.60	1.10	0.274	
Worker Functioning Score	984	45.91	48.26	2.36	10.33	<.001	**
Parent Problem Score	161	26.63	25.14	-1.50	-2.80	0.006	**
Worker Problem Score	985	27.15	24.18	-2.98	-14.40	<.001	**
Central							
Parent Functioning Score	84	40.69	40.67	-0.02	-0.06	0.954	
Worker Functioning Score	291	50.42	50.79	0.37	1.70	0.090	†
Parent Problem Score	84	26.55	26.13	-0.42	-1.10	0.275	
Worker Problem Score							**
	291	23.54	22.67	-0.87	-3.58	<.001	
Eastern							
Parent Functioning Score	19	46.11	48.21	2.11	0.78	0.445	
Worker Functioning Score	26	44.62	46.81	2.19	1.41	0.172	
Parent Problem Score	20	25.40	19.50	-5.90	-2.69	0.015	*
Worker Problem Score	26	29.65	23.92	-5.73	-4.37	<.001	**
Hartford							
Parent Functioning Score	28	46.07	46.18	0.11	0.07	0.946	
	20	40.07	40.10	0.11	0.07	0.340	
Worker Functioning Score	332	43.92	45.45	1.53	3.93	<.001	* *
Parent Problem Score	28	26.07	26.14	0.07	0.05	0.962	
Worker Problem Score	332	30.85	29.11	-1.74	-4.66	<.001	**
New Haven							
Parent Functioning Score	9	51.44	51.56	0.11	1.00	0.347	
Worker Functioning							
Score	22	50.36	51.95	1.59	1.54	0.139	
Parent Problem Score	0	27.56	27.56	0.00	0.00	0.000	N/A
Worker Problem Score	22	26.23	23.09	-3.14	-2.86	0.009	**
	22	20.23	23.03	-3.14	-2.00	0.009	
Southwestern	1.5	40.70	F0.00	2.07	0.65	0.527	
Parent Functioning Score	14	48.79	50.86	2.07	0.65	0.527	
Worker Functioning Score	24	50.00	54.33	4.33	2.64	0.015	*
Parent Problem Score	14	24.86	20.36	-4.50	-1.33	0.207	
Worker Problem Score	24	22.08	15.42	-6.67	-4.38	<.001	**
Western							
Parent Functioning Score	6	29.83	34.00	4.17	3.98	0.011	*
Worker Functioning Score	289	43.08	48.30	5.22	10.08	<.001	**
Parent Problem Score	6	37.33	32.83	-4.50	-5.08	0.004	**
Worker Problem Score	290	26.82	20.88	-5.95	-14.91	<.001	**
naired - Number of cases wit							

paired¹ = 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=63)	Referrers (n=60)
The 2-1-1 staff answered my call in a timely manner	4.33	4.64
The 2-1-1 staff was courteous	4.65	4.75
The 2-1-1 staff was knowledgeable	4.67	4.68
My phone call was quickly transferred to the EMPS provider	4.42	4.54
Sub-Total Mean: 2-1-1	4.52	4.65
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.40	4.61
The Mobile Crisis staff was respectful	4.66	4.71
The Mobile Crisis staff was knowledgeable	4.52	4.71
The Mobile Crisis staff spoke to me in a way that I understood	4.65	Х
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)	4.04	х
The services or resources my child and/or family received were right for us	3.98	Х
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	х	4.24
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.25	4.51
Sub-Total Mean: Mobile Crisis	4.36	4.56
Overall Mean Score	4.41	4.64

^{*} 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 she appreciates that MCIS arrived at her home within 15 minutes after speaking with MCIS staff.
- "I could not say enough good thing about the service."
- Caller reports that she is thankful to MCIS for contacting her throughout the week after the incident.
- Caller reports that she was on hold for 20 minutes awaiting the transition of the call to the clinician.
- Parent reports that she loves the concept of MCIS, but disclosed that her youth is not receiving the support that he should.

Referrer Comments:

- "MCIS was responsive, knowledgeable, had great clinical skills, and a good action plan."
- Caller wanted to extend her gratitude for 211 and MCIS collaboration to the youth services.
- Provider expressed concerns about not receiving follow-up information/treatment plans/safety plans from MCIS Clinicians
- Provider reports she is undecided about MCIS response time to the crisis as there are times that EMPS does not have someone to be sent right away.

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 (245)*	36%	60%	48%	33%	54%	36%	45%	45%	20%	27%	45%	44%	53%	7%	11%
CHR:MiddHosp (16)*	25%	56%	50%	56%	50%	44%	50%	44%	56%	25%	44%	25%	50%	0%	0%
CHR (26)*	23%	42%	35%	92%	35%	42%	46%	38%	12%	19%	38%	38%	50%	8%	14%
UCFS:NE (6)*	83%	83%	83%	100%	100%	83%	100%	83%	100%	100%	83%	67%	83%	67%	67%
UCFS:SE (16)*	63%	100%	63%	100%	75%	50%	44%	69%	81%	94%	63%	69%	100%	25%	31%
Wheeler:Htfd (25)*	32%	72%	60%	0%	52%	12%	52%	48%	8%	8%	48%	44%	44%	0%	0%
Wheeler:Meridn (13)*	31%	62%	38%	8%	38%	15%	31%	23%	0%	8%	23%	38%	31%	0%	0%
Wheeler:NBrit (27)^	37%	67%	41%	11%	52%	19%	41%	41%	0%	7%	41%	0%	44%	0%	0%
CliffBeers (26)*	54%	69%	77%	73%	77%	58%	69%	58%	58%	69%	77%	77%	69%	23%	28%
CFGC:South (6)*	50%	83%	33%	17%	67%	33%	67%	67%	0%	33%	33%	67%	67%	0%	0%
CFGC:Nrwlk (25)*^	36%	52%	40%	4%	44%	44%	36%	48%	0%	20%	48%	32%	52%	0%	0%
CFGC:EMPS (0)*					Bridgep	ort and Nor	walk staff	counted tog	ther unde	er Norwall	(N/A
Well:Dnby (0)*						Danbury St	aff Includ	ed in count fo	r Waterbu	ıry					N/A
Well:Torr (1)*	0%	100%	100%	0%	100%	0%	0%	100%	0%	0%	100%	100%	100%	0%	0%
Well:Wtby (57)*^	28%	42%	35%	2%	49%	35%	33%	33%	0%	12%	30%	35%	42%	0%	0%
Full-Time Staff Only (136)	50%	78%	68%	43%	72%	49%	64%	62%	29%	38%	59%	60%	71%	11%	

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

Training Title Abbreviations:

DBHRN=Disaster Behavioral Health Response Network

QPR= Question, Persuade and Refer

Crisis API = Crisis Assessment, Planning and Intervention

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

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

ASD = Autism Spectrum Disorder

CSSRS=Columbia Suicide Severity Rating Scale
Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

CRC = 21st Century Culturally Responsive Mental Health Care

Emerg. Certificate= Emergency Certificate

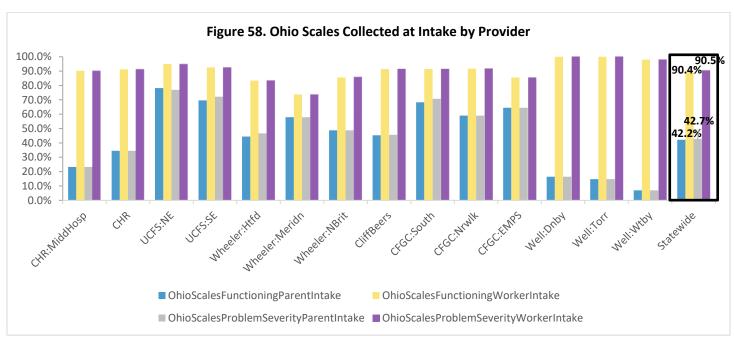
PSB = Problem Sexual Behavior (Added October 2019)

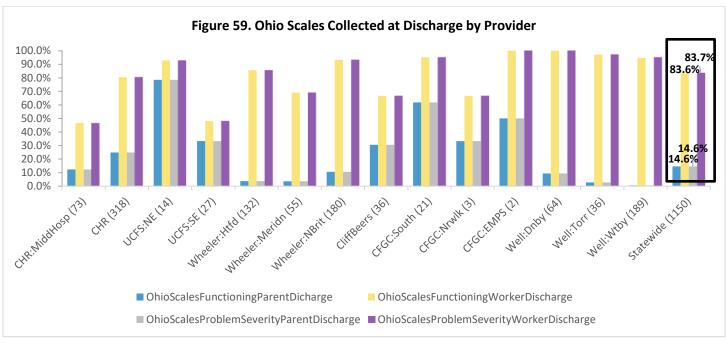
SR = School Refusal (Added August 2019)

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

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

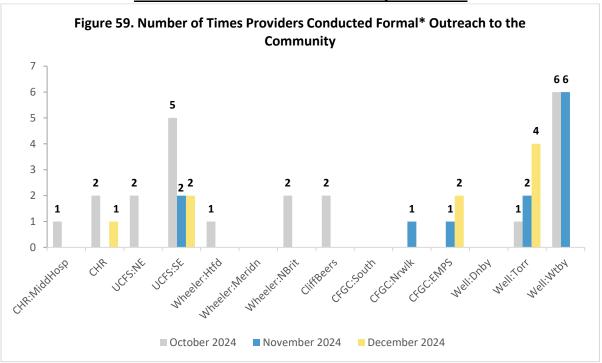
Section XII: Data Quality Monitoring





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

Section XIII: Provider Community Outreach



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