



**MOBILE CRISIS
INTERVENTION SERVICES**

EMPS Mobile Crisis is a program funded by the State of Connecticut
in partnership with the United Way of Connecticut 2-1-1.



Mobile Crisis Intervention Services Performance Improvement Center (PIC)

Quarter 4 Report: Fiscal Year 2018

April 1 – June 30, 2018

Updated 9/11/18

This report was prepared by the
Mobile Crisis
Performance Improvement Center (PIC):

Eva C. Haldane, Ph.D., Data Analyst

Aleece Kelly, MPP, Senior Data Analyst

Yecenia Casiano, MS, Project Coordinator

Carrie Shaw, Administrative Assistant

Jeana Bracey, Ph.D., Director

Jill Perreault, MS, Training Support Specialist, Wheeler Clinic

Sarah Camerota, LICSW, United Way of CT – 211

Jeffrey Vanderploeg, Ph.D., CEO

The Mobile Crisis Performance Improvement Center
is housed at the Child Health and Development Institute of Connecticut, Inc.



Contents

Executive Summary.....	5
Statewide Response Time Under 45 Minutes.....	7
Section II: Mobile Crisis Statewide/Service Area Dashboard.....	9
Figure 1. Total Call Volume by Call Type.....	9
Figure 2. Total Call Volume per Quarter by Call Type.....	9
Figure 3. Mobile Crisis Response Episodes by Service Area.....	9
Figure 4. Mobile Crisis Episodes per Quarter by Service Area.....	9
Figure 5. Number Served Per 1,000 Children (Current Quarter).....	9
Figure 6. Number Served per 1,000 Children per Quarter by Service Area.....	9
Figure 7. Number Served Per 1,000 Children in Poverty (Current Quarter).....	10
Figure 8. Number Served Per 1,000 Children in Poverty.....	10
Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area (Current Quarter).....	10
Figure 10. Mobile Response (Mobile and Deferred Mobile) by Service Area (Current Quarter).....	10
Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes (Current Quarter).....	10
Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area.....	10
Figure 13. After Hours Follow-up Calls by Provider.....	11
Section III: Mobile Crisis Response.....	11
Figure 14. Total Call Volume by Call Type.....	11
Figure 15. Statewide 211 Disposition Frequency.....	11
Figure 16. Mobile Crisis Response Episodes by Provider.....	11
Figure 17. Number Served Per 1,000 Children by Provider (Current Quarter).....	12
Figure 18. Episode Intervention Crisis Response Types by Service Area.....	12
Figure 19. Episode Intervention Crisis Response Type by Provider.....	12
Section IV: Demographics.....	13
Figure 20. Gender of Children Served Statewide.....	13
Figure 21. Age Groups of Children Served Statewide.....	13
Figure 22. Ethnic Background of Children Served Statewide.....	13
Figure 23. Race of Children Served Statewide.....	13
Figure 24. Client’s Type of Health Insurance at Intake Statewide.....	14
Figure 25. Families that Answered “Yes” TANF* Eligible.....	14
Figure 26. Client DCF* Status at Intake Statewide.....	14
Section V: Clinical Functioning.....	15
Figure 27. Top Six Client Primary Presenting Problems by Service Area.....	15
Figure 28. Distribution of Client Primary Diagnosis Categories at Intake Statewide.....	15
Figure 29. Distribution of Client Secondary Diagnosis Categories at Intake Statewide.....	15
Figure 30. Top 6 Client Primary Diagnostic Categories at Intake by Service Area.....	157
Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area.....	18
Figure 32. Children Meeting SED* Criteria by Service Area.....	18
Figure 33. Children with Trauma Exposure Reported at Intake by Service Area.....	18
Figure 34. Type of Trauma Reported at Intake by Service Area.....	18
Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care.....	18
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.....	18
Section VI: Referral Sources.....	19

Figure 37. Referral Sources Statewide	19
Table 1. Referral Sources (Q4 FY 2018).....	19
Figure 38. Type of Emergency Dept. Referral	20
Figure 39. Emergency Dept. Referral	20
Figure 40. Type of Emergency Department Referrals by Provider	20
Figure 41. Emergency Dept. Referral (% of Total Mobile Crisis Episodes) by Provider	20
Section VII: 211 Recommendations and Mobile Crisis Response	21
Figure 42. 211 Recommended Initial Response.....	21
Figure 43. Actual Initial Mobile Crisis Provider Response.....	21
Figure 44. 211 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile	21
Figure 45. 211 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile	22
Figure 46. Mobile Response (Mobile & Deferred Mobile) By Service Area	22
Figure 47. Mobile Response (Mobile & Deferred Mobile) By Provider	22
Section VIII: Response Time	23
Figure 48. Total Mobile Episodes with a Response Time Under 45 Minutes	23
Figure 49. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider	23
Figure 50. Median Mobile Response Time by Service Area in Minutes.....	23
Figure 51. Median Mobile Response Time by Provider in Minutes.....	23
Figure 52. Median Deferred Mobile Response Time by Service Area in Hours.....	23
Figure 53. Median Deferred Mobile Response Time by Provider in Hours	23
Section IX: Length of Stay and Discharge Information.....	24
Table 2. Length of Stay for Discharged Episodes of Care in Days	24
Table 3. Number of Episodes for Discharged Episodes of Care	25
Table 4. Length of Stay for Open Episodes of Care in Days	26
Figure 54. Top Six Reasons for Client Discharge Statewide	27
Figure 55. Top Six Places Clients Live at Discharge Statewide	27
Figure 56. Type of Services Client Referred* to at Discharge Statewide.....	27
Table 5. Ohio Scales Scores by Service Area	28
Section X: Client & Referral Source Satisfaction	29
Table 6. Client and Referrer Satisfaction for 211 and EMPS.....	29
Section XI: Training Attendance.....	30
Table 7. Trainings Completed for All Active Staff.....	30
Section XII: Data Quality Monitoring	31
Figure 57. Ohio Scales Collected at Intake by Provider	31
Figure 58. Ohio Scales Collected at Discharge by Provider.....	31
Section XIII: Provider Community Outreach	32
Figure 59. Number of Times Providers Conducted Formal* Outreach to the Community	32

Executive Summary

Introduction: Starting in Q2 FY2016, Mobile Crisis PIC has restructured quarterly reports to incorporate DSM-V data and a Results Based Accountability (RBA) report card to enhance the capacity for DCF and statewide stakeholders to monitor quality assurance of the Mobile Crisis program.

Call and Episode Volume: In the fourth quarter of FY2018, **211 received 5,491 calls** including 4,004 calls (72.9%) handled by Mobile Crisis providers and 1,487 calls (27.1%) handled by 211 only (e.g., calls for other information or resources, calls transferred to 911). Of the 4,000 episodes of care, 3800 (95%) were received during regular hours, 200 (5%) were handled after hours. Additionally, there were 2 crisis-response follow-up calls, and 2 uncategorized calls. This quarter saw a 1.2% increase in total call volume compared to the same quarter in FY2017 (5,426), and the total episodes decreased by 0.5% compared to the same quarter in FY2017 (4,019).

Among the **4,000 episodes of care** generated in Q4 FY18, episode volume ranged from 514 episodes including After Hours calls (Eastern service area) to 1,060 episodes including After Hours calls (Hartford service area). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 4.91, with service area rates ranging from 3.33 (Southwestern) to 6.72 (Hartford). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 10.18 per 1,000 children in poverty, with service area rates ranging from 6.76 (Southwestern) to 13.75 (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 14 sites met this benchmark.

Demographics: Statewide this quarter, 47.3% of children served were female and 52.7% male. Approximately **32.2% of youth served were 13-15 years old**, 29.3% were 9-12 years old, 21.9% were 16-18 years old, and 13.4% were 6-8 years old. Almost one-third (**29.1%**) of youth served were of **Hispanic ethnicity**. Additionally, the **majority of the children served were White (59.1%)**, 22.3% were African-American or Black, and 15.4% reported "Other Race." The majority of youth were insured by Husky A (63.1%) and private insurance (27.6%). Finally, the majority of clients (83.3%) were not DCF-involved.

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide include: Harm/Risk of Harm to Self (31%), Disruptive Behavior (25%), Depression (14%), Anxiety (7%), Harm/Risk of Harm to Others (7%), and Family Conflict (5%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (31.3%), Conduct Disorders (16.6%), Adjustment Disorders (11.8%), Anxiety Disorders (10.0%), Attention Deficit/Hyperactivity Disorders (9.4%), and Trauma Disorders (7.0%). This quarter, **80% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED)**.

In this quarter, the **statewide percentage of children with trauma exposure reported at intake was 60%**, with service areas ranging from 52% (Western) to 67% (Central and New Haven). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (25%), Witnessing Violence (23%), Victim of Violence (17%), and Sexual Victimization (12%).

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 25%**, an increase from 20% in the same quarter last fiscal year. Seventeen percent of children were evaluated one or more times *during* an episode of care. The inpatient admission rate in the six months prior to Mobile Crisis referral was 11% statewide, which is the same percentage when compared to the same quarter in FY2017, whereas the admission rate to an inpatient unit during a mobile crisis episode was 7%, which was also the same as in the same quarter last fiscal year.

Referral Sources: Statewide, **45.3% of all referrals were received from school and 34.5% were received from parents, families and youth**. Emergency Departments (EDs) accounted for 12.1% of all Mobile Crisis referrals. The remaining 8.1% of referrals came from other sources.

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **477 Mobile Crisis referrals were received from EDs**, including 219 referrals for inpatient diversion and 258 referrals for routine follow-up. Regionally, the highest rate of ED responses, as a percentage of total responses, was observed in the Western service area (24%) and the lowest was in the Eastern service area (1%). Statewide, twelve percent of all Mobile Crisis episodes came from ED referrals this quarter, 2% higher when compared to Q4 FY2017.

Mobility: The average **statewide mobility this quarter was 91.7%**, 1.3% lower when compared to Q4 FY17 (Police referrals are excluded from mobility calculations). Five of the six service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 88.3% (Southwestern) to 94.3% (Western). The range in mobility percentages widened slightly more among individual providers, from 82% (CFGC/South-EMPS) to 96% (Wheeler-EMPS:Meridn and Well-EMPS: Wtby). Of these providers, 13 of the 14 either reached or surpassed the 90% benchmark.

Response Time: Statewide this quarter, **87% of mobile episodes received a face-to-face response in 45 minutes or less.** Performance on this indicator ranged from 71% (Western) to 95% (Southwestern) with five of the six 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, with three of the six service areas demonstrating a median response time of 30 minutes or less.

Length of Stay: Among discharged episodes statewide this quarter, 15% of Phone Only episodes exceeded one day, 31% of Face-to-face episodes exceeded five days, and **10% of Plus Stabilization Follow-up episodes exceeded 45 days**, a rate that did not meet the statewide benchmark (less than 5%). The statewide median LOS among discharged episodes was 0 days for Phone Only, 4.0 days for Face-to-face episodes, and 17.0 days for Plus Stabilization.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 135 days and ranged from 85 days (Central) to 158.5 days (New Haven). The statewide median LOS for Face-to-face was 118.5 days and ranged from 97.5 days (Western) to 138 days (Southwestern). For Plus Stabilization Follow-up, the statewide median LOS was 109 days with a range from 76.5 days (Eastern) to 156 days (Southwestern). This tells us that families remain open for services beyond the benchmarks (1-day and 5-day respectively) for the phone and face-to-face crisis response categories. All of stabilization plus follow-up episodes exceed the 45-day benchmark. Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase, and can compromise accurate and timely data entry practices.

Discharge Information: 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 (72.7%), Family Discontinued (16.9%), and Client Hospitalized: Psychiatrically (4.6%).

Statewide, clients were most likely to be **referred to Outpatient Services at discharge (42.1%).** Other care referrals at discharge included: Intensive Outpatient Program (8.9%), Other: Community Based (7.3%), Inpatient Hospital (3.8%), Partial Hospital Program (3.8%), and Intensive In-Home Services (2.7%). An additional 26.1% of clients indicated "none" for discharge referrals, a category that includes referrals back to an existing provider.

Across the state, Ohio Scales showed an improvement on parent and worker rated functioning, 4.63 and 1.72 respectively. Decreases in problem scores of 5.65 points on parent-ratings and 3.01 points on worker-ratings were reported. Changes on all of the Ohio Scales scores were statistically significant.

Completion rates of the Ohio scales at discharge for the worker functioning scales decreased by 1% when compared to the same quarter in FY2017; the completion rate for the worker problem functioning scale was the same as this quarter in FY2017. The completion rate for parent problem and functioning scales increased by 3% and 4% respectively compared to Q4 FY2017.

Satisfaction: This quarter, 60 clients/families and 61 other referrers responded to the satisfaction survey; both groups gave favorable ratings to 211 and Mobile Crisis services. On a 5-point scale, **clients' average ratings of 211 and Mobile Crisis providers were 4.43 and 4.20**, respectively. Among **other referrers (e.g. schools, hospitals, DCF, etc.)**, **the average ratings of 211 and Mobile Crisis were 4.39 and 4.34**, respectively. Qualitative comments (see Section IX) varied from very satisfied to dissatisfied.

Training Attendance: The **statewide average percentage of trainings completed by all active staff as of June 30, 2018 is 14%.** The percentage of trainings completed is higher than Q4 FY17 (13%).

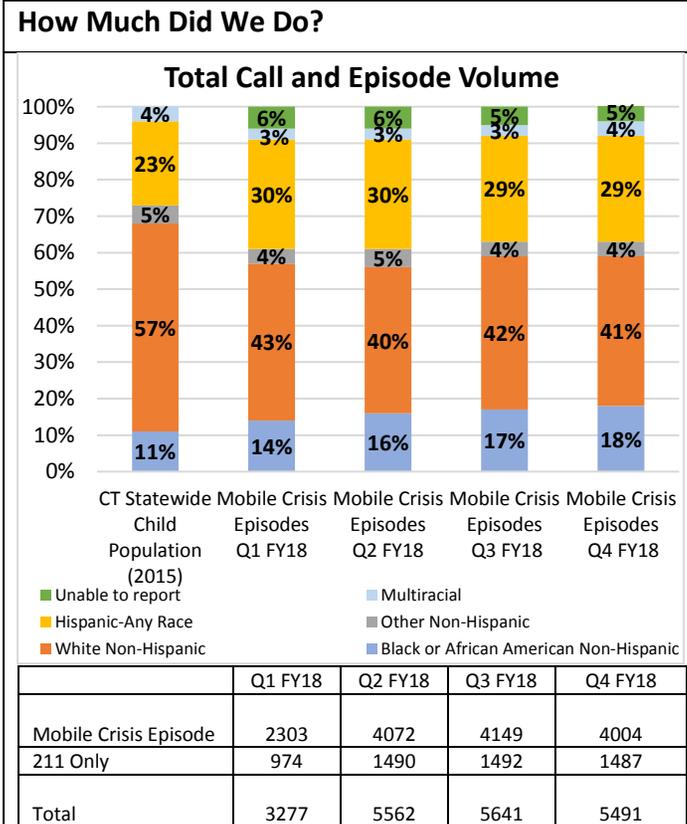
Community Outreach: Outreach numbers ranged from 0 (Wheeler-EMPS:Meridn, Wheeler-EMPS: NBrit, CFGC-EMPS: Nrwlk and Well-EMPS: Torr) to 9 (UCFS-EMPS:NE).

SFY 2018 Q4 RBA Report Card: Mobile Crisis Intervention Services

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

Contribution to the Result: The Mobile Crisis services provide an alternative, community based intervention to youth visits to hospital emergency rooms, inpatient hospitalizations and police calls that could remove them from their home and potentially negatively impact their growth and success. Mobile Crisis providers are expected to respond to all episodes of care. Partners with DCF include Child and Health Development Institute (CHDI) as the Performance Improvement Center.

Program Expenditures: Estimated SFY 2018	State Funding: \$10,743,631
---	------------------------------------



Story Behind the Baseline: In SFY 18 Q4 there were 5,491 total calls to the 211 Call Center and 4,004 mobile episodes. Compared to the same quarter in SFY 17 this represents an increase in 211 Only calls of 6.1% (1,401) and slight decrease in mobile episodes of 0.5% (4,025). The percentages of both Black and Hispanic children served is higher than the statewide population percentages. Compared to SFY 17 Q4 the racial composition percentages of children served are the same. The overall results reflect the continued high utilization of Mobile Crisis as an effective and valued community service for Connecticut families, schools and other services.

Trend: →

How Much Did We Do?

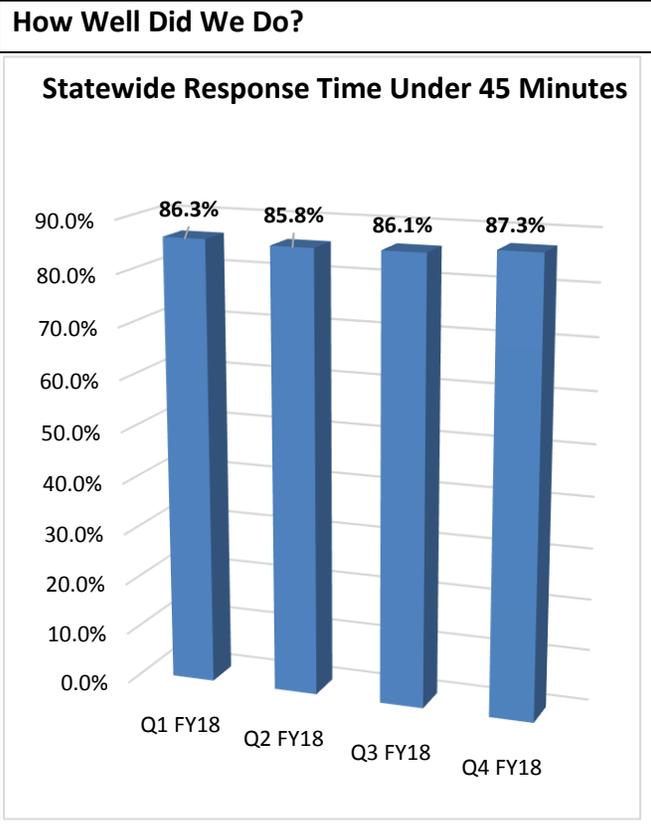
Episodes Per Child

Q1 FY18	DCF Child	Non-DCF Child	Total
1	237 (18.8%)	1024 (81.2%)	1,261
2	35 (37.2%)	59 (62.8%)	94
3	5 (23.8%)	16 (76.2%)	21
4 or More	2 (25.0%)	6 (75.0%)	8
Q2 FY18	DCF Child	Non-DCF Child	Total
1	305 (13.5%)	1953 (86.5%)	2,258
2	46 (19.7%)	188 (80.3%)	234
3	11 (28.9%)	27 (71.1%)	38
4 or More	4 (40.0%)	6 (60.0%)	10
Q3 FY18	DCF Child	Non-DCF Child	Total
1	312 (13.5%)	2006 (86.5%)	2,318
2	42 (19.7%)	171 (80.3%)	213
3	4 (12.5%)	28 (87.5%)	32
4 or More	2 (20.0%)	8 (80.0%)	10
Q4 FY18	DCF Child	Non-DCF Child	Total
1	342 (14.8%)	1964 (85.2%)	2,306
2	36 (17.4%)	171 (82.6%)	207
3	10 (25.6%)	29 (74.4%)	39
4 or More	1 (12.5%)	7 (87.5%)	8

Story Behind the Baseline: In SFY 18 Q4, of the 2,560* Mobile Crisis episodes of care 90.1% (2,306) involved one response for a child and 98.2% (2,513) involved one or two responses; compared to 89.5% (2,238) and 98.5% (2,462) respectively for SFY 17 Q4. The number of children having 4 or more episodes this quarter is fewer than the last two quarters. The data indicates that Mobile Crisis involvement with a youth and their family continues to significantly reduce the need for additional Mobile Crisis services.

*Note: Only children with DCF/Non DCF status identified were reported.

Trend: →

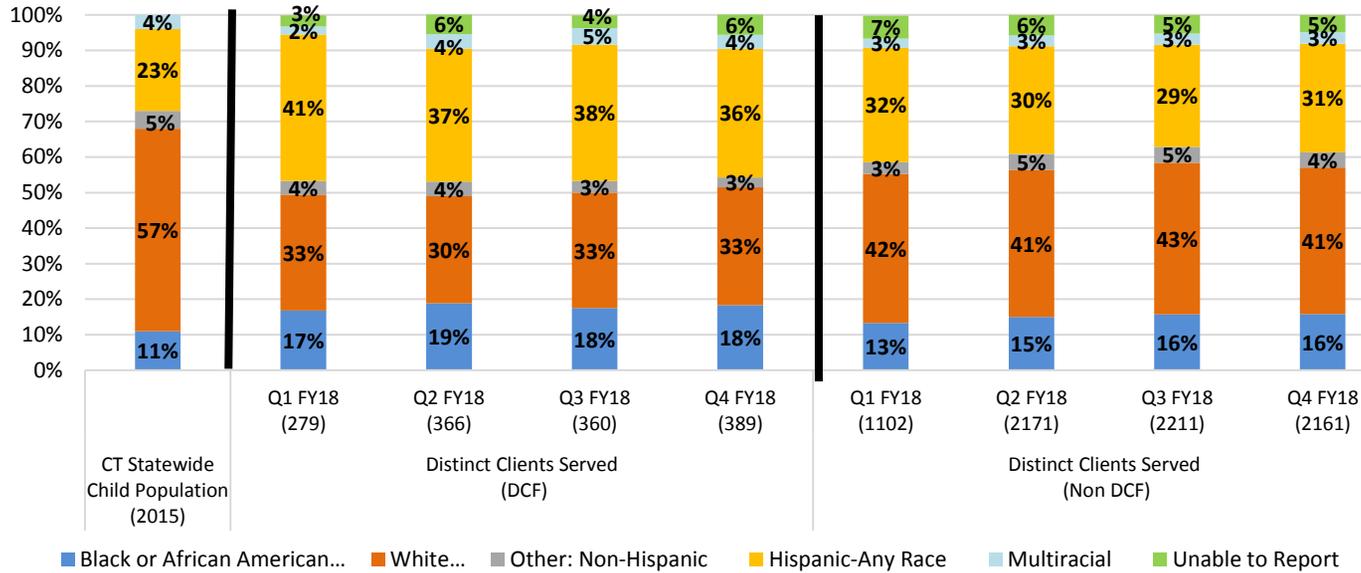


Story Behind the Baseline: In SFY 18 Q4 87.3% of all mobile responses achieved the 45 minute mark compared to 87.9% for SFY 17 Q4. This quarter had the highest response time for this fiscal year. **The median response time for SFY 18 Q4 was 30 minutes.** Since SFY 2011 Mobile Crisis has consistently exceeded the 80% benchmark for a 45 minute or less mobile response to a crisis. This reflects how Mobile Crisis continues to be a highly responsive statewide service system that can quickly engage and deescalate a crisis and return stability to the child and family, school or other setting they are in.

Trend: ↑

How Well Did We Do?

Race & Ethnicity of DCF & Non DCF Clients Served



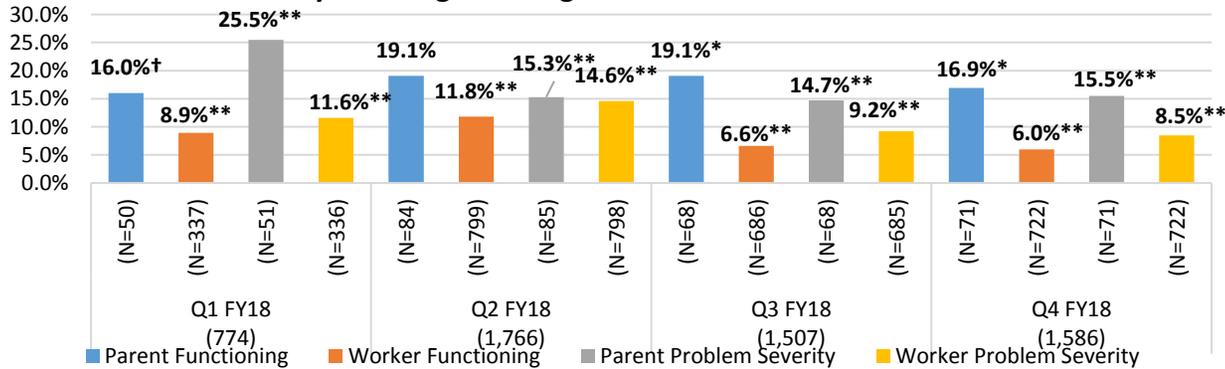
Story Behind the Baseline: In SFY 18 Q4 Hispanic and Black DCF and Non-DCF involved children^{1,2} accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF involved White children accessed the service at lower rates. White Non-DCF involved children utilized Mobile Crisis at higher rates than their DCF involved counterparts. Both Hispanic and Black DCF involved children utilized Mobile Crisis at higher rates than Non-DCF children.

Notes: ¹Only children having their DCF or non DCF status identified were reported. ²For the Distinct Clients served some had multiple episodes as identified above in Episodes per Child. ³Remaining in Care represents an open EMPS episode at the end of the respective quarter.

Trend: →

Is Anyone Better Off?

% Clinically Meaningful Change For Statewide Ohio Scale Scores



Story Behind the Baseline: The Ohio Scales have demonstrated clinically significant positive changes for children following a Mobile Crisis response. The parent and worker functioning scales saw an increase of 16.69% and 6% respectively in SFY 18 Q4 and an average 15.5% and 8.5% decline in child problem severity respectively following Mobile Crisis involvement. The SFY 18 Q4 parent and worker ratings for functioning were higher than SFY 17 Q4. Despite the relative short time of service engagement the Ohio Scales reflect the continued effectiveness of Mobile Crisis in diffusing the immediate crisis and supporting the positive growth and success of youth. (With smaller quarterly samples, more variable scores can influence the total score resulting in greater variability in change scores between quarters).

¹Note: Statewide Ohio Scales Scores are based on paired intake and discharge scores. ²Note: Statistical Significance: † .05-.10; * P < .05; **P < 0.01

Trend: ↑

Proposed Actions to Turn the Curve:

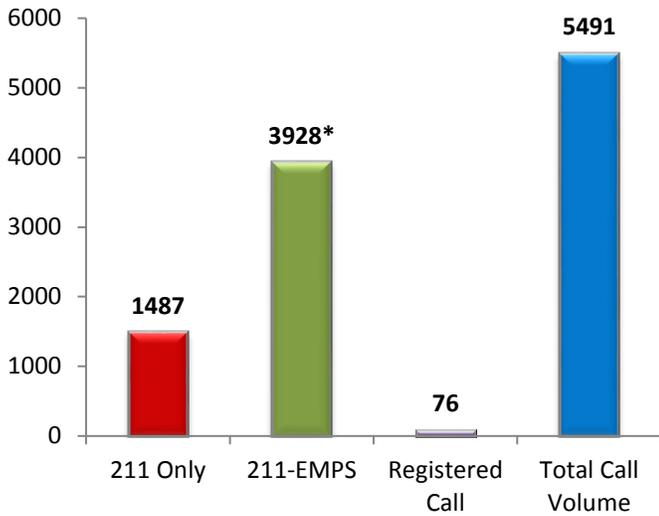
- Implement outreach to pediatricians to increase their utilization of Mobile Crisis.
- Continue outreach to Emergency Departments to support their ongoing collaboration with Mobile Crisis.
- Continue outreach to school districts, charter schools and technical schools to support their ongoing collaboration.
- Continue to increase the parent completion rates for the Ohio Scales.
- Continue to have each Mobile Crisis provider complete their own RBA report card on a quarterly basis in support of their internal quality assurance, quality improvement activities for the Performance Improvement Center.
- Each RBA report card review includes a focus on the racial and ethnic distributions of the children served within each region by Mobile Crisis.

Data Development Agenda:

- Work with providers to address regional service area demographics for race and ethnicity in their RBA report card stories.
- Work with providers to develop data regarding school, Emergency Department and pediatrician utilization of Mobile Crisis.

Section II: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type



*Note: 2 Calls are Crisis-Response follow-up

Figure 2. Total Call Volume per Quarter by Call Type

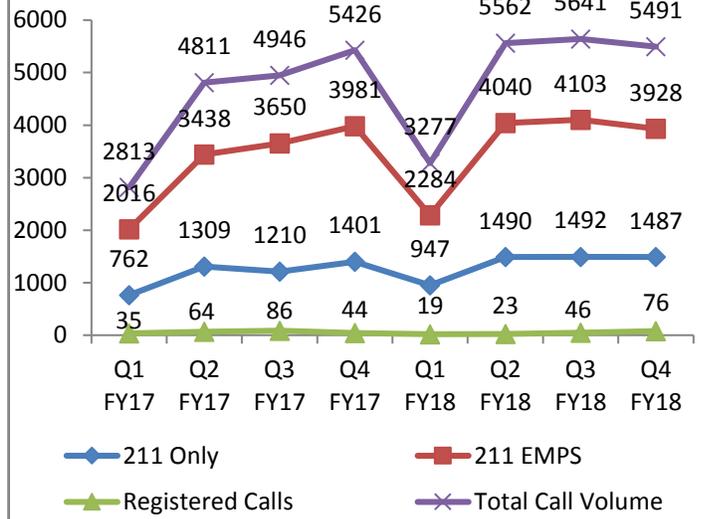
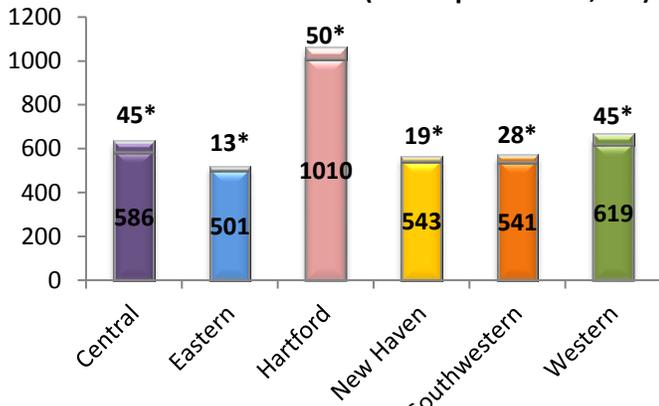


Figure 3. Mobile Crisis Response Episodes by Service Area (Total Episodes = 4,000)



*After Hours Calls

Figure 4. Mobile Crisis Episodes per Quarter by Service Area

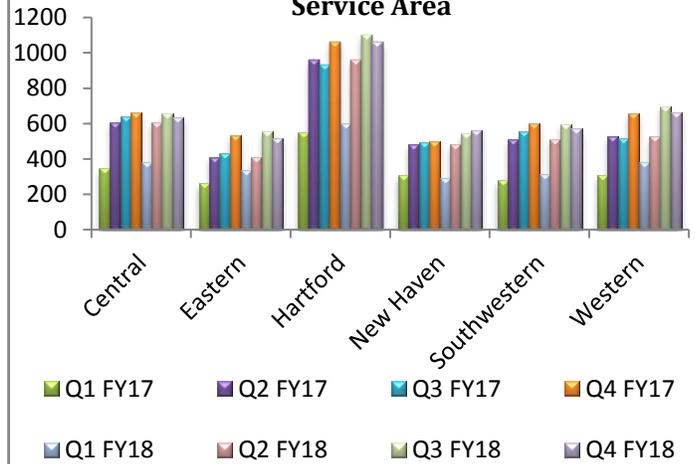


Figure 5. Number Served Per 1,000 Children (Current Quarter)

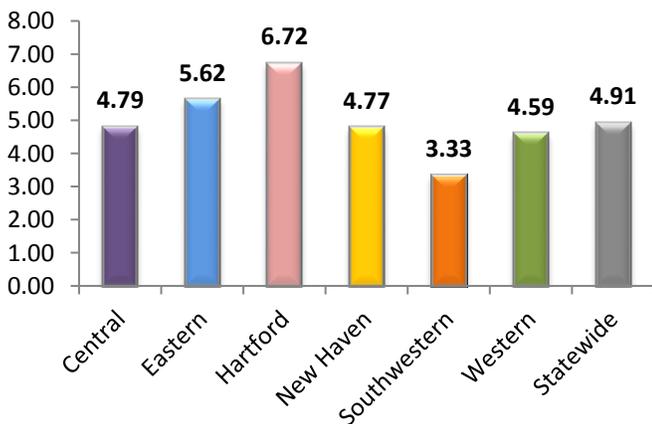


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

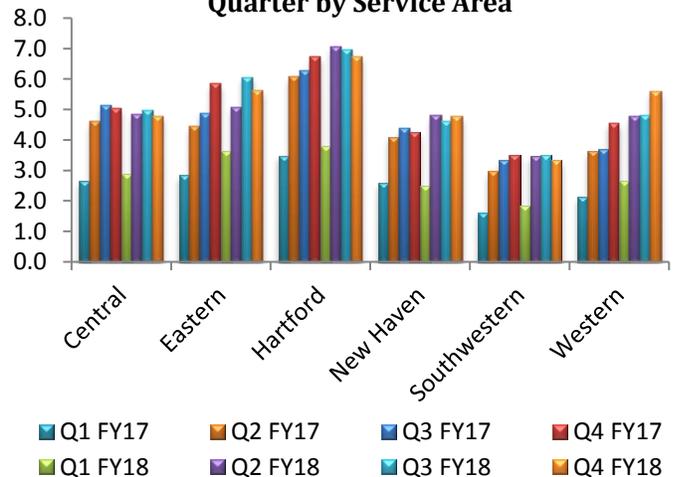


Figure 7. Number Served Per 1,000 Children in Poverty (Current Quarter)

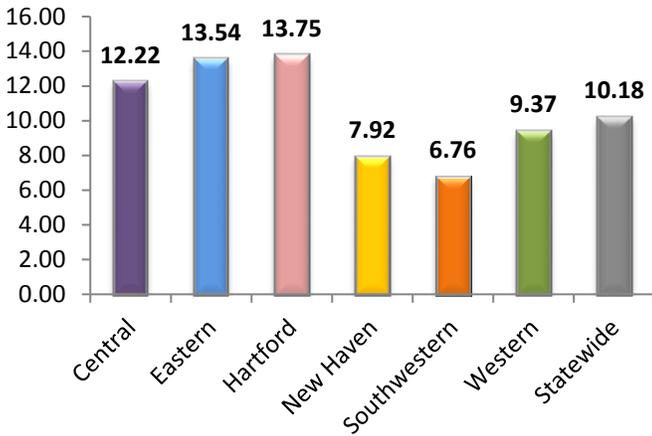


Figure 8. Number Served Per 1,000 Children in Poverty

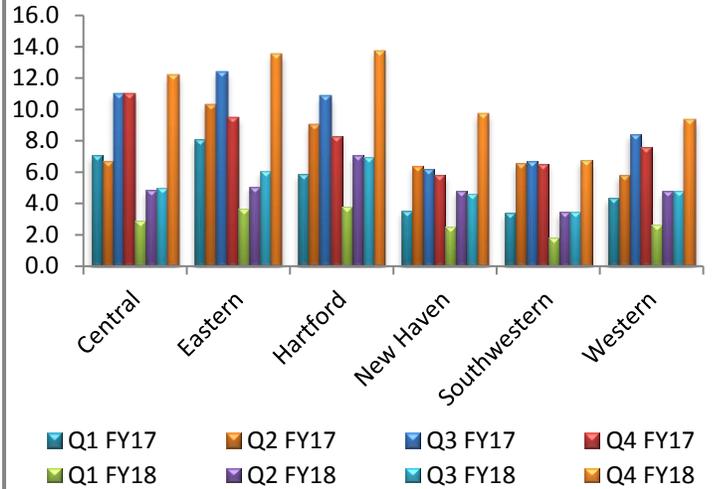


Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area (Current Quarter)

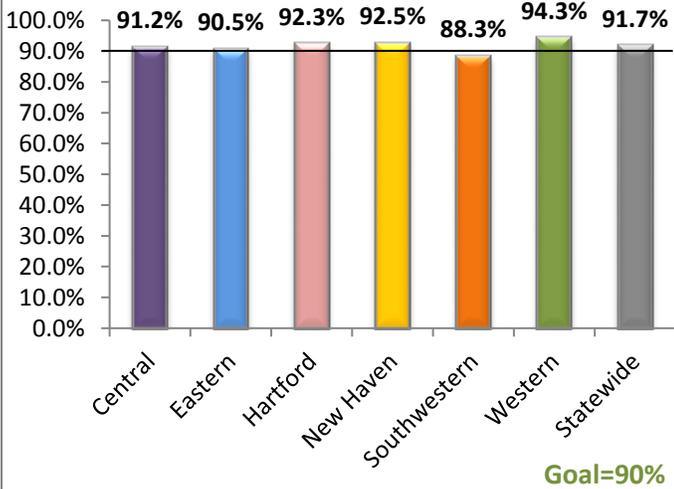


Figure 10. Mobile Response (Mobile and Deferred Mobile) by Service Area (Current Quarter)

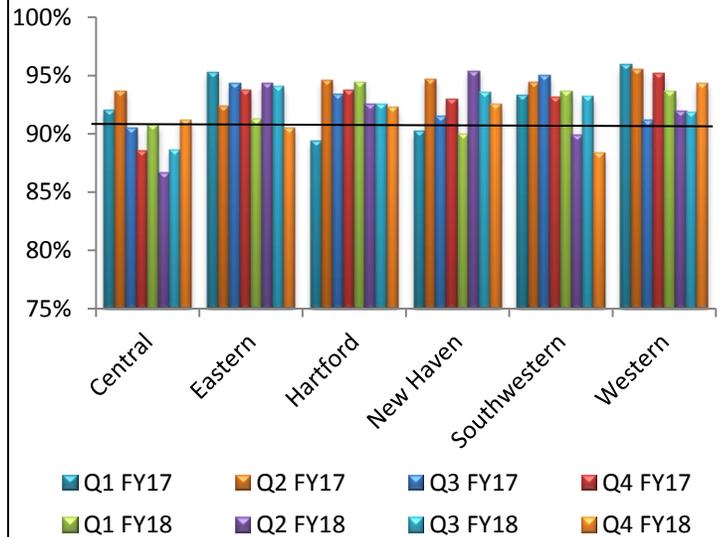


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes (Current Quarter)

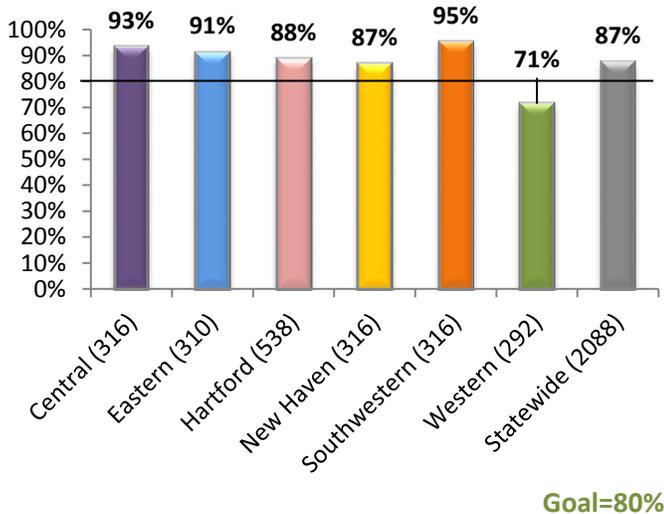
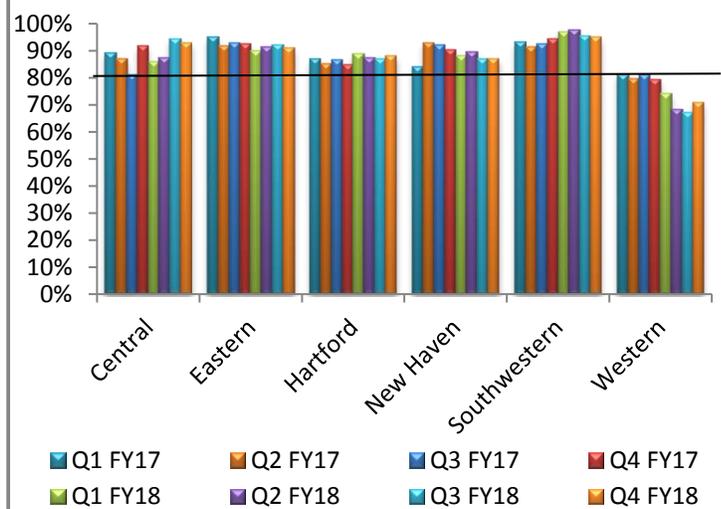
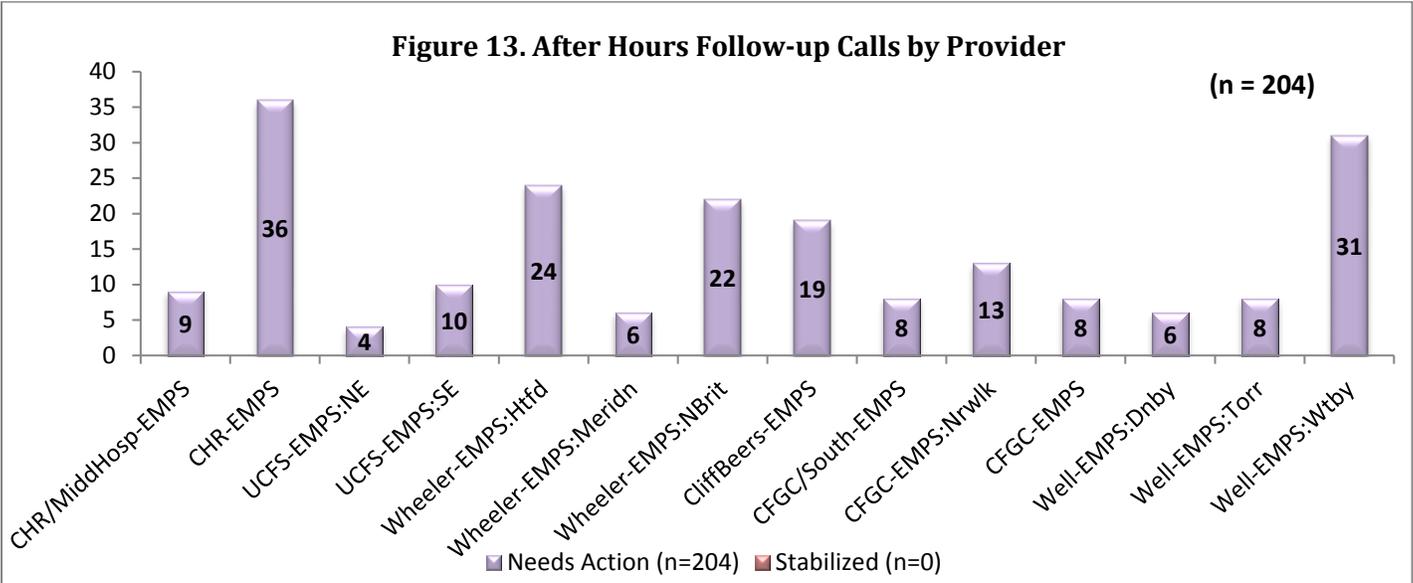


Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area





Section III: Mobile Crisis Response

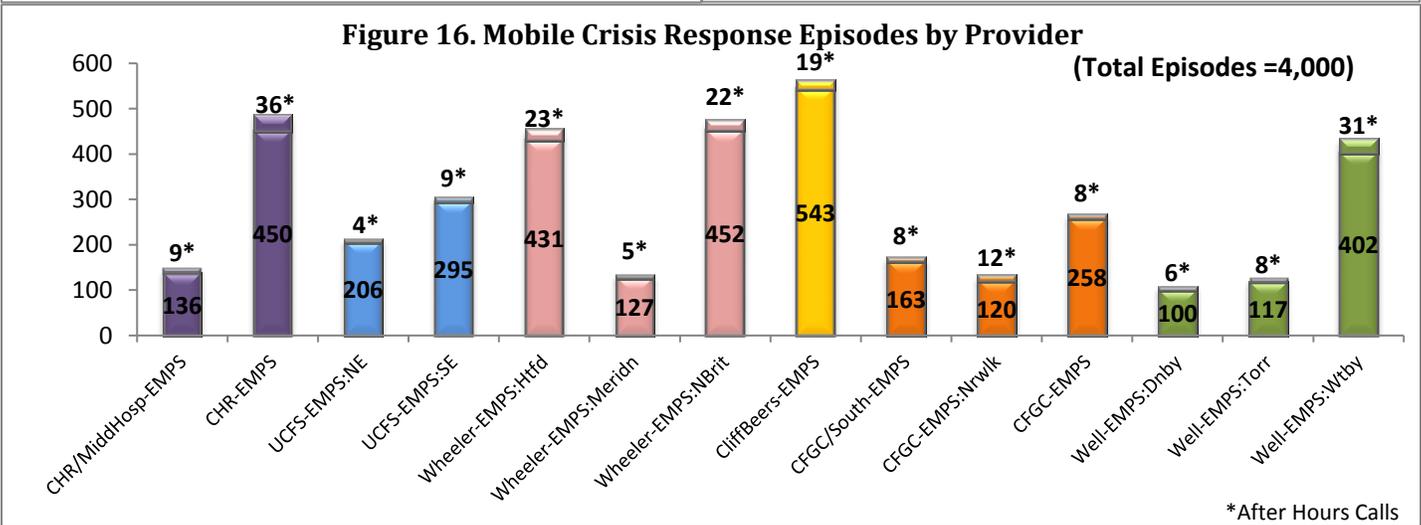
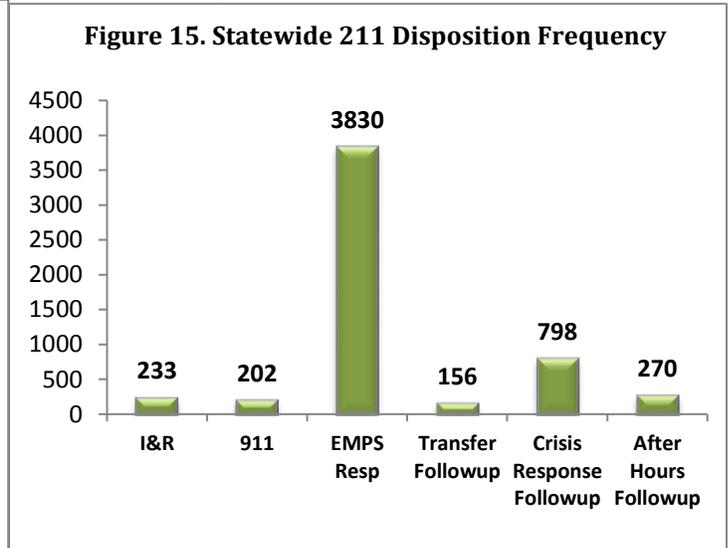
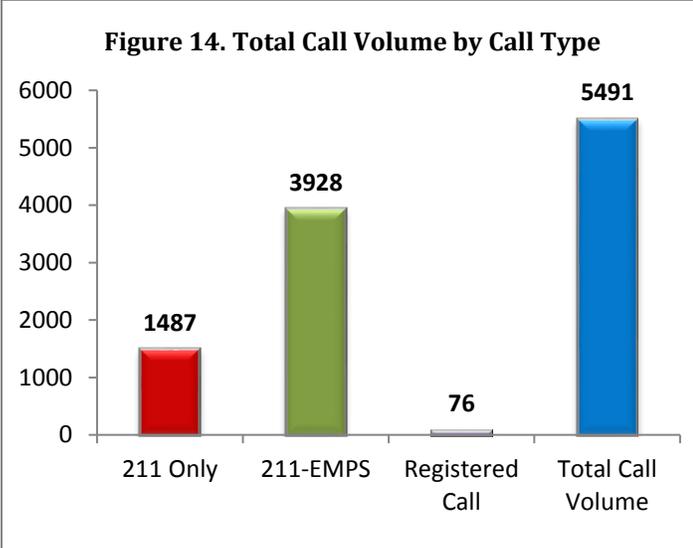


Figure 17. Number Served Per 1,000 Children by Provider (Current Quarter)

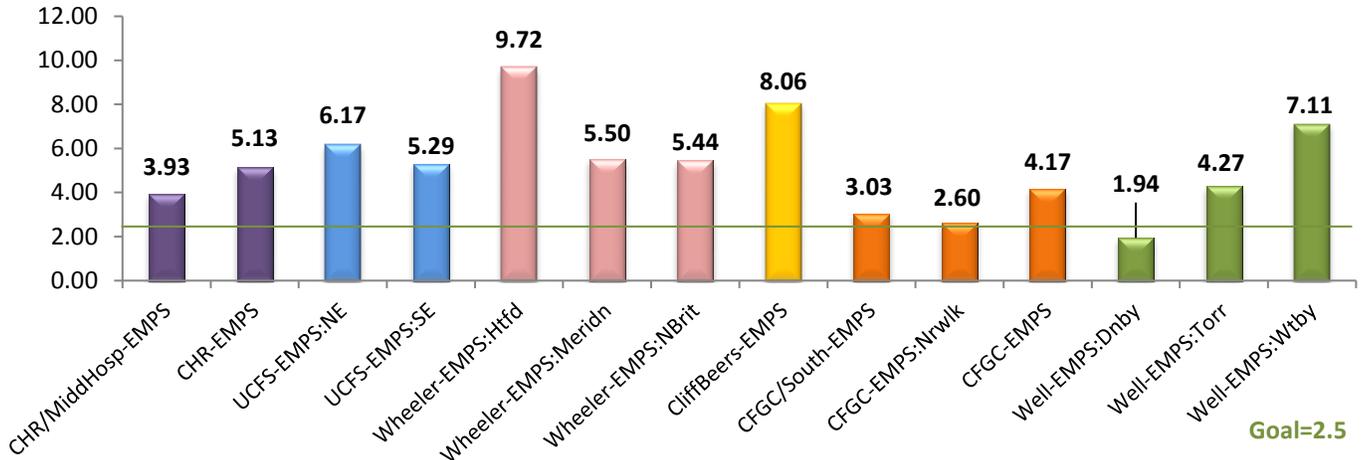


Figure 18. Episode Intervention Crisis Response Types by Service Area

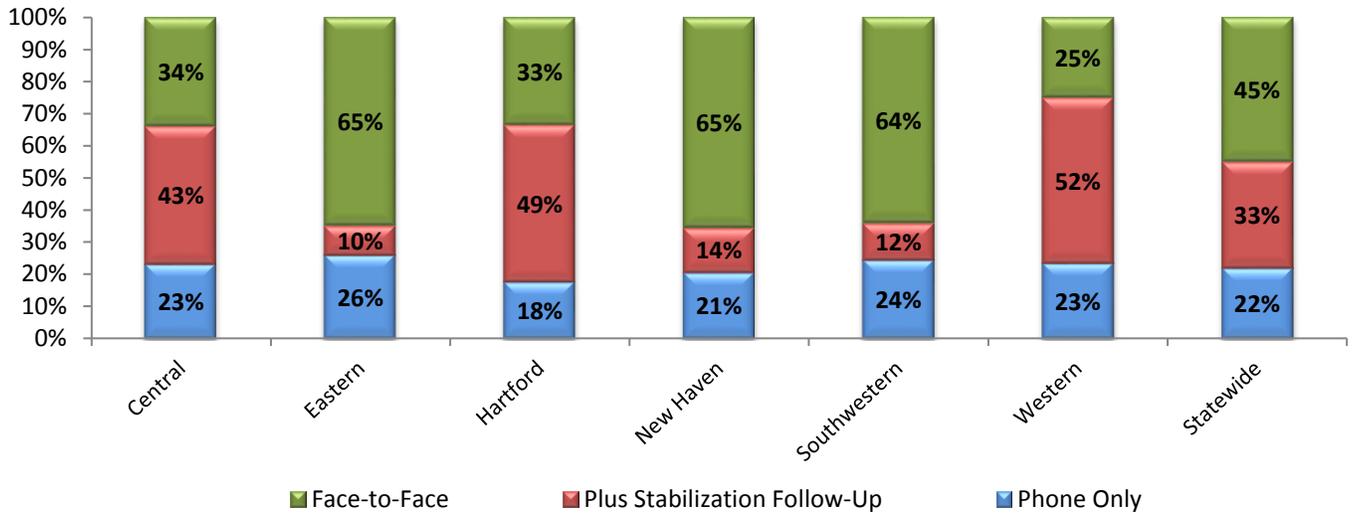
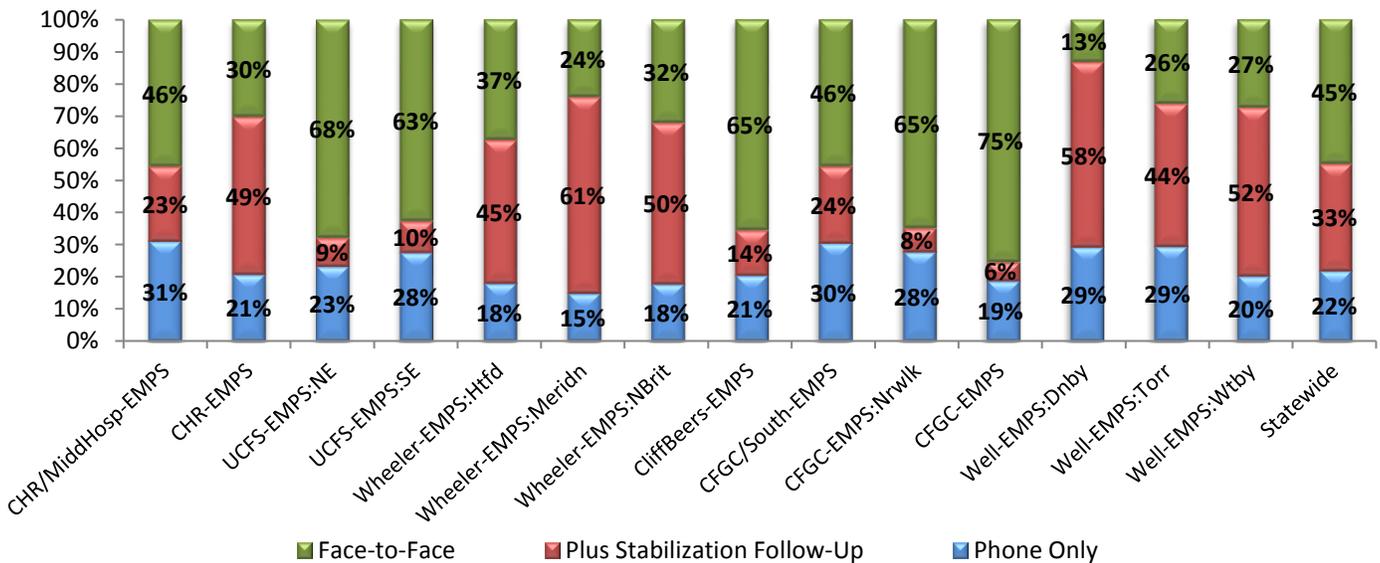


Figure 19. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 20. Gender of Children Served Statewide

(N = 4,004)

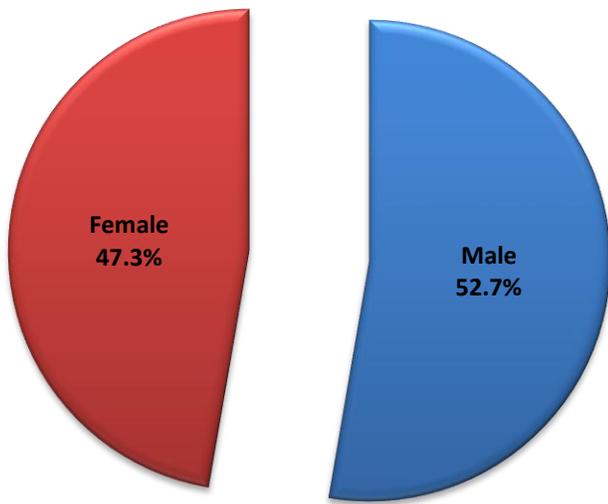


Figure 21. Age Groups of Children Served Statewide

(N = 4,004)

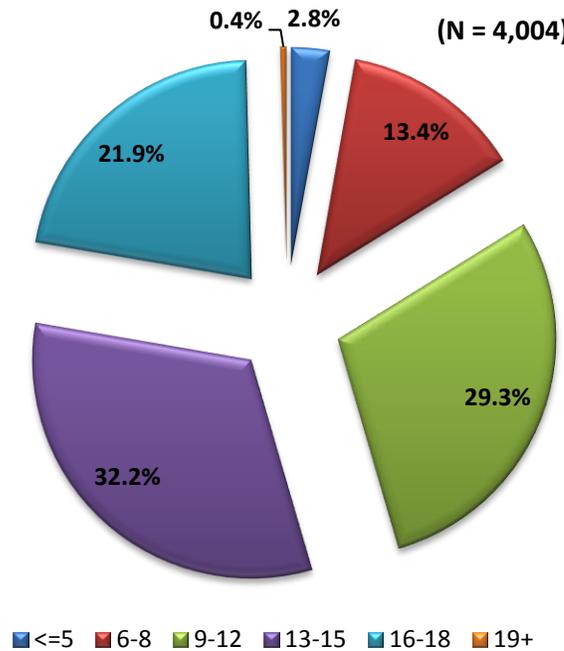


Figure 22. Ethnic Background of Children Served Statewide

(N = 4,004)

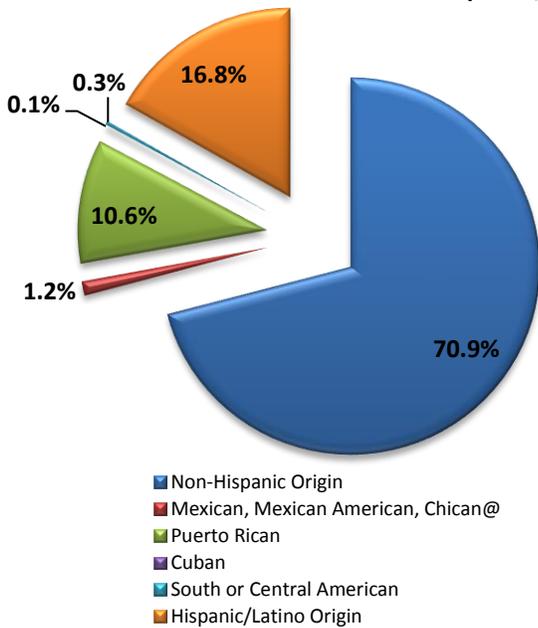
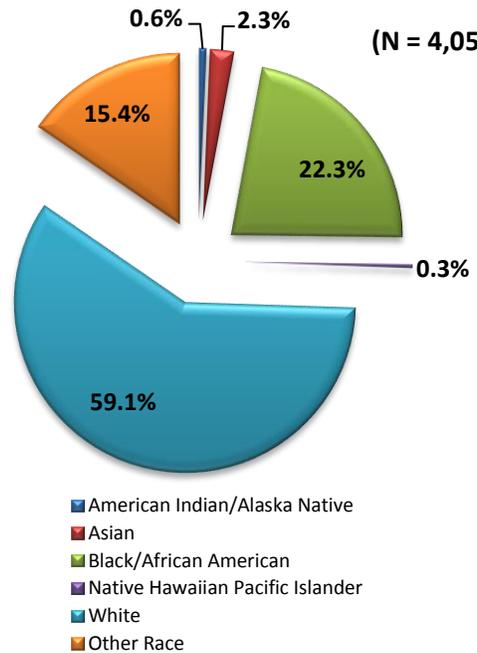


Figure 23. Race of Children Served Statewide

(N = 4,055)



Note: Clients may self-identify more than one Race.

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

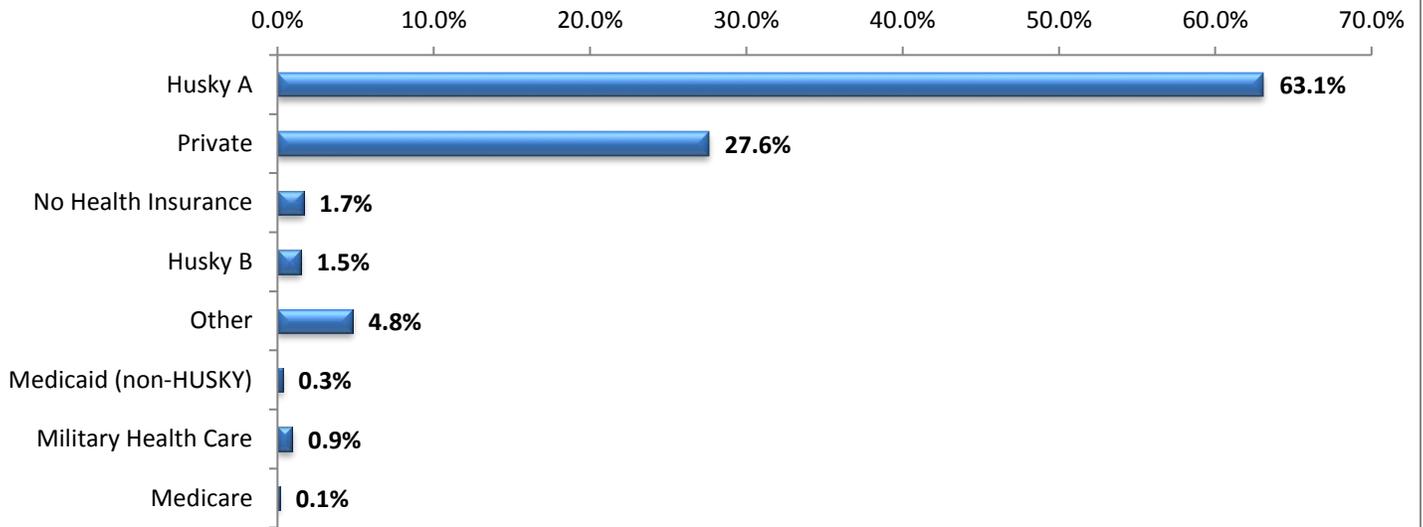
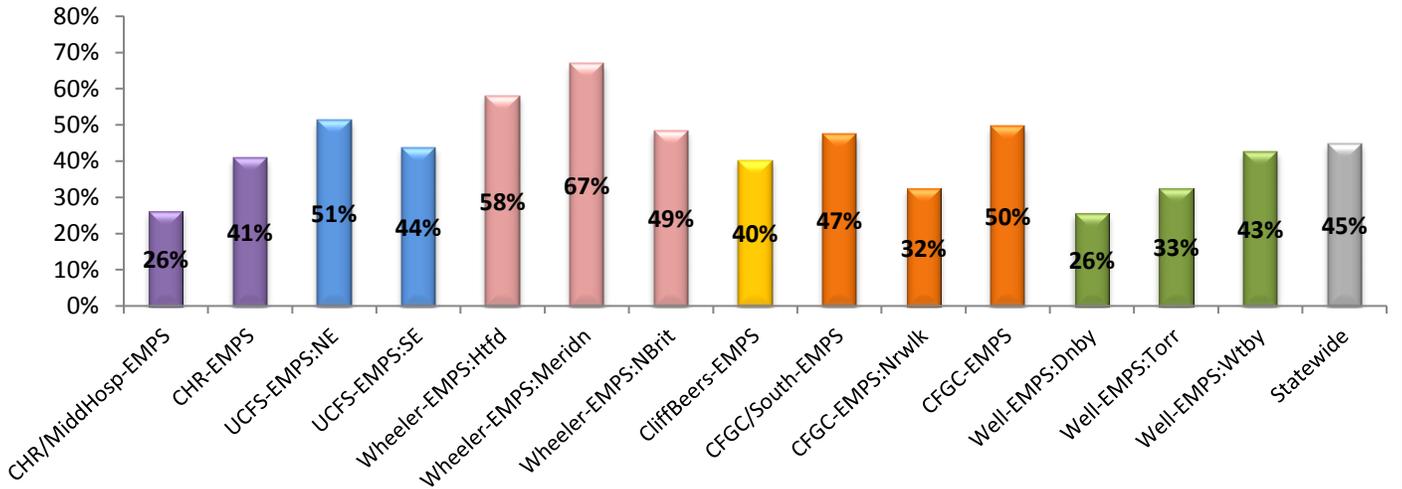
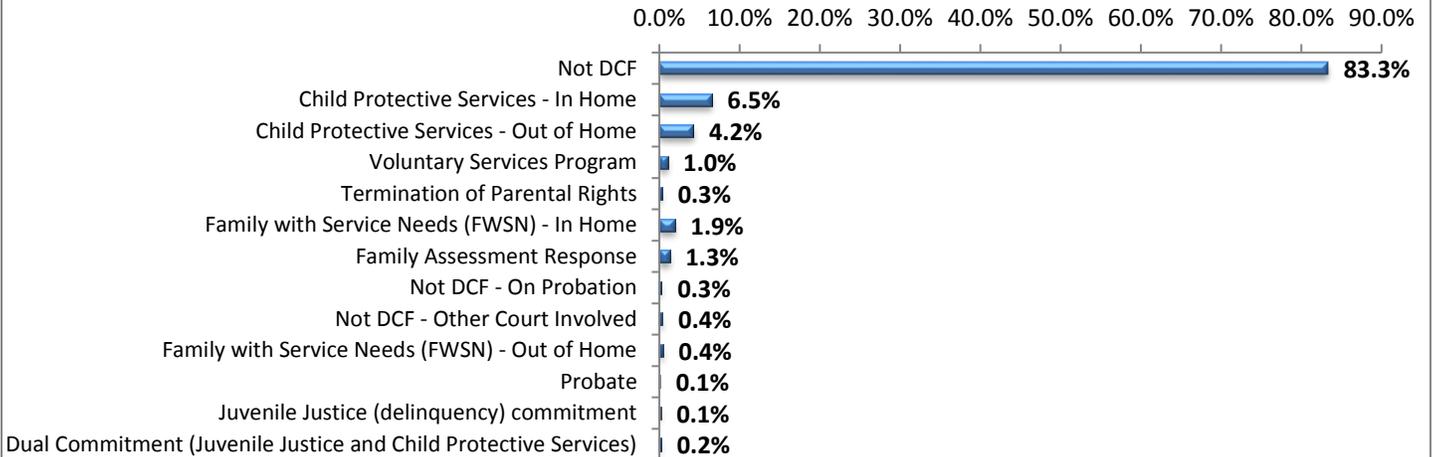


Figure 25. Families that Answered "Yes" TANF* Eligible



*TANF=Temporary Assistance for Needy Families

Figure 26. Client DCF* Status at Intake Statewide



*DCF=Department of Children and Families

Section V: Clinical Functioning

Figure 27. Top Six Client Primary Presenting Problems by Service Area

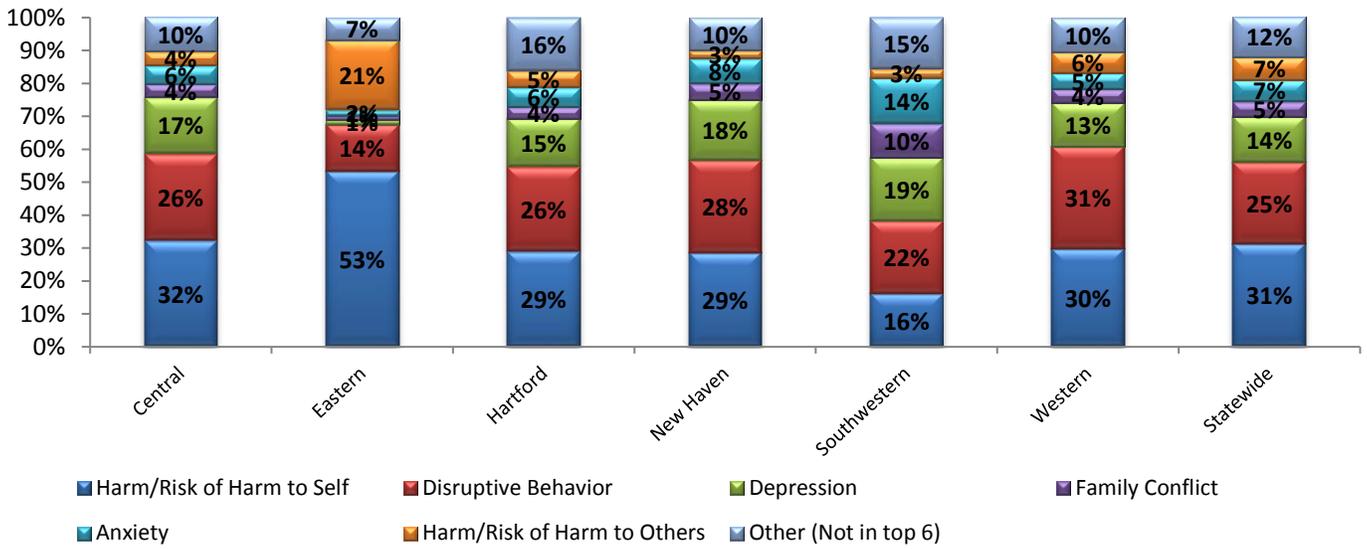


Figure 28. Distribution of Client Primary Diagnosis Categories at Intake Statewide

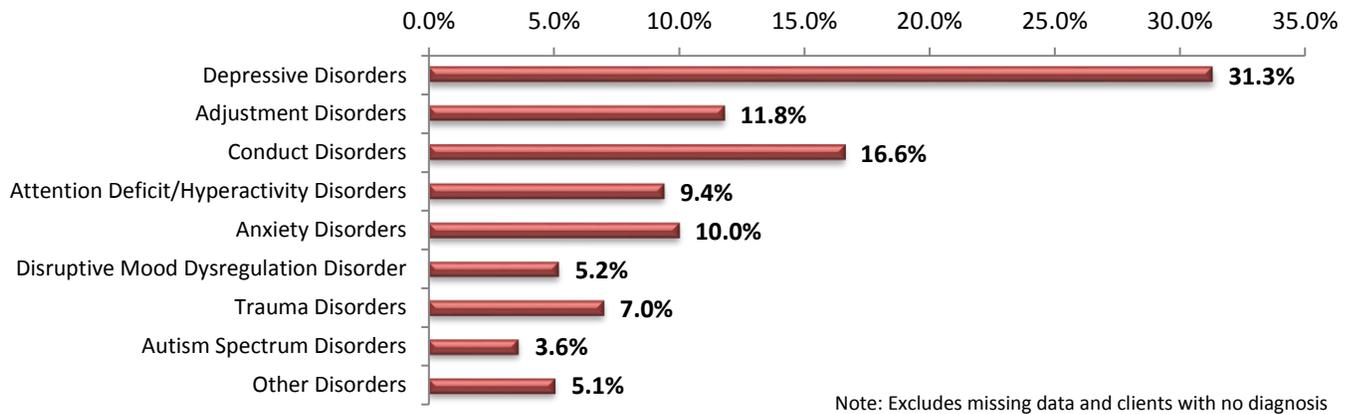


Figure 29. Distribution of Client Secondary Diagnosis Categories at Intake Statewide

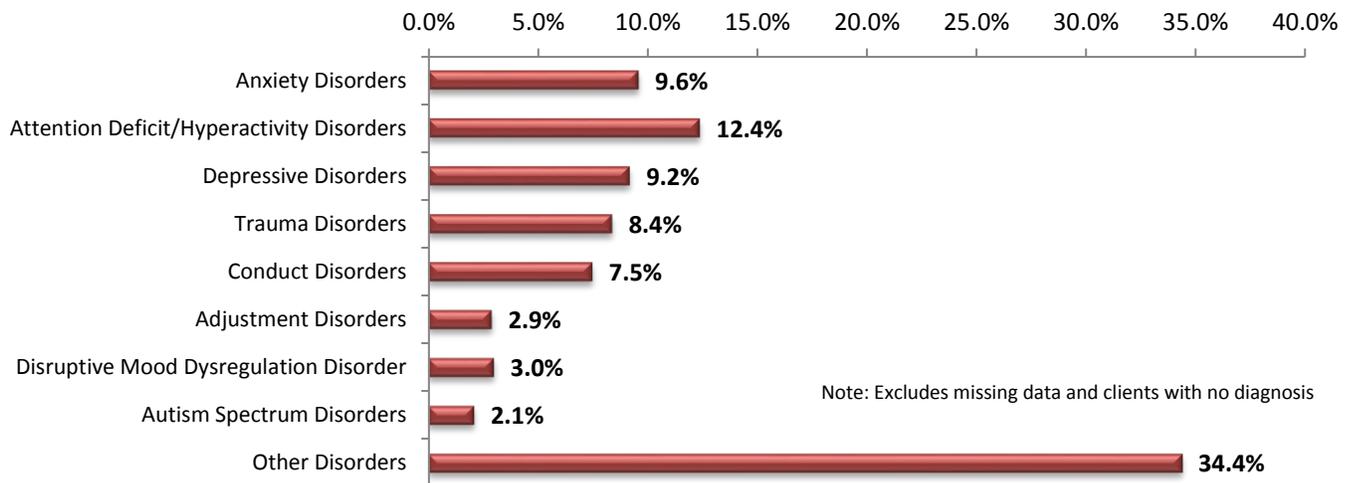


Figure 30. Top 6 Client Primary Diagnostic Categories at Intake by Service Area

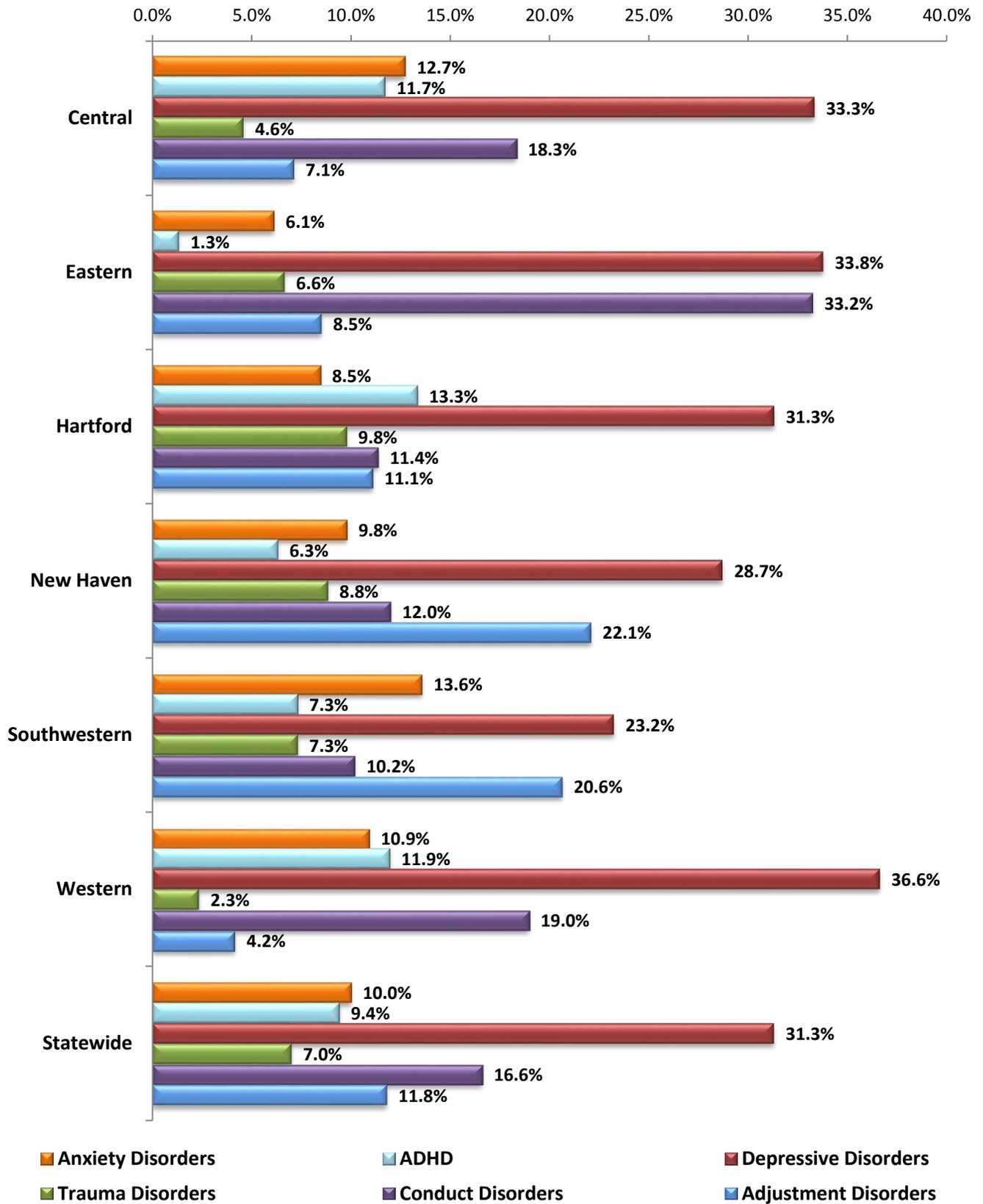


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

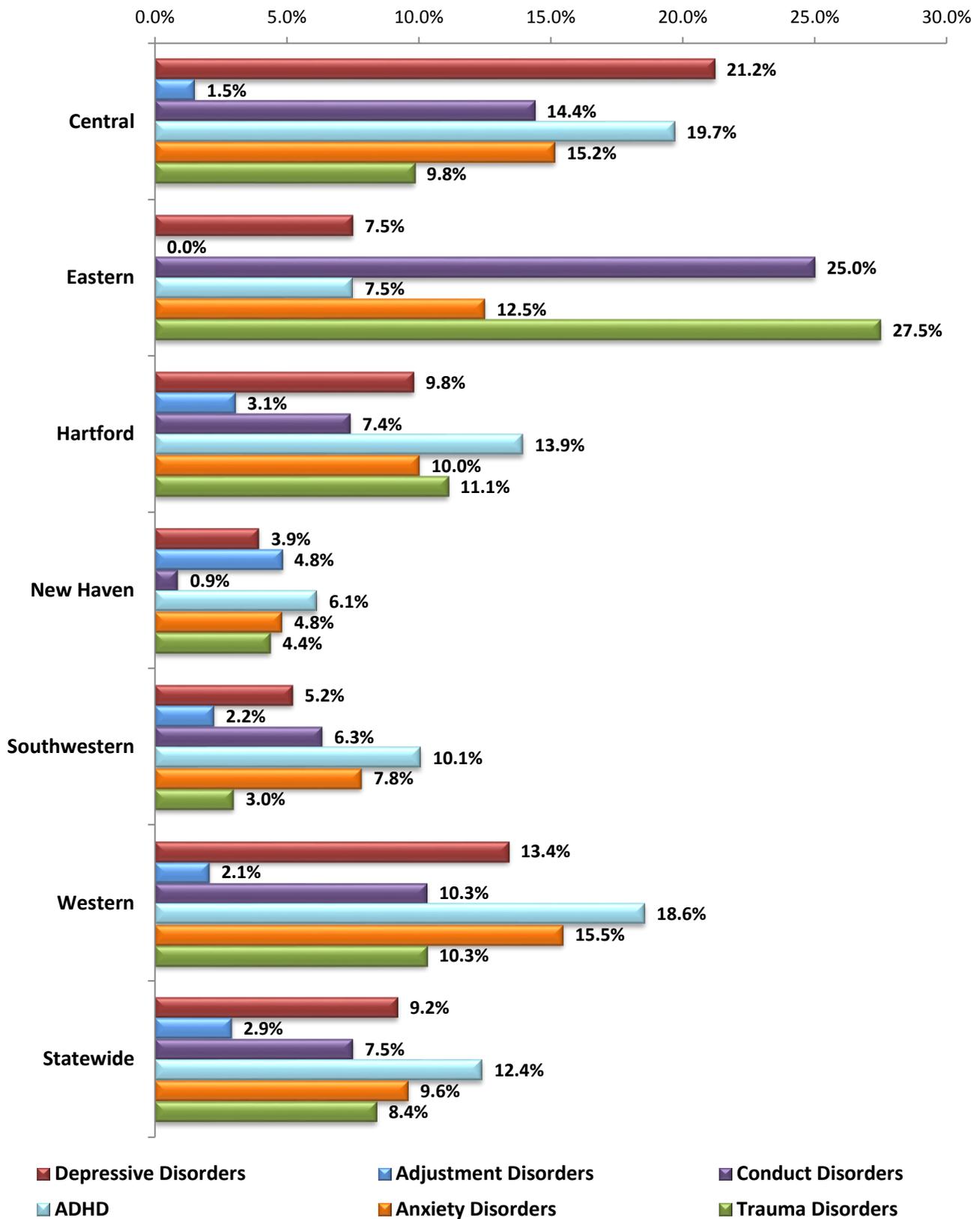


Figure 32. Children Meeting SED* Criteria by Service Area

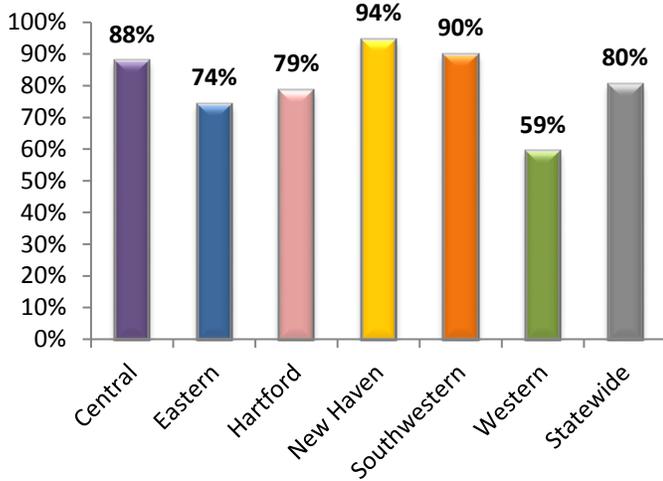


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

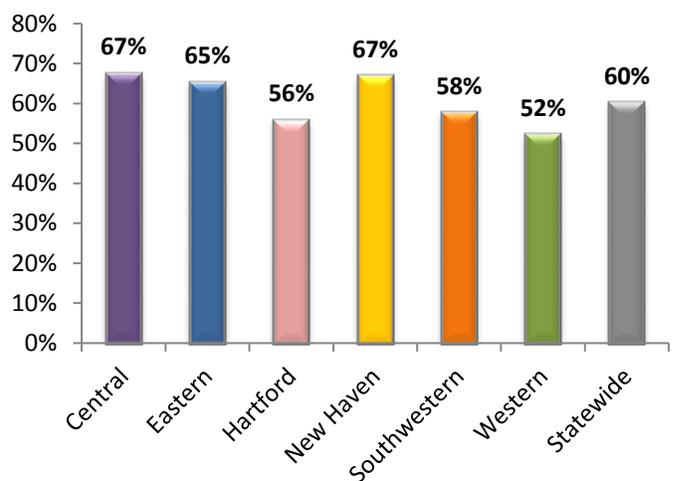


Figure 34. Type of Trauma Reported at Intake by Service Area

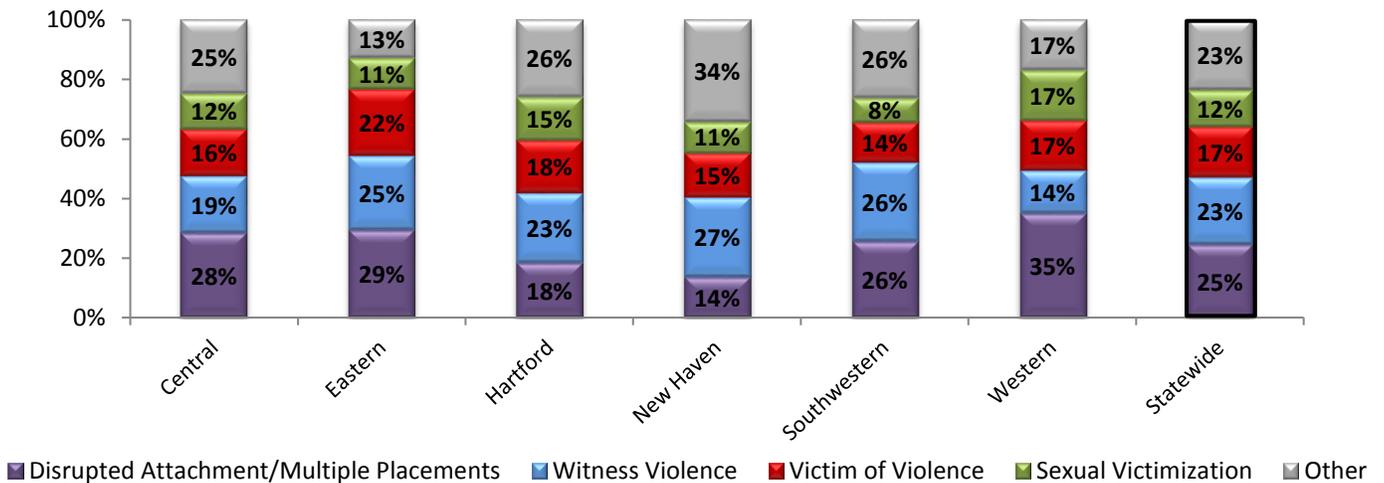


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

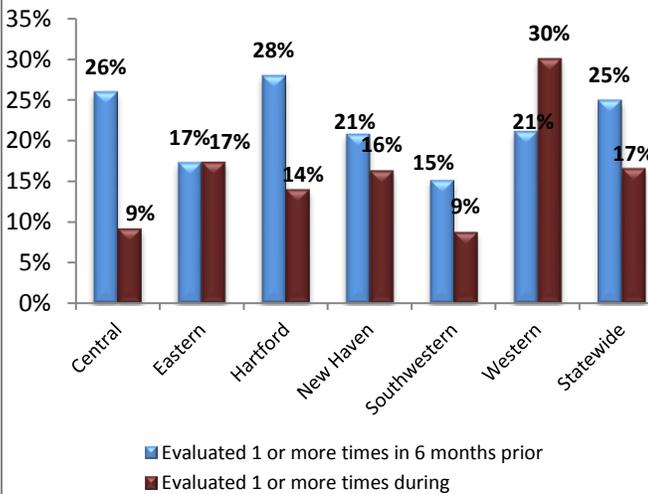
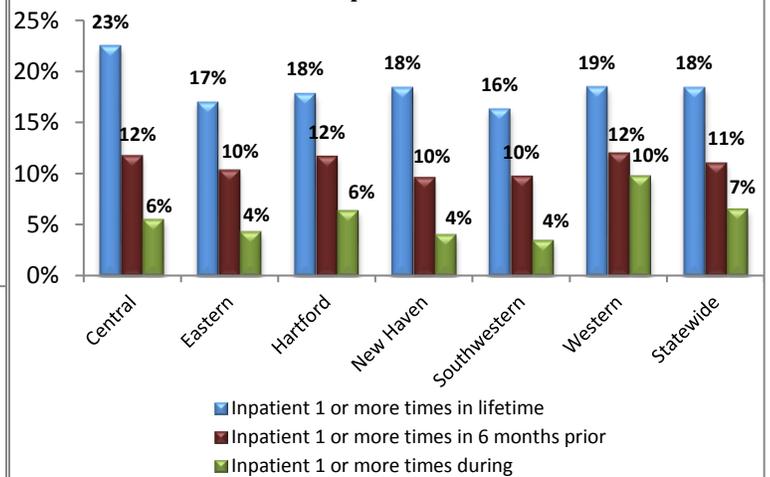


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

Figure 37. Referral Sources Statewide (Current Quarter)

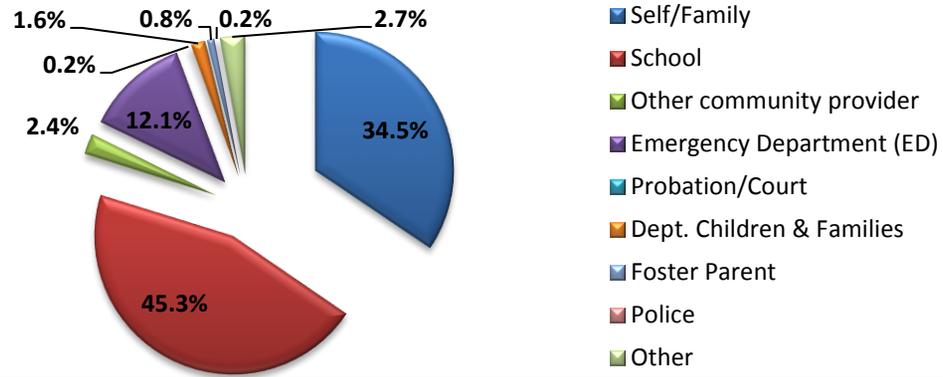
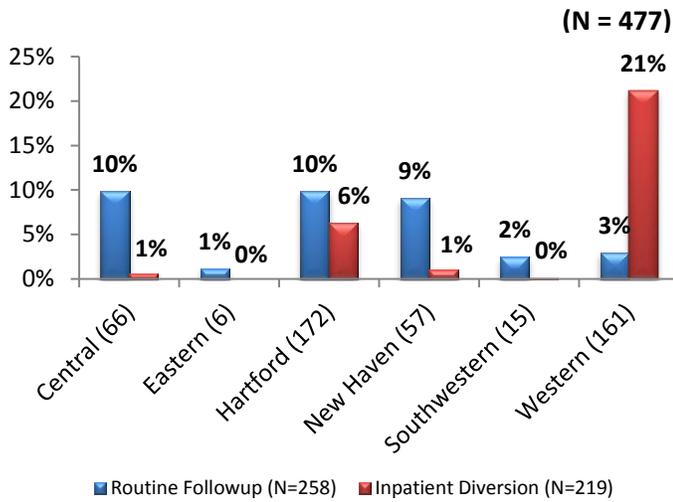


Table 1. Referral Sources (Q4 FY 2018)

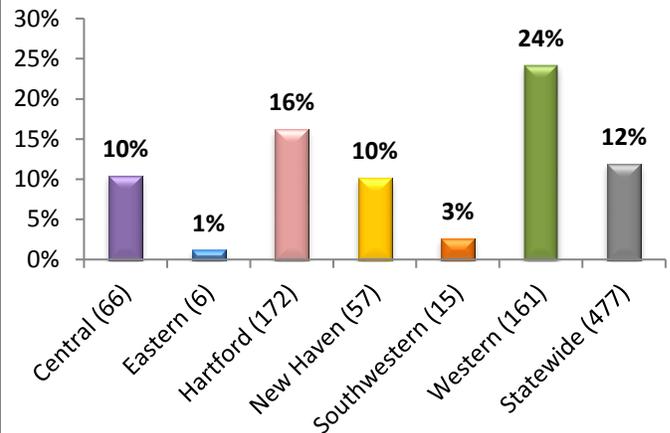
	Self/Family	Family Adv.	School	Info-Line (211)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	34.5%	0.0%	45.3%	0.0%	0.6%	2.4%	12.1%	0.2%	1.6%	1.3%	0.2%	0.8%	0.2%	0.4%	0.1%	0.1%
CENTRAL	38.4%	0.0%	38.0%	0.0%	1.9%	3.6%	10.3%	0.0%	0.3%	1.9%	1.7%	0.2%	1.6%	1.1%	0.8%	0.2%
CHR/MidHosp-EMPS	46.9%	0.0%	33.8%	0.0%	0.7%	4.1%	9.7%	0.7%	0.7%	2.1%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%
CHR-EMPS	35.8%	0.0%	39.3%	0.0%	2.3%	3.5%	10.5%	0.2%	2.3%	1.6%	0.2%	2.1%	1.4%	0.6%	0.2%	0.0%
EASTERN	40.9%	0.0%	51.4%	0.0%	0.6%	1.9%	1.2%	0.0%	0.4%	1.6%	1.0%	0.2%	1.0%	0.0%	0.0%	0.0%
UCFS-EMPS:NE	41.4%	0.0%	49.0%	0.0%	0.5%	1.4%	1.9%	0.5%	1.0%	2.4%	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%
UCFS-EMPS:SE	40.5%	0.0%	53.0%	0.0%	0.7%	2.3%	0.7%	0.3%	2.0%	0.0%	0.3%	0.3%	0.0%	0.0%	0.0%	0.0%
HARTFORD	28.9%	0.1%	46.8%	0.0%	0.3%	1.9%	17.2%	0.0%	0.3%	1.8%	2.3%	0.0%	0.3%	0.1%	0.1%	0.0%
Wheeler-EMPS:Htfd	19.6%	0.0%	52.2%	0.0%	0.4%	1.5%	21.4%	0.4%	2.2%	2.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%
Wheeler-EMPS:Meridn	31.6%	0.0%	51.9%	0.0%	0.0%	0.8%	12.0%	0.0%	3.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Wheeler-EMPS:NBrit	37.1%	0.2%	40.3%	0.0%	0.2%	2.5%	14.6%	0.2%	1.1%	3.0%	0.0%	0.4%	0.2%	0.2%	0.0%	0.0%
NEW HAVEN	36.5%	0.0%	47.0%	0.0%	0.2%	2.5%	10.1%	0.0%	0.0%	1.4%	0.4%	0.0%	1.1%	0.2%	0.5%	0.2%
CliffBeers-EMPS	36.5%	0.0%	47.0%	0.0%	0.2%	2.5%	10.1%	0.0%	1.4%	0.4%	0.0%	1.1%	0.2%	0.5%	0.2%	0.0%
SOUTHWESTERN	40.4%	0.0%	49.3%	0.0%	0.5%	3.0%	2.6%	0.0%	0.0%	1.9%	0.0%	0.7%	1.2%	0.0%	0.0%	0.4%
CFGC/South-EMPS	36.3%	0.0%	53.8%	0.0%	1.2%	5.3%	0.0%	0.0%	2.3%	0.0%	0.6%	0.6%	0.0%	0.0%	0.0%	0.0%
CFGC-EMPS:Nrwk	45.9%	0.0%	46.6%	0.0%	0.0%	1.5%	2.3%	0.0%	0.8%	0.0%	2.3%	0.0%	0.0%	0.0%	0.8%	0.0%
CFGC-EMPS	40.2%	0.0%	47.7%	0.0%	0.4%	2.3%	4.5%	0.0%	2.3%	0.0%	0.0%	2.3%	0.0%	0.0%	0.4%	0.0%
WESTERN	28.1%	0.2%	40.1%	0.0%	0.3%	1.8%	24.2%	0.0%	0.5%	1.2%	1.7%	0.3%	0.5%	0.0%	0.9%	0.0%
Well-EMPS:Dnby	38.7%	0.0%	43.4%	0.0%	0.0%	0.9%	4.7%	0.0%	3.8%	1.9%	0.0%	1.9%	0.0%	1.9%	0.0%	2.8%
Well-EMPS:Torr	32.5%	0.0%	50.8%	0.0%	0.0%	4.8%	8.7%	0.0%	0.0%	2.4%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Well-EMPS:Wtby	24.2%	0.2%	36.2%	0.0%	0.5%	1.2%	33.4%	0.7%	0.9%	1.4%	0.2%	0.2%	0.0%	0.9%	0.0%	0.0%

Figure 38. Type of Emergency Dept. Referral



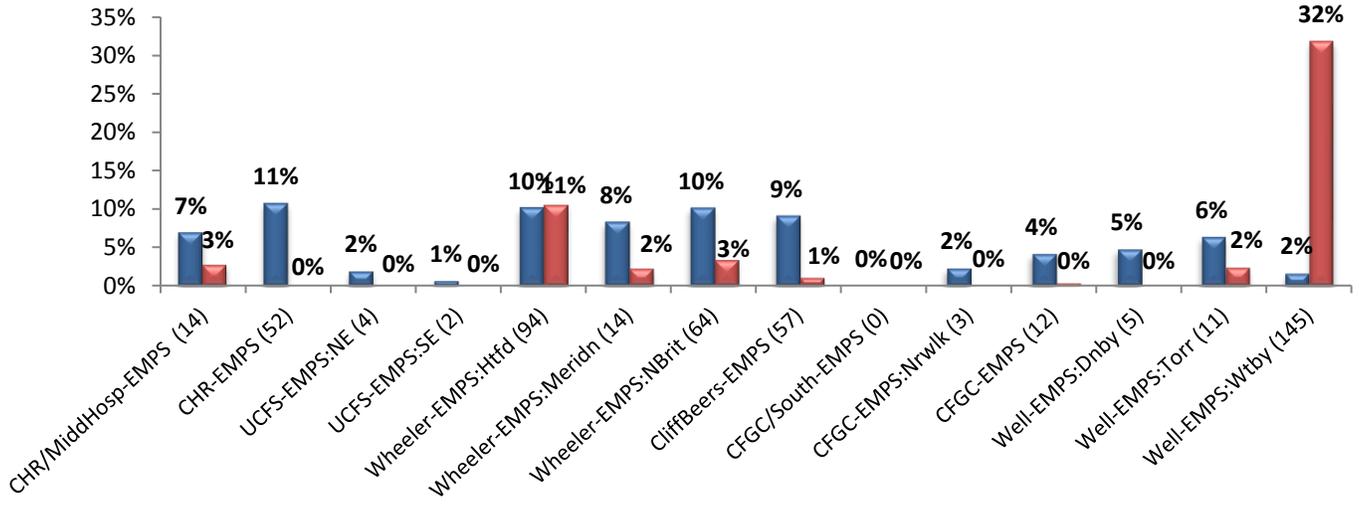
Note: Count total ED referrals are in parenthesis

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



Note: Count total ED referrals are in parenthesis

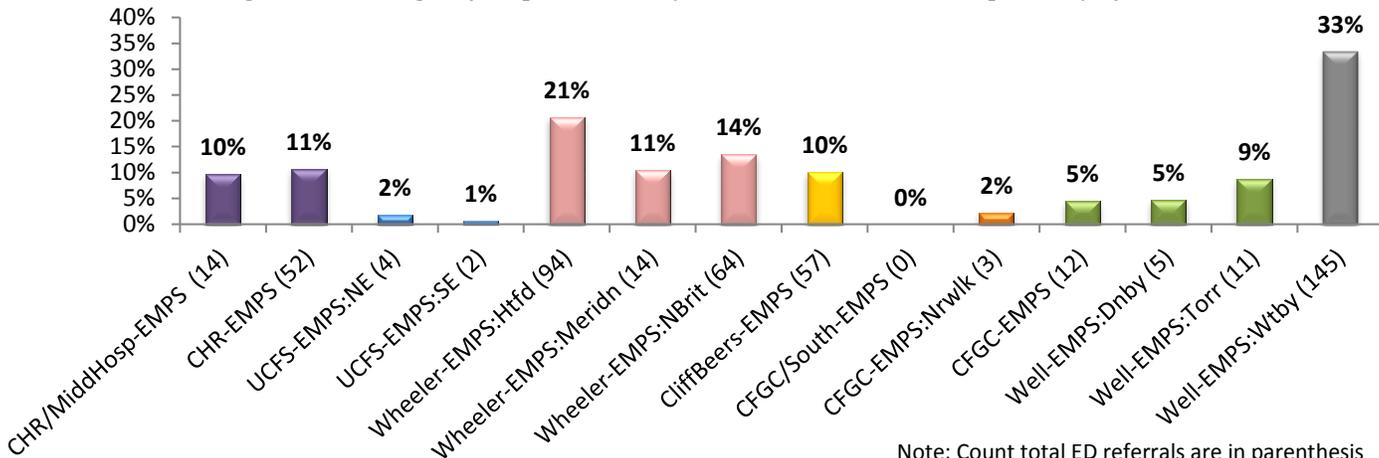
Figure 40. Type of Emergency Department Referrals by Provider



Note: Count total ED referrals are in parenthesis

■ Routine Follow-up (258) ■ Inpatient Diversion (219)

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



Note: Count total ED referrals are in parenthesis

Section VII: 211 Recommendations and Mobile Crisis Response

Figure 42. 211 Recommended Initial Response

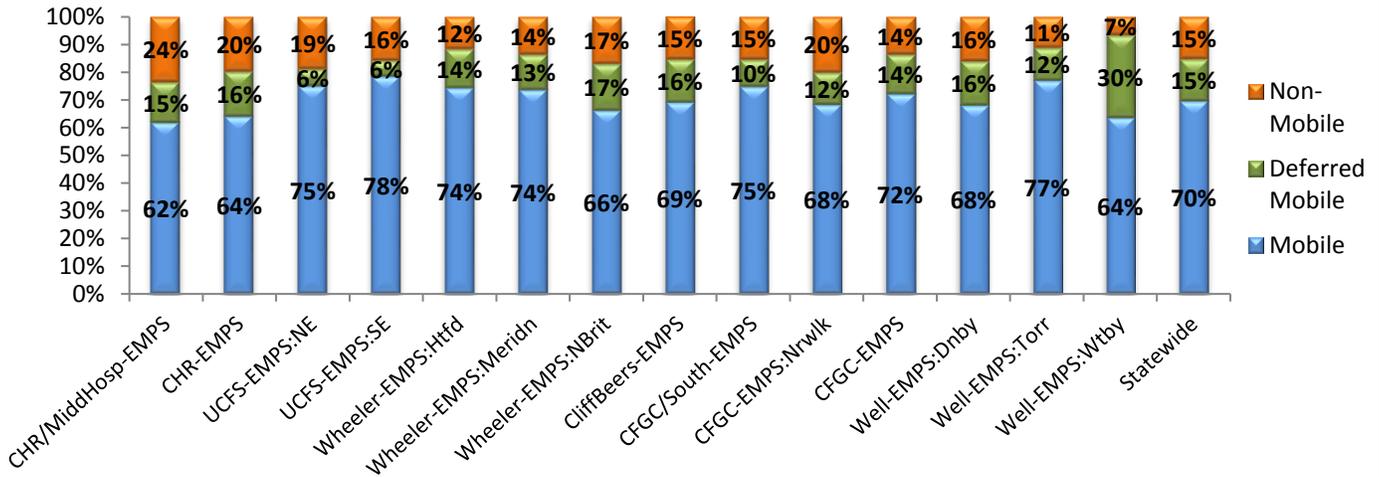


Figure 43. Actual Initial Mobile Crisis Provider Response

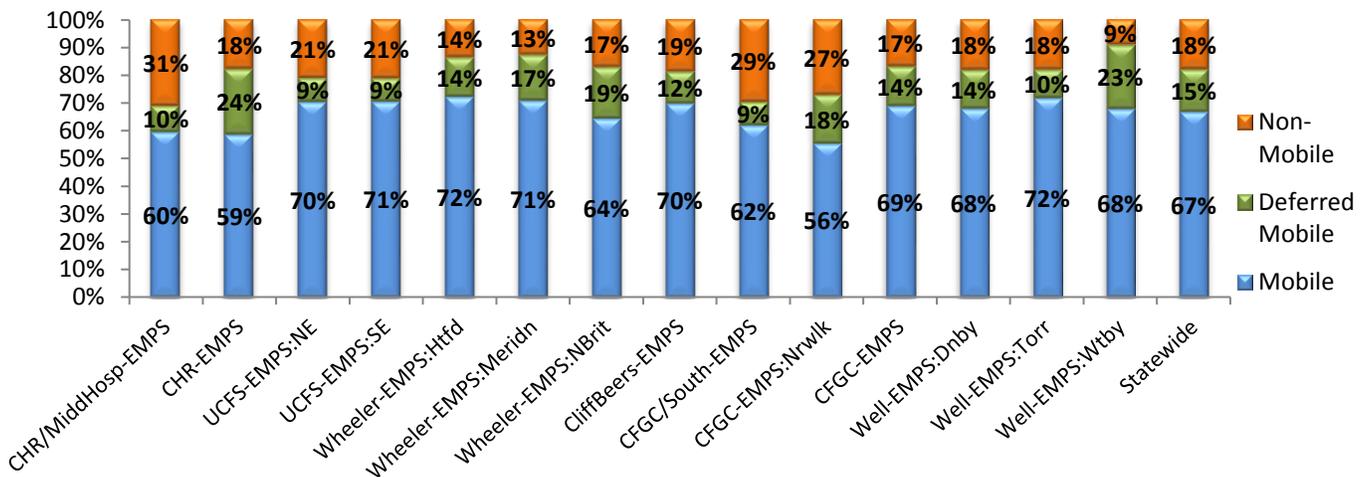


Figure 44. 211 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile

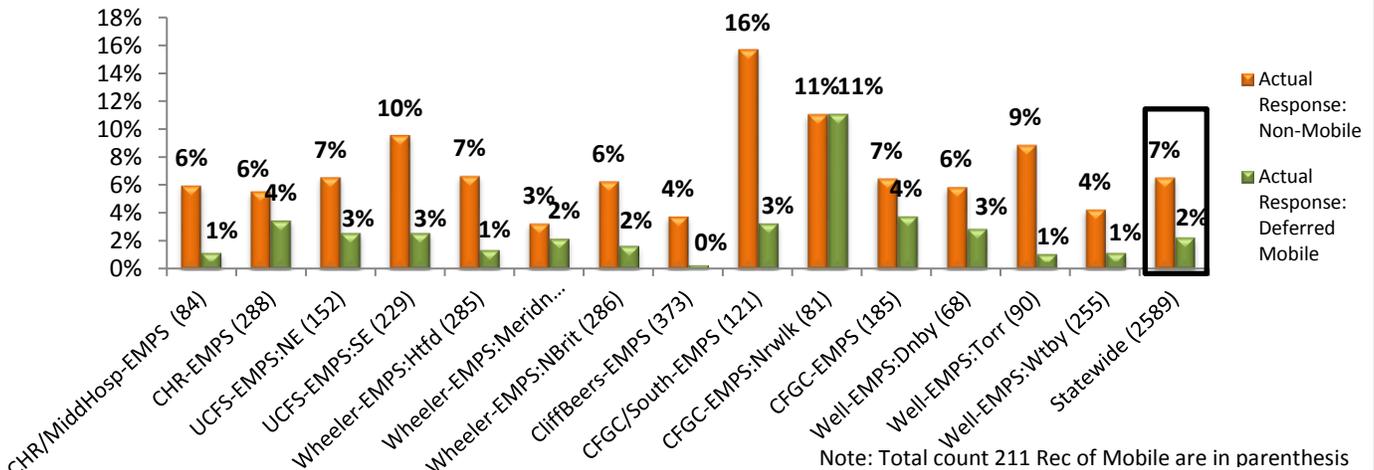


Figure 45. 211 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile

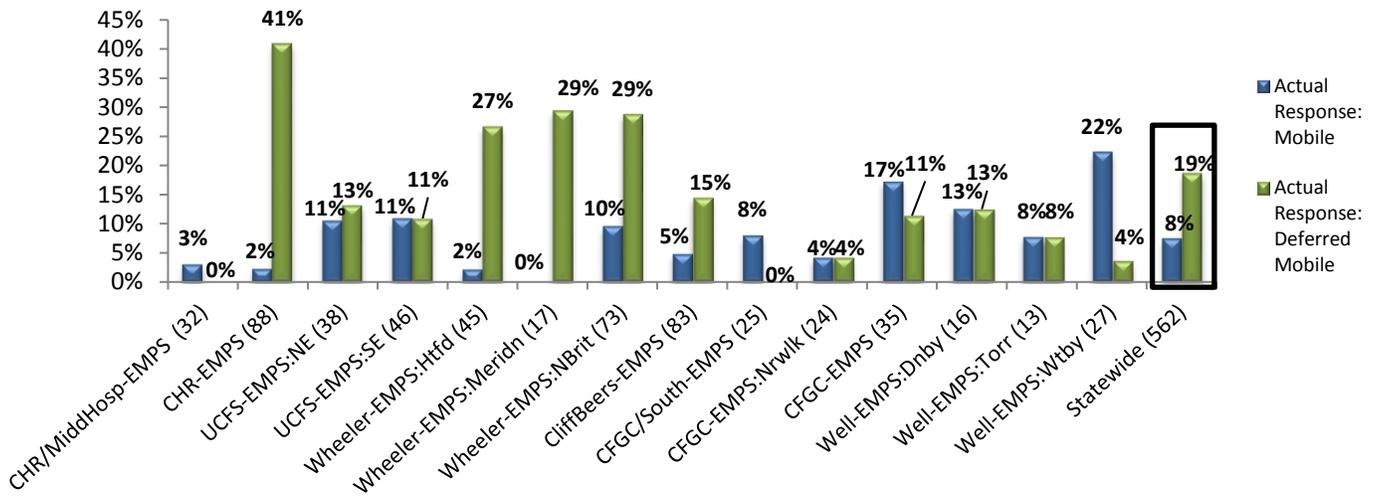


Figure 46. Mobile Response (Mobile & Deferred Mobile) By Service Area

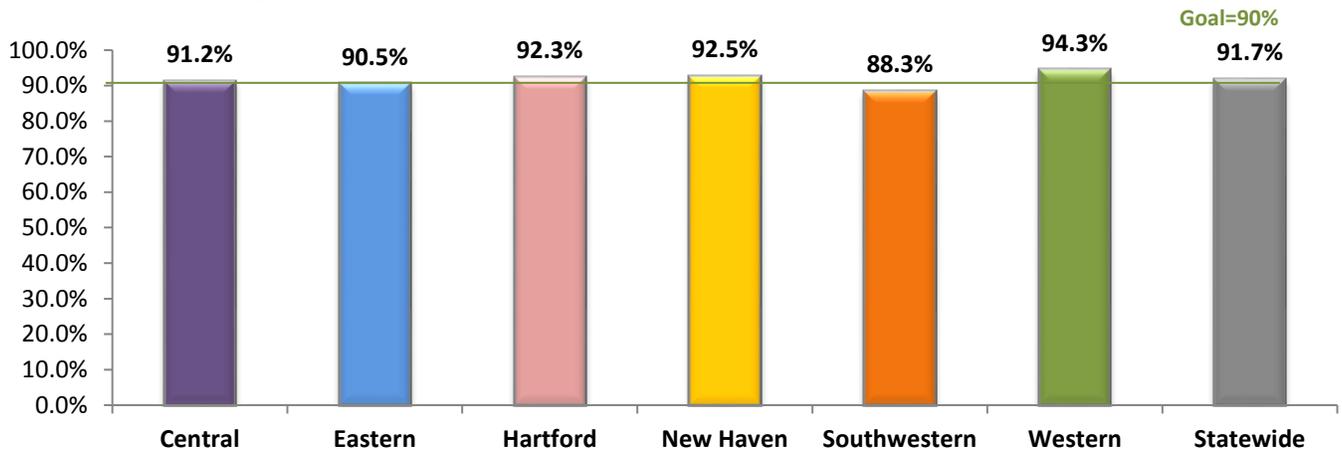
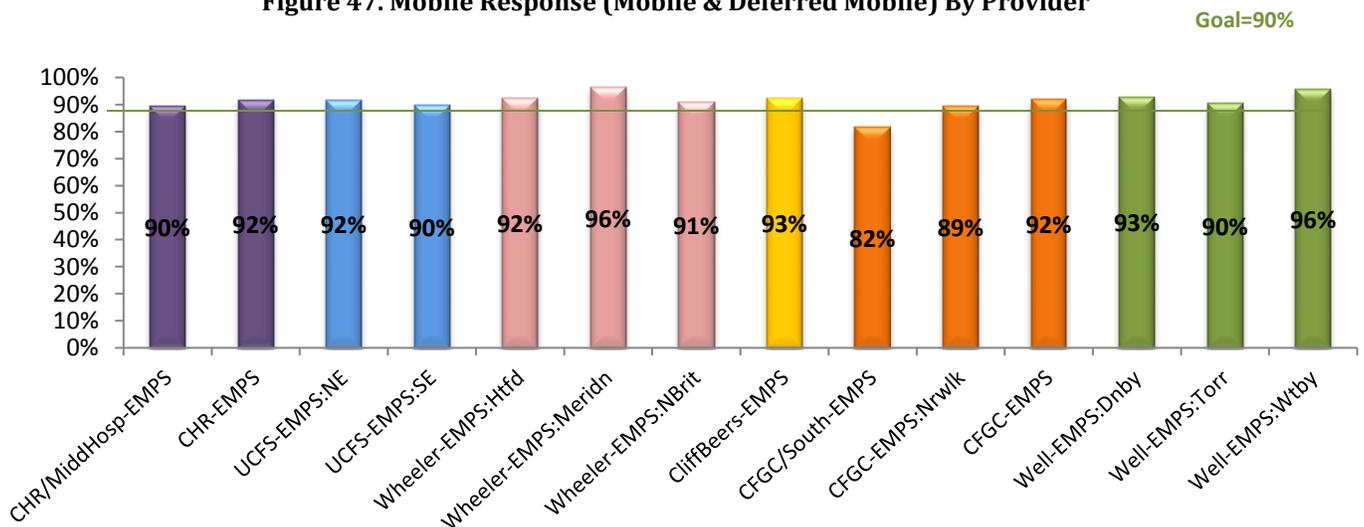
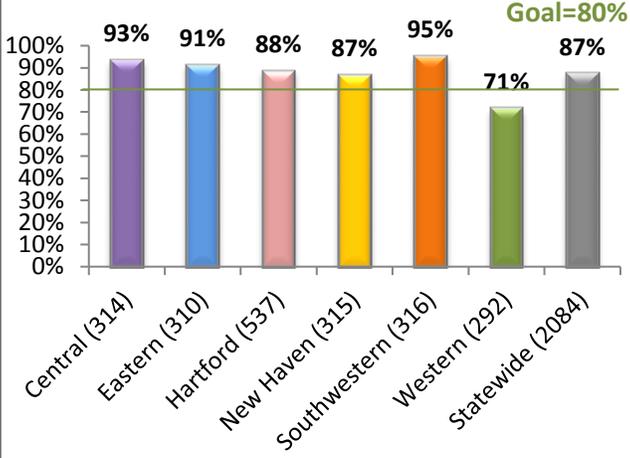


Figure 47. Mobile Response (Mobile & Deferred Mobile) By Provider



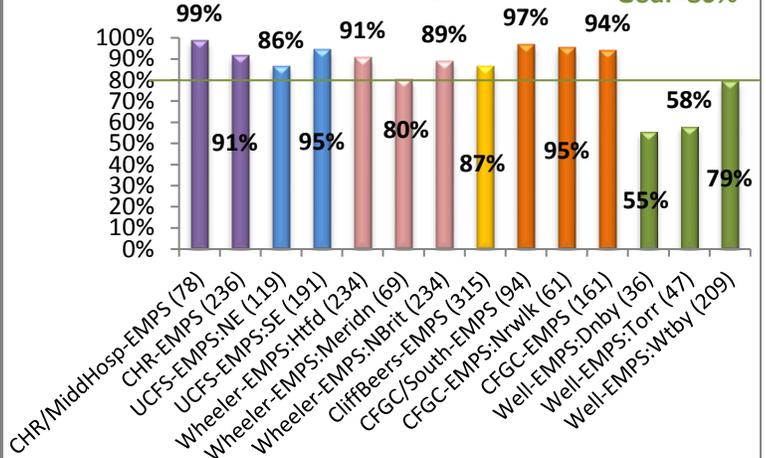
Section VIII: Response Time

Figure 48. Total Mobile Episodes with a Response Time Under 45 Minutes



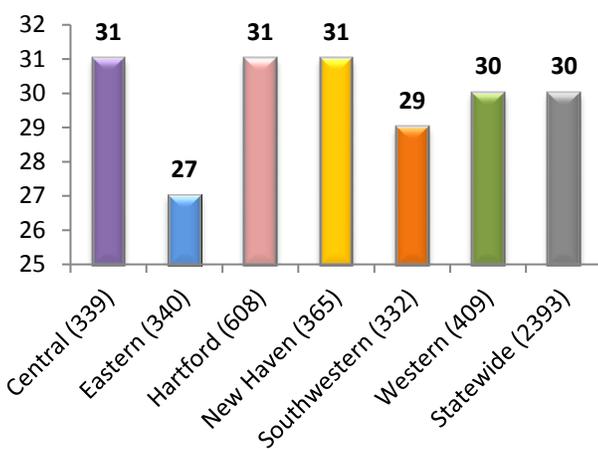
Note: Count of mobile episodes under 45 mins. are in parenthesis

Figure 49. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider



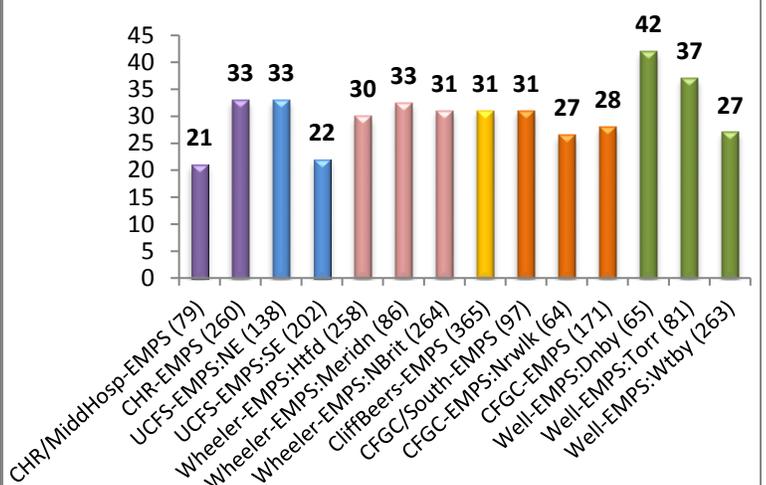
Note: Count of mobile episodes under 45 mins. are in parenthesis

Figure 50. Median Mobile Response Time by Service Area in Minutes



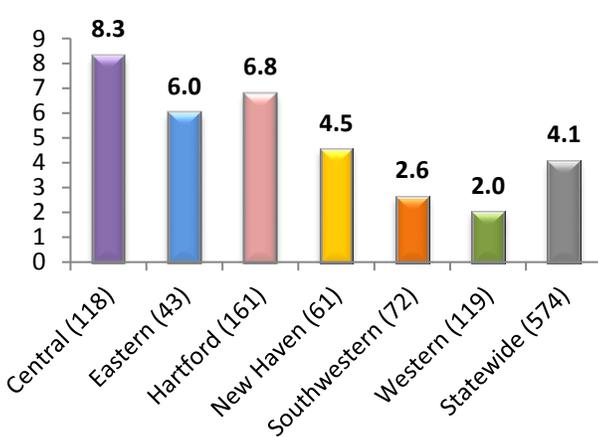
Note: Count of mobile EMPS response episodes are in parenthesis

Figure 51. Median Mobile Response Time by Provider in Minutes



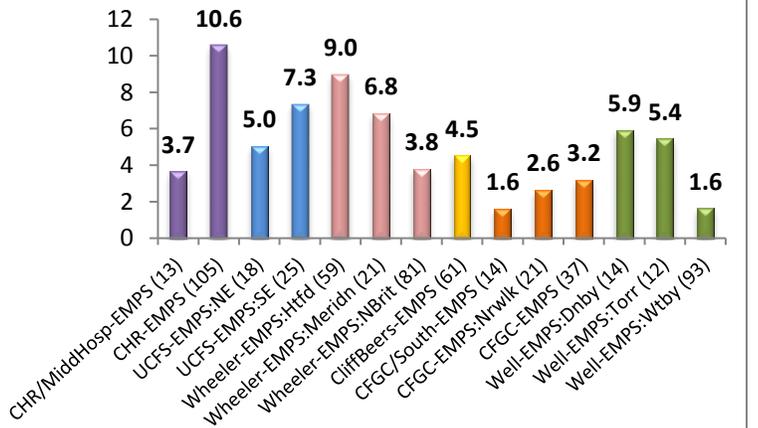
Note: Count of mobile EMPS response episodes are in parenthesis

Figure 52. Median Deferred Mobile Response Time by Service Area in Hours



Note: Count of mobile EMPS response episodes are in parenthesis

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



Note: Count of mobile EMPS 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	
	<i>Discharged Episodes for Current Reporting Period</i>									<i>Cumulative Discharged Episodes*</i>									
	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	1.3	8.4	22.7	0.0	4.0	17.0	15%	31%	10%	1.5	7.3	20.4	0.0	3.0	16.0	16%	30%	7%
2	Central	1.8	17.3	34.9	1.0	7.0	26.0	39%	55%	26%	1.9	11.7	28.3	1.0	4.0	21.0	35%	44%	17%
3	CHR/MidHosp-EMPS	2.8	5.2	14.7	2.0	2.0	12.0	68%	22%	0%	3.2	4.7	14.1	2.0	2.0	11.0	63%	23%	0%
4	CHR-EMPS	1.4	23.0	38.1	0.0	16.0	28.0	27%	71%	30%	1.4	15.4	30.5	0.0	8.0	24.0	24%	55%	20%
5	Eastern	0.1	3.7	21.4	0.0	5.0	16.0	2%	3%	3%	0.3	3.0	23.7	0.0	3.0	22.0	5%	2%	2%
6	UCFS-EMPS:NE	0.2	3.9	20.9	0.0	5.0	16.0	4%	3%	0%	0.4	3.1	23.9	0.0	3.0	22.0	9%	2%	1%
7	UCFS-EMPS:SE	0.1	3.5	21.7	0.0	4.0	16.0	1%	4%	5%	0.1	3.0	23.6	0.0	3.0	22.0	2%	3%	3%
8	Hartford	1.5	9.5	19.7	0.0	4.0	15.0	18%	43%	5%	1.8	8.7	17.7	0.0	4.0	14.0	16%	43%	4%
9	Wheeler-EMPS:Htfd	2.3	10.8	20.8	0.0	3.5	16.0	20%	41%	10%	2.7	10.1	18.5	0.0	5.0	15.0	19%	48%	6%
10	Wheeler-EMPS:Meridn	0.9	6.2	16.0	0.0	3.0	14.0	21%	24%	1%	1.6	5.1	13.5	0.0	2.0	11.0	19%	23%	1%
11	Wheeler-EMPS:NBrit	0.8	8.9	20.2	0.0	4.5	16.0	14%	48%	4%	0.9	8.0	18.7	0.0	4.0	15.0	12%	43%	4%
12	New Haven	0.5	8.0	28.4	0.0	5.0	27.0	8%	46%	14%	0.4	7.9	28.7	0.0	4.0	27.0	6%	45%	13%
13	CliffBeers-EMPS	0.5	8.0	28.4	0.0	5.0	27.0	8%	46%	14%	0.4	7.9	28.7	0.0	4.0	27.0	6%	45%	13%
14	Southwestern	0.4	6.1	18.2	0.0	2.0	15.5	3%	19%	0%	0.3	4.6	17.6	0.0	1.0	15.0	3%	16%	1%
15	CFGC/South-EMPS	0.1	0.2	17.1	0.0	0.0	13.0	2%	0%	4%	0.1	0.7	14.4	0.0	0.0	11.5	2%	2%	1%
16	CFGC-EMPS:Nrwk	1.1	8.7	17.1	0.0	3.0	19.0	3%	26%	0%	0.6	7.4	19.9	0.0	3.0	20.0	6%	25%	0%
17	CFGC-EMPS	0.1	7.3	21.8	0.0	3.0	27.0	4%	23%	0%	0.2	5.8	18.9	0.0	3.0	17.0	2%	20%	2%
18	Western	3.3	10.8	17.3	0.0	2.0	13.0	16%	25%	7%	3.1	11.3	16.7	0.0	2.0	12.0	20%	38%	7%
19	Well-EMPS:Dnby	3.5	5.4	15.0	0.0	2.5	13.0	23%	17%	2%	1.9	9.1	16.9	0.0	3.0	14.0	19%	43%	6%
20	Well-EMPS:Torr	3.0	11.2	18.0	0.0	1.0	12.0	13%	21%	9%	2.7	8.9	13.2	0.0	1.0	7.0	15%	27%	7%
21	Well-EMPS:Wtby	3.3	11.2	17.7	0.0	1.5	14.0	16%	27%	8%	3.7	12.0	17.4	0.0	3.0	12.0	23%	40%	8%

* Discharged episodes with end dates from July 1, 2017 to the end of the current reporting period.

Note: Blank cells indicate no data was available for that particular inclusion criteria

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 3. Number of Episodes for Discharged Episodes of Care

	A	B	C	D	E	F	G	H	I	J	K	L	
	Discharged Episodes for Current Reporting Period						Cumulative Discharged Episodes*						
	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	846	1788	1331	127	550	130	3259	5858	4791	511	1747	346
2	Central	142	208	255	56	115	67	579	700	866	205	309	147
3	CHR/MidHosp-EMPS	44	67	35	30	15	0	169	245	120	106	57	0
4	CHR-EMPS	98	141	220	26	100	67	410	455	746	99	252	147
5	Eastern	132	338	70	3	11	2	451	1155	254	23	25	6
6	UCFS-EMPS:NE	48	147	29	2	4	0	199	483	105	18	8	1
7	UCFS-EMPS:SE	84	191	41	1	7	2	252	672	149	5	17	5
8	Hartford	171	345	549	30	147	28	697	1109	1889	112	478	73
9	Wheeler-EMPS:Htfd	69	152	167	14	63	16	311	549	565	59	261	32
10	Wheeler-EMPS:Meridn	19	33	96	4	8	1	98	111	341	19	25	2
11	Wheeler-EMPS:NBrit	83	160	286	12	76	11	288	449	983	34	192	39
12	New Haven	113	357	96	9	165	13	384	1198	301	23	534	40
13	CliffBeers-EMPS	113	357	96	9	165	13	384	1198	301	23	534	40
14	Southwestern	135	367	70	4	69	0	483	1108	434	13	175	5
15	CFGC/South-EMPS	51	77	45	1	0	0	186	336	146	3	7	1
16	CFGC-EMPS:Nrwlk	34	85	8	1	22	0	100	234	75	6	59	0
17	CFGC-EMPS	50	205	17	2	47	0	197	538	213	4	109	4
18	Western	153	173	291	25	43	20	665	588	1047	135	226	75
19	Well-EMPS:Dnby	30	12	52	7	2	1	158	77	143	30	33	8
20	Well-EMPS:Torr	40	33	43	5	7	4	144	78	153	21	21	10
21	Well-EMPS:Wtby	83	128	196	13	34	15	363	433	751	84	172	57

* Discharged episodes with end dates from July 1, 2017 to the end of the current reporting period.

Note: Blank cells indicate no data was available for that particular inclusion criteria

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	
	Episodes Still in Care*									N of Episodes Still in Care*						
	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	157.9	131.5	116.2	135.0	118.5	109.0	100%	100%	100%	53	186	362	53	186	362
2	Central	99.4	106.6	110.4	85.0	103.0	106.0	100%	100%	100%	5	34	104	5	34	104
3	CHR/MiddHosp-EMPS	75.0	83.0	75.0	75.0	83.0	75.0	100%	100%	100%	2	1	1	2	1	1
4	CHR-EMPS	115.7	107.4	110.8	116.0	104.0	108.0	100%	100%	100%	3	33	103	3	33	103
5	Eastern	0.0	0.0	76.5	0.0	0.0	76.5	0%	0%	100%	0	0	2	0	0	2
6	UCFS-EMPS:NE	0.0	0.0	77.0	0.0	0.0	77.0	0%	0%	100%	0	0	1	0	0	1
7	UCFS-EMPS:SE	0.0	0.0	76.0	0.0	0.0	76.0	0%	0%	100%	0	0	1	0	0	1
8	Hartford	177.9	143.2	124.4	144.0	126.0	113.0	100%	100%	100%	28	64	114	28	64	114
9	Wheeler-EMPS:Htfd	183.8	154.5	131.7	150.5	133.0	119.0	100%	100%	100%	26	53	93	26	53	93
10	Wheeler-EMPS:Meridn	0.0	96.0	77.0	0.0	96.0	77.0	0%	100%	100%	0	1	1	0	1	1
11	Wheeler-EMPS:NBrit	100.5	87.9	92.9	100.5	84.0	90.0	100%	100%	100%	2	10	20	2	10	20
12	New Haven	154.0	132.6	129.0	158.5	117.0	102.0	100%	100%	100%	4	43	21	4	43	21
13	CliffBeers-EMPS	154.0	132.6	129.0	158.5	117.0	102.0	100%	100%	100%	4	43	21	4	43	21
14	Southwestern	175.6	149.3	170.5	157.0	138.0	156.0	100%	100%	100%	8	27	17	8	27	17
15	CFGC/South-EMPS	84.0	77.0	81.5	84.0	77.0	82.0	100%	100%	100%	1	1	4	1	1	4
16	CFGC-EMPS:Nrwlk	188.7	169.7	206.8	157.0	149.5	176.0	100%	100%	100%	7	20	12	7	20	12
17	CFGC-EMPS	0.0	93.3	91.0	0.0	94.5	91.0	0%	100%	100%	0	6	1	0	6	1
18	Western	108.8	107.8	102.2	114.0	97.5	98.0	100%	100%	100%	8	18	104	8	18	104
19	Well-EMPS:Dnby	81.0	103.3	98.6	81.0	99.0	87.5	100%	100%	100%	2	3	20	2	3	20
20	Well-EMPS:Torr	0.0	120.3	102.7	0.0	122.0	102.0	0%	100%	60%	0	3	20	0	3	20
21	Well-EMPS:Wtby	118.0	105.8	103.3	114.5	93.5	99.0	100%	100%	100%	6	12	64	6	12	64

* Data includes episodes still in care with referral dates from July 1, 2017 to end of current reporting period.

Note: Blank cells indicate no data was available for that particular inclusion criteria

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 54. Top Six Reasons for Client Discharge Statewide

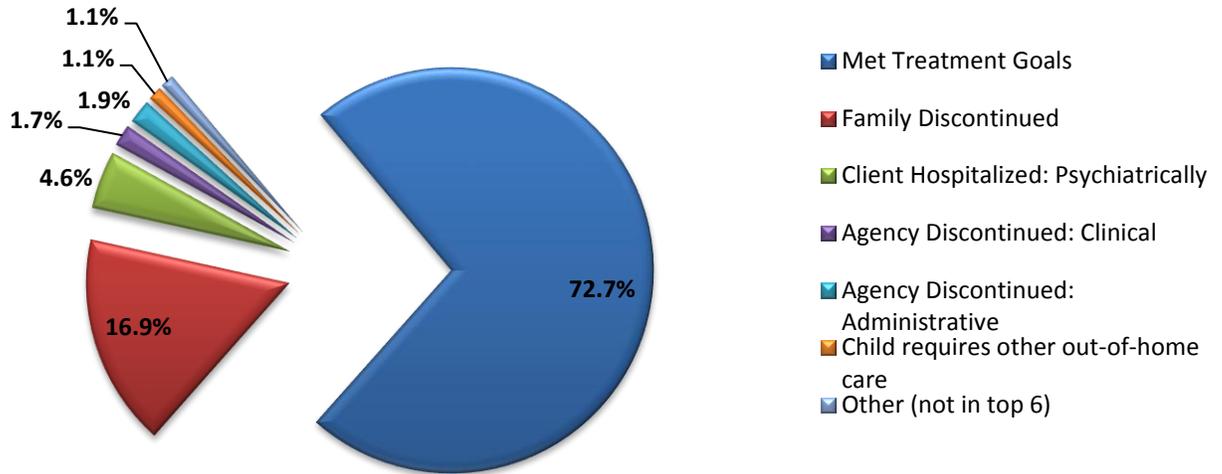


Figure 55. Top Six Places Clients Live at Discharge Statewide

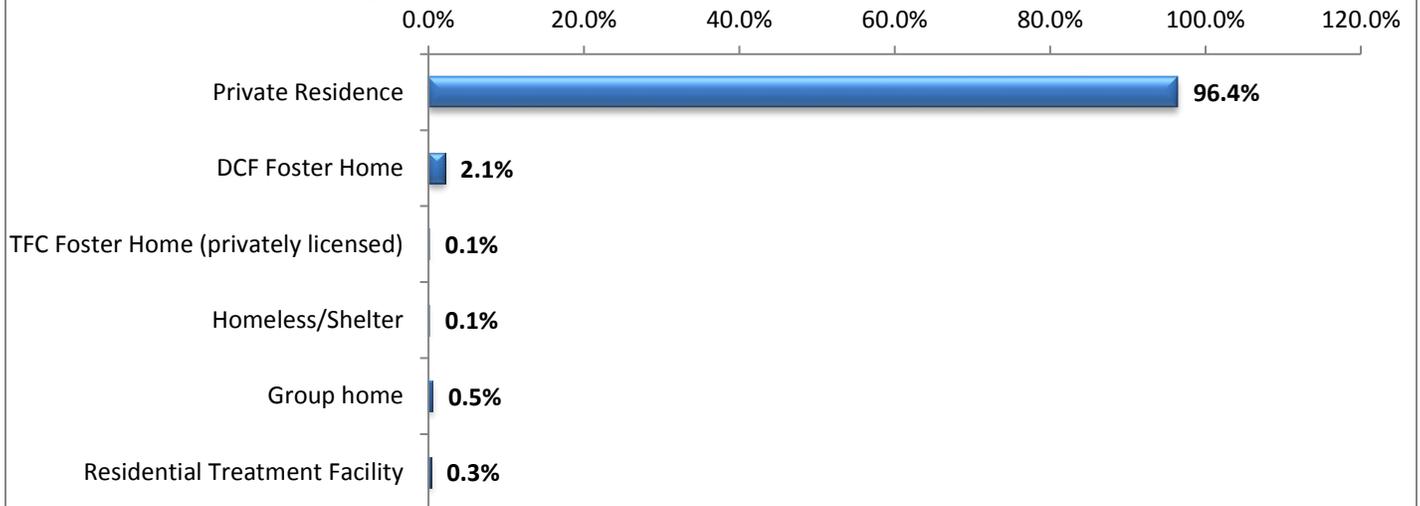
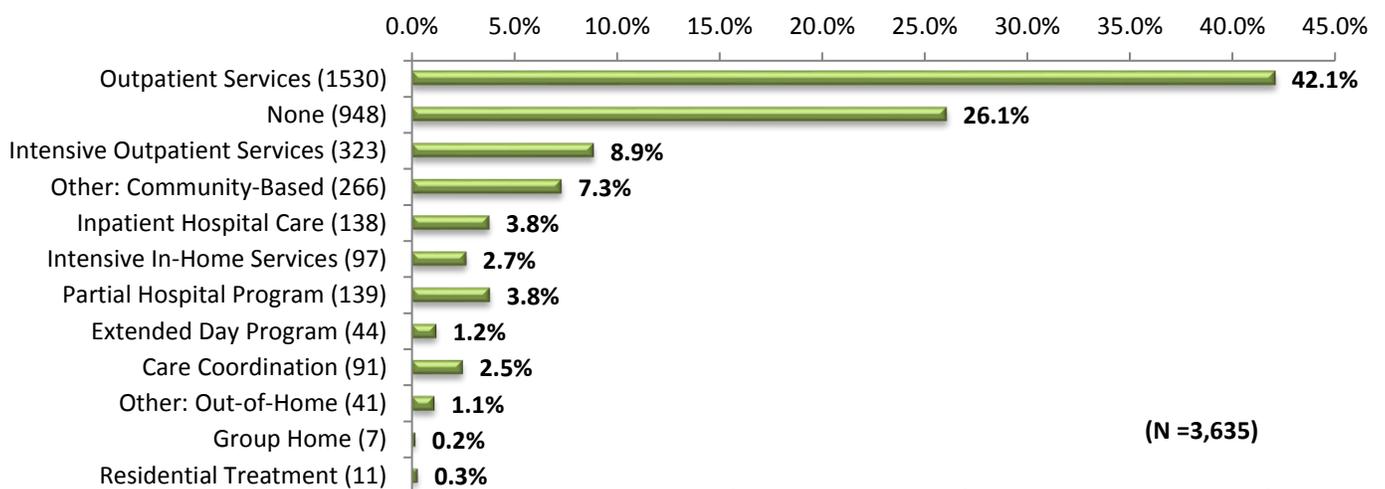


Figure 56. Type of Services Client Referred* to at Discharge Statewide



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

* Data include clients referred to more than one type of service
 ** May include referrals back to existing providers

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	71	40.45	45.08	4.63	2.81	0.006	**
Worker Functioning Score	722	44.36	46.08	1.72	8.47	0.000	**
Parent Problem Score	71	30.69	25.04	-5.65	-3.27	0.002	**
Worker Problem Score	722	26.80	23.79	-3.01	-11.94	0.000	**
Central							
Parent Functioning Score	12	34.83	45.50	10.67	3.09	0.010	**
Worker Functioning Score	84	44.56	48.70	4.14	7.65	0.000	**
Parent Problem Score	11	32.09	19.73	-12.36	-2.73	0.021	*
Worker Problem Score	83	27.95	21.89	-6.06	-8.14	0.000	**
Eastern							
Parent Functioning Score	13	39.92	45.23	5.31	1.72	0.111	
Worker Functioning Score	42	38.21	39.45	1.24	1.16	0.251	
Parent Problem Score	14	34.86	28.64	-6.21	-1.80	0.094	†
Worker Problem Score	42	32.17	29.62	-2.55	-2.06	0.045	*
Hartford							
Parent Functioning Score	33	40.39	44.42	4.03	1.36	0.182	
Worker Functioning Score	324	44.88	45.94	1.06	4.03	0.000	**
Parent Problem Score	33	30.70	25.36	-5.33	-1.82	0.078	†
Worker Problem Score	325	25.48	22.83	-2.65	-6.88	0.000	**
New Haven							
Parent Functioning Score	0	36.00	45.00	0.00	0.00	0.000	N/A
Worker Functioning Score	49	40.20	40.71	0.51	0.37	0.711	
Parent Problem Score	0	34.00	39.00	0.00	0.00	0.000	N/A
Worker Problem Score	50	28.14	26.74	-1.40	-0.94	0.351	
Southwestern							
Parent Functioning Score	11	48.91	48.00	-0.91	-0.46	0.653	
Worker Functioning Score	29	43.86	48.00	4.14	2.01	0.054	†
Parent Problem Score	11	24.18	23.55	-0.64	-0.33	0.750	
Worker Problem Score	28	30.46	24.39	-6.07	-3.30	0.003	**
Western							
Parent Functioning Score	0	28.00	28.00	0.00	0.00	0.000	N/A
Worker Functioning Score	194	45.86	47.69	1.84	8.80	0.000	**
Parent Problem Score	0	25.00	25.00	0.00	0.00	0.000	N/A
Worker Problem Score	194	26.49	24.10	-2.39	-10.74	0.000	**

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 (Current Quarter)*

211 Items	Clients (n=60)	Referrers (n=61)
The 211 staff answered my call in a timely manner	4.32	4.33
The 211 staff was courteous	4.55	4.43
The 211 staff was knowledgeable	4.52	4.43
My phone call was quickly transferred to the EMPS provider	4.35	4.39
Sub-Total Mean: 211	4.43	4.39
EMPS Items		
EMPS responded to the crisis in a timely manner	4.20	4.30
The EMPS staff was respectful	4.32	4.39
The EMPS staff was knowledgeable	4.20	4.39
The EMPS staff spoke to me in a way that I understood	4.25	X
EMPS 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 EMPS)	4.13	X
The services or resources my child and/or family received were right for us	4.10	X
The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS	X	4.26
Overall, I am very satisfied with the way that EMPS responded to the crisis	4.20	4.37
Sub-Total Mean: EMPS	4.20	4.34
Overall Mean Score	4.28	4.38

* All items collected by 211, in collaboration with the PIC and DCF; measured on a scale of 5 (Strongly Agree) to 1 (Strongly Disagree)

Client Comments:

- * Feedback was that it was very easy to get through to 211 and the experience with provider was helpful.
- * Mother states that Marissa was fabulous and her daughter wanted to stay with her full-time. Caller reported that Marissa was able to build rapport with her daughter and she made the family feel comfortable.
- * "They get there incredibly fast, it's quite remarkable."
- * Caller stated he was "undecided" about "The services or resources with my child and/or family received were right for us" only because at this time services are ongoing.
- * "I was on hold for a while and I was told no one could come out, it was just a little frustrating because it was just a long wait" (afterhours call) "... but it's a great service and it's better than having to call the police."
- * Caller reports it takes too long to get ahold of 211 and too long to get transferred to a clinician.
- * Mother reports when the clinicians come out (which is multiple times) she does not feel they take her child's mental health seriously.

Referrer Comments:

- * "I wasn't on hold for too long" (211)
- * "It was great. The follow up was excellent."
- * Caller said they use the service often and he cannot say enough good about it.
- * We have used service quite a bit and it is easily accessible through 211 and helps with crisis management.
- * The Clinician apparently did not come out within 45 minutes and after several hours, inclusive of assessment, father started to complain that he could not stay.
- * Foster parent just stated they did not find the service helpful and would not elaborate or answer questions.
- * "It kind of takes a minute for being on hold and the whole intake process" Overall feels entire intake process is too long.

Section XI: Training Attendance

Table 7. Trainings Completed for All Active* Staff

	DBHRN	Crisis API	DDS	CCSRS	Trauma	Violence	CRC	Str. Based	Emerg. Certificate	QPR	A-SBIRT	ASD	All 12 Trainings Completed	All 12 Completed for Full-Time Staff Only
Statewide (150)*	59%	62%	49%	55%	63%	63%	57%	60%	60%	40%	57%	46%	14%	18%
CHR/MiddHosp-EMPS(10)*	90%	90%	30%	90%	90%	90%	80%	100%	90%	100%	90%	70%	30%	25%
CHR-EMPS (13)*	38%	62%	62%	100%	62%	54%	38%	46%	62%	85%	46%	15%	0%	0%
UCFS-EMPS:NE (6)*	17%	17%	17%	100%	17%	17%	33%	17%	17%	33%	67%	83%	17%	17%
UCFS-EMPS:SE (16)*	44%	31%	13%	56%	31%	31%	19%	31%	25%	38%	94%	31%	0%	0%
Wheeler-EMPS:Htfd (13)*	31%	62%	54%	0%	54%	77%	62%	54%	62%	23%	15%	46%	0%	0%
Wheeler-EMPS:Meridn (5)*	60%	80%	40%	60%	60%	60%	40%	40%	40%	40%	20%	80%	20%	100%
Wheeler-EMPS:NBrit (20)*	60%	70%	40%	55%	65%	60%	60%	65%	70%	0%	35%	55%	0%	0%
CliffBeers-EMPS (26)*	77%	73%	77%	65%	77%	69%	69%	77%	73%	58%	62%	65%	38%	50%
CFGC/South-EMPS (5)*	60%	40%	100%	20%	60%	60%	100%	60%	40%	0%	80%	0%	0%	0%
CFGC-EMPS:Nrwk (4)*	75%	75%	25%	75%	100%	100%	75%	75%	75%	25%	75%	0%	0%	0%
CFGC-EMPS (14)*	86%	86%	64%	64%	86%	93%	86%	86%	86%	50%	64%	50%	36%	44%
Well-EMPS:Dnby (1)*	100%	0%	0%	100%	100%	100%	0%	100%	0%	100%	100%	100%	0%	0%
Well-EMPS:Torr (3)*	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Well-EMPS:Wtby (14)*	64%	57%	57%	7%	57%	57%	57%	50%	57%	14%	64%	29%	7%	0%
Full-Time Staff Only (97)	65%	67%	57%	65%	64%	68%	65%	66%	66%	46%	66%	48%	18%	

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

* Includes all active full-time, part-time and per diem staff

Training Title Abbreviations:

DBHRN=Disaster Behavioral Health Response Network

Crisis API = Crisis Assessment, Planning and Intervention

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

CCSRS=Columbia Suicide Severity Rating Scale

Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

Str Based = Strengths-Based Crisis Planning

CRC = 21st Century Culturally Responsive Mental Health Care

Emerg. Certificate= Emergency Certificate

QPR= Question, Persuade and Refer

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

ASD = Autism Spectrum Disorder

Section XII: Data Quality Monitoring

Figure 57. Ohio Scales Collected at Intake by Provider

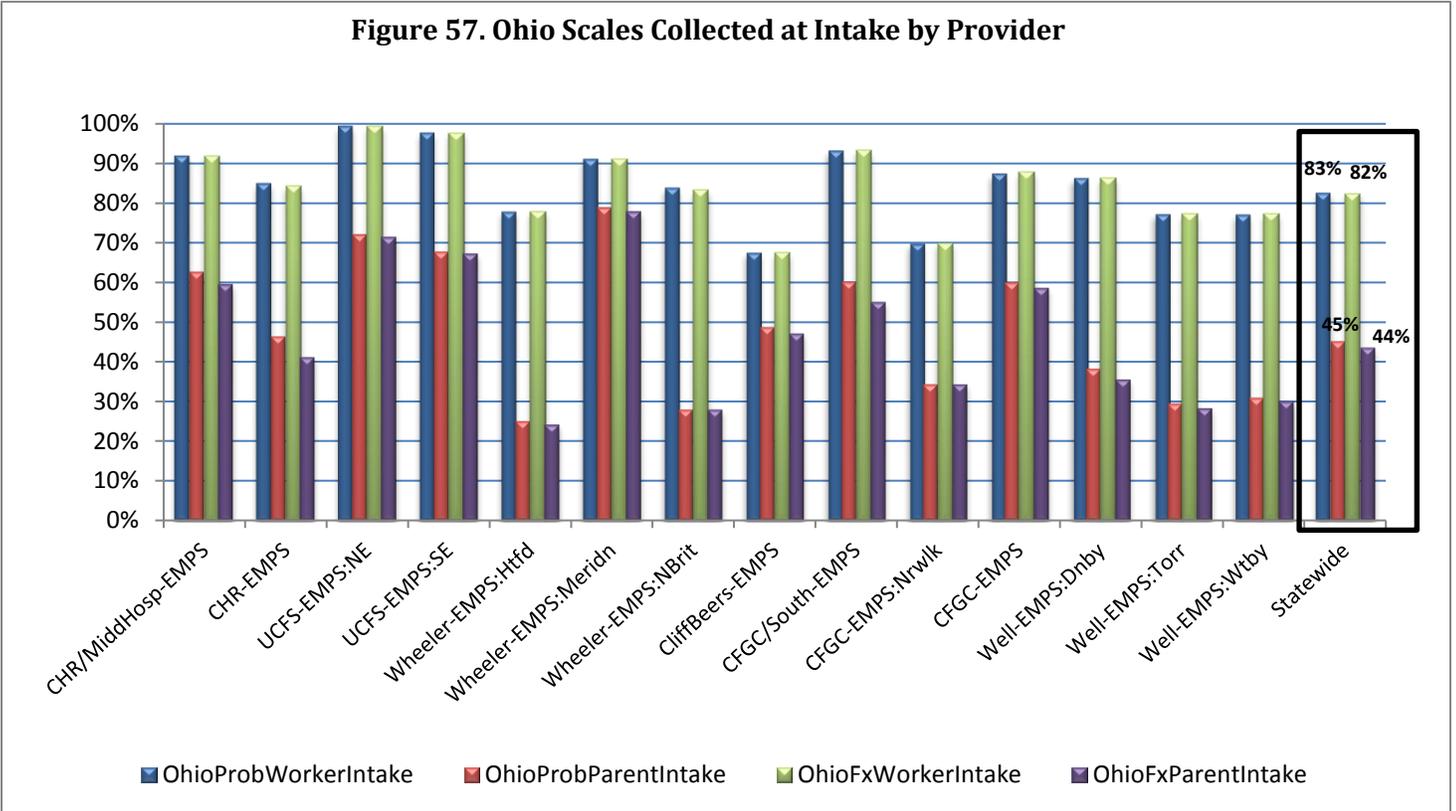
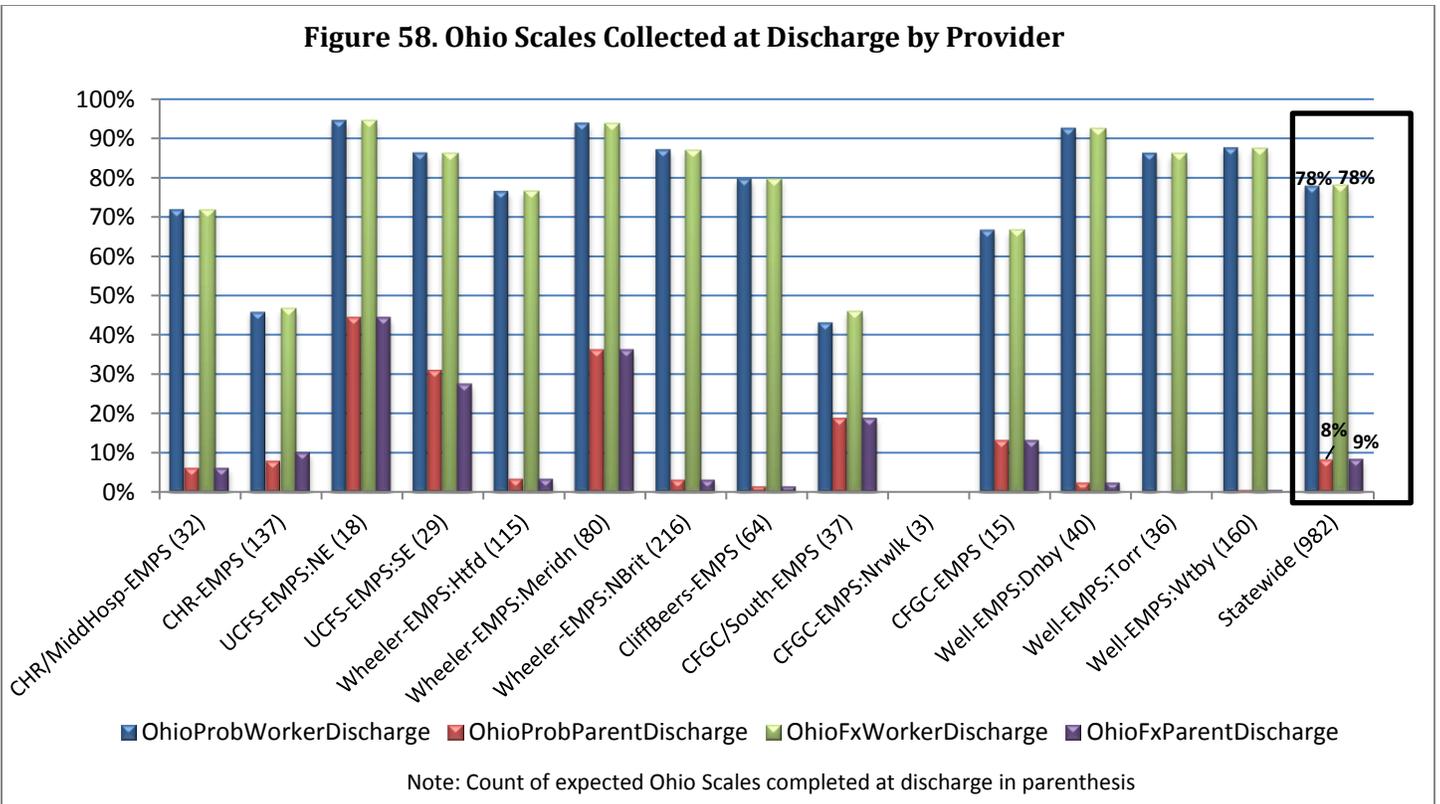
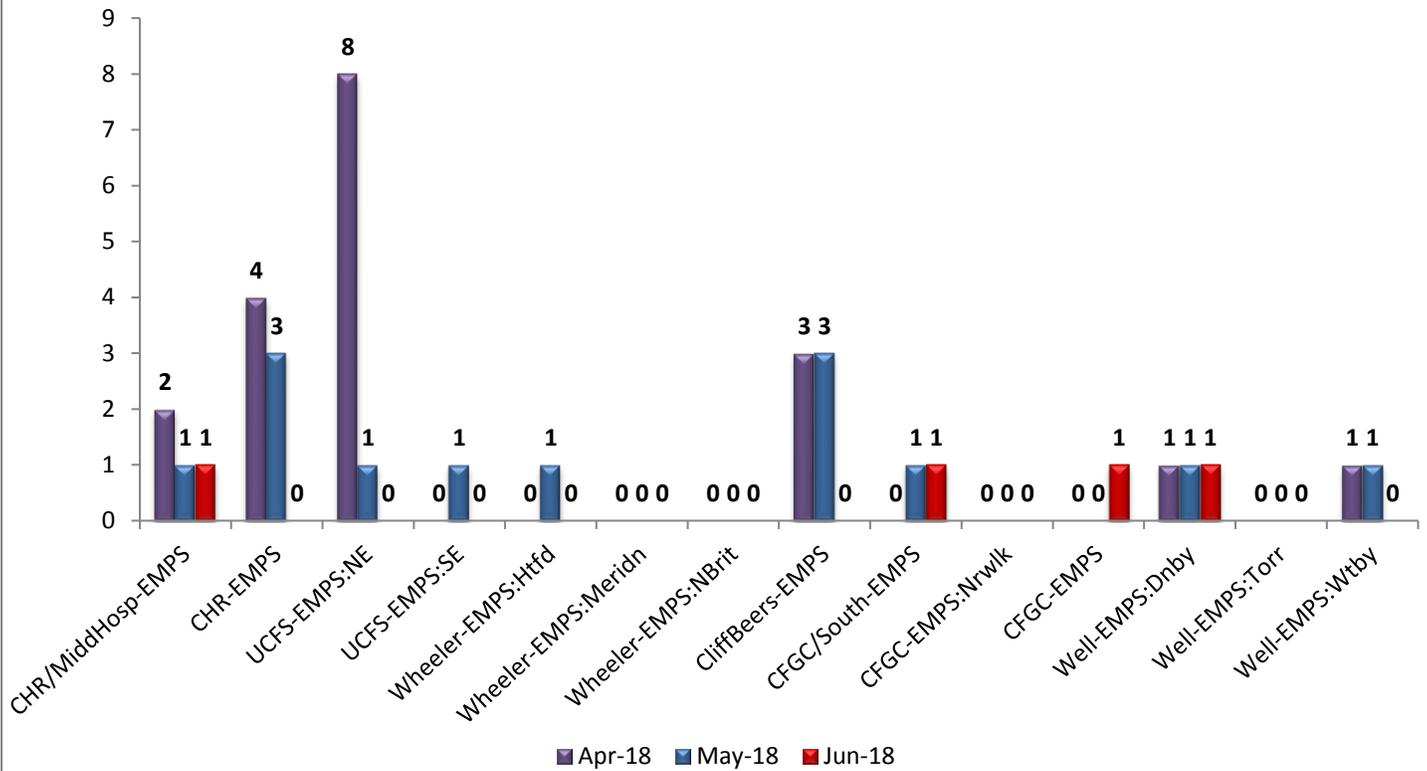


Figure 58. Ohio Scales Collected at Discharge by Provider



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.