



**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)**

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### **Quarter 2 Report: Fiscal Year 2020**

October 1 – December 31, 2019

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Updated 1/23/20

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The Mobile Crisis Performance Improvement Center  
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## Executive Summary

**Call and Episode Volume:** In the second quarter of FY2020, **2-1-1 received 5,620 calls** including 4,102 calls (73.0%) handled by Mobile Crisis providers and 1,518 calls (27.0%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). There were three crisis-response follow-up calls coded as episodes. Of the 4,099 episodes of care, 3,923 (95.7%) were received during regular hours and 176 (4.3%) were handled after hours. This quarter saw a 4.8% decrease in total call volume compared to the same quarter in FY2019 (5,904), and the total episodes decreased by 6.3% (4,373 in FY2019).

Among the **4,099 episodes of care** generated in Q2 FY20, episode volume ranged from 446 episodes including After Hours calls (Eastern service area) to 1,209 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 5.0, with service area rates ranging from 3.3 (Southwestern) to 7.7 (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 9.5 per 1,000 children in poverty, with service area rates ranging from 6.5 (Southwestern) to 14.2 (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, all of the 14 sites met this benchmark.

**Demographics:** Statewide this quarter, 45.3% of services were for children reported as female and 54.7% for those reported as males.<sup>1</sup> **Care for youth ages 13-15 years old comprised the largest portion of services (31.4%).** Additionally, 29.1% of services were for 9-12 year olds, 20.6% were for 16-18 year olds, 14.1% were for 6-8 year olds, and 4.5% were for five or younger. The majority of services were for White children (60.0%), and 23.5% for African-American or Black children. Over one-third (35.3%) of services were for youth of Hispanic ethnicity. The majority of youth were insured by Husky A (62.0%) and private insurance (29.6%). Finally, the majority of clients (84.5%) were not DCF-involved.

**Clinical Functioning:** The most commonly reported primary presenting problems for clients statewide included: Disruptive Behavior (27.5%), Harm/Risk of Harm to Self (27.1%), Depression (17.1%), Anxiety (6.7%), Harm/Risk of Harm to Others (5.3%), and Family Conflict (3.4%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (34.1%), Conduct Disorders (14.4%), Adjustment Disorders (13.3%), Anxiety Disorders (12.7%), Attention Deficit/Hyperactivity Disorders (9.1%), and Trauma Disorders (8.5%). This quarter, **71.2% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED).**

**Note:** Beginning Q3 FY2019, Mobile Crisis PIC Reports include diagnostic information per the International statistical Classification of Diseases and Related Health Problems (ICD-10) in place of the DSM-5 classifications.

In this quarter, the **statewide percentage of children with trauma exposure reported at intake was 56.1%**, with service areas ranging from 45.1% (Western) to 76.1% (Eastern). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (26.0%), Witnessing Violence (21.5%), Victim of Violence (16.9%), and Sexual Victimization (10.8%).

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 20.8%**, an increase from 18.3% in the same quarter last fiscal year. During an episode of care, 19.8% of children were evaluated in the Emergency Department at least once. The inpatient admission rate in the six months prior to Mobile Crisis referral was 10.6% statewide, which is slightly higher than the rate in the Q2 FY2019 (9.4%). The admission rate to an inpatient unit during a mobile crisis episode was 8.8%, compared to a rate of 6.7% in the same quarter last fiscal year.

**Referral Sources:** Statewide, **50.7% of referrals were received from schools, and 31.5% of referrals were received from parents, families and youth.** Emergency Departments (EDs) accounted for 8.7% of all Mobile Crisis referrals. The remaining 9.1% of referrals came from a variety of other sources.

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **359 Mobile Crisis referrals were received from EDs**, including 171 referrals for inpatient diversion and 188 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 (17.8%) and the lowest was in the

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<sup>1</sup> Per question regarding "Sex Assigned at Birth".

Southwestern service area (0.4%). Statewide, 8.8% of all Mobile Crisis episodes came from ED referrals this quarter, lower than the rates from Q1 FY2019 (10.6%).

**Mobility:** The average **statewide mobility this quarter was 90.9%**, lower than the rate in Q2 FY2019 (94.0%) (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 87.9% (Hartford) to 94.1% (Southwestern). The range in mobility percentages widened slightly more among individual providers, from 86.5% (Wheeler: New Britain) to 95.4% (CFGF: EMPS). Among the providers, 10 of the 14 surpassed the 90% benchmark.

**Response Time:** Statewide this quarter, **83.5% of mobile episodes received a face-to-face response in 45 minutes or less**. Performance on this indicator ranged from 77.8% (Western) to 94.1% (Southwestern) with four of the six service areas above the 80% benchmark. Across the state, 9 of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 30.0 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, 14.5% of Phone Only episodes exceeded one day, 41.5% of Face-to-Face episodes exceeded five days, and **2.2% 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 13.0 days for *Stabilization Plus*.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 38.0 days and ranged from 0.0 days (Eastern) to 57.0 days (New Haven). The statewide median LOS for Face-to-Face was 32.0 days and ranged from 11.0 days (Eastern) to 39.0 days (New Haven). For *Stabilization Plus Follow-up*, the statewide median LOS was 22.0 days with a range from 13.0 days (Hartford) to 105.0 days (Central). Across open episodes of care with phone and face-to-face crisis response categories during the fourth quarter of FY2019 100% of 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, 12.3% of these open cases exceeded the benchmark, while regionally this ranged from 0.0% (Hartford) to 72.7% (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 practices.

**Discharge Information:** The overwhelming **majority of clients lived in a private residence at discharge from Mobile Crisis (97.3%)**. Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (73.2%), Family Discontinued (18.1%), and Client Hospitalized: Psychiatrically (4.2%).

Statewide, clients were most likely to be **referred to their original provider (32.2%) or Outpatient Services (33.5%) at discharge**. Other care referrals at discharge included: Intensive In-Home Services (7.3%), Other Community Based Services (3.3%), Inpatient Hospital (3.0%), Intensive Outpatient Program (2.6%), Partial Hospital Program (2.6%), and Extended Day Program (1.1%). An additional 12.1% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement on parent and worker rated functioning of 2.67 and 0.80 points respectively. Decreases in problem scores of 3.80 points on parent ratings and 1.44 points on worker ratings were reported. Changes on all scales except for parent functioning were statistically significant.

Completion rates of the Ohio Scales at discharge for the Worker Functioning and Problem Severity scores decreased by 7.3 percentage points when compared to the same quarter in FY2019. The completion rate for Parent Functioning and Problem Severity scores decreased 5.9 percentage points compared to FY2019 Q2.

**Satisfaction:** This quarter, 60 clients/families and 61 other referrers were surveyed regarding their satisfaction with the service; both groups 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 4.31 and 4.27**, respectively. Among **other referrers (e.g. schools, hospitals, DCF, etc.)**, the **average ratings of 2-1-1 and Mobile Crisis were 4.33 and 4.17**, respectively. Qualitative comments (see Section X) varied from very satisfied to dissatisfied.

**Training Attendance:** The **statewide percentage of all thirteen trainings completed by full-time active staff as of December 2019 is 3%**. While this is lower than previous years, note that two new trainings were added in FY2020: a training on Problem Sexual Behavior and a training on School Refusal. The majority of staff have not had the opportunity to attend these new trainings yet.

**Community Outreach:** Outreach numbers ranged from 0 (UCFS: NE, Wheeler: Hartford and Meriden, CFGF: Norwalk, Wellmore: Danbury and Torrington) to 6 (UCFS: SE and Wellmore: Waterbury).

## SFY 2020 Q2 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.

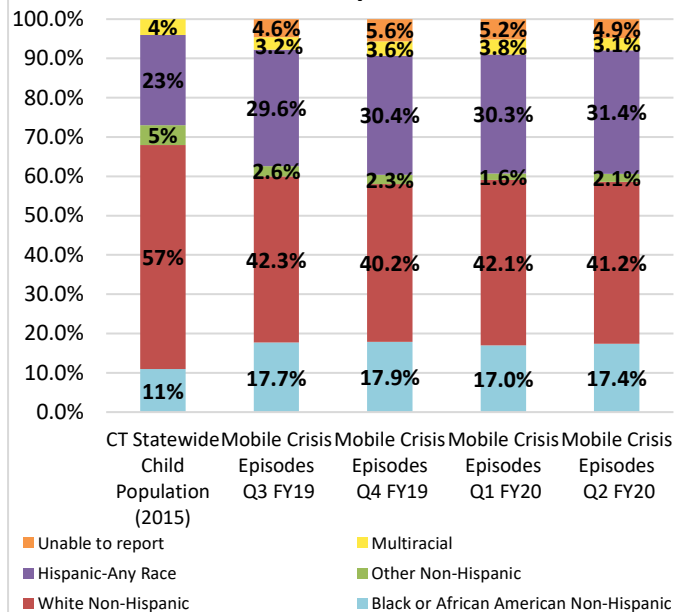
**Contribution to the Result:** The Mobile Crisis services provide an alternative, community based intervention to youth visits to hospital emergency rooms, inpatient hospitalizations and police calls that could remove them from their home and potentially negatively impact their growth and success. Mobile 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 2020**

**State Funding: \$11,970,297**

### How Much Did We Do?

#### Total Call and Episode Volume



	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
Mobile Crisis Episode	4,604	3,986	2,411	4,102
2-1-1 Only	1,483	1,475	905	1,518
Total	6,087	5,461	3,316	5,620

**Story Behind the Baseline:** In SFY 20 Q2 there were 5,620 total calls to the 2-1-1 Call Center resulting in 4,102 episodes of care. Compared to the same quarter in SFY 19 this represents a decrease in 2-1-1 calls of 4.8% (284 fewer calls) and a decrease in mobile episodes of 6.2% (271 fewer episodes). The percentages of both Black and Hispanic children served is higher than the statewide population percentages, while the percentage of White children is lower. Compared to SFY 19 Q2, the racial composition percentages of children served are similar.

**Trend:** ↑

### How Much Did We Do?

#### Episodes Per Child

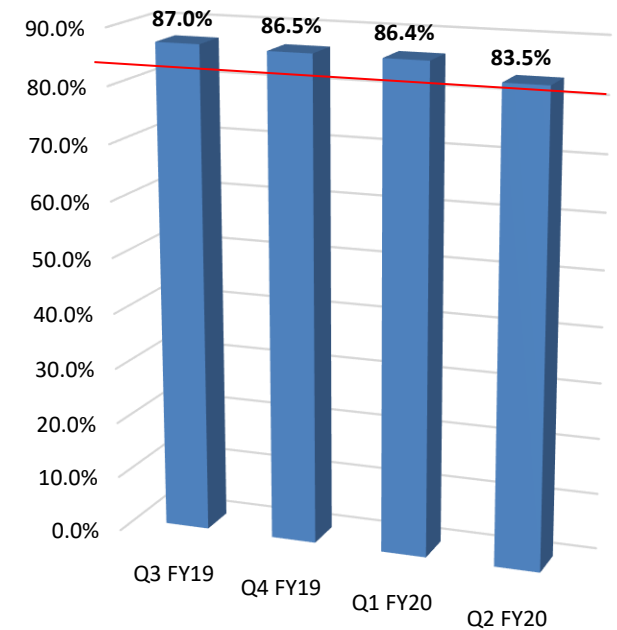
Q3 FY19	DCF Child	Non-DCF Child	Total
1	319 (83.7%)	2,376 (91.2%)	2,695
2	51 (13.4%)	192 (7.4%)	243
3	7 (1.8%)	33 (1.3%)	40
4 or More	4 (1.0%)	4 (0.2%)	8
Q4 FY19	DCF Child	Non-DCF Child	Total
1	304 (81.7%)	1,869 (91.3%)	2,173
2	53 (14.2%)	152 (7.4%)	205
3	10 (2.7%)	19 (0.9%)	29
4 or More	5 (1.3%)	8 (0.4%)	13
Q1 FY20	DCF Child	Non-DCF Child	Total
1	189 (82.2%)	1,056 (89.7%)	1,245
2	28 (12.2%)	97 (8.2%)	125
3	10 (4.3%)	14 (1.2%)	24
4 or More	3 (1.3%)	10 (0.8%)	13
Q2 FY20	DCF Child	Non-DCF Child	Total
1	272 (82.7%)	1,918 (89.9%)	2,190
2	46 (14.0%)	170 (8.0%)	216
3	10 (3.0%)	33 (1.5%)	43
4 or More	1 (0.3%)	12 (0.6%)	13

**Story Behind the Baseline:** In SFY 20 Q2 of the 2,462\* children served by Mobile Crisis, 89.0% (2,190) received only one episode of care, and 97.7% (2,406) received one or two episodes of care; compared to 90.4% (2,617) and 98.5% (2,854) respectively for SFY 19 Q2. The proportion of children with four or more episodes has increased very slightly compared to SFY 19 Q2. The data indicates that Mobile Crisis involvement with a youth and their family continues to significantly reduce the need for additional Mobile Crisis services.

**Trend:** →

### How Well Did We Do?

#### Statewide Response Time Under 45 Minutes



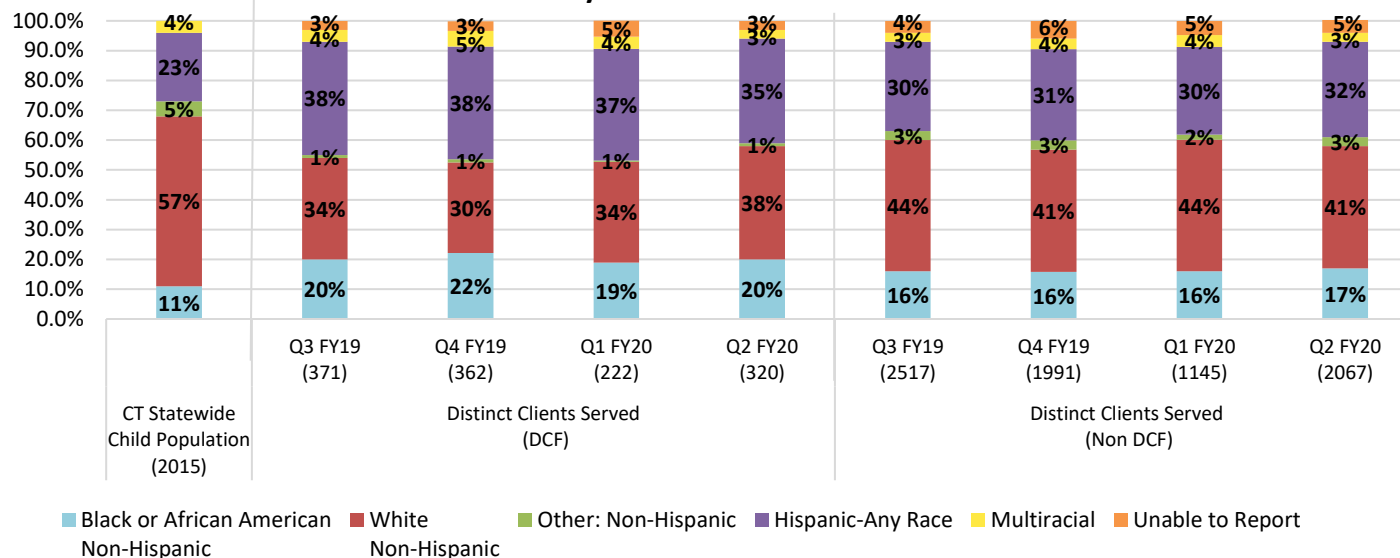
**Story Behind the Baseline:** Since SFY 11 Mobile Crisis has consistently exceeded the 80% benchmark for a 45 minute or less mobile response to a crisis. In SFY 20 Q2 83.5% of all mobile responses achieved the 45 minute mark compared to 86.3% for SFY 19 Q2. **The median response time for SFY 20 Q1 was 30 minutes.** This reflects how Mobile Crisis continues to be a highly responsive statewide service system that is immediately present to engage and deescalate a crisis and return stability to the child and family, school or other setting they are in.

**Trend:** →

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

## How Well Did We Do?

### Race & Ethnicity of DCF & Non DCF Clients Served



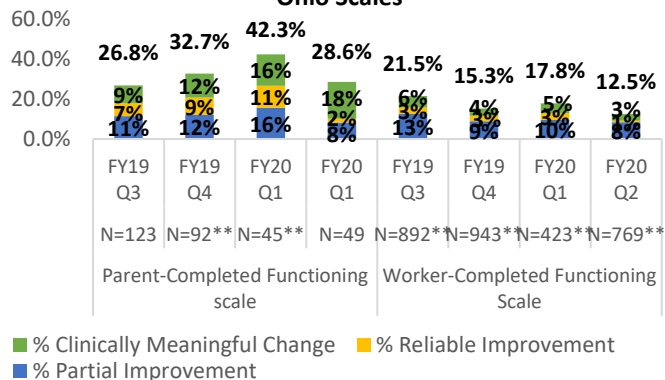
**Story Behind the Baseline:** In SFY 20 Q2 Hispanic and Black DCF and Non-DCF involved children<sup>1,2</sup> accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF-involved White children accessed the service at lower rates. White Non-DCF-involved children 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 Hispanic and Black Non-DCF involved children.

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

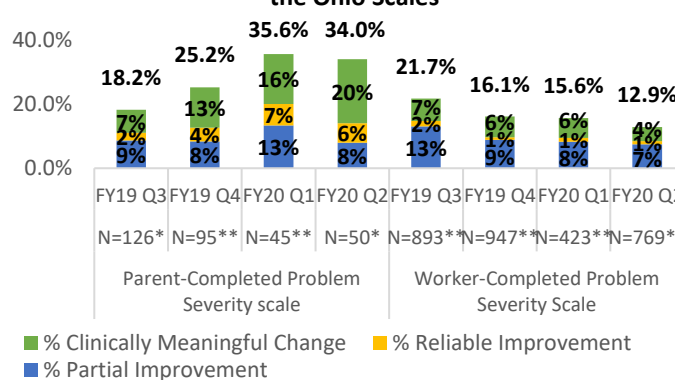
**Trend:** →

## Is Anyone Better Off?

### Improvement in Functioning as Measured by the Ohio Scales



### Improvement in Problem Severity as Measured by the Ohio Scales



**Story Behind the Baseline:** The Ohio Scales have demonstrated clinically significant positive changes for children following a Mobile Crisis response. For SFY 20 Q2 all scales except for parent functioning showed statistically significant change. 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.

**Trend:** →

### Proposed Actions to Turn the Curve:

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

### Data Development Agenda:

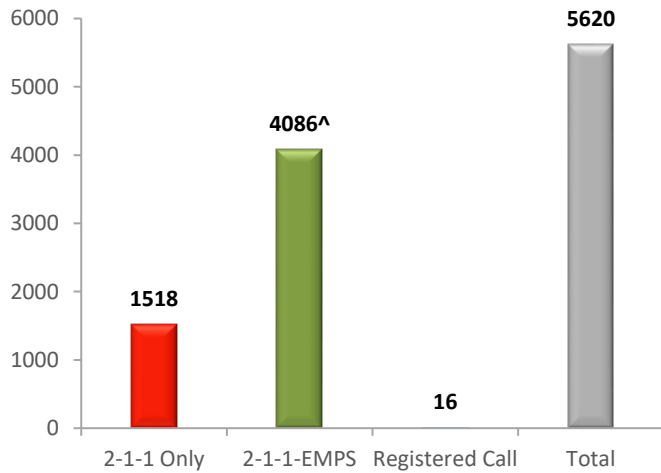
- Work with providers to develop data regarding school, emergency department, police department utilization of Mobile Crisis.
- Work with providers to address regional service area demographics for race and ethnicity in their RBA report card stories.

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



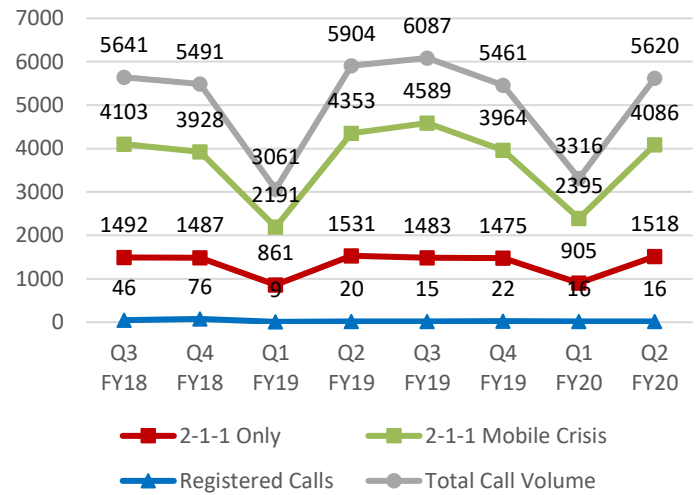
## Section II: Mobile Crisis Statewide/Service Area Dashboard

**Figure 1. Total Call Volume by Call Type**

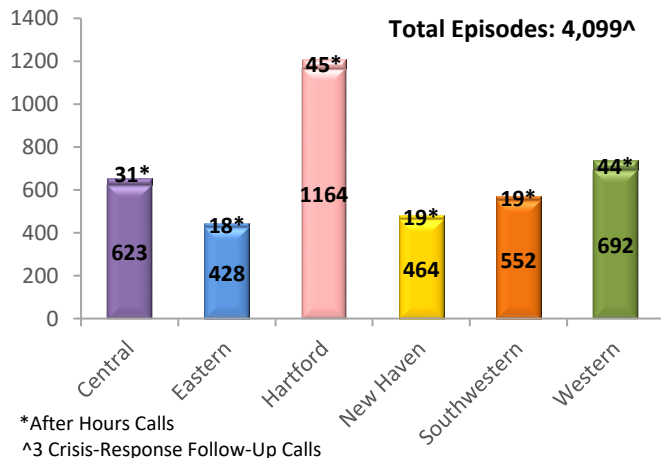


^Includes 3 Crisis-Response Follow-Up Calls

**Figure 2. Total Call Volume per Quarter by Call Type**



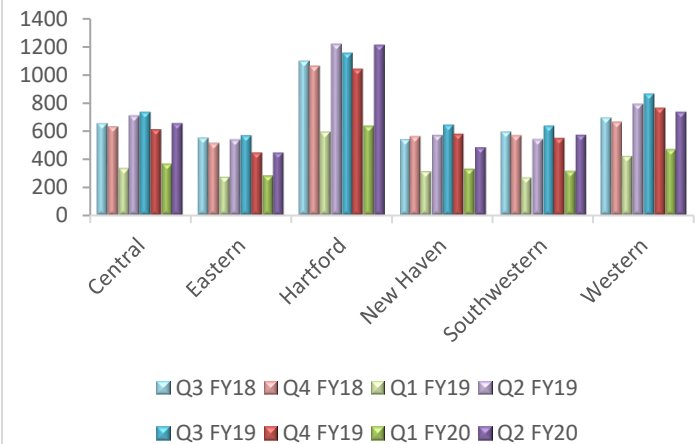
**Figure 3. Mobile Crisis Episodes by Service Area**



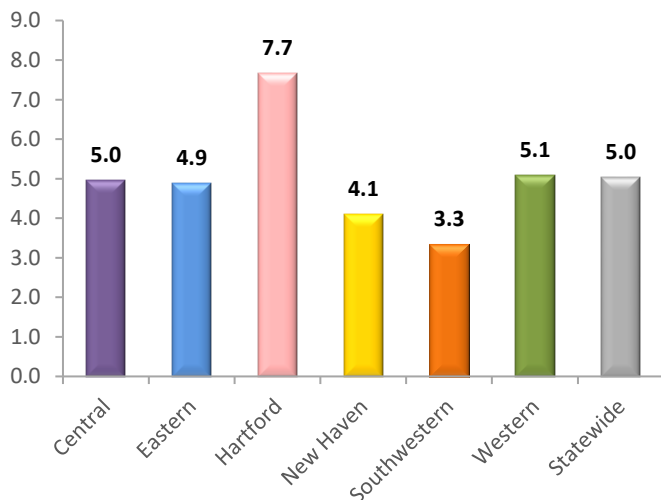
\*After Hours Calls

^3 Crisis-Response Follow-Up Calls

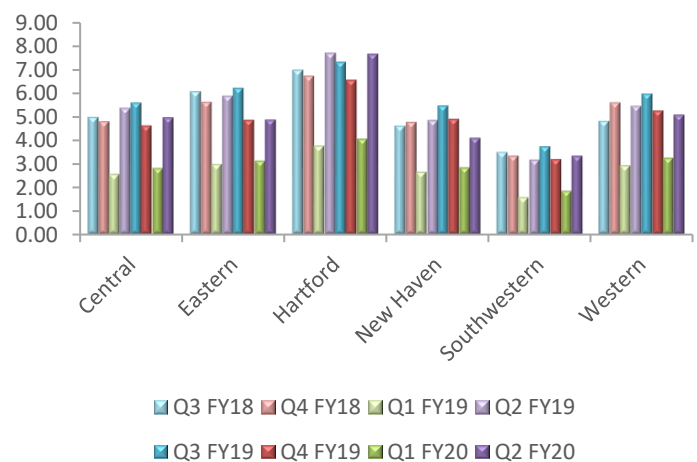
**Figure 4. Mobile Crisis Episodes per Quarter by Service Area**



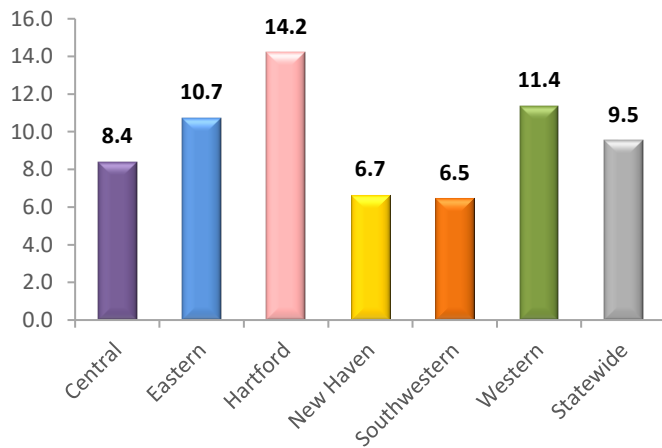
**Figure 5. Number Served Per 1,000 Children**



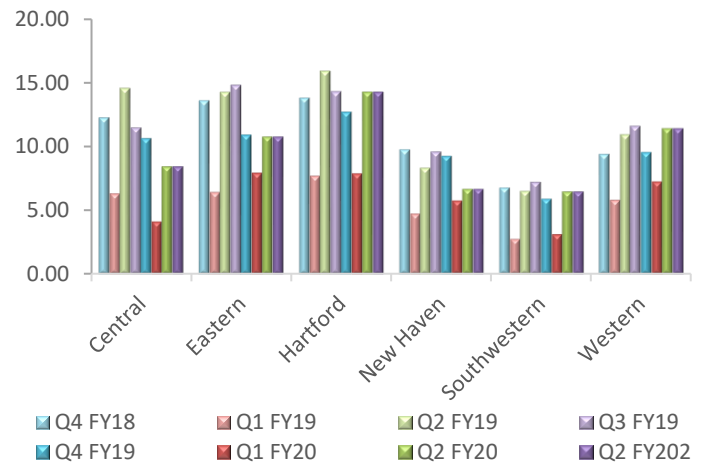
**Figure 6. Number Served per 1,000 Children per Quarter by Service Area**



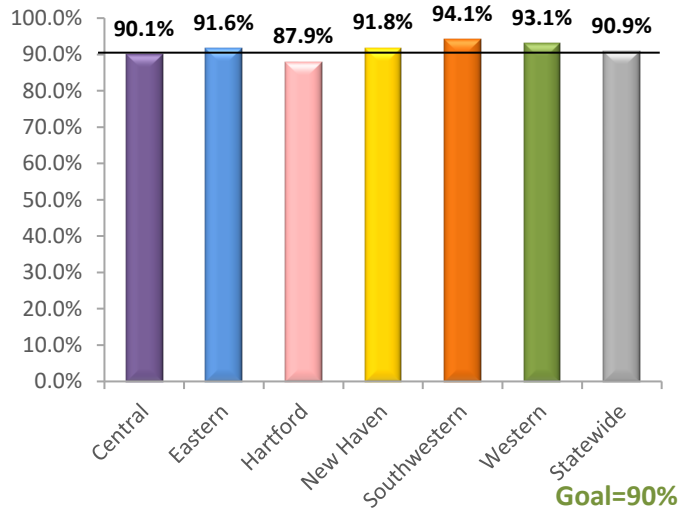
**Figure 7. Number Served per 1,000 Children in Poverty**



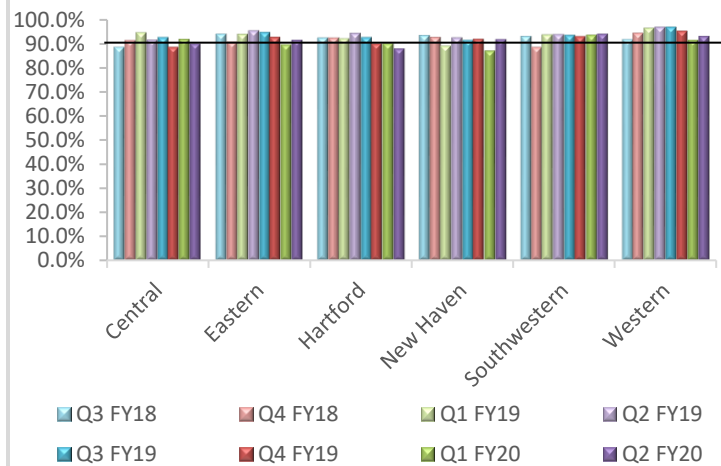
**Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area**



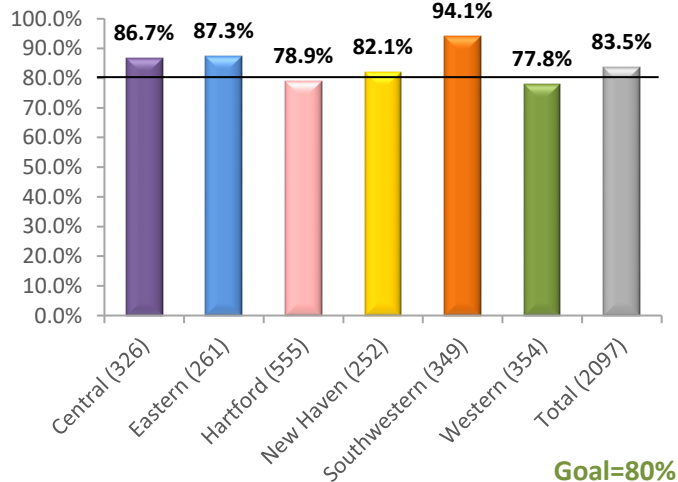
**Figure 9. Mobile Response (Mobile and Deferred Mobile) by Service Area**



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

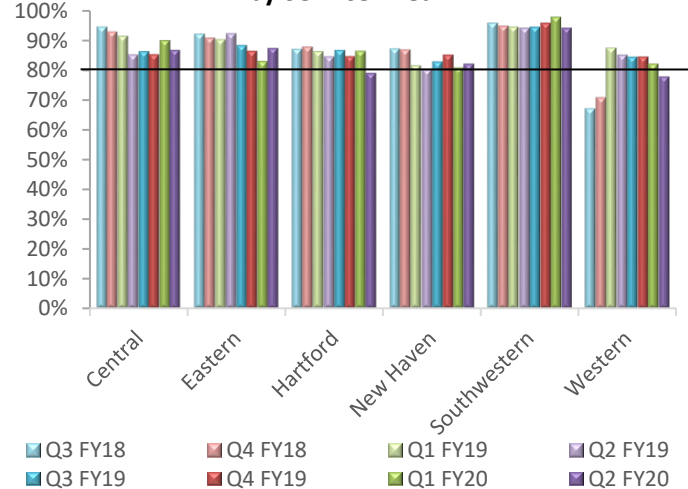


**Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes**

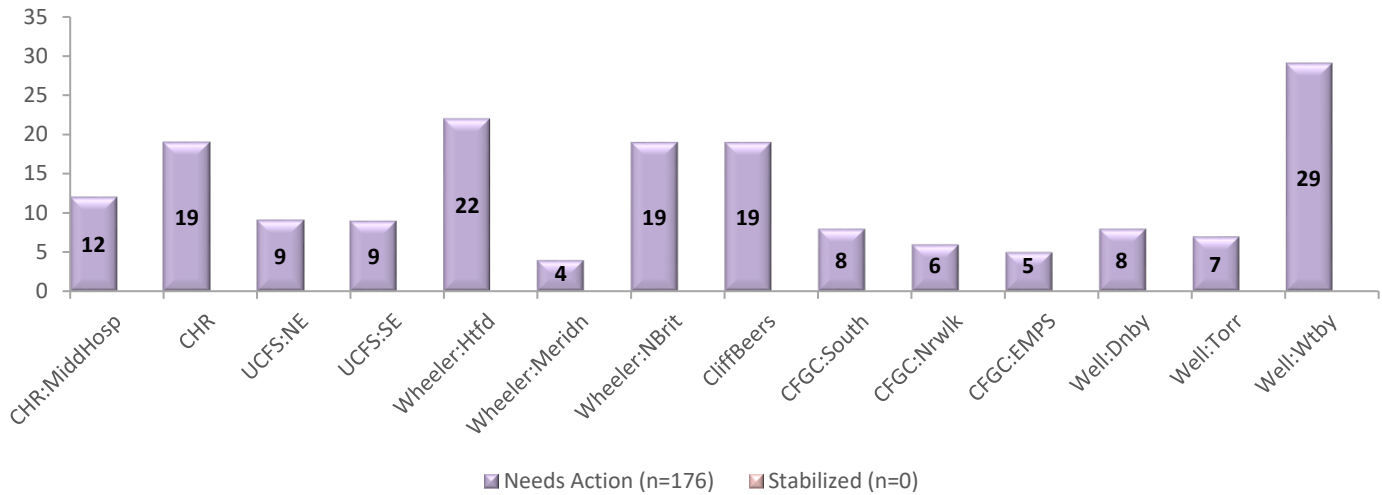


Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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

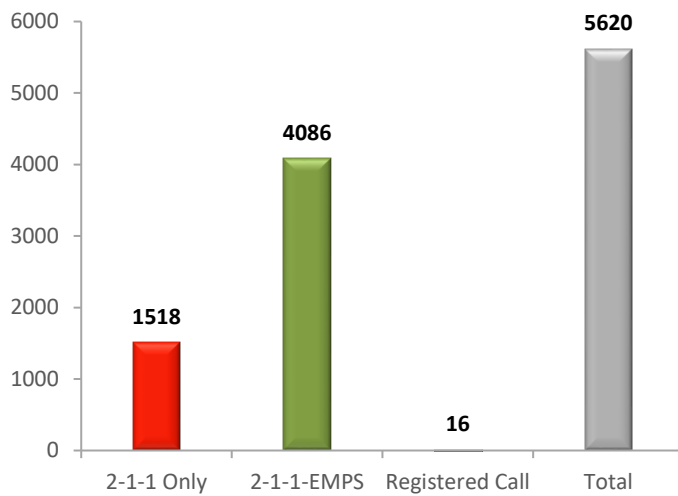


**Figure 13. After Hours Follow-up Calls by Provider**

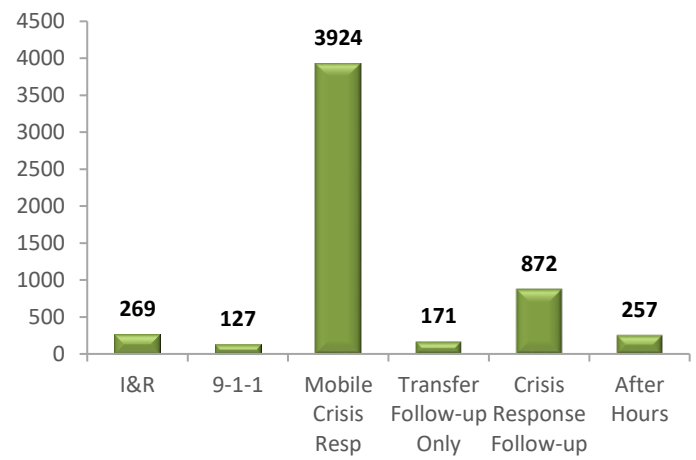


### **Section III: Mobile Crisis Response**

**Figure 14. Total Call Volume by Call Type**

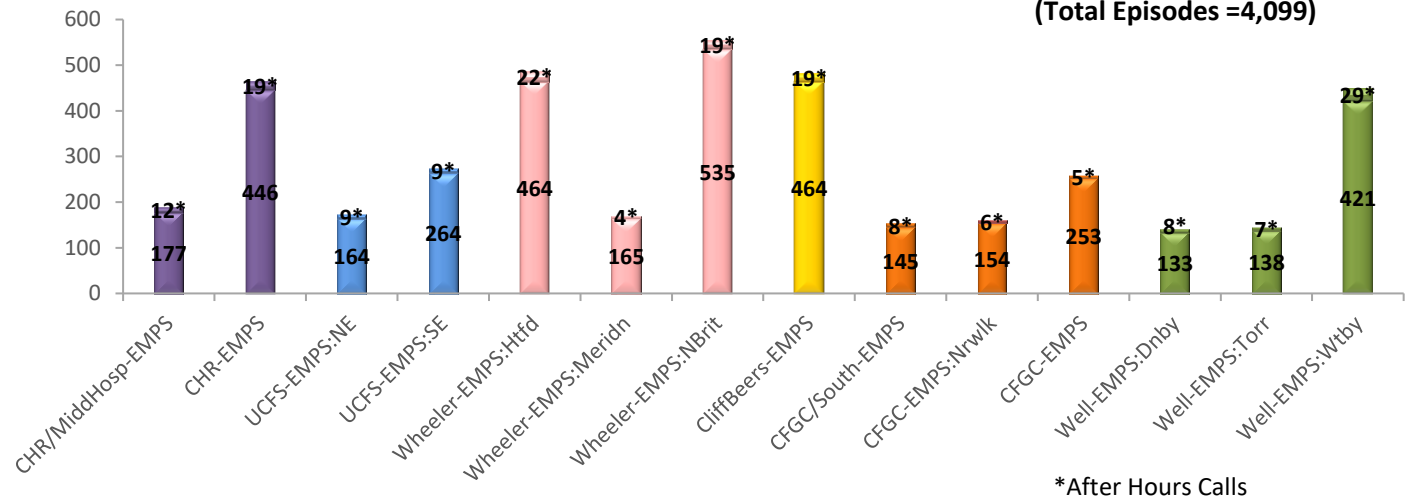


**Figure 15. Statewide 2-1-1 Disposition Frequency**



**Figure 16. Mobile Crisis Response Episodes by Provider**

**(Total Episodes =4,099)**



\*After Hours Calls

Figure 17. Number Served per 1,000 Children by Provider

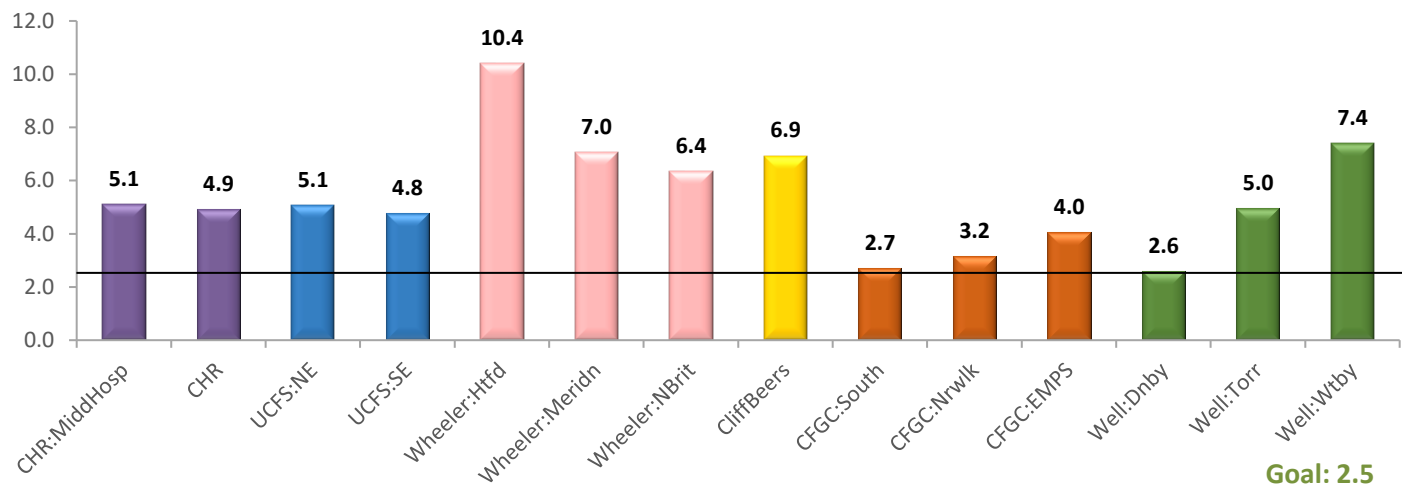


Figure 18. Episode Intervention Crisis Response Types by Service Area

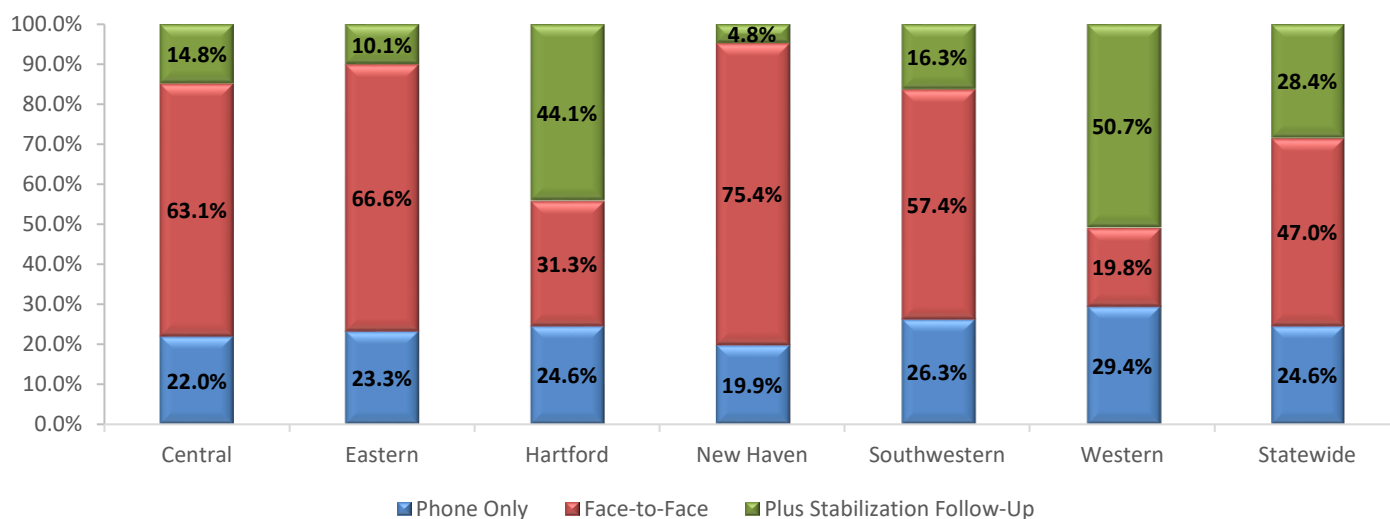
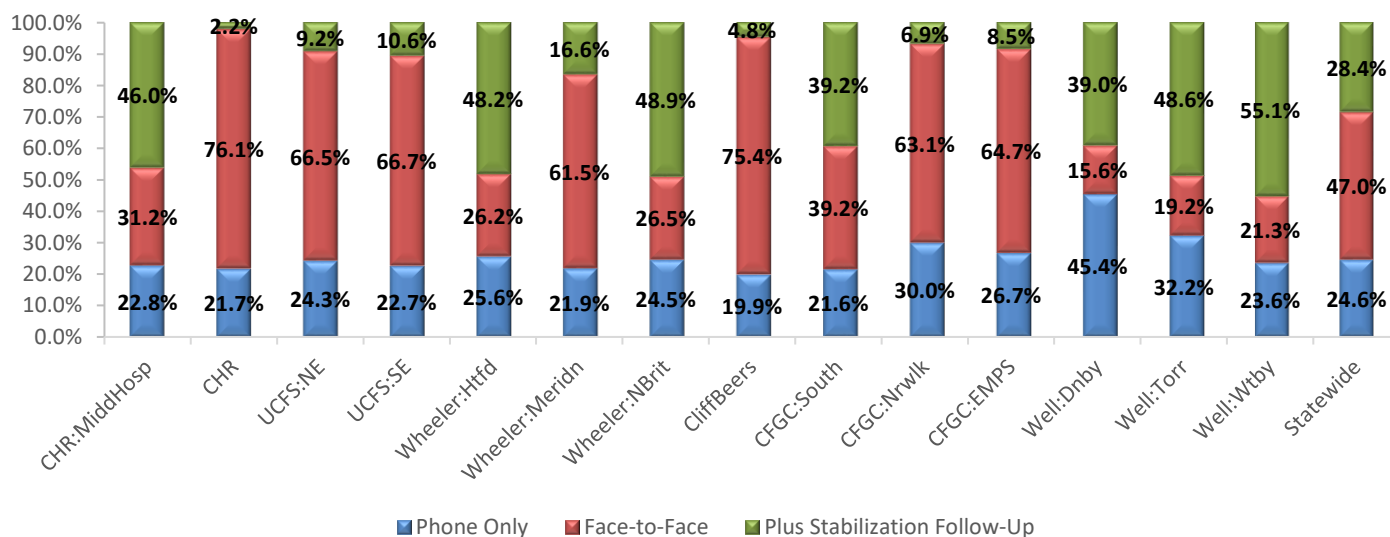
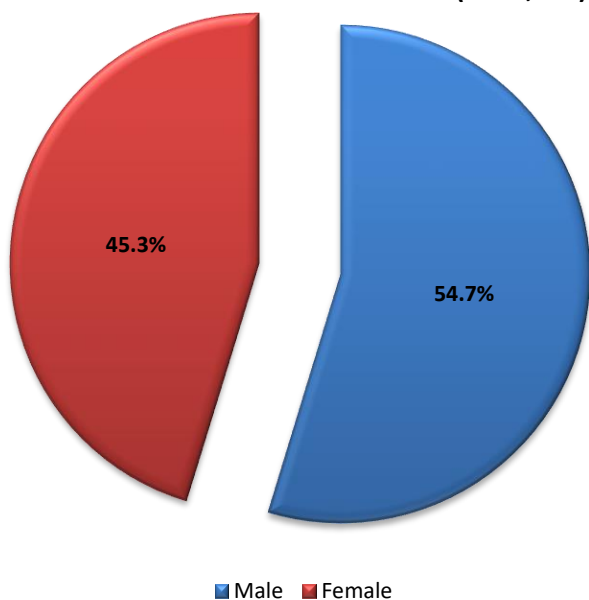


Figure 19. Episode Intervention Crisis Response Type by Provider

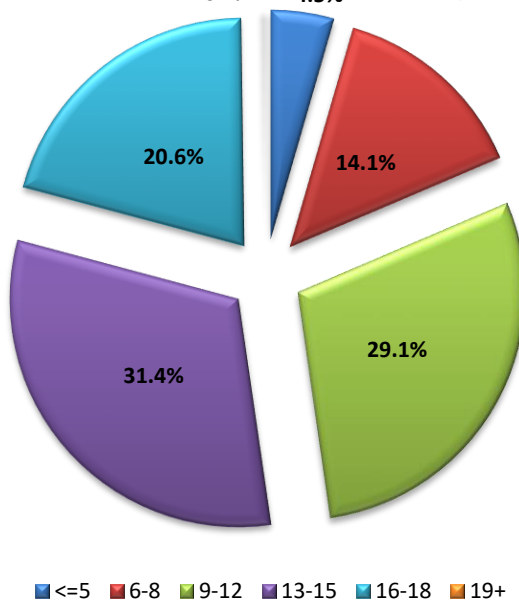


## Section IV: Demographics

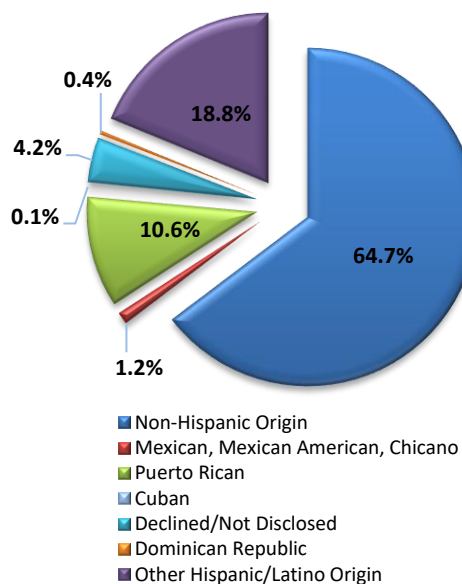
**Figure 20. Sex of Children Served Statewide**  
(N = 4,102)



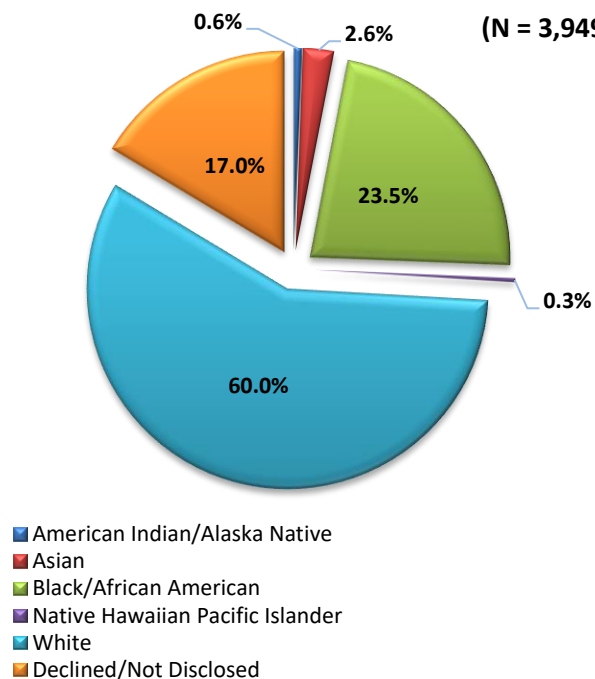
**Figure 21. Age Groups of Children Served Statewide**  
(N = 4,102)



**Figure 22. Ethnic Background of Children Served Statewide**  
(N = 4,026)

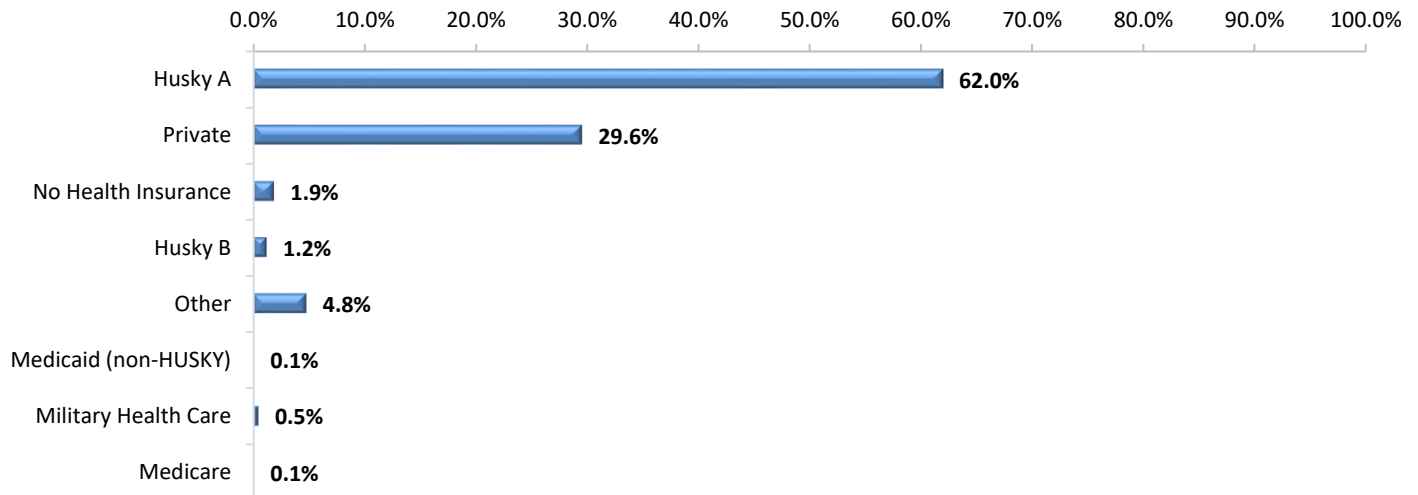


**Figure 23. Race of Children Served Statewide**  
(N = 3,949)

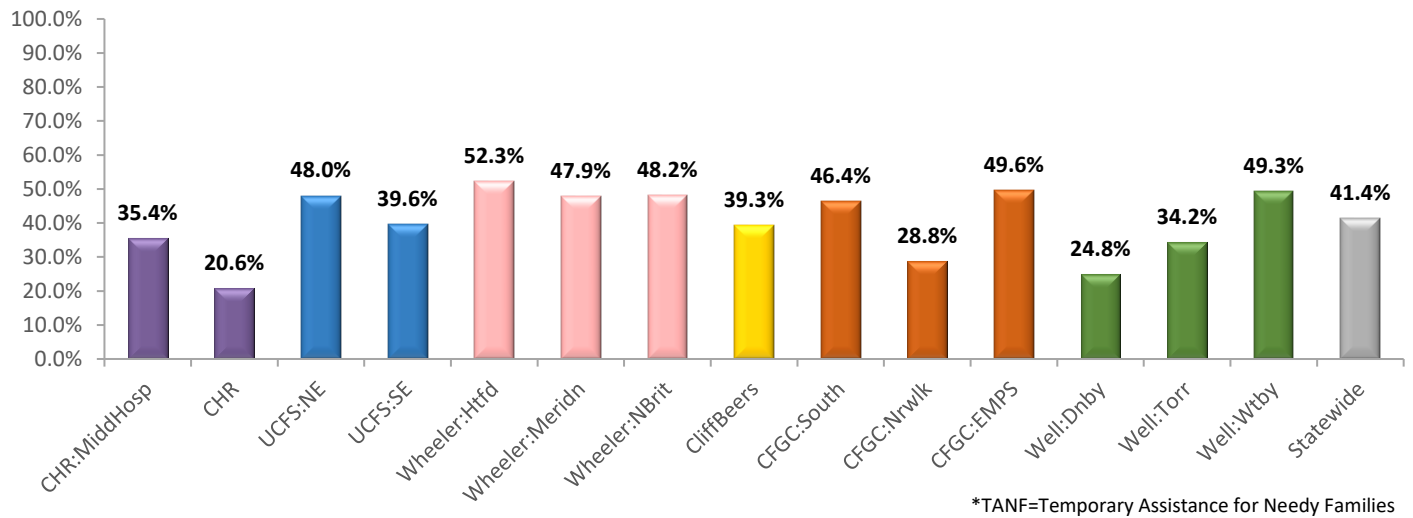


Note: According to the U.S. Census Bureau, “[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept.”

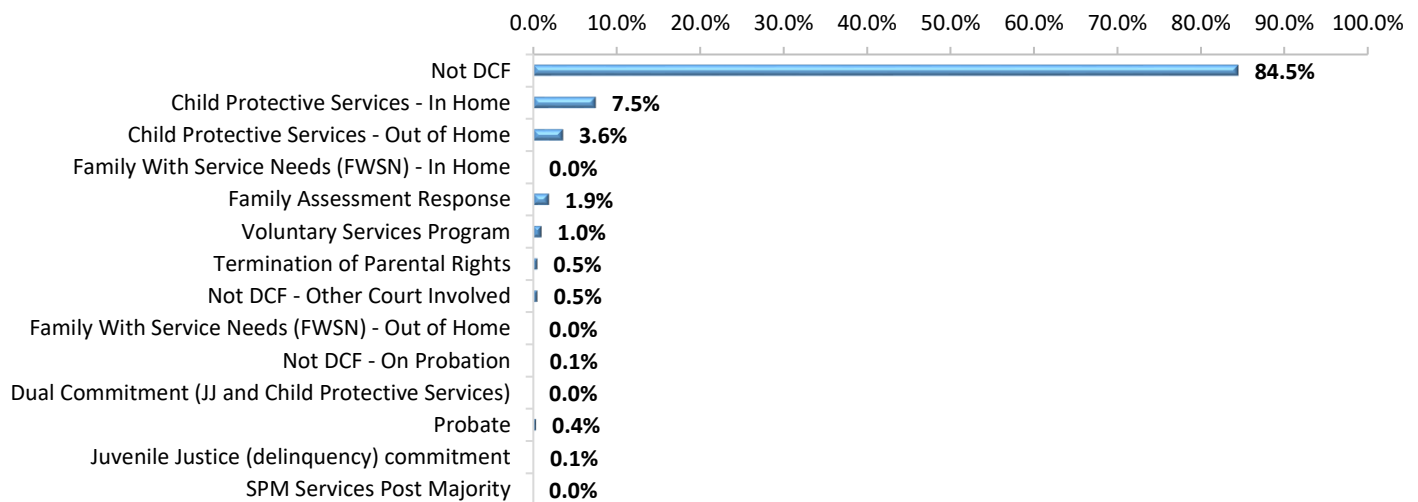
**Figure 24. Client's Type of Health Insurance at Intake Statewide**



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

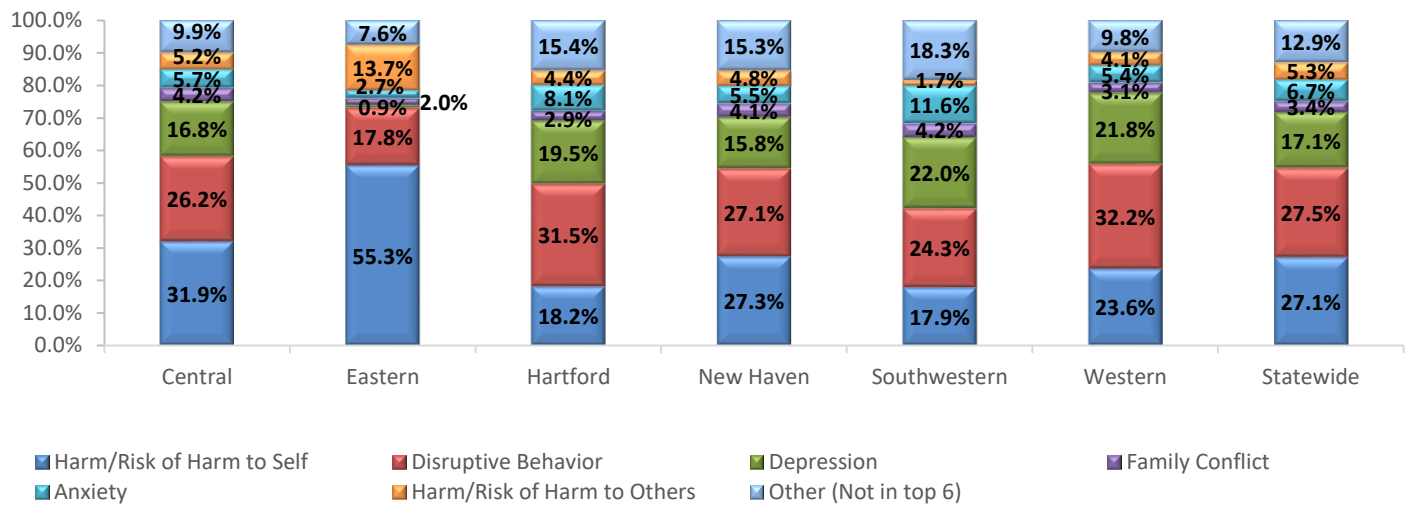


**Figure 26. Client DCF\* Status at Intake Statewide**

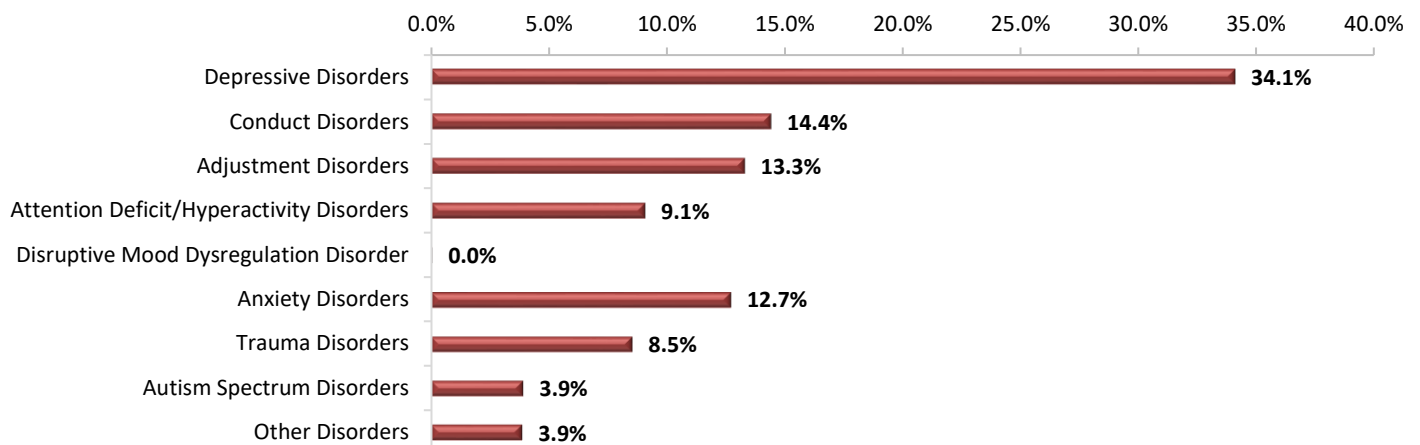


## Section V: Clinical Functioning

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

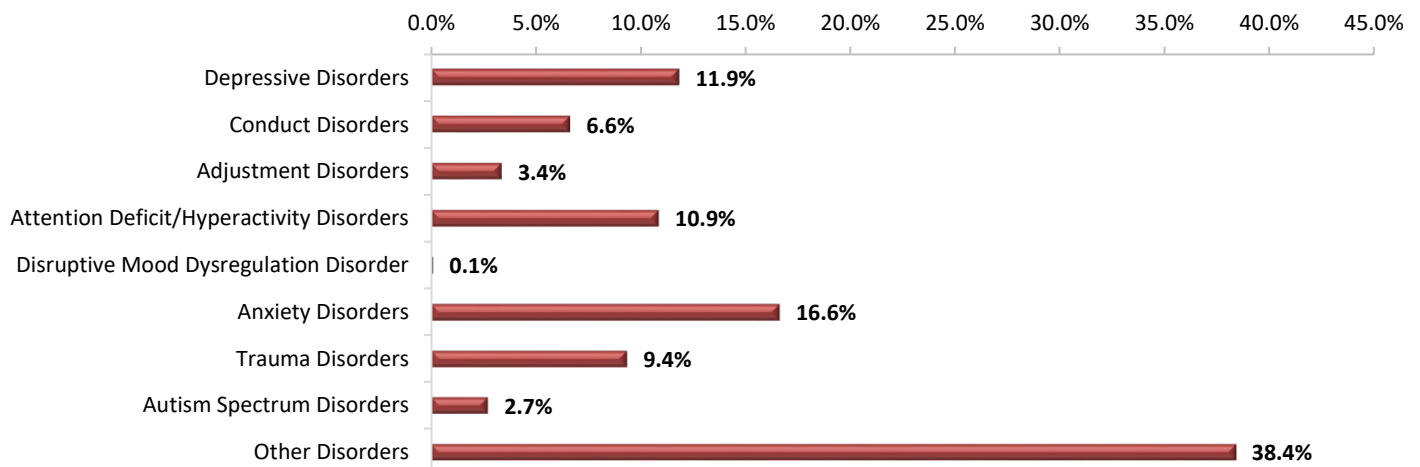


**Figure 28. Distribution of Primary Diagnosis Categories at Intake Statewide\***



\*Excludes clients with missing data or no diagnosis.

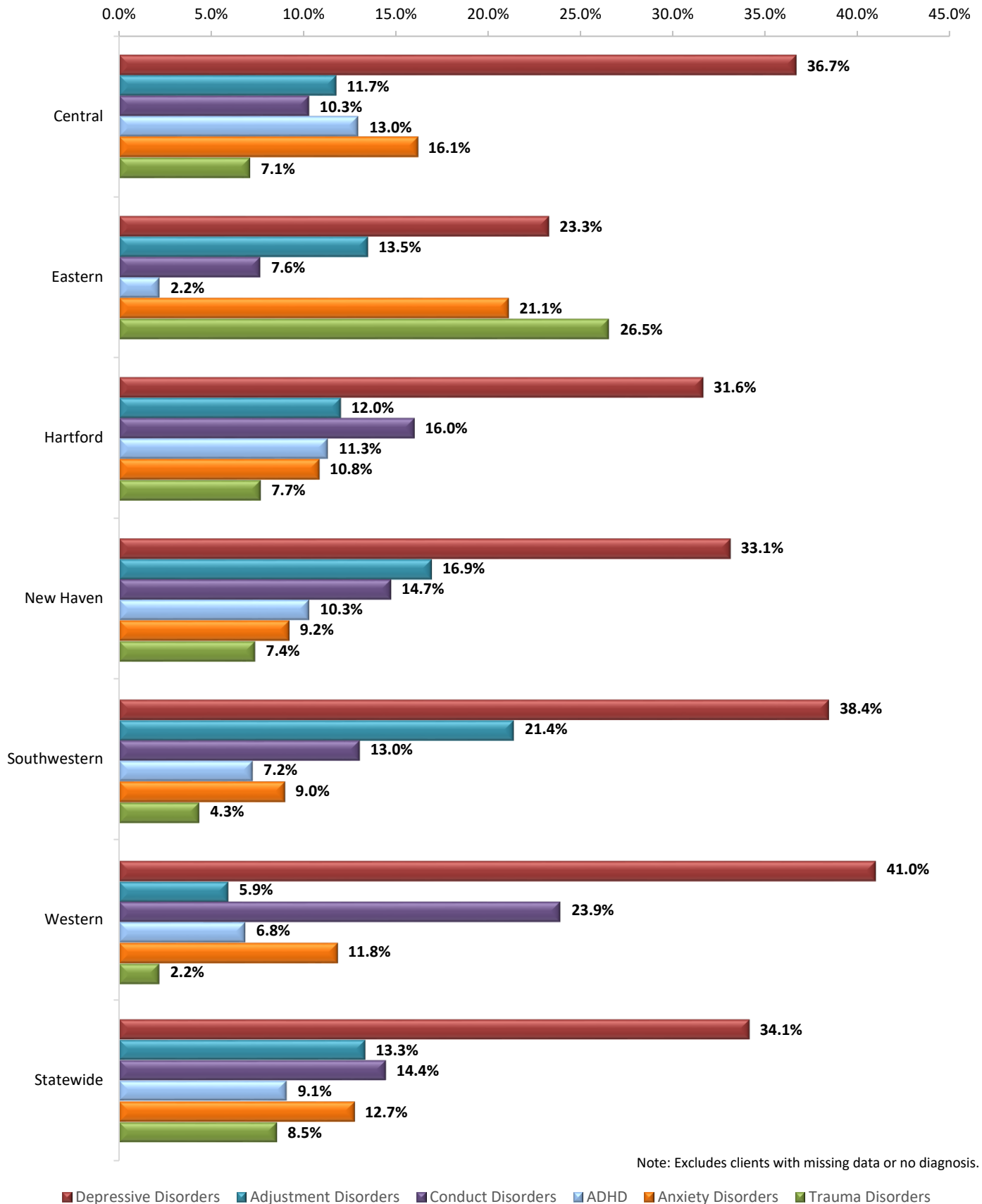
**Figure 29. Distribution of Client Secondary Diagnosis Categories at Intake Statewide**



\*Excludes clients with missing data or no diagnosis.

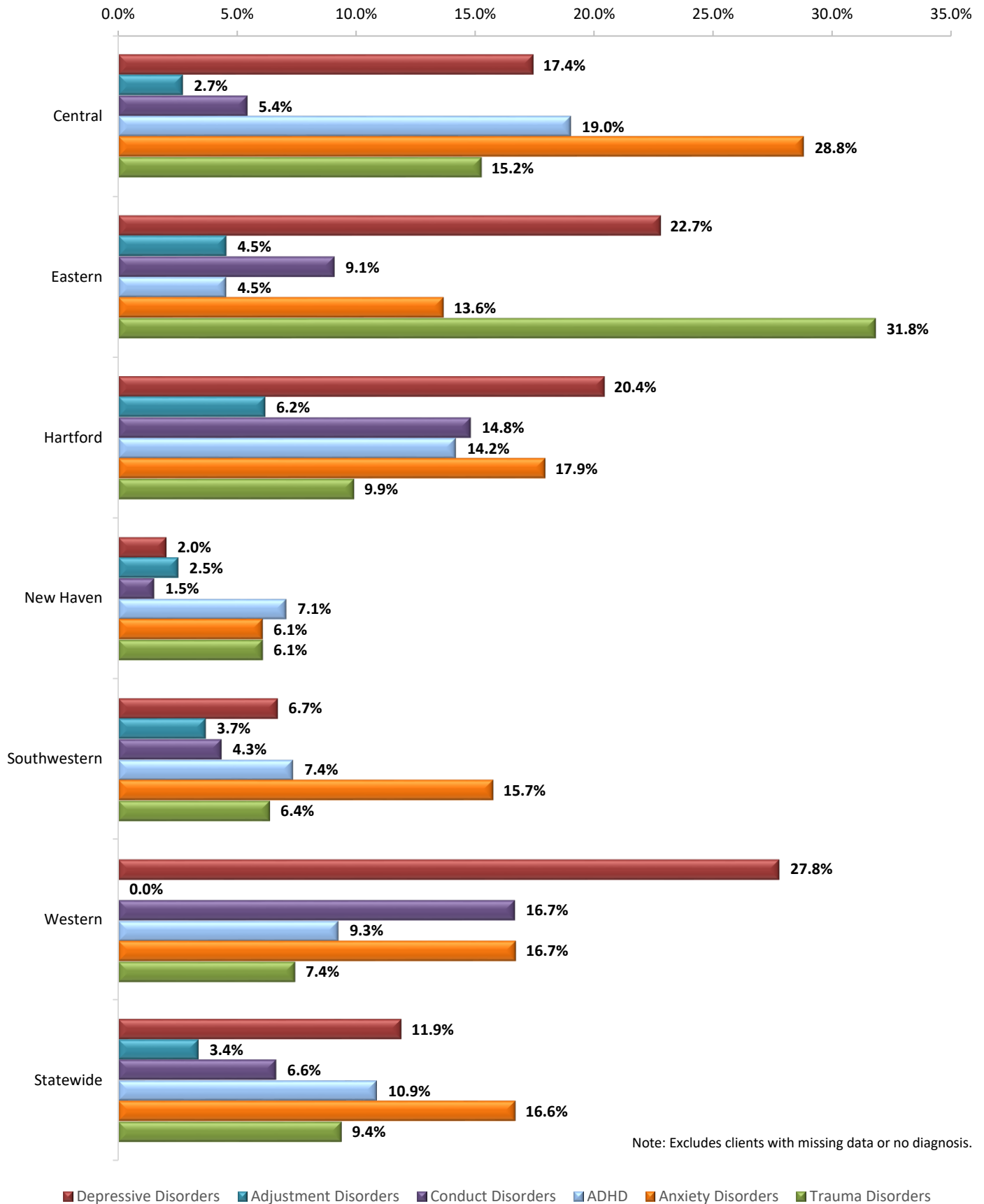
\*Q3 of FY2019 was the first quarter that diagnoses were labeled based on ICD-10 codes instead of the DSM-5. This applies to Figures 28-31.

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

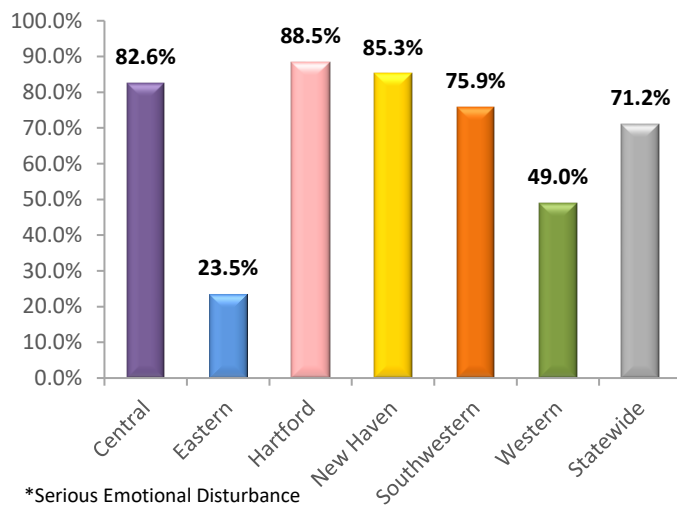




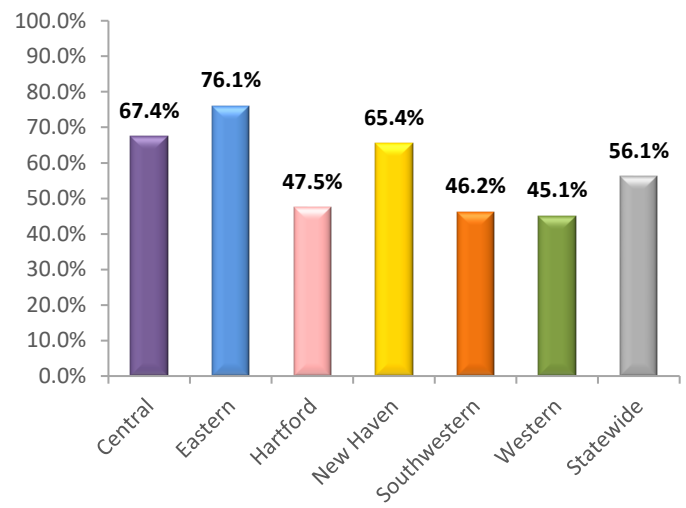
**Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area**



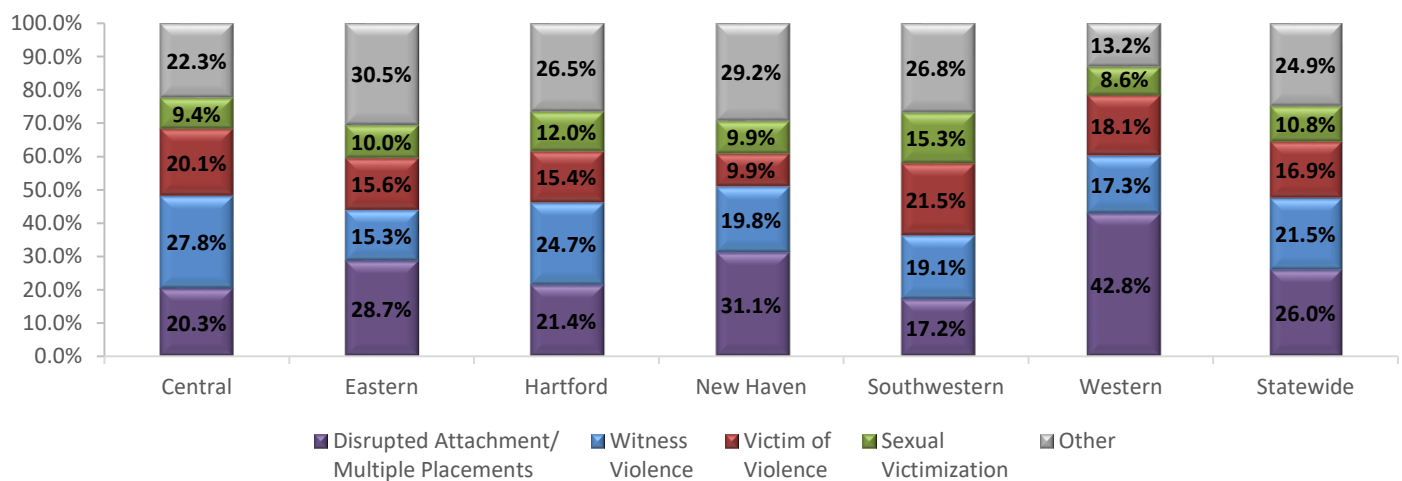
**Figure 32. Children Meeting SED\* Criteria by Service Area**



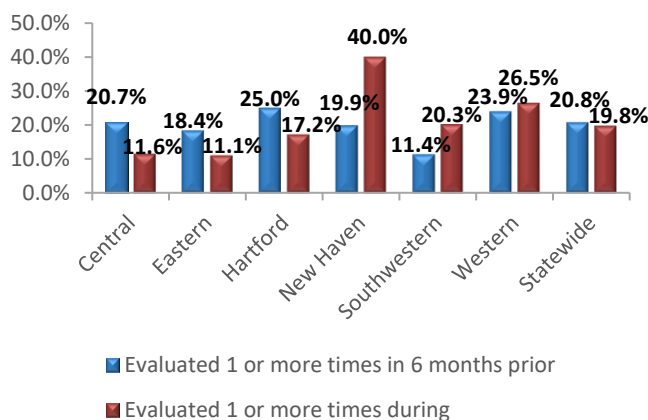
**Figure 33. Children with Trauma Exposure Reported at Intake by Service Area**



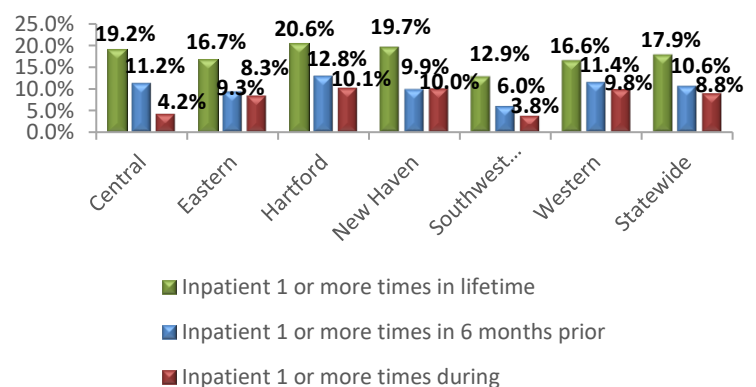
**Figure 34. Type of Trauma Reported at Intake by Service Area**



**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

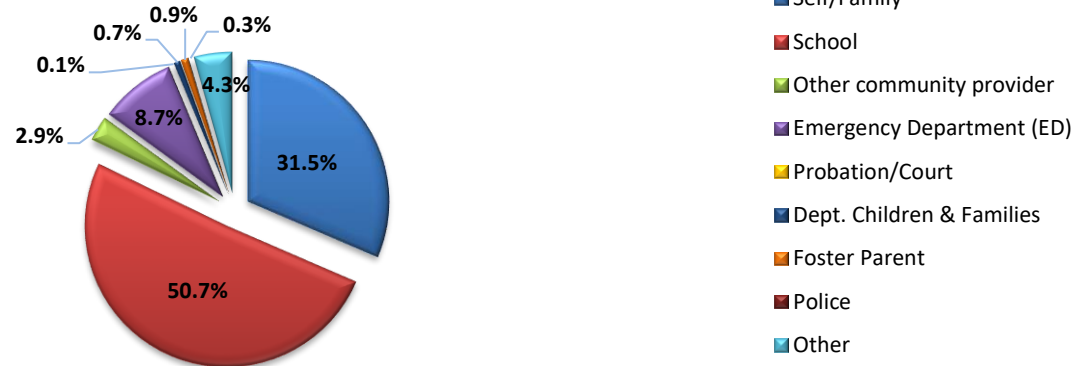
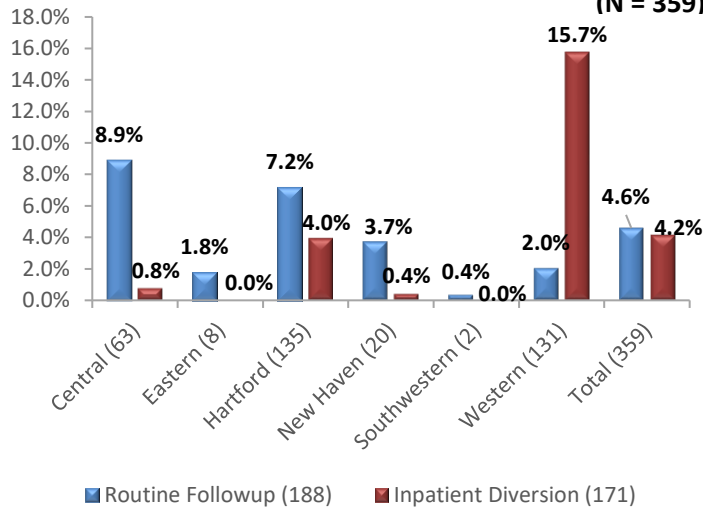


Table 1. Referral Sources (Q1 FY 2020)

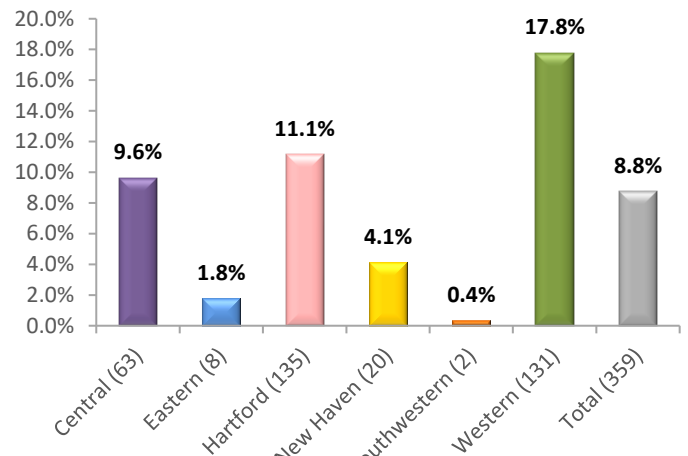
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
<b>STATEWIDE</b>	31.5%	0.2%	50.7%	0.0%	0.7%	2.9%	8.7%	0.1%	0.7%	2.9%	0.1%	0.9%	0.3%	0.4%	0.1%	0.0%
<b>CENTRAL</b>	32.3%	0.0%	45.9%	0.0%	1.8%	2.6%	9.6%	0.0%	0.8%	4.9%	0.0%	0.5%	1.1%	0.5%	0.2%	0.0%
CHR:MiddHosp	36.5%	0.0%	45.5%	0.0%	0.5%	3.2%	11.1%	0.0%	0.0%	1.6%	0.0%	0.0%	1.1%	0.0%	0.5%	0.0%
CHR	30.5%	0.0%	46.0%	0.0%	2.4%	2.4%	9.0%	0.0%	1.1%	6.2%	0.0%	0.6%	1.1%	0.6%	0.0%	0.0%
<b>EASTERN</b>	38.1%	0.0%	51.3%	0.0%	0.9%	3.4%	1.8%	0.2%	0.2%	1.1%	0.9%	1.8%	0.0%	0.2%	0.0%	0.0%
UCFS:NE	39.9%	0.0%	51.4%	0.0%	0.0%	1.2%	2.3%	0.6%	0.6%	1.2%	0.0%	2.3%	0.0%	0.6%	0.0%	0.0%
UCFS:SE	37.0%	0.0%	51.3%	0.0%	1.5%	4.8%	1.5%	0.0%	0.0%	1.1%	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%
<b>HARTFORD</b>	28.0%	0.2%	48.6%	0.0%	0.6%	3.6%	11.1%	0.1%	0.9%	5.7%	0.0%	0.6%	0.2%	0.2%	0.1%	0.0%
Wheeler:Htfd	19.9%	0.2%	48.0%	0.0%	1.0%	4.7%	19.7%	0.2%	0.6%	4.7%	0.0%	0.4%	0.2%	0.2%	0.2%	0.0%
Wheeler:Meridn	35.5%	0.0%	53.3%	0.0%	0.0%	2.4%	3.6%	0.0%	0.6%	4.1%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%
Wheeler:NBrit	32.9%	0.4%	47.8%	0.0%	0.4%	2.9%	6.0%	0.0%	1.3%	7.0%	0.0%	0.9%	0.4%	0.2%	0.0%	0.0%
<b>NEW HAVEN</b>	34.6%	0.4%	54.5%	0.0%	0.0%	2.3%	4.1%	0.6%	0.8%	0.2%	0.0%	1.9%	0.0%	0.6%	0.0%	0.0%
CliffBeers	34.6%	0.4%	54.5%	0.0%	0.0%	2.3%	4.1%	0.6%	0.8%	0.2%	0.0%	1.9%	0.0%	0.6%	0.0%	0.0%
<b>SOUTHWESTERN</b>	34.2%	0.4%	60.4%	0.0%	0.2%	2.8%	0.4%	0.2%	0.2%	0.2%	0.0%	0.9%	0.2%	0.2%	0.0%	0.0%
CFG:South	35.9%	0.0%	57.5%	0.0%	0.0%	5.2%	0.7%	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CFG:Nrwk	43.8%	0.0%	51.9%	0.0%	0.0%	2.5%	0.0%	0.0%	0.0%	0.6%	0.0%	0.6%	0.6%	0.0%	0.0%	0.0%
CFG:EMPS	27.1%	0.8%	67.4%	0.0%	0.4%	1.6%	0.4%	0.4%	0.0%	0.0%	0.0%	1.6%	0.0%	0.4%	0.0%	0.0%
<b>WESTERN</b>	28.4%	0.0%	47.8%	0.0%	0.5%	2.0%	17.6%	0.0%	1.1%	1.4%	0.0%	0.5%	0.0%	0.5%	0.1%	0.0%
Well:Dnby	41.1%	0.0%	50.4%	0.0%	0.0%	2.8%	0.7%	0.0%	3.5%	0.7%	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%
Well:Torr	33.6%	0.0%	52.7%	0.0%	0.7%	2.1%	4.8%	0.0%	0.7%	4.1%	0.0%	0.7%	0.0%	0.7%	0.0%	0.0%
Well:Wtby	22.7%	0.0%	45.3%	0.0%	0.7%	1.8%	27.1%	0.0%	0.4%	0.7%	0.0%	0.4%	0.0%	0.7%	0.2%	0.0%

**Figure 38. Type of Emergency Dept. Referral (N = 359)**



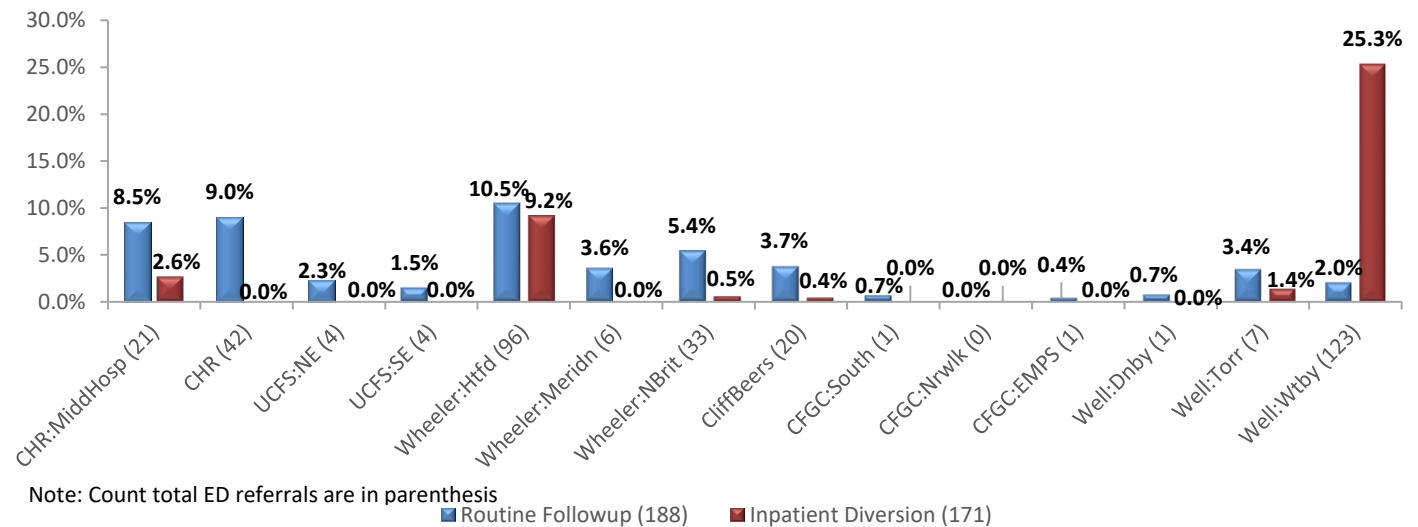
Note: Count total ED referrals are in parenthesis

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



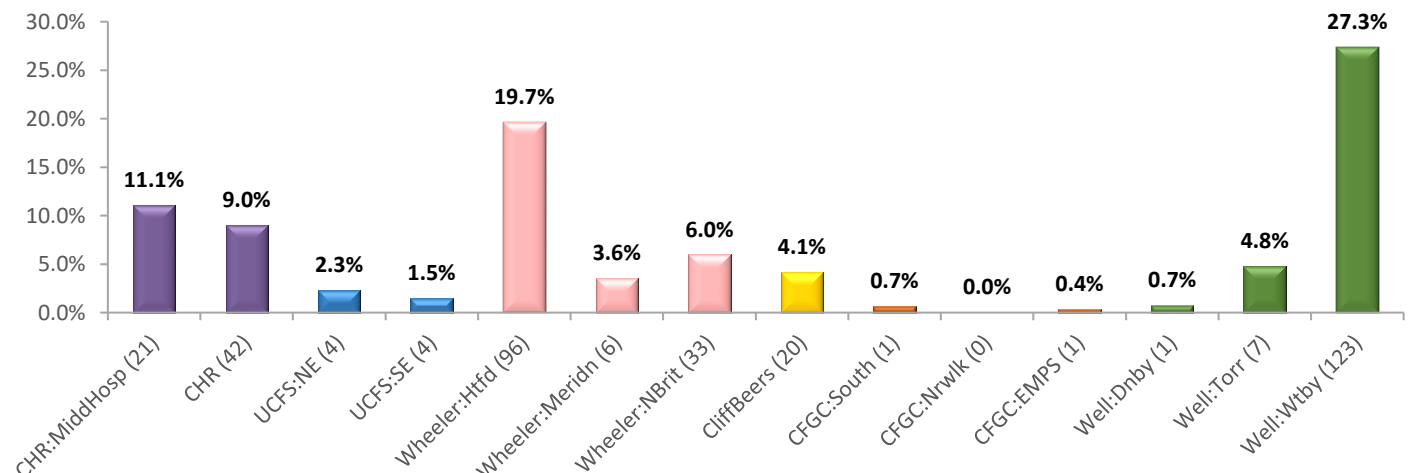
Note: Count total ED referrals are in parenthesis

**Figure 40. Type of Emergency Department Referrals by Provider**



Note: Count total ED referrals are in parenthesis

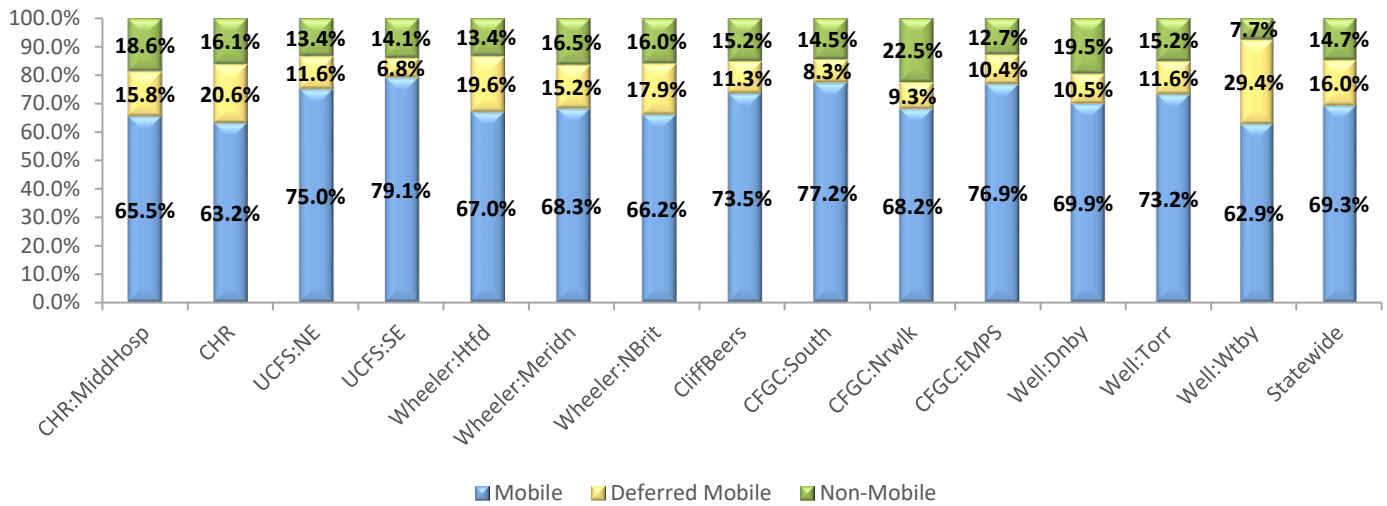
**Figure 41. Emergency Dept. Referral (% of Total Mobile Crisis Episodes) by Provider**



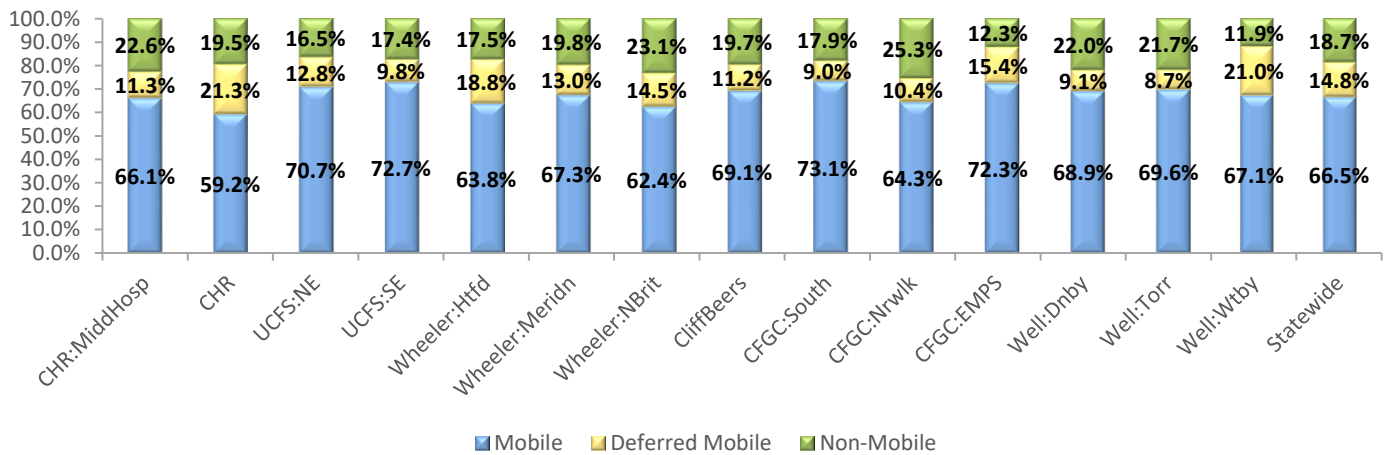
Note: Count total ED referrals are in parenthesis.

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

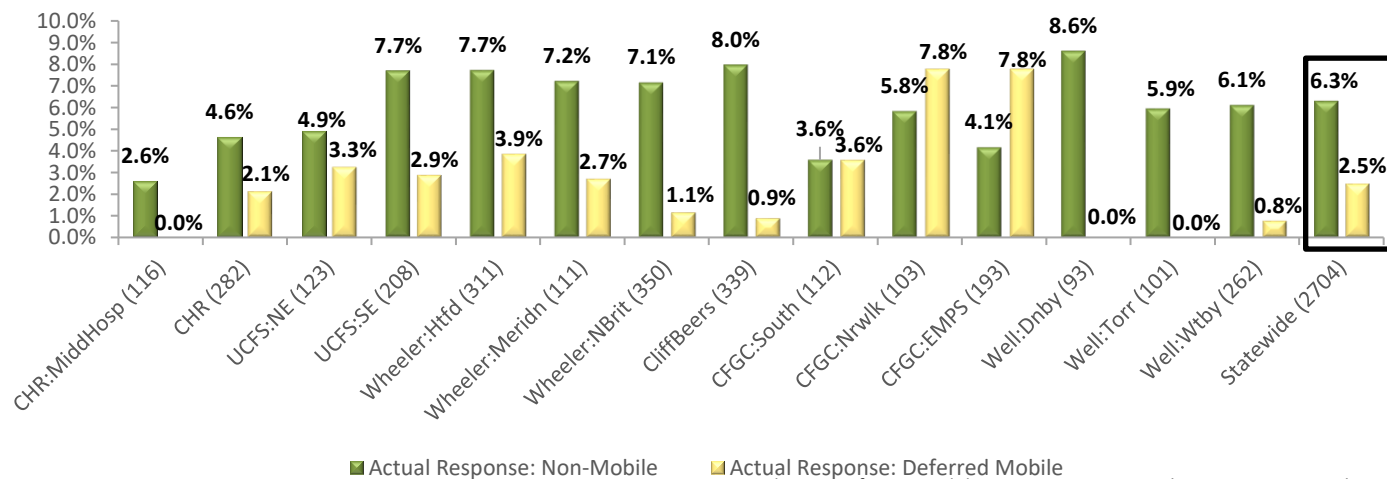
**Figure 42. 2-1-1 Recommended Initial Response**



**Figure 43. Actual Initial Mobile Crisis Provider Response**

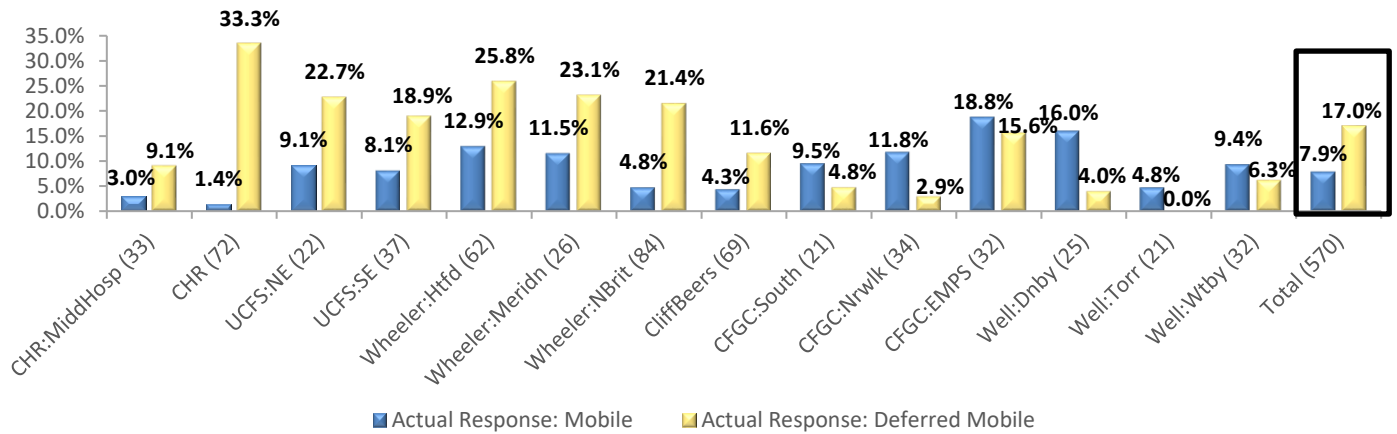


**Figure 44. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile**

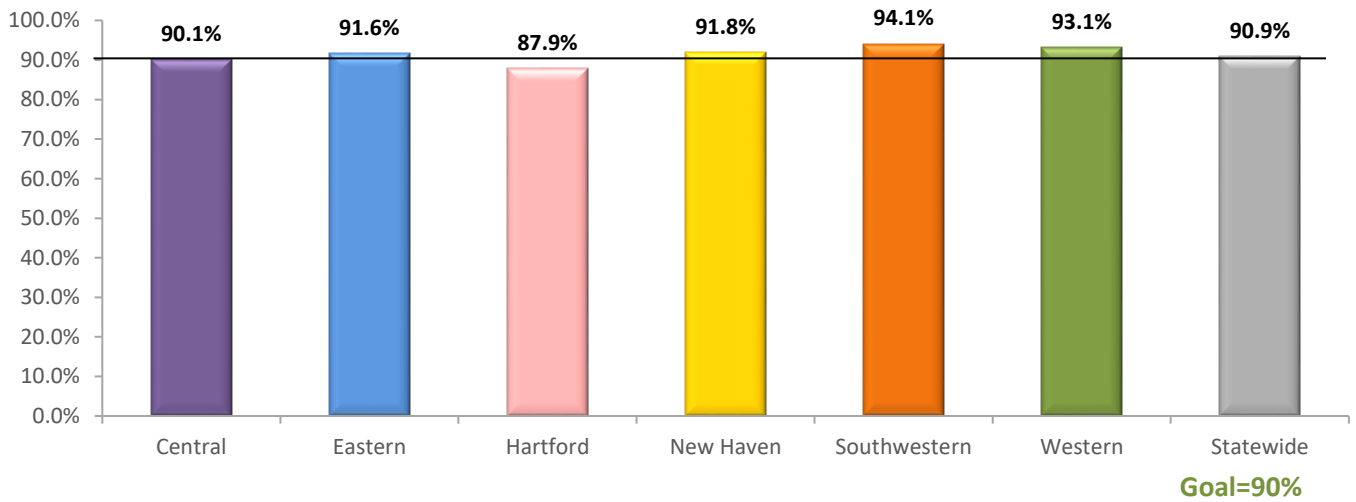


Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

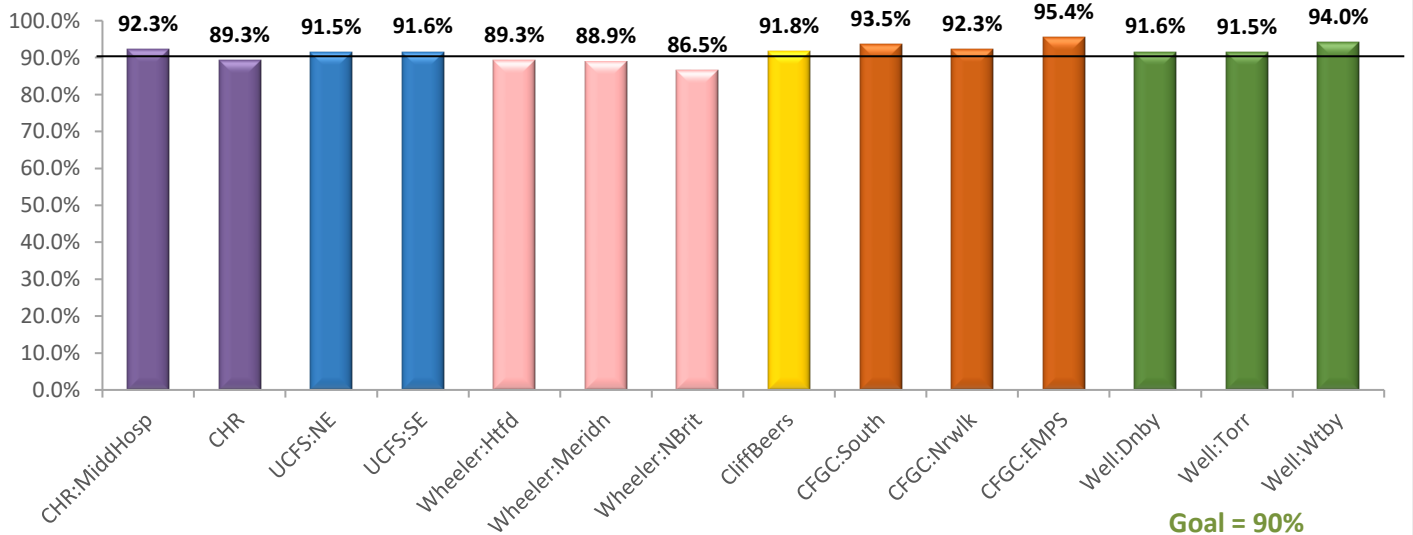
**Figure 45. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile**



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

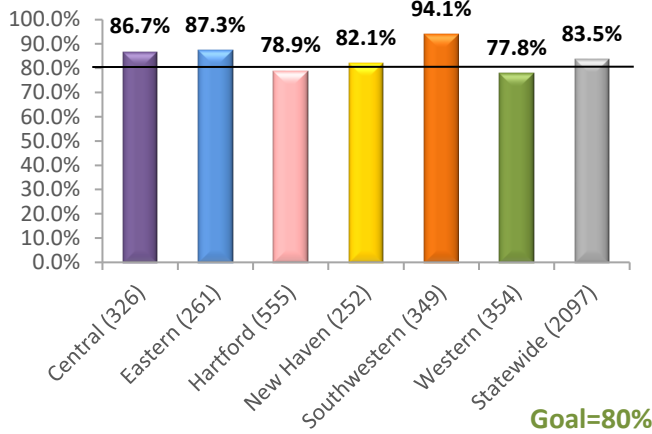


**Figure 47. Mobile Response (Mobile & Deferred Mobile) By Provider**



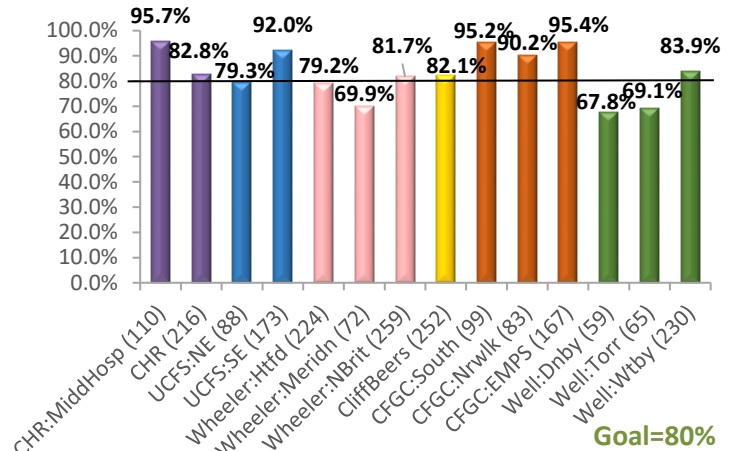
## Section VIII: Response Time

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



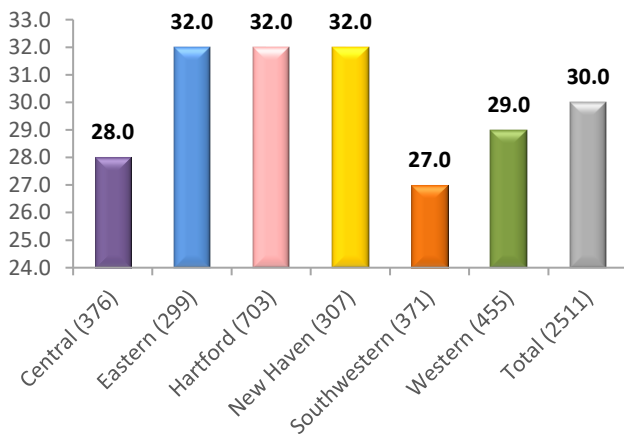
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



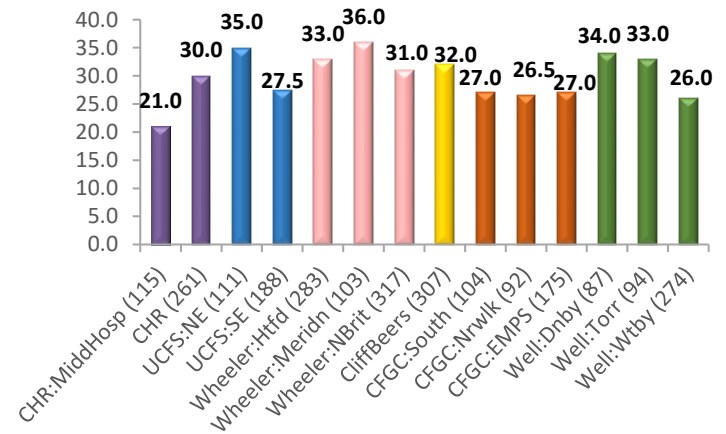
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



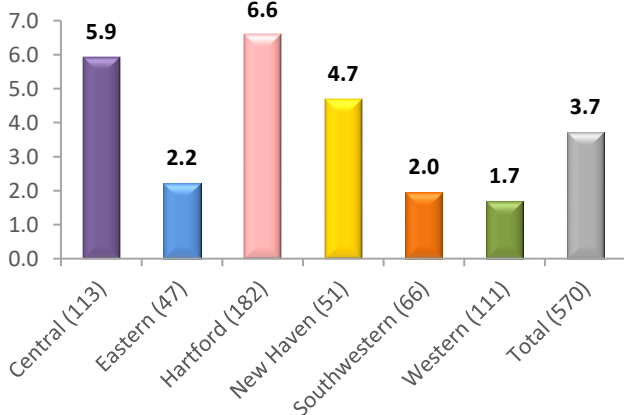
Note: Counts of mobile response episodes are in parenthesis.

**Figure 51. Median Mobile Response Time by Provider in Minutes**



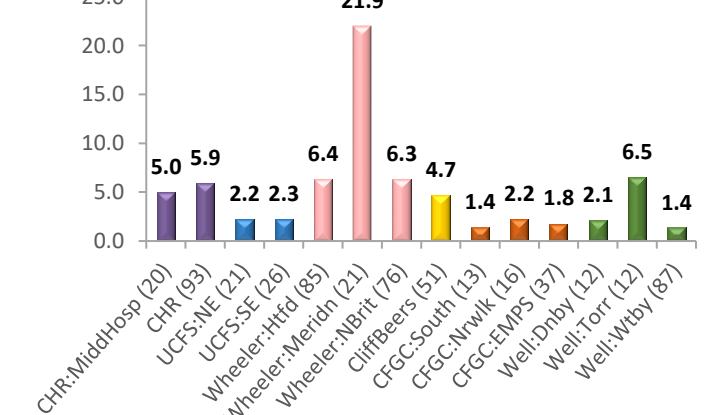
Note: Counts of mobile response episodes are in parenthesis.

**Figure 52. Median Deferred Mobile Response Time by Provider in Hours**



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

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



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

## Section IX: Length of Stay and Discharge Information

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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R		
		Discharged Episodes for Current Reporting Period										Cumulative Discharged Episodes*									
		Mean			Median			Percent				Mean			Median			Percent			
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45		
1	STATEWIDE	1.1	11.6	16.4	0.0	5.0	13.0	14.5%	41.5%	2.2%	0.9	9.4	15.2	0.0	4.0	12.0	12.7%	35.0%	2.0%		
2	Central	2.7	29.6	20.2	0.0	3.0	14.0	40.3%	79.2%	7.8%	2.6	26.3	18.9	0.0	20.0	14.0	37.6%	75.8%	6.2%		
3	CHR:MidHosp	6.2	5.1	15.1	4.0	4.0	13.0	80.0%	29.1%	0.0%	5.5	5.0	14.6	4.0	4.0	12.0	80.3%	27.5%	0.0%		
4	CHR	1.3	33.8	38.0	0.0	29.0	37.0	24.2%	87.7%	34.5%	1.5	30.7	32.3	0.0	26.0	30.0	21.8%	85.8%	25.5%		
5	Eastern	0.0	3.6	20.8	0.0	4.0	16.0	0.0%	8.1%	1.8%	0.0	3.3	19.8	0.0	4.0	16.0	0.0%	5.6%	1.4%		
6	UCFS:NE	0.0	3.6	19.0	0.0	4.0	15.0	0.0%	7.8%	0.0%	0.0	3.4	18.0	0.0	4.0	15.0	0.0%	5.1%	0.0%		
7	UCFS:SE	0.0	3.7	21.9	0.0	4.0	21.0	0.0%	8.2%	2.9%	0.0	3.3	20.9	0.0	3.0	17.5	0.0%	5.9%	2.2%		
8	Hartford	1.0	4.9	12.5	0.0	2.0	10.0	15.1%	30.2%	0.3%	0.9	4.1	11.6	0.0	1.0	9.0	13.9%	24.5%	0.4%		
9	Wheeler:Htfd	1.0	6.5	14.0	0.0	4.0	12.0	17.7%	41.9%	0.4%	1.1	5.2	12.5	0.0	2.0	11.0	16.7%	33.5%	0.3%		
10	Wheeler:Meridn	2.7	6.1	14.3	0.0	4.0	14.0	28.9%	38.3%	0.0%	1.8	5.8	14.3	0.0	3.0	14.0	23.5%	35.5%	0.0%		
11	Wheeler:NBrit	0.5	2.6	11.2	0.0	1.0	9.0	8.8%	14.0%	0.3%	0.5	2.2	10.5	0.0	1.0	8.0	8.8%	10.5%	0.5%		
12	New Haven	1.5	11.3	26.0	0.0	7.0	26.5	13.3%	58.5%	7.7%	1.0	8.7	25.8	0.0	4.0	26.0	10.8%	45.2%	12.8%		
13	CliffBeers	1.5	11.3	26.0	0.0	7.0	26.5	13.3%	58.5%	7.7%	1.0	8.7	25.8	0.0	4.0	26.0	10.8%	45.2%	12.8%		
14	Southwestern	0.2	8.9	26.1	0.0	4.0	27.0	4.8%	33.9%	1.9%	0.4	7.6	23.6	0.0	4.0	22.0	5.0%	30.9%	1.4%		
15	CFGC:South	0.0	5.8	27.0	0.0	0.0	30.0	0.0%	25.9%	0.0%	0.1	4.7	25.3	0.0	0.0	25.5	1.8%	20.0%	0.0%		
16	CFGC:Nrwlk	0.3	8.8	20.0	0.0	4.0	21.5	6.3%	38.5%	0.0%	0.8	8.0	17.6	0.0	4.0	20.0	7.1%	36.7%	0.0%		
17	CFGC:EMPS	0.3	10.0	25.3	0.0	4.0	26.0	6.0%	33.9%	8.7%	0.3	8.2	21.4	0.0	4.0	21.0	5.2%	31.2%	5.6%		
18	Western	1.1	5.6	16.9	0.0	3.0	14.0	20.8%	82.6%	0.5%	0.8	5.0	15.6	0.0	3.0	13.0	8.6%	22.5%	2.2%		
19	Well:Dnby	0.5	4.6	18.9	0.0	3.0	15.0	9.4%	13.6%	4.7%	0.4	3.9	17.6	0.0	3.0	14.0	6.9%	10.0%	3.8%		
20	Well:Torr	1.1	4.1	14.7	0.0	3.0	14.0	8.5%	14.8%	0.0%	0.8	3.4	14.4	0.0	3.0	13.0	6.5%	10.5%	1.0%		
21	Well:Wtby	1.4	6.3	17.1	0.0	4.0	14.0	13.3%	31.6%	3.2%	1.0	5.6	15.4	0.0	3.5	13.0	10.4%	27.3%	2.2%		

\* Discharged episodes with end dates from July 1, 2019 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 Plus Stabilization Follow-up Only

Phone > 1

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

FTF > 5

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

Stab. > 45

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



**Table 3. Number of Episodes for Discharged Episodes of Care**

		A	B	C	D	E	F	G	H	I	J	K	L
		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	993	1825	1290	144	757	28	1634	2625	1801	208	918	36
2	Central	139	380	129	56	301	10	226	466	195	85	353	12
3	CHR:MiddHosp	40	55	100	32	16	0	61	80	148	49	22	0
4	CHR	99	325	29	24	285	10	165	386	47	36	331	12
5	Eastern	103	298	57	0	24	1	192	449	73	0	25	1
6	UCFS:NE	42	116	22	0	9	0	80	177	27	0	9	0
7	UCFS:SE	61	182	35	0	15	1	112	272	46	0	16	1
8	Hartford	298	394	579	45	119	2	446	548	805	62	134	3
9	Wheeler:Htfd	124	129	239	22	54	1	162	179	328	27	60	1
10	Wheeler:Meridn	38	115	36	11	44	0	68	141	53	16	50	0
11	Wheeler:NBrit	136	150	304	12	21	1	216	228	424	19	24	2
12	New Haven	90	282	26	12	165	2	167	469	47	18	212	6
13	CliffBeers	90	282	26	12	165	2	167	469	47	18	212	6
14	Southwestern	147	327	107	7	111	2	241	453	139	12	140	2
15	CFGCSouth	32	58	76	0	15	0	56	75	90	1	15	0
16	CFGCS:Nrwlk	48	104	8	3	40	0	70	128	13	5	47	0
17	CFGCS:EMPS	67	165	23	4	56	2	115	250	36	6	78	2
18	Western	216	144	392	24	37	11	362	240	542	31	54	12
19	Well:Dnby	64	22	64	6	3	3	102	30	80	7	3	3
20	Well:Torr	47	27	77	4	4	0	77	38	100	5	4	1
21	Well:Wtby	105	95	251	14	30	8	183	172	362	19	47	8

\* Discharged episodes with end dates from July 1, 2019 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
		<i>Episodes Still in Care*</i>									<i>N of Episodes Still in Care*</i>					
		Mean			Median			Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	43.9	40.8	28.6	38.0	32.0	22.0	100.0%	100.0%	12.3%	29	336	155	29	336	19
2	Central	27.9	39.1	94.7	23.5	29.0	105.0	100.0%	100.0%	66.7%	8	141	3	8	141	2
3	CHR:MiddHosp	20.8	16.5	32.0	13.0	12.5	32.0	100.0%	100.0%	0.0%	5	16	1	5	16	0
4	CHR	39.7	42.0	126.0	43.0	32.0	126.0	100.0%	100.0%	100.0%	3	125	2	3	125	2
5	Eastern	0.0	17.6	42.5	0.0	11.0	42.5	N/A	100.0%	33.3%	0	10	6	0	10	2
6	UCFS:NE	0.0	20.3	45.5	0.0	19.5	45.5	N/A	100.0%	50.0%	0	4	2	0	4	1
7	UCFS:SE	0.0	15.8	41.0	0.0	11.0	42.5	N/A	100.0%	25.0%	0	6	4	0	6	1
8	Hartford	14.0	20.2	17.2	14.0	14.0	13.0	100.0%	100.0%	0.0%	2	17	50	2	17	0
9	Wheeler:Htfd	19.0	25.2	21.2	19.0	16.0	17.0	100.0%	100.0%	0.0%	1	11	21	1	11	0
10	Wheeler:Meridn	9.0	9.5	0.0	9.0	8.5	0.0	100.0%	100.0%	N/A	1	4	0	1	4	0
11	Wheeler:NBrit	0.0	14.0	14.3	0.0	14.0	10.0	N/A	100.0%	0.0%	0	2	29	0	2	0
12	New Haven	68.0	44.1	56.1	57.0	39.0	57.0	100.0%	100.0%	72.7%	9	111	11	9	111	8
13	CliffBeers	68.0	44.1	56.1	57.0	39.0	57.0	100.0%	100.0%	72.7%	9	111	11	9	111	8
14	Southwestern	28.7	61.8	44.2	29.0	35.0	36.0	100.0%	100.0%	11.8%	3	39	17	3	39	2
15	CFGC:South	38.0	35.6	33.1	38.0	32.0	34.5	100.0%	100.0%	0.0%	1	5	8	1	5	0
16	CFGC:Nrwlk	0.0	102.9	65.6	0.0	121.0	45.0	N/A	100.0%	40.0%	0	17	5	0	17	2
17	CFGC	24.0	28.3	39.5	24.0	32.0	39.5	100.0%	100.0%	0.0%	2	17	4	2	17	0
18	Western	46.4	21.4	24.4	48.0	17.0	20.5	100.0%	100.0%	7.4%	7	18	68	7	18	5
19	Well:Dnby	80.0	14.8	22.0	80.0	12.5	17.5	100.0%	100.0%	0.0%	1	4	8	1	4	0
20	Well:Torr	9.0	17.7	11.0	9.0	12.0	10.0	100.0%	100.0%	0.0%	1	3	6	1	3	0
21	Well:Wtby	47.2	24.9	26.3	48.0	27.0	23.0	100.0%	100.0%	9.3%	5	11	54	5	11	5

\* Data includes episodes still in care with referral dates from July 1, 2019 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

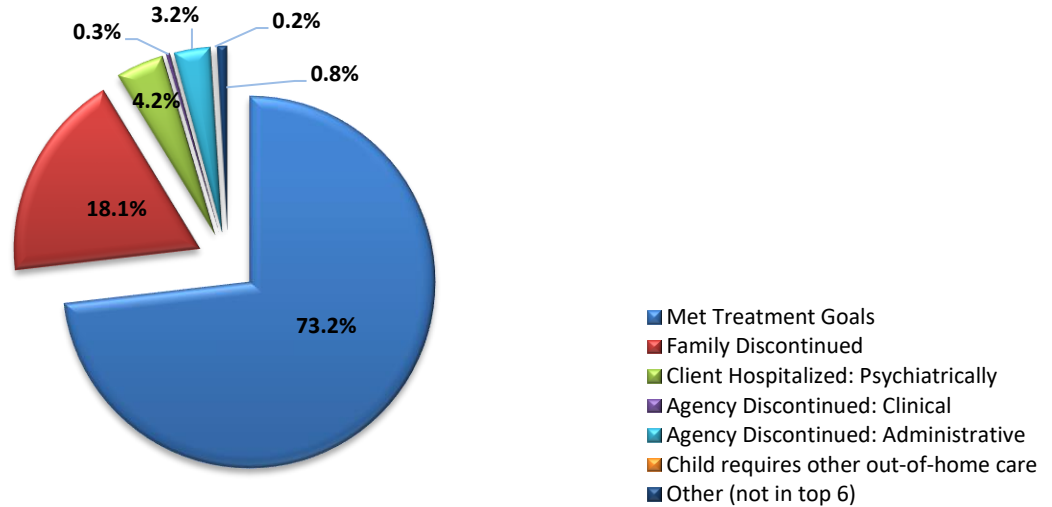
FTF > 5

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

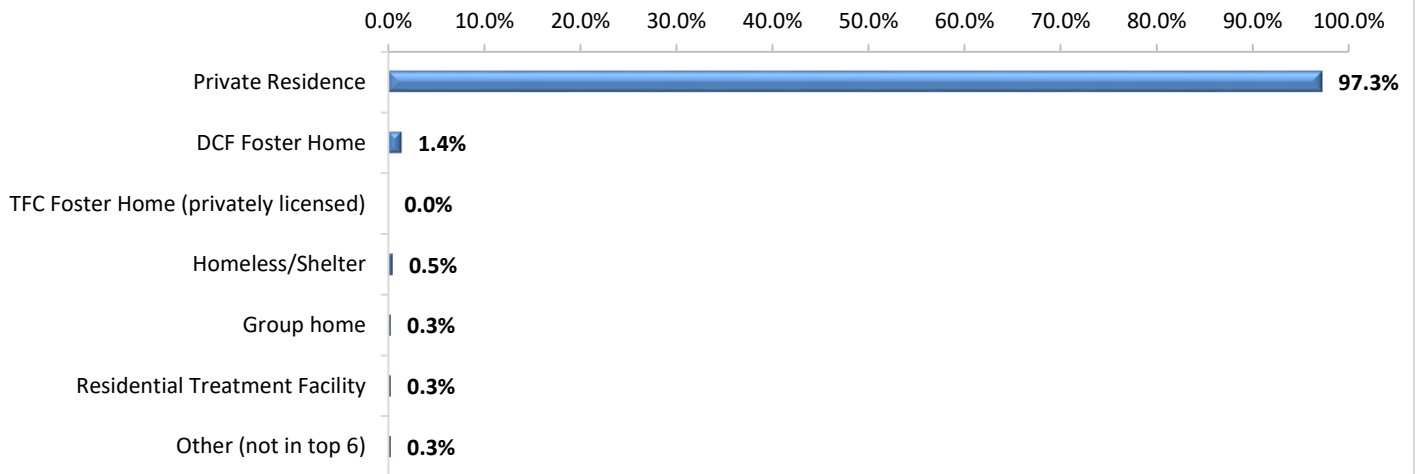
Stab. > 45

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

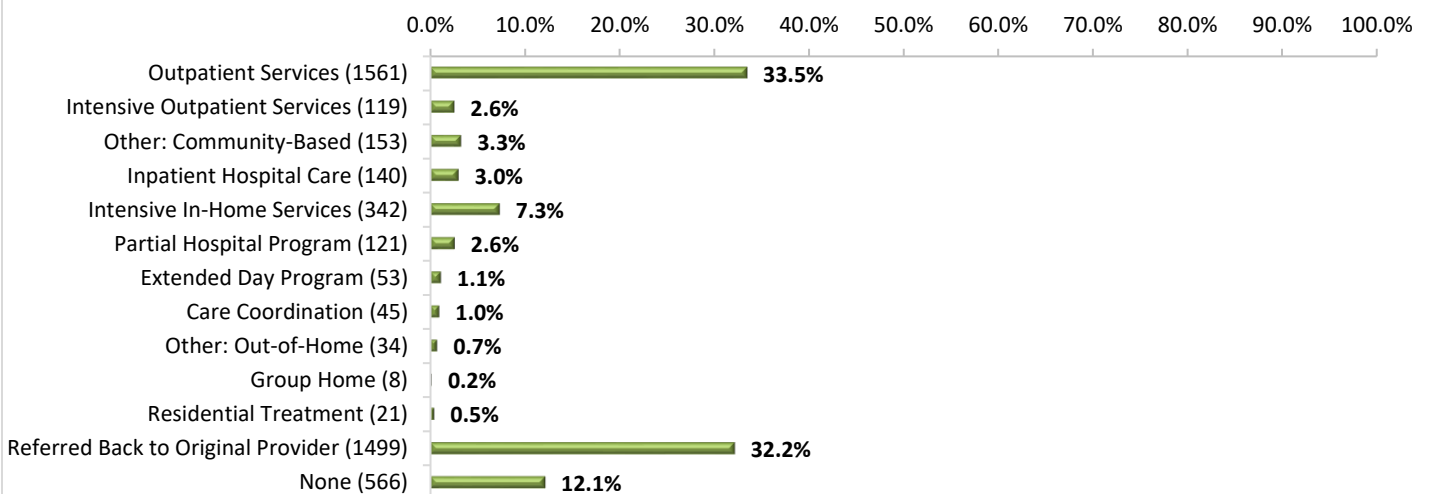
**Figure 54. Top Six Reasons for Client Discharge Statewide**



**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

Table 5. Ohio Scales Scores by Service Area

Service Area	<i>N (paired<sup>†</sup> intake &amp; discharge)</i>	<i>Mean (paired<sup>†</sup> intake)</i>	<i>Mean (paired<sup>†</sup> discharge)</i>	<i>Mean Difference (paired<sup>†</sup> cases)</i>	<i>t-score</i>	<i>Sig.</i>	<i>† .05-.10 * P &lt; .05 **P &lt; .01</i>
<b>STATEWIDE</b>							
Parent Functioning Score	49	44.43	47.10	2.67	1.27	0.209	
Worker Functioning Score	769	44.37	45.17	0.80	4.89	0.000	**
Parent Problem Score	50	27.66	23.86	-3.80	-2.27	0.028	*
Worker Problem Score	769	25.69	24.24	-1.44	-7.71	0.000	**
<b>Central</b>							
Parent Functioning Score	7	42.86	40.71	-2.14	-0.96	0.376	
Worker Functioning Score	43	49.19	50.19	1.00	2.06	0.046	*
Parent Problem Score	7	26.57	28.86	2.29	0.82	0.442	
Worker Problem Score	43	22.12	19.91	-2.21	-2.04	0.048	*
<b>Eastern</b>							
Parent Functioning Score	2	17.50	26.50	9.00	1.80	0.323	
Worker Functioning Score	15	42.67	43.27	0.60	0.24	0.811	
Parent Problem Score	2	48.50	37.50	-11.00	-3.67	0.170	
Worker Problem Score	15	30.67	27.87	-2.80	-1.96	0.071	†
<b>Hartford</b>							
Parent Functioning Score	6	40.00	44.50	4.50	1.22	0.278	
Worker Functioning Score	336	43.37	43.18	-0.19	-0.91	0.364	
Parent Problem Score	6	34.67	21.83	-12.83	-1.95	0.108	
Worker Problem Score	336	26.39	26.08	-0.31	-1.06	0.290	
<b>New Haven</b>							
Parent Functioning Score	0	36.00	36.00	0.00	0.00	0.000	
Worker Functioning Score	9	45.44	42.78	-2.67	-0.90	0.394	
Parent Problem Score	0	35.00	35.00	0.00	0.00	0.000	
Worker Problem Score	9	25.00	24.89	-0.11	-0.06	0.951	
<b>Southwestern</b>							
Parent Functioning Score	28	48.93	52.25	3.32	0.94	0.354	
Worker Functioning Score	55	45.05	48.98	3.93	2.91	0.005	**
Parent Problem Score	28	24.00	20.61	-3.39	-1.42	0.166	
Worker Problem Score	55	25.65	18.00	-7.65	-7.27	0.000	**
<b>Western</b>							
Parent Functioning Score	5	39.20	40.80	1.60	1.97	0.120	
Worker Functioning Score	311	44.70	46.11	1.41	9.84	0.000	**
Parent Problem Score	6	30.83	28.83	-2.00	-1.55	0.182	
Worker Problem Score	311	25.20	23.76	-1.44	-9.37	0.000	**

paired<sup>†</sup> = 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\***

<b>2-1-1 Items</b>	<b>Clients (n=60)</b>	<b>Referrers (n=61)</b>
The 2-1-1 staff answered my call in a timely manner	4.28	4.30
The 2-1-1 staff was courteous	4.32	4.33
The 2-1-1 staff was knowledgeable	4.32	4.33
My phone call was quickly transferred to the EMPS provider	4.32	4.34
<b>Sub-Total Mean: 2-1-1</b>	<b>4.31</b>	<b>4.33</b>
<b>Mobile Crisis Items</b>		
Mobile Crisis responded to the crisis in a timely manner	4.27	4.18
The Mobile Crisis staff was respectful	4.32	4.28
The Mobile Crisis staff was knowledgeable	4.30	4.17
The Mobile Crisis staff spoke to me in a way that I understood	4.28	X
Mobile Crisis helped my child/family get the services needed or made contact with my current service provider (if you had one at the time you called Mobile Crisis)	4.23	X
The services or resources my child and/or family received were right for us	4.23	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	4.10
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.23	4.13
<b>Sub-Total Mean: Mobile Crisis</b>	<b>4.27</b>	<b>4.17</b>
<b>Overall Mean Score</b>	<b>4.28</b>	<b>4.26</b>

\* 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:**

- Reports got through well to 211 and "someone came out in less than an hour."
- "(The Clinician) was phenomenal; she talked to him like a human being and got him to feel comfortable."
- "Everyone was great and she (youth) is doing so much better."
- "I actually am grateful for your service." "On behalf of myself and my family I thank you."
- Mother reports she has never actually had a mobile assessment despite several calls to MCI over the past few months. She reports during the times she called youth was more aggressive and she was given the impression that if MCI came out they would recommend 911 and she reports she did not want someone to call 911 and make that decision for them.

### **Referrer Comments:**

- Foster parent reports things have been excellent since assessment.
- "Every time I call mobile crisis I get what I need. I have never had a concern or an issue."
- Hospital psych-consult service raved about the responsiveness of MCI as a service to them, and how much they appreciate MCI bridge services as youth are discharging from IPLOC.
- School staff member reports MCI was extremely helpful in this complicated situation.
- Caller reports initial wait time to be up to 45 minutes when dialing into 211. Discussed prompts and caller clarified not being sure of which prompt they had used." Reports positive overall experience.
- Caller reports they had expected MCI to follow up per discussion during assessment but there was not follow up in the home.

## 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 (149)*	55%	66%	58%	50%	65%	60%	57%	58%	26%	41%	54%	16%	30%	2%	3%
CHR:MiddHosp (9)*	89%	78%	67%	100%	89%	89%	67%	67%	100%	89%	89%	11%	56%	0%	0%
CHR (13)*	8%	38%	15%	69%	46%	46%	15%	31%	31%	8%	15%	15%	8%	0%	0%
UCFS:NE (7)*	29%	86%	43%	100%	29%	57%	57%	71%	57%	100%	71%	14%	57%	0%	0%
UCFS:SE (13)*	54%	77%	23%	77%	38%	46%	54%	54%	46%	92%	54%	15%	31%	0%	0%
Wheeler:Htfd (16)*^	69%	69%	81%	13%	88%	75%	56%	63%	13%	6%	81%	19%	13%	0%	0%
Wheeler:Meridn (5)*	40%	60%	40%	40%	60%	60%	40%	60%	0%	0%	40%	20%	40%	0%	0%
Wheeler:NBrit (16)*	75%	81%	56%	19%	63%	75%	56%	69%	0%	13%	56%	0%	31%	0%	0%
CliffBeers (23)*	57%	61%	65%	70%	83%	65%	65%	57%	43%	48%	57%	9%	22%	9%	10%
CFGc:South (6)*	83%	83%	100%	67%	83%	67%	100%	83%	0%	67%	67%	17%	67%	0%	0%
CFGc:Nrwk (5)*^	40%	40%	80%	60%	80%	40%	80%	40%	0%	80%	60%	20%	40%	0%	0%
CFGc:EMPS (9)*	78%	78%	89%	89%	89%	67%	89%	67%	33%	67%	89%	11%	89%	11%	13%
Well:Dnby (17)*^	18%	35%	35%	0%	29%	24%	29%	35%	0%	0%	6%	0%	6%	0%	0%
Well:Torr (3)*	100%	100%	100%	0%	67%	67%	67%	67%	0%	0%	33%	0%	33%	0%	0%
Well:Wtby (7)*	86%	86%	86%	14%	86%	86%	86%	86%	14%	71%	57%	14%	14%	0%	0%
Full-Time Staff Only (98)	57%	69%	60%	56%	65%	61%	60%	60%	30%	46%	57%	13%	39%	3%	

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

\* Includes all active full-time, part-time and per diem staff as of December, 2019.

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

### Training Title Abbreviations:

DBHRN=Disaster Behavioral Health Response Network

QPR= Question, Persuade and Refer

Crisis API = Crisis Assessment, Planning and Intervention

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

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

ASD = Autism Spectrum Disorder

CCSRs=Columbia Suicide Severity Rating Scale

Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

CRC = 21st Century Culturally Responsive Mental Health Care

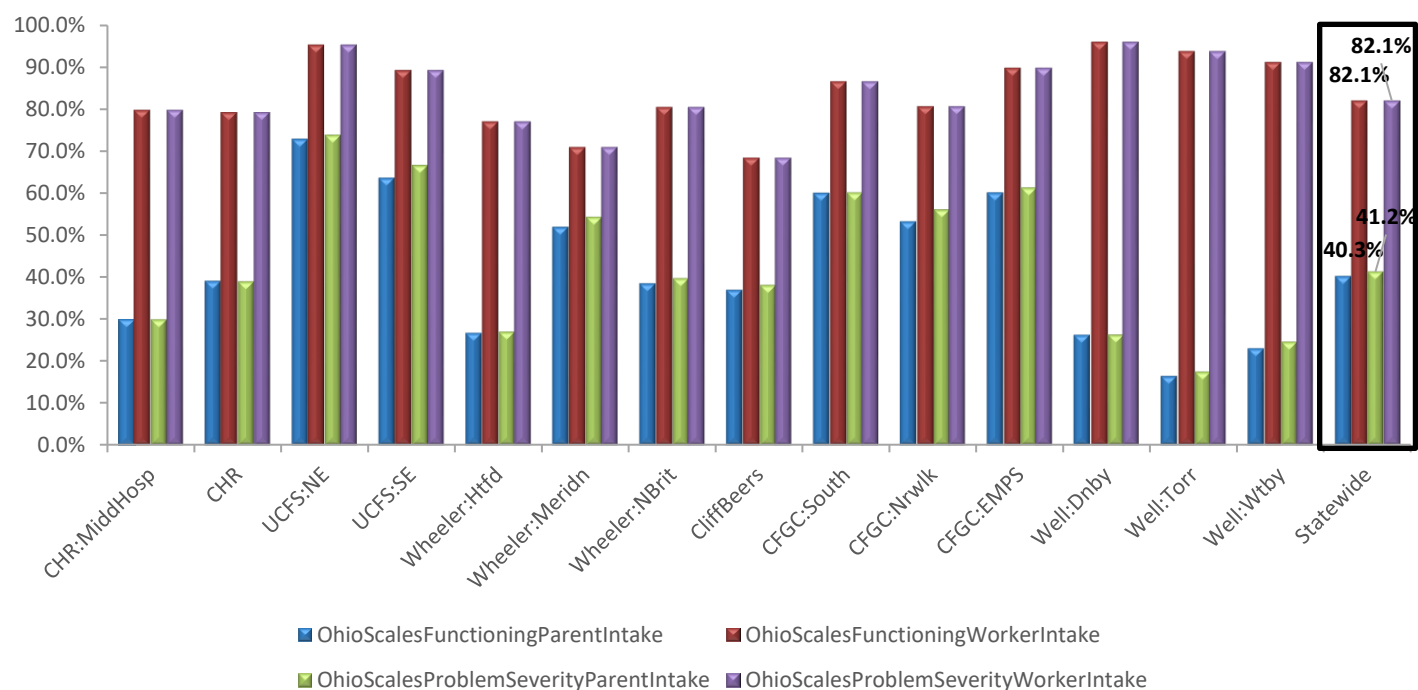
Emerg. Certificate= Emergency Certificate

PSB = Problem Sexual Behavior (Added October 2019)

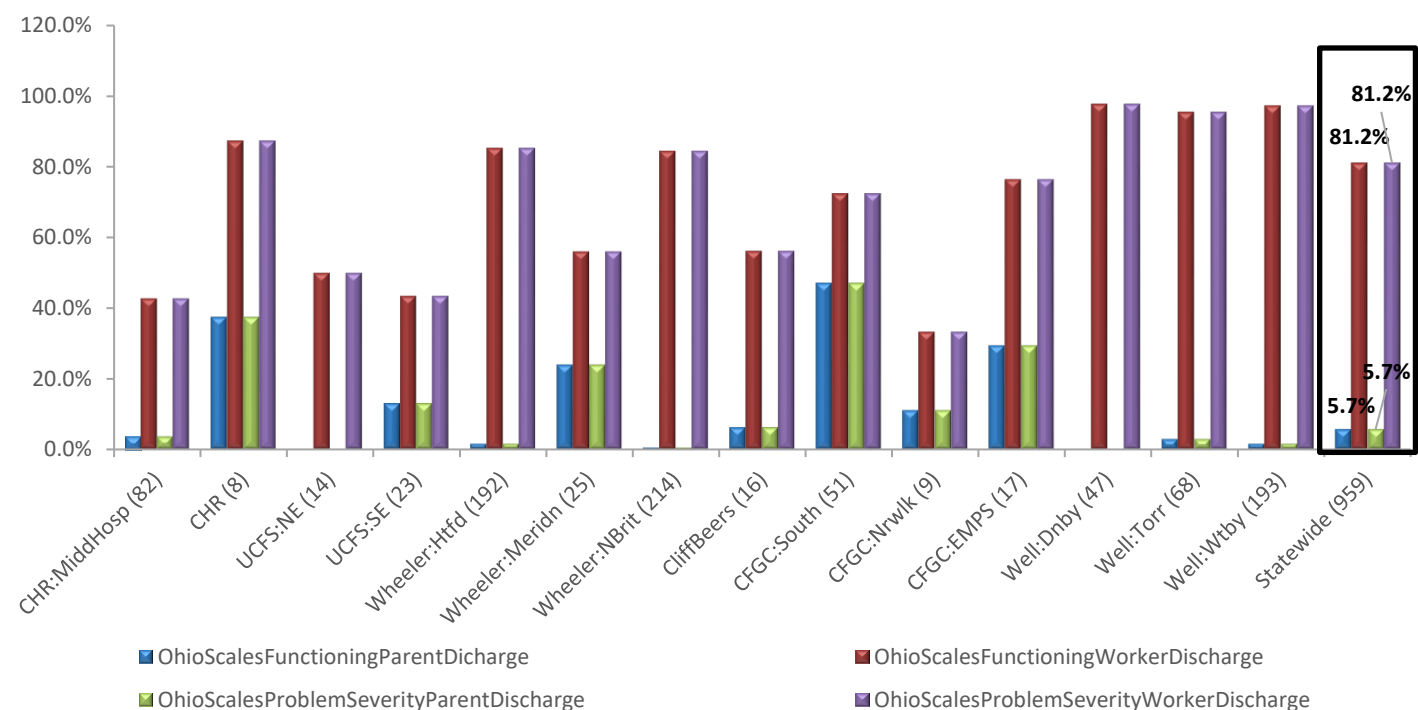
SR = School Refusal (Added August 2019)

## Section XII: Data Quality Monitoring

**Figure 57. Ohio Scales Collected at Intake by Provider**



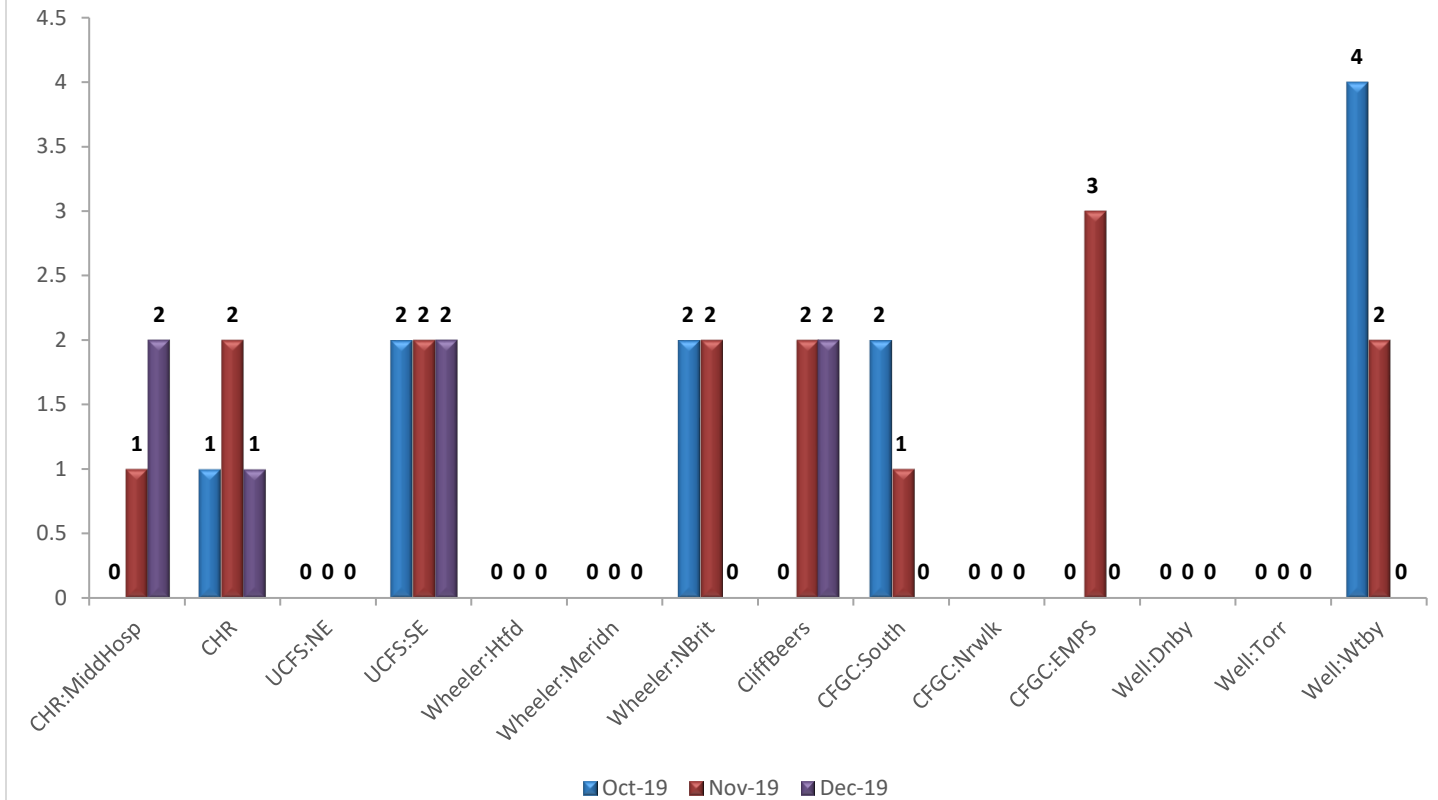
**Figure 58. Ohio Scales Collected at Discharge by Provider**



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

### Section XIII: Provider Community Outreach

Figure 59. Number of Times Providers Conducted Formal\* Outreach to the Community



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