



**MOBILE CRISIS
INTERVENTION SERVICES**

Mobile Crisis Intervention Services 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)

QUARTERLY REPORT

FY2021: Quarter 4

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Executive Summary

Note: Due to COVID-19, schools were closed and stay-at-home orders were put in place for the non-essential workforce in Connecticut beginning in mid-March 2020. Mobile Crisis has continued to be operational, and as part of the essential workforce providers are working with families to respond to calls via telephone, video conferencing, and in-person responses with safety of the child, family, and clinicians as the top priority. Note that both video and in-person responses during this period may be reflected within the report as 'mobile' responses, which may affect the accuracy of mobility and response time data. Most schools had re-opened during this quarter, leading to an increase in call volume since the beginning of the pandemic last year. However, call volume has still not reached pre-pandemic levels. This change as well as other factors associated with COVID-19, including challenges with data collection, should be noted when reviewing this report.

Call and Episode Volume: In the fourth quarter of FY2021, **2-1-1 received 4,007 calls** including 3,082 calls (76.9%) handled by Mobile Crisis providers and 925 calls (23.1%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). Of the 3,079 episodes of care, 2,869 (93.2%) were received during regular hours and 210 (6.8%) were handled after hours. There were three crisis response follow-up calls coded as Mobile Crisis episodes. This quarter saw a 90.0% increase in total call volume compared to the same quarter in FY2020 (2,109), and the total episodes increased by 104.2% (1,509 in FY2020).

Among the **3,079 episodes of care** generated in Q4 FY21, episode volume ranged from 347 episodes including After Hours calls (New Haven service area) to 882 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 4.1, with service area rates ranging from 2.5 (Southwestern) to 6.1 (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 7.9 per 1,000 children in poverty, with service area rates ranging from 5.3 (Southwestern) to 12.2 (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, 11 of the 14 sites met this benchmark.

Demographics: Statewide this quarter, 53.9% of services were for children reported as female and 46.1% for those reported as males.¹ **Care for youth ages 13-15 years old comprised the largest portion of services (37.1%).** Additionally, 29.9% of services were for 9-12 year olds, 22.4% were for 16-18 year olds, 8.3% were for 6-8 year olds, and 1.8% were for five or younger. The majority of services were for White children (48.7%), while 16.3% were for African-American or Black children. Nearly half (44.6%) of services were for youth of Hispanic ethnicity. The majority of youth were insured by Husky A (59.3%) and private insurance (29.4%). Finally, the majority of clients (87.4%) were not DCF-involved.

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide included: Harm/Risk of Harm to Self (32.2%), Disruptive Behavior (23.2%), Depression (18.1%), Anxiety (6.7%), Family Conflict (4.2%), and Harm/Risk of Harm to Others (3.5%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (36.7%), Adjustment Disorders (15.1%), Anxiety Disorders (13.3%), Conduct Disorders (12.7%), Trauma Disorders (9.0%), and Attention Deficit/Hyperactivity Disorders (7.2%). This quarter, **75.8% 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 57.1%**, with service areas ranging from 44.0% (Southwestern) to 73.3% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (21.6%), Witnessing Violence (19.2%), Victim of Violence (16.8%), and Sexual Victimization (16.3%).

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 23.4%**, higher than 20.9% in the same quarter last fiscal year. During an episode of care, 26.0% of children were evaluated in the Emergency Department at least once. The inpatient admission rate in the six months prior to Mobile

¹ Per question regarding "Sex Assigned at Birth".

Crisis referral was 11.0% statewide, which is slightly lower than the rate in the Q3 FY2020 (13.9%). The admission rate to an inpatient unit during a mobile crisis episode was 8.5%, compared to a rate of 9.5% in the same quarter last fiscal year.

Referral Sources: Statewide, **41.3% of referrals were received from parents, families and youth**. 32.9% of referrals came from schools. This is lower than past years, as the COVID-19 pandemic has led to varying degrees of in-person and virtual learning. This has led to fewer school referrals to Mobile Crisis. Emergency Departments (EDs) accounted for 15.4% of all Mobile Crisis referrals. The remaining 10.4% 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 **475 Mobile Crisis referrals were received from EDs**, including 239 referrals for inpatient diversion and 236 referrals for routine follow-up. Regionally, the highest rate of ED referrals, as a percentage of total referrals, was observed in the Hartford service area (25.4%) and the lowest was in the Southwestern service area (1.7%). Statewide, 15.4% of all Mobile Crisis episodes came from ED referrals this quarter, higher than the rate from Q4 FY2020 (10.1%).

Mobility: The average **statewide mobility this quarter was 95.4%**, higher than the rate in Q4 FY2020 (76.3%) (Police referrals are excluded from mobility calculations). All of the six service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 91.3% (Eastern) to 98.5% (Southwestern). The mobility rates among individual providers ranged from 88.3% (Wellmore: Danbury) to 100.0% (CFGF: EMPS (Bridgeport)). Among the providers, 12 of the 14 surpassed the 90% benchmark.

NOTE: Beginning with FY21 Q2, there has been a change in calculation of mobility. If a referral made by a caller other than self/family (e.g. schools, EDs, etc.) is designated by 2-1-1 as mobile or deferred mobile, but is later determined to be non-mobile due to the family declining or not being available after multiple attempts to contact them, the episode will no longer be included in the mobility rate, as these situations are out of the providers' control. Any mobility rates from prior quarters referenced in this report have been recalculated to allow for accurate comparison.

Response Time: Statewide this quarter, **84.9% of mobile episodes received a face-to-face response in 45 minutes or less**. Performance on this indicator ranged from 79.2% (Western) to 94.3% (Southwestern) with five of the six service areas above the 80% benchmark. Across the state, 10 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, 20.7% of Phone Only episodes exceeded one day, 33.1% of Face-to-Face episodes exceeded five days, and **3.4% of Stabilization Plus Follow-up episodes exceeded 45 days**, remaining below the statewide benchmark of less than 5%. The statewide median LOS among discharged episodes was less than one day for Phone Only, 4.0 days for Face-to-Face episodes, and 17.0 days for *Stabilization Plus*.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 108.0 days and ranged from 0.0 days (Eastern) to 276.0 days (New Haven). The statewide median LOS for Face-to-Face was 541.0 days and ranged from 39.0 days (Eastern) to 33.0 days (New Haven). For *Stabilization Plus Follow-up*, the statewide median LOS was 24.0 days with a range from 17.0 days (Western) to 79.0 days (Hartford). Across open episodes of care with phone and face-to-face crisis response categories during the first quarter of FY2021, 100.0% of phone-only and 100.0% of face-to-face episodes remained open beyond the benchmarks (1 day for Phone Only, 5 days for Face-to-Face). For open *Stabilization Plus Follow-up*, there was a wide range of cases remaining open past the benchmark (45 days). Statewide, 35.3% of these open cases exceeded the benchmark, while regionally this ranged from 21.1% (Western) to 50.0% (New Haven). Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase, and can compromise accurate and timely data entry practices.

Discharge Information: The overwhelming **majority of clients lived in a private residence at discharge from Mobile Crisis (97.4%)**. Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (78.4%), Family Discontinued (11.7%), and Client Hospitalized: Psychiatrically (5.4%).

Statewide, clients were most likely to be **referred to their original provider (27.5%) or Outpatient Services (35.2%) at discharge**. Other care referrals at discharge included: Intensive In-Home Services (7.0%), Intensive Outpatient Program (4.2%), Inpatient Hospital (4.0%), Other Community Based Services (3.8%), Partial Hospital Program (3.0%), and Care Coordination (1.2%). 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 2.72 and 1.69 points respectively. Decreases in problem scores of 4.09 points on parent ratings and 2.08 points on worker ratings were reported. Changes on all scales were statistically significant.

Completion rates of the Ohio Scales at discharge for the Worker scores increased by 8.3 percentage points when compared to the same quarter in FY2020. The completion rate for Parent scores decreased 1.2percentage points compared to FY2020 Q4.

Satisfaction: This quarter, 60 clients/families and 60 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 4.70 and 4.59**, respectively. Among **other referrers (e.g. schools, hospitals, DCF, etc.)**, **the average ratings of 2-1-1 and Mobile Crisis were 4.63 and 4.59**, respectively. Qualitative comments (see Section X) varied from very satisfied to dissatisfied.

Training Attendance: The **statewide percentage of all thirteen trainings completed by full-time active staff as of June 2021 is 7%**. This is an increase from 5% of full-time staff who had completed all trainings in FY2020 Q4.

Community Outreach: Due to restrictions related to COVID-19, outreaches are more challenging to complete; however, the majority of providers were able to complete at least one outreach this quarter. Additionally, many providers continue to provide informational materials and reach out to schools in an attempt to establish a partnership as students continue to return to in-person learning. Though not necessarily meeting the criteria for formal outreaches, these efforts are highly valued. The number of outreaches ranged from 0 (UCFS: NE; CFGC: all sites; Wheeler: all sites; Wellmore: Waterbury) to 4 (UCFS:SE; Clifford Beers).

SFY 2021 Q4 RBA Report Card: Mobile Crisis Intervention Services

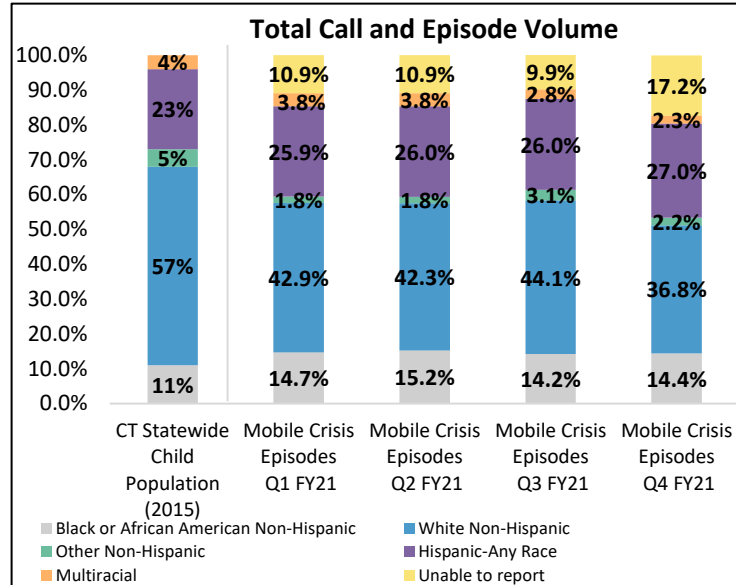
Quality of Life Result: Connecticut's children will live in stable environments, safe, healthy and ready to lead successful lives.

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 2021

State Funding: \$11,970,297

How Much Did We Do?



	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
Mobile Crisis Episode	1,499	1,790	2,670	2,977	3,082
2-1-1 Only	600	578	866	874	925
Total	2,109	2,368	3,536	3,851	4,007

Story Behind the Baseline: In SFY 21 Q4 there were 4,007 total calls to the 2-1-1 Call Center resulting in 3,082 episodes of care. Compared to the same quarter in SFY 20 this represents an increase in 2-1-1 calls of 90.0% (1,898 more calls) and an increase in mobile episodes of 105.6% (1,583 more episodes). This quarter continued to be affected by the COVID-19 pandemic. Though call volume has increased since falling at the beginning of the pandemic (Q4 FY20), the numbers of episodes and calls has not returned to pre-pandemic levels. The percentages of both Black and Hispanic children served continues to be higher than the statewide population percentages, while the percentage of White children is lower. Compared to SFY 20 Q4, the racial composition percentages of children served are relatively similar, though with a decrease in the percentage of White children served and an increase in the category "unable to report."

Trend: ↑

Episodes Per Child

	SFY 2021 Q1			SFY 2021 Q2			SFY 2021 Q3			SFY 2021 Q4		
Episode	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total	DCF Child	Non-DCF Child	Total
1	110 (85.3%)	660 (91.0%)	770	136 (86.6%)	1,212 (91.1%)	1,348	174 (83.3%)	1,396 (91.2%)	1,570	161 (83.9%)	1,438 (89.8%)	1,599
2	16 (12.4%)	54 (7.4%)	70	17 (10.8%)	91 (6.8%)	108	29 (13.9%)	115 (7.5%)	144	25 (13.0%)	140 (8.7%)	165
3	3 (2.3%)	7 (1.0%)	10	3 (1.9%)	21 (1.6%)	24	5 (2.4%)	15 (1.0%)	20	4 (2.1%)	20 (1.2%)	24
4 or more	0 (0.0%)	4 (0.6%)	4	1 (0.6%)	6 (0.5%)	7	1 (0.5%)	5 (0.3%)	6	2 (1.0%)	3 (0.2%)	5

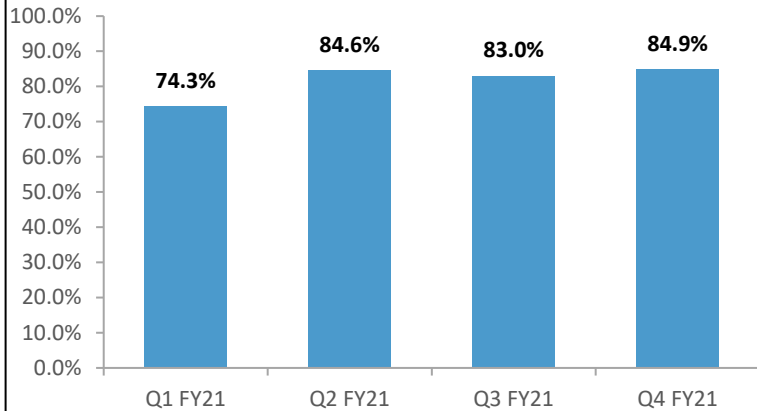
Story Behind the Baseline: In SFY 21 Q4 of the 1,793* children served by Mobile Crisis, 89.2% (1,599) received only one episode of care, and 98.4% (1,764) received one or two episodes of care; compared to 93.4% (425) and 99.1% (451) respectively for SFY 20 Q4. The proportion of children with four or more is slightly lower than SFY 20 Q4. 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: →

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

How Well Did We Do?

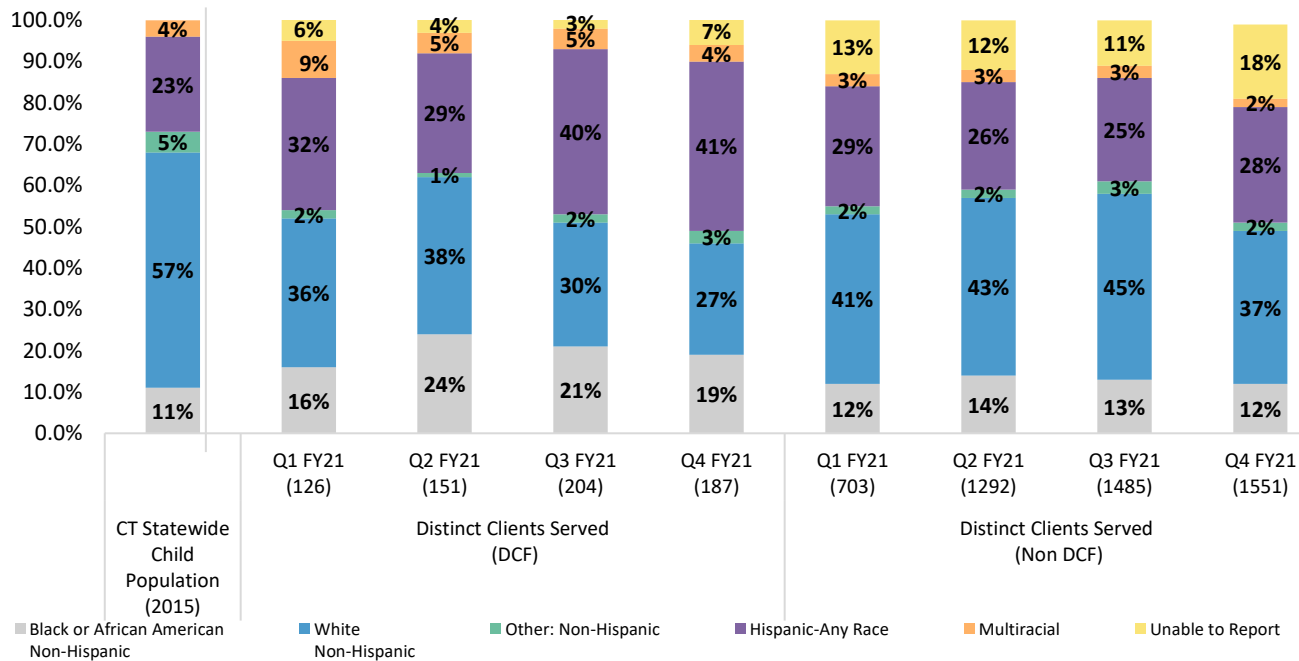
Statewide Response Time Under 45 Minutes



Story Behind the Baseline: In SFY 21 Q4 84.9% of all mobile responses achieved the 45 minute mark compared to 74.3% for SFY 20 Q4. **The median response time for SFY 20 Q4 was 30 minutes.** While providers continued to offer mobile responses in homes and community settings, some episodes received a phone or video telehealth response due to COVID-19 related concerns and closures. Additionally, for those episodes where clinicians did go into homes or the community, it often took extra time to coordinate with families in order to take proper precautions. Clinicians were also sometimes responding from their homes due to office closures, potentially resulting in longer travel times. Multiple challenges resulting from the COVID-19 pandemic, including the lack of an effective way to capture telehealth in the data, make it inadvisable to compare response times and rates across quarters. Despite these challenges, 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: ↑

Race & Ethnicity of DCF & Non DCF Clients Served



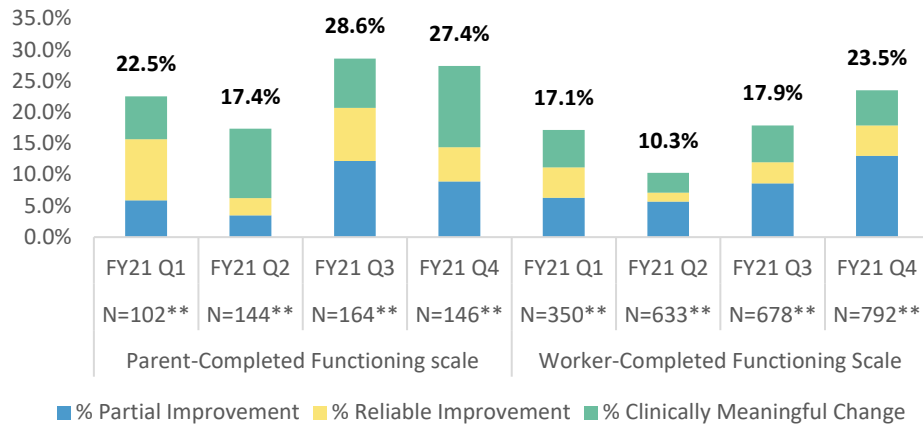
Story Behind the Baseline: In SFY 21 Q4 Hispanic and Black DCF involved children^{1,2} accessed Mobile Crisis services at rates higher than the CT general population. Both DCF and Non-DCF-involved White children accessed the service at lower rates. White Non-DCF-involved children utilized Mobile Crisis at higher rates than their DCF-involved counterparts. Both Hispanic and Black DCF-involved children utilized Mobile Crisis at higher rates than Hispanic and Black Non-DCF involved children.

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

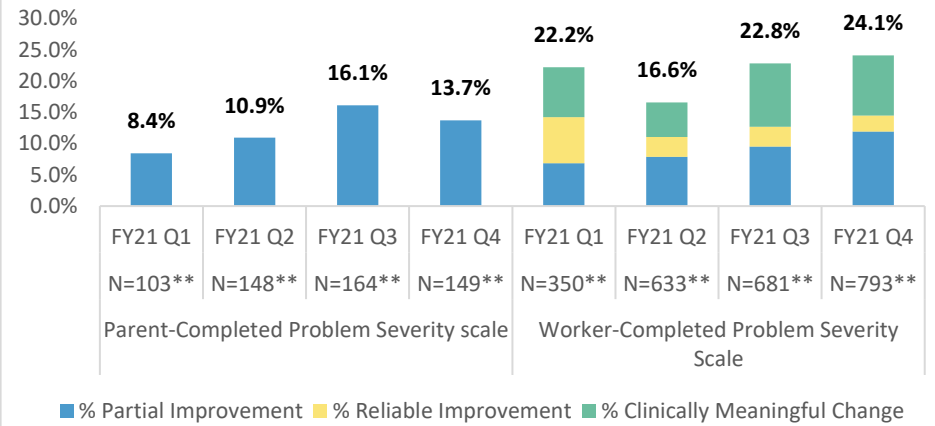
Trend: →

Is Anyone Better Off?

Improvement in Functioning as Measured by the Ohio Scales



Improvement in Problem Severity as Measured by the Ohio Scales



Story Behind the Baseline: The Ohio Scales have demonstrated clinically significant positive changes for children following a Mobile Crisis response. For SFY 21 Q4 all scales 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. Note that the drop in the number of some Ohio Scales collected may be related to the decrease in call and episode volume and other challenges related to COVID-19.

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.
- Continue to monitor how providers are addressing COVID-19 challenges and providing additional supports or resources if needed.

Data Development Agenda:

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

Section II: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

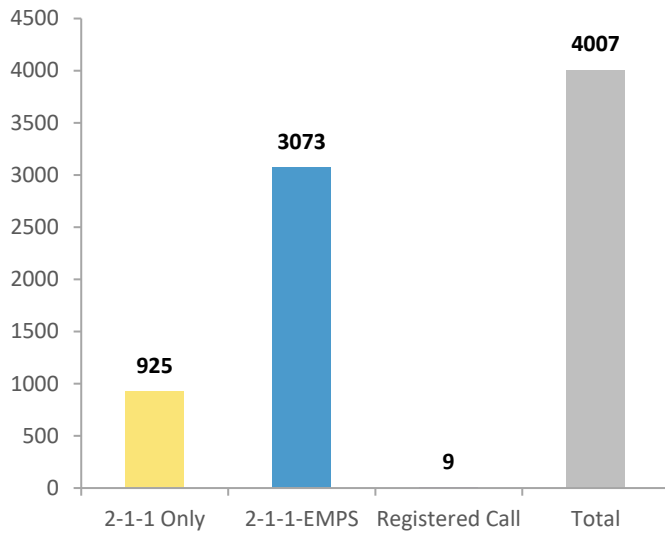


Figure 2. Total Call Volume per Quarter by Call Type

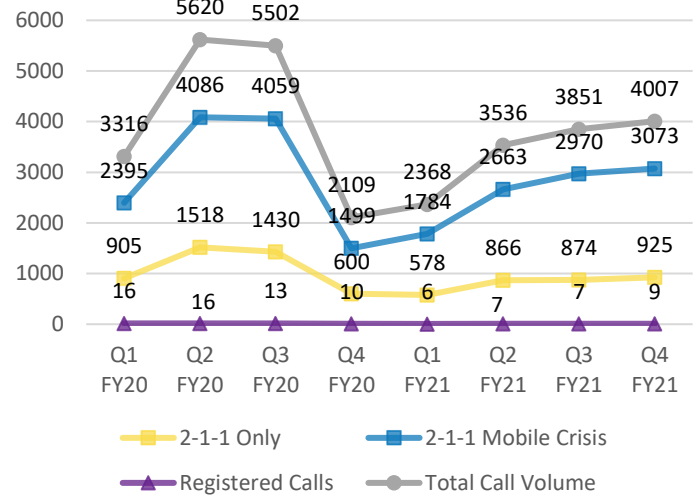


Figure 3. Mobile Crisis Episodes by Service Area

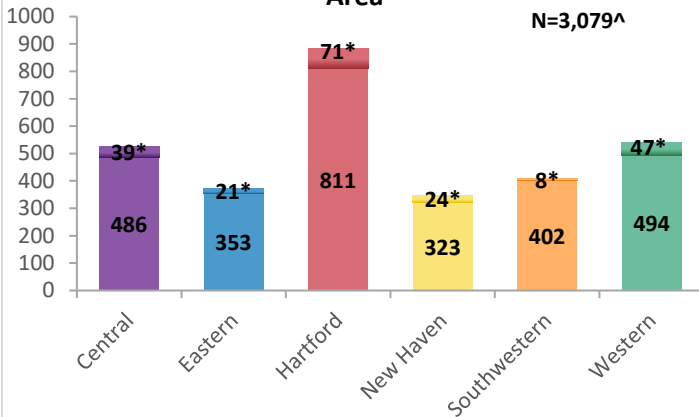


Figure 4. Mobile Crisis Episodes per Quarter by Service Area

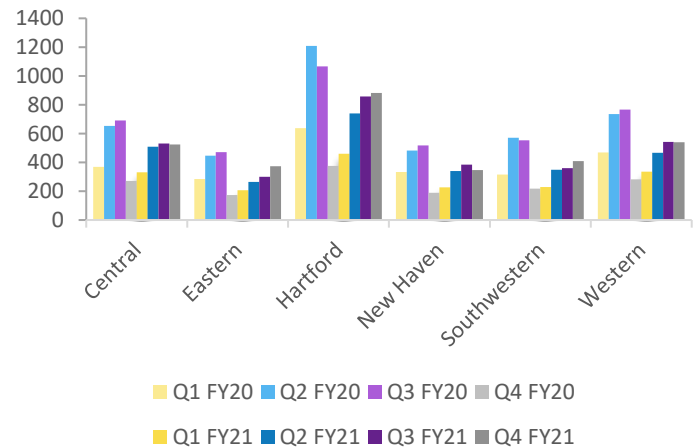


Figure 5. Number Served Per 1,000 Children

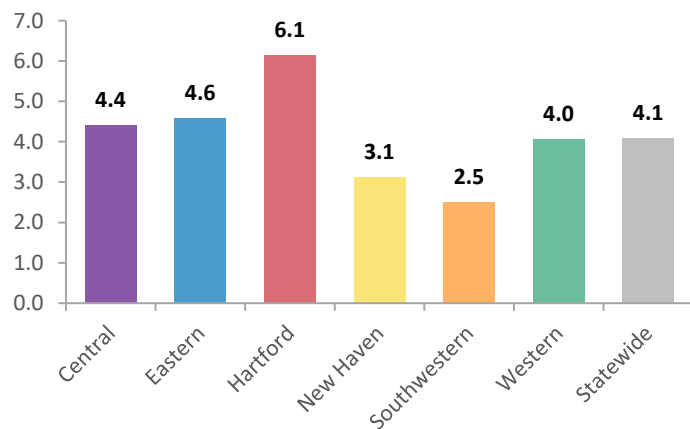


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

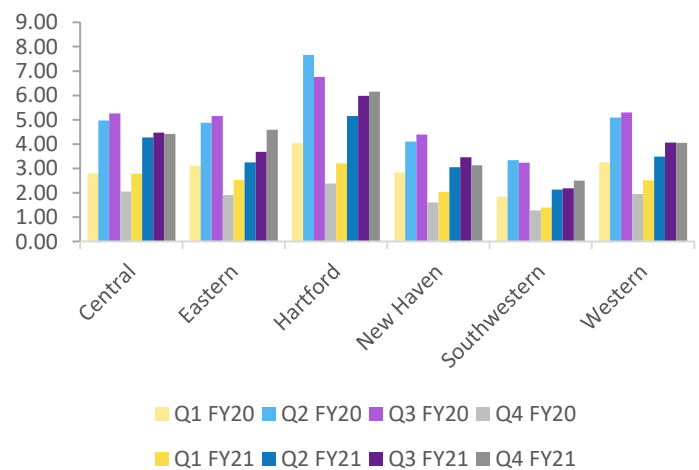


Figure 7. Number Served per 1,000 Children in Poverty

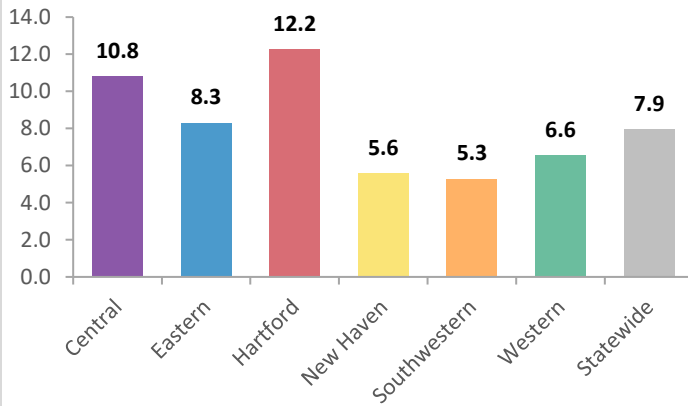


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

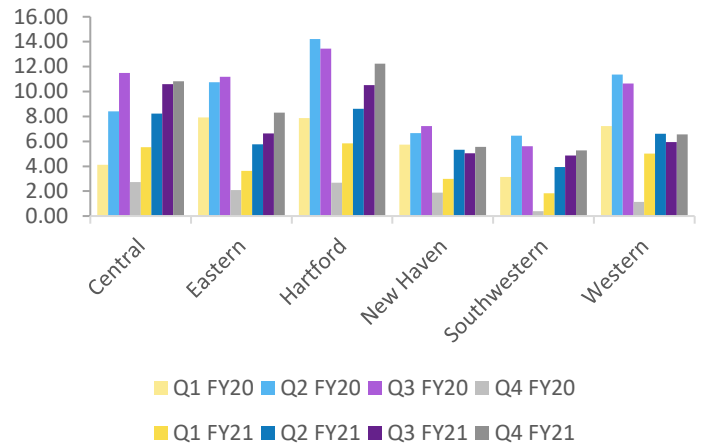
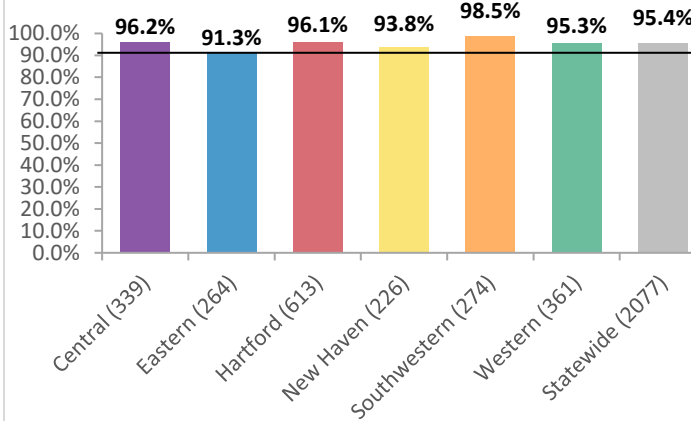


Figure 9. Mobile Response* (Mobile and Deferred Mobile) by Service Area



*Mobility calculation updated – see exec. summary

Goal: 90%

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

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

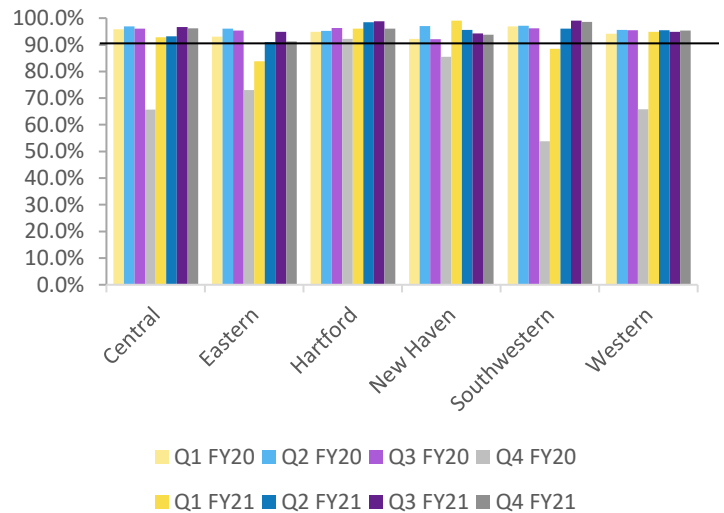
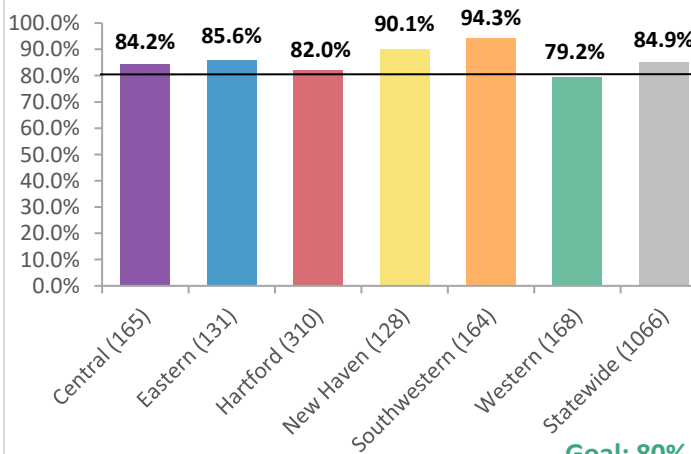


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes



Goal: 80%

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

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

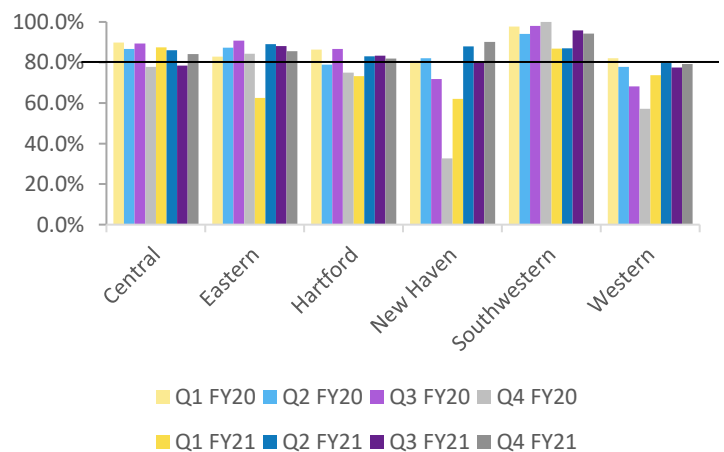
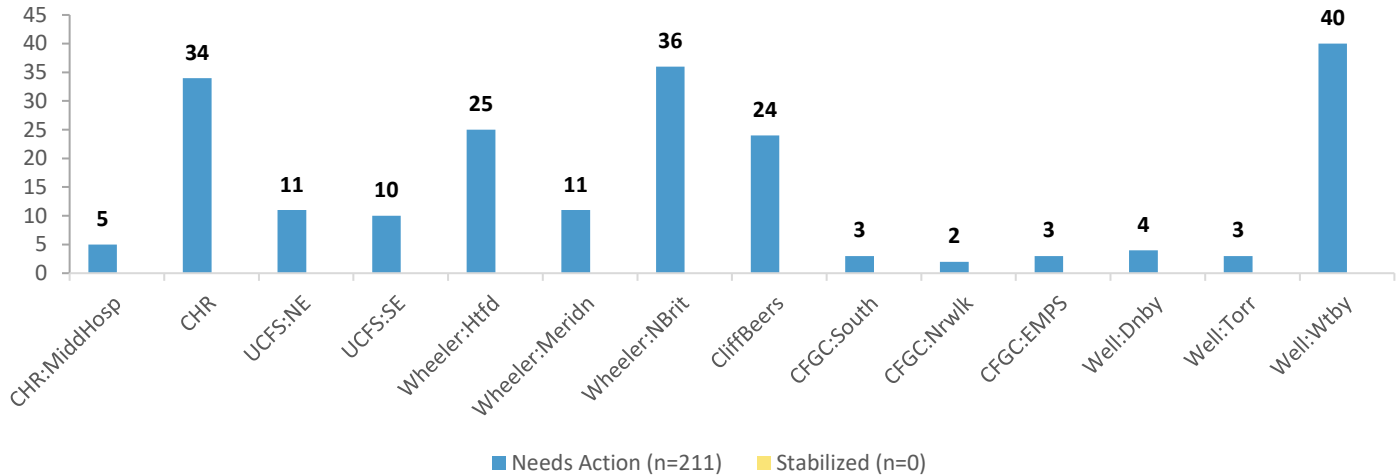


Figure 13. After Hours Follow-up Calls by Provider



Section III: Mobile Crisis Response

Figure 14. Total Call Volume by Call Type

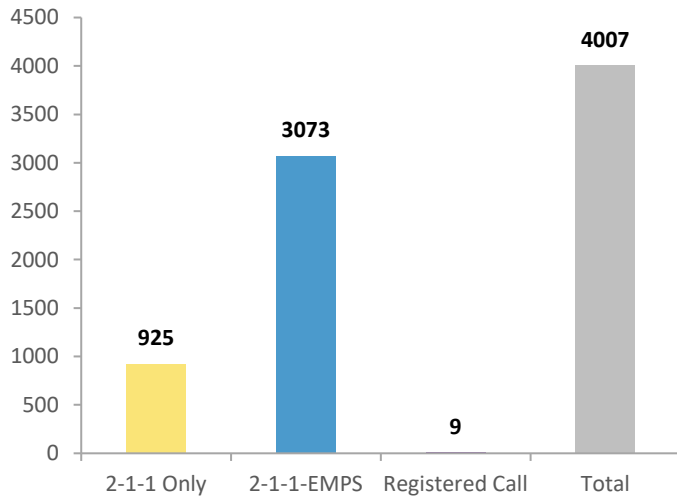


Figure 15. Statewide 2-1-1 Disposition Frequency

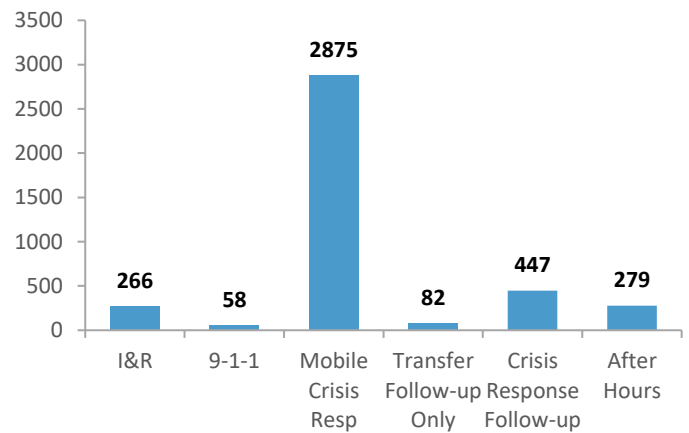
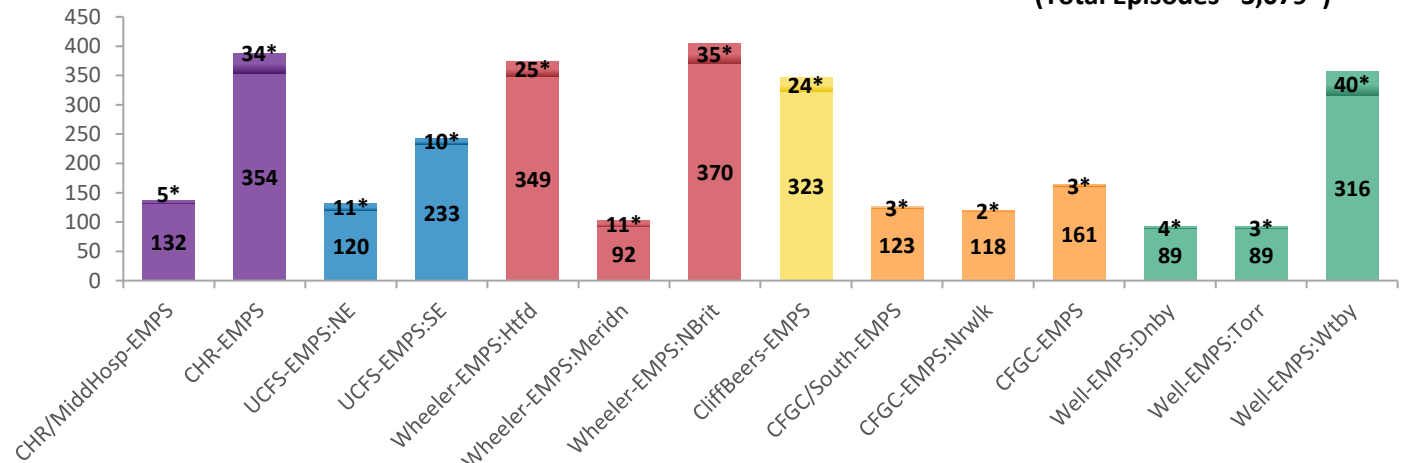


Figure 16. Mobile Crisis Response Episodes by Provider

(Total Episodes =3,079^)



^Excluding 3 Crisis-Response Follow-Up Calls

*After Hours Calls resulting in an episode

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

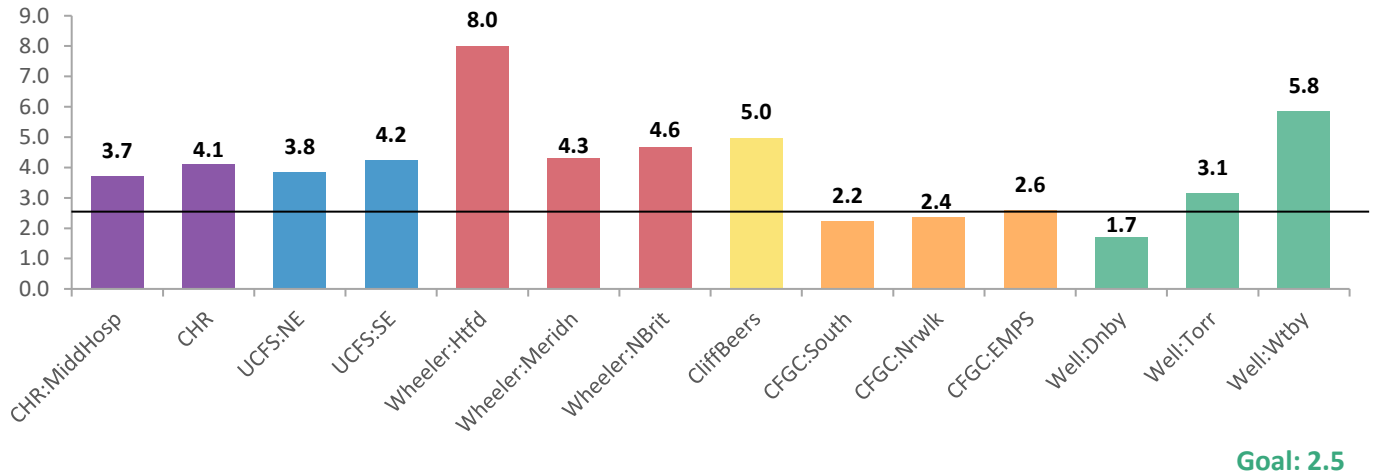


Figure 18. Episode Intervention Crisis Response Types by Service Area

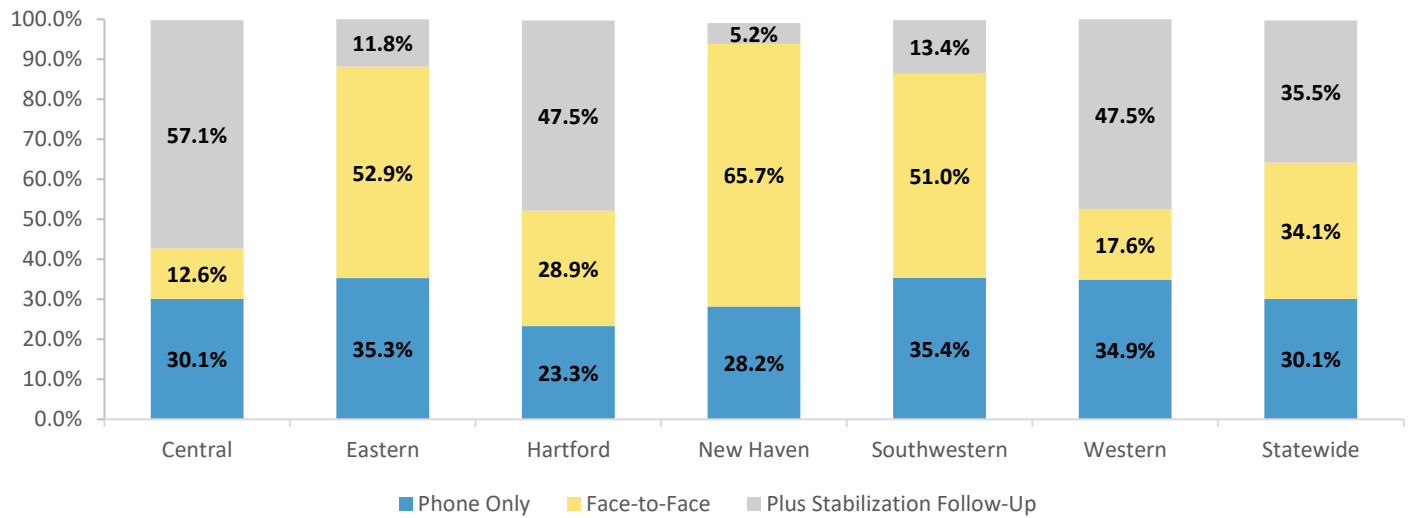
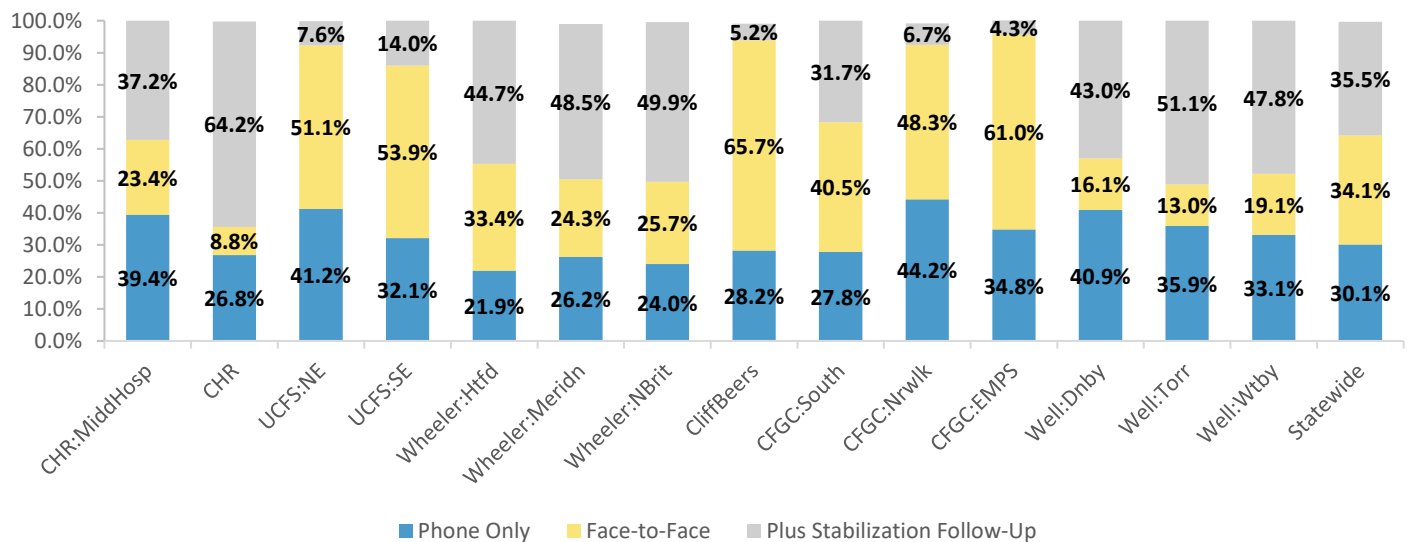


Figure 19. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 20. Sex of Children Served Statewide
(N = 3,079)

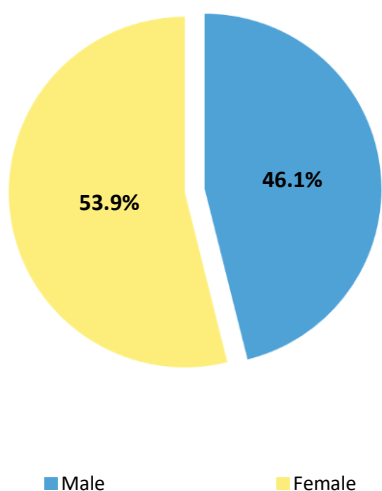


Figure 21. Age Groups of Children Served Statewide
(N = 3,079)

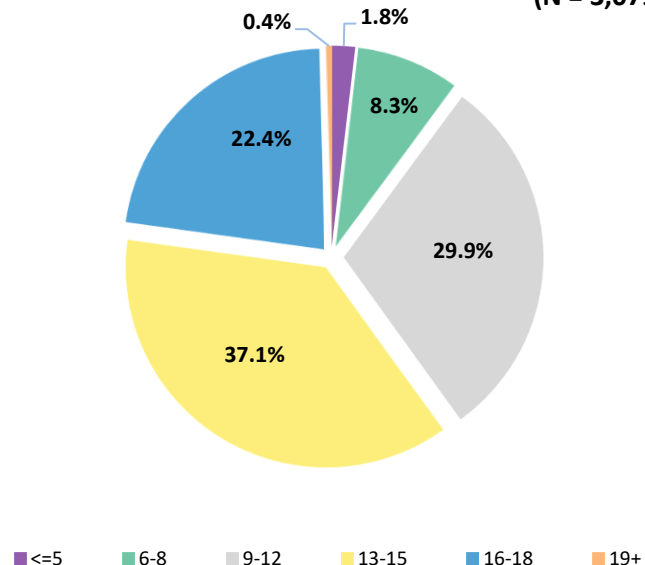


Figure 22. Ethnic Background of Children Served Statewide
(N = 3,017)

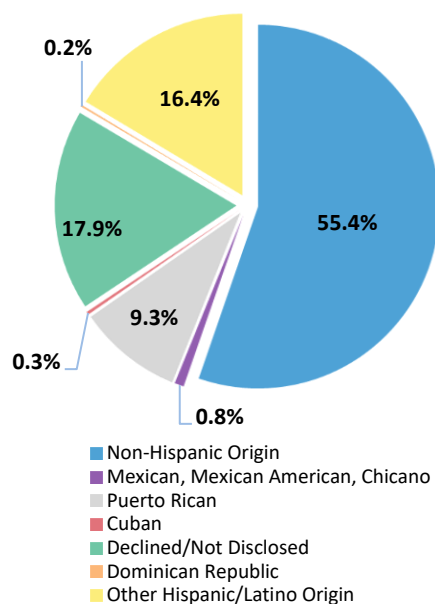
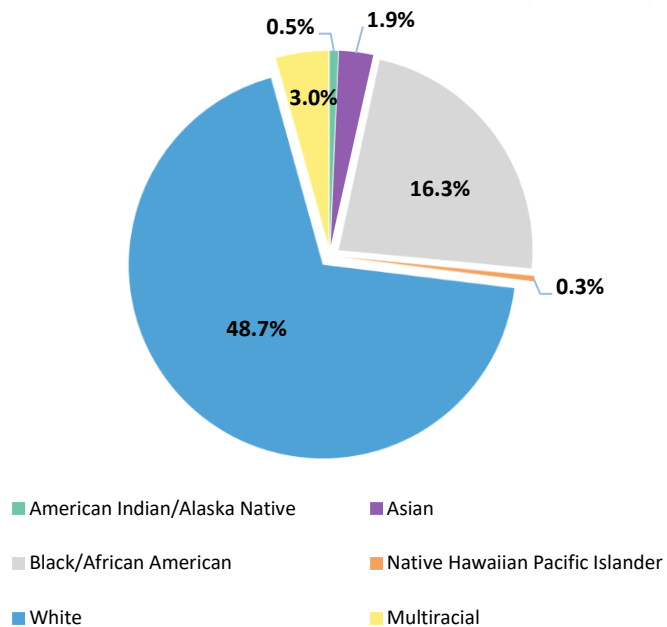


Figure 23. Race of Children Served Statewide
(N = 2,985)



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

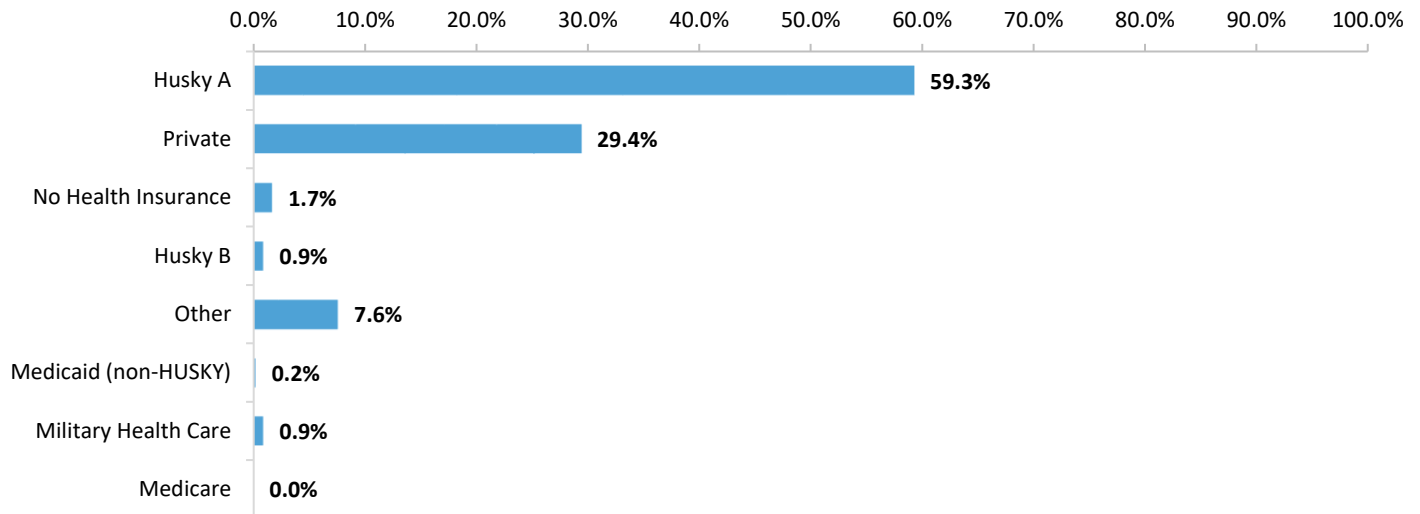
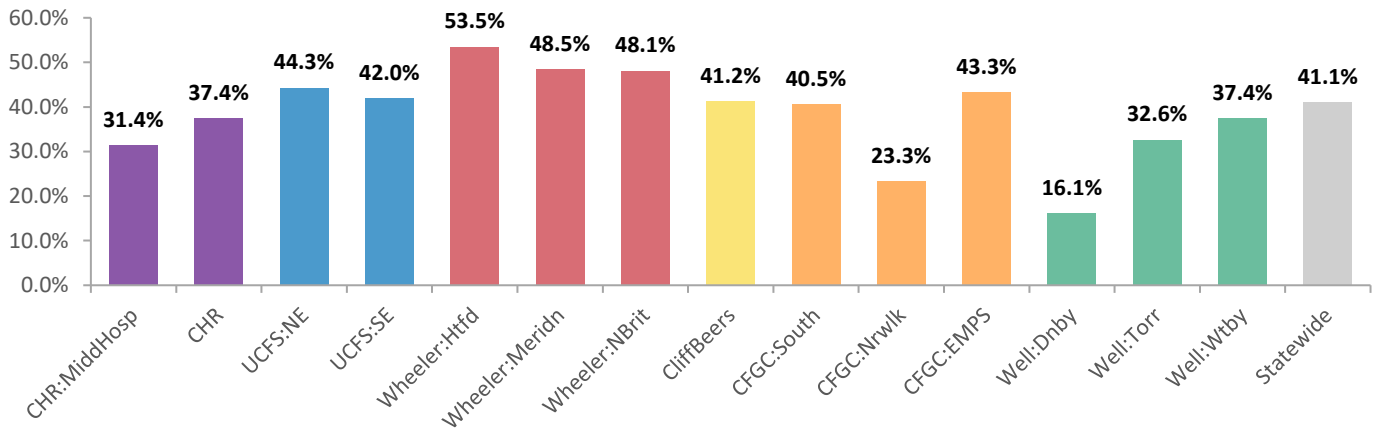
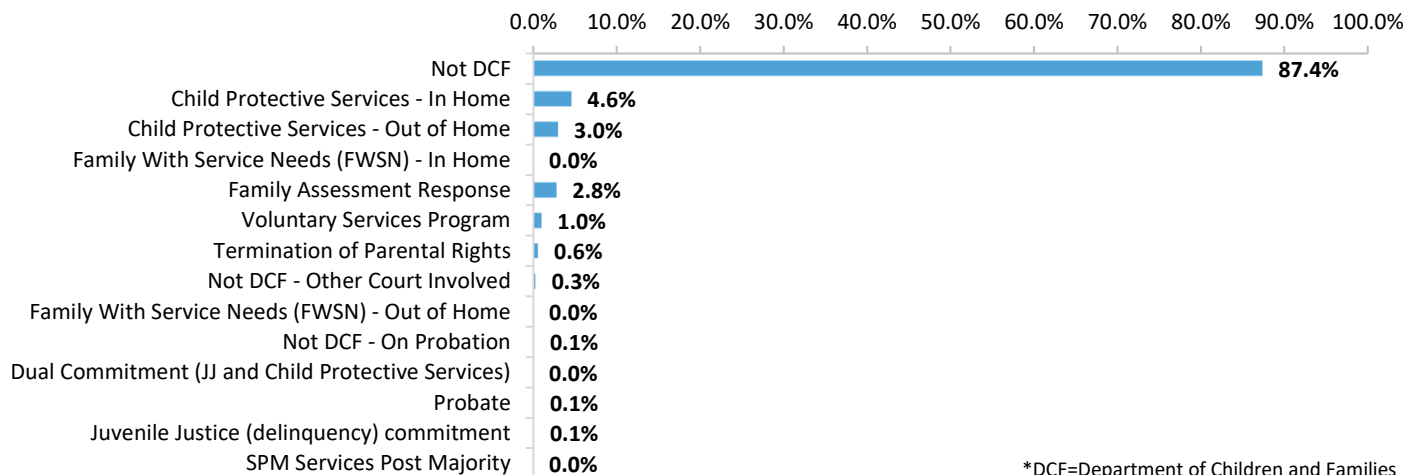


Figure 25. Families that Answered "Yes" TANF* Eligible



*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

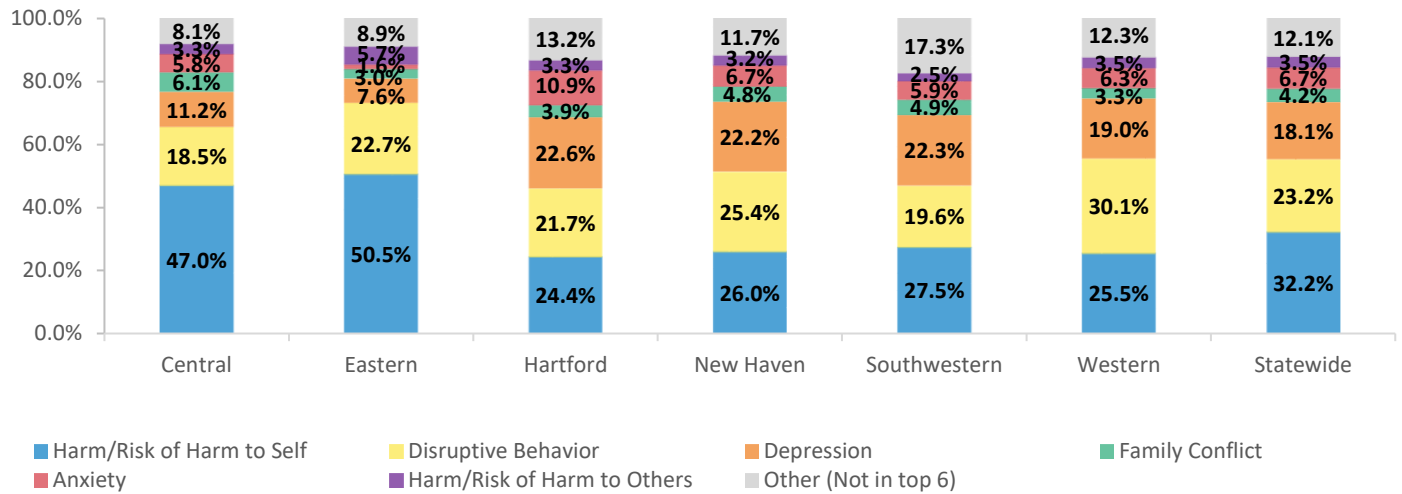
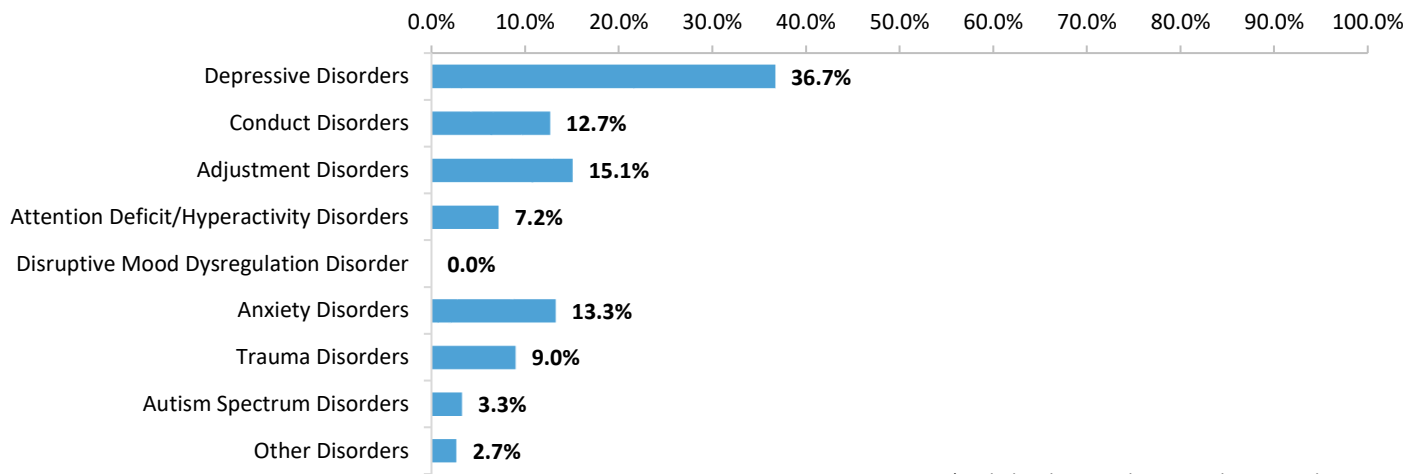
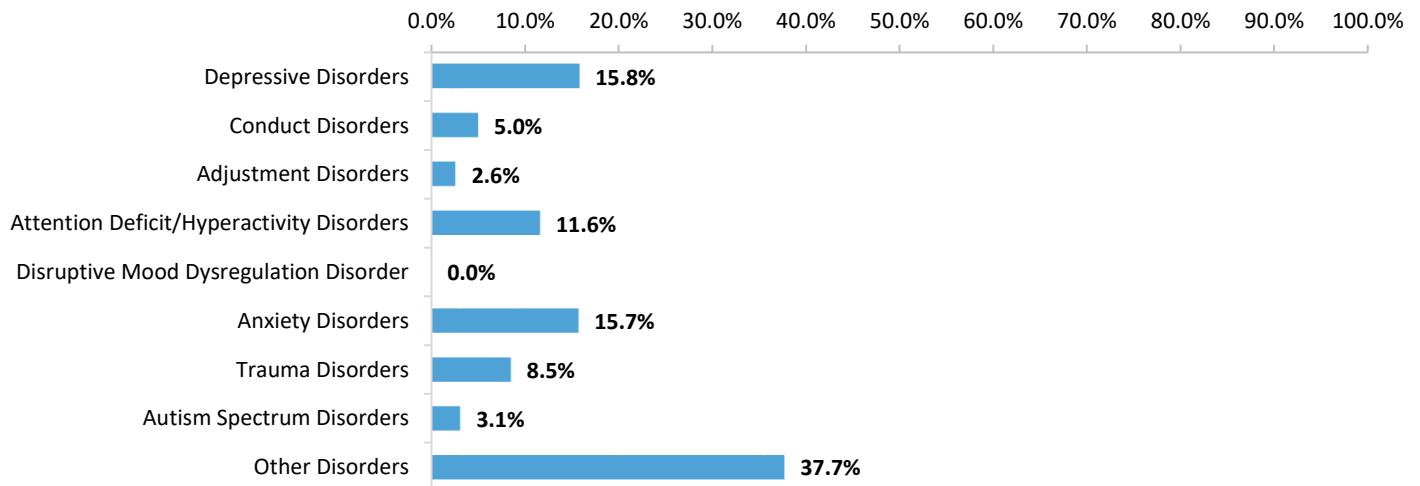


Figure 28. Distribution of Primary Diagnosis Categories at Intake Statewide



*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.

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

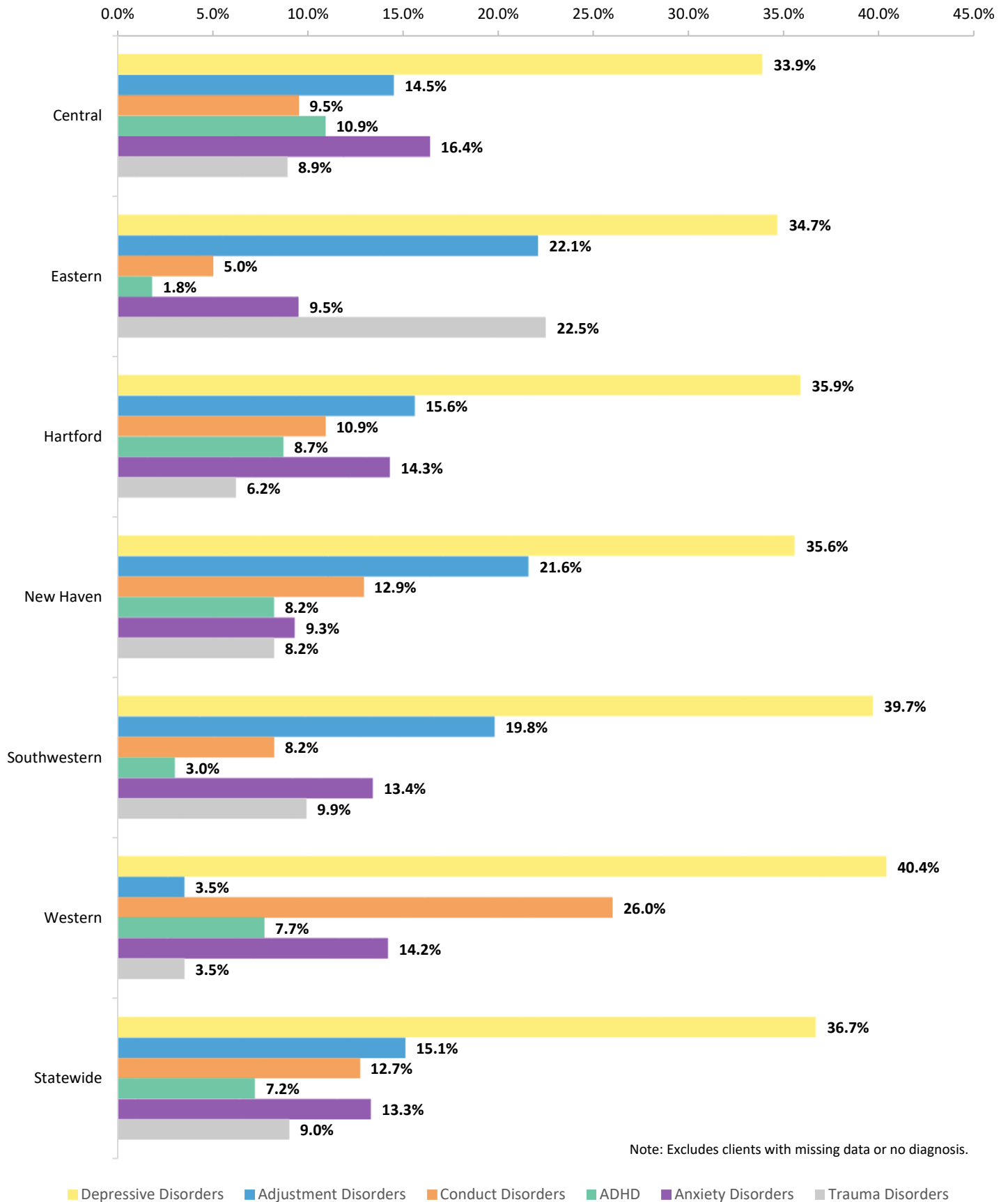


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

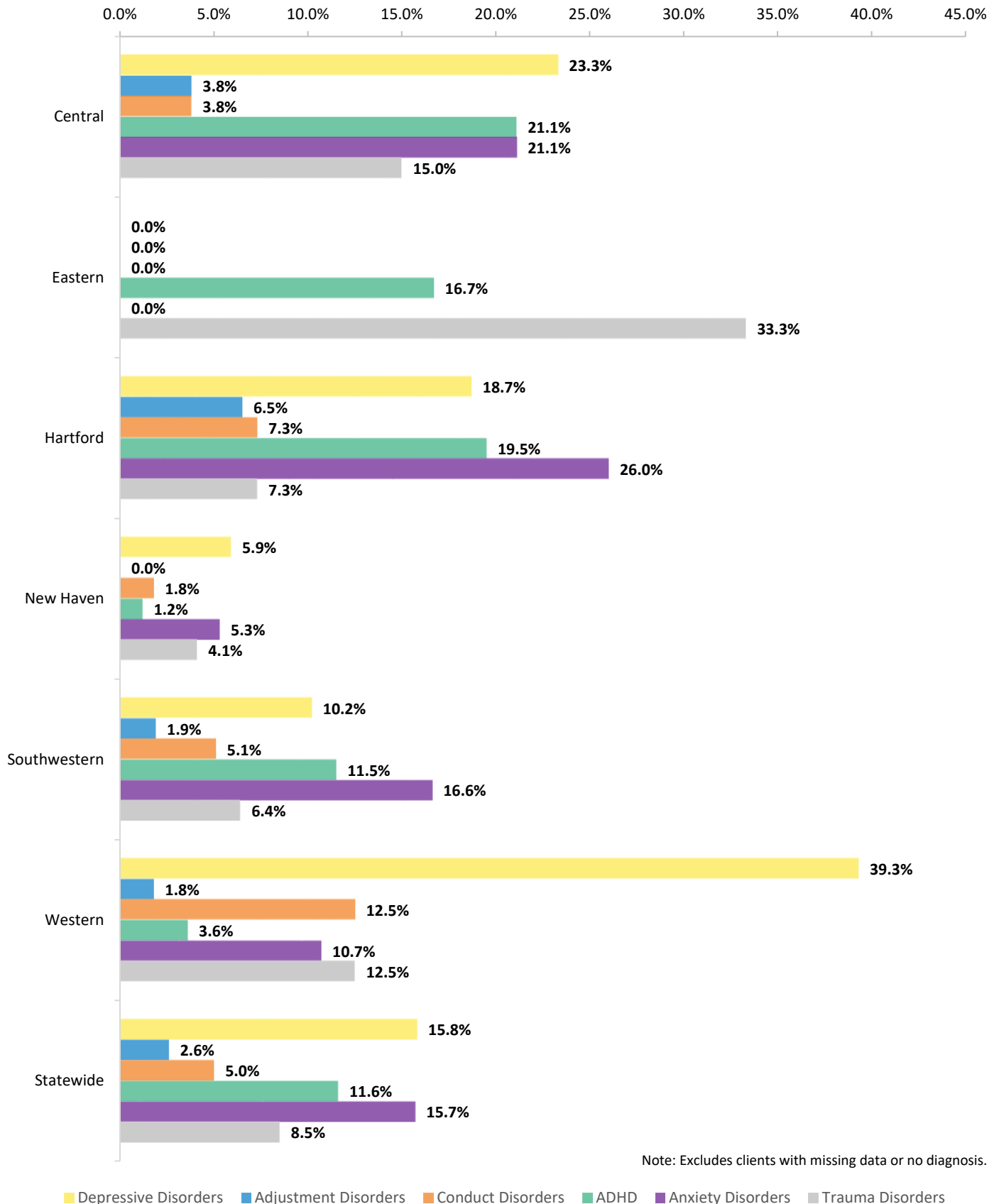


Figure 32. Children Meeting SED* Criteria by Service Area

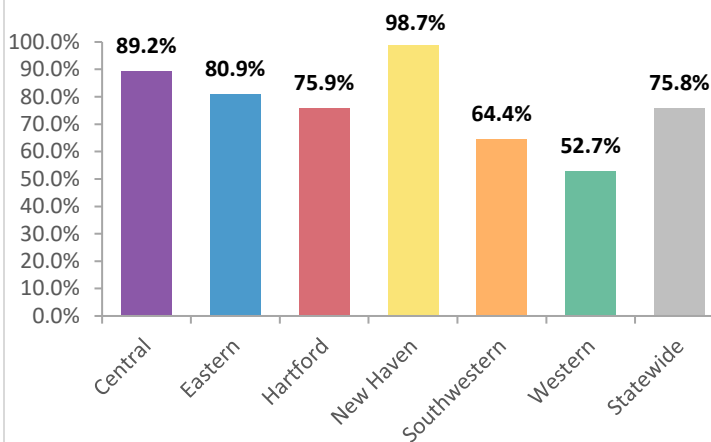


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

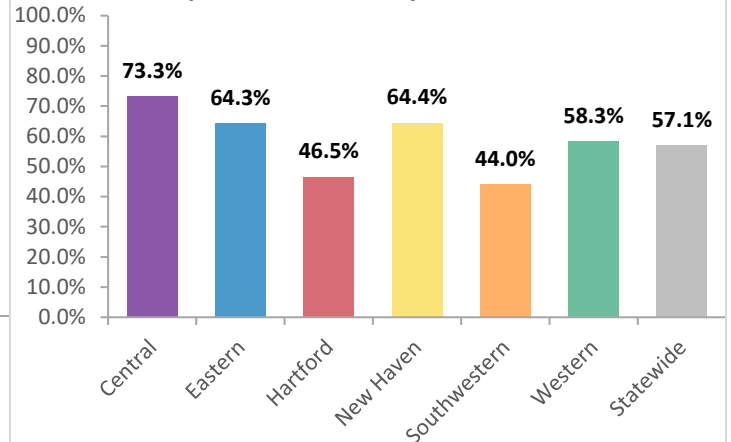


Figure 34. Type of Trauma Reported at Intake by Service Area

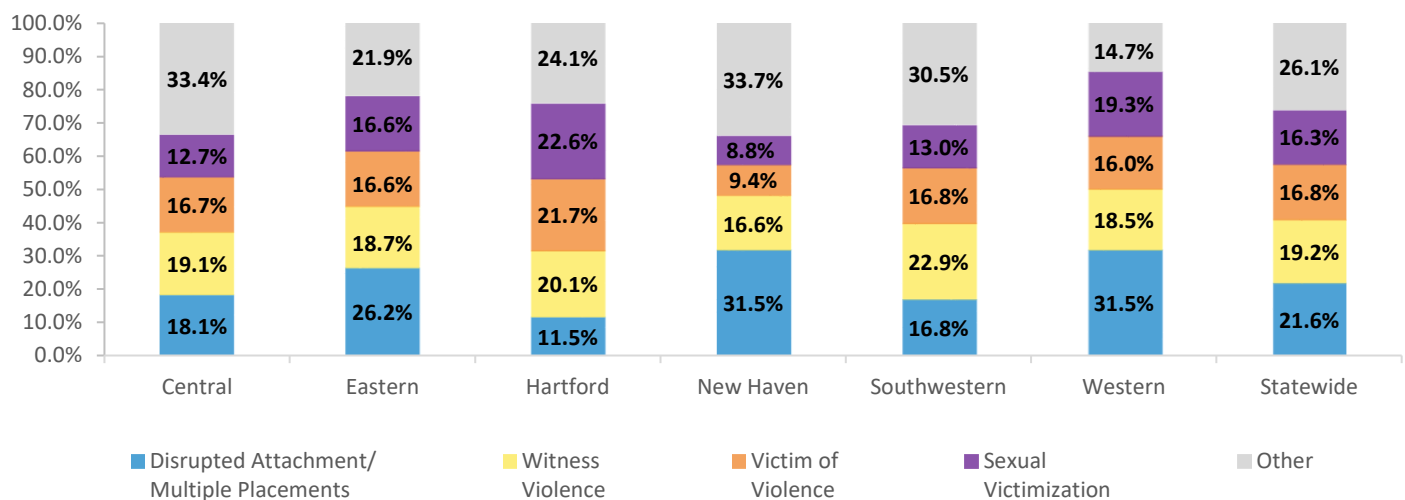


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

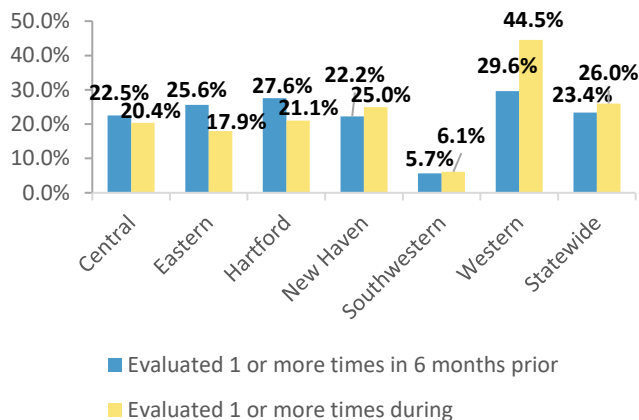
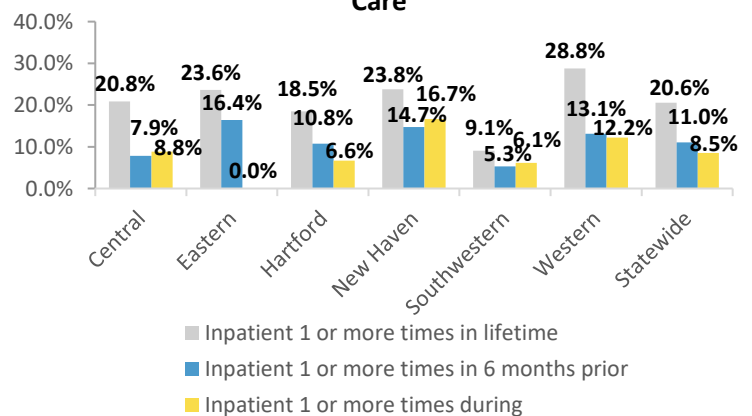


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

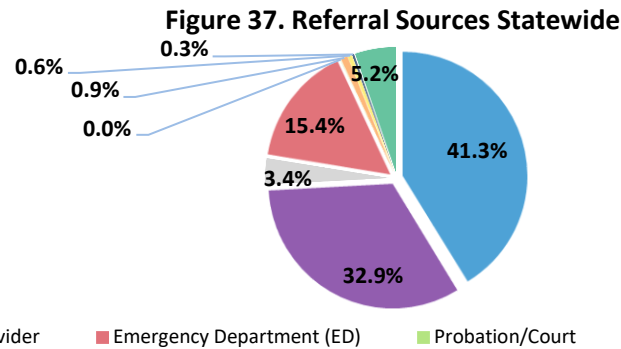
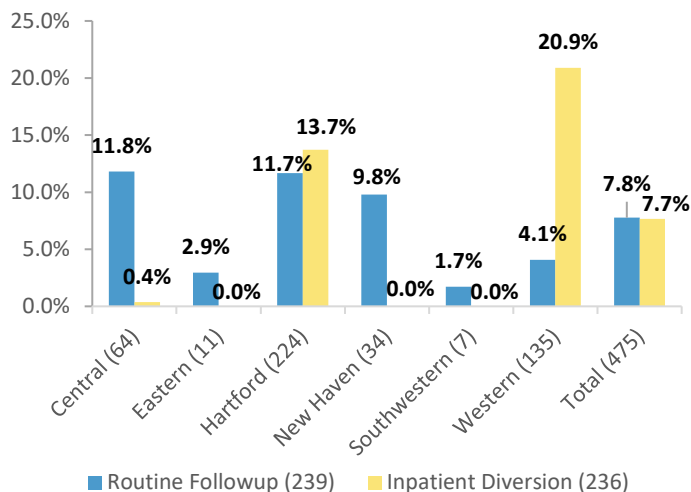


Table 1. Referral Sources (Q3 FY 2021)

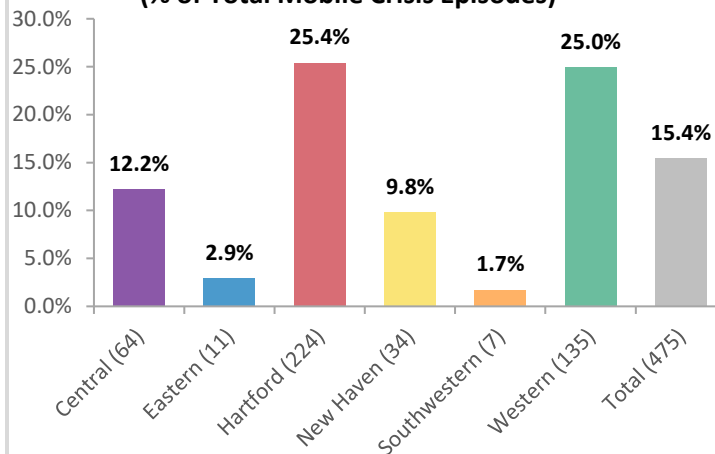
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	41.3%	0.3%	32.9%	0.0%	1.3%	3.4%	15.4%	0.0%	0.9%	2.5%	0.2%	0.6%	0.3%	0.8%	0.1%	0.0%
CENTRAL	44.4%	0.4%	28.4%	0.0%	3.8%	5.1%	12.2%	0.0%	0.6%	3.4%	0.4%	0.2%	0.8%	0.4%	0.0%	0.0%
CHR:MidHosp	42.3%	0.0%	32.1%	0.0%	1.5%	5.1%	13.1%	0.0%	0.0%	2.2%	0.7%	0.0%	1.5%	1.5%	0.0%	0.0%
CHR	45.1%	0.5%	27.1%	0.0%	4.6%	5.2%	11.9%	0.0%	0.8%	3.9%	0.3%	0.3%	0.5%	0.0%	0.0%	0.0%
EASTERN	50.5%	0.0%	34.5%	0.0%	1.9%	2.7%	2.9%	0.0%	0.8%	4.0%	0.5%	1.1%	0.0%	0.8%	0.3%	0.0%
UCFS:NE	57.3%	0.0%	26.0%	0.0%	4.6%	1.5%	4.6%	0.0%	0.8%	3.1%	0.0%	1.5%	0.0%	0.8%	0.0%	0.0%
UCFS:SE	46.9%	0.0%	39.1%	0.0%	0.4%	3.3%	2.1%	0.0%	0.8%	4.5%	0.8%	0.8%	0.0%	0.8%	0.4%	0.0%
HARTFORD	33.0%	0.3%	31.4%	0.0%	0.6%	3.8%	25.2%	0.0%	1.0%	3.3%	0.1%	0.3%	0.0%	0.8%	0.1%	0.0%
Wheeler:Htfd	19.7%	0.5%	25.3%	0.0%	0.5%	5.3%	43.2%	0.0%	0.5%	3.2%	0.0%	0.0%	0.0%	1.3%	0.3%	0.0%
Wheeler:Meridn	58.3%	0.0%	29.1%	0.0%	0.0%	3.9%	6.8%	0.0%	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Wheeler:NBrit	38.8%	0.2%	37.6%	0.0%	0.7%	2.5%	13.3%	0.0%	1.5%	3.9%	0.2%	0.7%	0.0%	0.5%	0.0%	0.0%
NEW HAVEN	54.5%	0.3%	27.4%	0.0%	0.9%	2.9%	9.8%	0.0%	2.0%	0.6%	0.0%	0.3%	0.3%	0.9%	0.3%	0.0%
CliffBeers	54.5%	0.3%	27.4%	0.0%	0.9%	2.9%	9.8%	0.0%	2.0%	0.6%	0.0%	0.3%	0.3%	0.9%	0.3%	0.0%
SOUTHWESTERN	42.9%	0.2%	48.3%	0.0%	0.2%	2.2%	1.7%	0.0%	1.0%	0.5%	0.0%	1.5%	0.0%	1.2%	0.0%	0.2%
CFG:South	44.4%	0.0%	46.0%	0.0%	0.8%	0.8%	1.6%	0.0%	0.8%	0.8%	0.0%	0.8%	0.0%	3.2%	0.0%	0.8%
CFG:Nrwk	43.3%	0.8%	44.2%	0.0%	0.0%	4.2%	3.3%	0.0%	1.7%	0.8%	0.0%	1.7%	0.0%	0.0%	0.0%	0.0%
CFG:EMPS	41.5%	0.0%	53.0%	0.0%	0.0%	1.8%	0.6%	0.0%	0.6%	0.0%	0.0%	1.8%	0.0%	0.6%	0.0%	0.0%
WESTERN	35.7%	0.2%	30.3%	0.0%	0.9%	3.0%	25.1%	0.2%	0.6%	2.0%	0.4%	0.4%	0.6%	0.7%	0.0%	0.0%
Well:Dnby	59.1%	0.0%	33.3%	0.0%	1.1%	3.2%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%
Well:Torr	45.7%	0.0%	38.0%	0.0%	0.0%	3.3%	5.4%	1.1%	0.0%	5.4%	0.0%	0.0%	1.1%	0.0%	0.0%	0.0%
Well:Wtby	27.0%	0.3%	27.5%	0.0%	1.1%	2.8%	36.5%	0.0%	0.8%	1.7%	0.6%	0.6%	0.0%	1.1%	0.0%	0.0%

Figure 38. Type of Emergency Dept. Referral



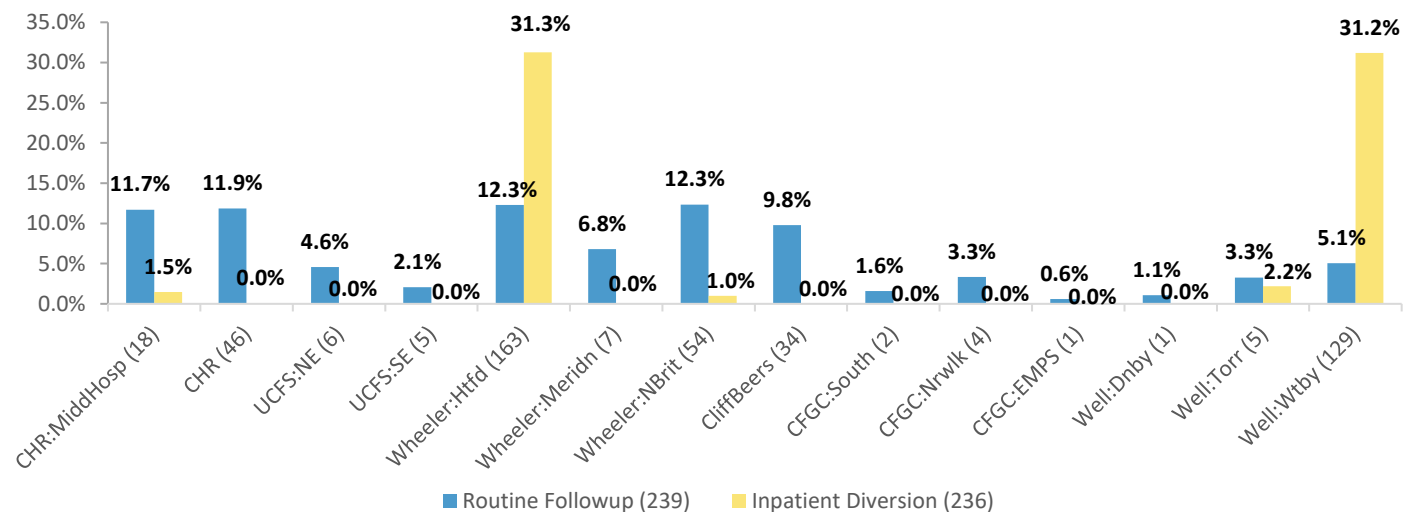
Note: Count total ED referrals are in parenthesis

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



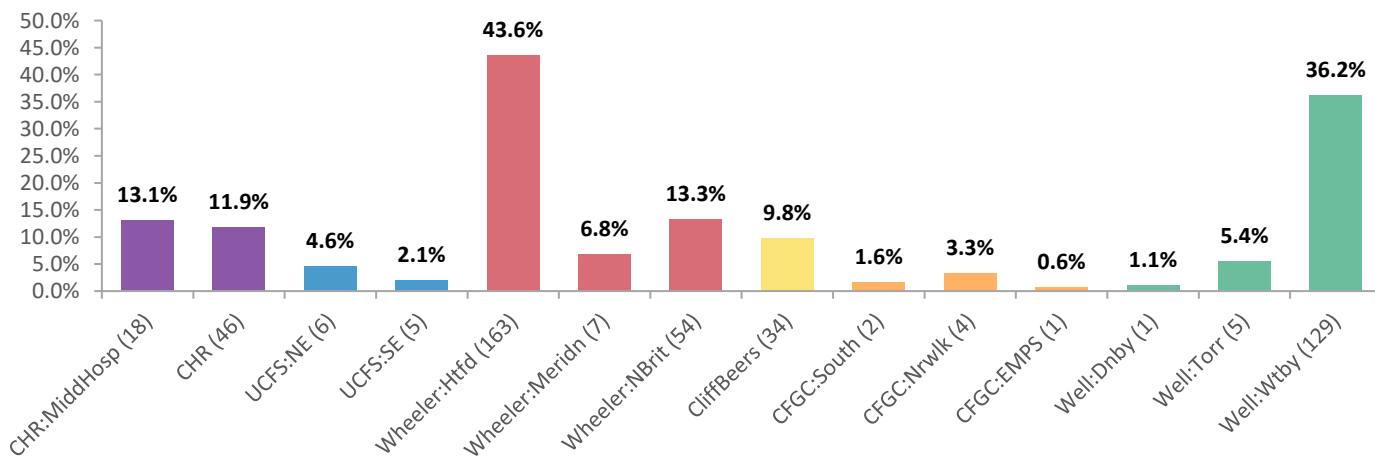
Note: Count total ED referrals are in parenthesis

Figure 40. Type of Emergency Department Referrals by Provider



Note: Count total ED referrals are in parenthesis

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

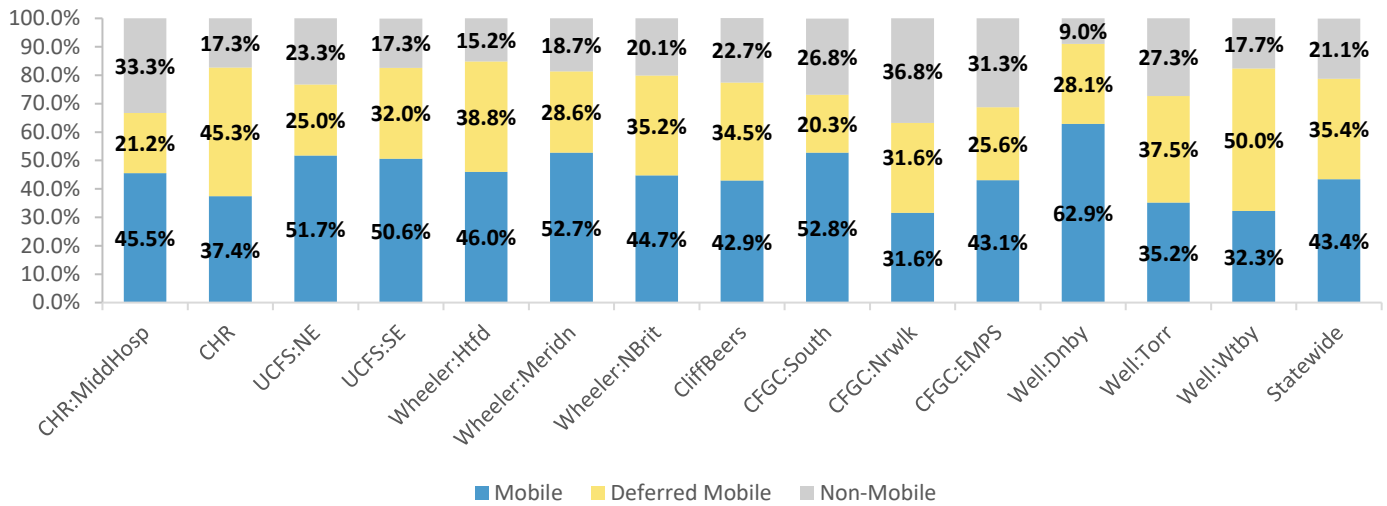


Figure 43. Actual Initial Mobile Crisis Provider Response

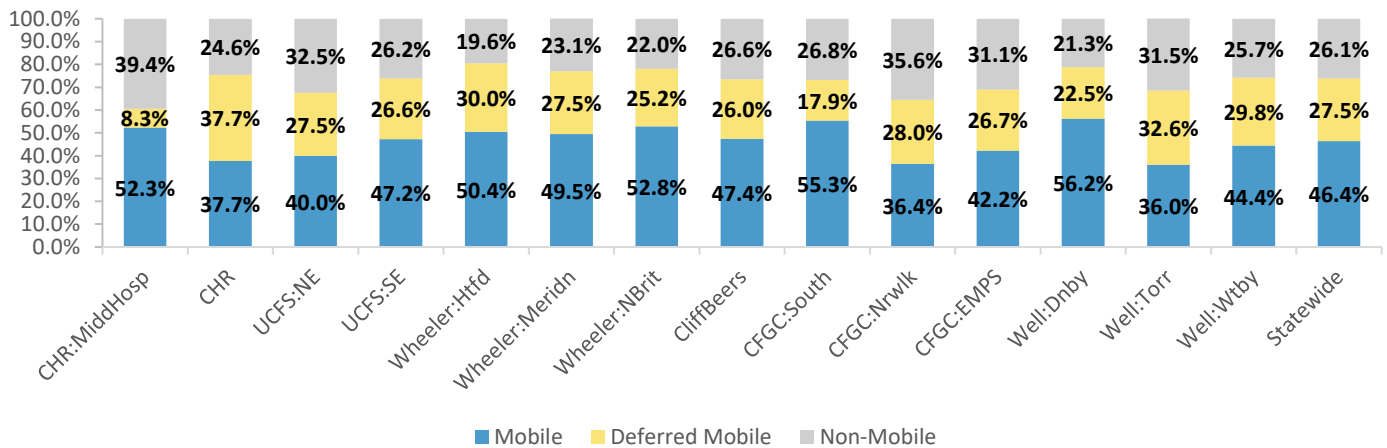
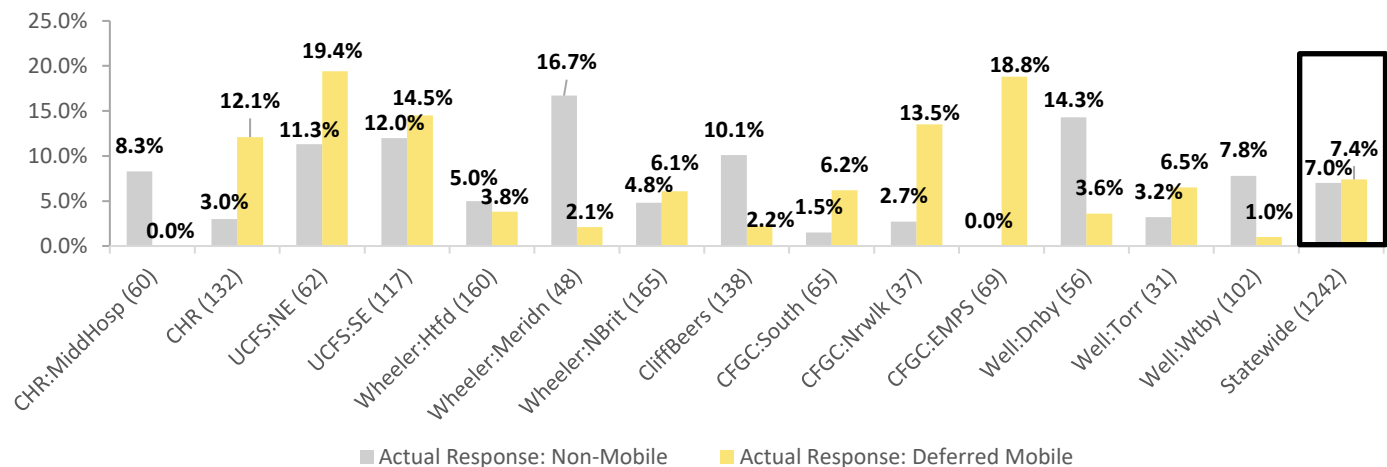
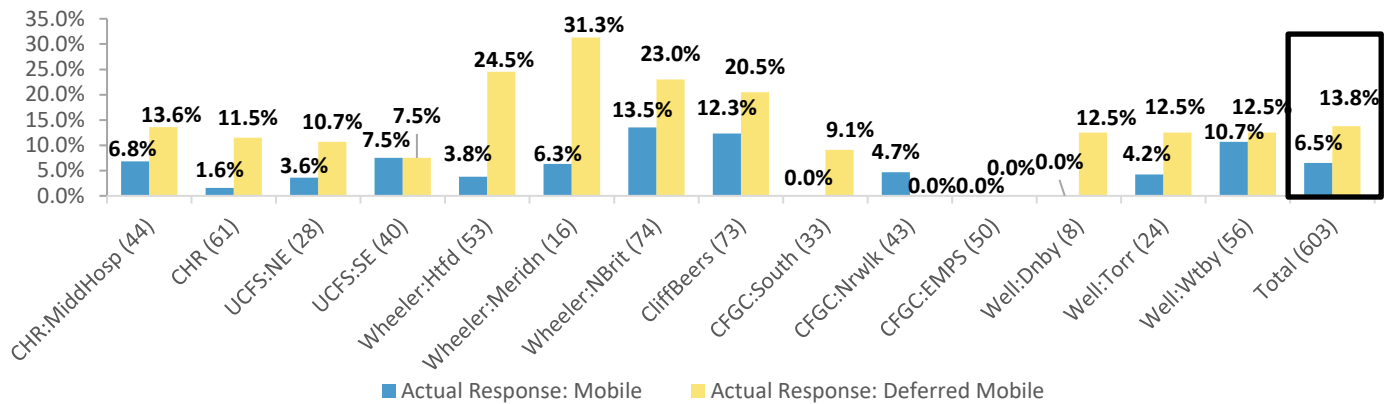


Figure 44. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile



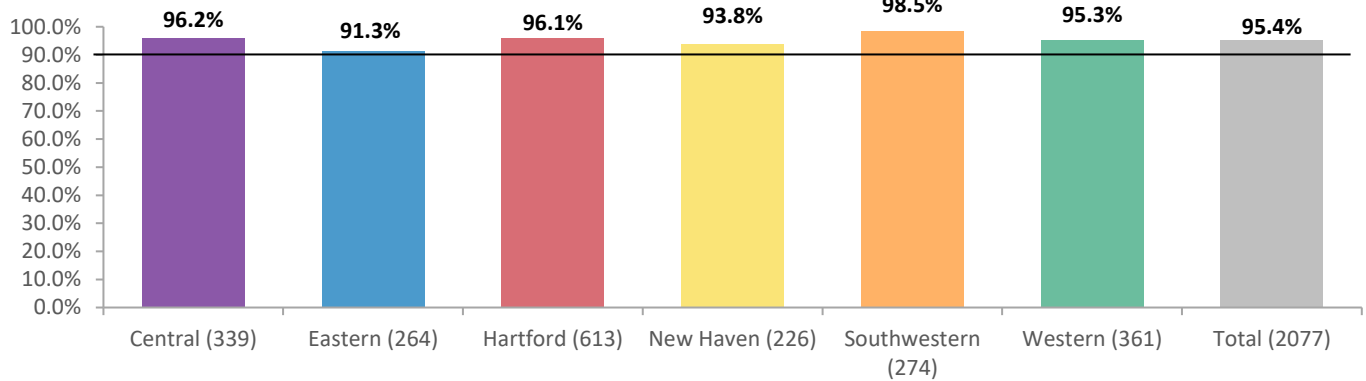
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

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



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

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

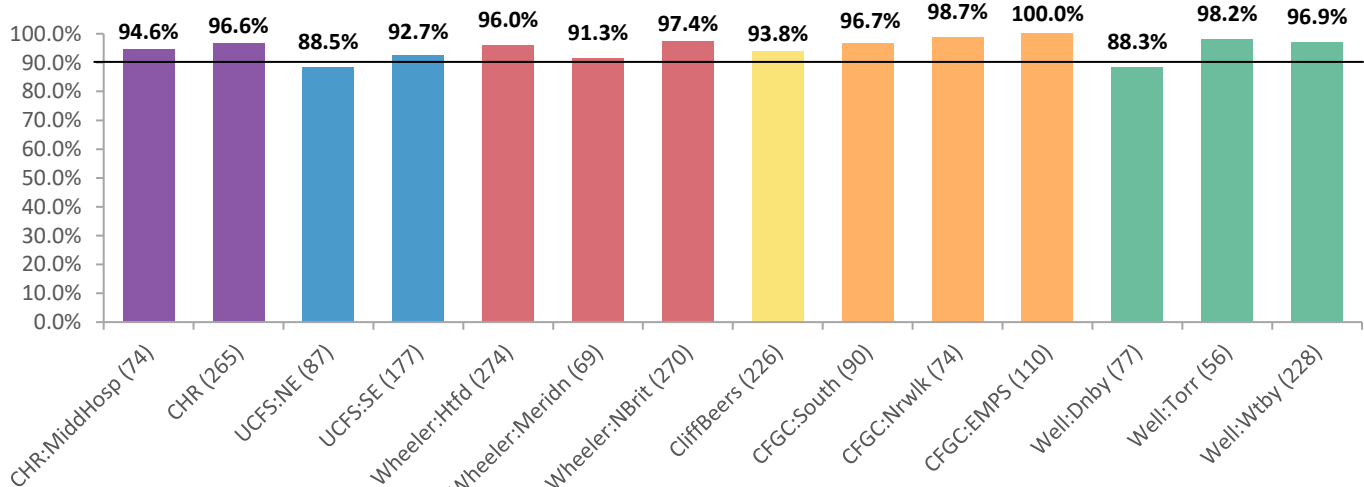


*Mobility calculation updated – see exec. summary

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

Goal: 90%

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



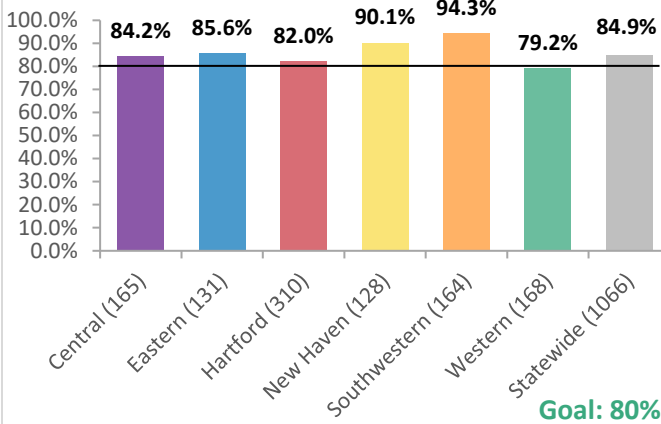
Note: Counts of 211-recommended mobile episodes are in parenthesis

*Mobility calculation updated – see exec. summary

Goal: 90%

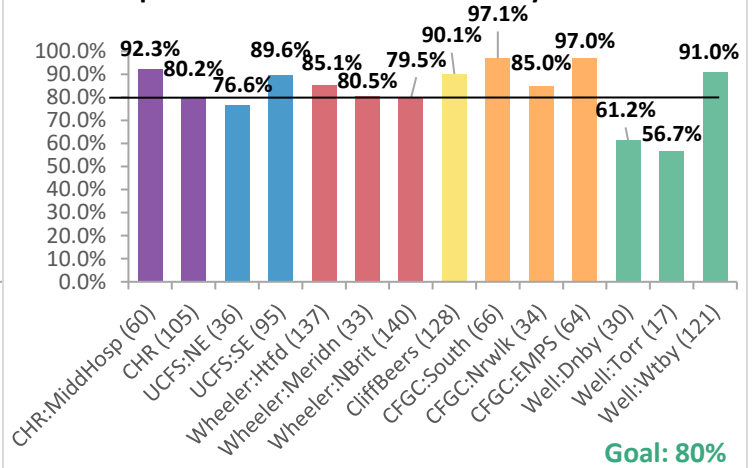
Section VIII: Response Time

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



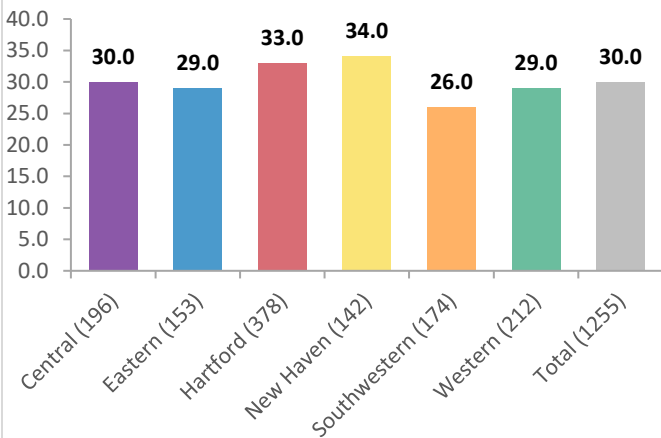
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



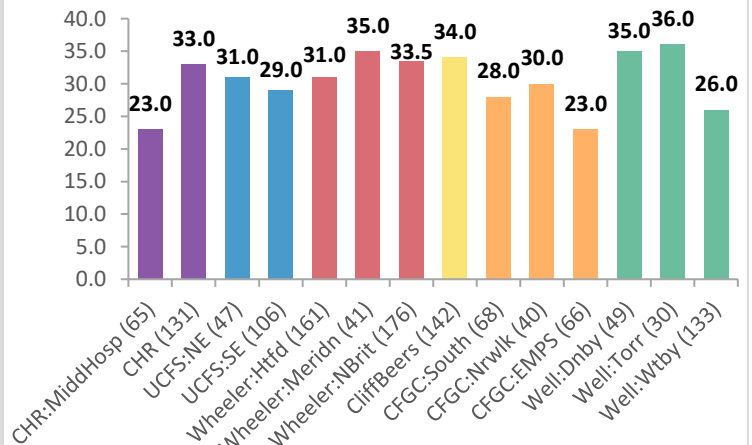
Note: Counts of mobile episodes under 45 mins. are in parenthesis.

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



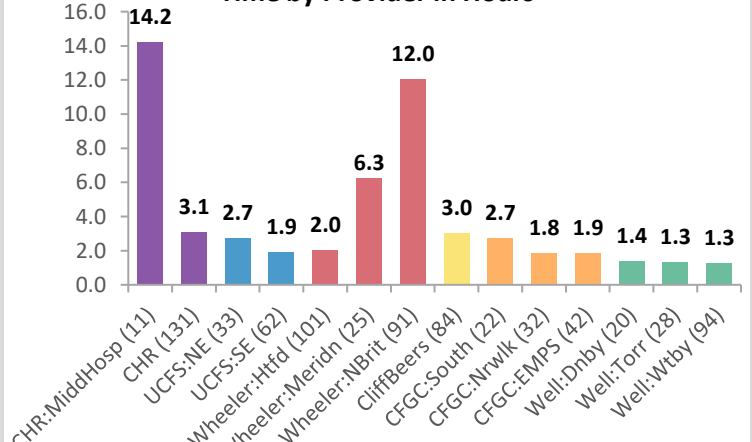
Note: Counts of mobile response episodes are in parenthesis.

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
<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	1.4	9.0	20.5	0.0	4.0	17.0	20.7%	33.1%	3.4%	1.3	8.5	18.0	0.0	4.0	14.0	19.7%	33.1%	3.1%
2	Central	4.1	2.5	22.3	2.0	2.0	20.0	54.9%	7.1%	5.6%	3.3	7.4	20.4	1.0	3.0	16.0	46.5%	27.9%	6.0%
3	CHR:MidHosp	8.1	3.0	14.4	6.0	3.0	12.0	89.3%	6.7%	0.0%	6.8	5.2	14.0	4.0	3.0	12.0	75.2%	27.2%	0.0%
4	CHR	1.7	1.2	24.0	0.0	0.0	21.0	35.1%	8.3%	6.8%	1.3	12.5	21.6	0.0	1.0	18.0	29.6%	29.6%	7.1%
5	Eastern	0.3	4.8	23.9	0.0	5.0	24.0	4.5%	18.4%	0.0%	0.2	4.6	21.3	0.0	4.0	19.0	4.5%	20.3%	3.8%
6	UCFS:NE	0.3	4.6	25.2	0.0	4.0	27.0	5.6%	17.6%	0.0%	0.2	4.7	21.3	0.0	4.0	20.0	5.0%	22.3%	5.0%
7	UCFS:SE	0.2	4.9	23.3	0.0	5.0	24.0	3.8%	18.7%	0.0%	0.2	4.5	21.3	0.0	4.0	19.0	4.1%	19.4%	3.4%
8	Hartford	1.0	4.2	18.7	0.0	1.0	15.0	18.3%	20.6%	1.6%	1.0	3.5	16.0	0.0	1.0	13.0	20.5%	16.2%	1.5%
9	Wheeler:Htfd	0.7	4.9	21.3	0.0	1.0	19.5	15.9%	26.9%	1.1%	1.0	5.1	18.4	0.0	1.0	16.0	19.7%	28.9%	1.5%
10	Wheeler:Meridn	0.8	6.8	19.2	1.0	2.5	15.5	4.0%	31.8%	2.2%	1.0	3.5	16.3	1.0	2.0	14.0	23.3%	13.0%	1.9%
11	Wheeler:NBrit	1.2	2.7	16.6	0.0	1.0	14.0	24.2%	11.2%	1.8%	0.9	2.3	14.2	0.0	1.0	12.0	20.5%	7.7%	1.3%
12	New Haven	1.3	24.3	51.5	0.0	16.0	42.0	14.6%	81.1%	42.3%	1.5	20.5	41.2	0.0	14.0	32.0	12.1%	76.1%	31.3%
13	CliffBeers	1.3	24.3	51.5	0.0	16.0	42.0	14.6%	81.1%	42.3%	1.5	20.5	41.2	0.0	14.0	32.0	12.1%	76.1%	31.3%
14	Southwestern	0.3	6.1	24.8	0.0	4.0	25.0	1.4%	28.8%	1.6%	0.3	8.0	22.9	0.0	4.0	22.0	3.8%	32.0%	1.8%
15	CFGC:South	0.0	5.3	24.2	0.0	1.0	24.0	0.0%	31.9%	0.0%	0.3	3.9	21.7	0.0	0.0	21.0	3.1%	20.3%	0.0%
16	CFGC:Nrwk	0.6	6.4	25.0	0.0	5.0	24.5	3.7%	36.4%	8.3%	0.5	8.7	27.1	0.0	5.0	24.0	5.4%	40.2%	7.7%
17	CFGC:EMPS	0.1	6.3	28.3	0.0	4.0	35.0	0.0%	22.9%	0.0%	0.2	9.4	24.3	0.0	4.0	24.0	3.0%	32.4%	3.8%
18	Western	1.6	2.5	16.5	0.0	2.0	14.0	24.5%	2.2%	1.1%	1.3	3.0	15.2	0.0	2.0	13.0	19.8%	7.4%	0.7%
19	Well:Dnby	1.1	2.9	15.6	0.0	3.0	14.0	24.2%	0.0%	0.0%	1.1	3.5	14.5	0.0	3.0	13.0	21.6%	9.6%	0.0%
20	Well:Torr	1.8	1.4	15.9	0.0	1.5	15.0	29.4%	0.0%	0.0%	1.6	2.2	14.9	0.0	2.0	13.0	23.0%	5.0%	0.7%
21	Well:Wtby	1.7	2.6	16.9	0.0	2.0	14.0	23.1%	3.1%	1.7%	1.2	3.0	15.4	0.0	2.0	13.0	18.2%	7.2%	0.8%

* Discharged episodes with end dates from July 1, 2020 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	910	1013	1196	188	335	41	3443	3140	3533	677	1038	111
2	Central	153	42	337	84	3	19	662	179	949	308	50	57
3	CHR:MidHosp	56	30	57	50	2	0	246	125	148	185	34	0
4	CHR	97	12	280	34	1	19	416	54	801	123	16	57
5	Eastern	132	207	47	6	38	0	401	575	157	18	117	6
6	UCFS:NE	54	68	13	3	12	0	160	193	40	8	43	2
7	UCFS:SE	78	139	34	3	26	0	241	382	117	10	74	4
8	Hartford	202	248	444	37	51	7	741	804	1302	152	130	19
9	Wheeler:Htfd	82	119	174	13	32	2	284	294	476	56	85	7
10	Wheeler:Meridn	25	22	46	1	7	1	86	108	156	20	14	3
11	Wheeler:NBrit	95	107	224	23	12	4	371	402	670	76	31	9
12	New Haven	96	227	26	14	184	11	428	699	64	52	532	20
13	CliffBeers	96	227	26	14	184	11	428	699	64	52	532	20
14	Southwestern	143	198	64	2	57	1	581	584	169	22	187	3
15	CFGC:South	32	47	45	0	15	0	131	128	117	4	26	0
16	CFGC:Nrwlk	54	55	12	2	20	1	184	169	26	10	68	2
17	CFGC:EMPS	57	96	7	0	22	0	266	287	26	8	93	1
18	Western	184	91	278	45	2	3	630	299	892	125	22	6
19	Well:Dnby	33	15	47	8	0	0	125	52	139	27	5	0
20	Well:Torr	34	12	53	10	0	0	126	40	138	29	2	1
21	Well:Wtby	117	64	178	27	2	3	379	207	615	69	15	5

* 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

		Episodes of Care in Days									N of Episodes of Care					
		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	129.8	70.6	48.2	108.0	54.0	34.0	100.0%	100.0%	35.3%	51	138	133	51	138	47
2	Central	136.6	56.1	46.9	70.0	55.0	38.5	100.0%	100.0%	38.1%	5	27	42	5	27	16
3	CHR:MiddHosp	14.0	19.5	0.0	14.0	19.5	0.0	100.0%	100.0%	N/A	1	2	0	1	2	0
4	CHR	167.3	59.0	46.9	178.0	56.0	38.5	100.0%	100.0%	38.1%	4	25	42	4	25	16
5	Eastern	0.0	39.0	30.5	0.0	39.0	29.0	N/A	100.0%	25.0%	0	1	4	0	1	1
6	UCFS:NE	0.0	39.0	43.5	0.0	39.0	43.5	N/A	100.0%	50.0%	0	1	2	0	1	1
7	UCFS:SE	0.0	0.0	17.5	0.0	0.0	17.5	N/A	N/A	0.0%	0	0	2	0	0	0
8	Hartford	73.0	99.6	54.2	73.0	79.0	29.0	100.0%	100.0%	38.2%	2	14	55	2	14	21
9	Wheeler:Htfd	0.0	98.1	54.8	0.0	64.0	28.0	N/A	100.0%	33.3%	0	11	30	0	11	10
10	Wheeler:Meridn	73.0	105.3	76.6	73.0	94.0	77.5	100.0%	100.0%	71.4%	2	3	14	2	3	10
11	Wheeler:NBrit	0.0	0.0	24.0	0.0	0.0	20.0	N/A	N/A	9.1%	0	0	11	0	0	1
12	New Haven	221.2	76.7	57.1	276.0	58.5	47.5	100.0%	100.0%	50.0%	9	72	8	9	72	4
13	CliffBeers	221.2	76.7	57.1	276.0	58.5	47.5	100.0%	100.0%	50.0%	9	72	8	9	72	4
14	Southwestern	63.8	54.0	36.8	45.5	41.0	35.0	100.0%	100.0%	20.0%	4	19	5	4	19	1
15	CFGC:South	43.7	22.8	30.3	42.0	21.0	29.0	100.0%	100.0%	0.0%	3	4	3	3	4	0
16	CFGC:Nrwlk	124.0	97.5	0.0	124.0	56.0	0.0	100.0%	100.0%	N/A	1	6	0	1	6	0
17	CFGC	0.0	38.9	46.5	0.0	41.0	46.5	N/A	100.0%	50.0%	0	9	2	0	9	1
18	Western	114.4	49.8	36.6	108.0	48.0	27.0	100.0%	100.0%	21.1%	31	5	19	31	5	4
19	Well:Dnby	91.2	0.0	33.0	82.5	0.0	33.0	100.0%	N/A	50.0%	10	0	2	10	0	1
20	Well:Torr	138.8	39.0	87.0	151.0	39.0	67.0	100.0%	100.0%	66.7%	5	1	3	5	1	2
21	Well:Wtby	121.2	52.5	26.3	109.0	52.5	25.0	100.0%	100.0%	7.1%	16	4	14	16	4	1

* Data includes episodes still in care with referral dates from July 1, 2020 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

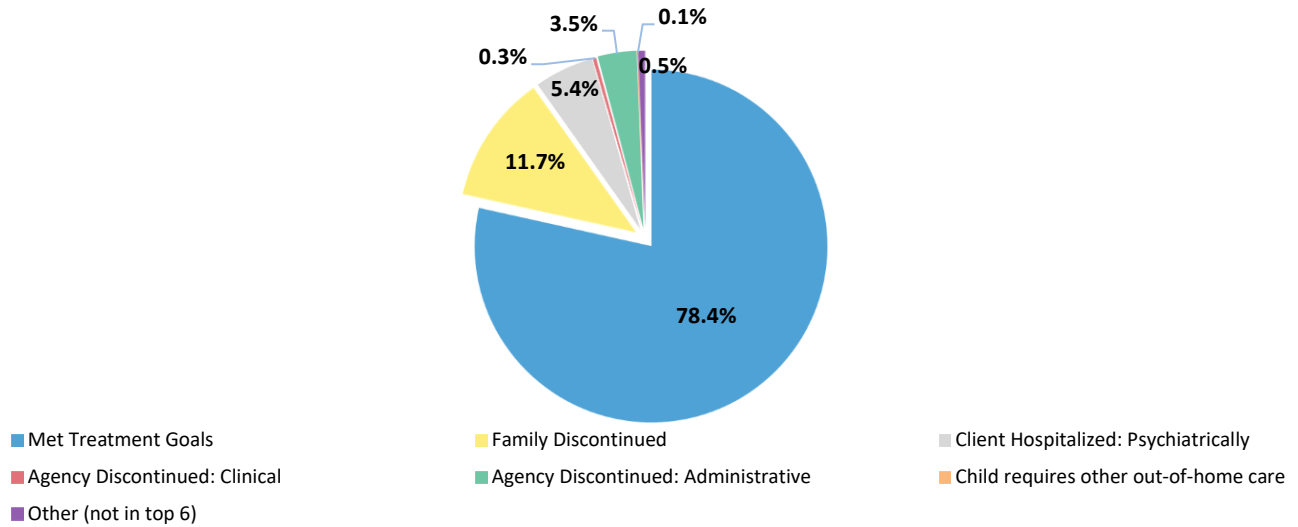


Figure 55. Top Six Places Clients Live at Discharge Statewide

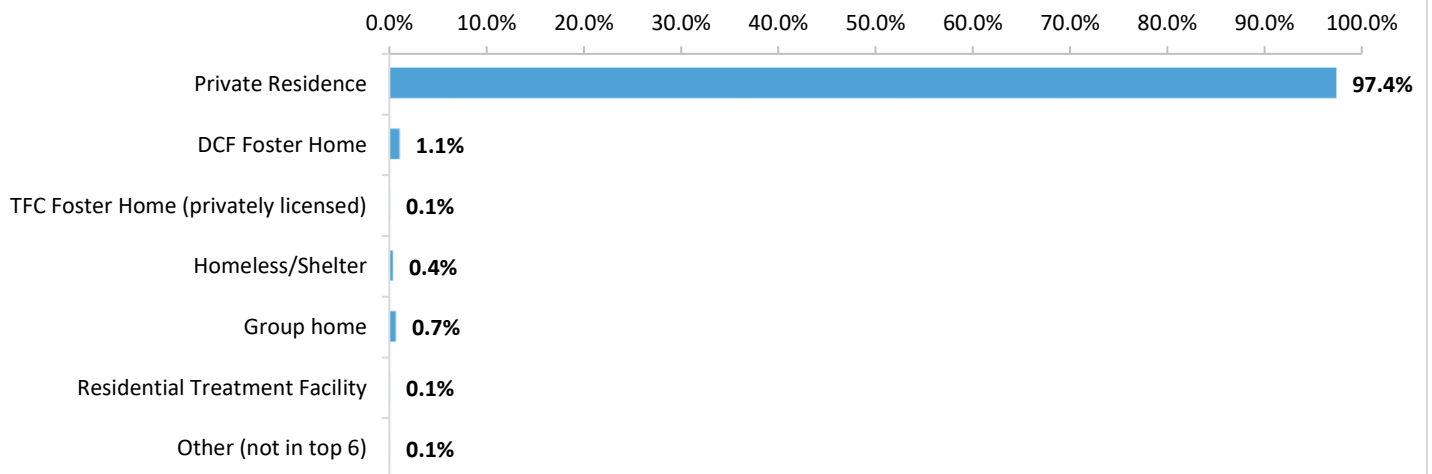
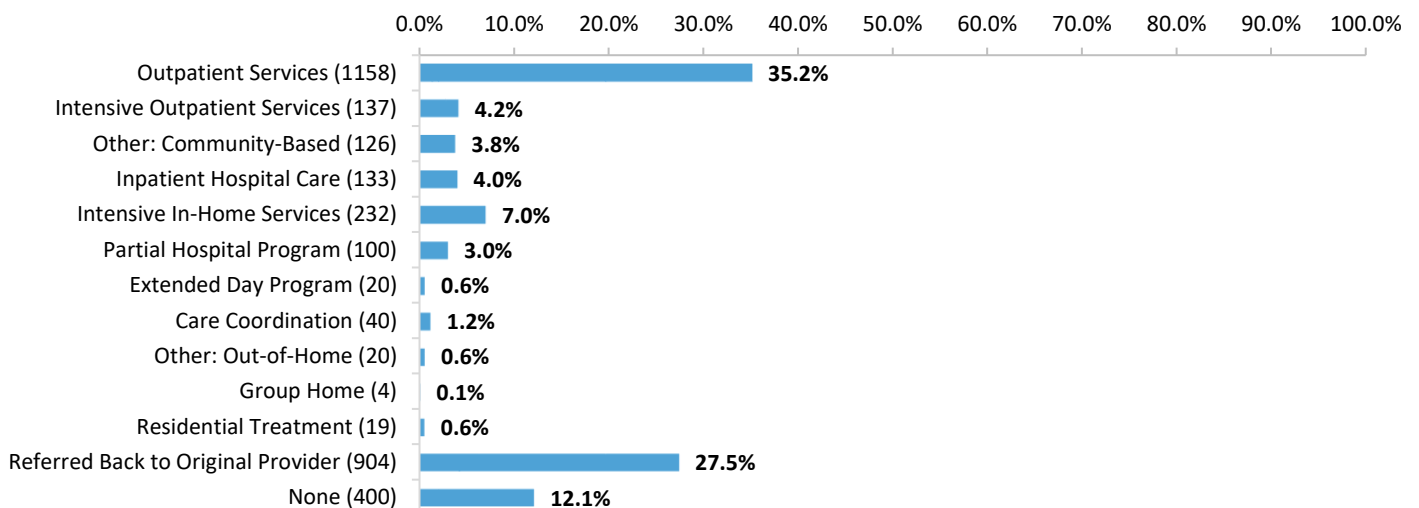


Figure 56. Type of Services Client Referred* to at Discharge Statewide



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 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	146	41.56	44.28	2.72	3.11	0.002	**
Worker Functioning Score	792	45.19	46.88	1.69	7.79	0.000	**
Parent Problem Score	149	30.67	26.58	-4.09	-3.93	0.000	**
Worker Problem Score	793	28.46	26.37	-2.08	-8.40	0.000	**
Central							
Parent Functioning Score	34	39.24	40.09	0.85	2.03	0.051	†
Worker Functioning Score	206	48.55	48.67	0.12	0.39	0.701	
Parent Problem Score	35	31.17	30.91	-0.26	-1.10	0.278	
Worker Problem Score	206	28.03	26.88	-1.15	-2.99	0.003	**
Eastern							
Parent Functioning Score	4	40.75	44.50	3.75	2.51	0.087	†
Worker Functioning Score	17	35.82	42.29	6.47	3.21	0.006	**
Parent Problem Score	4	38.75	25.75	-13.00	-1.17	0.326	
Worker Problem Score	17	31.41	28.29	-3.12	-0.84	0.411	
Hartford							
Parent Functioning Score	77	41.78	44.69	2.91	2.25	0.028	*
Worker Functioning Score	289	44.63	45.65	1.01	2.32	0.021	*
Parent Problem Score	79	30.47	25.47	-5.00	-2.95	0.004	**
Worker Problem Score	290	27.91	25.90	-2.00	-4.09	0.000	**
New Haven							
Parent Functioning Score	3	20.33	46.00	25.67	1.78	0.218	
Worker Functioning Score	10	44.30	50.10	5.80	1.49	0.171	
Parent Problem Score	3	46.33	29.33	-17.00	-1.99	0.185	
Worker Problem Score	10	30.20	22.80	-7.40	-2.32	0.046	*
Southwestern							
Parent Functioning Score	19	50.53	50.68	0.16	0.06	0.956	
Worker Functioning Score	39	44.00	46.77	2.77	2.14	0.039	*
Parent Problem Score	19	25.42	23.00	-2.42	-0.93	0.365	
Worker Problem Score	39	22.69	20.69	-2.00	-1.14	0.260	
Western							
Parent Functioning Score	9	37.00	42.44	5.44	3.39	0.010	**
Worker Functioning Score	231	43.83	47.05	3.22	13.87	0.000	**
Parent Problem Score	9	32.78	26.44	-6.33	-2.68	0.028	*
Worker Problem Score	231	30.20	27.48	-2.72	-12.60	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*

2-1-1 Items	Clients (n=60)	Referrers (n=60)
The 2-1-1 staff answered my call in a timely manner	4.67	4.47
The 2-1-1 staff was courteous	4.70	4.68
The 2-1-1 staff was knowledgeable	4.72	4.67
My phone call was quickly transferred to the EMPS provider	4.70	4.70
Sub-Total Mean: 2-1-1	4.70	4.63
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.63	4.50
The Mobile Crisis staff was respectful	4.67	4.68
The Mobile Crisis staff was knowledgeable	4.65	4.68
The Mobile Crisis staff spoke to me in a way that I understood	4.63	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)	4.47	X
The services or resources my child and/or family received were right for us	4.42	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	4.53
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.67	4.55
Sub-Total Mean: Mobile Crisis	4.59	4.59
Overall Mean Score	4.63	4.62

* 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:

- Mom stated she is extremely grateful for the therapist from Clifford Beers who worked with her daughter. Per mom she got more than she expected from MCI and her daughter has opened up so much.
- Caller would like to thank 2-1-1 from the bottom of her heart, that our support is helpful.
- Everything is going well, caller is still receiving services that was provided.
- Parent felt that although EMPS staff was knowledgeable and helpful all three times that she has utilized services, she reported that she feels frustrated that they are not able to respond sooner and that it is a far drive for the team to come to their home.
- Mom feels as EMPS could have been a little more engaged and helped with services for her daughter. Mom states daughter is now enrolled in a program at her daughter's school that is helping with her behaviors.

Referrer Comments:

- Foster mom did not agree with sending her foster daughter to Bridgeport hospital was appropriate, but foster mom loved everything else.
- "Calling through to 211 is always easy and they always give mobile crisis the information they need and mobile crisis is always easy to work with."
- "Sometimes I have trouble getting through when I call and I wait on hold but everything else is fine."
- Caller reports MCI was very responsive and stayed open the client longer to accommodate continued need for support.

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 (148)*	56%	66%	49%	46%	57%	42%	51%	52%	25%	36%	60%	44%	54%	5%	7%
CHR:MidHosp (10)*	80%	80%	60%	90%	80%	80%	70%	70%	100%	70%	90%	60%	50%	20%	20%
CHR (11)*	36%	73%	27%	91%	36%	36%	27%	45%	18%	9%	55%	45%	55%	0%	0%
UCFS:NE (8)*	75%	75%	38%	100%	88%	38%	75%	38%	25%	88%	63%	25%	63%	13%	14%
UCFS:SE (14)*^	57%	71%	50%	93%	57%	50%	50%	43%	43%	93%	43%	21%	64%	0%	0%
Wheeler:Htfd (22)*^	55%	64%	59%	5%	59%	32%	55%	59%	9%	5%	59%	55%	32%	0%	0%
Wheeler:Meridn (3)*	33%	67%	33%	33%	100%	33%	67%	67%	0%	0%	100%	67%	100%	0%	0%
Wheeler:NBrit (14)*	93%	93%	50%	14%	71%	71%	86%	86%	0%	7%	93%	0%	86%	0%	0%
CliffBeers (18)*	56%	61%	67%	67%	56%	39%	39%	44%	61%	67%	72%	61%	67%	11%	12%
CFGC:South (4)*	50%	75%	75%	25%	50%	25%	75%	50%	0%	25%	25%	0%	50%	0%	0%
CFGC:Nrwk (3)*	33%	33%	33%	67%	33%	33%	33%	33%	0%	33%	67%	33%	33%	0%	0%
CFGC:EMPS (8)*	100%	100%	88%	75%	100%	63%	100%	100%	38%	63%	100%	88%	100%	38%	43%
Well:Dnby (3)*^	33%	67%	67%	0%	33%	33%	33%	33%	0%	0%	33%	33%	33%	0%	0%
Well:Torr (3)*^	100%	100%	100%	33%	100%	100%	100%	100%	33%	67%	100%	33%	33%	0%	0%
Well:Wtby (24)*^	25%	38%	21%	0%	29%	17%	17%	25%	0%	8%	25%	17%	33%	0%	0%
Full-Time Staff Only (99)	64%	73%	57%	51%	61%	42%	58%	57%	27%	42%	67%	49%	65%	7%	

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 June 30, 2021.

^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

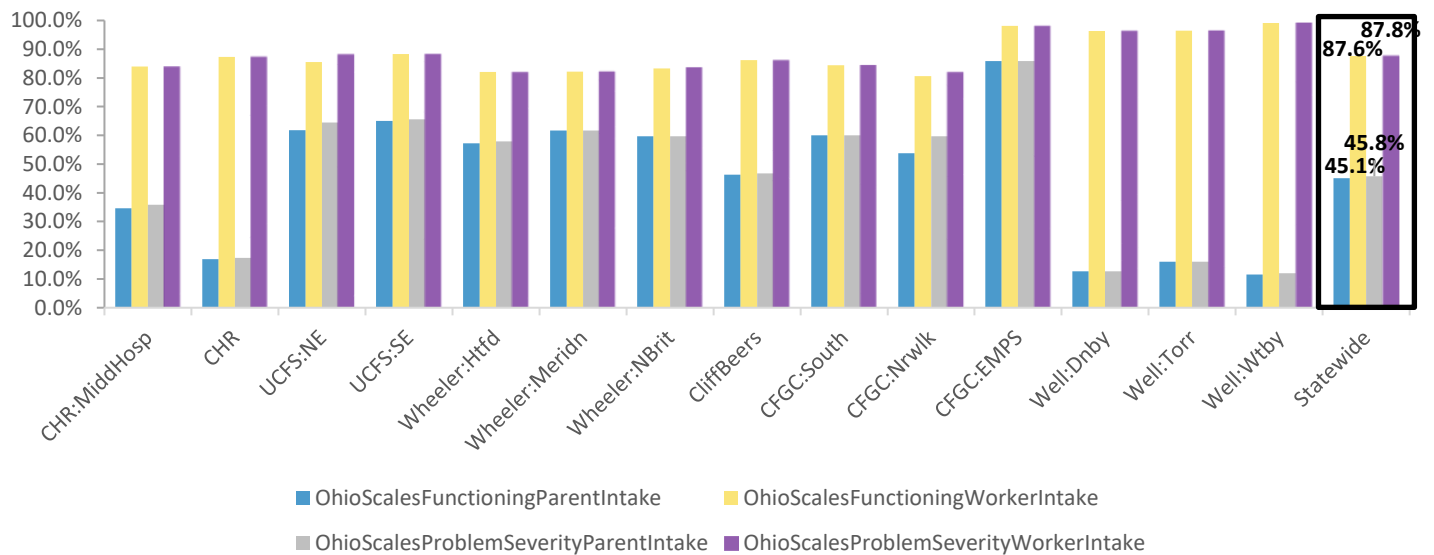
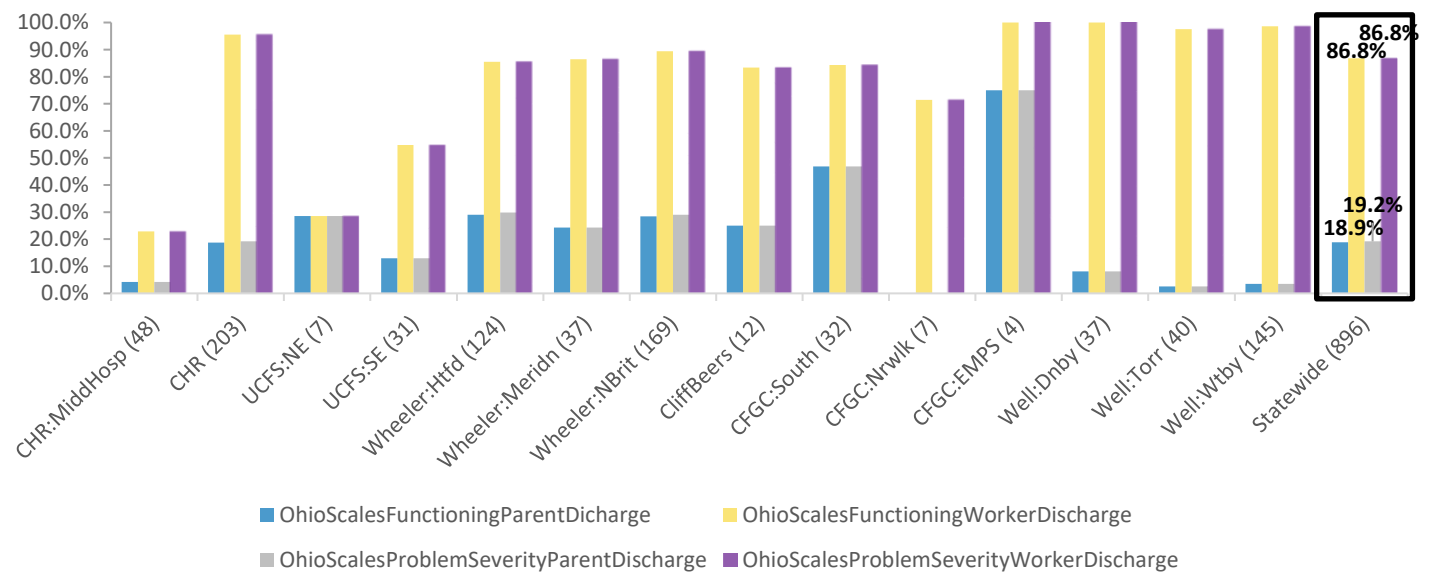


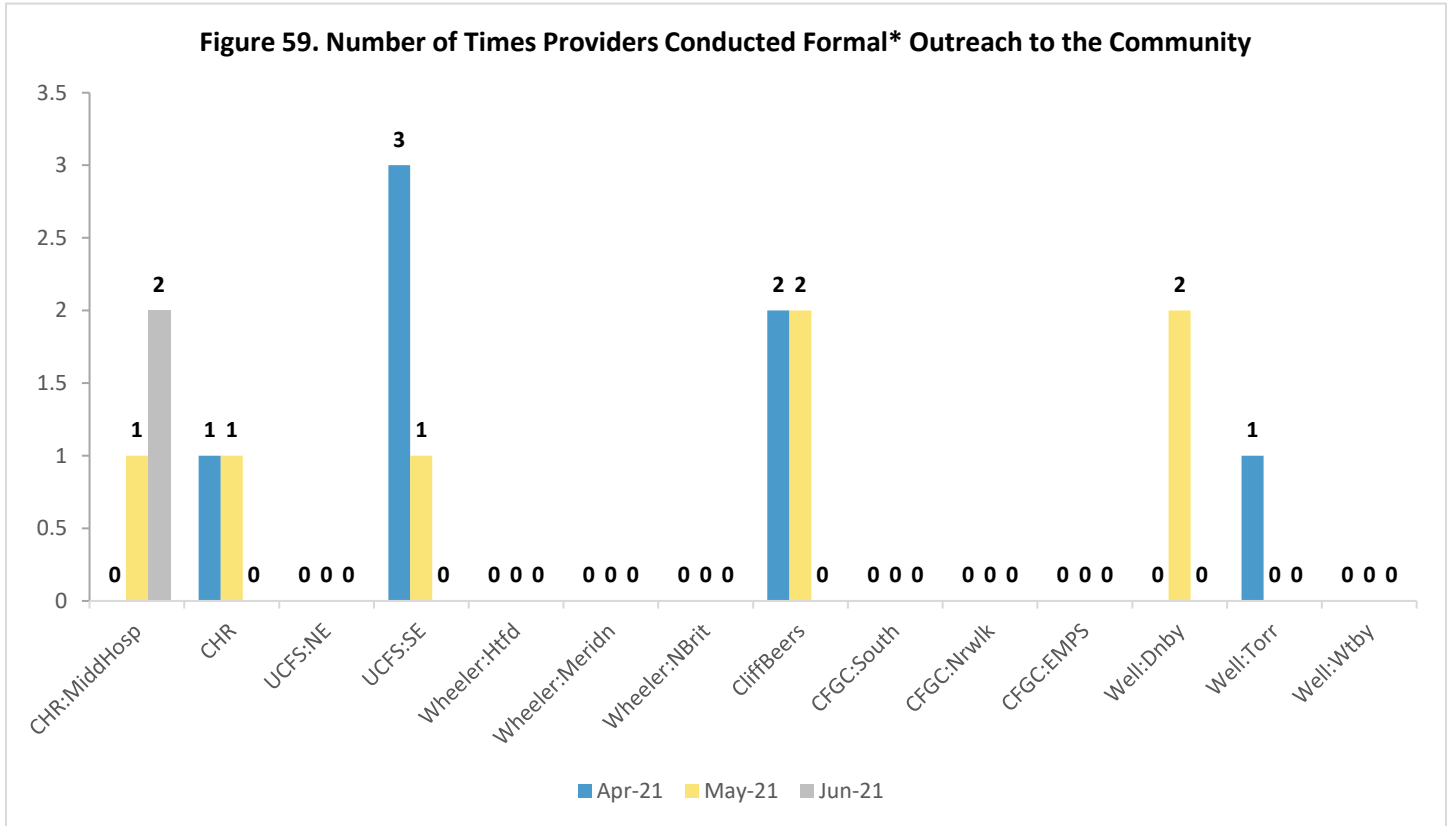
Figure 58. Ohio Scales Collected at Discharge by Provider



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.