



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



MOBILE CRISIS INTERVENTION SERVICES

Performance Improvement Center (PIC)

QUARTERLY REPORT

FY2024: Quarter 4

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



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Executive Summary

Note: As of January 2023, Mobile Crisis providers are available for a mobile response 24 hours a day, 7 days a week. Prior to January 2023, a mobile response was only available Monday – Friday 6:00 AM to 10:00 PM and from 1:00 PM to 10:00 PM on weekends. Unless stated otherwise, the data in this report reflects calls during all 24 hours. Select charts continue to break out data by old and new hours to highlight any differences during the expanded hours. References to data from FY2023 Q4 may differ from the published FY2023 Q4 report, as that report analyzed data between the traditional hours and new hours separately.

Call and Episode Volume: In the fourth quarter of FY2024, **2-1-1 received 3,914 calls** including 2,942 calls (75.2%) handled by Mobile Crisis providers and 972 calls (24.8%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This quarter saw a 5.5% decrease in total call volume compared to the same quarter in FY2023 (4,142), and a 3.8% increase in episodes (3,057 in FY2023). Though volume had started to increase during FY2022, it then fell again and still remains well below pre-pandemic levels. During this quarter, there remains a 28.3% decrease in calls compared to FY2019 Q4 (5,461), and an 26.2% decrease in episodes (3,986 in FY2019 Q4). Of the 3,914 calls this quarter, 338 calls (8.6%) came in during the expanded overnight and weekend hours. Of these 338 calls, 233 (68.9%) were handled by Mobile Crisis providers and 105 (31.1%) were handled by 2-1-1 only.

Among the total **2,942 episodes of care** generated in Q4 FY24, episode volume ranged from 345 episodes (Eastern) to 713 episodes (Hartford). Of these, 233 episodes of care were initiated during the expanded overnight and weekend hours, with episode volume ranging from 18 episodes (Eastern) to 69 episodes (Western). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 4.0, with service area rates ranging from 2.4 (Southwestern) to 5.0 (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 8.3 per 1,000 children in poverty, with service area rates ranging from 4.6 (Southwestern) to 18.8 (Central).

Each quarter, every Mobile Crisis site is required to achieve an overall service reach rate of 2.5 episodes per 1,000 children. For this quarter, 12 of the 14 sites met this benchmark.

Demographics: Statewide this quarter, 52.6% of services were for children reported as female and 47.4% were for those reported as male.¹ **Care for youth ages 13-15 years old comprised the largest portion of services (33.7%).** Additionally, 30.5% of services were for 9-12 year olds, 21.3% were for 16-18 year olds, 11.3% were for 6-8 year olds, and 3.0% were for children age five or younger. The majority of services were for White children (56.3%), while 20.5% were for African-American or Black children. Roughly one-third (32.3%) of services were for youth of Hispanic ethnicity. Most youth were insured by Husky A (60.2%) and private insurance (26.7%). Finally, most clients (85.8%) were not DCF-involved.

Clinical Functioning: The most reported primary presenting problems for clients statewide included: Harm/Risk of Harm to Self (28.8%), Disruptive Behavior (25.9%), Depression (13.0%), Anxiety (6.9%), Family Conflict (6.2%), and Harm/Risk of Harm to Others (4.9%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (22.2%), Conduct Disorders (14.6%), Adjustment Disorders (14.0%), Anxiety Disorders (13.8%), Attention Deficit/Hyperactivity Disorders (12.9%), and Trauma Disorders (11.8%). This quarter, **63.6% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED).** During the expanded overnight and weekend hours, the top primary presenting problem statewide was Disruptive Behavior. The top primary presenting problems statewide during the expanded overnight and weekend hours included: Disruptive Behavior (35.5%), Harm/Risk of Harm to Self (21.2%), Family Conflict (11.3%), Other (Not in top 6) (10.3%), Depression (8.9%), and Anxiety (8.9%).

In this quarter, the **statewide percentage of children with trauma exposure reported at intake was 38.4%²**, with service areas ranging from 24.7% (Southwestern) to 45.0% (Central). The most common types of trauma exposure reported at intake

¹ Per question regarding "Sex Assigned at Birth".

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

statewide were: Disrupted Attachment/Multiple Placements (23.3%), Witness Violence (15.2%), and Sexual Victimization (11.8%). Other types of trauma that do not have a distinct category in PIE were reported in 30.9% of cases.

The statewide rate for **the percentage of children evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 23.1%**, lower than 24.1% of the same quarter last fiscal year. During an episode of care, 18.3% of children were evaluated in the Emergency Department at least once, which is slightly lower than 18.7% of the same quarter of FY2023. The inpatient admission rate in the six months prior to Mobile Crisis referral was 13.3% statewide, which is higher than the rate in the Q4 FY2023 (11.9%). The admission rate to an inpatient unit during a mobile crisis episode was 6.8%, compared to the rate of 6.9% in the same quarter last fiscal year.

Referral Sources: Statewide, **40.7% of referrals came from parents, families, and youth, and 39.6% of referrals were received from schools.** Emergency Departments (EDs) accounted for 9.4% of all Mobile Crisis referrals. The remaining 10.3% of referrals came from a variety of other sources. During the expanded overnight and weekend hours, the majority of referrals were from parents, family, and youth (65.2%) and emergency departments (24.0%).

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **276 Mobile Crisis referrals were received from EDs**, including 158 referrals for inpatient diversion and 118 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 (24.1%) and the lowest was in the Southwestern service area (1.0%). Statewide, 9.4% of all Mobile Crisis episodes came from ED referrals this quarter, higher than the rate from Q4 FY2023 (9.0%).

Mobility: The average **statewide mobility this quarter was 94.2%**, lower than the rate in Q4 FY2023 (95.1%). Police referrals are excluded from mobility calculations. All service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 90.0% (New Haven) to 96.5% (Southwestern). The mobility rates among individual providers ranged from 90.0% (Clifford Beers) to 98.7% (Wheeler: Meriden). Twelve (12) of the fourteen (14) providers surpassed the 90% benchmark. The mobility rate during the traditional hours (94.7%) was similar to the overall rate, while the mobility rate during the expanded hours was lower (87.2%). During the new overnight and weekend hours, callers are more likely to request a non-mobile response. During the new hours, 43.3% of episodes requested a mobile response, 35.5% requested a deferred mobile response, and 21.2% requested a non-mobile response; in the traditional hours, 64.8% of episodes requested a mobile response, 24.9% requested a deferred mobile response, and 10.3% requested a non-mobile response. As seen in the mobility rate, the vast majority of callers requesting a mobile or deferred mobile response receive it.

Response Time: Statewide this quarter, **88.0% of mobile episodes received a face-to-face response in 45 minutes or less.** Performance on this indicator ranged from 83.4% (Western) to 99.5% (Eastern), with all service areas above the 80% benchmark. Across the state, 11 of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 29 minutes. During the expanded hours, there was a greater range of performance. Statewide, 76.3% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 57.7% (Hartford) to 100% (Eastern).

Length of Stay: Among discharged episodes statewide this quarter, 20.9% of Phone Only episodes exceeded one day, 46.7% of Face-to-Face episodes exceeded five days, and **3.1% of Stabilization Plus Follow-up episodes exceeded 45 days**, meeting the statewide benchmark of less than 5%. The statewide median LOS among discharged episodes was less than one day for Phone Only, 5.0 days for Face-to-Face episodes, and 19.0 days for *Stabilization Plus*.

Statewide, for open episodes of care, the median Length of Stay (LOS) with a Crisis Response of Phone Only was 62.0 days and ranged from 2.0 days (New Haven) to 200.0 days (Central). The statewide median LOS for Face-to-Face was 45.0 days and ranged from 8.0 days (Western) to 204.0 days (Hartford). For *Stabilization Plus Follow-up*, the statewide median LOS was 25.0 days with a range from 9.0 days (Western) to 50.0 days (New Haven). Across open episodes of care with phone and face-to-face crisis response categories during the fourth quarter of FY2024, 95.6% of phone-only and 92.8% 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, 34.4% of these open cases exceeded the benchmark, while regionally this ranged from 0.0% (Eastern) to 100.0% (New Haven). Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase and can compromise accurate and timely data entry. It is also likely that many Phone Only and Face-to-Face cases that are open significantly past benchmarks are due to data entry errors or delays in closing the case in PIE.

Discharge Information: The overwhelming majority of clients lived in a private residence at discharge from Mobile Crisis (95.9%). Statewide, the top three reasons for client discharge were: Met Treatment Goals (73.4%), Family Discontinued (18.1%), and Client Hospitalized: Medically (5.2%).

Statewide, clients were most likely to be referred to outpatient services (36.3%) or to their original provider (27.6%) at discharge. Other care referrals at discharge included: Intensive In-Home Services (6.2%), Intensive Outpatient Program (3.8%), Other: Community-Based (3.3%), Inpatient Hospital Care (3.3%), Partial Hospital Program (1.7%), and Care Coordination (1.7%). An additional 14.7% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 2.68 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 2.46 points on average. Worker-rated Problem Severity Scales showed an average decrease of 5.13 points, while parent-rated Problem Severity Scales showed a decrease of 4.46 points on average. Changes in worker-rated functioning and worker-rated problem severity scores were found to be statistically significant at the statewide level.

Completion rates of the Ohio Scales at discharge for the parent scores decreased by 1.0 percentage point when compared to the same quarter in FY2023. The completion rate for worker scores decreased by 7.2 percentage points compared to FY2023 Q4.

Satisfaction: This quarter, 55 clients/families and 60 other referrers were surveyed regarding their satisfaction with the service; referrers gave favorable ratings to 2-1-1 and Mobile Crisis services. On a 5-point scale, clients' average ratings of 2-1-1 and Mobile Crisis were 4.87 and 4.89. Among other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were 4.78 and 4.79, 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 2024 is 10%. This is an increase compared to FY2023 Q4 (6%).

Community Outreach: The number of outreaches ranged from 0 (Wheeler: Meriden and New Britain; CFGC: Norwalk; Wellmore: Danbury and Torrington) to 13 (UCFS: SE).

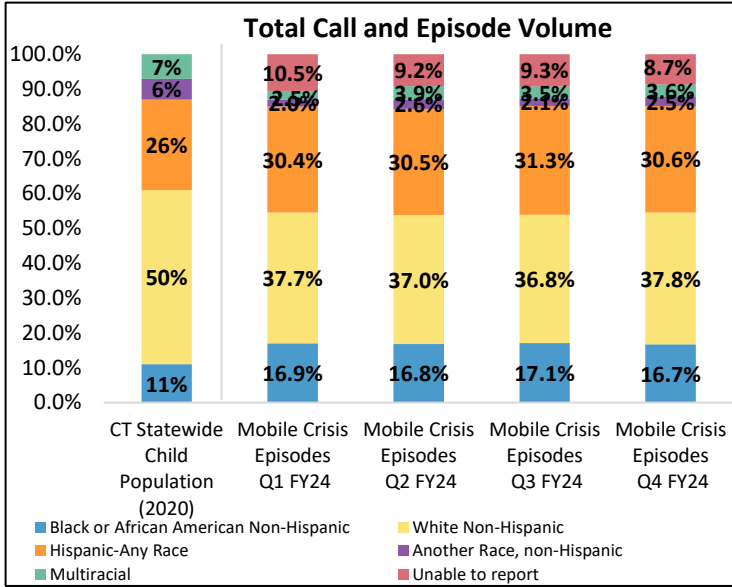
SFY 2024 Q4 RBA Report Card: Mobile Crisis Intervention Services

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 2024 **State Funding: \$13,654,662**

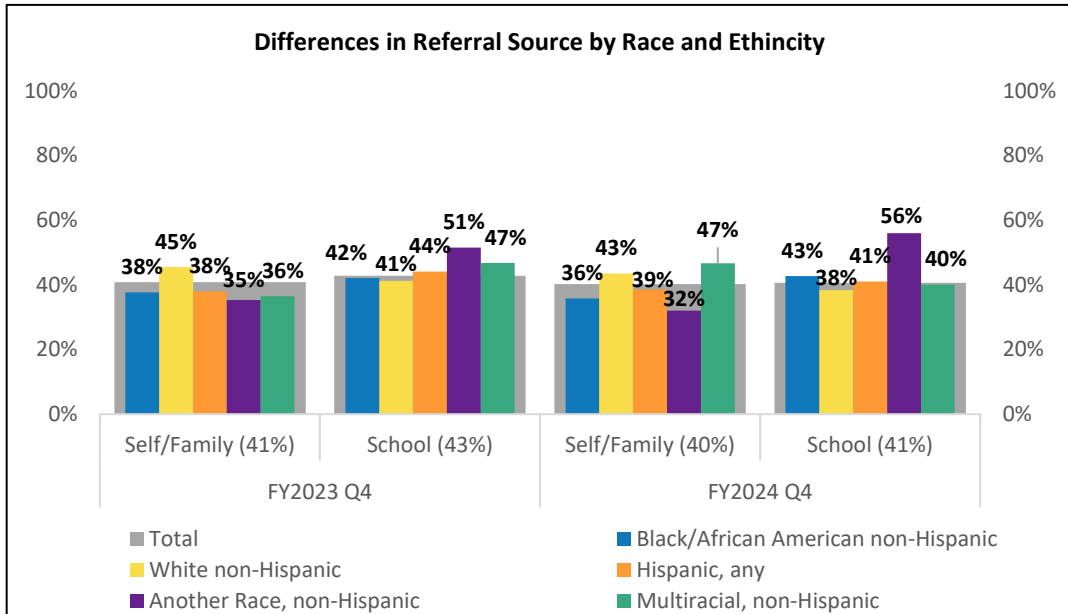
How Much Did We Do?



	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24
Mobile Crisis Episode	3,057	1,829	3,241	3,321	2,942
2-1-1 Only	1,085	731	1,071	1,077	972
Total	4,142	2,560	4,312	4,398	3,914

Story Behind the Baseline: In SFY 24 Q4, there were 3,914 total calls to the 2-1-1 Call Center resulting in 2,942 episodes of care. Compared to the same quarter in SFY 23 this was a 5.5% decrease in call volume (228 fewer calls) and a 3.8% decrease in mobile episodes of (115 fewer episodes). The number of episodes and calls remain lower than pre-pandemic levels (5,461 total calls in FY19 Q4). The percentages of both Black and Hispanic children served continues to be higher than the statewide population, while the percentage of White children is lower.

Trend: ↓



Story Behind the Baseline: In SFY24 Q4, 40% of referrals came from self/family while 41% came from schools. Black youth received 36% of their referrals from self/family compared to 43% for White youth. Black youth received 43% of their referrals from schools, while White youth were referred by schools 38% of the time. Hispanic youth received referrals consistent with statewide trends. Though there are slight differences between groups, they are within a similar range. These differences were not tested for statistical significance. There is some fluctuation in the referral sources for children of another race and multiracial children, but these numbers should be interpreted with caution due the small number of children included in this group.

Trend: →

Episodes Per Child SFY 2024									
Quarterly Breakdown						Past Year: FY24 Q1 - FY24 Q4			
	FY2023 Q4	FY2024 Q1	FY2024 Q2	FY2024 Q3	FY2024 Q4	Total		DCF	Non-DCF
1	2400 (89.2%)	1385 (88.0%)	2515 (88.5%)	2554 (88.4%)	2302 (89.1%)	6608 (78.4%)		545 (71.9%)	4704 (80.8%)
2	237 (8.8%)	150 (9.5%)	274 (9.6%)	266 (9.2%)	224 (8.7%)	1217 (14.4%)		136 (17.9%)	782 (13.4%)
3	43 (1.6%)	26 (1.7%)	39 (1.4%)	51 (1.8%)	48 (1.9%)	363 (4.3%)		42 (5.5%)	210 (3.6%)
4 or more	12 (0.4%)	13 (0.8%)	14 (0.5%)	18 (0.6%)	11 (0.4%)	241 (2.9%)		35 (4.6%)	129 (2.2%)

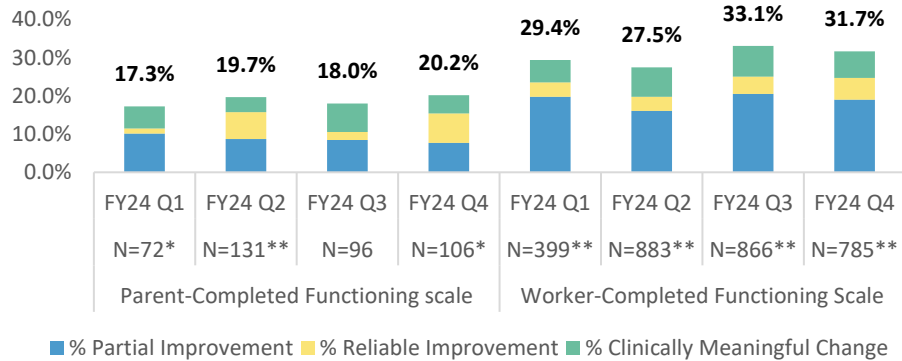
Story Behind the Baseline: In SFY 24 Q4, of the 2,585 children served by Mobile Crisis 89.1% (2,302) received only one episode of care, and 97.8% (2,526) received one or two episodes of care. These numbers are similar to SFY 23 Q4 which had 89.2% (2,400) and 98.0% (2,637) respectively. The proportion of children with four or more episodes is the same as SFY 23 Q4. Over the past year, of the 8,429 children served, 78.4% (6,608) had only one episode while 92.8% had only one or two episodes. The data indicates that most children and families require only one episode of care.

Trend: →

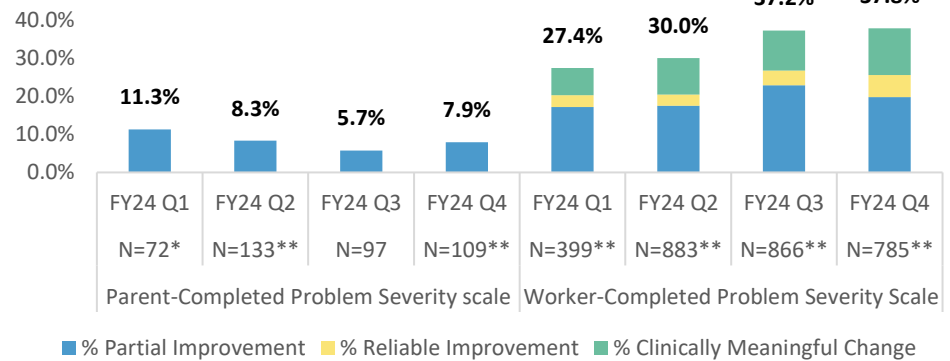
How Well Did We Do?																									
<p style="text-align: center;">Statewide Response Time Under 45 Minutes</p> <table border="1"> <caption>Statewide Response Time Under 45 Minutes</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q4 FY23</td> <td>84.5%</td> </tr> <tr> <td>Q1 FY24</td> <td>80.1%</td> </tr> <tr> <td>Q2 FY24</td> <td>87.2%</td> </tr> <tr> <td>Q3 FY24</td> <td>87.5%</td> </tr> <tr> <td>Q4 FY24</td> <td>88.0%</td> </tr> </tbody> </table>	Quarter	Percentage	Q4 FY23	84.5%	Q1 FY24	80.1%	Q2 FY24	87.2%	Q3 FY24	87.5%	Q4 FY24	88.0%	<p style="text-align: center;">Statewide Mobility Rate</p> <table border="1"> <caption>Statewide Mobility Rate</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q4 FY23</td> <td>95.1%</td> </tr> <tr> <td>Q1 FY24</td> <td>92.3%</td> </tr> <tr> <td>Q2 FY24</td> <td>95.4%</td> </tr> <tr> <td>Q3 FY24</td> <td>94.7%</td> </tr> <tr> <td>Q4 FY24</td> <td>94.2%</td> </tr> </tbody> </table>	Quarter	Percentage	Q4 FY23	95.1%	Q1 FY24	92.3%	Q2 FY24	95.4%	Q3 FY24	94.7%	Q4 FY24	94.2%
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<p>Story Behind the Baseline: In SFY 24 Q4, 88.0% of all mobile responses achieved the 45-minute mark compared to 84.5% for SFY 23 Q4. The median response time for SFY 24 Q4 was 29 minutes. Mobile Crisis continues to be a highly responsive statewide service system that responds rapidly to help deescalate a crisis and works to meet the needs of the child and family in their home and community.</p> <p>Trend: ↑</p>	<p>Story Behind the Baseline: In SFY 24 Q4, the statewide mobility rate was 94.2%, slightly lower than SFY23 Q4. Mobile Crisis continues to provide children and families with a face-to-face response at a high rate.</p> <p>Trend: →</p>																								

Is Anyone Better Off?

Improvement in Functioning as Measured by the Ohio Scales



Improvement in Problem Severity as Measured by the Ohio Scales



Story Behind the Baseline: The Ohio Scales demonstrated clinically significant positive changes for children following a Mobile Crisis response. For SFY 24 Q4, Ohio worker scales had statistically significant change for 31.7% of episodes in Functioning and 37.8% in Problem Severity. Both of these numbers are comparable to rates in the previous quarter (Q3) and higher than earlier quarters in the year (Q1 and Q2). For parent-completed scales, the Functioning scale showed higher rates of improvement (20.2%) than the Problem Severity scale (7.9%). Despite the relative short time of service engagement, the Ohio Scales reflect the continued effectiveness of Mobile Crisis in defusing the immediate crisis and supporting the positive growth and success of youth.

Trend: ↑

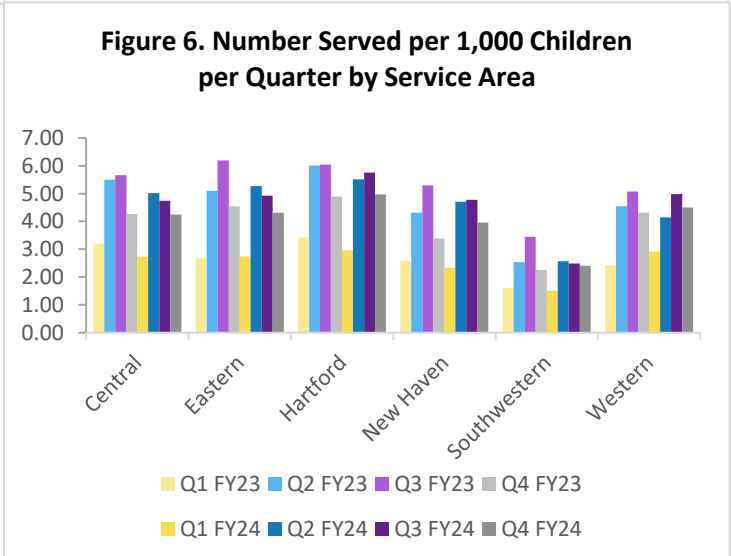
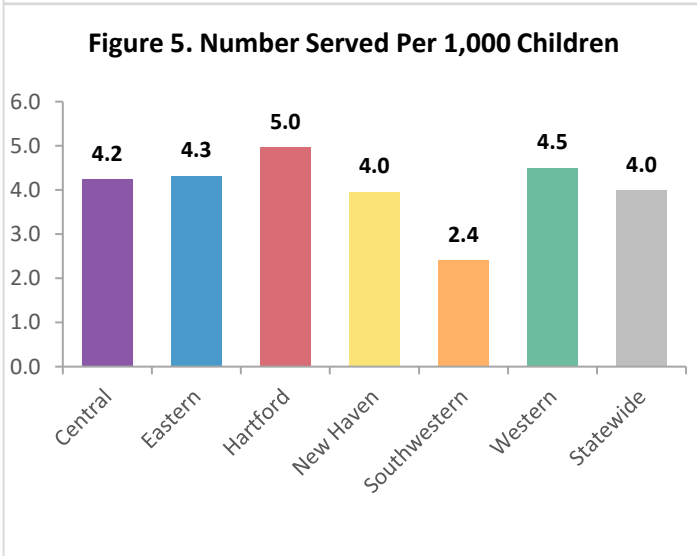
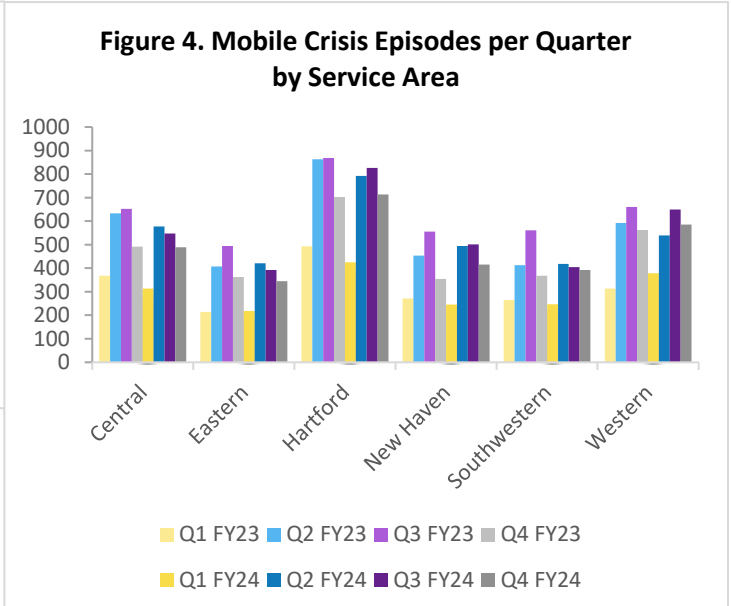
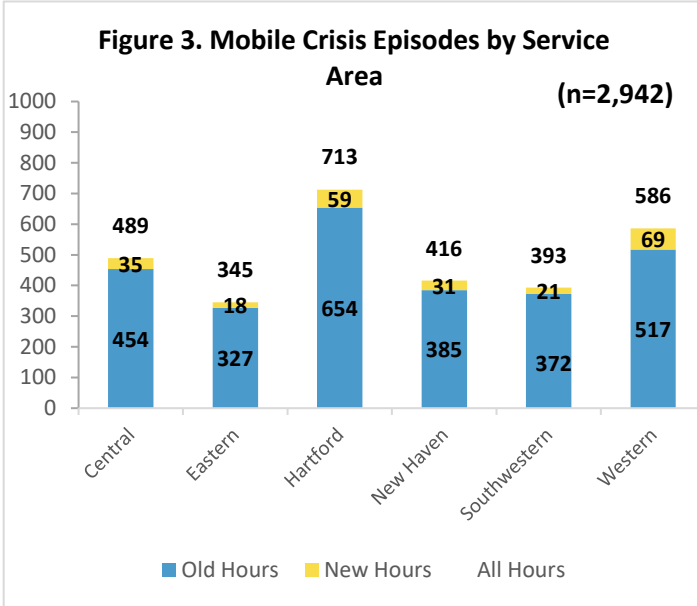
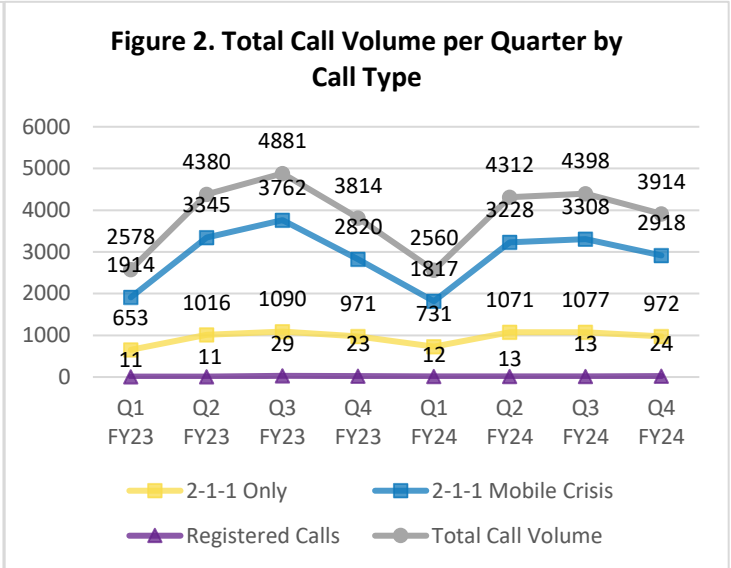
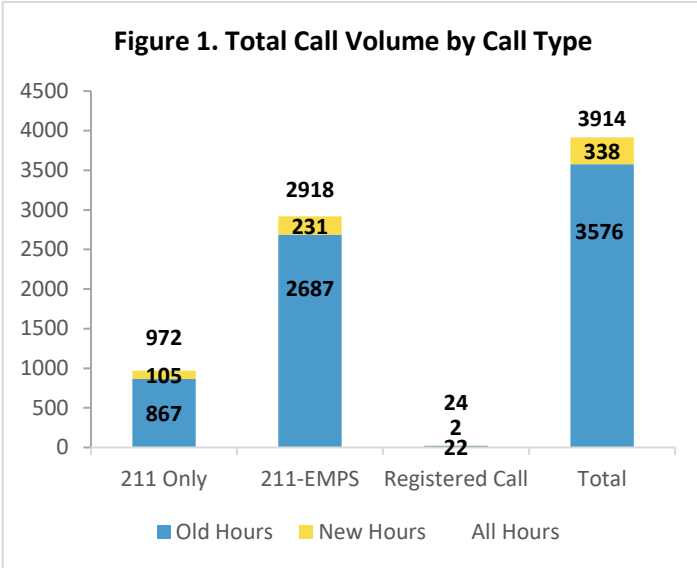
Proposed Actions to Turn the Curve:

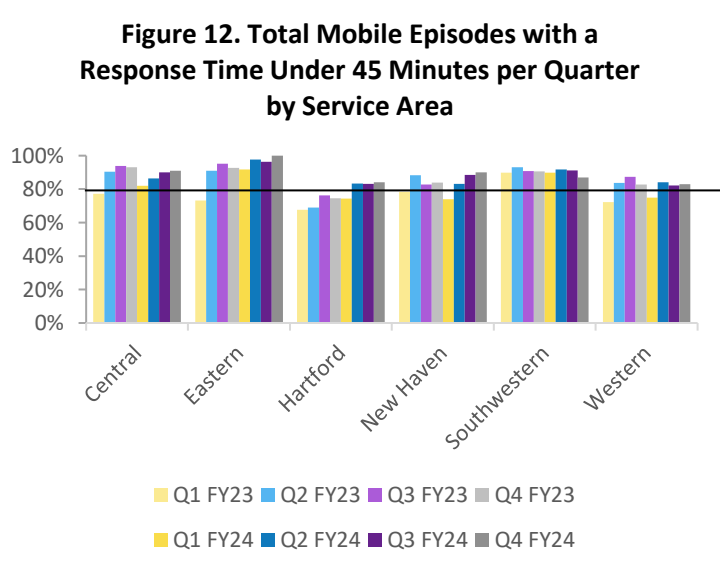
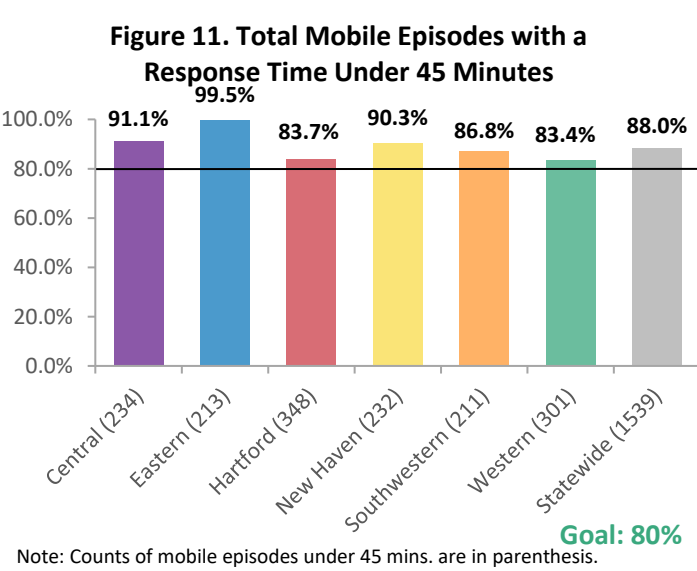
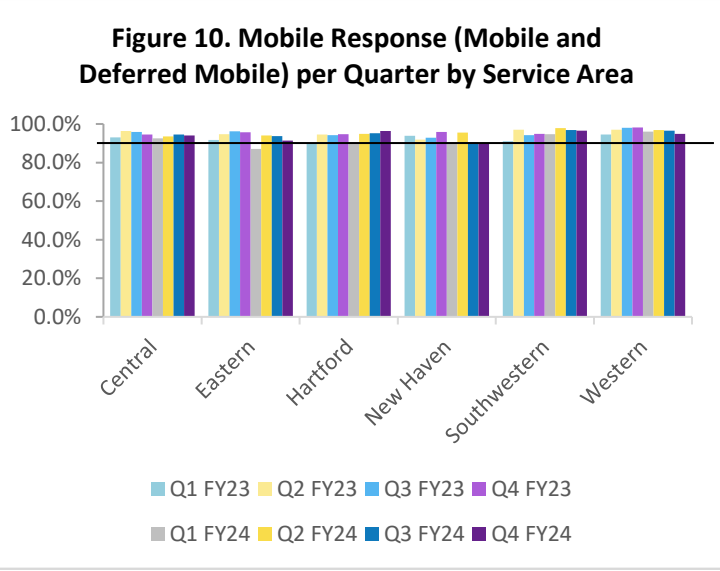
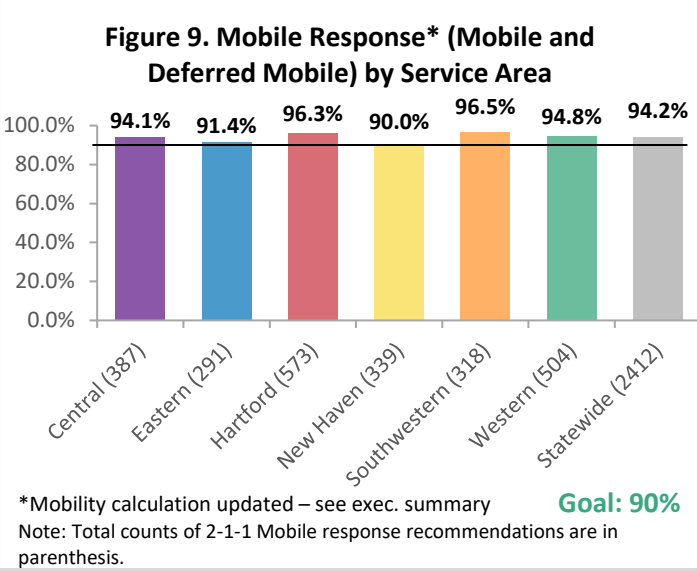
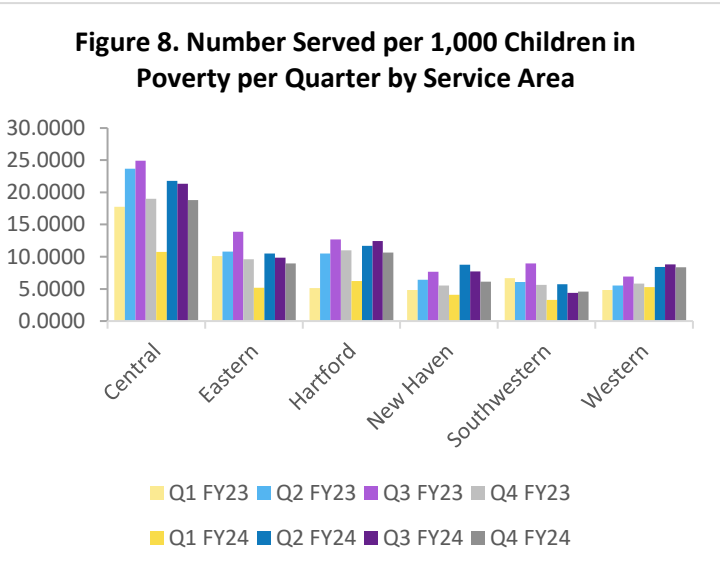
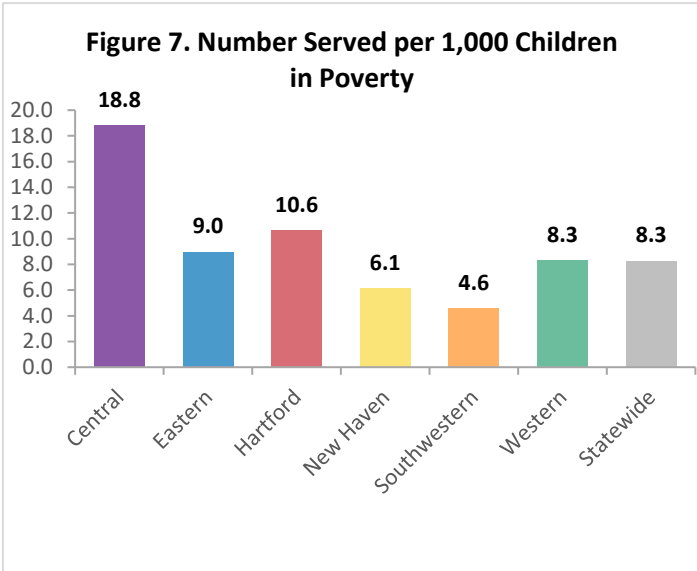
- Mobile Crisis providers will work with schools and Emergency Departments to reduce school utilization of ED's and increase utilization of Mobile Crisis.
- Continue outreach to Police Departments to support their ongoing collaboration with Mobile Crisis.
- Continue to increase the parent completion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

Data Development Agenda:

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

Section II: Mobile Crisis Statewide/Service Area Dashboard





Section III: Mobile Crisis Response

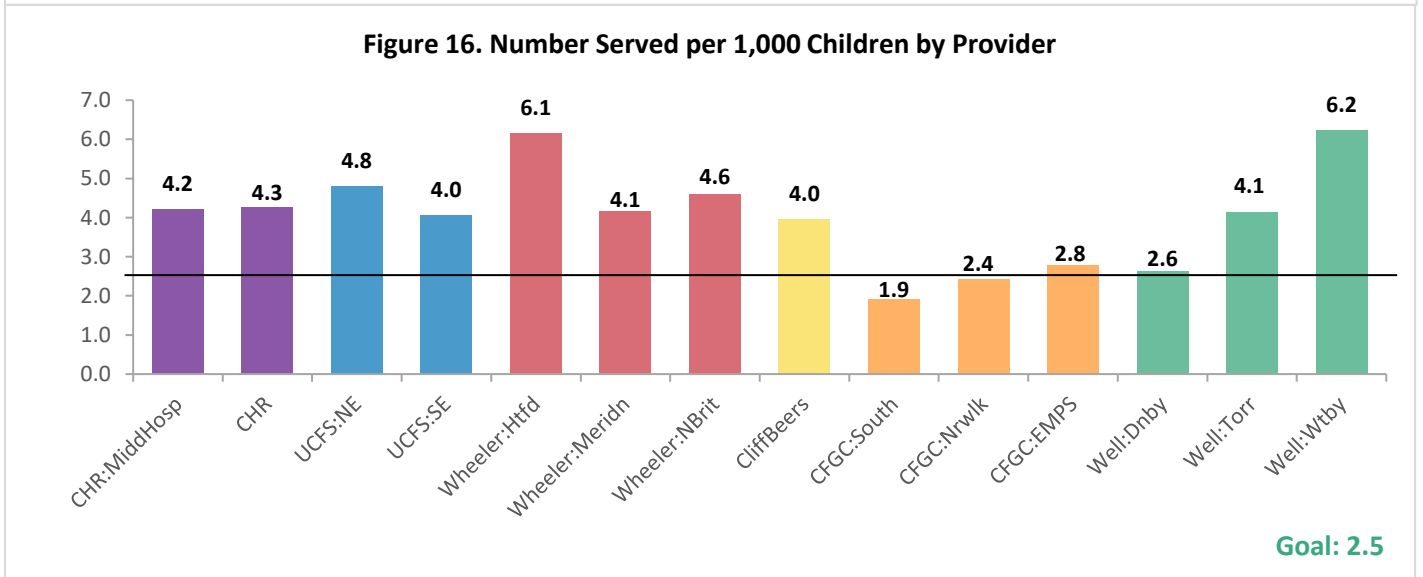
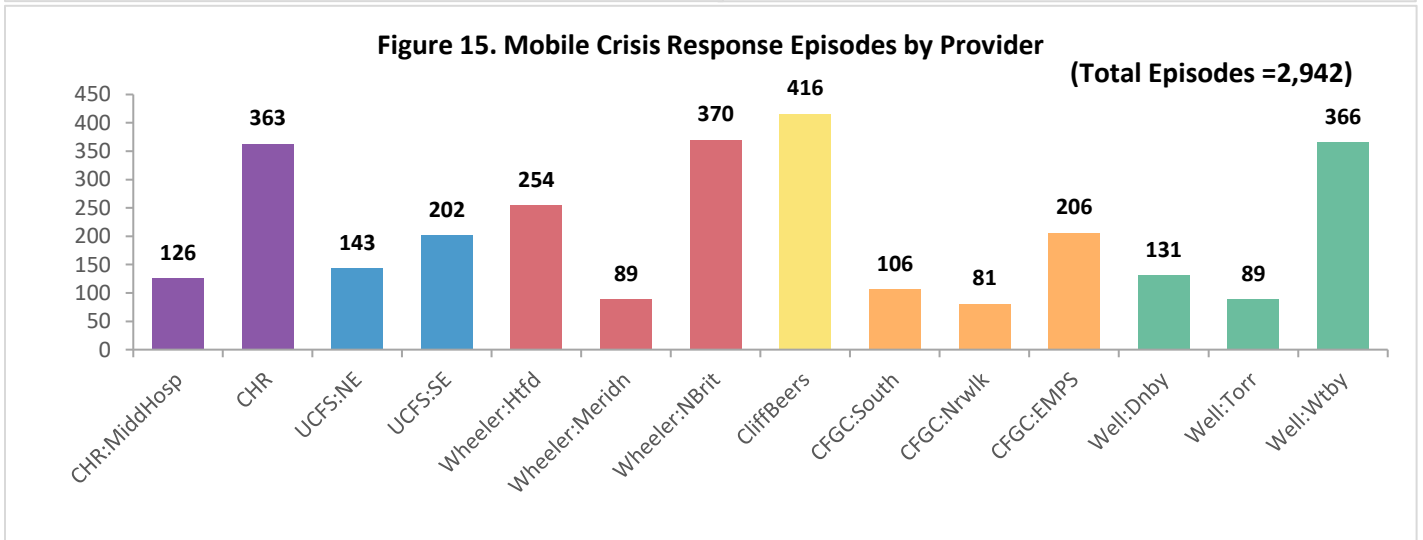
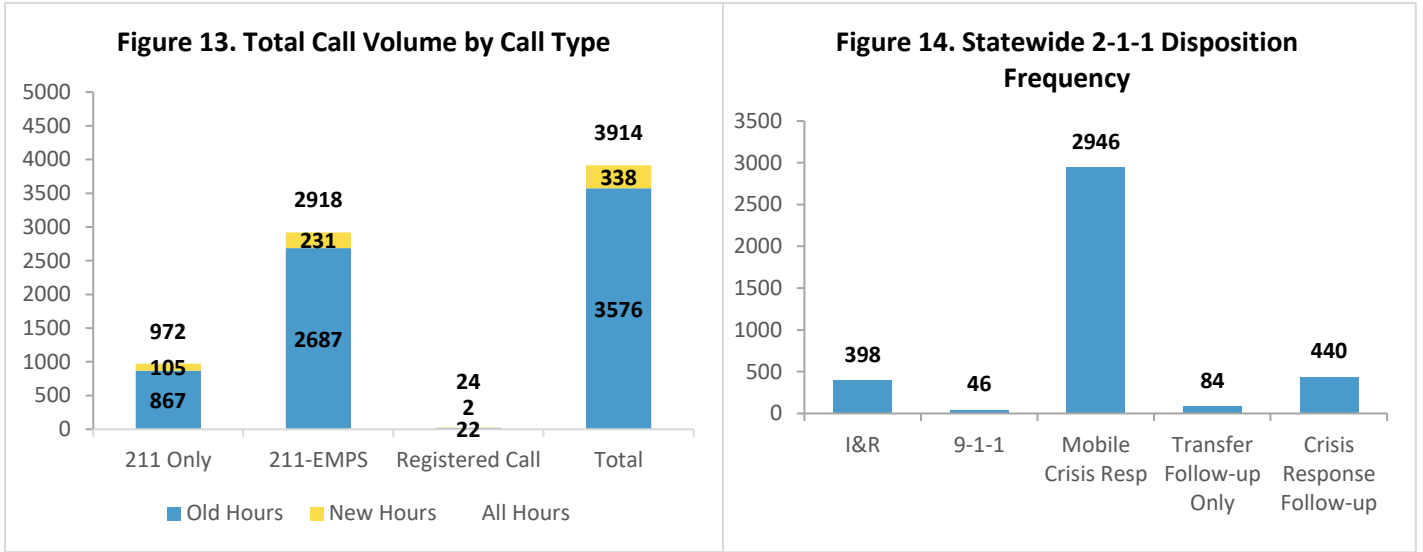


Figure 17. Episode Intervention Crisis Response Types by Service Area

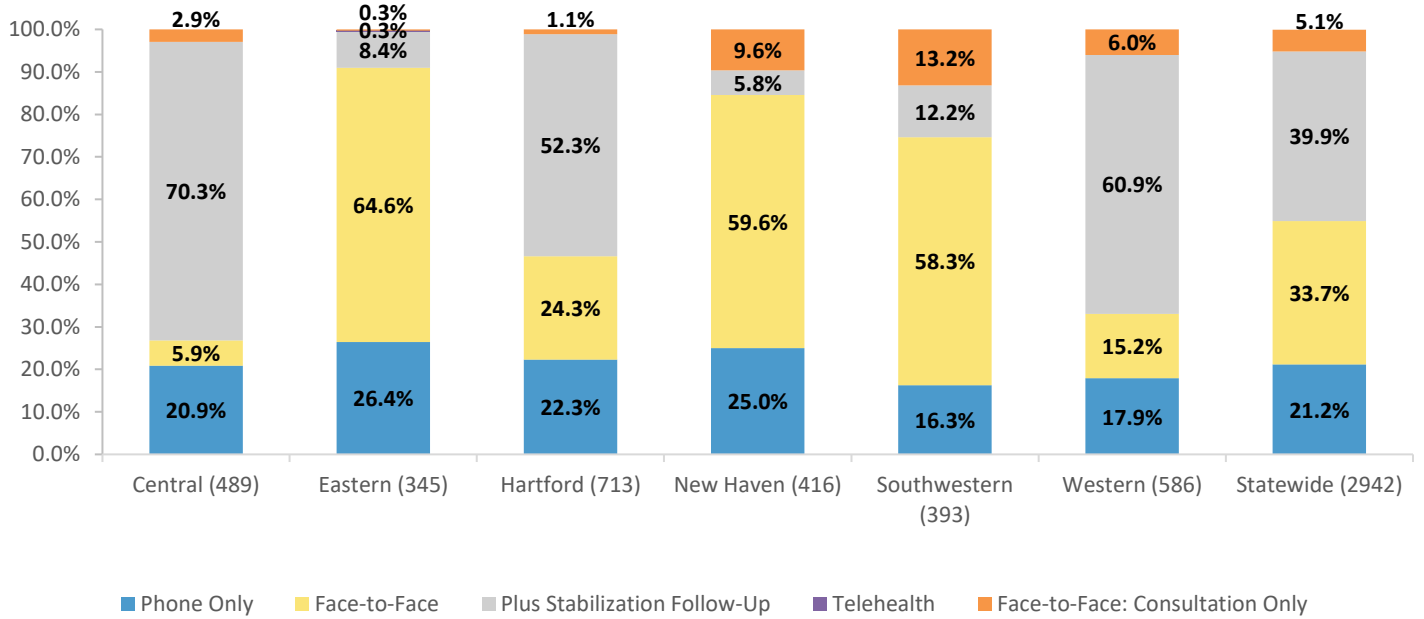
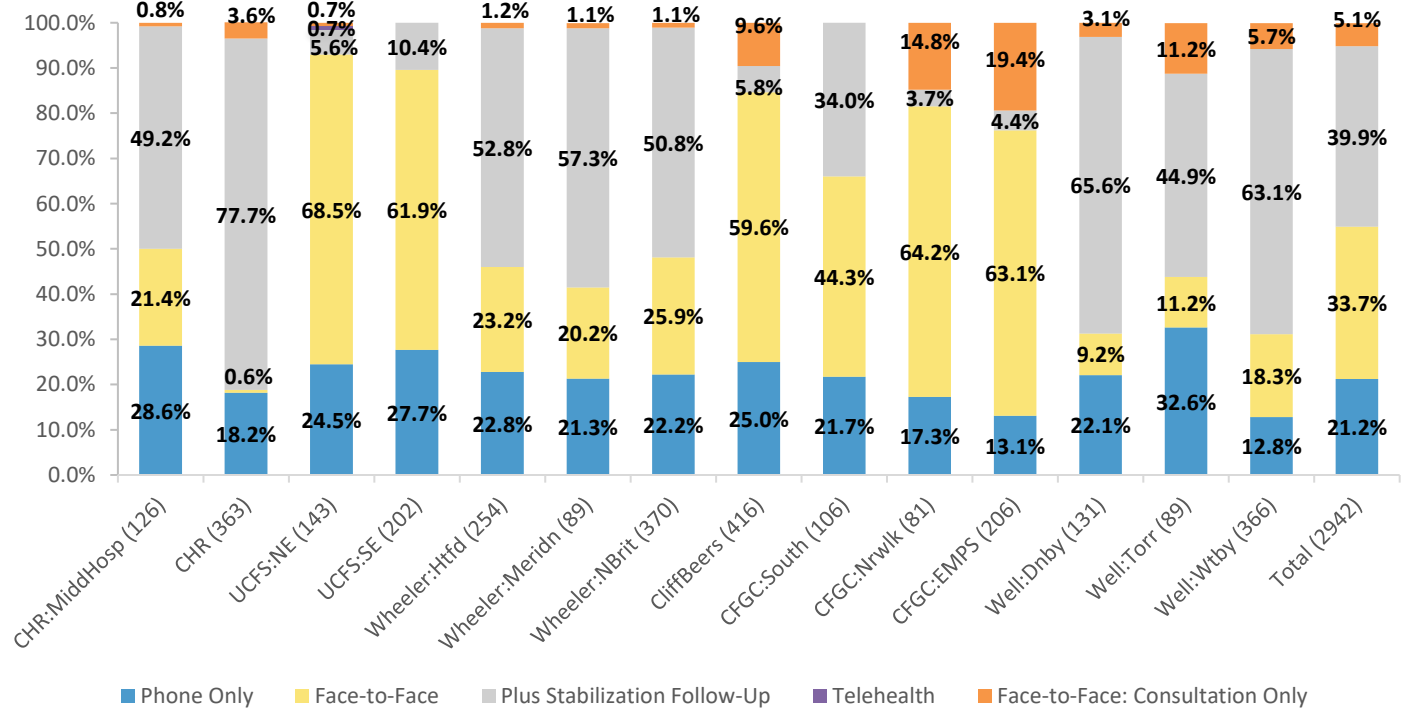


Figure 18. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 19. Sex of Children Served Statewide
(N =2,942)

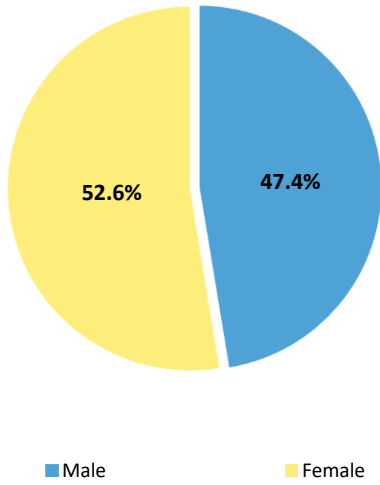


Figure 20. Age Groups of Children Served Statewide
(N =2,942)

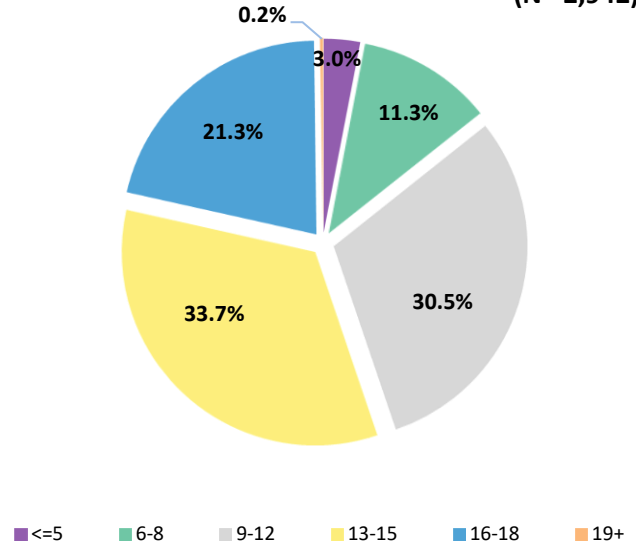


Figure 21. Ethnic Background of Children Served Statewide
(N =2,840)

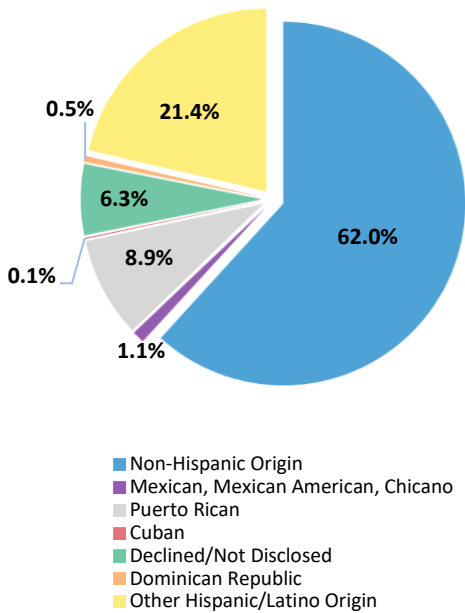
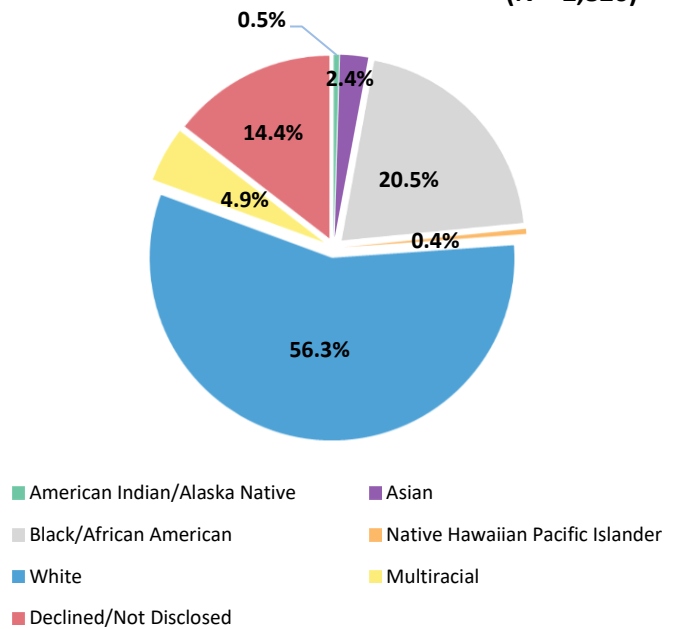


Figure 22. Race of Children Served Statewide
(N = 2,820)



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

Figure 23. Client's Type of Health Insurance at Intake Statewide

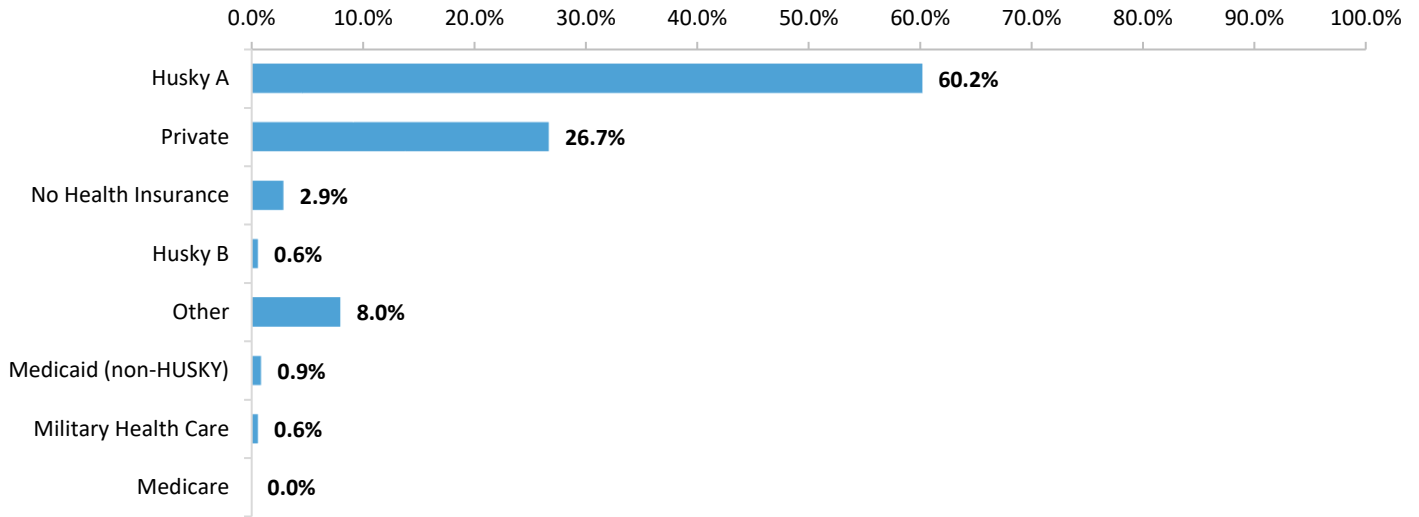
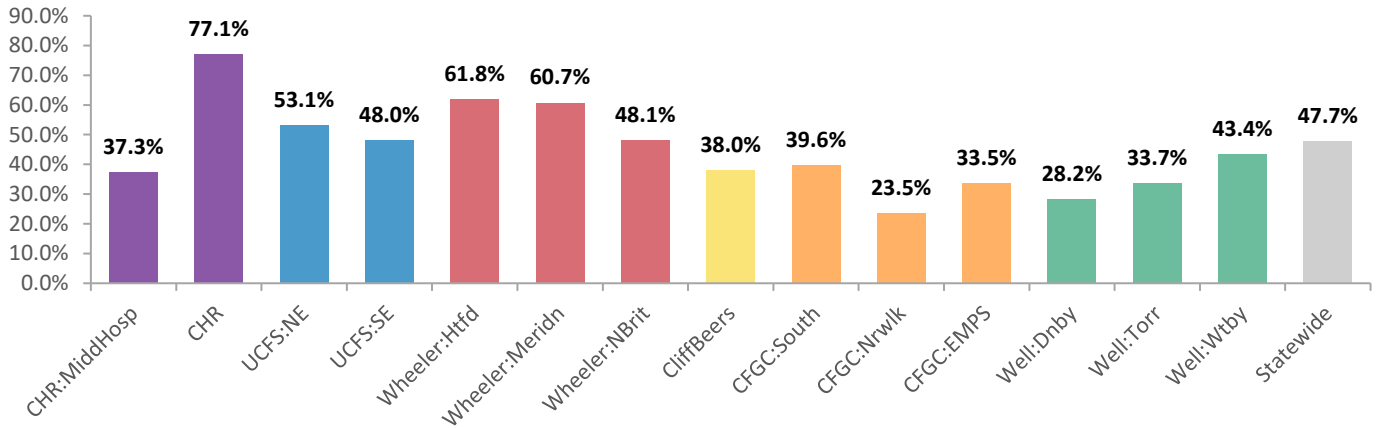
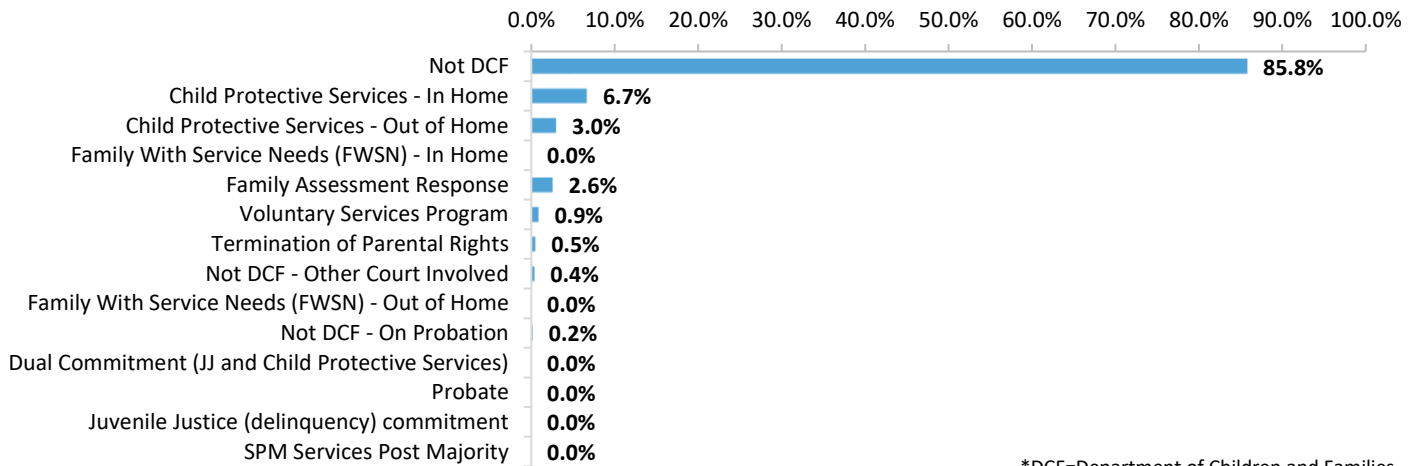


Figure 24. Families that Answered "Yes" TANF* Eligible



*TANF=Temporary Assistance for Needy Families

Figure 25. Client DCF* Status at Intake Statewide



*DCF=Department of Children and Families

Section V: Clinical Functioning

Figure 26. All Hours - Top Six Client Primary Presenting Problems by Service Area

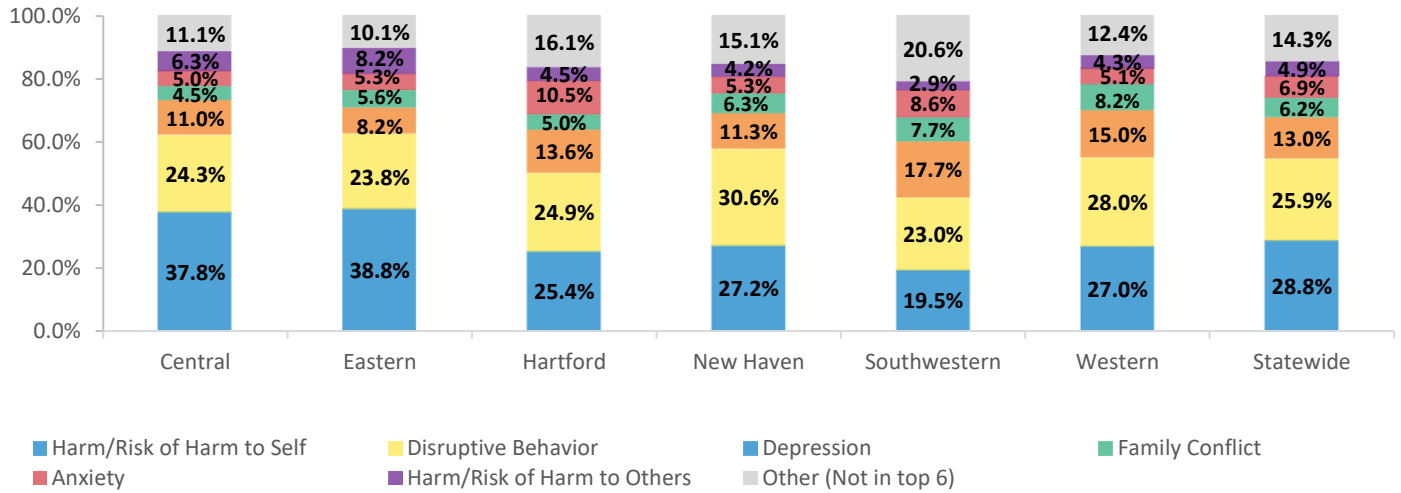


Figure 27. New Hours - Top 6 Presenting Problems Statewide

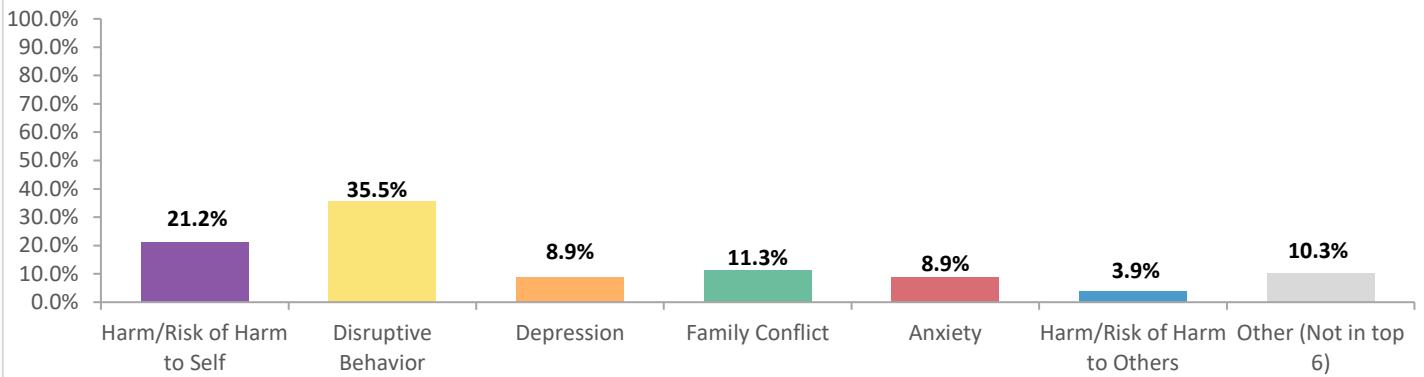
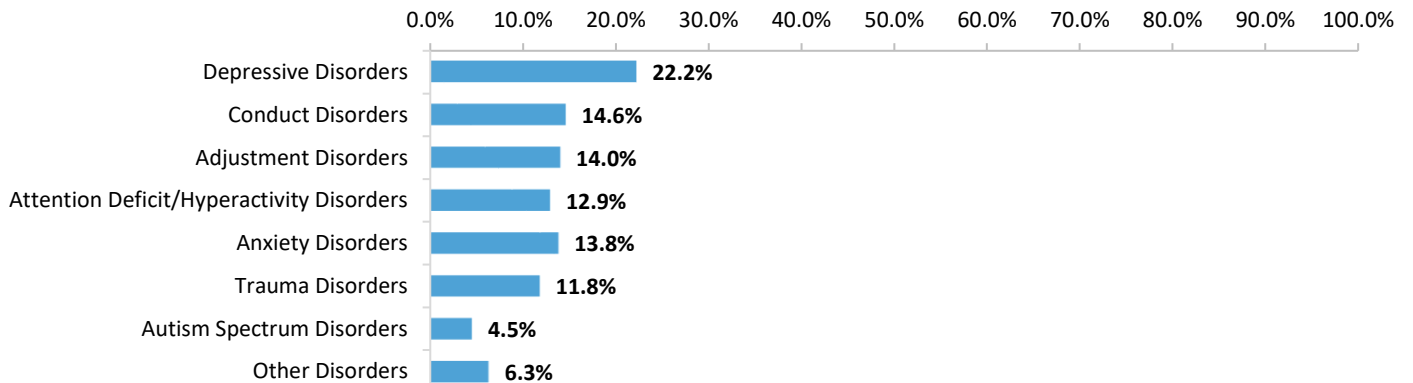


Figure 28. Distribution of Primary Diagnosis Categories at Intake Statewide



*Excludes clients with missing data or no diagnosis.

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

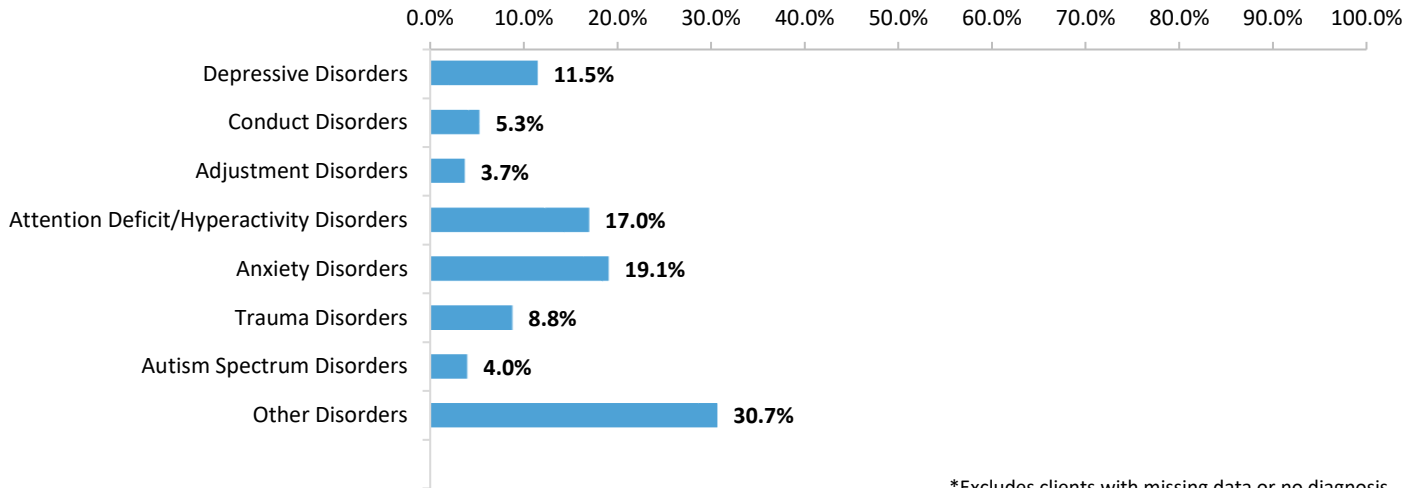


Figure 30. Top 6 Primary Diagnostic Categories at Intake by Service Area

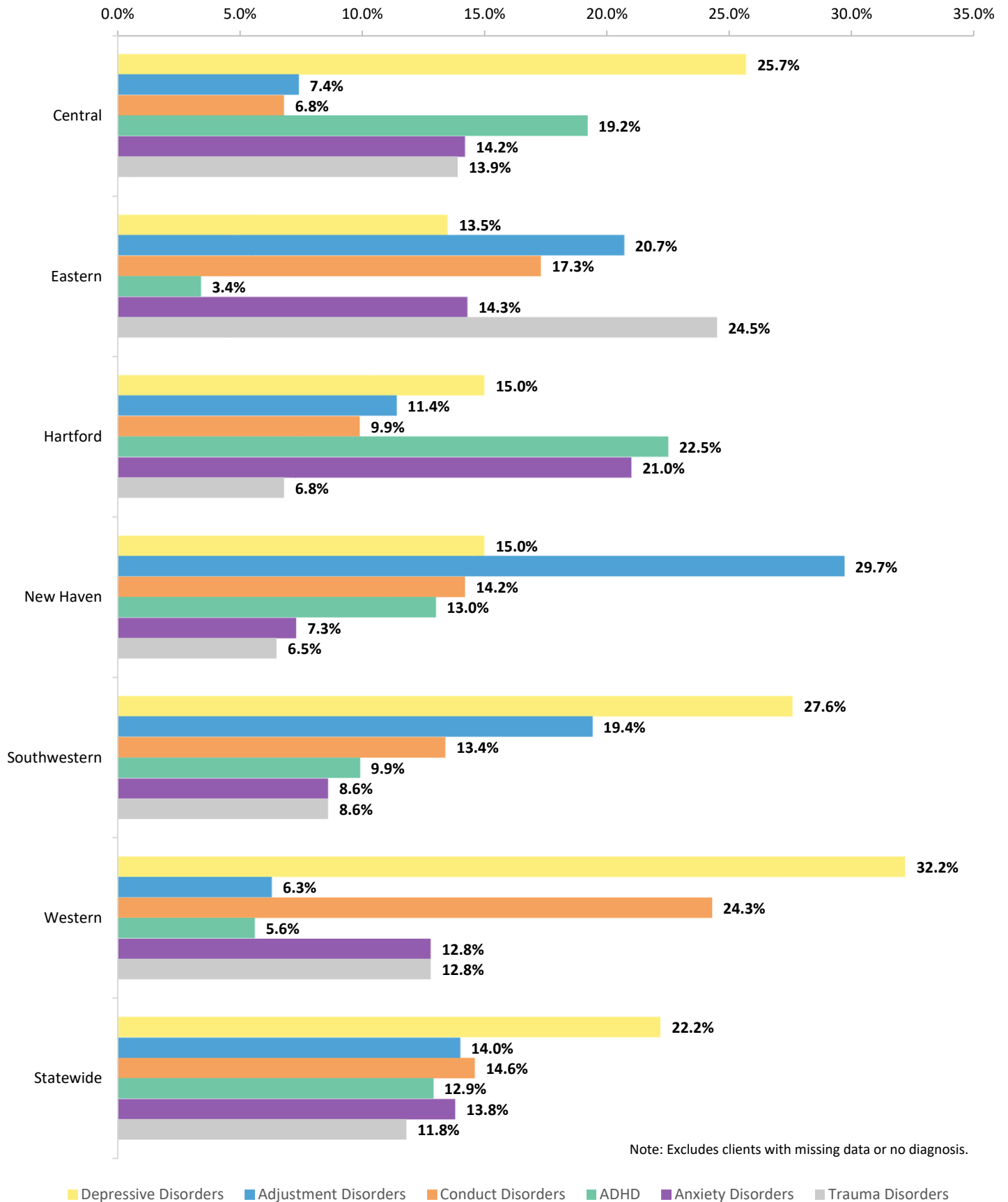


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

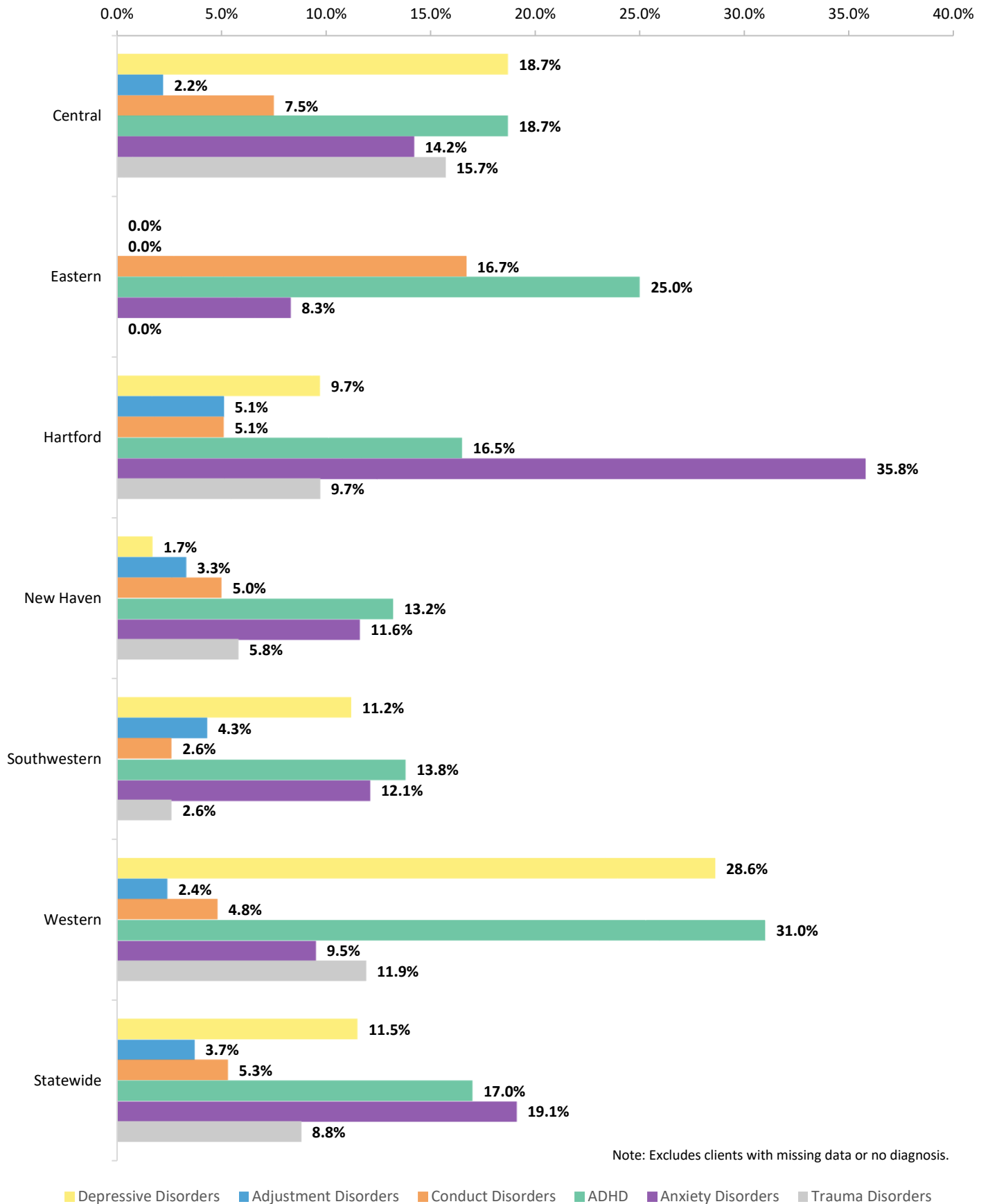


Figure 32. Children Meeting SED* Criteria by Service Area

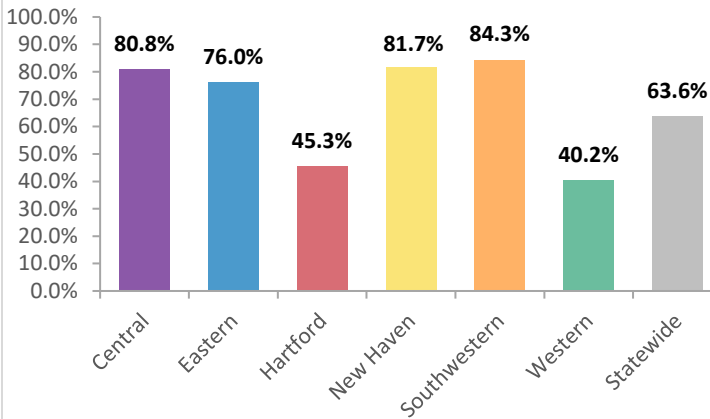


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

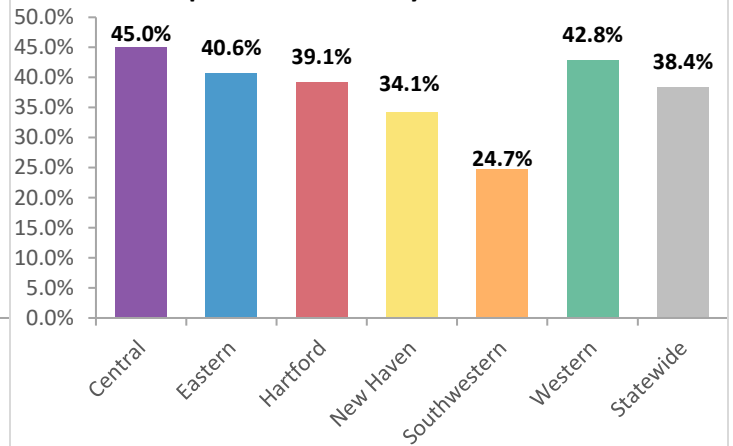


Figure 34. Type of Trauma Reported at Intake by Service Area

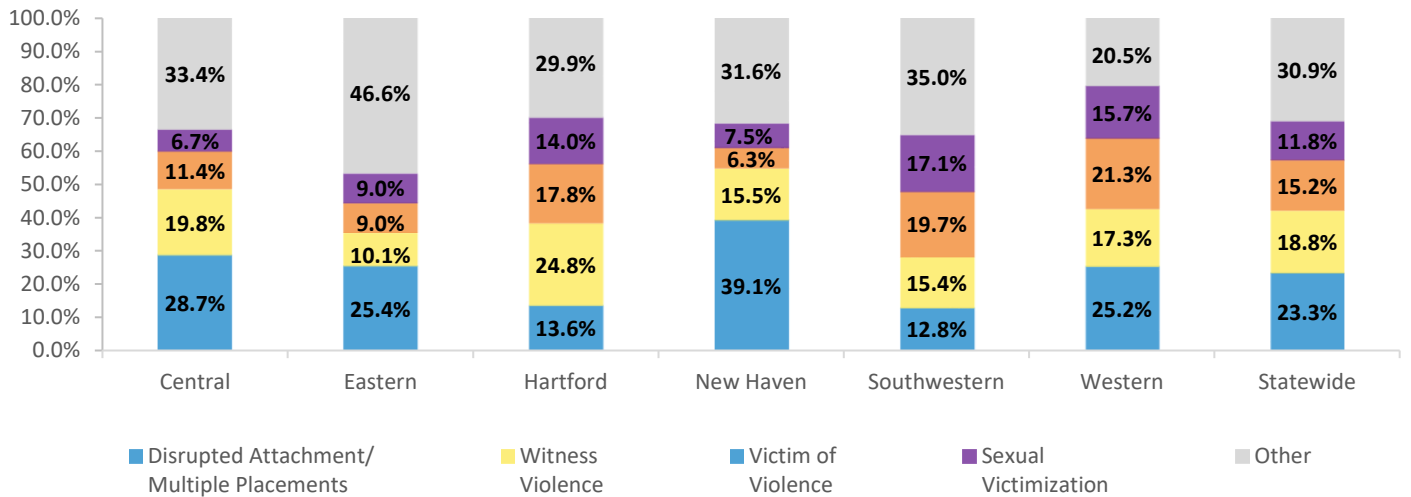


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

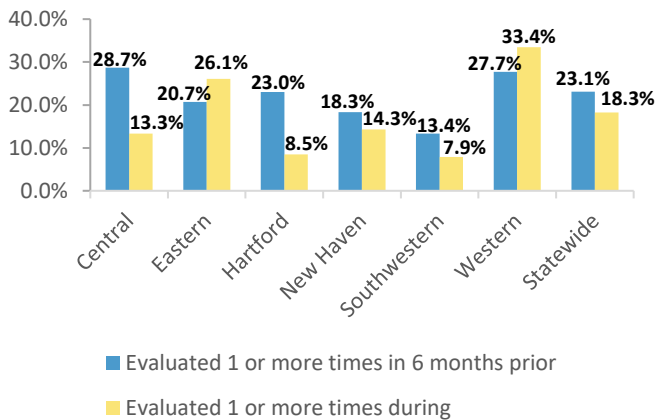
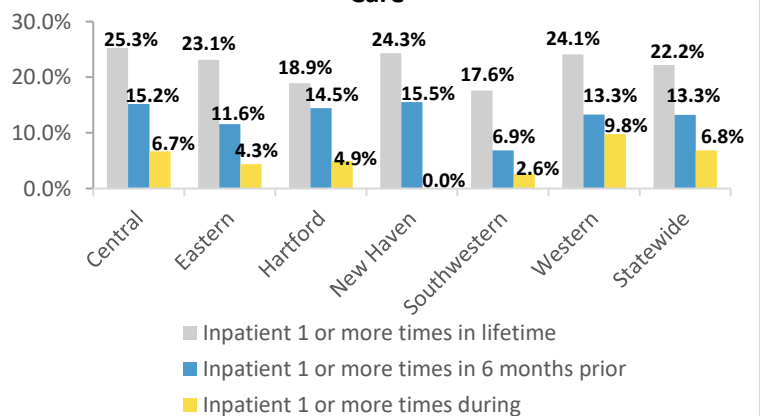


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

Figure 37. Referral Source

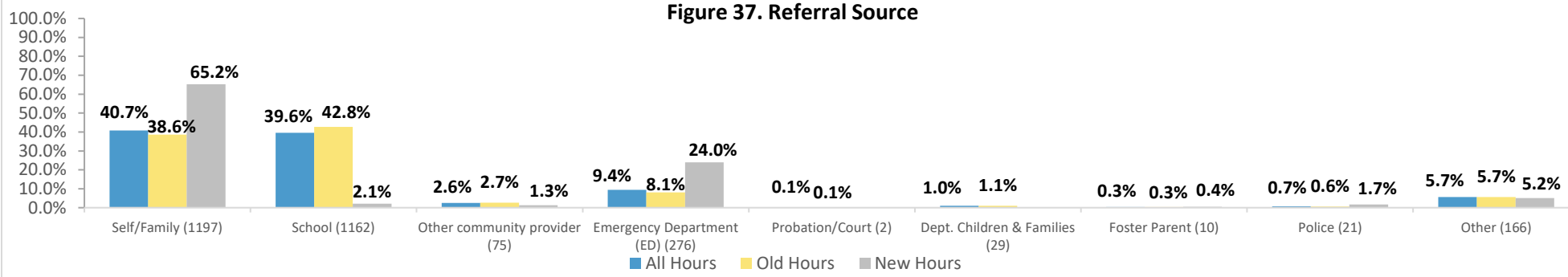
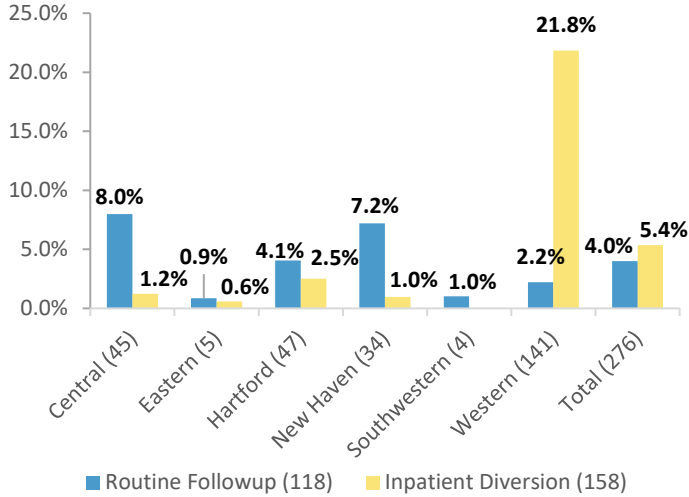


Table 1. Referral Sources (Q4 FY 2024)

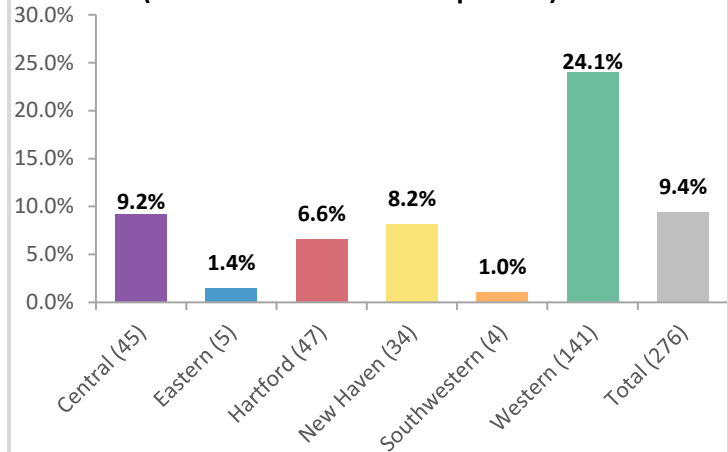
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	40.7%	0.3%	39.6%	0.1%	0.6%	2.6%	9.4%	0.1%	1.0%	3.7%	0.0%	0.3%	0.7%	0.6%	0.1%	0.1%
CENTRAL	40.1%	0.0%	38.4%	0.0%	1.2%	3.1%	9.2%	0.0%	0.0%	0.4%	5.5%	0.0%	0.6%	0.6%	0.6%	0.2%
CHR:MidHosp	50.0%	0.0%	34.9%	0.0%	1.6%	3.2%	6.3%	0.0%	0.0%	2.4%	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%
CHR	36.6%	0.0%	39.7%	0.0%	1.1%	3.0%	10.2%	0.0%	0.6%	6.6%	0.0%	0.8%	0.3%	0.8%	0.3%	0.0%
EASTERN	44.5%	0.3%	44.2%	0.6%	0.3%	1.2%	1.5%	0.0%	0.0%	1.7%	3.8%	0.0%	0.9%	0.6%	0.3%	0.0%
UCFS:NE	43.4%	0.7%	42.0%	1.4%	0.0%	1.4%	1.4%	0.0%	2.8%	4.9%	0.0%	1.4%	0.0%	0.0%	0.0%	0.7%
UCFS:SE	45.3%	0.0%	45.8%	0.0%	0.5%	1.0%	1.5%	0.0%	1.0%	3.0%	0.0%	0.5%	1.0%	0.5%	0.0%	0.0%
HARTFORD	39.7%	0.3%	41.4%	0.0%	0.6%	2.8%	6.6%	0.0%	0.1%	0.7%	5.4%	0.0%	0.1%	1.3%	0.7%	0.1%
Wheeler:Htfd	31.6%	0.4%	46.2%	0.0%	0.8%	3.6%	8.3%	0.0%	1.6%	3.6%	0.0%	0.0%	3.6%	0.0%	0.4%	0.0%
Wheeler:Meridn	41.6%	0.0%	40.4%	0.0%	0.0%	3.4%	4.5%	0.0%	0.0%	10.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Wheeler:NBrit	44.8%	0.3%	38.3%	0.0%	0.5%	2.2%	6.0%	0.3%	0.3%	5.4%	0.0%	0.3%	0.0%	1.4%	0.0%	0.3%
NEW HAVEN	43.5%	0.5%	41.3%	0.0%	0.5%	2.6%	7.9%	0.0%	0.2%	1.7%	0.5%	0.0%	0.5%	0.5%	0.0%	0.0%
CliffBeers	43.5%	0.5%	41.3%	0.0%	0.5%	2.6%	7.9%	0.2%	1.7%	0.5%	0.0%	0.5%	0.5%	0.0%	0.0%	0.2%
SOUTHWESTERN	49.1%	0.5%	40.2%	0.0%	0.8%	3.6%	1.0%	0.0%	0.0%	1.5%	1.0%	0.0%	0.3%	0.3%	1.5%	0.3%
CFG:South	59.4%	1.9%	30.2%	0.0%	0.0%	3.8%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	2.8%	0.9%	0.0%
CFG:Nrwlk	49.4%	0.0%	37.0%	0.0%	1.2%	3.7%	1.2%	0.0%	3.7%	0.0%	0.0%	0.0%	1.2%	2.5%	0.0%	0.0%
CFG:EMPS	43.7%	0.0%	46.6%	0.0%	1.0%	3.4%	1.5%	0.0%	1.5%	1.5%	0.0%	0.5%	0.0%	0.5%	0.0%	0.0%
WESTERN	32.8%	0.5%	33.8%	0.0%	0.5%	1.9%	24.2%	0.0%	0.0%	0.5%	4.1%	0.2%	0.0%	0.7%	0.5%	0.2%
Well:Dnby	50.4%	0.0%	41.2%	0.0%	0.0%	0.8%	3.1%	0.0%	0.8%	2.3%	0.0%	0.0%	0.8%	0.8%	0.0%	0.0%
Well:Torr	42.7%	1.1%	37.1%	0.0%	1.1%	3.4%	2.2%	0.0%	0.0%	10.1%	0.0%	0.0%	0.0%	1.1%	1.1%	0.0%
Well:Wtby	24.0%	0.5%	30.3%	0.0%	0.5%	1.9%	37.2%	0.0%	0.5%	3.3%	0.3%	0.0%	0.8%	0.3%	0.0%	0.3%

Figure 38. Type of Emergency Dept. Referral



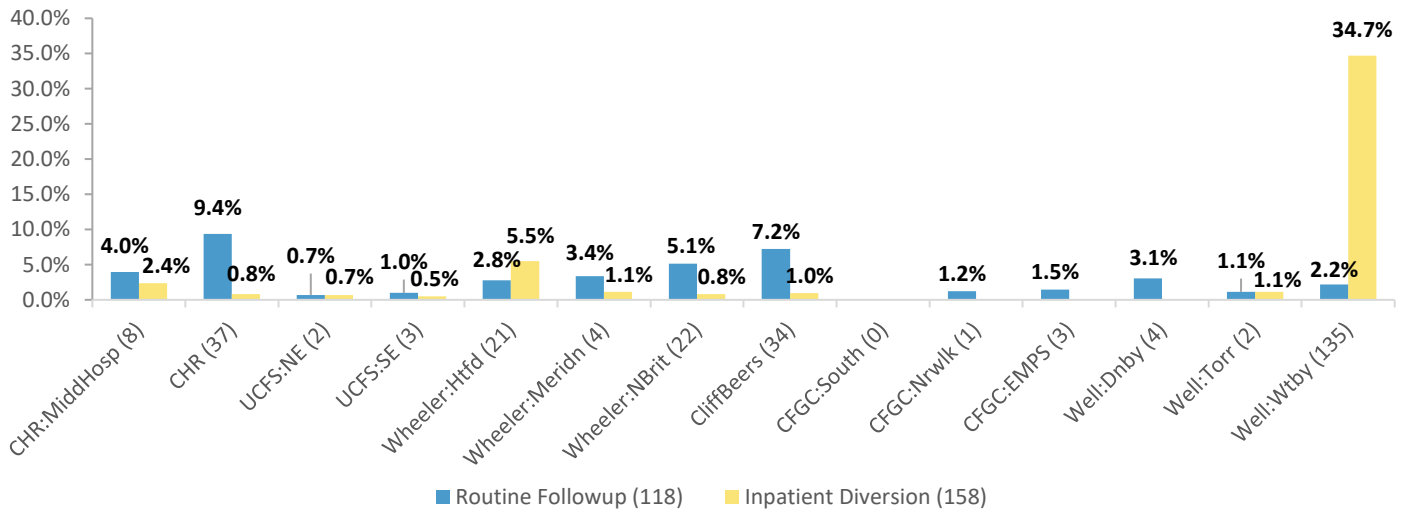
Note: Count total ED referrals are in parenthesis

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



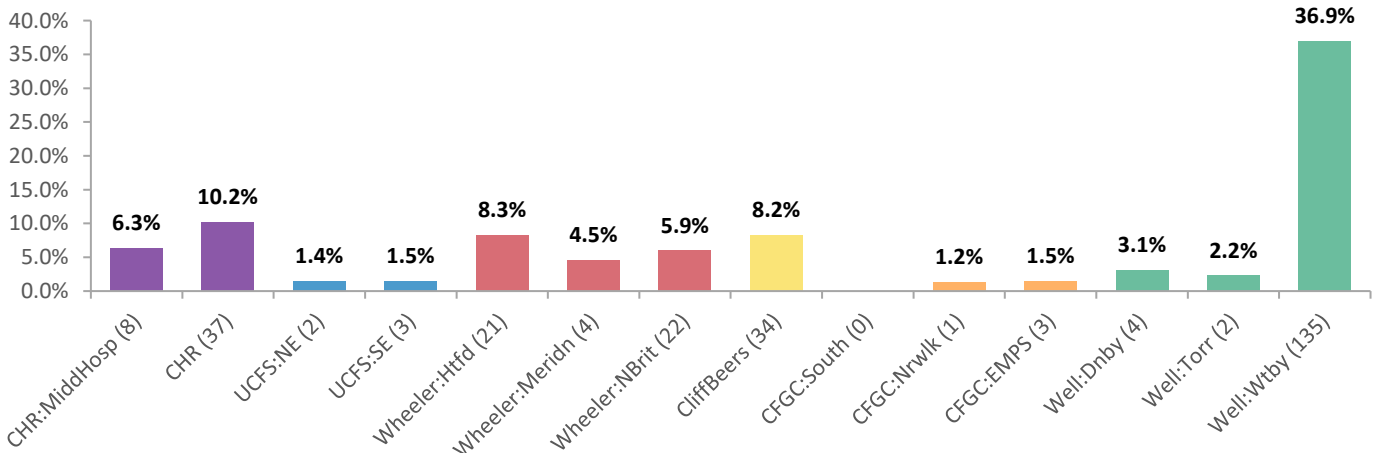
Note: Count total ED referrals are in parenthesis

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

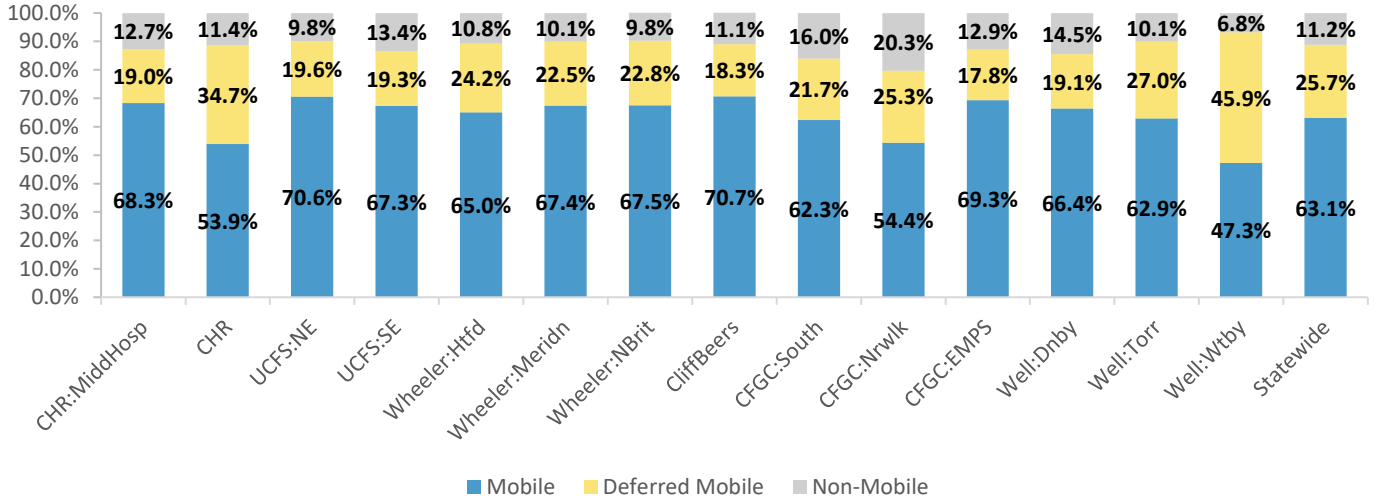


Figure 43. Actual Initial Mobile Crisis Provider Response

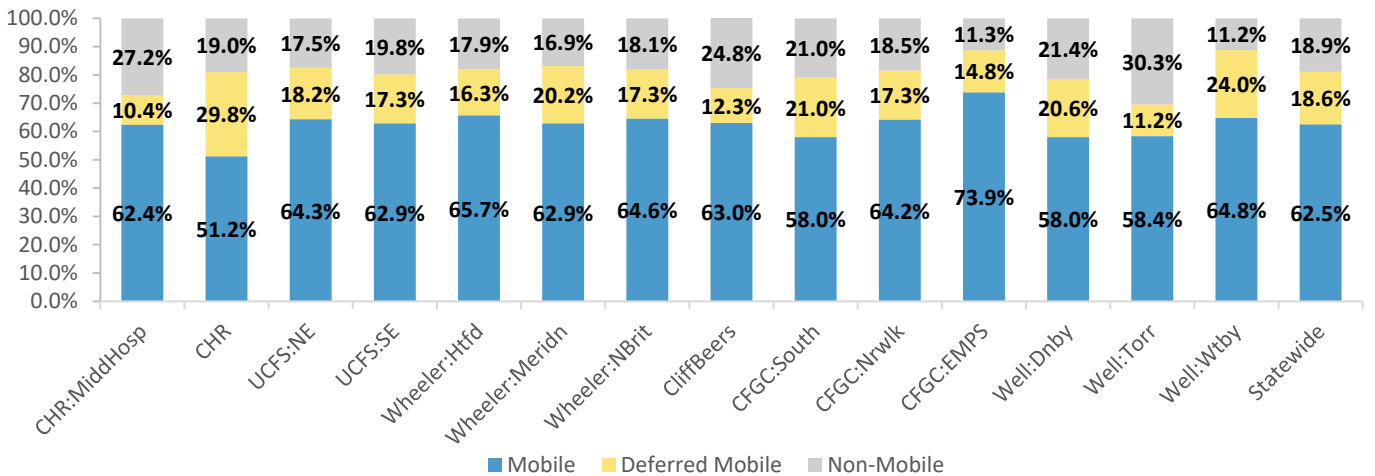


Figure 44. 2-1-1 Recommended Response - New/Old Hours

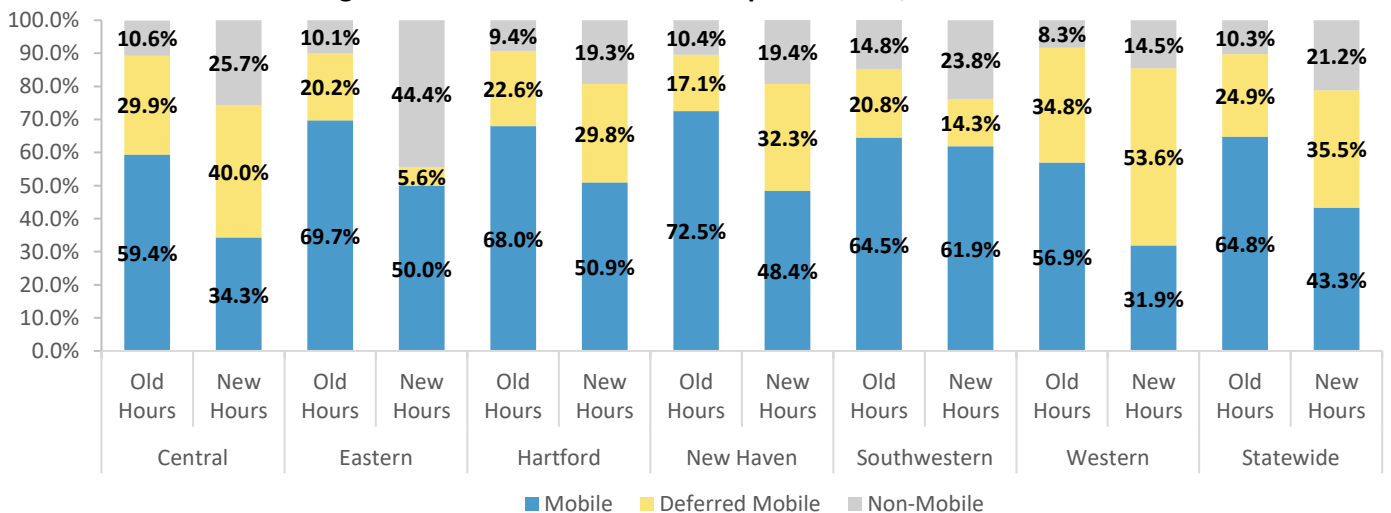
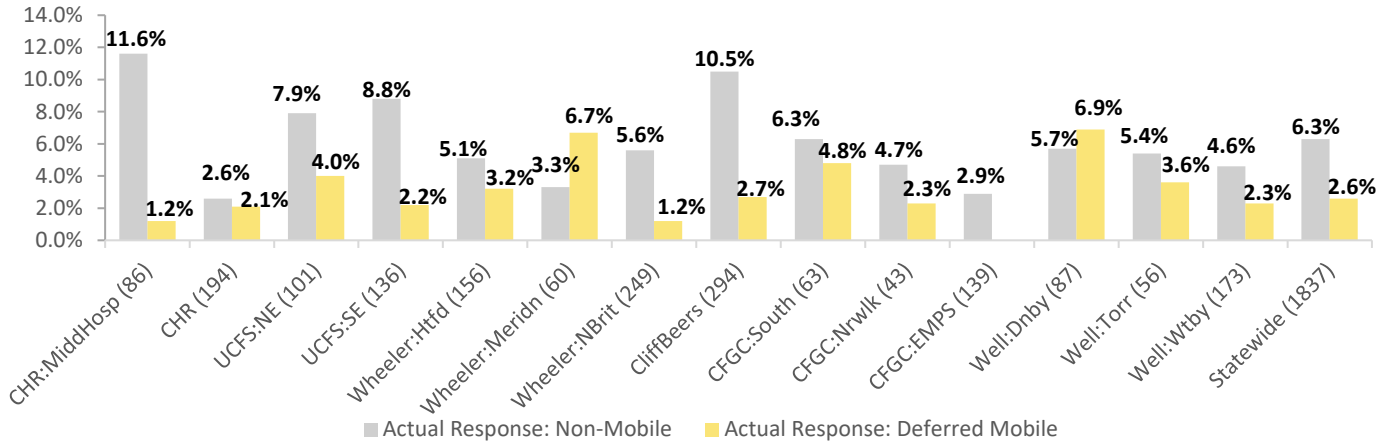
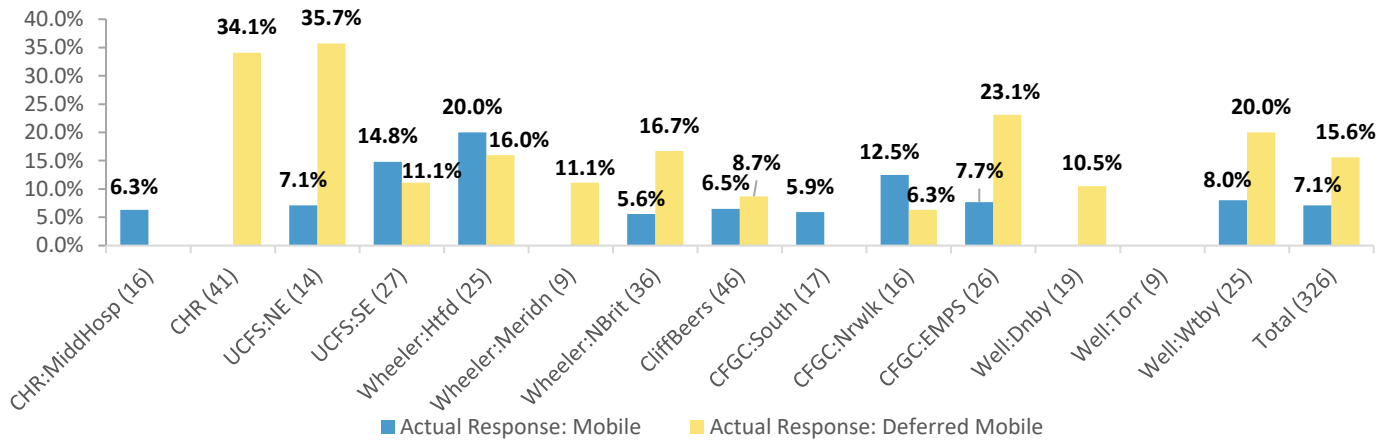


Figure 45. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile



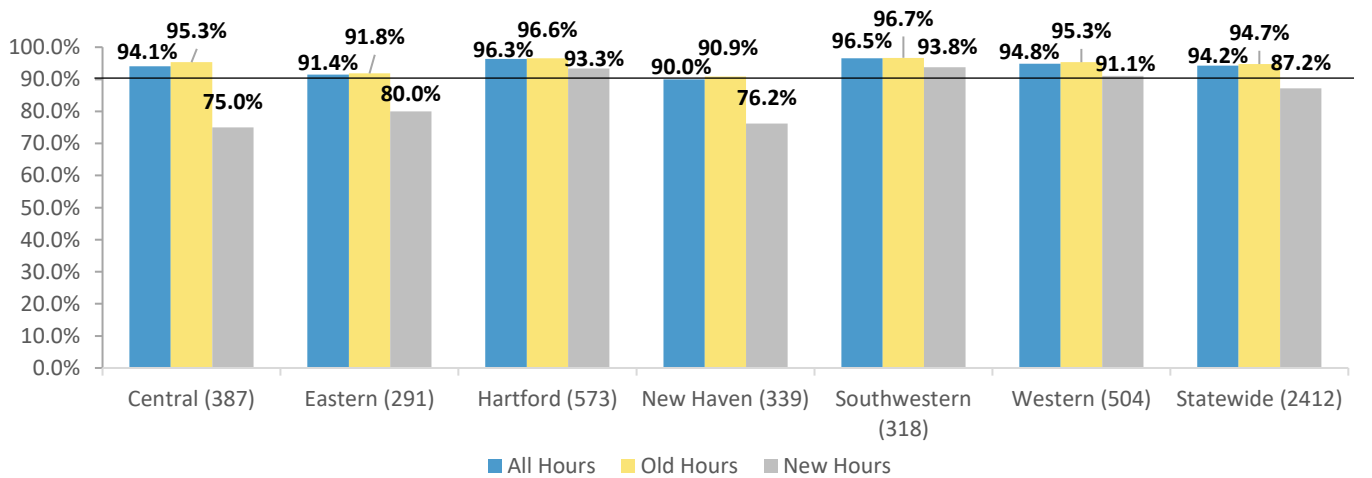
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

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



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

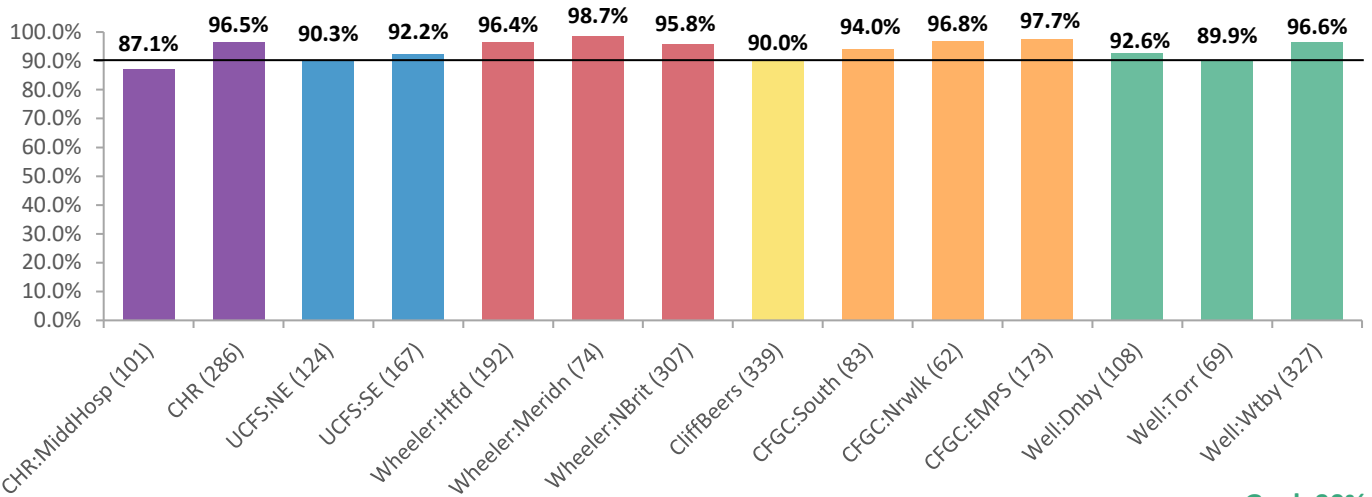
Figure 47. Mobile Response by Service Area



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

Goal: 90%

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



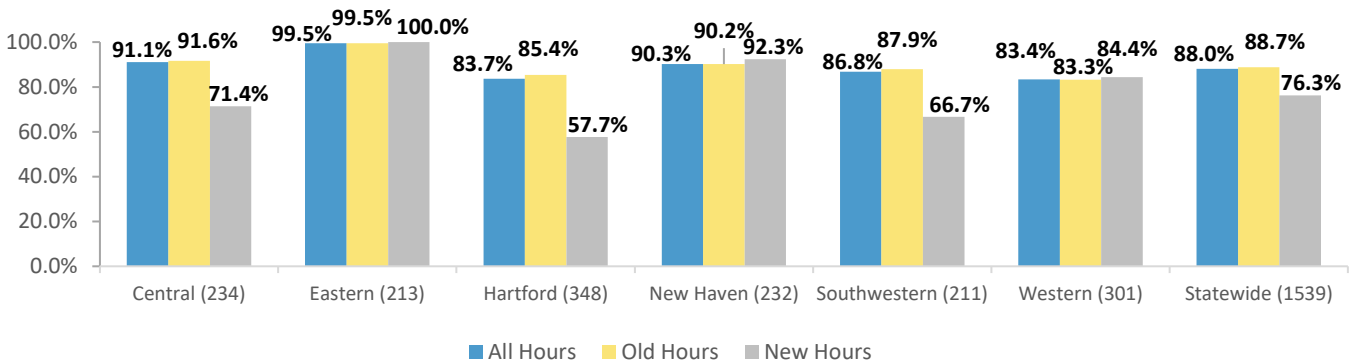
Note: Counts of 211-recommended mobile episodes are in parenthesis

*Mobility calculation updated – see exec. summary

Goal: 90%

Section VIII: Response Time

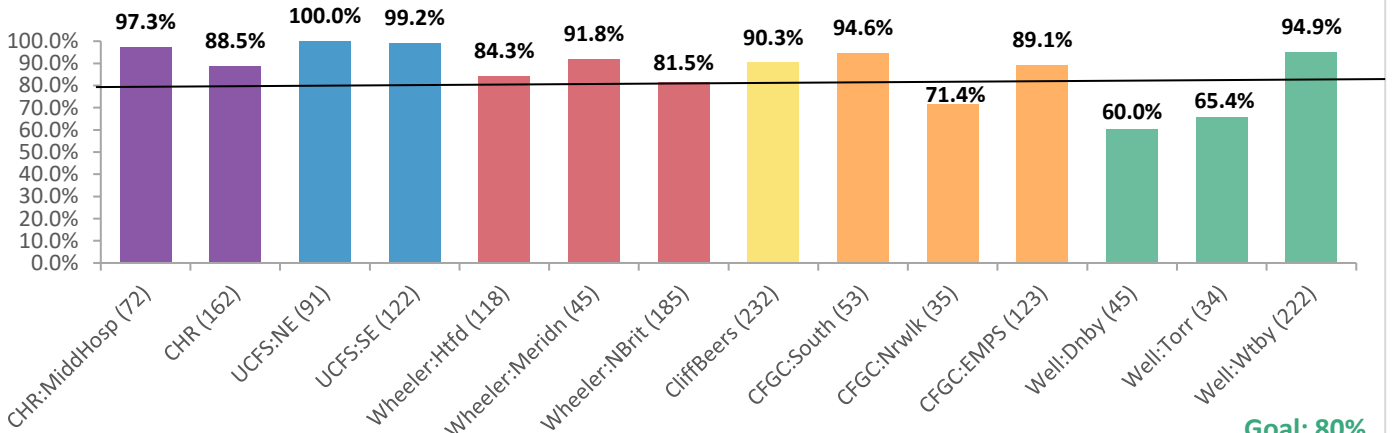
Figure 49. Mobile Episodes with a Response time Under 45 minutes



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

Goal: 80%

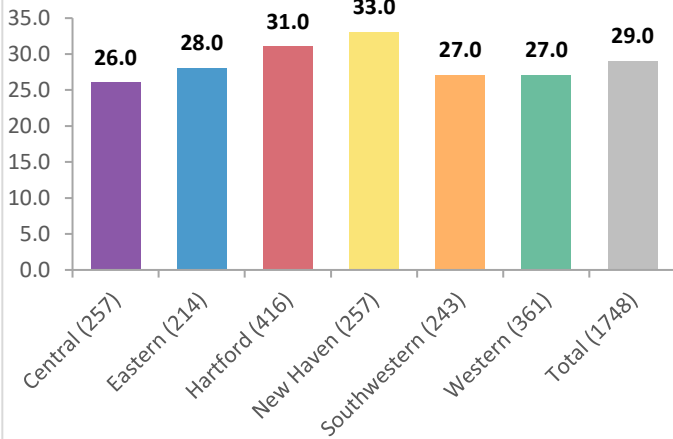
Figure 50. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider



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

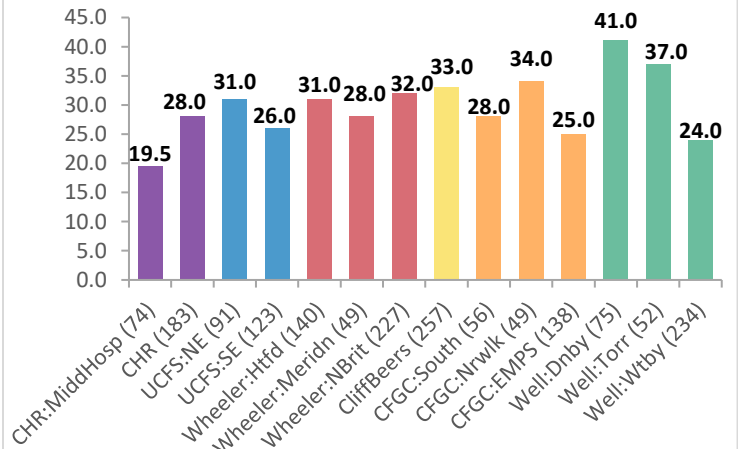
Goal: 80%

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



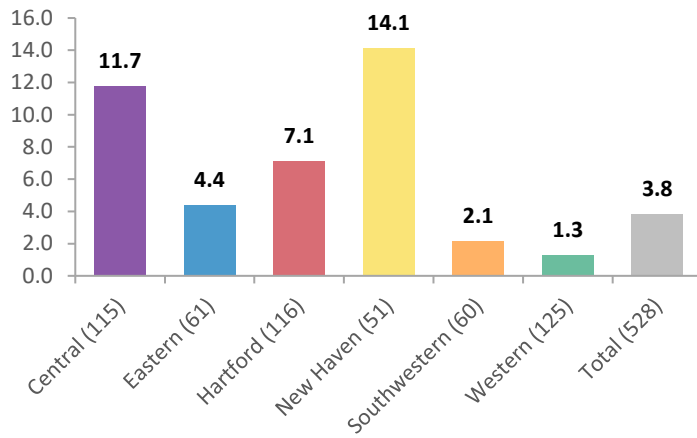
Note: Counts of mobile response episodes are in parenthesis.

Figure 52. Median Mobile Response Time by Provider in Minutes



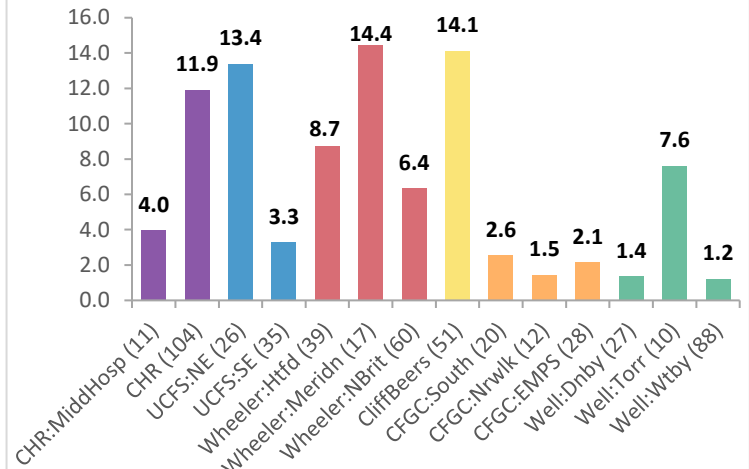
Note: Counts of mobile response episodes are in parenthesis.

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



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

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



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

Section IX: Length of Stay and Discharge Information

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

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
	Discharged Episodes for Current Reporting Period									Cumulative Discharged Episodes*									
	Mean			Median			Percent			Mean			Median			Percent			
	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	
1	STATEWIDE	1.4	13.4	21.1	0.0	5.0	19.0	20.9%	46.7%	3.1%	1.3	13.0	19.1	0.0	5.0	16.0	20.6%	47.4%	2.3%
2	Central	3.0	4.9	20.6	1.0	3.0	18.0	38.5%	23.3%	3.0%	2.9	4.7	18.4	1.0	3.0	16.0	42.2%	18.5%	2.5%
3	CHR/MiddHosp-EMPS	5.7	3.9	15.2	5.0	3.0	12.0	62.2%	18.5%	1.4%	6.5	4.5	14.8	5.0	3.0	12.0	75.2%	16.8%	0.8%
4	CHR-EMPS	1.4	14.0	21.8	0.0	8.0	20.0	25.4%	66.7%	3.4%	1.1	6.1	19.2	0.0	3.5	17.0	25.8%	27.8%	2.9%
5	Eastern	0.2	3.8	20.8	0.0	4.0	15.0	3.3%	4.7%	3.0%	0.3	3.9	20.8	0.0	4.0	16.5	6.3%	6.6%	2.6%
6	UCFS-EMPS:NE	0.1	3.7	19.0	0.0	4.0	14.5	2.9%	6.0%	0.0%	0.3	3.8	18.6	0.0	4.0	14.5	6.4%	6.8%	2.9%
7	UCFS-EMPS:SE	0.2	3.9	21.3	0.0	4.0	15.0	3.6%	3.7%	4.0%	0.3	3.9	21.7	0.0	4.0	19.0	6.2%	6.5%	2.5%
8	Hartford	1.0	7.6	21.9	0.0	2.0	21.0	25.0%	29.3%	1.9%	1.4	8.7	19.7	0.0	4.0	18.0	27.6%	39.3%	0.8%
9	Wheeler-EMPS:Htfd	1.2	9.8	25.3	0.0	3.0	25.0	27.6%	41.7%	2.4%	1.4	13.1	24.1	0.0	7.5	24.0	27.2%	54.0%	1.0%
10	Wheeler-EMPS:Meridn	1.1	15.7	24.4	0.5	5.5	27.0	31.3%	50.0%	0.0%	1.7	9.1	19.6	1.0	4.0	17.0	32.9%	42.1%	0.0%
11	Wheeler-EMPS:NBrit	0.9	4.6	18.4	0.0	1.0	16.0	21.8%	17.0%	2.0%	1.2	5.8	16.0	0.0	3.0	14.0	26.8%	29.6%	0.9%
12	New Haven	0.4	22.6	35.9	0.0	21.0	33.0	9.5%	85.9%	7.9%	0.4	22.2	30.1	0.0	19.0	28.5	4.8%	83.4%	10.2%
14	CliffBeers-EMPS	0.4	22.6	35.9	0.0	21.0	33.0	9.5%	85.9%	7.9%	0.4	22.2	30.1	0.0	19.0	28.5	4.8%	83.4%	10.2%
15	Southwestern	0.3	21.0	34.3	0.0	16.0	37.5	8.2%	71.6%	6.7%	0.4	20.0	33.0	0.0	15.0	35.0	5.0%	72.7%	7.0%
16	CFGC/South-EMPS	0.0	7.8	31.9	0.0	3.0	37.0	0.0%	42.6%	0.0%	0.0	4.3	31.4	0.0	0.0	35.0	1.4%	23.0%	0.0%
17	CFGC-EMPS:Nrwk	0.3	24.8	44.2	0.0	21.5	40.5	15.4%	78.1%	33.3%	0.4	22.5	40.9	0.0	20.0	37.0	7.7%	84.8%	26.7%
18	CFGC-EMPS	0.6	24.2	43.7	0.0	20.0	29.5	12.0%	79.7%	33.3%	0.8	23.0	37.1	0.0	19.0	26.5	5.8%	80.5%	32.1%
19	Western	3.3	3.6	17.1	0.0	2.0	15.0	32.6%	7.9%	3.4%	2.1	2.4	16.2	0.0	2.0	14.0	26.3%	4.7%	2.4%
20	Well-EMPS:Dnby	2.6	3.2	18.1	1.0	3.0	15.0	36.0%	7.7%	3.2%	2.3	2.7	16.3	0.0	2.0	14.0	27.7%	7.0%	1.6%
21	Well-EMPS:Torr	5.7	2.8	16.1	1.0	0.0	14.0	44.4%	11.1%	5.3%	3.6	1.6	15.8	0.0	0.0	12.0	39.7%	5.1%	3.9%
22	Well-EMPS:Wtby	2.1	3.7	16.9	0.0	2.0	14.0	23.3%	7.5%	3.2%	1.4	2.5	16.3	0.0	2.0	14.0	19.6%	4.1%	2.4%

* Discharged episodes with end dates from July 1, 2023 to the end of the current reporting period.

Definitions:

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

Table 3. Number of Episodes for Discharged Episodes of Care

		A	B	C	D	E	F	G	H	I	J	K	L
		<i>Discharged Episodes for Current Reporting Period</i>						<i>Cumulative Discharged Episodes*</i>					
		N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	608	1031	1328	127	481	41	2289	3869	4213	471	1832	99
2	Central	104	30	399	40	7	12	389	119	1285	164	22	32
3	CHR/MiddHosp-EMPS	37	27	71	23	5	1	129	101	245	97	17	2
4	CHR-EMPS	67	3	328	17	2	11	260	18	1040	67	5	30
5	Eastern	91	235	33	3	11	1	367	881	114	23	58	3
6	UCFS-EMPS:NE	35	100	8	1	6	0	140	310	34	9	21	1
7	UCFS-EMPS:SE	56	135	25	2	5	1	227	571	80	14	37	2
8	Hartford	152	164	416	38	48	8	619	731	1214	171	287	10
9	Wheeler-EMPS:Htfd	58	60	167	16	25	4	235	250	487	64	135	5
10	Wheeler-EMPS:Meridn	16	16	49	5	8	0	70	76	179	23	32	0
11	Wheeler-EMPS:NBrit	78	88	200	17	15	4	314	405	548	84	120	5
12	New Haven	105	284	38	10	244	3	372	1038	98	18	866	10
14	CliffBeers-EMPS	105	284	38	10	244	3	372	1038	98	18	866	10
15	Southwestern	61	229	60	5	164	4	222	805	187	11	585	13
16	CFGC/South-EMPS	23	47	48	0	20	0	71	126	144	1	29	0
17	CFGC-EMPS:Nrwk	13	64	6	2	50	2	65	217	15	5	184	4
18	CFGC-EMPS	25	118	6	3	94	2	86	462	28	5	372	9
19	Western	95	89	382	31	7	13	320	295	1315	84	14	31
20	Well-EMPS:Dnby	25	13	94	9	1	3	94	43	313	26	3	5
21	Well-EMPS:Torr	27	9	38	12	1	2	68	59	127	27	3	5
22	Well-EMPS:Wtby	43	67	250	10	5	8	158	193	875	31	8	21

* Discharged episodes with end dates from July 1, 2023 to the end of the current reporting period.

Definitions:

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

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

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
	<i>Episodes Still in Care*</i>										<i>N of Episodes Still in Care*</i>					
	Mean			Median			Percent				N used Mean/Median			N used for Percent		
	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	
1	STATEWIDE	104.6	73.3	54.3	62.0	45.0	25.0	95.6%	92.8%	34.4%	45	125	160	43	116	55
2	Central	163.3	204.0	58.5	200.0	204.0	18.5	100.0%	100.0%	34.4%	4	1	32	4	1	11
3	CHR/MiddHosp-EMPS	22.0	N/A	11.0	22.0	N/A	11.0	100.0%	0.0%	0.0%	1	0	1	1	0	0
4	CHR-EMPS	210.3	204.0	60.1	209.0	204.0	22.0	100.0%	100.0%	35.5%	3	1	31	3	1	11
5	Eastern	N/A	N/A	17.5	N/A	N/A	13.5	0.0%	0.0%	0.0%	0	0	6	0	0	0
6	UCFS-EMPS:NE	N/A	N/A	21.0	N/A	N/A	21.0	0.0%	0.0%	0.0%	0	0	2	0	0	0
7	UCFS-EMPS:SE	N/A	N/A	15.8	N/A	N/A	13.0	0.0%	0.0%	0.0%	0	0	4	0	0	0
8	Hartford	110.6	120.3	70.2	70.0	103.0	43.0	93.8%	96.3%	48.5%	16	54	68	15	52	33
9	Wheeler-EMPS:Htfd	169.0	114.0	51.8	158.0	96.0	25.0	100.0%	100.0%	23.5%	3	16	17	3	16	4
10	Wheeler-EMPS:Meridn	83.6	151.6	71.5	62.0	143.0	67.0	100.0%	93.3%	51.9%	5	15	27	5	14	14
11	Wheeler-EMPS:NBrit	105.5	104.3	81.8	69.0	73.0	87.5	87.5%	95.7%	62.5%	8	23	24	7	22	15
12	New Haven	2.0	24.3	50.0	2.0	17.0	50.0	100.0%	76.9%	100.0%	1	26	1	1	20	1
14	CliffBeers-EMPS	2.0	24.3	50.0	2.0	17.0	50.0	100.0%	76.9%	100.0%	1	26	1	1	20	1
15	Southwestern	49.2	42.4	31.6	39.0	37.0	30.0	100.0%	97.7%	27.3%	5	43	11	5	42	3
16	CFGC/South-EMPS	113.0	98.7	30.8	113.0	11.0	27.5	100.0%	66.7%	0.0%	1	3	6	1	2	0
17	CFGC-EMPS:Nrwk	33.0	35.9	N/A	33.0	39.5	N/A	100.0%	100.0%	0.0%	1	8	0	1	8	0
18	CFGC-EMPS	33.3	38.7	32.6	39.0	36.5	46.0	100.0%	100.0%	60.0%	3	32	5	3	32	3
19	Western	107.2	8.0	36.8	29.0	8.0	9.0	94.7%	100.0%	16.7%	19	1	42	18	1	7
20	Well-EMPS:Dnby	148.7	N/A	15.3	132.0	N/A	9.0	100.0%	0.0%	0.0%	6	0	4	6	0	0
21	Well-EMPS:Torr	15.2	N/A	62.1	14.0	N/A	9.0	80.0%	0.0%	28.6%	5	0	7	4	0	2
22	Well-EMPS:Wtby	133.6	8.0	33.8	120.5	8.0	12.0	100.0%	100.0%	16.1%	8	1	31	8	1	5

* Data includes episodes still in care with referral dates from July 1, 2023 to end of current reporting period.

Definitions:

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

Figure 54. Top Five Reasons for Client Discharge Statewide

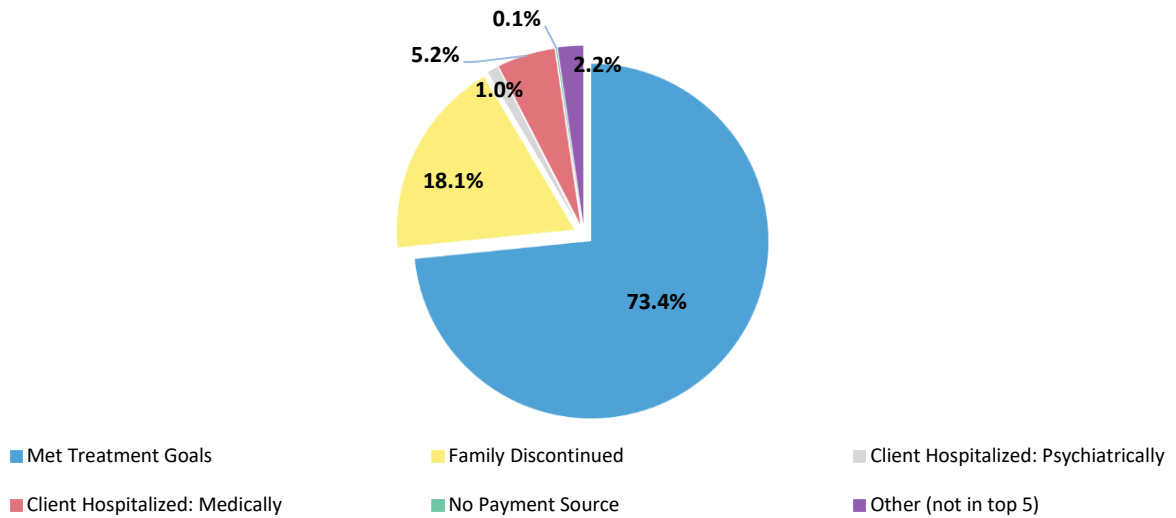


Figure 56. Top Five Places Clients Live at Discharge Statewide

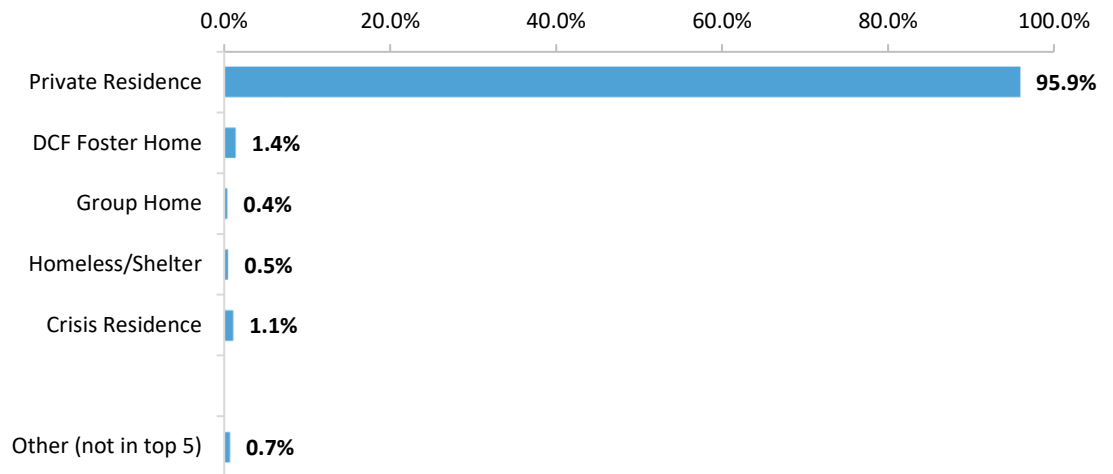
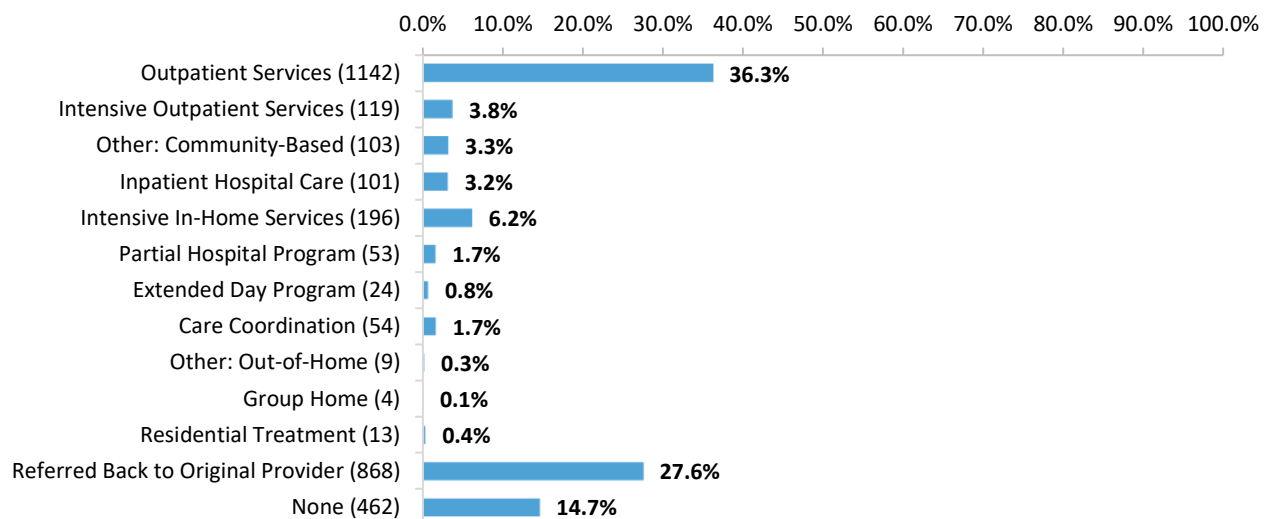


Figure 57. Type of Services Client Referred* to at Discharge Statewide



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

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

Table 5. Ohio Scales Scores by Service Area

Service Area	<i>N</i> (paired intake & discharge)	Mean (paired intake)	Mean (paired discharge)	Mean Difference (paired cases)	t-score	Sig.	† .05-.10 * P < .05 **P < .01
STATEWIDE							
Parent Functioning Score	106	42.04	44.50	2.46	2.47	0.015	*
Worker Functioning Score	785	44.56	47.24	2.68	10.10	<.001	**
Parent Problem Score	109	31.39	26.94	-4.46	-3.75	<.001	**
Worker Problem Score	785	28.74	23.61	-5.13	-15.43	<.001	**
Central							
Parent Functioning Score	28	38.11	37.32	-0.79	-1.70	0.100	†
Worker Functioning Score	156	47.47	48.01	0.54	1.42	0.159	
Parent Problem Score	28	36.07	35.86	-0.21	-0.73	0.470	
Worker Problem Score	156	25.71	23.96	-1.75	-3.86	<.001	**
Eastern							
Parent Functioning Score	5	33.00	33.40	0.40	0.07	0.946	
Worker Functioning Score	12	42.67	42.67	0.00	0.00	1.000	
Parent Problem Score	5	35.40	27.00	-8.40	-1.90	0.130	
Worker Problem Score	12	30.00	28.33	-1.67	-0.67	0.516	
Hartford							
Parent Functioning Score	36	42.94	48.64	5.69	2.40	0.022	*
Worker Functioning Score	279	43.45	45.84	2.39	4.77	<.001	**
Parent Problem Score	39	27.69	21.92	-5.77	-2.71	0.010	*
Worker Problem Score	279	31.04	25.32	-5.73	-7.94	<.001	**
New Haven							
Parent Functioning Score	7	46.14	46.14	0.00	0.00	N/A	
Worker Functioning Score	9	44.89	47.67	2.78	1.58	0.152	
Parent Problem Score	7	27.14	26.43	-0.71	-1.00	0.356	
Worker Problem Score	9	28.00	25.33	-2.67	-1.37	0.209	
Southwestern							
Parent Functioning Score	20	43.95	46.45	2.50	0.99	0.335	
Worker Functioning Score	36	48.08	49.69	1.61	1.63	0.112	
Parent Problem Score	20	35.30	26.55	-8.75	-1.89	0.074	†
Worker Problem Score	36	21.97	17.39	-4.58	-3.28	0.002	**
Western							
Parent Functioning Score	10	47.60	50.20	2.60	3.47	0.007	**
Worker Functioning Score	293	43.69	48.02	4.33	9.82	<.001	**
Parent Problem Score	10	25.90	22.60	-3.30	-3.16	0.012	*
Worker Problem Score	293	28.97	22.33	-6.64	-15.21	<.001	**

paired¹ = Number of cases with both intake and discharge scores

† .05-.10,

* P < .05,

**P < .01

Section X: Client & Referral Source Satisfaction

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

2-1-1 Items	Clients (n=55)	Referrers (n=60)
The 2-1-1 staff answered my call in a timely manner	4.89	4.80
The 2-1-1 staff was courteous	4.85	4.76
The 2-1-1 staff was knowledgeable	4.91	4.80
My phone call was quickly transferred to the EMPS provider	4.84	4.76
Sub-Total Mean: 2-1-1	4.87	4.78
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.91	4.68
The Mobile Crisis staff was respectful	4.91	4.83
The Mobile Crisis staff was knowledgeable	4.93	4.80
The Mobile Crisis staff spoke to me in a way that I understood	4.84	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)	4.87	X
The services or resources my child and/or family received were right for us	4.89	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	4.83
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.89	4.80
Sub-Total Mean: Mobile Crisis	4.89	4.79
Overall Mean Score	4.88	4.78

* 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:

- Caller was thoroughly impressed by the high quality of work provided by youth MCI for her son.
- “The clinician was sincere and had a great deal of compassion.”
- “I appreciate the evaluation and safety techniques provided for my daughter.”
- “My 15yr old did not want to go to school this morning, and MCI was very helpful.”

Referrer Comments:

- “Dealing with this youth proved quite demanding, as they exhibited resistance in responding to the guidance provided by adults. Your assistance is appreciated!”
- “Your clinicians' dedication is truly admirable, they make a meaningful impact every day. It's a pleasure collaborating with your team.”
- “45 minutes for a clinician to respond when a youth is in crisis is not ideal.”
- “Navigating the complexities of this youth's case required a collaborative effort, and we are grateful for [MCIS Agency’s] invaluable support in addressing the unique challenges presented”

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 (219)*	36%	64%	51%	35%	58%	36%	49%	48%	20%	28%	47%	45%	60%	6%	10%
CHR:MidHosp (12)*	33%	75%	67%	58%	58%	50%	50%	58%	67%	33%	58%	33%	58%	0%	0%
CHR (30)*	23%	40%	40%	83%	37%	30%	40%	37%	10%	10%	37%	37%	43%	7%	13%
UCFS:NE (6)*	67%	83%	83%	100%	83%	67%	100%	83%	67%	100%	83%	67%	83%	67%	80%
UCFS:SE (17)*	59%	88%	53%	88%	82%	59%	47%	65%	35%	88%	59%	59%	88%	12%	22%
Wheeler:Htfd (21)*	29%	76%	57%	0%	52%	14%	52%	52%	10%	10%	48%	52%	52%	0%	0%
Wheeler:Meridn (11)*	27%	55%	45%	9%	45%	9%	36%	27%	0%	0%	36%	45%	45%	0%	0%
Wheeler:NBrit (21)^	38%	76%	43%	10%	62%	24%	48%	38%	0%	5%	48%	0%	62%	0%	0%
CliffBeers (30)*	30%	53%	73%	57%	67%	40%	57%	53%	67%	67%	60%	57%	73%	20%	23%
CFG:South (6)	50%	83%	33%	17%	67%	33%	67%	67%	0%	17%	17%	67%	67%	0%	0%
CFG:Nrwlk (17)*^	41%	65%	29%	6%	47%	53%	47%	59%	0%	12%	41%	41%	59%	0%	0%
CFG:EMPS (0)	Bridgeport and Norwalk staff counted together under Norwalk														N/A
Well:Dnby (1)*	100%	100%	100%	0%	100%	0%	100%	100%	0%	0%	100%	100%	100%	0%	0%
Well:Torr (2)*	50%	100%	100%	50%	100%	50%	50%	100%	50%	50%	100%	50%	50%	0%	0%
Well:Wtby (44)*^	36%	57%	43%	0%	59%	36%	41%	36%	0%	16%	36%	36%	55%	0%	0%
Full-Time Staff Only (131)	43%	76%	66%	37%	70%	42%	61%	61%	27%	37%	58%	56%	73%	10%	

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

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

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

Training Title Abbreviations:

DBHRN=Disaster Behavioral Health Response Network

QPR= Question, Persuade and Refer

Crisis API = Crisis Assessment, Planning and Intervention

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

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

ASD = Autism Spectrum Disorder

CCSRS=Columbia Suicide Severity Rating Scale

Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

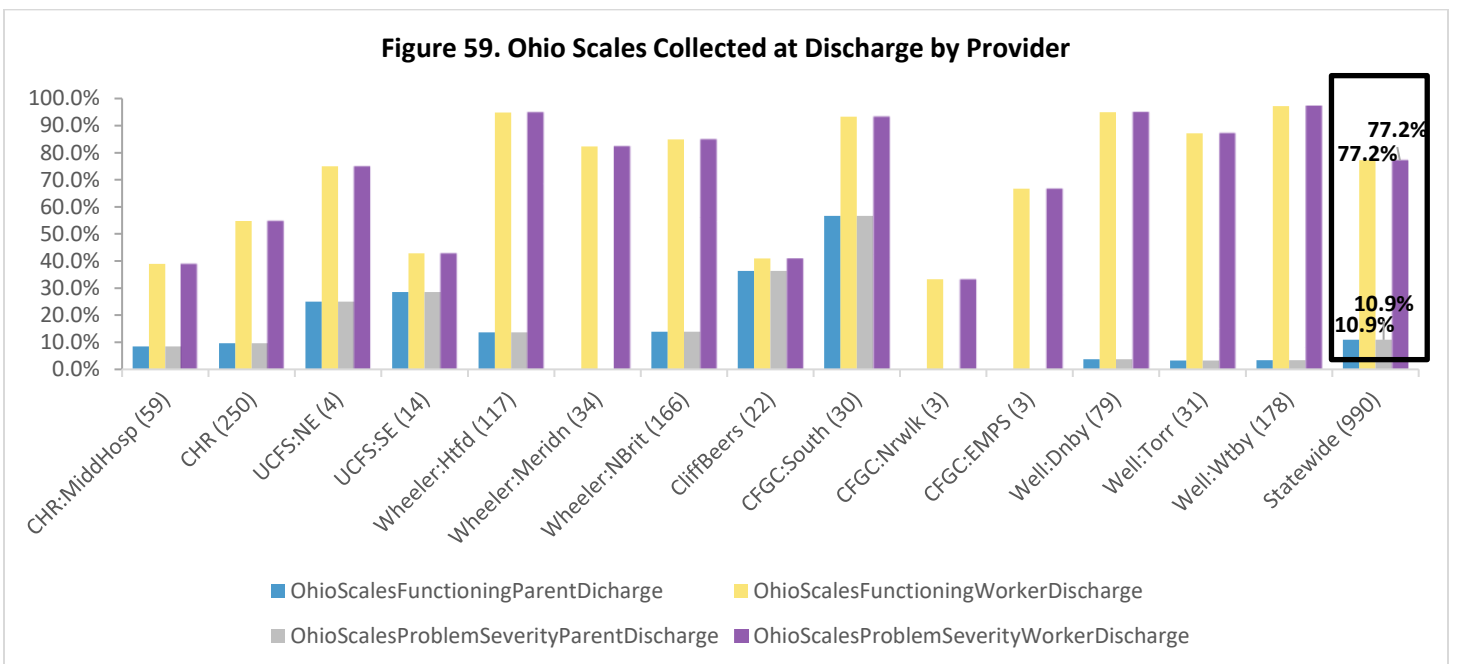
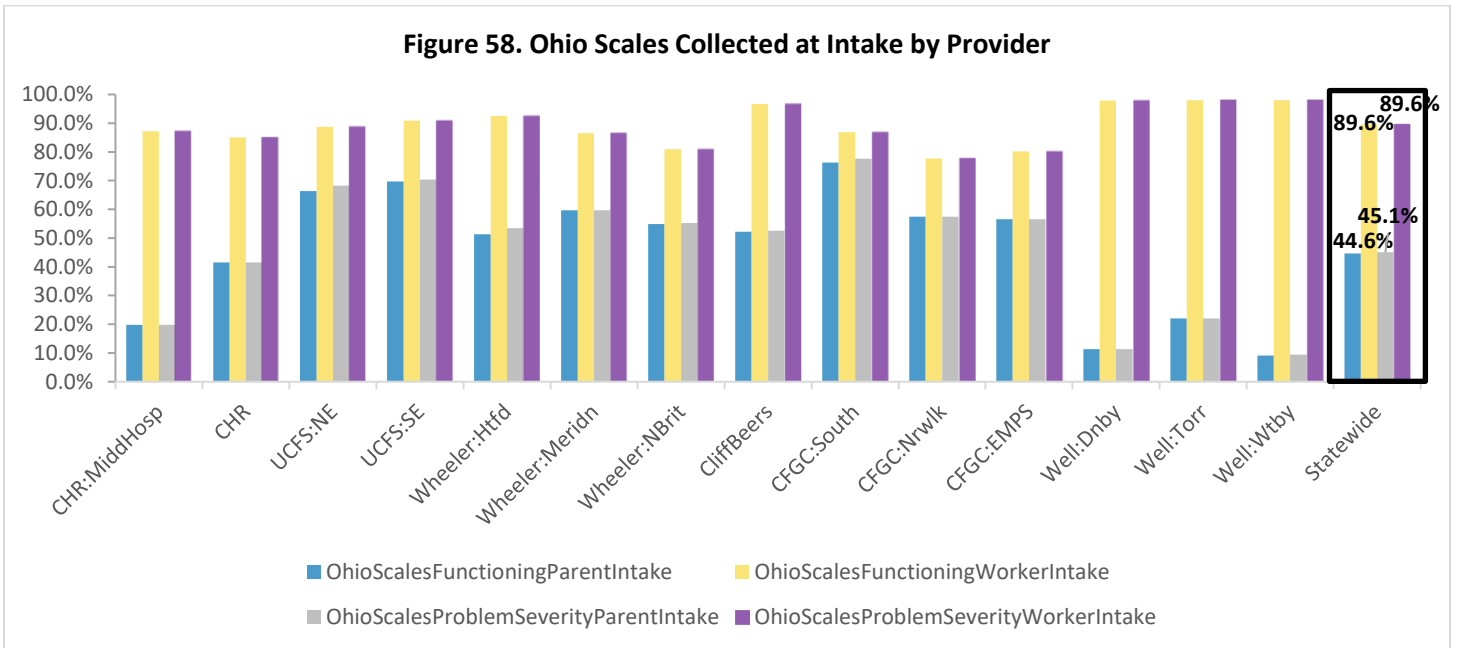
CRC = 21st Century Culturally Responsive Mental Health Care

Emerg. Certificate= Emergency Certificate

PSB = Problem Sexual Behavior (Added October 2019)

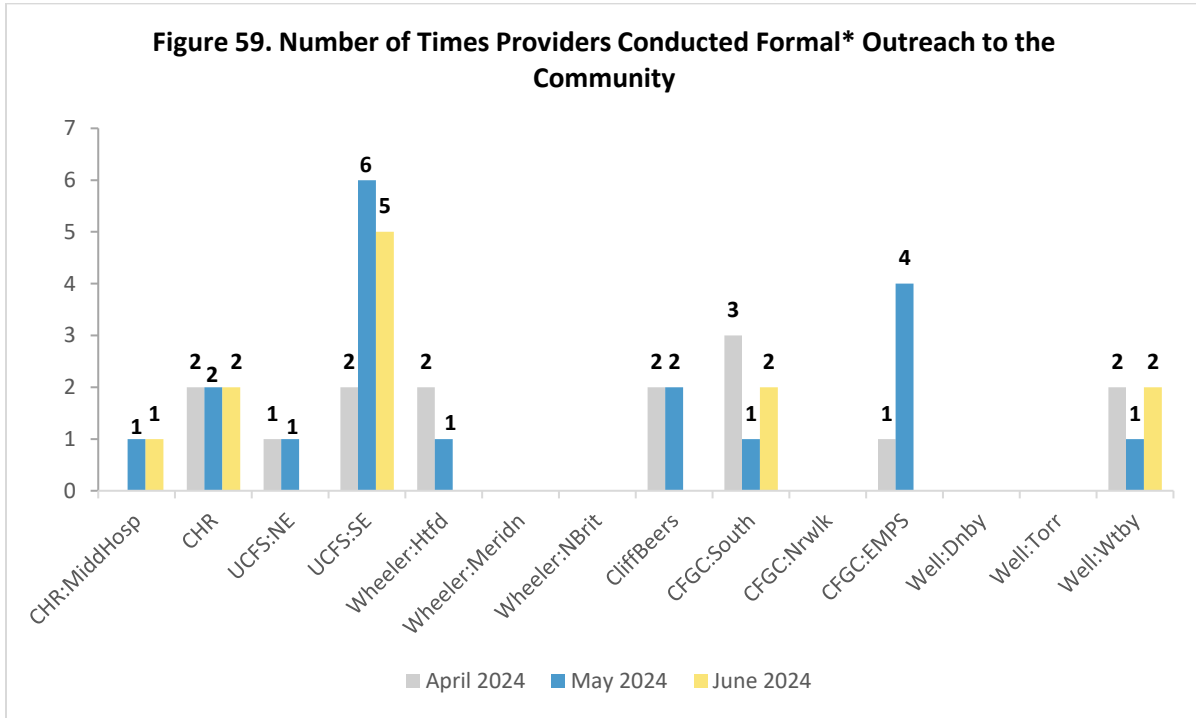
SR = School Refusal (Added August 2019)

Section XII: Data Quality Monitoring



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

Section XIII: Provider Community Outreach



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