

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 FY2025: Quarter 2

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

> > 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.

<u>Call and Episode Volume</u>: In the second quarter of FY2025, **2-1-1 received 4,537 calls** including 3,253 calls (71.7%) handled by Mobile Crisis providers and 1,284 calls (28.3%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). There was one crisis response follow-up call that was coded as an episode but was not counted as an episode in this report. This quarter saw a 5.2% increase in total call volume compared to the same quarter in FY2024 (4,312), and a 0.3% increase in episodes (3,241 in FY2024 Q2). Of the 4,537 calls this quarter, 352 calls (7.8%) came in during the expanded overnight and weekend hours. Of these 352 calls, 208 (59.1%) were handled by Mobile Crisis providers and 144 (40.9%) were handled by 2-1-1 only.

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

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

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

<u>Clinical Functioning</u>: The most reported primary presenting problems for clients statewide were: Harm/Risk of Harm to Self (32.1%), Disruptive Behavior (24.0%), Depression (11.3%), Anxiety (7.0%), School Problems (5.6%), and Harm/Risk of Harm to Others (5.4%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (26.4%), Adjustment Disorders (15.6%), Anxiety Disorders (13.7%), Attention Deficit/Hyperactivity Disorders (12.6%), Trauma Disorders (11.2%), and Conduct Disorders (9.4%). This quarter, **65.2% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED).** During the expanded overnight and weekend hours, the top primary presenting problem statewide was Harm/Risk of Harm to Self (27.5%).

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

The statewide rate for **the percentage of children evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 21.0%**, higher than 19.6% of the same quarter last fiscal year. During an episode of care, 19.4% of

¹ Per question regarding "Sex Assigned at Birth".

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

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

<u>Referral Sources</u>: Statewide, **36.2% of referrals came from parents, families, and youth, and 46.9% of referrals were received from schools**. Emergency Departments (EDs) accounted for 8.7% of all Mobile Crisis referrals. The remaining 8.2% of referrals came from a variety of other sources. During the expanded overnight and weekend hours, the majority of referrals were from parents, family, and youth (64.9%) and emergency departments (23.1%).

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

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

<u>Response Time</u>: Statewide this quarter, **87.7% of mobile episodes received a face-to-face response in 45 minutes or less**. Performance on this indicator ranged from 81.2% (Hartford) to 95.3% (Eastern and New Haven), with all service areas above the 80% benchmark. Across the state, 11 of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 29 minutes. During the expanded hours, there was a greater range of performance. Statewide, 78.1% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 59.1% (Hartford) to 90.9% Southwestern). When looking at these rates, it is important to keep in mind that the number of overnight episodes is very low, and the number receiving a Mobile response is even lower.

Length of Stay: Among discharged episodes statewide this quarter, 22.3% of Phone Only episodes exceeded one day, 42.7% of Faceto-Face episodes exceeded five days, and **2.3% of** *Stabilization Plus Follow-up* episodes exceeded **45** days, meeting the statewide benchmark of less than 5%. The statewide median LOS among discharged episodes was less than one day for Phone Only, 5.0 days for Face-to-Face episodes, and 17.0 days for *Stabilization Plus*.

Statewide, for open episodes of care, the median Length of Stay (LOS) with a Crisis Response of Phone Only was 57.0 days and ranged from 7.0 days (Central) to 160.0 days (Southwestern). The statewide median LOS for Face-to-Face was 36.0 days and ranged from 4.0 days (Eastern) to 48.0 days (Southwestern). For *Stabilization Plus Follow-up*, the statewide median LOS was 19.0 days with a range from 14.5 days (Central) to 21.0 days (Eastern). Across open episodes of care with phone and face-to-face crisis response categories during the second quarter of FY2025, 100.0% of phone-only and 96.1% of face-to-face episodes remained open beyond the benchmarks (1 day for Phone Only, 5 days for Face-to-Face). For open *Stabilization Plus Follow-up*, there was a wide range of cases remaining open past the benchmark (45 days). Statewide, 15.2% of these open cases exceeded the benchmark, while regionally this ranged from 0.0% (Eastern) to 40.0% (New Haven). Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase and can compromise accurate and timely data entry. It is also likely that many Phone Only and Face-to-Face cases that are open significantly past benchmarks are due to data entry errors or delays in closing the case in PIE.

Note: Length of Stay data only includes episodes that began during the current fiscal year.

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

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

Across the state, Ohio Scales showed an average improvement of 2.36 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 0.60 points on average. Worker-rated Problem Severity Scales showed an average decrease of 2.98 points, while parent-rated Problem Severity Scales showed a decrease of 1.50 points on average. Changes in worker-rated functioning, worker-rated problem severity, and parent-rated problem severity scores were found to be statistically significant at the statewide level.

Completion rates of the Ohio Scales at discharge for the parent scores increased by 1 percentage point when compared to the same quarter in FY2024. The completion rate for worker scores decreased by 1.2 percentage points compared to FY2024 Q2.

<u>Satisfaction</u>: This quarter, 63 clients/families and 60 other referrers were surveyed regarding their satisfaction with the service; referrers gave favorable ratings to 2-1-1 and Mobile Crisis services. On a 5-point scale, **clients' average ratings of 2-1-1 and Mobile Crisis were 4.52 and 4.36**. Among **other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were 4.65 and 4.56**, respectively. Qualitative comments (see Section X) varied from very satisfied to dissatisfied.

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

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

SFY 2025 Q1 RBA Report Card: Mobile Crisis Intervention Services

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 Quality of Life Result: Connecticut's children will live in stable environments, safe, healthy and ready to lead successful lives. care. Partners with DCF include Child and Health Development Institute (CHDI) as the Performance Improvement Center.

Pro	gram Expen	ditures: Esti	Program Expenditures: Estimated SFY 2025)25	State Funding:	lding: \$13,654,662						
						How Much Did We Do?	l We Do?					
		Total Call	Total Call and Enisode Volume	e Volume		-		Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25
100.0%						Mobile Crisis Episode	Episode	3,241	3,321	2,942	2,074	3,253
	7%	9.3%	8.7%	9.9%	2.3%	2-1-1 Only	۸Ir	1,071	1,077	972	778	1,284
%0.0%	0%	2.5%	Z.5%	2.9%	2:4%	Total		4,312	4,398	3,914	2,852	4,537
	26%	, oc. 70	100 00	20 E%	31.5%							
%0.0%		31.3%	0.0%			Story Behind the Baseline: In SFY 25 Q2, there were 4,537 total calls to the 2-1-1 Call Center resulting	seline: In SF	'Y 25 Q2, there wi	ere 4,537 total (calls to the 2-1-	1 Call Center re	sulting
50.0%		1	1	l		in 3,253 episodes of care. Compared to the same quarter in SFY 24 this was an 5.2% increase in call	care. Comp:	ired to the same	quarter in SFY 2	24 this was an 5.	.2% increase in	call
40.0%	50%	36.8%	37.8%	39.0%	37.0%	volume (225 more calls) and 0.3% increase in mobile episodes of (12 more episodes). The number of	alls) and 0.3	% increase in mok	oile episodes of	(12 more episo	des). The numb	er of
30.0%						percentages of both Black and Hispanic children served continues to be higher than the statewide	Black and H	ispanic children se	erved continues	s to be higher th	an the statewi	e e
10.0%	11%	17.1%	16.7%	16.5%	19.0%	population, while the percentage of White children is lower.	e percentag	e of White childre	n is lower.))
%n.n	CT Statewide	CT Statewide Mobile Crisis	Mobile Crisis	Mobile Crisis Mobile Crisis	Aobile Crisis	Trend: →						
	Child Population	Episodes Q3 FY24	Episodes Q4 FY24	Episodes Q1 FY25	Episodes Q2 FY25							
 Black c Hispan 	 (2020) Black or African American Non-Hispanic Historic Any Race 	an Non-Hispanic	White Non-Hispanic	White Non-Hispanic								
Multiracial	acial		 Unable to report 	eport								
		Difforence	Differences in Deferral Cauro hu Dase and Ethinsitu	Source by	Dace and E+1	lincitu	Sto	Story Behind the Baseline: In SFY25 02. 47% of referrals came	aseline: In SFY	/25 Q2. 47% o	f referrals can	e
/0007								from schools while 36% came from self/family. Black and Hispanic	36% came fro	om self/family.	Black and His	oanic
%NNT							λοι λοι	youth received 29% and 30% respectively of their referrals from	6 and 30% res	pectively of th	eir referrals fr	mo
80%							80% self	self/family compared to 43% for White youth. Black youth received	ed to 43% for	White youth. I	Black youth re	ceived
		56	56%					52% of their referrals from schools and Hispanic youth received	als from schoo	ols and Hispani	ic youth receiv	ed
%09	43%		50% 15% 46%	49% 43%	%05 1% ⊿	52% 50% 53% ⁽	60% 50 %	50%, while White youth were referred by schools 42% of the time.	outh were ref	erred by schoo	ols 42% of the	time.
40%	31% 32%	39%		29%	30%	1	40% The	There was statistically significant variation in groups by referral	ally significant	variation in gr	roups by refer	al
%UC							20% sou	source, with a trend of Black and Hispanic youth having higher	d of Black and	Hispanic yout	h having high:	er
0/07								rates of school referrals and White youth having higher rates of	rrals and Whit	te youth havin	ıg higher rates	of
%0							0% self	self/family referrals. There is some fluctuation in the referral	s. There is som	ne fluctuation	in the referral	
	Self/Family (37%)	/ (37%)	School (49%)	Self/F.	Self/Family (36%)	School (47%)	sor	sources for children of another race and multiracial children, but	ו of another רפ	ace and multir	acial children,	but
		FY2024 Q2	12		FY202!	25 Q2	the	these numbers should be interpreted with caution due the small	uld be interpr	eted with caut	tion due the si	nall
	Total			-	Black/African	n American non-Hispanic	nu	number of children included in this group.	included in th	nis group.		
	White no	White non-Hispanic			Hispanic, any		Tre	Trend: →				
	Another	 Another Race, non-Hispanic 	spanic		 Multiracial, non-Hispanic 	10n-Hispanic						

∞

Quarterly Breakdown Past FY24 Q3 - FY2 Q3 - FY2 Q3 - FY24 Q3				ш	Episodes Per Child SFY 2025	SFY 2025			
FY2024 Q2FY2024 Q3FY2025 Q1FY2025 Q2FY2025 Q2TotalDCF $2515 (88.5\%)$ $2554 (88.4\%)$ $2302 (89.1\%)$ $1635 (89.2\%)$ $2384 (86.7\%)$ $6702 (78.2\%)$ $550 (72.9\%)$ $274 (9.6\%)$ $266 (9.2\%)$ $224 (8.7\%)$ $162 (8.8\%)$ $277 (10.1\%)$ $1204 (14.1\%)$ $114 (15.1\%)$ $39 (1.4\%)$ $51 (1.8\%)$ $48 (1.9\%)$ $29 (1.6\%)$ $66 (2.4\%)$ $402 (4.7\%)$ $50 (6.6\%)$ $14 (0.5\%)$ $18 (0.6\%)$ $11 (0.4\%)$ $7 (0.4\%)$ $24 (0.9\%)$ $257 (3.0\%)$ $40 (5.3\%)$			Quarte	erly Breakdown			Past Ye	ear: FY24 Q3 - FY2	5 Q2
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		FY2024 Q2	FY2024 Q3	FY2024 Q4	FY2025 Q1	FY2025 Q2	Total	DCF	Non-DCF
274 (9.6%) 266 (9.2%) 224 (8.7%) 162 (8.8%) 277 (10.1%) 1204 (14.1%) 114 (15.1%) 39 (1.4%) 51 (1.8%) 48 (1.9%) 29 (1.6%) 66 (2.4%) 402 (4.7%) 50 (6.6%) 14 (0.5%) 18 (0.6%) 11 (0.4%) 7 (0.4%) 24 (0.9%) 257 (3.0%) 40 (5.3%)	1	2515 (88.5%)	2554 (88.4%)	2302 (89.1%)	1635 (89.2%)	2384 (86.7%)	6702 (78.2%)	550 (72.9%)	4723 (79.7%)
39 (1.4%) 51 (1.8%) 48 (1.9%) 29 (1.6%) 66 (2.4%) 402 (4.7%) 50 (6.6%) 14 (0.5%) 18 (0.6%) 11 (0.4%) 7 (0.4%) 24 (0.9%) 257 (3.0%) 40 (5.3%)	2	274 (9.6%)	266 (9.2%)	224 (8.7%)	162 (8.8%)	277 (10.1%)	1204 (14.1%)	114 (15.1%)	795 (13.4%)
14 (0.5%) 18 (0.6%) 11 (0.4%) 7 (0.4%) 24 (0.9%) 257 (3.0%) 40 (5.3%)	3	39 (1.4%)	51 (1.8%)	48 (1.9%)	29 (1.6%)	66 (2.4%)	402 (4.7%)	50 (6.6%)	252 (4.3%)
	4 or more	14 (0.5%)	18 (0.6%)	11 (0.4%)	7 (0.4%)	24 (0.9%)	257 (3.0%)	40 (5.3%)	156 (2.6%)

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

Trend: →



							ls /	ls Anyone Better Off?	ter Off?	
	Impr	Improvement in Functioning as Measured by t Scales	t in Funct	ioning as Scales	s Measu	ured by t	he Ohio		Improvement in Problem Severity as Measured by the Ohio Scales	
40.0%					34.3%	33.4%	28.3%	29.7%	50.0% 39.1% 39.1% 39.1% 30.3% 79.0%	
30.0%	19.8%	21.7%	20.0%	15.6%	14.2%	14.8%	13.7%	12.1%	24.8% 2000 18.0% 16.9% 19.4% 14.6%	0
10.0%	11.5% 8.3%	14.2% 7.5%	14.7% 5.3%	10.0% 5.6%	20.1%	18.6%	14.6%	17.6%	9.3% 18.3% 22.1% 9.9% 22.3% 19.7% 15.7% 5.2% 6.4% 7.8% 8.1%	
×0.0	FY24 Q3	FY24 Q4	FY25 Q1	FY25 Q1	FY24 Q3	FY24 Q4	FY25 Q1	FY25 Q1	FY24 Q4 FY25 Q1 FY25 Q1 FY24 Q3 FY24 Q4 FY25 Q1	1) **
	N=121*	N=106*	N=75	N=160	V=1083**	N=1083** N=785**	N=452**	N=984**	N=122** N=109** N=109** N=1083** N=1083** N=1083** N=482** N=985** Datated bradiana Catation Catations	¢
	Paren	Parent-Completed Functioning scale	I Functionin	g scale	Worker-	Worker-Completed	I Functioning Scale	ıg Scale	ratent-completed rubbent sevency worker-completed rubbent sevency scale	~
	-	% Partial Improvement	provement		% Reliable Improvement	vement	Total		% Partial Improvement % Reliable Improvement Total	
Story E scales h relative growth Trend: Propos • Co • Co • Co • Co • Co • Co • Pla • Pla • Pla • Pla • Ex e • Co	 Story Behind the Baseline: The Ohio Scales demonstrated statistically significant change for 29.7 of episodes in Funce relative short time of service engagement, the Ohio Scales reflecting relative short time of service engagement, the Ohio Scales reflecting owth and success of youth. Trend: → Proposed Actions to Turn the Curve: Mobile Crisis providers will work with schools and Emerge Continue outreach to Police Departments to support the Review with each provider their self-care activities to support the Continue to review RBA report cards on a quarterly basis children served in each region. Plan outreach activities with a lens towards health equity outreach strategies to target self/family referrals. Data Development Agenda: Work with providers to identify and accurately capture children 	he Baselir tically signi pleted scalu me of servi cess of your cess of your sis providé outreach tu outreach tu outreach tu o increase th each pr o review F trategies t trategies t trategies t trategies t providers	ificant chaines, the Provide es, the Provide engage th. In the Curriers will we opolice D or Police D or the pare ovider the RBA reported ach region ach region ach region ach ranget s data to a s	io Scales di nge for 29. blem Seve ment, the ment, the ve: ve: ork with si epartmer nt complé eir self-cai t cards or t cards or t cards or t cards or i lens tow i elf/family issess util	emonstra 7 of episo rity scale Ohio Sca chools au its to suu etion ratt re activit i a quart i a quart r referra ization a ization a	ted statist des in Fur showed s les reflect sport the ses for the cies to sul lth equit lth equit ls. nd delive capture c	ically significal nctioning and 3 tatistically sign the continued ency Departu ir ongoing co oport their cl oport their cl with each N y and promot y and promot hanges in vol	ificant positiv asignificant in bartments to g collaborat ales. Ir clinical sta ir clinical sta moting equ vices across	 Story Behind the Baseline: The Ohio Scales demonstrated statistically significant positive changes for children following a Mobile Crisis response. For SF 25 C2, Ohio worker than rates in the recent quarters. For parent-completed scales, the Problem Severity scale showed statistically significant improvement on 18.0% of cases, an decrease over the past two quarters. Despite the relation and success of youth. For parent-completed scales, the Problem Severity scale showed statistically significant improvement on 18.0% of cases, an decrease over the past two quarters. Despite the relation and success of youth. Frend: → Proposed Actions to Turn the Curve: Mobile Crisis providers will work with schools and Emergency Departments to reduce school utilization of EV's and increase utilization of 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 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 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. Review with each provider their self-family referrals. Plan outreach at trategies 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 equily and equily and equily and ethnic groups and to identify opportunities to improve lease in ediver sets or including identi	the ers.
•	Work with existing data and propose new data elements	existing d	ata and p	ropose ne	ew data	elements	to bette	r capture th	to better capture the stabilization phase.	



Section II: Mobile Crisis Statewide/Service Area Dashboard





Section III: Mobile Crisis Response







Section IV: Demographics

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



















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	tion VI: Referral Sources	<u> </u>	al Sour	rces							
100.0% 90.0%						Figure 37. Referral Source	7. Referi	ral Sour	e							
64.9%	46.9% 49.8%	%8														
40.0% - 34.3% 30.0% - 34.3%					23.1%	%										
20.0% 10.0% 0.0%		3.4%	2.0% 2.0% 1.4%		8.7% 7.7%	0.1%0.1%	.1%	0.9% 1.	1.0%	0.1% 0.1% 0.5%		0.7%0.7% 1.0%		0.1% 0.1% 0.5%	4.3%	4.3%4.2%5.3%
Self/Family (1178)	School (1524)	524)	Other community provider (64)		Emergency Department (ED) (283) All HC	Probat	Probation/Court (3) urs Old Hours		Dept. Children & Families (29) New Hours	Foster Parent (4)	-	Police (24)	ň	UCC (4)	Other	Other (139)
Table 1. Referral Sources (Q1 FY 2025)	Q1 FY 202	i5)														
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	36.2%	0.2%	46.9%	0.3%	0.6%	2.0%	8.7%	0.1%	%6.0	2.5%	0.0%	0.1%	0.7%	0.4%	0.2%	0.1%
CENTRAL	36.6%	0.0%	47.2%	0.7%	1.0%	2.3%	6.8%	0.0%	1.0%	3.1%	0.0%	0.0%	0.7%	0.3%	0.2%	0.2%
CHR:MiddHosp	38.9%	0.0%	45.1%	1.2%	1.9%	1.2%	8.0%	0.0%	0.6%	1.9%	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%
CHR	35.8%	0.0%	48.0%	0.5%	0.7%	2.7%	6.3%	0.0%	1.1%	3.6%	0.0%	0.0%	0.5%	0.5%	0.2%	0.2%
EASTERN	45.3%	0.3%	45.0%	0.3%	0.5%	2.2%	1.6%	0.0%	0.8%	3.0%	0.0%	0.5%	0.3%	0.0%	0.3%	0.0%
UCFS:NE	34.9%	0.0%	50.5%	0.9%	0.0%	3.7%	2.8%	0.0%	0.9%	6.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
UCFS:SE	49.6%	0.4%	42.7%	0.0%	0.8%	1.5%	1.2%	0.0%	0.8%	1.5%	0.0%	0.8%	0.4%	0.0%	0.4%	0.0%
HARTFORD	32.0%	0.1%	46.4%	0.5%	0.5%	2.1%	10.4%	0.0%	1.0%	4.3%	0.0%	0.0%	1.6%	0.6%	0.4%	0.0%
Wheeler:Htfd	20.7%	0.0%	46.4%	0.3%	1.0%	2.6%	19.4%	0.0%	0.3%	4.3%	0.0%	0.0%	3.9%	0.7%	0.3%	0.0%
Wheeler:Meridn	46.2%	0.9%	41.9%	1.7%	0.0%	0.9%	4.3%	0.0%	0.9%	2.6%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%
Wheeler:NBrit	36.8%	0.0%	47.8%	0.3%	0.3%	2.2%	4.9%	0.0%	1.6%	4.9%	0.0%	0.0%	0.3%	0.5%	0.5%	0.0%
NEW HAVEN	38.1%	0.0%	50.9%	0.2%	0.5%	1.1%	6.5%	0.2%	0.9%	0.7%	0.0%	0.2%	0.2%	0.2%	0.0%	0.2%
CliffBeers	38.1%	0.0%	50.9%	0.2%	0.5%	1.1%	6.5%	0.2%	0.9%	0.7%	0.0%	0.2%	0.2%	0.2%	0.0%	0.2%
SOUTHWESTERN	39.2%	0.6%	53.9%	0.0%	0.4%	2.4%	0.6%	0.0%	0.9%	0.6%	0.0%	0.2%	0.6%	0.2%	0.2%	0.0%
CFGC:South	54.5%	1.8%	38.4%	0.0%	0.0%	1.8%	0.0%	0.0%	1.8%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%
CFGC:Nrwlk	45.3%	0.0%	50.0%	0.0%	0.0%	1.9%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%
CFGC:EMPS	29.7%	0.4%	62.6%	0.0%	0.8%	2.8%	0.8%	0.0%	0.8%	0.8%	0.0%	0.4%	0.0%	0.4%	0.4%	0.0%
WESTERN	32.5%	0.0%	40.0%	0.2%	0.5%	1.6%	21.3%	0.3%	0.7%	2.1%	0.0%	0.0%	0.3%	0.5%	0.0%	0.0%
Well:Dnby	50.9%	0.0%	45.7%	0.0%	0.0%	1.7%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Well:Torr	48.3%	0.0%	39.1%	1.1%	0.0%	2.3%	4.6%	0.0%	1.1%	2.3%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%
Well:Wtby	23.0%	0.0%	38.4%	0.0%	0.8%	1.4%	31.6%	0.5%	0.8%	2.4%	0.0%	0.0%	0.5%	0.5%	0.0%	0.0%







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





Section VIII: Response Time





Section IX: Length of Stay and Discharge Information

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

		A	8	J	٥	ш	ш	G	т	_	_	×	_	Σ	z	0	٩	ď	ж
			Discl	harged E	Discharged Episodes for Cu	for Curi	irrent Reporting Period	orting P	eriod				Cumi	Cumulative Discharged Episodes*	ischarge	ed Episo	des*		
			Mean		2	Median			Percent			Mean		2	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
-	STATEWIDE	1.5	11.0	19.6	0.0	5.0	17.0	22.3%	42.7%	2.3%	1.5	9.9	18.5	0.0	5.0	16.0	24.1%	39.6%	1.9%
2	Central	3.5	4.0	20.2	2.0	2.0	19.0	54.1%	15.8%	1.7%	3.6	3.6	19.3	2.0	2.0	18.0	56.2%	13.8%	1.4%
m	CHR/MiddHosp-EMPS	6.2	4.2	16.1	5.0	2.0	13.0	76.2%	16.7%	%0.0	6.4	4.0	15.6	5.0	2.0	12.5	78.4%	15.4%	0.0%
4	CHR-EMPS	1.8	0.0	21.2	0.0	0.0	21.0	40.3%	0.0%	2.1%	1.7	0.3	20.3	1.0	0.0	20.0	41.4%	0.0%	1.8%
S	Eastern	0.3	4.5	25.9	0.0	4.0	22.0	5.7%	11.6%	6.7%	0.4	4.2	24.4	0.0	4.0	22.0	9.5%	9.8%	5.2%
9	UCFS-EMPS:NE	0.4	4.9	31.5	0.0	4.0	29.0	10.3%	15.6%	6.7%	0.6	4.4	27.0	0.0	4.0	28.0	15.5%	10.0%	4.8%
7	UCFS-EMPS:SE	0.3	4.3	23.1	0.0	5.0	21.0	3.4%	10.2%	6.7%	0.3	4.1	22.9	0.0	4.0	21.0	6.0%	9.7%	5.4%
∞	Hartford	1.5	5.3	17.4	0.0	2.0	15.0	27.6%	24.7%	0.4%	1.5	5.1	17.1	0.0	2.0	15.0	27.4%	23.8%	0.3%
6	Wheeler-EMPS:Htfd	0.9	6.4	20.0	0.0	1.0	19.0	21.7%	31.4%	0.0%	1.0	5.8	19.9	0.0	1.0	18.5	22.2%	28.6%	0.0%
10	Wheeler-EMPS:Meridn	1.6	6.3	18.5	0.0	3.0	17.0	28.6%	34.8%	1.3%	1.1	6.3	17.6	0.0	3.0	16.0	27.3%	31.6%	1.0%
11	Wheeler-EMPS:NBrit	2.2	4.0	15.0	1.0	2.0	13.0	33.3%	16.5%	0.4%	2.0	4.3	14.7	1.0	2.0	13.0	32.1%	18.4%	0.3%
12	New Haven	0.3	20.8	30.5	0.0	19.0	28.0	5.6%	83.6%	10.9%	0.4	18.9	30.3	0.0	17.0	28.0	6.8%	80.9%	13.0%
14	CliffBeers-EMPS	0.3	20.8	30.5	0.0	19.0	28.0	5.6%	83.6%	10.9%	0.4	18.9	30.3	0.0	17.0	28.0	6.8%	80.9%	13.0%
15	Southwestern	0.4	18.0	37.9	0.0	14.0	40.5	4.8%	71.5%	13.2%	0.4	16.5	35.5	0.0	13.0	38.0	6.3%	69.4%	10.0%
16	CFGC/South-EMPS	0.7	4.4	35.4	0.0	0.5	40.0	6.3%	27.1%	0.0%	0.5	4.7	33.7	0.0	1.0	38.0	4.0%	27.9%	0.0%
17	CFGC-EMPS:Nrwlk	0.0	17.9	32.0	0.0	14.5	30.0	0.0%	76.2%	33.3%	0.2	17.1	31.0	0.0	14.0	29.0	5.1%	76.1%	25.0%
18	CFGC-EMPS	0.5	24.0	62.5	0.0	23.0	61.5	7.1%	89.1%	100.0%	0.5	21.8	50.2	0.0	20.0	56.5	8.1%	85.5%	66.7%
19	Western	3.5	2.3	17.7	0.0	1.0	15.0	29.2%	4.0%	3.1%	3.2	2.1	16.0	0.0	2.0	14.0	32.2%	2.6%	2.2%
20	Well-EMPS:Dnby	5.3	1.5	17.6	0.0	1.0	14.5	20.0%	0.0%	4.9%	4.0	1.7	16.5	1.0	1.0	14.0	33.3%	0.0%	3.7%
21	Well-EMPS:Torr	2.4	1.9	17.0	0.0	0.0	13.0	23.5%	7.1%	6.5%	1.9	2.1	15.6	0.0	1.0	11.0	18.2%	5.0%	5.1%
22	Well-EMPS:Wtby	3.5	2.5	17.9	0.0	2.0	15.5	34.2%	4.5%	1.9%	3.3	2.2	16.0	0.0	2.0	14.0	36.1%	2.8%	1.3%

* Discharged episodes with end dates from July 1, 2024 to the end of the current reporting period.

Definitions:

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

Table	Table 3. Number of Episodes for <u>Discharged Episodes</u> of <u>Care</u>	ed Episodes of (
		A	В	C	D	ш	н	ŋ	н	_	ſ	К	L
		Disc	Discharged Episodes	for	Current Reporting Period	rting Peri	pc		Cumul	ative Discha	Cumulative Discharged Episodes*	'es*	
		N used	N used Mean/Median	edian	N USE	used for Percent	cent	N used	Mean/Median	dian	N US	N used for Percent	cent
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
Ч	STATEWIDE	605	994	1492	135	424	35	1056	1476	2008	254	584	38
2	Central	109	38	479	59	9	8	185	58	626	104	8	6
3	CHR/MiddHosp-EMPS	42	36	94	32	9	0	74	52	130	58	8	0
4	CHR-EMPS	67	2	385	27	0	8	111	9	496	46	0	6
2	Eastern	88	241	45	5	28	3	158	378	58	15	37	3
9	UCFS-EMPS:NE	29	64	15	3	10	1	58	110	21	6	11	1
7	UCFS-EMPS:SE	59	177	30	2	18	2	100	268	37	9	26	2
∞	Hartford	152	178	494	42	44	2	281	265	699	77	63	2
6	Wheeler-EMPS:Htfd	69	70	184	15	22	0	117	91	248	26	26	0
10	Wheeler-EMPS:Meridn	14	23	77	4	8	1	33	38	105	6	12	1
11	Wheeler-EMPS:NBrit	69	85	233	23	14	1	131	136	316	42	25	1
12	New Haven	108	238	46	9	199	5	191	340	54	13	275	7
14	CliffBeers-EMPS	108	238	46	9	199	5	191	340	54	13	275	7
15	Southwestern	83	200	38	4	143	5	126	284	50	8	197	5
16	CFGC/South-EMPS	16	48	31	1	13	0	25	68	40	1	19	0
17	CFGC-EMPS:NrwIk	25	42	3	0	32	1	39	71	4	2	54	1
18	CFGC-EMPS	42	110	4	3	98	4	62	145	6	5	124	4
19	Western	65	66	390	19	4	12	115	151	551	37	4	12
20	Well-EMPS:Dnby	10	19	82	2	0	4	21	23	108	7	0	4
21	Well-EMPS:Torr	17	14	46	4	1	3	22	20	59	4	1	3
22	Well-EMPS:Wtby	38	99	262	13	3	ß	72	108	384	26	3	ß
()					.		-						

* Discharged episodes with end dates from July 1, 2024 to the end of the current reporting period.

Definitions:

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

		A	в	J	۵	ш	щ	U	т	_	~	×	_	Σ	z	0
					Episod	Episodes Still in Care*	Care*					N of	N of Episodes Still in Care*	Still in Ca	'e*	
			Mean			Median			Percent		N use	used Mean/Median	edian	N US	used for Percent	cent
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	70.6	44.3	26.4	57.0	36.0	19.0	100.0%	96.1%	15.2%	37	154	158	37	148	24
2	Central	42.2	11.5	19.4	10.0	11.5	14.5	100.0%	50.0%	3.3%	5	2	30	5	1	1
3	CHR/MiddHosp-EMPS	8.0	3.0	25.3	7.0	3.0	29.0	100.0%	%0.0	0.0%	4	1	3	4	0	0
4	CHR-EMPS	179.0	20.0	18.8	179.0	20.0	14.0	100.0%	100.0%	3.7%	1	1	27	1	1	1
5	Eastern	•	4.0	18.6	•	4.0	21.0	0.0%	%0.0	0.0%	0	1	7	0	0	0
9	UCFS-EMPS:NE	•	•	21.7	•	•	21.0	%0.0	%0.0	0.0%	0	0	3	0	0	0
7	UCFS-EMPS:SE	•	4.0	16.3	•	4.0	20.0	0.0%	%0.0	0.0%	0	1	4	0	0	0
8	Hartford	58.3	44.1	30.7	52.0	36.0	19.5	100.0%	100.0%	19.6%	4	6	46	4	6	6
6	Wheeler-EMPS:Htfd	38.5	30.5	18.7	38.5	30.5	17.0	100.0%	100.0%	0.0%	2	2	22	2	2	0
10	Wheeler-EMPS:Meridn	•	24.6	29.9	•	19.0	25.0	%0.0	100.0%	28.6%	0	5	7	0	5	2
11	Wheeler-EMPS:NBrit	78.0	106.5	46.6	78.0	106.5	23.0	100.0%	100.0%	41.2%	2	2	17	2	2	7
12	New Haven	76.7	32.3	43.2	78.0	21.5	26.0	100.0%	97.5%	40.0%	7	40	5	7	39	2
14	CliffBeers-EMPS	76.7	32.3	43.2	78.0	21.5	26.0	100.0%	97.5%	40.0%	7	40	5	7	39	2
15	Southwestern	160.0	52.0	32.2	160.0	48.0	15.5	100.0%	%0.66	30.0%	1	96	20	1	95	6
16	CFGC/South-EMPS	160.0	16.7	15.1	160.0	12.0	14.0	100.0%	85.7%	0.0%	1	7	13	1	6	0
17	CFGC-EMPS:Nrwlk	•	55.6	74.0	•	47.5	74.0	0.0%	100.0%	100.0%	0	32	2	0	32	2
18	CFGC-EMPS	•	54.4	60.0	•	55.0	75.0	0.0%	100.0%	80.0%	0	57	5	0	57	4
19	Western	73.5	19.0	23.6	62.5	20.0	18.0	100.0%	66.7%	12.0%	20	9	50	20	4	6
20	Well-EMPS:Dnby	78.5	•	30.7	63.0	•	20.0	100.0%	0.0%	16.7%	4	0	9	4	0	1
21	Well-EMPS:Torr	67.8	•	18.1	63.5	•	18.0	100.0%	0.0%	0.0%	9	0	6	6	0	0
22	Well-EMPS:Wtby	74.9	19.0	23.8	62.5	20.0	17.0	100.0%	66.7%	14.3%	10	9	35	10	4	5

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

* Data includes episodes still in care with start dates from July 1, 2024 to end of current reporting period.

Definitions:

Length of Stay in Days for Phone Only LOS: FTF Length of Stay in Days for Face To Face Only LOS: Phone LOS: Stab.

Length of Stay in Days for Stabilization Plus Follow-up Only

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

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

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









Table 5. Ohio Scales Scores by Service Area

	N (paired	Mean	Mean	Mean Difference			† .0510 * P < .05
	intake &	(paired [,]	(paired [,]	(paired [,]		c:	**P < .01
Service Area	discharge)	intake)	discharge)	cases)	t-score	Sig.	
STATEWIDE	160	42.10	43.78	0.60	1 10	0.274	
Parent Functioning Score	160	43.18	45.78	0.60	1.10	0.274	
Worker Functioning Score	984	45.91	48.26	2.36	10.33	<.001	**
Parent Problem Score	161	26.63	25.14	-1.50	-2.80	0.006	**
Worker Problem Score	985	27.15	24.18	-2.98	-14.40	<.001	**
Central							
Parent Functioning Score	84	40.69	40.67	-0.02	-0.06	0.954	
Worker Functioning Score	291	50.42	50.79	0.37	1.70	0.090	+
Parent Problem Score	84	26.55	26.13	-0.42	-1.10	0.275	
Worker Problem Score	291	23.54	22.67	-0.87	-3.58	<.001	**
Eastern							
Parent Functioning Score	19	46.11	48.21	2.11	0.78	0.445	
Worker Functioning Score	26	44.62	46.81	2.19	1.41	0.172	
Parent Problem Score	20	25.40	19.50	-5.90	-2.69	0.015	*
Worker Problem Score	26	29.65	23.92	-5.73	-4.37	<.001	**
Hartford	20	25105	20.52	5.75	-1.57	1001	
Parent Functioning Score	28	46.07	46.18	0.11	0.07	0.946	
Worker Functioning	20	40.07	40.10	0.11	0.07	0.540	
Score	332	43.92	45.45	1.53	3.93	<.001	* *
Parent Problem Score	28	26.07	26.14	0.07	0.05	0.962	
Worker Problem Score	332	30.85	29.11	-1.74	-4.66	<.001	**
New Haven		00.00					
Parent Functioning Score	9	51.44	51.56	0.11	1.00	0.347	
Worker Functioning		51.44		0.11	1.00	0.047	
Score	22	50.36	51.95	1.59	1.54	0.139	
Parent Problem Score	0	27.56	27.56	0.00	0.00	0.000	N/A
Worker Problem Score	22	26.23	23.09	-3.14	-2.86	0.009	**
Southwestern		20120	25105	5114	2.00	0.005	
Parent Functioning Score	14	48.79	50.86	2.07	0.65	0.527	
Worker Functioning							
Score	24	50.00	54.33	4.33	2.64	0.015	*
Parent Problem Score	14	24.86	20.36	-4.50	-1.33	0.207	
Worker Problem Score	24	22.08	15.42	-6.67	-4.38	<.001	**
Western				0.07			
Parent Functioning Score	6	29.83	34.00	4.17	3.98	0.011	*
Worker Functioning Score	289	43.08	48.30	5.22	10.08	<.001	**
Parent Problem Score	6	37.33	32.83	-4.50	-5.08	0.004	**
Worker Problem Score	290	26.82	20.88	-5.95	-14.91	<.001	**

paired¹ = Number of cases with both intake and discharge scores

+.05-.10,

* P < .05,

**P<.01

Section X: Client & Referral Source Satisfaction

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

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

* All items collected by 2-1-1, in collaboration with the PIC and DCF; measured on a scale of 5 (Strongly Agree) to 1 (Strongly Disagree)

Client Comments:

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

Referrer Comments:

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

Section XI: Training Attendance

Table 7. Trainings Completed for All Active* Staff

													-				
All 13 Completed for Full-Time Staff Only	11%	%0	14%	67%	31%	%0	%0	%0	28%	%0	%0	N/A	N/A	%0	%0		7
All 13 Trainings Completed	7%	%0	8%	67%	25%	%0	%0	%0	23%	%0	%0			%0	%0		11%
SR	53%	50%	50%	83%	100%	44%	31%	44%	%69	67%	52%			100%	42%		71%
PSB	44%	25%	38%	67%	%69	44%	38%	%0	77%	67%	32%			100%	35%		60%
ASD	45%	44%	38%	83%	63%	48%	23%	41%	77%	33%	48%			100%	30%		29%
A- SBIRT	27%	25%	19%	100%	94%	8%	8%	7%	%69	33%	20%	er Norwalk	ıry	%0	12%		38%
QPR	20%	56%	12%	100%	81%	8%	%0	%0	58%	%0	%0	ther unde	r Waterbu	%0	%0		29%
Emerg. Certificate	45%	44%	38%	83%	%69	48%	23%	41%	58%	67%	48%	Bridgeport and Norwalk staff counted together under Norwalk	Danbury Staff Included in count for Waterbury	100%	33%		62%
CRC	45%	50%	46%	100%	44%	52%	31%	41%	%69	67%	36%	walk staff	aff Include	%0	33%		64%
Violence	36%	44%	42%	83%	50%	12%	15%	19%	58%	33%	44%	ort and Nor	Danbury St	%0	35%		49%
Trauma	54%	50%	35%	100%	75%	52%	38%	52%	77%	67%	44%	Bridgepo		100%	49%		72%
CCSRS	33%	56%	92%	100%	100%	%0	8%	11%	73%	17%	4%			%0	2%		43%
SOO	48%	50%	35%	83%	63%	60%	38%	41%	77%	33%	40%			100%	35%		68%
Crisis API	60%	56%	42%	83%	100%	72%	62%	67%	%69	83%	52%			100%	42%		78%
DBHRN	36%	25%	23%	83%	63%	32%	31%	37%	54%	50%	36%			%0	28%		50%
	Statewide (245)*	CHR:MiddHosp (16)*	CHR (26)*	UCFS:NE (6)*	UCFS:SE (16)*	Wheeler:Htfd (25)*	Wheeler:Meridn (13)*	Wheeler:NBrit (27)	CliffBeers (26)*	CFGC:South (6)*	CFGC:Nrwlk (25)*^	CFGC:EMPS (0)*	Well:Dnby (0)*	Well:Torr (1)*	Well:Wtby (57)*^		Full-Time Staff Only (136)

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

CSSRS=Columbia Suicide Severity Rating Scale Trauma = Traumatic Stress and Trauma Informed Care Violence = Violence Assessment and Prevention CRC = 21st Century Culturally Responsive Mental Health Care Emerg. Certificate= Emergency Certificate PSB = Problem Sexual Behavior (Added October 2019) SR = School Refusal (Added August 2019)



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.