Mobile Crisis Intervention Services
Performance Improvement Center (PIC)

Quarter 4 Report: Fiscal Year 2017
April 1 – June 30, 2017
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The Mobile Crisis Performance Improvement Center
is housed at the Child Health and Development Institute of Connecticut, Inc.
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Executive Summary

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

Call and Episode Volume: In the fourth quarter of FY2017, 211 received 5,426 calls including 4,025 calls (74.2%) handled by Mobile Crisis providers and 1,401 calls (25.8%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). Of the 4,019 calls, 3,832 (95.3%) were received during regular hours, 187 (4.7%) were handled after hours, and 6 (0.1%) were crisis-response follow-ups. This quarter saw a 21.7% increase in call volume compared to the same quarter in FY2016 (4,458), and the total episodes increased by 28% compared to the same quarter in FY2015 (3,142).

Among the 4,019 episodes of care generated in Q4 FY17, episode volume ranged from 502 episodes including After Hours calls (New Haven service area) to 1,063 episodes including After Hours calls (Hartford service area). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 4.93, with service area rates ranging from 3.51 (Southwestern) to 6.74 (Hartford). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 9.72 per 1,000 children in poverty, with service area rates ranging from 6.83 (New Haven) to 14.55 (Eastern).

Each quarter, every Mobile Crisis site is required to achieve an overall service reach rate of 2.5 episodes per 1,000 children. For this quarter, 13 of 14 sites met this benchmark.

Demographics: Statewide this quarter, 50.7% of children served were female and 49.3% male. Approximately 34.7% of youth served were 13-15 years old, 28% were 9-12 years old, 22.1% were 16-18 years old, and 11.9% were 6-8 years old. Almost one-third (31.1%) of youth served were of Hispanic ethnicity. Additionally, the majority of the children served were White (59.6%), 23.9% were African-American or Black, and 13.4% reported “Other Race.” The majority of youth were insured by Husky A (62.9%) and private insurance (29.4%). Finally, the majority of clients (83.2%) were not DCF-involved.

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide include: Harm/Risk of Harm to Self (33%), Disruptive Behavior (23%), Depression (14%), Anxiety (7%), Harm/Risk of Harm to Others (6%), and Family Conflict (5%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (32.8%), Adjustment Disorders (15.7%), Conduct Disorders (12.7%), Anxiety Disorders (10.8%), Attention Deficit/Hyperactivity Disorders (9.3%), and Trauma Disorders (6.7%). This quarter, 78% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED).

In this quarter, the statewide percentage of children with trauma exposure reported at intake was 61%, with service areas ranging from 55% (Hartford and Southwestern) to 80% (New Haven). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (23%), Witnessing Violence (23%), Victim of Violence (17%), and Sexual Victimization (12%).

The statewide rate for the percentage of children evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 20%, a decrease from 21% in the same quarter last fiscal year. Seventeen percent of children were evaluated one or more times during an episode of care. The inpatient admission rate in the six months prior to Mobile Crisis referral was 11% statewide, which is the same percentage when compared to the same quarter in FY2016, whereas the admission rate to an inpatient unit during a mobile crisis episode was 7%, which was also the same as in the same quarter last fiscal year.

Referral Sources: Statewide, 44% of all referrals were received from school and 36.2% were received from parents, families and youth. Emergency Departments (EDs) accounted for 10.1% of all Mobile Crisis referrals. The remaining 9.7% of referrals came from other sources.

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of 405 Mobile Crisis referrals were received from EDs, including 153 referrals for inpatient diversion and 252 referrals for routine follow-up. Regionally, the highest rate of ED responses, as a percentage of total responses, was observed in the Western service area (17%) and the lowest was in the Eastern service area (2%). Statewide, ten percent of all Mobile Crisis episodes came from ED referrals this quarter, 1% lower when compared to Q4 FY2016.

Mobility: The average statewide mobility this quarter was 93.0%, 1.4% higher when compared to Q4 FY16 (Police referrals are excluded from mobility calculations). Five of the six service areas met the benchmark of 90% this quarter. Mobility rates among
service areas ranged from 84.8% (Central) to 95.2% (Western). The range in mobility percentages widened slightly more among individual providers, from 87% (CHR-EMPS) to 97% (CFG/C-South-EMPS). Of these providers, 12 of the 14 either reached or surpassed the 90% benchmark.

**Response Time:** Statewide this quarter, 88% of mobile episodes received a face-to-face response in 45 minutes or less. Performance on this indicator ranged from 79% (Western) to 95% (Southwestern) with five of the six service areas above the 80% benchmark. Across the state, 11 of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 28 minutes, with all six service areas demonstrating a median response time of 30 minutes or less. These data suggest that Mobile Crisis service providers offer timely responses to crises in the community.

**Length of Stay:** Among discharged episodes statewide this quarter, 14% of Phone Only episodes exceeded one day, 41% of Face-to-face episodes exceeded five days, and 7% of Plus Stabilization Follow-up episodes exceeded 45 days, a rate that did not meet the statewide benchmark (less than 5%). The statewide median LOS among discharged episodes was 0 days for Phone Only, 4.0 days for Face-to-face episodes, and 19.0 days for Plus Stabilization.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 112 days and ranged from 0 days (Eastern) to 230 days (New Haven). The statewide median LOS for Face-to-face was 99.5 days and ranged from 70 days (New Haven) to 117.5 days (Hartford). For Plus Stabilization Follow-up, the statewide median LOS was 83 days with a range from 72 days (Southwestern) to 100 days (Hartford). This tells us that families remain open for services beyond the benchmarks (1-day and 5-day respectively) for the phone and face-to-face crisis response categories. All of stabilization plus follow-up episodes (100%) did exceed the 45-day benchmark. Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase, and can compromise accurate and timely data entry practices.

**Discharge Information:** The overwhelming majority of clients lived in a private residence at discharge from Mobile Crisis (97.1%). Statewide, the top three reasons for client discharge were: Met Treatment Goals (70.8%), Family Discontinued (19.7%), and Client Hospitalized: Psychiatrically (4.5%).

Statewide, clients were most likely to be referred to Outpatient Services at discharge (48.6%). Other care referrals at discharge included: Intensive Outpatient Program (8.8%), Other: Community Based (6.0%), Inpatient Hospital (3.6%), Partial Hospital Program (3.3%), and Intensive In-Home Services (3.0%). An additional 20.2% of clients indicated “none” for discharge referrals, a category that includes referrals back to an existing provider.

Across the state, Ohio Scales showed an improvement on parent and worker rated functioning, 0.29 and 1.79 respectively. Decreases in problem scores of 5.47 points on parent-ratings and 2.84 points on worker-ratings were reported. Changes on all of the Ohio Scales scores were statistically significant except for the Parent Functioning score.

Completion rates of the Ohio scales at discharge for both the worker problem severity and functioning scales decreased by 7% when compared to the same quarter in FY2016. A 2% decrease was also noticed for the completion rates for both parent scales when compared to Q4 FY2016.

**Satisfaction:** This quarter, 64 clients/families and 64 other referrers responded to the satisfaction survey; both groups gave favorable ratings to 211 and Mobile Crisis services. On a 5-point scale, clients’ average ratings of 211 and Mobile Crisis providers were 4.78 and 4.73, respectively. Among other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 211 and Mobile Crisis were 4.71 and 4.42, respectively. Qualitative comments (see Section IX) varied from very satisfied to very dissatisfied.

**Training Attendance:** The statewide average percentage of trainings completed by all active staff as of June 30, 2017 is 18%. The percentage of trainings completed increased when compared to Q4 FY16 (4%).

**Community Outreach:** Outreach numbers ranged from 0 (Wheeler-EMPS:Meridian and Well-EMPS-Wtby) to 9 (UCFS-EMPS:NE).
**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 2017**

State Funding: $10,743,631

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**How Much Did We Do?**

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<th>How Much Did We Do?</th>
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<td>Episodes Per Child</td>
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<td>Total</td>
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<td>2813  4811 4946 5426</td>
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</table>

**Story Behind the Baseline:** In SFY 2017 Q4 there were 5,426 total calls to the 211 Call Center and 4,025 mobile episodes, compared to 4,458 and 3,142 respectively for the same quarter in 2016. Both total calls to 211 and Mobile Episode responses have continued to increase overall. The percentages of both Black and Hispanic children served is higher than the statewide population percentages. Over the last four quarters there has been a slight increase in the percentage of Black, Hispanic and White children served. The overall results reflect the continued establishment of Mobile Crisis as an effective and valued community service utilized by Connecticut families, schools and other services.

**Trend:** ↑

**Statewide Response Time Under 45 Minutes**

- **Q1 FY17:** 88.8%
- **Q2 FY17:** 87.4%
- **Q3 FY17:** 87.5%
- **Q4 FY17:** 87.9%

**Story Behind the Baseline:** Since SFY 2011 Mobile Crisis has consistently exceeded the 80% benchmark for a 45 minute or less mobile response to a crisis. In SFY 2017 Q4 87.9% of all mobile responses achieved the 45 minute mark compared to 89.1% for SFY 2016 Q4. The median response time for SFY 2017 Q4 was 28 minutes. This reflects a highly responsive statewide Mobile Crisis service system that is immediately present to engage and deescalate a crisis and return stability to the child and family, school or other setting they are in.

**Trend:** ↑
How Well Did We Do?

Is Anyone Better Off?

Proposed Actions to Turn the Curve:

Story Behind the Baseline: In SFY 2017 Q4 Hispanic DCF involved and Black DCF and Non-DCF involved children1,2 accessed Mobile Crisis services at rates higher than the CT general population. For the first time in SFY 17 Hispanic Non-DCF involved children accessed Mobile Crisis services at rates lower than the general population in Q4. Both DCF and Non-DCF involved White children access the service at lower rates. White Non-DCF involved children utilize Mobile Crisis at higher rates than their DCF involved counterpart. Both Hispanic and Black DCF involved children utilize Mobile Crisis at higher rates than Non-DCF children. Notes: 1Only children having their DCF or non DCF status identified were reported. 2For the Distinct Clients served some had multiple episodes as identified above in Episodes per Child. Trend: →

Data Development Agenda:

1 Include regional service area demographics for race and ethnicity for each provider report card.

Trend: →

1

2

3
**Section II: Mobile Crisis Statewide/Service Area Dashboard**

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

- 211 Only: 1401
- 211-EMPS: 3981*
- Registered Call: 44
- Total Call Volume: 5426

*Note: 6 Calls are Crisis-Response follow-up

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

- Q1 FY16: 2794
- Q2 FY16: 4556
- Q3 FY16: 4968
- Q4 FY16: 4458
- Q1 FY17: 3438
- Q2 FY17: 3650
- Q3 FY17: 3981
- Q4 FY17: 5426

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

- Total Episodes: 4,019

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

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

- Central: 5.03
- Eastern: 5.84
- Hartford: 6.74
- New Haven: 4.26
- Southwestern: 3.51
- Western: 4.55
- Statewide: 4.93

**Figure 6. Number Served per 1,000 Children per Quarter by Service Area**
Figure 7. Number Served Per 1,000 Children in Poverty (Current Quarter)

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

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

Goal=90%

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

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

Goal=80%

Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area
Figure 13. After Hours Follow-up Calls by Provider

(n = 190)

Section III: Mobile Crisis Response

Figure 14. Total Call Volume by Call Type

Figure 15. Statewide 211 Disposition Frequency

Figure 16. Mobile Crisis Response Episodes by Provider

(Total Episodes = 4,019)

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

Figure 18. Episode Intervention Crisis Response Types by Service Area

Figure 19. Episode Intervention Crisis Response Type by Provider
Section IV: Demographics

Figure 20. Gender of Children Served Statewide
(N = 4,025)

Male: 49.3%
Female: 50.7%

Figure 21. Age Groups of Children Served Statewide
(N = 4,025)

- 6-8: 34.7%
- 9-12: 28.0%
- 13-15: 11.9%
- 16-18: 11.9%
- 19+: 0.4%
- <=5: 2.9%

Figure 22. Ethnic Background of Children Served Statewide
(N = 3,390)

- Non-Hispanic Origin: 68.9%
- Mexican, Mexican American, Chican@: 16.4%
- Puerto Rican: 12.7%
- Cuban: 1.2%
- South or Central American: 0.6%
- Hispanic/Latino Origin: 0.2%

Figure 23. Race of Children Served Statewide
(N = 4,020)

- American Indian/Alaska Native: 23.9%
- Asian: 13.4%
- Black/African American: 0.8%
- Native Hawaiian Pacific Islander: 0.3%
- White: 59.6%
- Other Race: 2.1%

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

Note: According to the U.S. Census Bureau, “[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept.”
Figure 24. Client’s Type of Health Insurance at Intake Statewide

- Husky A: 62.9%
- Private: 29.4%
- No Health Insurance: 1.7%
- Husky B: 1.6%
- Other: 3.4%
- Medicaid (non-HUSKY): 0.2%
- Military Health Care: 0.6%
- Medicare: 0.0%

Figure 25. Families that Answered “Yes” TANF* Eligible

- CHI/MiddHosp-EMPS: 29%
- CHR-EMPS: 35%
- UCS-EMPS/NE: 47%
- UCS-EMPS/SE: 50%
- Wheeler-EMPS:hd/h: 55%
- Wheeler-EMPS:Meriden: 51%
- CliffBeers-EMPS: 51%
- CFGC/South-EMPS: 39%
- CFGC/EMPS:Norw: 48%
- Well-EMPS:Dbby: 30%
- Well-EMPS:Torr: 45%
- Well-EMPS:Wlby: 26%
- Statewide: 22%
- Wildwood: 41%
- Seaside: 43%

*TANF=Temporary Assistance for Needy Families

Figure 26. Client DCF* Status at Intake Statewide

- Not DCF: 83.2%
- Child Protective Services - In Home: 7.6%
- Child Protective Services - Out of Home: 3.9%
- Voluntary Services Program: 1.0%
- Termination of Parental Rights: 0.4%
- Family with Service Needs (FWSN) - In Home: 0.8%
- Family Assessment Response: 1.3%
- Not DCF - On Probation: 0.2%
- Not DCF - Other Court Involved: 0.6%
- Family with Service Needs (FWSN) - Out of Home: 0.6%
- Probate: 0.0%
- Juvenile Justice (delinquency) commitment: 0.1%
- Dual Commitment (Juvenile Justice and Child Protective Services): 0.2%

*DCF=Department of Children and Families
Section V: Clinical Functioning

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

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

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

Note: Excludes missing data and clients with no diagnosis
Figure 30. Top 6 Client Primary Diagnostic Categories at Intake by Service Area
Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area
Figure 32. Children Meeting SED* Criteria by Service Area

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

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

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

Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care
### Table 1. Referral Sources (Q4 FY 2017)

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**Section VI: Referral Sources**

**Figure 37. Referral Sources Statewide (Current Quarter)**

- Self/Family
- School
- Other community provider
- Emergency Department (ED)
- Probation/Court
- Dept. Children & Families
- Foster Parent
- Police
- Other

### Notes
- The table presents referral sources for the current quarter, categorized by various agencies and sources.
- The percentages indicate the proportion of referrals from each source.
- The data includes referrals from different regions and specific agencies within those regions.
Figure 38. Type of Emergency Dept. Referral
(N = 405)

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: 211 Recommendations and Mobile Crisis Response

Figure 42. 211 Recommended Initial Response

Figure 43. Actual Initial Mobile Crisis Provider Response

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

Note: Total count 211 Rec of Mobile are in parenthesis
Figure 45. 211 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile

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

Figure 47. Mobile Response (Mobile & Deferred Mobile) By Provider
Section VIII: Response Time

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

![Bar chart showing response times by region](image)

*Goal = 80%*

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

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

![Bar chart showing response times by provider](image)

*Goal = 80%*

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

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

![Bar chart showing median response times by service area](image)

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

![Bar chart showing median response times by provider](image)

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

![Bar chart showing median deferred response times by service area](image)

Note: Count of mobile EMPS response episodes are in parenthesis

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

![Bar chart showing median deferred response times by provider](image)

Note: Count of mobile EMPS response episodes are in parenthesis
# Section IX: Length of Stay and Discharge Information

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

<table>
<thead>
<tr>
<th>State or Service</th>
<th>Discharged Episodes for Current Reporting Period</th>
<th>Cumulative Discharged Episodes*</th>
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<tr>
<td></td>
<td>LOS: Phone</td>
<td>LOS: FTF</td>
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</table>
| 1
| STATEWIDE        | 1.6  | 9.2   | 22.0   | 0.0  | 4.0   | 19.0   | 14%  | 41%  | 7%  | 1.5  | 8.1   | 21.1   | 0.0  | 3.0  | 17.0   | 16%  | 37%  | 8%  |
| 2
| Central          | 2.1  | 10.4  | 23.2   | 1.0  | 4.0   | 19.0   | 30%  | 46%  | 9%  | 2.4  | 9.2   | 24.5   | 1.0  | 3.0  | 19.0   | 31%  | 42%  | 12% |
| 3
| CHR/MiddHosp-EMPS| 3.0  | 4.7   | 15.5   | 1.5  | 3.0   | 12.0   | 50%  | 23%  | 0%  | 3.6  | 4.1   | 14.2   | 2.0  | 2.0  | 12.0   | 58%  | 22%  | 1%  |
| 4
| CHR-EMPS         | 1.7  | 13.1  | 25.1   | 1.0  | 8.5   | 21.0   | 22%  | 57%  | 12% | 2.0  | 11.5  | 27.4   | 1.0  | 6.0  | 21.5   | 20%  | 52%  | 15% |
| 5
| Eastern          | 0.1  | 2.4   | 23.9   | 0.0  | 2.0   | 21.0   | 3%   | 1%   | 4%  | 0.2  | 2.3   | 21.7   | 0.0  | 2.0  | 19.0   | 4%   | 1%   | 4%  |
| 6
| UCFS-EMPS:NE     | 0.1  | 2.5   | 24.7   | 0.0  | 3.0   | 22.0   | 1%   | 2%   | 7%  | 0.1  | 2.2   | 22.2   | 0.0  | 2.0  | 19.5   | 3%   | 1%   | 5%  |
| 7
| UCFS-EMPS:SE     | 0.2  | 2.3   | 23.4   | 0.0  | 2.0   | 21.0   | 4%   | 1%   | 2%  | 0.2  | 2.4   | 21.4   | 0.0  | 2.0  | 18.0   | 5%   | 1%   | 3%  |
| 8
| Hartford         | 1.6  | 15.0  | 19.3   | 0.0  | 10.5  | 16.0   | 11%  | 64%  | 5%  | 1.5  | 11.6  | 17.8   | 0.0  | 7.0  | 15.0   | 14%  | 56%  | 5%  |
| 9
| Wheeler-EMPS:Htfd| 1.8  | 16.1  | 27.0   | 1.0  | 12.0  | 23.0   | 17%  | 65%  | 12% | 1.7  | 12.3  | 18.9   | 1.0  | 7.0  | 15.0   | 17%  | 56%  | 6%  |
| 10
| Wheeler-EMPS:Meridin | 2.9  | 7.7   | 17.1   | 0.0  | 2.0   | 15.0   | 11%  | 31%  | 3%  | 2.2  | 7.7   | 18.2   | 0.0  | 5.0  | 15.0   | 12%  | 45%  | 5%  |
| 11
| Wheeler-EMPS:NBrit | 1.1  | 15.0  | 17.8   | 0.0  | 11.0  | 15.0   | 8%   | 67%  | 3%  | 1.1  | 11.8  | 17.1   | 0.0  | 7.0  | 14.0   | 13%  | 59%  | 4%  |
| 12
| New Haven        | 0.3  | 8.6   | 28.4   | 0.0  | 5.0   | 24.0   | 7%   | 49%  | 16% | 0.2  | 7.9   | 28.4   | 0.0  | 3.0  | 26.0   | 5%   | 43%  | 15% |
| 13
| CliffBeers-EMPS  | 0.3  | 8.6   | 28.4   | 0.0  | 5.0   | 24.0   | 7%   | 49%  | 16% | 0.2  | 7.9   | 28.4   | 0.0  | 3.0  | 26.0   | 5%   | 43%  | 15% |
| 14
| Southwestern     | 0.9  | 7.1   | 20.0   | 0.0  | 0.0   | 18.0   | 8%   | 36%  | 0%  | 0.6  | 8.3   | 20.9   | 0.0  | 1.0  | 21.0   | 7%   | 38%  | 1%  |
| 15
| CFGC/South-EMPS  | 1.2  | 0.2   | 14.6   | 0.0  | 0.0   | 11.5   | 6%   | 1%   | 6%  | 0.4  | 0.5   | 18.0   | 0.0  | 0.0  | 13.0   | 3%   | 2%   | 3%  |
| 16
| CFGC-EMPS:Nrwlk  | 1.1  | 8.8   | 27.1   | 0.0  | 7.0   | 29.0   | 7%   | 66%  | 0%  | 0.8  | 12.9  | 26.7   | 0.0  | 8.0  | 28.0   | 9%   | 67%  | 1%  |
| 17
| CFGC-EMPS        | 0.5  | 14.5  | 17.7   | 0.0  | 11.0  | 16.0   | 11%  | 63%  | 0%  | 0.8  | 13.3  | 18.9   | 0.0  | 7.5  | 17.0   | 8%   | 57%  | 1%  |
| 18
| Western          | 3.9  | 12.2  | 22.4   | 0.0  | 5.0   | 18.0   | 17%  | 49%  | 10% | 3.4  | 8.6   | 19.9   | 0.0  | 3.0  | 16.0   | 23%  | 35%  | 9%  |
| 19
| Well-EMPS:Dnby   | 0.2  | 10.7  | 24.7   | 0.0  | 5.0   | 18.0   | 4%   | 47%  | 5%  | 2.6  | 13.1  | 20.2   | 0.0  | 5.0  | 15.0   | 16%  | 46%  | 8%  |
| 20
| Well-EMPS:Torr   | 4.8  | 16.1  | 18.7   | 0.0  | 4.0   | 15.0   | 14%  | 43%  | 9%  | 3.9  | 8.8   | 17.4   | 0.0  | 2.0  | 15.0   | 20%  | 34%  | 4%  |
| 21
| Well-EMPS:Wtby   | 4.7  | 11.4  | 22.6   | 0.0  | 6.0   | 19.0   | 23%  | 51%  | 12% | 3.6  | 7.9   | 20.5   | 0.0  | 3.0  | 16.0   | 26%  | 34%  | 10% |

* Discharged episodes with end dates from July 1, 2017 to the end of the current reporting period.
Note: Blank cells indicate no data was available for that particular inclusion criteria.

**Definitions:**
- LOS: Phone - Length of Stay in Days for Phone Only
- LOS: FTF - Length of Stay in Days for Face To Face Only
- LOS: Stab. - Length of Stay in Days for Stabilization Plus Follow-up Only
- Phone > 1 - Percent of episodes that are phone only that are greater than 1 day
- FTF > 5 - Percent of episodes that are face to face that are greater than 5 days
- Stab. > 45 - Percent of episodes that are stabilization plus follow-up that are greater than 45 days
### Table 3. Number of Episodes for Discharged Episodes of Care

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

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

**Definitions:**

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

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

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

**Definitions:**
- LOS: Phone: Length of Stay in Days for Phone Only
- LOS: FTF: Length of Stay in Days for Face To Face Only
- LOS: Stab.: Length of Stay in Days for Stabilization Plus Follow-up Only
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- FTF > 5: Percent of episodes that are face to face that are greater than 5 days
- Stab. > 45: Percent of episodes that are stabilization plus follow-up that are greater than 45 days
**Figure 54. Top Six Reasons for Client Discharge Statewide**

- Met Treatment Goals: 70.8%
- Family Discontinued: 19.7%
- Client Hospitalized: Psychiatrically: 4.5%
- Agency Discontinued: Clinical: 1.8%
- Agency Discontinued: Administrative: 1.4%
- 0.8%
- 1.0%

Other (not in top 6)

**Figure 55. Top Six Places Clients Live at Discharge Statewide**

- Private Residence: 97.1%
- DCF Foster Home: 1.2%
- TFC Foster Home (privately licensed): 0.6%
- Homeless/Shelter: 0.8%
- Group home: 0.1%
- Residential Treatment Facility: 0.1%

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

- Outpatient Services (1723): 48.6%
- None (715): 20.2%
- Intensive Outpatient Services (312): 8.8%
- Other: Community-Based (214): 6.0%
- Inpatient Hospital Care (126): 3.6%
- Intensive In-Home Services (107): 3.0%
- Partial Hospital Program (117): 3.3%
- Extended Day Program (41): 1.2%
- Care Coordination (93): 2.6%
- Other: Out-of-Home (60): 1.7%
- Group Home (15): 0.4%
- Residential Treatment (20): 0.6%

(N = 3,543)

* Data include clients referred to more than one type of service
** May include referrals back to existing providers
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<td>45.08</td>
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<td>2.10</td>
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<td></td>
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</tr>
<tr>
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<td>24.47</td>
<td>23.47</td>
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<td>-1.46</td>
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<td></td>
</tr>
<tr>
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<td>25.45</td>
<td>-6.14</td>
<td>-4.76</td>
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<td></td>
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</tr>
<tr>
<td><strong>Southwestern</strong></td>
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<tr>
<td>Parent Functioning Score</td>
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<td>44.66</td>
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<td>0.00</td>
<td>0.00</td>
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<td>0.000</td>
<td>N/A</td>
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</tr>
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<td>19.98</td>
<td>-6.98</td>
<td>-6.56</td>
<td>0.000</td>
<td>*</td>
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<td></td>
</tr>
<tr>
<td><strong>Western</strong></td>
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<tr>
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<td>50.50a</td>
<td>50.50a</td>
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<td>26.50a</td>
<td>26.50a</td>
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<td>Worker Problem Score</td>
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<td>27.58</td>
<td>25.94</td>
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<td>-5.36</td>
<td>0.000</td>
<td>**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*paired* = Number of cases with both intake and discharge scores

† .05-.10,
* P < .05,
**P < .01
### Section X: Client & Referral Source Satisfaction

**Table 6. Client and Referrer Satisfaction for 211 and EMPS (Current Quarter)**

<table>
<thead>
<tr>
<th>211 Items</th>
<th>Clients (n=64)</th>
<th>Referrers (n=64)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 211 staff answered my call in a timely manner</td>
<td>4.60</td>
<td>4.71</td>
</tr>
<tr>
<td>The 211 staff was courteous</td>
<td>4.87</td>
<td>4.81</td>
</tr>
<tr>
<td>The 211 staff was knowledgeable</td>
<td>4.84</td>
<td>4.69</td>
</tr>
<tr>
<td>My phone call was quickly transferred to the EMPS provider</td>
<td>4.81</td>
<td>4.61</td>
</tr>
<tr>
<td><strong>Sub-Total Mean: 211</strong></td>
<td><strong>4.78</strong></td>
<td><strong>4.71</strong></td>
</tr>
<tr>
<td><strong>EMPS Items</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMPS responded to the crisis in a timely manner</td>
<td>4.84</td>
<td>4.49</td>
</tr>
<tr>
<td>The EMPS staff was respectful</td>
<td>4.82</td>
<td>4.54</td>
</tr>
<tr>
<td>The EMPS staff was knowledgeable</td>
<td>4.85</td>
<td>4.51</td>
</tr>
<tr>
<td>The EMPS staff spoke to me in a way that I understood</td>
<td>4.85</td>
<td>X</td>
</tr>
<tr>
<td>EMPS helped my child/family get the services needed or made contact with my current service provider (if you had one at the time you called EMPS)</td>
<td>4.58</td>
<td>X</td>
</tr>
<tr>
<td>The services or resources my child and/or family received were right for us</td>
<td>4.44</td>
<td>X</td>
</tr>
<tr>
<td>The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS</td>
<td>X</td>
<td>4.19</td>
</tr>
<tr>
<td><strong>Overall, I am very satisfied with the way that EMPS responded to the crisis</strong></td>
<td><strong>4.69</strong></td>
<td><strong>4.37</strong></td>
</tr>
<tr>
<td><strong>Sub-Total Mean: EMPS</strong></td>
<td><strong>4.73</strong></td>
<td><strong>4.42</strong></td>
</tr>
<tr>
<td><strong>Overall Mean Score</strong></td>
<td><strong>4.74</strong></td>
<td><strong>4.59</strong></td>
</tr>
</tbody>
</table>

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

**Client Comments:**

* Have always responded quickly. Clinician that family is presently working with is great, very pro-active.
* Clinician was very kind, considerate and companionate.
* Quick response time. Wonderful clinicians. Son treated with respect.
* Clinician was very kind, considerate and companionate.
* Clinician was wonderful. Exceptional follow up and follow through.
* The services offered by Wellmore was traumatic. Parent was accused of child abuse. Mother was reported to DCF. Very unhappy with the services but very happy with EMPSclinician.
* Still trying to get the services needed for her child.
* Would be helpful if there were clinician that was specifically trained on handling children with a diagnosis of autism.

**Referrer Comments:**

* EMPS has come out a couple of times and all have been great.
* This school is saying this year a dramatic difference in the way EMPS responds only positive feedback.
* Nothing but good things to say about EMPS and 211
* Great service support while the family awaits their appointments. Thanks.
* While on hold with 211 the child escalated and ended up requiring 911 intervention prior to EMPS taking the call. When on the phone with 211 they asked a lot of demographic questions and the caller felt it was not conducive because they just needed help in that moment.
* The only feedback is that the referral provider and family both had not used EMPS before and the referral provider reported it would have been helpful if while the process was happening EMPS explained the process to the worker and family.
* This provider called to refer a Spanish speaking family. Reportedly, the answering EMPS provider did not speak Spanish so, they told the provider they would follow up with the family when someone whom was bilingual was available.
## Section XI: Training Attendance

### Table 7. Trainings Completed for All Active* Staff

<table>
<thead>
<tr>
<th></th>
<th>DBHRN</th>
<th>Crisis API</th>
<th>DDS</th>
<th>CCSRS</th>
<th>Trauma</th>
<th>Violence</th>
<th>CRC</th>
<th>Str. Based</th>
<th>Emerg. Certificate</th>
<th>QPR</th>
<th>A-SBIRT</th>
<th>All 11 Trainings Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide (158)</strong>*</td>
<td>59%</td>
<td>61%</td>
<td>41%</td>
<td>44%</td>
<td>58%</td>
<td>59%</td>
<td>58%</td>
<td>61%</td>
<td>61%</td>
<td>34%</td>
<td>68%</td>
<td>13%</td>
</tr>
<tr>
<td>CHR/MiddHosp-EMPS(11)* *</td>
<td>55%</td>
<td>73%</td>
<td>36%</td>
<td>64%</td>
<td>55%</td>
<td>73%</td>
<td>64%</td>
<td>73%</td>
<td>73%</td>
<td>82%</td>
<td>82%</td>
<td>9%</td>
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<tr>
<td>CHR-EMPS (13)*</td>
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<td>31%</td>
<td>38%</td>
<td>54%</td>
<td>46%</td>
<td>46%</td>
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<td>38%</td>
<td>15%</td>
<td>69%</td>
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</tr>
<tr>
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<td>22%</td>
<td>33%</td>
<td>78%</td>
<td>0%</td>
<td>11%</td>
<td>22%</td>
<td>11%</td>
<td>22%</td>
<td>100%</td>
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<td>62%</td>
<td>8%</td>
<td>62%</td>
<td>46%</td>
<td>31%</td>
<td>38%</td>
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<td>62%</td>
<td>23%</td>
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<td>67%</td>
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<td>50%</td>
<td>67%</td>
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<td>Wheeler-EMPS:Meridn (8)*</td>
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<td>Wheeler-EMPS:NBrit (20)*</td>
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<td>55%</td>
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<td>45%</td>
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<tr>
<td>CliffBeers-EMPS (23)*</td>
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<td>78%</td>
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<td>78%</td>
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<td>88%</td>
<td>94%</td>
<td>44%</td>
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<tr>
<td>Well-EMPS:Dnby (3)*</td>
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<td>33%</td>
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<td>67%</td>
<td>67%</td>
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<td>67%</td>
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<td>50%</td>
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<td>75%</td>
<td>63%</td>
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<td>56%</td>
<td>75%</td>
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<td>88%</td>
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</table>

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

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

**Training Title Abbreviations:**
- DBHRN = Disaster Behavioral Health Response Network
- Crisis API = Crisis Assessment, Planning and Intervention
- DDS = An Overview of Intellectual Developmental Disabilities and Positive Behavioral Supports
- CSSRS = Columbia Suicide Severity Rating Scale
- Trauma = Traumatic Stress and Trauma Informed Care
- Violence = Violence Assessment and Prevention
- Str Based = Strengths-Based Crisis Planning
- CRC = 21st Century Culturally Responsive Mental Health Care
- QPR = Question, Persuade and Refer
- A-SBIRT = Adolescent Screening, Brief Intervention and Referral to Treatment
Section XII: Data Quality Monitoring

Figure 57. Ohio Scales Collected at Intake by Provider

Figure 58. Ohio Scales Collected at Discharge by Provider

Note: Count of expected Ohio Scales completed at discharge in parenthesis
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.