

Emergency Mobile Psychiatric Services (EMPS) Performance Improvement Center (PIC)

Quarter 3: Fiscal Year 2011

January 1 - March 31, 2011



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The Emergency Mobile Psychiatric Services Performance Improvement Center
is housed at the Child Health and Development Institute's
Connecticut Center for Effective Practice

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Executive Summary

Call and Episode Volume: In the third quarter of FY11, **211 received 3,213 calls** including 2,516 calls (78%) routed to EMPS providers and 697 calls (22%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This quarter represents a 17% increase in call volume compared to the same Quarter in FY2010.

Among the **2,516 episodes of care** generated in Q3 FY11, episode volume ranged from 309 episodes (New Haven service area) to 699 episodes (Hartford service area). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children in the 3rd Quarter was 2.99, with service area rates ranging from 2.35 (Western) to 4.26 (Hartford). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 7.38 per 1,000 children in poverty, with service area rates ranging from 4.90 (New Haven) to 11.69 (Eastern).

Each quarter, every EMPS site is required to achieve an overall service reach rate of 2.0 episodes per 1,000 children. This quarter 12 of 15 providers met the benchmark. The three providers that fell below 2.0 were Mid-Fairfield Child Guidance (1.80), Wellpath-Danbury (0.94), and Wellpath-Torrington (1.82).

Demographics: Across the state, slightly more than one half (52%) of youth served were boys and 48% were girls. Approximately **36.9% of youth served were 13-15 years old**, 31.6% were 16-18 years old, 19.7% were 9-12 years old, and 8.0% were 6-8 years old. A total of **29.9% of youth served were of Hispanic ethnicity**. The **majority of the children served were Caucasian (61.7%)**, 20.2% were African-American or Black, 1.6% were Asian, 0.3% were American Indian/Alaska Native, 0.2% were Native Hawaiian/Pacific Islander and 15.9% self-identified their racial background as "other".

Clinical Functioning: The **most commonly reported primary presenting problems for clients** statewide include: Harm/Risk of Harm to Self (28%), Disruptive Behavior (25%), Depression (14%), Harm/Risk of Harms to Others (9%), Family Conflict (7%), and Anxiety (6%). The **top client Axis I primary diagnoses at intake** this quarter were: Adjustment Disorders (19.4%), Depressive Disorder, NOS (15.1%), and Mood Disorder, NOS (12.1%). This quarter, **67% of EMPS clients statewide met the definition for Serious Emotional Disturbance (SED; see Appendix A for definition)**.

The **statewide percentage of children with trauma exposure reported at intake was 61%**, with service areas ranging from 51% (Central and Southwestern) to 69% (Hartford). The **most common types of trauma exposure reported at intake statewide:** witnessing violence (25%), disrupted attachment/multiple placements (23%), victim of violence (18%), and sexual victimization (13%).

Statewide, **more than one in five children (23%) referred to EMPS this quarter had experienced an inpatient admission in their lifetime**. The inpatient admission rate in the six months prior to EMPS referral was 13% statewide and 8% were admitted to an inpatient unit during the EMPS episode of care.

Referral Sources: Statewide, **45.3% of all referrals were received from parents, families, and youth and 29.8% were received from schools**. Emergency Departments (EDs) accounted for about 10.6% of all EMPS referrals. The remaining 14.3% of referrals came from other sources.

ED utilization of EMPS varies widely among hospitals in Connecticut. This quarter, a total of **266 EMPS referrals were received from EDs**, including 156 referrals for inpatient diversion and 110 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 (24%) and the lowest was in the New Haven service area (4%). Statewide, about 11% of all EMPS episodes came from ED referrals this quarter, compared to 10% statewide last quarter.

Mobility: The average **statewide mobility this quarter was 89.9%**. This quarter represents a 7% increase in statewide mobility compared to the same Quarter in FY2010. Furthermore, mobility rates among service areas ranged from 84.4% (New Haven) to 93.5% (Hartford). There was a slightly wider range in mobility percentages among individual providers (82% to 96%).

Response Time: Statewide, in Q3 of FY11, **88% of mobile episodes received a face-to-face response in 45 minutes or less**. This quarter marks the **highest statewide percentage of responses in 45 minutes or less**, since the PIC began reporting. Performance on this indicator ranged from 81% (New Haven) to 97% (Eastern). In addition, the statewide median response time in the 3rd Quarter was 28 minutes, with all six service areas demonstrating a median response time of 31 minutes or less. These data strongly suggest that EMPS service providers are increasingly offering timely responses to crises in the community.

Length of Stay: Statewide, among discharged episodes, 10% (current quarter) and 9% (cumulative) of Phone Only episodes exceeded one day, 27% (current quarter) and 29% (cumulative) of Face-to-face episodes exceeded five days, and **7% (current quarter) and 12% (cumulative) of Plus Stabilization Follow-up episodes exceeded 45 days**.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 31 days and ranged from 13 days (Hartford) to 107 days (Southwestern). The Eastern service area had no open "Phone Only" episodes of care. Statewide, the median LOS for Face-to-face was 14 days and ranged from 8.5 days (Western) to 71 days (New Haven). For Plus Stabilization Follow-up, the statewide median LOS was 14 days with a range from 9 days (Western) to 17 days (Central and Southwestern). This tells us that families remain open for services beyond the benchmarks for each crisis response category, but particularly among cases initially coded as phone only. 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 EMPS (95.8%)**. Statewide, the **top six reasons for client discharge** were: Completed Treatment (70.9%), Family Discontinued (17.1%), Client Hospitalized (7.6%), Child Requires Other Out of Home Care (1.7%), Agency Discontinued: Administrative (1.1%), Agency Discontinued: Clinical (0.8%), and Other reasons (0.7%).

Statewide, clients were most likely to be **referred to Outpatient Services at discharge (37.2%)**. Other care referrals at discharge included: Inpatient Hospital (9.1%), Intensive In-home Services (9.0%), Other: Community-Based (8.4%), Partial Hospital Program (4.7%), Intensive Outpatient Program (2.8%), Care Coordination (1.7%), Extended Day Treatment (1.6%), Other: Out of Home (1.2%) and Group Home (1.2%). An additional **22.5% of clients were not referred to any type of care at discharge**.

Across the state, Ohio Scales showed overall improvements of 0.07 points on parent-rated functioning and 2.03 points on worker-rated functioning. Decreases in problem scores of 3.4 points on parent-ratings and 3.34 points on worker-ratings were reported. Three of the four Ohio Scales scores were statistically significant. This suggests that EMPS may contribute to symptom improvement during the course of the brief intervention.

Satisfaction: This quarter, 107 families and 82 other referrers responded to the satisfaction survey; both groups gave favorable ratings to 211 and EMPS personnel. On a 5-point scale, **clients' average ratings of 211 and EMPS providers were 4.87 and 4.72**, respectively. Among **other referrers (e.g. schools, hospitals, DCF, etc.)**, the **average ratings of 211 and EMPS were 4.98 and 4.95**, respectively. Qualitative comments (see Section IX) varied considerably from very satisfied to dissatisfied. Issues raised were related to response time, follow-up, and overall quality of services received.

Training Attendance: The **statewide average percentage of trainings completed by all active staff is 57%** compared to 49% at the end of Q2 FY11. The average of trainings completed for all active staff by provider ranged from 33% (Middlesex Hospital) to 90% (UCFS-Norwich). Certificates have been given to EMPS staff that completed all eight of the offered training modules.

Community Outreach: At the end of Q2 FY11, three of the fifteen EMPS providers were required to complete four outreaches per month; they had a service reach rate below 2.0 episodes per 1,000 children (Mid-Fairfield Child Guidance, Wellpath-Danbury, Wellpath-Torrington). None of the three lower-volume sites met the requirement for all three months, though two of the providers (Wellpath-Danbury, Wellpath-Torrington) met the requirement for one month.

Five of twelve providers (CHR-Manchester, UCFS-Norwich, Bridges, Child and Family Guidance Center-formerly CGCGB, Wellpath-Waterbury) met the requirement of two outreaches each month this quarter. Three providers met the requirement for two months (Middlesex Hospital, UCFS/CHR, Child Guidance of Southern CT).

Section I: Primary EMPS Performance Indicators and Quarterly Trends

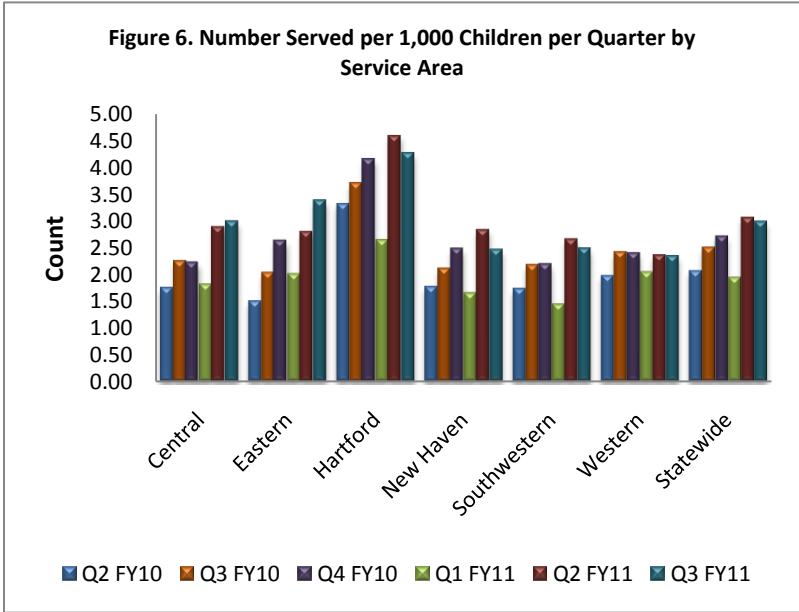
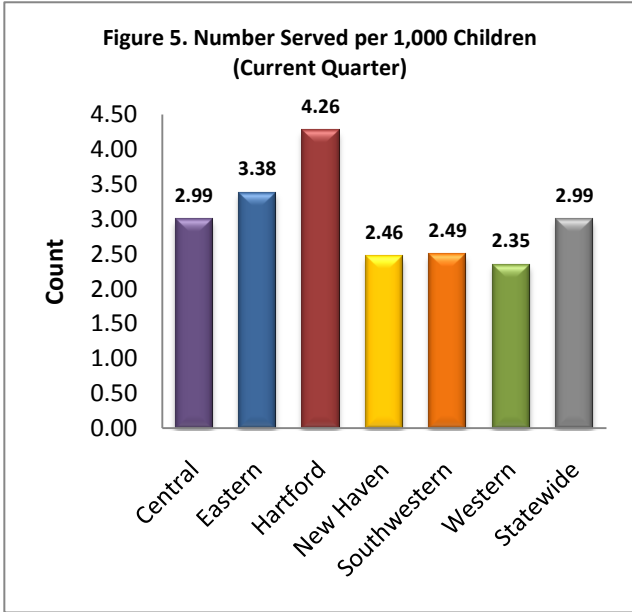
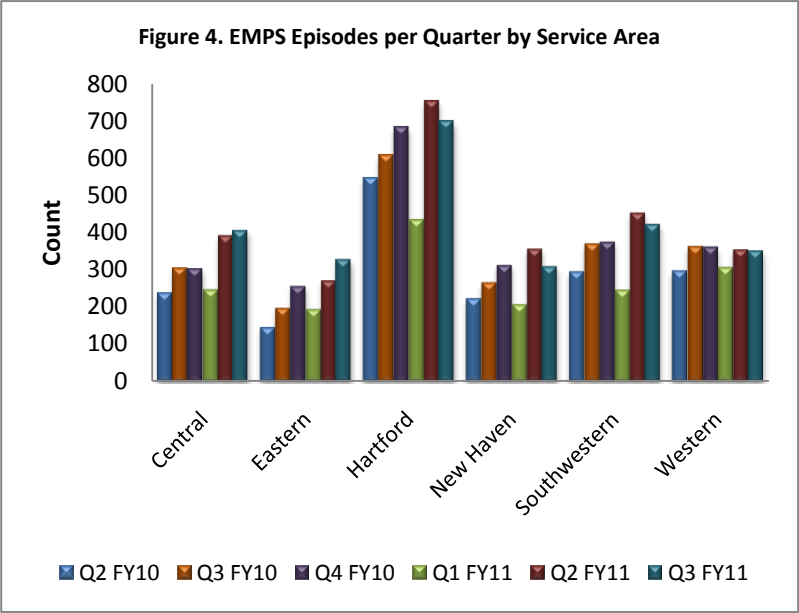
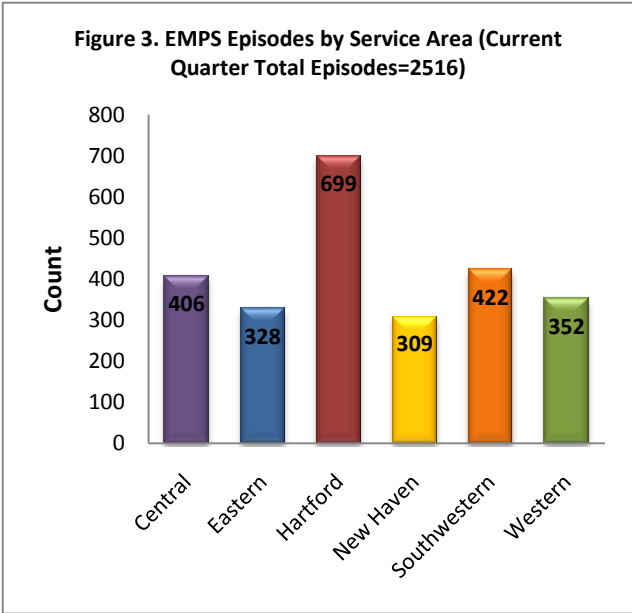
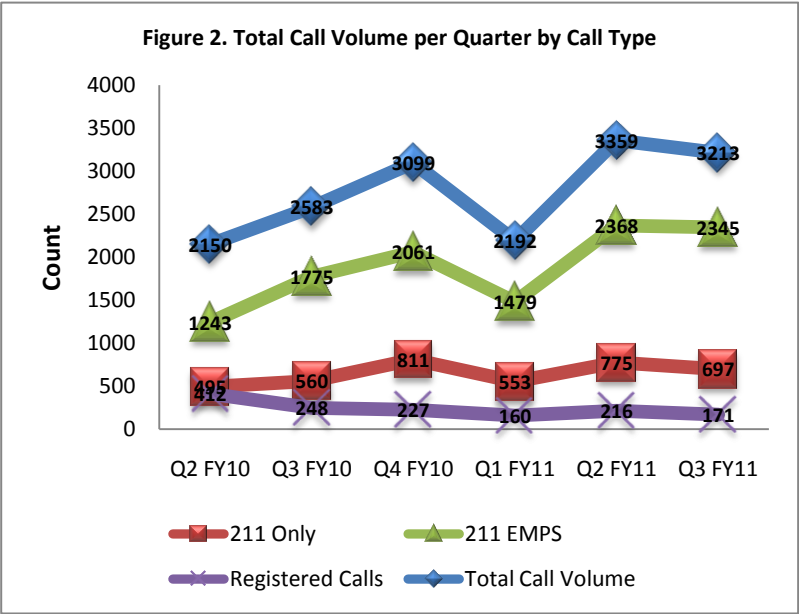
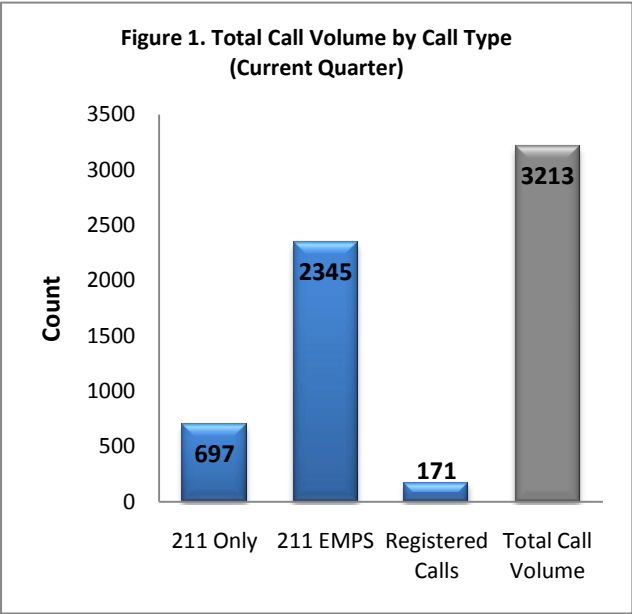


Figure 7. Number Served per 1,000 Children in Poverty (Current Quarter)

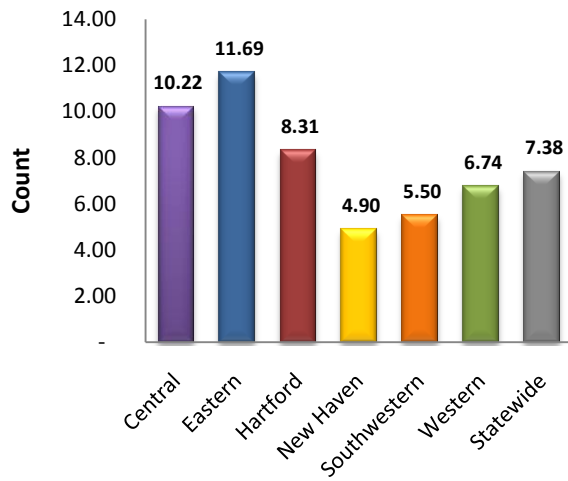


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

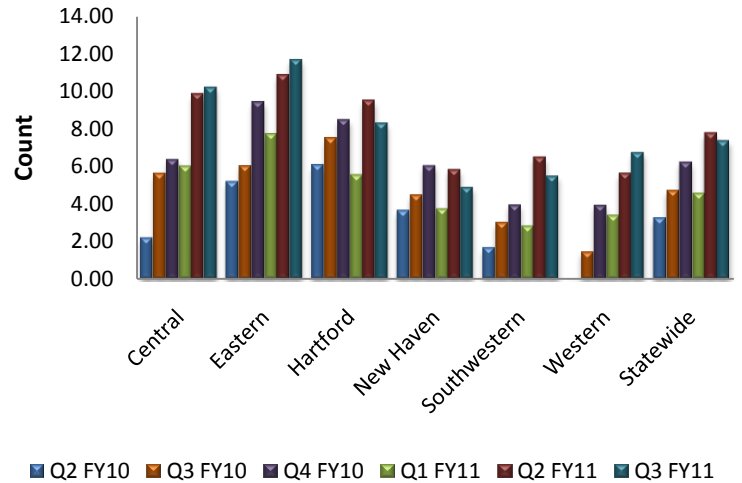


Figure 9. Mobile Response (Mobile & Deferred Mobile) by Service Area (Current Quarter)

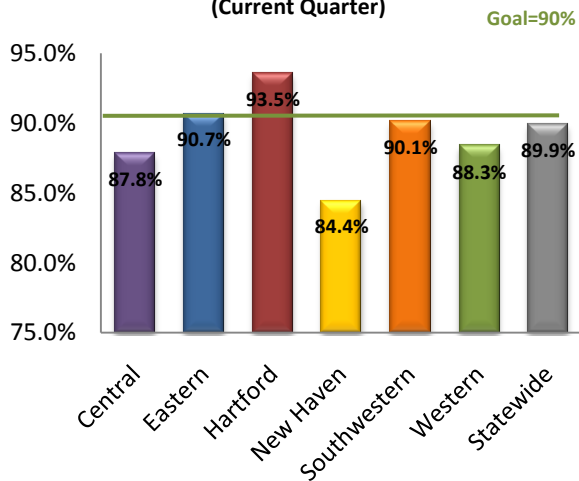


Figure 10. Mobile Response (Mobile & Deferred Mobile) per Quarter by Service Area

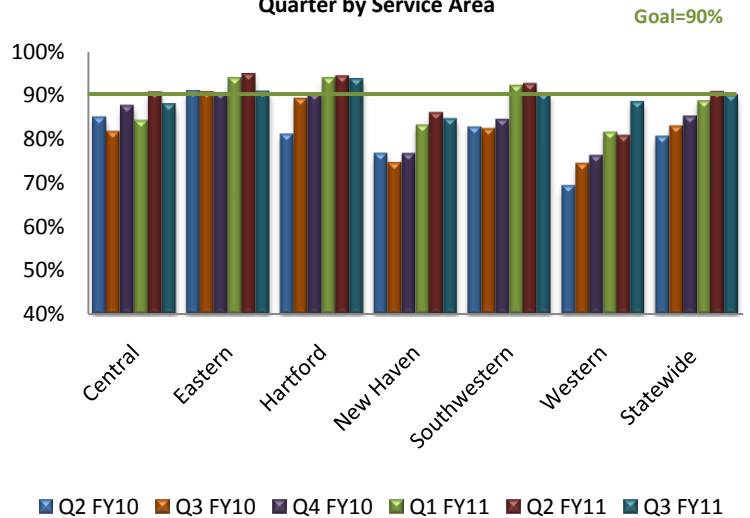
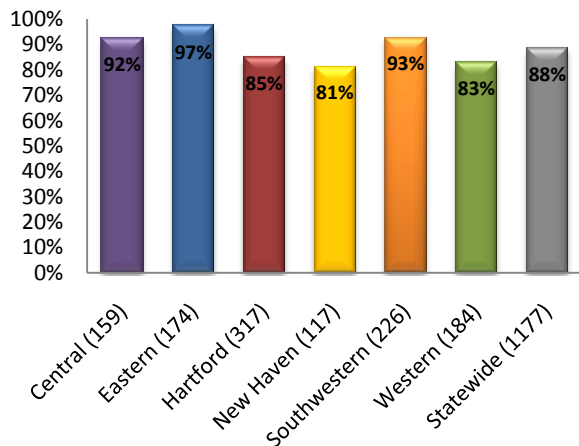
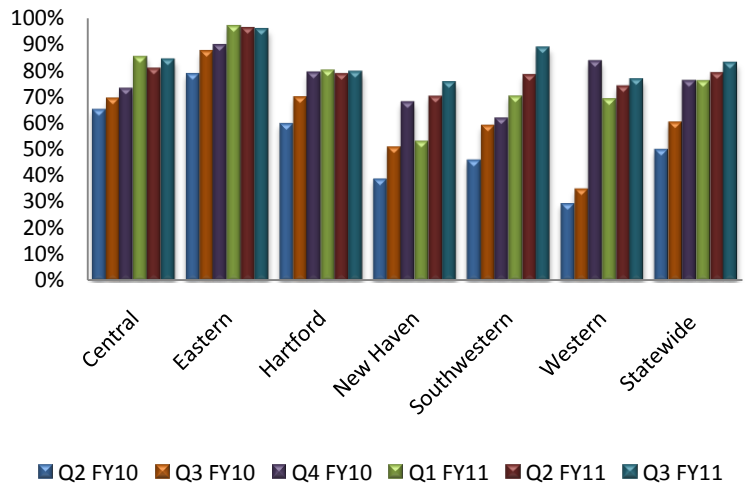


Figure 11. Total Mobile Episodes with Response Time Under 45 Minutes (Current Quarter)



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

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



Section II: Episode Volume

Figure 13. Total Call Volume by Call Type

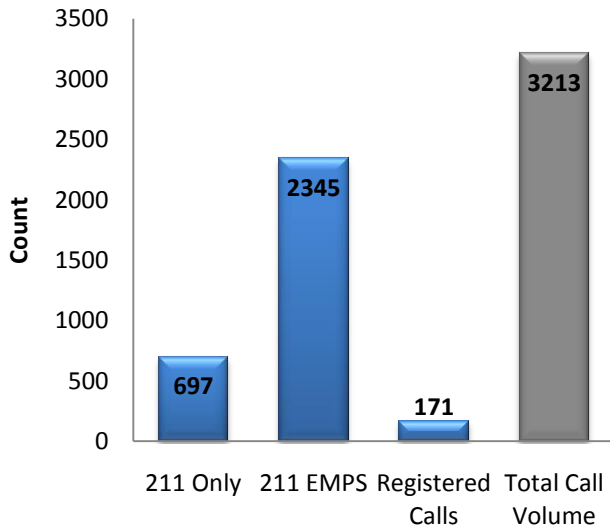


Figure 14. Statewide 211 Disposition Frequency

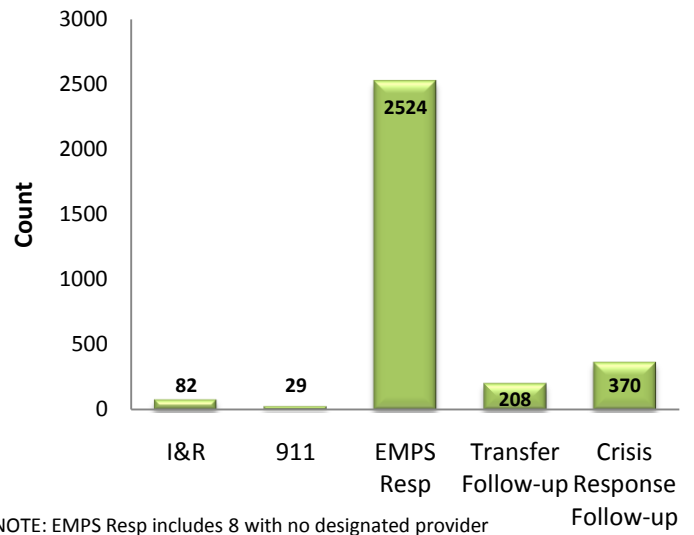


Figure 15. EMPS Response Episodes by Provider (Total Episodes=2516)

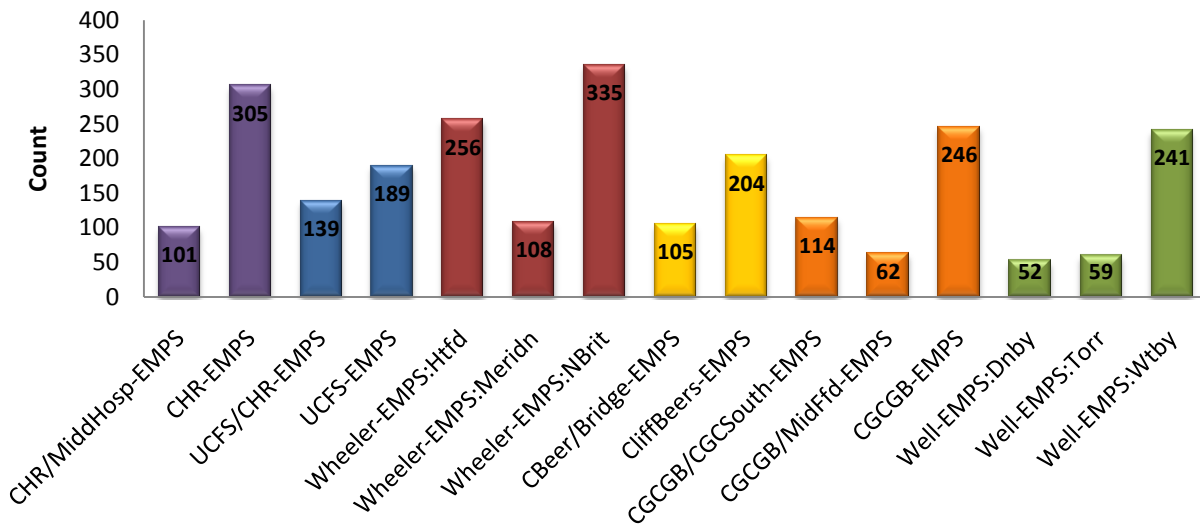


Figure 16. Number Served Per 1,000 Children by Provider (Current Quarter)

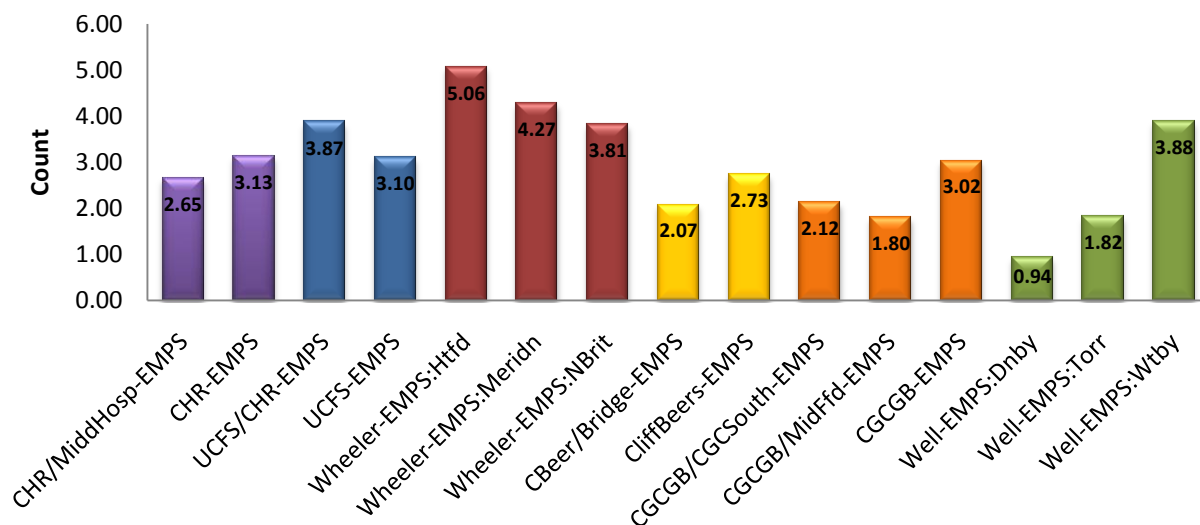


Figure 17. Episode Intervention Crisis Response Types by Service Area

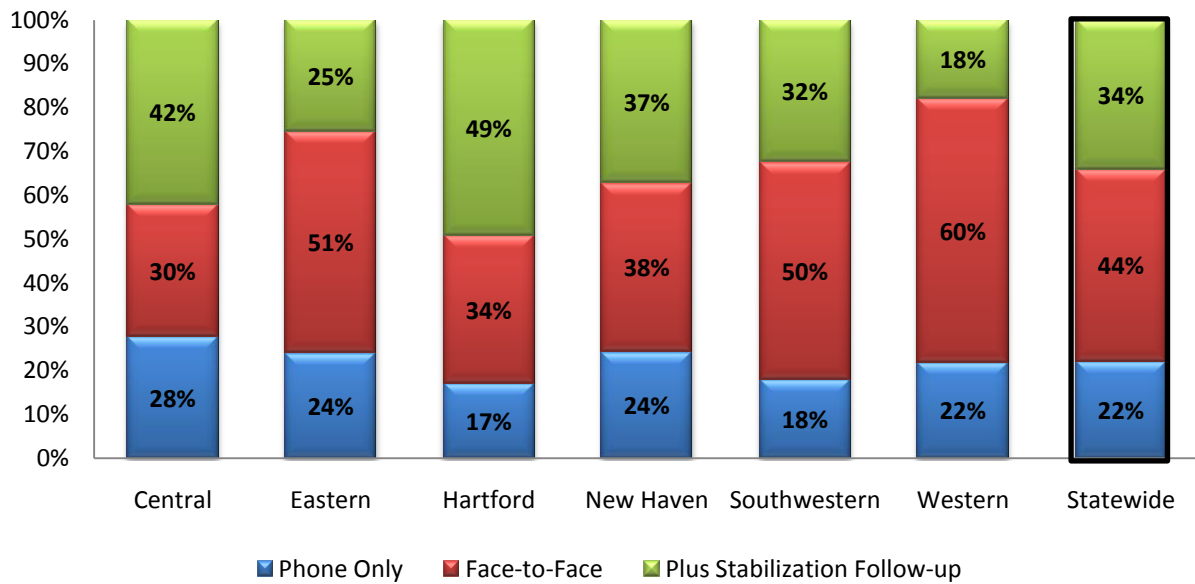
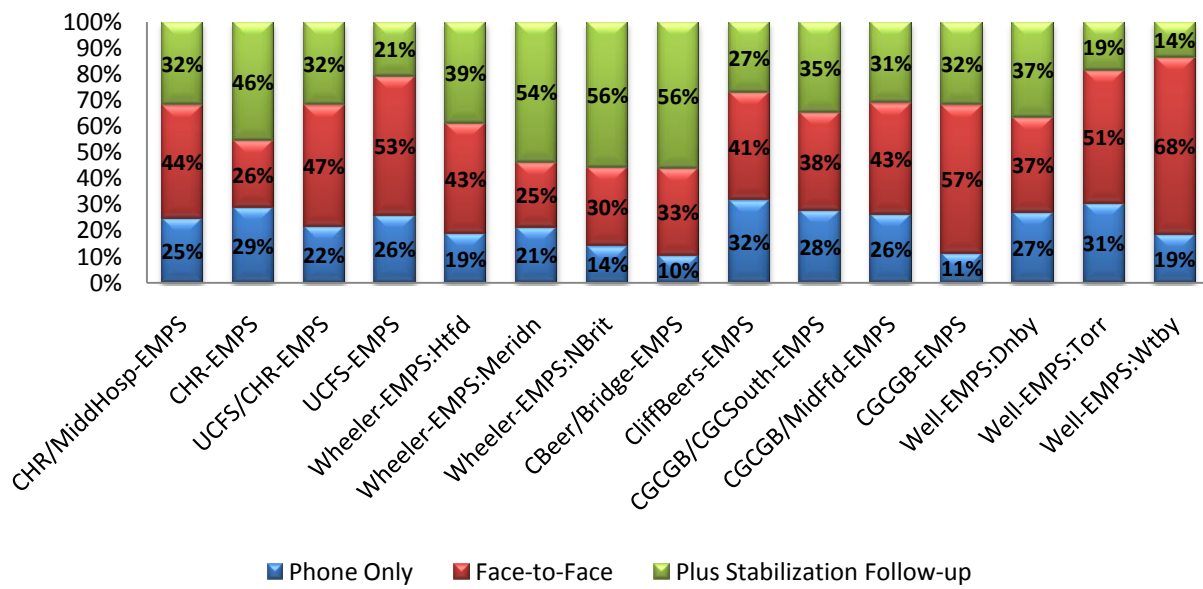


Figure 18. Episode Intervention Crisis Response Types by Provider



Section III: Demographics

Figure 19. Gender of Children Served Statewide

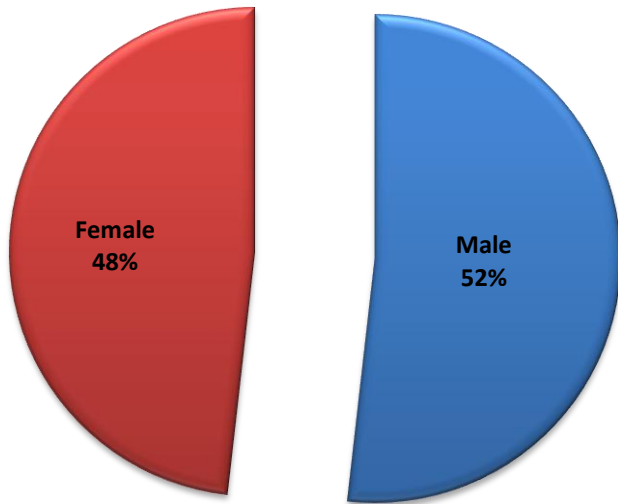


Figure 20. Age Groups of Children Served Statewide (N=1966)

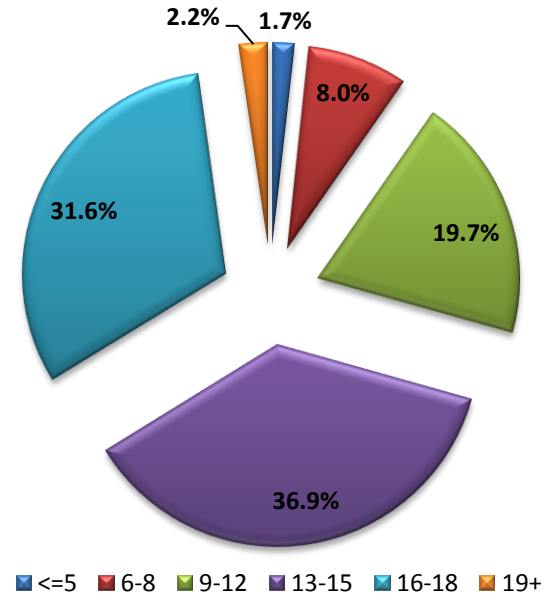


Figure 21. Ethnic Background of Children Served Statewide (N=2339)

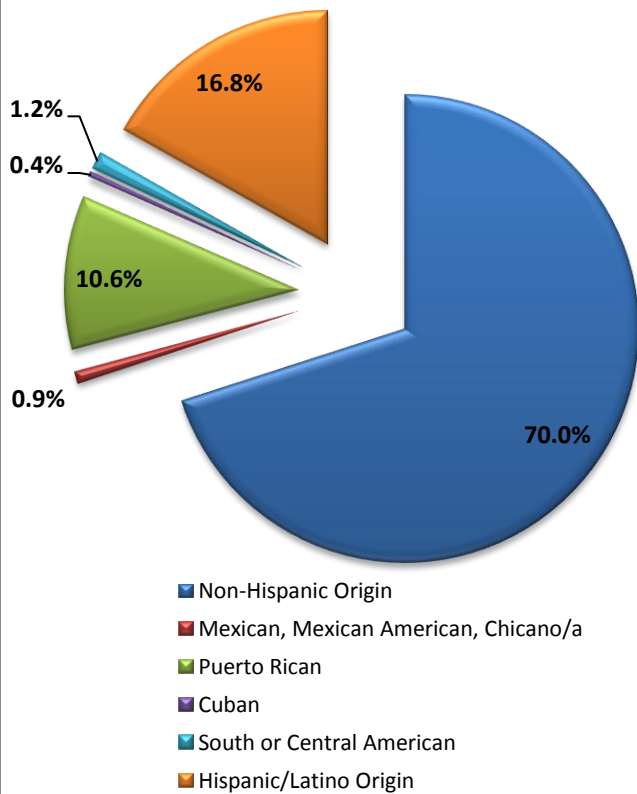
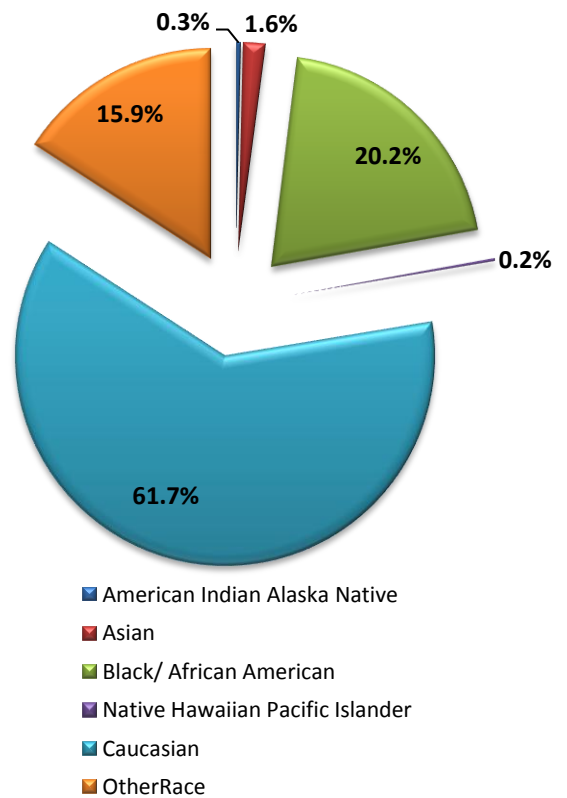


Figure 22. Race of Children Served Statewide (N=2325)



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

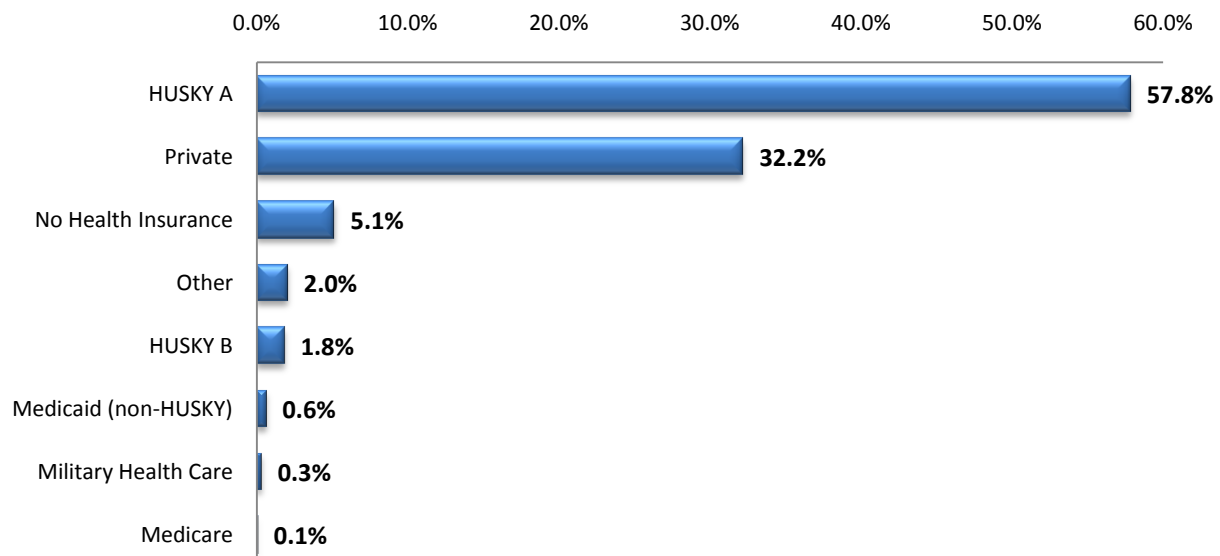
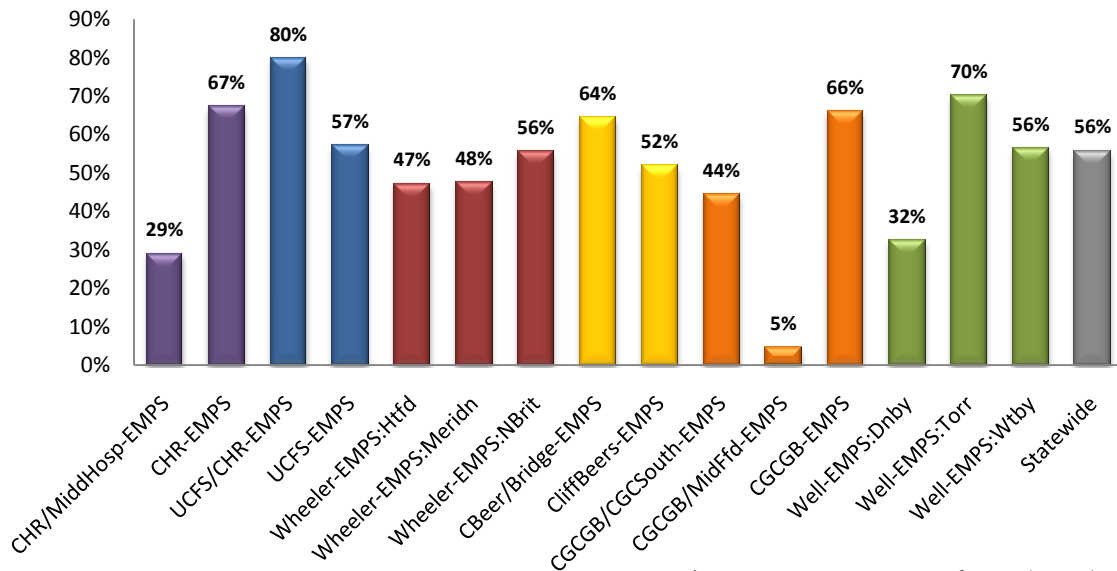
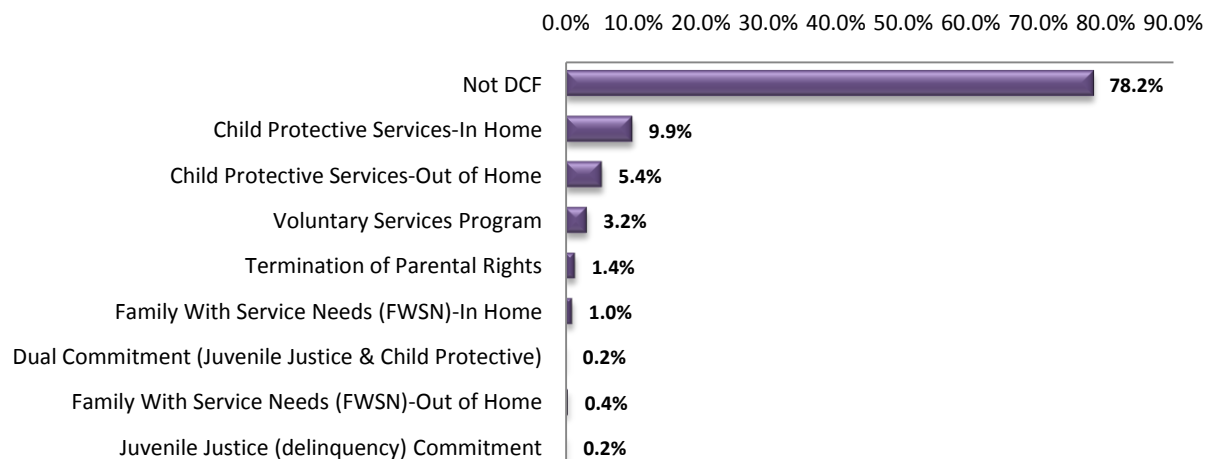


Figure 24. Families that Answered "Yes" TANF* Eligible by Provider



* TANF=Temporary Assistance for Needy Families

Figure 25. Client DCF* Status at Intake Statewide



*DCF=Department of Children and Families

Section IV: Clinical Functioning

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

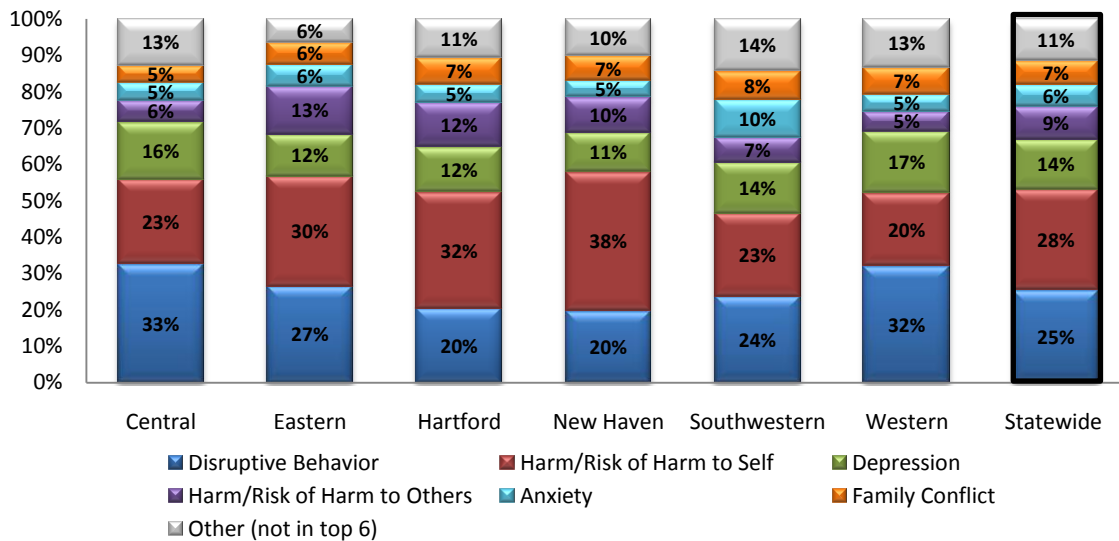
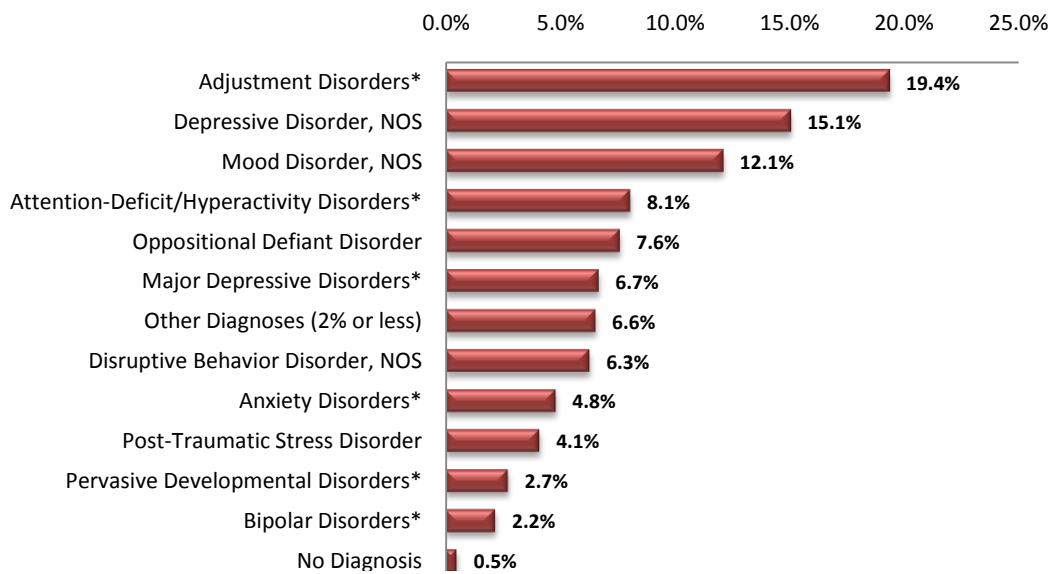
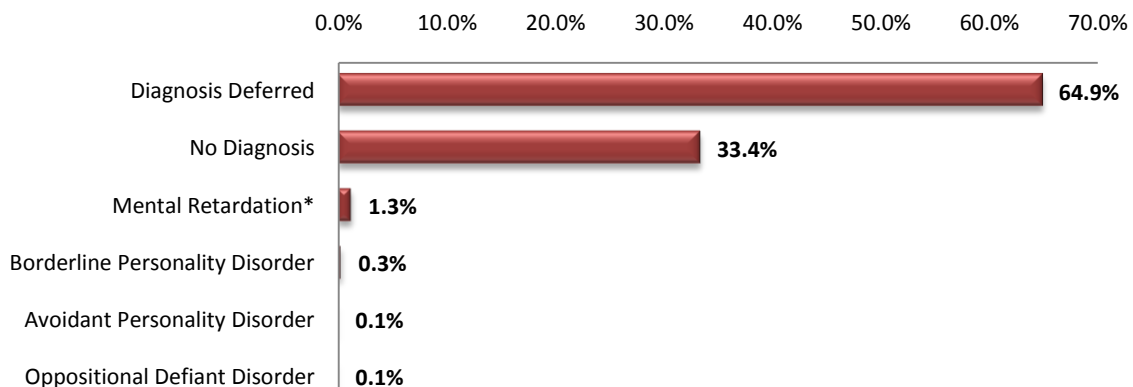


Figure 27. Distribution of Client Axis I Primary Diagnosis at Intake Statewide



*multiple diagnostic codes combined within category (see "Appendix B" for list)

Figure 28. Distribution of Client Axis II Primary Diagnosis at Intake Statewide



*multiple diagnostic codes combined within category (see "Appendix B" for list)

Figure 29. Distribution of Client Axis III Diagnosis at Intake Statewide

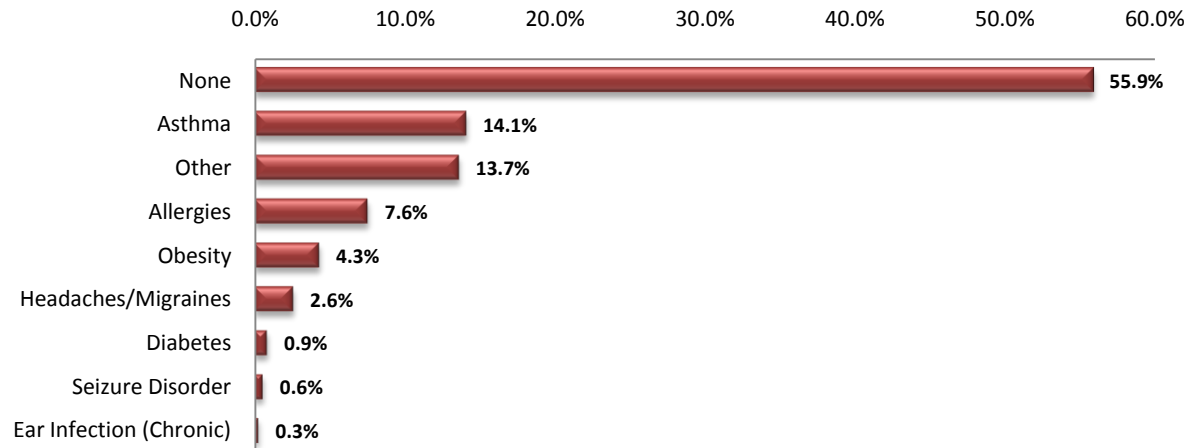


Figure 30. Distribution of Client Axis IV Diagnosis at Intake Statewide

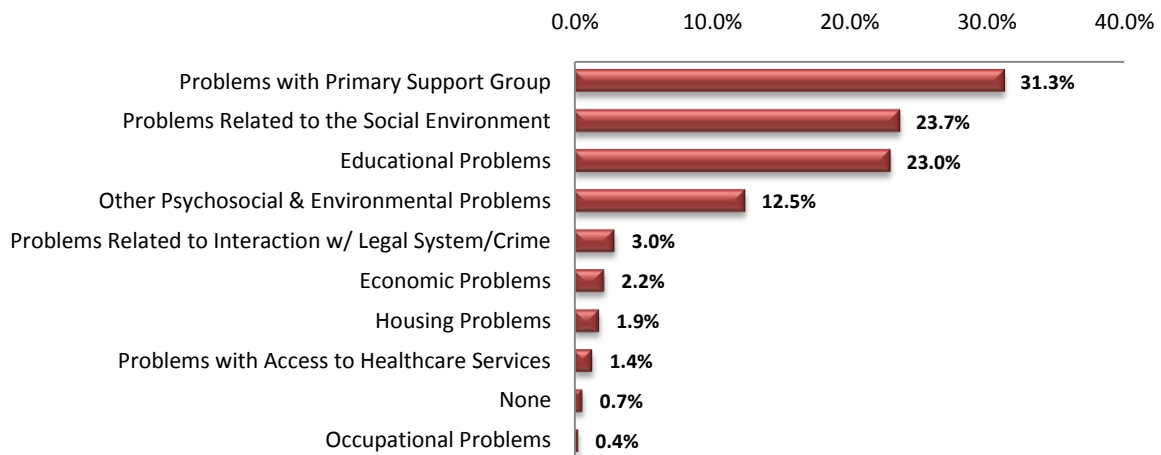
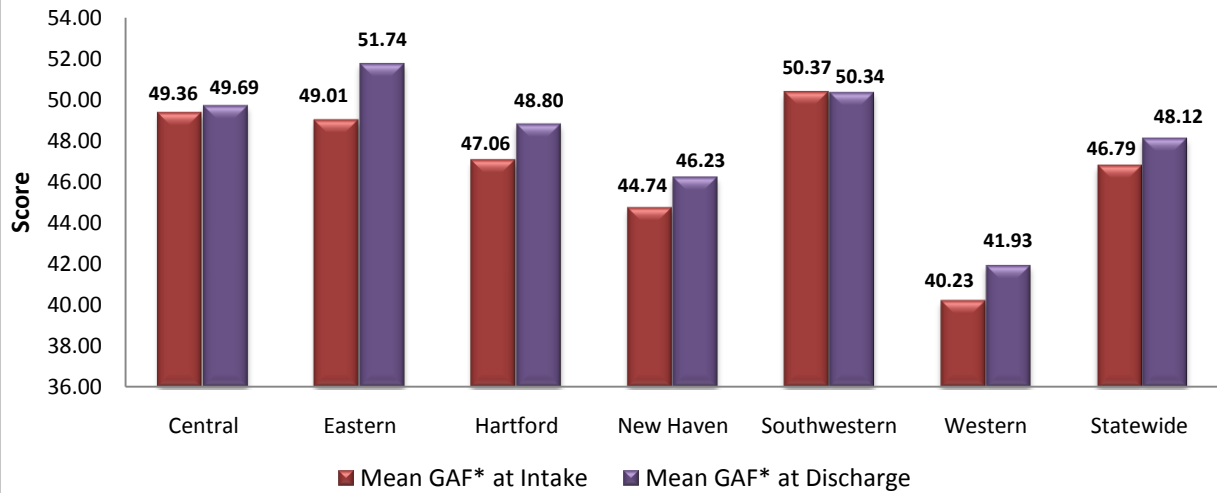
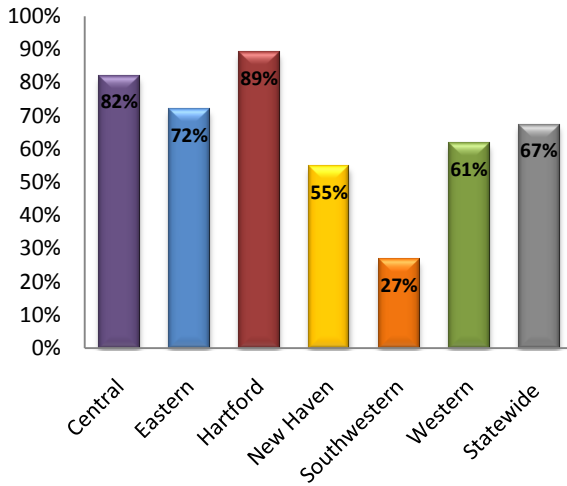


Figure 31. Mean Client Axis V Diagnosis (GAF*) at Intake and Discharge by Service Area



* GAF=Global Assessment of Functioning

Figure 32. Children Meeting SED* Criteria by Service Area



*SED= Serious Emotional Disturbance for definition see Appendix A

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

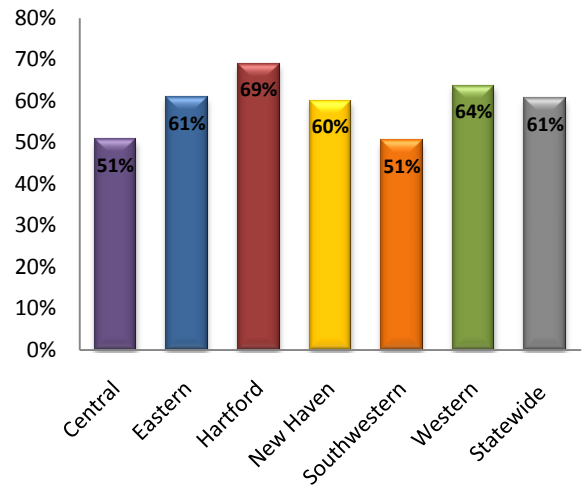


Figure 34. Type of Trauma Reported at Intake by Service Area

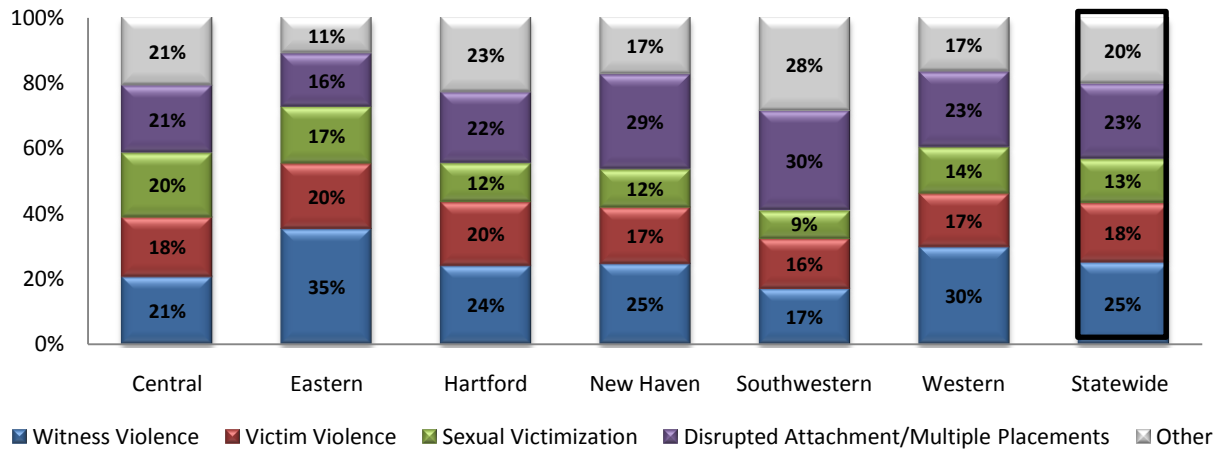


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

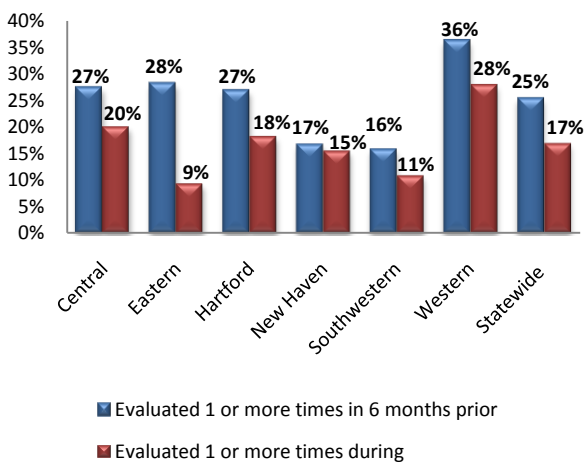
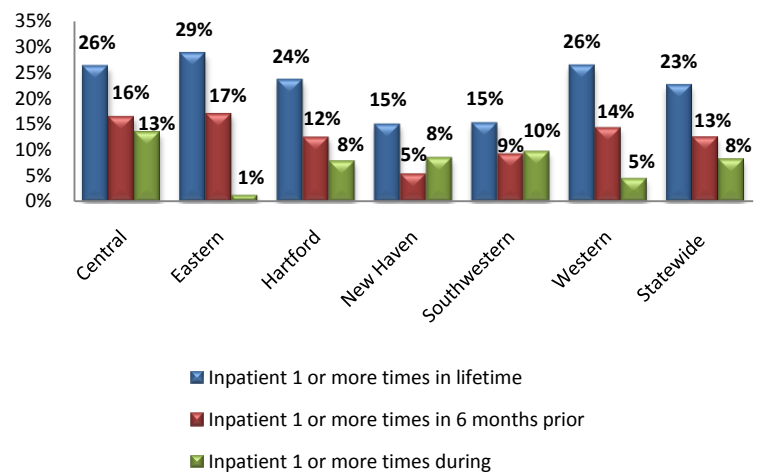


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section V: Referral Sources

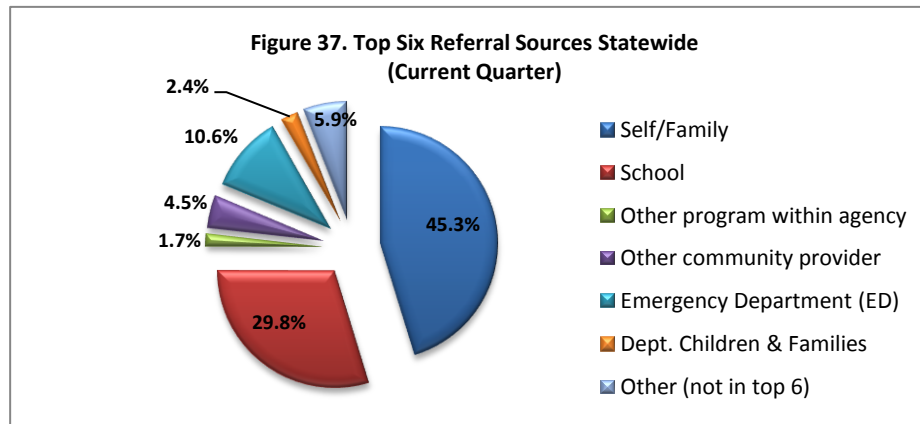
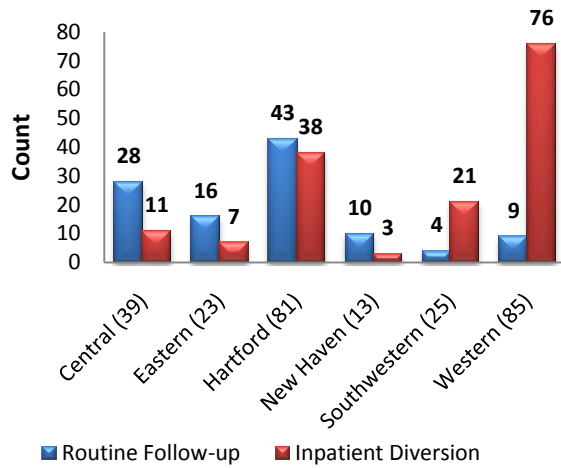


Table 1. Referral Sources (Current Quarter)

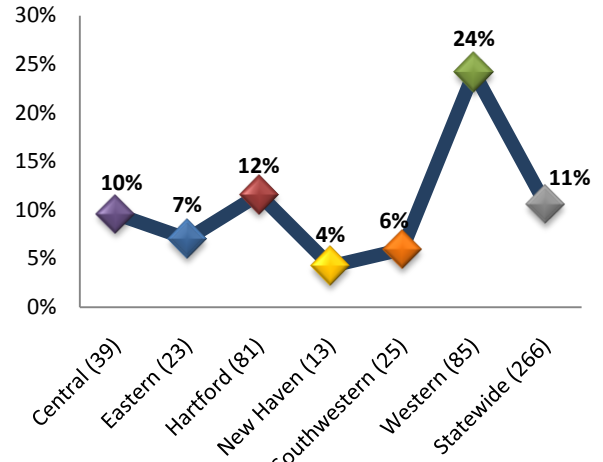
	Self/Family	School	Emergency Department (ED)	Community & Families (DCF)	Dept. of Children & Families (DCF)	Probation/Court	Foster Parent	Physician	Congregate Facility	Other Program within Agency	Psychiatric Hospital	Info-Line (211)	Police	Family Advocate	CTBHP/Insurer
STATEWIDE	45.3%	29.8%	10.6%	4.5%	2.4%	1.0%	0.6%	0.9%	1.4%	1.7%	1.4%	0.1%	0.2%	0.3%	0.0%
CENTRAL	53.2%	19.2%	9.6%	6.2%	3.4%	0.2%	0.5%	1.2%	1.0%	2.5%	2.5%	0.0%	0.2%	0.2%	0.0%
CHR/MiddHosp-EMPS	49.5%	16.8%	16.8%	5.9%	3.0%	0.0%	0.0%	2.0%	2.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CHR-EMPS	54.4%	20.0%	7.2%	6.2%	3.6%	0.3%	0.7%	1.0%	0.7%	2.0%	3.3%	0.0%	0.3%	0.3%	0.0%
EASTERN	46.6%	29.6%	7.0%	7.9%	2.1%	0.3%	0.9%	0.6%	1.8%	0.9%	0.9%	0.0%	0.6%	0.6%	0.0%
UCFS/CHR-EMPS	45.3%	24.5%	5.0%	13.7%	1.4%	0.0%	0.7%	1.4%	2.9%	2.2%	2.2%	0.0%	0.0%	0.7%	0.0%
UCFS-EMPS	47.6%	33.3%	8.5%	3.7%	2.6%	0.5%	1.1%	0.0%	1.1%	0.0%	0.0%	0.0%	1.1%	0.5%	0.0%
HARTFORD	40.1%	32.8%	11.6%	2.9%	3.0%	1.6%	0.1%	1.0%	1.4%	1.7%	3.0%	0.3%	0.3%	0.3%	0.0%
Wheeler-EMPS:Htfd	38.3%	34.0%	10.2%	4.7%	0.8%	0.4%	0.4%	2.3%	2.0%	1.2%	5.1%	0.4%	0.4%	0.0%	0.0%
Wheeler-EMPS:Meridn	41.7%	38.0%	12.0%	1.9%	2.8%	0.0%	0.0%	0.0%	0.9%	0.0%	1.9%	0.9%	0.0%	0.0%	0.0%
Wheeler-EMPS:NBrit	40.9%	30.1%	12.5%	1.8%	4.8%	3.0%	0.0%	0.3%	1.2%	2.7%	1.8%	0.0%	0.3%	0.6%	0.0%
NEW HAVEN	51.1%	34.6%	4.2%	3.2%	1.9%	0.6%	1.0%	1.9%	0.0%	1.0%	0.0%	0.0%	0.0%	0.3%	0.0%
CBeer/Bridge-EMPS	48.6%	36.2%	7.6%	1.9%	0.0%	1.0%	0.0%	2.9%	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%
CliffBeers-EMPS	52.5%	33.8%	2.5%	3.9%	2.9%	0.5%	1.5%	1.5%	0.0%	0.5%	0.0%	0.0%	0.0%	0.5%	0.0%
SOUTHWESTERN	48.1%	35.8%	5.9%	4.5%	1.4%	0.0%	0.2%	0.5%	0.9%	1.9%	0.2%	0.0%	0.2%	0.2%	0.0%
CGCGB/CGCSouth-EMPS	53.5%	25.4%	0.0%	7.9%	3.5%	0.0%	0.0%	0.0%	2.6%	5.3%	0.0%	0.0%	0.9%	0.9%	0.0%
CGCGB/MidFfd-EMPS	53.2%	40.3%	1.6%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	0.0%	0.0%	0.0%	0.0%	0.0%
CGCGB-EMPS	44.3%	39.4%	9.8%	3.7%	0.8%	0.0%	0.4%	0.8%	0.4%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%
WESTERN	36.6%	24.7%	24.1%	3.4%	1.7%	2.8%	1.1%	0.0%	3.1%	1.7%	0.3%	0.3%	0.0%	0.0%	0.0%
Well-EMPS:Dnby	61.5%	30.8%	1.9%	0.0%	0.0%	5.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Well-EMPS:Torr	50.8%	20.3%	1.7%	8.5%	3.4%	5.1%	1.7%	0.0%	8.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Well-EMPS:Wtby	27.8%	24.5%	34.4%	2.9%	1.7%	1.7%	1.2%	0.0%	2.5%	2.5%	0.4%	0.4%	0.0%	0.0%	0.0%

Figure 38. Type of Emergency Dept. Referral (n=266)



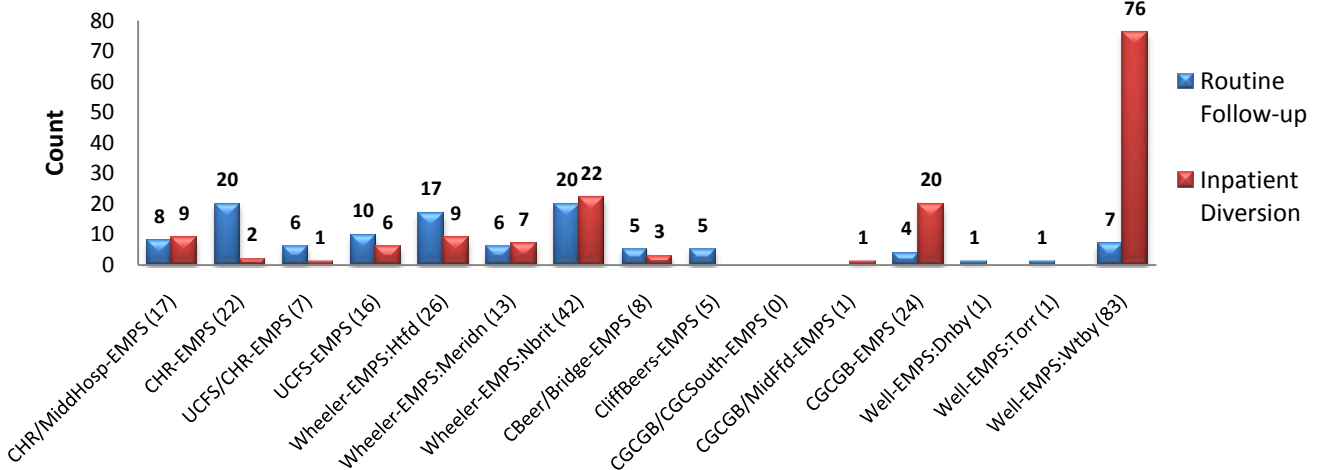
Note: Count total ED referrals are in parenthesis

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



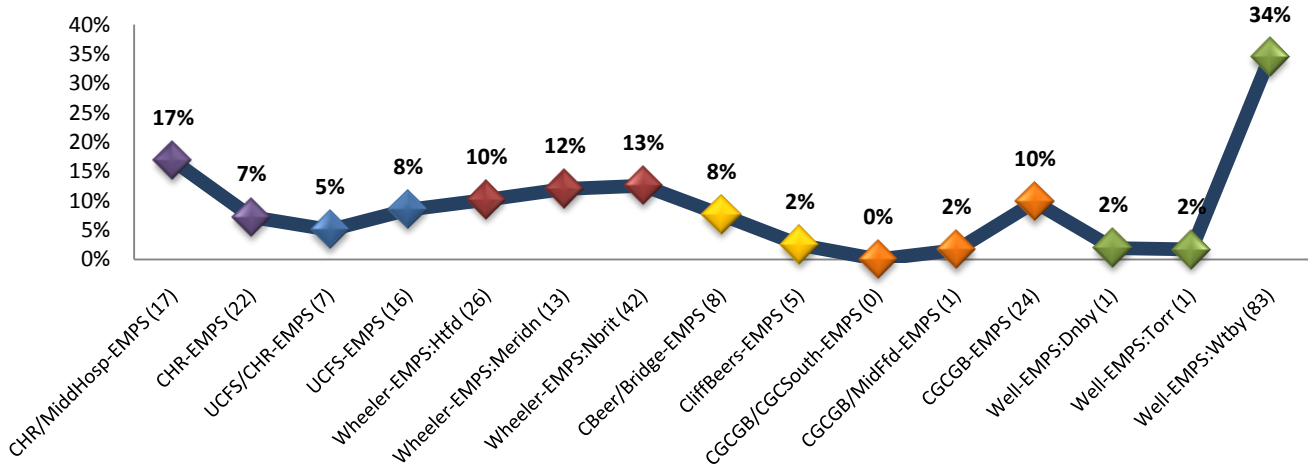
Note: Count total ED referrals are in parenthesis

Figure 40. Type of Emergency Dept. Referral by Provider



Note: Count total ED referrals are in parenthesis

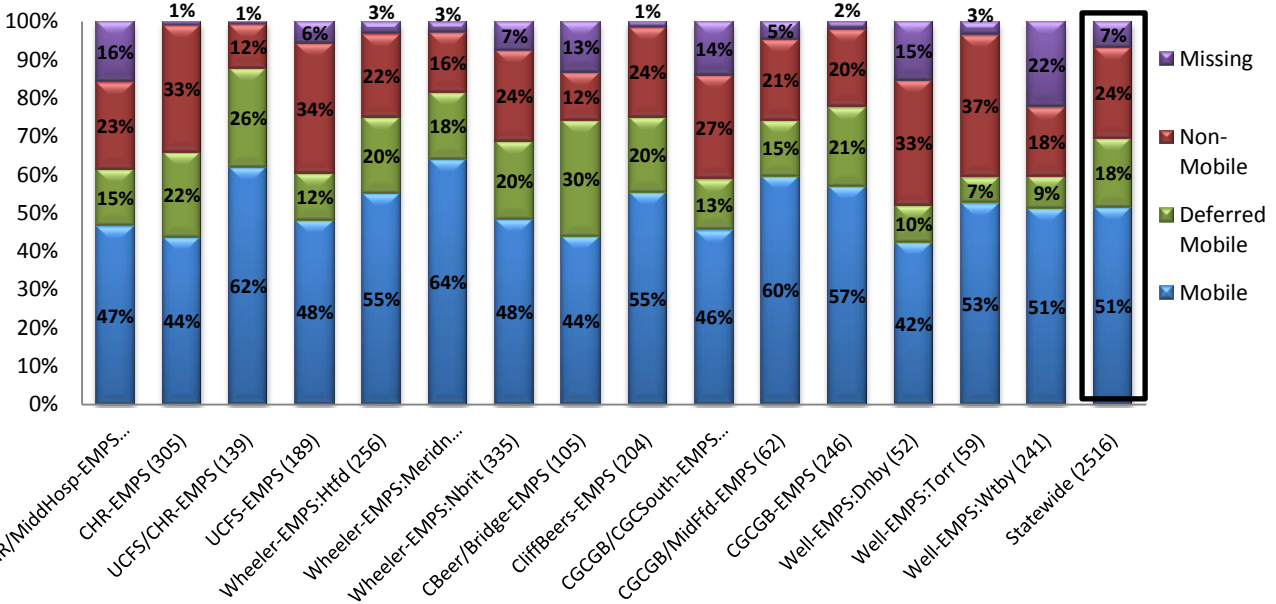
Figure 41. Emergency Dept. Referral (% of Total EMPS Episodes) by Provider



Note: Count total ED referrals are in parenthesis

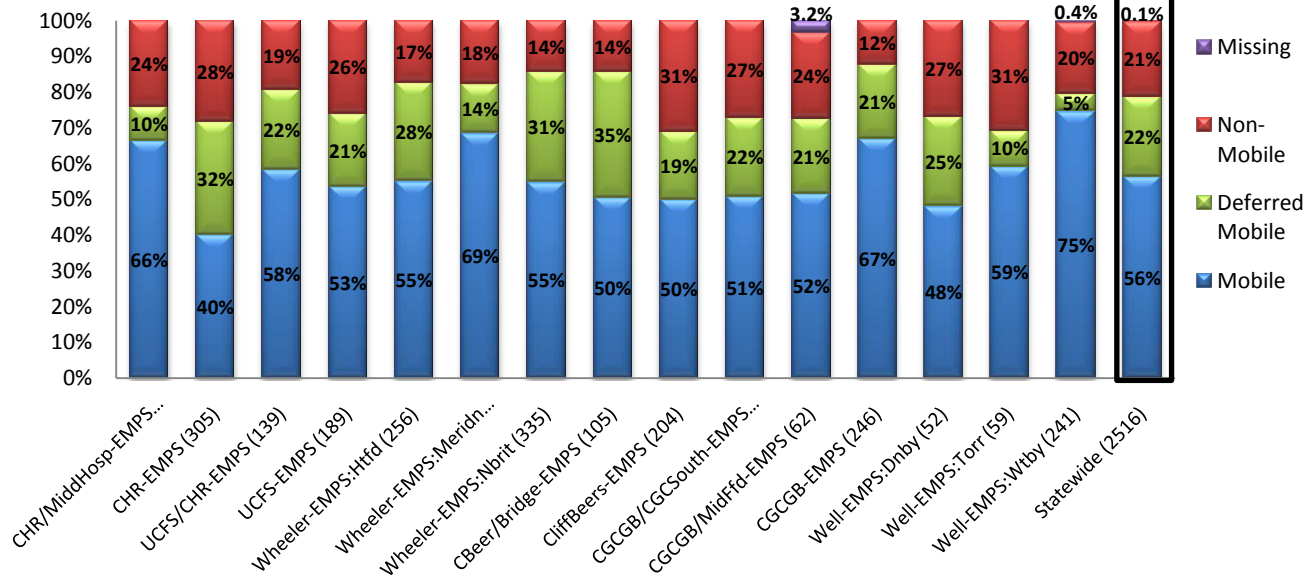
Section VI: 211 Recommendations and EMPS Response

Figure 42. 211 Recommended Initial Response



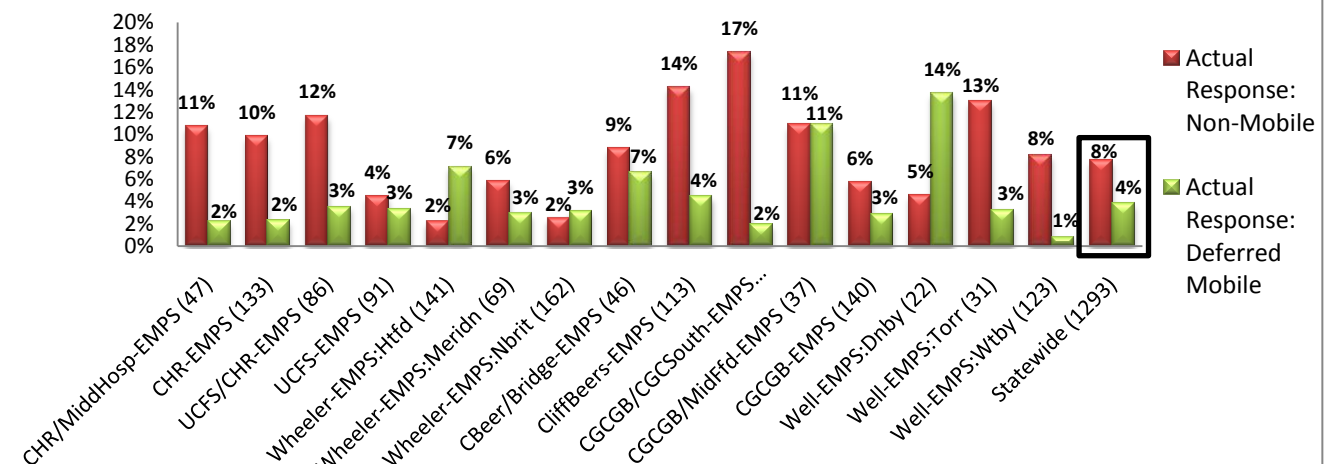
Note: Total count of EMPS response episodes are in parenthesis

Figure 43. Actual Initial EMPS Provider Response



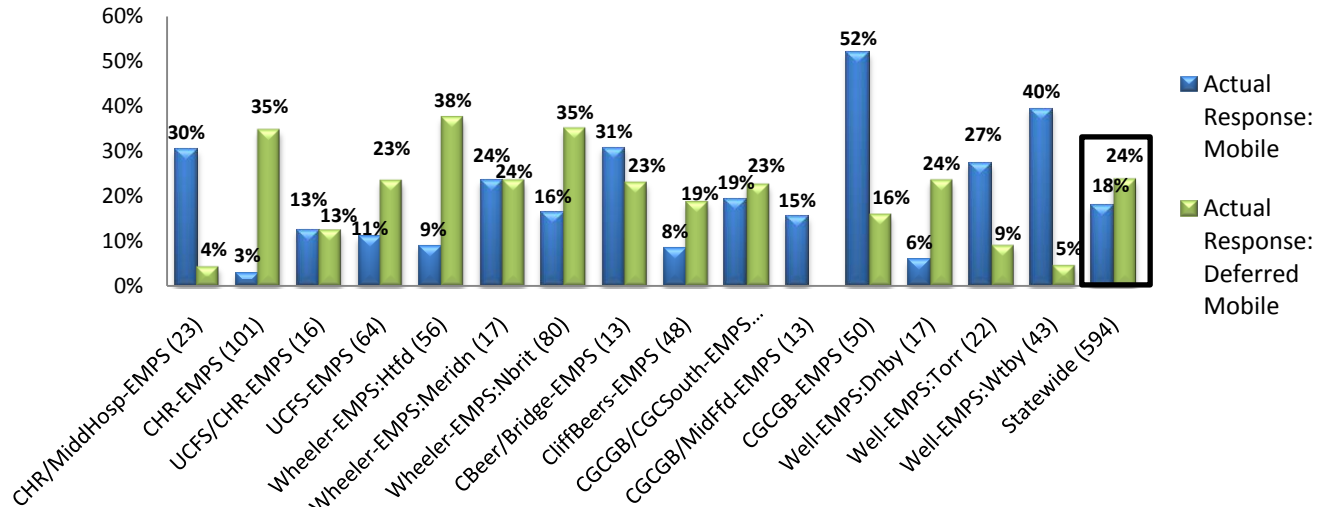
Note: Total count of EMPS response episodes are in parenthesis

Figure 44. 211 Recommended Mobile Response Where Actual EMPS 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 EMPS Response was Mobile or Deferred Mobile



Note: Total count 211 Rec of Non-Mobile are in parenthesis

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

Goal=90%

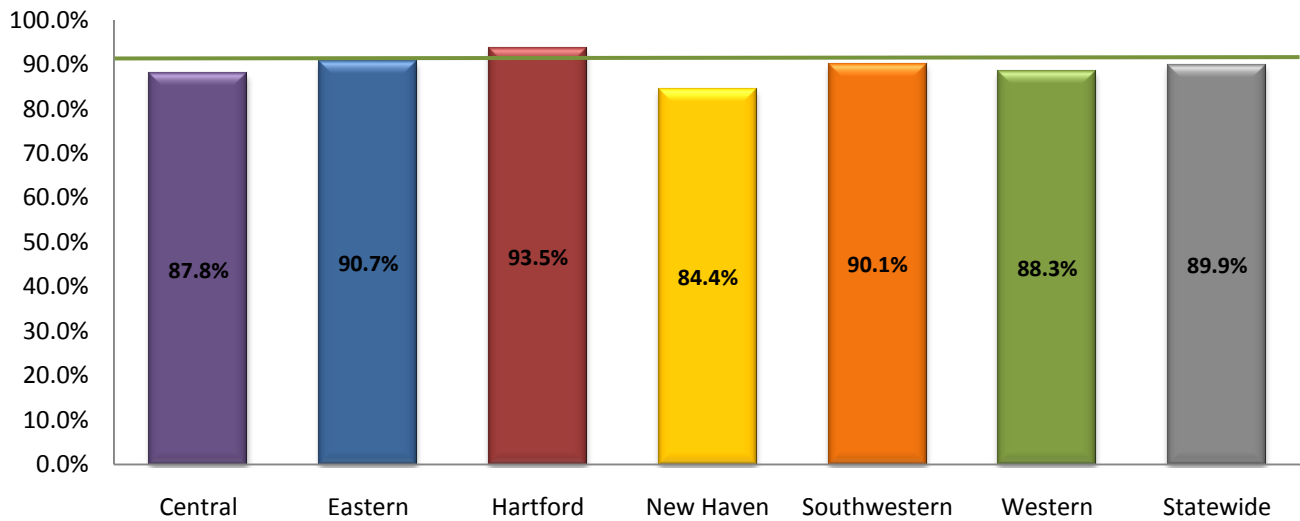
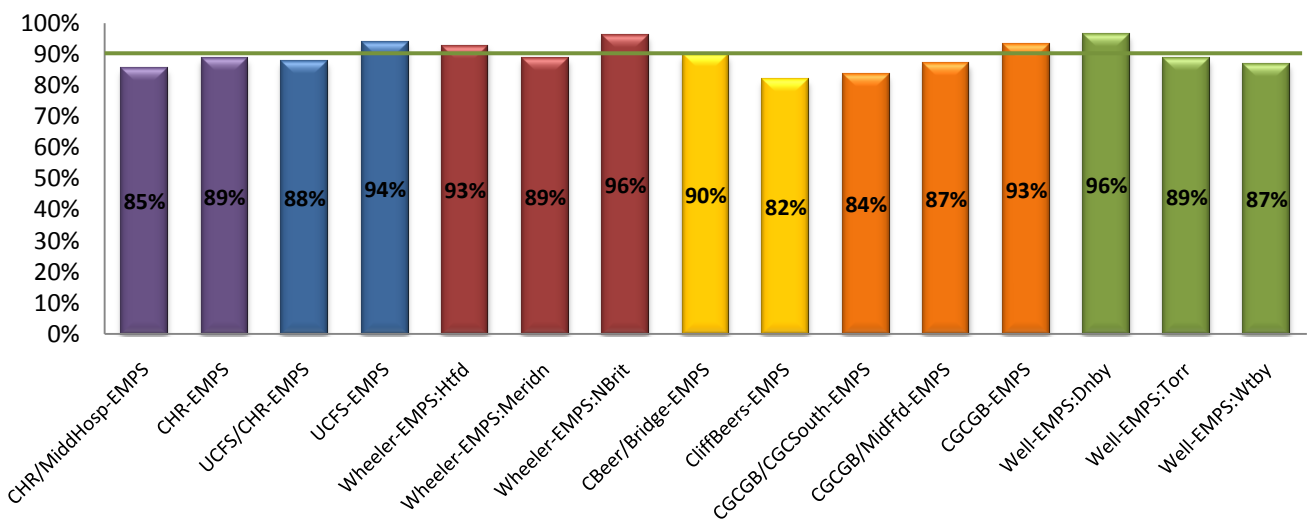


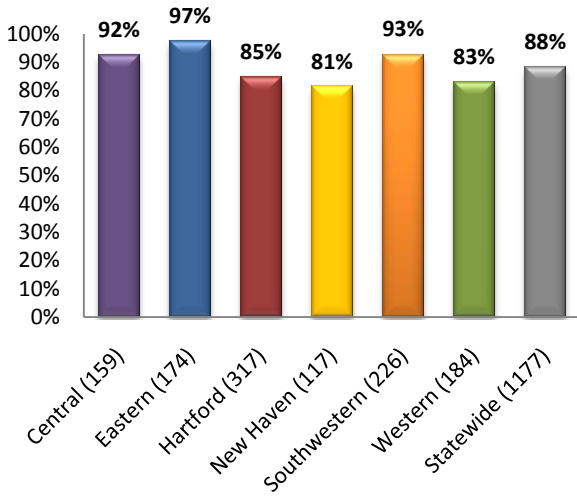
Figure 47. Percent Mobile Response (Mobile & Deferred Mobile) by Provider

Goal=90%



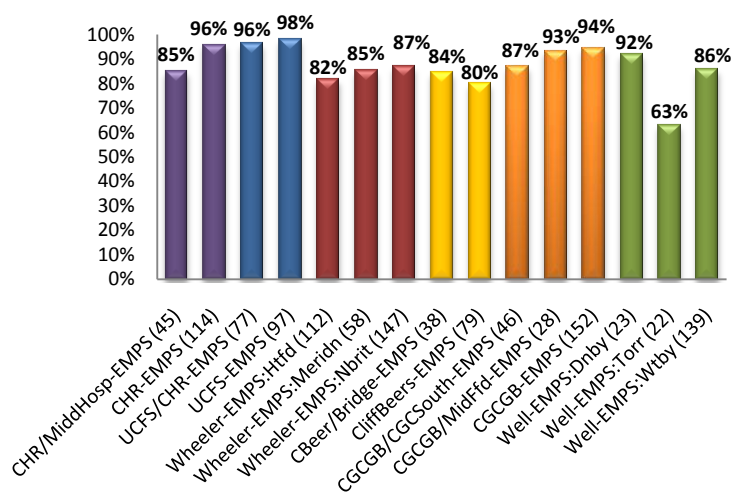
Section VII: Response Time

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



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

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



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

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

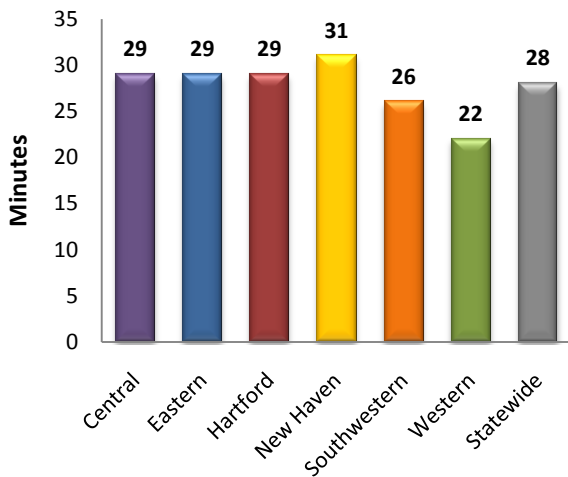
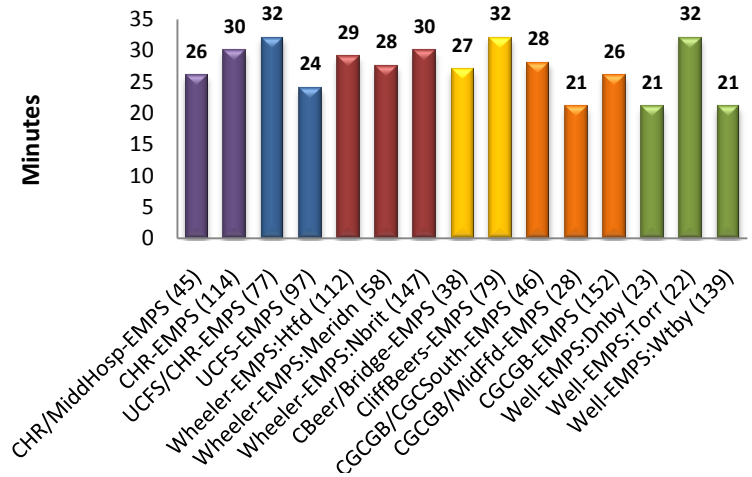


Figure 51. Median Mobile Response Time by Provider in Minutes



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

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

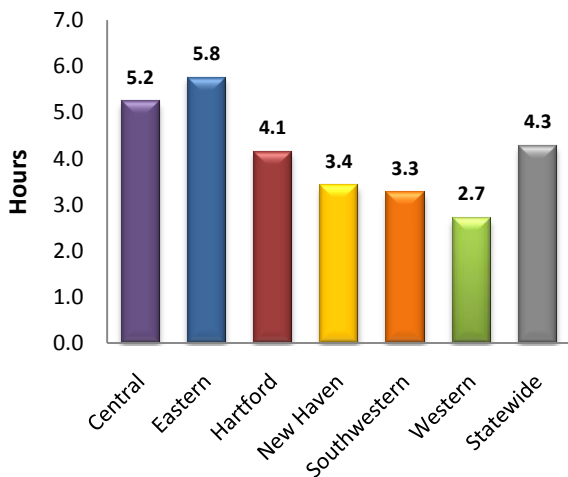
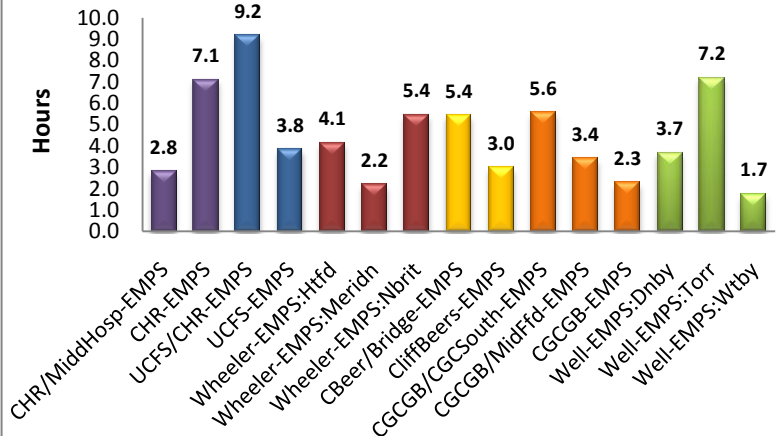


Figure 53. Median Deferred Mobile Response Time by Provider in Hours



Section VIII: Length of Stay and Discharge Information

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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
		<i>Discharged Episodes for Current Reporting Period</i>									<i>Cumulative Discharged Episodes*</i>								
		Mean			Median			Percent			Mean			Median			Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	0.6	6.9	24.7	0	1	21.0	10%	27%	7%	0.8	6.9	27.5	0	2	23	9%	29%	12%
2	Central	1.5	8.1	28.9	0	2	24.5	11%	23%	13%	0.9	10.7	33.1	0	3	26	9%	41%	19%
3	CHR/MiddHosp-EMPS	0.6	0.0	22.7	0	2	16.0	15%	13%	7%	1.5	2.1	6.3	0	1	6	15%	13%	1%
4	CHR-EMPS	2.0	9.8	30.4	0	1	27.0	9%	27%	14%	0.6	18.1	37.0	0	9	29	6%	64%	22%
5	Eastern	0.3	5.4	21.8	0	1	18.0	8%	25%	2%	0.2	2.4	22.7	0	1	21	4%	4%	2%
6	UCFS/CHR-EMPS	0.3	5.0	27.4	0	1.5	32.0	5%	21%	4%	0.1	2.3	22.9	0	0	21	3%	7%	2%
7	UCFS-EMPS	0.4	5.6	16.9	0	1	12.5	10%	28%	0%	0.2	2.4	22.3	0	2	21	4%	2%	1%
8	Hartford	0.6	7.2	24.8	0	2	22.0	10%	26%	7%	1.0	6.1	27.1	0	3	22	15%	30%	13%
9	Wheeler-EMPS:Htfd	0.6	7.4	22.4	0	2	20.0	6%	28%	3%	1.5	5.9	25.4	0	3	22	20%	31%	9%
10	Wheeler-EMPS:Meridn	0.4	7.7	26.6	0	1	27.0	9%	26%	8%	1.4	4.8	23.9	0	2	20	24%	26%	8%
11	Wheeler-EMPS:NBrit	0.6	7.0	26.3	0	2	21.0	15%	25%	10%	0.3	6.6	29.2	0	3	25	5%	29%	17%
12	New Haven	0.7	7.1	21.5	0	2	19.0	12%	34%	2%	1.0	8.2	26.1	0	3	25	6%	40%	7%
13	CBeer/Bridge-EMPS	0.6	7.8	21.9	0	4	19.0	9%	43%	4%	3.2	4.3	25.4	0	0	27	14%	18%	2%
14	CliffBeers-EMPS	0.7	6.8	21.3	0	1	19.0	13%	29%	2%	0.7	9.9	26.9	0	6	21	5%	50%	13%
15	Southwestern	0.3	6.9	24.3	0	2	22.0	6%	25%	7%	0.9	8.4	29.0	0	1	29	12%	32%	13%
16	CGCGB/CGCSouth-EMPS	0.5	8.0	25.2	0	1	25.5	11%	29%	9%	0.4	6.6	39.2	0	0	40	4%	15%	34%
17	CGCGB/MidFfd-EMPS	0.2	4.7	21.7	0	3	17.5	0%	26%	8%	0.7	3.1	21.4	0	1	15.5	14%	14%	13%
18	CGCGB-EMPS	0.3	7.3	24.8	0	1	22.0	5%	23%	5%	1.7	10.0	27.1	0	3	29	19%	41%	3%
19	Western	0.6	6.2	23.3	0	1	21.0	10%	30%	7%	0.5	5.8	22.8	0	1	21	4%	26%	6%
20	Well-EMPS:Dnby	0.4	5.3	16.6	0	1.5	15.0	12%	32%	0%	0.4	5.5	15.6	0	0	14	2%	25%	2%
21	Well-EMPS:Torr	0.5	11.0	30.5	0	3.5	30.0	9%	45%	7%	0.2	8.4	19.6	0	5	16.5	4%	48%	3%
22	Well-EMPS:Wtby	0.7	5.6	23.3	0	1	21.0	10%	28%	8%	0.7	5.4	26.4	0	0	27	4%	24%	9%

* Discharged episodes with end dates from January 1, 2010 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

		A	B	C	D	E	F	G	H	I	J	K	L
		Discharged Episodes for Current Reporting Period						Cumulative Discharged Episodes*					
		N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	526	1015	797	50	277	56	2235	4725	3926	195	1375	456
2	Central	70	146	150	8	34	19	393	564	649	36	229	126
3	CHR/MiddHosp-EMPS	27	39	29	4	5	2	127	261	82	19	34	1
4	CHR-EMPS	43	107	121	4	29	17	266	303	567	17	195	125
5	Eastern	52	95	60	4	24	1	254	554	438	9	22	7
6	UCFS/CHR-EMPS	21	38	28	1	8	1	77	193	256	2	13	6
7	UCFS-EMPS	31	57	32	3	16	0	177	361	182	7	9	1
8	Hartford	156	288	247	16	76	17	516	1062	1545	77	314	203
9	Wheeler-EMPS:Htfd	65	111	97	4	31	3	228	521	455	46	162	39
10	Wheeler-EMPS:Meridn	23	34	37	2	9	3	82	115	265	20	30	22
11	Wheeler-EMPS:NBrit	68	143	113	10	36	11	206	426	825	11	122	142
12	New Haven	67	133	84	8	45	2	359	572	446	22	230	30
13	CBeer/Bridge-EMPS	22	44	26	2	19	1	44	175	239	6	31	4
14	CliffBeers-EMPS	45	89	58	6	26	1	315	397	207	16	199	26
15	Southwestern	90	179	133	5	45	9	283	957	565	34	311	72
16	CGCGB/CGCSouth-EMPS	19	42	34	2	12	3	112	203	143	5	31	48
17	CGCGB/MidFfd-EMPS	16	38	26	0	10	2	69	118	114	10	17	15
18	CGCGB-EMPS	55	99	73	3	23	4	102	636	308	19	263	9
19	Western	91	174	123	9	53	8	430	1016	283	17	269	18
20	Well-EMPS:Dnby	17	34	16	2	11	0	94	119	50	2	30	1
21	Well-EMPS:Torr	11	20	15	1	9	1	90	109	70	4	52	2
22	Well-EMPS:Wtby	63	120	92	6	33	7	246	788	163	11	187	15

* Discharged episodes with end dates from January 1, 2010 to the end of the current reporting period.

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

Definitions:

LOS: Phone

Length of Stay in Days for Phone Only

LOS: FTF

Length of Stay in Days for Face To Face Only

LOS: Stab.

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

Phone > 1

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

FTF > 5

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

Stab. > 45

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

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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		<i>Episodes Still in Care*</i>									<i>N of Episodes Still in Care*</i>					
		Mean			Median			Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	84.5	42.9	24.7	31.0	14.0	14.0	100%	74%	8%	15	105	270	15	78	21
2	Central	13.0	37.0	18.8	13.0	9.0	17.0	100%	73%	4%	2	15	49	2	11	2
3	CHR/MiddHosp-EMPS		127.7	16.5		20.0	16.5		100%	0%	0	3	2	0	3	0
4	CHR-EMPS	13.0	14.3	18.9	13.0	7.5	17.0	100%	67%	4%	2	12	47	2	8	2
5	Eastern		11.0	16.2		11.0	14.0		100%	0%	0	1	6	0	1	0
6	UCFS/CHR-EMPS			11.0			11.0			0%	0	0	1	0	0	0
7	UCFS-EMPS		11.0	17.2		11.0	15.0		100%	0%	0	1	5	0	1	0
8	Hartford	16.0	13.1	12.4	16.0	10.0	10.0	100%	72%	1%	2	25	97	2	18	1
9	Wheeler-EMPS:Htfd	16.0	14.0	14.7	16.0	9.5	15.0	100%	67%	0%	2	12	33	2	8	0
10	Wheeler-EMPS:Meridn		8.3	9.7		8.0	9.0		67%	0%	0	3	17	0	2	0
11	Wheeler-EMPS:NBrit		13.4	11.8		12.0	8.0		80%	2%	0	10	47	0	8	1
12	New Haven	135.1	104.3	32.5	70.0	71.0	14.5	100%	88%	11%	7	25	44	7	22	5
13	CBeer/Bridge-EMPS	205.0	139.8	34.3	215.0	114.5	10.5	100%	79%	12%	4	14	26	4	11	3
14	CliffBeers-EMPS	42.0	59.1	29.7	31.0	47.0	15.0	100%	100%	11%	3	11	18	3	11	2
15	Southwestern	75.7	33.3	47.6	107.0	13.0	17.0	100%	64%	21%	3	25	61	3	16	13
16	CGCGB/CGCSouth-EMPS	75.7	121.2	72.6	107.0	56.0	29.0	100%	100%	36%	3	5	36	3	5	13
17	CGCGB/MidFfd-EMPS		22.0	8.5		22.0	8.5		100%	0%	0	1	2	0	1	0
18	CGCGB-EMPS		10.7	11.7		6.0	8.0		53%	0%	0	19	23	0	10	0
19	Western	37.0	12.0	9.6	37.0	8.5	9.0	100%	71%	0%	1	14	13	1	10	0
20	Well-EMPS:Dnby		9.0	7.0		9.0	7.0		100%	0%	0	1	2	0	1	0
21	Well-EMPS:Torr	37.0		10.3	37.0		7.0	100%		0%	1	0	3	1	0	0
22	Well-EMPS:Wtby		12.2	10.0		8.0	10.0		69%	0%	0	13	8	0	9	0

* Data includes episodes still in care with referral dates from January 1, 2010 to end of current reporting period.

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

Definitions:

LOS: Phone

Length of Stay in Days for Phone Only

LOS: FTF

Length of Stay in Days for Face To Face Only

LOS: Stab.

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

Phone > 1

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

FTF > 5

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

Stab. > 45

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

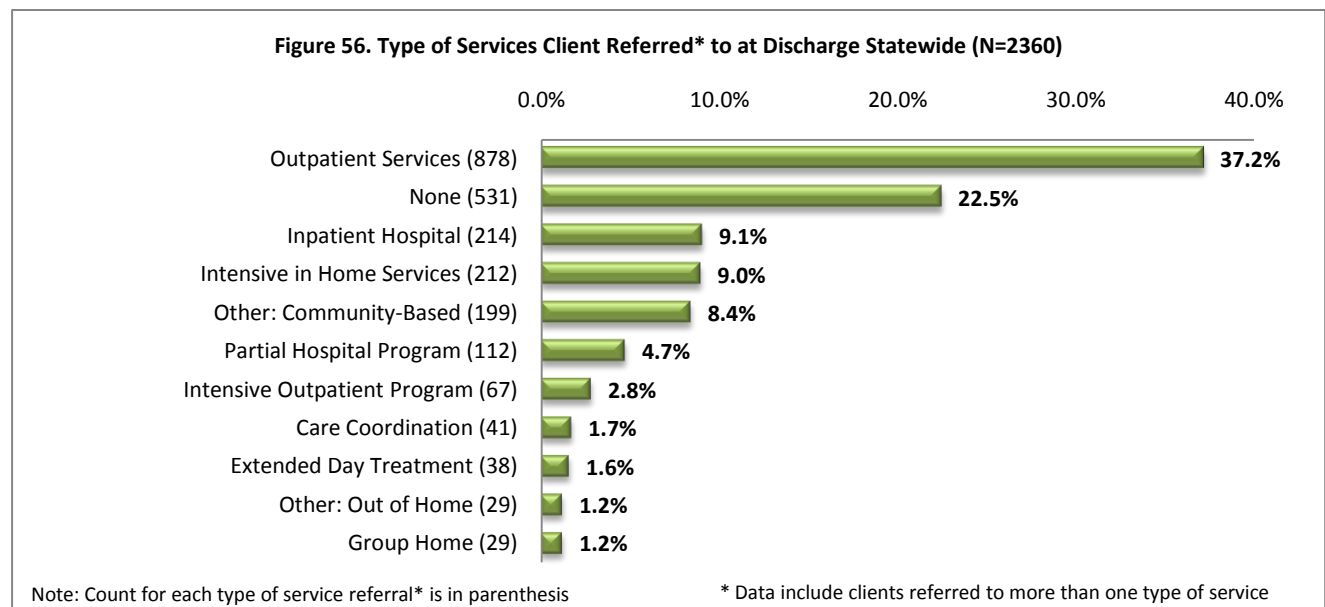
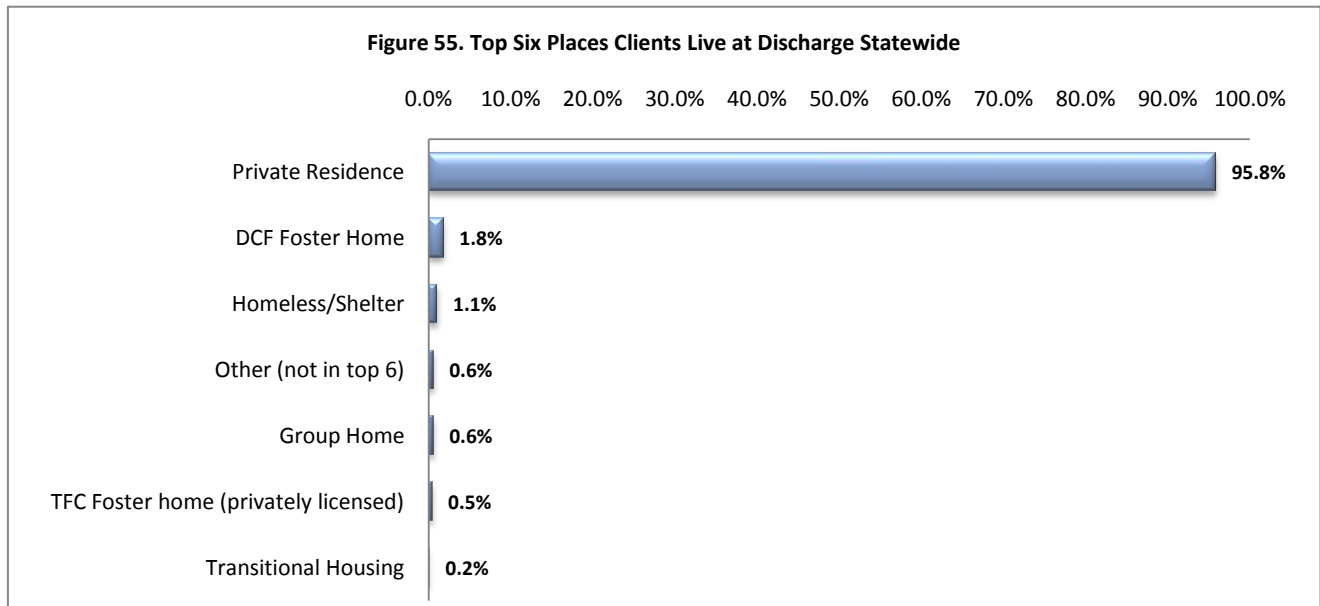
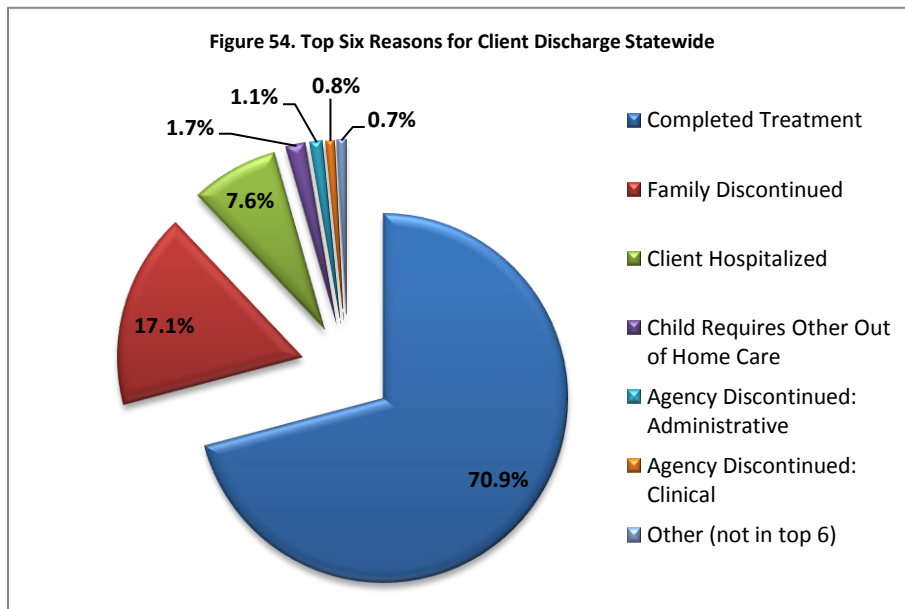


Table 5. Ohio Scales Scores by Service Area

Service Area	<i>N (paired' intake & discharge)</i>	<i>Mean (paired' intake)</i>	<i>Mean (paired' discharge)</i>	<i>Mean Difference (paired' cases)</i>
STATEWIDE				
Parent Functioning Score	276	42.83	42.90	0.07
Worker Functioning Score	553	42.19	44.22	2.03 **
Parent Problem Score	279	28.11	24.71	-3.4 **
Worker Problem Score	553	29.91	26.57	-3.34 **
Central				
Parent Functioning Score	88	41.57	41.76	0.19
Worker Functioning Score	113	41.00	41.69	0.69 †
Parent Problem Score	87	27.75	27.00	-0.75
Worker Problem Score	113	26.27	24.56	-1.71 **
Eastern				
Parent Functioning Score	59	39.83	43.83	4 **
Worker Functioning Score	72	40.58	44.49	3.91 **
Parent Problem Score	61	33.98	25.61	-8.37 **
Worker Problem Score	72	35.06	27.61	-7.45 **
Hartford				
Parent Functioning Score	45	43.24	42.04	-1.2
Worker Functioning Score	205	41.36	43.37	2.01 **
Parent Problem Score	46	29.13	27.24	-1.89 †
Worker Problem Score	205	30.79	28.07	-2.72 **
New Haven				
Parent Functioning Score	39	46.05	45.92	-0.13
Worker Functioning Score	55	41.82	43.75	1.93
Parent Problem Score	40	24.33	21.18	-3.15 *
Worker Problem Score	55	30.96	26.36	-4.6 **
Southwestern				
Parent Functioning Score	31	48.00	48.68	0.68
Worker Functioning Score	64	45.63	47.80	2.17 *
Parent Problem Score	31	25.00	23.19	-1.81 **
Worker Problem Score	64	28.27	25.56	-2.71 **
Western				
Parent Functioning Score	14	41.64	27.64	-14 †
Worker Functioning Score	44	47.23	49.64	2.41 **
Parent Problem Score	14	19.21	11.64	-7.57 *
Worker Problem Score	44	27.77	24.80	-2.97 *

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

† .05-.10, * P < .05, **P < .01

Section IX: Client & Referral Source Satisfaction

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

211 Items	Clients (n=107)	Referrers (n=82)
The 211 staff answered my call in a timely manner	4.93	4.99
The 211 staff was courteous	4.90	4.99
The 211 staff was knowledgeable	4.86	4.97
My phone call was quickly transferred to the EMPS provider	4.80	4.97
Sub-Total Mean: 211	4.87	4.98
EMPS Items		
EMPS responded to the crisis in a timely manner	4.78	4.99
The EMPS staff was respectful	4.84	5.00
The EMPS staff was knowledgeable	4.79	5.00
The EMPS staff spoke to me in a way that I understood	4.78	X
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)	4.60	X
The services or resources my child and/or family received were right for us	4.57	X
The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS	X	4.83
Overall, I am very satisfied with the way that EMPS responded to the crisis	4.66	4.91
Sub-Total Mean: EMPS	4.72	4.95
Overall Mean Score	4.77	4.96

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

Client Comments:

- Very impressed with both 211 and EMPS--it was such a relief to get the help that we did.
- Having dealt with mental health professionals for over 13 years this is the best service I have ever received. I have never been more impressed!
- Wonderful service--they spent a lot of time with us and gave us a lot of support and feedback-service is great.
- They were very helpful; I was at my wit's end.
- I am happy with the service. Every time I call I get the service that I need and I am glad that 2-1-1 is there.
- EMPS did not show up until 2 hours after I made the call-by that time, my daughter had calmed down. They also told me that they would keep the case open for 2 weeks and would do a followup on that Thursday, but no one called or showed up.
- Took EMPS over an hour to come out when they did later on. They basically told me in front of him that I really can't force him to do anything.
- I just feel that when EMPS comes out, they do not spend as much time as they could to diffuse the situation.
- The call specialist- when I was on the phone and my son was trashing the house, I talked to my son and the call specialist said to me "ma'am you need to pay attention to me now". I thought this comment was inappropriate. I was trying to deal with my son and the call specialist should not have been so "snappy". The clinicians overall are "amazing" and I am very impressed- I wish I knew about it sooner-this has been a tremendous help to my family.

Referrer Comments:

- Always very satisfied with service.
- Both 211 and EMPS staff were very professional.
- EMPS did an outstanding job-I cannot say enough about their services.
- Thank you for making this service available.
- I felt that the EMPS staff was not as professional as I expected--he was joking in front of the child.
- I feel the clinicians should have a larger repertoire in their tool belt to deal with a resistant parent- it would be very helpful. They should have a bigger willingness to explain DCF laws to school personnel. The clinicians did very well it was just that they could have gone to the next level.
- It took a while for EMPS to come out-almost an hour.

Section X: Training Attendance

Table 7. Trainings Completed for All Active Staff* by Provider

	Crisis Wrap	Crisis API	Str Based	Suicide	Trauma	Violence	C&L Care	Safety	Average	Completed All 8 Trainings
Statewide (150)	66%	59%	49%	63%	60%	58%	43%	58%	57%	22%
CHR/MiddHosp-EMPS (8)	25%	50%	13%	50%	25%	25%	25%	50%	33%	0%
CHR-EMPS (8)	75%	100%	63%	88%	75%	50%	63%	75%	73%	38%
UCFS/CHR-EMPS (5)	80%	100%	80%	100%	80%	100%	40%	100%	85%	40%
UCFS-EMPS (9)	100%	89%	100%	89%	100%	89%	67%	89%	90%	56%
Wheeler-EMPS:Htfd (18)	83%	89%	67%	78%	83%	72%	44%	72%	74%	39%
Wheeler-EMPS:Meridn (10)	80%	60%	80%	60%	70%	50%	30%	70%	63%	30%
Wheeler-EMPS:Nbrit (13)	77%	85%	69%	85%	77%	77%	38%	77%	73%	31%
CBeer/Bridge-EMPS (7)	86%	71%	29%	86%	71%	86%	86%	71%	73%	14%
CliffBeers-EMPS (19)	42%	42%	32%	53%	42%	53%	26%	37%	41%	11%
CGCGB/CGCSouth-EMPS (6)	33%	50%	17%	67%	67%	50%	50%	50%	48%	17%
CGCGB/MidFfd-EMPS (7)	57%	43%	43%	57%	43%	71%	57%	43%	52%	29%
CGCGB-EMPS (11)	91%	91%	45%	82%	91%	82%	82%	73%	80%	27%
Well-EMPS:Dnby (2)	50%	100%	50%	50%	50%	50%	50%	50%	56%	50%
Well-EMPS:Torr (1)	100%	0%	100%	100%	100%	100%	100%	100%	88%	0%
Well-EMPS:Wtby (26)	42%	23%	42%	42%	42%	42%	31%	46%	39%	4%

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

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

Training Title Abbreviations:

Crisis Wrap = Crisis Wraparound

Crisis API = Crisis Assessment, Planning and Intervention

Str Based = Strengths-Based Assessment and Utilizing the System of Care

Suicide = Assessing and Intervening with Suicidal and Self-Injurious Youth

Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

C&L Care = Culturally and Linguistically Competent Care

Safety = Worker Safety and Self Care

Section XI: Data Quality Monitoring

Figure 57. Ohio Scales Collected at Intake by Provider

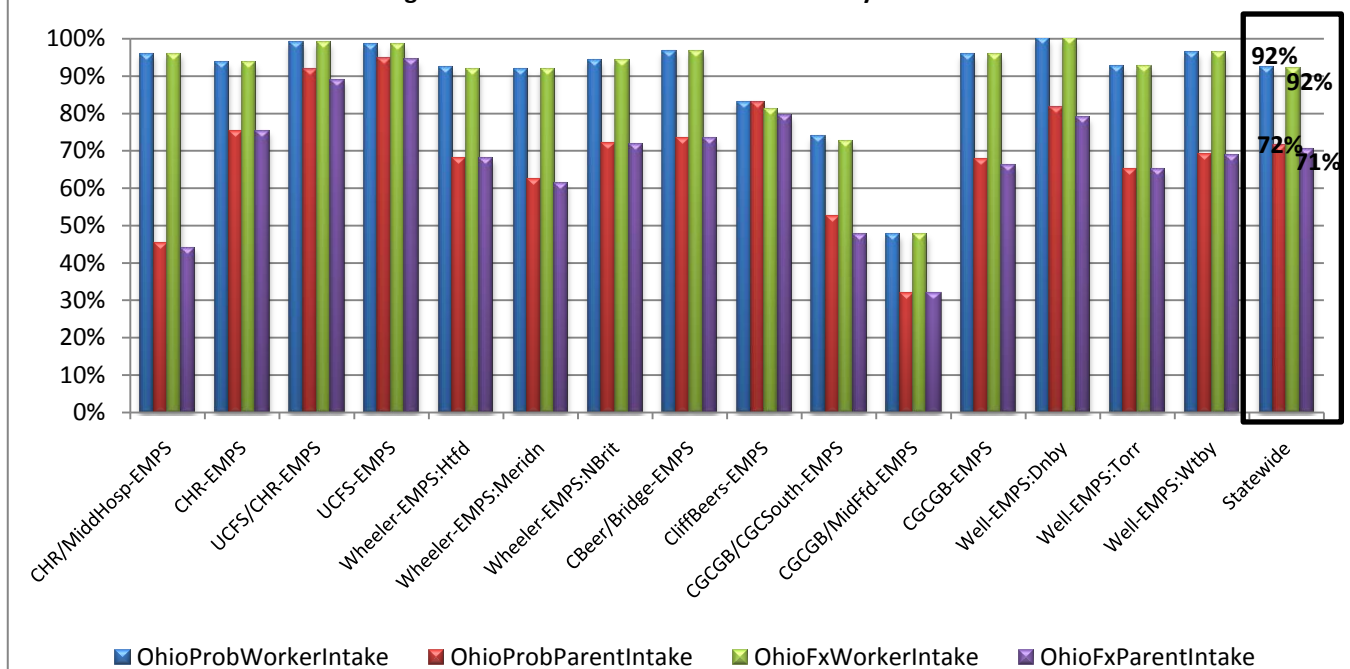
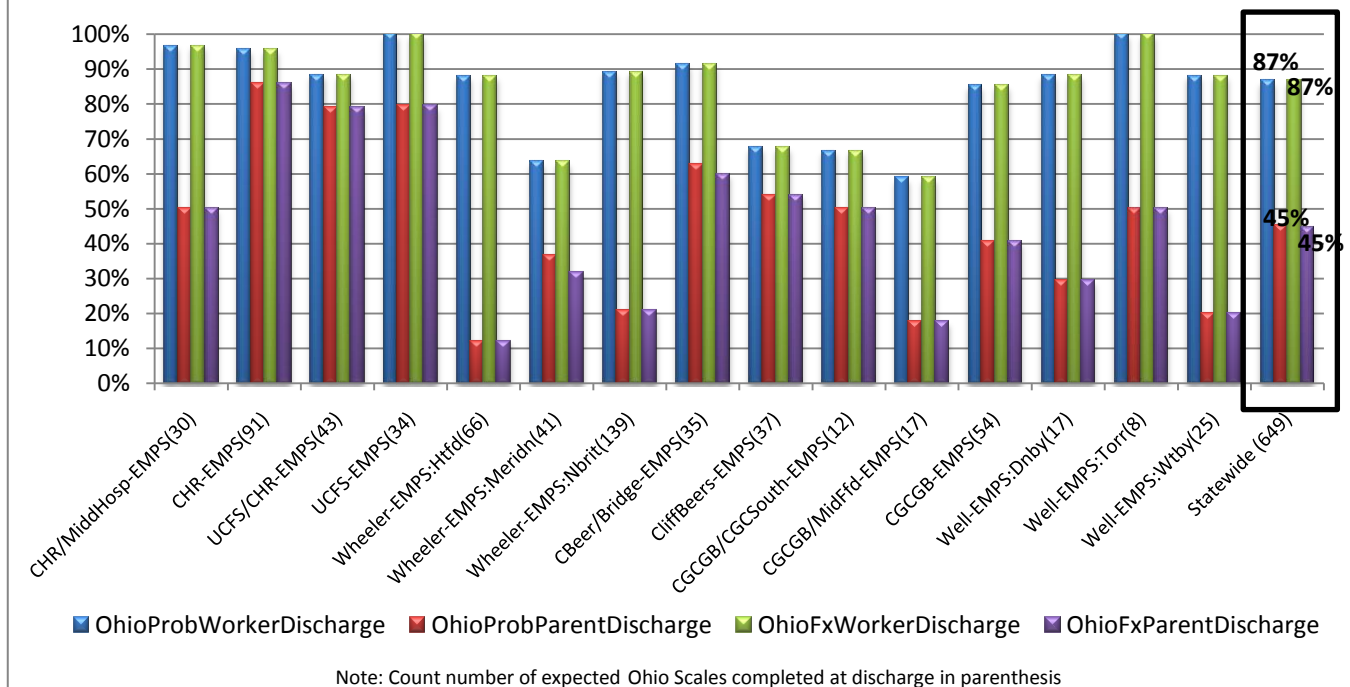
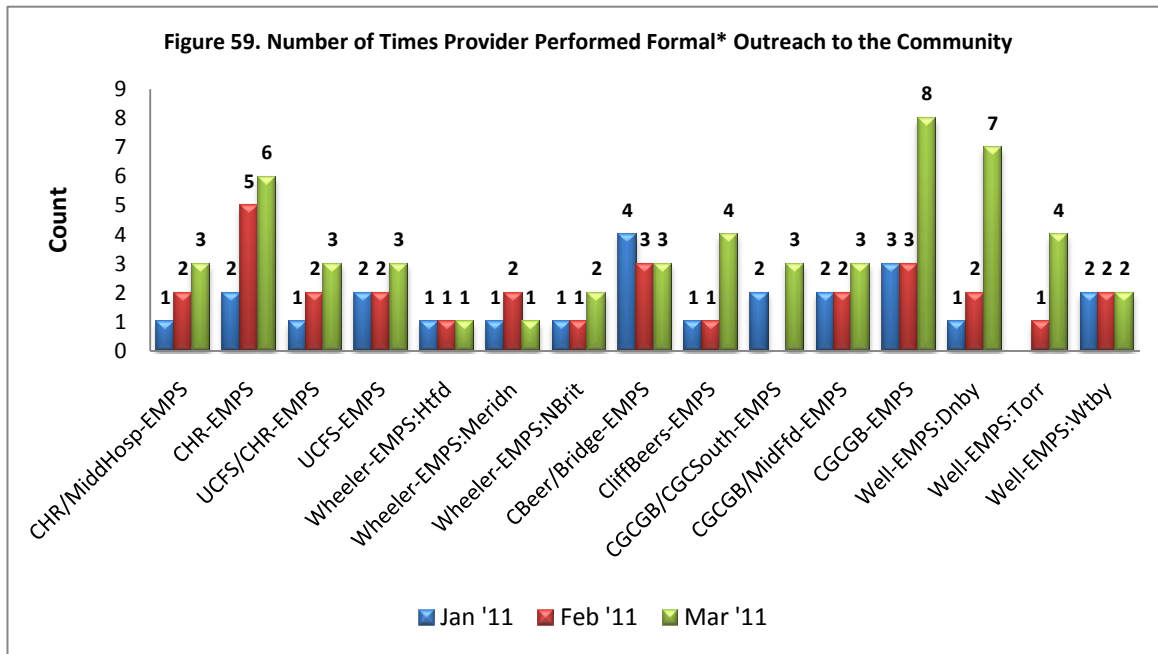


Figure 58. Ohio Scales Collected at Discharge by Provider



Section XII: Provider Community Outreach



* Formal outreach refers to: 1) In person presentations lasting 30 minutes or 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.

Appendix A: Description of Calculations

Section I: Primary EMPS Performance Indicators and Monthly Trends

- Figures 1 and 2 tabulate the total number of calls by 211-Only, 211-EMPS, or Registered Calls.
- Figures 3 and 4 calculate the total number of EMPS episodes for the specified time frame for the designated service area.
- Figures 5 and 6 show the number of children served by EMPS per 1,000 children. This is calculated by summing the total number of episodes for the specified service area multiplied by 1,000; this result is then divided by the total number of youth in that particular service area as reported by U.S. Census data.
- Figures 7 and 8 determine the number of children served by EMPS that are TANF eligible out of the total number of children in that service area that are eligible for free or reduced lunch¹. This is calculated by selecting only those episodes that are coded as face-to-face or plus stabilization follow-up divided by the total number of youth receiving free or reduced lunch¹ in that service area.
- Figures 9 and 10 isolate the total number of episodes that 211 recommended to be mobile or deferred mobile. This number of episodes is then divided by the total number of episodes that the EMPS response mode (what actually happened) was either mobile or deferred mobile. Multiply this result by 100 in order to get a percentage.
- Figures 11 and 12 isolate the total number of episodes that were coded as EMPS response mode mobile that had a response time under 45 minutes divided by the total number of episodes that were coded as EMPS response mode mobile. Response time is calculated by subtracting the episode First Contact Date Time from the Call Date Time. In this calculation, 10 minutes is subtracted from the original response time for the average 211 call.

Section II: Episode Volume

- Figure 13 tabulates the total number of calls by 211-Only, 211-EMPS, or Registered Calls.
- Figure 14 shows the 211 disposition of all calls received by service area.
- Figure 15 shows the 211 disposition EMPS response by provider.
- Figure 16 show the number served per 1,000 children by provider, uses the same calculation as Figure 5.
- Figure 17 is a stacked bar chart that represents the percent of episodes that have a crisis response of phone only, face-to-face, or plus stabilization follow-up. Each percentage is calculated by counting the number of episodes in the respective category (i.e., phone only) divided by the total number of episodes coded for crisis response for that specified service area.
- Figure 18 calculates the same percentage as Figure 17 and is shown by provider.

Section III: Demographics

- Figure 19 shows the percentage of male and female children served.
- Figure 20 Age group percentages include only episodes with a Crisis Response of "Face-to-face" or "Plus stabilization follow-up".
- Figure 21 shows the percentage of children from various ethnic backgrounds.
- Figure 22 breaks out the percentages of the races of children served.
- Figure 23 is calculated by taking the count of each type of health insurance reported at intake, dividing by total count collected for each area and that number is multiplied by 100 for the percent.
- Figure 24 is calculated by taking the count of "yes" TANF responses for each provider, dividing that by the total count answered for each provider and multiplying that number by 100 for the percent.
- Figure 25 is calculated by taking the count of each DCF status category reported at intake, dividing

¹ United States Department of Agriculture, Food and Nutrition Service, "Eligibility Manual for School Meals, January 2008", <http://www.fns.usda.gov/cnd/Lunch/>.

Section IV: Clinical Functioning

- Figure 26 shows the percentages for the top six primary presenting problems by service area.
- Figure 27 is calculated by taking the count of each Axis I primary diagnostic category reported at intake, dividing by total count collected and that number is multiplied by 100 to get the percent.
- Figure 28 is calculated by taking the count of each Axis II primary diagnostic category reported at intake, dividing by total count collected and that number is multiplied by 100 to get the percent.
- Figure 29 is calculated by taking the count of each Axis III diagnostic category reported at intake, dividing by total count collected and that number is multiplied by 100 to get the percent.
- Figure 30 is calculated by taking the count of each Axis IV diagnostic category reported at intake, dividing by total count collected and that number is multiplied by 100 to get the percent.
- Figure 31 represents the average Axis V at **intake and discharge**. Intake data filtered on an "EMPS Response Mode" of mobile or deferred mobile, face-to-Face or plus stabilization follow-up "Crisis Response" and data entered for Axis V at Intake. Discharge data filtered on an "EMPS Response Mode" of mobile or deferred mobile, plus stabilization follow-up "Crisis Response" and data entered for Axis V at discharge.
- Figure 32 shows the percentage of children meeting SED criteria. Serious Emotional Disturbance is defined by the federal statute as applying to a child with a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM), and whose condition results in functional impairment, substantially interfering with one or more major life activities or the ability to function effectively in social, familial, and educational contexts.
- Figure 33 is calculated by taking the count of "yes" responses to trauma history filtered on specified service area, a "Crisis Response" of face-to-face or plus stabilization follow-up divided by the total count trauma answered (e.g., yes + no) by service area multiplied by 100.
- Figure 34 is calculated by taking the count of the individual type of trauma filtered on identified service area, "Crisis Response" of face-to-face or plus stabilization follow-up for the episodes that indicated a trauma history divided by the total of yes responses to trauma history by service area multiplied by 100.
- Figure 35 is calculated by taking the number of clients evaluated in an ED 1 or more times for category filtered on "Crisis Response" of Face-to-Face or Plus Stabilization Follow-up for 6 months prior and Plus Stabilization Follow-up for During divided by the total answered for category filtered on "Crisis Response" of Face-to-Face or Plus Stabilization Follow-up for 6 months prior and Plus Stabilization Follow-up for During multiplied by 100.
- Figure 36 is calculated by taking the number of clients admitted (inpatient) 1 or more times for category filtered on "Crisis Response" of Face-to-Face or Plus Stabilization Follow-up for lifetime, 6 months prior and Plus Stabilization Follow-up for During divided by the total answered for category filtered on "Crisis Response" of Face-to-Face or Plus Stabilization Follow-up for lifetime, 6 months

Section V: Referral Sources

- Figure 37, and Table 1 are percentage break outs of the top five referral sources across the state.
- Figure 38 counts the number of ED referrals (i.e., routine follow-up or in-patient diversion) by service area.
- Figure 39 calculates the percent of EMPS response episodes that are ED referrals by service area. This is calculated by counting the total number of ED referrals for the specified service area divided by the total number of EMPS response episodes for that service area .
- Figures 40 and 41 use the same calculation as 38 and 39 respectively, but is brokedown by provider.

Section VI: 211 Recommendations and EMPS Response

- Figure 42 is a count of the 211 recommended response mode (i.e., mobile, non-mobile, deferred mobile) by provider .
- Figure 43 is contrasted by Figure 40 that shows a count of the actual EMPS response mode (i.e., mobile, non-mobile, deferred mobile) by provider.
- Figure 44 and 45 show the percent of 211 recommended response of mobile and non-mobile episodes where the actual EMPS response was different than the recommended.
- Figure 46 is the same graph as Figure 9.
- Figure 47 uses the same calculation as Figure 9 but shows the percent mobile response (mobile & deferred mobile) by provider.

Section VII: Response Time

- Figure 48 is the same graph as shown in Figure 11.
- Figure 49 uses the same calculation as Figure 11 but shows the percent of mobile episodes with response time under 45 minutes by provider.
- Figure 50 arranges the response time for those episodes that are coded as EMPS response mode-mobile and arranges the response time in ascending order by service area and selects the response time in the middle.
- Figure 51 uses the same calculation as Figure 50 but is categorized by provider.
- Figure 52 arranges the response time for those episodes that were coded as EMPS response mode -deferred mobile and arranges the response time in ascending order by service area and selects the response time in the middle.

Section VIII: Length of Stay and Discharge Information

- Table 2 shows the mean, median and percent length of stay statewide, by service area and by provider for both discharged episodes for the current reporting period and cumulative (since January 1, 2010) discharged episodes of care broken into the various crisis response categories (phone only, face-to-face and stabilization plus follow-up). LOS: Phone means Length of Stay in Days for Phone Only. LOS: FTF means Length of Stay in Days for Face To Face. LOS: Stab. means Length of Stay in Days for Stabilization Plus Follow-up. Phone > 1 is defined as the percent of episodes that are phone only that are greater than 1 day. FTF > 5 is defined as the percent of episodes that are face to face that are greater than 5 days. Stab. > 45 is defined as the percent of episodes that are stabilization plus follow-up that are greater than 45 days. Blank cells in the table indicate no data was available for that particular criteria.
- Table 3 shows total number of episodes used to calculate mean, median and percent in Table 2.
- Table 4 shows the mean, median, percent and total number for length of stay statewide, by service area and by provider for open episodes of care broken into the various crisis response categories (phone only, face-to-face and stabilization plus follow-up. These cases do not have an episode end date at the time of the data download and therefore an episode end date equal to the last day of the reporting period was used in order to calculate length of stay data.
- Figure 54 shows the top five reasons for client discharge statewide. To calculate this percentage take the count answered for each category and divide by the total number answered for "Reason for Discharge" then multiply by 100.
- Figure 55 represents the statewide percentages of the top 6 places where clients live at discharge. To calculate the percentage, count of episodes in each category that have a "Crisis Response" of plus stabilization follow-up and have an end date divided by the total count of episodes with a "Crisis Response" of plus stabilization follow-up with an end date with data entered for "Living situation at discharge" multiplied by 100.

Section VIII: Length of Stay and Discharge Information (continued)

- Figure 56 shows percentages for the types of services clients were referred to at discharge. Calculated by taking the count answered in each category, dividing by total count answered and multiplying by 100 to get the percent.
- Table 5 shows the number and mean of Ohio Scales scores for paired intakes (filtered for only mobile and deferred mobile responses, as well as, a crisis response of face-to-face or plus stabilization follow-up) and paired discharges (filtered for only mobile and deferred mobile responses, as well as, a crisis response of plus stabilization follow-up). Paired is the number of cases with both intake and discharge Ohio scores. The mean difference for paired cases is also shown which is the mean of paired discharges minus the mean of paired intakes. Any significance of change in the Ohio score is noted next to the mean difference.

Section IX: Client and Referral Source Satisfaction

- Table 6 shows the mean outcomes of the client and referral source satisfaction survey collected for 211 and EMPS. All items are measured on a scale of 1 (strongly disagree) to 5 (strongly agree).

Section X: Training Attendance

- Table 7 calculates the percent of staff that attended trainings by dividing actual number of trainings over expected number of trainings.

Section XI: Data Quality Monitoring

- Figure 57 calculates the percent of Ohio intake scales by dividing actual over expected. The numerator is calculated by counting the number of Ohio intake scales for only those episodes that have been coded as crisis response face-to-face OR crisis response stabilization plus follow-up AND for those episodes that are coded as EMPS response mode either mobile OR deferred mobile (what actually happened). This is divided by the total number of expected Ohio intake scales which is calculated by counting the total number of episodes that are coded as crisis response face-to-face OR crisis response stabilization plus follow-up AND for those episodes that are coded as EMPS response mode either mobile OR deferred mobile (what actually happened).
- Figure 58 calculates the actual percent of Ohio discharge scales by dividing actual over expected. The numerator is calculated by counting the number of Ohio discharge scales for only those episodes that have been coded as crisis response stabilization plus follow-up AND are coded as EMPS response mode either mobile OR deferred mobile AND has an episode end date. This is divided by the total number of expected Ohio discharge scales which is calculated by counting the total number of episodes that are coded as crisis response stabilization plus follow-up AND are coded as EMPS response mode either mobile OR deferred mobile AND has an episode end date.

Section XII: Provider Community Outreach

- Figure 59 is a count of community outreach performed by each provider during the current quarter.

Appendix B: List of Diagnostic Codes² Combined

Adjustment Disorders:

309.0 - Adjustment Disorder w/ Depressed Mood
309.24 - Adjustment Disorder with Anxiety
309.28 - Adjustment Disorder w/ Mixed Anxiety & Depressed Mood
309.3 - Adjustment Disorder with Disturbance of Conduct
309.4 - Adjustment Disorder w/ Mixed Disturbance of Emotions & Conduct
309.9 - Adjustment Disorder Unspecified

Anxiety Disorders:

300.00 - Anxiety Disorder, NOS
300.01 - Panic Disorder without Agoraphobia
300.02 - Generalized Anxiety Disorder
300.21 - Panic Disorder with Agoraphobia
300.22 - Agoraphobia without History of Panic Disorder
300.23 - Social Phobia
300.29 - Specific Phobia

Attention Deficit/Hyperactivity Disorders:

314.00 - Attention Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
314.01 - Attention Deficit/Hyperactivity Disorder, Combined Type
314.01 - Attention Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type
314.9 - Attention Deficit/Hyperactivity Disorder NOS

Bipolar Disorders:

296.0 Bipolar I Disorder, Single Manic Episode, Unspecified
296.01 Bipolar I Disorder, Single Manic Episode, Mild
296.02 Bipolar I Disorder, Single Manic Episode, Moderate
296.03 Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features
296.04 Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features
296.05 Bipolar I Disorder, Single Manic Episode, In Partial Remission
296.06 Bipolar I Disorder, Single Manic Episode, In Full Remission
296.40 Bipolar I Disorder, Most Recent Episode Hypomanic
296.4 Bipolar I Disorder, Most Recent Episode Manic, Unspecified
296.41 Bipolar I Disorder, Most Recent Episode Manic, Mild
296.42 Bipolar I Disorder, Most Recent Episode Manic, Moderate
296.43 Bipolar I Disorder, Most Recent Episode Manic, Severe Without Psychotic Features
296.44 Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features
296.45 Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission
296.46 Bipolar I Disorder, Most Recent Episode Manic, In Full Remission
296.5 Bipolar I Disorder, Most Recent Episode Depressed, Unspecified
296.51 Bipolar I Disorder, Most Recent Episode Depressed, Mild
296.52 Bipolar I Disorder, Most Recent Episode Depressed, Moderate
296.53 Bipolar I Disorder, Most Recent Episode Depressed, Severe Without Psychotic Features
296.54 Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features
296.55 Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission
296.56 Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission
296.6 Bipolar I Disorder, Most Recent Episode Mixed, Unspecified

² "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)", Numerical Listing of DSM-IV-TR Diagnoses and Codes, <http://www.psychiatryonline.com>.

Bipolar Disorders (continued):

296.61 Bipolar I Disorder, Most Recent Episode Mixed, Mild
296.62 Bipolar I Disorder, Most Recent Episode Mixed, Moderate
296.63 Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features
296.64 Bipolar I Disorder, Most Recent Episode Mixed, Severe With Psychotic Features
296.65 Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission
296.66 Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission
296.7 Bipolar I Disorder, Most Recent Episode Unspecified
296.80 Bipolar Disorder NOS
296.89 Bipolar II Disorder

Major Depressive Disorders:

296.2 Major Depressive Disorder, Single Episode, Unspecified
296.21 Major Depressive Disorder, Single Episode, Mild
296.22 Major Depressive Disorder, Single Episode, Moderate
296.23 Major Depressive Disorder, Single Episode, Severe Without Psychotic Features
296.24 Major Depressive Disorder, Single Episode, Severe With Psychotic Features
296.25 Major Depressive Disorder, Single Episode, In Partial Remission
296.26 Major Depressive Disorder, Single Episode, In Full Remission
296.3 Major Depressive Disorder, Recurrent, Unspecified
296.31 Major Depressive Disorder, Recurrent, Mild
296.32 Major Depressive Disorder, Recurrent, Moderate
296.33 Major Depressive Disorder, Recurrent, Severe Without Psychotic Features
296.34 Major Depressive Disorder, Recurrent, Severe With Psychotic Features
296.35 Major Depressive Disorder, Recurrent, In Partial Remission
296.36 Major Depressive Disorder, Recurrent, In Full Remission

Mental Retardation:

317 Mild Mental Retardation
318.0 Moderate Mental Retardation
318.1 Severe Mental Retardation
318.2 Profound Mental Retardation
319 Mental Retardation, Severity Unspecified

Pervasive Developmental Disorders:

299.00 Autistic Disorder
299.10 Childhood Disintegrative Disorder
299.80 Asperger's Disorder
299.80 Pervasive Developmental Disorder NOS
299.80 Rett's Disorder