

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

Monthly Report: April 2010



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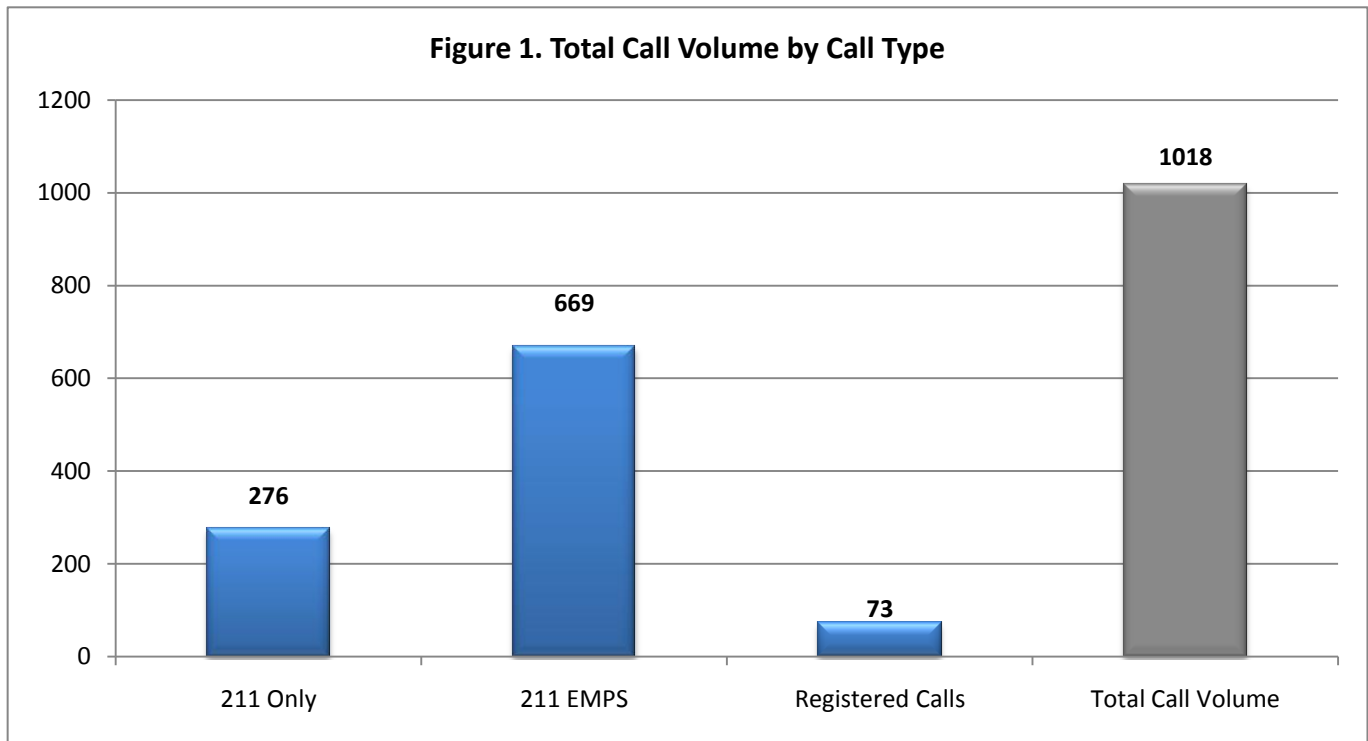
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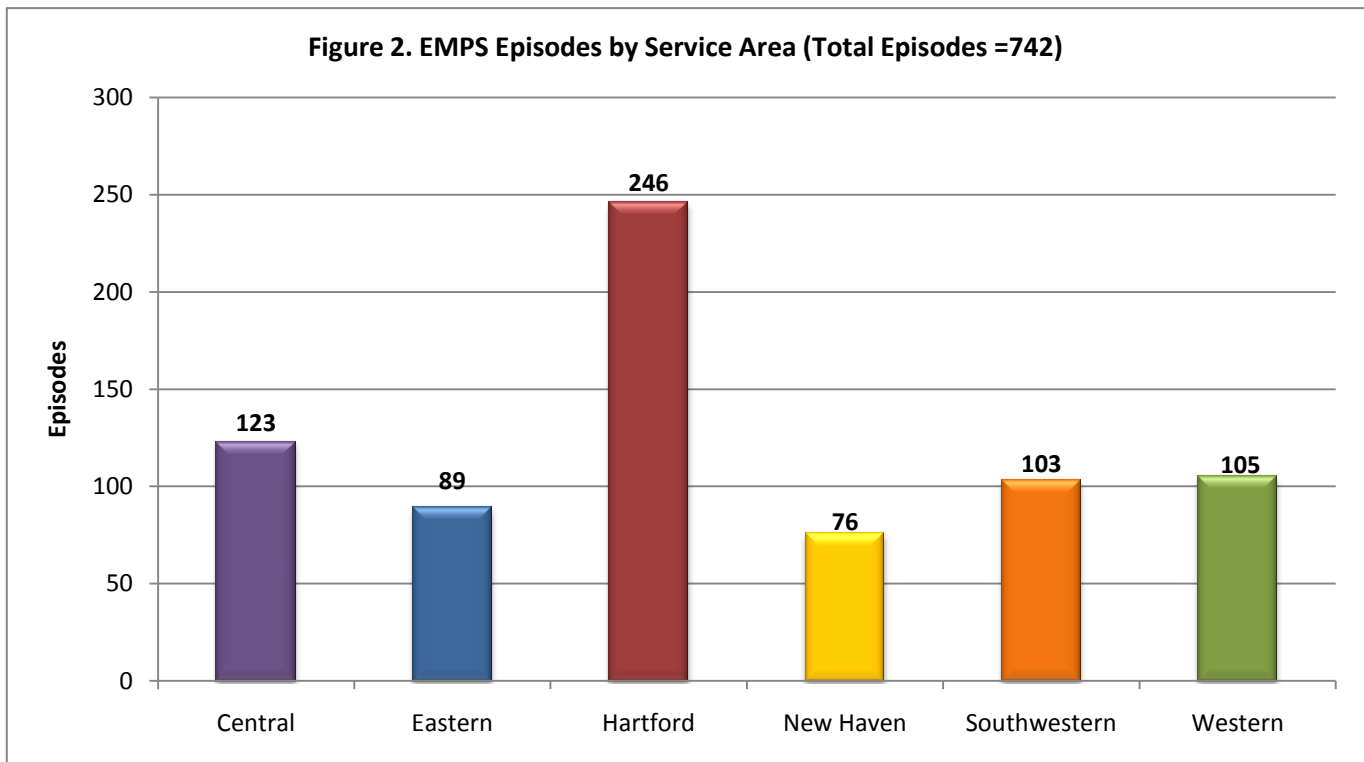
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Section I: Primary EMPS Performance Indicators

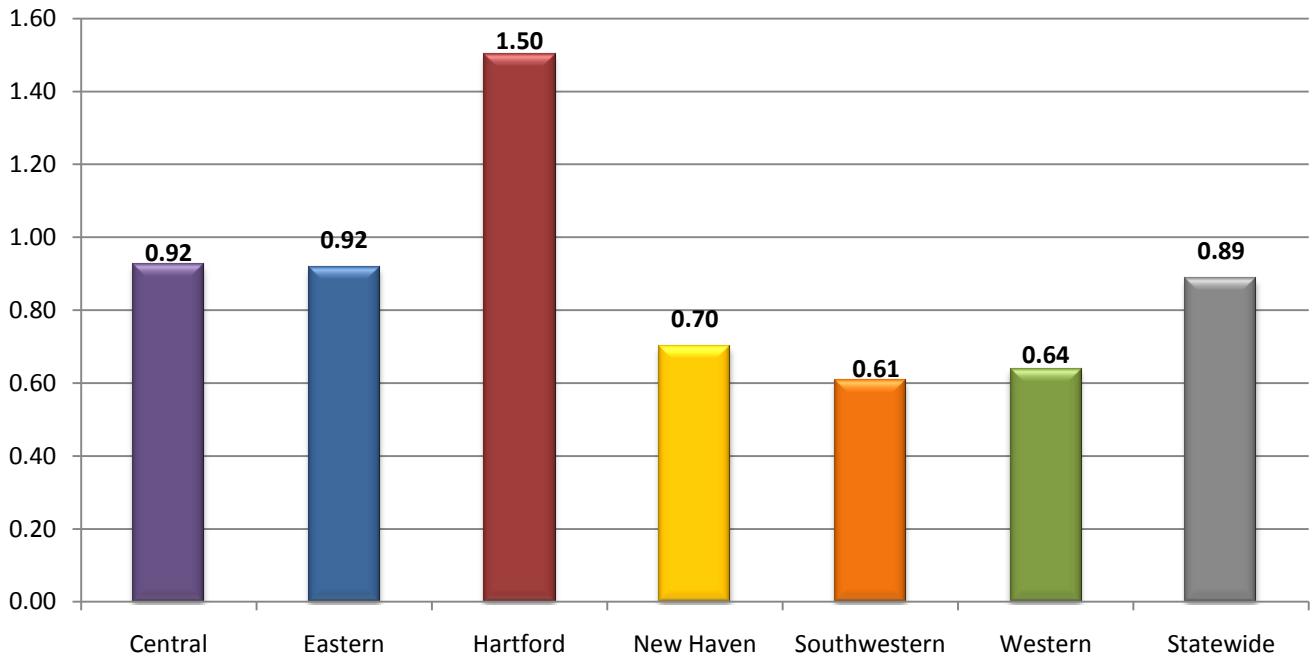


Calculation: Total number of episodes for each of the Call Type categories



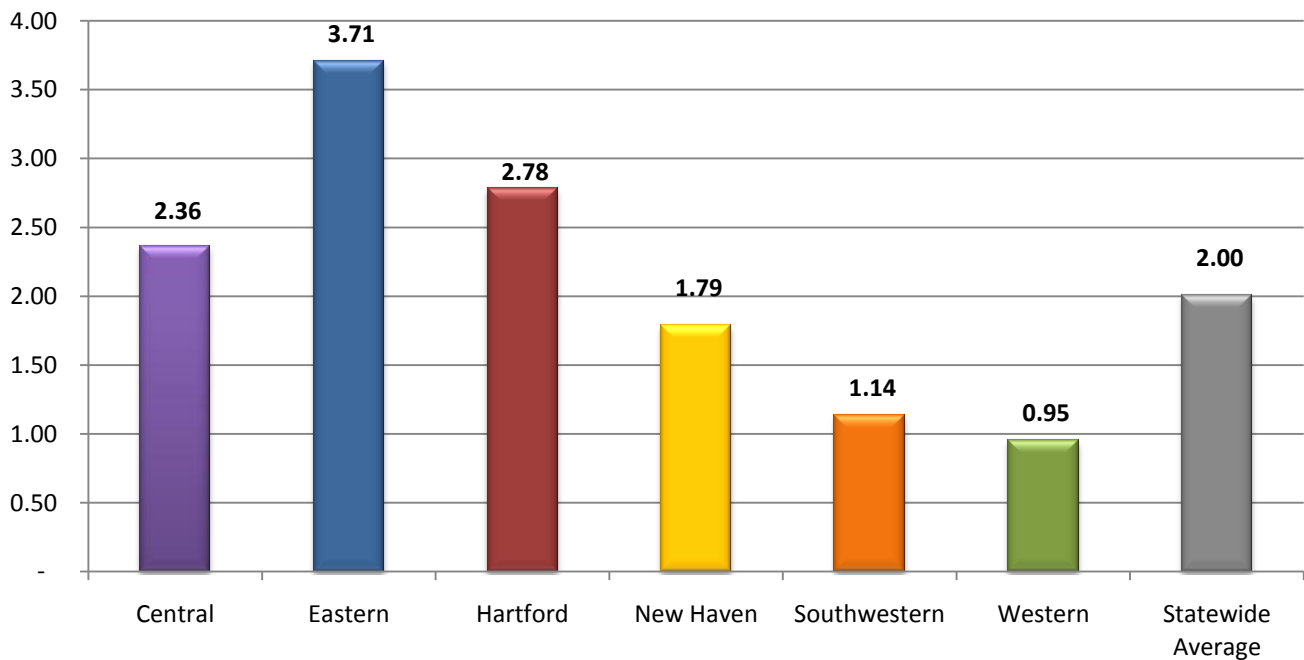
Calculation: Total number of episodes where 211 disposition is EMPS Response

Figure 3. Number Served Per 1,000 Children



Calculation: (Number of EMPS episodes in service area*1000) ÷ Total child population in service area

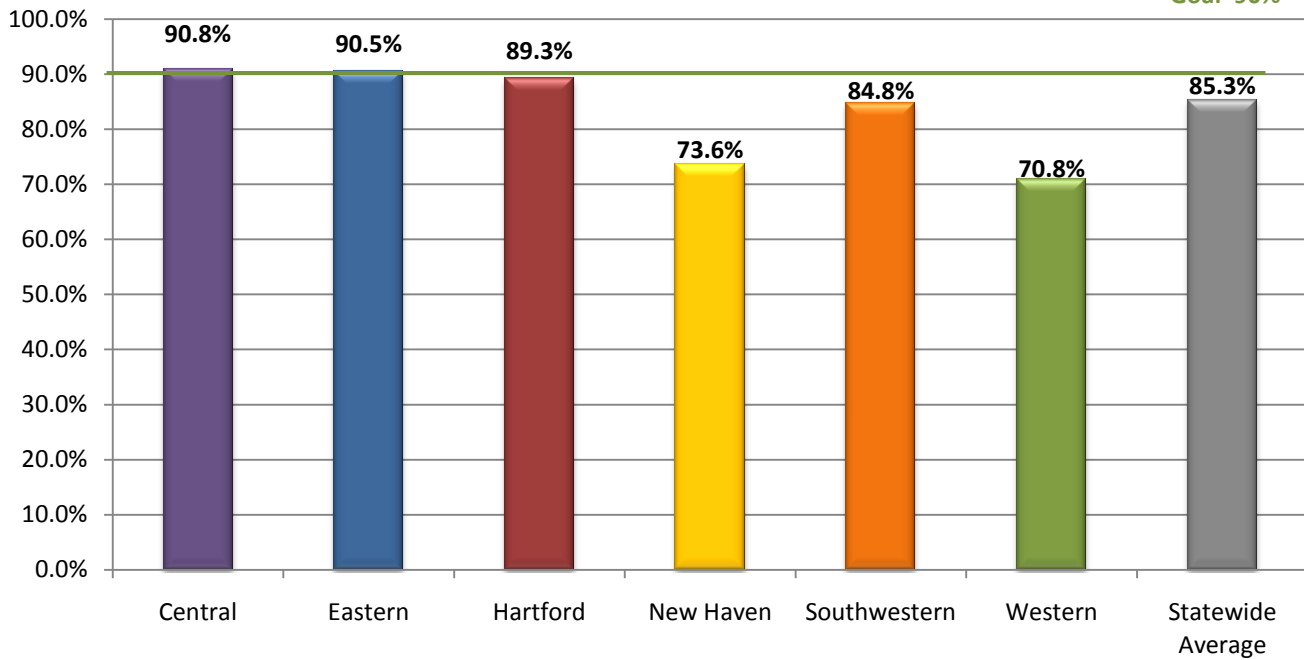
Figure 4. Number Served per 1,000 Children in Poverty



Calculation: (Number of episodes eligible for TANF filtered on face to face or crisis response stabilization follow-up*1000) ÷ Total number children eligible for free lunch in service area

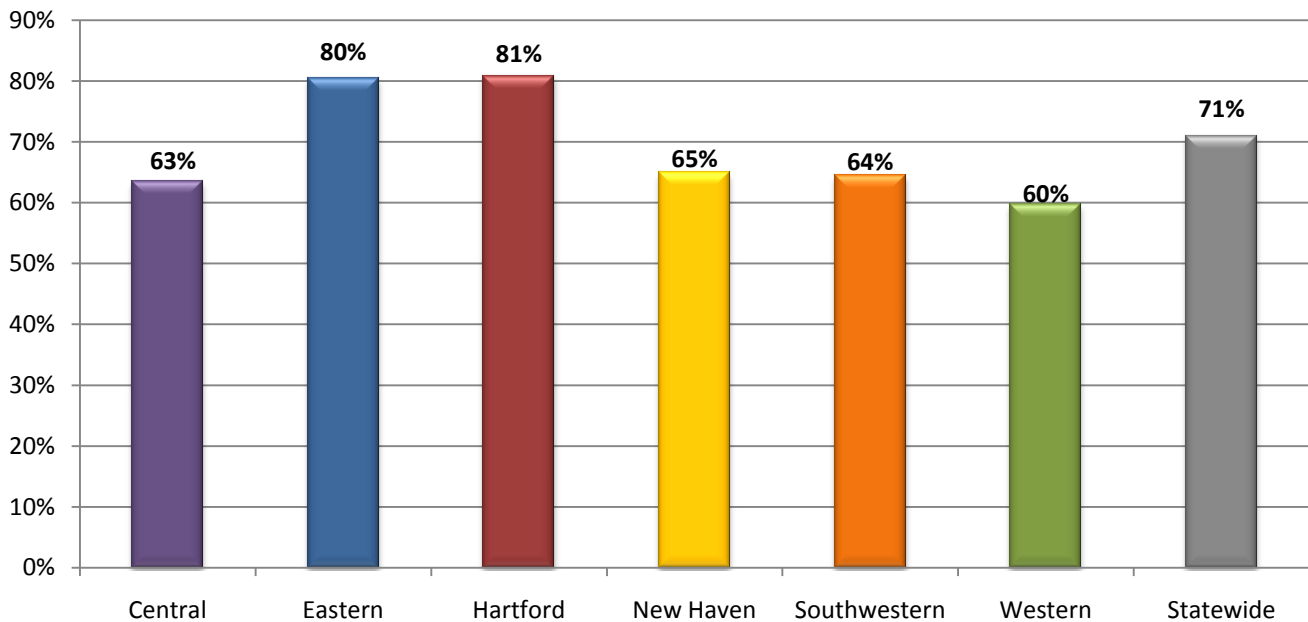
Figure 5. Percent Mobile Response (Mobile & Deferred Mobile) by Service Area

Goal=90%



Calculation: (Count EMPS first contact mode mobile or deferred mobile ÷ Total count of 211 rec mobile or deferred mobile)*100

Figure 6. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Service Area



Calculation: (Count mobile episodes under 45 mins ÷ Count of EMPS response mode is mobile) *100

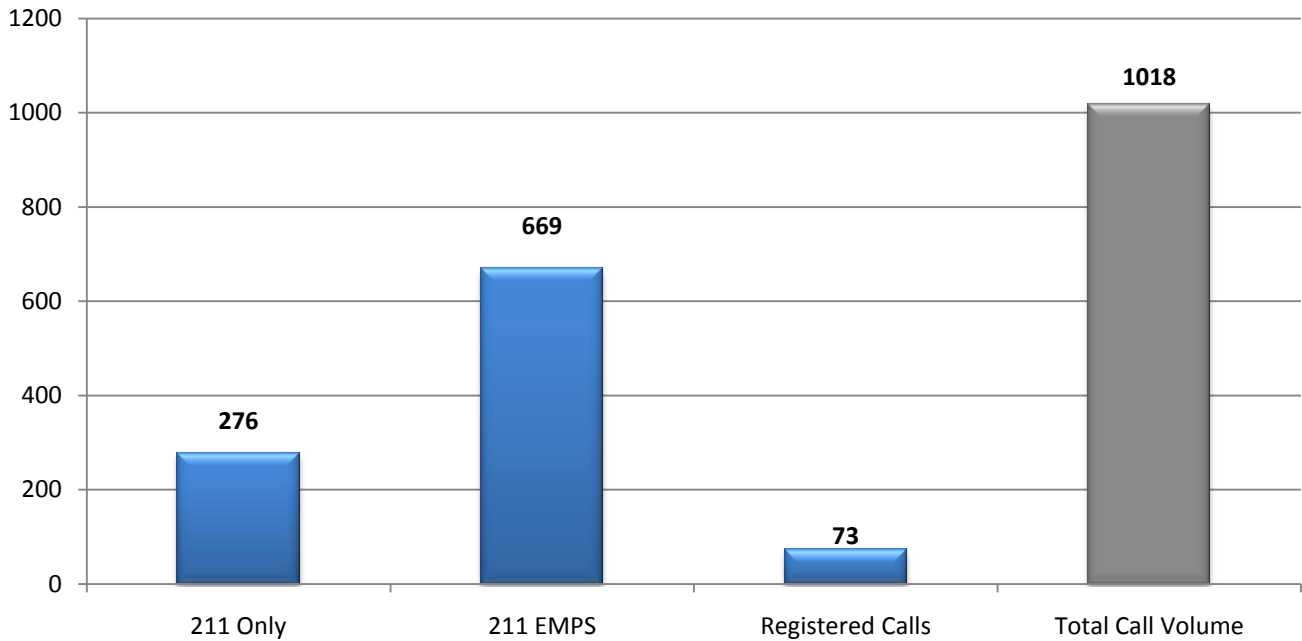
Note: Only includes mobile episodes in range of -9 to 45 minutes after 10 minutes is deducted for avg 211 call

Section I Summary

- The statewide EMPS provider network generated 742 episodes of care in April 2010. This was a decrease from 866 episodes in March though higher than January (661) and February (569).
- The Hartford service area continues to generate the highest number of episodes (246). The lowest EMPS utilization was observed in the New Haven service area (76 episodes).
- The statewide average penetration rate, adjusted for total statewide child population, was 0.89 episodes per 1,000 children. The Hartford service area had the highest penetration rate in April at 1.50 per 1,000 children. The lowest penetration rate was observed in the Southwestern service area at 0.61 per 1,000 children.
- We are now using the TANF eligible variable along with the number of children who are eligible for free or reduced lunch to calculate the number of children served who are in poverty. The criteria used to determine a family's eligibility are very similar for both TANF and free or reduced lunch (to view the "Eligibility Manual for School Meals" go to <http://www.fns.usda.gov/cnd/Lunch/>).
- The highest penetration rates as a function of total number of children in poverty were observed in the Eastern (3.71) and Hartford (2.78) service areas. The lowest penetration rates were observed in the Western (0.95) and Southwestern (1.14) service areas.
- Statewide, the average mobility rate was 85.3%, compared to 81.5% in March 2010. The highest mobility rates were observed in the Central (90.8%) and Eastern (90.5%) and Hartford (89.3%) service areas. The Central and Eastern service areas met the pre-established benchmark of 90%. The lowest mobility rate was observed in the Western service area (70.8%).
- Statewide, 71% of mobile responses took place in 45 minutes or less this month compared to 61% in March and 58% in February of 2010. Performance ranged among service areas, from 60% (Western) to 81% (Hartford).

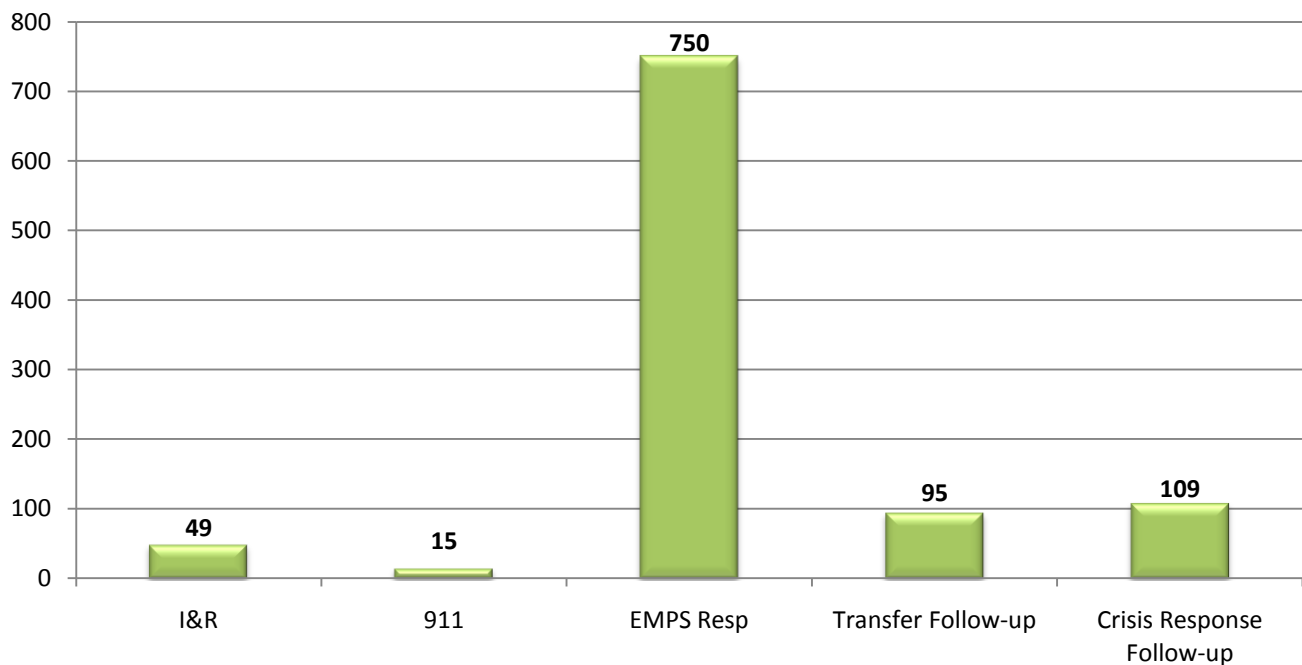
Section II: Episode Volume

Figure 7. Total Call Volume by Call Type



Calculation: Total number of episodes for each of the Call Type categories

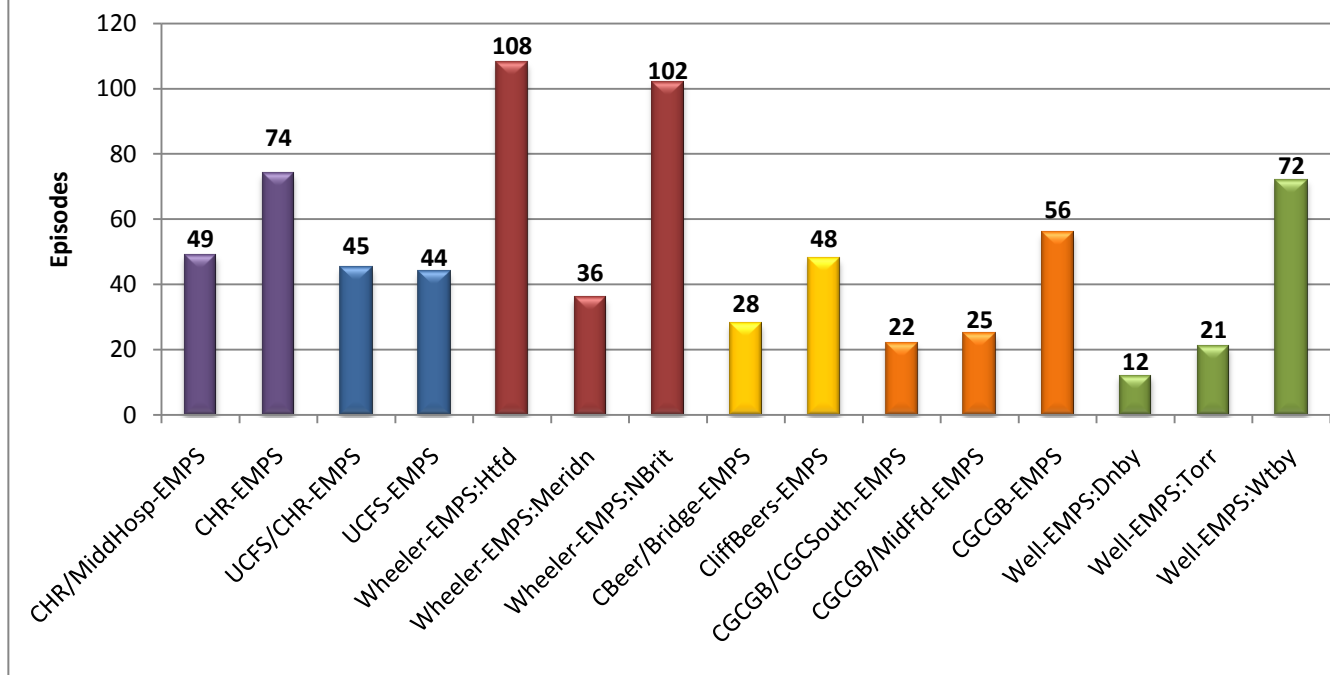
Figure 8. Statewide 211 Disposition Frequency



Calculation: Total number of episodes for 211 disposition categories

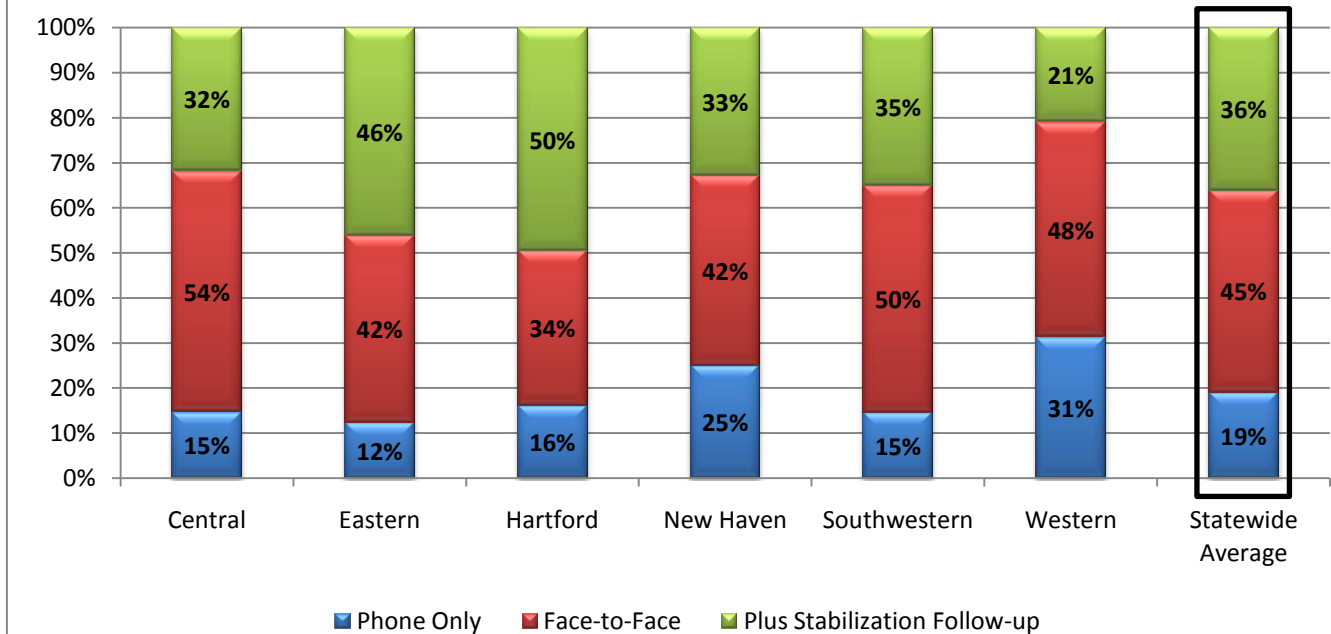
NOTE: EMPS Response includes 8 with no designated provider

Figure 9. EMPS Response Episodes by Provider (Total Episodes=742)



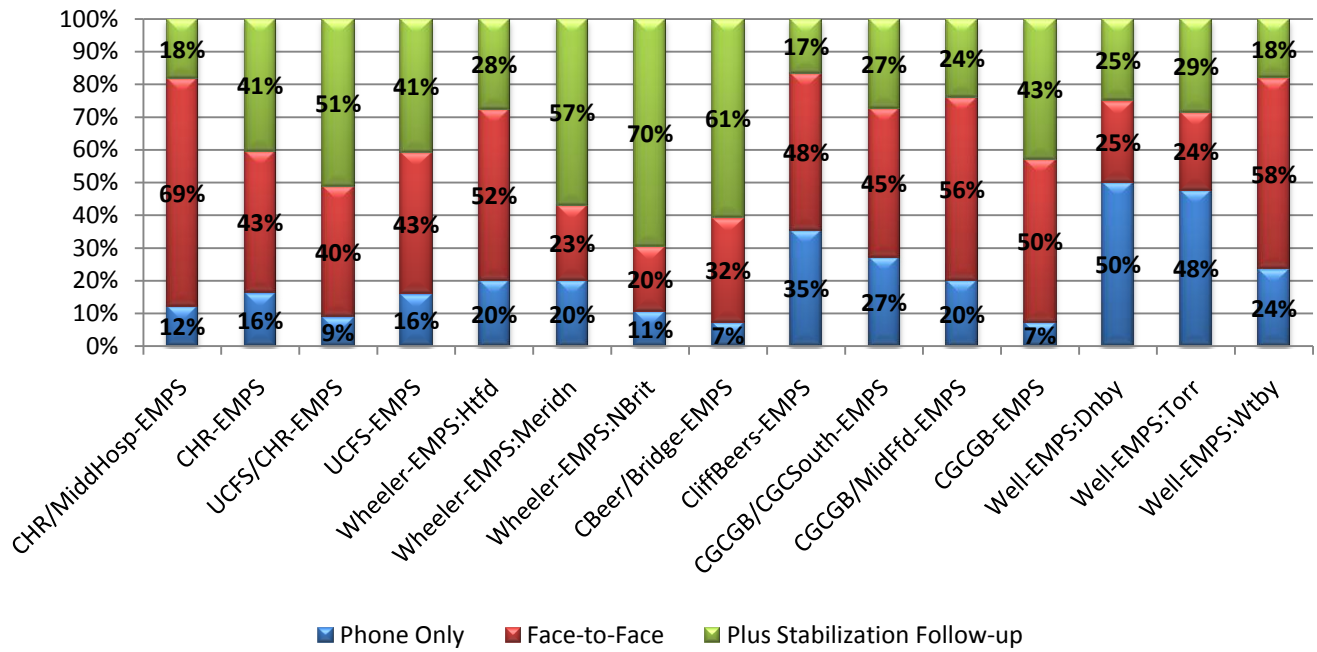
Calculation: Total number of episodes where 211 disposition is EMPS Response

Figure 10. Percent Crisis Response by Service Area



Calculation: Count Phone Only episodes ÷ Total all Crisis Responses * (100), Count Face-to-Face episodes ÷ Total all Crisis Responses * (100), Count Plus Stabilization Follow-up ÷ Total all Crisis Responses * (100)

Figure 11. Percent Crisis Response by Provider



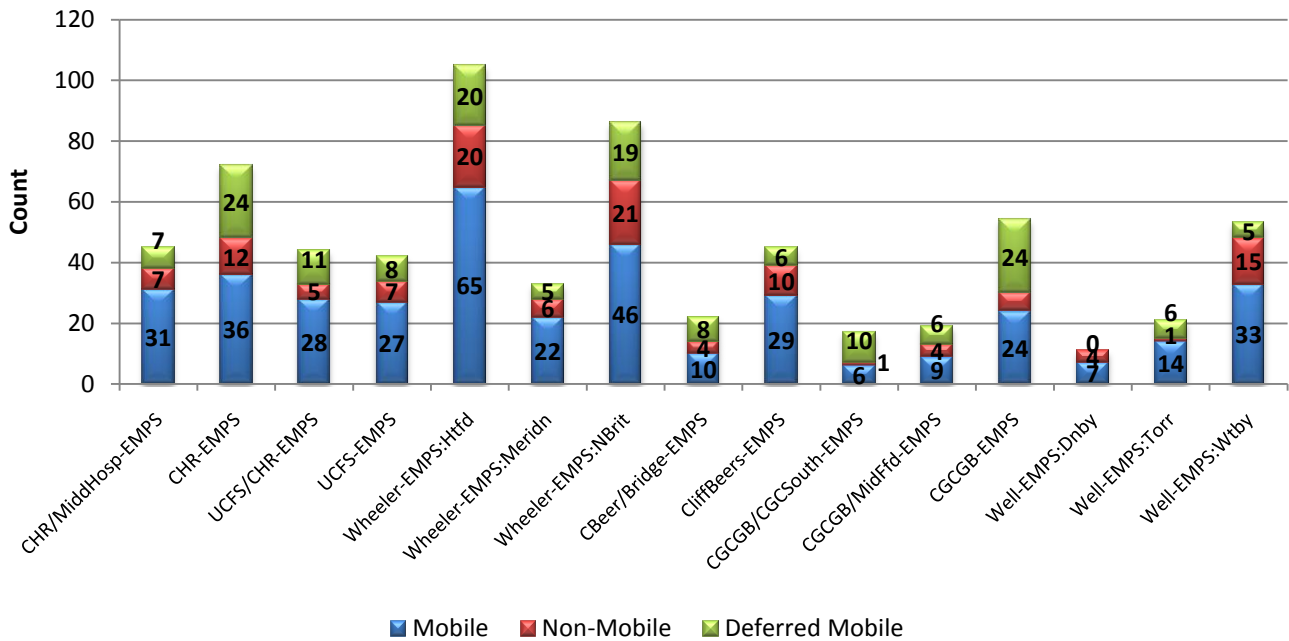
Calculation: Count Phone Only episodes ÷ Total all Crisis Responses * (100), Count Face-to-Face episodes ÷ Total all Crisis Responses * (100), Count Plus Stabilization Follow-up ÷ Total all Crisis Responses * (100)

Section II Summary

- A total of 1018 calls were received by the Call Center in April, compared to 1115 calls in March 2010. The call volume of 1018 in April suggests a rate that would translate to over 12,000 calls annually, although actual total calls fluctuate each month.
- Of the 1018 EMPS calls during the current month, 276 calls (27%) were coded as "211 only." Another 73 calls (7%) were coded as "Registered Calls," which typically are calls placed directly to an EMPS provider and later registered (entered) into the PSDCRS system by the EMPS provider. The remaining 669 calls (66%) were calls received by 211 and routed to an EMPS provider.
- In terms of 211 Dispositions, of the 1018 total calls:
 - 750 (74%) were coded as "EMPS Response"
 - 109 (11%) were coded as "Crisis Response Follow-up"
 - 95 calls (9%) were coded as "Transfer for Follow-up"
 - 49 calls (5%) were coded as "Information & Referral (I&R)"
 - 15 calls (1%) were coded as "911"
- The 211 Disposition of EMPS Response includes 8 episodes with no designated EMPS provider. This means either: 1) these 8 calls were still pending at 211 because the EMPS provider had not accepted the call or 2) the EMPS provider had not yet entered data on the episode by the time the PIC received the data extraction.
- Among individual providers, the highest numbers of total episodes during the month of April were generated by five sites: Wheeler-New Britain (102 episodes), Wheeler-Hartford (108 episodes). The lowest call volumes were observed in Wellpath-Danbury (12 episodes) and Wellpath-Torrington (21 episodes).
- Statewide, the type of crisis response episodes included
 - 19% Phone Only
 - 45% Face-to-Face
 - 36% Face-to-Face Plus Stabilization/Follow-up
- By service area, the highest percentages of Phone Only responses were observed in the New Haven (25%) and Western (31%) service areas. The highest percentages of Plus Stabilization/Follow-up episodes were observed in the Hartford (50%) and Eastern (46%) service areas.
- The percentage of episodes that were Phone Only Crisis Responses ranged among individual providers from 7% for both Bridgeport Child Guidance and Bridges to 50% (Wellpath-Danbury). For Face-to-Face Crisis Response, the range was from 20% (Wheeler-New Britain) to 69% (Middlesex Hospital). For Plus Stabilization Follow-up Crisis Responses, the range was from 17% (Clifford Beers) to 70% (Wheeler-New Britain).

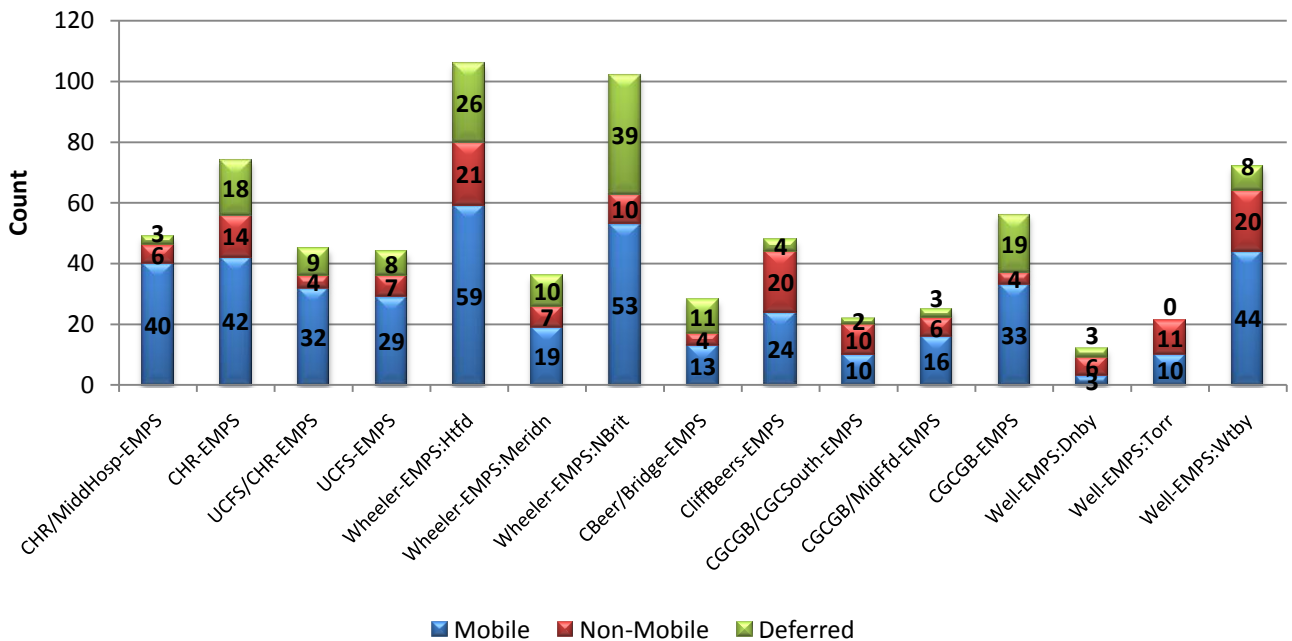
Section III: 211 Recommendations and EMPS Response

Figure 12. Total Count of 211 Recommended Response by Provider



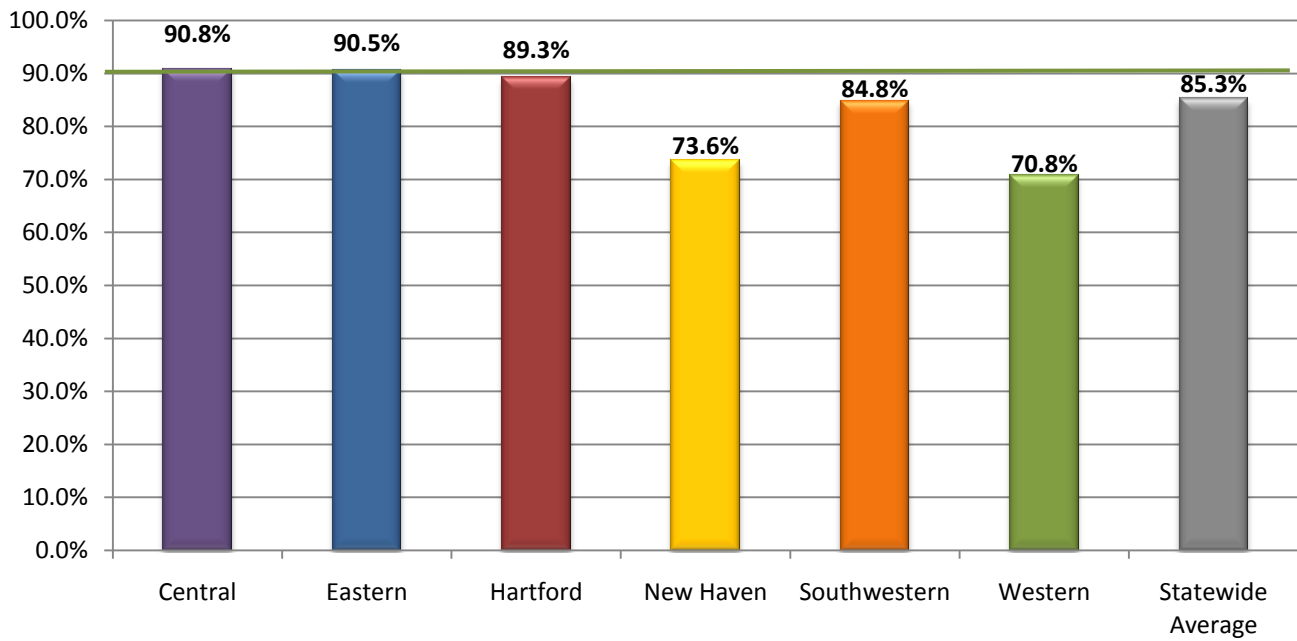
Calculation: Count total episodes with a 211 disposition of EMPS response

Figure 13. Total Count of Actual EMPS Response by Provider



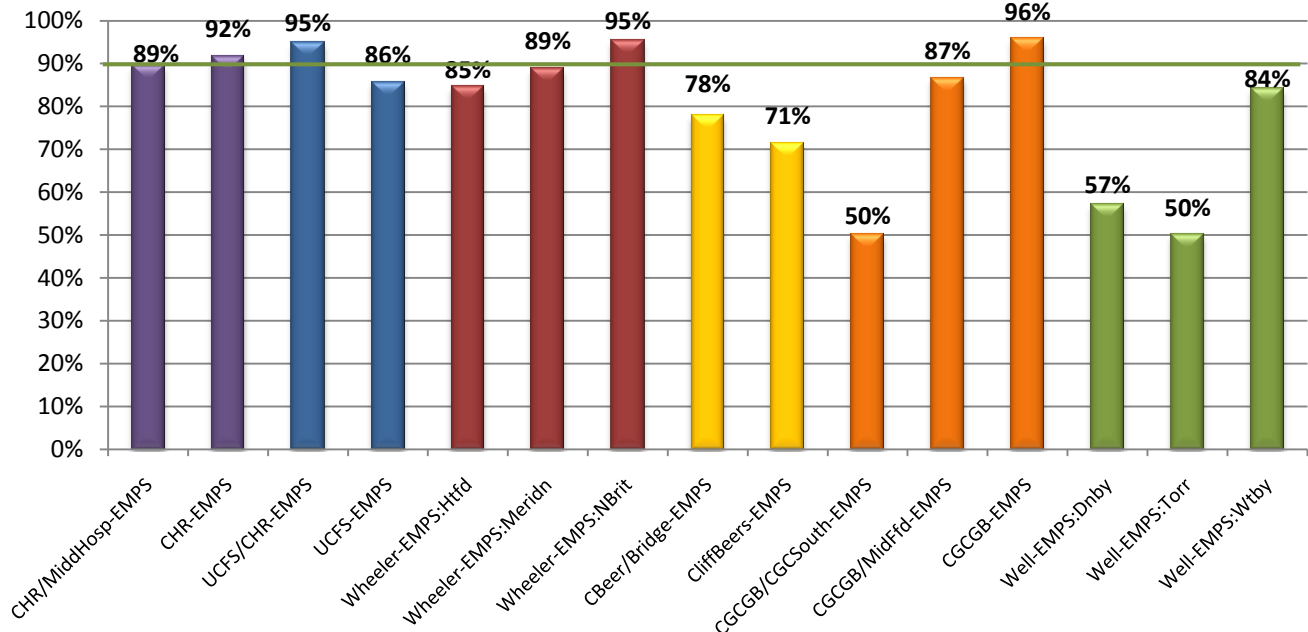
Calculation: Count total episodes with a mobile EMPS response

Figure 14. Percent Mobile Response (Mobile & Deferred Mobile) by Service Area Goal=90%



Calculation: (Count EMPS first contact mode mobile or deferred mobile ÷ Total count of 211 rec mobile or deferred mobile)*100

Figure 15. Percent Mobile Response (Mobile & Deferred Mobile) by Provider Goal=90%



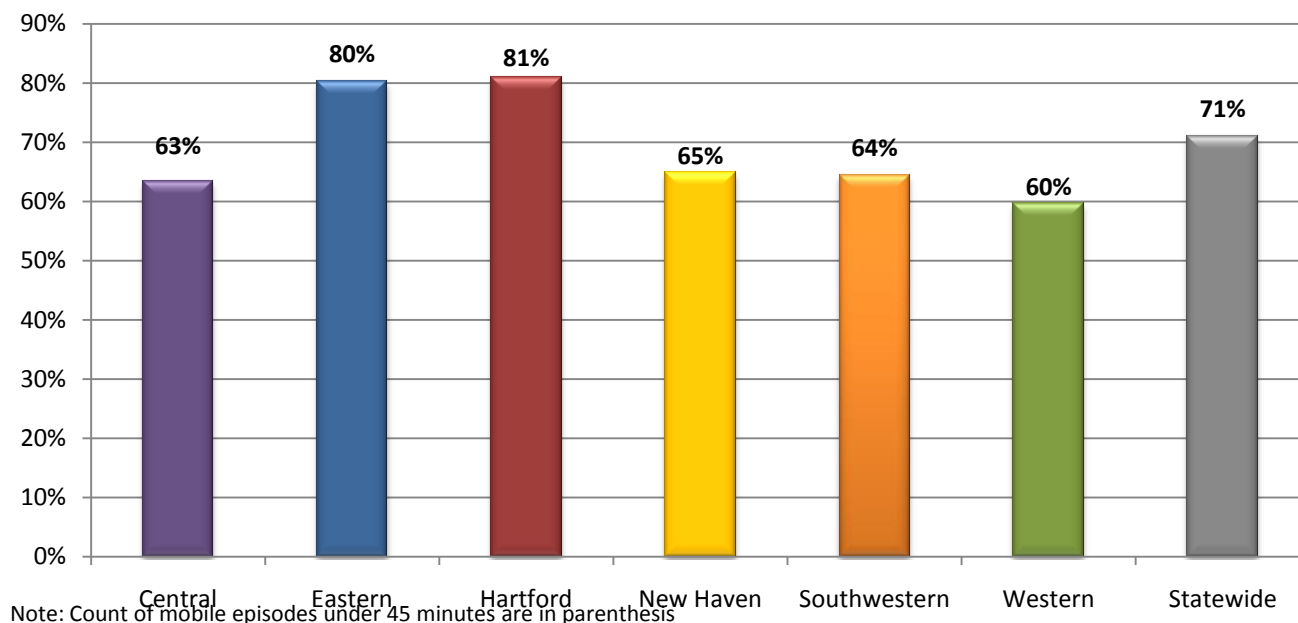
Calculation: (Count EMPS first contact mode mobile or deferred mobile ÷ Total count of 211 rec mobile or deferred mobile)*100

Section III Summary

- Figures 11 & 12 review total counts of various EMPS response types, including mobile, non-mobile, and deferred mobile responses, according to 211 recommended responses and actual EMPS provider responses.
- For almost all providers, a mobile response was the most common 211 recommended EMPS response, with the exception being Child Guidance of Southern CT which had a higher number of deferred mobile. Mobile was also the most common actual EMPS provider response with the exceptions being: Wellpath-Danbury and Wellpath-Torrington with a higher number of non-mobile responses and Child Guidance of Southern CT with an equal number of mobile and non-mobile responses.
- Statewide, the average mobility rate was 85.3%, compared to 81.5% in March 2010. The highest mobility rates were observed in the Central (90.8%) and Eastern (90.5%) and Hartford (89.3%) service areas. The Central and Eastern service areas met the pre-established benchmark of 90%. The lowest mobility rate was observed in the Western service area (70.8%).
- Mobility percentages among providers ranged from 50% (Child Guidance of Southern CT and Wellpath-Torrington) to 96% (Bridgeport Child Guidance).

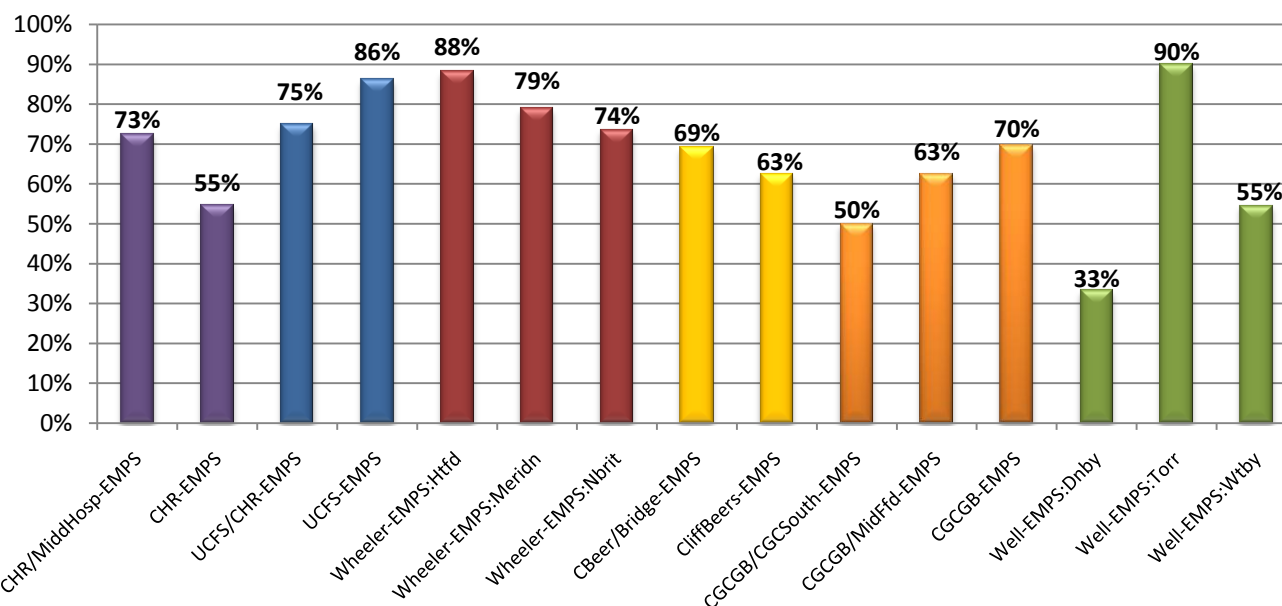
Section IV: Response Time

Figure 16. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Service Area



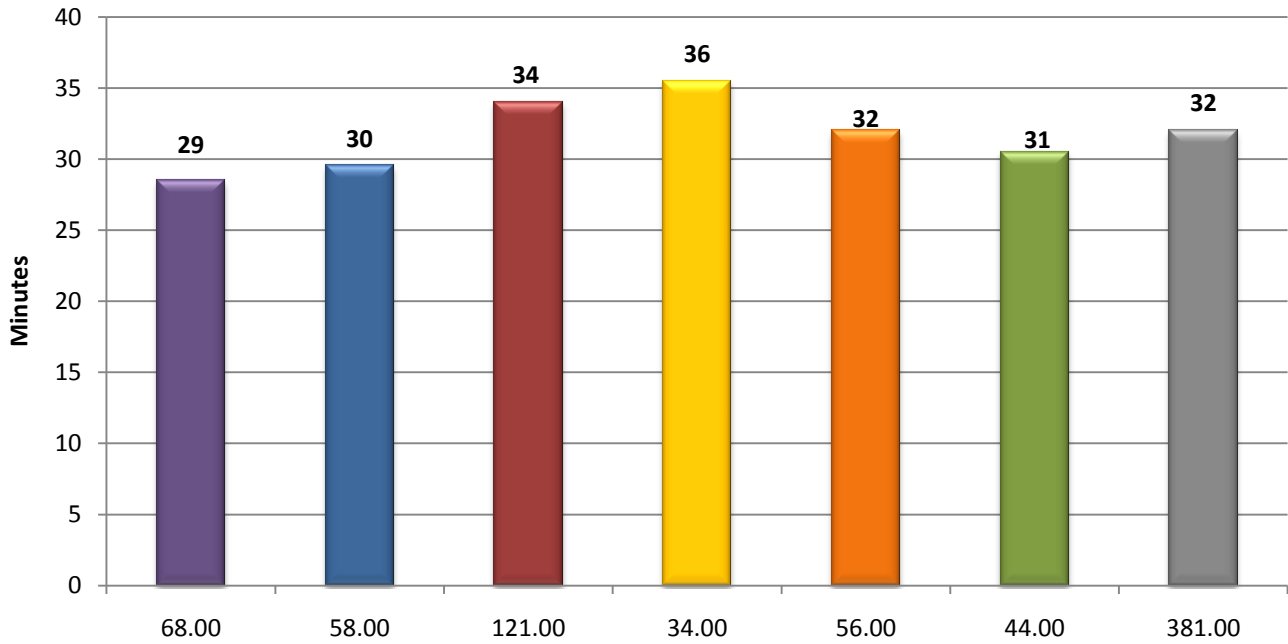
Calculation: (Count Mobile Episodes under 45 Mins (after subtracting 10 minutes for average 211 call) ÷ Total Mobile Episodes)*100

Figure 17. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Provider



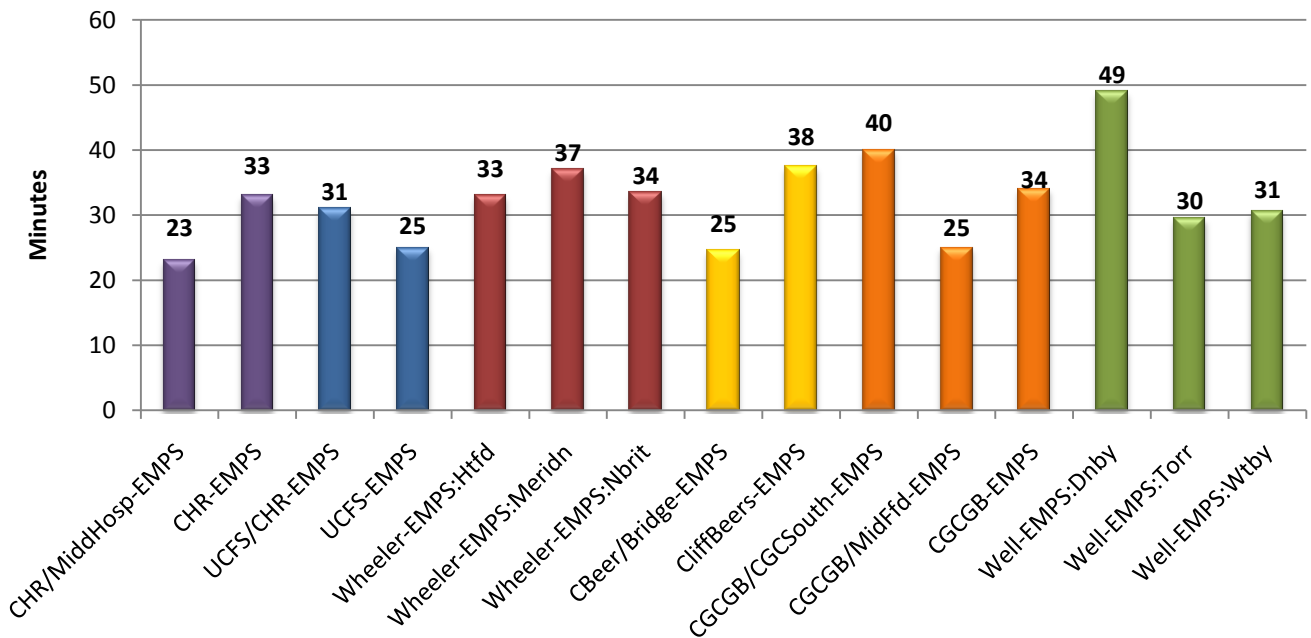
Calculation: (Count Mobile Episodes under 45 Mins (after subtracting 10 minutes for average 211 call) ÷ Total Mobile Episodes)*100

Figure 18. Median Mobile Response Time by Service Area in Minutes



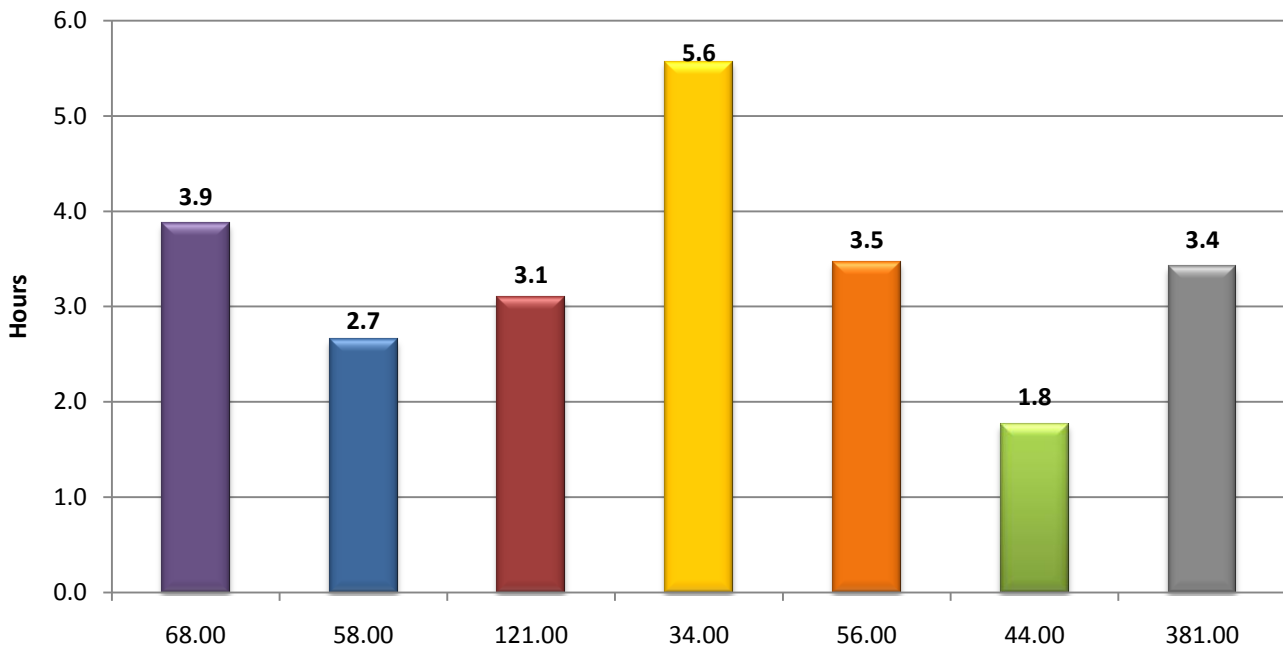
Calculation: Arrange the response time values for each service area in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

Figure 19. Median Mobile Response Time by Provider in Minutes



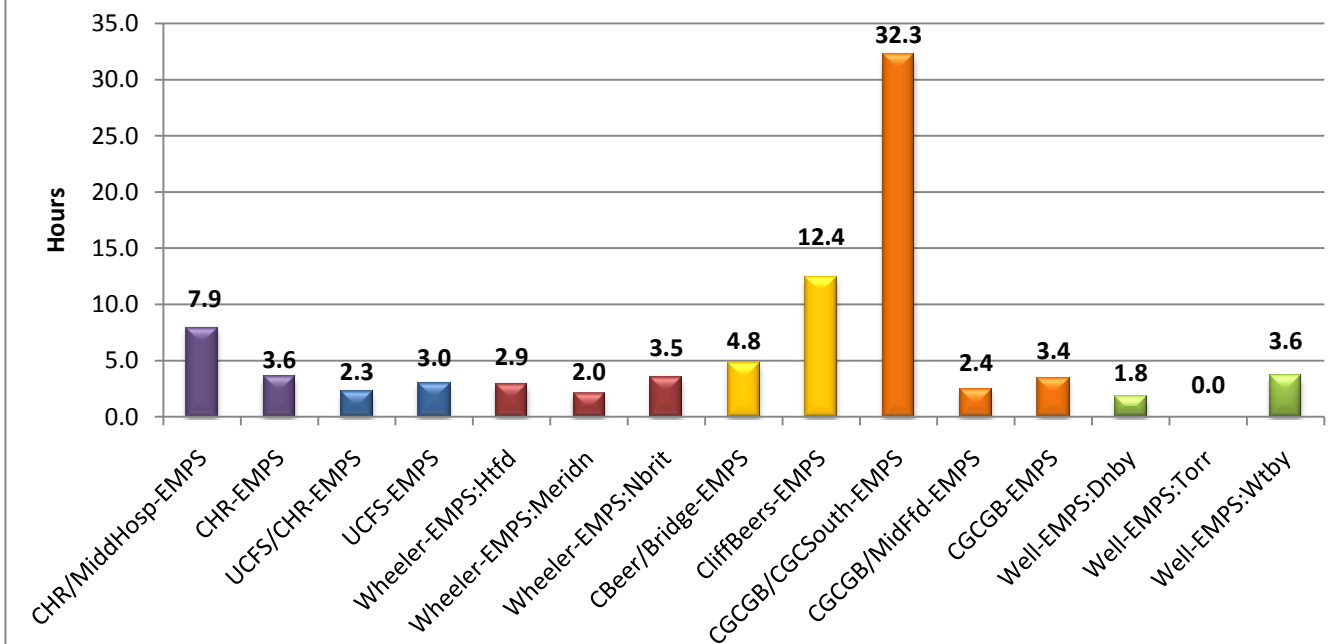
Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

Figure 20. Median Deferred Mobile Response Time by Service Area in Hours



Calculation: Arrange the response time values for each service area in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

Figure 21. Median Deferred Mobile Response Time by Provider in Hours



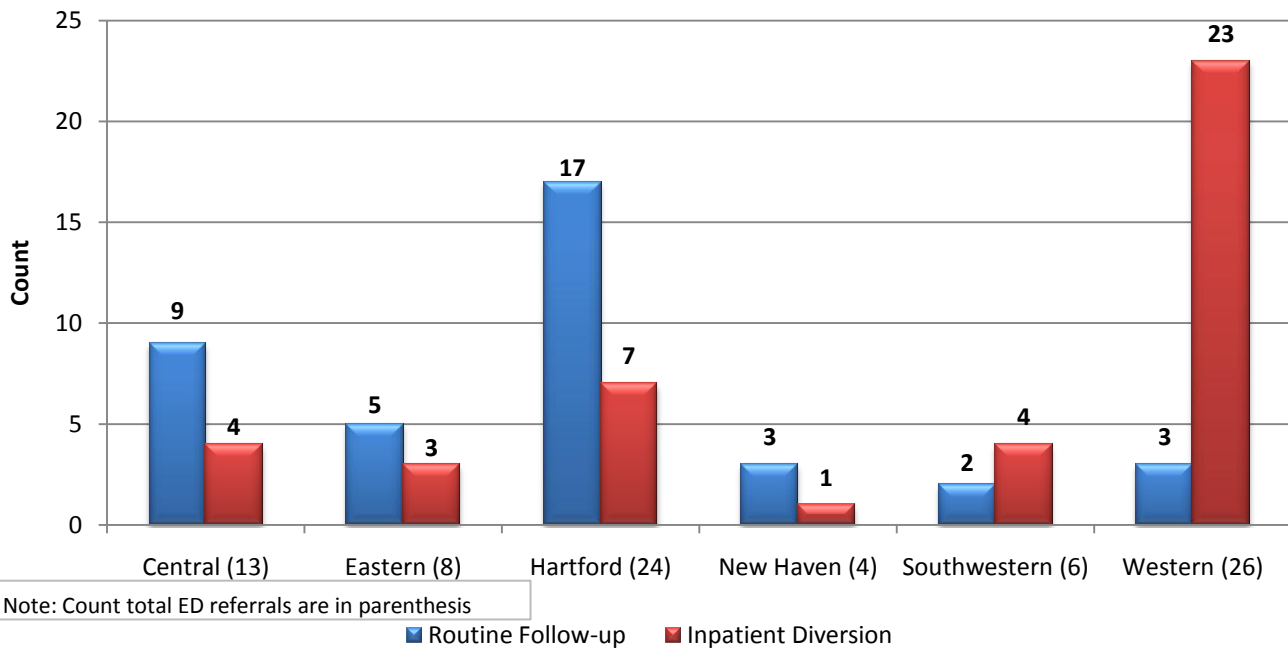
Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

Section IV Summary

- Across the statewide network, 71% of all EMPS responses occurred in less than 45 minutes from the time the call initially was received. The number of cases that meet the goal has gone up 10% from March 2010.
- Achievement of the 45 minute benchmark varied among regions from 60% (Western) to 81% (Hartford). Achievement of the 45 minute benchmark also varied among individual providers from 33% (Wellpath-Danbury) to 90% (Wheeler-Torrington).
- The statewide median mobile response time was 32 minutes. All six service areas had a median mobile response time under 45 minutes. Median mobile response times among individual providers ranged from 23 minutes (Middlesex Hospital) to 49 minutes (Wellpath-Danbury).
- The statewide median deferred mobile response time was 3.4 hours, and ranged by service area from 1.8 hours (Western) to 5.6 hours (New Haven). Among individual providers the median deferred mobile response times ranged from 1.8 hours (Wellpath-Danbury) to 32.3 hours (Child Guidance of Southern CT). Wellpath-Torrington had zero episodes that went deferred mobile.
- It is possible that the ability to meet the 45 minute benchmark could be related to such factors as total call volume and average miles from provider site to response site. However, the influence of such factors would require additional data collection and analysis beyond the available data. It is also possible that data entry errors are contributing to the variability in response time data across providers and will be investigated further in future reports.

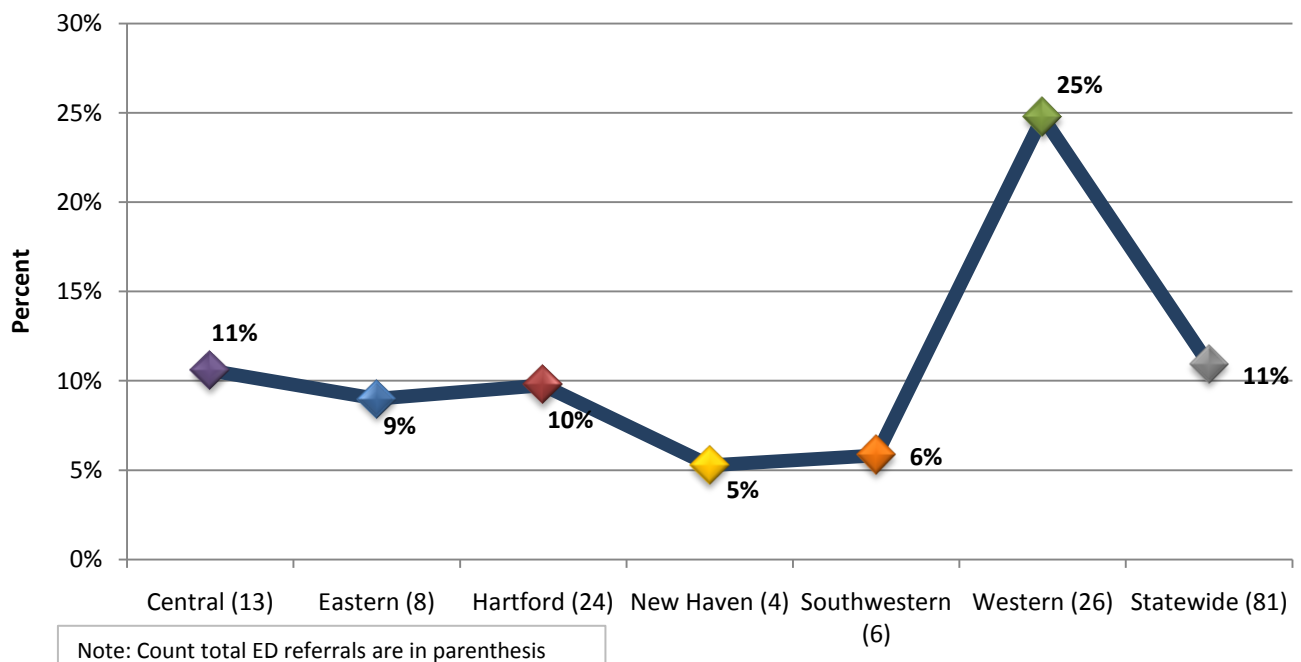
Section V: Emergency Department Referral Type

Figure 22. Count Type of ED Referral by Service Area (N=81)



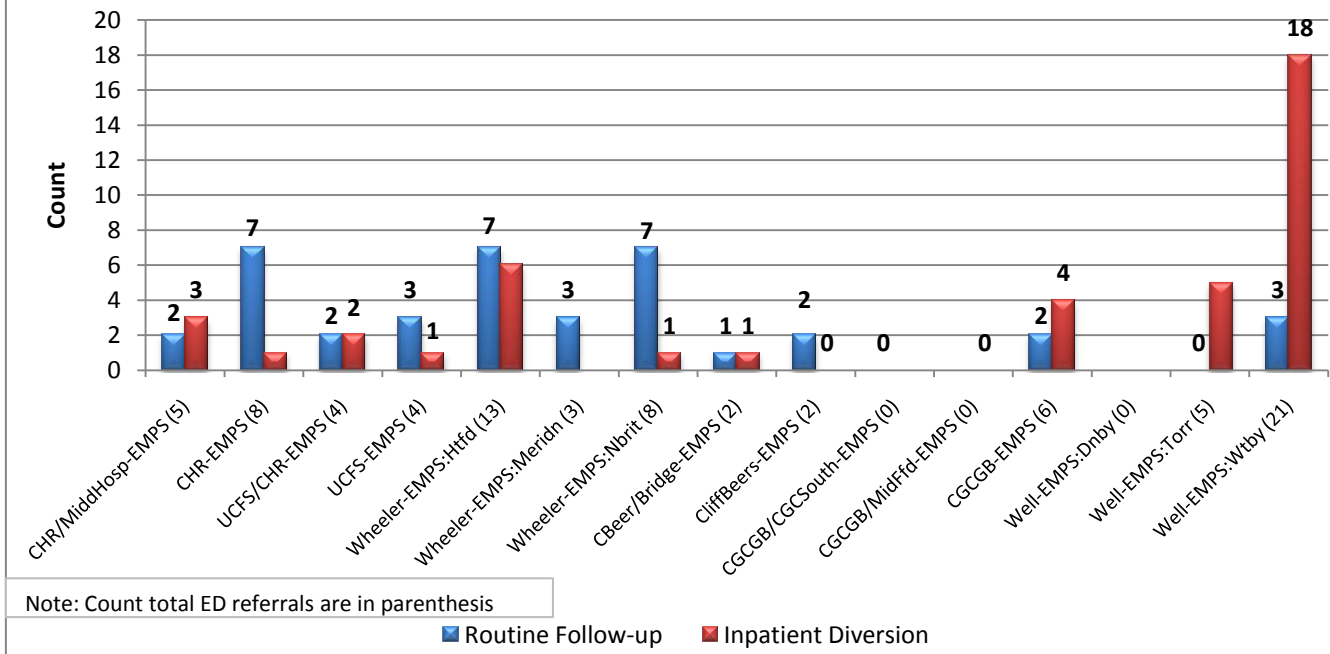
Calculation: Count for each type of ED referral by service area

Figure 23. Percent ED Referral (% Total EMPS Episodes) by Service Area



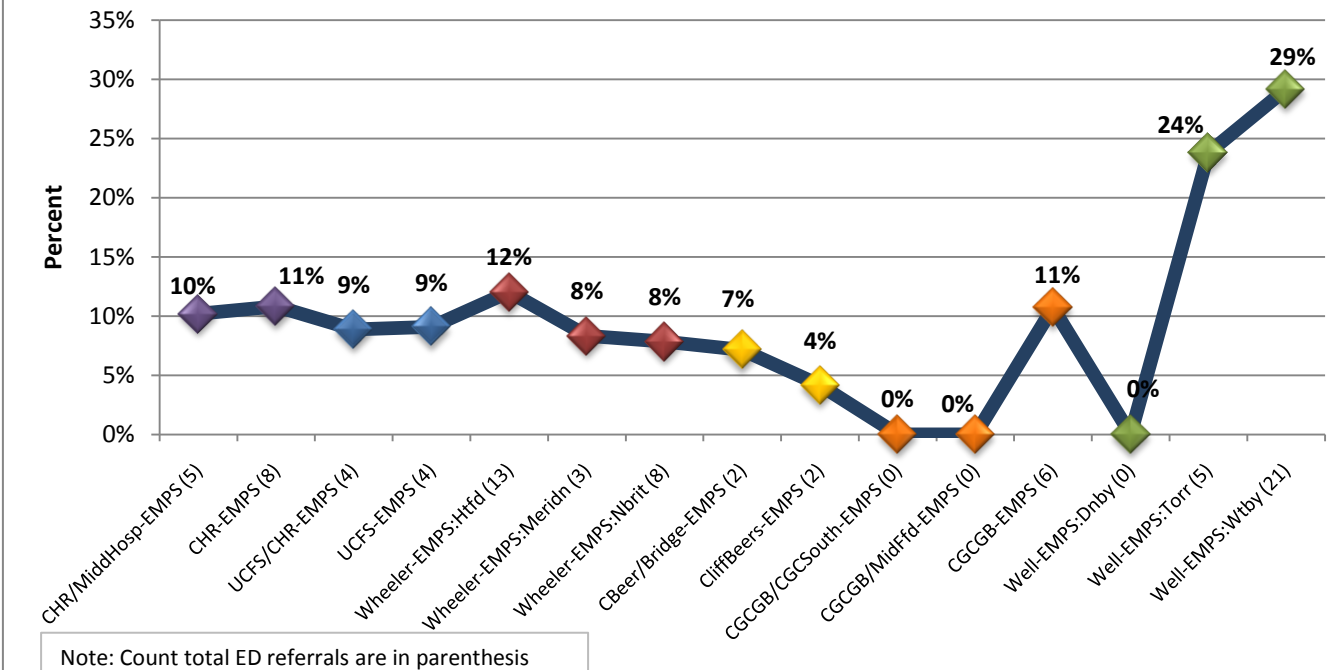
Calculation: Total ED referral per service area ÷ Total EMPS response episodes per service area*(100)

Figure 24. Count Type of ED Referral by Provider



Calculation: Count for each type of ED referral by provider

Figure 25. Percent ED Referral (% Total EMPS Episodes) by Provider



Calculation: Total ED referral per provider ÷ Total EMPS response episodes per provider*(100)

Section V Summary

- In April of 2010, a total of 81 Emergency Department (ED) responses were recorded, including 39 for routine follow-up and 42 for inpatient diversion.
- The highest number of routine follow-up ED responses during the month of April was observed in the Hartford service area (17). The lowest number was in the Southwestern service area (2). The highest number of inpatient diversion ED responses during the month was observed in the Western service area (23). The lowest number was in the New Haven service area (1).
- Statewide, about 11% of all episodes were ED responses, down 2% from the previous month. Regionally, the highest rates of ED responses as a percentage of total responses was observed in the Western region (25%). The lowest was observed in the New Haven (5%) service area.
- Among individual providers, the highest percentage of ED responses was observed at Wellpath-Waterbury (29% of all responses). At this site, 18 ED responses were Inpatient Diversions and 3 ED responses were for Routine Follow-Up.
- Bridgeport Child Guidance, Wellpath-Waterbury, Wellpath-Torrington, and Middlesex Hospital all reported a larger number of Inpatient Diversion responses than Routine Follow-Up responses. There were three providers who reported zero ED referrals (Child Guidance of Southern CT, MidFairfield Child Guidance and Wellpath-Danbury).

Section VI: Length of Stay

Table 1. Length of Stay for Discharged and Open Episodes of Care

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
		<u>Discharged Episodes</u>									<u>Episodes Still in Care</u>								
		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	0.75	5.64	24.14	0	2	21	8.7%	27.9%	9.6%	36.4	32.4	21.8	38	22.5	17	100%	72%	15%
2	Central	0.77	2.95	27.82	0	1	24	9.2%	14.0%	21.2%	40.8	48.1	35.0	43	44.5	34	100%	85%	33%
3	CHR/MiddHosp-EMPS	0.45	1.64	6.00	0	0	6	7.9%	7.0%	0.0%		19.0			19			100%	
4	CHR-EMPS	1.22	8.33	31.71	0	4	32.5	11.1%	42.9%	25.0%	40.8	48.6	35.0	43	45	34	100%	85%	33%
5	Eastern	0.37	3.60	21.06	0	3	20	5.3%	5.8%	2.5%		1.7	12.9		1	9.5		0%	5%
6	UCFS/CHR-EMPS	0.00	4.90	24.46	0	1	23	0.0%	13.3%	4.3%		0.0	17.8		0	17		0%	8%
7	UCFS-EMPS	0.54	3.07	16.39	0	3	14	7.7%	2.7%	0.0%		2.5	5.8		2.5	4		0%	0%
8	Hartford	0.61	5.93	25.44	0	3	22	10.6%	30.2%	11.5%	29.5	9.7	18.3	34	4	15	100%	47%	12%
9	Wheeler-EMPS:Htfd	0.84	5.62	22.33	0	4	19.5	16.4%	33.3%	4.2%	29.5	6.1	15.5	34	4	15	100%	37%	0%
10	Wheeler-EMPS:Meridn	0.65	4.10	24.50	0	2	21	8.7%	19.0%	10.7%		0.0	9.8		0	8		0%	0%
11	Wheeler-EMPS:NBrit	0.11	6.76	27.98	0	3	25	0.0%	28.4%	17.0%		17.5	20.5		17	17		70%	16%
12	New Haven	0.72	7.66	23.02	0	5	21	9.3%	49.6%	1.0%	35.8	27.0	15.4	38	24.5	10	100%	63%	5%
13	CBeer/Bridge-EMPS	10.33	4.85	23.94	7	0	27	66.7%	26.5%	0.0%	35.6	42.8	16.1	38	31	12.5	100%	100%	0%
14	CliffBeers-EMPS	0.32	8.73	22.04	0	7	18.5	6.9%	58.4%	2.0%	36.2	11.3	14.1	43	0	6	100%	25%	14%
15	Southwestern	1.25	6.88	22.43	0	1	22	11.1%	31.8%	6.9%	26.0	20.3	28.5	16.5	21	24	100%	79%	19%
16	CGCGB/CGCSouth-EMPS	1.07	1.20	34.43	0	0	38.5	6.9%	10.0%	21.4%	64.0	31.0	46.2	64	26	38.5	100%	100%	44%
17	CGCGB/MidFfd-EMPS	0.78	3.20	17.94	0	1	13	17.4%	19.5%	8.6%			18.0			2			33%
18	CGCGB-EMPS	2.05	9.60	22.23	0	2	23	10.0%	41.7%	1.9%	13.3	17.5	17.8	8	14	22	100%	73%	0%
19	Western	0.72	5.27	20.39	0	1	16	5.3%	26.5%	7.2%	47.5	27.2	12.7	47.5	26	9	100%	83%	0%
20	Well-EMPS:Dnby	1.33	11.91	10.69	0	6	8.5	7.4%	50.0%	0.0%		29.0	32.0		29	32		100%	0%
21	Well-EMPS:Torr	0.29	5.14	19.07	0	4	18.5	4.2%	42.9%	7.1%	49.0		7.8	49		3	100%		0%
22	Well-EMPS:Wtby	0.62	4.21	24.85	0	1	21	4.8%	21.7%	10.3%	46.0	26.8	12.7	46	23	9.5	100%	80%	0%

NOTE: Data includes episodes discharged between January 1, 2010 and April 30, 2010 and episodes still in care as of April 30, 2010.

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

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

Table 2. Number of Episodes for Discharged and Open Episodes of Care

		A	B	C	D	E	F	G	H	I	J	K	L
		<i>Discharged Episodes</i>						<i>Episodes Still in Care</i>					
		N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent		
		LOS: Phone LOS: FTF LOS: Stab.			LOS: Phone > 1 FTF > 5 Stab. > 45			LOS: Phone LOS: FTF LOS: Stab.			LOS: Phone > 1 FTF > 5 Stab. > 45		
1	Statewide	496	1055	866	43	294	83	34	134	248	34	97	36
2	Central	65	107	132	6	15	28	12	68	39	12	58	13
3	CHR/MiddHosp-EMPS	38	86	20	3	6	0	0	1	0	0	1	0
4	CHR-EMPS	27	21	112	3	9	28	12	67	39	12	57	13
5	Eastern	38	103	121	2	6	3	0	3	22	0	0	1
6	UCFS/CHR-EMPS	12	30	70	0	4	3	0	1	13	0	0	1
7	UCFS-EMPS	26	73	51	2	2	0	0	2	9	0	0	0
8	Hartford	132	242	339	14	73	39	4	30	103	4	14	12
9	Wheeler-EMPS:Htfd	73	126	118	12	42	5	4	19	17	4	7	0
10	Wheeler-EMPS:Meridn	23	21	56	2	4	6	0	1	13	0	0	0
11	Wheeler-EMPS:NBrit	36	95	165	0	27	28	0	10	73	0	7	12
12	New Haven	75	123	103	7	61	1	12	8	21	12	5	1
13	CBeer/Bridge-EMPS	3	34	53	2	9	0	7	4	14	7	4	0
14	CliffBeers-EMPS	72	89	50	5	52	1	5	4	7	5	1	1
15	Southwestern	72	220	102	8	70	7	4	19	48	4	15	9
16	CGCGB/CGCSouth-EMPS	29	40	14	2	4	3	1	4	18	1	4	8
17	CGCGB/MidFfd-EMPS	23	41	35	4	8	3	0	0	3	0	0	1
18	CGCGB-EMPS	20	139	53	2	58	1	3	15	27	3	11	0
19	Western	114	260	69	6	69	5	2	6	15	2	5	0
20	Well-EMPS:Dnby	27	34	16	2	17	0	0	1	1	0	1	0
21	Well-EMPS:Torr	24	14	14	1	6	1	1	0	4	1	0	0
22	Well-EMPS:Wtby	63	212	39	3	46	4	1	5	10	1	4	0

NOTE: Data includes episodes discharged between January 1, 2010 and April 30, 2010 and episodes still in care as of April 30, 2010.

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

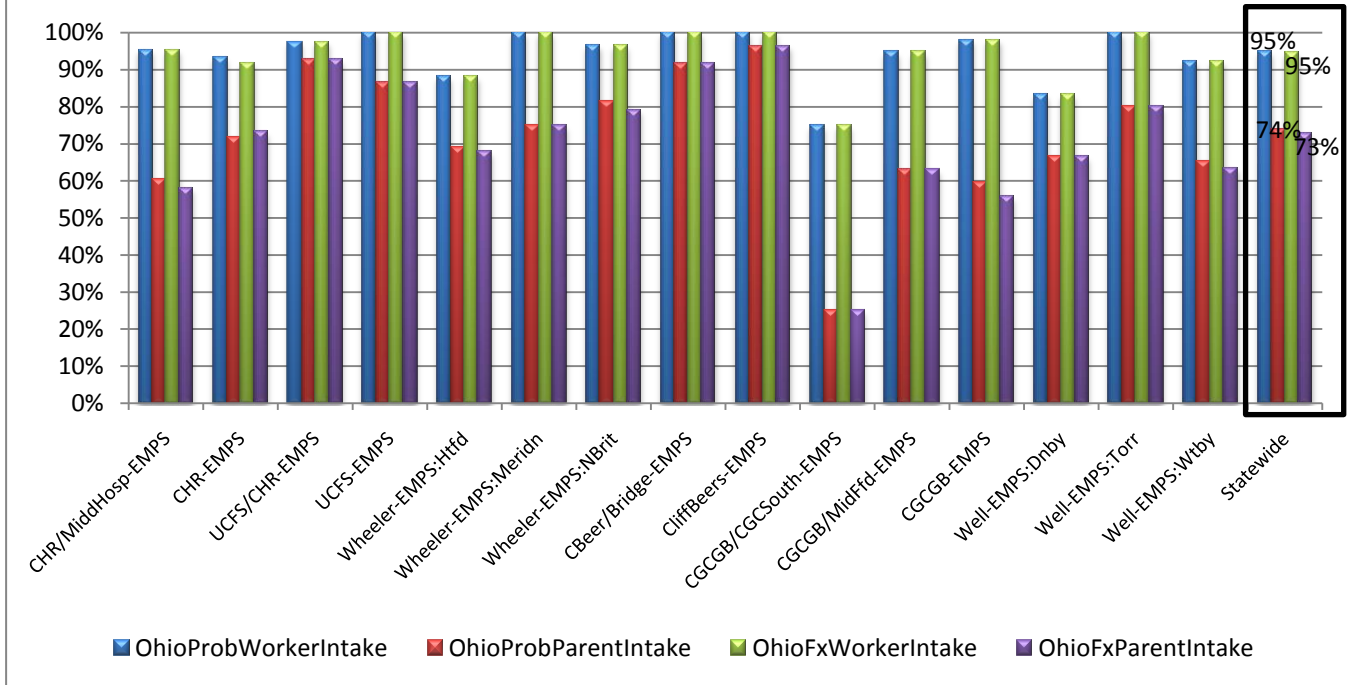
**Blank cells indicate no data was available for that particular inclusion criteria

Section VI Summary:

- The Length of Stay (LOS) table shows the mean, median and percent LOS statewide, by service area and by provider for both discharged and open episodes of care broken into the various Crisis Response categories (Phone Only, Face-to-face and Plus stabilization follow-up). The next table shows the total number of episodes used to calculate the mean, median and percent for the LOS.
- Statewide, the mean LOS for **discharged episodes** of care with a Crisis Response of **Phone Only** was 0.75 days and five of six service areas averaged under 1 day, with the exception of Southwestern (1.25 days). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 5.64 days and ranged from 2.95 days (Central) to 7.66 days (New Haven). For the **Plus stabilization Follow-up** Crisis Response, the statewide mean LOS was 24.14 days with a range from 20.39 (Western) to 27.82 days (Central).
- Statewide, the mean LOS for **open episodes** of care with a Crisis Response of **Phone Only** was 20 days and ranged from 5.3 days (Hartford) to 34 days (Southwestern). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 33.4 days and ranged from 4.3 days (Hartford) to 39.3 days (Central). For the **Plus stabilization Follow-up** Crisis Response, the statewide mean LOS was 20.5 days with a range from 2 days (Western) to 27.4 days (Southwestern) .

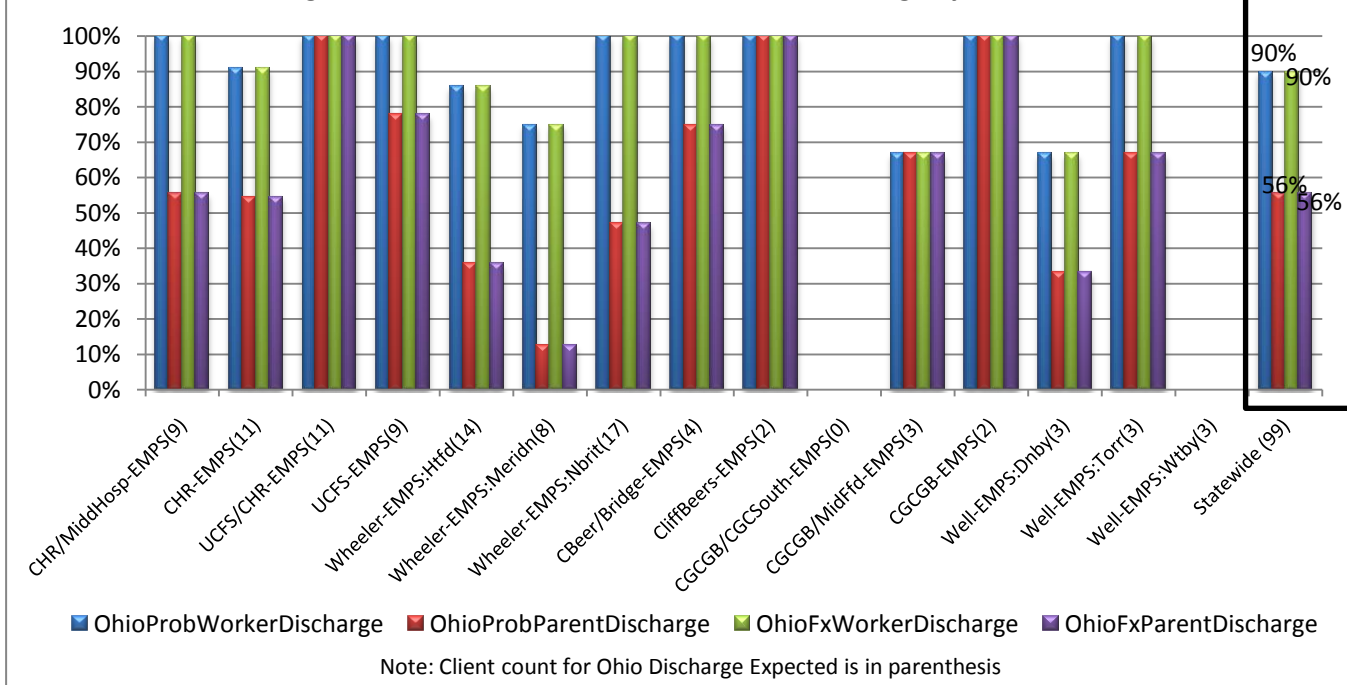
Section VII: Data Quality Monitoring

Figure 26. Percent Collected Ohio Scales at Intake by Provider



Calculation: Count actual number Ohio intake scales reported for those episodes where "IsCrisisResponseOnly" is either Face-to-Face or Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile ÷ Expected number of Ohio intake scales for those episodes where "IsCrisisResponseOnly" is either Face-to-Face or Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile

Figure 27. Percent Collected Ohio Scales at Discharge by Provider



Calculation: Count actual number Ohio discharge scales reported for those episodes where "IsCrisisResponseOnly" is Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile AND has an "EpisodeEndDate" ÷ Total expected number of Ohio discharge scales for those episodes where "IsCrisisResponseOnly" is Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile AND has an "EpisodeEndDate"

Table 3. Percent Collected

Site	% 211 Call Date Time Collected	% First Contact Date Time Collected	% TANF Eligible Collected	% Living Situation at Discharge Collected	% Crisis Response Collected
CHR/MiddHosp-EMPS	100%	100%	100%	100%	100%
CHR-EMPS	100%	100%	95%	100%	100.0%
UCFS/CHR-EMPS	100%	100%	100%	100%	100%
UCFS-EMPS	100%	100%	100%	100%	100%
Wheeler-EMPS:Htfd	100%	100%	95.2%	100%	97%
Wheeler-EMPS:Meridn	100%	100%	96.4%	100%	97%
Wheeler-EMPS:NBrit	100%	100%	99%	94%	100%
CBeer/Bridge-EMPS	100%	100%	100.0%	100.0%	100%
CliffBeers-EMPS	100%	100%	100%	100%	100%
CGCGB/CGCSouth-EMPS	100%	100%	100%		100.0%
CGCGB/MidFfd-EMPS	100%	100%	100.0%	100.0%	100.0%
CGCGB-EMPS	100%	100%	100%	100%	100.0%
Well-EMPS:Dnby	100%	100%	100%	100%	100%
Well-EMPS:Torr	100%	100%	100%	100%	100.0%
Well-EMPS:Wtby	100%	100%	100%	100%	100%
Statewide	100%	100%	98.5%	99.0%	99.5%

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

% 211 Call Date Time Calculation: (Count number of "211-EMPS" and "211-Only" episodes with data entered in "Call Date Time" ÷ Total Count Episodes with a Call Type of "211-EMPS" or "211-Only")*100

% First Contact Date Time Calculation: (Count of number of episodes with data entered in "First Contact Date Time" ÷ 211 Disposition of EMPS Response)*100

% TANF Eligible Calculation: (Count number of episodes with data reported for "IsTANFEligible" ÷ Total number of episodes where "IsCrisisResponseOnly" is either face-to-face or plus stabilization follow-up)*100

% Living Situation at Discharge Calculation: (Count number of episodes with data reported for "LivingSituationDischarge" where IsCrisisResponseOnly is stabilization and follow-up and with an episode end date ÷ Total number of episodes where "IsCrisisResponseOnly" is stabilization follow-up AND has an "EpisodeEndDate")*100

% Crisis Response Calculation: (Count number of episodes with data reported for "IsCrisisResponseOnly" (total of phone only, face-to-face, and stabilization/follow-up) ÷ Total number of episodes where 211 disposition is EMPS response)*100

Section VII Summary

- In general, the Worker version of the Ohio Scales was completed more consistently than the Parent version. The statewide completion rate for **intake** Ohio Scales were as follows: Worker Problem Scale (95%), Parent Problem Scale (74%), Worker Functioning Scale (95%), Parent Functioning Scale (73%).
- Completion of Ohio Scales at discharge was lower than completion rates of the Ohio Scales at intake. The statewide completion rate for **discharge** Ohio Scales this month were as follows: Worker Problem Scale (90%), Parent Problem Scale (56%), Worker Functioning Scale (90%), Parent Functioning Scale (56%).
- Among individual providers the completion rates for the **intake** Ohio Scales ranged from 75% (Child Guidance of Southern CT) to 100% (United Community and Family Services, Wheeler-Meriden, Bridges, Clifford Beers, and Wellpath-Torrington) on the Worker Problem Scale, 25% (Child Guidance of Southern CT) to 96% (Clifford Beers) on the Parent Problem Scale, 75% (Child Guidance of Southern CT) to 100% (United Community and Family Services, Wheeler-Meriden, Bridges, Clifford Beers, and Wellpath-Torrington) on the Worker Functioning Scale, and 25% (Child Guidance of Southern CT) to 96% (Clifford Beers) on the Parent Functioning Scale.
- Completion rates among individual providers for the **discharge** Ohio Scales ranged from 0% (Wellpath-Waterbury) to 100% for eight of the fifteen providers on the Worker Problem Scale, 0% (Wellpath-Waterbury) to 100% (Community Health Resources - Mansfield, Clifford Beers and Bridgeport Child Guidance) on the Parent Problem Scale, 0% (Wellpath-Waterbury) to 100% for eight of the fifteen providers on the Worker Functioning Scale, 0% (Wellpath-Waterbury) to 100% (Community Health Resources - Mansfield, Clifford Beers and Bridgeport Child Guidance) on the Parent Functioning Scale.
- Both the "211 Call Date Time" and "First Contact Date Time" variables were 100% complete. However, although these data elements were complete, they were not always found to be accurate.
- TANF is an important indicator for measuring the degree to which EMPS services are reaching low-income families. The statewide average completion rate for the TANF variable was 98.5% and provider completion ranged from 95% (Community Health Resources-Mansfield) to 100% for 11 providers.
- Living Situation at Discharge is an important outcome indicator for EMPS services. The statewide completion rate for this variable was 99% and provider completion ranged from 94% (Wheeler-New Britain) to 100% for 13 providers.
- For the Crisis Response variable the completion rate statewide was 99.5%. The rate of completion for individual providers ranged from 97% (Wheeler-Hartford and Wheeler-Meriden) to 100% for 13 of the providers.

Appendix A: Narrative Description of Calculations

Section I: Primary EMPS Performance Indicators

- Figure 1 tabulates the total number of calls by service area by 211-only, 211-EMPS, or registered calls.
- Figure 2 calculates the total number of EMPS episodes for the specified time frame for the designated service area.
- Figure 3 shows 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.
- Figure 4 determines 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 lunch. This is calculated by selecting only those episodes that are coded as face-to-face or crisis response stabilization plus follow-up divided by the total number of youth receiving free or reduced lunch in that service area.
- Figure 5 isolates 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.
- Figure 6 isolates 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 an episodes First Contact Date Time from their 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 7 tabulates the total number of calls by service area by 211-only, 211-EMPS, or registered calls.
- Figure 8 shows the 211 disposition of all calls received.
- Figure 9 shows the 211 disposition EMPS response by provider.
- Figure 10 is a stacked bar chart that represents the percent of episodes that are coded as crisis response as either phone only, face-to-face, or stabilization and followup. 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 as crisis response for that specified service area.
- Figure 11 calculates the same percentage as Figure 10 but is shown by provider.

Section III: 211 Recommendations and EMPS Response

- Figure 12 is a count of the 211 disposition of EMPS response mode (i.e., mobile, non-mobile, deferred mobile) by provider .
- Figure 13 is contrasted by Figure 12 that shows a count of the actual EMPS response mode (i.e., mobile, non-mobile, deferred mobile) by provider.
- Figure 14 is the same graph as Figure 5.
- Figure 15 uses the same calculation as Figure 5 but shows the percent mobile response (mobile & deferred mobile) by provider.

Section IV: Response Time

- Figure 16 is the same graph as shown in Figure 6.
- Figure 17 uses the same calculation as Figure 6 but shows the percent of mobile episodes with response time under 45 minutes by provider.
- Figure 18 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 19 uses the same calculation as Figure 18 but is categorized by provider.
- Figure 20 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 V: Emergency Department Referral Type

- Figure 22 counts the number of ED referrals (i.e., routine follow-up or in-patient diversion) by service area.
- Figure 23 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 24 and 25 use the same calculation as 22 and 23 respectively, but is brokedown by provider.

Section VI: Length of Stay

- Table 1 shows the Length of Stay (LOS) mean, median and percent LOS statewide, by service area and by provider for both discharged and open episodes of care broken into the various Crisis Response categories (Phone Only, Face-to-face and Plus stabilization follow-up). The next table shows the total number of episodes used to calculate the mean, median and percent for the LOS.
- Table 2 provides the number of episodes for discharged and open episodes of care. Data includes episodes discharged between January 1, 2010 and April 30, 2010 and episodes still in care as of April 30, 2010.

- Figure 26 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 27 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.

- Table 3 summarizes percent collected for the following variables:

- 1.Call date time** data collected by provider. This percent is calculated by counting the total number of episodes that have data entered in the variable "Call Date Time" which is divided by the total count of episodes that 211 gave a disposition of EMPS response for that specific provider.

- 2.First contact date time** data collected by provider. This percent is calculated by counting the total number of episodes that have data entered in for the variable "First Contact Date Time" which is divided by the total count of episodes that 211 gave a disposition of EMPS response for that specific provider.

- 3.TANF eligible** data collected by provider. This percent is calculated by counting the total number of episodes that have data entered for the variable "Is TANF eligible" which is divided by the total number of episodes that are coded as crisis response face-to-face or stabilization plus follow-up.

- 4.Living situation at discharge** data collected by provider. This percent is calculated by counting the total number of episodes that have data entered for the variable "Living situation at discharge" which is divided by the total number of episodes that are coded as crisis response stabilization plus follow-up AND has an episode end date.

- 5.Is crisis response only** data collected by provider. This percent is calculated by counting the total number of episodes that have data entered for the variable "Is Crisis Response" (ALL three response, phone only, face-to-face, & stabilization plus follow-up) which is divided by the total number of episodes that 211 gave a disposition of EMPS response.