



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

## **Monthly Report: JULY 2010**



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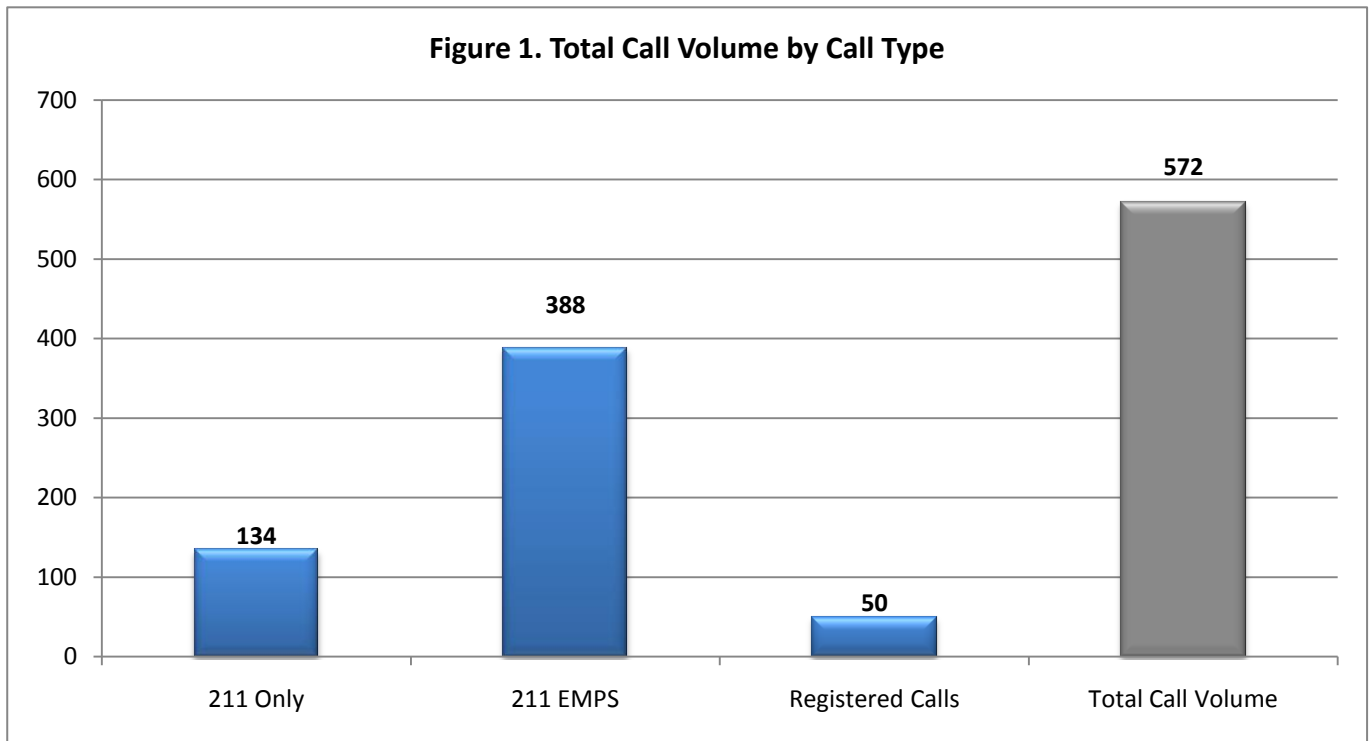
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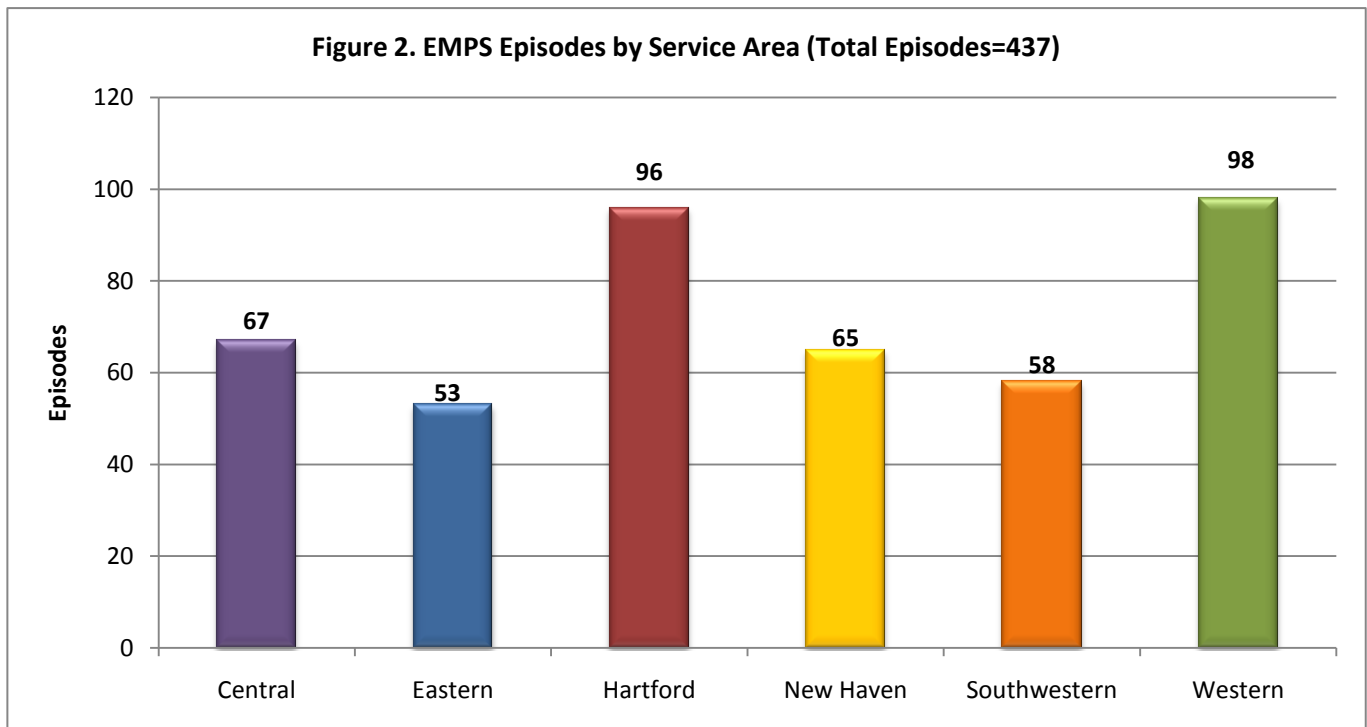
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## **Section I: Primary EMPS Performance Indicators**

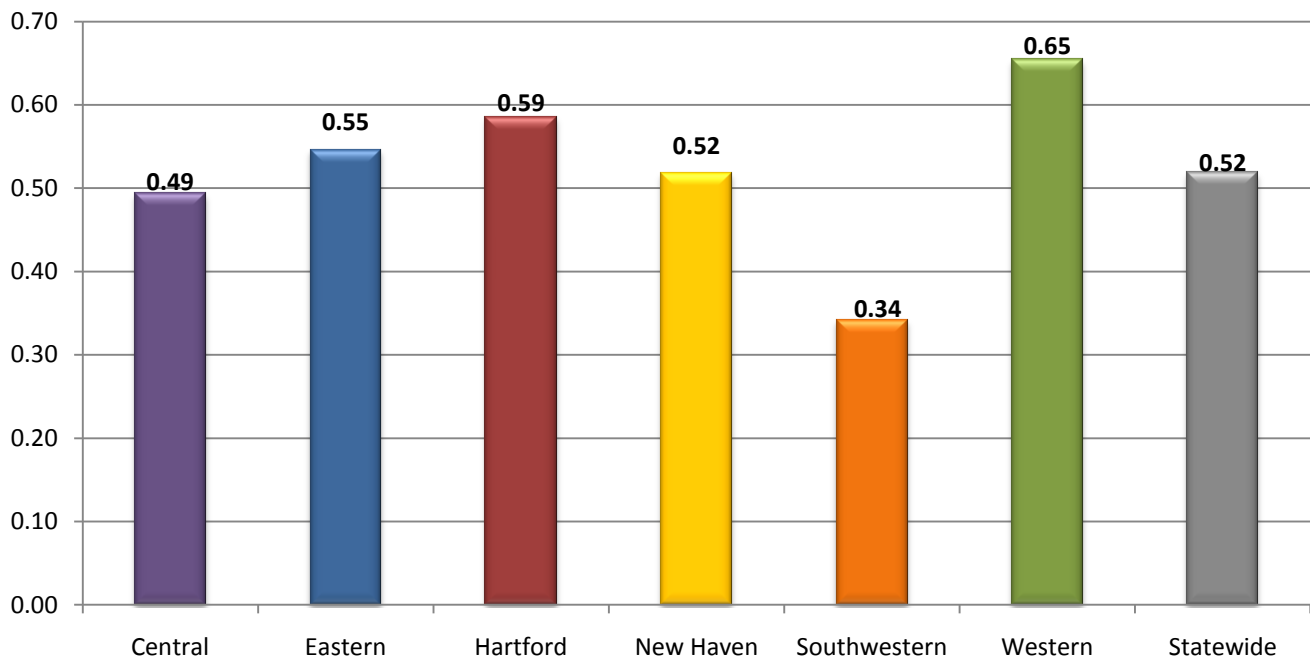


Calculation: Total number of episodes for each of the Call Type categories



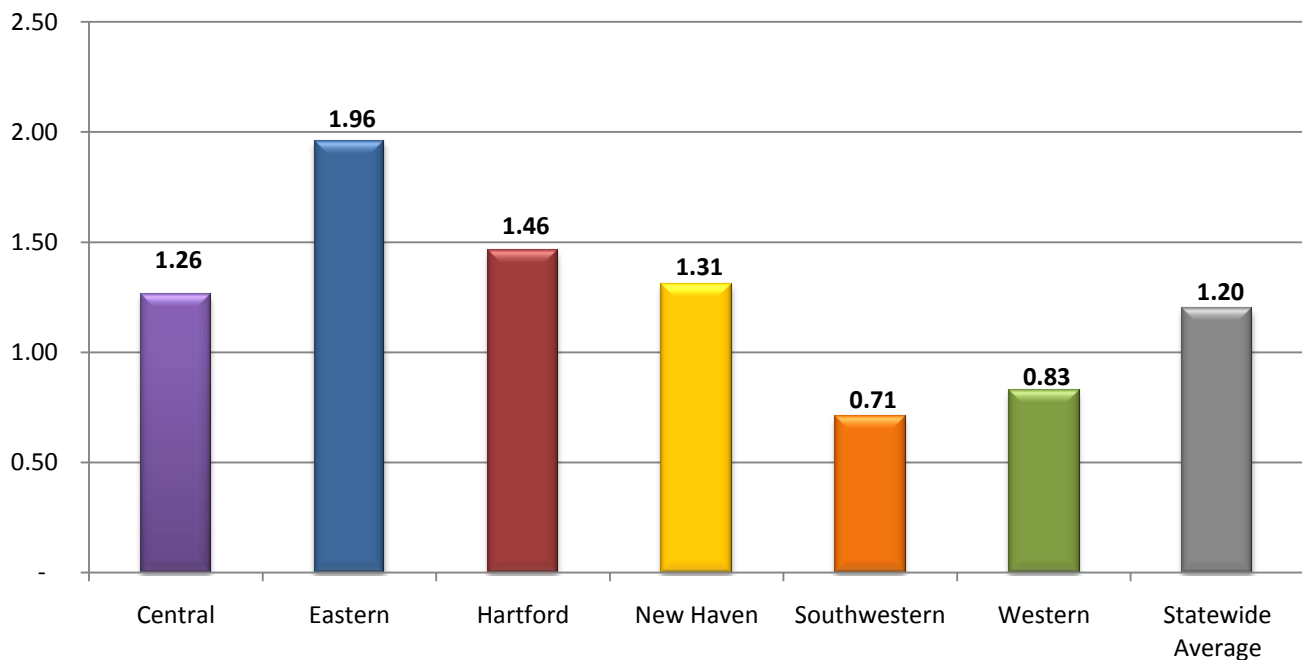
Calculation: Total number of episodes where 211 disposition is EMPS Response

**Figure 3. Number Served Per 1,000 Children**



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

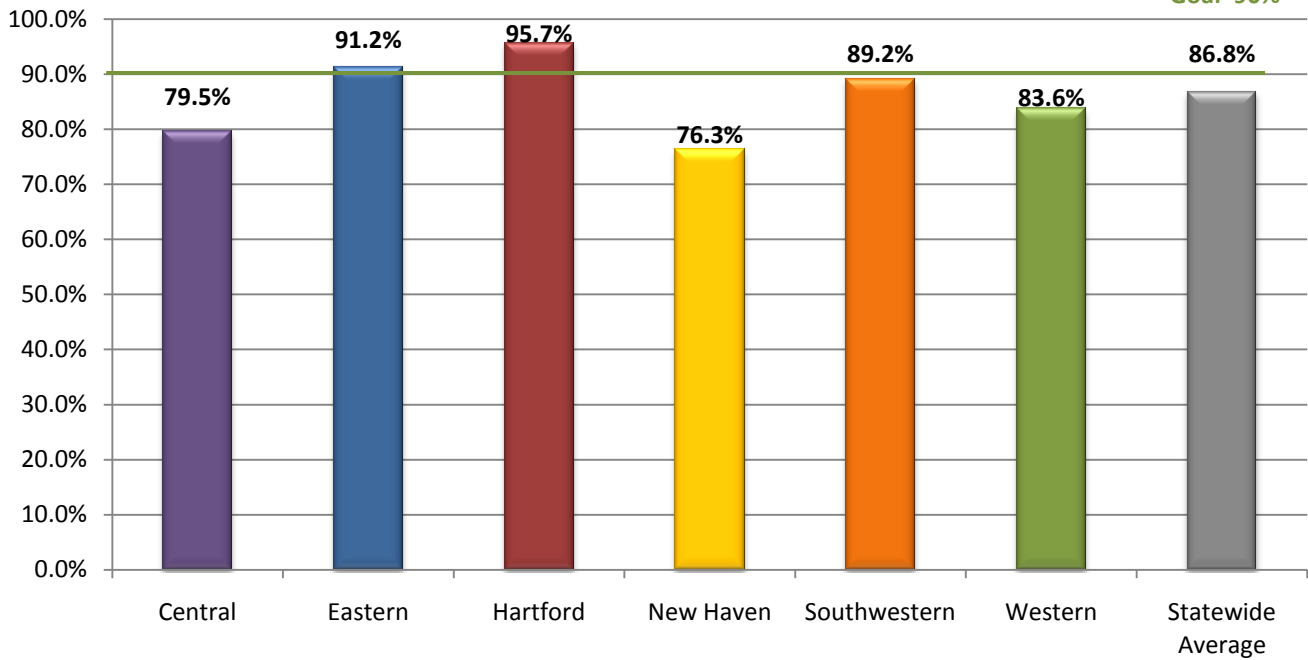
**Figure 4. Number Served per 1,000 Children in Poverty**



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

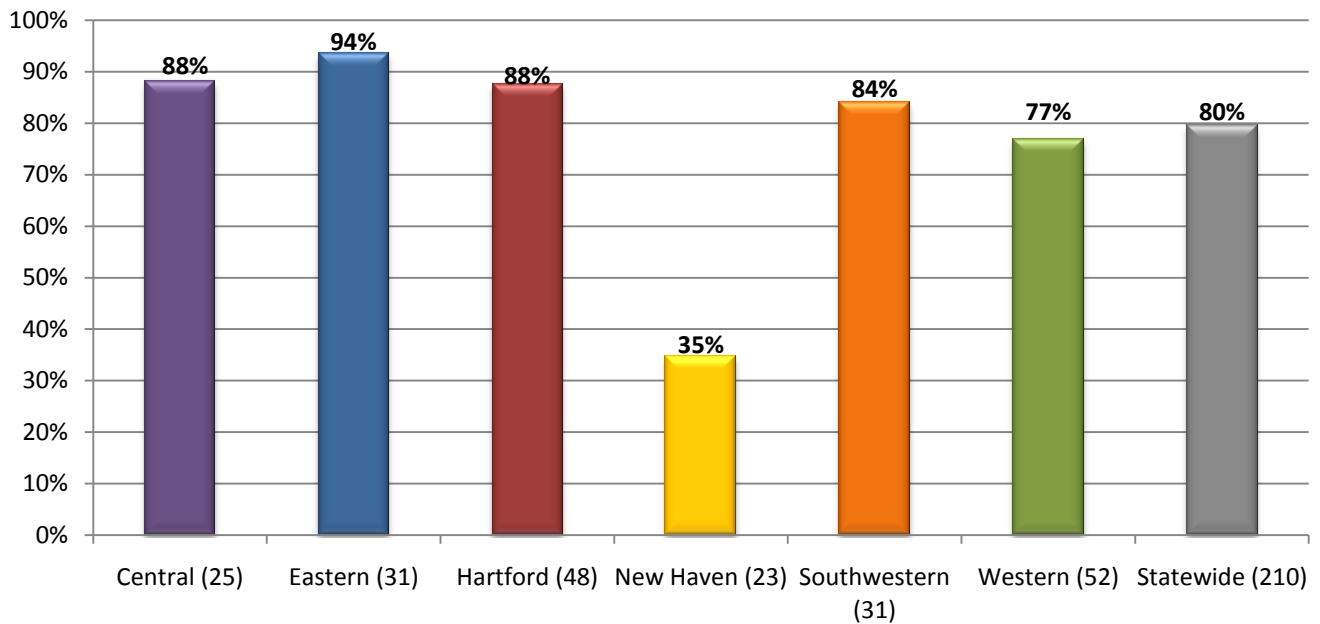
**Figure 5. Percent Mobile Response (Mobile & Deferred Mobile) by Service Area**

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

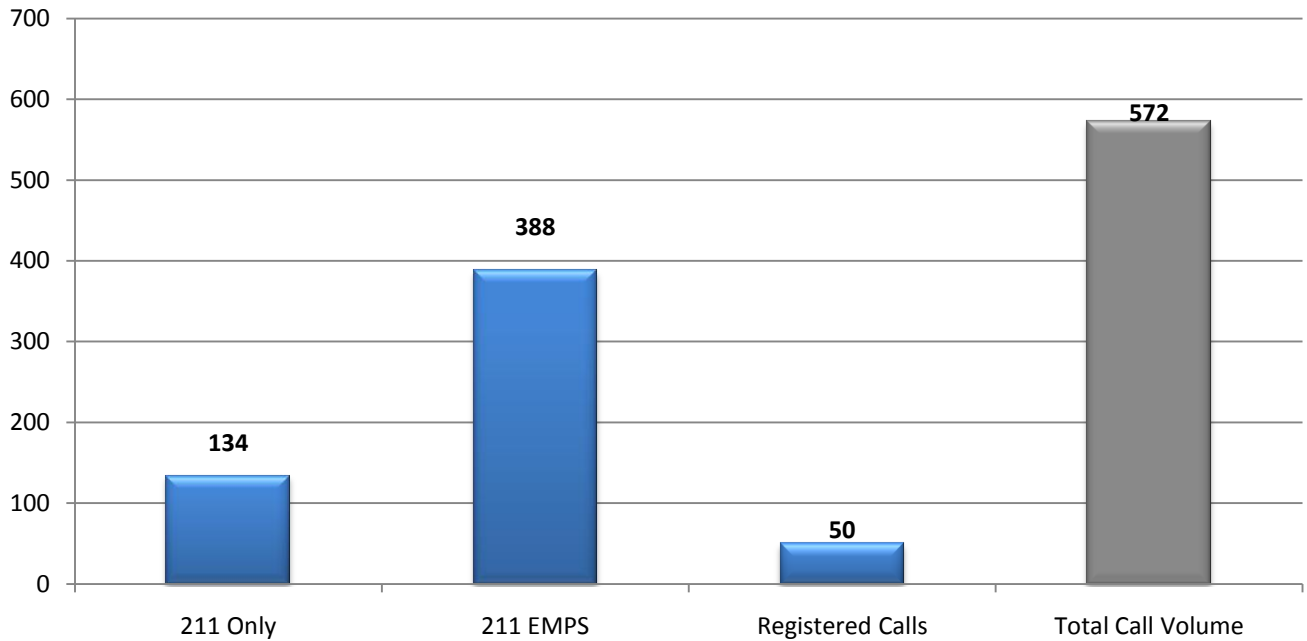
- The statewide EMPS provider network generated 437 episodes of care in July 2010. This was a decrease in episodes from 632 in June 2010, which may be related to schools closing for the summer, given that schools are the second highest referral source.
- The Western service area generated the highest number of episodes (98). The lowest EMPS utilization was observed in the Eastern service area (53 episodes).
- The statewide average service reach, adjusted for total statewide child population, was 0.52 episodes per 1,000 children. This was a decrease from 0.75 in June, reflecting the statewide decrease in volume in the month of July. The Western service area had the highest service reach in July at 0.65 per 1,000 children. The lowest penetration rate was observed in the Southwestern service area at 0.34 per 1,000 children.
- The highest service reach to children in poverty<sup>1</sup> was observed in the Eastern (1.96) service area. The lowest service reach to children in poverty<sup>1</sup> was observed in the Southwestern (0.71) service area.
- Statewide, the average mobility rate was 86.8% this month compared to 85.2% in June 2010. The highest mobility rates were observed in the Hartford (95.7%) and Eastern (91.2%) service areas; these were also the only service areas that met the pre-established benchmark of 90%. The lowest mobility rate was observed in the New Haven service area (76.3%).
- Statewide, 80% of mobile responses took place in 45 minutes or less this month compared to 87% in June, 73% in May, 71% in April, 61% in March and 58% in February of 2010. Performance ranged among service areas, from 35% (New Haven) to 94% (Eastern).

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



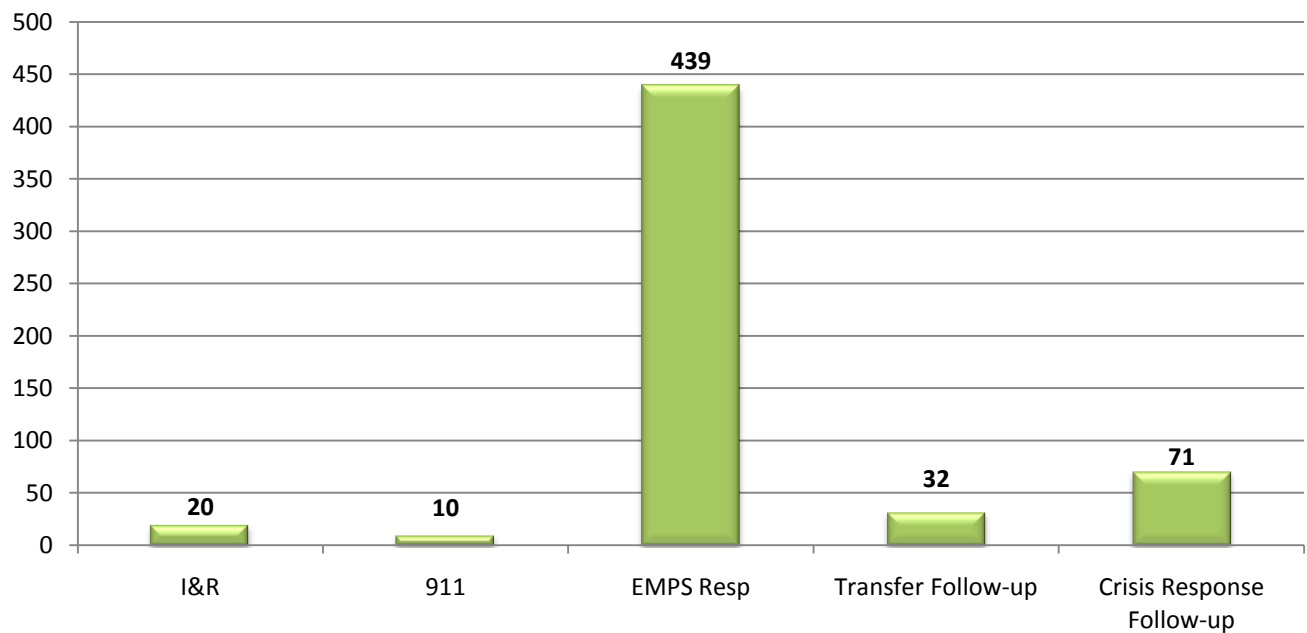
## Section II: Episode Volume

**Figure 7. Total Call Volume by Call Type**



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

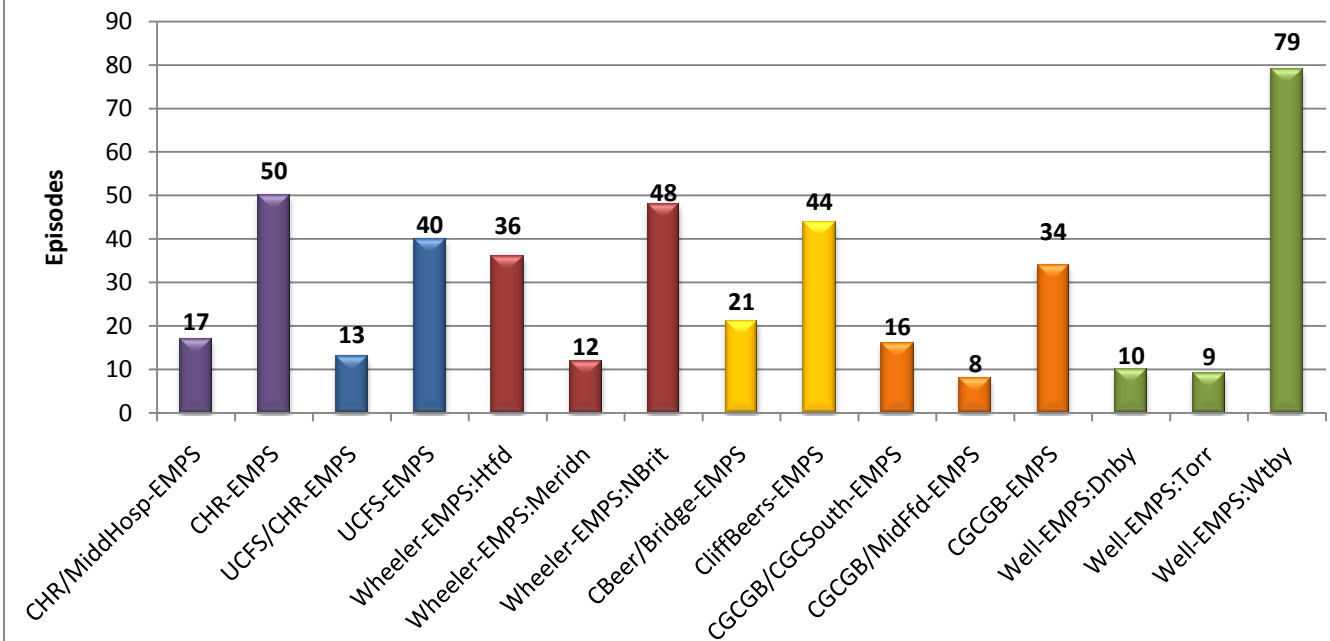
**Figure 8. Statewide 211 Disposition Frequency**



Calculation: Total number of episodes for 211 disposition categories

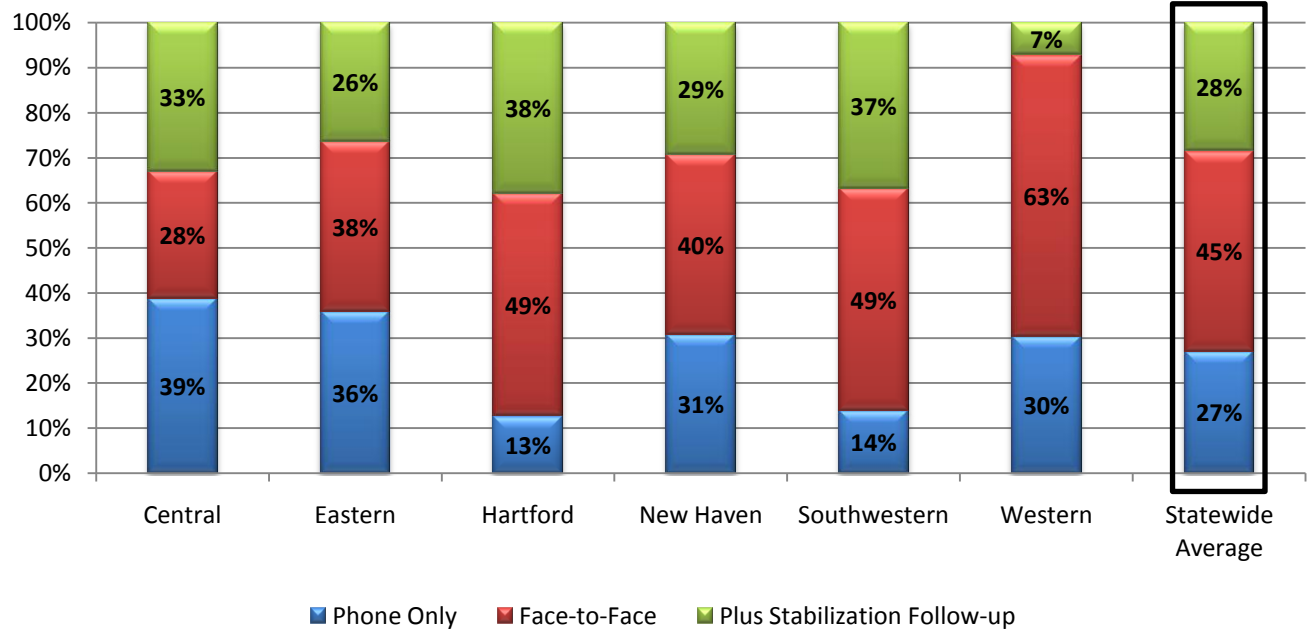
NOTE: EMPS Response includes 2 with no designated provider

**Figure 9. EMPS Response Episodes by Provider (Total Episodes=437)**



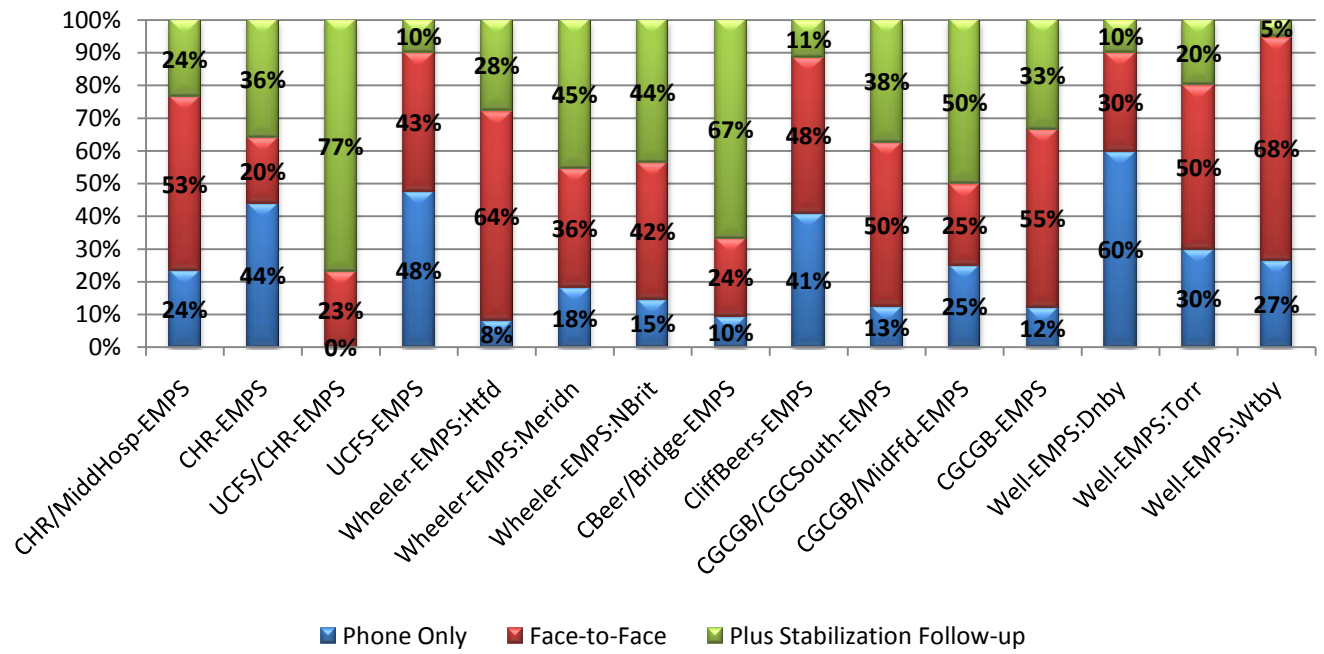
Calculation: Total number of episodes where 211 disposition is EMPS Response

**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**



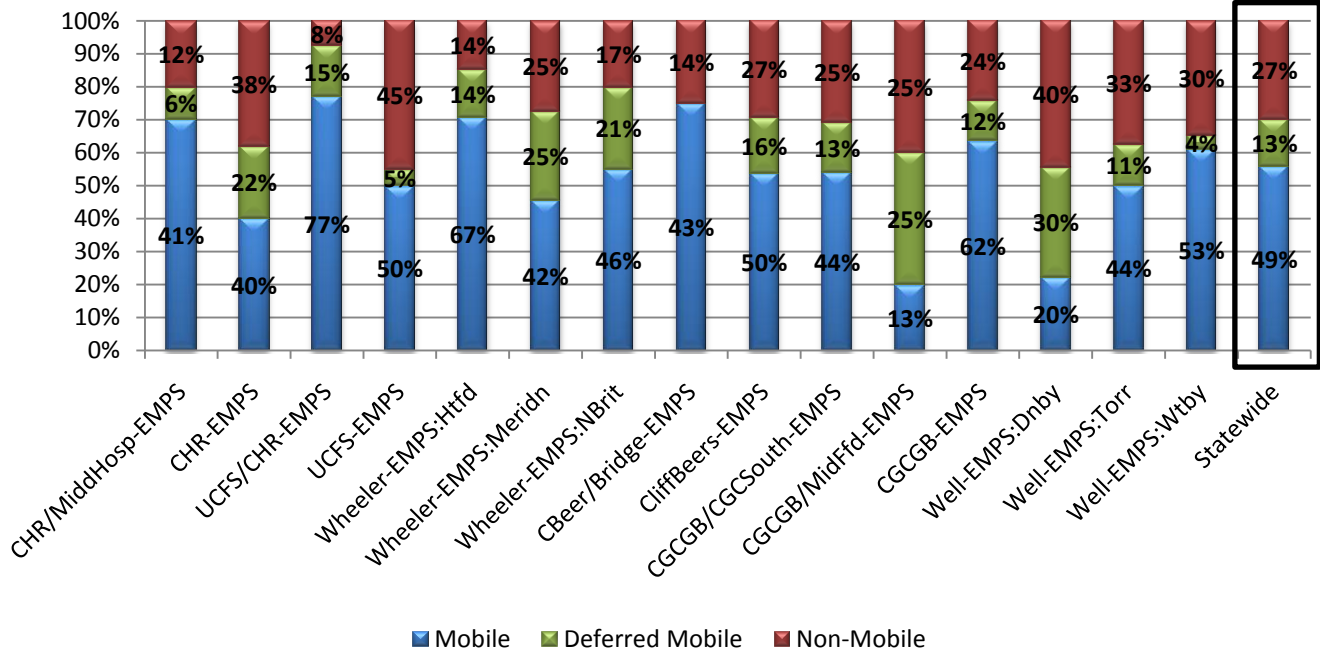
Calculation: Count Phone Only episodes ÷ Total all Crisis Responses \* (100), Count Face-to-Face episodes ÷ Total all Crisis Responses \* (100), Count Plus Stabilization Follow-up ÷ Total all Crisis Responses \* (100)

## Section II Summary

- A total of 572 calls were received by the Call Center in July, compared to 879 in June and 1195 calls in May. The call volume of 572 in July suggests a rate that would translate to just about 7000 calls annually, although actual total calls fluctuate each month.
- Of the 572 EMPS calls during the current month, 134 calls (23%) were coded as "211 only." Another 50 calls (9%) 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 388 calls (68%) were calls received by 211 and routed to an EMPS provider.
- In terms of 211 Dispositions, of the 572 total calls:
  - 439 (77%) were coded as "EMPS Response"
  - 71 (12%) were coded as "Crisis Response Follow-up"
  - 32 calls (6%) were coded as "Transfer for Follow-up"
  - 25 calls (4%) were coded as "Information & Referral (I&R)"
  - 10 calls (1%) were coded as "911"
- The 211 Disposition of EMPS Response includes 2 episodes with no designated EMPS provider. This means either: 1) this call was 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 July was observed at Wellpath-Waterbury (79 episodes). The lowest call volumes were observed at Mid-Fairfield Child Guidance (8 episodes) and Wellpath-Torrington (9 episodes).
- Statewide, the type of crisis response episodes included:
  - 27% Phone Only
  - 45% Face-to-Face
  - 28% Face-to-Face Plus Stabilization/Follow-up
- By service area, the highest percentages of Phone Only responses were observed in the Central service area (39%). The highest percentages of Plus Stabilization/Follow-up episodes were observed in the Hartford (38%) and Southwestern (37%) service areas.
- The percentage of episodes that were Phone Only Crisis Responses ranged among individual providers from 0% (UCFS/CHR-Mansfield) to 60% (Wellpath-Danbury). For Face-to-Face Crisis Response, the range was from 20% (Community Health Resources) to 68% (Wellpath-Waterbury). For Plus Stabilization Follow-up Crisis Responses, the range was from 5% (Wellpath-Waterbury) to 77% (UCFS/CHR-Mansfield).

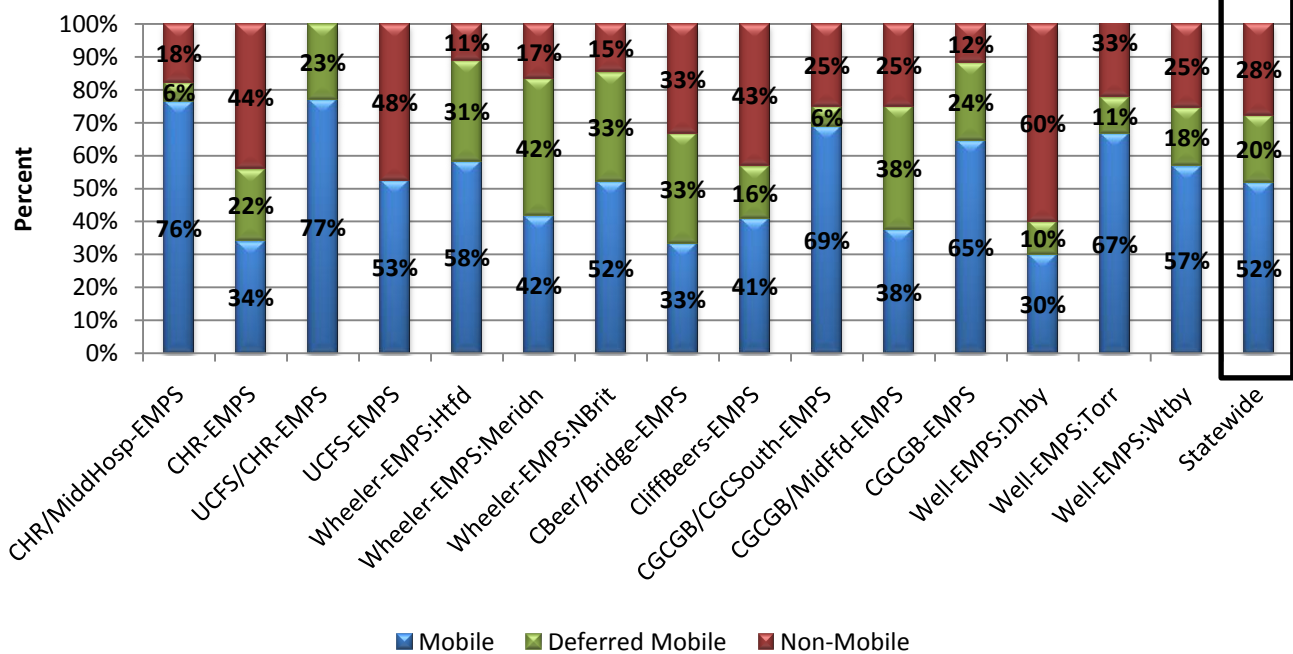
## Section III: 211 Recommendations and EMPS Response

Figure 12. Percent 211 Recommended Response by Provider



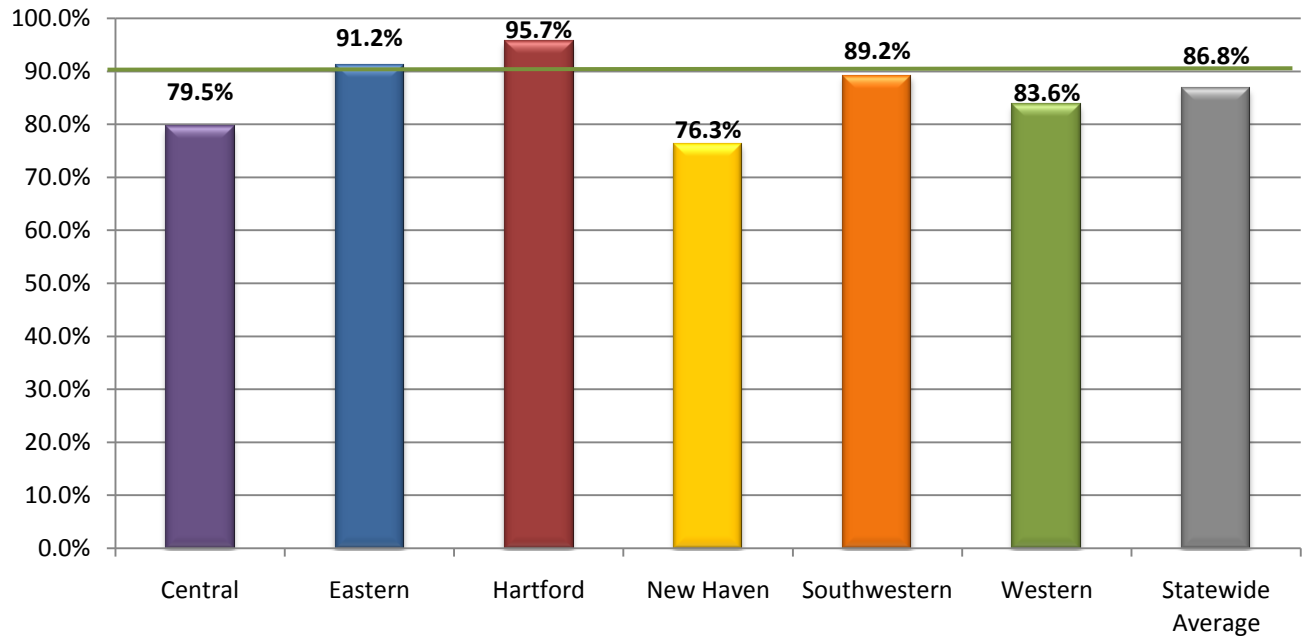
Calculation: Count 211 Recommended Response Mode ÷ Total EMPS Response Episodes\*(100)

Figure 13. Percent Actual EMPS Response by Provider



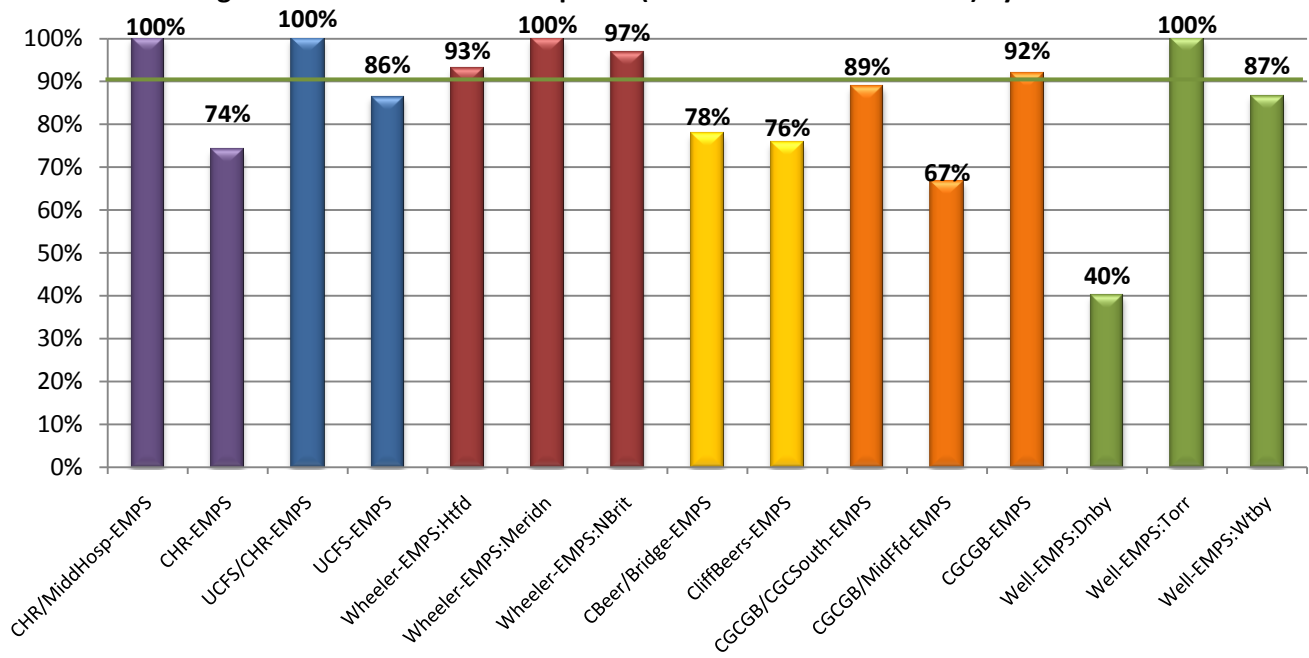
Calculation: Count actual EMPS Response Mode ÷ Total EMPS Response Episodes\*(100)

**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%



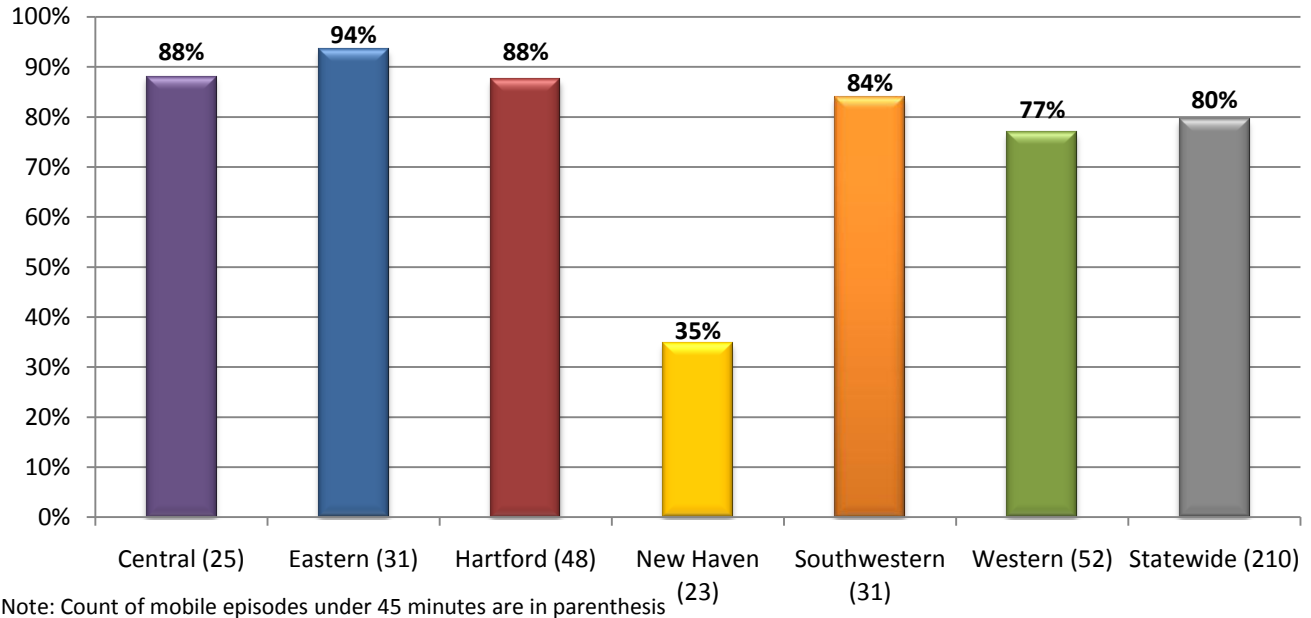
Calculation: (Count EMPS first contact mode mobile or deferred mobile ÷ Total count of 211 rec mobile or deferred mobile)\*100

### Section III Summary

- Figures 12 & 13 review total counts of 211 recommended responses and actual EMPS responses, including mobile, non-mobile, and deferred mobile responses.
- A mobile response was the most common 211 recommended EMPS response for 13 of fifteen individual providers with a range of 13% (Mid-Fairfield Child Guidance) to 77% (UCFS/CHR-Mansfield). Mobile was also the most common actual EMPS provider response for ten individual providers with the exceptions being: Wellpath-Danbury, Community Health Resources and Clifford Beers with a higher percentage of non-mobile responses (60%, 44%, 43% respectively), Wheeler-Meriden and Mid-Fairfield Child Guidance with an equal number of mobile and deferred mobile responses (42% and 38% respectively) and Bridges with an equal percentage of mobile, deferred mobile and non-mobile responses (33%).
- Statewide, the average mobility rate was 86.8% this month compared to 85.2% in June 2010. The highest mobility rates were observed in the Hartford (95.7%) and Eastern (91.2%) service areas; these were also the only service areas that met the pre-established benchmark of 90%. The lowest mobility rate was observed in the New Haven service area (76.3%).
- Mobility percentages among providers ranged from 40% (Wellpath-Danbury) to 100% (Middlesex Hospital, UCFS/CHR-Mansfield, Wheeler-Meriden, and Wellpath-Torrington) with Wheeler-Hartford, Wheeler-New Britain, Bridgeport Child Guidance, Middlesex Hospital, UCFS/CHR-Mansfield, Wheeler-Meriden, and Wellpath-Torrington all above the 90% goal.

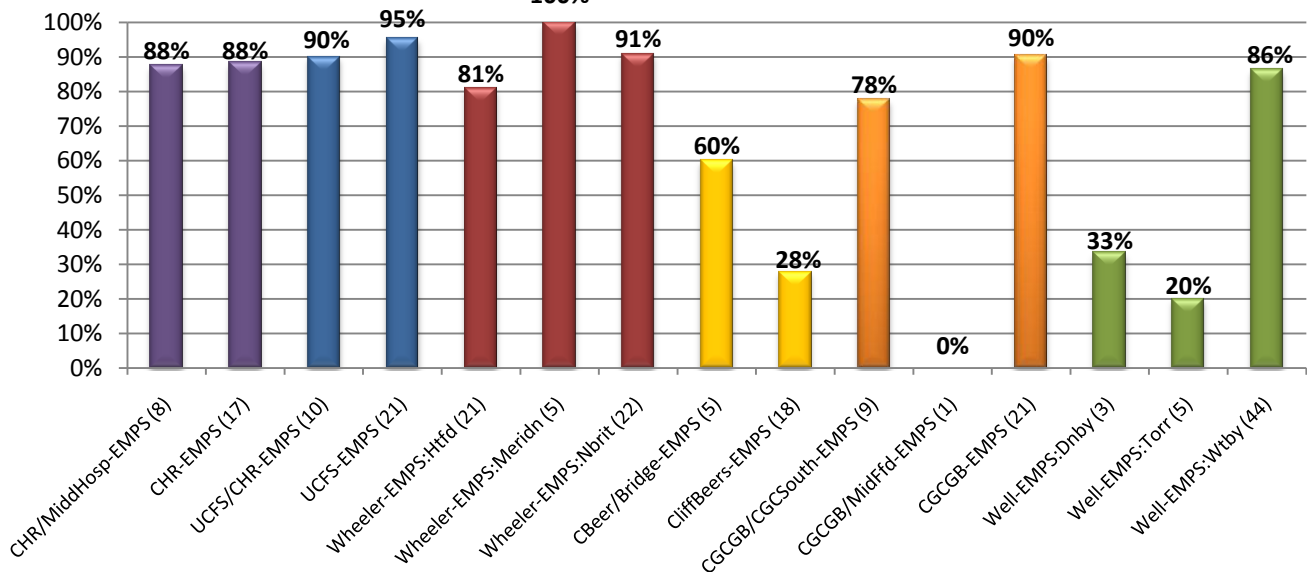
## Section IV: Response Time

**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

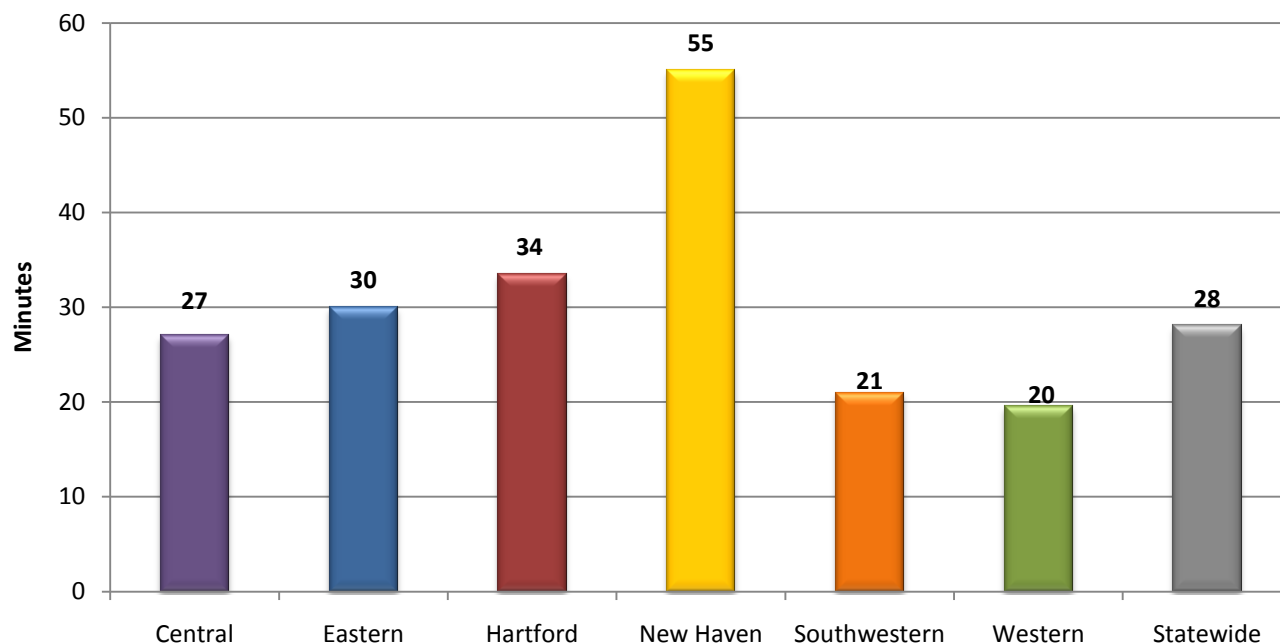
**Figure 17. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Provider**



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

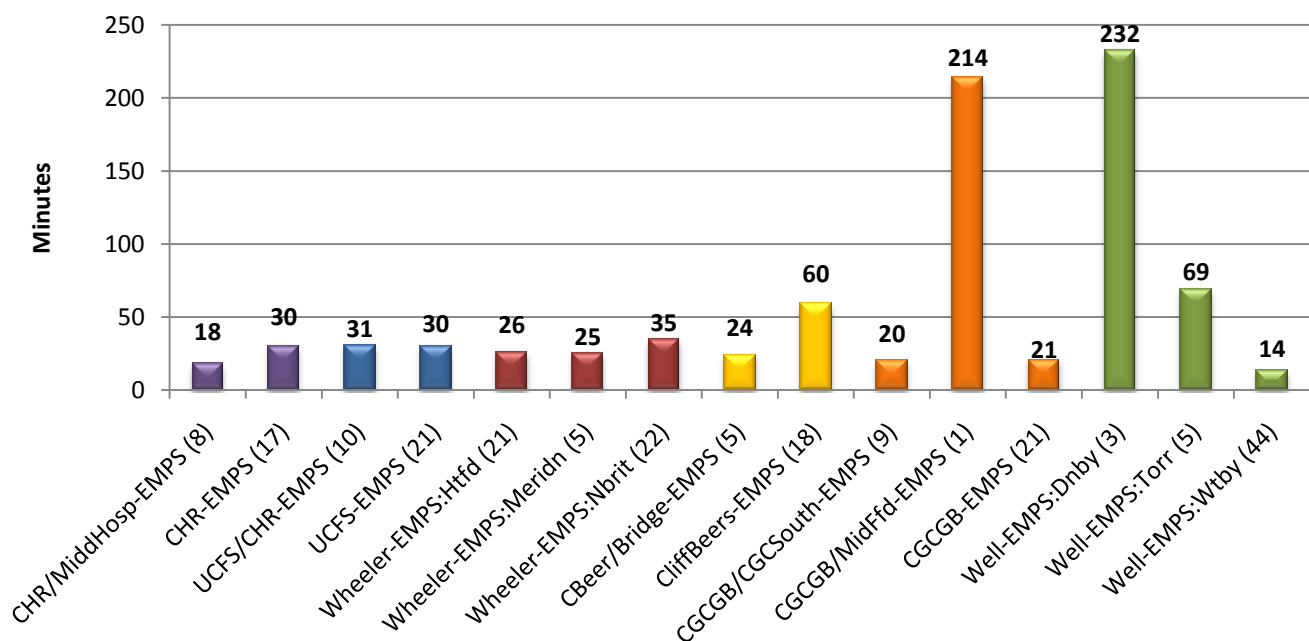


**Figure 18. Median Mobile Response Time by Service Area in Minutes**



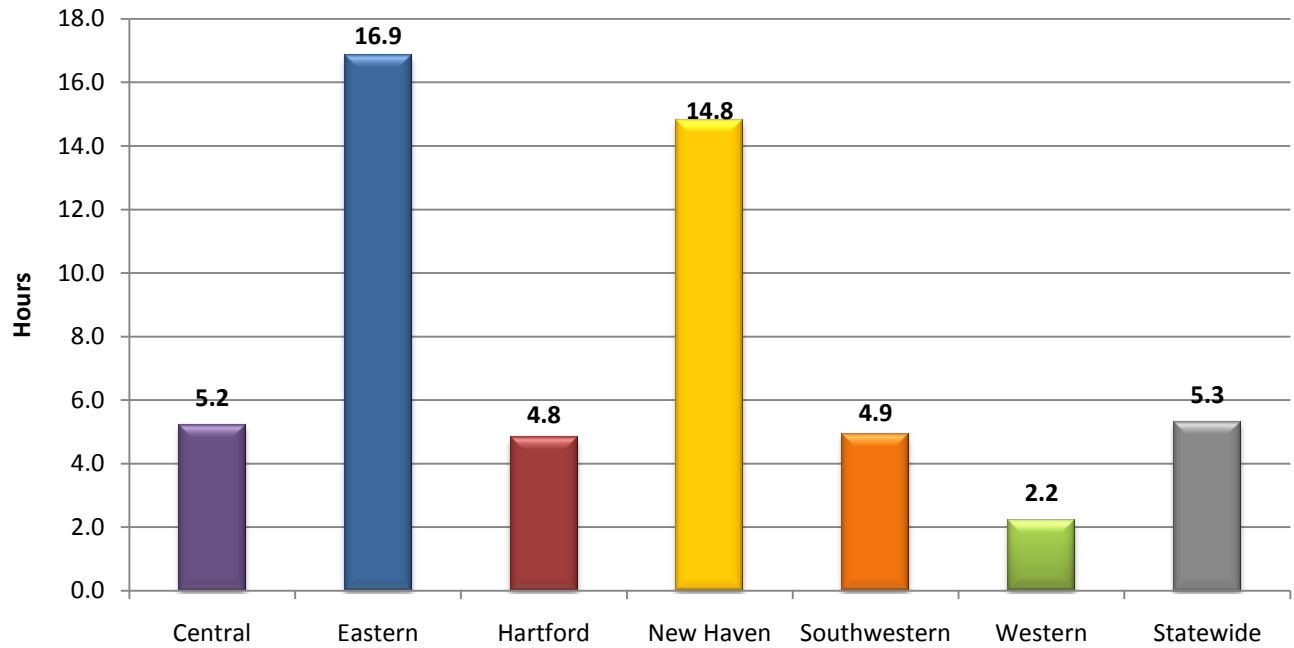
Calculation: Arrange the response time values for each service area in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

**Figure 19. Median Mobile Response Time by Provider in Minutes**



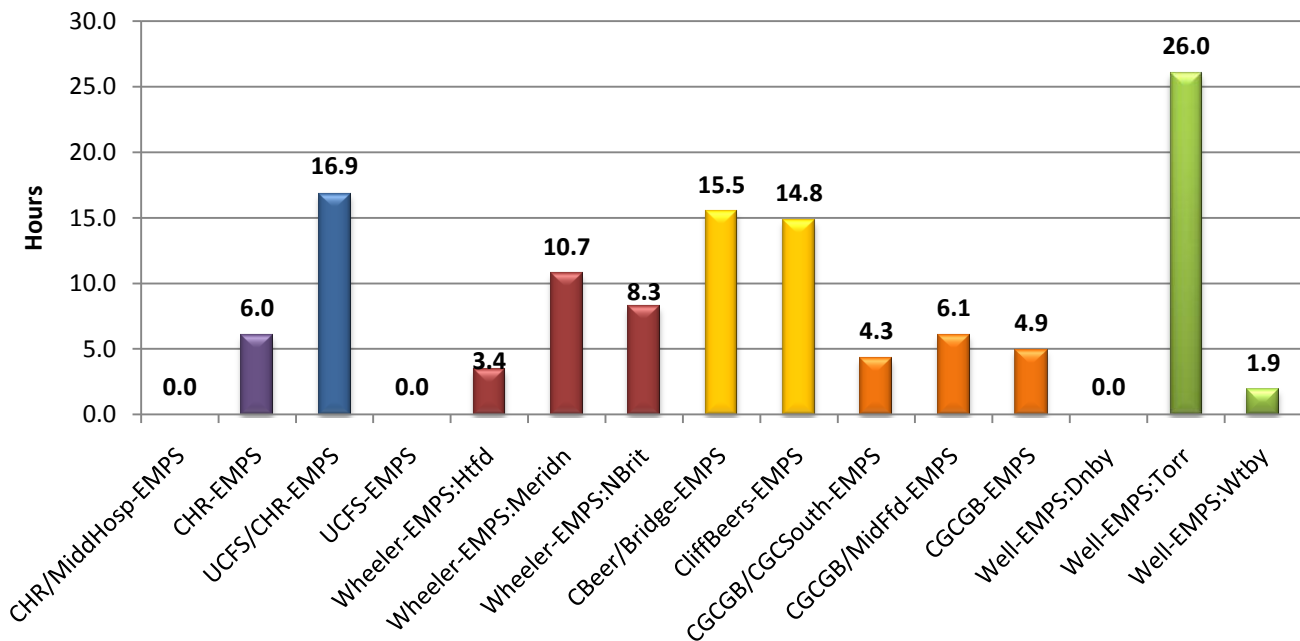
Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

**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**



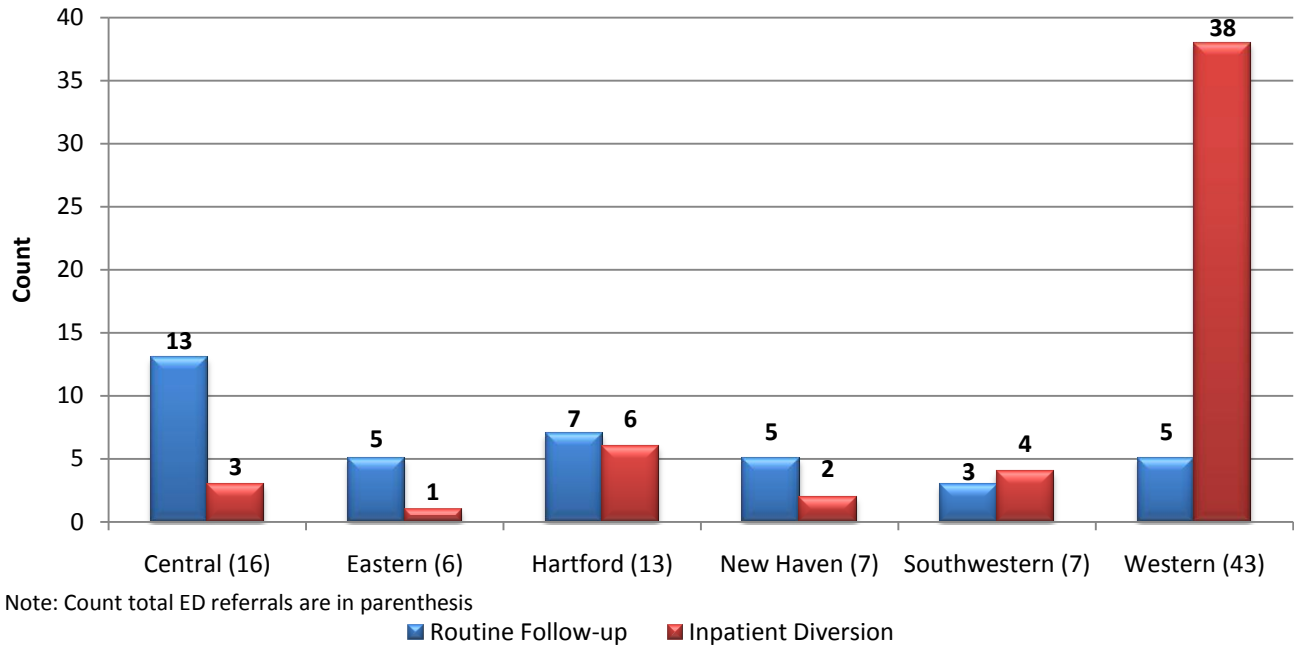
Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

#### Section IV Summary

- Statewide, 80% of mobile responses took place in 45 minutes or less in July which was a 7% decrease from June. However, performance was higher than the previous months of May (73%), April (71%), March (61%) and February (58%) of 2010. Performance ranged among service areas, from 35% (New Haven) to 94% (Eastern) this month.
- Achievement of the 45 minute benchmark varied among individual providers from 0% (Mid-Fairfield Child Guidance) to 100% (Wheeler-Meriden) with nine of fifteen providers above 80%.
- The statewide median mobile response time was 28 minutes. Five of six service areas and 11 of the 15 individual providers had a median mobile response time under 45 minutes. Median mobile response times among individual providers ranged from 14 minutes (Wellpath-Waterbury) to 232 minutes (Wellpath-Danbury). Wellpath-Danbury had a total of 3 episodes that went mobile with response times of 41, 232 and 4282 minutes (after the 211 average phone call length of 10 minutes was subtracted).
- The statewide median deferred mobile response time was 5.3 hours, and ranged by service area from 2.2 hours (Western) to 16.9 hours (Eastern). Among the twelve individual providers who fulfilled the criteria for inclusion in the calculation, the median deferred mobile response times ranged from 1.9 hours (Wellpath-Waterbury) to 26.0 hours (Wellpath-Torrington). The three providers that did not fulfill the inclusion criteria, after subtracting 10 minutes for the average 211 call, were: Middlesex Hospital which had only one deferred mobile episode with a response time of -10 minutes, United Family and Community Services which had zero deferred mobile episodes, and Wellpath-Danbury which had only one deferred mobile episode with no "Call Date Time" entered so response time could not be calculated (it was a "Registered Call").
- Response times have drastically improved over the last several months though they dropped from 87% in June to 80% in July, despite lower call volume. 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.

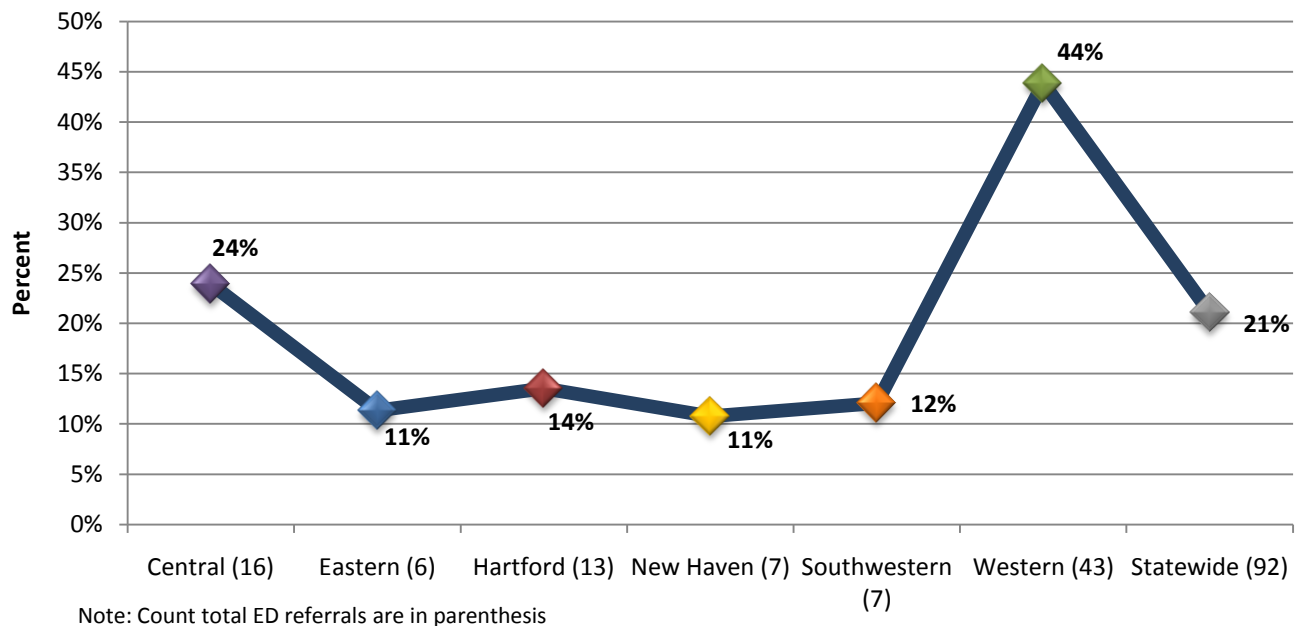
## Section V: Emergency Department Referral Type

Figure 22. Count Type of ED Referral by Service Area (N=92)



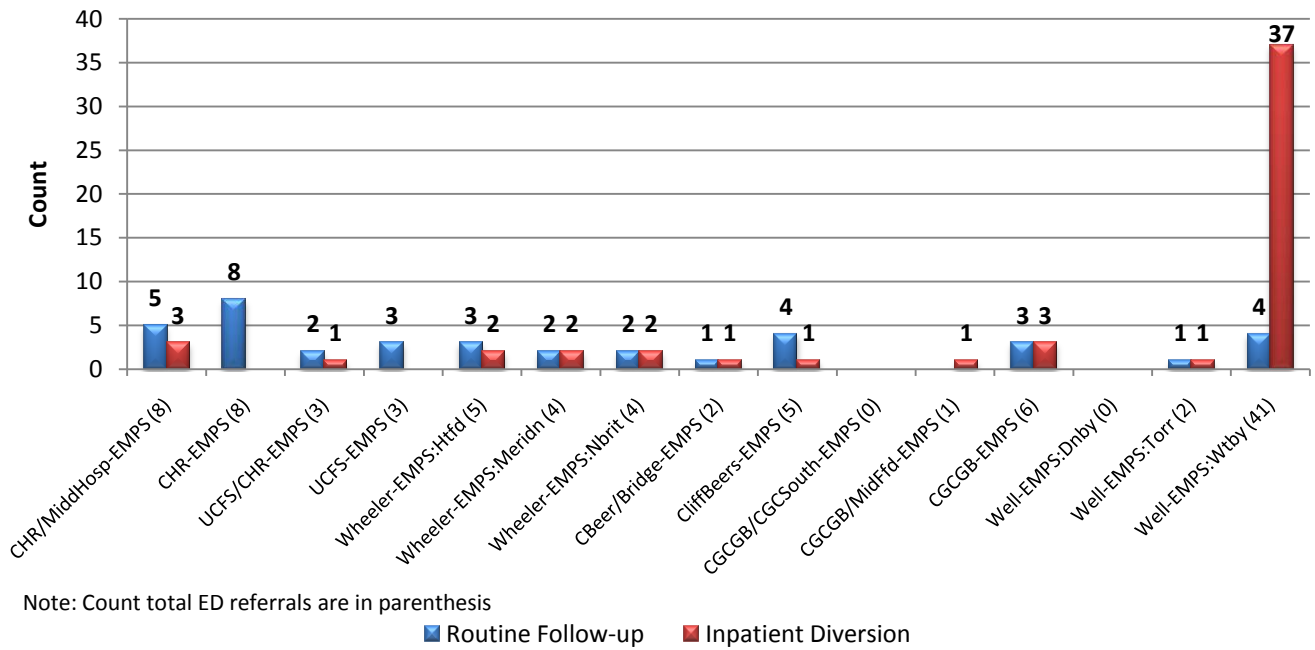
Calculation: Count for each type of ED referral by service area

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



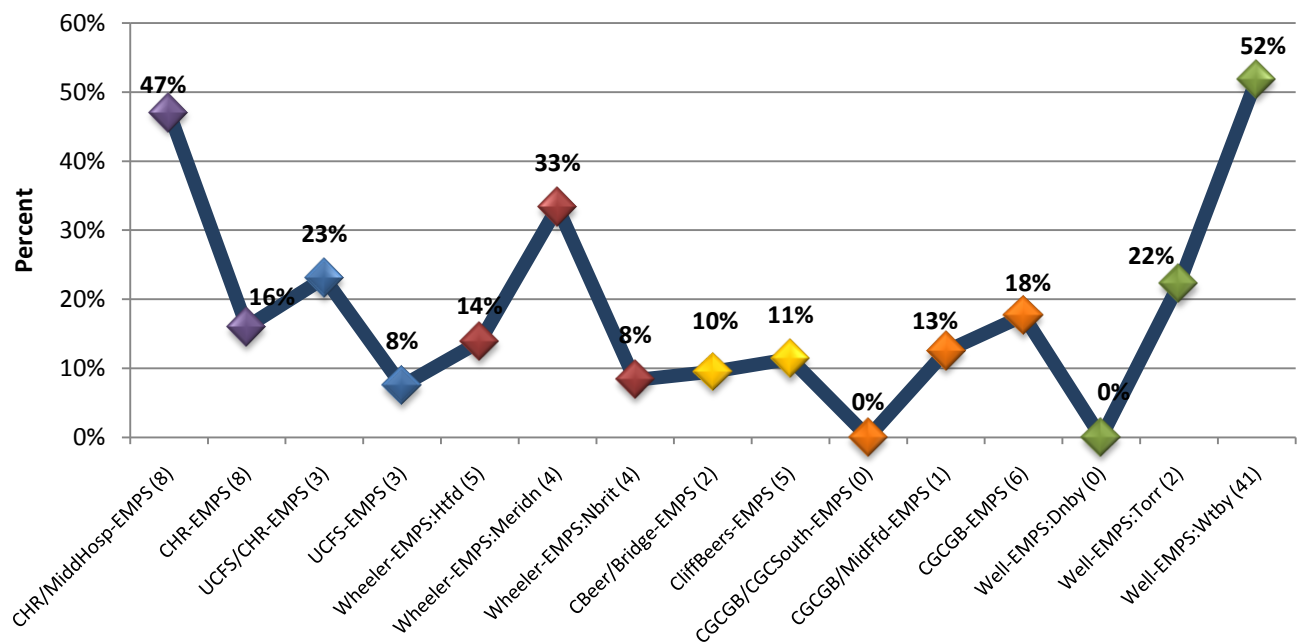
Calculation: Total ED referral per service area ÷ Total EMPS response episodes per service area\*(100)

**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 July 2010, a total of 92 Emergency Department (ED) responses were recorded, including 38 for Routine Follow-up and 54 for Inpatient Diversion.
- The highest number of Routine Follow-up ED responses during the month of July was observed in the Central service area (13). The lowest number was in the Southwestern service area (3). The highest number of Inpatient Diversion ED responses during the month was observed in the Western service area (38). The lowest number was in the Eastern service area (1).
- Statewide, about 21% of all episodes were ED responses in July, compared to 13% in March, 11% in April, 11% in May and 16% in June of 2010. By service area, the highest rates of ED responses as a percentage of total responses was observed in the Western service area (44%). The lowest was observed in the Eastern (11%) and New Haven (11%) service areas.
- Among individual providers, the highest percentage of ED responses was observed at Wellpath-Waterbury (52% of all responses). At this site, 37 ED responses were Inpatient Diversions and 4 ED responses were for Routine Follow-Up.
- There were two providers who reported zero ED referrals (Child Guidance of Southern CT 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	0.61	6.42	27.48	0	2	24	8.2%	29.7%	12.7%	88.2	40.6	28.0	91.5	17.5	18	100%	75%	18%
2	Central	0.82	9.58	33.73	0	2	28	8.6%	28.8%	26.8%	44.7	55.8	14.1	19.5	13	15	100%	67%	0%
3	CHR/MiddHosp-EMPS	0.56	1.90	5.59	0	1	6	11.9%	9.2%	0.0%	28.0	62.5		28	62.5		100%	100%	
4	CHR-EMPS	1.01	22.37	36.49	0	13.5	30	6.2%	61.5%	29.5%	48.0	52.5	14.1	11	8	15	100%	50%	0%
5	Eastern	0.30	3.47	22.58	0	3	21	6.4%	7.1%	2.0%			8.3			4.5			0%
6	UCFS/CHR-EMPS	0.00	4.70	25.01	0	1	25	0.0%	17.0%	3.2%			9.3			6			0%
7	UCFS-EMPS	0.40	3.03	18.79	0	3	17.5	8.6%	3.4%	0.0%			6.8			3.5			0%
8	Hartford	0.58	6.46	27.59	0	3	23	11.7%	31.8%	14.9%		6.1	21.8		4	12		43%	17%
9	Wheeler-EMPS:Htfd	0.83	5.38	22.04	0	4	20	17.1%	31.6%	4.5%		2.7	20.8		2	18		0%	0%
10	Wheeler-EMPS:Meridn	0.65	4.24	24.61	0	2.5	21	10.8%	17.6%	8.3%			45.3			12			33%
11	Wheeler-EMPS:NBrit	0.16	8.09	32.03	0	3	29	4.1%	34.5%	23.5%		8.8	18.7		9.5	10		75%	19%
12	New Haven	0.49	7.30	24.87	0	5	24	5.6%	47.5%	2.0%	95.3	84.6	20.7	106	77	19.5	100%	100%	0%
13	CBeer/Bridge-EMPS	5.33	4.35	25.05	0.5	0	27	33.3%	23.0%	0.0%	88.8	100.6	19.8	91.5	102.5	19	100%	100%	0%
14	CliffBeers-EMPS	0.28	8.45	24.63	0	7	20.5	4.3%	57.1%	4.8%	141.0	20.5	30.0	141	20.5	30	100%	100%	0%
15	Southwestern	1.02	7.68	28.02	0	1	28	11.5%	33.3%	11.0%	110.5	23.2	45.3	110.5	17	30	100%	82%	34%
16	CGCGB/CGCSouth-EMPS	0.56	2.96	38.82	0	0	37	3.6%	13.7%	34.7%	156.0	27.0	63.2	156	17.5	43	100%	100%	50%
17	CGCGB/MidFfd-EMPS	0.63	2.67	21.22	0	1	15.5	14.3%	14.5%	12.0%		24.0	38.9		24	33		100%	38%
18	CGCGB-EMPS	1.98	10.19	26.64	0	3	29	20.0%	43.3%	2.2%	65.0	20.6	24.1	65	10	19	100%	67%	9%
19	Western	0.47	4.68	23.21	0	1	22	4.8%	24.5%	6.0%	139.5	41.0	29.8	139.5	18.5	17.5	100%	63%	25%
20	Well-EMPS:Dnby	0.69	8.39	11.95	0	1	9	3.7%	35.7%	0.0%									
21	Well-EMPS:Torr	0.36	5.68	20.69	0	6	21.5	8.3%	54.8%	2.8%	141.0			141			100%		
22	Well-EMPS:Wtby	0.40	4.06	27.06	0	1	27	4.3%	20.3%	8.9%	138.0	41.0	29.8	138	18.5	17.5	100%	63%	25%

NOTE: Data includes episodes discharged between January 1, 2010 and July 31, 2010 and episodes still in care as of July 31, 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.			Phone > 1    FTF > 5    Stab. > 45			LOS: Phone    LOS: FTF    LOS: Stab.			Phone > 1    FTF > 5    Stab. > 45		
2	Central	140	208	302	12	60	81	6	6	11	6	4	0
3	CHR/MiddHosp-EMPS	59	130	27	7	12	0	1	2	0	1	2	0
4	CHR-EMPS	81	78	275	5	48	81	5	4	11	5	2	0
5	Eastern	94	198	205	6	14	4	0	0	10	0	0	0
6	UCFS/CHR-EMPS	24	53	125	0	9	4	0	0	6	0	0	0
7	UCFS-EMPS	70	145	80	6	5	0	0	0	4	0	0	0
8	Hartford	222	471	653	26	150	97	0	7	29	0	3	5
9	Wheeler-EMPS:Htfd	111	234	201	19	74	9	0	3	5	0	0	0
10	Wheeler-EMPS:Meridn	37	34	120	4	6	10	0	0	3	0	0	1
11	Wheeler-EMPS:NBrit	74	203	332	3	70	78	0	4	21	0	3	4
12	New Haven	144	265	196	8	126	4	16	10	12	16	10	0
13	CBeer/Bridge-EMPS	6	74	112	2	17	0	14	8	11	14	8	0
14	CliffBeers-EMPS	138	191	84	6	109	4	2	2	1	2	2	0
15	Southwestern	130	375	236	15	125	26	2	17	35	2	14	12
16	CGCGB/CGCSouth-EMPS	55	73	49	2	10	17	1	6	16	1	6	8
17	CGCGB/MidFfd-EMPS	35	55	50	5	8	6	0	2	8	0	2	3
18	CGCGB-EMPS	40	247	137	8	107	3	1	9	11	1	6	1
19	Western	207	466	134	10	114	8	2	8	4	2	5	1
20	Well-EMPS:Dnby	54	56	19	2	20	0	0	0	0	0	0	0
21	Well-EMPS:Torr	36	31	36	3	17	1	1	0	0	1	0	0
22	Well-EMPS:Wtby	117	379	79	5	77	7	1	8	4	1	5	1

NOTE: Data includes episodes discharged between January 1, 2010 and July 31, 2010 and episodes still in care as of July 31, 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 table shows the mean, median, and percentage of episodes exceeding the LOS benchmarks, statewide, by service area, and by provider. Discharged and open episodes of care are 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.

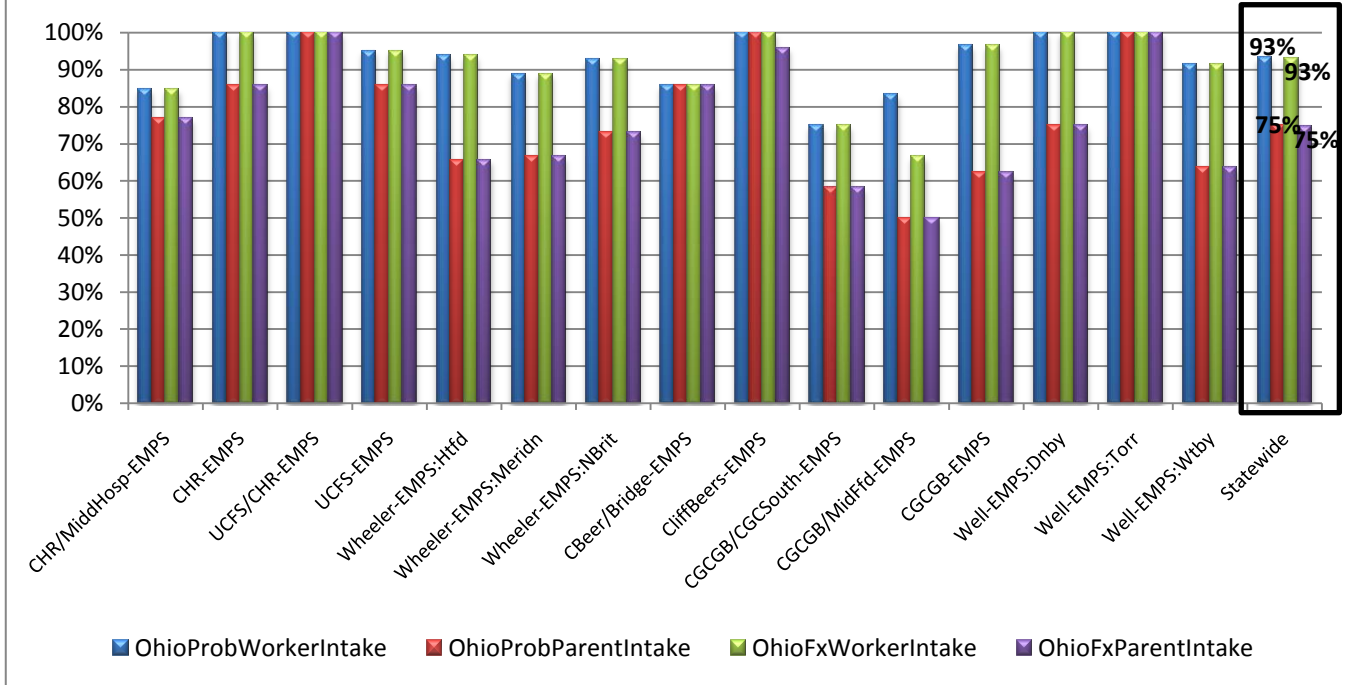
- Statewide, the mean LOS for **discharged episodes** of care with a Crisis Response of **Phone Only** was 0.61 days and five of six service areas averaged under 1 day, with the exception of Southwestern (1.02 days). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 6.42 days and ranged from 3.47 days (Eastern) to 9.58 days (Central). For the **Plus Stabilization Follow-up** Crisis Response, the statewide mean LOS was 27.48 days with a range from 22.58 (Eastern) to 33.73 days (Central).

- Statewide, among **discharged episodes** this month, 8.2% of **Phone Only** episodes exceeded one day compared to 8.5% in June, 29.7% of **Face-to-face** episodes exceeded five days compared to 28.6% in June, and 12.7% of **Plus Stabilization Follow-up** episodes exceeded 45 days compared to 11.6% in June.

- Statewide, the mean LOS for **open episodes** of care with a Crisis Response of **Phone Only** was 88.2 days and ranged from 44.7 days (Central) to 139.5 days (Western). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 40.6 days and ranged from 6.1 days (Hartford) to 84.6 days (New Haven). For the **Plus Stabilization Follow-up** Crisis Response, the statewide mean LOS was 28 days with a range from 8.3 days (Eastern) to 45.3 days (Southwestern). This tells us that families remain open for services well beyond the benchmarks for each crisis response category.

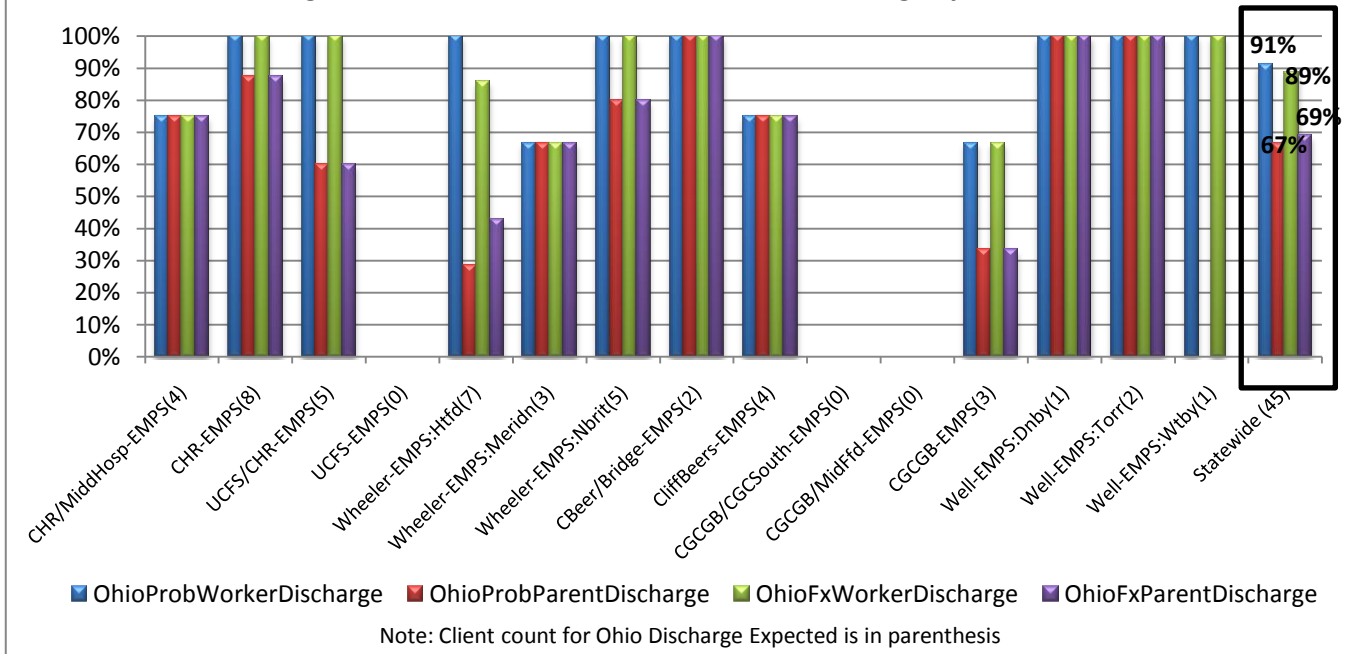
## Section XII: Data Quality Monitoring

**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
Statewide	100%	100%	97.8%	100%	99.5%
CHR/MiddHosp-EMPS	100%	100%	100%	100%	100%
CHR-EMPS	100%	100%	100%	100%	100%
UCFS/CHR-EMPS	100%	100%	100%	100%	100%
UCFS-EMPS	100%	100%	100%		100%
Wheeler-EMPS:Htfd	100%	100%	97%	100%	100%
Wheeler-EMPS:Meridn	100%	100%	100%	100%	91.7%
Wheeler-EMPS:NBrit	100%	100%	97.6%	100%	100%
CBeer/Bridge-EMPS	100%	100%	100%	100%	100%
CliffBeers-EMPS	100%	100%	100%	100%	100%
CGCGB/CGCSouth-EMPS	100%	100%	78.6%		100%
CGCGB/MidFfd-EMPS	100%	100%	100%		100%
CGCGB-EMPS	100%	100%	96.6%	100%	97.1%
Well-EMPS:Dnby	100%	100%	100%	100%	100%
Well-EMPS:Torr	100%	100%	100%	100%	100%
Well-EMPS:Wtby	100%	100%	98.3%	100%	100%

\*\*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

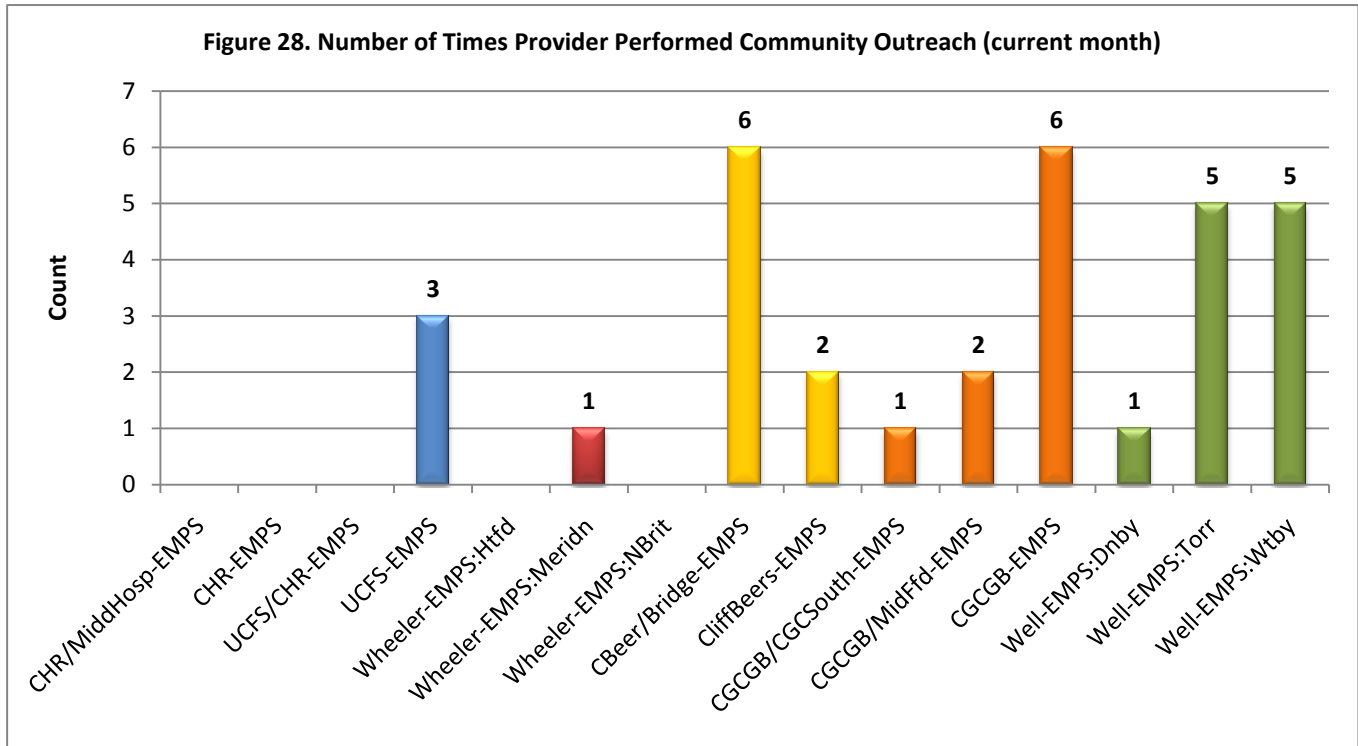
## Section XII Summary

- 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 (93%), Parent Problem Scale (75%), Worker Functioning Scale (93%), Parent Functioning Scale (75%). Both of the intake Ohio Worker scales decreased by 3% this month (both were 96% in June) and both intake Ohio Parent scales increased by 3% this month (both were 72% in June).

- The statewide completion rate for **discharge** Ohio Scales this month were as follows: Worker Problem Scale (91%, same as June), Parent Problem Scale (67%, up from 42% in June), Worker Functioning Scale (89%, down 2% from June), Parent Functioning Scale (69%, up from 42% in June). For the parent versions, completion of Ohio Scales at **discharge** was lower than completion rates of the Ohio Scales at **intake**.

- All other data quality monitoring variables were completed at a high rate. The "211 Call Date Time", "First Contact Date Time", and "Living Situation at Discharge" were 100% complete. The statewide average completion rate for the TANF variable was 98.3% and provider completion ranged from 78.6% (Child Guidance of Southern CT) to 100% for ten providers. For the Crisis Response variable the completion rate statewide was 99.5%. The rate of completion for individual providers ranged from 91.7% (Wheeler-Meriden) to 100% for 13 of the providers.

## Section VIII: Community Outreach Efforts



Calculation: Count number of community outreach performed during the current month

### **Section VIII: Community Outreach Efforts**

- DCF requires 2 outreaches per month for 10 providers, and 4 outreaches per month for the 5 providers with lower call volume (Bridges, Middlesex Hospital, Wellpath-Danbury, Wellpath-Torrington and UCFS/CHR-Mansfield)
- 5 of 10 providers (United Community and Family Services, Clifford Beers, Mid-Fairfield Child Guidance, Bridgeport Child Guidance and Wellpath-Waterbury) met the requirement of 2 outreaches in July.
- 2 of 5 lower-volume providers (Bridges and Wellpath-Torrington) met the requirement of 4 outreaches this month.

# **Appendix A: Narrative Description of Calculations**

## ***Section I: Primary EMPS Performance Indicators***

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- 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<sup>1</sup>. 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<sup>1</sup> 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***

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- 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***

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- Figure 12 is a percent breakdown of the 211 Recommended Response (i.e., mobile, deferred mobile, non-mobile) for the total EMPS Response episodes by provider .
- Figure 13 is contrasted by Figure 12 and shows a percentage of the actual EMPS response mode (i.e., mobile, deferred mobile, non-mobile) for the total EMPS Response episodes 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*

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- 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

## *Section V: Emergency Department Referral Type*

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- 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*

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- 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.



## Section VII: Data Quality Monitoring

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- 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

## Section VIII: Provider Community Outreach

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- Figure 28 is a count of the number of times a provider performed community outreach during the current month.