

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

**Monthly Report: May 2010** 











This report was produced by the Emergency Mobile Psychiatric Services (EMPS) Performance Improvement Center (PIC) team. The team consists of: Jeffrey Vanderploeg, Ph.D.; Jennifer Schroeder, Ph.D.; Kristin Adomeit, B.S.; Chris Bory, M.A. and Lori Schon

# **Table of Contents**

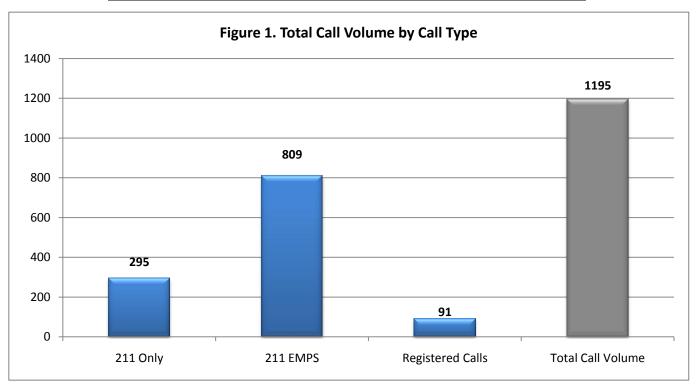
Section I: Primar	y EMPS I	Performance	<b>Indicators</b>
-------------------	----------	-------------	-------------------

	Figure 1. Total Call Volume by Call Type	5
	Figure 2. EMPS Episodes by Service Area	5
	Figure 3. Number Served Per 1,000 Children	6
	Figure 4. Number Served Per 1,000 Children in Poverty	6
	Figure 5. Percent Mobile Response by Service Area	7
	Figure 6. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Service	7
	Area	·
	Section I Summary	8
Section	II: Episode Volume	
	Figure 7. Total Call Volume by Call Type	9
	Figure 8. Statewide 211 Disposition Frequency	9
	Figure 9. EMPS Response Episodes by Provider	10
	Figure 10. Percent Crisis Response by Service Area	10
	Figure 11. Percent Crisis Response by Provider	11
	Section II Summary	12
	· · · · · · · · · · · · · · · · · · ·	
Section	III: 211 Recommendations and EMPS Response	
	Figure 12. Total Count of 211 Recommended Response by Provider	13
	Figure 13. Total Count of Actual EMPS Response by Provider	13
	Figure 14. Percent Mobile Response (Mobile & Deferred Mobile) by Service Area	14
	Figure 15. Percent Mobile Response (Mobile & Deferred Mobile) by Provider	14
	Section III Summary	15
Section	IV: Response Time	
	Figure 16. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Service	16
	Area	10
	Figure 17. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Provider	16
	Figure 18. Median Mobile Response Time by Service Area in Minutes	17
	Figure 19. Median Mobile Response Time by Provider in Minutes	17
	Figure 20. Median Deferred Mobile Response Time by Service Area in Hours	18
	Figure 21. Median Deferred Mobile Response Time by Provider in Hours	18
	Section IV Summary	19
Section	V: Emergency Department Referral Type	
	Figure 22. Count Type of ED Referral by Service Area	20
	Figure 23. Percent ED Referral by Service Area	20
	Figure 24. Count Type of ED Referral by Provider	21
	Figure 25. Percent ED Referral by Provider	21
	Section V Summary	22
Section	VI: Length of Stay	
	Table 1. Length of Stay for Discharged and Open Episodes of Care	23
	Table 2. Number of Episodes for Discharged and Open Episodes of Care	24
	Section VI Summary	25

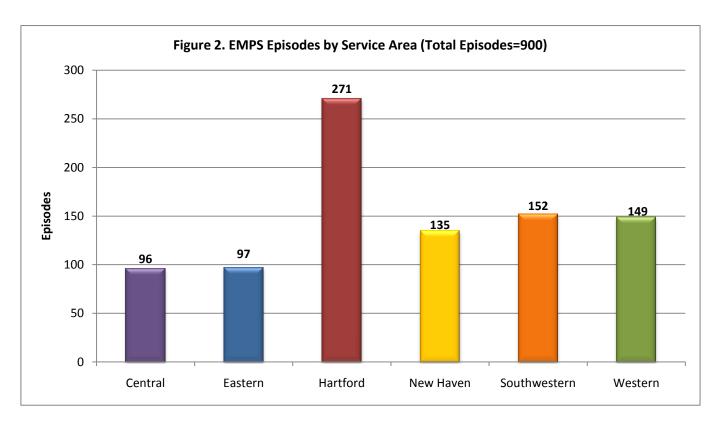
# Section VII: Data Quality Monitoring

	Figure 26. Percent Collected Ohio Scales at Intake by Provider Figure 27. Percent Collected Ohio Scales at Discharge by Provider Table 3. Percent Collected (Call Date Time, First Contact Date Time, TANF, Living Situation at Discharge, Crisis Response) Section VII Summary	26 26 27 28
Section	VIII: Provider Community Outreach	
	Figure 28. Number of Times Provider Performed Community Outreach (current month) Section VIII Summary	29 30
Appena	lix	
	Appendix A: Narrative Description of Calculations	31

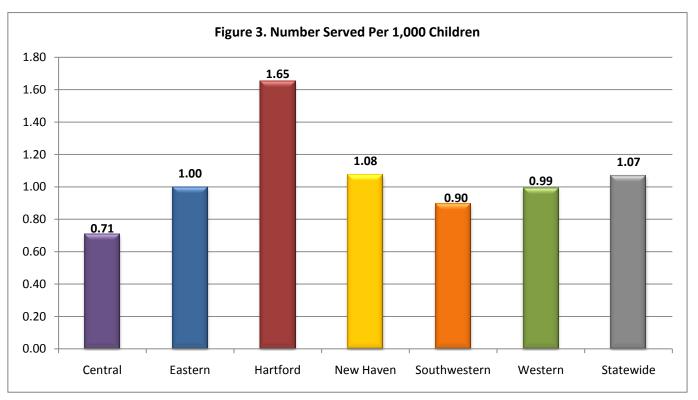
**Section I: Primary EMPS Performance Indicators** 



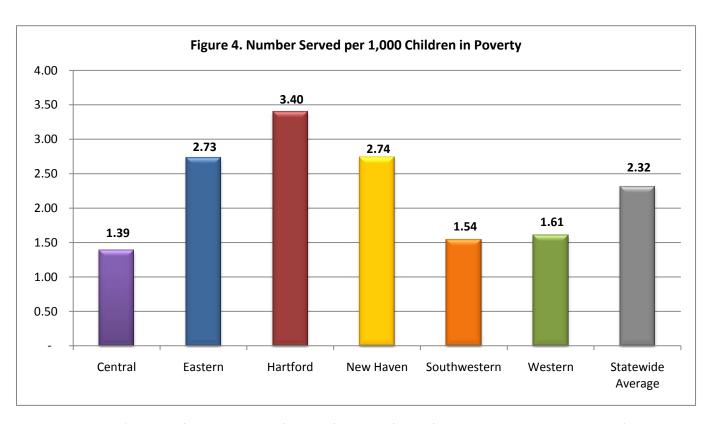
Calculation: Total number of episodes for each of the Call Type categories



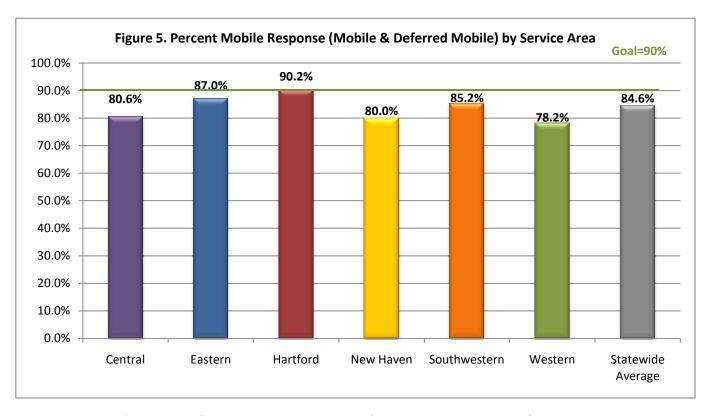
Calculation: Total number of episodes where 211 disposition is EMPS Response



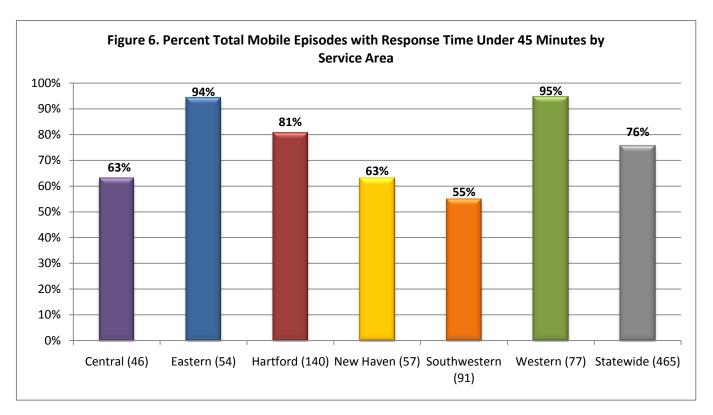
Calculation: (Number of EMPS episodes in service area\*1000) ÷ Total child population in service area



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



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



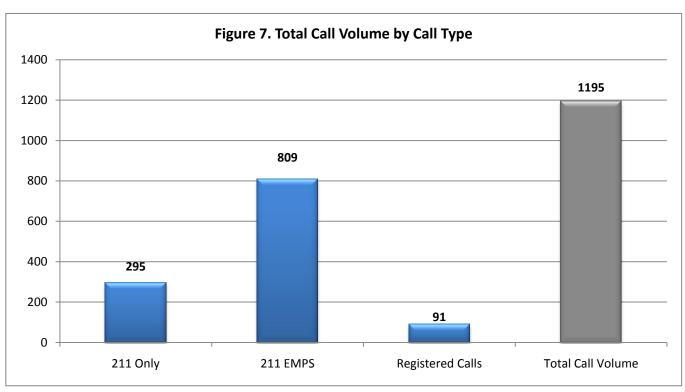
Calculation: (Count mobile episodes under 45 mins ÷ Count of EMPS response mode is mobile) \*100 Note: Only includes mobile episodes in range of -9 to 45 minutes after 10 minutes is deducted for avg 211 call

#### **Section I Summary**

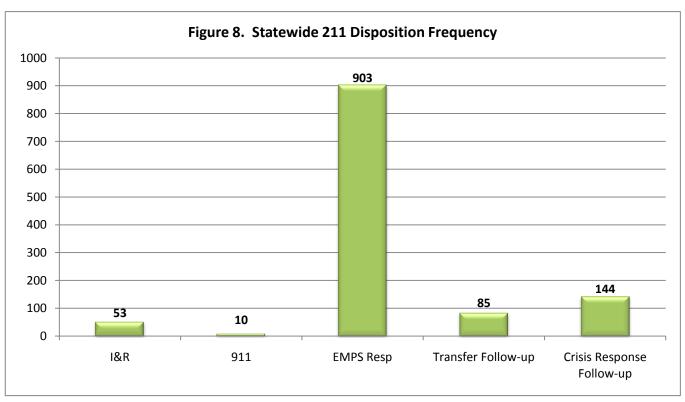
- The statewide EMPS provider network generated 900 episodes of care in May 2010. This was an increase from 742 episodes in April and also higher than January (661), February (569), and March (866).
- The Hartford service area continues to generate the highest number of episodes (271). The lowest EMPS utilization was observed in the Central service area (96 episodes).
- The statewide average penetration rate, adjusted for total statewide child population, was 1.07 episodes per 1,000 children. This was an increase from 0.89 in April, reflecting the statewide increase in volume in the month of May. The Hartford service area had the highest penetration rate in May at 1.65 per 1,000 children. The lowest penetration rate was observed in the Central service area at 0.71 per 1,000 children.
- The highest penetration rate as a function of total number of children in poverty<sup>1</sup> was observed in the Hartford (3.40) service area. The lowest penetration rate was observed in the Central (1.39) service area.
- Statewide, the average mobility rate was 84.6% compared to 85.3% in April 2010, despite 21% higher volume. The highest mobility rates were observed in the Hartford (90.2%), Eastern (87%) and Southwestern (85.2%) service areas. The Hartford service area met the pre-established benchmark of 90%. The lowest mobility rate was observed in the Western service area (78.2%). There was greater consistency across the provider network in mobility percentages in May than in previous months.
- Statewide, 73% of mobile responses took place in 45 minutes or less this month compared to 71% in April, 61% in March and 58% in February of 2010. Performance ranged among service areas, from 53% (Southwestern) to 94% (Eastern).

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

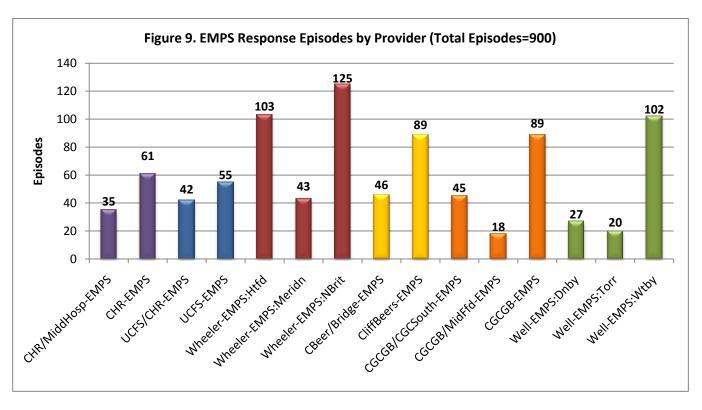
# **Section II: Episode Volume**



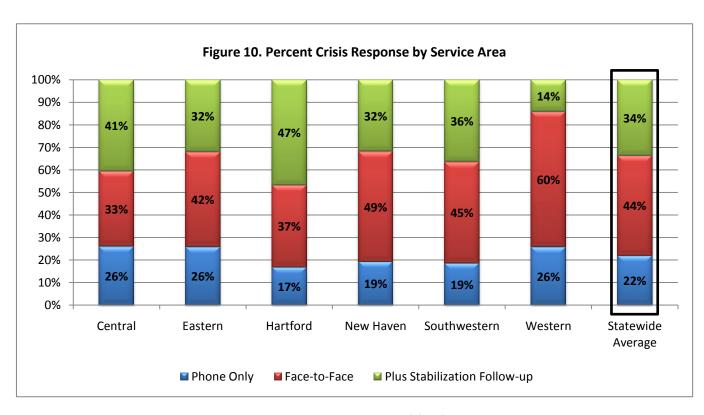
Calculation: Total number of episodes for each of the Call Type categories



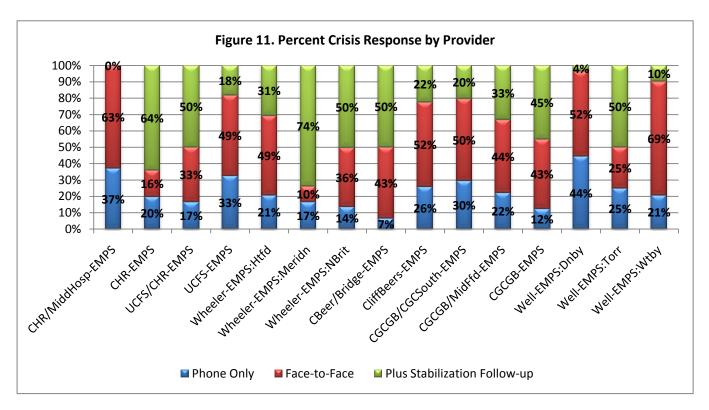
Calculation: Total number of episodes for 211 disposition categories NOTE: EMPS Response includes 3 with no designated provider



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



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)

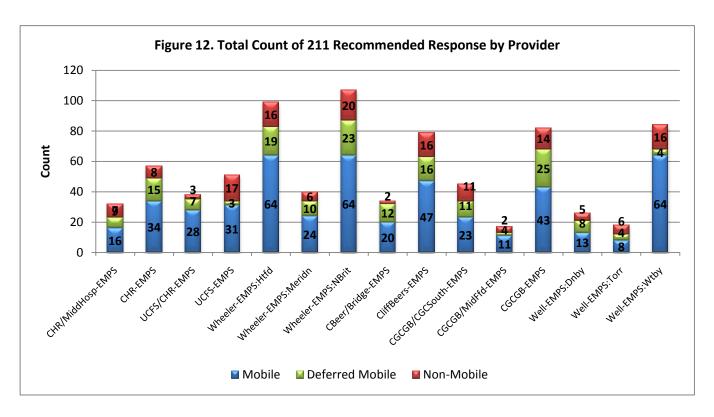


Calculation: Count Phone Only episodes ÷ Total all Crisis Responses \* (100), Count Face-to-Face episodes ÷ Total all Crisis Responses \* (100), Count Plus Stabilization Follow-up ÷ Total all Crisis Responses \* (100)

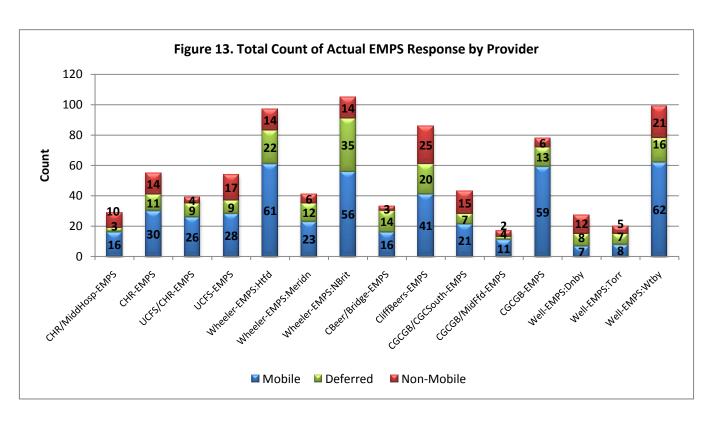
#### **Section II Summary**

- A total of 1195 calls were received by the Call Center in May, compared to 1018 calls in April . The call volume of 1195 in May suggests a rate that would translate to over 14,000 calls annually, although actual total calls fluctuate each month.
- Of the 1195 EMPS calls during the current month, 295 calls (25%) were coded as "211 only." Another 91 calls (8%) 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 809 calls (68%) were calls received by 211 and routed to an EMPS provider (equals more than 100% due to rounding).
- In terms of 211 Dispositions, of the 1195 total calls:
  - 903 (76%) were coded as "EMPS Response"
  - 144 (12%) were coded as "Crisis Response Follow-up"
  - 85 calls (7%) were coded as "Transfer for Follow-up"
  - 53 calls (4%) were coded as "Information & Referral (I&R)"
  - 10 calls (1%) were coded as "911"
- The 211 Disposition of EMPS Response includes 3 episodes with no designated EMPS provider. This means either: 1) these 3 calls were still pending at 211 becasue 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 May were observed at two sites: Wheeler-New Britain (125 episodes), Wheeler-Hartford (103 episodes). The lowest call volumes were observed in CGCGB-MidFairfield (18 episodes) and Wellpath-Torrington (20 episodes).
- Statewide, the type of crisis response episodes included
  - 22% Phone Only
  - 44% Face-to-Face
  - 34% Face-to-Face Plus Stabilization/Follow-up
- •By service area, the highest percentages of Phone Only reponses were observed in the Western, Eastern, and Central service areas all with 26%. The highest percentages of Plus Stablization/Follow-up episodes were observed in the Hartford (47%) and Central (41%) service areas.
- The percentage of episodes that were Phone Only Crisis Responses ranged among individual providers from 7% (Bridges) to 44% (Wellpath-Danbury). For Face-to-Face Crisis Response, the range was from 10% (Wheeler-Meriden) to 69% (Wellpath-Waterbury). For Plus Stabilization Follow-up Crisis Responses, the range was from 0% (Middlesex Hospital) to 74% (Meriden).

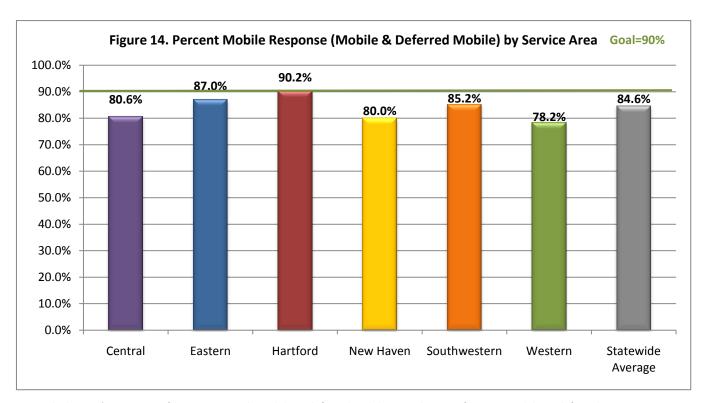
# **Section III: 211 Recommendations and EMPS Response**



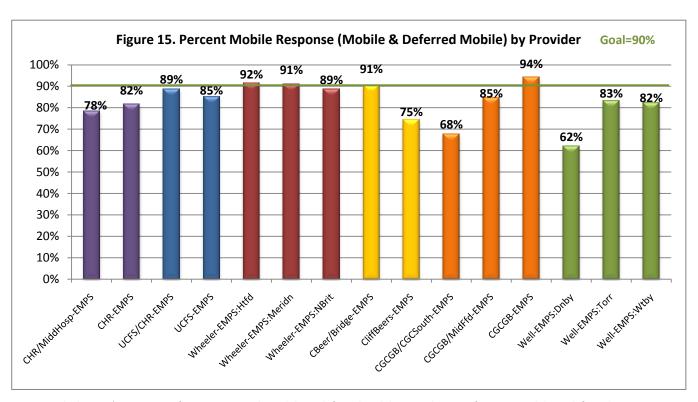
Calculation: Count total episodes with a 211 disposition of EMPS response



Calculation: Count total episodes with a mobile EMPS response



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

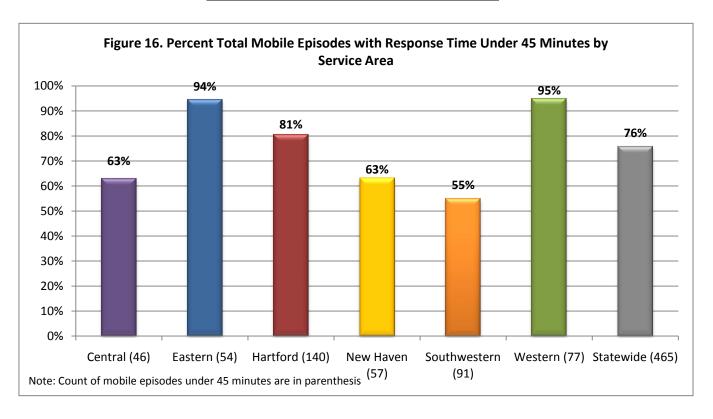


Calculation: (Count EMPS first contact mode mobile or deferred mobile  $\div$  Total count of 211 rec mobile or deferred mobile)\*100

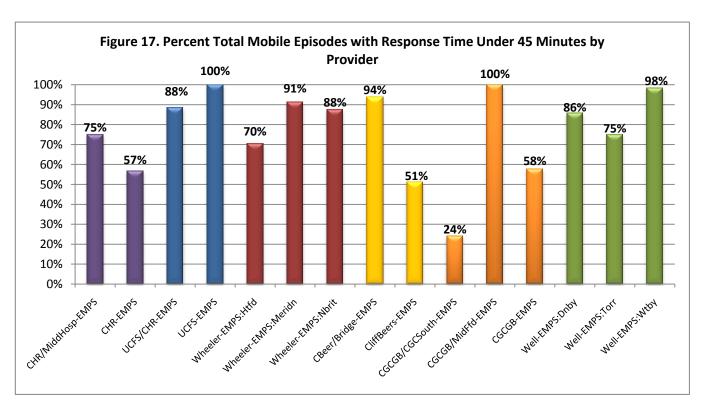
#### **Section III Summary**

- Figures 12 & 13 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 all providers, a mobile response was the most common 211 recommended EMPS response. Mobile was also the most common actual EMPS provider response with the exceptions being: Wellpath-Danbury with a higher number of non-mobile responses and Bridges-Milford with a higher number of deferred mobile responses.
- Statewide, the average mobility rate was 84.6% compared to 85.3% in April 2010, despite 21% higher volume. The highest mobility rates were observed in the Hartford (90.2%), Eastern (87%) and Southwestern (85.2%) service areas. The Hartford service area met the pre-established benchmark of 90%. The lowest mobility rate was observed in the Western service area (78.2%). There was greater consistency across the provider network in mobility percentages in May than in previous months.
- •Mobility percentages among providers ranged from 62% (Wellpath-Danbury) to 94% (Bridgeport Child Guidance) with Bridgeport Child Guidance, Bridges-Milford, Wheeler-Hartford, and Wheeler-Meriden all above the 90% goal.

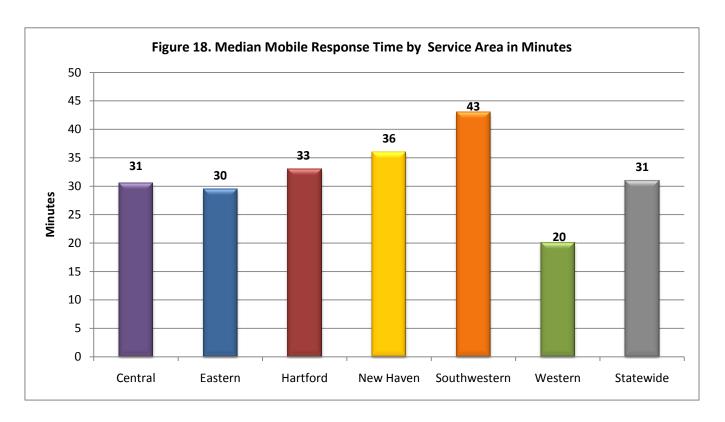
# **Section IV: Response Time**



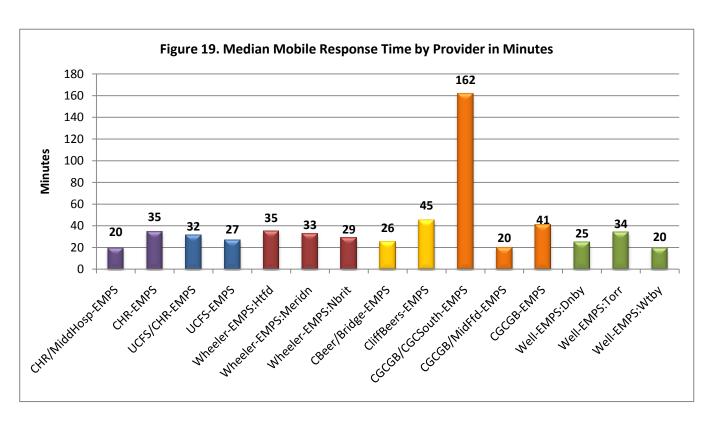
Calculation: (Count Mobile Episodes under 45 Mins (after subtracting 10 minutes for average 211 call) ÷ Total Mobile Episodes)\*100



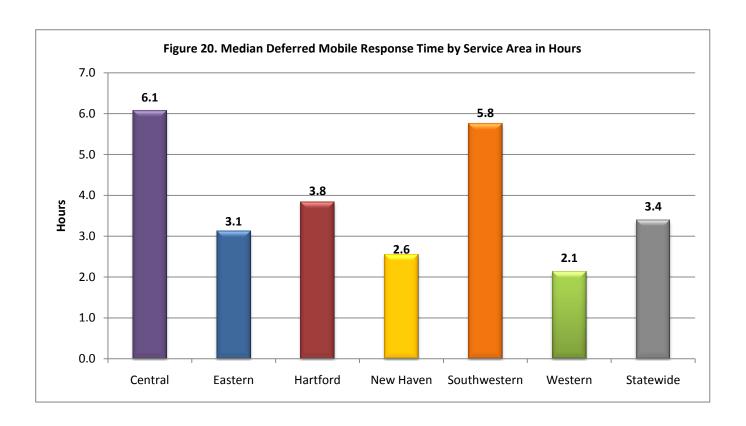
Calculation: (Count Mobile Episodes under 45 Mins (after subtracting 10 minutes for average 211 call) ÷ Total Mobile Episodes)\*100



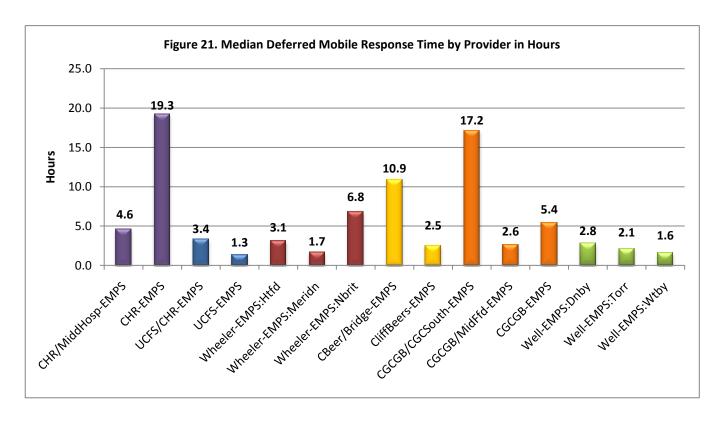
Calculation: Arrange the response time values for each service area in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle



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



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

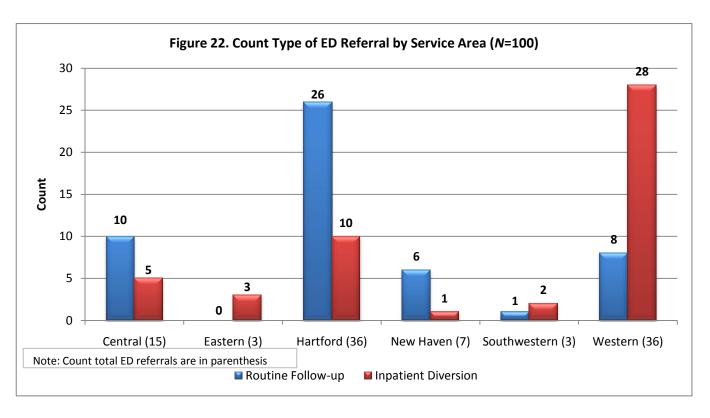


Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

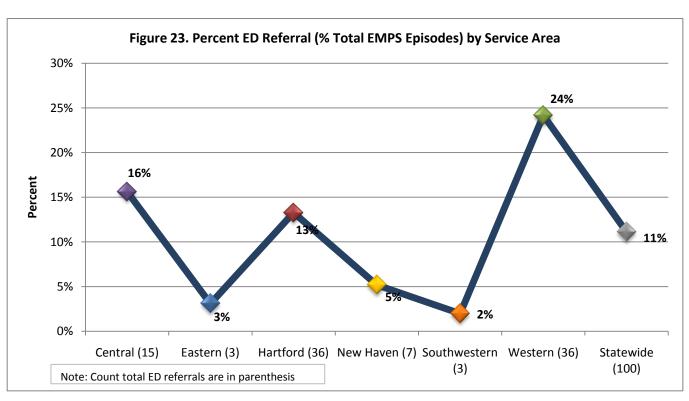
#### **Section IV Summary**

- Statewide, 76% of mobile responses took place in 45 minutes or less this month compared to 71% in April, 61% in March and 58% in February of 2010. Performance ranged among service areas, from 55% (Southwestern) to 95% (Western).
- Acheivement of the 45 minute benchmark varied among individual providers from 24% (Child Guidance of Southern CT) to 100% (Mid-Fairfield Child Guidance and United Community and Family Services).
- The statewide median mobile response time was 31 minutes. All six service areas had a median mobile response time under 45 minutes. Median mobile response times among individual providers ranged from 20 minutes (Middlesex Hospital, Mid-Fairfield Child Guidance and Wellpath-Waterbury) to 162 minutes (Child Guidance of Southern CT).
- The statewide median deferred mobile response time was 3.4 hours, and ranged by service area from 2.1 hours (Western) to 6.1 hours (Central). Among individual providers the median deferred mobile response times ranged from 1.3 hours (United Community & Family Services) to 19.3 hours (Community Health Resources-Manchester).
- 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. However, anecdotal reports from sites suggest that providers are entering increasingly accurate data.

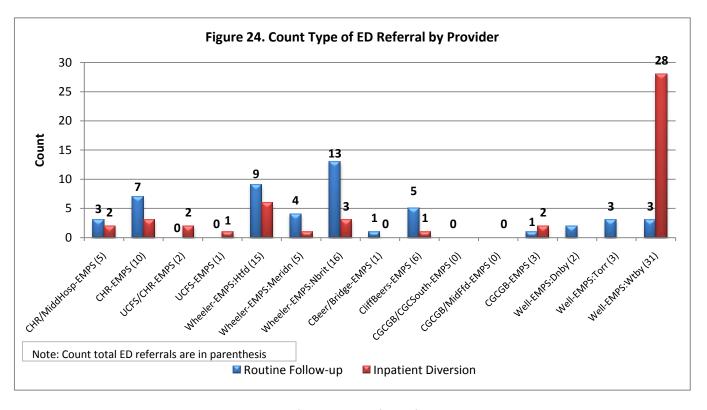
# **Section V: Emergency Department Referral Type**



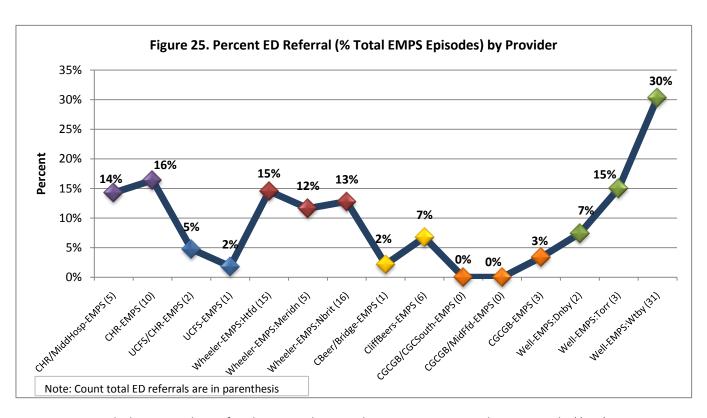
Calculation: Count for each type of ED referral by service area



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



Calculation: Count for each type of ED referral by provider



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

#### **Section V Summary**

- In May 2010, a total of 100 Emergency Department (ED) responses were recorded, including 51 for routine follow-up and 49 for inpatient diversion.
- The highest number of routine follow-up ED responses during the month of May was observed in the Hartford service area (26). The lowest number was in the Eastern service area (0). The highest number of inpatient diversion ED responses during the month was observed in the Western service area (28). The lowest number was in the New Haven service area (1).
- Statewide, about 11% of all episodes were ED responses. Regionally, the highest rates of ED reponses as a percentage of total responses was observed in the Western region (24%). The lowest was observed in the Southwestern (2%) service area.
- Among individual providers, the highest perecentage of ED responses was observed at Wellpath-Waterbury (30% of all responses). At this site, 28 ED responses were Inpatient Diversions and 3 ED responses were for Routine Follow-Up.
- Bridgeport Child Guidance, Wellpath-Waterbury, United Community & Family Services-Norwich and UCFS/Community Health Resources-Mansfield all reported a larger number of Inpatient Diversion responses than Routine Follow-Up responses. There were two providers who reported zero ED referrals (Child Guidance of Southern CT and MidFairfield Child Guidance).

# **Section VI: Length of Stay**

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

		Α	В	С	D	E	F	G	Н	I	J	K	L	М	N	0	Р	Q	R
					<u>Discha</u>	<u>Discharged Episodes</u>					<u>Episodes Still in Care</u>								
			Mean			Median			Percent			Mean			Mediar	)		Percent	
		LOS:			LOS:						LOS:			LOS:					
		Phone	LOS: FTF	LOS: Stab.	Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	Phone	LOS: FTF	LOS: Stab.	Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	Statewide	0.67	5.39	25.34	0	2	22	8.2%	26.9%	11.0%	52.2	45.5	25.2	52.5	30	18	100%	89%	14%
2	Central	0.71	2.84	29.45	0	1	26.5	10.1%	14.3%	21.6%	62.1	76.3	44.0	63	76.5	32	100%	96%	38%
3	CHR/MiddHosp-EMPS	0.58	1.79	6.00	0	1	6	12.0%	8.3%	0.0%	3.0	50.0		3	50		100%	100%	
4	CHR-EMPS	0.87	7.40	32.21	0	3	29	7.7%	40.0%	24.1%	66.7	76.8	44.0	71	77	32	100%	96%	38%
5	Eastern	0.25	3.58	21.57	0	3	20.5	3.3%	6.4%	2.0%	2.5	7.4	20.4	2.5	8	18	100%	71%	5%
6	UCFS/CHR-EMPS	0.00	4.61	24.65	0	0	24	0.0%	14.6%	3.3%		9.5	19.1		9.5	13		100%	8%
7	UCFS-EMPS	0.36	3.16	16.97	0	3	14	4.8%	3.0%	0.0%	2.5	4.7	22.5	2.5	5	27	100%	33%	0%
8	Hartford	0.56	6.04	26.37	0	3	22	9.4%	29.5%	14.4%	30.0	18.9	19.4	30	11	. 14	100%	71%	8%
9	Wheeler-EMPS:Htfd	0.77	5.54	22.31	0	4	19.5	14.4%	29.9%	5.1%	30.0	14.0	12.4	30	11	. 11.5	100%	50%	0%
10	Wheeler-EMPS:Meridn	0.57	4.85	23.79	0	3	21	6.7%	23.1%	8.3%			14.4			11			3%
11	Wheeler-EMPS:NBrit	0.15	6.96	29.95	0	3	27	1.9%	30.1%	22.7%		20.4	23.0		11	. 18		77%	12%
12	New Haven	0.57	6.93	23.95	0	5	22	6.9%	45.2%	2.3%	60.4	34.0	18.5	69	20	17	100%	73%	5%
13	CBeer/Bridge-EMPS	7.75	3.79	24.82	3.5	0	27.5	50.0%	20.8%	0.0%	56.0	35.4	18.7	63	21	. 18	100%	70%	4%
14	CliffBeers-EMPS	0.28	8.02	23.08	0	6	19	5.1%	53.6%	4.6%	80.0	20.0	18.1	80	20	15.5	100%	100%	8%
15	Southwestern	1.31	6.19	24.26	0	1	25	13.4%	28.0%	7.2%	32.3	28.0	31.5	26	20	20	100%	95%	18%
16	CGCGB/CGCSouth-EMPS	0.76	1.40	34.68	0	0	36	4.9%	8.8%	26.3%	59.0	31.8	52.8	59	19	33	100%	92%	42%
17	CGCGB/MidFfd-EMPS	0.70	2.84	19.38	0	1	14	14.8%	16.3%	10.3%			16.6			14			0%
18	CGCGB-EMPS	2.66	8.78	24.16	0	2	27	24.1%	37.9%	1.2%	21.6	26.0	20.0	26	20.5	17.5	100%	96%	5%
19	Western	0.61	4.98	21.60	0	1	19	5.3%	26.7%	5.4%	78.5	21.8	15.9	78.5	12.5	14	100%	90%	0%
20	Well-EMPS:Dnby	0.95	9.49	11.28	0	3	8.5	5.1%	40.8%	0.0%									
21	Well-EMPS:Torr	0.38	5.53	20.05	0	6	19.5	6.9%	52.6%	4.5%	80.0		8.5	80		4.5			0%
22	Well-EMPS:Wtby	0.52	4.14	25.75	0	1	27	4.8%	22.4%	7.5%	77.0	21.8	21.4	77	12.5	23	100%	90%	0%

NOTE: Data includes episodes discharged between January 1, 2010 and May 31, 2010 and episodes still in care as of May 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

<sup>\*\*</sup>Blank cells indicate no data was available for that particular inclusion criteria

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

	<u>l</u>		В	С	D	E	F	G	Н	I	J	K	L	
			<u>Discharged Episodes</u>					<u>Episodes Still in Care</u>						
			l Mean/	Median	N used for Percent				Mean/N	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	681	1429	1162	56	384	128	38	138	296	38	123	40	
2	Central	89	133	190	9	19	41	14	56	39	14	54	15	
3	CHR/MiddHosp-EMPS	50	108	20	6	9	0	1	1	0	1	1	0	
4	CHR-EMPS	39	25	170	3	10	41	13	55	39	13	53	15	
5	Eastern	61	141	152	2	9	3	2	7	21	2	5	1	
6	UCFS/CHR-EMPS	19	41	91	0	6	3	0	4	13	0	4	1	
7	UCFS-EMPS	42	100	61	2	3	0	2	3	8	2	1	0	
8	Hartford	180	349	457	17	103	66	2	17	118	2	12	10	
9	Wheeler-EMPS:Htfd	97	187	156	14	56	8	2	4	16	2	2	0	
10	Wheeler-EMPS:Meridn	30	26	72	2	6	6	0	0	29	0	0	1	
11	Wheeler-EMPS:NBrit	53	136	229	1	41	52	0	13	73	0	10	9	
12	New Haven	102	186	131	7	84	3	11	11	37	11	8	2	
13	CBeer/Bridge-EMPS	4	48	66	2	10	0	9	10	25	9	7	1	
14	CliffBeers-EMPS	98	138	65	5	74	3	2	1	12	2	1	1	
15	Southwestern	97	275	139	13	77	10	7	37	67	7	35	12	
16	CGCGB/CGCSouth-EMPS	41	57	19	2	5	5	2	13	24	2	12	10	
17	CGCGB/MidFfd-EMPS	27	49	39	4	8	4	0	0	5	0	0	0	
18	CGCGB-EMPS	29	169	81	7	64	1	5	24	38	5	23	2	
19	Western	152	345	93	8	92	5	2	10	14	2	9	0	
20	Well-EMPS:Dnby	39	49	18	2	20	0	0	0	0	0	0	0	
21	Well-EMPS:Torr	29	19	22	2	10	1	1	0	6	1	0	0	
22	Well-EMPS:Wtby	84	277	53	4	62	4	1	10	8	1	9	0	

NOTE: Data includes episodes discharged between January 1, 2010 and May 31, 2010 and episodes still in care as of May 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

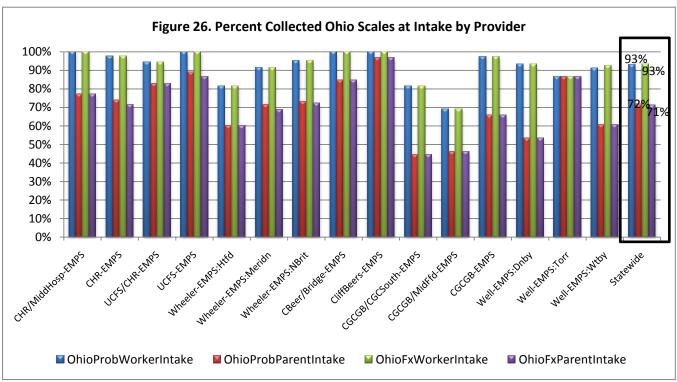
Stab. > 45 Percent of episodes that are stabilization plus follow-up that are greater than 45 days

<sup>\*\*</sup>Blank cells indicate no data was available for that particular inclusion criteria

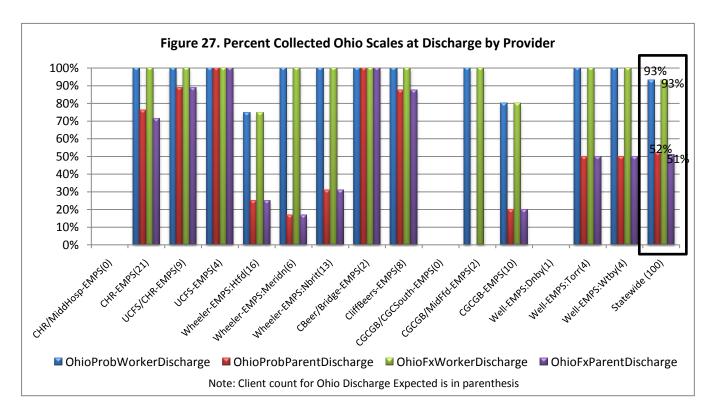
#### **Section VI Summary:**

- 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 0.67 days and five of six service areas averaged under 1 day, with the exception of Southwestern (1.31 days). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 5.39 days and ranged from 2.84 days (Central) to 6.93 days (New Haven). For the **Plus stabilization Follow-up** Crisis Response, the statewide mean LOS was 25.34 days with a range from 21.57 (Eastern) to 29.45 days (Central).
- Statewide, the mean LOS for **open episodes** of care with a Crisis Response of **Phone Only** was 52.2 days and ranged from 2.5 days (Eastern) to 78.5 days (Western). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 45.5 days and ranged from 7.4 days (Eastern) to 76.3 days (Central). For the **Plus Stabilization Follow-up** Crisis Response, the statewide mean LOS was 25.2 days with a range from 15.9 days (Western) to 44 days (Central).
- The statewide percent of **discharged episodes** that were **Plus Stabilization Follow-up** and lasted more than 45 days was 11%. There were three providers that had a percentage above the state average: Community Health Resources-Manchester (24.1%), Wheeler-New Britain (22.7%) and Child Guidance of Southern CT (26.3%).

## **Section VII: Data Quality Monitoring**



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



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"

26

**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%	#DIV/0!	100%
CHR-EMPS	100%	100%	96%	100%	100.0%
UCFS/CHR-EMPS	100%	100%	100%	100%	100%
UCFS-EMPS	100%	100%	100%	100%	100%
Wheeler-EMPS:Htfd	100%	100%	95.0%	94%	98%
Wheeler-EMPS:Meridn	100%	100%	97.1%	100%	98%
Wheeler-EMPS:NBrit	100%	100%	100%	100%	100%
CBeer/Bridge-EMPS	100%	100%	100.0%	100.0%	100%
CliffBeers-EMPS	100%	100%	100%	100%	100%
CGCGB/CGCSouth-EMPS	100%	100%	90%	100%	97.8%
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%	98%	100%	99%
Statewide	100%	100%	98.3%	99.0%	99.4%

<sup>\*\*</sup>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

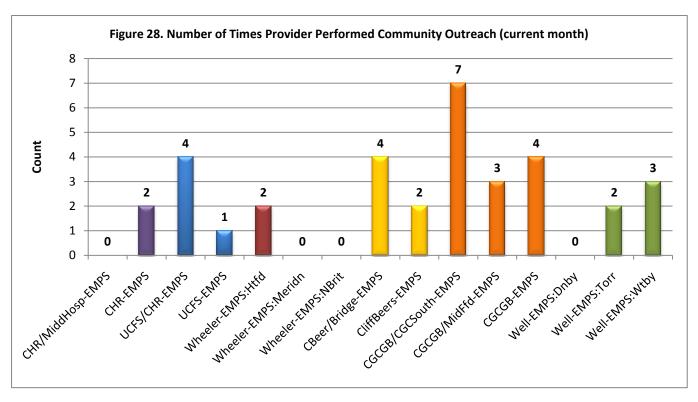
**% Living Situation at Discharge Calculation:** (Count number of episodes with data reported for "LivingSituationDischarge" where IsCrisisResponseOnly is stabilization and follow-up and with an episode end date ÷ Total number of episodes where "IsCrisisResponseOnly" is stabilization follow-up AND has 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 (93%), Parent Problem Scale (72%), Worker Functioning Scale (93%), Parent Functioning Scale (71%).
- The statewide completion rate for **discharge** Ohio Scales this month were as follows: Worker Problem Scale (93%), Parent Problem Scale (52%), Worker Functioning Scale (93%), Parent Functioning Scale (51%). For the parent versions, completion of Ohio Scales at **discharge** was lower than completion rates of the Ohio Scales at **intake**.
- Among individual providers the completion rates for the **intake** Ohio Scales ranged from 69% (Mid-Fairfield Child Guidance) to 100% (Middlesex Hospital, United Community and Family Services, Bridges, and Clifford Beers) on the Worker Problem Scale, 44% (Child Guidance of Southern CT) to 97% (Clifford Beers) on the Parent Problem Scale, 69% (Child Guidance of Southern CT) to 100% (Middlesex Hospital, United Community and Family Services, Bridges, and Clifford Beers) on the Worker Functioning Scale, and 44% (Child Guidance of Southern CT) to 97% (Clifford Beers) on the Parent Functioning Scale.
- Completion rates among individual providers for the **discharge** Ohio Scales ranged from 0% (Wellpath-Danbury) to 100% for ten of the thirteen providers (two providers had no episodes that met the filter criteria) on the Worker Problem Scale, 0% (Mid-Fairfield Child Guidance and Wellpath-Danbury) to 100% (United Community & Family Services and Clifford Beers) on the Parent Problem Scale, 0% (Wellpath-Danbury) to 100% for ten of the thirteen providers (two providers had no episodes that met the filter criteria) on the Worker Functioning Scale, 0% (Mid-Fairfield Child Guidance and Wellpath-Danbury) to 100% (United Community & Family Services and Clifford Beers) 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 98.3% and provider completion ranged from 90% (Child Guidance of Southern CT) to 100% for 10 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-Hartford) to 100% for 13 providers.
- For the Crisis Response variable the completion rate statewide was 99.4%. The rate of completion for invividual providers ranged from 97.7% (Wheeler-Meriden) to 100% for 11 of the providers.

# **Section VIII: Community Outreach Efforts**



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

Section VIII: Community Outreach Efforts												
• Revised data on episode volume, and the associated requirement for outreaches, were not finalized until June. Therefore, the June monthly report will be the first that reflects these no requirements.												

## **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 multipled 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 substracting an episodes First Contact Date Time from their Call Date Time. In this calculation, 10 minutes is substracted 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.
- Figure 21 uses the same calculation as Figure 20 but is categorized by provider.

### 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 calcualted 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 variales:
  - **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

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