



**EMERGENCY MOBILE
PSYCHIATRIC SERVICES**

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2-1-1



EMPS Crisis Intervention Services Performance Improvement Center (PIC)

Monthly Report: May 2012

Table of Contents

<i>Executive Summary</i>	2
<i>Section I: EMPS Statewide/Service Area Dashboard</i>	
Figure 1. Total Call Volume by Call Type	3
Figure 2. EMPS Episodes by Service Area	3
Figure 3. Number Served Per 1,000 Children	3
Figure 4. Number Served Per 1,000 Children in Poverty	3
Figure 5. Mobile Response by Service Area	3
Figure 6. Mobile Episodes with Response Time Under 45 Mins. by Service Area	3
<i>Section II: EMPS Response</i>	
Figure 7. Statewide 211 Disposition Frequency	4
Figure 8. EMPS Response Episodes by Provider	4
Figure 9. Actual Initial EMPS Response by Provider	4
Figure 10. Mobile Response by Provider	4
<i>Section III: Response Time</i>	
Figure 11. Mobile Episodes with Response Time Under 45 Minutes by Service Area	5
Figure 12. Mobile Episodes with Response Time Under 45 Minutes by Provider	5
Figure 13. Median Mobile Response Time in Minutes	5
Figure 14. Median Mobile Response Time in Minutes by Provider	5
<i>Section IV: Emergency Department Referrals</i>	
Figure 15. Emergency Department Referrals	5
Figure 16. Emergency Department Referrals by Provider	5
<i>Section V: Length of Stay (LOS)</i>	
Table 1. LOS for Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up	6
<i>Section VI: Provider Community Outreach</i>	
Figure 17. Number of Times Providers Conducted Formal Outreach to the Community	6

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The EMPS Crisis Intervention Services Performance Improvement Center is housed at the Child Health and Development Institute's Connecticut Center for Effective Practice



Executive Summary

Additional data and appendices are available online <http://www.chdi.org/news-detail.php?id=33> or contact Jeffrey Vanderploeg, PhD, jvanderploeg@uchc.edu for more information.

Call and Episode Volume: In May 2012, **211 received 1,641 calls** including 1,205 calls (73%) routed to EMPS providers and 436 calls (27%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This month represents a 17% increase in call volume compared to May 2011 (n=1,408). The percent distribution of calls routed to EMPS providers and those handled by 211 remains fairly consistent from month to month.

Among the **1,205 episodes of care** generated this month, episode volume ranged from 156 episodes (Western service area) to 332 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 1.43, with service area rates ranging from 1.04 (Western) to 2.03 (Hartford) relative to their specific child populations. Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 3.27 per 1,000 children in poverty, with service area rates ranging from 2.58 (Southwestern) to 5.25 (Eastern).

Mobility: **Statewide mobility was 93% this month**, compared to 92% in May 2011. Five of the six service areas were above the 90% benchmark this month, with performance ranging from 86% (Western) to 95% (Eastern and Southwestern). Mobility for individual providers ranged from 80% (Wellmore-Torrington) to 98% (UCFS-Norwich). Twelve of the fifteen individual providers had mobility rates above the 90% benchmark.

Response Time: Statewide, this month **83% of mobile episodes received a face-to-face response in 45 minutes or less**, which is 4% less than May 2011 (87%). Four of the six service areas were above the 80% benchmark this month, with performance ranging from 74% (Western) to 95% (Eastern). In addition, the statewide median mobile response time was 29 minutes, with all six service areas demonstrating a median mobile response time of 34 minutes or less. These data strongly suggest that EMPS service providers are offering timely responses to crises in the community.

Length of Stay (LOS): Statewide, among discharged episodes, **7% (current month) of plus stabilization follow-up episodes exceeded 45 days**. This month the statewide median LOS for discharged episodes with a crisis response of plus stabilization follow-up was 15 days. The median LOS for discharged episodes with a crisis response of plus stabilization follow-up ranged from 15 days (Western) to 32 days (Southwestern).

Section I: EMPS Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

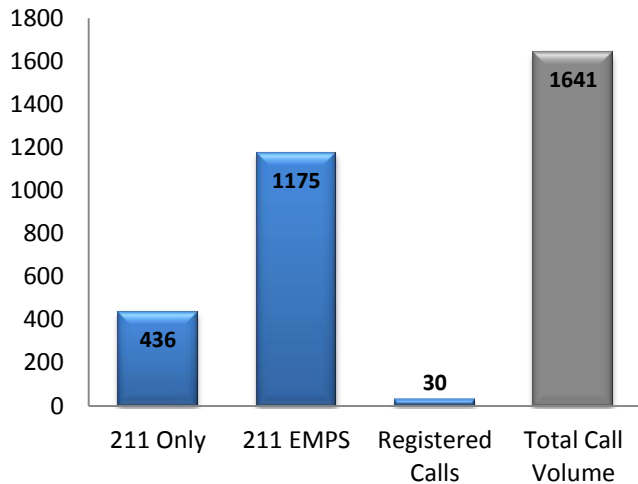


Figure 2. EMPS Episodes by Service Area
(Total Episodes=1205)

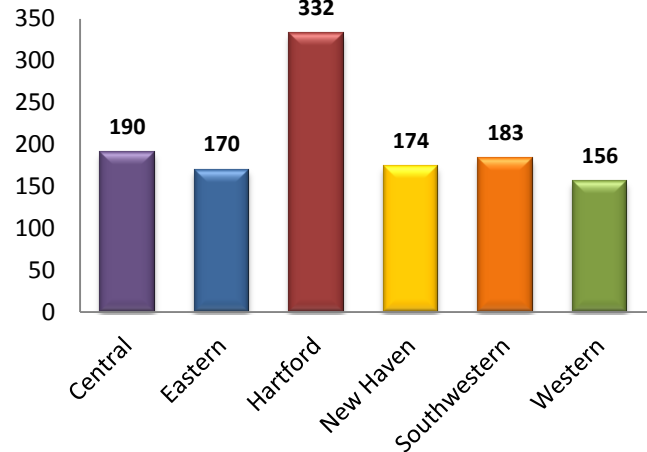


Figure 3. Number Served Per 1,000 Children

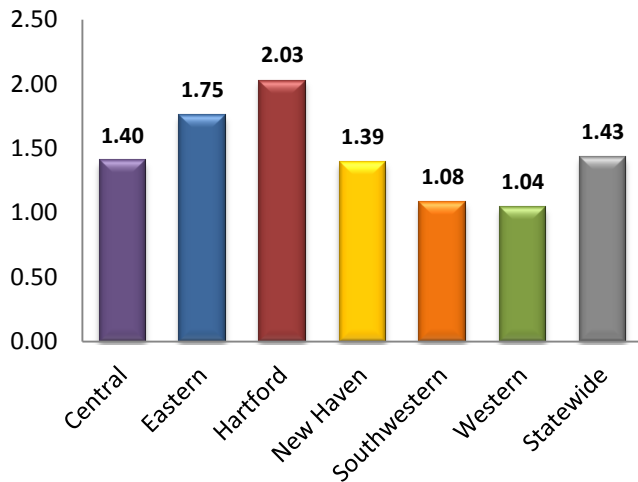


Figure 4. Number Served Per 1,000 Children in Poverty

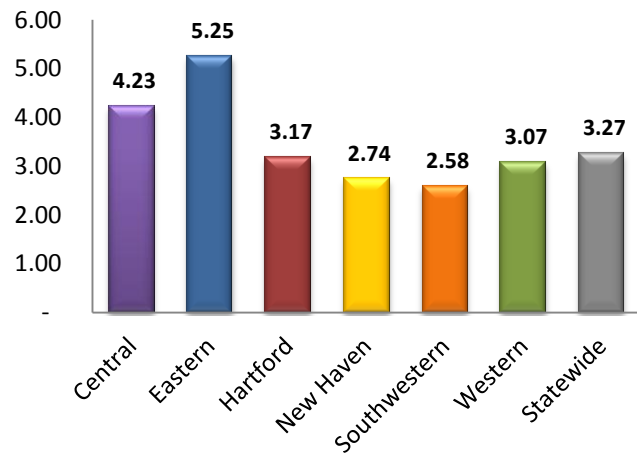


Figure 5. Mobile Response by Service Area

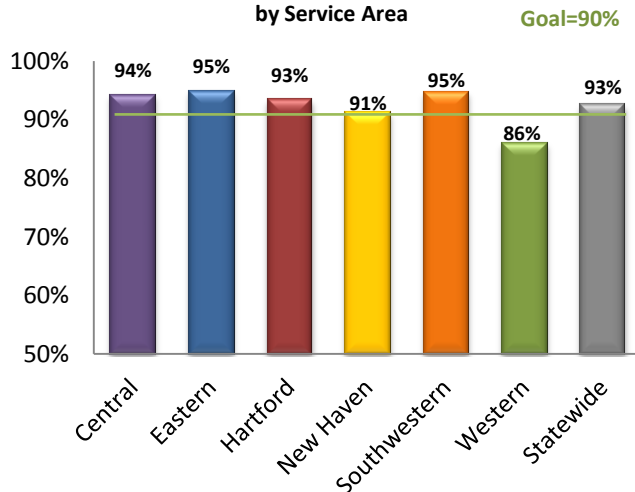
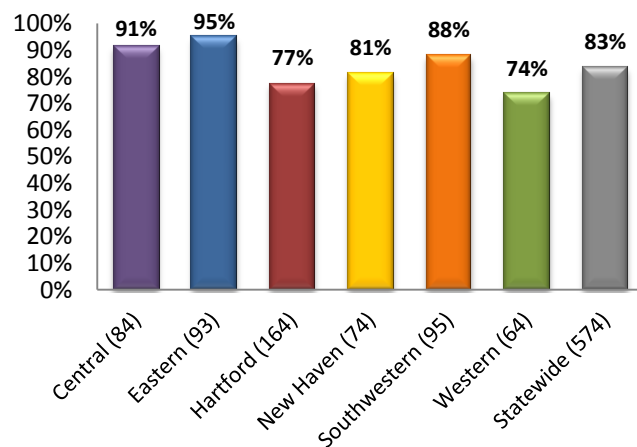


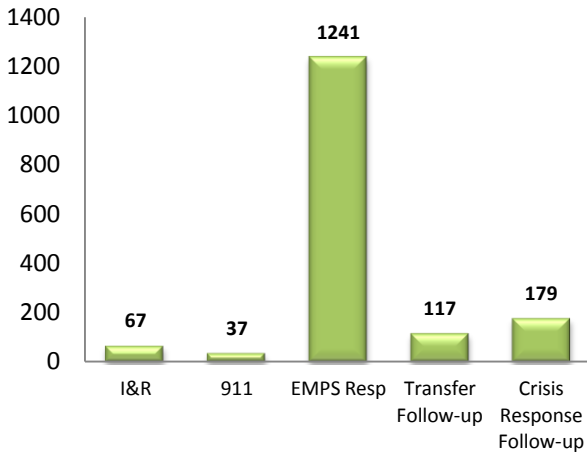
Figure 6. Mobile Episodes with a Response Time Under 45 Minutes



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

Section II: EMPS Response

Figure 7. Statewide 211 Disposition Frequency



Note: EMPS Resp includes 36 with no designated provider

Figure 8. EMPS Response Episodes by Provider (Total Episodes=1205)

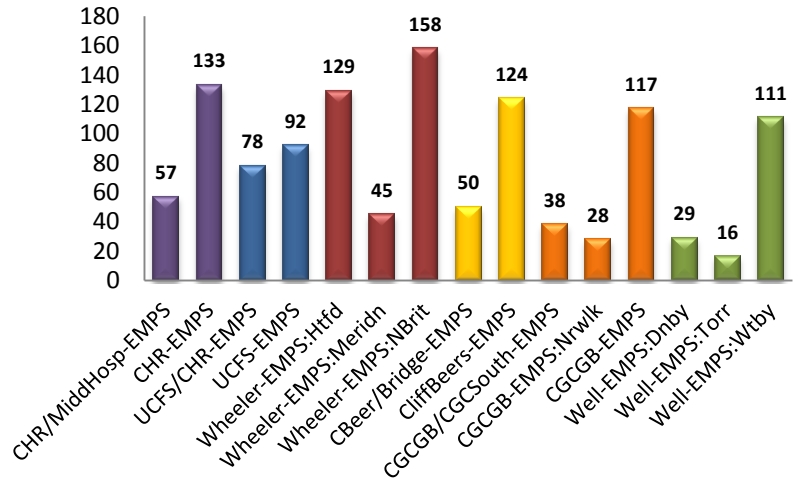
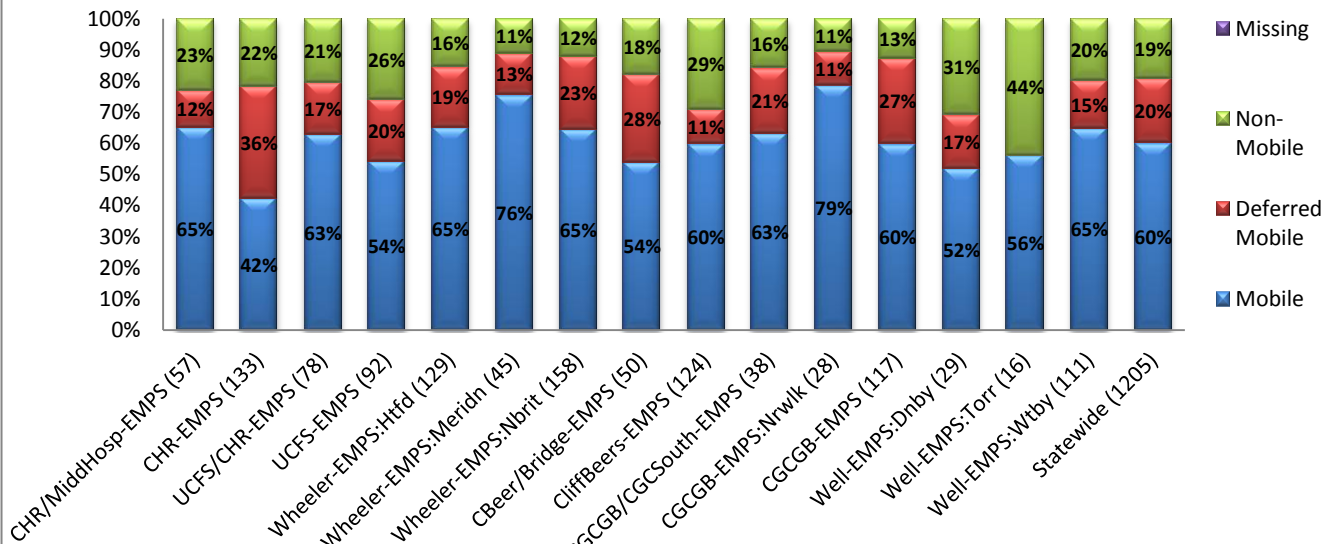


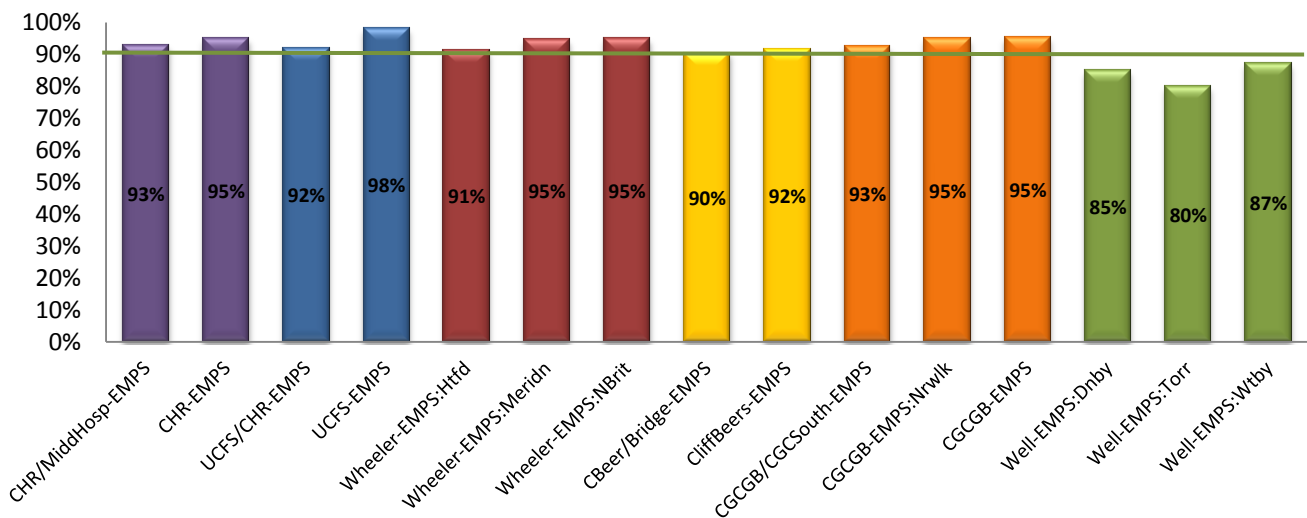
Figure 9. Actual Initial EMPS Response by Provider



Note: Total count of EMPS response episodes are in parenthesis

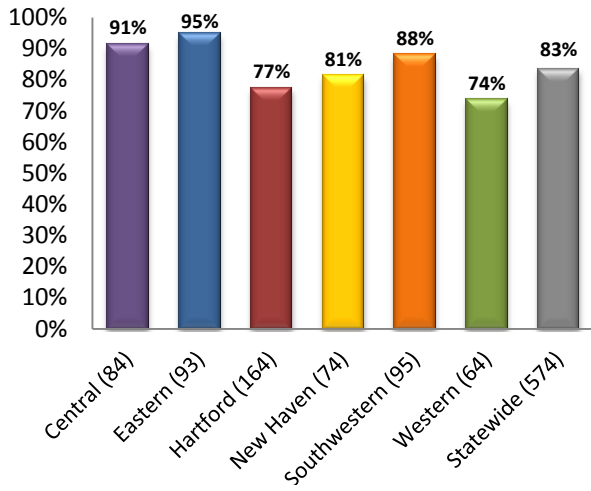
Figure 10. Mobile Response by Provider

Goal=90%



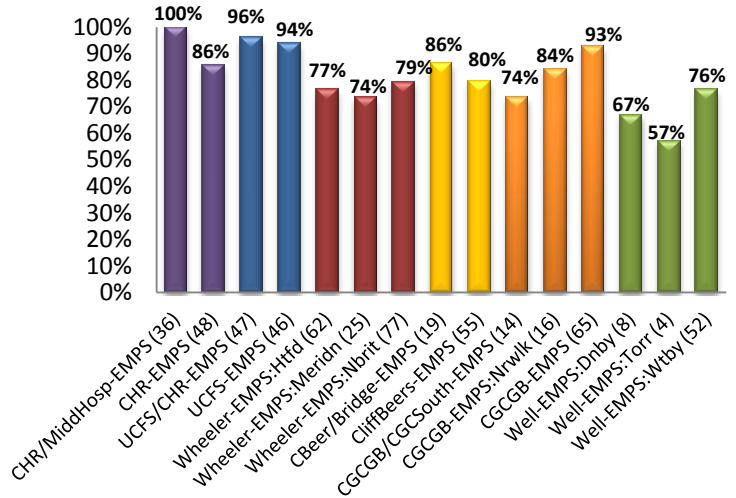
Section III: Response Time

Figure 11. Mobile Episodes with Response Time Under 45 Minutes



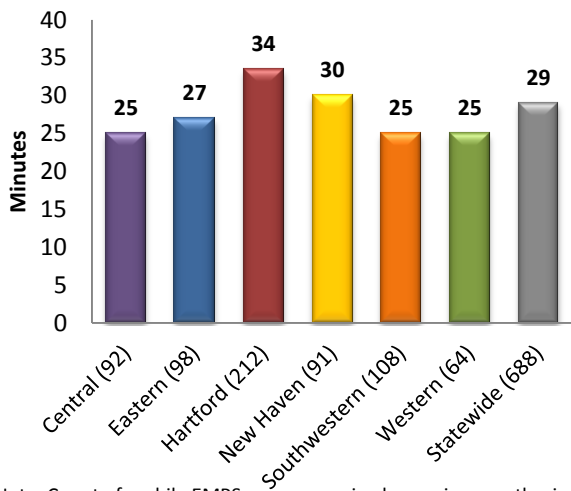
Note: Count of mobile episodes under 45 mins. are in parenthesis

Figure 12. Mobile Episodes with Response Time Under 45 Minutes by Provider



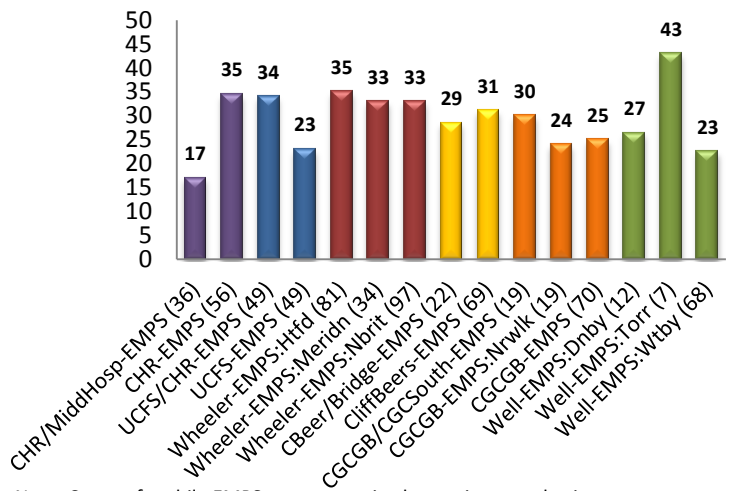
Note: Count of mobile episodes under 45 mins. are in parenthesis

Figure 13. Median Mobile Response Time in Minutes



Note: Count of mobile EMPS response episodes are in parenthesis.

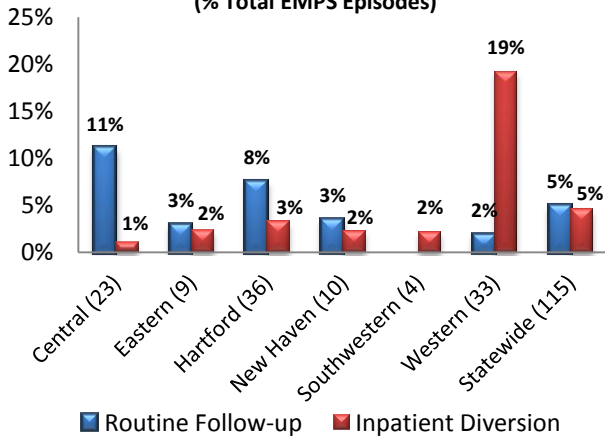
Figure 14. Median Mobile Response Time by Provider in Minutes



Note: Count of mobile EMPS response episodes are in parenthesis.

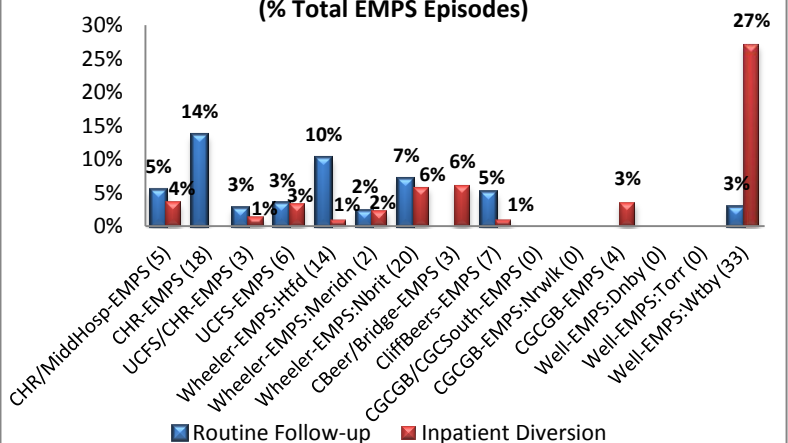
Section IV: Emergency Department Referrals

Figure 15. Emergency Dept Referrals (% Total EMPS Episodes)



Note: Count total ED referrals are in parenthesis

Figure 16. Emergency Dept Referrals by Provider (% Total EMPS Episodes)



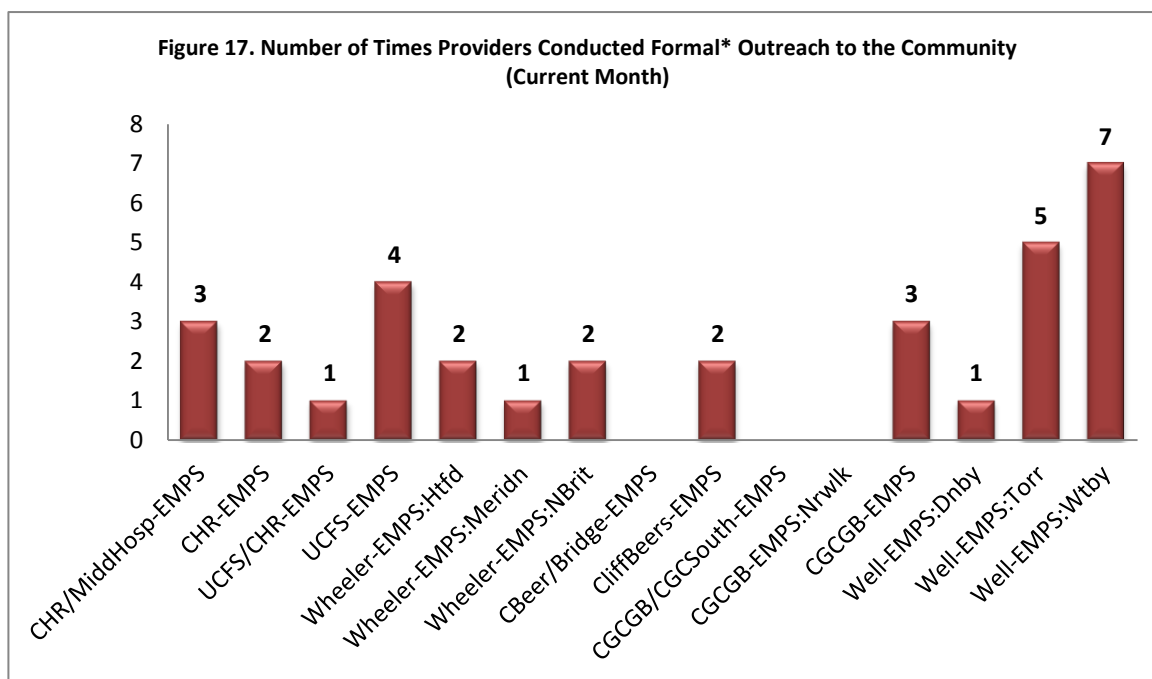
Note: Count total ED referrals are in parenthesis

Section V: Length of Stay (LOS)

Table 1. LOS for Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up

	<i>Discharged Episodes for Current Month</i>			
	No. of Episodes	Mean LOS (in days)	Median LOS (in days)	Percent Exceeding 45 Days
STATEWIDE	290	21.3	15.0	7% (n=19)
Central	25	21.0	21.0	4% (n=1)
Eastern	46	21.2	17.0	0% (n=0)
Hartford	120	20.1	17.0	6% (n=7)
New Haven	29	22.9	19.0	10% (n=3)
Southwestern	19	27.7	32.0	11% (n=2)
Western	51	21.2	15.0	12% (n=6)

Section VI: Provider Community Outreach



* Formal outreach refers to: 1) In person presentations lasting 30 minutes, preferably more, using the EMPS PowerPoint slides and including distribution to attendees of marketing materials and other EMPS resources; 2) Outreach presentations that are in person that include workshops, conferences, or similar gatherings in which EMPS is discussed for at least an hour or more; 3) Outreach presentations that are not in person which may include workshops, conferences, or similar gatherings in which the EMPS marketing video, banner, and table skirt are set up for at least 2 hours with marketing materials made available to those who would like them; 4) The EMPS PIC considers other outreaches for inclusion on a case-by-case basis, as requested by EMPS providers.