



**EMERGENCY MOBILE  
PSYCHIATRIC SERVICES**

EMPS is a program funded by the State of Connecticut  
in partnership with the United Way of Connecticut 2-1-1.



**2-1-1**



## **EMPS Crisis Intervention Services Performance Improvement Center (PIC)**

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**Quarter 3: Fiscal Year 2012  
January 1 - March 31, 2012**

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



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## **Executive Summary**

**Call and Episode Volume:** In the third quarter of fiscal year 2012(FY12), **211 received 4,299 calls** including 3,270 calls (76%) routed to EMPS providers and 1,029 calls (24%) handled by 211 (e.g. calls for other information or resources, calls transferred to 911). This quarter represents a 34% increase in call volume compared to the same quarter in FY2011. It is the highest call volume in one quarter since PIC reporting began in 2009.

Among the **3,270 episodes of care** generated in Q3 FY12, episode volume ranged from 404 episodes (New Haven service area) to 886 episodes (Hartford service area). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 3.89, with service area rates ranging from 3.12 (Southwestern) to 5.40 (Hartford). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 9.12 per 1,000 children in poverty, with service area rates ranging from 6.24 (New Haven) to 15.12 (Eastern).

Each quarter, every EMPS site is required to achieve an overall service reach rate of 2.0 episodes per 1,000 children. This quarter 13 of 15 providers met the benchmark. Provider sites service reach rates per 1,000 children ranged from 1.30 (Wellmore-Danbury) to 6.82 (Wheeler-Hartford).

**Demographics:** Across the state, slightly more than one half (52%) of youth served were boys and 48% were girls. Approximately **35.5% of youth served were 13-15 years old**, 31.7% were 16-18 years old, 20.2% were 9-12 years old, and 9.4% were 6-8 years old. A total of **30.1% of youth served were of Hispanic ethnicity**. The **majority of the children served were Caucasian (60.7%)**, 18.7% were African-American or Black, 1.4% were Asian, 0.4% were American Indian/Alaska Native, 0.3% were Native Hawaiian/Pacific Islander, and 15.7% self-identified their racial background as "other".

**Clinical Functioning:** The **most commonly reported primary presenting problems for clients** statewide include: Harm/Risk of Harm to Self (30%), Disruptive Behavior (26%), Depression (14%), Harm/Risk of Harm to Others (8%), Family Conflict (6%), and Anxiety (5%). The **top client Axis I primary diagnoses at intake** this quarter were: Adjustment Disorders (18.5%), Depressive Disorder, NOS (17.8%), and Mood Disorder, NOS (9.8%). This quarter, **73% of EMPS clients statewide met the definition for Serious Emotional Disturbance (SED; see Appendix A for definition)**. Approximately 19% of EMPS clients this quarter were involved with the Department of Children and Families (DCF). There were 55.9% clients who reported their health insurance as Husky A (in addition, 1.9% of clients were enrolled in Husky B and 0.7% were enrolled in non-Husky Medicaid).

The **statewide percentage of children with trauma exposure reported at intake was 63%**, with service areas ranging from 44% (Central) to 73% (New Haven). The **types of trauma exposure reported at intake statewide include:** disrupted attachment/multiple placements (25%), witnessing violence (24%), victim of violence (18%), sexual victimization (12%), and recent arrest of a caregiver (0.3%).

Statewide, **19% of children referred to EMPS this quarter had experienced an inpatient admission in their lifetime**. The inpatient admission rate in the six months prior to EMPS referral was 10% statewide and 6% were admitted to an inpatient unit during the EMPS episode of care.

**Referral Sources:** Statewide, **40.2% of all referrals were received from parents, families, and youth and 38.0% were received from schools**. Emergency Departments (EDs) accounted for about 10.4% of all EMPS referrals. The remaining 11.4% of referrals came from other sources.

ED utilization of EMPS varies widely among hospitals in Connecticut. This quarter, a total of **341 EMPS referrals were received from EDs**, including 182 referrals for inpatient diversion and 159 referrals for routine follow-up. Regionally, the highest rate of ED responses, as a percentage of total responses, was observed in the Western service area (19%) and the lowest was in the New Haven service area (3%).

**Mobility:** The average **statewide mobility this quarter was 93.4%**. This quarter represents a 3.5% increase in statewide mobility compared to the same Quarter in FY2011. Furthermore, mobility rates for all six service areas were above the 90% goal. There was a slightly wider range in mobility percentages among individual providers (85% to 100%).

**Response Time:** Statewide, in Q3 of FY12, **84% of mobile episodes received a face-to-face response in 45 minutes or less**. Performance on this indicator ranged from 67% (Western) to 92% (Central). In addition, the statewide median response time this quarter was 29 minutes, with all six service areas demonstrating a median response time of 32 minutes or less. These data strongly suggest that EMPS service providers are offering timely responses to crises in the community.

**Length of Stay:** Statewide, among discharged episodes, 7% (current reporting period) and 9% (cumulative) of Phone Only episodes exceeded one day, 26% (current reporting period) and 29% (cumulative) of discharged Face-to-face episodes exceeded five days, and **6% (current reporting period) and 9% (cumulative) of discharged Plus Stabilization Follow-up episodes exceeded 45 days**.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 90 days (n=21) and ranged from 33 days (Hartford) to 428 days (New Haven). Statewide, the median LOS for open episodes with a Face-to-face response was 19 days (n=173) and ranged from 6 days (Eastern) to 28.5 days (New Haven). For Plus Stabilization Follow-up, the statewide median LOS for open episodes was 17 days (n=38) with a range from 11 days (Eastern) to 25 days (Southwestern). This tells us that families remain open for services beyond the benchmarks for each crisis response category. Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase, and can compromise accurate and timely data entry practices.

**Discharge Information:** The **majority of clients lived in a private residence at discharge from EMPS (96%)**. Statewide, the **top six reasons for client discharge** were: Met Treatment Goals (67.2%), Family Discontinued (20.5%), Client Hospitalized: Psychiatrically (8.4%), Agency Discontinued: Administrative (1.2%), Agency Discontinued: Clinical (0.8%), Child Requires Other Out of Home Care (0.5%), and Other reasons (1.4%).

Statewide, clients were most likely to be **referred to Outpatient Services at discharge (42%)**. Other care referrals at discharge included: Other: Community-Based (8.8%), Inpatient Hospital (8.7%), Intensive In-home Services (7.3%), Partial Hospital Program (4.2%), Intensive Outpatient Program (3.4%), Extended Day Treatment (1.7%), Care Coordination (1.6%), Other: Out of Home (1.3%), Group Home (1.0%), and Residential Treatment (0.4%). An additional **19.6% of clients were not referred to any type of care at discharge**, however this may include youth referred back to an existing provider.

Across the state, Ohio Scales showed overall improvements of 3.5 points on parent-rated functioning and 2.9 points on worker-rated functioning. Decreases in problem scores of 4.3 points on parent-ratings and 4.2 points on worker-ratings were reported. Statewide, the pre-test to post-test change was statically significant for all four Ohio Scales measures.

**Satisfaction:** This quarter, 79 clients/families and 69 other referrers responded to the satisfaction survey; both groups gave excellent ratings to 211 and EMPS services. On a 5-point scale, **clients' average ratings of 211 and EMPS services were 4.95 and 4.78**, respectively. Among **other referrers (e.g. schools, hospitals, DCF, etc.)**, the **average ratings of 211 and EMPS were 4.89 and 4.87**, respectively. Although overall ratings were quite high, examples of positive and negative feedback are provided in section IX.

**Training Attendance:** **Thirty seven percent (n=91) of full-time staff statewide have completed all nine required training modules this quarter**. The percentage of all active staff (full time, part time, per diem) that completed all nine modules is 23%. Another training module, Assessing and Managing Suicide Risk (AMSR), was added at the end of FY11 only for EMPS clinicians with a Master's degree or above. This module has been completed by 52% of all eligible staff.

Section I: Primary EMPS Performance Indicators and Quarterly Trends

Figure 1. Total Call Volume by Call Type (Current Quarter)

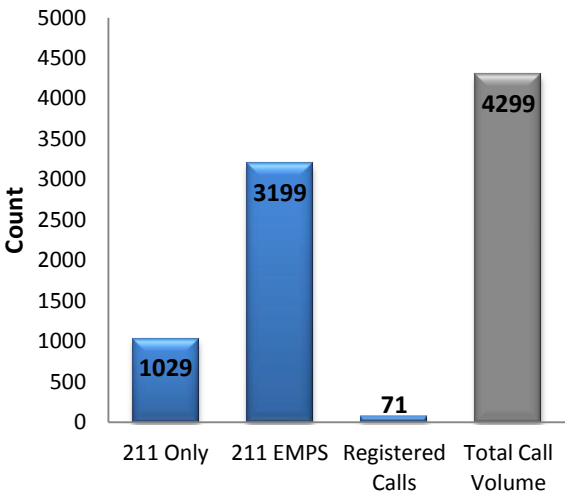


Figure 2. Total Call Volume per Quarter by Call Type

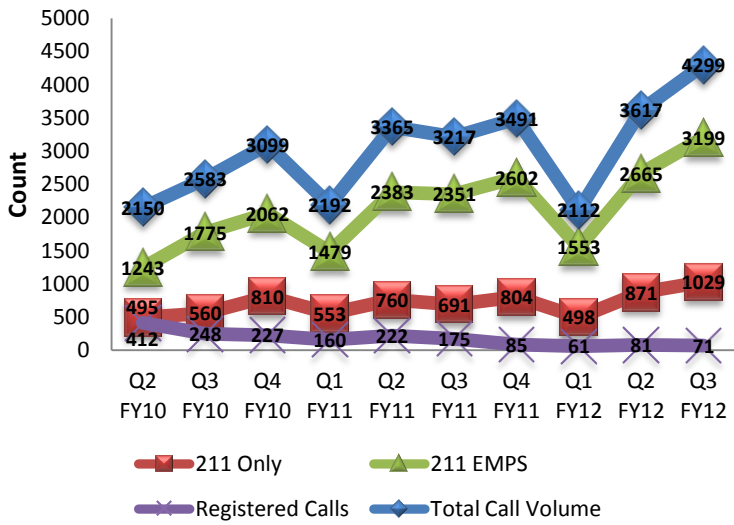


Figure 3. EMPS Episodes by Service Area (Current Quarter Total Episodes=3270)

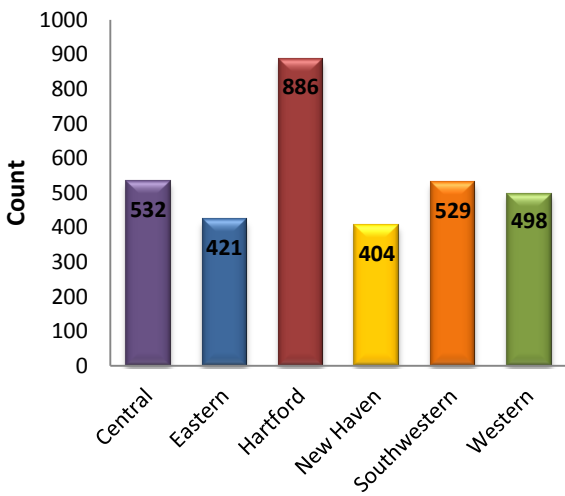


Figure 4. EMPS Episodes per Quarter by Service Area

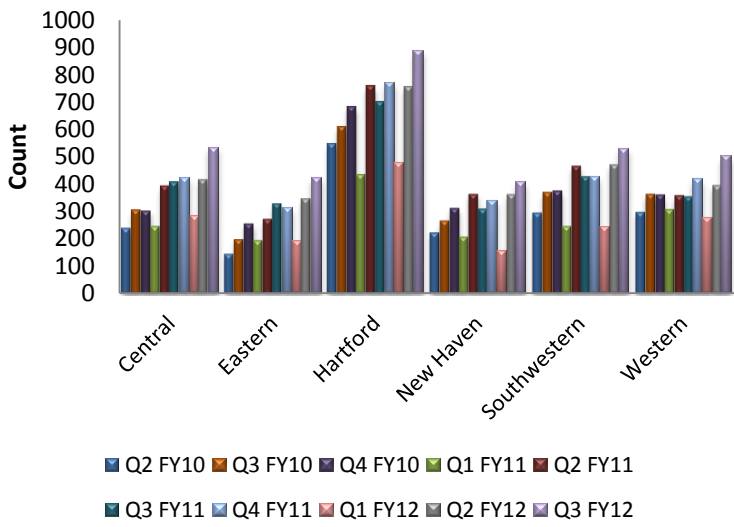


Figure 5. Number Served per 1,000 Children (Current Quarter)

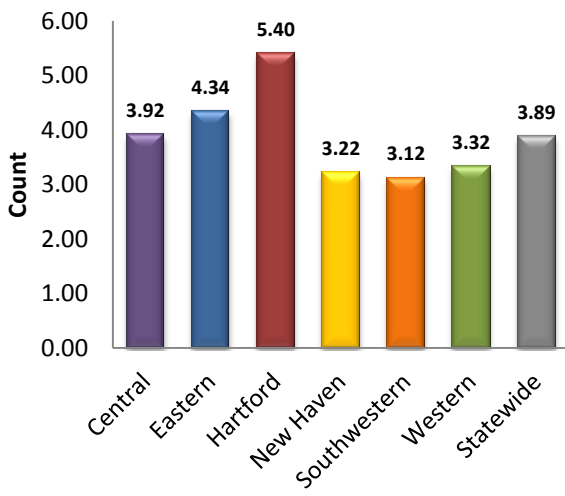
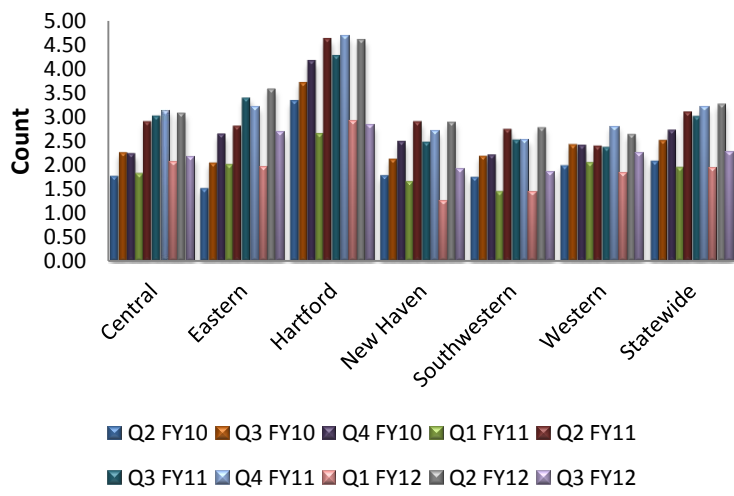
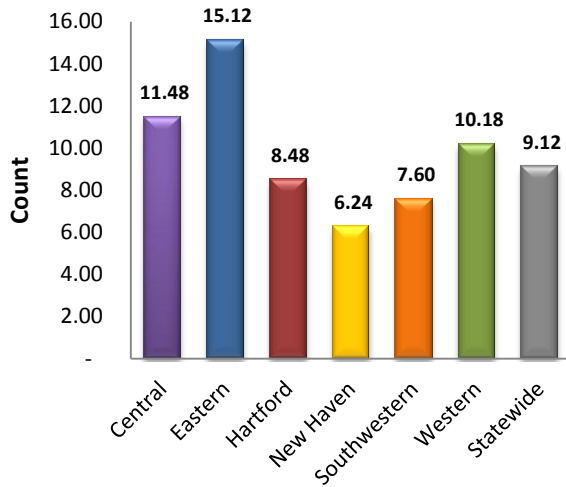


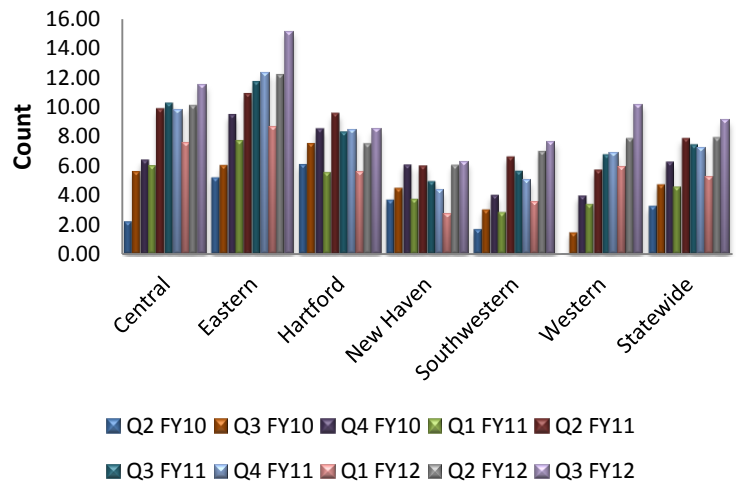
Figure 6. Number Served per 1,000 Children per Quarter by Service Area



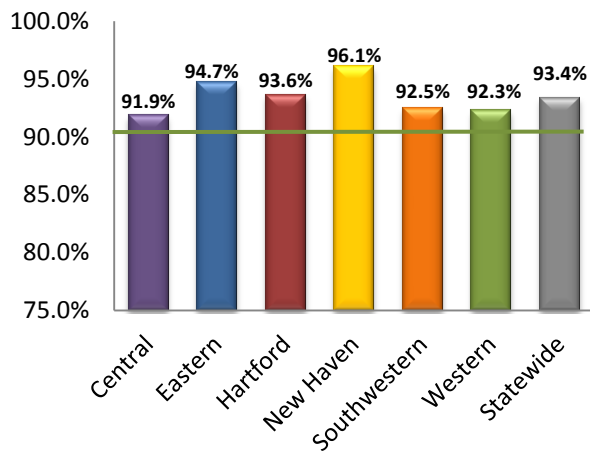
**Figure 7. Number Served per 1,000 Children in Poverty (Current Quarter)**



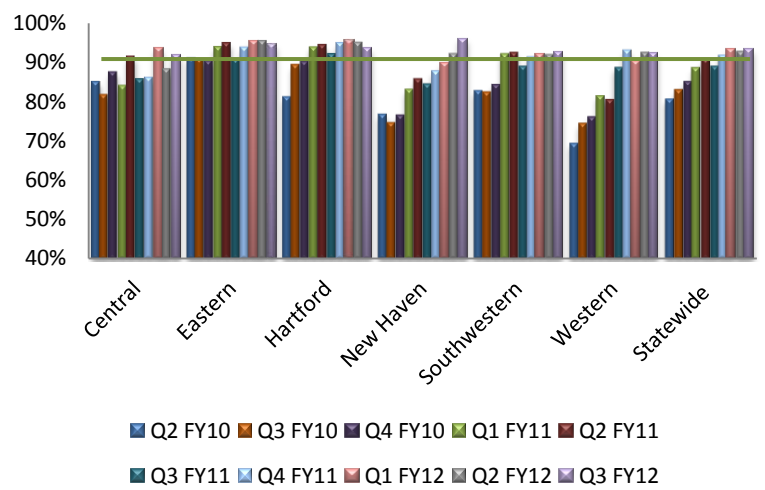
**Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area**



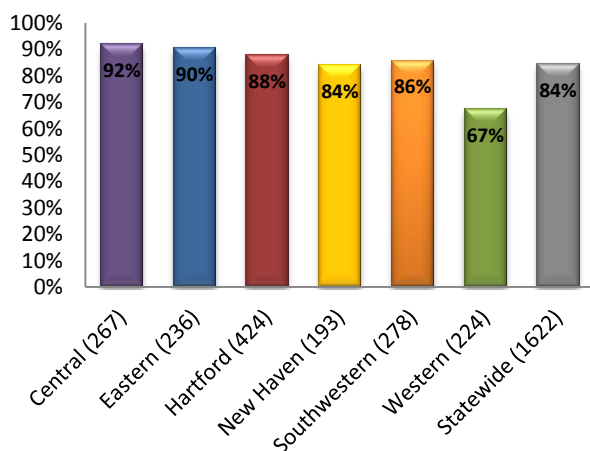
**Figure 9. Mobile Response (Mobile & Deferred Mobile) by Service Area (Current Quarter)**



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

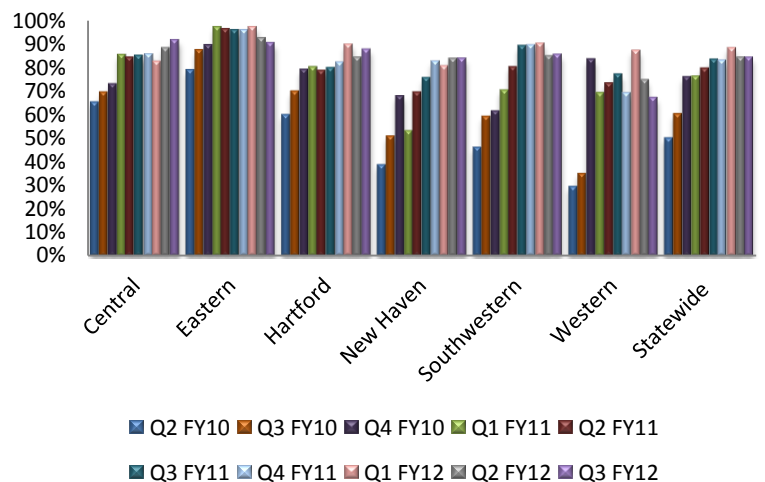


**Figure 11. Total Mobile Episodes with Response Time Under 45 Minutes (Current Quarter)**



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

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





## Section II: Episode Volume

Figure 13. Total Call Volume by Call Type

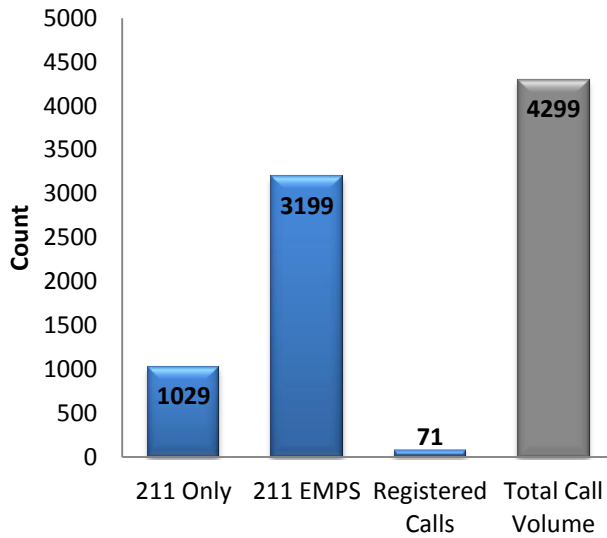


Figure 14. Statewide 211 Disposition Frequency

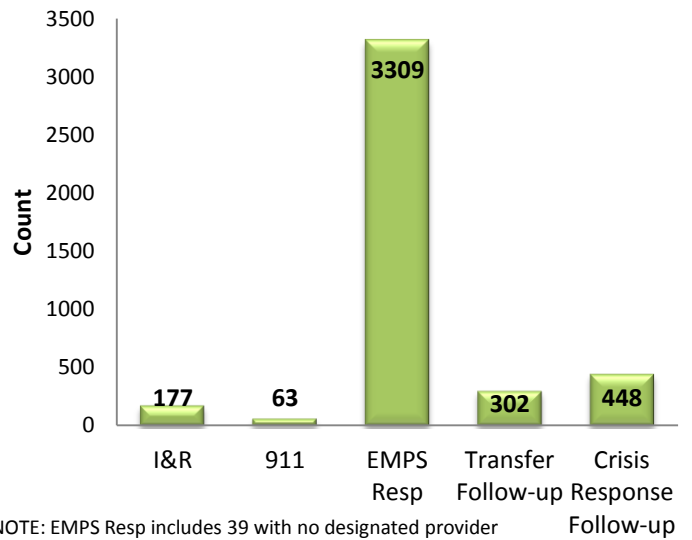


Figure 15. EMPS Response Episodes by Provider (Total Episodes=3270)

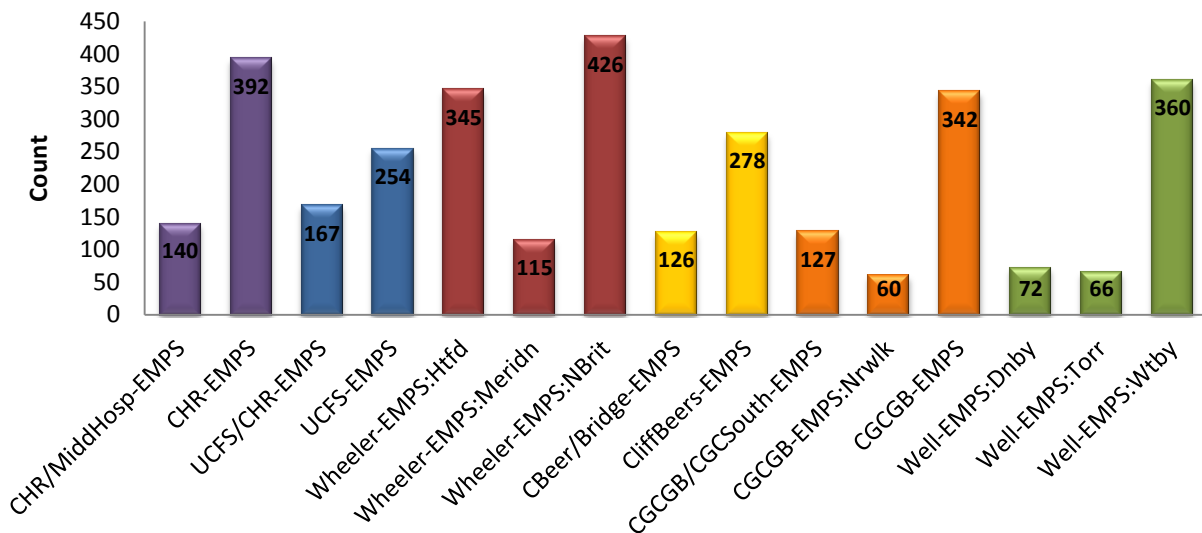
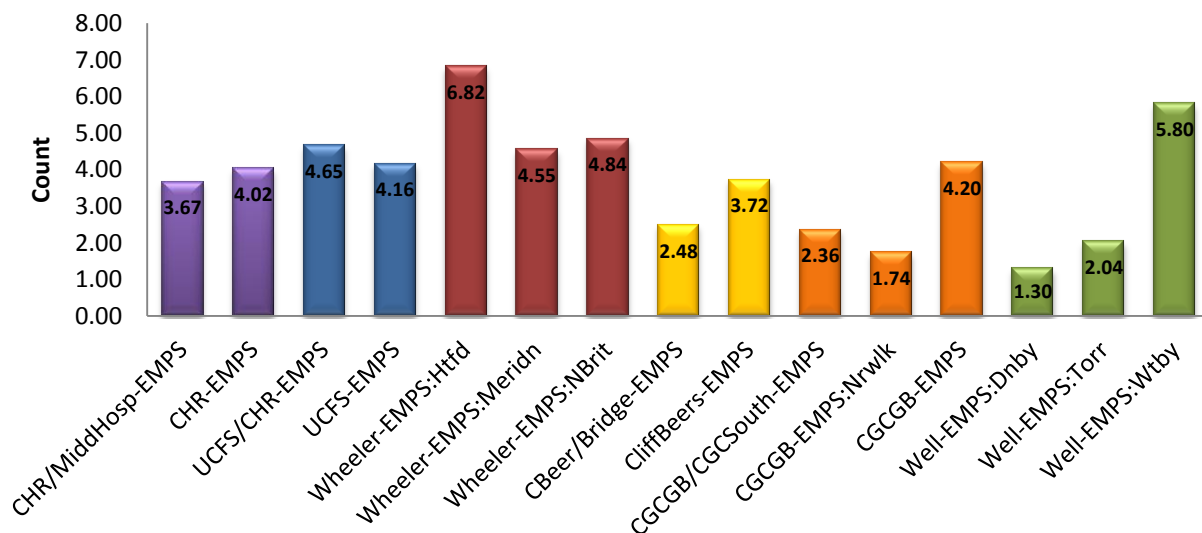
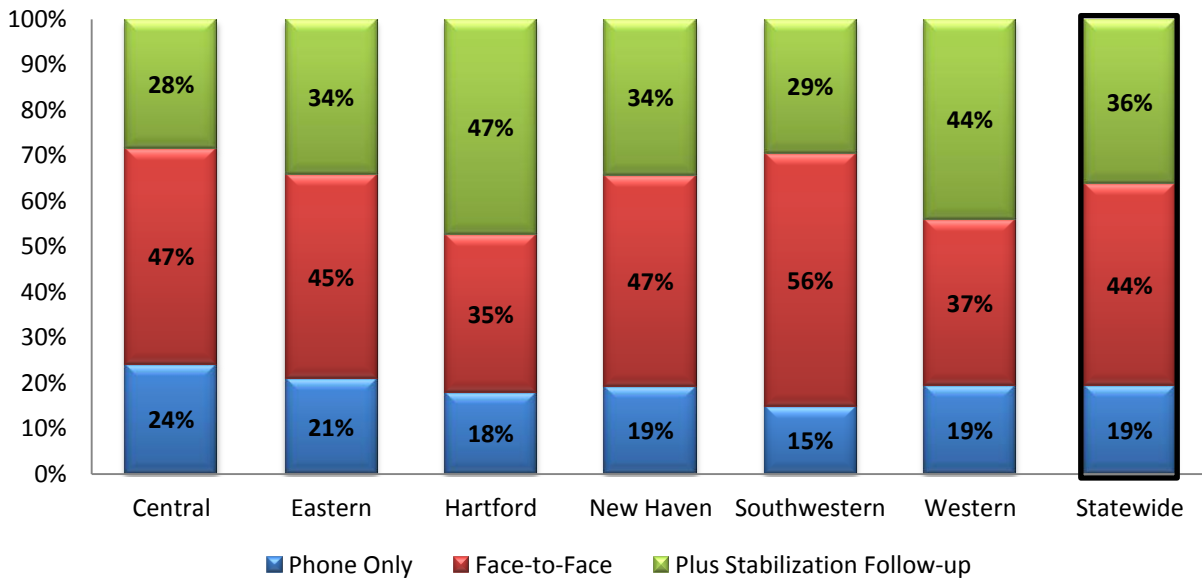


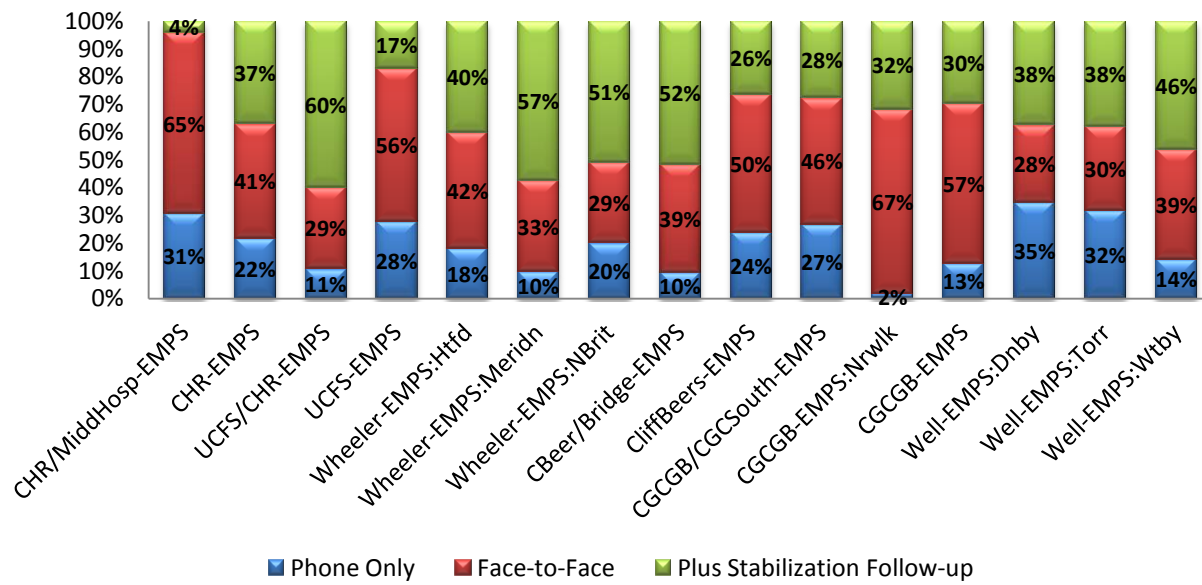
Figure 16. Number Served Per 1,000 Children by Provider (Current Quarter)



**Figure 17. Episode Intervention Crisis Response Types by Service Area**



**Figure 18. Episode Intervention Crisis Response Types by Provider**



## Section III: Demographics

Figure 19. Gender of Children Served Statewide

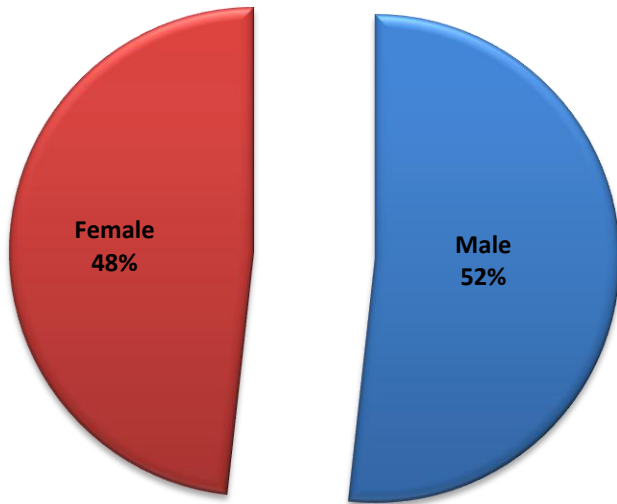


Figure 20. Age Groups of Children Served Statewide (N=2638)

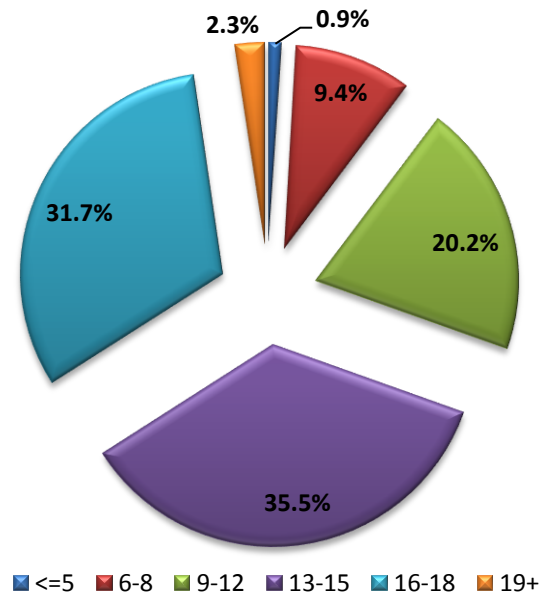


Figure 21. Ethnic Background of Children Served Statewide (N=2964)

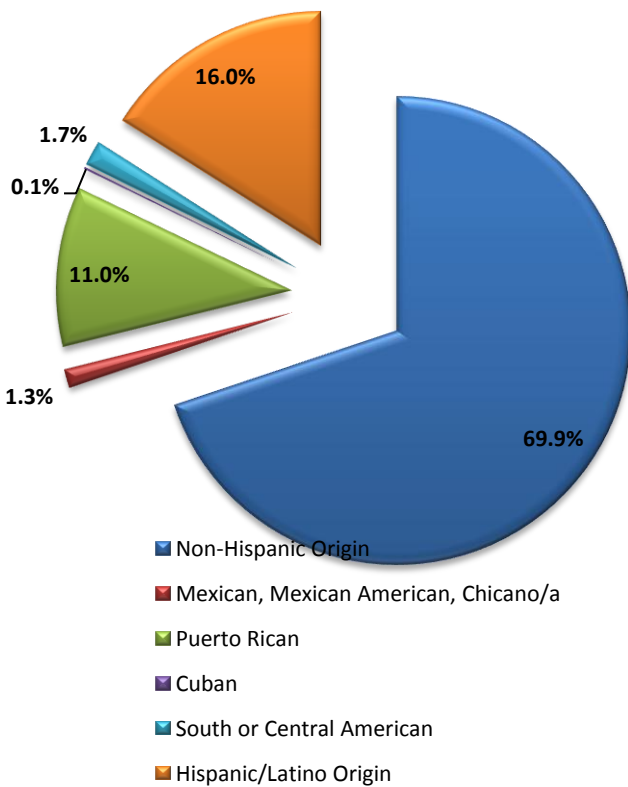
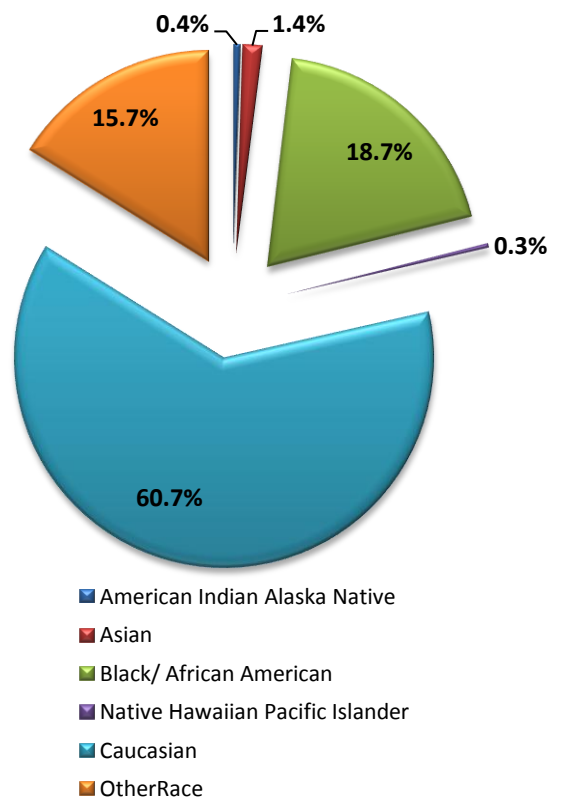
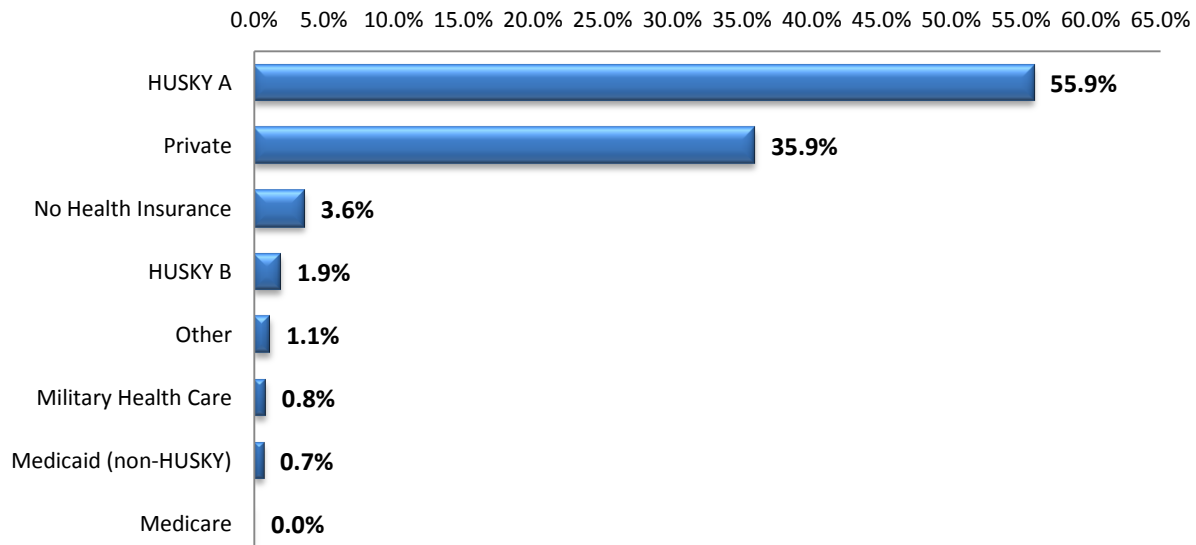


Figure 22. Race of Children Served Statewide (N=3017)

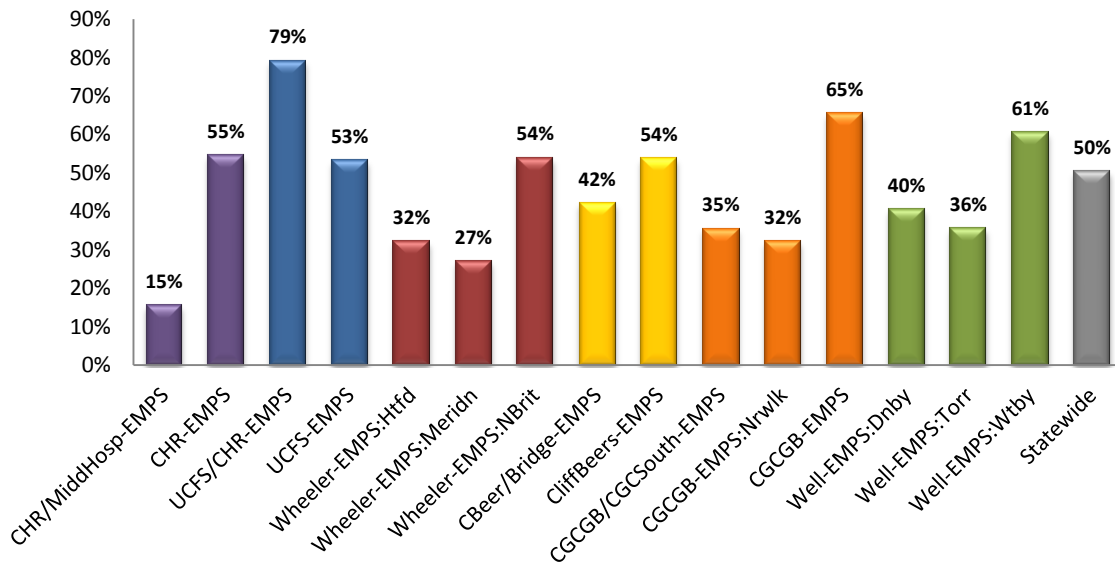


Note: According to the U.S. Census Bureau, "[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept."

**Figure 23. Client's Type of Health Insurance at Intake Statewide**

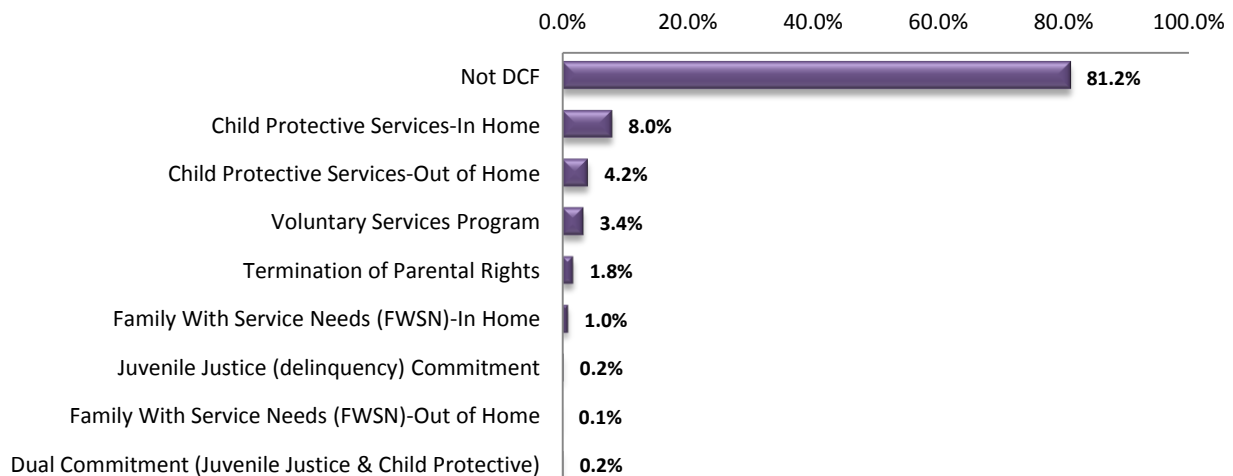


**Figure 24. Families that Answered "Yes" TANF\* Eligible by Provider**



\* TANF=Temporary Assistance for Needy Families

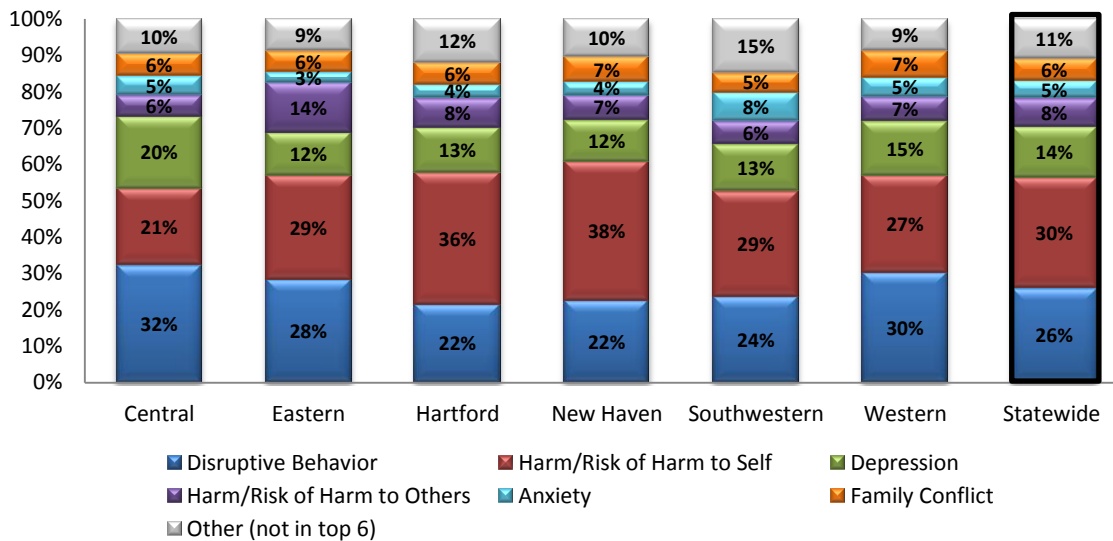
**Figure 25. Client DCF\* Status at Intake Statewide**



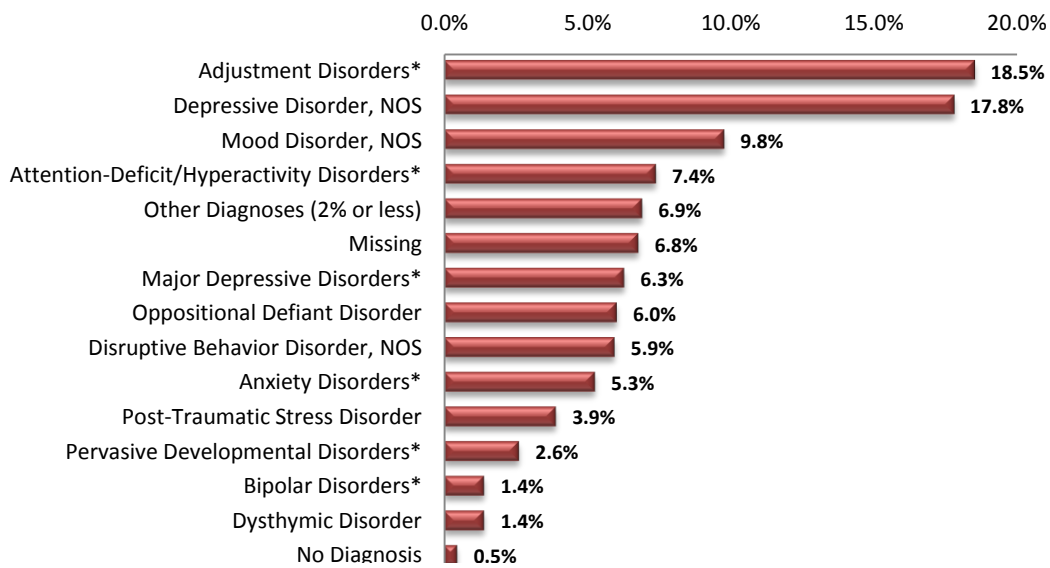
\*DCF=Department of Children and Families

## Section IV: Clinical Functioning

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

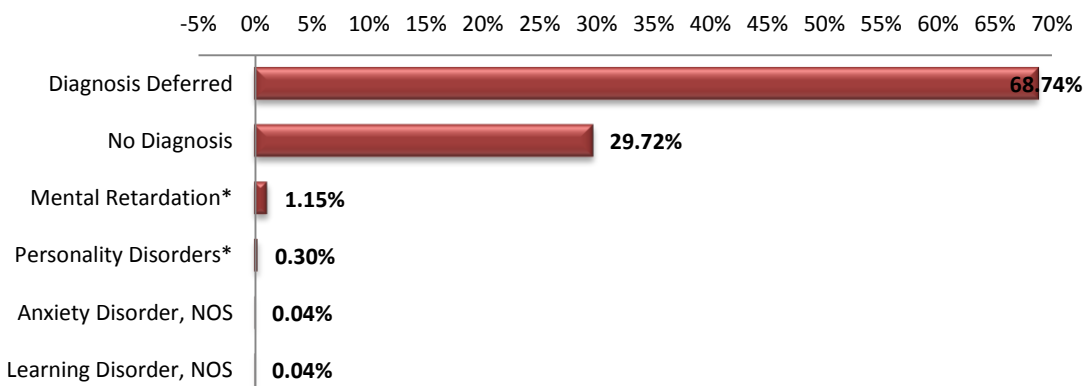


**Figure 27. Distribution of Client Axis I Primary Diagnosis at Intake Statewide**



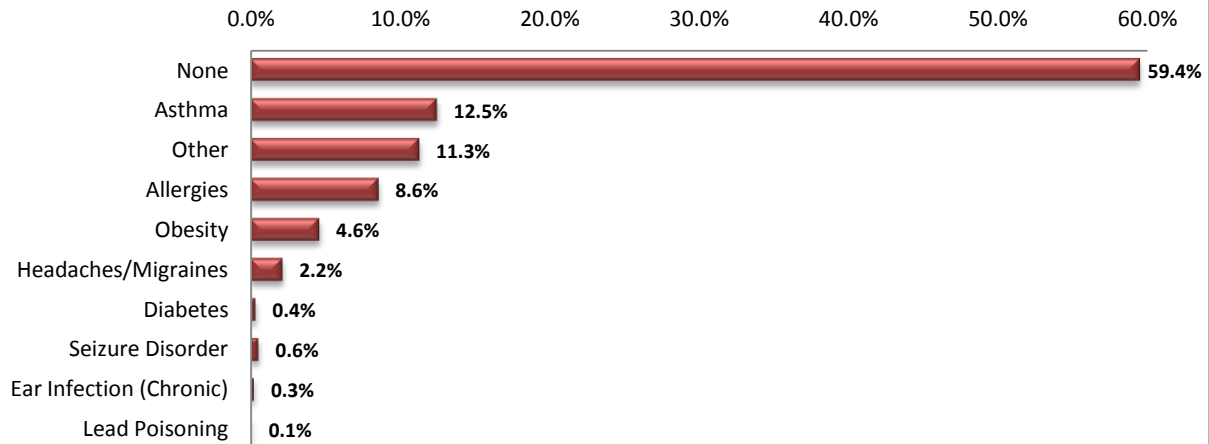
\*multiple diagnostic codes combined within category (see "Appendix B" for list)

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

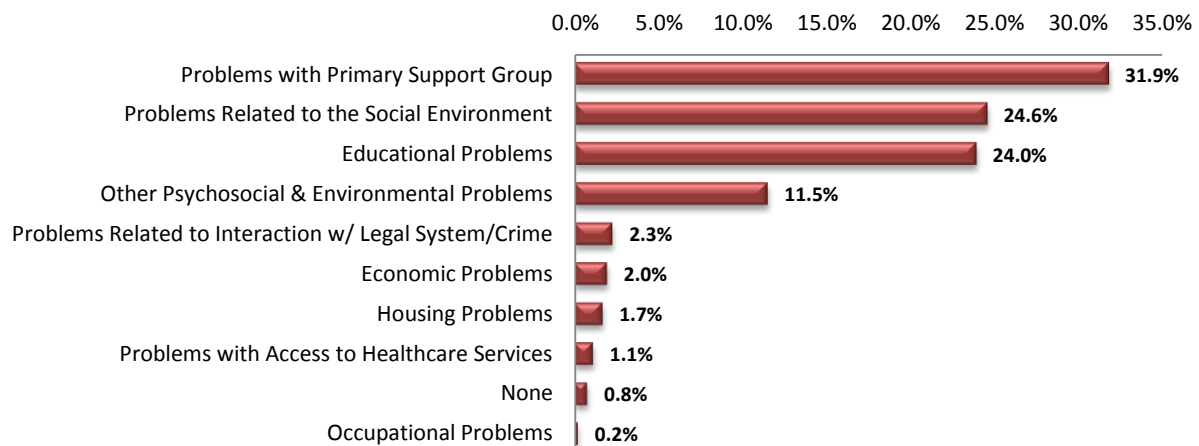


\*multiple diagnostic codes combined within category (see "Appendix B" for list)

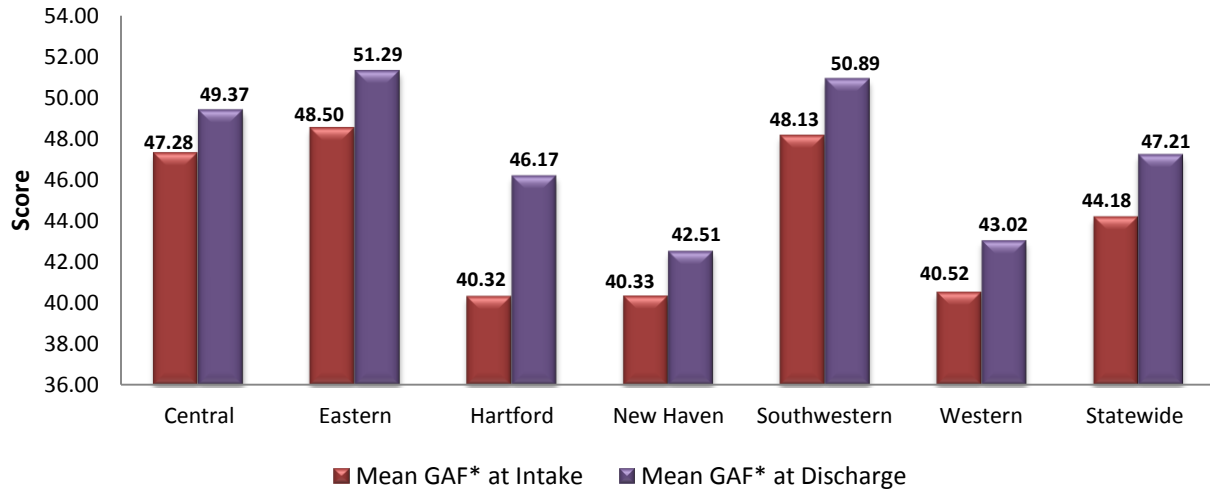
**Figure 29. Distribution of Client Axis III Diagnosis at Intake Statewide**



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

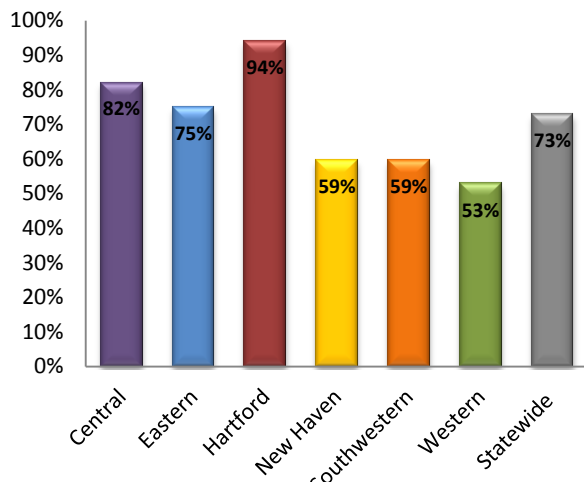


**Figure 31. Mean Client Axis V Diagnosis (GAF\*) at Intake and Discharge by Service Area**



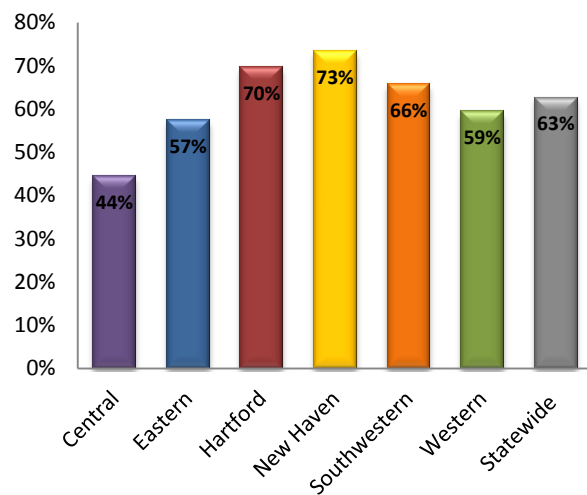
\* GAF=Global Assessment of Functioning

**Figure 32. Children Meeting SED\* Criteria by Service Area**

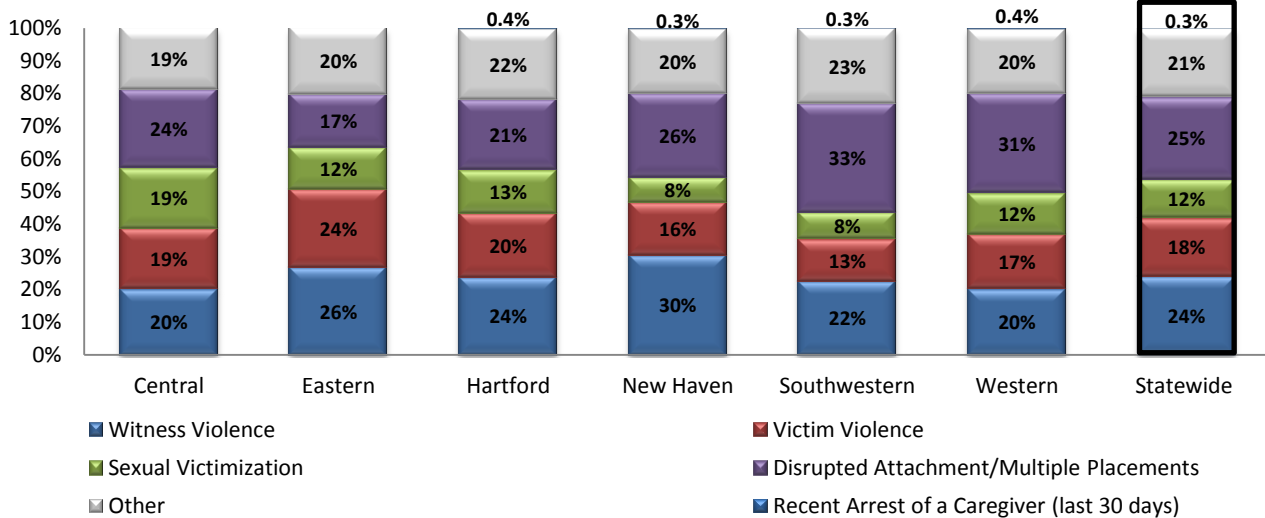


\*SED= Serious Emotional Disturbance for definition see Appendix A

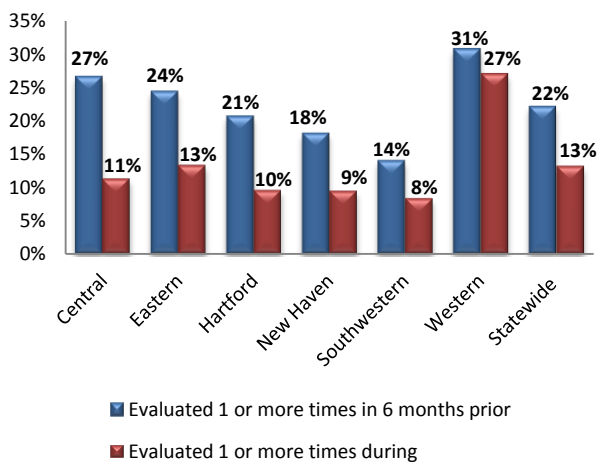
**Figure 33. Children with Trauma Exposure Reported at Intake by Service Area**



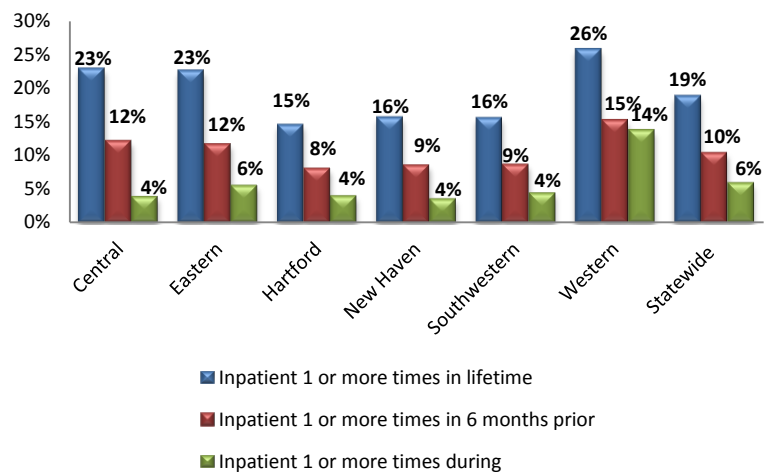
**Figure 34. Type of Trauma Reported at Intake by Service Area**



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



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



## Section V: Referral Sources

Figure 37. Referral Sources Statewide  
(Current Quarter)

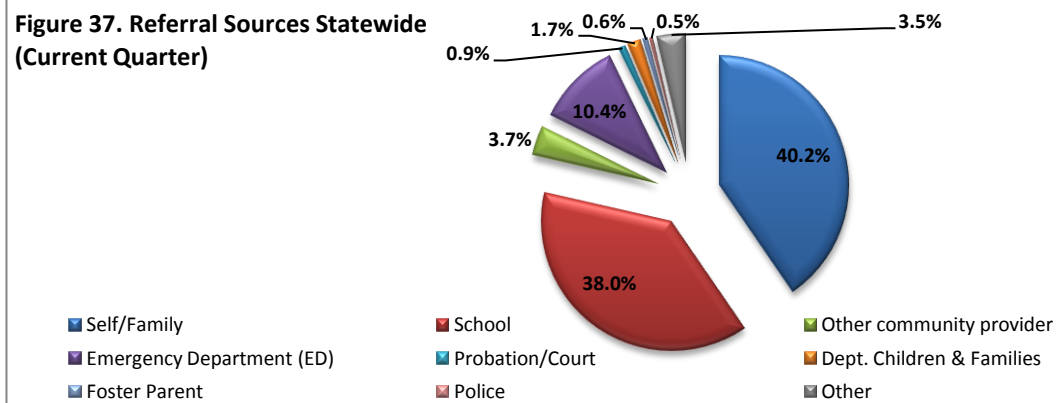
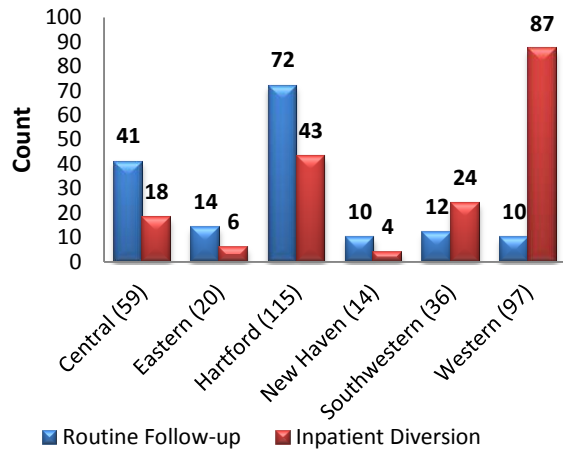


Table 1. Referral Sources (Current Quarter)

	Self/Family	Department School	Emergency (ED)	Community Provider	Dept. of Children & Families (DCF) Other	Probation/Court	Foster Parent	Physician	Congregate Facility	Other Program within Agency Care	Psychiatric Hospital	Info-Line (211)	Police	Family Advocate	CTBHP/Insurer	Natural Support	Community
STATEWIDE	40.2%	38.0%	10.4%	3.7%	1.7%	0.9%	0.6%	0.5%	0.7%	1.3%	0.8%	0.4%	0.5%	0.2%	0.0%	0.0%	
CENTRAL	47.0%	28.6%	11.1%	5.3%	1.7%	0.6%	1.1%	0.4%	1.1%	1.3%	1.1%	0.0%	0.6%	0.2%	0.0%	0.0%	
CHR/MiddHosp-EMPS	42.9%	27.9%	15.7%	5.7%	0.7%	1.4%	0.7%	0.7%	2.9%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	
CHR-EMPS	48.5%	28.8%	9.4%	5.1%	2.0%	0.3%	1.3%	0.3%	0.5%	1.8%	1.0%	0.0%	0.8%	0.3%	0.0%	0.0%	
EASTERN	45.1%	38.2%	4.8%	5.5%	1.2%	0.5%	0.5%	1.0%	0.2%	2.6%	0.2%	0.0%	0.0%	0.2%	0.0%	0.0%	
UCFS/CHR-EMPS	34.1%	34.7%	6.0%	12.6%	2.4%	0.6%	1.2%	2.4%	0.0%	5.4%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	
UCFS-EMPS	52.4%	40.6%	3.9%	0.8%	0.4%	0.4%	0.0%	0.0%	0.4%	0.8%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	
HARTFORD	37.0%	37.1%	13.0%	3.6%	1.8%	1.8%	0.5%	0.8%	0.2%	1.9%	1.9%	0.0%	0.0%	0.3%	0.0%	0.0%	
Wheeler-EMPS:Htfd	30.4%	42.6%	14.8%	4.1%	2.0%	0.9%	0.9%	1.2%	0.3%	0.6%	1.7%	0.0%	0.0%	0.6%	0.0%	0.0%	
Wheeler-EMPS:Meridn	30.4%	57.4%	4.3%	1.7%	2.6%	0.9%	0.9%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	
Wheeler-EMPS:NBrit	44.1%	27.2%	13.8%	3.8%	1.4%	2.8%	0.0%	0.5%	0.2%	3.5%	2.3%	0.0%	0.0%	0.2%	0.0%	0.0%	
NEW HAVEN	43.1%	43.8%	3.5%	4.0%	1.0%	0.2%	1.2%	0.5%	0.2%	1.2%	0.0%	0.5%	0.5%	0.2%	0.0%	0.0%	
CBeer/Bridge-EMPS	33.3%	49.2%	1.6%	7.1%	2.4%	0.0%	0.8%	0.8%	0.0%	4.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	
CliffBeers-EMPS	47.5%	41.4%	4.3%	2.5%	0.4%	0.4%	1.4%	0.4%	0.4%	0.0%	0.0%	0.7%	0.7%	0.0%	0.0%	0.0%	
SOUTHWESTERN	36.7%	46.3%	6.8%	2.1%	2.1%	1.1%	0.0%	0.2%	0.4%	0.6%	0.0%	2.3%	1.5%	0.0%	0.0%	0.0%	
CGCGB/CGCSouth-EMPS	40.2%	43.3%	1.6%	2.4%	0.8%	0.8%	0.0%	0.0%	0.8%	0.8%	0.0%	9.4%	0.0%	0.0%	0.0%	0.0%	
CGCGB-EMPS:Nrwlk	26.7%	61.7%	3.3%	1.7%	1.7%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	0.0%	3.3%	0.0%	0.0%	0.0%	
CGCGB-EMPS	37.1%	44.7%	9.4%	2.0%	2.6%	1.5%	0.0%	0.3%	0.3%	0.3%	0.0%	0.0%	1.8%	0.0%	0.0%	0.0%	
WESTERN	36.1%	35.5%	19.5%	2.2%	2.0%	0.4%	0.8%	0.2%	2.0%	0.2%	0.2%	0.0%	0.4%	0.2%	0.0%	0.2%	
Well-EMPS:Dnby	63.9%	23.6%	1.4%	2.8%	6.9%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Well-EMPS:Torr	42.4%	37.9%	1.5%	6.1%	1.5%	0.0%	1.5%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Well-EMPS:Wtby	29.4%	37.5%	26.4%	1.4%	1.1%	0.6%	0.8%	0.0%	1.1%	0.3%	0.3%	0.0%	0.6%	0.3%	0.0%	0.3%	

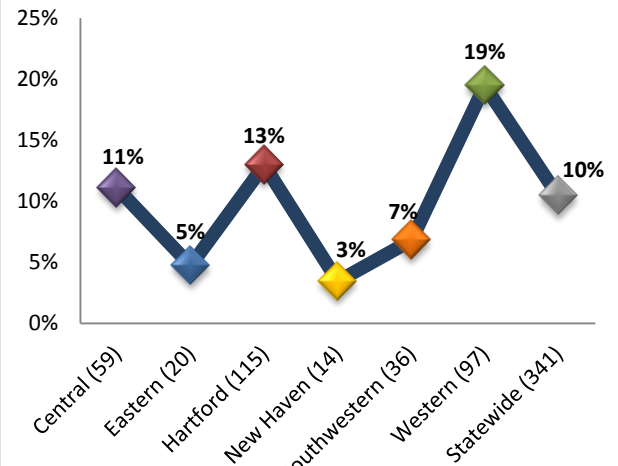


**Figure 38. Type of Emergency Dept. Referral (n=341)**



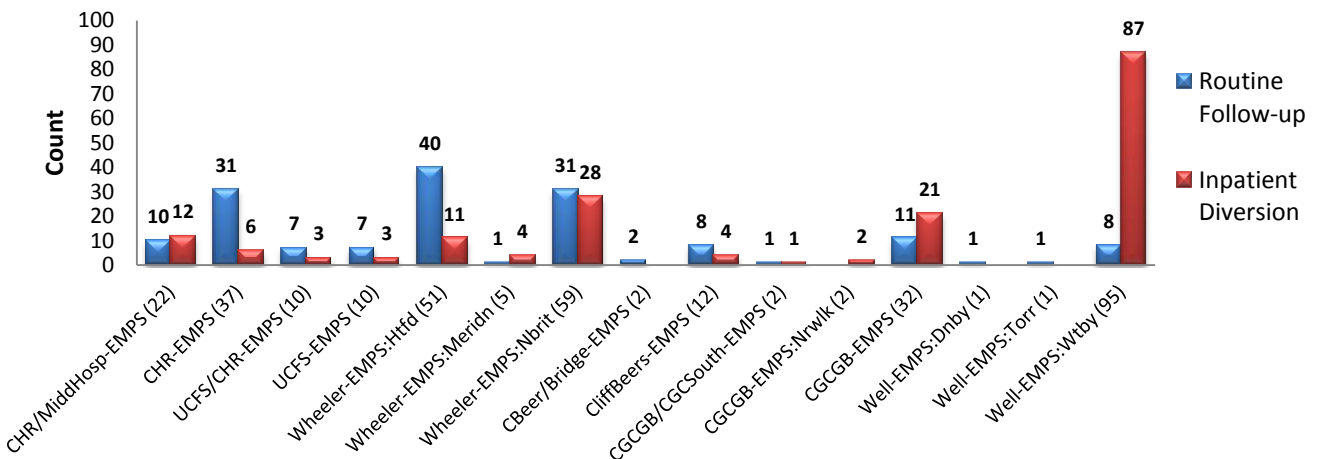
Note: Count total ED referrals are in parenthesis

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



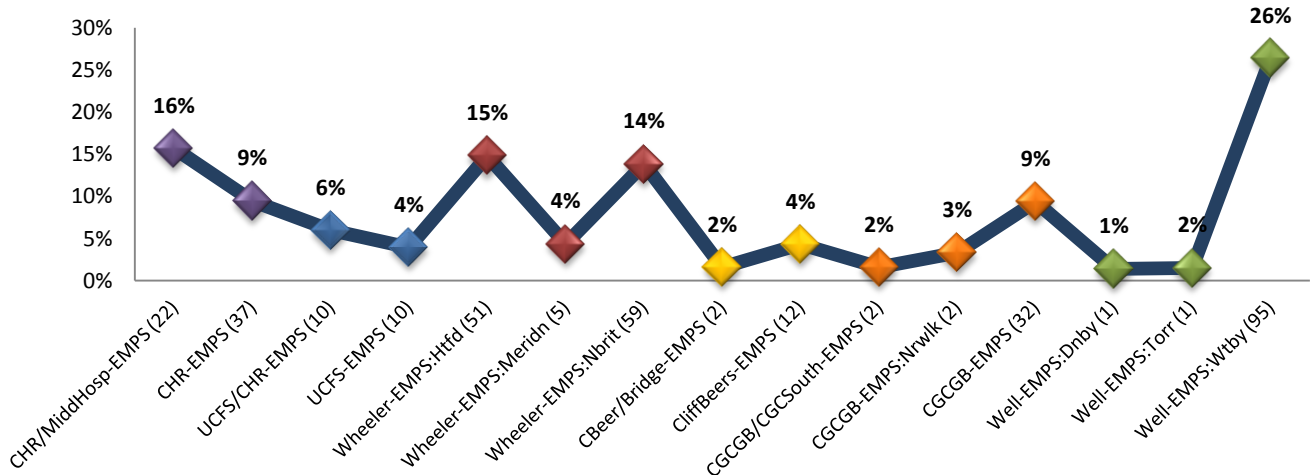
Note: Count total ED referrals are in parenthesis

**Figure 40. Type of Emergency Dept. Referral by Provider**



Note: Count total ED referrals are in parenthesis

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



Note: Count total ED referrals are in parenthesis

## Section VI: 211 Recommendations and EMPS Response

Figure 42. 211 Recommended Initial Response

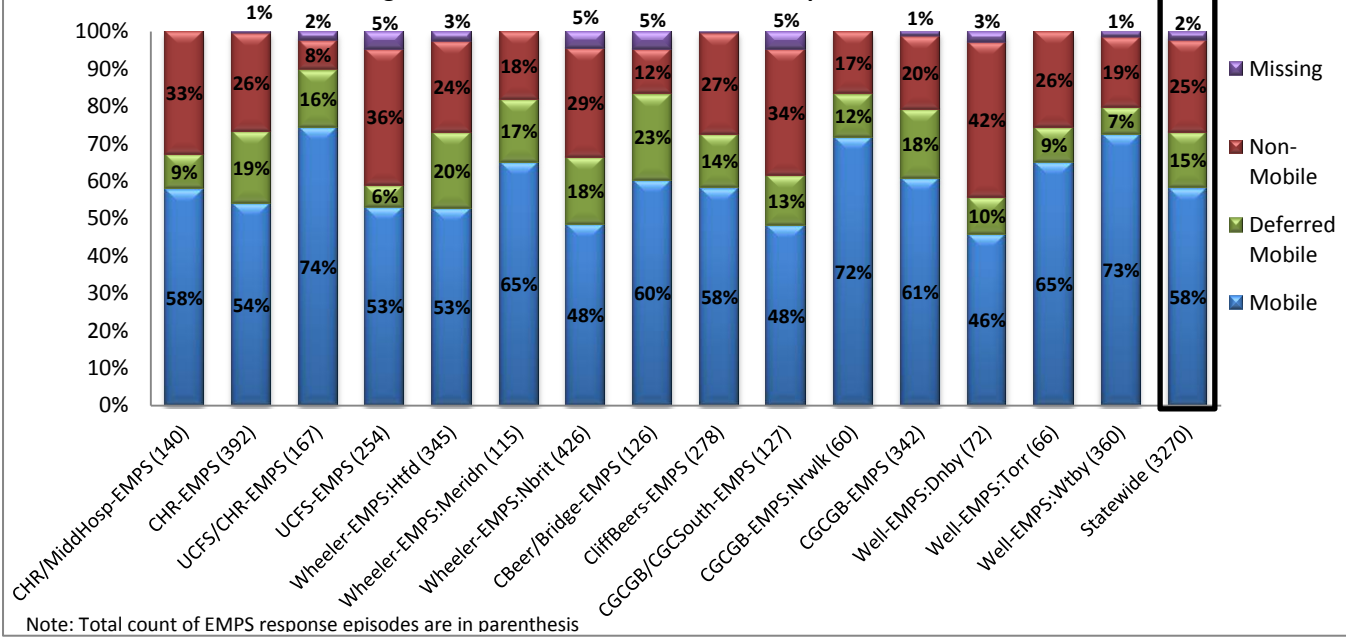


Figure 43. Actual Initial EMPS Provider Response

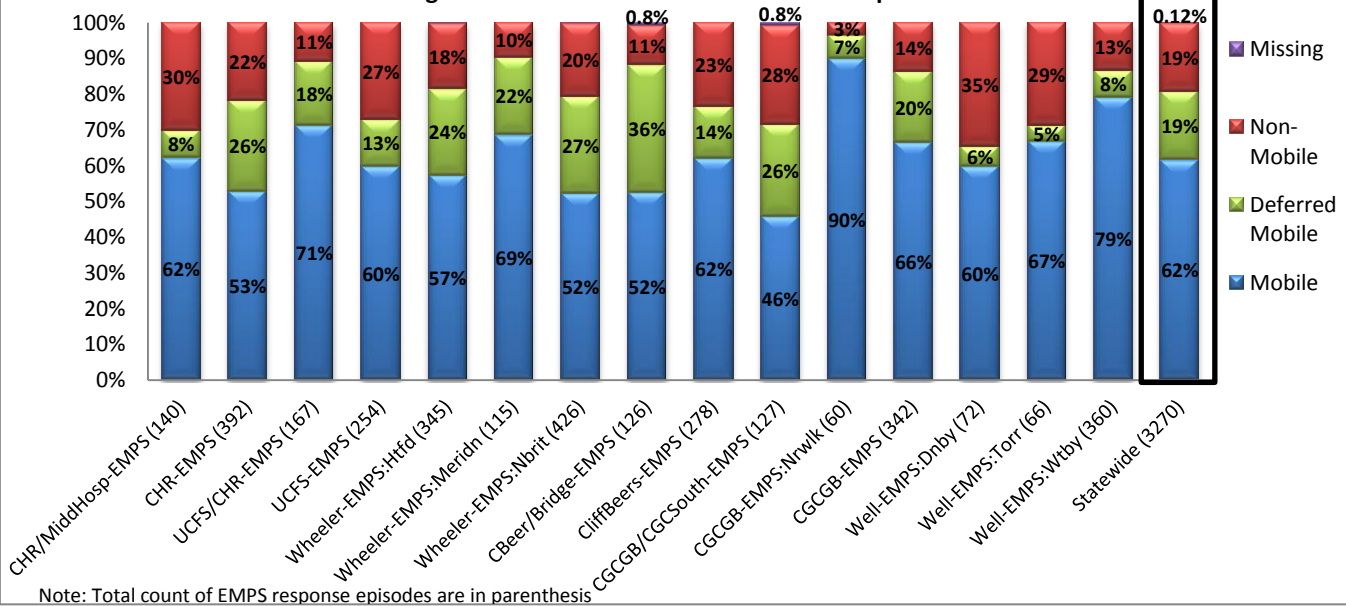
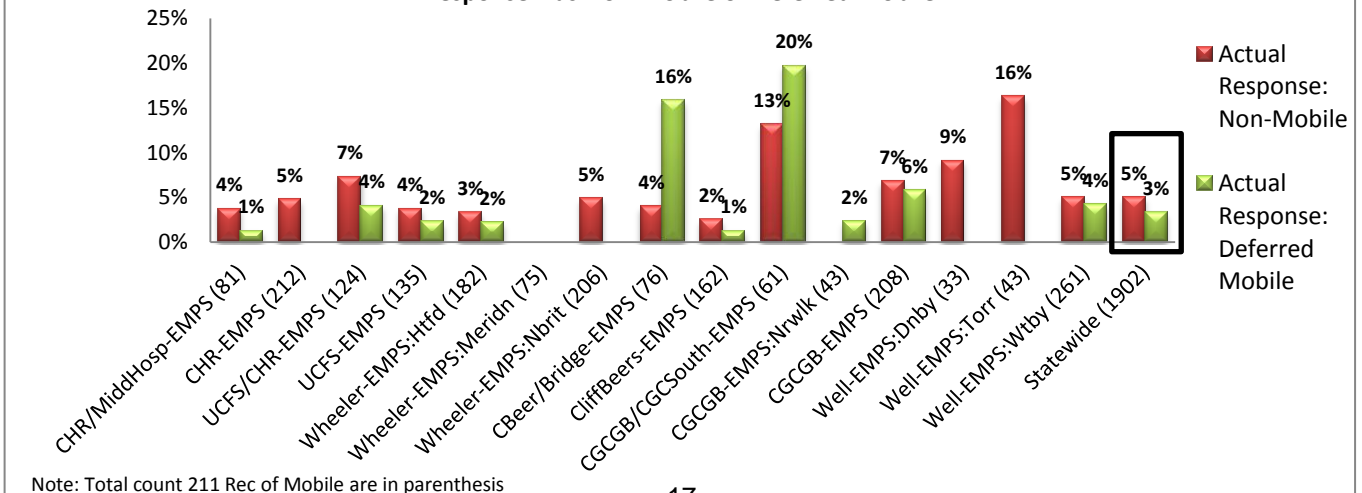
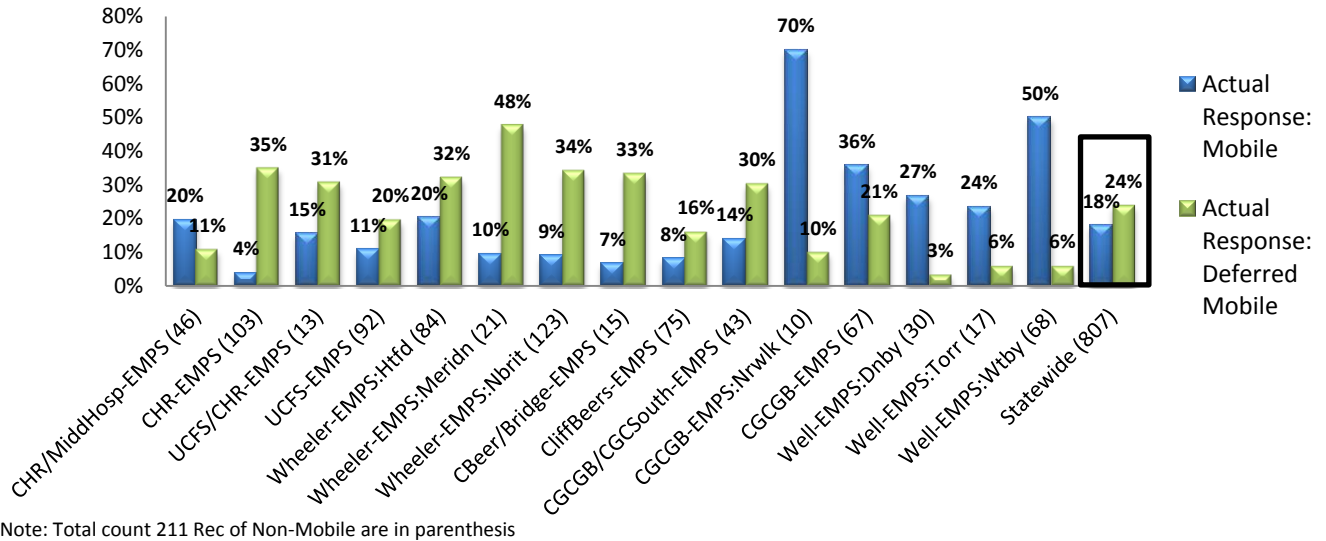


Figure 44. 211 Recommended Mobile Response Where Actual EMPS Response was Non-Mobile or Deferred Mobile

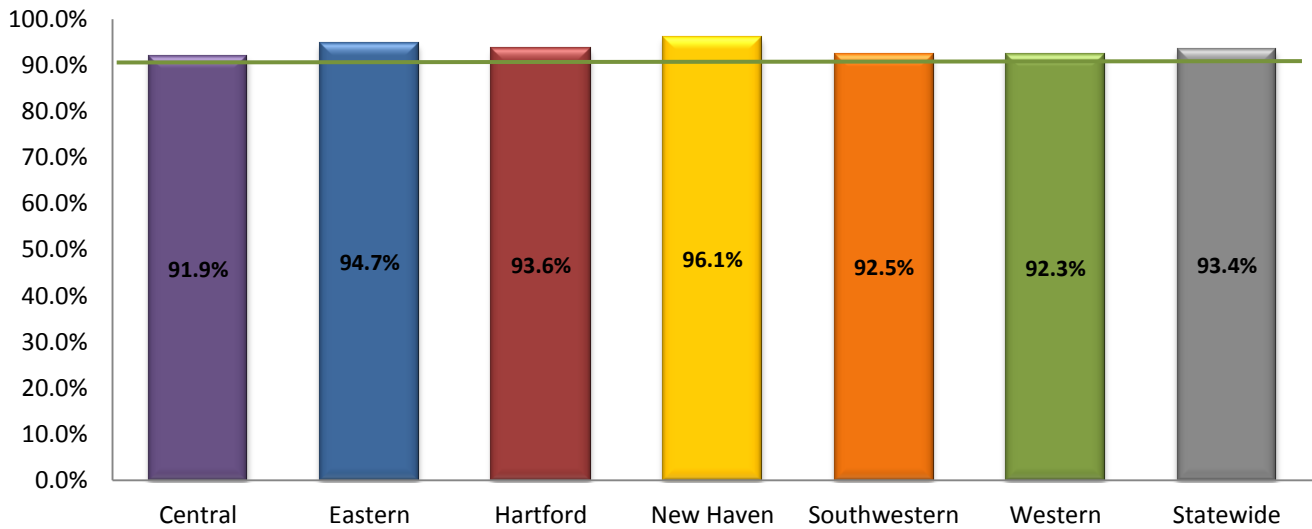


**Figure 45. 211 Recommended Non-Mobile Response Where Actual EMPS Response was Mobile or Deferred Mobile**



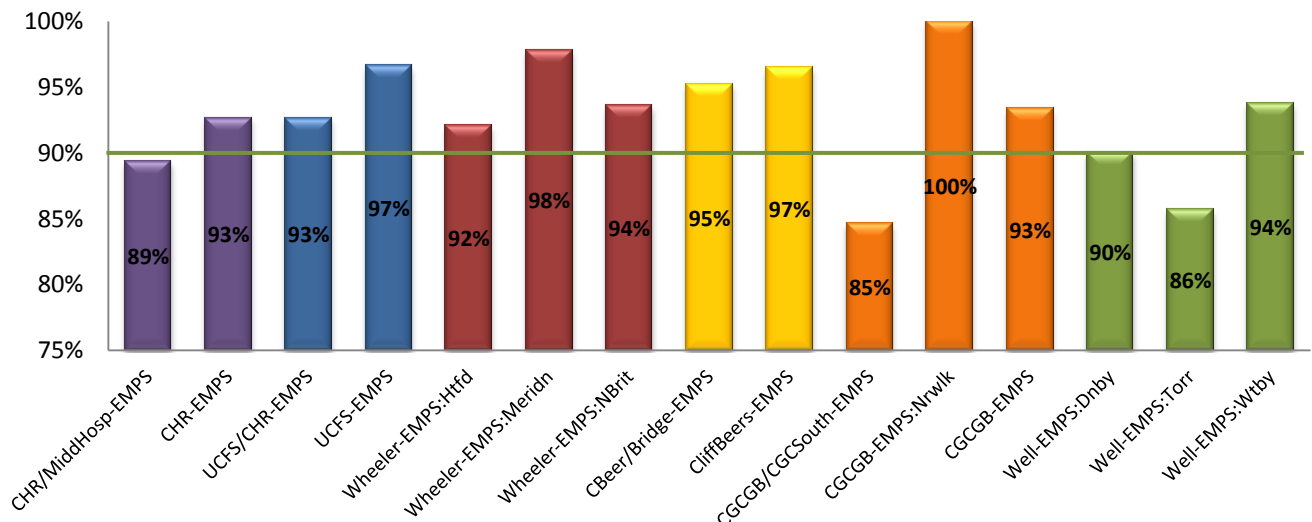
**Figure 46. Mobile Response (Mobile & Deferred Mobile) by Service Area**

Goal=90%



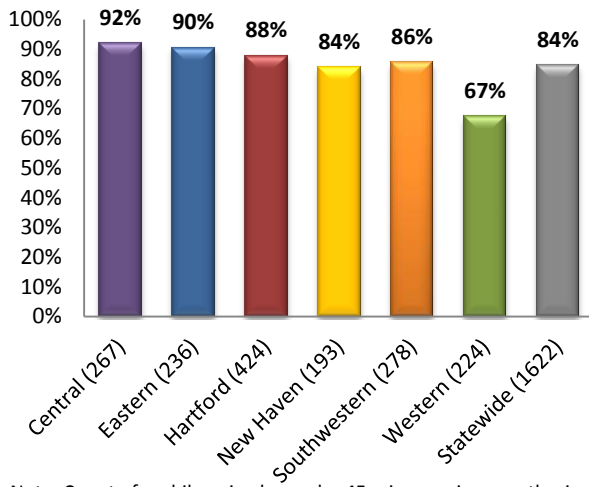
**Figure 47. Mobile Response (Mobile & Deferred Mobile) by Provider**

Goal=90%



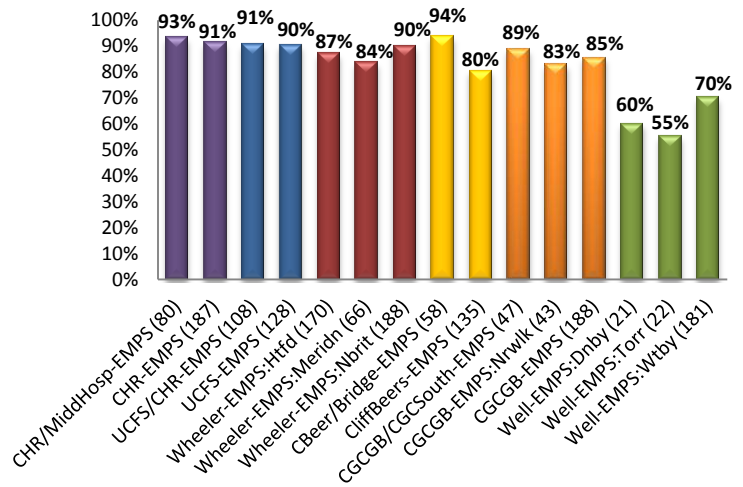
## Section VII: Response Time

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



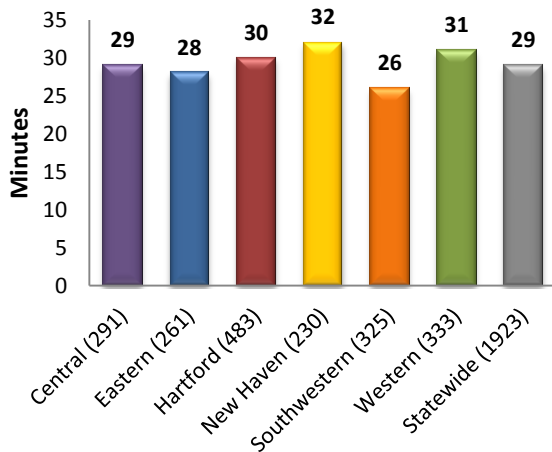
Note: Count of mobile episodes under 45 mins. are in parenthesis

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



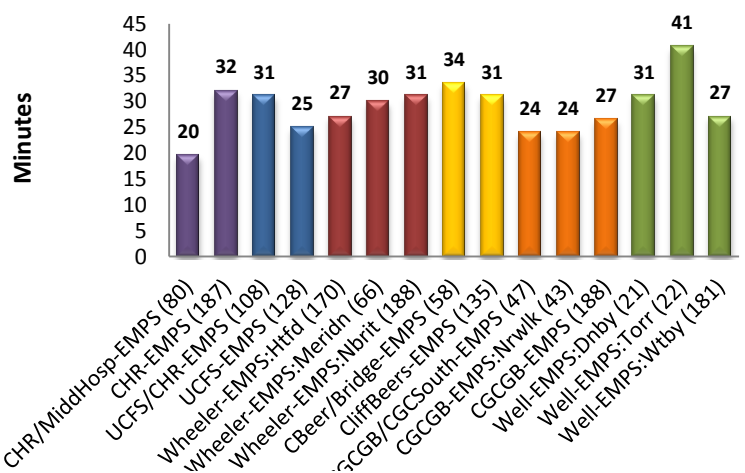
Note: Count of mobile episodes under 45 mins. are in parenthesis

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



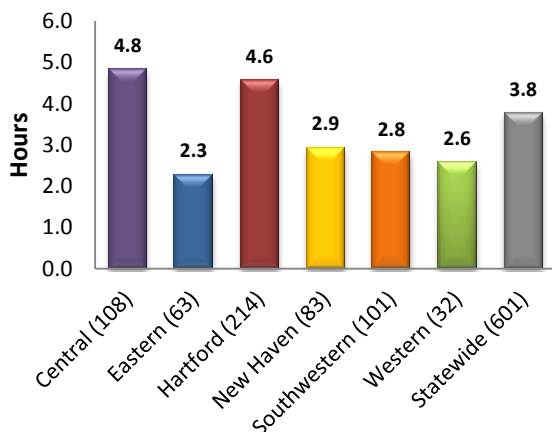
Note: Count of mobile EMPS response episodes are in parenthesis.

**Figure 51. Median Mobile Response Time by Provider in Minutes**



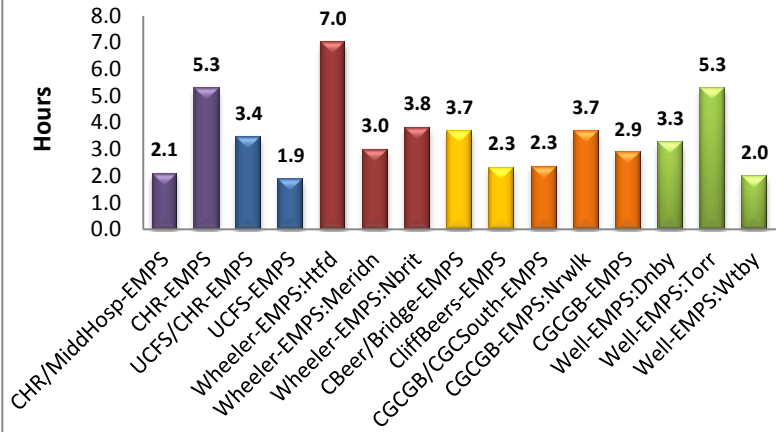
Note: Count of mobile episodes under 45 mins. are in parenthesis

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



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

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



## Section VIII: Length of Stay and Discharge Information

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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
		<i>Discharged Episodes for Current Reporting Period</i>									<i>Cumulative Discharged Episodes*</i>								
		Mean			Median			Percent			Mean			Median			Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	0.7	6.1	22.9	0.0	1.0	20.0	7%	26%	6%	0.8	6.8	25.9	0.0	2.0	22.0	9%	29%	9%
2	Central	1.5	6.3	25.9	0.0	1.0	22.0	13%	25%	8%	0.9	9.6	28.3	0.0	4.0	22.0	12%	44%	12%
3	CHR/MiddHosp-EMPS	0.3	0.0	19.9	0.0	1.0	18.0	6%	13%	2%	1.6	3.0	8.3	0.0	2.0	6.0	23%	18%	1%
4	CHR-EMPS	2.2	7.8	28.1	0.0	1.0	23.0	17%	30%	10%	0.6	14.6	30.7	0.0	7.0	25.0	7%	63%	14%
5	Eastern	0.9	5.7	19.4	0.0	2.0	18.0	9%	27%	3%	0.2	2.1	22.4	0.0	1.0	21.0	3%	3%	1%
6	UCFS/CHR-EMPS	1.5	6.2	18.5	0.0	1.0	15.0	8%	25%	2%	0.1	2.0	22.1	0.0	0.0	20.0	2%	5%	1%
7	UCFS-EMPS	0.4	5.3	20.0	0.0	2.0	19.0	10%	28%	4%	0.2	2.1	22.8	0.0	2.0	21.0	3%	2%	1%
8	Hartford	0.3	6.1	22.7	0.0	2.0	20.5	5%	28%	6%	1.0	5.5	25.2	0.0	3.0	21.0	14%	26%	10%
9	Wheeler-EMPS:Htfd	0.2	5.8	22.2	0.0	1.0	19.5	3%	26%	4%	1.5	5.9	25.9	0.0	3.0	23.0	19%	31%	10%
10	Wheeler-EMPS:Meridn	0.1	7.6	21.8	0.0	3.0	19.5	0%	26%	7%	1.3	4.8	21.5	0.0	2.0	19.0	25%	23%	6%
11	Wheeler-EMPS:NBrit	0.5	6.0	23.5	0.0	2.0	22.0	8%	30%	9%	0.3	5.2	25.9	0.0	3.0	21.0	6%	21%	12%
12	New Haven	0.8	6.1	22.7	0.0	1.0	20.0	9%	25%	7%	1.1	9.0	28.2	0.0	3.0	27.0	8%	41%	10%
13	CBeer/Bridge-EMPS	0.7	5.9	22.9	0.0	1.0	20.0	13%	28%	7%	2.0	4.0	25.5	0.0	0.0	26.0	12%	18%	3%
14	CliffBeers-EMPS	0.8	6.3	22.6	0.0	1.0	21.0	7%	23%	6%	1.0	11.1	30.6	0.0	6.0	28.0	7%	51%	16%
15	Southwestern	0.8	7.5	24.4	0.0	2.0	21.0	7%	27%	10%	1.0	9.5	31.2	0.0	2.0	31.0	10%	38%	12%
16	CFG/CGCSouth-EMPS	0.3	10.0	25.5	0.0	3.0	22.0	4%	33%	14%	0.4	5.1	40.6	0.0	0.0	41.0	3%	12%	32%
17	CFG-Nrwlk										1.4	7.1	21.9	1.0	5.0	19.0	27%	44%	5%
18	CFG-Brdgprt	1.1	6.5	23.9	0.0	1.0	21.0	9%	25%	8%	1.4	10.9	27.4	0.0	4.0	29.0	15%	45%	2%
19	Western	0.3	4.9	20.9	0.0	1.0	19.0	4%	24%	4%	0.6	5.1	20.2	0.0	0.0	20.0	5%	23%	5%
20	Well-EMPS:Dnby	0.6	6.2	18.3	0.0	2.0	18.0	6%	28%	0%	0.5	5.2	16.7	0.0	0.0	14.0	4%	24%	2%
21	Well-EMPS:Torr	0.7	5.4	21.4	0.0	1.5	17.0	7%	25%	0%	0.2	8.0	19.9	0.0	5.0	20.0	4%	45%	4%
22	Well-EMPS:Wtby	0.1	4.4	21.3	0.0	1.0	19.0	3%	23%	5%	0.7	4.7	21.1	0.0	0.0	20.0	5%	20%	7%

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

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

### Definitions:

LOS: Phone

Length of Stay in Days for Phone Only

LOS: FTF

Length of Stay in Days for Face To Face Only

LOS: Stab.

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

Phone > 1

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

FTF > 5

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

Stab. > 45

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

**Table 3. Number of Episodes for Discharged Episodes of Care**

		A	B	C	D	E	F	G	H	I	J	K	L
		<b><i>Discharged Episodes for Current Reporting Period</i></b>						<b><i>Cumulative Discharged Episodes*</i></b>					
		N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	598	1259	1132	41	329	72	3895	8374	7272	361	2452	665
2	Central	80	205	209	10	51	16	764	1173	1129	92	514	138
3	CHR/MiddHosp-EMPS	32	60	55	2	8	1	236	507	120	54	92	1
4	CHR-EMPS	48	145	154	8	43	15	528	666	1009	38	422	137
5	Eastern	57	120	119	5	32	4	484	1040	782	13	28	8
6	UCFS/CHR-EMPS	26	55	51	2	14	1	129	336	488	3	17	6
7	UCFS-EMPS	31	65	68	3	18	3	355	704	294	10	11	2
8	Hartford	195	386	360	9	108	23	933	1856	2908	135	482	299
9	Wheeler-EMPS:Htfd	80	159	142	2	42	5	411	885	888	78	271	93
10	Wheeler-EMPS:Meridn	24	53	54	0	14	4	127	208	489	32	47	27
11	Wheeler-EMPS:NBrit	91	174	164	7	52	14	395	763	1531	25	164	179
12	New Haven	80	154	123	7	38	8	603	1060	799	48	434	77
13	CBeer/Bridge-EMPS	24	54	43	3	15	3	86	316	384	10	56	10
14	CliffBeers-EMPS	56	100	80	4	23	5	517	744	415	38	378	67
15	Southwestern	82	184	141	6	50	14	413	1638	877	40	618	101
16	CFG/CGCSouth-EMPS	28	52	43	1	17	6	189	356	272	6	44	87
17	CFG-Nrwlk	0	0	0	0	0	0	11	71	41	3	31	2
18	CFG-Brdgprt	54	132	98	5	33	8	213	1211	564	31	543	12
19	Western	104	210	180	4	50	7	698	1607	777	33	376	42
20	Well-EMPS:Dnby	16	36	28	1	10	0	143	192	118	6	47	2
21	Well-EMPS:Torr	14	28	23	1	7	0	148	175	170	6	79	7
22	Well-EMPS:Wtby	74	146	129	2	33	7	407	1240	489	21	250	33

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

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

**Definitions:**

LOS: Phone

Length of Stay in Days for Phone Only

LOS: FTF

Length of Stay in Days for Face To Face Only

LOS: Stab.

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

Phone > 1

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

FTF > 5

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

Stab. > 45

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

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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		<i>Episodes Still in Care*</i>									<i>N of Episodes Still in Care*</i>					
		Mean			Median			Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	194.7	70.0	42.8	90.0	19.0	17.0	100%	81%	17%	21	173	315	21	140	53
2	Central	66.7	20.4	18.0	76.0	17.0	15.0	100%	81%	5%	3	31	42	3	25	2
3	CHR/MiddHosp-EMPS										0	0	0	0	0	0
4	CHR-EMPS	66.7	20.4	18.0	76.0	17.0	15.0	100%	81%	5%	3	31	42	3	25	2
5	Eastern		6.0	13.2		6.0	11.0		50%	0%	0	2	29	0	1	0
6	UCFS/CHR-EMPS		6.0	14.6		6.0	16.0		50%	0%	0	2	21	0	1	0
7	UCFS-EMPS			9.5			6.0			0%	0	0	8	0	0	0
8	Hartford	28.6	19.9	16.1	33.0	17.0	14.0	100%	80%	2%	5	41	84	5	33	2
9	Wheeler-EMPS:Htfd	28.0	20.2	19.4	33.0	17.0	17.0	100%	83%	0%	3	29	37	3	24	0
10	Wheeler-EMPS:Meridn		29.7	9.9		37.0	8.0		100%	0%	0	3	11	0	3	0
11	Wheeler-EMPS:NBrit	29.5	15.4	14.7	29.5	15.0	10.0	100%	67%	6%	2	9	36	2	6	2
12	New Haven	471.2	157.4	77.2	428.0	28.5	22.0	100%	85%	30%	6	52	67	6	44	20
13	CBeer/Bridge-EMPS	471.2	227.6	100.5	428.0	116.5	37.0	100%	84%	44%	6	32	41	6	27	18
14	CliffBeers-EMPS		45.2	40.5		17.5	16.5		85%	8%	0	20	26	0	17	2
15	Southwestern	133.0	55.4	81.9	69.0	15.0	25.0	100%	77%	39%	4	43	64	4	33	25
16	CFGCG/CGCSouth-EMPS	244.0	132.7	138.3	244.0	37.0	86.0	100%	80%	71%	2	15	35	2	12	25
17	CFGCG-Nrwk		4.8	8.8		3.5	5.0		25%	0%	0	4	5	0	1	0
18	CFGCG-Brdgprt	22.0	15.6	14.9	22.0	15.0	13.5	100%	83%	0%	2	24	24	2	20	0
19	Western	129.0	19.5	19.9	145.0	23.5	16.0	100%	100%	14%	3	4	29	3	4	4
20	Well-EMPS:Dnby	47.0		19.3	47.0		16.0	100%		0%	1	0	3	1	0	0
21	Well-EMPS:Torr	195.0	23.0	25.0	195.0	23.0	25.0	100%	100%	0%	1	1	3	1	1	0
22	Well-EMPS:Wtby	145.0	18.3	19.3	145.0	24.0	12.0	100%	100%	17%	1	3	23	1	3	4

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

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

**Definitions:**

LOS: Phone

Length of Stay in Days for Phone Only

LOS: FTF

Length of Stay in Days for Face To Face Only

LOS: Stab.

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

Phone > 1

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

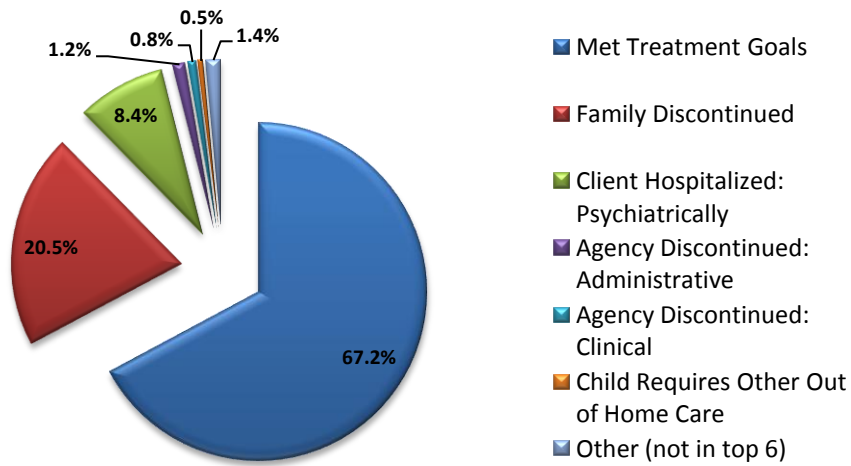
FTF > 5

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

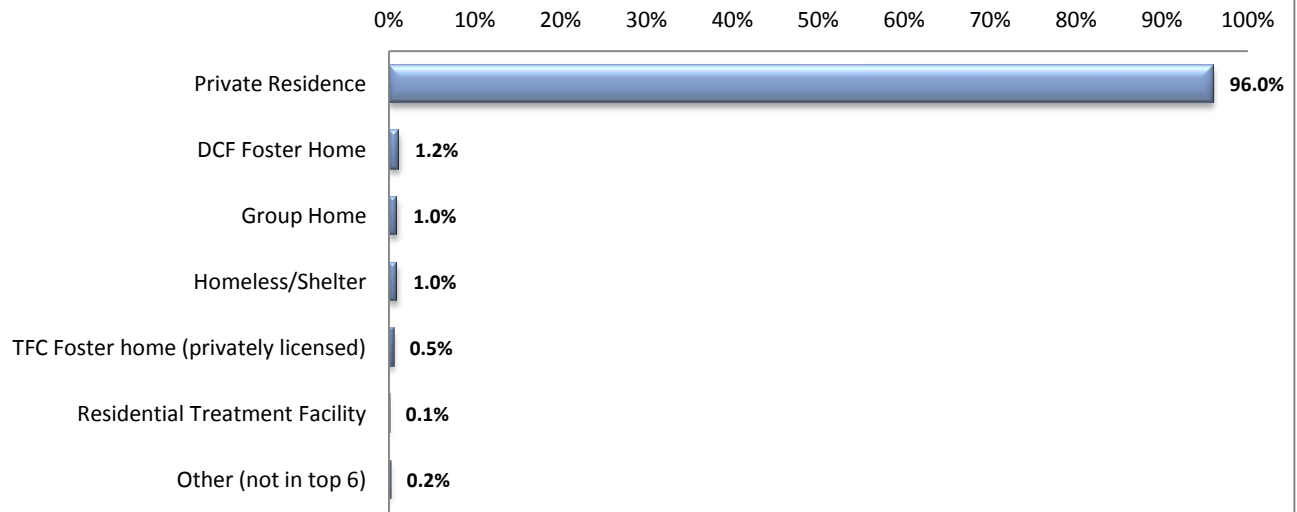
Stab. > 45

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

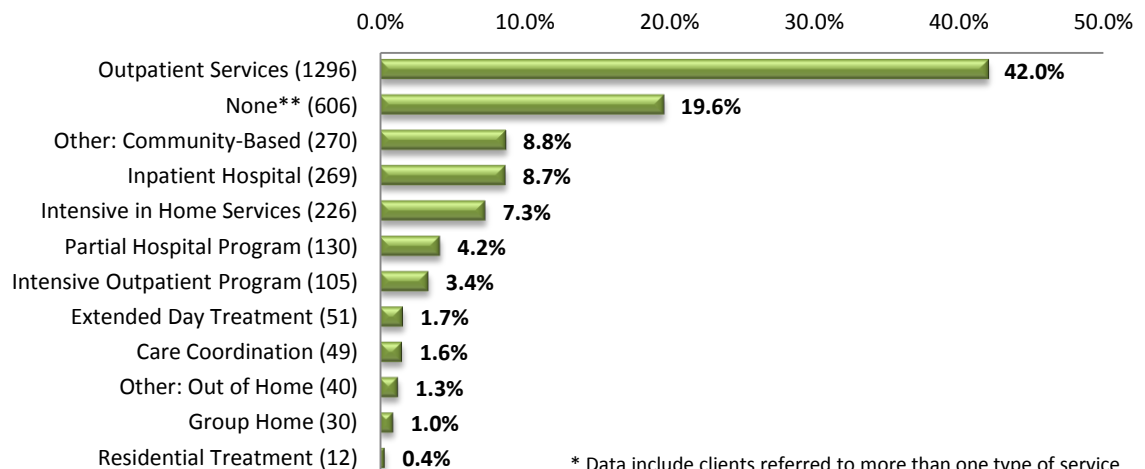
**Figure 54. Top Six Reasons for Client Discharge Statewide**



**Figure 55. Top Six Places Clients Live at Discharge Statewide**



**Figure 56. Type of Services Client Referred\* to at Discharge Statewide (N=3084)**



Note: Count for each type of service referral is in parenthesis

\* Data include clients referred to more than one type of service

\*\* May include referrals back to existing providers



Table 5. Ohio Scales Scores by Service Area

Service Area	<i>N (paired' intake &amp; discharge)</i>	<i>Mean (paired' intake)</i>	<i>Mean (paired' discharge)</i>	<i>Mean Difference (paired' cases)</i>	<i>t-score</i>	<i>Sig.</i>
<b>STATEWIDE</b>						
Parent Functioning Score	207	44.71	48.18	3.47	4.04	**
Worker Functioning Score	761	42.64	45.51	2.87	11.69	**
Parent Problem Score	214	27.73	23.45	-4.28	-5.53	**
Worker Problem Score	761	29.86	25.63	-4.23	-14.70	**
<b>Central</b>						
Parent Functioning Score	59	43.12	42.59	-0.53	-0.59	
Worker Functioning Score	100	47.82	49.44	1.62	4.30	**
Parent Problem Score	59	29.00	27.88	-1.12	-1.10	
Worker Problem Score	100	23.28	21.34	-1.94	-3.27	**
<b>Eastern</b>						
Parent Functioning Score	52	40.10	48.04	7.94	3.52	**
Worker Functioning Score	112	39.15	43.29	4.14	5.32	**
Parent Problem Score	59	32.53	24.02	-8.51	-5.20	**
Worker Problem Score	112	34.99	29.14	-5.85	-5.86	**
<b>Hartford</b>						
Parent Functioning Score	23	44.78	53.65	8.87	3.43	**
Worker Functioning Score	243	42.93	44.75	1.82	4.51	**
Parent Problem Score	23	28.17	17.22	-10.95	-3.87	**
Worker Problem Score	243	30.42	26.20	-4.22	-8.95	**
<b>New Haven</b>						
Parent Functioning Score	51	50.39	51.80	1.41	0.84	
Worker Functioning Score	71	42.87	46.38	3.51	3.98	**
Parent Problem Score	51	21.25	19.86	-1.39	-0.92	
Worker Problem Score	71	28.04	22.48	-5.56	-4.71	**
<b>Southwestern</b>						
Parent Functioning Score	9	46.78	55.22	8.44	4.44	**
Worker Functioning Score	73	41.44	48.33	6.89	6.45	**
Parent Problem Score	9	29.33	24.33	-5	-1.76	
Worker Problem Score	73	27.00	21.63	-5.37	-5.43	**
<b>Western</b>						
Parent Functioning Score	13	46.62	45.31	-1.31	-0.58	
Worker Functioning Score	162	41.83	44.11	2.28	5.32	**
Parent Problem Score	13	23.77	25.23	1.46	0.75	
Worker Problem Score	162	31.61	28.17	-3.44	-7.37	**

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

† .05-.10,

\* P &lt; .05,

\*\*P &lt; .01

## Section IX: Client & Referral Source Satisfaction

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

211 Items	Clients (n=79)	Referrers (n=69)
The 211 staff answered my call in a timely manner	4.96	4.89
The 211 staff was courteous	4.98	4.92
The 211 staff was knowledgeable	4.95	4.90
My phone call was quickly transferred to the EMPS provider	4.90	4.84
<b>Sub-Total Mean: 211</b>	<b>4.95</b>	<b>4.89</b>
EMPS Items		
EMPS responded to the crisis in a timely manner	4.81	4.93
The EMPS staff was respectful	4.84	4.96
The EMPS staff was knowledgeable	4.83	4.92
The EMPS staff spoke to me in a way that I understood	4.87	X
EMPS helped my child/family get the services needed or made contact with my current service provider (if you had one at the time you called EMPS)	4.74	X
The services or resources my child and/or family received were right for us	4.68	X
The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS	X	4.75
Overall, I am very satisfied with the way that EMPS responded to the crisis	4.69	4.81
<b>Sub-Total Mean: EMPS</b>	<b>4.78</b>	<b>4.87</b>
<b>Overall Mean Score</b>	<b>4.84</b>	<b>4.88</b>

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

### Client Comments:

- Both 211 and the EMPS staff were wonderful
- Very pleased with the follow up actions they have recommended.
- They were absolutely wonderful with my son.
- I cannot say enough about 211 and EMPS-you both provide such a great service-thank you so much!
- I was not satisfied with the service-they told me someone would not be out until 8pm, so I ended up cancelling the service and taking him to the ER instead.
- I was not happy with the services from EMPS. I felt the clinician did not respect me or my concerns at all. I do not feel the service was helpful. The 211 staff, on the other hand, was very good.
- I was very upset with EMPS because I feel they did not take into consideration the safety of my family and my own concerns. I do not plan on ever using the EMPS services again.

### Referrer Comments:

- I was very impressed with the service and found it extremely helpful.
- Very satisfied with the services-our school uses you quite a bit.
- We are so grateful for the EMPS services.
- EMPS went above and beyond-very impressed with the clinician.
- I was not happy at all with 211--I waited a very long time to be connected to the EMPS staff and finally disconnected the call. I ended up calling that office on my own and spoke to a clinician myself. The entire process is very cumbersome. However, I was satisfied with the EMPS services once I was in contact with them.
- All EMPS did was refer the parents to an IICAPS program which was not what they wanted.
- I feel there should be an expedited method to the initial intake process. I had already contracted 911 and the child was assaulting me as I spoke to 211-I just felt that there were too many questions to answer at that particular time. The EMPS services were great, however.
- I have been dealing with EMPS for a while and am in general not happy with the services. I feel that too many inappropriate questions are asked and that the response time is never adequate.

## Section X: Training Attendance

**Table 7. Trainings Completed for All Active\* Staff**

	Crisis Wrap	Crisis API	Str Based	Suicide	Trauma	Violence	C&L Care	Safety	Emerg. Certificate	All 9 Trainings Completed*	All 9 Completed for Full-Time Staff Only
Statewide (151)*	67%	72%	55%	71%	65%	64%	57%	66%	44%	23%	37%
CHR/MiddHosp-EMPS (7)*	71%	86%	29%	86%	86%	86%	57%	57%	71%	14%	33%
CHR-EMPS (11)*	82%	100%	64%	82%	73%	82%	64%	82%	73%	45%	71%
UCFS/CHR-EMPS (5)*	80%	100%	80%	100%	80%	100%	80%	100%	40%	40%	50%
UCFS-EMPS (10)*	90%	90%	90%	80%	90%	90%	90%	90%	30%	30%	50%
Wheeler-EMPS:Htfd (19)*	68%	84%	74%	79%	84%	58%	53%	68%	37%	16%	27%
Wheeler-EMPS:Meridn (11)*	82%	73%	73%	73%	82%	64%	64%	82%	73%	36%	57%
Wheeler-EMPS:Nbrit (14)*	79%	93%	93%	100%	86%	79%	86%	93%	86%	57%	70%
CBeer/Bridge-EMPS (6)*	67%	67%	67%	67%	50%	67%	67%	67%	67%	50%	50%
CliffBeers-EMPS (14)*	43%	50%	36%	71%	50%	57%	50%	43%	7%	0%	0%
CFGC/Stmfrd(8)*	63%	38%	13%	63%	50%	63%	38%	63%	0%	0%	0%
CFGC-Nrwlk (3)*	100%	100%	33%	67%	33%	100%	67%	67%	0%	0%	0%
CFGC-Brdgprt (13)*	69%	69%	62%	69%	69%	85%	69%	85%	15%	15%	50%
Well-EMPS:Dnby (2)*	100%	100%	100%	100%	50%	100%	100%	100%	100%	50%	50%
Well-EMPS:Torr (1)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Well-EMPS:Wtby (27)*	44%	70%	41%	59%	63%	48%	44%	56%	63%	19%	38%
<b>Full-Time Staff Only (91)</b>	<b>78%</b>	<b>80%</b>	<b>71%</b>	<b>81%</b>	<b>78%</b>	<b>74%</b>	<b>79%</b>	<b>85%</b>	<b>56%</b>	<b>54%</b>	

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

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

### Training Title Abbreviations:

Crisis Wrap = Crisis Wraparound

Crisis API = Crisis Assessment, Planning and Intervention

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

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

Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

C&L Care = Culturally and Linguistically Competent Care

Safety = Worker Safety and Self Care

Emerg. Certificate=Emergency Certificate

## Section XI: Data Quality Monitoring

Figure 57. Ohio Scales Collected at Intake by Provider

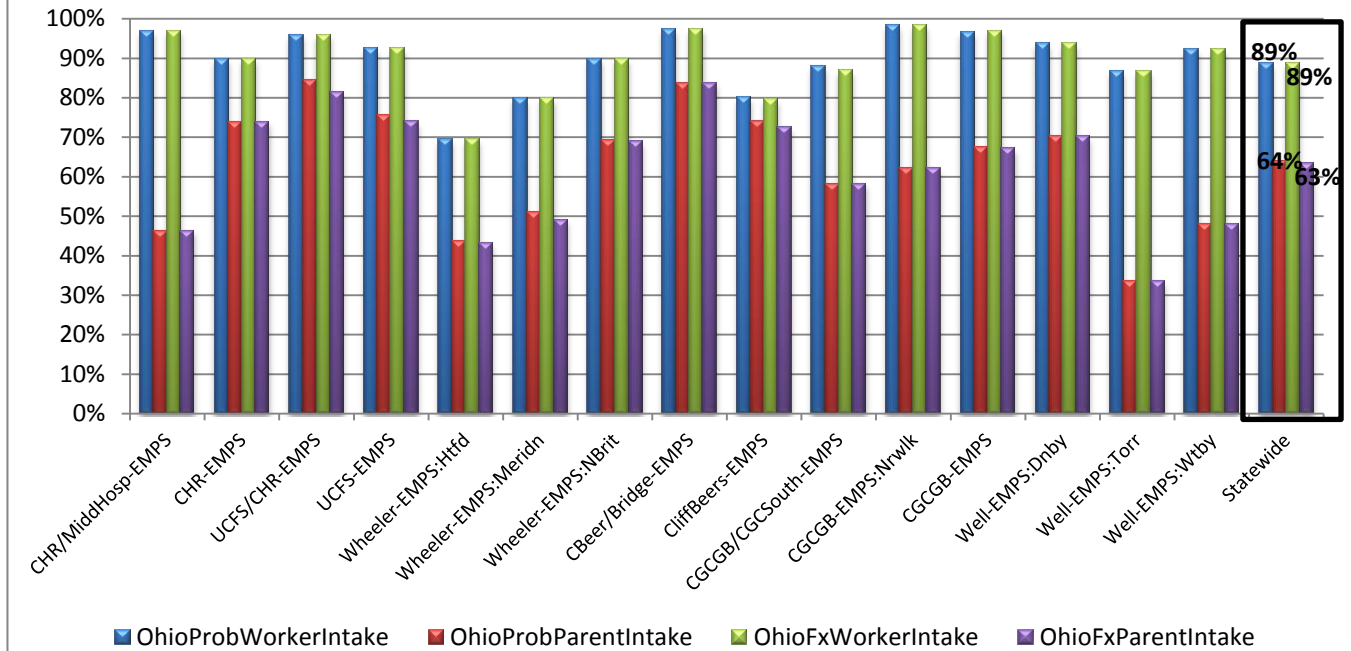
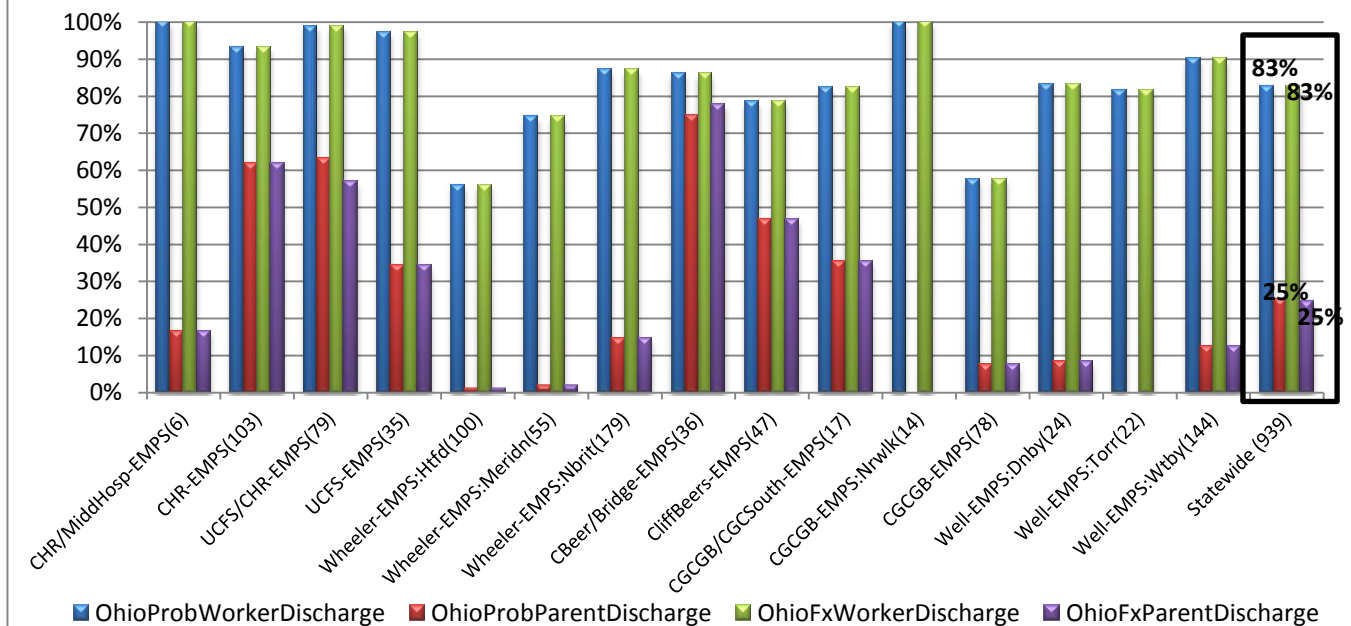
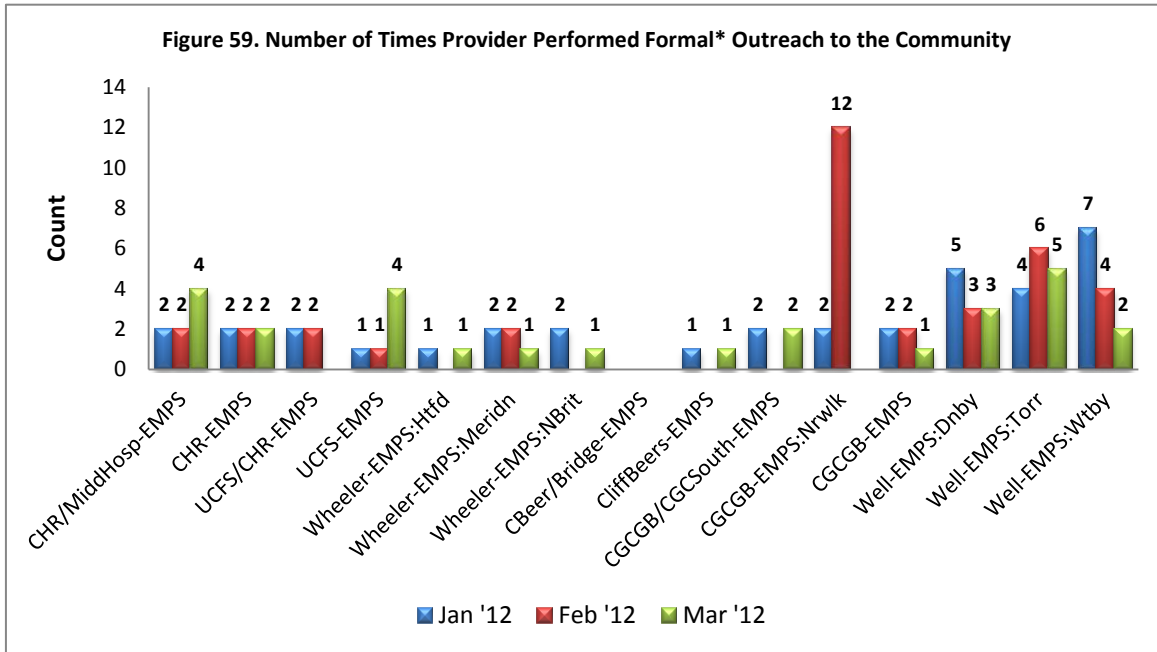


Figure 58. Ohio Scales Collected at Discharge by Provider



Note: Count number of expected Ohio Scales completed at discharge in parenthesis

## Section XII: Provider Community Outreach



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

# **Appendix A: Description of Calculations**

## ***Section I: Primary EMPS Performance Indicators and Monthly Trends***

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

## ***Section II: Episode Volume***

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

## ***Section III: Demographics***

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

<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 IV: Clinical Functioning

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

## Section V: Referral Sources

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

## Section VI: 211 Recommendations and EMPS Response

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

## Section VII: Response Time

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

## Section VIII: Length of Stay and Discharge Information

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



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

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

## *Section IX: Client and Referral Source Satisfaction*

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

## *Section X: Training Attendance*

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

## *Section XI: Data Quality Monitoring*

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

## *Section XII: Provider Community Outreach*

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

## **Appendix B: List of Diagnostic Codes<sup>2</sup> Combined**

### **Adjustment Disorders:**

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

### **Anxiety Disorders:**

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

### **Attention Deficit/Hyperactivity Disorders:**

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

### **Bipolar Disorders:**

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

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

**Bipolar Disorders (continued):**

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

**Major Depressive Disorders:**

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

**Mental Retardation:**

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

**Personality Disorders:**

301.0 Paranoid Personality Disorder  
301.20 Schizoid Personality Disorder  
301.22 Schizotypal Personality Disorder  
301.4 Obsessive-Compulsive Personality Disorder  
301.50 Histrionic Personality Disorder  
301.6 Dependent Personality Disorder  
301.7 Antisocial Personality Disorder  
301.81 Narcissistic Personality Disorder  
301.82 Avoidant Personality Disorder  
301.83 Borderline Personality Disorder  
301.9 Personality Disorder NOS

**Pervasive Developmental Disorders:**

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