

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

Quarter 2: Fiscal Year 2010

October 2009 - December 2009



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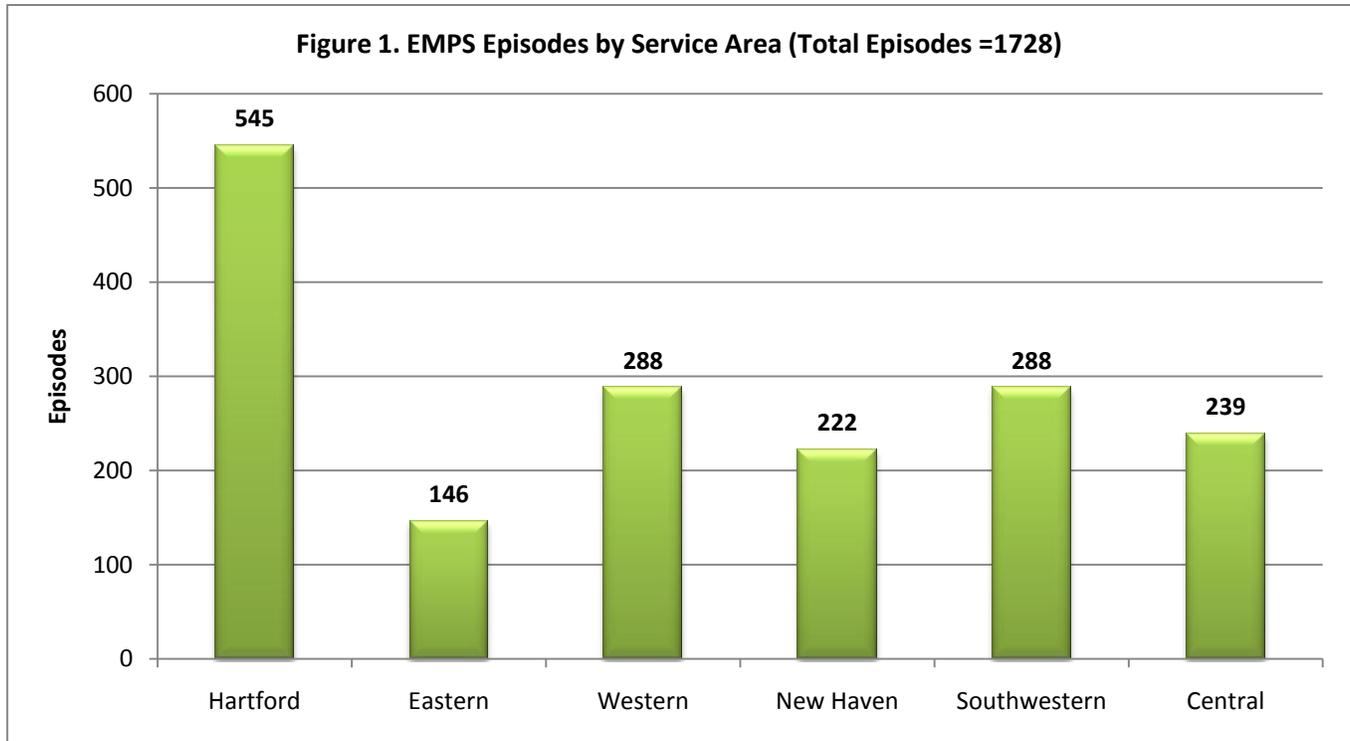
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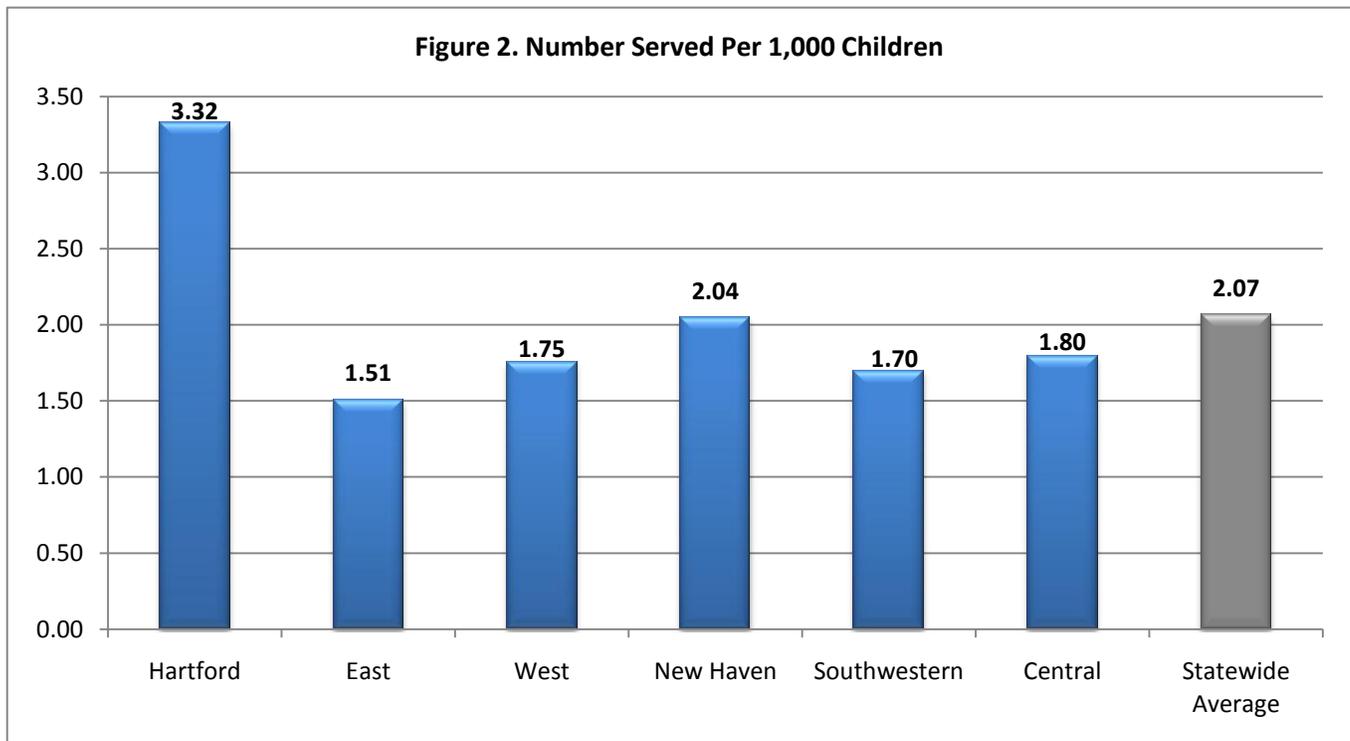
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Section I: Primary EMPS Performance Indicators

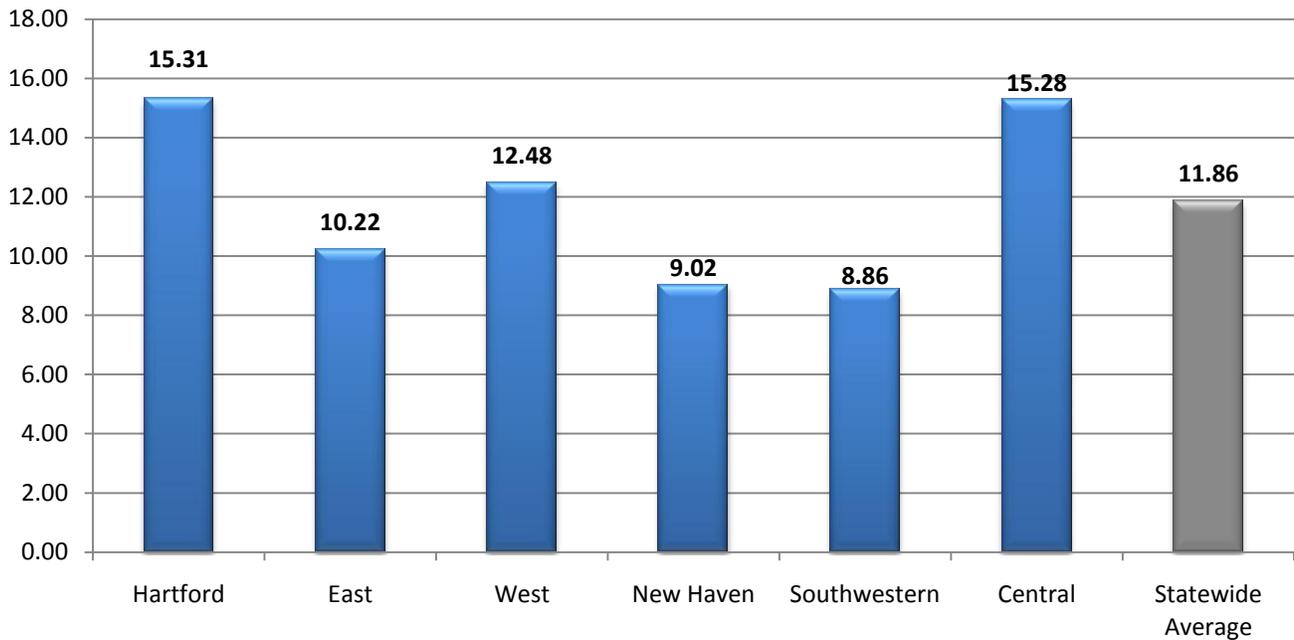


Calculation: Total number of episodes where 211 disposition is EMPS Response



Calculation: $(\text{Number of EMPS episodes in service area} * 1000) \div \text{Total child population in service area}$

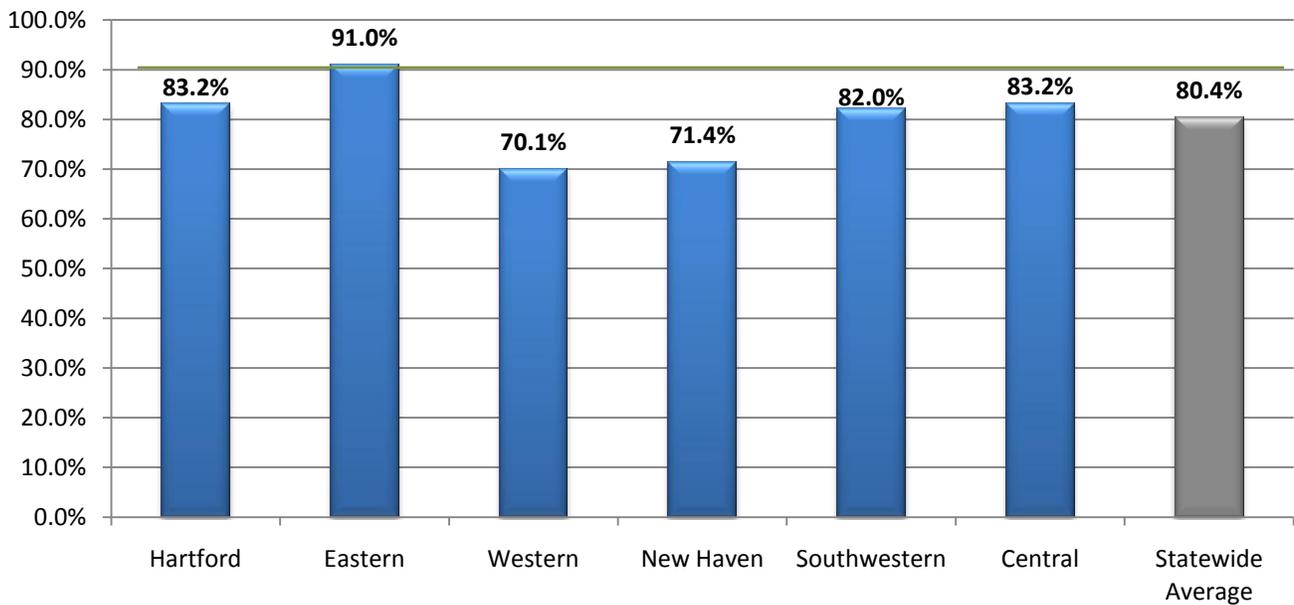
Figure 3. Number Served per 1,000 Children in Poverty



Calculation: $(\text{Number EMPS episodes in service area} * 1000) \div \text{Total number children eligible for free lunch in service area}$

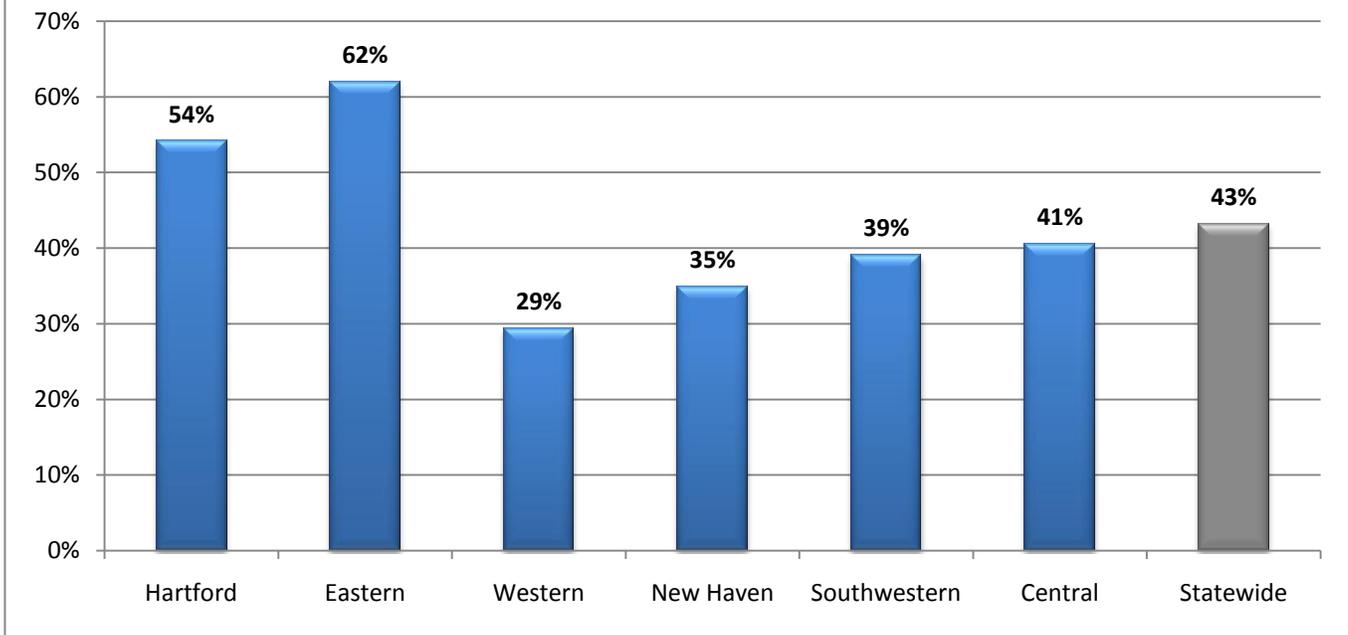
Figure 4. Percent Mobile Response (Mobile & Deferred Mobile) by Service Area

Goal=90%



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

Figure 5. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Service Area



Calculation: $(\text{Count mobile episodes under 45 mins} \div \text{Count of EMPS response mode is mobile}) * 100$

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

Section I Summary: Primary EMPS Performance Indicators

- A total of 2,198 calls were received during the current quarter, resulting in a total of 1,728 episodes of care, statewide. Approximately 79% of all calls resulted in an opened EMPS episode of care.
- The Hartford region generated the highest number of episodes (545) accounting for 31.5% of the statewide total. The Eastern region generated the lowest number of episodes (146), accounting for 8.4% of the statewide total.
- The statewide network of EMPS providers serves 2.07 children per 1,000 children in statewide population. The highest penetration rate was found in the Hartford region (3.32 per 1,000 children). The lowest EMPS penetration rate was in the Eastern Region (1.50 per 1,000 children).
- The Hartford (15.31) and Central (15.28) regions had the highest EMPS service penetration rate for children in poverty, whereas the Southwestern (8.86) and New Haven (9.02) regions had the lowest service penetration among children in poverty.
- Data on service penetration among children in poverty is complicated by missing data and should be considered only an estimate.
- The statewide average mobility rate was 80.4%, slightly below the pre-established benchmark of 90%. Mobility rates of over 80% were observed in four of six regions. The Eastern region had a mobility rate of over 90% during the current quarter.
- Only 43% of mobile responses met the goal of occurring in less than 45 minutes during the current quarter. The highest compliance rates on response time were found in the Eastern (62%) and Hartford (54%) regions. Compliance by region on response time ranged from 29% to 62%. **Please note:** 25% of all episodes are either missing or have incorrectly entered data for this variable.

Section II: Demographics

Figure 6: Gender of Children Served

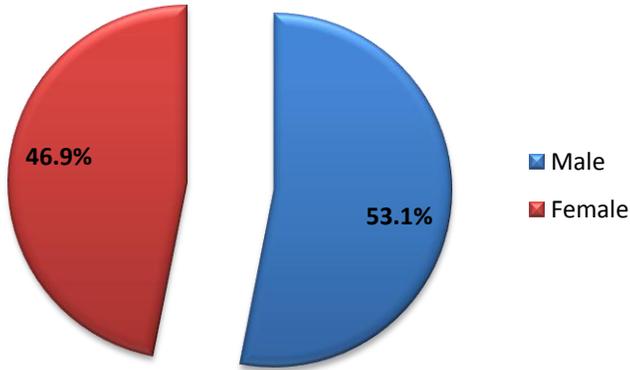


Figure 7: Age Groups of Children Served

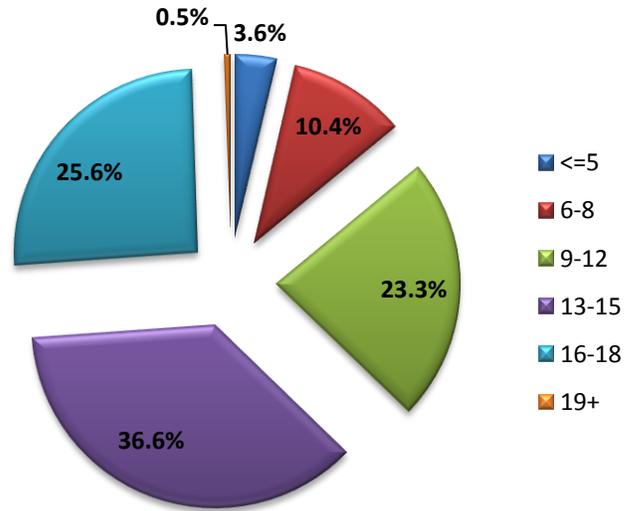


Figure 8: Race of Children Served (Total = 1515)

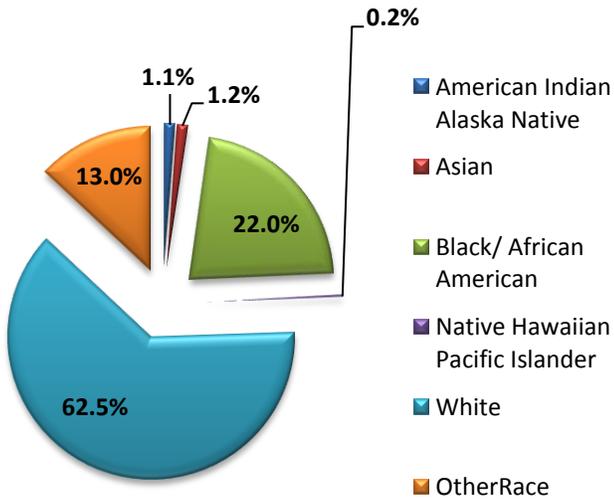
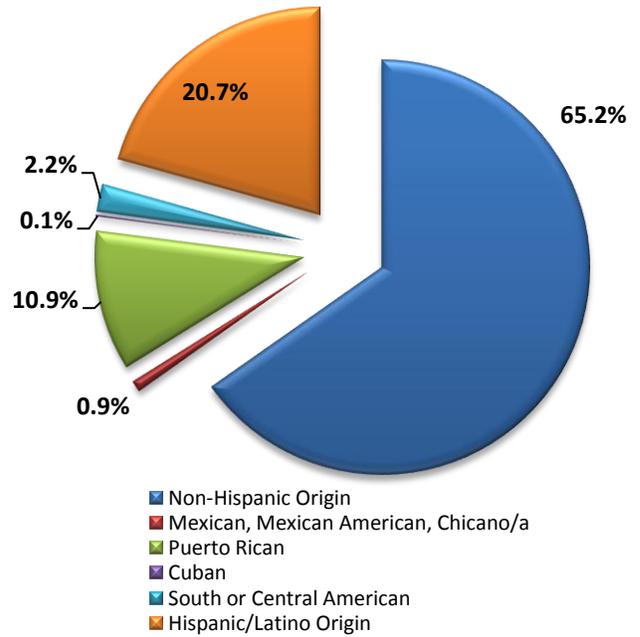


Figure 9: Ethnic Background of Children Served (Total = 1515)



Section II Summary:

Demographics

- The statewide network of EMPS providers serves a diverse group of children and families in terms of their gender, age, ethnic, and racial backgrounds.
- Slightly more than one half (53%) of children served were boys and 47% were girls.
- Approximately 37% of youth served were 13 to 15 years old, 26% were 16 to 18 years old, 23% were nine to twelve years old, and 10% were six to eight years old.
- A total of 35% of youth served were of Hispanic ethnicity. This includes 20.7% of Hispanic/Latino ethnicity, 11% of Puerto Rican ethnicity, and 3% of other Hispanic ethnic backgrounds.
- Most children served were Caucasian (63%), 22% were African-American or Black, and 13% self-identified their racial background as “Other.”

Section III: Episode Volume

Figure 10. Total Call Volume by Call Type

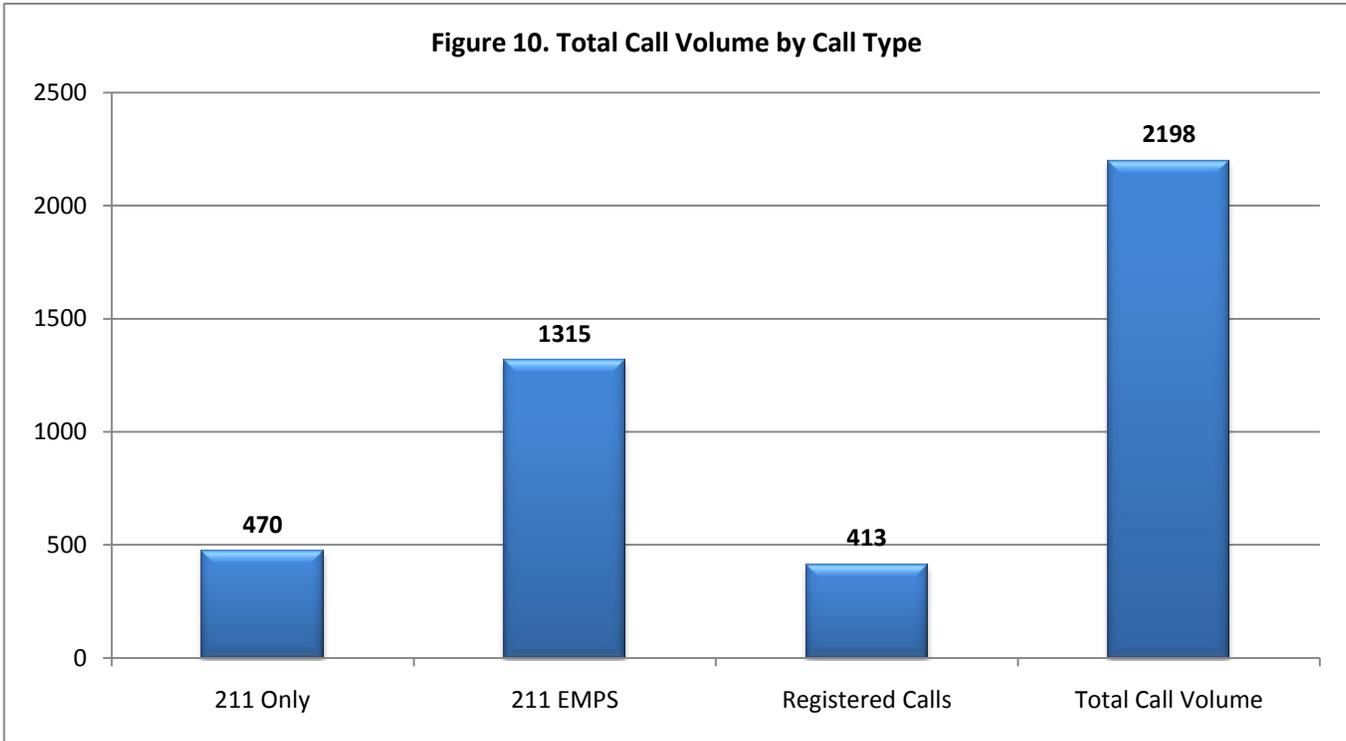
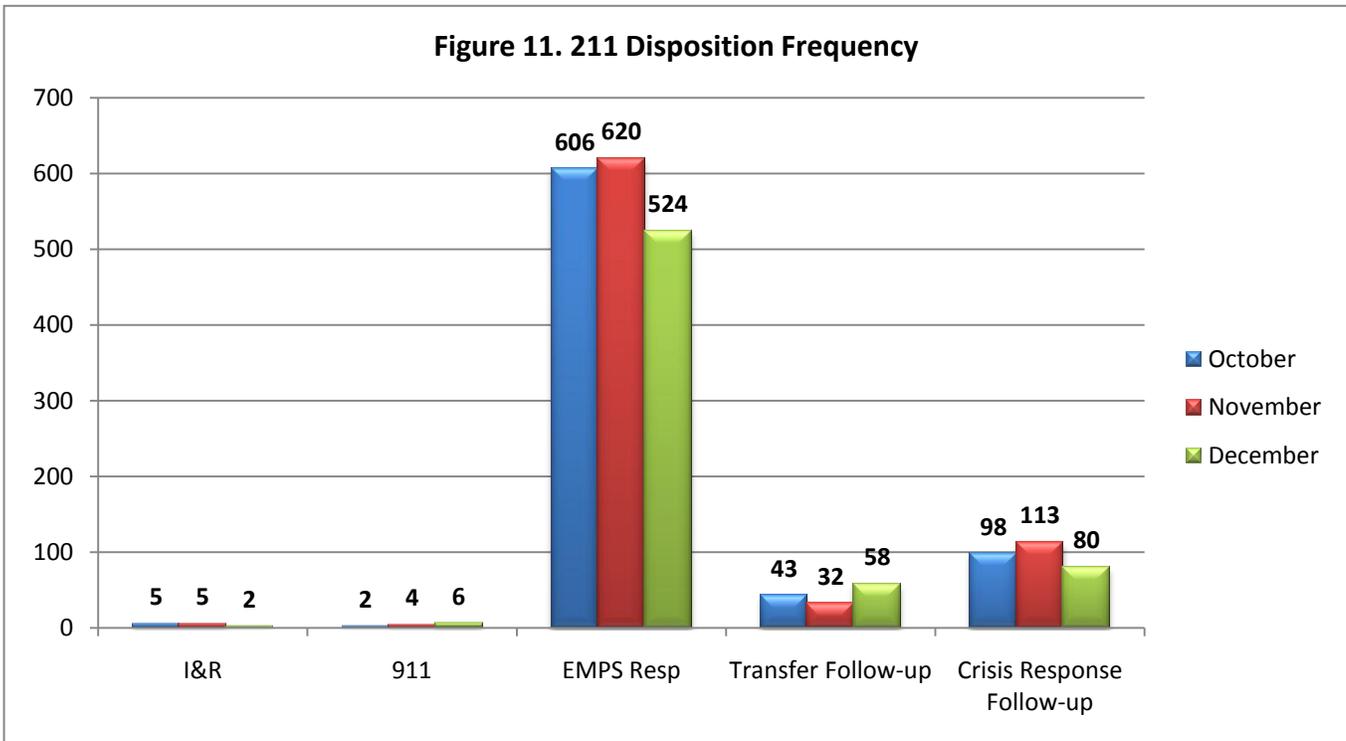
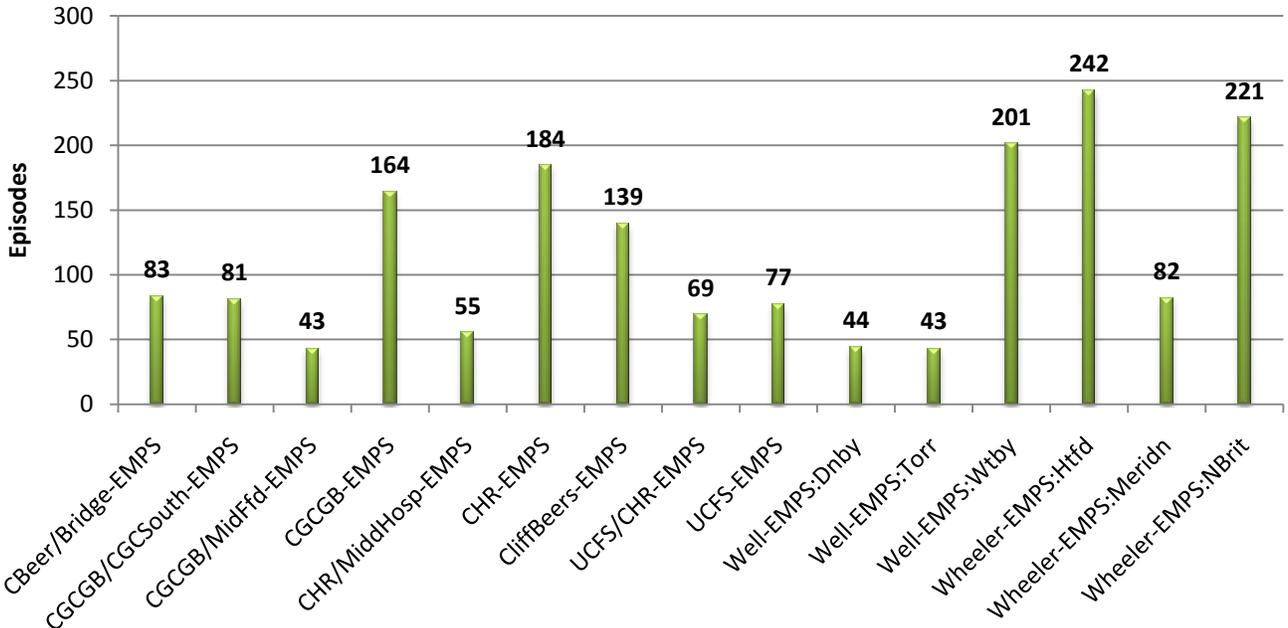


Figure 11. 211 Disposition Frequency



Calculation: Total number of episodes for 211 disposition categories

Figure 12. EMPS Response Episodes by Provider (Total Episodes = 1728)



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

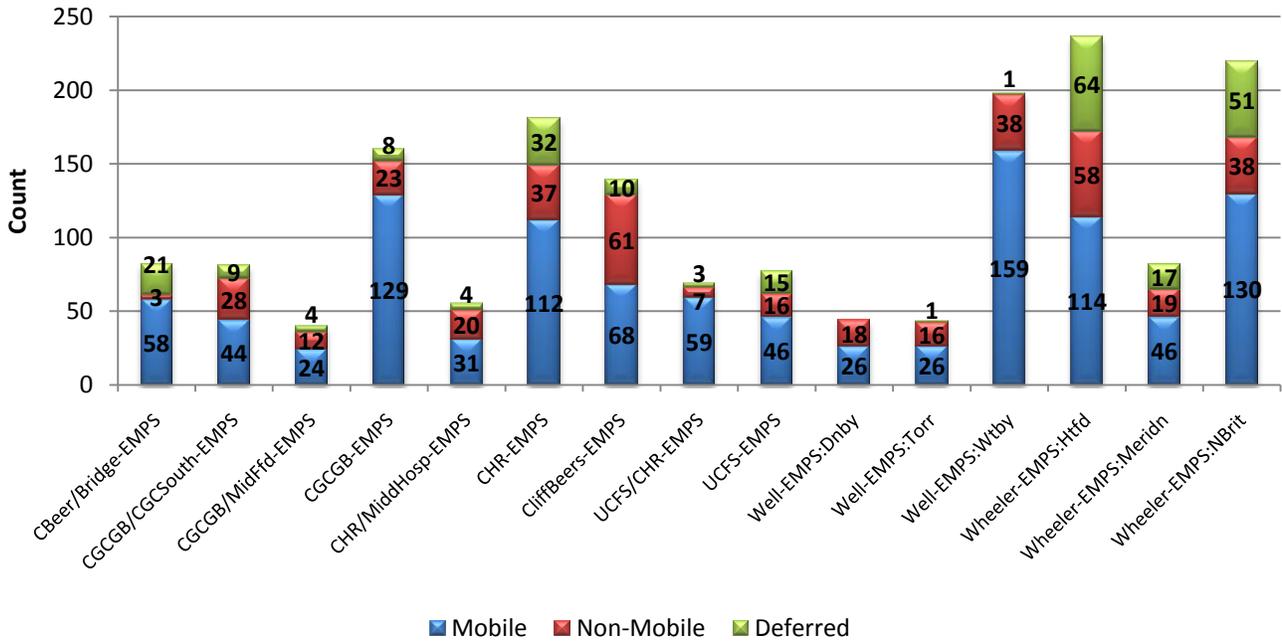
Section III Summary:

Episode Volume

- Of the 2,198 EMPS calls during the current quarter, 470 calls (21%) were “211 only” calls (including calls routed to 911, calls for information and referral, calls transferred to EMPS for follow-up on an open episode of care, and crisis response follow-up calls on an open episode of care).
- 413 calls (19%) were coded as “Registered Calls,” usually calls placed directly to an EMPS provider and later registered (entered) into the PSDCRS system by the EMPS provider.
- 1,728 (79%) of the total calls resulted in a new episode of care.
- The overall call volume of 2,198 calls this quarter would suggest annual call volume of nearly 8,800 calls, although actual total calls are expected to fluctuate each quarter. Among individual providers, the highest number of new episodes during the quarter was generated by the three Wheeler Clinic EMPS sites (Hartford, New Britain, and Meriden).

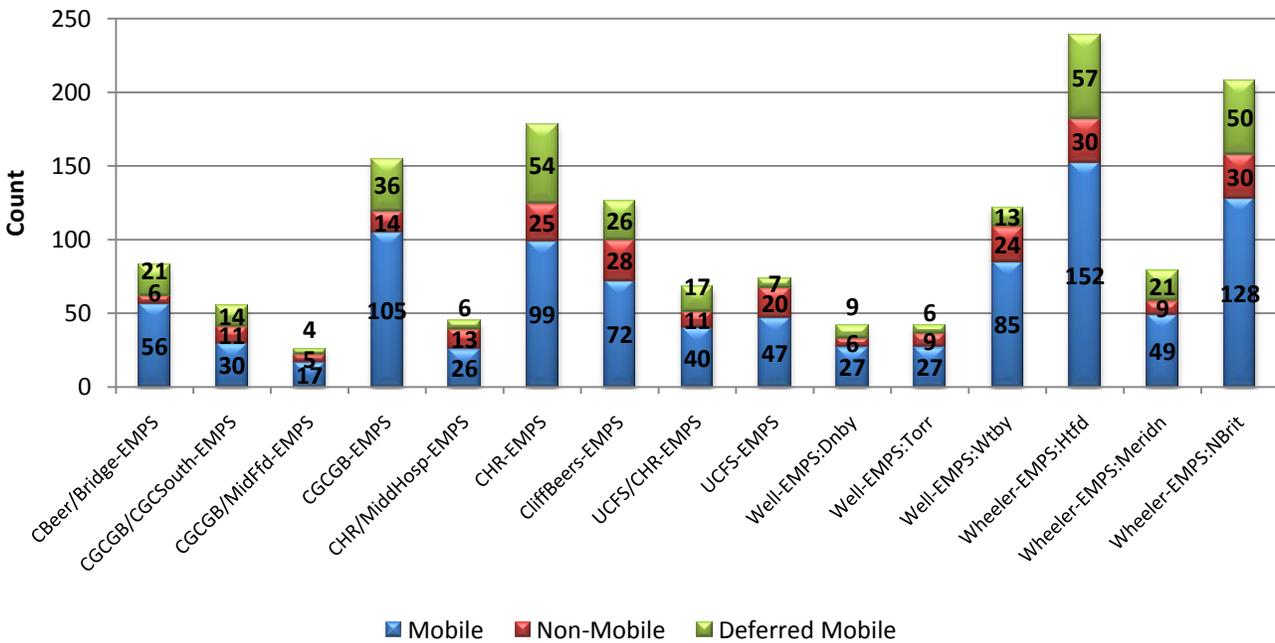
Section IV: EMPS Response and 211 Recommendations

Figure 13. Total Count of Actual EMPS Response by Provider



Calculation: Count total episodes with an EMPS response

Figure 14. Total Count of 211 Recommended Response by Provider



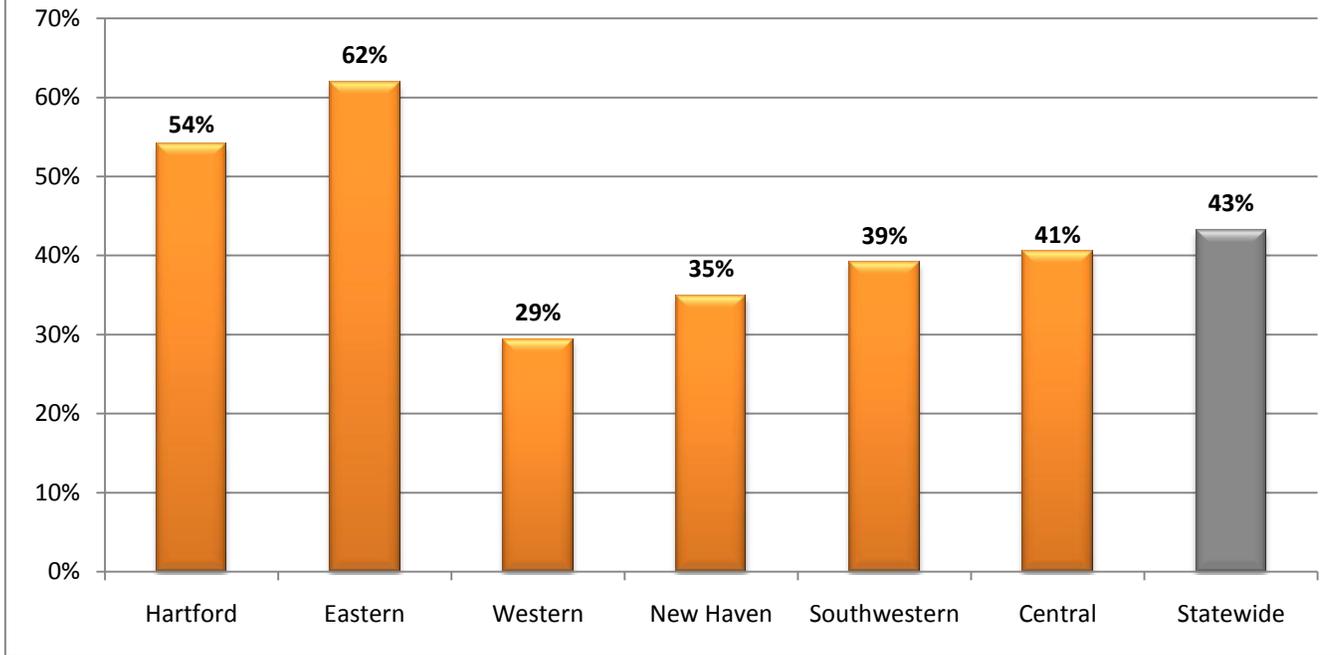
Calculation: Count total episodes with a 211 disposition of EMPS response

Section IV Summary: **EMPS Response and 211 Recommendations**

- Section IV reviews total counts of various EMPS response types, including mobile, non-mobile, and deferred mobile responses, according to actual EMPS response and 211 recommended responses.
- For all providers, a mobile response is the most common 211 recommended response and also is the most common EMPS response type.

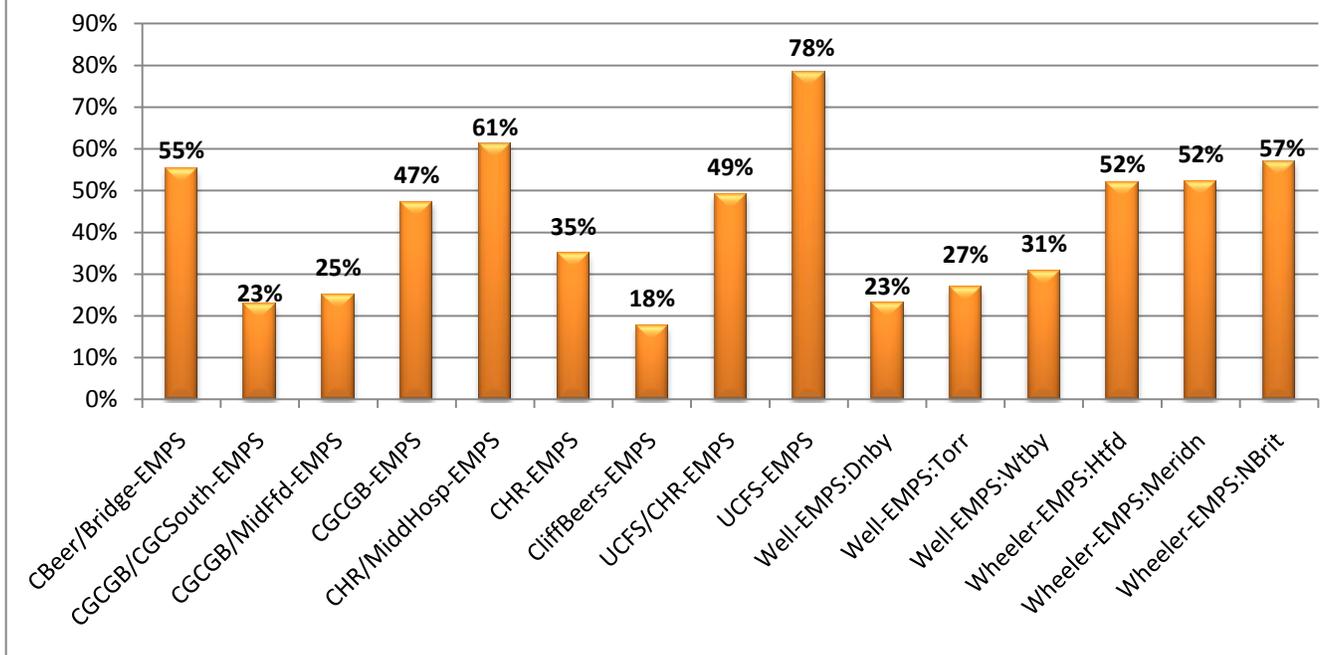
Section V: Response Time

Figure 15. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Service Area



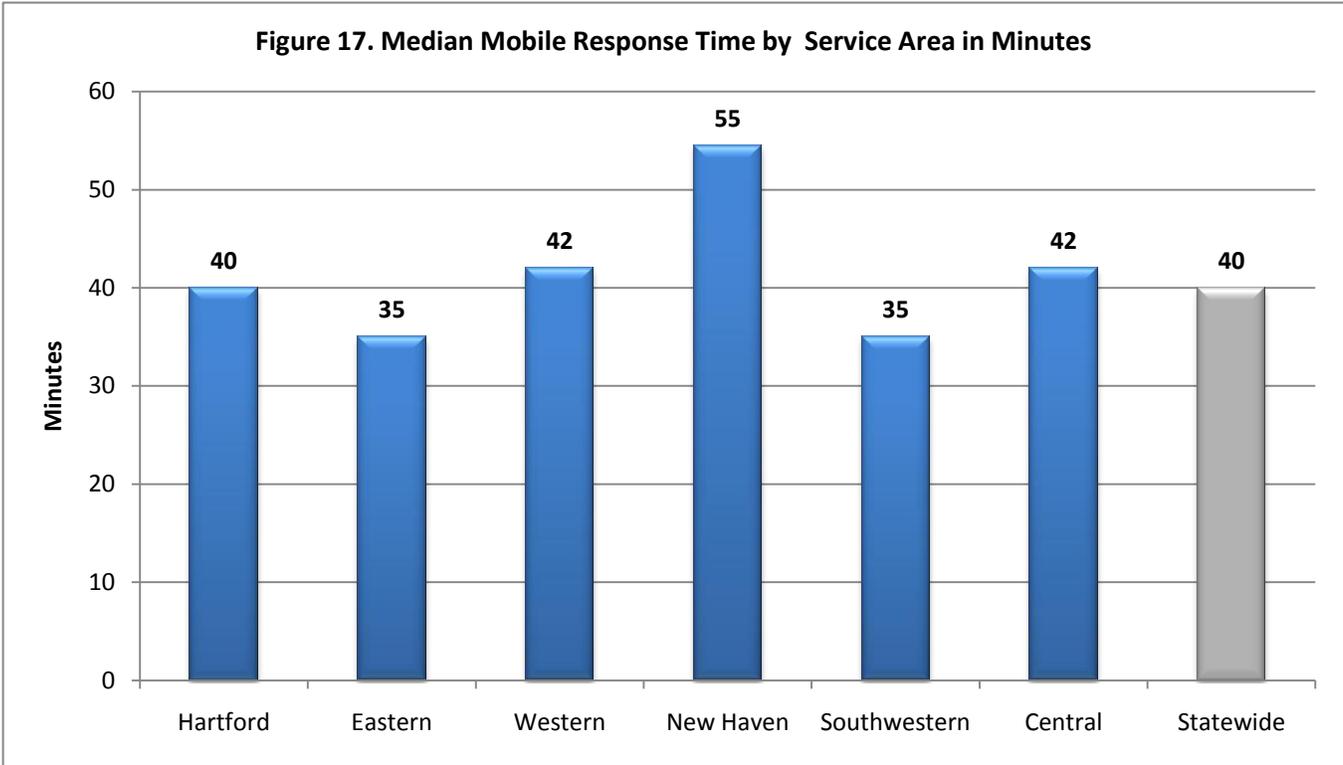
Calculation: (Count Mobile Episodes under 45 Mins (after subtracting 10 minutes for average 211 call)/Total Mobile Episodes)*100

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



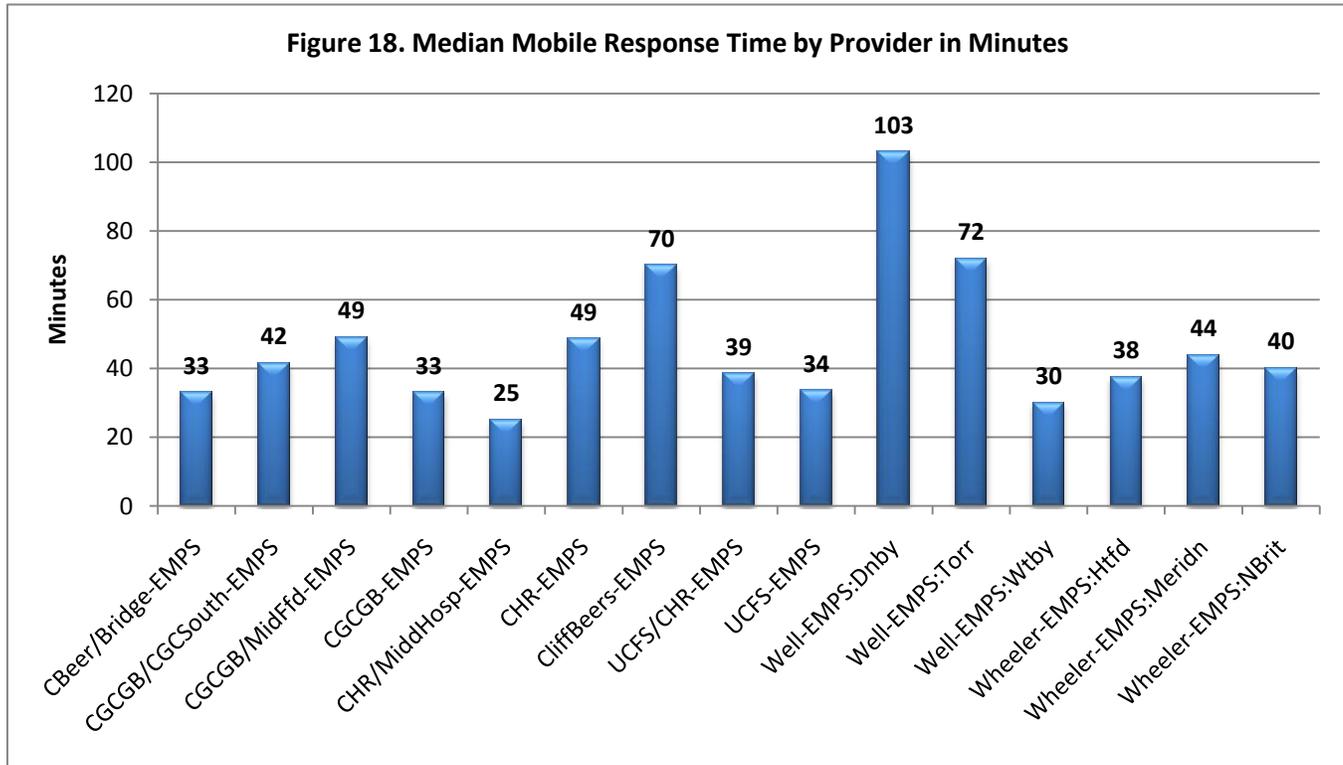
Calculation: (Count Mobile Episodes under 45 Mins (after subtracting 10 minutes for average 211 call)/Total Mobile Episodes)*100

Figure 17. Median Mobile Response Time by Service Area in Minutes



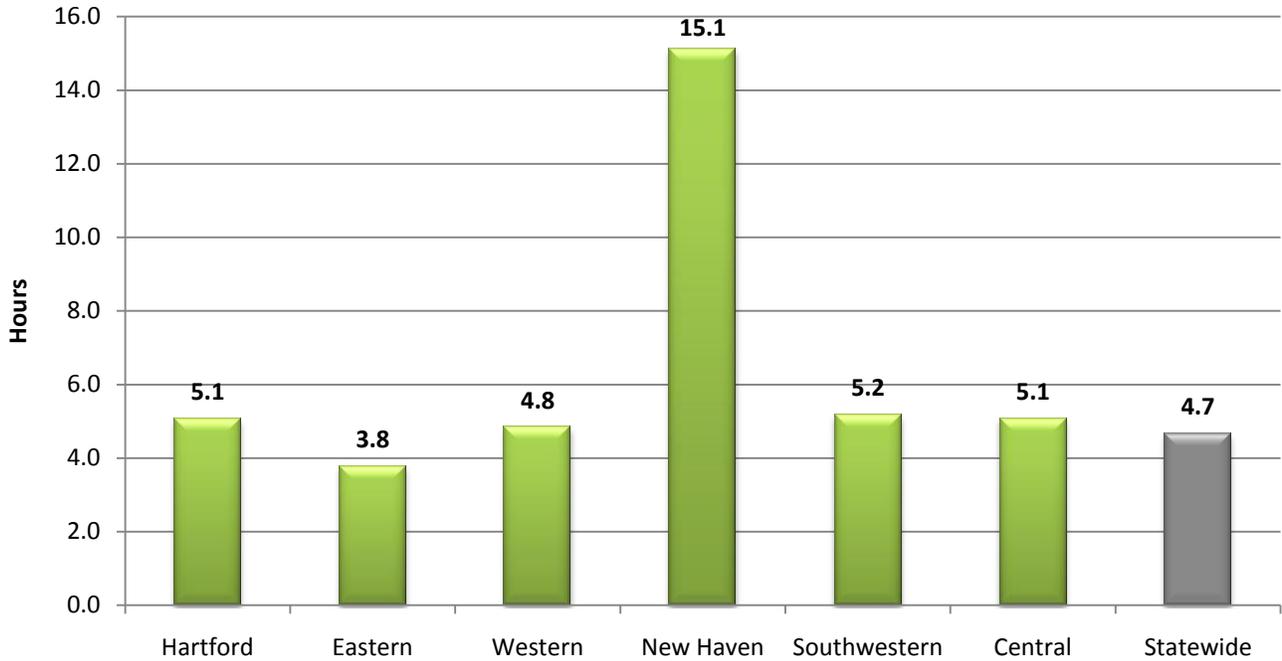
Calculation: Arrange the response time values for each service area in order (after subtracting 10 minutes for the average 211 call) and then select the one in the middle

Figure 18. Median Mobile Response Time by Provider in Minutes



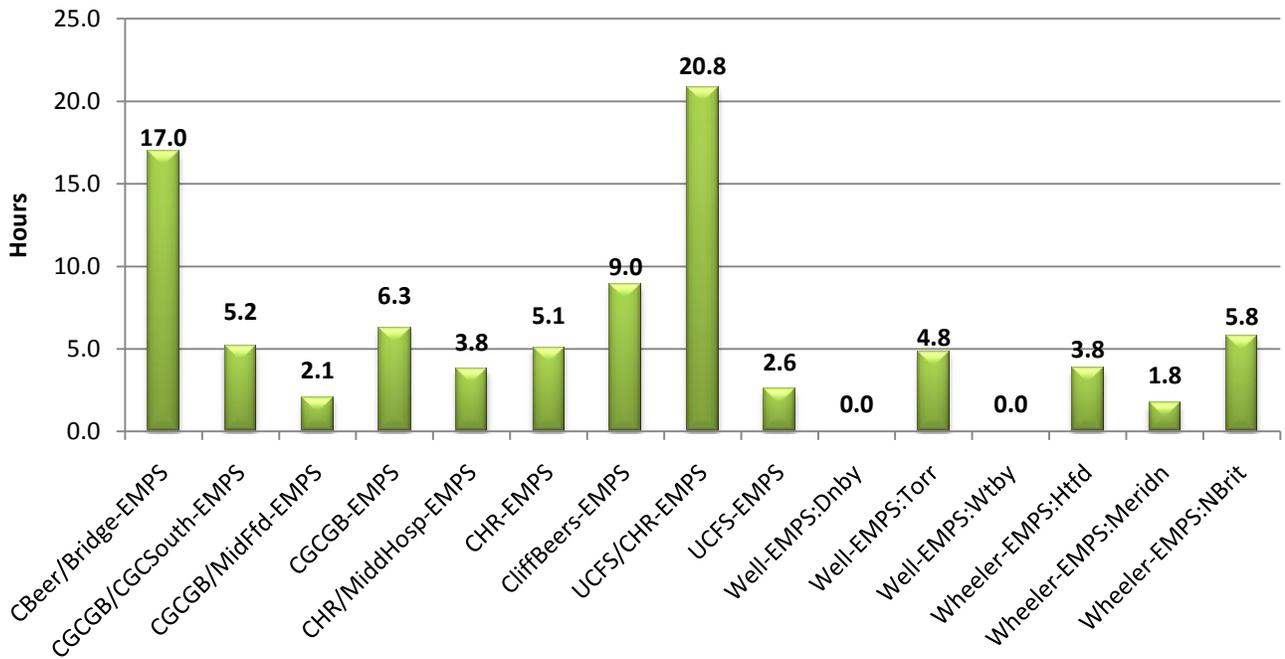
Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and then select the one in the middle

Figure 19. Median Deferred Mobile Response Time by Service Area in Hours



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

Figure 20. Median Deferred Mobile Response Time by Provider in Hours



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

Section V Summary:

Response Time

- 43% of all EMPS responses occurred in less than 45 minutes from the time the call initially was received.
- Response times varied among individual providers from 18% to 78%.
- Five of six regions have a median response time under 45 minutes and the sixth region had a median response time of 55 minutes.
- 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 more in-depth analysis.

Section VI: Living Situation at Discharge

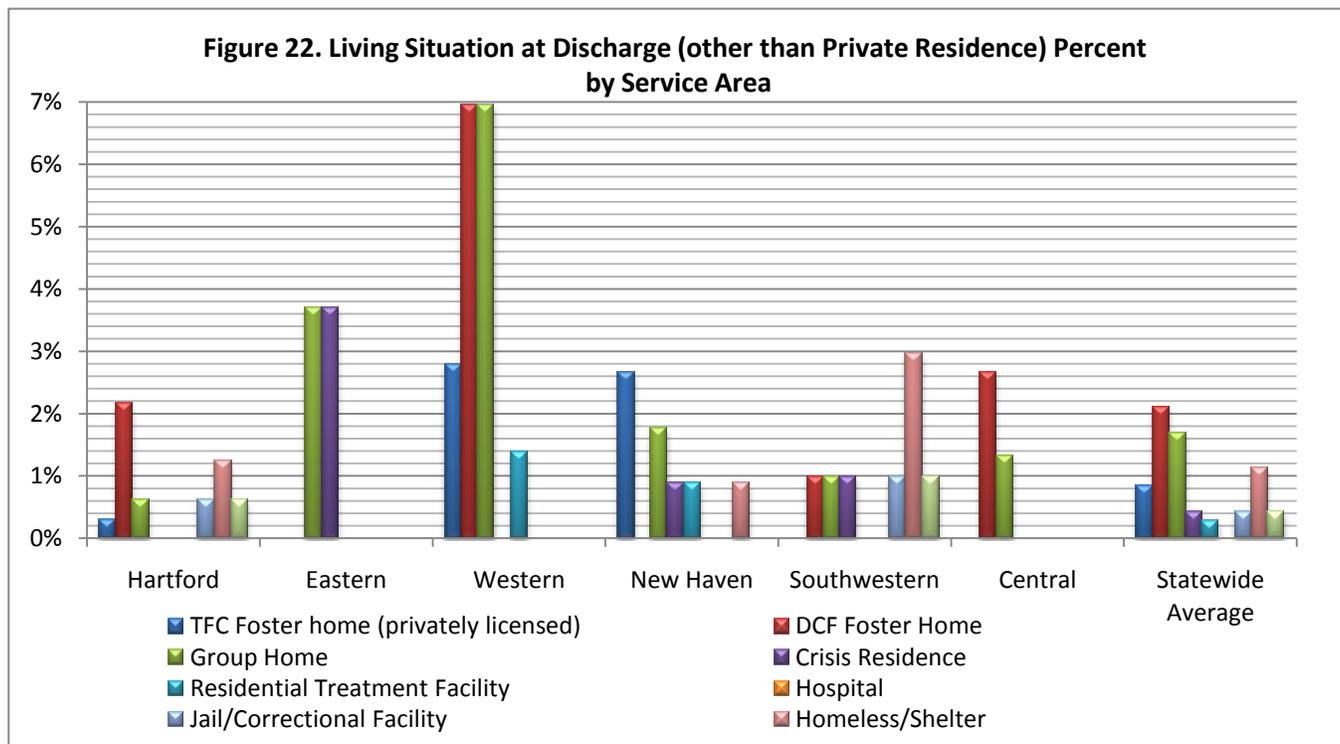
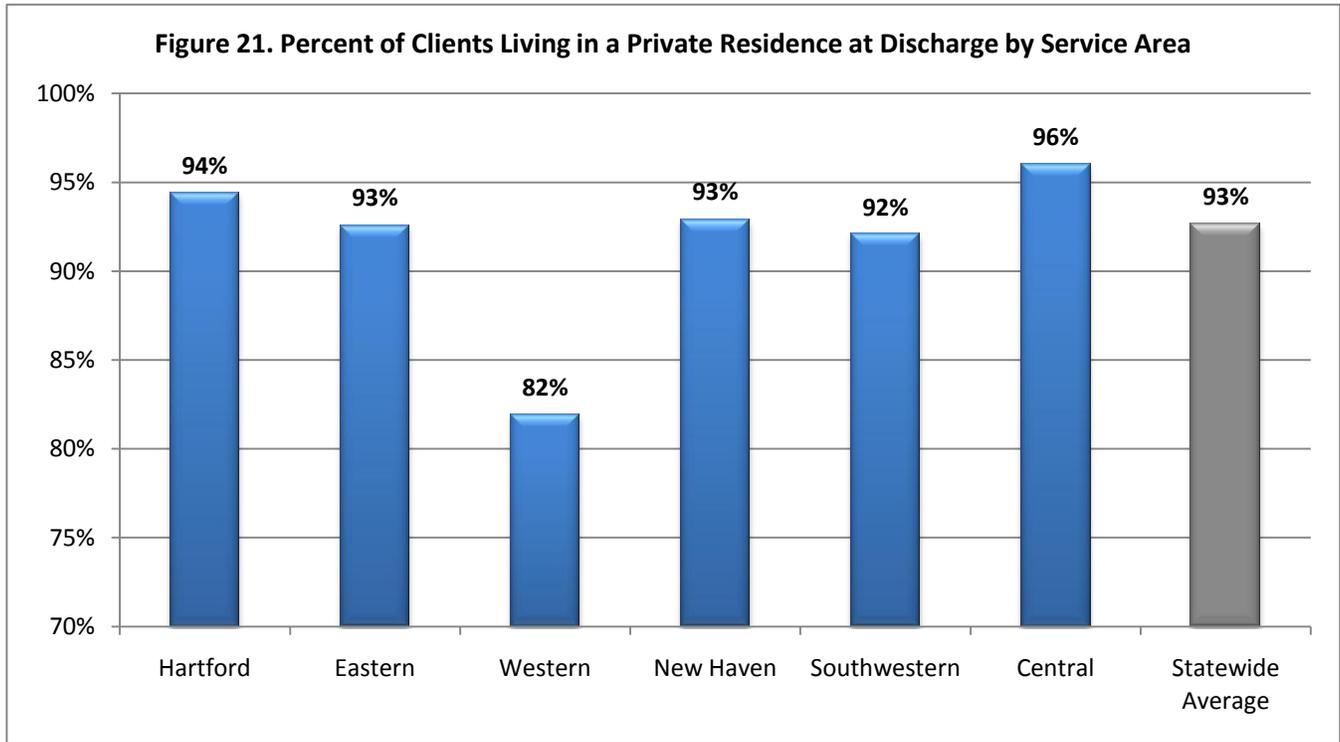


Table 1. Living Situation at Discharge Percent by Provider

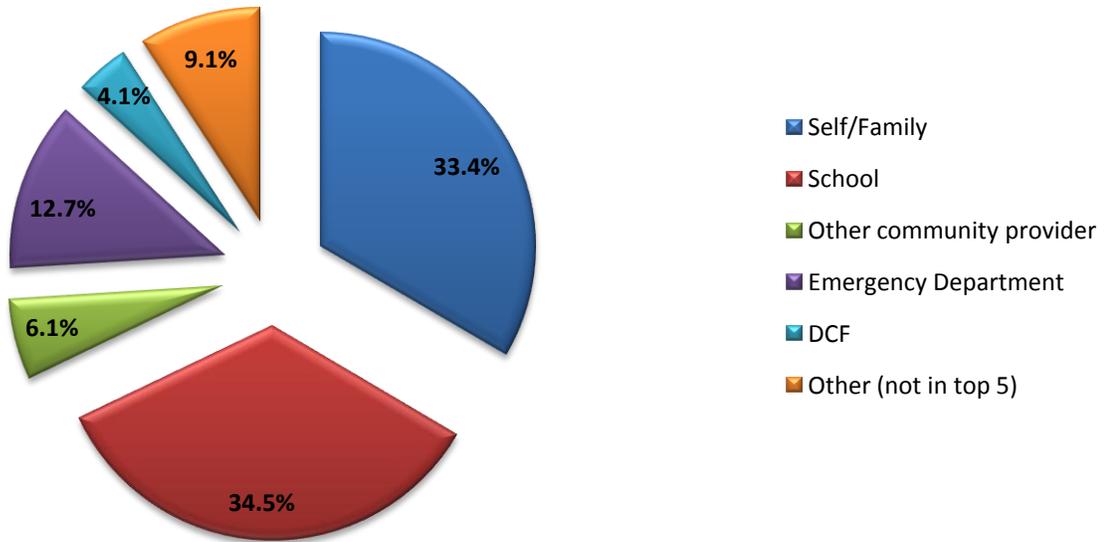
	Private Residence	TFC Foster home (privately licensed)	DCF Foster Home	Group Home	Crisis Residence	Treatment Facility	Residential	Hospital	Jail/Correctional Facility	Homeless/Shelter	Transitional Housing
CBear/Bridge-EMPS	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
CGCGB/CGCSou th-EMPS	85%	0%	0%	0%	3%	0%	0%	0%	0%	9%	3%
CGCGB/MidFfd-EMPS	91%	0%	0%	9%	0%	0%	0%	0%	0%	0%	0%
CGCGB-EMPS	96%	0%	2%	0%	0%	0%	0%	0%	2%	0%	0%
CHR/MiddHosp-EMPS	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
CHR-EMPS	95%	0%	3%	2%	0%	0%	0%	0%	0%	0%	0%
CliffBeers-EMPS	88%	5%	0%	3%	2%	2%	0%	0%	0%	2%	0%
UCFS/CHR-EMPS	89%	0%	0%	0%	11%	0%	0%	0%	0%	0%	0%
UCFS-EMPS	94%	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%
Well-EMPS:Dnby	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Well-EMPS:Torr	78%	0%	11%	11%	0%	0%	0%	0%	0%	0%	0%
Well-EMPS:Wtby	78%	4%	8%	8%	0%	2%	0%	0%	0%	0%	0%
Wheeler-EMPS:Htfd	97%	1%	0%	1%	0%	0%	0%	0%	0%	0%	1%
Wheeler-EMPS:Meridn	95%	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%
Wheeler-EMPS:NBrit	93%	0%	2%	1%	0%	0%	0%	0%	1%	2%	1%

Section VI Summary: **Living Situation at Discharge**

- The overwhelming majority of clients lived in a private residence at discharge from EMPS (93%)
- The percentage of clients living in private residence as reported by individual provider sites ranged from 78% to 100%.
- The second most common living situation at discharge was DCF Foster Home (2.2% statewide) followed by Group Home (1.8%) and Homeless/Shelter (1.2%). Living situation at discharge varied by provider and region.
- Placement in DCF Foster Home and Group Home were reported most often in the Western region, specifically in Torrington and Waterbury (11% and 8% respectively).
- Placement in a Crisis Residence was reported most often by UCFS/CHR in the Eastern region (11%).
- Placement in a Homeless/Shelter setting was reported most often by Child Guidance of Southern Connecticut in the Southern region (9%).

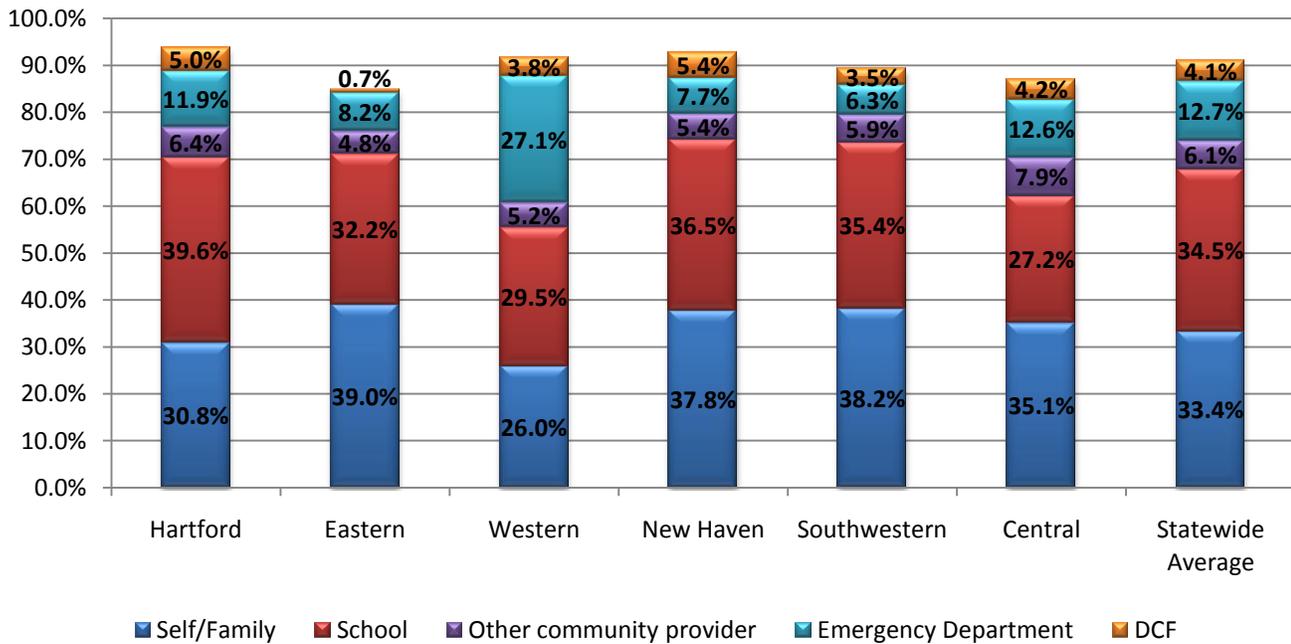
Section VII: Referral Sources

Figure 23. Top Five Referral Sources Statewide



Calculation: Count of referral source category ÷ Total number of referral source responses*(100)

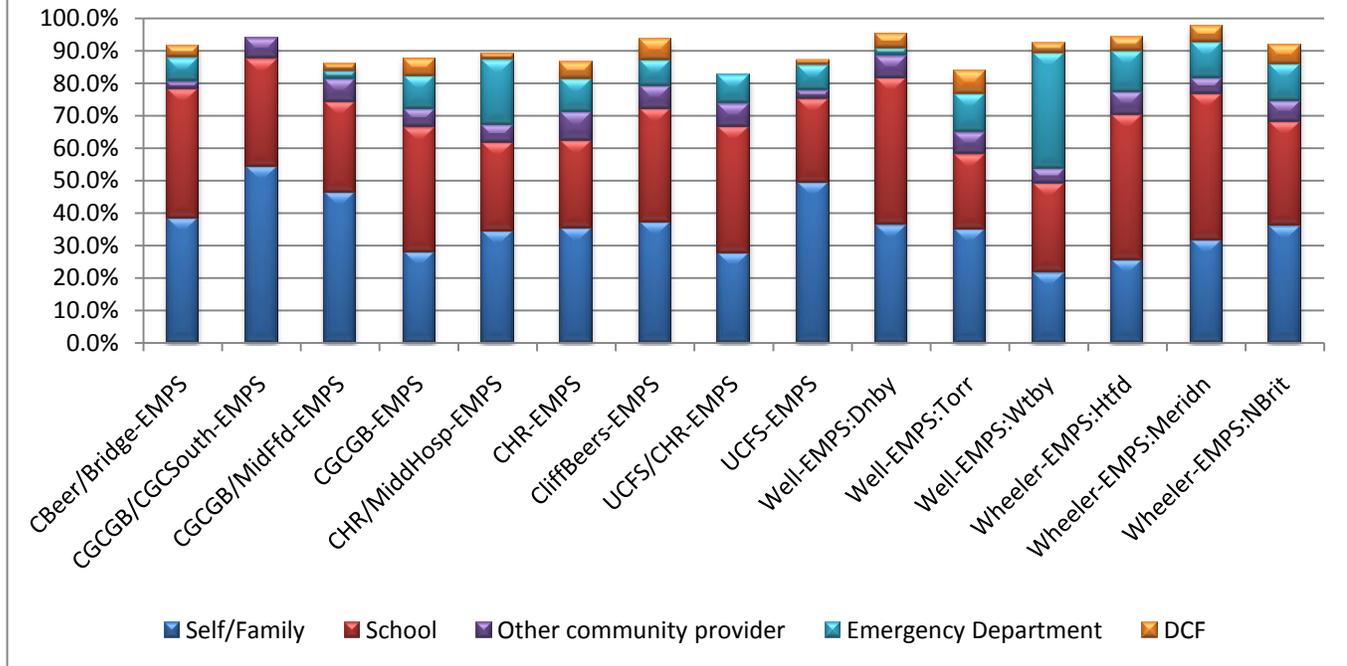
Figure 24. Top Five Referral Sources by Service Area



Calculation: Count of referral source category by service area ÷ total number of referral source responses*(100)

**Other referral sources (statewide average): Info-Line (2.1%) Family Advocate (0.2%); Other Program within agency (1.9%); CTBHP/Insurer (0.0%); Probation/Court (1.7%); Psychiatric Hospital (1.2%); Congregate Care Facility (0.5%); Foster Parent (0.3%); Police (0.3%); Physician (1.0%)

Figure 25. Top Five Referral Sources by Provider



Calculation: Count of referral source category by provider ÷ total number of referral source responses*(100)

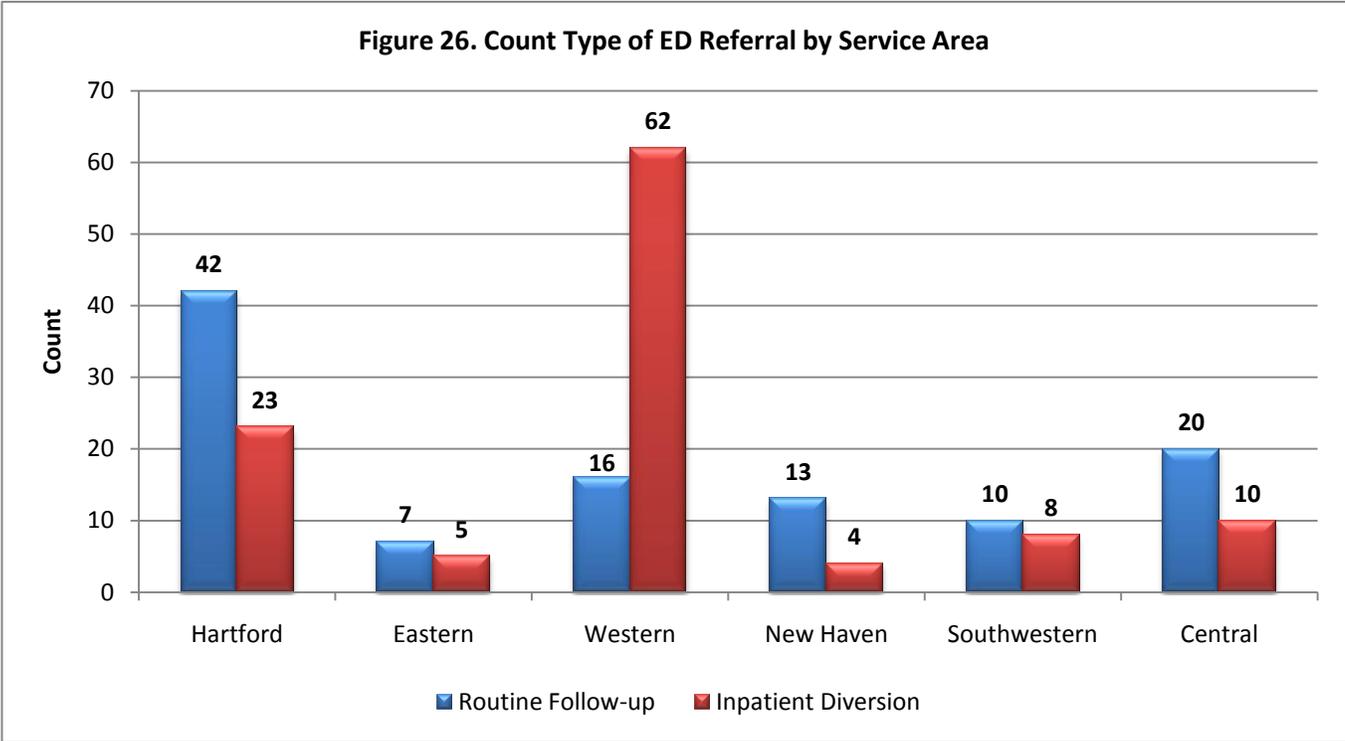
Table 2. Top Five Referral Sources by Provider

	Self/Family	School	Other community provider	Emergency Department	DCF
CBeer/Bridge-EMPS	38.6%	39.8%	2.4%	7.2%	3.6%
CGCGB/CGCSouth-EMPS	54.3%	33.3%	6.2%	0.0%	0.0%
CGCGB/MidFfd-EMPS	46.5%	27.9%	7.0%	2.3%	2.3%
CGCGB-EMPS	28.0%	38.4%	5.5%	10.4%	5.5%
CHR/MiddHosp-EMPS	34.5%	27.3%	5.5%	20.0%	1.8%
CHR-EMPS	35.3%	27.2%	8.7%	10.3%	4.9%
CliffBeers-EMPS	37.4%	34.5%	7.2%	7.9%	6.5%
UCFS/CHR-EMPS	27.5%	39.1%	7.2%	8.7%	0.0%
UCFS-EMPS	49.4%	26.0%	2.6%	7.8%	1.3%
Well-EMPS:Dnby	36.4%	45.5%	6.8%	2.3%	4.5%
Well-EMPS:Torr	34.9%	23.3%	7.0%	11.6%	7.0%
Well-EMPS:Wtby	21.9%	27.4%	4.5%	35.8%	3.0%
Wheeler-EMPS:Htfd	25.6%	44.6%	7.0%	12.8%	4.1%
Wheeler-EMPS:Meridn	31.7%	45.1%	4.9%	11.0%	4.9%
Wheeler-EMPS:NBrit	36.2%	32.1%	6.3%	11.3%	5.9%

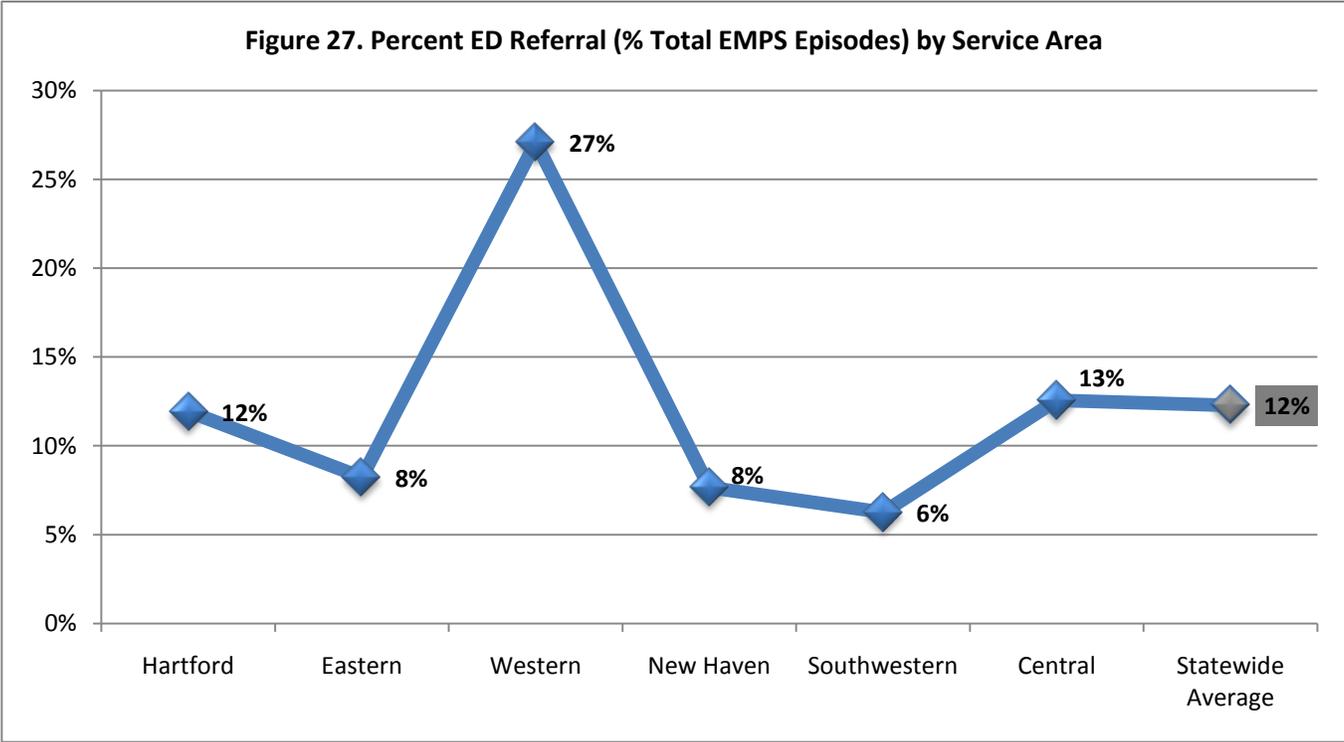
Section VII Summary: **Referral Sources**

- School (34.5%) and Self/Family (33.4%) accounted for the top two referral sources statewide, followed by Emergency Department (12.7%).
- School and Self/Family also were the top two referral sources for each individual provider site, with the exception of Wellpath-Waterbury, who received 35.8% of their referrals from Emergency Departments.
- CHR/Middlesex Hospital also received a large number of referrals from Emergency Department (20.0%), although schools (27.3%) and Self/Family (34.5%) referrals remained the two most common referral sources.

Section VIII: Emergency Department Referral Type

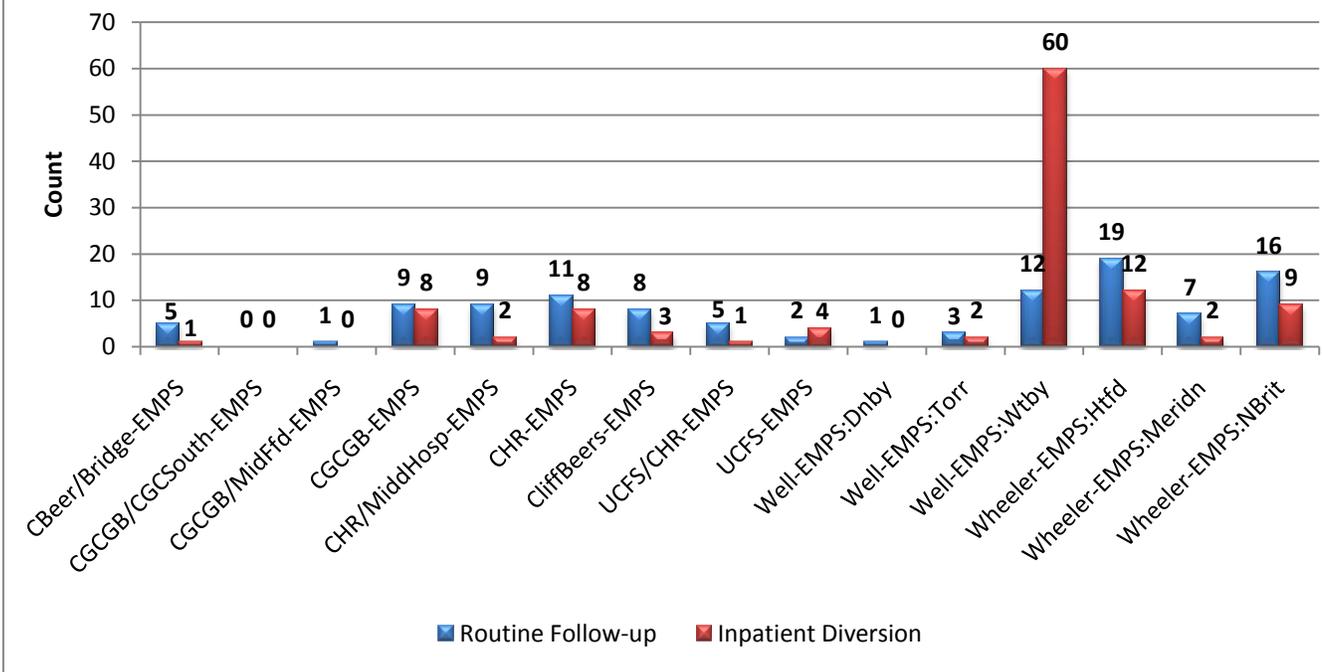


Calculation: Count for each type of referral by service area



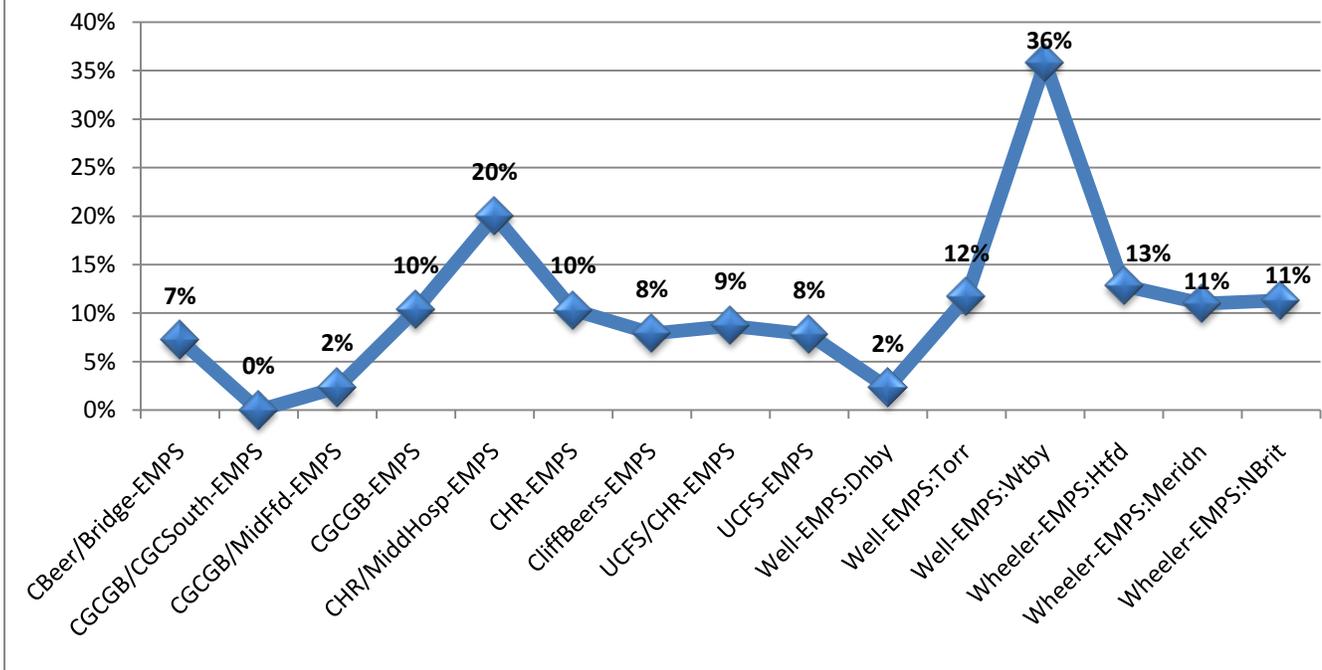
Calculation: Total ED referral per service area ÷ Total EMPS response episodes per service area*(100)

Figure 28. Count Type of ED Referral by Provider



Calculation: Count for each type of referral by provider

Figure 29. Percent ED Referral (% Total EMPS Episodes) by Provider

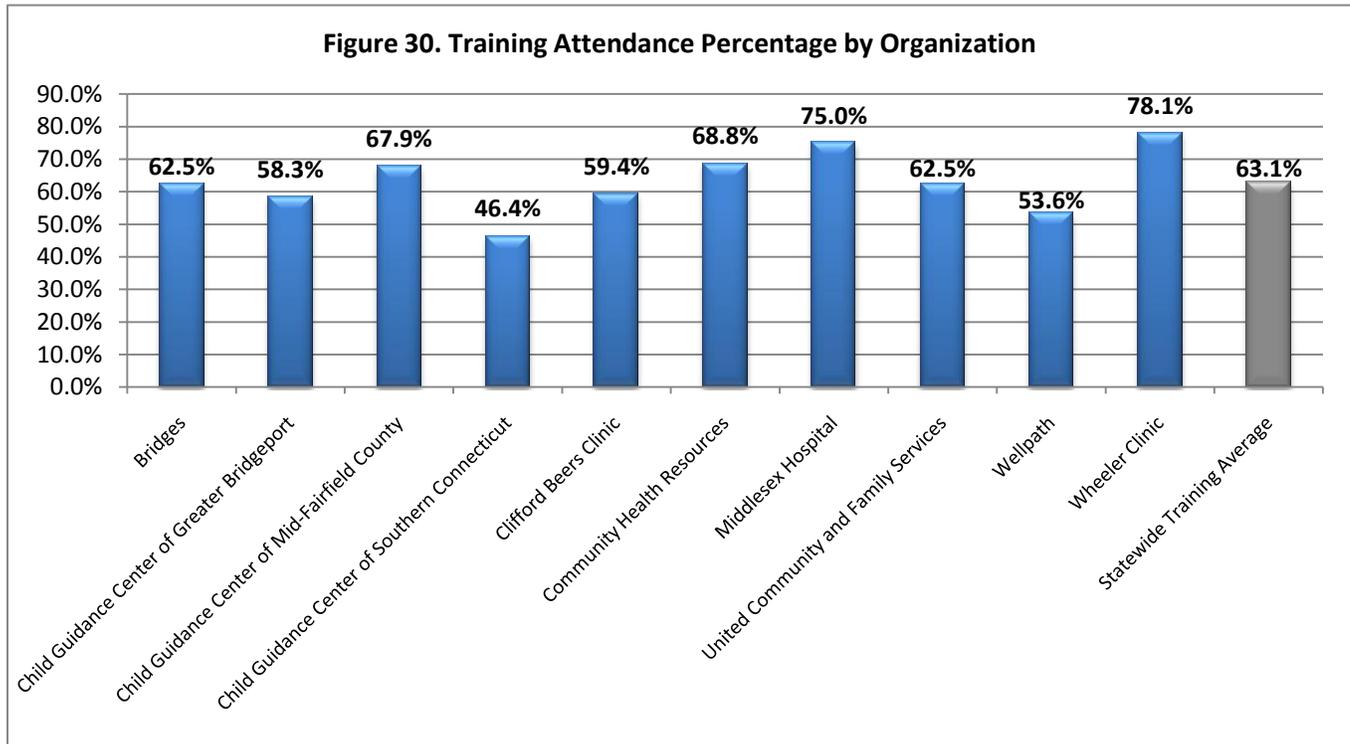


Calculation: Total ED referral per provider ÷ Total EMPS response episodes per provider*(100)

Section VIII Summary: **Emergency Department Referral Type**

- Section VIII provides further detail about Emergency departments as a referral source.
- As noted in Section VII, Wellpath-Waterbury received 36% of their referrals from an Emergency Department. At this site, 60 ED referrals were Inpatient Diversions and 12 ED referrals were Routine Follow-Up.
- With the exception of UCFS and Wellpath-Waterbury, all other providers reported a larger number of Routine Follow-Up referrals than Inpatient Diversion referrals.

Section IX: Training Adherence



Calculation: Calculate attendance percentage per clinician then calculate the average within agency.

NOTE: Includes only full-time and part-time staff (per diem staff not included)

Section IX Summary: **Training Adherence**

- The statewide average percent of trainings attended was 63%, indicating that of four possible trainings (maximum 100% for perfect attendance), most staff attended between 2 and 3 trainings (i.e., 50-75%).
- The attendance percentages by provider ranged from 46.4% to 78.1%, indicating that, on average, staff attended between 2 and 3 of the four possible trainings offered.

Section X: Ohio Scales Outcomes

Table 3. Ohio Scales Scores by Service Area

Service Area	N (all intakes)	Mean (all intakes)	N (all discharges)	Mean (all discharges)	N (paired' intakes & discharges)	Mean (paired' intakes)	Mean (paired' discharges)	Mean Difference (paired' cases)
Hartford								
Parent Functioning Score	298	44.46	93	45.94	89	48.06	45.76	-2.3 †
Worker Functioning Score	369	41.54	197	43.82	190	42.31	43.32	1.01 *
Parent Problem Score	301	27.97	94	26.17	91	28.3	26.82	-1.48
Worker Problem Score	369	32.73	198	28.96	191	33.41	30.42	-2.99 **
Eastern								
Parent Functioning Score	99	39.97	10	52.00	10	36.9	52	15.1 †
Worker Functioning Score	122	41.54	17	43.82	17	42.35	43.59	1.24
Parent Problem Score	101	32.38	10	19.20	10	25.4	19.2	-6.2
Worker Problem Score	122	36.26	17	28.96	17	35.71	28.53	-7.18 **
Western								
Parent Functioning Score	139	34.09	15	53.13***	15	46.67	53.13	6.46
Worker Functioning Score	166	40.42	15	57.00***	15	57.53	57	-0.53
Parent Problem Score	140	24.92	15	19.53***	15	22.87	19.53	-3.34
Worker Problem Score	167	26.63	15	16.07***	15	20.8	16.07	-4.73 †
New Haven								
Parent Functioning Score	134	42.44	51	50.54	48	46.85	49.96	3.11 **
Worker Functioning Score	153	41.24	78	46.80	75	42.29	45.6	3.31 **
Parent Problem Score	138	28.61	55	19.79	53	27.3	20.26	-7.04 **
Worker Problem Score	155	31.21	78	25.02	76	30.99	25.47	-5.52 **
Southwestern								
Parent Functioning Score	144	35.95	23	33.99	20	25.25	33.65	8.4 †
Worker Functioning Score	176	36.31	24	31.16	21	30.33	32.62	2.29
Parent Problem Score	148	24.20	24	25.90	22	22.32	21.18	-1.14
Worker Problem Score	181	29.26	24	26.44	21	23.33	23.95	0.62
Central								
Parent Functioning Score	117	39.91	6	23.50	5	38	28.2	-9.8
Worker Functioning Score	168	40.42	10	39.14	9	44.11	38.78	-5.33
Parent Problem Score	120	26.62	6	19.00	6	25.83	19	-6.83
Worker Problem Score	169	25.62	10	24.67	9	28.22	27	-1.22
Statewide								
Parent Functioning Score	931	43.44	198	49.26	187	44.33	46	1.67
Worker Functioning Score	1154	41.80	341	44.63	327	42.28	43.67	1.39 **
Parent Problem Score	948	29.45	204	25.33	197	26.73	23.25	-3.48 **
Worker Problem Score	1163	31.20	342	28.61	329	31.61	28.02	-3.59 **

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

† .05-.10

* P < .05

**P < .01

***Represents data of just Wellpath-EMPS Waterbury; Torrington and Danbury had no data.

Section X Summary: **Ohio Scale Outcomes**

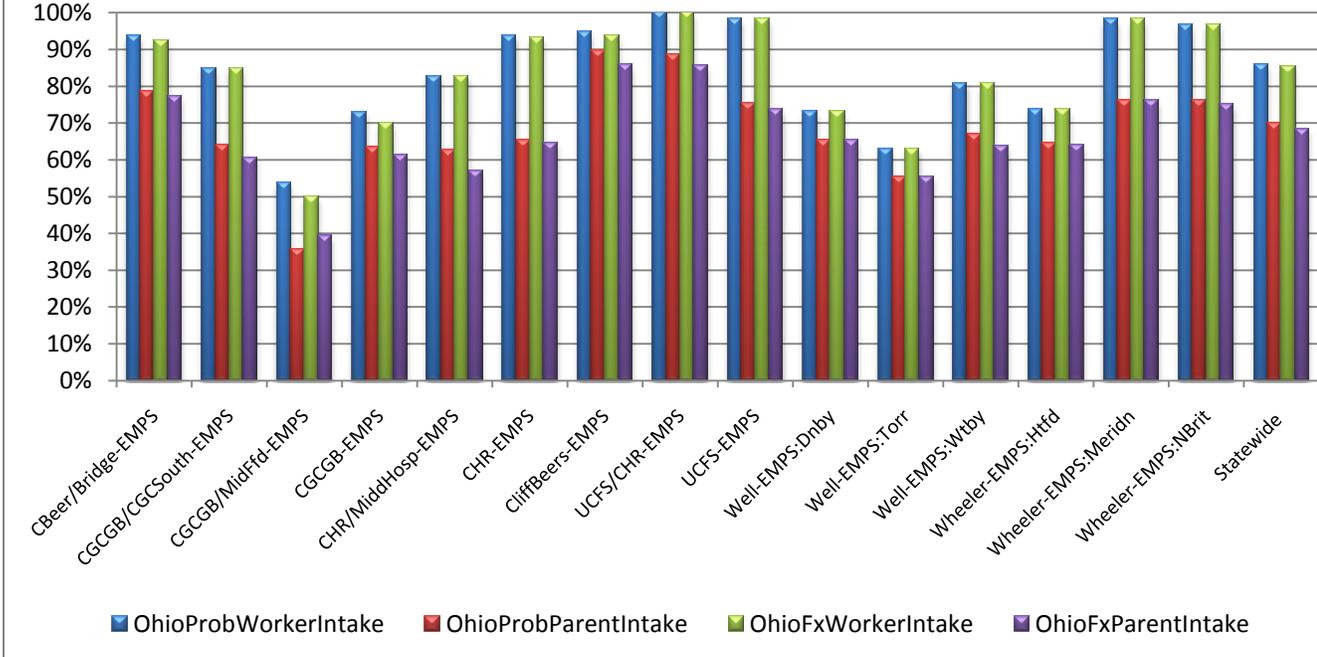
- The statewide average score for parent-reported youth functioning at intake and discharge was 43.44 (N=931) and 49.26 (N=198), respectively. The worker reported functioning score at intake and discharge was 41.80 (N=1154) and 44.63 (N=341), respectively. These data indicate that youth were, on average, within the clinical range of impaired functioning (<50) at intake and discharge from EMPS.
- Likewise, the statewide average parent-reported problem score at intake and discharge was 29.45 (N=948) and 25.33 (N=204), respectively. The statewide average on worker-reported problem scores was 31.20 (N=1163) and 28.61 (N=342), respectively. These data indicate that youth were, on average, within the clinical range of problem behaviors (>20) at intake and discharge from EMPS.
- For those clients who had completed intake and discharge Ohio Scale scores, the worker-rated youth functioning score (N=327) demonstrated statistically significant improvement. In addition, the parent-rated (N=197) and worker-rated (N=329) problem scores demonstrated statistically significant improvement from intake to discharge.
- Although parent-rated functioning scores improved from intake to discharge (N=187), the change in scores was not statistically significant.

Section XI: Client & Referral Source Satisfaction

Two instruments have been developed to measure client and referral source satisfaction with the EMPS Service. A random sample of clients and referral sources will be selected and called to gather the information.

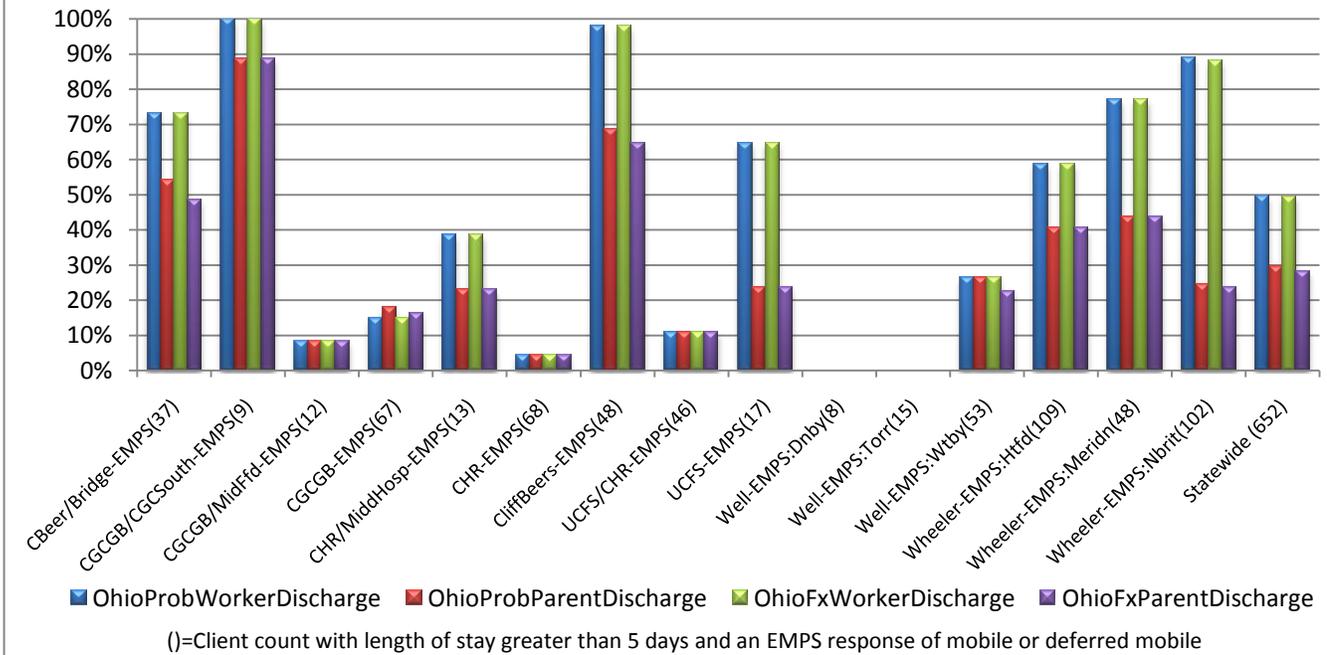
Section XII: Data Compliance

Figure 31. Percent Collected Ohio Scales at Intake by Provider



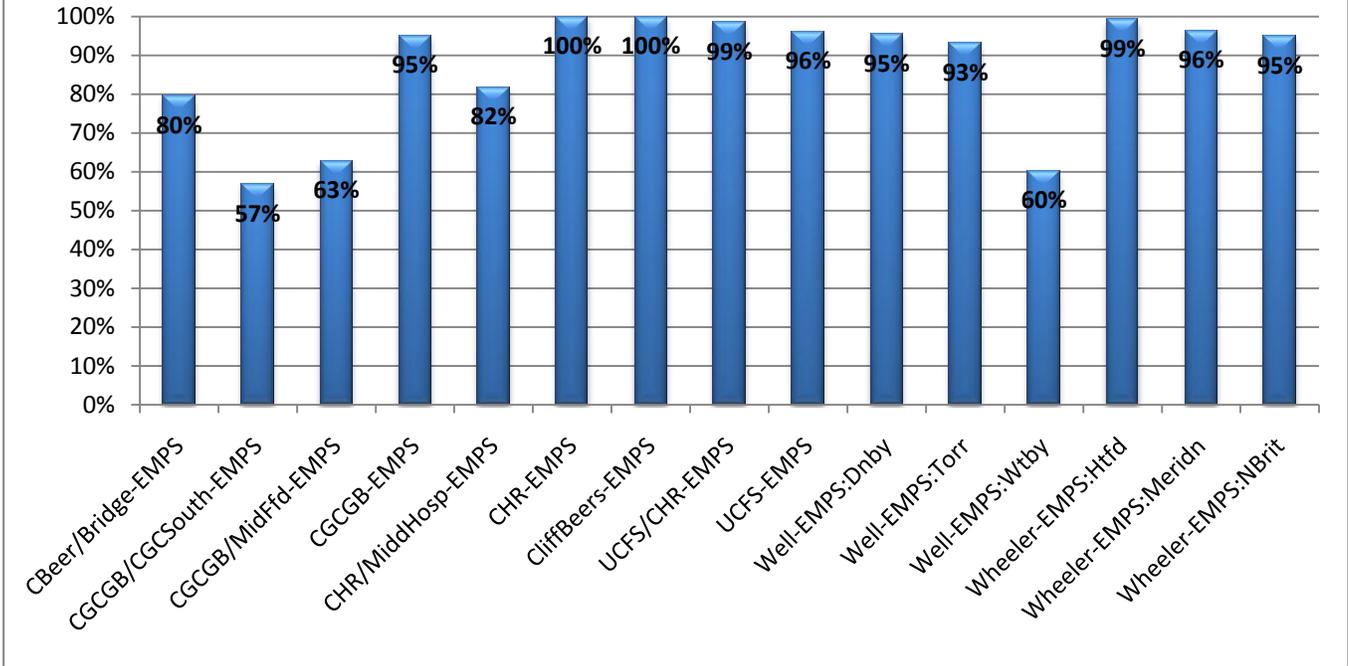
Calculation: Count of actual number of Ohio intake scales reported ÷ Expected number of Ohio intake scales with an EMPS response of mobile or deferred mobile by provider

Figure 32. Percent Collected Ohio Scales at Discharge by Provider



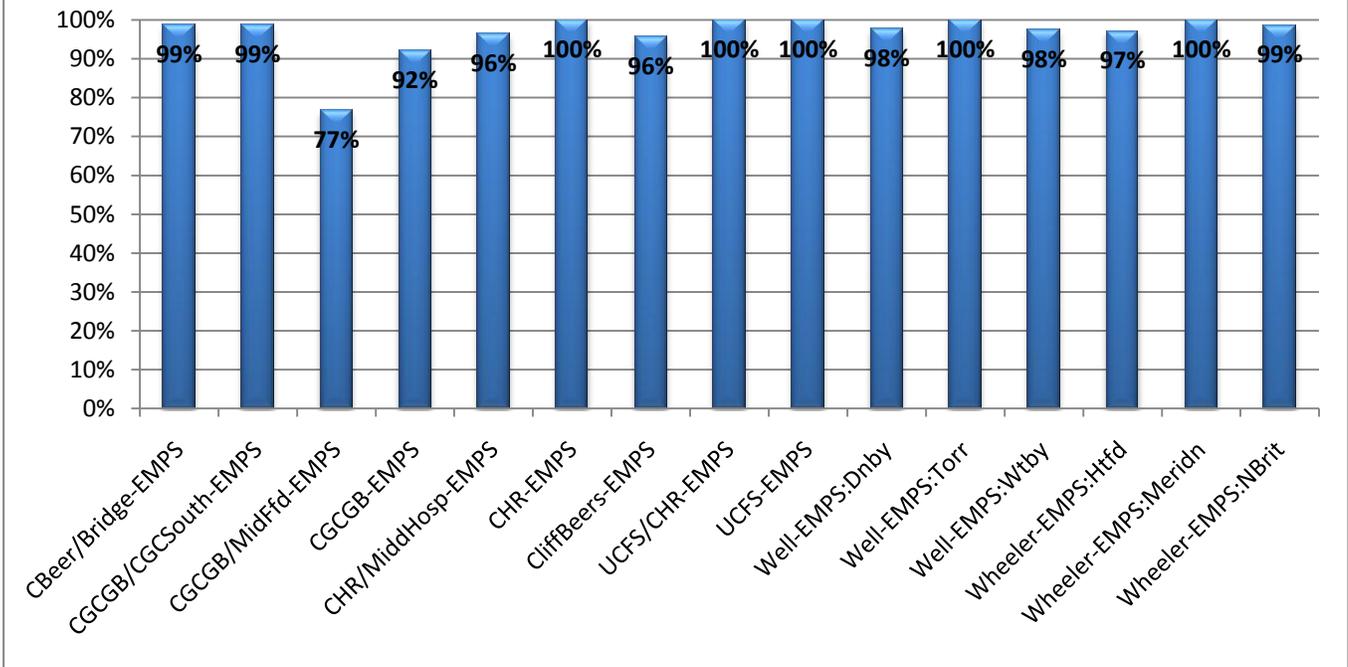
Calculation: Count of actual number of Ohio discharge scales reported ÷ Count of expected number of Ohio discharge scales with client length of stay greater than 5 days and an EMPS response of mobile or deferred mobile by provider

Figure 33. Percent Call Date Time Collected by Provider



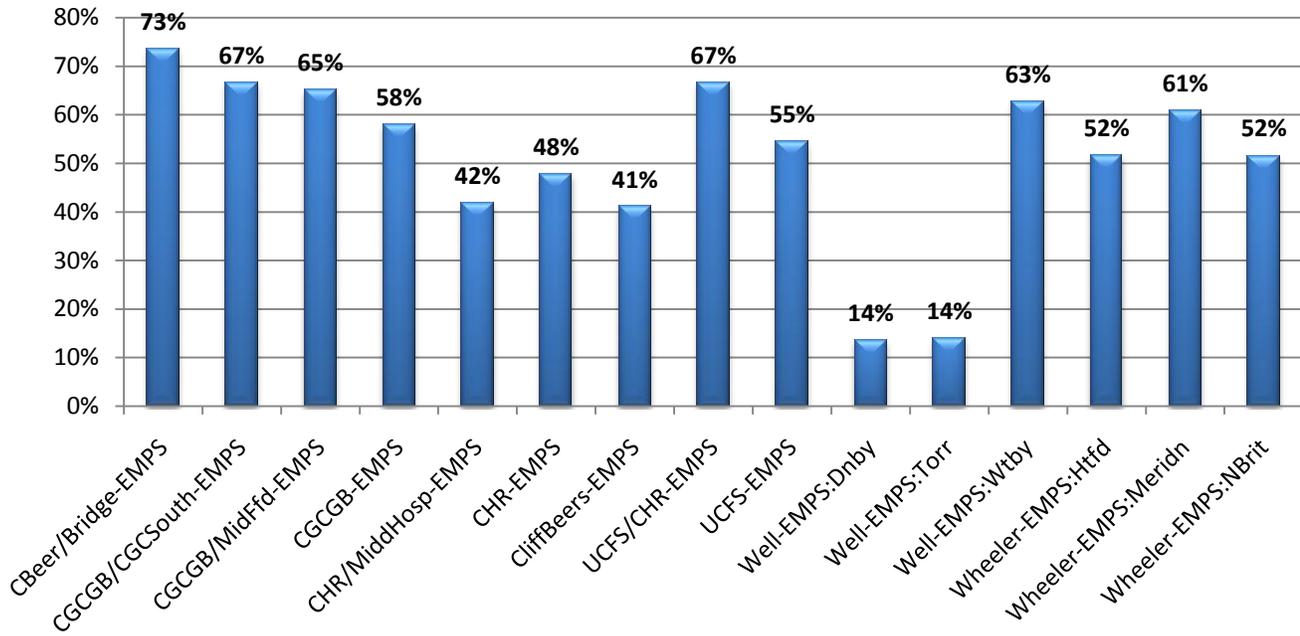
Calculation: (Count of number of episodes with data entered for Call Date Time ÷ 211 Disposition of EMPS Response)*100
 Please note: 11.1% of all episodes are either missing or have incorrectly entered data for this variable.

Figure 34. Percent Collected First Contact Date Time by Provider



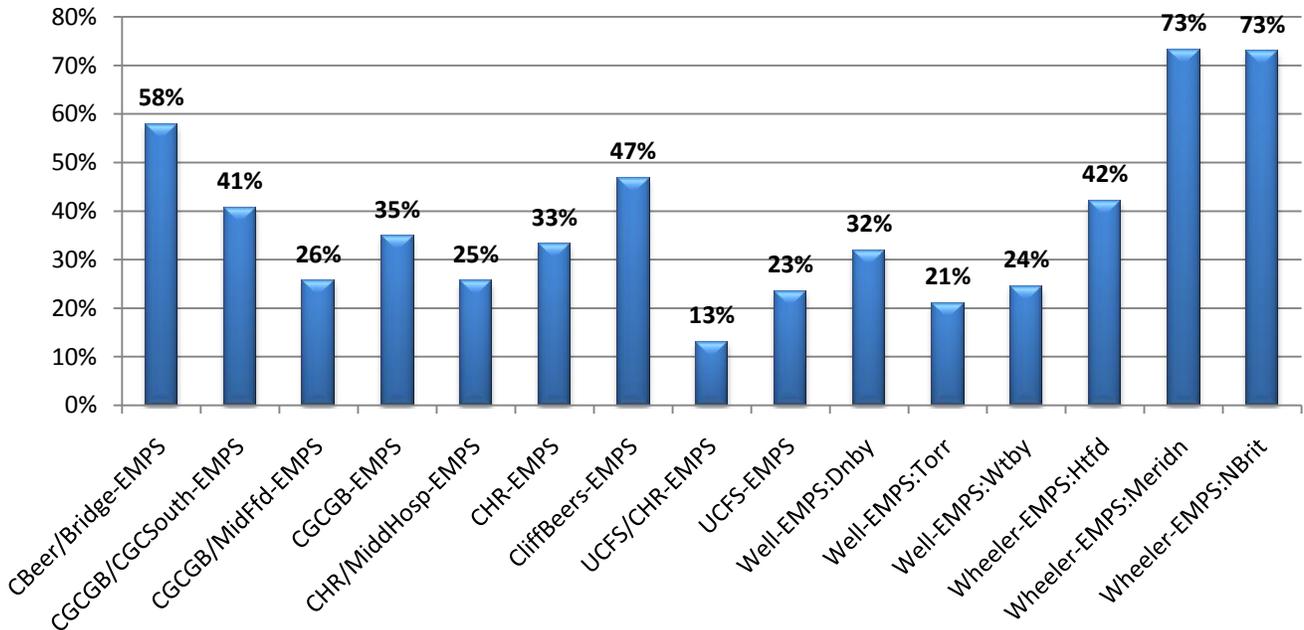
Calculation: (Count of number of episodes with data entered for First Contact Date Time ÷ 211 Disposition of EMPS Response)*100
 Please note: 2.8% of all episodes are either missing or have incorrectly entered data for this variable.

Figure 35. Percent Collected TANF Eligible Data by Provider



Calculation: (Count of number of episodes with data entered for TANF Eligible ÷ 211 Disposition of EMPS Response)*100

Figure 36. Percent Collected Living Situation at Discharge Data by Provider



Calculation: (Count of number of episodes with data entered for Living Situation at Discharge ÷ 211 Disposition of EMPS Response)*100

Section XII Summary:

Data Compliance

- Completion of Worker-reported Ohio Scales at Intake ranged from 40-90% across all providers
- Completion of Parent-reported Ohio Scales at Intake ranged from 35-80% across all providers
- Completion of Worker-reported Ohio Scales at Discharge for those clients with length of stay over 5 days ranged from 0-95% across all providers
- Completion of Parent-reported Ohio Scales at Discharge for those clients with length of stay over 5 days ranged from 0-70% across all providers
- Five providers reported the First Contact Date/Time for 100% of their clients, while the remaining ten providers reported this variable for 77-99% of their clients
- Collection of TANF Eligible data ranged from 14-73% across all providers and approximately the same percentage (13-73%) collected information on Living Situation at Discharge