



**EMERGENCY MOBILE
PSYCHIATRIC SERVICES**

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EMPS Crisis Intervention Services Performance Improvement Center (PIC)

Monthly Report: April 2012

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



Executive Summary

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

Call and Episode Volume: In April 2012, **211 received 1,159 calls** including 883 calls (76%) routed to EMPS providers and 276 calls (24%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This month 211 received almost exactly the same number of calls as in April 2011 (n=1161). The percent distribution of calls routed to EMPS providers and those handled by 211 remains fairly consistent from month to month.

Among the **883 episodes of care** generated this month, episode volume ranged from 108 episodes (New Haven service area) to 264 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 1.05, with service area rates ranging from .82 (Western) to 1.61 (Hartford) relative to their specific child populations. Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 2.55 per 1,000 children in poverty, with service area rates ranging from 1.73 (New Haven) to 4.20 (Eastern).

Mobility: **Statewide mobility was 91.8% this month**, compared to 91.2% in April 2011. Five of the six service areas were at or above the 90% benchmark this month, with performance ranging from 88% (Western) to 95% (New Haven). Mobility for individual providers ranged from 73% (Wellpath-Danbury) to 96% (Wheeler-New Britain). Twelve of the fifteen individual providers had mobility rates above the 90% benchmark.

Response Time: Statewide, this month **84% of mobile episodes received a face-to-face response in 45 minutes or less**, which is comparable to April 2011 (85%). Four of the six service areas were above the 80% benchmark this month, with performance ranging from 71% (Western) to 95% (Eastern). In addition, the statewide median mobile response time was 31 minutes, with all six service areas demonstrating a median mobile 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 (LOS): Statewide, among discharged episodes, **5% (current month) of plus stabilization follow-up episodes exceeded 45 days**. This month the statewide median LOS for discharged episodes with a crisis response of plus stabilization follow-up was 17.5 days. The median LOS for discharged episodes with a crisis response of plus stabilization follow-up ranged from 15.5 days (Western) to 25 days (Central).

Section I: EMPS Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

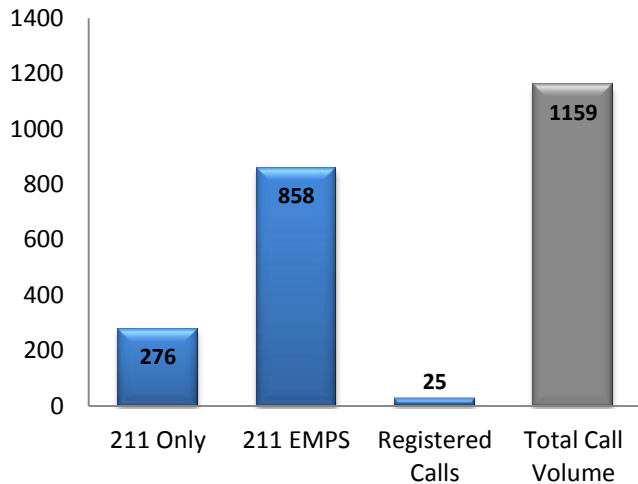


Figure 2. EMPS Episodes by Service Area
(Total Episodes=883)

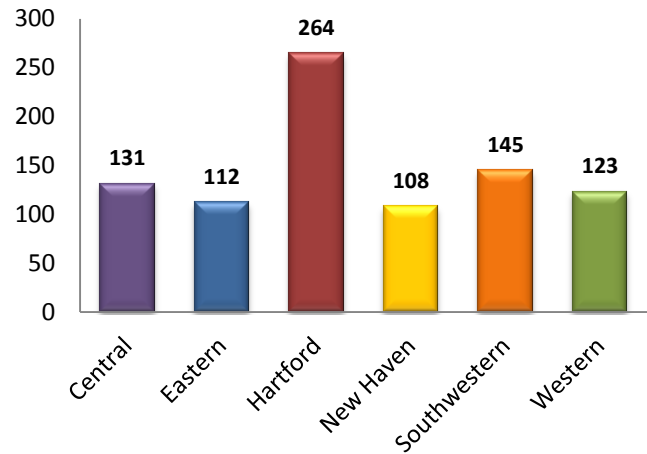


Figure 3. Number Served Per 1,000 Children

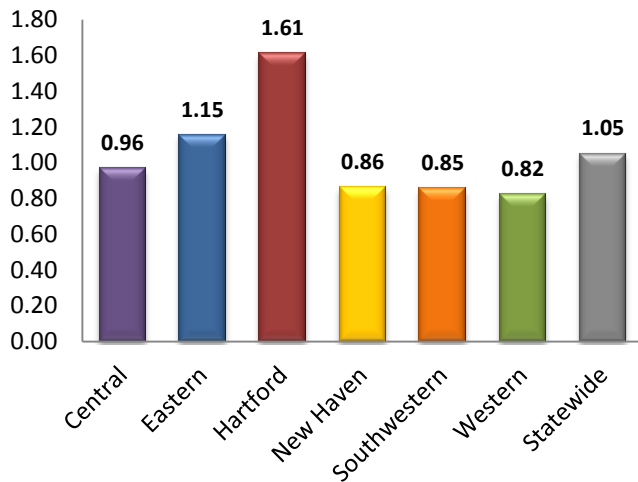


Figure 4. Number Served Per 1,000 Children in Poverty

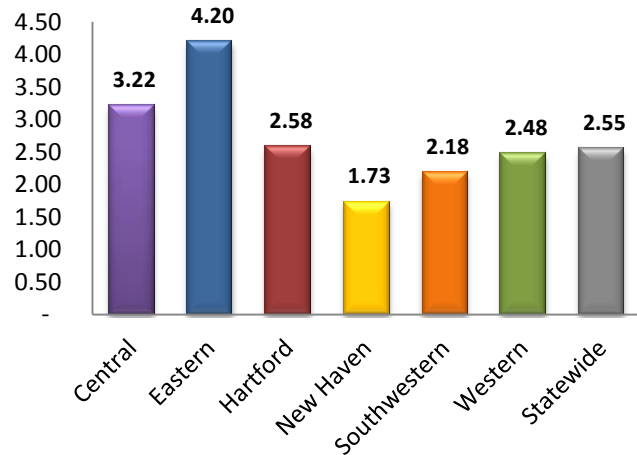


Figure 5. Mobile Response by Service Area

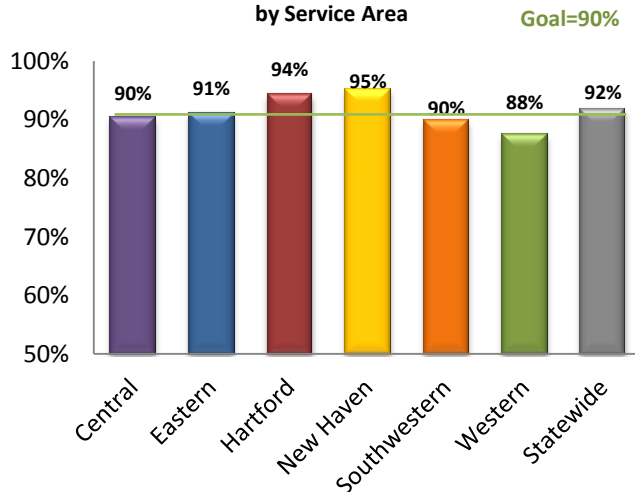
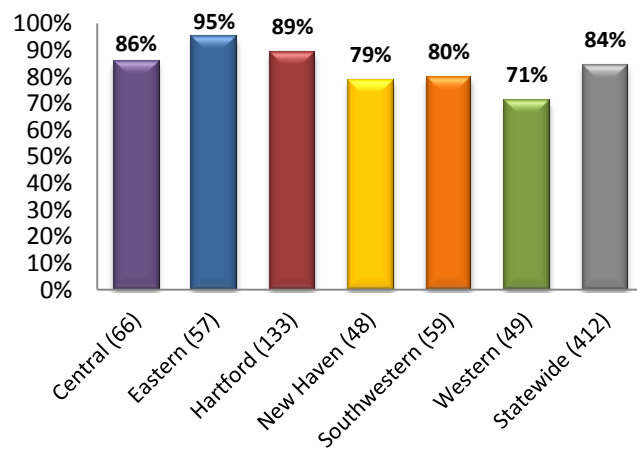


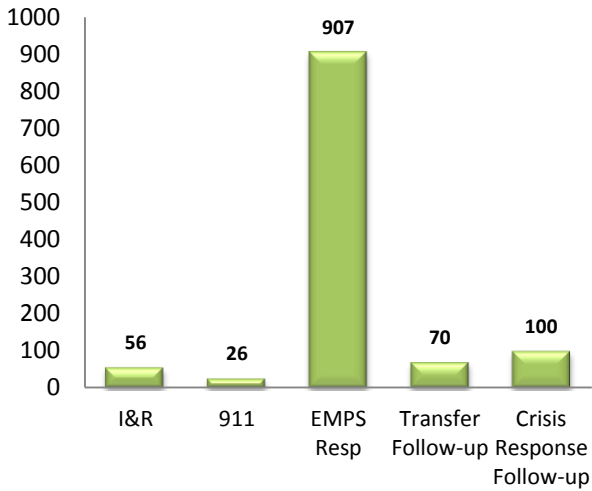
Figure 6. Mobile Episodes with a Response Time Under 45 Minutes



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

Section II: EMPS Response

Figure 7. Statewide 211 Disposition Frequency



Note: EMPS Resp includes 24 with no designated provider

Figure 8. EMPS Response Episodes by Provider (Total Episodes=883)

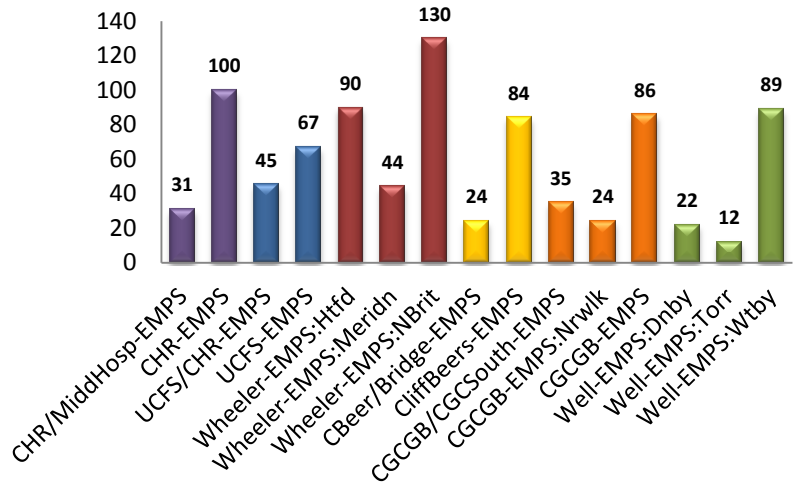
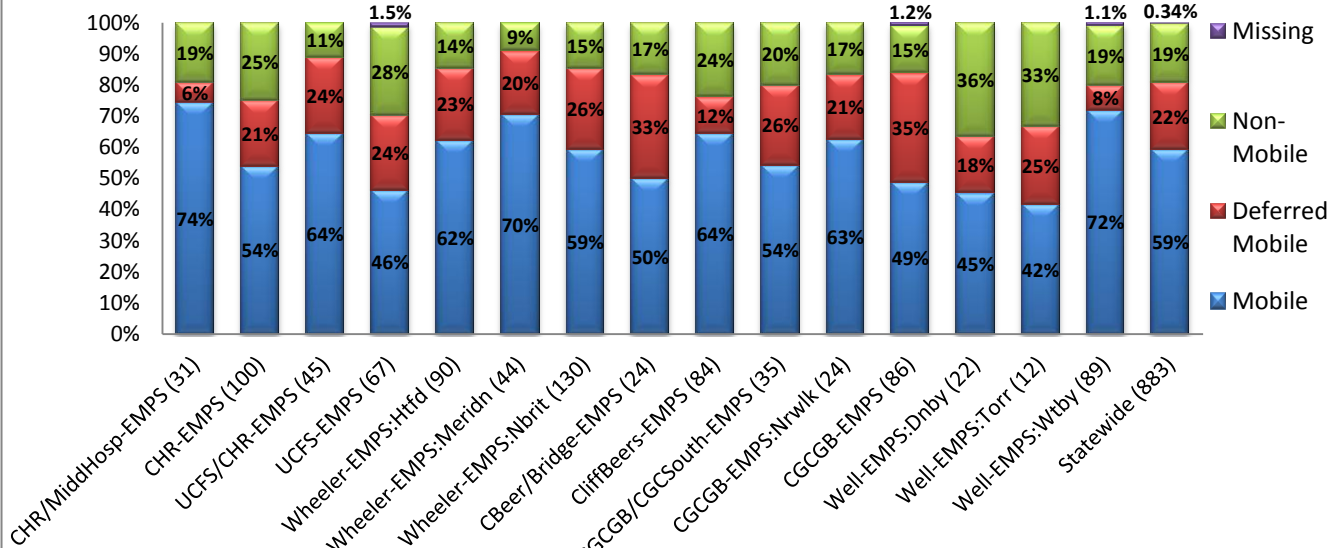


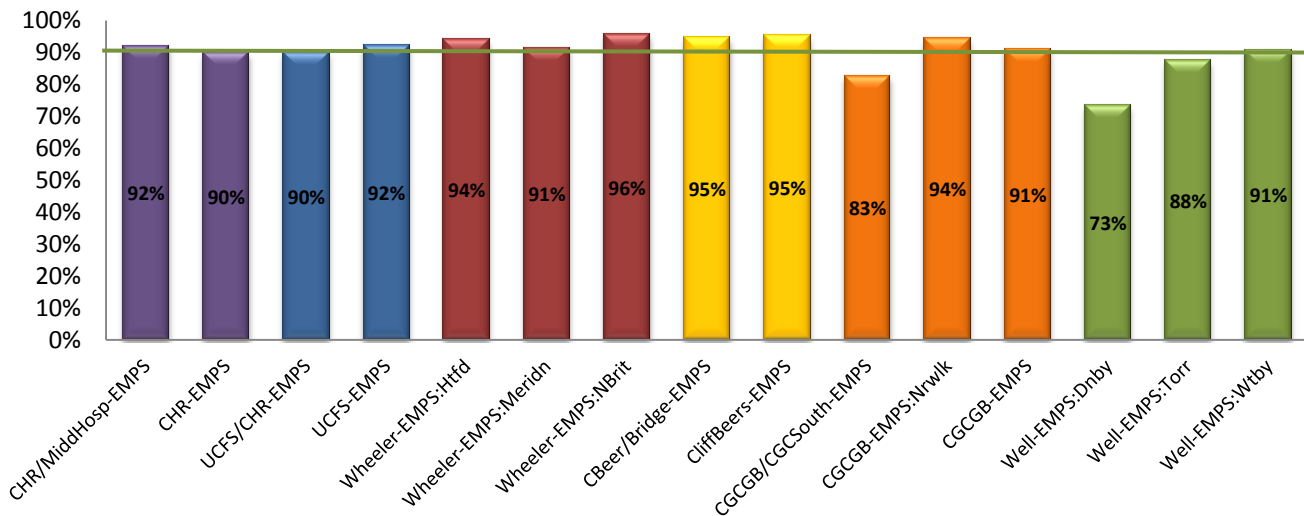
Figure 9. Actual Initial EMPS Response by Provider



Note: Total count of EMPS response episodes are in parenthesis

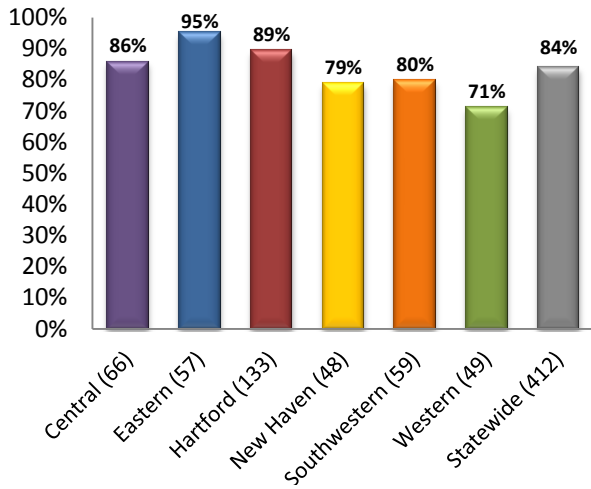
Figure 10. Mobile Response by Provider

Goal=90%



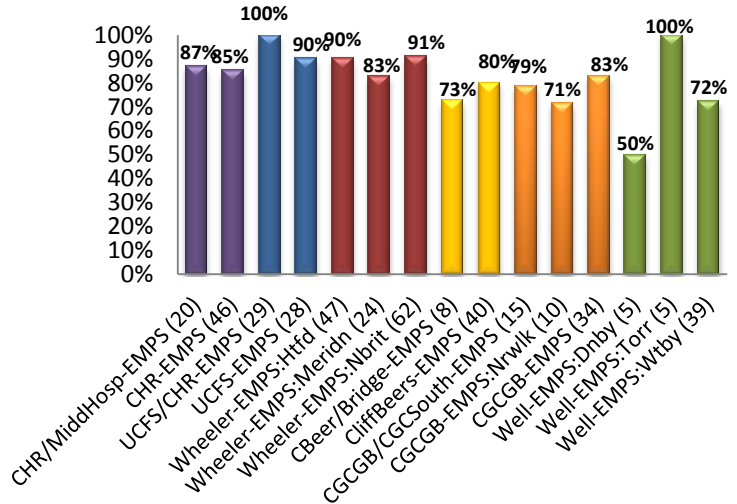
Section III: Response Time

Figure 11. Mobile Episodes with Response Time Under 45 Minutes



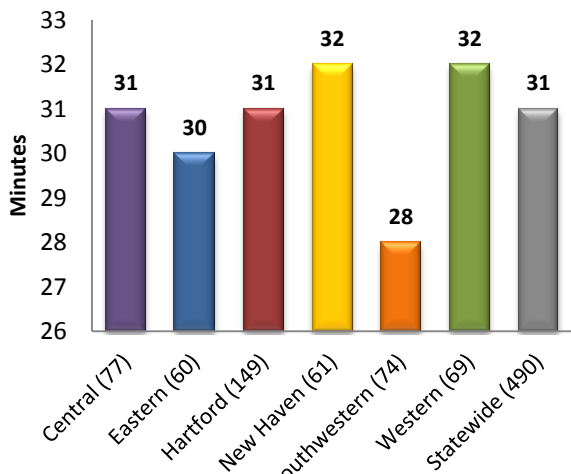
Note: Count of mobile episodes under 45 mins. are in parenthesis

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



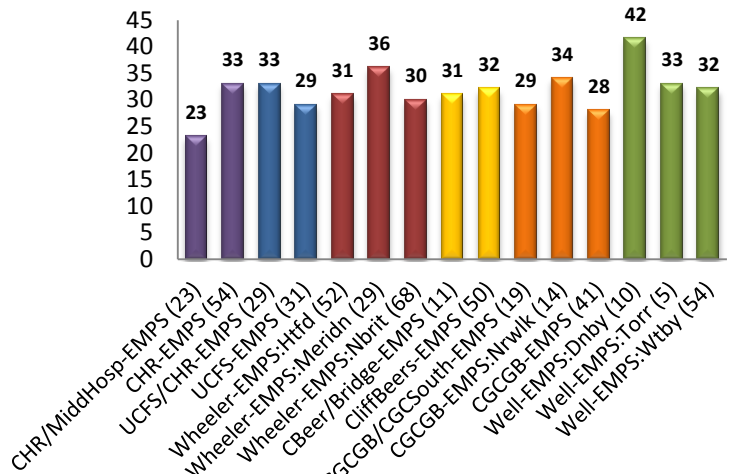
Note: Count of mobile episodes under 45 mins. are in parenthesis

Figure 13. Median Mobile Response Time in Minutes



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

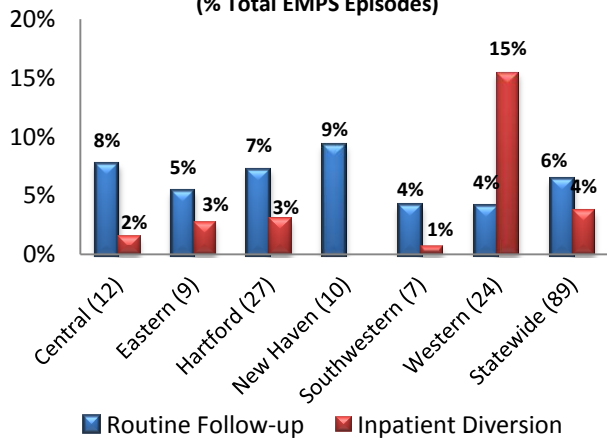
Figure 14. Median Mobile Response Time by Provider in Minutes



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

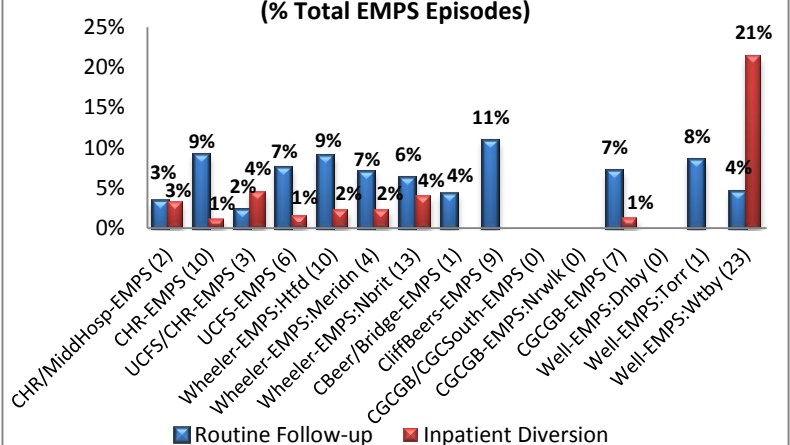
Section IV: Emergency Department Referrals

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



Note: Count total ED referrals are in parenthesis

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



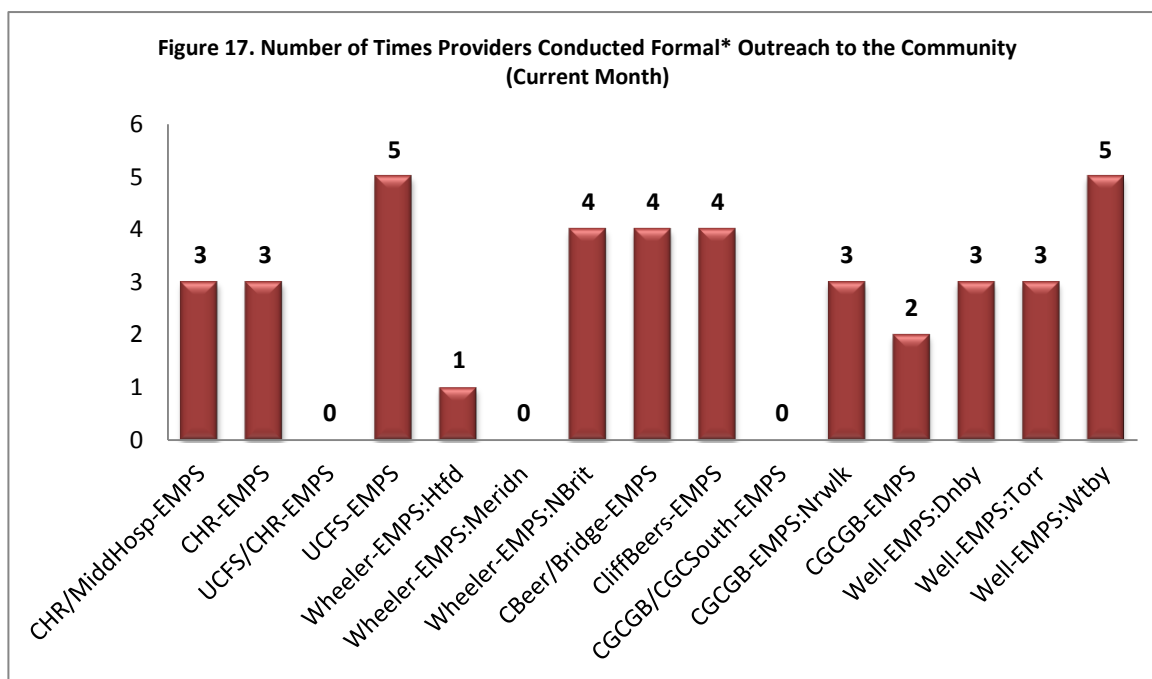
Note: Count total ED referrals are in parenthesis

Section V: Length of Stay (LOS)

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

	<i>Discharged Episodes for Current Month</i>			
	No. of Episodes	Mean LOS (in days)	Median LOS (in days)	Percent Exceeding 45 Days
STATEWIDE	280	23.9	24.5	5% (n=15)
Central	36	25.9	23.0	11% (n=4)
Eastern	36	24.3	25.5	6% (n=2)
Hartford	102	21.4	18.5	4% (n=4)
New Haven	32	30.2	18.5	3% (n=1)
Southwestern	33	28.2	31.0	0% (n=0)
Western	41	19.5	19.0	10% (n=4)

Section VI: Provider Community Outreach



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