



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

Monthly Report: August 2010



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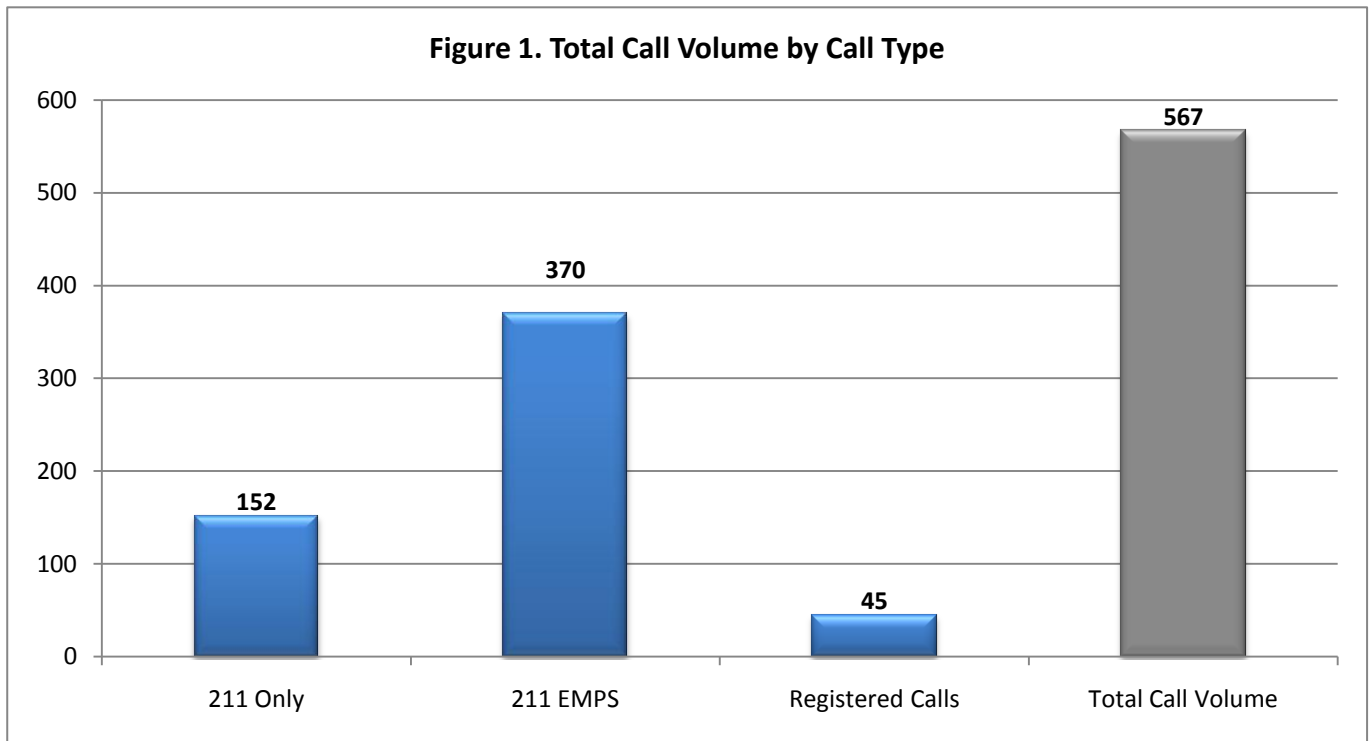
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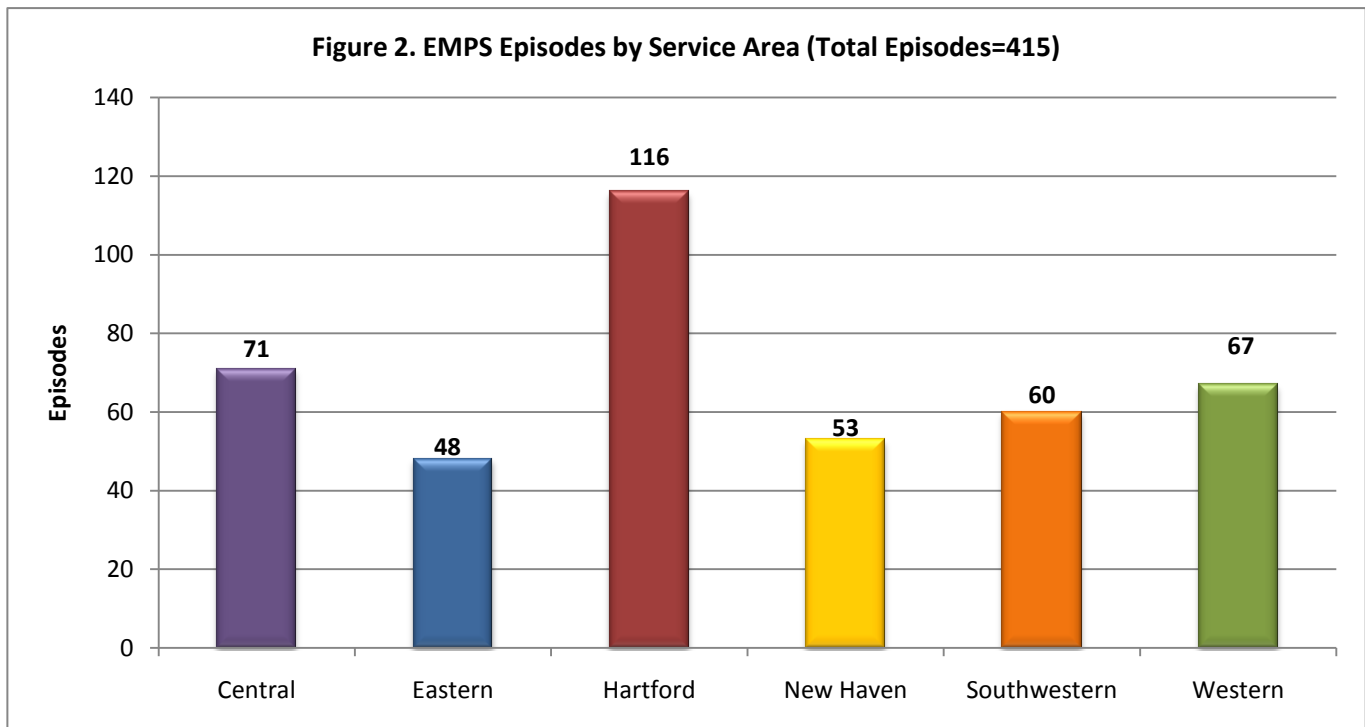
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Section I: Primary EMPS Performance Indicators

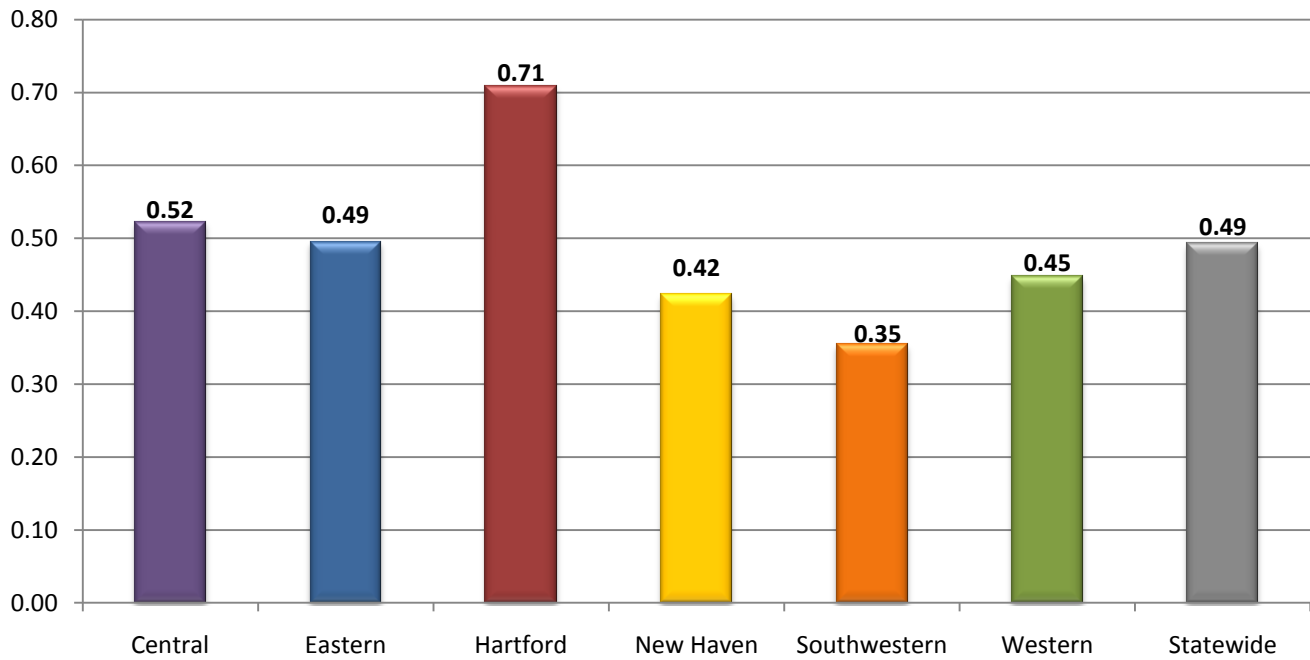


Calculation: Total number of episodes for each of the Call Type categories



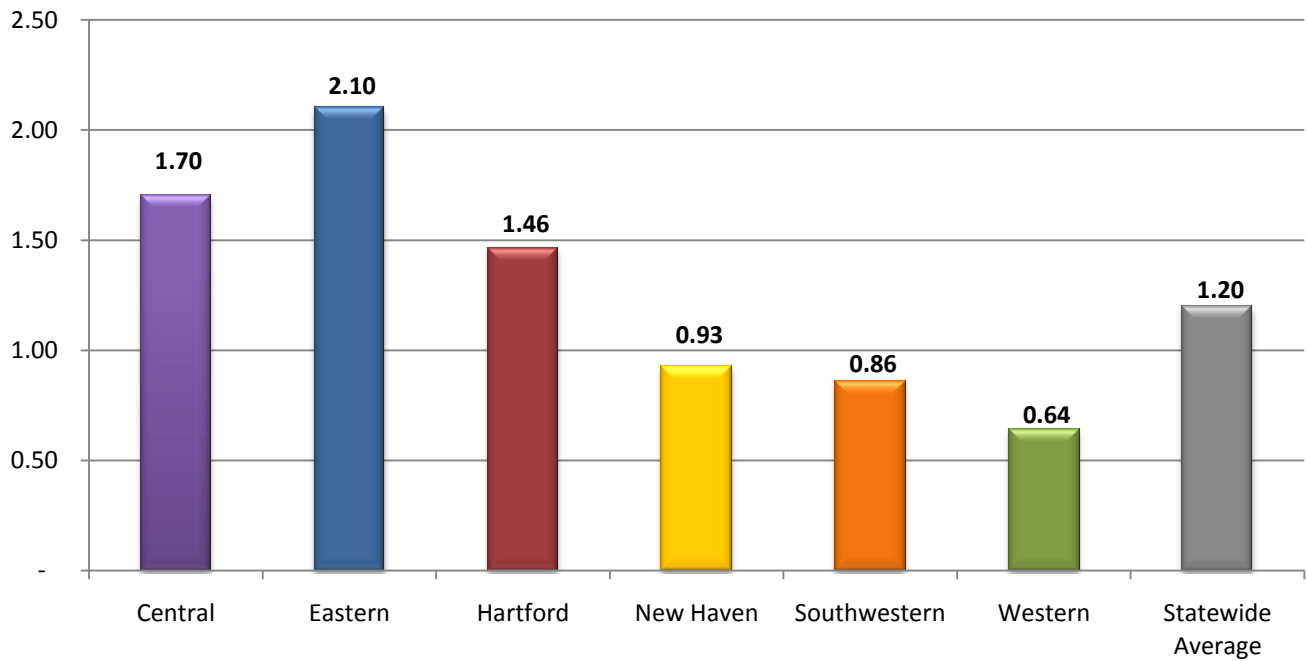
Calculation: Total number of episodes where 211 disposition is EMPS Response

Figure 3. Number Served Per 1,000 Children



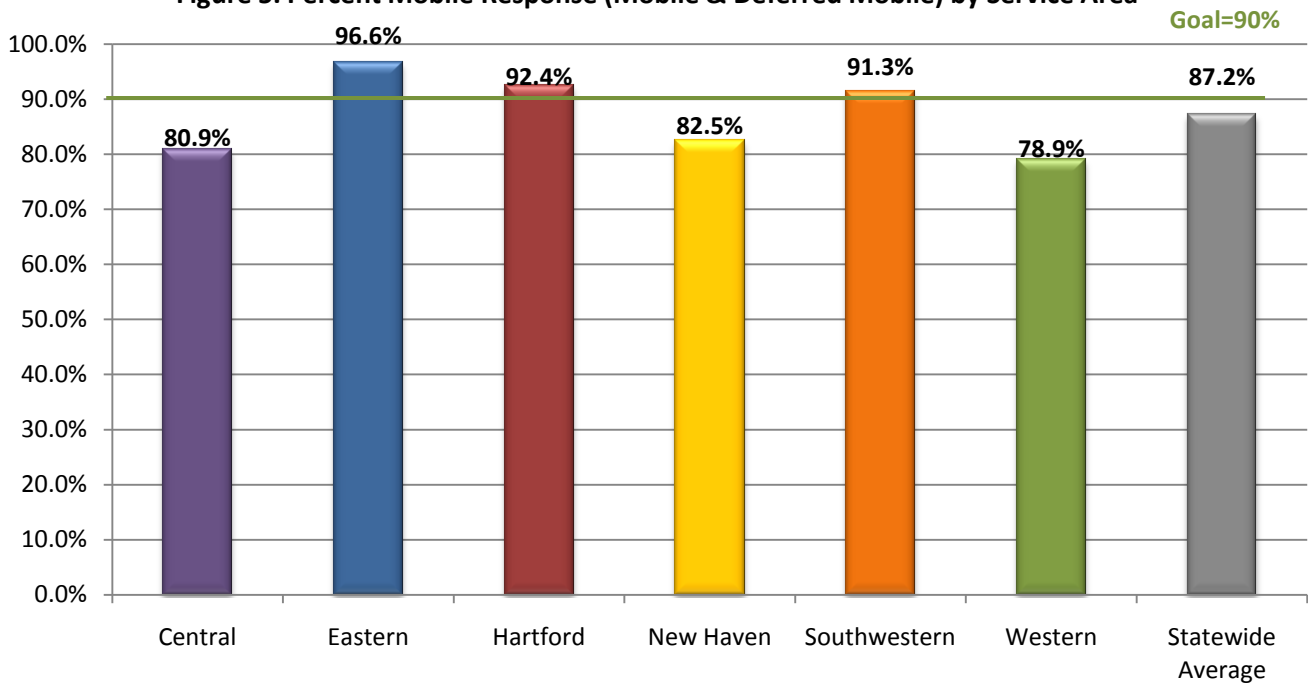
Calculation: $(\text{Number of EMPS episodes in service area} \times 1000) \div \text{Total child population in service area}$

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



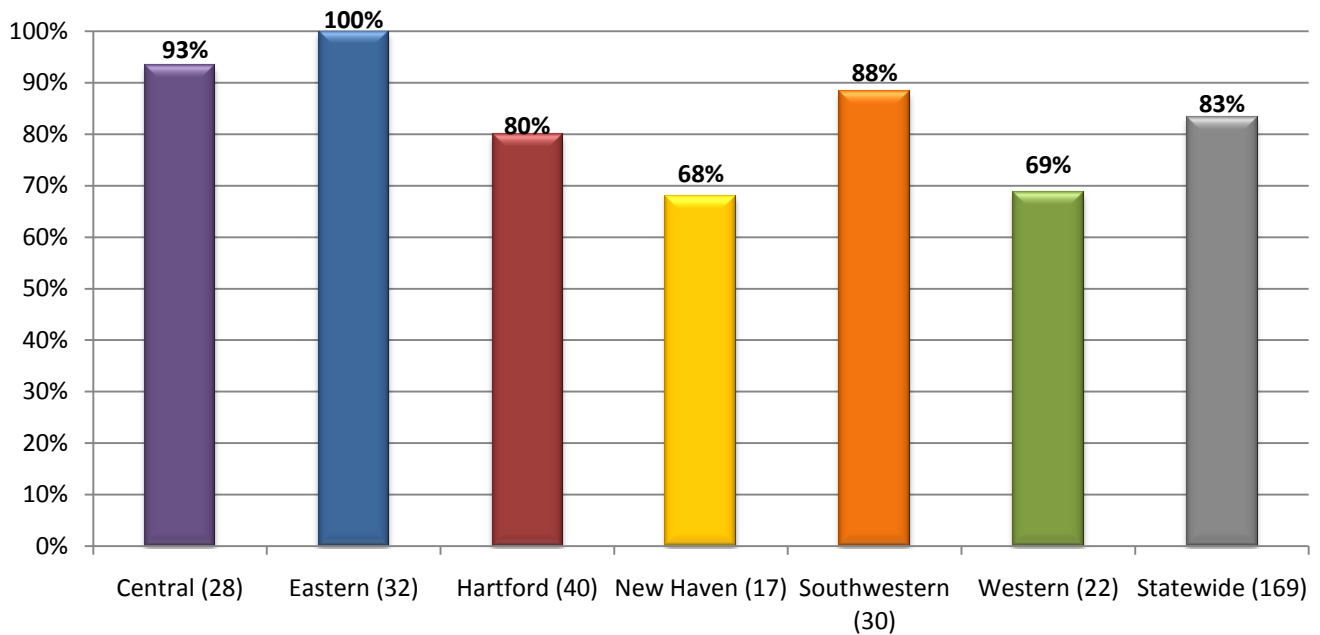
Calculation: $(\text{Number of episodes eligible for TANF filtered on face to face or crisis response stabilization follow-up} \times 1000) \div \text{Total number children eligible for free lunch in service area}$

Figure 5. Percent Mobile Response (Mobile & Deferred Mobile) by Service Area



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

Figure 6. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Service Area



Calculation: (Count mobile episodes under 45 mins ÷ Count of EMPS response mode is mobile) *100

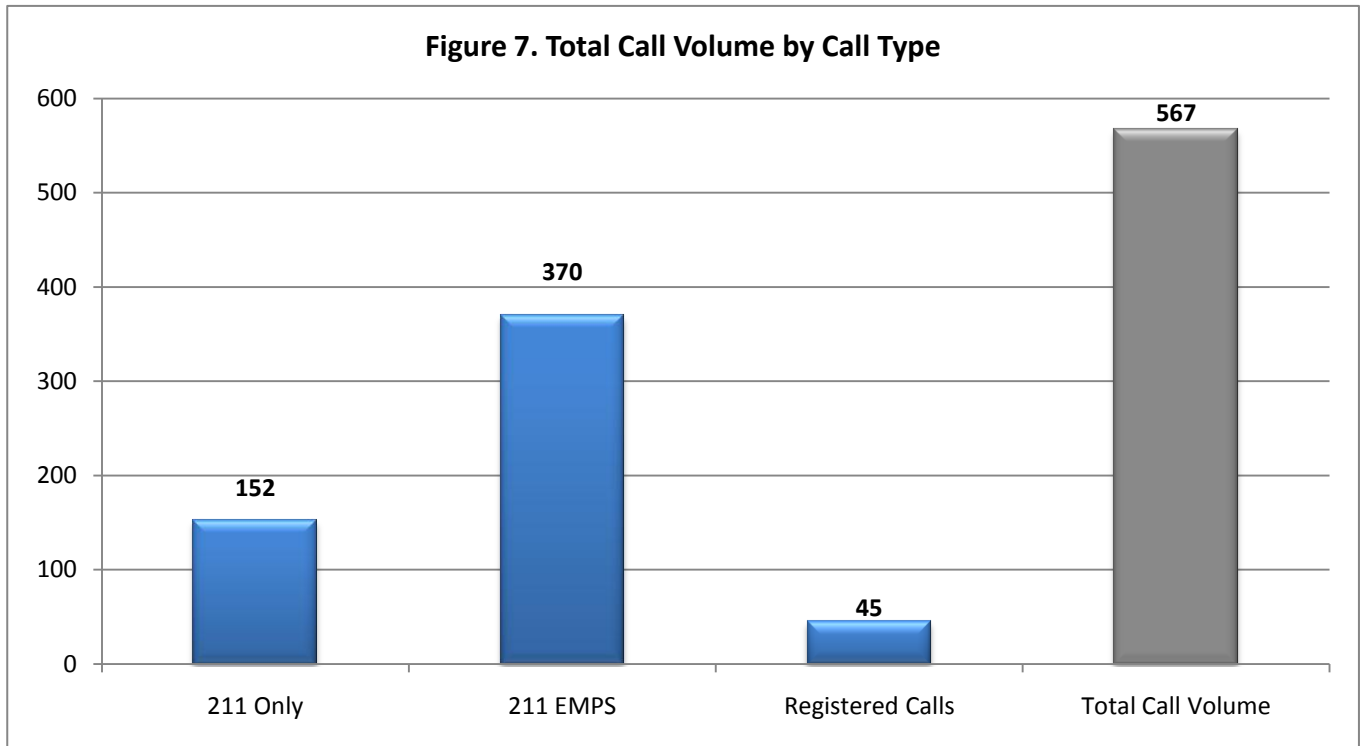
Note: Only includes mobile episodes in range of -9 to 45 minutes after 10 minutes is deducted for avg 211 call

Section I Summary

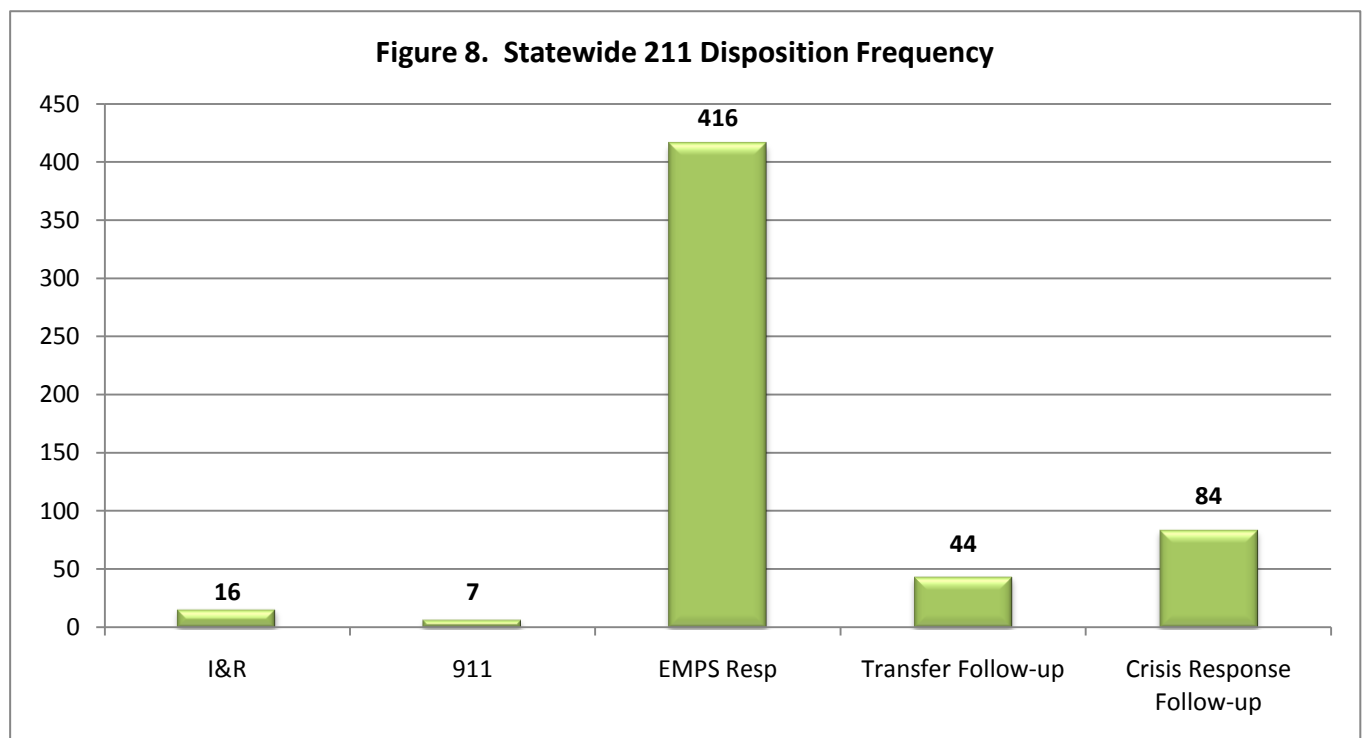
- The statewide EMPS provider network generated 567 episodes of care in August 2010. This was a slight decrease in episodes from 572 in July 2010.
- The Hartford service area generated the highest number of episodes (116). The lowest EMPS utilization was observed in the Eastern service area (48 episodes).
- The statewide average service reach, adjusted for total statewide child population, was 0.49 episodes per 1,000 children. This was a slight decrease from 0.52 in July, reflecting the slight statewide decrease in volume in the month of August. The Hartford service area had the highest service reach in August at 0.71 per 1,000 children. The lowest service reach was observed in the Southwestern service area at 0.35 per 1,000 children.
- The highest service reach to children in poverty¹ was observed in the Eastern (2.10) service area. The lowest service reach to children in poverty¹ was observed in the Western (0.64) service area.
- Statewide, the average mobility rate was 87.2% this month compared to 86.8% in July 2010. The highest mobility rates were observed in the Eastern (96.6%), Hartford (92.4%) and Southwestern (91.3%) service areas; these service areas also met the pre-established benchmark of 90%. The lowest mobility rate was observed in the Western service area (78.9%).
- Statewide, 83% of mobile responses took place in 45 minutes or less this month compared to 80% in July, 87% in June, 73% in May, 71% in April, 61% in March and 58% in February of 2010. Performance ranged among service areas, from 68% (New Haven) to 100% (Eastern).

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

Section II: Episode Volume



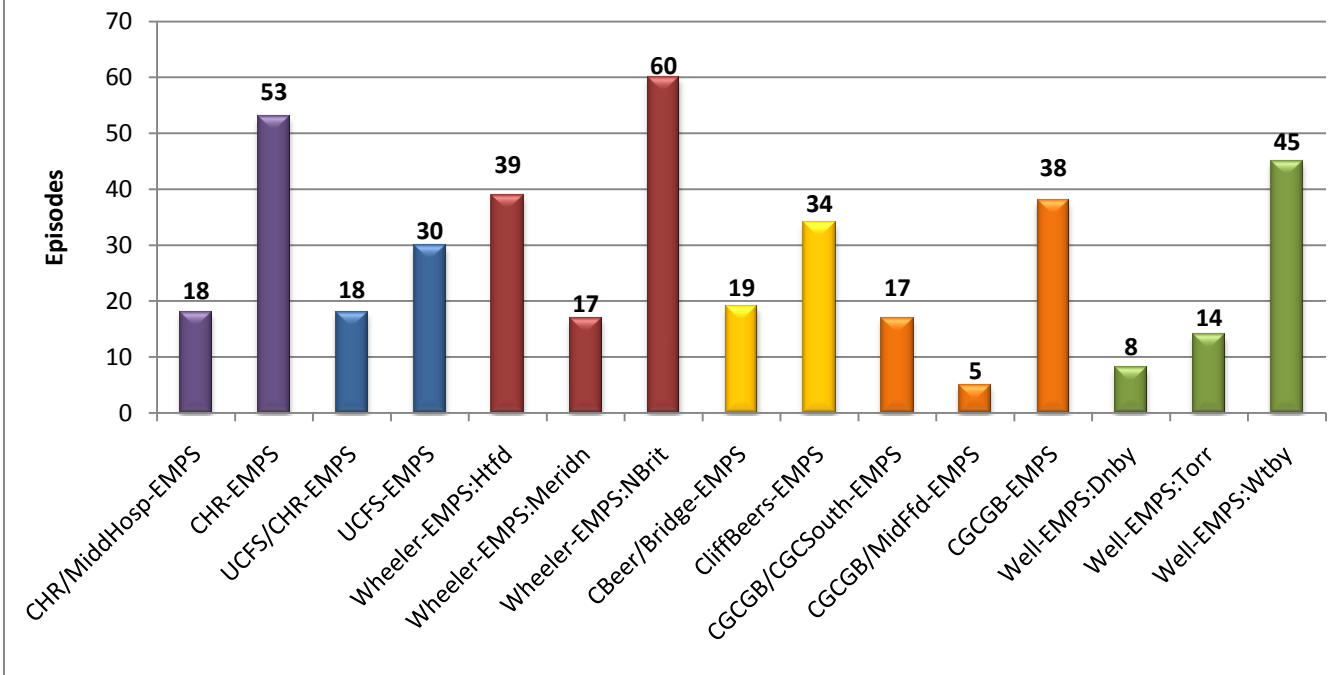
Calculation: Total number of episodes for each of the Call Type categories



Calculation: Total number of episodes for 211 disposition categories

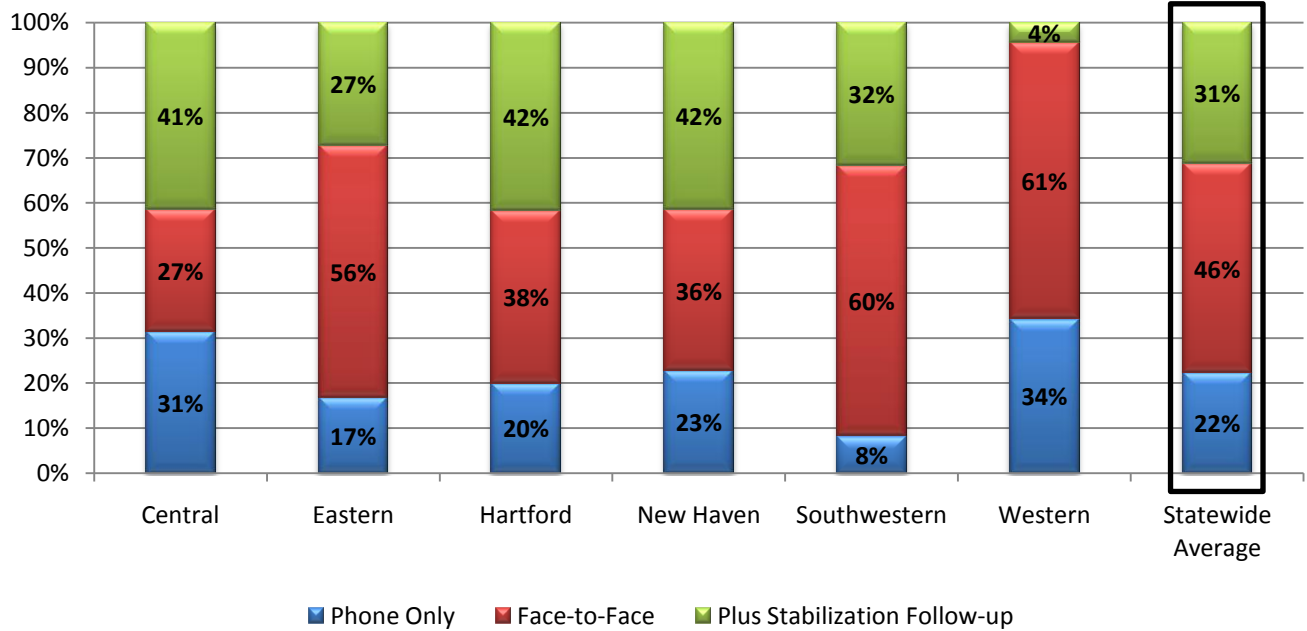
NOTE: EMPS Response includes 1 with no designated provider

Figure 9. EMPS Response Episodes by Provider (Total Episodes=415)



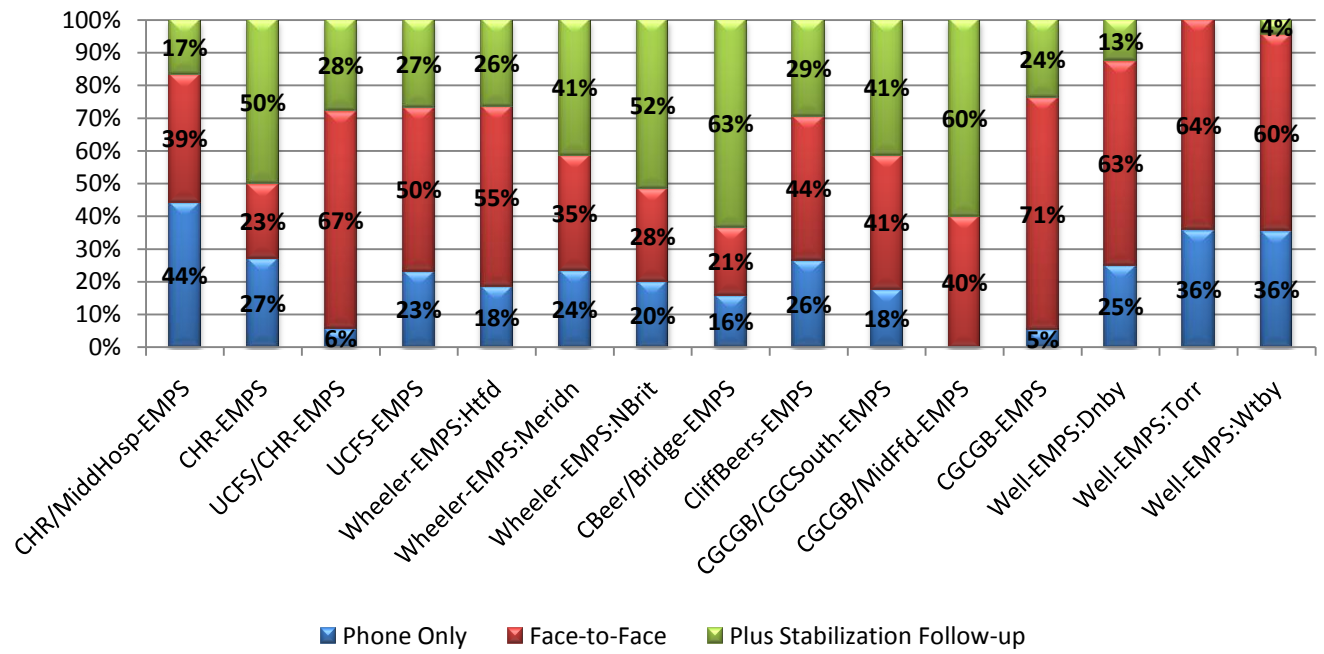
Calculation: Total number of episodes where 211 disposition is EMPS Response

Figure 10. Percent Crisis Response by Service Area



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

Figure 11. Percent Crisis Response by Provider



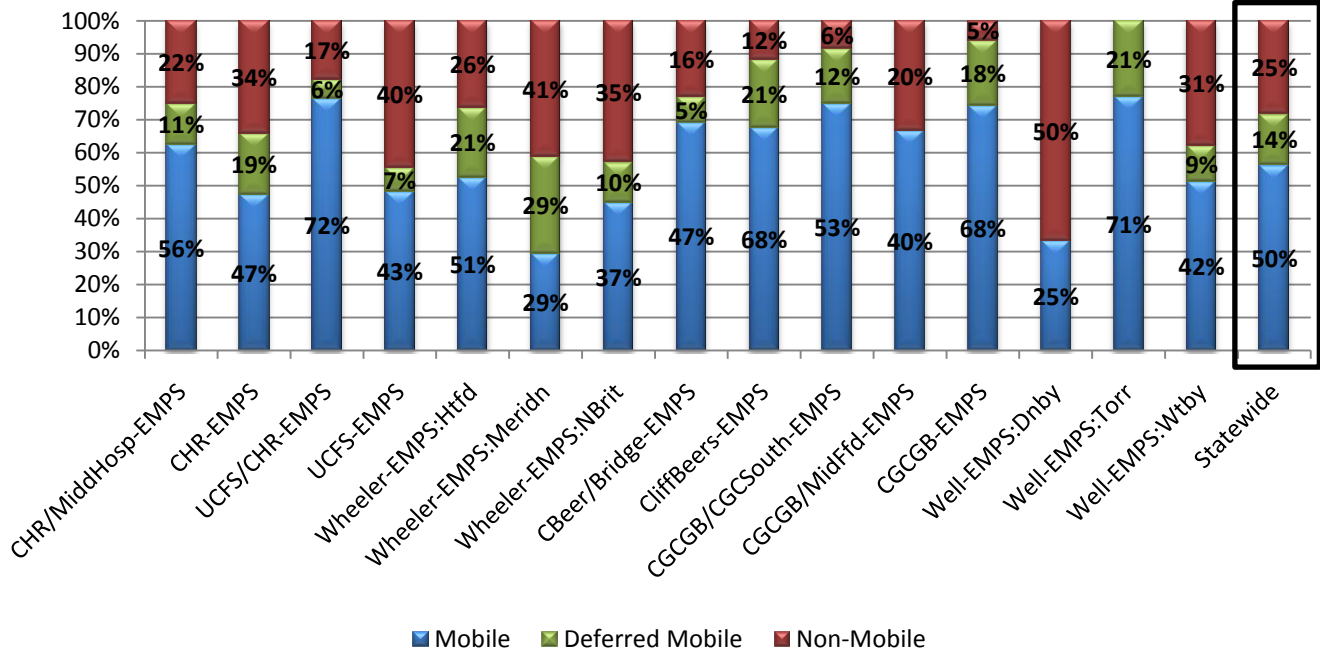
Calculation: Count Phone Only episodes ÷ Total all Crisis Responses * (100), Count Face-to-Face episodes ÷ Total all Crisis Responses * (100), Count Plus Stabilization Follow-up ÷ Total all Crisis Responses * (100)

Section II Summary

- A total of 567 calls were received by the Call Center in August, compared to 572 in July, 879 in June, and 1195 calls in May. The call volume of 567 in August suggests a rate that would translate to just about 7000 calls annually, although actual total calls fluctuate each month and will likely be closer to 10,000 annually as the summer months tend to have lower call volume overall.
- Of the 567 EMPS calls during the current month, 152 calls (26%) were coded as "211 Only." Another 45 calls (7%) were coded as "Registered Calls," which typically are calls placed directly to an EMPS provider and later registered (entered) into the PSDCRS system by the EMPS provider. The remaining 370 calls (65%) were calls received by 211 and routed to an EMPS provider.
- In terms of 211 Dispositions, of the 567 total calls:
 - 416 (73%) were coded as "EMPS Response"
 - 84 (14%) were coded as "Crisis Response Follow-up"
 - 44 calls (7%) were coded as "Transfer for Follow-up"
 - 16 calls (2%) were coded as "Information & Referral (I&R)"
 - 7 calls (1%) were coded as "911"
- The 211 Disposition of EMPS Response includes 1 episode with no designated EMPS provider. This means either: 1) this call was still pending at 211 because the EMPS provider had not accepted the call or 2) the EMPS provider had not yet entered data on the episode by the time the PIC received the data extraction.
- Among individual providers, the highest numbers of total episodes during the month of August was observed at Wheeler-New Britain (60 episodes). The lowest call volumes were observed at Mid-Fairfield Child Guidance (5 episodes) and Wellpath-Danbury (8 episodes).
- Statewide, the type of crisis response episodes included:
 - 22% Phone Only
 - 46% Face-to-Face
 - 31% Face-to-Face Plus Stabilization Follow-up
- By service area, the highest percentages of Phone Only responses were observed in the Western service area (34%). The highest percentages of Plus Stabilization Follow-up episodes were observed in the Hartford (42%) and Central (31%) service areas.
- The percentage of episodes that were Phone Only Crisis Responses ranged among individual providers from 5% (UCFS/CHR-Mansfield and Bridgeport Child Guidance) to 44% (Middlesex Hospital). For Face-to-Face Crisis Response, the range was from 21% (Clifford Beers) to 64% (Wellpath-Torrington). For Plus Stabilization Follow-up Crisis Responses, the range was from 4% (Wellpath-Waterbury) to 63% (Bridges) .

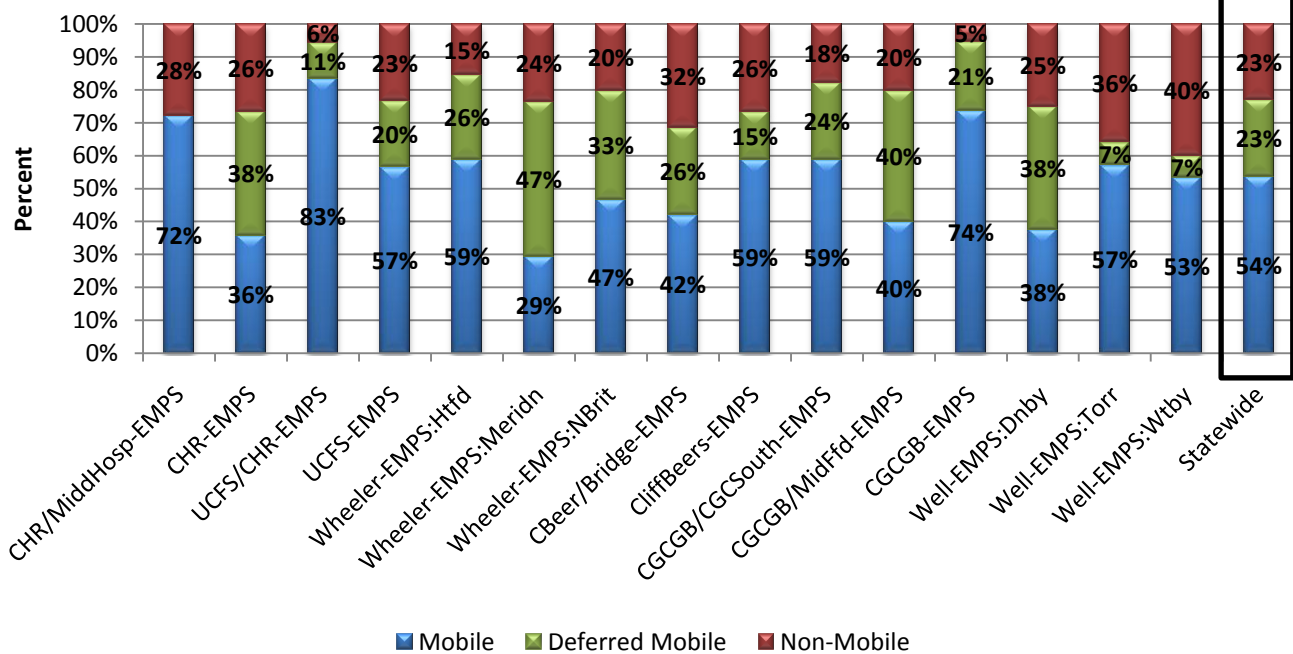
Section III: 211 Recommendations and EMPS Response

Figure 12. Percent 211 Recommended Response by Provider



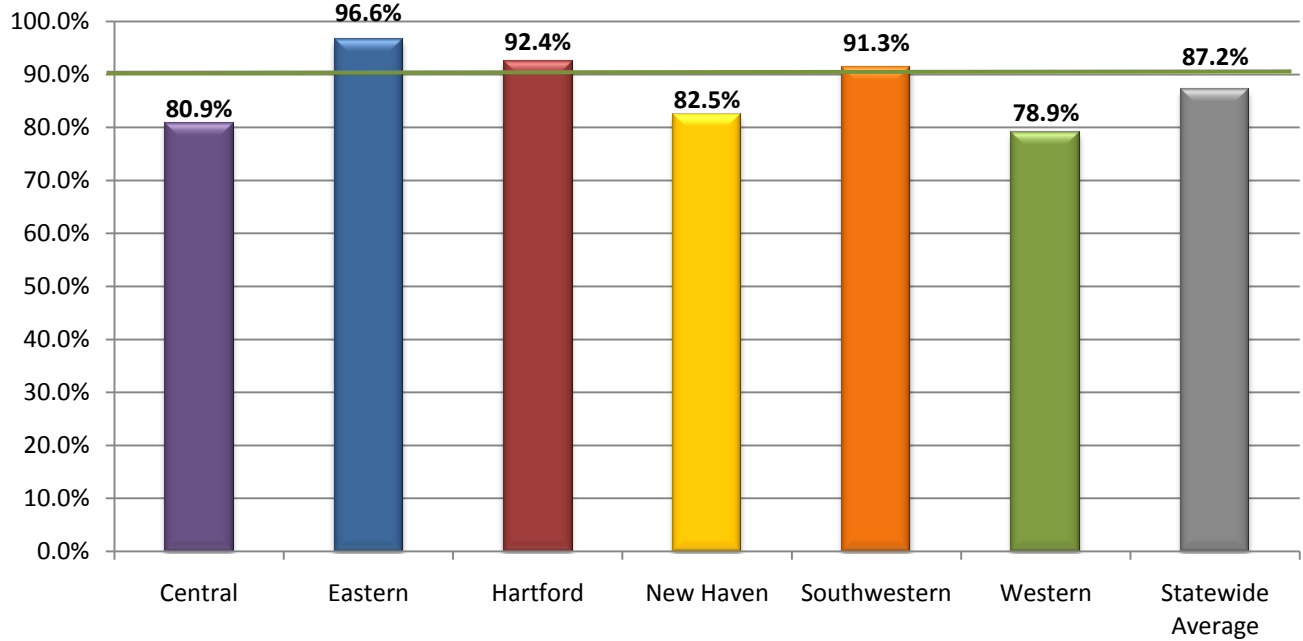
Calculation: Count 211 Recommended Response Mode ÷ Total EMPS Response Episodes*(100)

Figure 13. Percent Actual EMPS Response by Provider



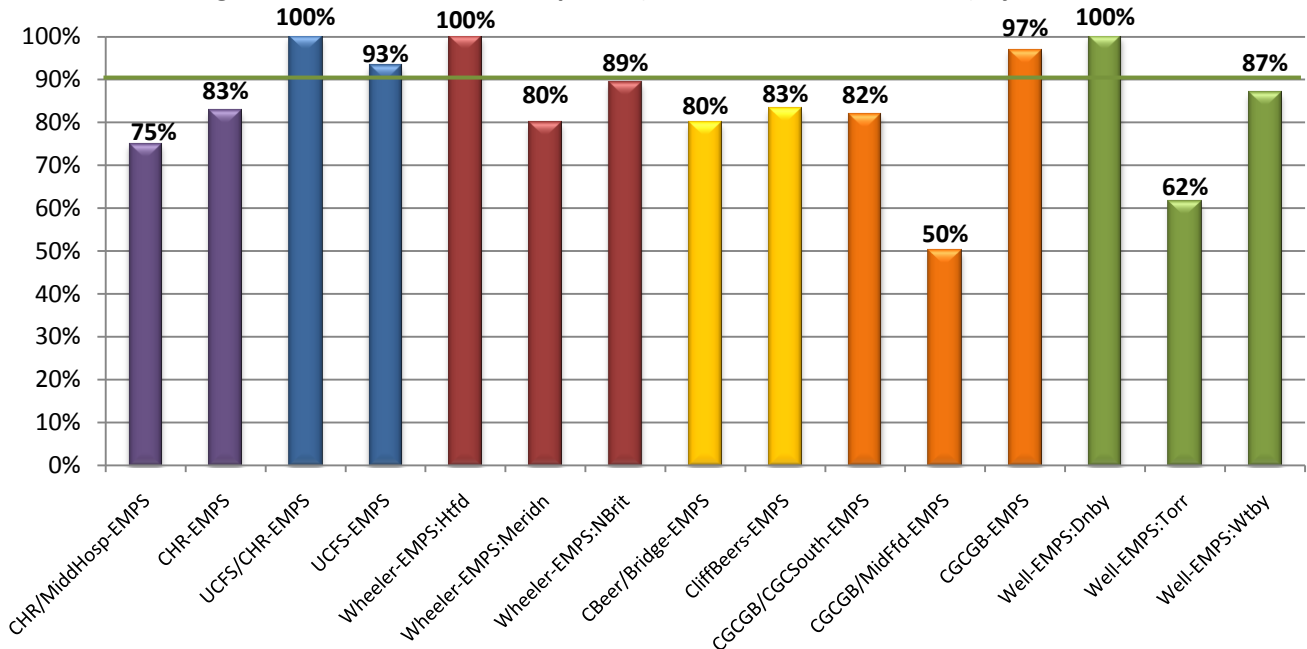
Calculation: Count actual EMPS Response Mode ÷ Total EMPS Response Episodes*(100)

Figure 14. Percent Mobile Response (Mobile & Deferred Mobile) by Service Area Goal=90%



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

Figure 15. Percent Mobile Response (Mobile & Deferred Mobile) by Provider Goal=90%



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

Figure 16. Percent of 211 Recommended Mobile Episodes Where Actual EMPS Response was Non-Mobile or Deferred Mobile

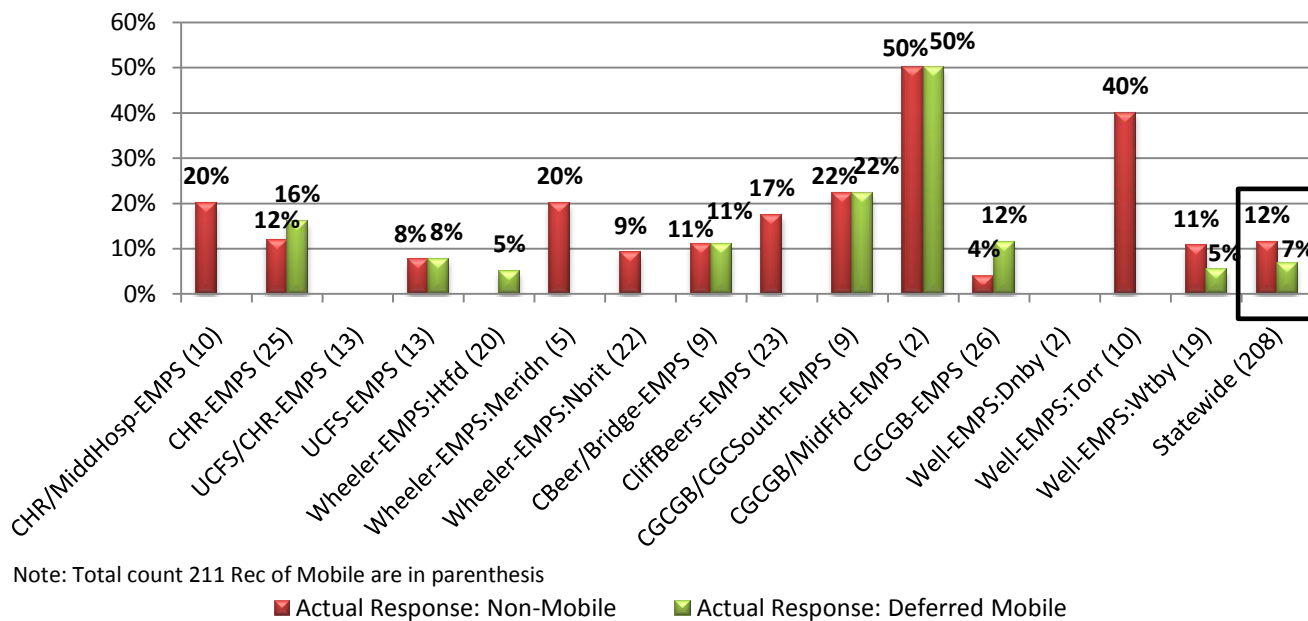
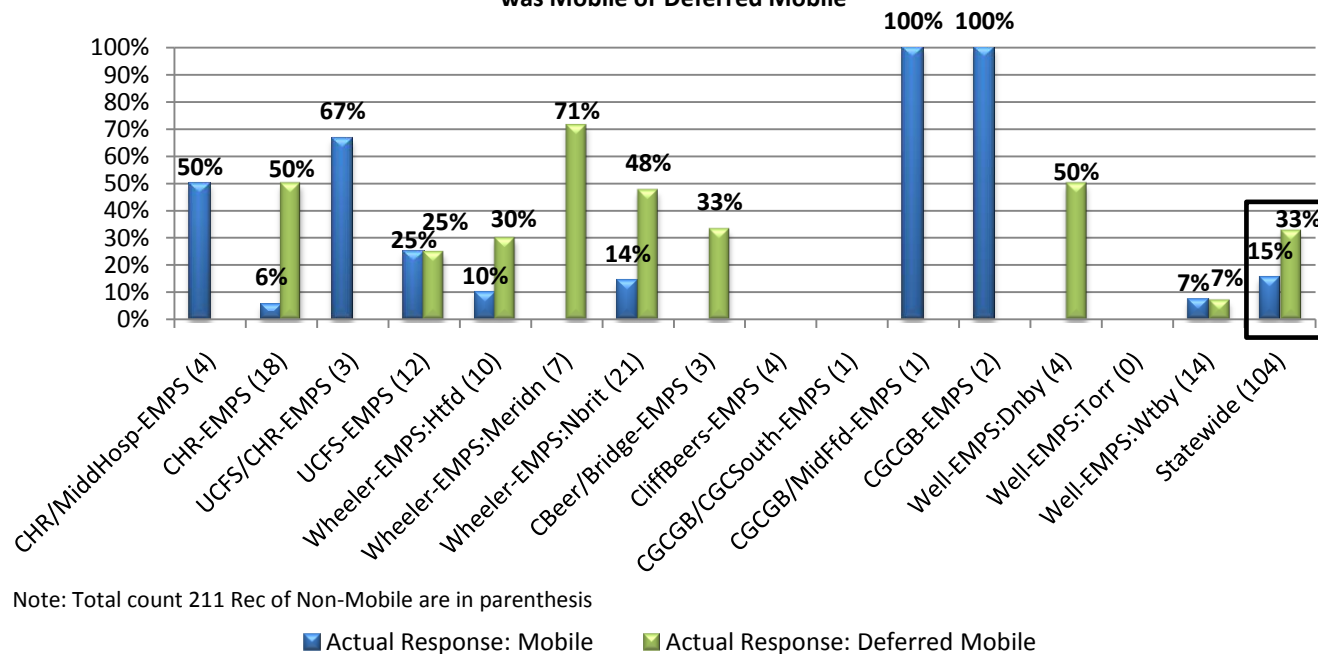


Figure 17. Percent of 211 Recommended Non-Mobile Episodes Where Actual EMPS Response was Mobile or Deferred Mobile

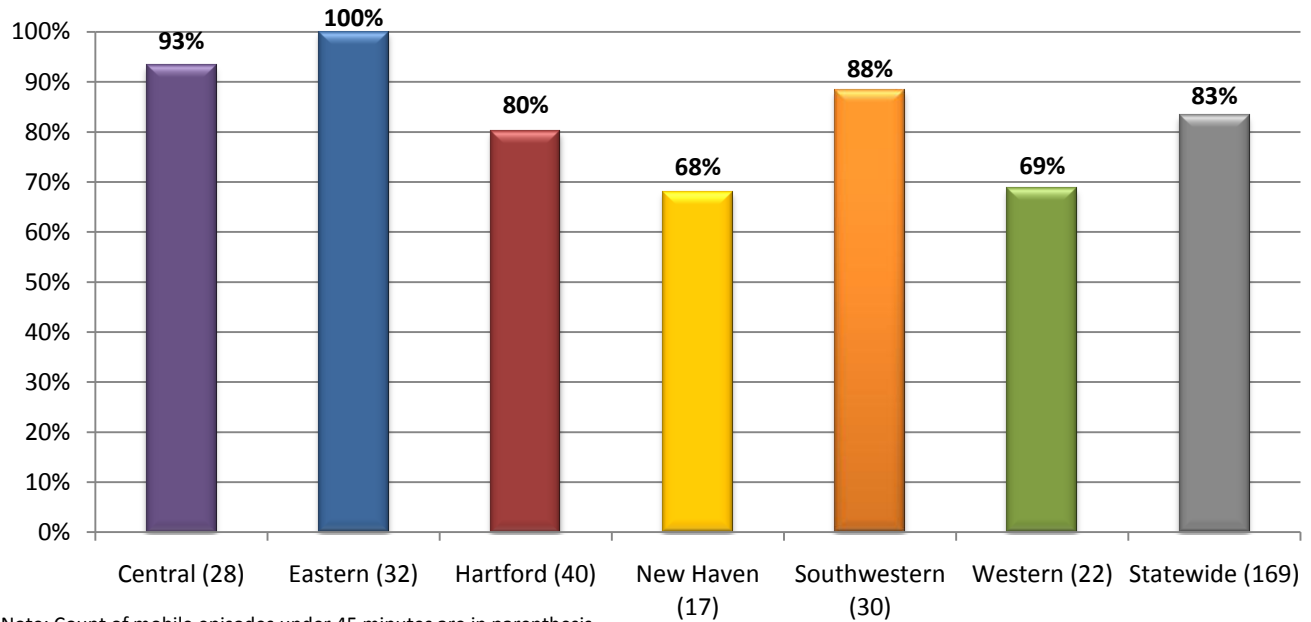


Section III Summary

- Figures 12 & 13 review total counts of 211 recommended responses and actual EMPS responses, including mobile, deferred mobile and non-mobile responses. Statewide, a mobile response was the most common 211 recommended EMPS response (50%). Mobile was also the most common actual EMPS provider response at 54% statewide.
- Statewide, the average mobility rate was 87.2% this month compared to 86.8% in July 2010. The highest mobility rates were observed in the Eastern (96.6%), Hartford (92.4%) and Southwestern (91.3%) service areas; these were also service areas that met the pre-established benchmark of 90%. The lowest mobility rate was observed in the Western service area (78.9%).
- Mobility percentages among providers ranged from 50% (Mid-Fairfield Child Guidance) to 100% (UCFS/CHR-Mansfield, Wheeler-Hartford, and Wellpath-Danbury) with UCFS-Norwich and Bridgeport Child Guidance above the 90% goal.
- As shown in Figure 16, of the 208 statewide 211 recommendations of "mobile response," 12% of episodes received a non-mobile response from EMPS and 7% received a deferred mobile response from EMPS.
- As shown in Figure 17, 211 recommended a non-mobile response for 104 of 415 episodes in August. Of these 104 episodes in which 211 recommended a non-mobile response, 15% of episodes received a mobile response and 33% received a deferred mobile response from EMPS (the remaining 52% received a non-mobile response).

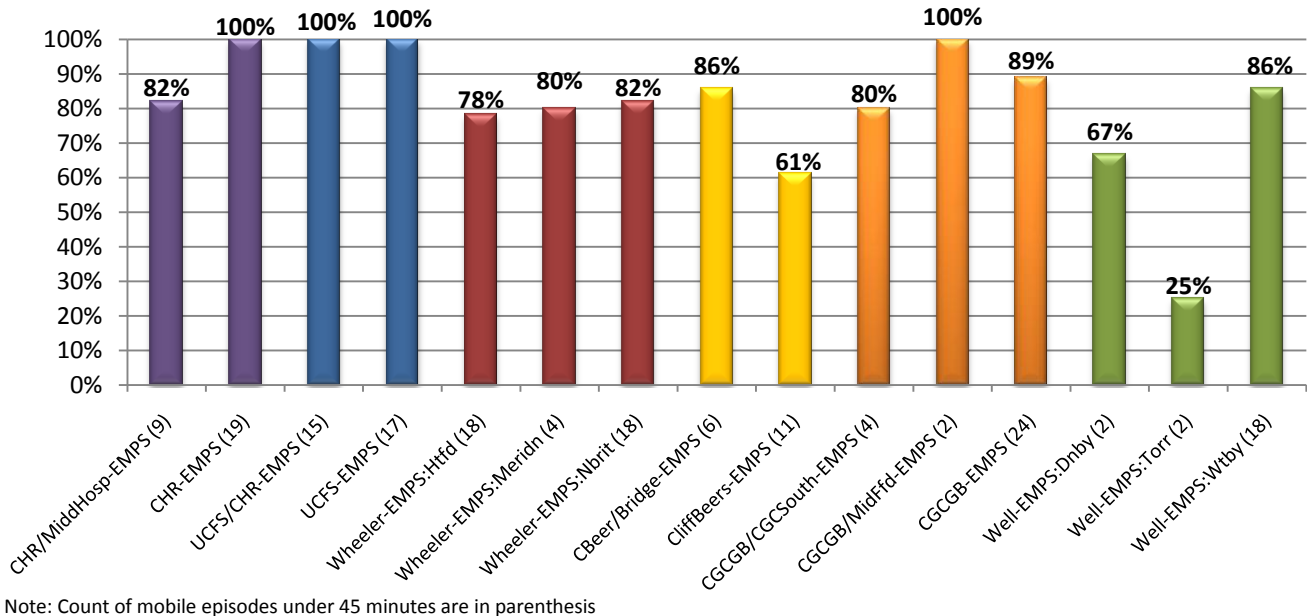
Section IV: Response Time

Figure 18. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Service Area



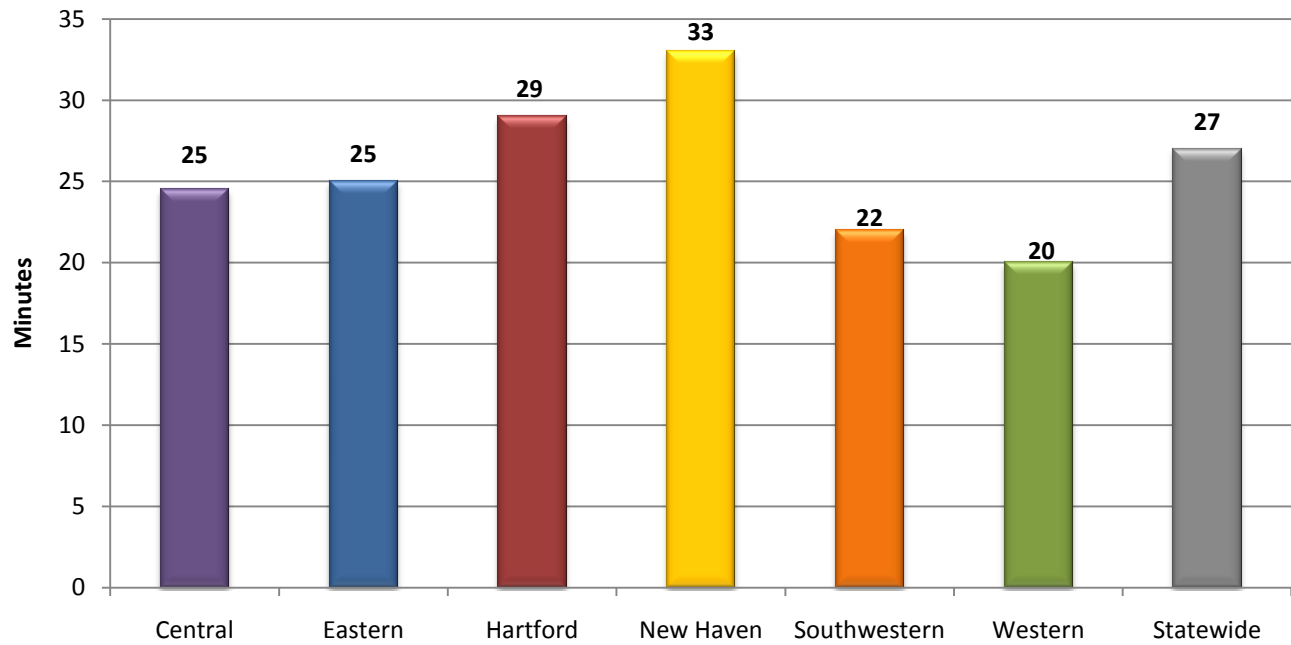
Calculation: (Count Mobile Episodes under 45 Mins (after subtracting 10 minutes for average 211 call) ÷ Total Mobile Episodes)*100

Figure 19. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Provider



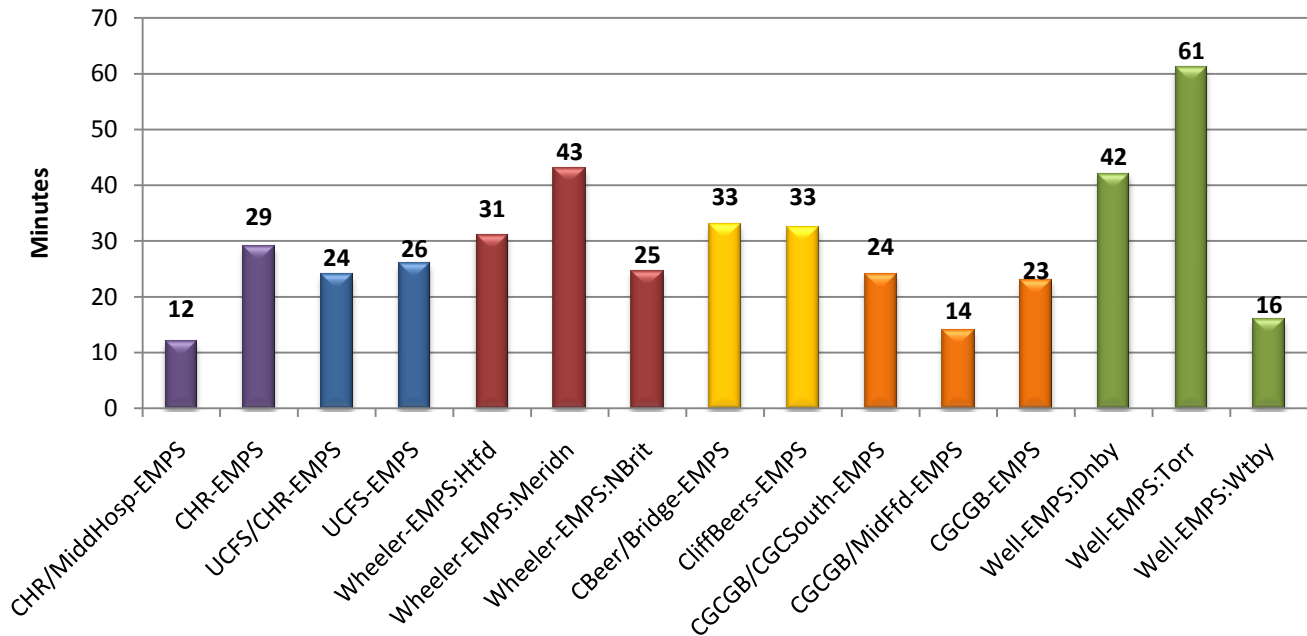
Calculation: (Count Mobile Episodes under 45 Mins (after subtracting 10 minutes for average 211 call) ÷ Total Mobile Episodes)*100

Figure 20. Median Mobile Response Time by Service Area in Minutes



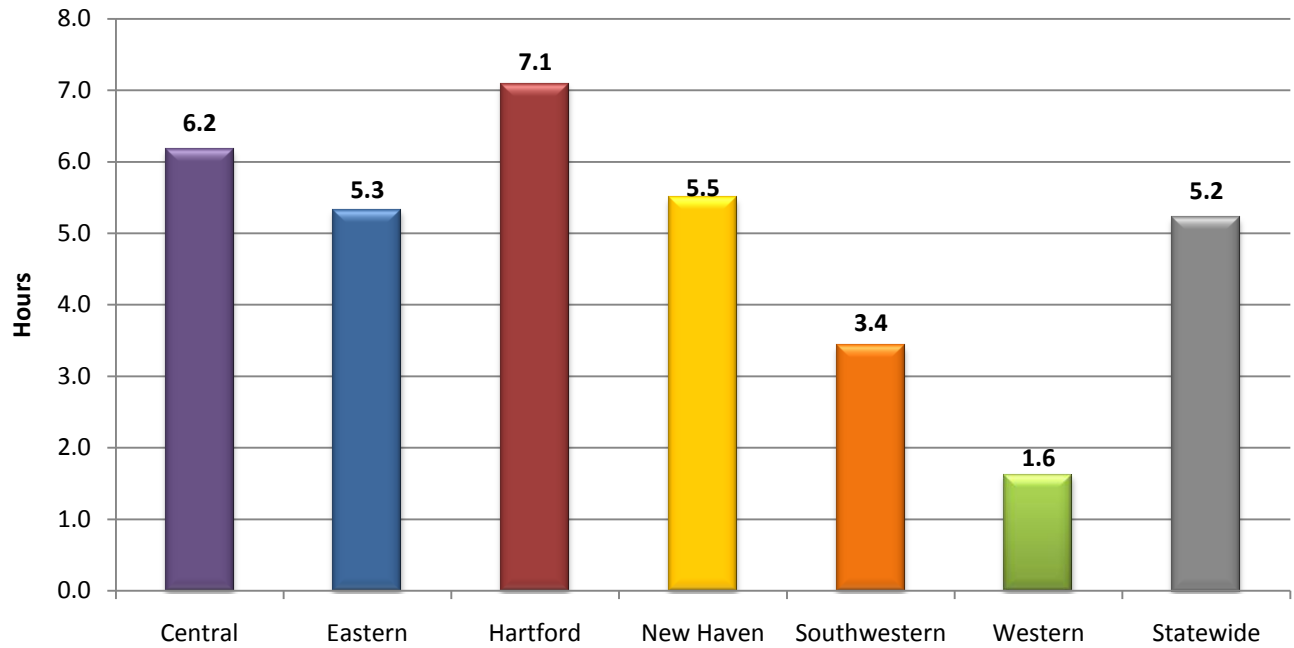
Calculation: Arrange the response time values for each service area in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

Figure 21. Median Mobile Response Time by Provider in Minutes



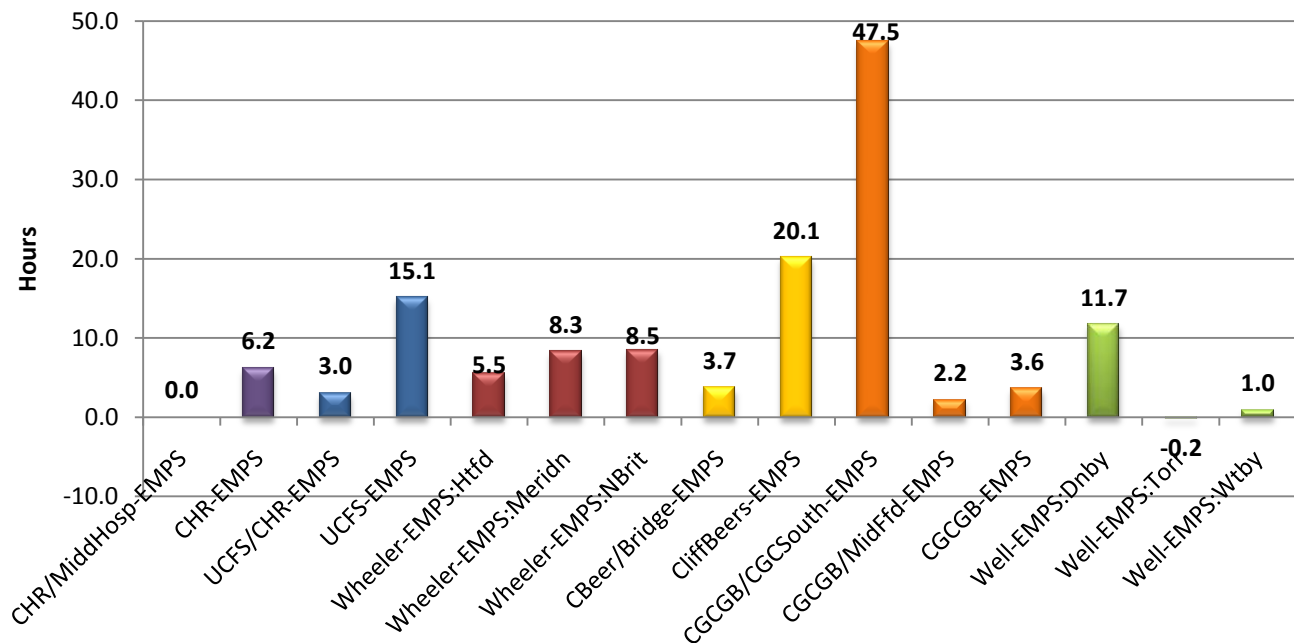
Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

Figure 22. 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 select the one in the middle

Figure 23. Median Deferred Mobile Response Time by Provider in Hours



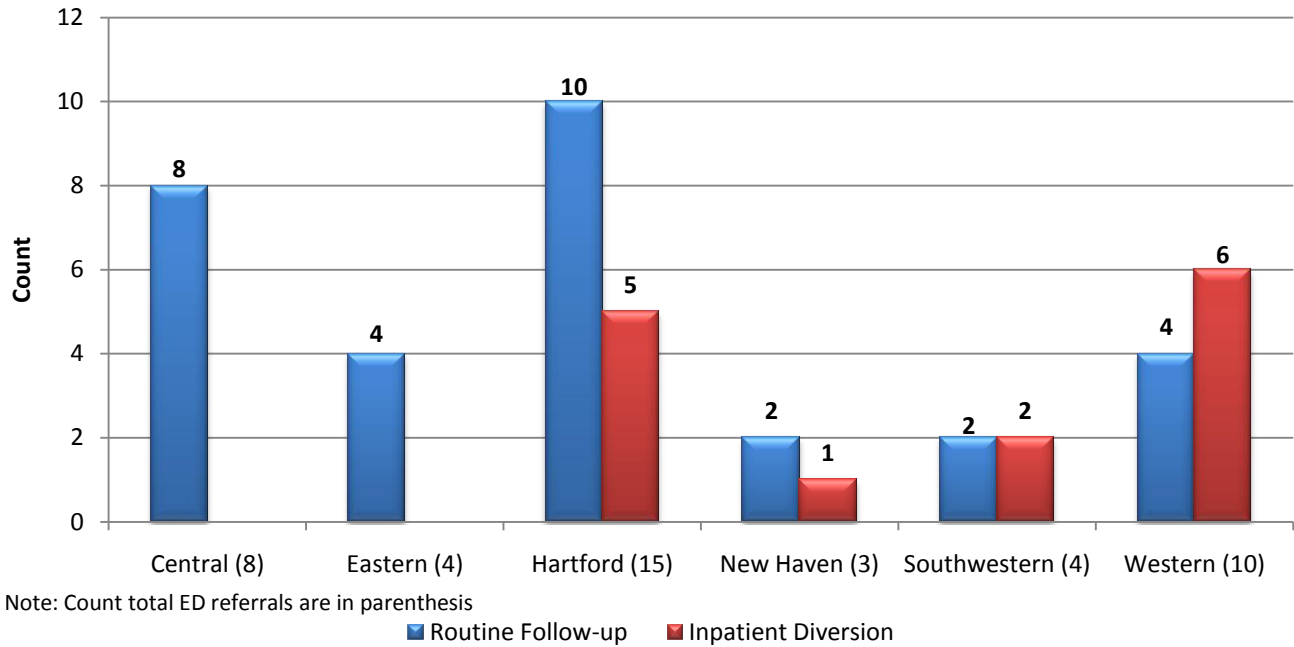
Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

Section IV Summary

- Statewide, 83% of mobile responses took place in 45 minutes or less in August which was a 3% increase from July. Performance was higher than the previous months of June (80%), May (73%), April (71%), March (61%) and February (58%) of 2010. Performance ranged among service areas, from 68% (New Haven) to 94% (Eastern) this month.
- Achievement of the 45 minute benchmark varied among individual providers from 25% (Wellpath-Torrington) to 100% (Community Health Resources-Manchester, UCFS/CHR-Mansfield, United Community and Family Services, Mid-Fairfield Child Guidance) with eleven of fifteen providers above 80%.
- The statewide median mobile response time was 27 minutes. All six service areas and 14 of the 15 individual providers had a median mobile response time under 45 minutes. Median mobile response times among individual providers ranged from 12 minutes (Middlesex Hospital) to 61 minutes (Wellpath-Torrington).
- The statewide median deferred mobile response time was 5.2 hours, and ranged by service area from 1.6 hours (Western) to 7.1 hours (Hartford). Among the 14 individual providers who fulfilled the criteria for inclusion in the calculation, the median deferred mobile response times ranged from -0.2 hours (Wellpath-Torrington which had only one deferred mobile response and a negative response time after 10 minutes for the average 211 call was subtracted) to 47.5 hours (Child Guidance of Southern CT). The one provider that did not fulfill the inclusion criteria was Middlesex Hospital, which had zero deferred mobile episodes.
- Response times have drastically improved over the last several months and although they dropped in July to 80%, they increased in August to 83%. It is possible that the ability to meet the 45 minute benchmark could be related to such factors as total call volume and average miles from provider site to response site. However, the influence of such factors would require additional data collection and analysis beyond the available data.

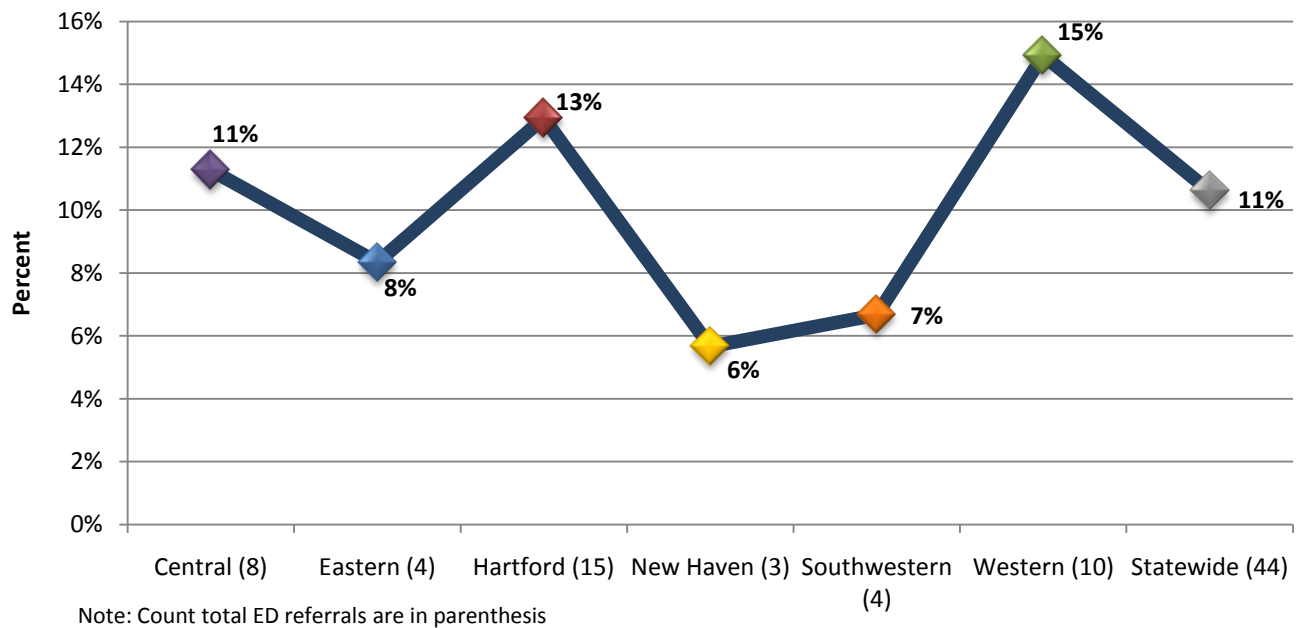
Section V: Emergency Department Referral Type

Figure 24. Count Type of ED Referral by Service Area (N=44)



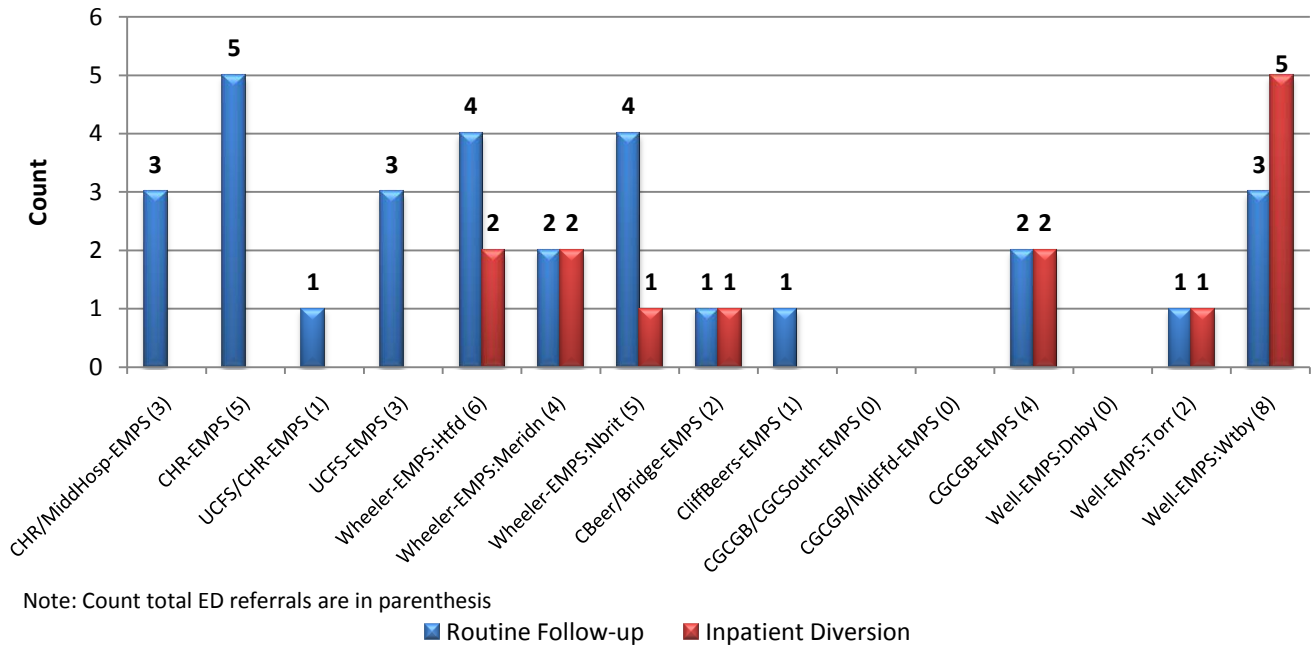
Calculation: Count for each type of ED referral by service area

Figure 25. Percent ED Referral (% Total EMPS Episodes) by Service Area



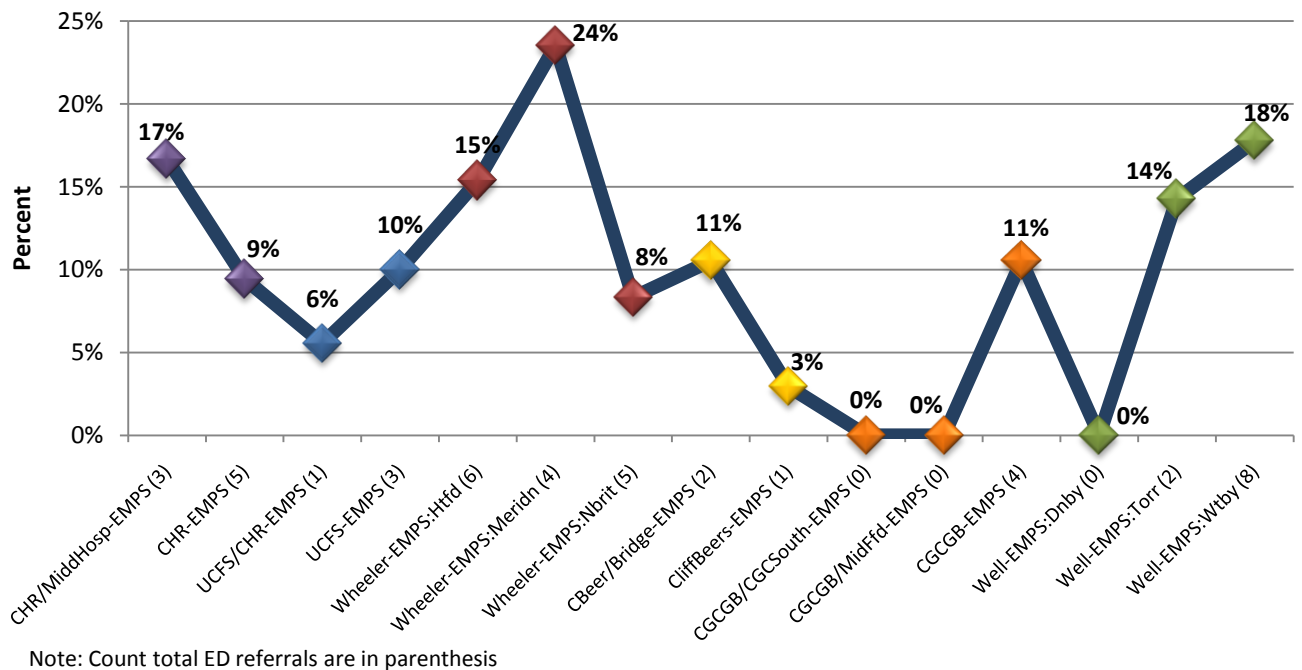
Calculation: Total ED referral per service area ÷ Total EMPS response episodes per service area*(100)

Figure 26. Count Type of ED Referral by Provider



Calculation: Count for each type of ED referral by provider

Figure 27. Percent ED Referral (% Total EMPS Episodes) by Provider



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

Section V Summary

- In August 2010, a total of 44 Emergency Department (ED) responses were recorded, including 30 for Routine Follow-up and 14 for Inpatient Diversion.
- The highest number of Routine Follow-up ED responses during the month of August was observed in the Hartford service area (10). The lowest number was in the New Haven and Southwestern service areas (2 each). The highest number of Inpatient Diversion ED responses during the month was observed in the Western service area (6) and the Hartford service area (5). Both the Central and Eastern service areas had no Inpatient Diversion ED responses this month.
- Statewide, about 11% of all episodes were ED responses in August, compared to 13% in March, 11% in April, 11% in May, 16% in June and 21% in July of 2010. By service area, the highest rates of ED responses as a percentage of total responses was observed in the Western service area (15%). The lowest was observed in the New Haven service area (6%).
- Among individual providers, the highest percentage of ED responses was observed at Wellpath-Waterbury (18% of all responses). At this site, 5 ED responses were Inpatient Diversions and 3 ED responses were for Routine Follow-Up.
- There were three providers who reported zero ED referrals (Mid-Fairfield Child Guidance, Child Guidance of Southern CT and Wellpath-Danbury) this month.

Section VI: Length of Stay

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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
		<i>Discharged Episodes</i>									<i>Episodes Still in Care</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	0.60	6.21	27.11	0	2	24	8.2%	29.1%	12.3%	112.5	51.1	38.8	111	37	34	100%	82%	33%
2	Central	0.72	9.21	32.52	0	2	27	7.4%	29.1%	25.3%	75.7	57.2	27.9	50.5	35	27	100%	90%	27%
3	CHR/MidHosp-EMPS	0.51	1.97	5.40	0	1	6	10.4%	10.9%	0.0%	59.0	93.5		59	93.5		100%	100%	
4	CHR-EMPS	0.86	20.73	35.32	0	9.5	28.5	5.3%	58.1%	27.9%	79.0	48.1	27.9	42	29	27	100%	88%	27%
5	Eastern	0.28	3.22	22.45	0	2	21	5.9%	6.7%	1.9%		0.0	24.1		0	32		0%	11%
6	UCFS/CHR-EMPS	0.00	4.03	24.88	0	0	24.5	0.0%	14.1%	3.2%		0.0	27.3		0	33		0%	10%
7	UCFS-EMPS	0.38	2.89	18.77	0	3	18	7.8%	3.8%	0.0%			20.4			13			11%
8	Hartford	0.57	6.38	27.30	0	3	22	11.5%	32.0%	14.4%	23.0	21.2	33.4	23	33	34	100%	54%	22%
9	Wheeler-EMPS:Htfd	0.81	5.40	22.13	0	4	20	17.1%	31.6%	4.4%	23.0	21.0	31.2	23	33	28.5	100%	60%	30%
10	Wheeler-EMPS:Meridn	0.63	4.56	24.21	0	3	21	9.8%	20.5%	7.9%		3.0	58.3		3	37		0%	25%
11	Wheeler-EMPS:NBrit	0.21	7.85	31.53	0	3	28	4.7%	34.6%	22.7%		23.9	31.5		34	34		57%	20%
12	New Haven	0.58	7.13	24.39	0	5	24	7.7%	45.7%	1.9%	126.3	91.8	31.9	137	89	33	100%	100%	43%
13	CBeer/Bridge-EMPS	5.00	4.22	24.71	1	0	27	44.4%	21.8%	0.0%	119.8	131.6	36.8	122.5	133.5	48	100%	100%	56%
14	CliffBeers-EMPS	0.31	8.26	23.94	0	6	20	5.4%	55.0%	4.5%	172.0	28.0	20.6	172	18	20	100%	100%	14%
15	Southwestern	0.99	7.41	27.95	0	1	28	11.2%	32.6%	10.8%	103.7	43.3	58.5	96	39	49	100%	87%	53%
16	CGCGB/CGCSouth-EMPS	0.54	3.10	38.82	0	0	37	3.5%	15.2%	34.7%	107.5	53.7	69.6	107.5	48	61	100%	100%	52%
17	CGCGB/MidFfd-EMPS	0.63	2.58	21.22	0	1	15.5	14.3%	14.0%	12.0%		55.0	54.5		55	50		100%	55%
18	CGCGB-EMPS	1.90	9.70	26.58	0	3	29	19.0%	41.6%	2.1%	96.0	36.4	44.5	96	36	49	100%	79%	53%
19	Western	0.45	4.58	23.21	0	1	22	4.8%	24.2%	6.0%	170.5	53.9	41.0	170.5	36	39	100%	82%	29%
20	Well-EMPS:Dnby	0.66	7.77	11.95	0	1	9	3.6%	32.8%	0.0%			25.0			25			0%
21	Well-EMPS:Torr	0.41	6.08	20.69	0	6	21.5	9.8%	53.8%	2.8%	172.0	4.0		172	4		100%	0%	
22	Well-EMPS:Wtby	0.38	3.96	27.06	0	1	27	3.8%	20.0%	8.9%	169.0	58.9	43.7	169	41	41	100%	90%	33%

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

Definitions:

LOS: Phone	Length of Stay in Days for Phone Only
LOS: FTF	Length of Stay in Days for Face To Face Only
LOS: Stab.	Length of Stay in Days for Stabilization Plus Follow-up Only
Phone > 1	Percent of episodes that are phone only that are greater than 1 day
FTF > 5	Percent of episodes that are face to face that are greater than 5 days
Stab. > 45	Percent of episodes that are stabilization plus follow-up that are greater than 45 days

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

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

		A	B	C	D	E	F	G	H	I	J	K	L
		<i>Discharged Episodes</i>						<i>Episodes Still in Care</i>					
		N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent		
		LOS:			LOS:			LOS:			LOS:		
		Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
2	Central	162	223	320	12	65	81	6	10	22	6	9	6
3	CHR/MiddHosp-EMPS	67	137	30	7	15	0	1	2	0	1	2	0
4	CHR-EMPS	95	86	290	5	50	81	5	8	22	5	7	6
5	Eastern	102	224	209	6	15	4	0	1	19	0	0	2
6	UCFS/CHR-EMPS	25	64	126	0	9	4	0	1	10	0	0	1
7	UCFS-EMPS	77	160	83	6	6	0	0	0	9	0	0	1
8	Hartford	244	509	675	28	163	97	1	13	55	1	7	12
9	Wheeler-EMPS:Htfd	117	253	206	20	80	9	1	5	10	1	3	3
10	Wheeler-EMPS:Meridn	41	39	126	4	8	10	0	1	4	0	0	1
11	Wheeler-EMPS:NBrit	86	217	343	4	75	78	0	7	41	0	4	8
12	New Haven	156	280	207	12	128	4	16	13	23	16	13	10
13	CBeer/Bridge-EMPS	9	78	119	4	17	0	14	8	16	14	8	9
14	CliffBeers-EMPS	147	202	88	8	111	4	2	5	7	2	5	1
15	Southwestern	134	405	241	15	132	26	3	23	49	3	20	26
16	CGCGB/CGCSouth-EMPS	57	79	49	2	12	17	2	7	23	2	7	12
17	CGCGB/MidFfd-EMPS	35	57	50	5	8	6	0	2	11	0	2	6
18	CGCGB-EMPS	42	269	142	8	112	3	1	14	15	1	11	8
19	Western	230	504	134	11	122	8	2	11	7	2	9	2
20	Well-EMPS:Dnby	56	61	19	2	20	0	0	0	1	0	0	0
21	Well-EMPS:Torr	41	39	36	4	21	1	1	1	0	1	0	0
22	Well-EMPS:Wtby	133	404	79	5	81	7	1	10	6	1	9	2

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

Definitions:

LOS: Phone

Length of Stay in Days for Phone Only

LOS: FTF

Length of Stay in Days for Face To Face Only

LOS: Stab.

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

Phone > 1

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

FTF > 5

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

Stab. > 45

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

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

Section VI Summary:

- The Length of Stay table shows the mean, median, and percentage of episodes exceeding the LOS benchmarks, statewide, by service area, and by provider. Discharged and open episodes of care are broken into the various Crisis Response categories (Phone Only, Face-to-face and Plus Stabilization Follow-up). The next table shows the total number of episodes used to calculate the mean, median and percent for the LOS. Data for both tables reflect episodes discharged between January 1, 2010 and August 31, 2010 and episodes still in care as of August 31, 2010.

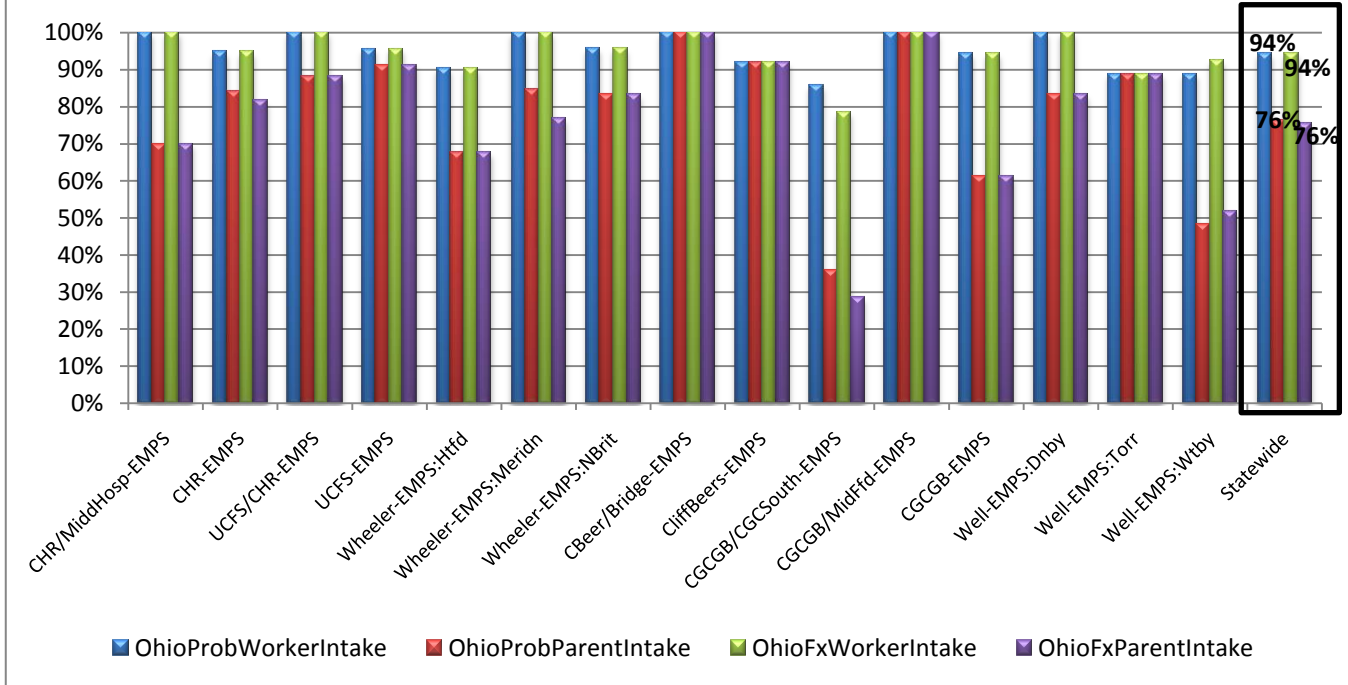
- Statewide, the mean LOS for **discharged episodes** of care with a Crisis Response of **Phone Only** was 0.60 days and all six service areas averaged under 1 day. Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 6.21 days and ranged from 3.22 days (Eastern) to 9.21 days (Central). For the **Plus Stabilization Follow-up** Crisis Response, the statewide mean LOS was 27.11 days with a range from 22.45 (Eastern) to 32.52 days (Central).

- Statewide, among **discharged episodes** this month, 8.2% of **Phone Only** episodes exceeded one day which was the same in July, 29.1% of **Face-to-face** episodes exceeded five days compared to 29.7% in July, and 12.3% of **Plus Stabilization Follow-up** episodes exceeded 45 days compared to 12.7% in July.

- Statewide, the mean LOS for **open episodes** of care with a Crisis Response of **Phone Only** was 112.5 days and ranged from 0.0 days (Eastern) to 170.5 days (Western). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 51.1 days and ranged from 0.0 days (Eastern) to 91.8 days (New Haven). For the **Plus Stabilization Follow-up** Crisis Response, the statewide mean LOS was 38.8 days with a range from 24.1 days (Eastern) to 58.5 days (Southwestern). This tells us that families remain open for services well beyond the benchmarks for each crisis response category.

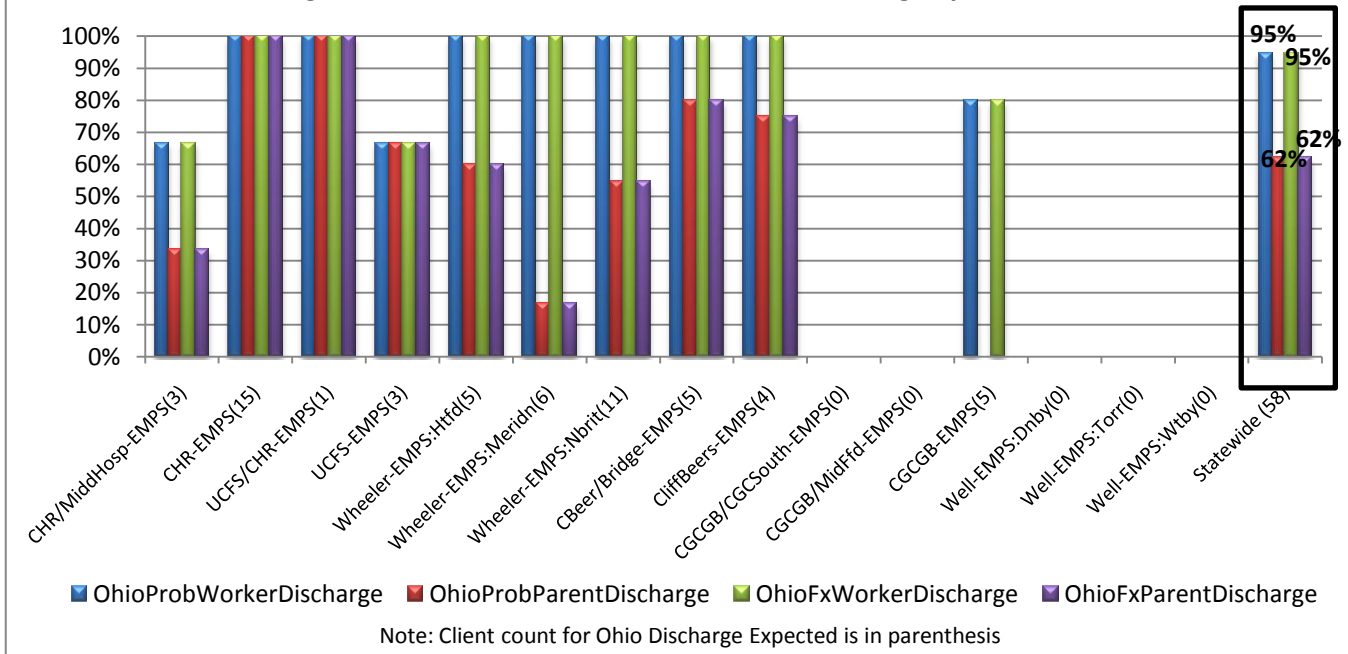
Section XII: Data Quality Monitoring

Figure 28. Percent Collected Ohio Scales at Intake by Provider



Calculation: Count actual number Ohio intake scales reported for those episodes where "IsCrisisResponseOnly" is either Face-to-Face or Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile ÷ Expected number of Ohio intake scales for those episodes where "IsCrisisResponseOnly" is either Face-to-Face or Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile

Figure 29. Percent Collected Ohio Scales at Discharge by Provider



Calculation: Count actual number Ohio discharge scales reported for those episodes where "IsCrisisResponseOnly" is Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile AND has an "EpisodeEndDate" ÷ Total expected number of Ohio discharge scales for those episodes where "IsCrisisResponseOnly" is Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile AND has an "EpisodeEndDate"

Table 3. Percent Collected

Site	% 211 Call Date Time Collected	% First Contact Date Time Collected	% TANF Eligible Collected	% Living Situation at Discharge Collected	% Crisis Response Collected
Statewide	100%	100%	98.4%	98%	99.5%
CHR/MiddHosp-EMPS	100%	100%	100%	67%	100%
CHR-EMPS	100%	100%	100%	100%	98%
UCFS/CHR-EMPS	100%	100%	100%	100%	100%
UCFS-EMPS	100%	100%	100%	100%	100%
Wheeler-EMPS:Htfd	100%	100%	94%	100%	97%
Wheeler-EMPS:Meridn	100%	100%	100%	100%	100%
Wheeler-EMPS:NBrit	100%	100%	100%	100%	100%
CBeer/Bridge-EMPS	100%	100%	100%	100%	100%
CliffBeers-EMPS	100%	100%	100%	100%	100%
CGCGB/CGCSouth-EMPS	100%	100%	85.7%		100%
CGCGB/MidFfd-EMPS	100%	100%	100%		100%
CGCGB-EMPS	100%	100%	100%	100%	100%
Well-EMPS:Dnby	100%	100%	100%		100%
Well-EMPS:Torr	100%	100%	100%		100%
Well-EMPS:Wtby	100%	100%	96.6%		100%

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

% 211 Call Date Time Calculation: (Count number of "211-EMPS" and "211-Only" episodes with data entered in "Call Date Time" ÷ Total Count Episodes with a Call Type of "211-EMPS" or "211-Only")*100

% First Contact Date Time Calculation: (Count of number of episodes with data entered in "First Contact Date Time" ÷ 211 Disposition of EMPS Response)*100

% TANF Eligible Calculation: (Count number of episodes with data reported for "IsTANFEligible" ÷ Total number of episodes where "IsCrisisResponseOnly" is either face-to-face or plus stabilization follow-up)*100

% Living Situation at Discharge Calculation: (Count number of episodes with data reported for "LivingSituationDischarge" where IsCrisisResponseOnly is stabilization and follow-up and with an episode end date ÷ Total number of episodes where "IsCrisisResponseOnly" is stabilization follow-up AND has an "EpisodeEndDate")*100

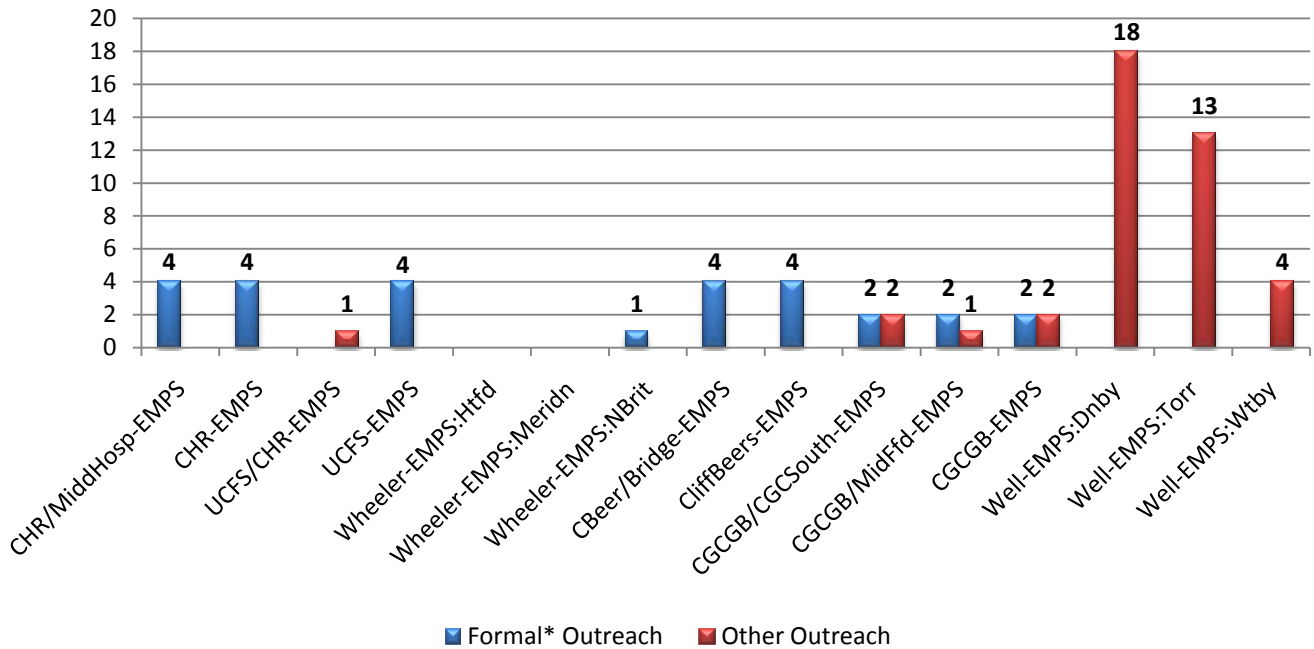
% Crisis Response Calculation: (Count number of episodes with data reported for "IsCrisisResponseOnly" (total of phone only, face-to-face, and stabilization/follow-up) ÷ Total number of episodes where 211 disposition is EMPS response)*100

Section VII Summary

- In general, the Worker version of the Ohio Scales was completed more consistently than the Parent version. The statewide completion rate for **intake** Ohio Scales were as follows: Worker Problem Scale (94%), Parent Problem Scale (76%), Worker Functioning Scale (94%), Parent Functioning Scale (76%). The completion rate for both the intake Ohio Worker and Parent scales increased by 1% this month.
- The statewide completion rate for **discharge** Ohio Scales this month were as follows: Worker Problem Scale was 95% compared to 91% in July, Parent Problem Scale was 62%, down from 67% in July, Worker Functioning Scale was 95% up by 6% from July (89%) and Parent Functioning Scale was 62% down from 76% in July. For the parent versions, completion of Ohio Scales at **discharge** was lower than completion rates of the Ohio Scales at **intake**.
- All other data quality monitoring variables were completed at a high rate. The "211 Call Date Time" and "First Contact Date Time" were 100% complete. The statewide average completion rate for the TANF variable was 98.4% and provider completion ranged from 85.7% (Child Guidance of Southern CT) to 100% for twelve providers. For the Crisis Response variable the completion rate statewide was 99.5%. The rate of completion for individual providers ranged from 97% (Wheeler-Hartford) to 100% for thirteen of the providers.

Section VIII: Community Outreach Efforts

Figure 30. Number of Times Provider Performed Community Outreach (current month)



* 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.

Section VIII: Community Outreach Efforts

- DCF requires two formal outreaches per month for eleven providers, and four formal outreaches per month for the four providers with lower call volume based on the service rate per 1,000 children at the end of the fourth quarter (Child Guidance of Southern CT, Mid-Fairfield Child Guidance, Wellpath-Danbury and Wellpath-Torrington).
- Six of the eleven providers (Middlesex Hospital, Bridges, United Community and Family Services, Community Health Resources, Clifford Beers, Bridgeport Child Guidance) met the requirement of two formal outreaches in August.
- Of the four lower-volume providers none completed the required four formal outreaches this month. Two providers (Child Guidance of Southern CT and Mid-Fairfield Child Guidance) reported two formal outreaches during the month of August. Two providers (Wellpath-Danbury and Wellpath-Torrington) completed no formal outreaches.
- Other types of outreaches can include: bulk mailings, providing EMPS posters and brochures, and brief informal discussion of EMPS services. This month other types of outreaches were given by several provider sites including Wellpath-Danbury (18), Wellpath-Torrington (13), Wellpath-Waterbury (4), Bridgeport Child Guidance and Child Guidance of Southern CT (2 each) and Mid-Fairfield Child Guidance and UCFS/CHR-Mansfield (1 each).

Appendix A: Description of Calculations

Section I: Primary EMPS Performance Indicators

- Figure 1 tabulates the total number of calls by service area by 211-only, 211-EMPS, or registered calls.
- Figure 2 calculates the total number of EMPS episodes for the specified time frame for the designated service area.
- Figure 3 shows the number of children served by EMPS per 1,000 children. This is calculated by summing the total number of episodes for the specified service area 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.
- Figure 4 determines the number of children served by EMPS that are TANF eligible out of the total number of children in that service area that are eligible for free or reduced lunch¹. This is calculated by selecting only those episodes that are coded as face-to-face or crisis response stabilization plus follow-up divided by the total number of youth receiving free or reduced lunch¹ in that service area.
- Figure 5 isolates the total number of episodes that 211 recommended to be mobile or deferred mobile. This number of episodes is then divided by the total number of episodes that the EMPS response mode (what actually happened) was either mobile or deferred mobile. Multiply this result by 100 in order to get a percentage.
- Figure 6 isolates the total number of episodes that were coded as EMPS response mode mobile that had a response time under 45 minutes divided by the total number of episodes that were coded as EMPS response mode mobile (response time is calculated by subtracting an episodes First Contact Date Time from their Call Date Time. In this calculation, 10 minutes is subtracted from the original response time for the average 211 call)

Section II: Episode Volume

- Figure 7 tabulates the total number of calls by service area by 211-only, 211-EMPS, or registered calls.
- Figure 8 shows the 211 disposition of all calls received.
- Figure 9 shows the 211 disposition EMPS response by provider.
- Figure 10 is a stacked bar chart that represents the percent of episodes that are coded as crisis response as either phone only, face-to-face, or stabilization and followup. Each percentage is calculated by counting the number of episodes in the respective category (i.e., phone only) divided by the total number of episodes coded as crisis response for that specified service area.
- Figure 11 calculates the same percentage as Figure 10 but is shown by provider.

Section III: 211 Recommendations and EMPS Response

- Figure 12 is a percent breakdown of the 211 Recommended Response (i.e., mobile, deferred mobile, non-mobile) for the total EMPS Response episodes by provider .
- Figure 13 is contrasted by Figure 12 and shows a percentage of the actual EMPS response mode (i.e., mobile, deferred mobile, non-mobile) for the total EMPS Response episodes by provider .
- Figure 14 is the same graph as Figure 5.
- Figure 15 uses the same calculation as Figure 5 but shows the percent mobile response (mobile & deferred mobile) by provider.

Section IV: Response Time

- Figure 18 is the same graph as shown in Figure 6.
- Figure 19 uses the same calculation as Figure 6 but shows the percent of mobile episodes with response time under 45 minutes by provider.
- Figure 20 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 21 uses the same calculation as Figure 18 but is categorized by provider.
- Figure 22 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 V: Emergency Department Referral Type

- Figure 24 counts the number of ED referrals (i.e., routine follow-up or in-patient diversion) by service area.
- Figure 25 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 26 and 27 use the same calculation as 24 and 25 respectively, but is brokedown by provider.

Section VI: Length of Stay

- Table 1 shows the Length of Stay (LOS) mean, median and percent LOS statewide, by service area and by provider for both discharged and open episodes of care broken into the various Crisis Response categories (Phone Only, Face-to-face and Plus stabilization follow-up). The next table shows the total number of episodes used to calculate the mean, median and percent for the LOS.
- Table 2 provides the number of episodes for discharged and open episodes of care. Data includes episodes discharged between January 1, 2010 and end of current reporting month and episodes still in care as of end of current reporting month.

Section VII: Data Quality Monitoring

- Figure 28 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 29 calculates the actual percent of Ohio discharge scales by dividing actual over expected. The numerator is calculated by counting the number of Ohio discharge scales for only those episodes that have been coded as crisis response stabilization plus follow-up AND are coded as EMPS response mode either mobile OR deferred mobile AND has an episode end date. This is divided by the total number of expected Ohio discharge scales which is calculated by counting the total number of episodes that are coded as crisis response stabilization plus follow-up AND are coded as EMPS response mode either mobile OR deferred mobile AND has an episode end date.
- Table 3 summarizes percent collected for the following variables:
 1. **Call date time** data collected by provider. This percent is calculated by counting the total number of episodes that have data entered in the variable "Call Date Time" which is divided by the total count of episodes that 211 gave a disposition of EMPS response for that specific provider.
 2. **First contact date time** data collected by provider. This percent is calculated by counting the total number of episodes that have data entered in for the variable "First Contact Date Time" which is divided by the total count of episodes that 211 gave a disposition of EMPS response for that specific provider.
 3. **TANF eligible** data collected by provider. This percent is calculated by counting the total number of episodes that have data entered for the variable "Is TANF eligible" which is divided by the total number of episodes that are coded as crisis response face-to-face or stabilization plus follow-up.
 4. **Living situation at discharge** data collected by provider. This percent is calculated by counting the total number of episodes that have data entered for the variable "Living situation at discharge" which is divided by the total number of episodes that are coded as crisis response stabilization plus follow-up AND has an episode end date.
 5. **Is crisis response only** data collected by provider. This percent is calculated by counting the total number of episodes that have data entered for the variable "Is Crisis Response" (ALL three response, phone only, face-to-face, & stabilization plus follow-up) which is divided by

Section VIII: Provider Community Outreach

- Figure 30 is a count of the number of times a provider performed community outreach during the current month.