



**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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## Monthly Report: December 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](mailto:jvanderploeg@uchc.edu) for more information.*

**Call and Episode Volume:** In December 2012, there were a total of **1,327 calls to the EMPS system**, resulting in 940 EMPS episodes (71%), and 387 calls (29%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This month represents a 6.7% increase in call volume compared to December 2011 (n=1,244). The percent distribution of calls routed to EMPS providers and those handled by 211 remains fairly consistent from month to month.

Among the **940 episodes of care** generated this month, episode volume ranged from 101 episodes (Eastern service area) to 264 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 1.15, with service area rates ranging from 0.83 (Southwestern) to 1.67 (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 2.03 per 1,000 children in poverty, with service area rates ranging from 1.37 (Southwestern) to 2.99 (Central).

**Mobility:** **Statewide mobility was 90.3% this month**, 2% lower than in December 2011. Five of the six service areas were above the 90% benchmark this month, with performance ranging from 78% (Central) to 96.1% (Eastern). Mobility for individual providers ranged from 74% (Community Health Resources) to 100% (Child & Family Guidance Center-Norwalk). Eleven of the fifteen individual providers had mobility rates above the 90% benchmark.

**Response Time:** Statewide, this month **86% of mobile episodes received a face-to-face response in 45 minutes or less**, which is 1% lower than in December 2011 (87%). Five service areas were above the 80% benchmark this month, with performance ranging from 77% (Hartford) to 96% (Eastern). In addition, the statewide median mobile response time was 28 minutes, with all six service areas demonstrating a median mobile response time of 35 minutes or less. Twelve sites met the benchmark of at least 80% of mobile responses provided in 45 minutes or less.

**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 18 days. The median LOS for discharged episodes with a crisis response of plus stabilization follow-up ranged from 0 days (Central) to 29 days (Southwestern).

## Section I: EMPS Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

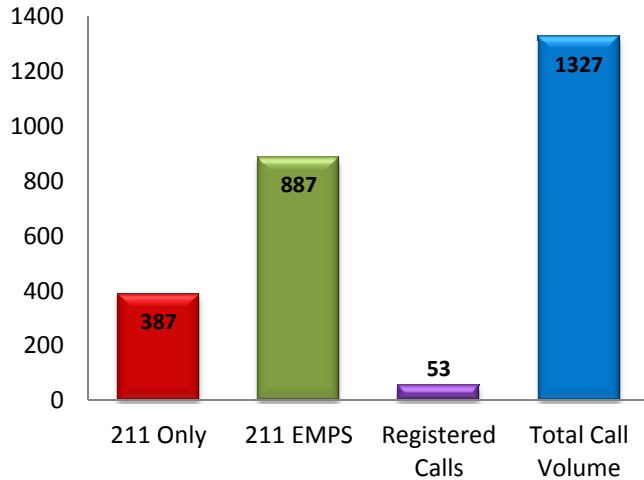


Figure 2. EMPS Episodes by Service Area (Total Episodes = 940)

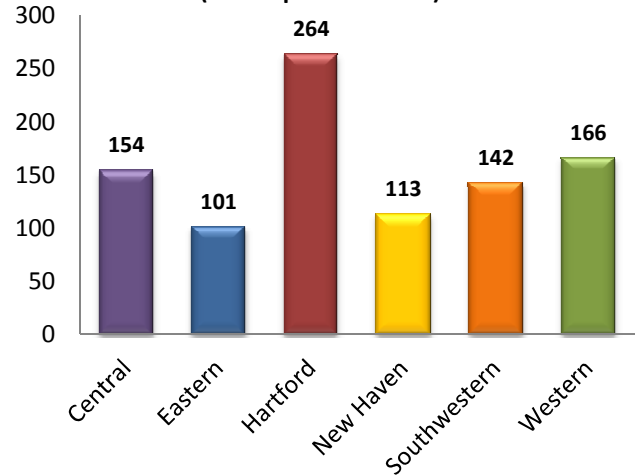


Figure 3. Number Served Per 1,000 Children

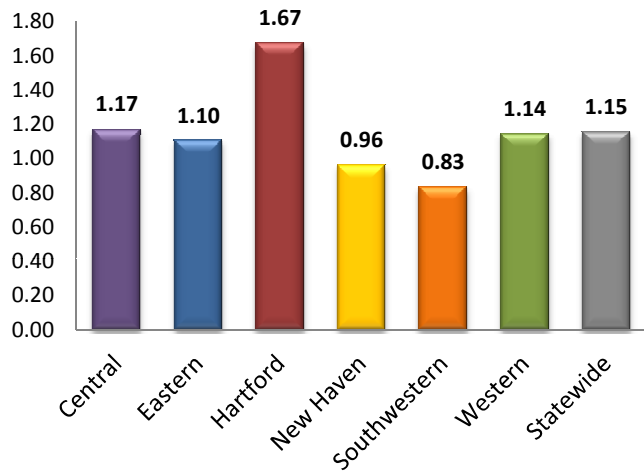


Figure 4. Number Served Per 1,000 Children in Poverty

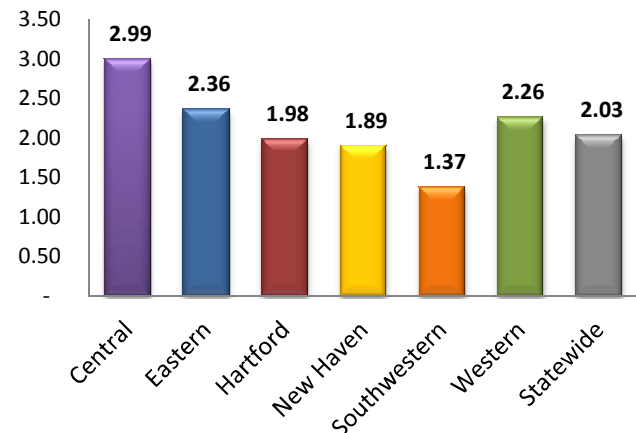


Figure 5. Mobile Response by Service Area

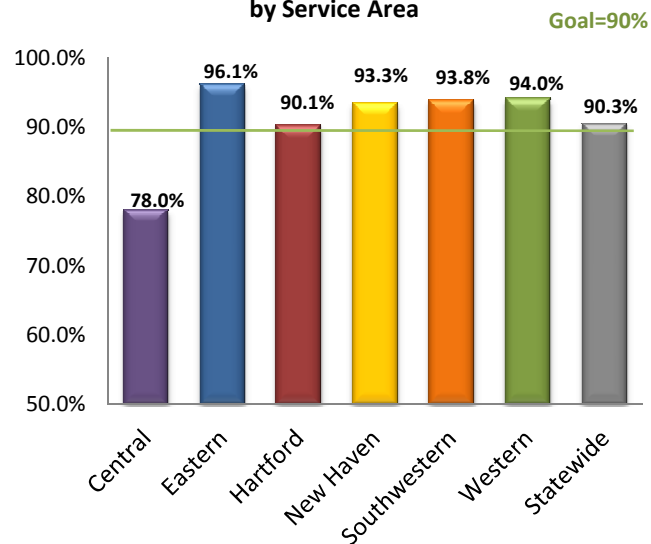
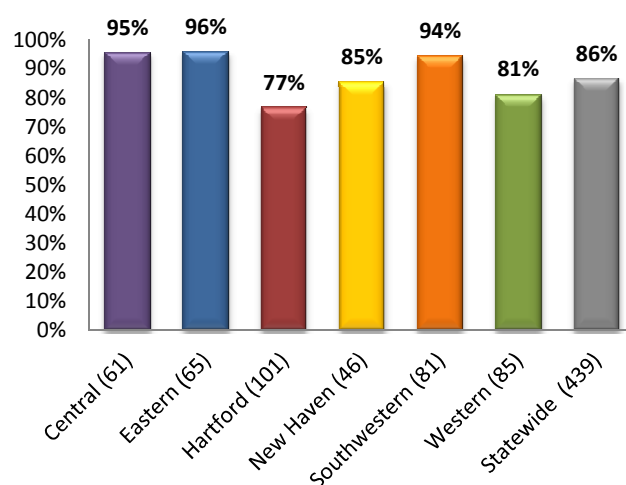


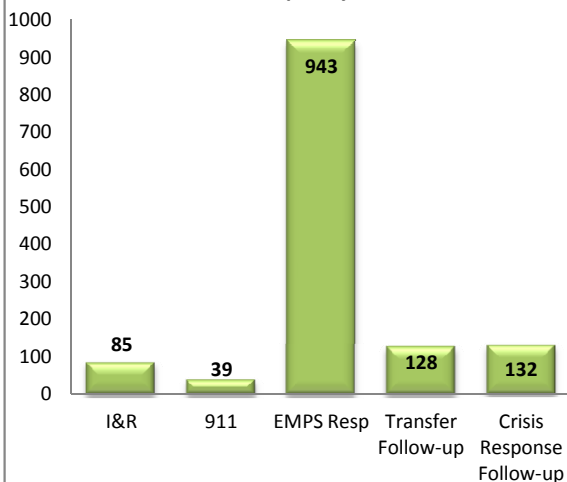
Figure 6. Total Mobile Episodes with a Response Time Under 45 Minutes



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

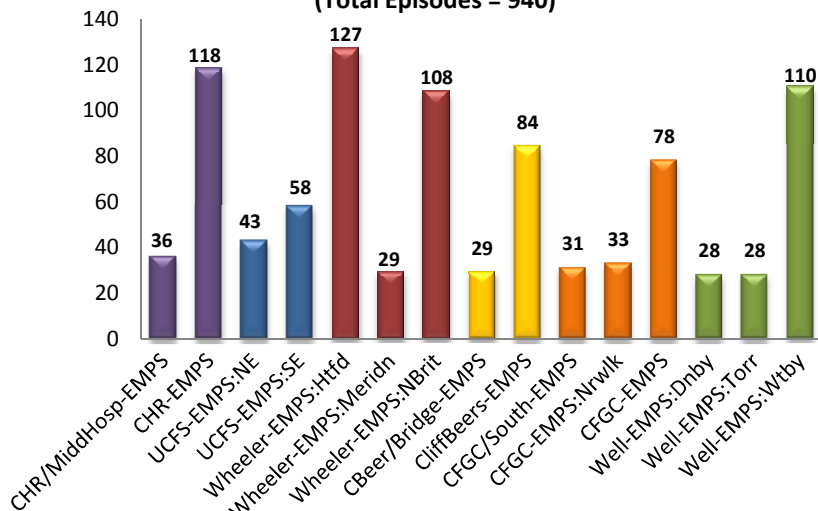
## Section II: EMPS Response

**Figure 7. Statewide 211 Disposition Frequency**

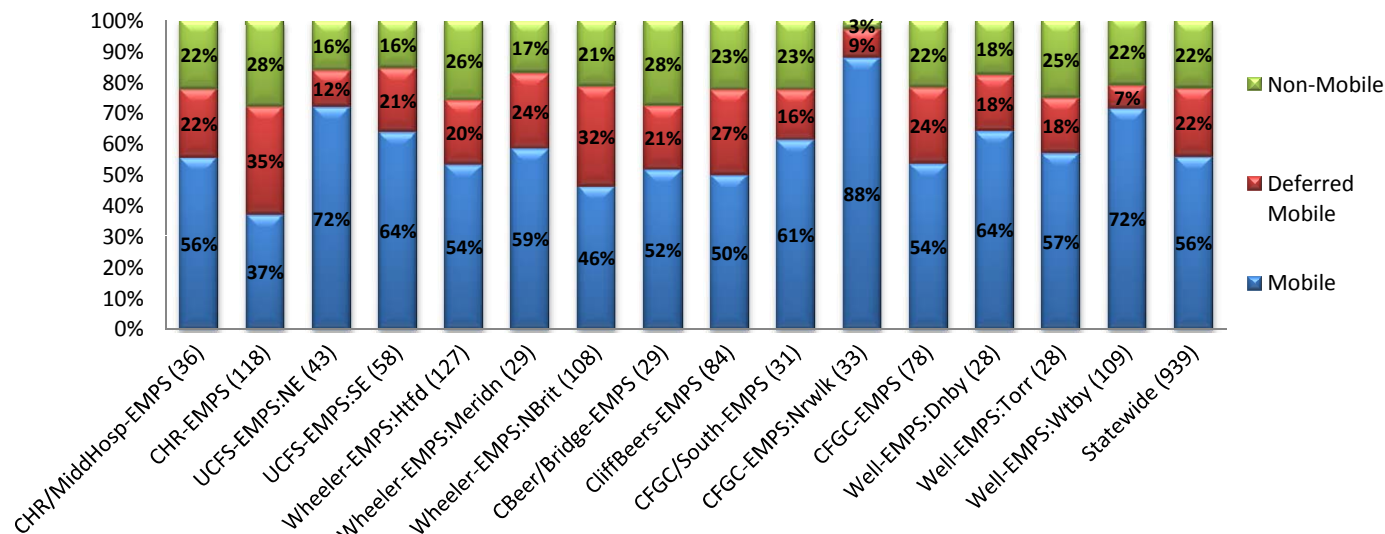


Note: EMPS Resp includes 3 with no designated provider

**Figure 8. EMPS Episodes by Provider (Total Episodes = 940)**

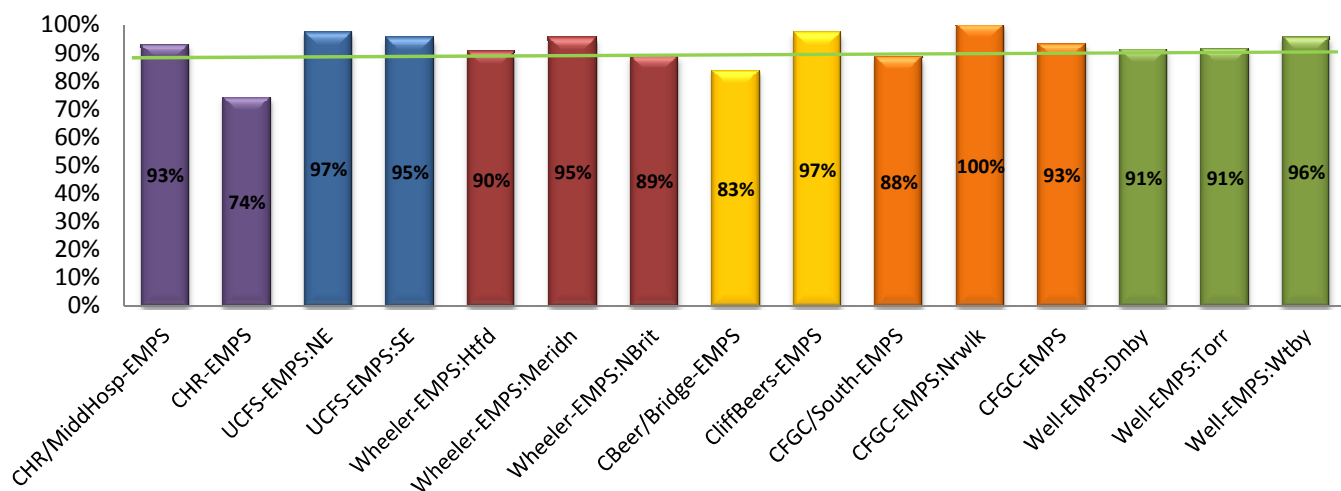


**Figure 9. Actual Initial EMPS Response by Provider**



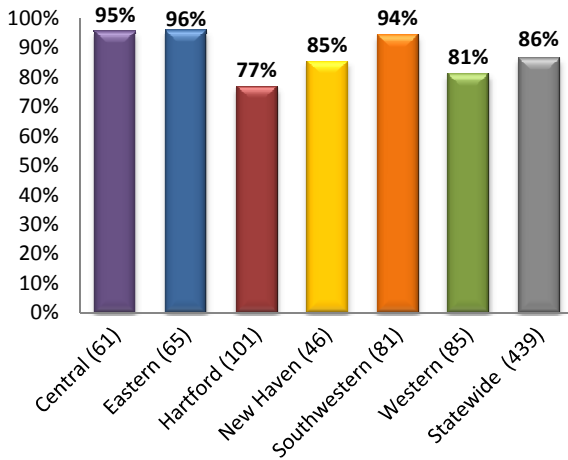
Note: Total count of EMPS response episodes are in parenthesis

**Figure 10. Mobile Response by Provider**



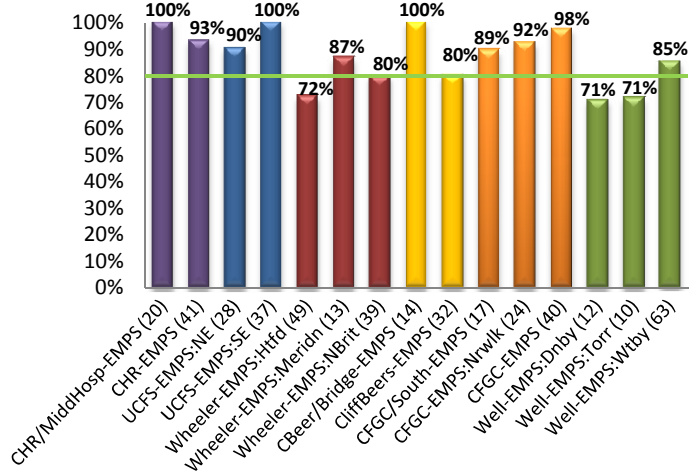
## Section III: Response Time

**Figure 11. Mobile Episodes with Response Time Under 45 Minutes**



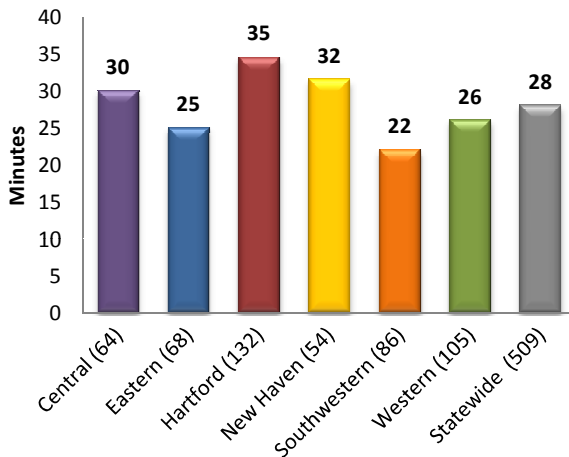
Note: Count of mobile episodes under 45 mins. are in parenthesis

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



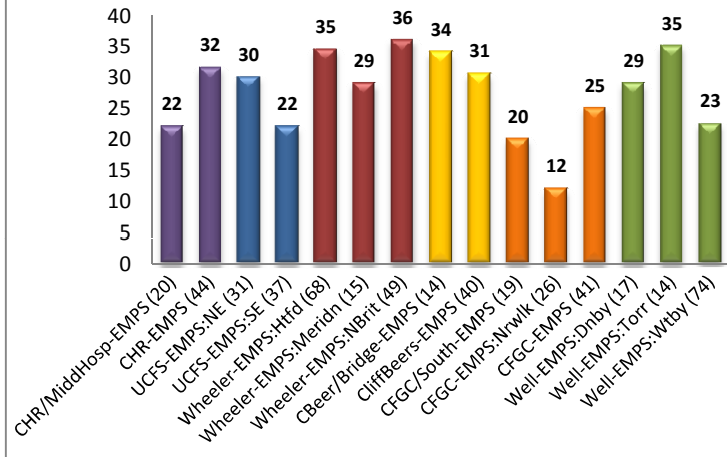
Note: Count of mobile episodes under 45 mins. are in parenthesis

**Figure 13. Median Mobile Response Time in Minutes**



Note: Count of mobile EMPS response episodes are in parenthesis

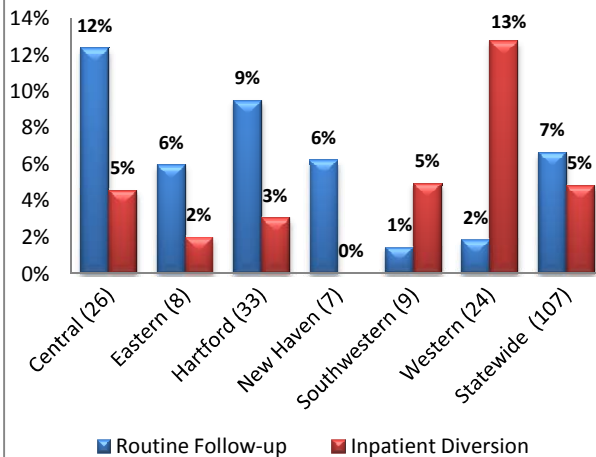
**Figure 14. Median Mobile Response Time by Provider in Minutes**



Note: Count of mobile EMPS response episodes are in parenthesis

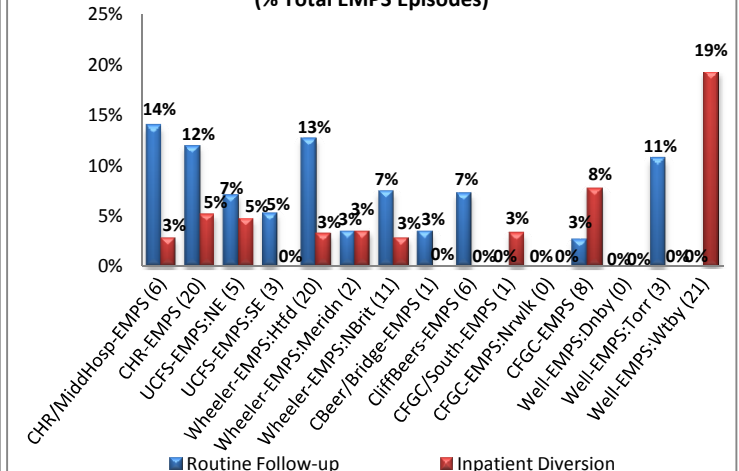
## Section IV: Emergency Department Referrals

**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)**



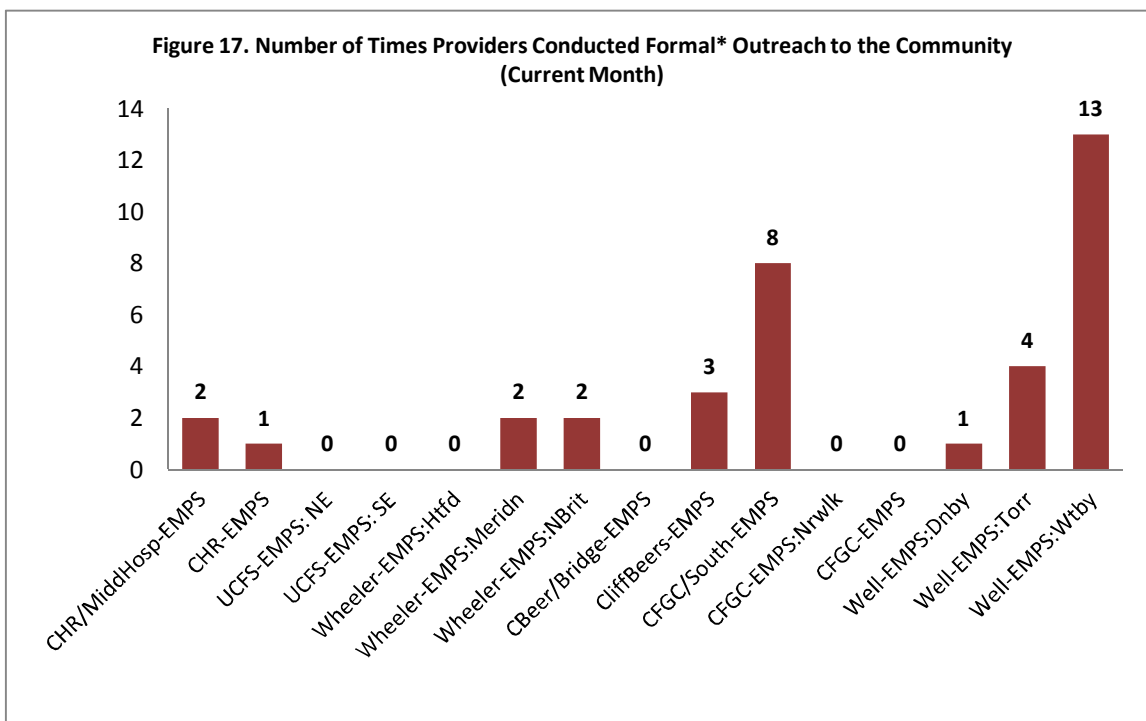
Note: Count total ED referrals are in parenthesis

## 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
<b>STATEWIDE</b>	<b>338</b>	<b>20.7</b>	<b>18.0</b>	<b>5% (n=18)</b>
<b>Central</b>	<b>50</b>	<b>22.1</b>	<b>0.0</b>	<b>4% (n=2)</b>
<b>Eastern</b>	<b>23</b>	<b>18.6</b>	<b>15.0</b>	<b>0% (n=0)</b>
<b>Hartford</b>	<b>117</b>	<b>20.4</b>	<b>16.0</b>	<b>7% (n=8)</b>
<b>New Haven</b>	<b>35</b>	<b>24.1</b>	<b>24.0</b>	<b>6% (n=2)</b>
<b>Southwestern</b>	<b>32</b>	<b>28.5</b>	<b>29.0</b>	<b>9% (n=3)</b>
<b>Western</b>	<b>81</b>	<b>16.2</b>	<b>13.0</b>	<b>4% (n=3)</b>

## 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.