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

Monthly Report: January 2010











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Section I: Primary EMPS Performance Indicators

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



Calculation: (Number of EMPS episodes in service area*1000) ÷ Total child population in service area



Calculation: (Number EMPS episodes in service area*1000) ÷ Total number children eligible for free lunch in service area



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



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 661 episodes of care in January 2010.

• The Hartford region continues to generate the highest number of episodes (188). The lowest EMPS utilization was observed in the Eastern region (56 episodes).

• The statewide average penetration rate, adjusted for total statewide child population, was 0.79 episodes per 1,000 children. The Hartford region had the highest penetration rate in January at 1.15 per 1,000 children. The lowest penetration rate was observed in the Eastern region at 0.58 per 1,000 children.

• The highest penetration rate to impoverished families was observed in the Central (6.07) and Hartford (5.28) regions. The lowest penetration rates were observed in the New Haven (3.41) and Southwestern (3.66) regions. It is important to note that further refinement of this calculation is required in order to assess episodes of care that involve children and families in poverty (as opposed to total episodes of care) as a function of total number of children in poverty in the service area.

• Statewide, the average mobility rate was 84.9%. The highest mobility rate was observed in the Eastern region (97.6%); the only region to meet the pre-established benchmark of 90%. The lowest mobility rate was observed in the Western region (78.8%).

• The percentage of mobile responses that took place in 45 minutes or less ranged from 27% (Western) to 82% (Eastern) with a statewide average of 54%. Three sites were above the statewide average and three were below. Additional performance improvement work is required in this area as is continued refinement of PSDCRS data to ensure completeness and accuracy.

Section II: Episode Volume





Calculation: Total number of episodes for 211 disposition categories

NOTE: EMPS response includes 8 with no designated provider; 211-only call



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

Section II Summary

• Of the 812 EMPS calls during the current month, 151 calls (18.5%) were "211 only" calls. Another 88 calls (11%) 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 573 calls (70.5%) were calls to 211 that resulted in a new EMPS episode of care.

• In terms of 211 Dispositions, of the total 812 calls, 669 (82%) were coded as EMPS Response, 63 (8%) were coded as "crisis response follow-up," 54 calls (7%) were coded as "transfer for follow-up," 20 calls (2%) were coded as "I&R", and 6 calls (1%) were coded as "911."

• The overall call volume of 812 calls this months suggests annual call volume of just over 9,700 calls, although actual total calls are expected to fluctuate each month.

• Among individual providers, the highest number of new episodes during the month of January were generated by two sites Wellpath-Waterbury (93 episodes) and Wheeler-Hartford (87 episodes). The lowest call volumes were observed in Wellpath-Danbury (11 episodes), Wellpath-Torrington (14 episodes), and UCFS/CHR site (18 episodes).

• The 211 Disposition of EMPS Response includes 8 episodes with no designated provider. These 8 calls were still pending at 211, which means they have not yet been accepted by the provider.

Section III: 211 Recommendations and EMPS Response



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



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



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



Calculation: Count total episodes with a mobile EMPS response

Section III Summary

• Statewide, the average mobility rate was 84.9%. The highest mobility rate was observed in the Eastern region (97.6%); the only region to meet the pre-established benchmark of 90%. The lowest mobility rate was observed in the Western region (78.8%).

• Mobility percentages among providers ranged widely this month, from 68% (CGCGB-CGC Southern CT) to 100% (UCFS/CHR).

• Section III reviews total counts of various EMPS response types, including mobile, non-mobile, and deferred mobile responses, according to 211 recommended responses and actual EMPS responses.

• For all providers, a mobile response was the most common 211 recommended response and the most common actual response.



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



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



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



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



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



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 IV Summary

• Across the statewide network, 54% of all EMPS responses occurred in less than 45 minutes from the time the call initially was received. Compliance with the 45 minute benchmark varied among regions between 27% (Western) and 82% (Eastern).

• Compliance with the 45 minute benchmark varied among individual providers from 0% (Wellpath-Danbury) to 86% (UCFS).

• The statewide median mobile response time was 35 minutes. Five of six regions had a median mobile response time under 45 minutes with the remaining region demonstrating a median mobile response time of 48 minutes. Median mobile response times among individual providers ranged from 13 (Bridges) to 142 minutes (Wellpath-Danbury).

• 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



Calculation: Count for each type referral by service area



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







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

Section V Summary

• In January, a total of 83 Emergency Department (ED) responses were recorded, including 39 for routine follow-up and 44 for inpatient diversion.

• The highest number of routine follow-up ED visits during the month of January was observed in the Hartford region (13). The lowest number was in the Eastern region (2).

• The highest number of inpatient diversion ED visits during the month of January was observed in the Western region (24). The lowest number was in the Eastern (1) and New Haven (2) regions.

• Statewide, 13% of all episodes were responses to EDs. Regionally, the highest percentage was observed in the Western region (25%) and the lowest was observed in the Eastern (5%) and Southwestern (9%) regions.

• Among individual providers, Wellpath-Waterbury received 30% of their referrals from an ED. At this site, 23 ED referrals were Inpatient Diversions and 5 ED referrals were for Routine Follow-Up.

• CGCGB, Wellpath-Torrington, Wellpath-Waterbury and Wheeler-New Britain all reported a larger number of Inpatient Diversion referrals than Routine Follow-Up referrals. Three providers had no ED referrals reported in January: CGCGB/CGC-South, CGCGB-MidFairfield and Wellpath-Danbury.

Section VI: Data Compliance



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 22. 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



Calculation: (Count of number of episodes with data entered in "Call Date Time"/211 Disposition of EMPS Response)*100



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



Calculation: (Count of number of episodes with data entered in "TANF Eligible"/211 Disposition of EMPS Response)*100



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

Section VI Summary

• In general, the Worker version of the Ohio Scales was completed more reliably than the Parent version. At intake, the statewide completion rate for Ohio Scales were as follows: Worker Problem Scale (73%), Parent Problem Scale (58%), Worker Functioning Scale (73%), Parent Functioning Scale (57%).

• Completion of Ohio Scales at discharge was lower than completion rates of the Ohio Scales at intake. At Discharge, the statewide completion rate for Ohio Scales were as follows: Worker Problem Scale (59%), Parent Problem Scale (32%), Worker Functioning Scale (59%), Parent Functioning Scale (32%). Four providers had discharged cases but did not enter any Discharge Ohio Scales scores for the month. The presence of significant missing data suggests that additional attention should be given to practice and data collection issues surrounding the collection of Ohio Scales as an important element of assessing child outcomes.

• In general, the "211 Call Date Time" and "First Contact Date Time" variables were completed at a high rate (89% and 99.7%, respectively), although there was some variability among individual providers. In addition, these data elements, though complete, were not always found to be accurate. Additional quality assurance and training is needed to ensure both completeness and accuracy.

• TANF is an important indicator for measuring the degree to which EMPS services are reaching low-income families. The statewide average completion rate for the TANF variable was 58% and provider compliance ranged from 29% to 74%. Additional efforts are needed to ensure this data is captured for each episode of care.

• Living Situation at Discharge is an important outcome indicator for EMPS services; however, the statewide completion rate for this variable was only 45% and provider compliance ranged from 21% to 83%. Additional efforts are needed to ensure that this data element is captured for each episode of care in order to accurately assess this outcome.