

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

Quarter 4: Fiscal Year 2010

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United Way of Connecticut





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Executive Summary

Call and Episode Volume: In the 4th Quarter, the total number of calls received by 211 was 3,096 with 2,284 calls (74%) routed to EMPS providers and 812 calls (26%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). Although call volume was very high in April and May, call volume dropped slightly in June, probably due to the end of the school year.

As stated earlier, 2,284 episodes of care were generated in the 4th Quarter, with episode volume ranging from 681 episodes (Hartford service area) to 256 episodes (Eastern service area). Relative to the population of children, the statewide average penetration rate per 1,000 children in the 4th Quarter was 2.71, with service area rates ranging from 2.20 (Southwestern) to 4.15 (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 penetration rate of 6.18 per 1,000 children in poverty, with service area rates ranging from 3.91 (Southwestern) to 9.45 (Eastern).

Referral Sources: Approximately 42% of all referrals were received from parents, families, and youth and 31% were received from schools. The proportion of school referrals was lower than past quarters, likely due to school closings in June. Emergency Departments accounted for approximately 13% of all EMPS referrals. The remaining 16% of referrals came from other sources.

Mobility: Statewide mobility continued to trend upward in the 4th Quarter, with a statewide average of 85.0%. The PIC launched a performance incentive in the 4th Quarter offering a share of \$1000 to any service area that met or exceeded 90% mobility (achieved by the Eastern and Hartford service areas). Mobility increased from 82.9% in the 3rd Quarter, perhaps due in part to this incentive and performance improvement planning. Furthermore, the lowest mobility percentage was 76.6% (New Haven service area) with evidence of consistent improvement over time by this provider. There was wide variability in mobility percentages among individual providers within most service areas.

Response Time: Perhaps the biggest performance improvement was observed in response time. In the 4th Quarter, statewide, 80% of mobile cases received a face to face response in 45 minutes or less, a 22% increase from the 3rd Quarter. Performance on this indicator ranged from 66% (Southwestern) to 90% (Western). In addition, the statewide median response time in the 4th Quarter was 30 minutes, with all six service areas demonstrating a median response time of 35 minutes or less. These data strongly suggest that EMPS service providers are increasingly offering timely responses to crises in the community.

Satisfaction and Outcomes: The 4th Quarter generally saw improved satisfaction rates compared to the already strong satisfaction ratings from the 3rd Quarter. On a 5-point scale, clients' average ratings of 211 and EMPS providers were 4.57 and 4.48, respectively. Among other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 211 and EMPS were 4.90 and 4.85, respectively. Across the state, Ohio Scales demonstrated overall improvements of 3.06 points on parent-rated functioning and 2.6 points on worker-rated functioning. Decreases in problem scores of 4.51 on parent-ratings and 4.57 points on worker-ratings also were observed. All four scores were statistically significant. This suggests that EMPS may contribute to symptoms improvement during the course of the brief intervention.



Section I: Primary EMPS Performance Indicators and Monthly Trends

Calculation: Total number of episodes for Call Type categories



Calculation: Total number of episodes for Call Type categories by month



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



Calculation: Count the number of episodes with 211 disposition "EMPS Response" by month



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



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



Calculation: (Number of episodes eligible for TANF filtered on face to face or crisis response stabilization followup*1000) ÷ Total number children eligible for free lunch in service area



Calculation: (Number of episodes eligible for TANF filtered on face to face or crisis response stabilization follow-up*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 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



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

• A total of 3096 calls were received by the Call Center in the 4th quarter, an increase in total call volume of 429 calls (16%) compared to the third quarter (2667 calls). The overall call volume of 3096 calls this quarter suggests annual call volume of over 12,300 calls; although it is anticipated that actual total calls will fluctuate each month.

• Figure 2 shows that the number of 211 recommended EMPS referrals rose continuously since data collection began in September 2009 then dipped slightly in April, rose substantially in May, and dropped again in June, while registered calls decreased and leveled off during the third and fourth quarters.

• The statewide EMPS provider network generated 2284 episodes of care in Quarter 4 of FY10 (April- June 2010), compared to 2104 episodes in Q3 FY10. Annual projections of episode volume based on Q4FY10 would result in 9136 episodes, although actual episode volume is expected to fluctuate each month, and the 4th quarter typically is the busiest quarter for most mental health service providers.

• The Hartford service area continues to generate the highest number of episodes (681). The lowest EMPS utilization was observed in the Eastern service area (256 episodes).

• The statewide average penetration rate, adjusted for total statewide child population, was 2.71 episodes per 1,000 children. This is up from 2.50 per 1,000 children in the previous quarter. Figure 6 shows the monthly number served per 1,000 children for each service area since September 2009.

• The Hartford service area had the highest penetration rate in Q4FY10 at 4.15 per 1,000 children. The lowest penetration rate was observed in the Southwestern service area at 2.20 per 1,000 children.

• The statewide average penetration rate per 1,000 children in poverty¹ was 6.18. The highest penetration rates as a function of total number of children in poverty were observed in the Eastern (9.45) and Hartford (8.46) service areas. The lowest penetration rates were observed in the Southwestern (3.91) and Western (3.94) service areas.

• Statewide, the average mobility rate was 85.0%, up from 82.9% during the previous quarter. The highest mobility rates were observed in the Eastern (90.5%) and Hartford (90.2%) service areas, which were the only service areas to meet the pre-established benchmark of 90%. The lowest mobility rates were observed in the Western (76.2%) and New Haven (76.6%) service areas. It is important to note that the statewide increase in mobility from 82.9% to 85.0% is due, at least in part, to a performance incentive for providers that met the 90% benchmark.

• The percentage of mobile responses that took place in 45 minutes or less ranged from 66% (Southwestern) to 90% (Western) with a statewide average of 80%. The statewide average showed a 22% improvement from the previous quarter (58%).

• Figure 12 shows that each service area made slight to moderate increases in the percent of episodes with response time under 45 minutes from September 2009 through June 2010.

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

Section II: Episode Volume



Calculation: Total number of episodes for Call Type categories



Calculation: Total number of episodes for 211 disposition categories NOTE: EMPS Response includes 3 with no designated provider



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



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)



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 3096 calls were received by the Call Center in the 4th quarter, an increase in total call volume of 429 calls (16%) compared to the third quarter (2667 calls). The overall call volume of 3096 calls this quarter suggests annual call volume of over 12,300 calls; although it is anticipated that actual total calls will fluctuate each month.

• Of the 3096 EMPS calls received during the fourth quarter, 812 calls (26%) were coded as "211 only." Another 224 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 2060 calls (67%) were calls received by 211 and routed to an EMPS provider.

• In terms of 211 Dispositions, of the 3096 total calls:

- 2287 (74%) were coded as "EMPS Response"
- •359 (12%) were coded as "Crisis Response Follow-up"
- •254 calls (8%) were coded as "Rransfer for Follow-up"
- •157 calls (5%) were coded as "Information & Referral (I&R)"
- •39 calls (1%) were coded as "911"

• Among individual providers, the highest number of total episodes during the fourth quarter were generated by: Wheeler-New Britain (310 episodes), Wheeler-Hartford (267 episodes) and Wellpath-Waterbury (251 episodes). The lowest call volume was observed in Wellpath-Danbury (52 episodes).

• The 211 Disposition of EMPS Response includes 3 episodes with no designated provider. This means either: 1) these calls were still pending at 211 because the EMPS provider had not accepted the calls or 2) the EMPS provider had not yet entered data on the episodes by the time the PIC received the data extraction.

- Statewide, the type of Crisis Response episodes included
 - 20% Phone Only
 - 44% Face-to-face
 - 36% Plus Stabilization Follow-up

• Generally, Phone Only responses made up the smallest percentage of responses. Across service areas the percentage of Phone Only responses ranged from 17% (Hartford and Southwestern) to 27% (Western). The Western service area was an exception to this, with a lower percentage of Plus Stabilization Follow-up (19%) than Phone Only responses(27%).

• Phone Only responses made up the smallest percentage of total responses for 8 the 15 individual providers with the lowest at 9% (Bridges and Bridgeport Child Guidance) and the highest at 23% (United Community and Family Services and Mid-Fairfield Child Guidance). Among individual providers, those with the highest Plus Stabilization Follow-up responses were Wheeler-Meriden (67%) and Community Health Resources-Manchester (65%).

Section III: Demographics



Section III Summary:

• The statewide network of EMPS providers serves a diverse group of children and families in terms of their gender, age, ethnicity, and race.

• Slightly more than one half (52.2%) of children served were boys and 47.8% were girls.

• Approximately 31.7% of youth served were 16 to 18 years old, 34.6% were 13 to 15 years old, 22.1% were nine to twelve years old, and 8.4% were six to eight years old.

• A total of 29.9% of youth served were of Hispanic ethnicity. This includes 17.5% of Hispanic/Latino ethnicity, 10.0% of Puerto Rican ethnicity, and 2.4% of other Hispanic ethnic backgrounds.

• In terms of racial background, most children served were Caucasian (62.4%), 21.1% were African-American or Black, 0.9% were Asian, 0.5% were American Indian/Alaska Native, 0.3% were Native Hawaiian/Pacific Islander and 14.8% self-identified their racial background as "Other." **

**Note: According to U.S. Census Bureau, " [p]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept."

Section IV: Referral Sources



Calculation: Count of referral source category ÷ Total number of referral source responses*(100) **Other referral sources (statewide average): Family Advocate (0.2%); Info-Line 211 (0.7%); Other Program within agency (1.3%); CTBHP/Insurer (0.0%); Psychiatric Hospital (0.3%); Congregate Care Facility (0.9%); Foster Parent (0.9%); Police (0.5%); Physician (1.0%)

			Other			
			community		Probation/	
	Self/Family	School	provider	ED	Court	DCF
<u>Statewide</u>	41.8%	31.4%	4.0%	12.3%	2.4%	2.3%
Central	45.9%	22.8%	4.0%	14.9%	1.0%	3.0%
CHR/MiddHosp-EMPS	44.3%	25.5%	5.7%	13.2%	2.8%	0.0%
CHR-EMPS	46.7%	21.3%	3.0%	15.7%	0.0%	4.6%
Eastern	45.7%	34.4%	5.1%	5.9%	0.4%	1.6%
UCFS/CHR-EMPS	37.7%	36.0%	8.8%	7.0%	0.9%	2.6%
UCFS-EMPS	52.1%	33.1%	2.1%	4.9%	0.0%	0.7%
Hartford	37.3%	36.7%	3.7%	11.8%	2.7%	3.1%
Wheeler-EMPS:Htfd	28.6%	46.6%	4.1%	12.8%	0.4%	1.9%
Wheeler-EMPS:Meridn	33.7%	45.2%	1.9%	12.5%	1.9%	1.0%
Wheeler-EMPS:NBrit	46.1%	25.3%	3.9%	10.7%	4.9%	4.9%
New Haven	53.2%	30.3%	4.8%	7.1%	0.3%	1.3%
CBeer/Bridge-EMPS	51.3%	35.7%	6.1%	6.1%	0.0%	0.0%
CliffBeers-EMPS	54.4%	27.2%	4.1%	7.7%	0.5%	2.1%
Southwestern	39.5%	34.4%	3.8%	6.5%	4.8%	3.0%
CGCGB/CGCSouth-EMPS	36.5%	38.5%	6.3%	0.0%	4.2%	3.1%
CGCGB/MidFfd-EMPS	52.3%	23.1%	3.1%	3.1%	10.8%	0.0%
CGCGB-EMPS	37.0%	36.0%	2.8%	10.4%	3.3%	3.8%
Western	36.7%	24.4%	3.6%	26.1%	3.6%	1.1%
Well-EMPS:Dnby	50.0%	34.6%	0.0%	3.8%	7.7%	1.9%
Well-EMPS:Torr	50.0%	22.4%	5.2%	17.2%	1.7%	1.7%
Well-EMPS:Wtby	30.8%	22.8%	4.0%	32.8%	3.2%	0.8%

Table 1. Top Six Referral Source	ces by Service Area ar	nd Provider (Curren	t Ouarter)

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

Section IV Summary:

• Self/Family (41.8%) and School (31.4%) accounted for the top two referral sources statewide, followed by Emergency Department (12.3%). Self/Family referrals increased from 37.3% and school referrals decreased from 33.8% during the previous quarter.

• Self/Family and School also were the top two referral sources for each individual provider site, with the exception of Wellpath-Waterbury, who received 32.8% of their referrals from Emergency Departments.

• In addition to Wellpath-Waterbury (32.8%), Community Health Resources-Manchester also received a number of referrals from Emergency Department (15.7%) as did Wellpath-Torrington (17.2%), although schools and Self/Family referrals remained the two most common referral sources.

•Other community provider referrals increased from 3.5% in the third quarter to 4.0% in the fourth quarter statewide, suggesting that community awareness of EMPS may be increasing.

Section V: Emergency Department Referral Type

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

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

Calculation: Count for each type of ED referral by provider

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

Section V Summary

• In Q4 2010, a total of 280 Emergency Department (ED) responses were recorded, including 138 for routine follow-up and 142 for inpatient diversion.

• Statewide, about 12% of all episodes were ED responses. By service area, the highest rates of ED reponses as a percentage of total responses was observed in the Western region (26%). The lowest was observed in the Eastern and Southwestern service areas (6%).

• The highest number of routine follow-up ED responses during the fourth quarter was observed in the Hartford service area (57). The lowest number was in the Eastern service area (6). The highest number of inpatient diversion ED responses during Q4 was observed in the Western service area (77). The lowest number was in the New Haven service area (4).

• Among individual providers, the highest perecentage of ED responses was observed at Wellpath-Waterbury (33% of all responses). At this site, 72 ED responses were Inpatient Diversions and 10 ED responses were for Routine Follow-Up.

• Bridgeport Child Guidance, Wellpath-Waterbury and UCFS/Community Health Resources-Mansfield all reported a larger number of Inpatient Diversion responses than Routine Follow-Up responses. There was one provider that reported zero ED referrals (Child Guidance of Southern CT).

Section VI: 211 Recommendations and EMPS Response

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

Calculation: Total count of actual provider EMPS Response Mode

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

Section VI Summary

• Figures 27 & 28 review total counts of 211 response recommendations and actual EMPS response types, including mobile, non-mobile, and deferred mobile responses.

• For all providers, a mobile response was the most common 211 recommended response. Mobile was also the most common actual EMPS provider response with the exceptions of: Child Guidance of Southern CT and Wellpath-Danbury which both had a higher number of non-mobile responses.

• Statewide, the average mobility rate was 85.0% compared to 82.9% in Q3 2010, despite 16% higher call volume. The highest mobility rates were observed in the Eastern (90.5%) and Hartford (90.2%) service areas which both met the pre-established benchmark of 90%. The lowest mobility rate was observed in the Western service area (76.2%) which is an increase of 1.7% from the third quarter. It is important to note that the statewide increase in mobility from 82.9% to 85.0% is due, at least in part, to a performance incentive for providers that met the 90% benchmark.

•Mobility percentages among providers ranged from 54% (Wellpath-Danbury) to 94% (Bridgeport Child Guidance) with Bridgeport Child Guidance, Wheeler-Meriden, Wheeler-New Britain, and UCFS/CHR-Mansfield all meeting the goal of 90% mobility.

Section VII: Response Time

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 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 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 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 select the one in the middle

Section VII Summary

• Statewide, 80% of mobile responses took place in 45 minutes or less this quarter compared to 58% in the third quarter of FY2010. Performance ranged among service areas, from 66% (Southwestern) to 90% (Western).

• Acheivement of the 45 minute benchmark varied among individual providers from 42% (Child Guidance of Southern CT) to 95% (United Community and Family Services and Bridges).

• The statewide median mobile response time for the fourth quarter was 30 minutes compared to 35 minutes in Q3. All six service areas had a median mobile response time under 45 minutes. Median mobile response times among individual providers ranged from 22 minutes (Middlesex Hospital) to 91 minutes (Child Guidance of Southern CT). Child Guidance of Southern CT was the only provider this quarter with a median mobile response time above 45 minutes.

• The statewide median deferred mobile response time for Q4 was 3.5 hours, one hour less than in Q3. Median deferred mobile response time for service areas ranged from 1.7 hours (Western) to 5.4 hours (Central). Among individual providers the median deferred mobile response times ranged from 1.5 hours (United Community & Family Services) to 12.7 hours (Child Guidance of Southern CT).

• In general, response times were drastically improved in the fourth quarter compared to the third quarter, despite 16% higher call volume. 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. It is also possible that data entry errors are contributing to the variability in response time data. However, anecdotal reports from sites suggest that providers are entering increasingly accurate data.

• Global Positioning System (GPS) units were distributed to all service areas in June 2010 in our effort to facilitate timely responses.

Section VIII: Length of Stay and Living Situation at Discharge

Table 2. Length of Stay for Discharged and Open Episodes of Care

		Α	В	С	D	Е	F	G	Н	I	J	К	L	М	N	0	Р	Q	R
					Discha	rged Epi	isodes							Episod	les Still i	in Care			
			Mean			Median			Percent			Mean			Median	1		Percent	
		LOS:			LOS:						LOS:			LOS:					
		Phone	LOS: FTF	LOS: Stab.	Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	Phone	LOS: FTF	LOS: Stab.	Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	Statewide	0.61	5.77	26.35	0	2	23	8.5%	28.6%	11.6%	75.2	69.8	36.7	82.5	55	26	97%	90%	27%
2	Central	0.63	2.95	30.56	0	1	27	9.6%	15.0%	23.8%	81.3	109.4	52.4	82.5	118	45	94%	98%	48%
3	CHR/MiddHosp-EMPS	0.58	1.96	6.00	0	1	6	12.7%	9.8%	0.0%	33.0	80.0	18.0	33	80	18	100%	100%	0%
4	CHR-EMPS	0.69	6.84	32.95	0	3	28	6.1%	35.5%	26.1%	84.5	110.1	53.3	85	118.5	45	93%	98%	49%
5	Eastern	0.33	3.63	22.55	0	3	21	6.7%	7.9%	2.1%		0.0	14.1		0	11.5		0%	0%
6	UCFS/CHR-EMPS	0.00	4.86	25.36	0	0.5	25	0.0%	18.0%	3.5%			14.6			11.5			0%
7	UCFS-EMPS	0.49	3.15	18.43	0	3	17	9.8%	3.9%	0.0%		0.0	12.0		0	12		0%	0%
8	Hartford	0.57	6.50	26.90	0	3	22	11.5%	31.9%	13.7%	28.0	15.0	29.1	28	12	23	100%	83%	21%
9	Wheeler-EMPS:Htfd	0.79	5.37	21.95	0	4	20	15.9%	30.8%	4.2%	28.0		18.2	28		16.5	100%		0%
10	Wheeler-EMPS:Meridn	0.66	4.52	24.43	0	3	21	11.4%	20.7%	7.7%			53.5			53.5			50%
11	Wheeler-EMPS:NBrit	0.18	8.13	31.05	0	3	28	4.5%	35.0%	22.2%		15.0	29.6		12	26		83%	23%
12	New Haven	0.50	7.07	24.78	0	5	24	5.6%	46.0%	2.3%	69.7	54.4	16.1	85	34	12	100%	91%	8%
13	CBeer/Bridge-EMPS	6.40	3.93	24.88	1	0	27	40.0%	20.9%	0.0%	63.5	64.3	17.5	65	58	15	100%	100%	9%
14	CliffBeers-EMPS	0.25	8.31	24.66	0	6.5	20	4.2%	55.9%	5.1%	110.0	9.5	1.0	110	9.5	1	100%	<mark>50%</mark>	0%
15	Southwestern	1.08	7.24	26.30	0	1	27	11.7%	31.8%	9.9%	66.3	26.8	41.8	56	19	26.5	100%	84%	30%
16	CGCGB/CGCSouth-EMPS	0.61	3.12	38.48	0	0	42	3.9%	13.4%	37.9%	77.0	58.0	65.0	78	55	51	100%	100%	60%
17	CGCGB/MidFfd-EMPS	0.64	2.67	19.87	0	1	14	15.2%	14.8%	10.9%		0.0	25.4		0	22		0%	13%
18	CGCGB-EMPS	2.14	9.67	25.80	0	3	28	19.4%	41.9%	2.6%	34.0	15.5	25.1	34	18	23	100%	82%	7%
19	Western	0.54	5.01	23.37	0	1	22	5.1%	26.5%	6.5%	108.5	42.2	17.3	108.5	20	15.5	100%	80%	0%
20	Well-EMPS:Dnby	0.77	8.87	11.28	0	1	8.5	4.2%	37.7%	0.0%									
21	Well-EMPS:Torr	0.39	6.24	20.84	0	6	21	9.1%	60.0%	3.2%	110.0	2.0	18.7	110	2	20	100%	0%	0%
22	Well-EMPS:Wtby	0.47	4.30	27.36	0	1	28	4.2%	22.2%	9.5%	107.0	52.3	16.4	107	37	13	100%	100%	0%

NOTE: Data includes episodes discharged between January 1, 2010 and June 30, 2010 and episodes still in care as of June 30, 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 3. Number of Episodes for Discharged and Open Episodes of Care	Table 3. Number of E	pisodes for	Discharged	and Open E	pisodes of Care
--	----------------------	-------------	------------	------------	-----------------

		Α	В	С	D	Е	F	G	Н	-	J	К	L
			Di	ischarged	l Episod	<u>es</u>			<u>Ep</u>	isodes S	<u>till in Ca</u>	re	
		N usec	l Mean/	Median	N use	ed for Pe	rcent	N used	Mean/I	Median	N use	ed for Pe	rcent
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	Statewide	810	1737	1532	69	497	177	38	93	169	37	84	46
2	Central	104	153	248	10	23	59	16	45	40	15	44	19
3	CHR/MiddHosp-EMPS	55	122	22	7	12	0	1	1	1	1	1	0
4	CHR-EMPS	49	31	226	3	11	59	15	44	39	14	43	19
5	Eastern	75	178	190	5	14	4	0	1	10	0	0	0
6	UCFS/CHR-EMPS	24	50	113	0	9	4	0	0	8	0	0	0
7	UCFS-EMPS	51	128	77	5	5	0	0	1	2	0	0	0
8	Hartford	209	426	604	24	136	83	1	6	39	1	5	8
9	Wheeler-EMPS:Htfd	107	214	190	17	66	8	1	0	6	1	0	0
10	Wheeler-EMPS:Meridn	35	29	117	4	6	9	0	0	2	0	0	1
11	Wheeler-EMPS:NBrit	67	183	297	3	64	66	0	6	31	0	5	7
12	New Haven	125	237	176	7	109	4	15	11	12	15	10	1
13	CBeer/Bridge-EMPS	5	67	97	2	14	0	13	9	11	13	9	1
14	CliffBeers-EMPS	120	170	79	5	95	4	2	2	1	2	1	0
15	Southwestern	120	336	191	14	107	19	4	25	60	4	21	18
16	CGCGB/CGCSouth-EMPS	51	67	29	2	9	11	3	7	25	3	7	15
17	CGCGB/MidFfd-EMPS	33	54	46	5	8	5	0	1	8	0	0	1
18	CGCGB-EMPS	36	215	116	7	90	3	1	17	27	1	14	2
19	Western	177	407	123	9	108	8	2	5	8	2	4	0
20	Well-EMPS:Dnby	48	53	18	2	20	0	0	0	0	0	0	0
21	Well-EMPS:Torr	33	25	31	3	15	1	1	1	3	1	0	0
22	Well-EMPS:Wtby	96	329	74	4	73	7	1	4	5	1	4	0

NOTE: Data includes episodes discharged between January 1, 2010 and June 30, 2010 and episodes still in care as of June 30, 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 4. Living Situation at Discharge Percent

A TIL	Prive TR	, og		¢,	Treat			Hon	rransir.	`
	te Resident A	oster	oster o	roup	Resi Cinent F	Resig	1	orrection	101	7314
	dence	rsed none	Home	Home	dence a	cility contrast	spital	cility nat	helter	ousing
STATEWIDE	96%	0%	2%	1%	0%	0%	0%	0%	1%	0%
CENTRAL	95%	0%	3%	1%	1%	0%	0%	0%	0%	0%
CHR/MiddHosp-										
EMPS	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
CHR-EMPS	95%	0%	3%	1%	1%	0%	0%	0%	0%	0%
EASTERN	95%	2%	1%	1%	0%	0%	0%	0%	0%	0%
UCFS/CHR-EMPS	94%	2%	2%	2%	0%	0%	0%	0%	0%	0%
UCFS-EMPS	97%	3%	0%	0%	0%	0%	0%	0%	0%	0%
HARTFORD	97%	0%	2%	1%	0%	0%	0%	0%	0%	0%
Wheeler-										
EMPS:Htfd	96%	0%	2%	0%	0%	0%	0%	0%	1%	0%
Wheeler-										
EMPS:Meridn	99%	0%	1%	0%	0%	0%	0%	0%	0%	0%
wneeler-										
EMPS:NBrit	96%	0%	2%	2%	0%	0%	0%	0%	0%	0%
NEW HAVEN	96%	0%	1%	0%	0%	0%	0%	0%	3%	0%
CBeer/Bridge-	000/	00/	00/	00/	0 0/	001	00/	00/	201	
EMPS	98%	0%	0%	0%	0%	0%	0%	0%	2%	0%
CITIBEETS-EIVIF3	93%	0%	3%	0%	0%	0%	0%	0%	3%	0%
SOUTHWESTERN	92%	0%	b%	1%	0%	0%	0%	0%	1%	0%
	200/	09/	10%	10%	0%	0%	0%	0%	0%	0%
CGCGB/MidEfd-	0070	0/6	10%	10%	0/0	070	0/0	0/0	070	070
FMDS	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
CGCGB-EMPS	92%	0%	7%	0%	0%	0%	0%	0%	2%	0%
WESTERN	95%	0%	2%	3%	0%	0%	0%	0%	0%	0%
		•,•		•/•	•//	•//•	•//	•//		
Well-EMPS:Dnby	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Well-EMPS:Torr	95%	0%	0%	5%	0%	0%	0%	0%	0%	0%
Well-EMPS:Wtbv	95%	0%	3%	3%	0%	0%	0%	0%	0%	0%

Calculation: Count of episodes with a Crisis Response of "Plus Stabilization follow-up" categorized by Living Situation at Discharge and has an End Date ÷ Total count of episodes with with a Crisis Response of "Plus Stabilization follow-up" with an End Date and data entered for Living Situation at Discharge * (100)

Section VIII 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 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.

Statewide, the mean LOS for discharged episodes of care with a Crisis Response of Phone Only was 0.61 days and five of six service areas averaged under 1 day, with the exception of Southwestern (1.08 days). Statewide, the mean LOS for a Crisis Response of Face-to-face was 5.77 days and ranged from 2.95 days (Central) to 7.24 days (Southwestern). For the Plus stabilization Follow-up Crisis Response, the statewide mean LOS was 26.35 days with a range from 22.55 (Eastern) to 30.56 days (Central).

• Statewide, among **discharged episodes** this quarter, 8.5% of **Phone Only** episodes exceeded one day, 28.6% of **Face-to-face** episodes exceeded 5 days, and 11.6% of **Plus Stabilization Follow-up** episodes exceeded 45 days. In the third quarter, 9.5% of **Phone Only** episodes exceeded one day, 27.1% of **Face-to-face** episodes exceeded 5 days, and 6.0% of **Plus Stabilization Follow-up** episodes exceeded 45 days for **discharged episodes** statewide.

• Statewide, the mean LOS for **open episodes** of care with a Crisis Response of **Phone Only** was 75.2 days and ranged from 28 days (Hartford) to 108.5 days (Western). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 69.8 days and ranged from 15 days (Hartford) to 109.4 days (Central). For the **Plus Stabilization Follow-up** Crisis Response, the statewide mean LOS was 36.7 days with a range from 14.1 days (Eastern) to 52.4 days (Central). This tells us that families remain open for services well beyond the benchmarks for each crisis response category.

• The overwhelming majority of clients lived in a private residence at discharge from EMPS (96% statewide). The percentage of clients living in a private residence as reported by individual provider sites ranged from 80% to 100%.

• The second most common living situation at discharge was a DCF Foster Home (2% statewide) followed by Group Home and Homeless/Shelter with both at 1% statewide. Living situation at discharge varied by provider and service area.

• Children living in DCF Foster Homes at discharge was reported most often in the Southwestern service area. Children living in Groups Homes at discharge were most often reported in the Western service area. Among individual providers, the highest percentages for living situation at discharge in a DCF Foster home were Child Guidance of Southern CT (10%) and Bridgeport Child Guidance (7%). For those living in a Group home at discharge individual providers with the highest percentage were Child Guidance of Southern CT (10%).

Section IX: Ohio Scales Outcomes

Table 5. Ohio Scales Scores by Service Area

					N			Mean	
	N		N	Mean	(paired '	Mean	Mean	Difference	
	(all	Mean (all	(all	(all	intakes &	(paired'	(paired'	(paired '	
Service Area	intakes)	intakes)	discharges)	discharges)	discharges)	intakes)	discharges)	cases)	
Statewide								_	
Parent Functioning Score	1285	41.85	322	47.08	325	43.86	46.92	3.06 **	
Worker Functioning Score	1687	41.90	647	45.69	658	43.14	45.74	2.6 **	
Parent Problem Score	1296	29.18	323	22.26	326	27.1	22.59	-4.51 **	
Worker Problem Score	1687	31.36	648	25.31	659	29.77	25.2	-4.57 **	
Central									
Parent Functioning Score	157	36.39	69	44.64	70	45	44.39	-0.61	
Worker Functioning Score	220	40.64	102	42.26	106	42.5	42.01	-0.49	
Parent Problem Score	158	24.20	70	22.27	71	23.54	23.01	-0.53	
Worker Problem Score	221	26.10	102	23.28	106	23.31	23.21	-0.1	
Eastern									
Parent Functioning Score	187	40.29	72	47.46	72	40.14	47.46	7.32 **	
Worker Functioning Score	205	38.80	88	44.28	88	40.51	44.28	3.77 **	
Parent Problem Score	188	30.64	72	21.14	72	28.44	21.14	-7.3 **	
Worker Problem Score	205	34.45	88	25.88	88	32.34	25.88	-6.46 **	
Hartford									
Parent Functioning Score	410	42.45	85	45.56	82	43.02	44.79	1.77	
Worker Functioning Score	531	41.70	264	45.93	264	43.38	45.92	2.54 **	
Parent Problem Score	414	30.34	85	23.85	82	29.4	24.54	-4.86 **	
Worker Problem Score	531	32.58	265	26.34	265	31.09	26.33	-4.76 **	
New Haven									
Parent Functioning Score	201	42.37	51	47.71	36	42.69	45.39	2.7	
Worker Functioning Score	217	41.53	71	47.54	45	39	44.62	5.62 *	
Parent Problem Score	201	30.89	51	23.22	36	33.58	26.03	-7.55 *	
Worker Problem Score	217	33.83	71	24.10	45	34.53	25.09	-9.44 **	
Southwestern									
Parent Functioning Score	166	43.44	21	51.05	23	49.52	50.65	1.13	
Worker Functioning Score	271	42.60	71	47.58	74	45.92	47.97	2.05 *	
Parent Problem Score	170	29.65	21	21.10	23	22.35	21.87	-0.48	
Worker Problem Score	271	31.52	71	24.17	74	27.72	23.74	-3.98 **	
Western									
Parent Functioning Score	164	45.04	24	53.50	23	50	53.61	3.61 †	
Worker Functioning Score	243	45.66	51	48.53	51	46.53	48.25	1.72 †	
Parent Problem Score	165	26.78	24	18.96	23	21.04	18.96	-2.08 *	
Worker Problem Score	242	28.51	51	26.31	51	27.65	26.39	-1.26 +	

N (all intakes) = Count of all episodes with an EMPS Response Mode of "Mobile" or "Deferred Mobile" and a Crisis Response of either "Face-to-Face" or "Plus Stabilization Follow-up" and have data entered for the Ohio scale

N (all discharges) = Count of all episodes with an EMPS Response Mode of "Mobile" or "Deferred Mobile" and a Crisis Response of "Plus Stabilization Follow-up" and have data entered for the Ohio scale

Mean (all intakes) = Average of all episodes with an EMPS Response Mode of "Mobile" or "Deferred Mobile" and a Crisis Response of either "Face-to-Face" or "Plus Stabilization Follow-up" and have data entered for the Ohio scale

Mean (all discharges) = Average of all episodes with an EMPS Response Mode of "Mobile" or "Deferred Mobile" and a Crisis Response of "Plus Stabilization Follow-up" and have data entered for the Ohio scale

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

+.05-.10

* P < .05

**P<.01

Section IX Summary:

• Statewide, for those clients who had completed intake and discharge Ohio Scale scores, the parent and worker-rated youth functioning score (n=325 and n=658) demonstrated statistically significant improvement. In addition, the parent-rated (n=326) and worker-rated (n=659) problem scores demonstrated statistically significant improvement from intake to discharge.

• The statewide average score for parent-reported youth functioning at intake and discharge was 41.85 (n=1285) and 47.08 (n=322), respectively. The worker reported functioning score at intake and discharge was 41.90 (n=1687) and 45.69 (n=647), respectively. These data indicate that youth were, on average, within the clinical range of impaired functioning (<50) at intake and discharge from EMPS, even though they demonstrated statistically significant improvements.

• Likewise, the statewide average parent-reported problem score at intake and discharge was 29.18 (*n*=1296) and 22.26 (*n*=323), respectively. The statewide average on worker-reported problem scores was 31.36 (*n*=1687) and 25.31 (*n*=648), respectively. These data indicate that youth were, on average, within the clinical range of problem behaviors (>20) at intake and discharge from EMPS, even though they demonstrated statistically significant improvements.

• At both intake and discharge, the average EMPS worker ratings for both youth functioning and youth problem behaviors were higher than the average parent ratings for each scale.

Section X: Client & Referral Source Satisfaction

Table 6. Client and Referrer Satisfaction for 211 and EMPS*

211 Items	Clients (n=60)	Referrers (n=66)
The 211 staff answered my call in a timely manner	4.67	4.92
The 211 staff was courteous	4.63	4.94
The 211 staff was knowledgeable	4.61	4.94
My phone call was quickly transferred to the EMPS provider	4.37	4.80
Sub-Total Mean: 211	4.57	4.90
EMPS Items		
EMPS responded to the crisis in a timely manner	4.42	4.89
The EMPS staff was respectful	4.71	4.92
The EMPS staff was knowledgeable	4.67	4.94
The EMPS staff spoke to me in a way that I understood	4.77	Х
EMPS helped my child/family get the services needed or made contact		
EMPS)	4.03	х
The services or resources my child and/or family received were right for		
us	4.22	Х
The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS	х	4.62
Overall, I am very satisfied with the way that EMPS responded to the		
crisis	4.50	4.89
Sub-Total Mean: EMPS	4.48	4.85
Overall Mean Score	4.51	4.87

* All items measured on a scale of 1=Strongly Disagree, 2=Disgree, 3=Undecided, 4=Agree, 5=Strongly Agree NOTES:

• Results are for clients and referrers served in Quarter 4

• Data collected by 211, in collaboration with PIC and DCF

Section X Summary:

•Table 6 shows the client and referrer satisfaction ratings of the services provided by both 211 and EMPS for the fourth quarter. Overall, the ratings were very positive, indicating that clients agreed or strongly agreed (mean = 4.51 out of 5, compared to mean=4.4 in the third quarter) and referrers agreed or strongly agreed (mean = 4.87 out of 5, compared to mean=4.57 in the third quarter) they were satisfied with the service provided.

• This quarter, sub-total means for 211 satisfaction items were over 4.5 out of 5 for clients and referrers (mean=4.57 and mean=4.90, respectively) compared to the third quarter which had sub-total means under 4.5 (mean=4.29 for clients and mean=4.47 for referrers). The sub-total means for EMPS satisfaction items were 4.48 (clients) and 4.85 (referrers) for the fourth quarter, compared to 4.63 (clients) and 4.53 (referrers) in the third quarter.

•For clients and referrers in quarter four, all items had a mean between 4 and 5 ("agreed" or "strongly agreed") compared to quarter three where one item was rated on average slighty below a 4 for clients and one for referrers (mean=3.97 and mean=3.93, respectively).

Section XI: Training Attendance

Provider	Full-Time	Part-Time	Per Diem	All Staff*
CHR/MiddHosp-EMPS			0%	19%
CHR-EMPS	57%	67%	0%	44%
UCFS/CHR-EMPS	79%	0%		63%
UCFS-EMPS	39%	52%		48%
Wheeler-EMPS:Htfd	73%		11%	42%
Wheeler-EMPS:Meridn	79%		14%	38%
Wheeler-EMPS:NBrit	73%		5%	44%
CBeer/Bridge-EMPS	67%			64%
CliffBeers-EMPS	71%	0%		49%
CGCGB/CGCSouth-EMPS	50%	33%		45%
CGCGB/MidFfd-EMPS	67%	61%		57%
CGCGB-EMPS	61%	64%		63%
Well-EMPS:Dnby	71%			24%
Well-EMPS:Torr	57%			57%
Well-EMPS:Wtby	38%	29%	0%	13%
Statewide	65%	45%	5%	41%

Table 7. Training Attendance Percentage by Organization

Calculation: Count of trainings attended within agency divided by total number of expected trainings attended *Note: "All Staff" refers to all full-time, part-time and per diem EMPS providers **Blank cells indicate no data was available for that particular inclusion criteria

Section XI Summary:

• Table 7 displays completion rates for all trainings offered (September 1, 2009 through June 30, 2010). The statewide average percent of trainings attended by full-time staff was 65%.

• Strategies to engage part-time and per diem staff in PIC trainings continue to be discussed, including offering weekend and evening training times.

• The full-time attendance percentages by provider ranged from 39% for United Community and Family Services to 79% for both UCFS/CHR-Mansfield and Wheeler-Meriden.

• Continued work is required in order to ensure consistent attendance, given the challenges of training a statewide workforce in a crisis response service.

Section XII: Data Quality Monitoring

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

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" 39

Table 8. Percent Collected

Site	% 211 Call Date Time Collected	% First Contact Date Time Collected	% TANF Eligible Collected	% Living Situation at Discharge Collected	% Crisis Response Collected
CHR/MiddHosp-EMPS	100%	100%	99%	91%	100%
CHR-EMPS	100%	100%	96%	100%	100%
UCFS/CHR-EMPS	100%	100%	100%	100%	100%
UCFS-EMPS	100%	100%	100%	100%	100%
Wheeler-EMPS:Htfd	100%	100%	99%	99%	100%
Wheeler-EMPS:Meridn	100%	100%	99%	100%	100%
Wheeler-EMPS:NBrit	100%	100%	99%	99%	99%
CBeer/Bridge-EMPS	100%	100%	98%	100%	100%
CliffBeers-EMPS	100%	100%	100%	100%	100%
CGCGB/CGCSouth-EMPS	100%	100%	92%	100%	99%
CGCGB/MidFfd-EMPS	100%	100%	96%	100%	100%
CGCGB-EMPS	100%	100%	99%	100%	100%
Well-EMPS:Dnby	100%	100%	100%	100%	100%
Well-EMPS:Torr	100%	100%	100%	100%	100%
Well-EMPS:Wtby	100%	100%	99%	100%	100%
Statewide	100%	100%	98.6%	99.6%	99.8%

**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 XII 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 (95%), Parent Problem Scale (73%), Worker Functioning Scale (95%), Parent Functioning Scale (73%). Statewide, the Worker versions of the Ohio Scales were completed at the same rate (95%) in Q3 while the Parent versions have decreased slightly this quarter, compared to 75%-Parent Problem Scale and 74%-Parent Functioning Scale in the third quarter.

• The statewide completion rate for **discharge** Ohio Scales this quarter were as follows: Worker Problem Scale (95%), Parent Problem Scale (47%), Worker Functioning Scale (95%), Parent Functioning Scale (47%). For the parent versions, completion of Ohio Scales at **discharge** was lower than completion rates of the Ohio Scales at **intake**. However, completion rates for Worker versions at discharge have increased by 3% since the third quarter.

• All other data quality monitoring variables were completed at a high rate. Both "211 Call Date Time" and "First Contact Date Time" were 100% complete. The statewide average completion rate for the TANF variable was 98.6% and provider completion ranged from 92% (Child Guidance of Southern CT) to 100% for five providers. The statewide completion rate for "Living Situation at Discharge" was 99.6% and provider completion ranged from 91% (Middlesex Hospital) to 100% for 12 providers. For the Crisis Response variable the completion rate statewide was 99.8%. The rate of completion for individual providers ranged from 99% (Wheeler-New Britain and Child Guidance of Southern CT) to 100% for 11 of the providers.

Section XIII: Community Outreach Efforts

Calculation: Count number of community outreach performed during the current month

Section XIII: Community Outreach Efforts

• DCF requires 2 outreaches per month for most providers, but requires 4 outreaches per month for providers with lower volume (Bridges, Middlesex Hospital, Wellpath-Danbury, Wellpath-Torrington and UCFS/CHR-Mansfield)

• 9 of 10 providers met the requirements of 2 outreaches in May and 7 of 10 met the requirement in June.

• 2 of 5 lower-volume providers met the requirements of 4 outreaches in May and 1 of 5 met the requirement in June.

Appendix A: Narrative Description of Calculations

Section I: Primary EMPS Performance Indicators and Monthly Trends

• Figures 1 and 2 tabulate the total number of calls by 211-only, 211-EMPS, or registered calls.

• Figure 3 and Figure 4 calculate the total number of EMPS episodes for the specified time frame for the designated service area or month.

•Figure 5 and Figure 6 show 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 multipled 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 7 and Figure 8 determine 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 lunch. This is calculated by selecting only those episodes that are coded as face-to-face or crisis response plus stabilization follow-up divided by the total number of youth receiving free or reduced lunch in that service area.

•Figure 9 and Figure 10 isolate 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 11 and Figure 12 isolate 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 substracting the episode First Contact Date Time from the Call Date Time. In this calculation, 10 minutes is substracted from the

Section II: Episode Volume

• Figure 13 tabulates the total number of calls by 211-only, 211-EMPS, or registered calls.

• Figure 14 shows the 211 disposition of all calls received by service area.

• Figure 15 shows the 211 disposition EMPS response by provider.

•Figure 16 is a stacked bar chart that represents the percent of episodes that have a crisis response of phone only, face-to-face, or plus stabilization follow-up. 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 17 calculates the same percentage as Figure 16 and is shown by provider.

Section III: Demographics

- Figure 18 shows the percentage of male and female children served.
- Figure 19 shows percentages of the age groups of children served.
- Figure 20 shows the percentage of children from various ethnic backgrounds.
- Figure 21 breaks out the percentages of the races of children served.

•Figure 22, and Table 1 are percentage break outs of the top five referral sources across the state, by service area and by provider. Note that for "Other (not in top 5)" percentages are listed below Figure 22 for the various categories.

Section V: Emergency Department Referral Type

•Figure 23 counts the number of ED referrals (i.e., routine follow-up or in-patient diversion) by service area.

•Figure 24 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 25 and 26 use the same calculation as 23 and 24 respectively, but is brokedown by provider.

Section VI: 211 Recommendations and EMPS Response

•Figure 27 is a count of the 211 recommended response mode (i.e., mobile, non-mobile, deferred mobile) by provider .

•Figure 28 is contrasted by Figure 27 that shows a count of the actual EMPS response mode (i.e., mobile, non-mobile, deferred mobile) by provider.

• Figure 29 is the same graph as Figure 9.

• Figure 30 uses the same calculation as Figure 9 but shows the percent mobile response (mobile & deferred mobile) by provider.

Section VII: Response Time

• Figure 31 is the same graph as shown in Figure 11.

•Figure 32 uses the same calculation as Figure 11 but shows the percent of mobile episodes with response time under 45 minutes by provider.

•Figure 33 arranges the response time for those episodes that are coded as EMPS response modemobile and arranges the response time in ascending order by service area and selects the response time in the middle.

• Figure 34 uses the same calculation as Figure 34 but is categorized by provider.

•Figure 35 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.

• Figure 36 uses the same calculation as Figure 36 but is categorized by provider.

• Table 2 shows the mean, median and percent length of stay 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 stabilization plus follow-up). LOS: Phone means Length of Stay in Days for Phone Only. LOS: FTF means Length of Stay in Days for Face To Face Only. LOS: Stab. means Length of Stay in Days for Stabilization Plus Follow-up Only. Phone > 1 is defined as the percent of episodes that are phone only that are greater than 1 day. FTF > 5 is defined as the percent of episodes that are face to face that are greater than 5 days. Stab. > 45 is defined as the percent of episodes that are stabilization plus follow-up that are greater than 45 days. Blank cells in the table indicate no data was available for that particular criteria.

•In order to calculate length of stay data, an episode end date is needed. For the columns that are labled as "discharged cases" in Table 2 and Table 3, these cases have an episode end date. For columns that are labeled "open cases," these cases do not have an episode end date at the time of the data download and therefore an episode end date of March 31, 2010 was used in order to calculate length of stay data.

•Table 3 shows the total number of episodes used to calculate the mean, median and percent in Table 2.

•Table 4 shows the percentages of where clients are living at discharge. To calculate the percentage use the count of episodes with a crisis response of plus stabilization follow-up, categorized by living situation at discharge and have an end date divided by the total count of episodes with a crisis response of stabilization plus follow-up with an end date with data entered for living situation at discharge. Multiply that number by 100 to get the percent.

Section IX: Ohio Scales Outcomes

•Table 5 shows the number and mean of Ohio Scales scores for all and paired intakes (filtered for only mobile and deferred mobile responses, as well as, a crisis response of face-to-face or plus stabilization follow-up) and all and paired discharges (filtered for only mobile and deferred mobile responses, as well as, a crisis response of plus stabilization follow-up). Paired is the number of cases with both intake and discharge Ohio scores. The mean difference for paired cases is also shown which is the mean of paired discharges minus the mean of paired intakes. Any significance of change in the Ohio score is noted next to the mean difference.

Section X: Client and Referral Source Satisfaction

• Table 6 shows the mean outcomes of the client and referral source satisfaction survey collected for 211 and EMPS. All items are measured on a scale of 1 (strongly disagree) to 5 (strongly agree). The data was collected by 211 in April of 2010 for clients and referrers served in Quarter 3.

Section XI: Training Attendance

•Tagble 7 calculates the percent of staff that attended trainings by dividing actual number of trainings over expected number of trainings.

Section XII: Data Quality Monitoring

•Figure 38 calculates the percent of Ohio intake scales by dividing actual over expected. The numerator is calcualted 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). This is divided by 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 39 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. This is divided by 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.

1. Call Date Time - 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 - 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 - 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 - 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. Crisis Response - 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 the total number of episodes that 211 gave a disposition of EMPS response

Section XIII: Provider Community Outreach

• Figure 40 is a count of community outreach performed by each provider during the current quarter.