



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

## **Monthly Report: June 2010**



This report was produced by the Emergency Mobile Psychiatric Services (EMPS) Performance Improvement Center (PIC) team. The team consists of: Jeffrey Vanderploeg, Ph.D.; Jennifer Schroeder, Ph.D.; Jason Lang, Ph.D.; Kristin Adomeit, B.S. and Lori Schon

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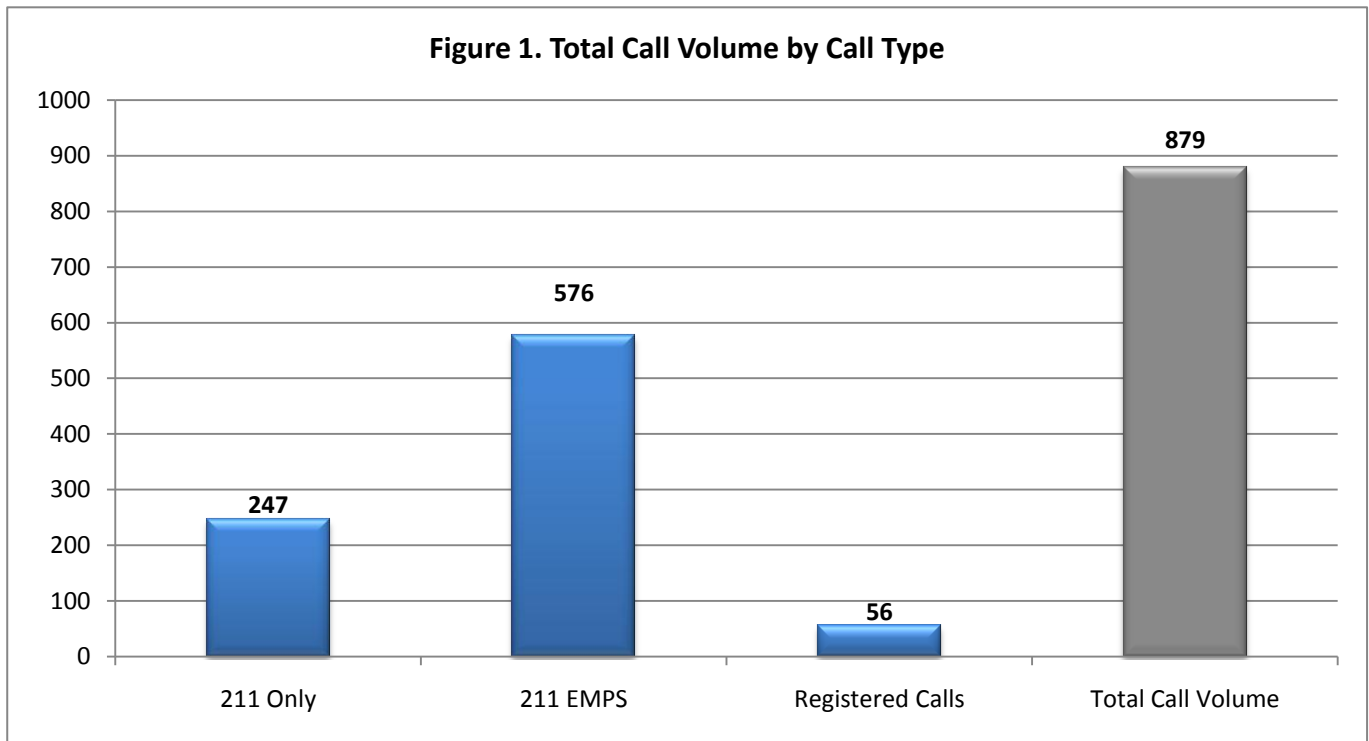
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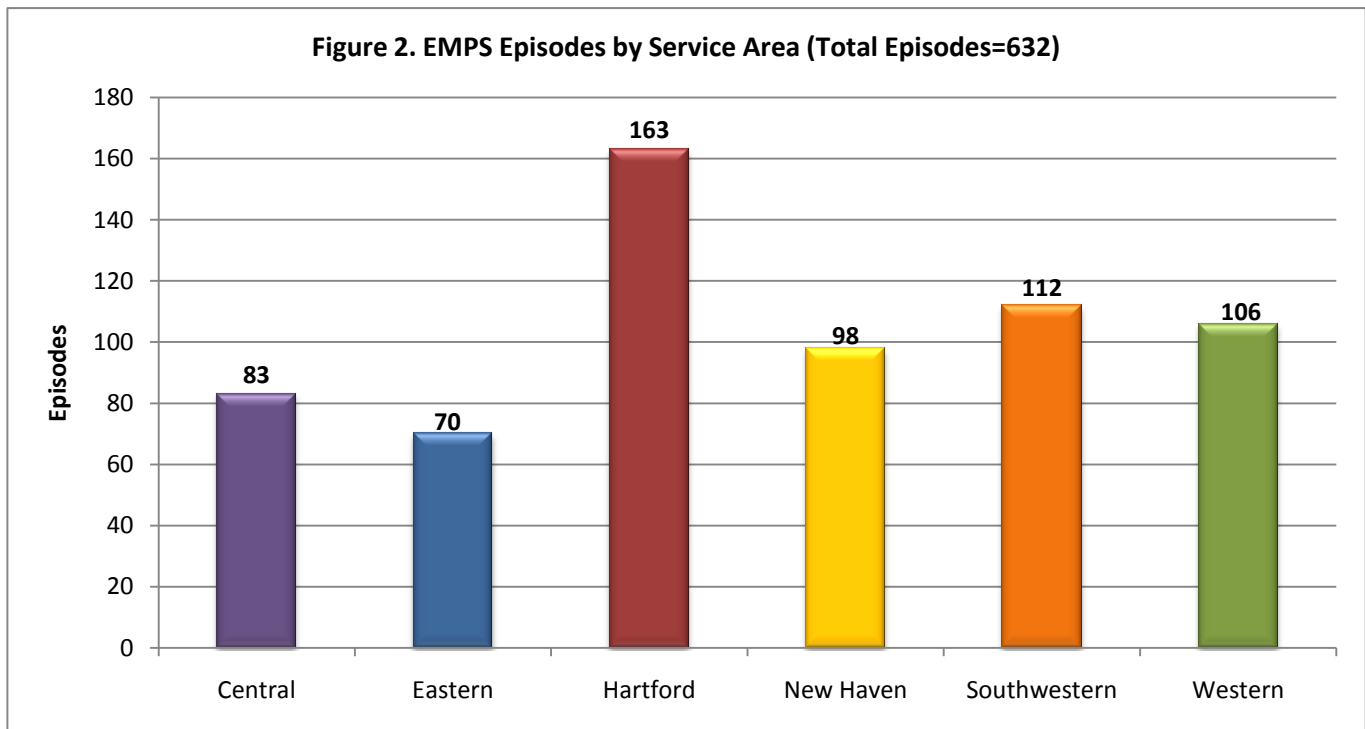
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## **Section I: Primary EMPS Performance Indicators**

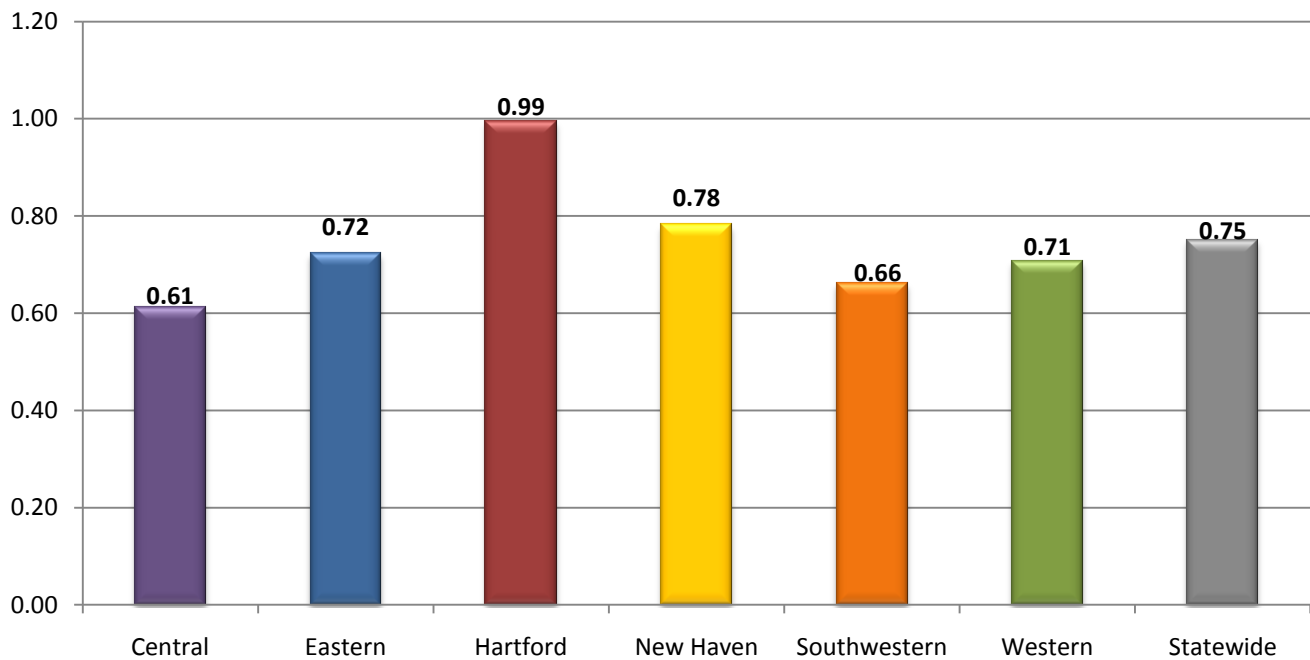


Calculation: Total number of episodes for each of the Call Type categories



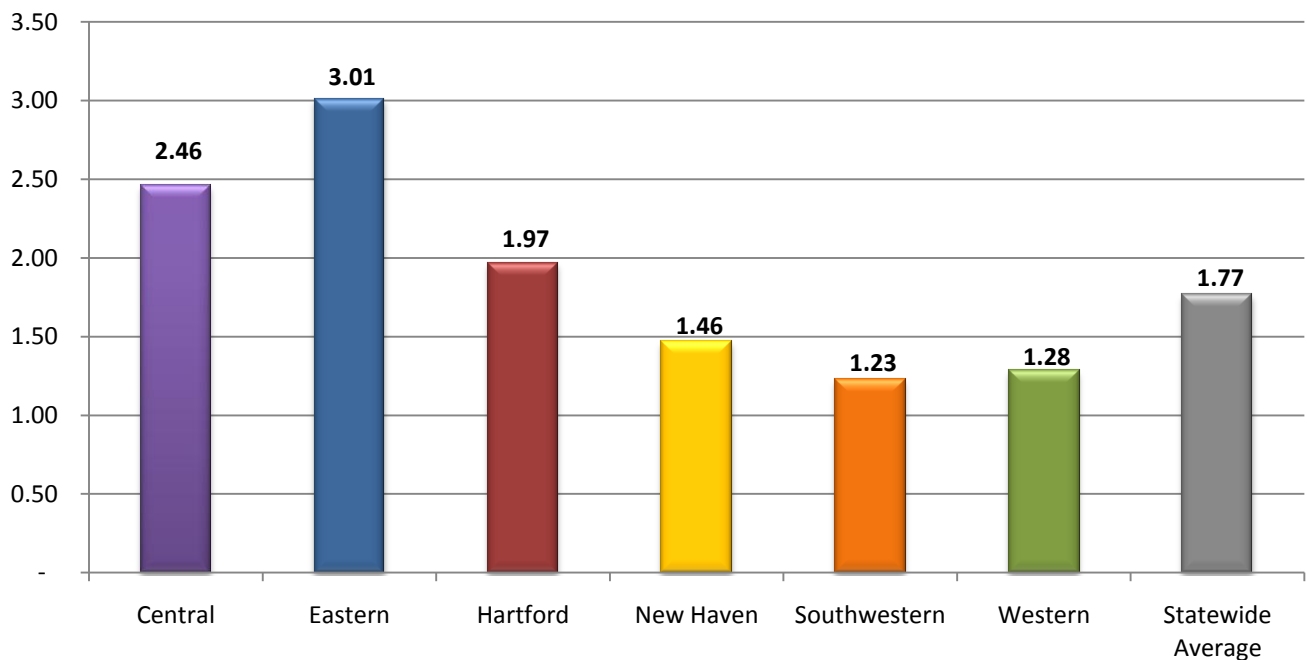
Calculation: Total number of episodes where 211 disposition is EMPS Response

**Figure 3. Number Served Per 1,000 Children**



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

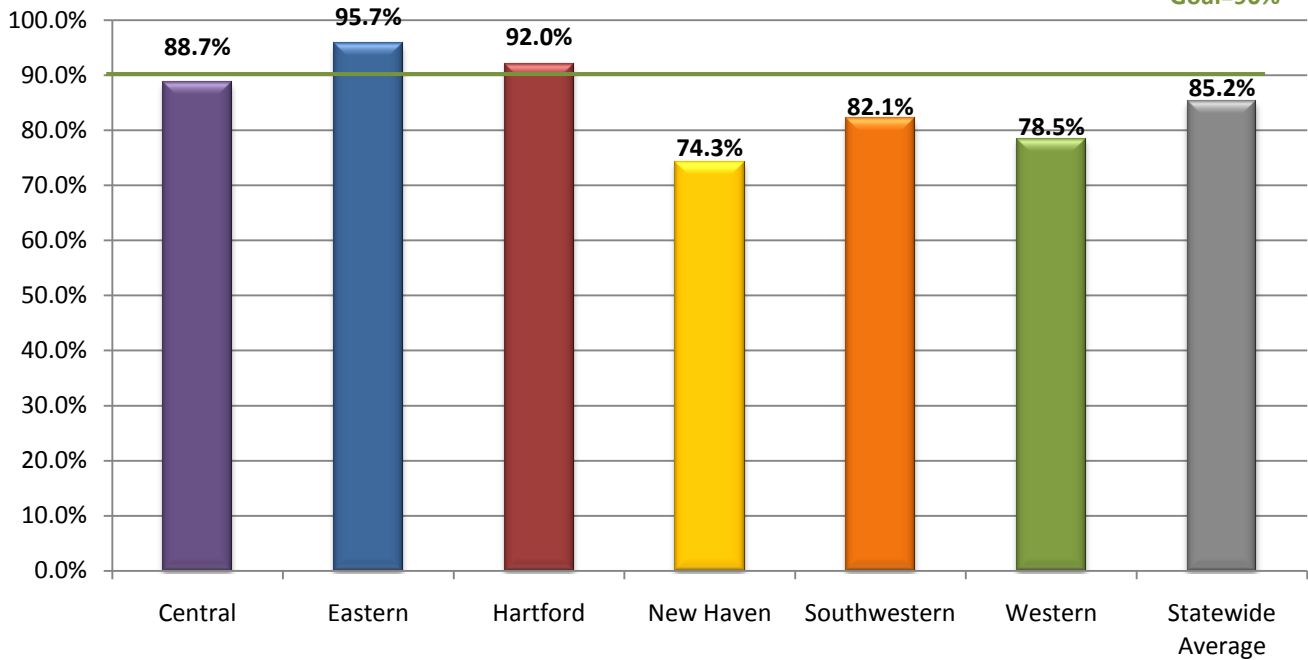
**Figure 4. Number Served per 1,000 Children in Poverty**



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

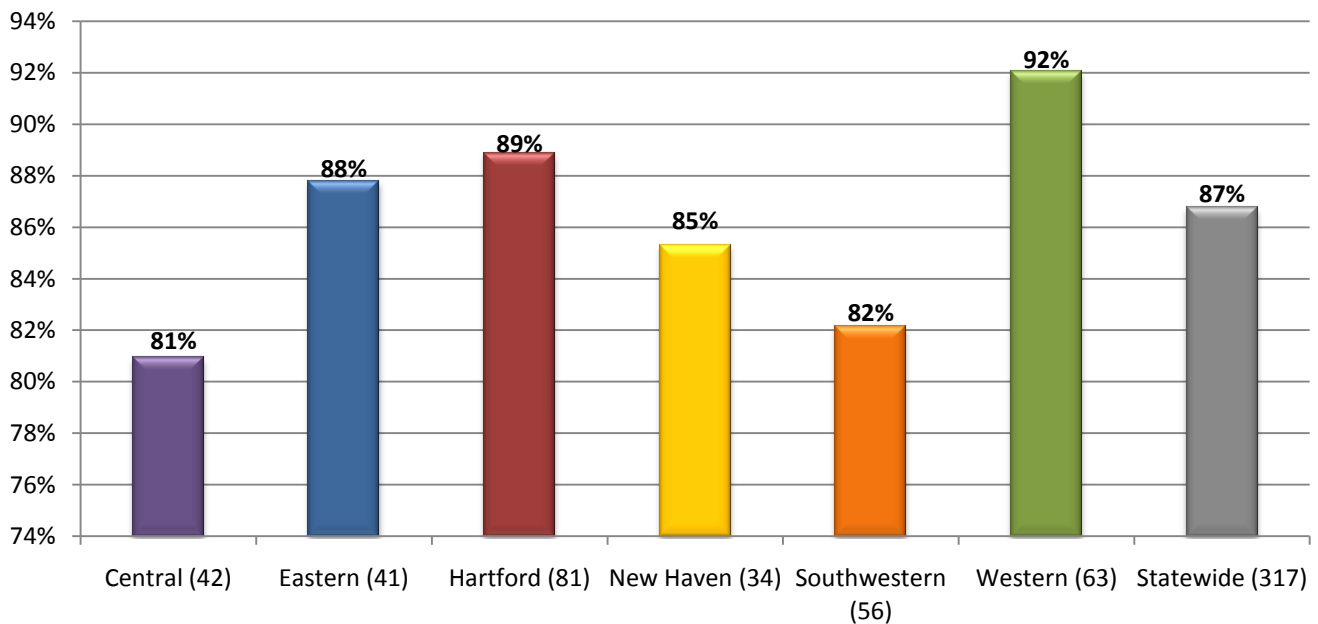
**Figure 5. Percent Mobile Response (Mobile & Deferred Mobile) by Service Area**

Goal=90%



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

**Figure 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

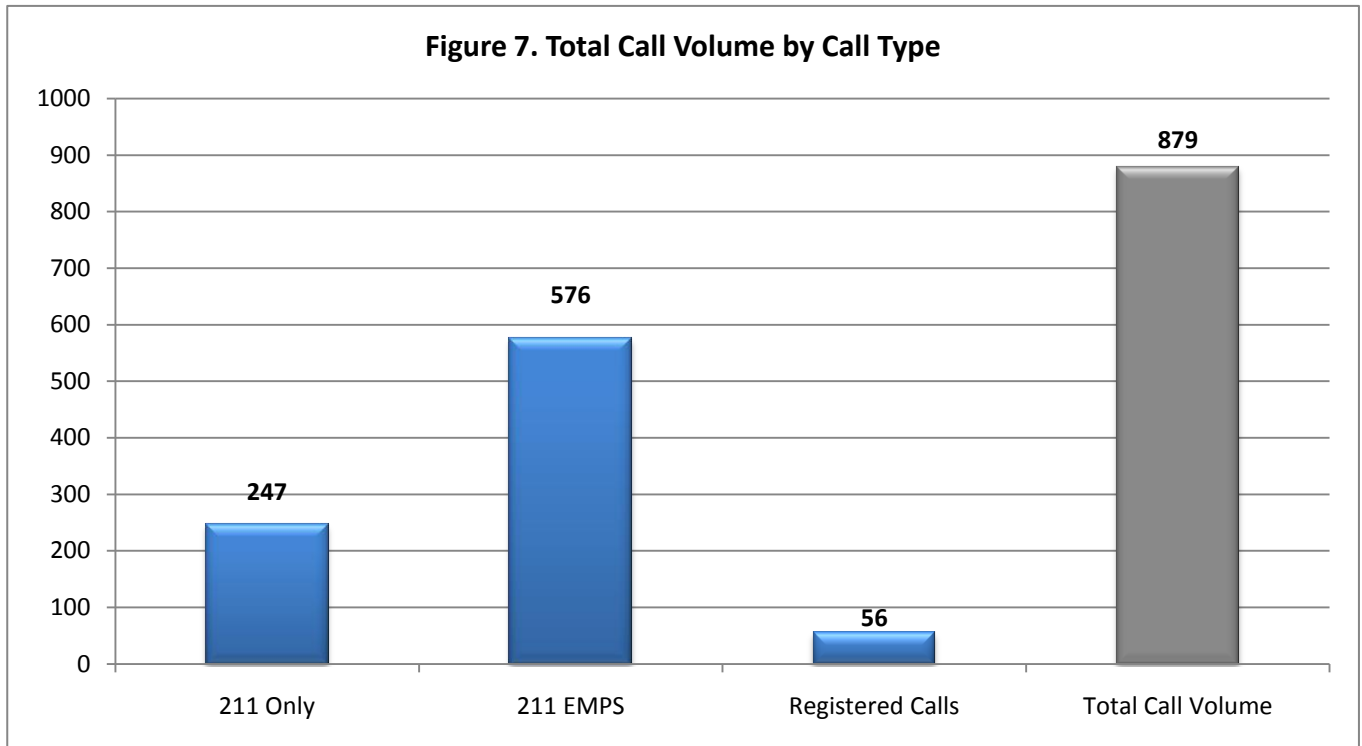
## Section I Summary

- The statewide EMPS provider network generated 632 episodes of care in June 2010. This was a decrease in episodes from 900 in May 2010, which may be related to the end of the school year given that schools are the second highest referral source.
- The Hartford service area continues to generate the highest number of episodes (163). The lowest EMPS utilization was observed in the Eastern service area (70 episodes).
- The statewide average penetration rate, adjusted for total statewide child population, was 0.75 episodes per 1,000 children. This was a decrease from 1.07 in May, reflecting the statewide decrease in volume in the month of June. The Hartford service area had the highest penetration rate in June at 0.99 per 1,000 children. The lowest penetration rate was observed in the Central service area at 0.61 per 1,000 children.
- The highest penetration rate as a function of total number of children in poverty<sup>1</sup> was observed in the Eastern (3.01) service area. The lowest penetration rate was observed in the Southwestern (1.23) service area.
- Statewide, the average mobility rate was 85.2% this month compared to 84.6% in May 2010. The highest mobility rates were observed in the Eastern (95.7%), Hartford (92.0%), and Central (88.7%) service areas. The Eastern and Hartford service areas met the pre-established benchmark of 90%. The lowest mobility rate was observed in the New Haven service area (74.3%).
- Statewide, 87% of mobile responses took place in 45 minutes or less this month compared to 73% in May, 71% in April, 61% in March and 58% in February of 2010. Performance ranged among service areas, from 81% (Central) to 92% (Western).

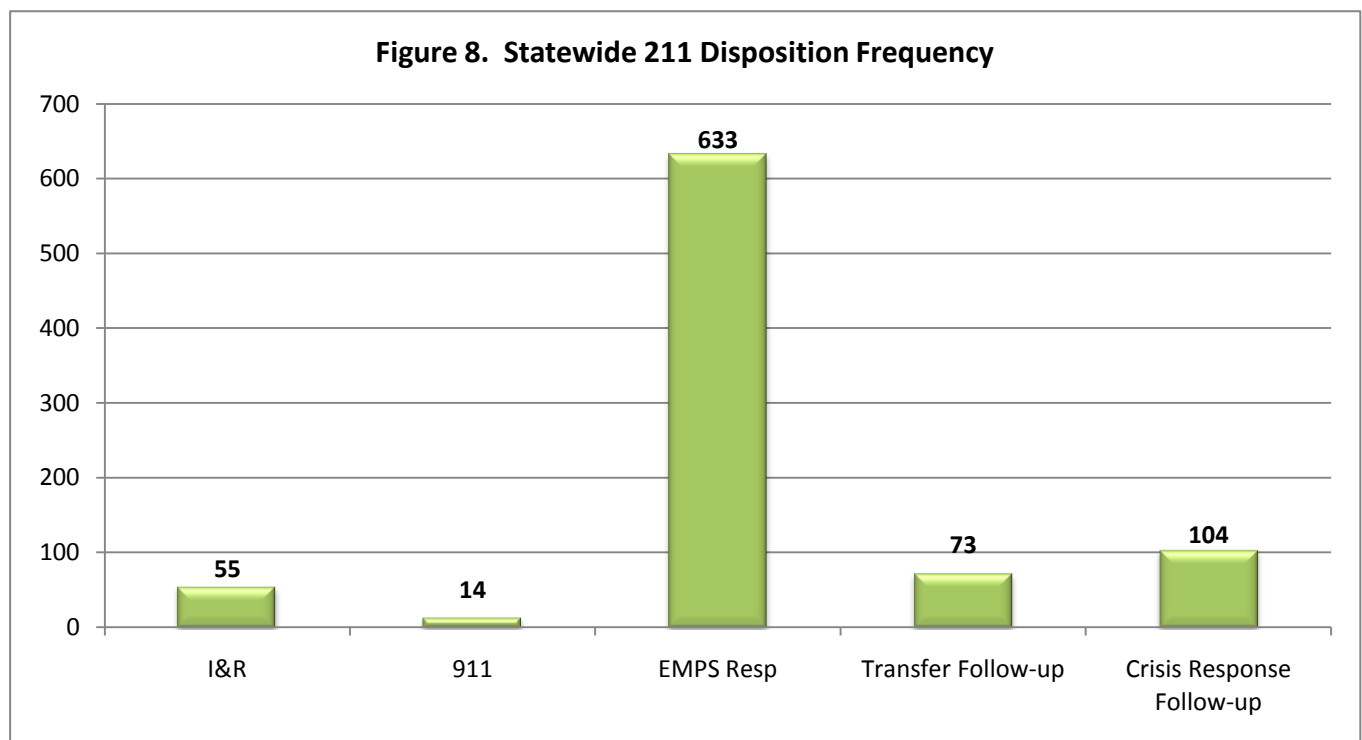
<sup>1</sup> United States Department of Agriculture, Food and Nutrition Service, "*Eligibility Manual for School Meals, January 2008*", <http://www.fns.usda.gov/cnd/Lunch/>.



## Section II: Episode Volume



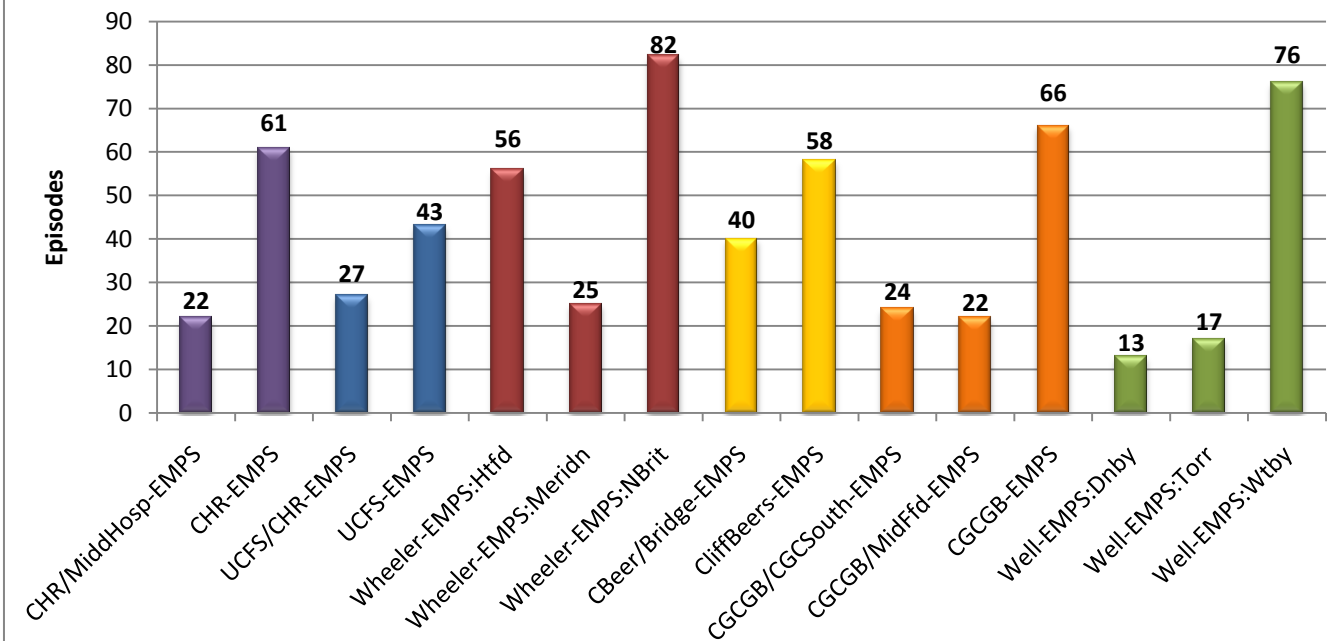
Calculation: Total number of episodes for each of the Call Type categories



Calculation: Total number of episodes for 211 disposition categories

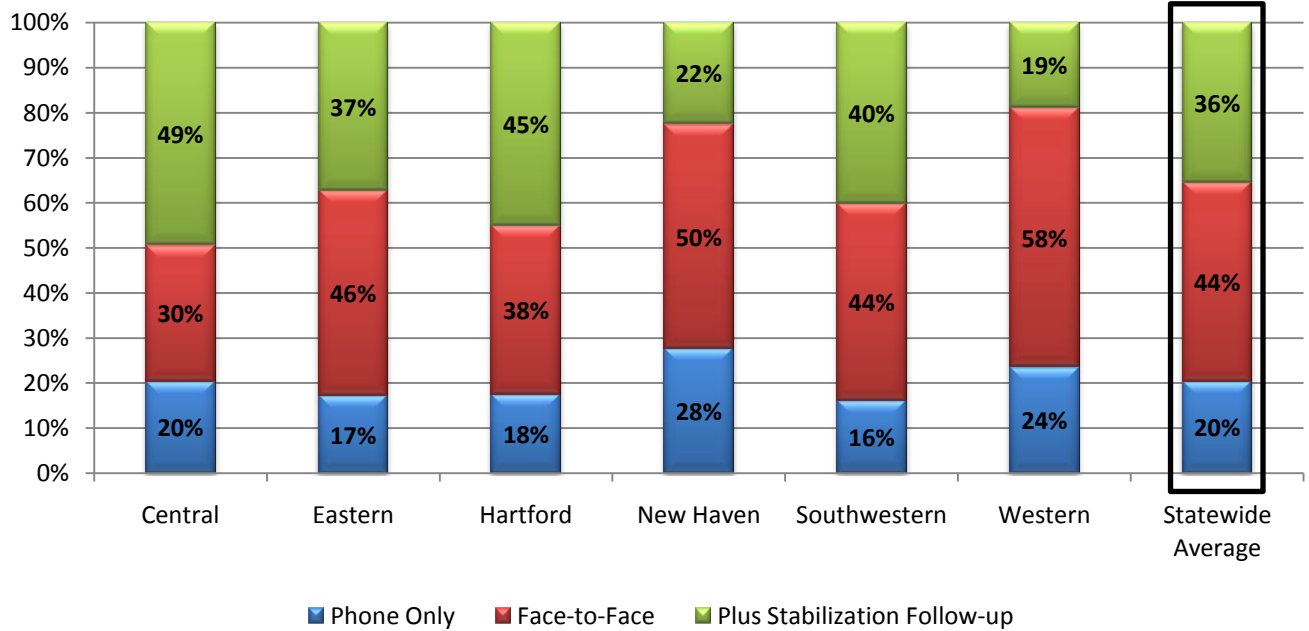
NOTE: EMPS Response includes 1 with no designated provider

**Figure 9. EMPS Response Episodes by Provider (Total Episodes=632)**



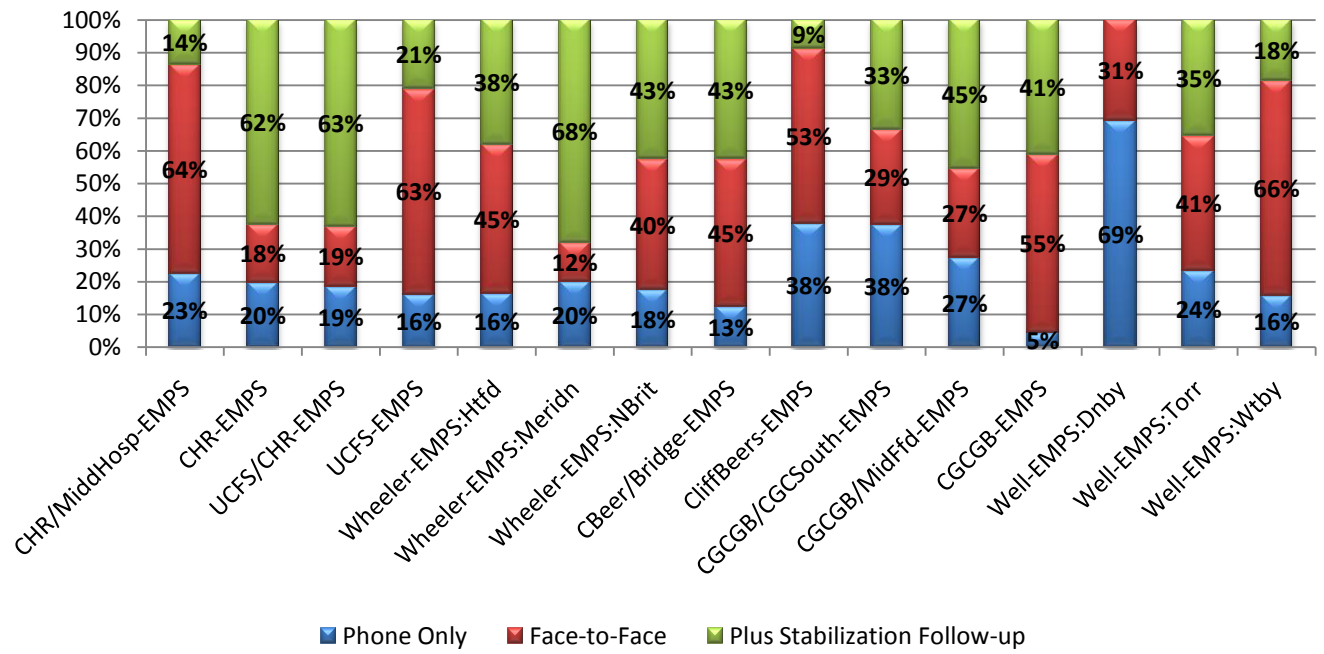
Calculation: Total number of episodes where 211 disposition is EMPS Response

**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**



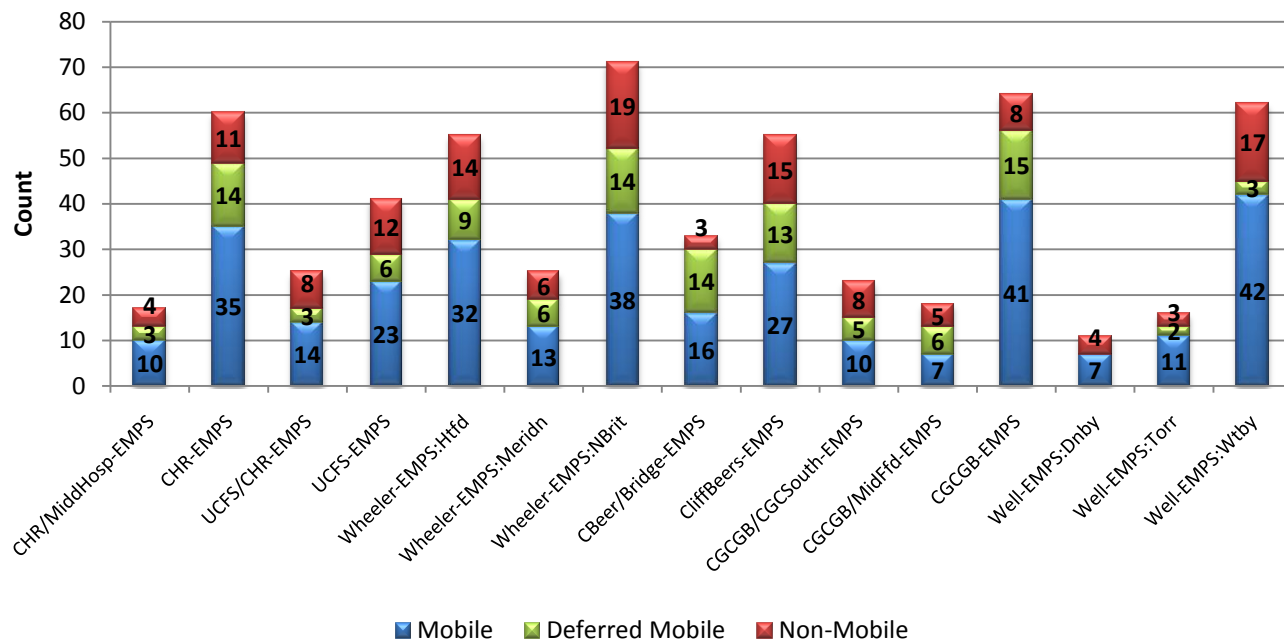
Calculation: Count Phone Only episodes ÷ Total all Crisis Responses \* (100), Count Face-to-Face episodes ÷ Total all Crisis Responses \* (100), Count Plus Stabilization Follow-up ÷ Total all Crisis Responses \* (100)

## Section II Summary

- A total of 879 calls were received by the Call Center in June, compared to 1195 calls in May. The call volume of 879 in June suggests a rate that would translate to just over 10,500 calls annually, although actual total calls fluctuate each month.
- Of the 879 EMPS calls during the current month, 247 calls (28%) were coded as "211 only." Another 56 calls (6%) 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 576 calls (66%) were calls received by 211 and routed to an EMPS provider.
- In terms of 211 Dispositions, of the 879 total calls:
  - 633 (72%) were coded as "EMPS Response"
  - 104 (12%) were coded as "Crisis Response Follow-up"
  - 73 calls (8%) were coded as "Transfer for Follow-up"
  - 55 calls (6%) were coded as "Information & Referral (I&R)"
  - 14 calls (2%) 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 June were observed at two sites: Wheeler-New Britain (82 episodes) and Wellpath-Waterbury (76 episodes). The lowest call volumes were observed in Wellpath-Danbury (13 episodes) and Wellpath-Torrington (17 episodes).
- Statewide, the type of crisis response episodes included
  - 20% Phone Only
  - 44% Face-to-Face
  - 36% Face-to-Face Plus Stabilization/Follow-up
- By service area, the highest percentages of Phone Only responses were observed in the New Haven service area (28%). The highest percentages of Plus Stabilization/Follow-up episodes were observed in the Central (49%) and Hartford (45%) service areas.
- The percentage of episodes that were Phone Only Crisis Responses ranged among individual providers from 5% (Bridgeport Child Guidance) to 69% (Wellpath-Danbury). For Face-to-Face Crisis Response, the range was from 12% (Wheeler-Meriden) to 66% (Wellpath-Waterbury). For Plus Stabilization Follow-up Crisis Responses, the range was from 0% (Wellpath-Danbury) to 68% (Wheeler-Meriden).

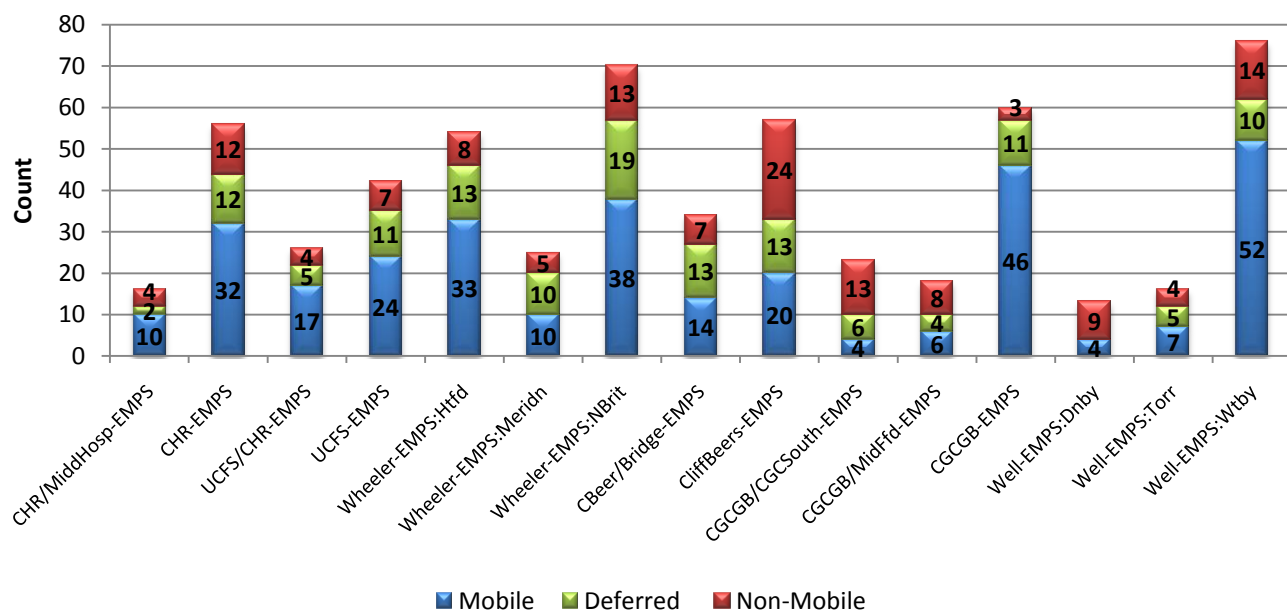
## Section III: 211 Recommendations and EMPS Response

Figure 12. Total Count of 211 Recommended Response by Provider



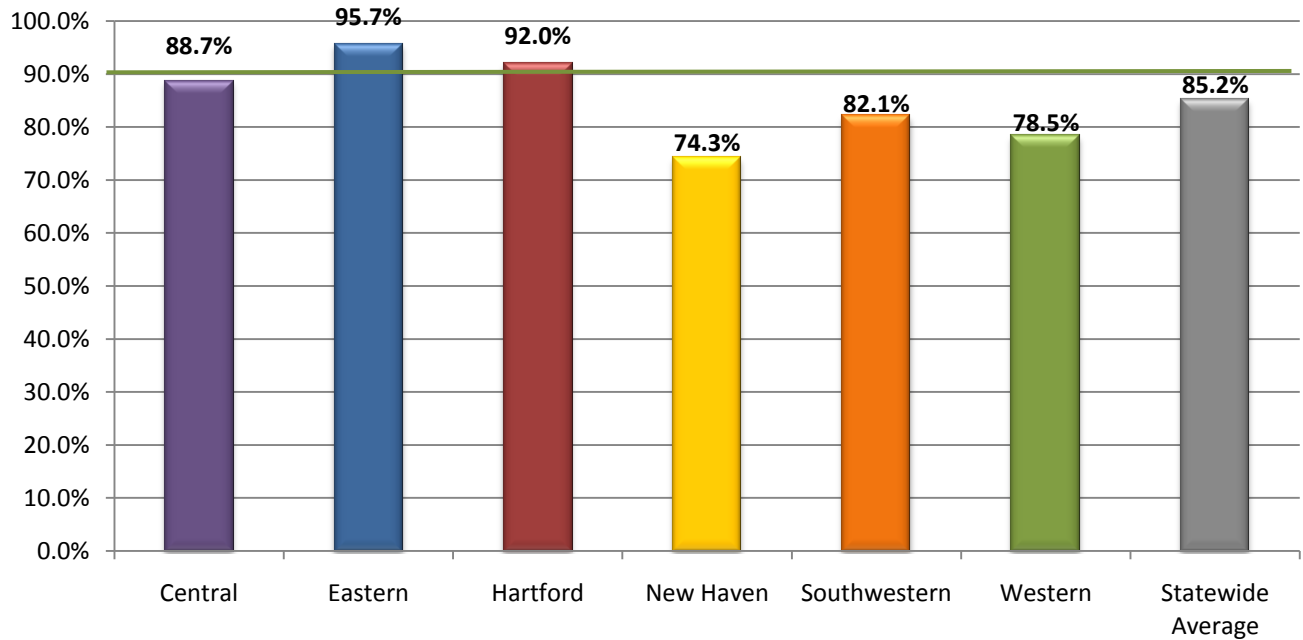
Calculation: Count total episodes with a 211 disposition of EMPS response

Figure 13. Total Count of Actual EMPS Response by Provider



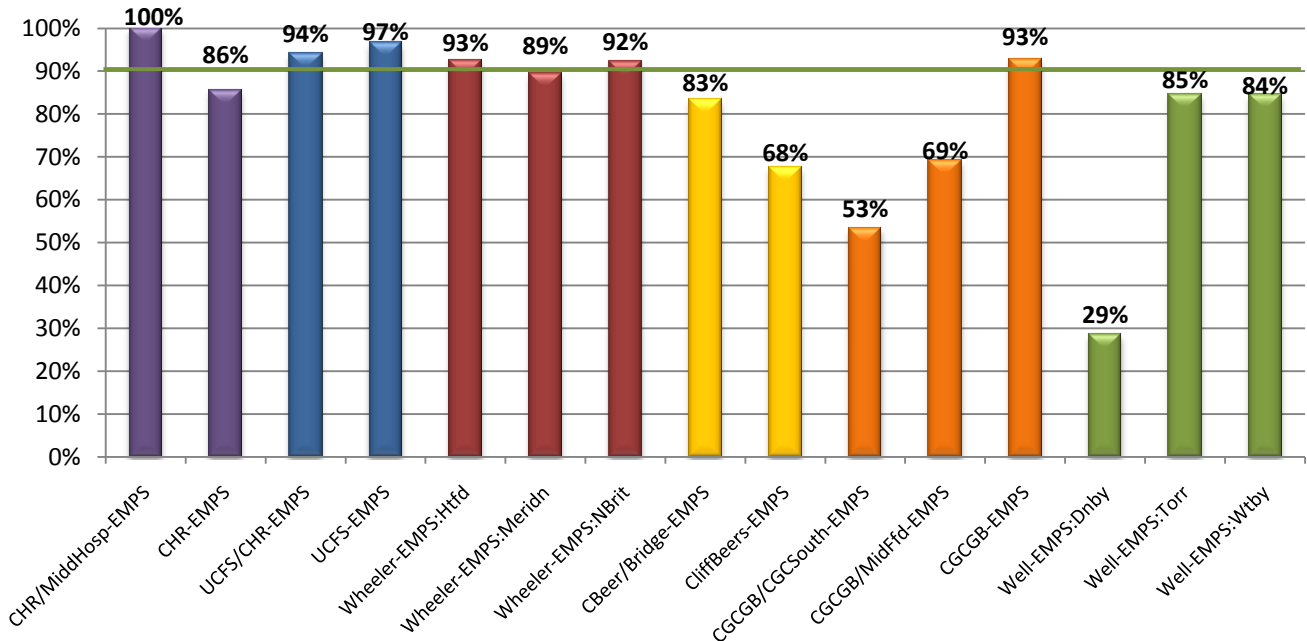
Calculation: Total count of actual provider EMPS Response Mode

**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%



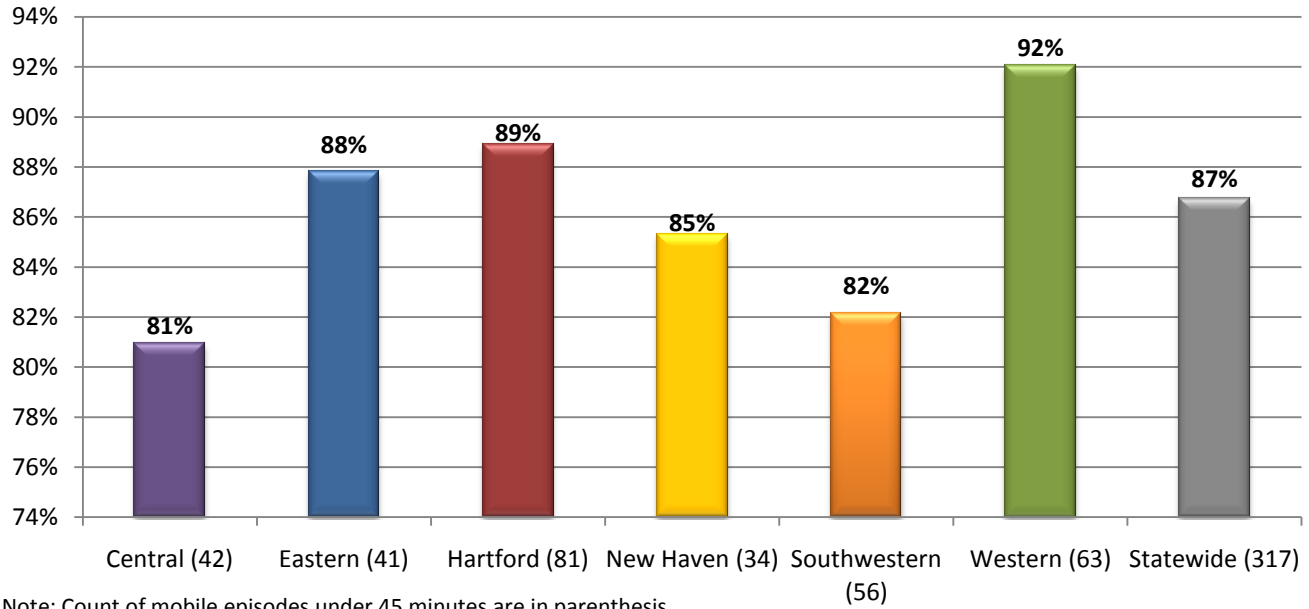
Calculation: (Count EMPS first contact mode mobile or deferred mobile ÷ Total count of 211 rec mobile or deferred mobile)\*100

### Section III Summary

- Figures 12 & 13 review total counts of 211 recommended responses and actual EMPS responses, including mobile, non-mobile, and deferred mobile responses.
- For all providers, a mobile response was the most common 211 recommended EMPS response. Mobile was also the most common actual EMPS provider response with the exceptions being: Wellpath-Danbury, Mid-Fairfield Child Guidance, Child Guidance of Southern CT and Clifford Beers who each had a higher number of non-mobile responses and Wheeler-Meriden with an equal number of mobile and deferred mobile responses.
- Statewide, the average mobility rate was 85.2% this month compared to 84.6% in May 2010. The highest mobility rates were observed in the Eastern (95.7%), Hartford (92.0%), and Central (88.7%) service areas. The Eastern and Hartford service areas met the pre-established benchmark of 90%. The lowest mobility rate was observed in the New Haven service area (74.3%).
- Mobility percentages among providers ranged from 29% (Wellpath-Danbury) to 100% (Middlesex Hospital) with Bridgeport Child Guidance, Bridges-Milford, Wheeler-Hartford, Wheeler-New Britain, UCFS/CHR-Mansfield, Middlesex Hospital and United Community and Family Services all above the 90% goal. This is the first month in which any provider had 100% mobility.

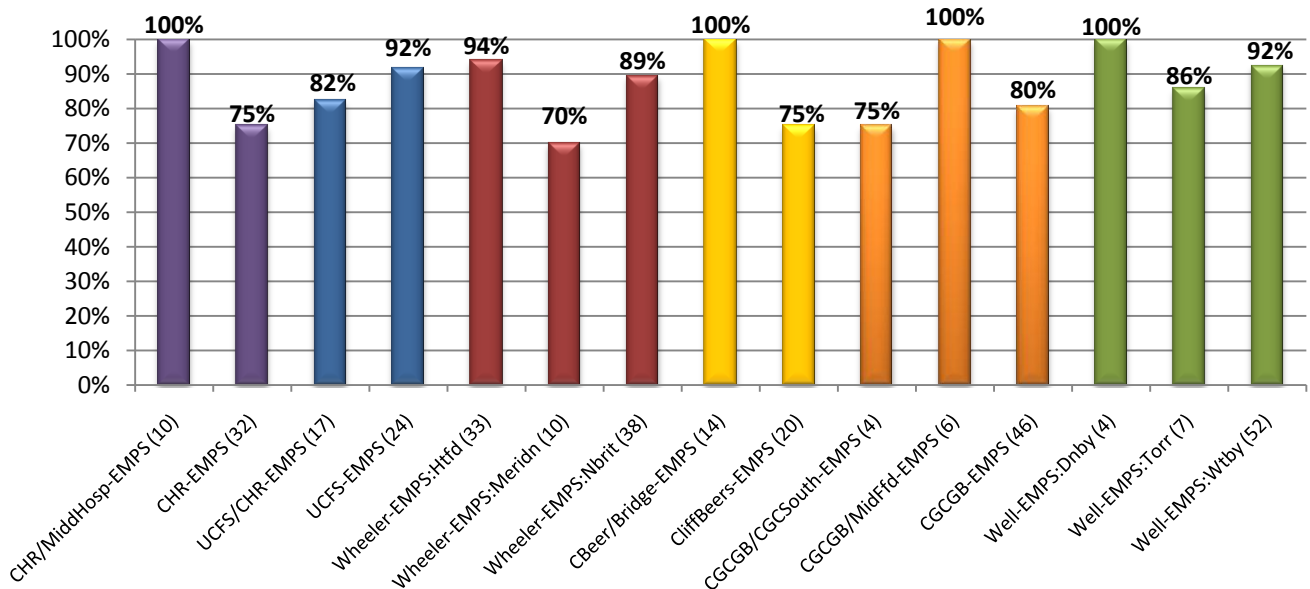
## Section IV: Response Time

**Figure 16. 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

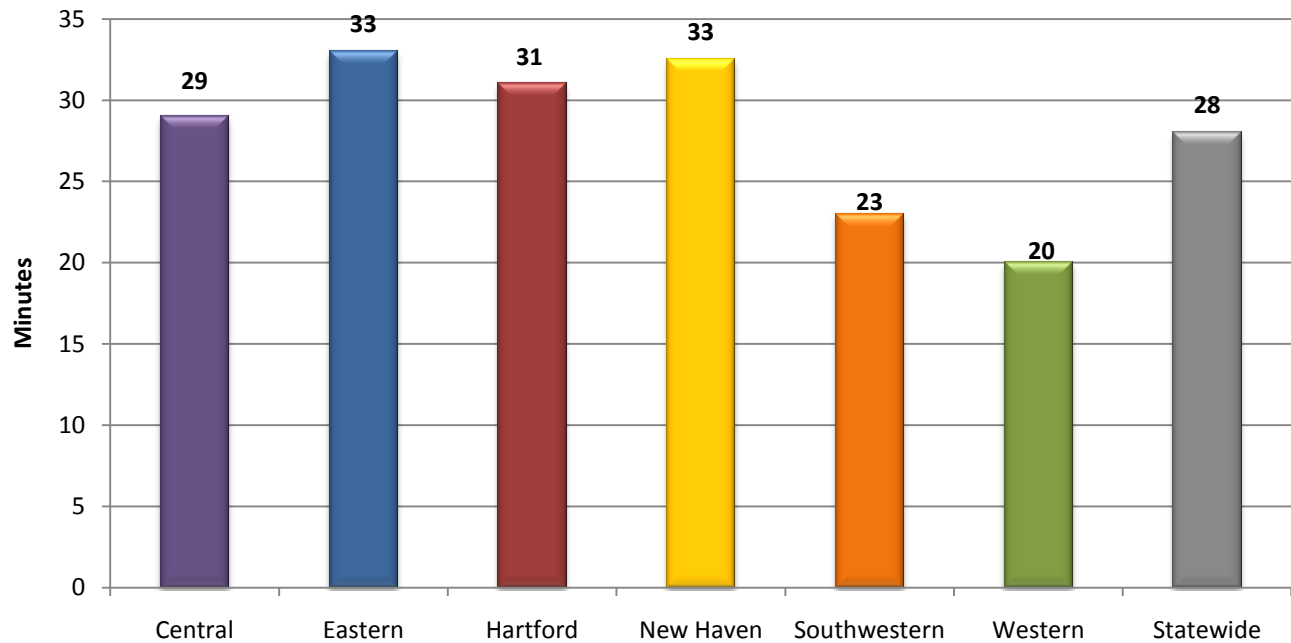
**Figure 17. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Provider**



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

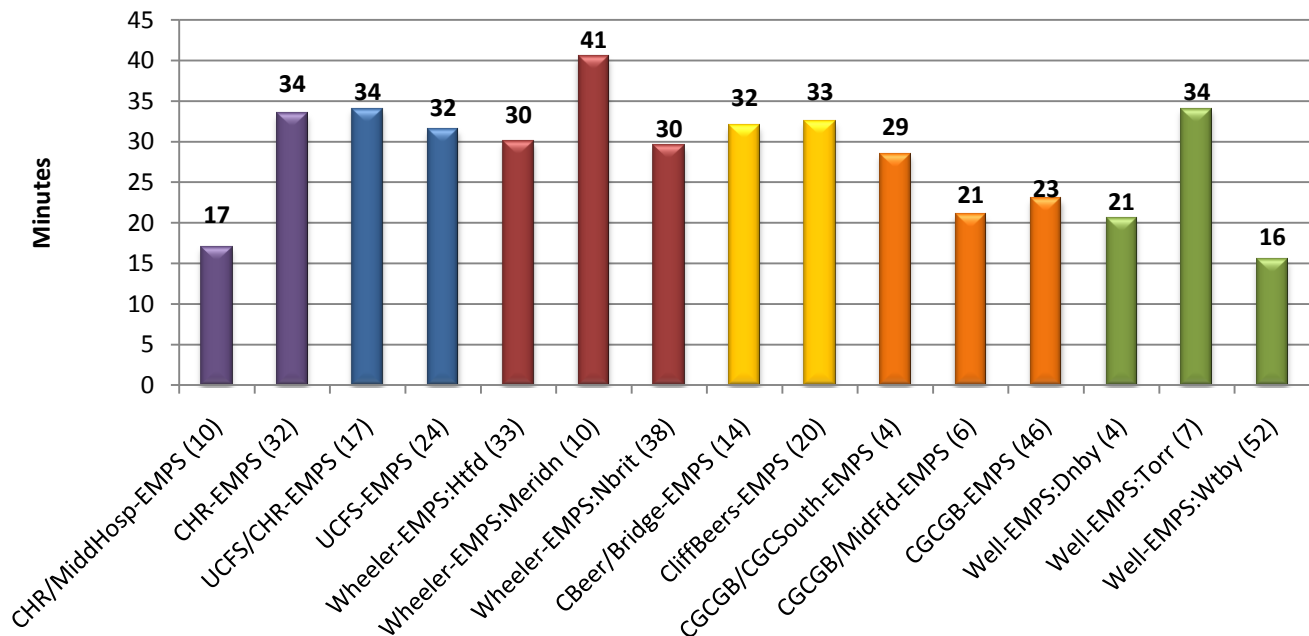


**Figure 18. Median Mobile Response Time by Service Area in Minutes**



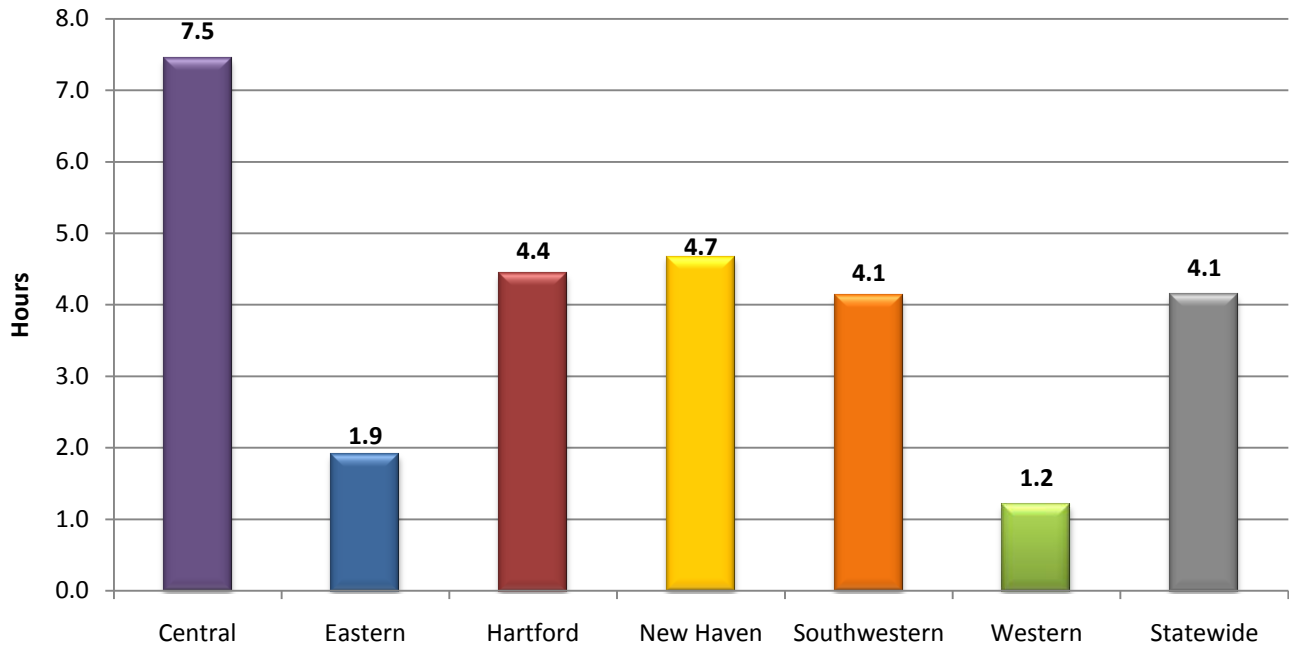
Calculation: Arrange the response time values for each service area in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

**Figure 19. Median Mobile Response Time by Provider in Minutes**



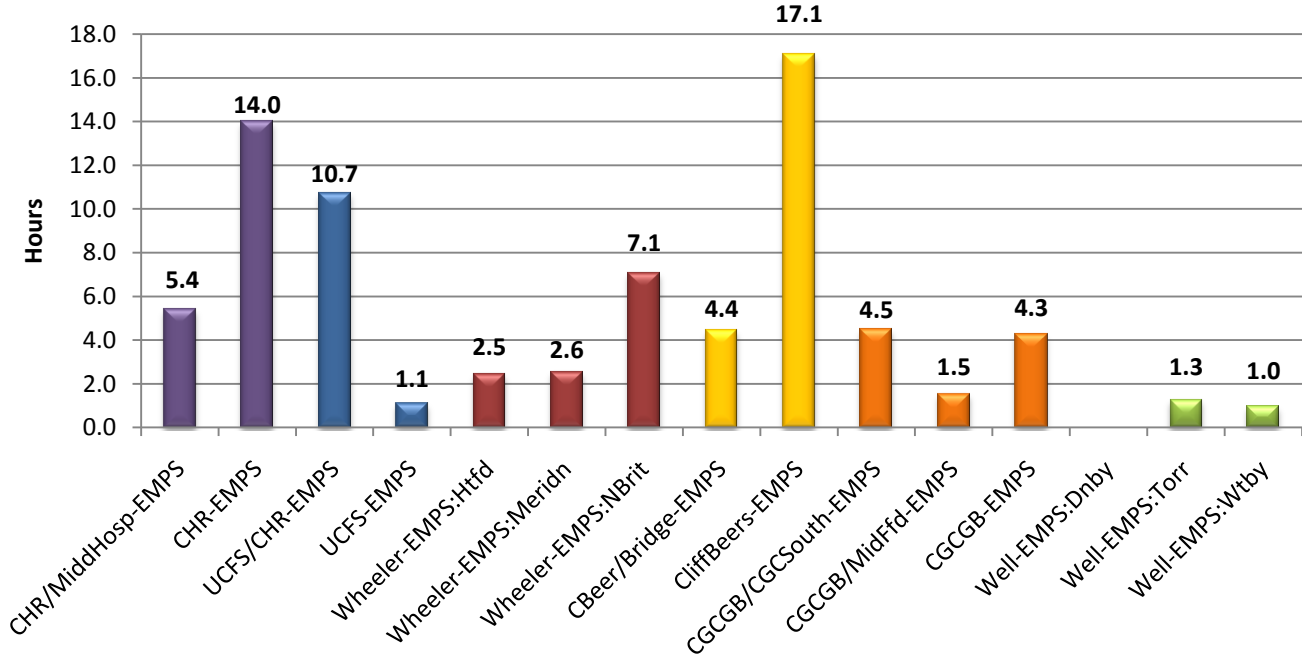
Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

**Figure 20. 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 21. Median Deferred Mobile Response Time by Provider in Hours**



NOTE: Well-EMPS:Dnby had no deferred mobile episodes during June 2010.

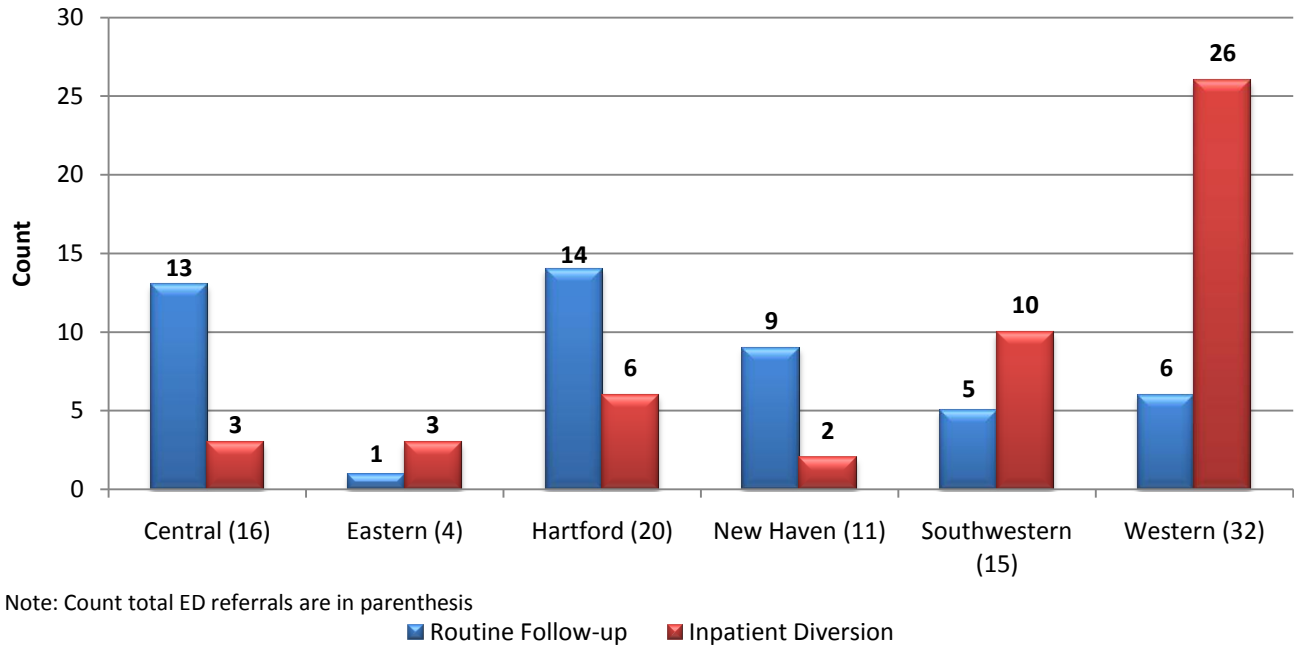
Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and select the one in the middle

#### **Section IV Summary**

- Statewide, 87% of mobile responses took place in 45 minutes or less this month compared to 73% in May, 71% in April, 61% in March and 58% in February of 2010. Performance ranged among service areas, from 81% (Central) to 92% (Western).
- Achievement of the 45 minute benchmark varied among individual providers from 70% (Wheeler-Meriden) to 100% (Middlesex Hospital, Bridges, Mid-Fairfield Child Guidance and Wellpath-Danbury).
- The statewide median mobile response time was 28 minutes. All six service areas and all 15 individual providers had a median mobile response time under 45 minutes. Median mobile response times among individual providers ranged from 16 minutes (Wellpath-Waterbury) to 41 minutes (Wheeler-Meriden).
- The statewide median deferred mobile response time was 4.1 hours, and ranged by service area from 1.2 hours (Western) to 7.5 hours (Central). Among individual providers the median deferred mobile response times ranged from 1 hour (Wellpath-Waterbury) to 17.1 hours (Clifford Beers).
- Response times have drastically improved over the last several months despite high 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.

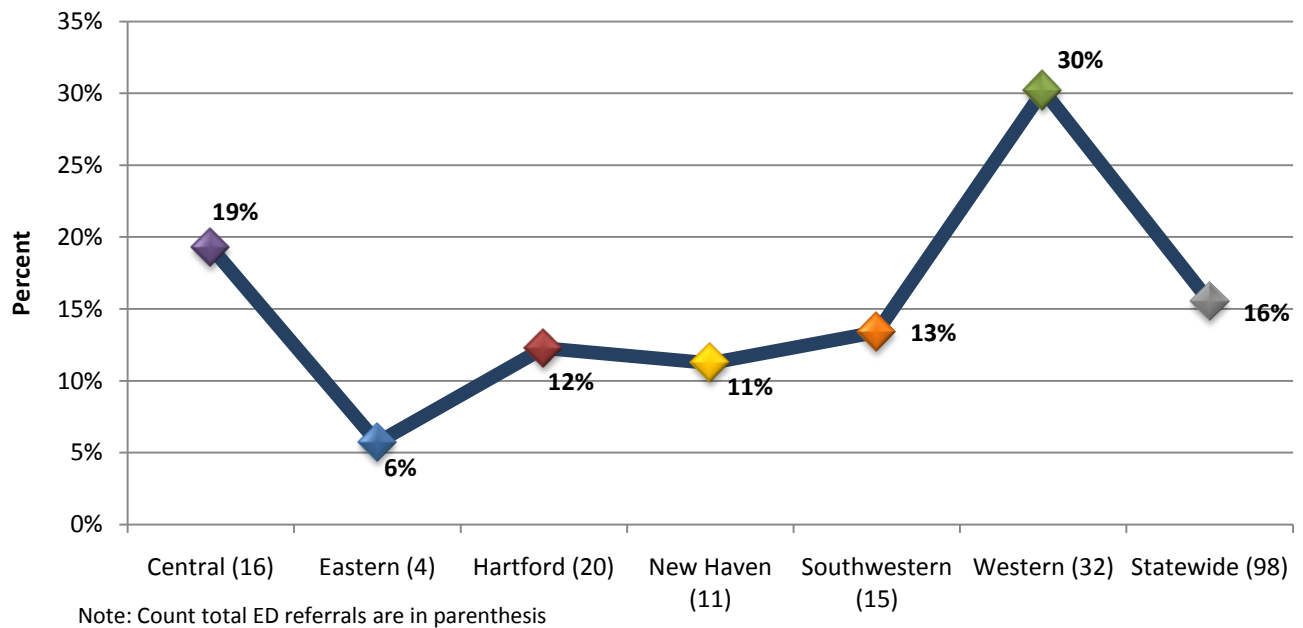
## Section V: Emergency Department Referral Type

Figure 22. Count Type of ED Referral by Service Area (N=98)



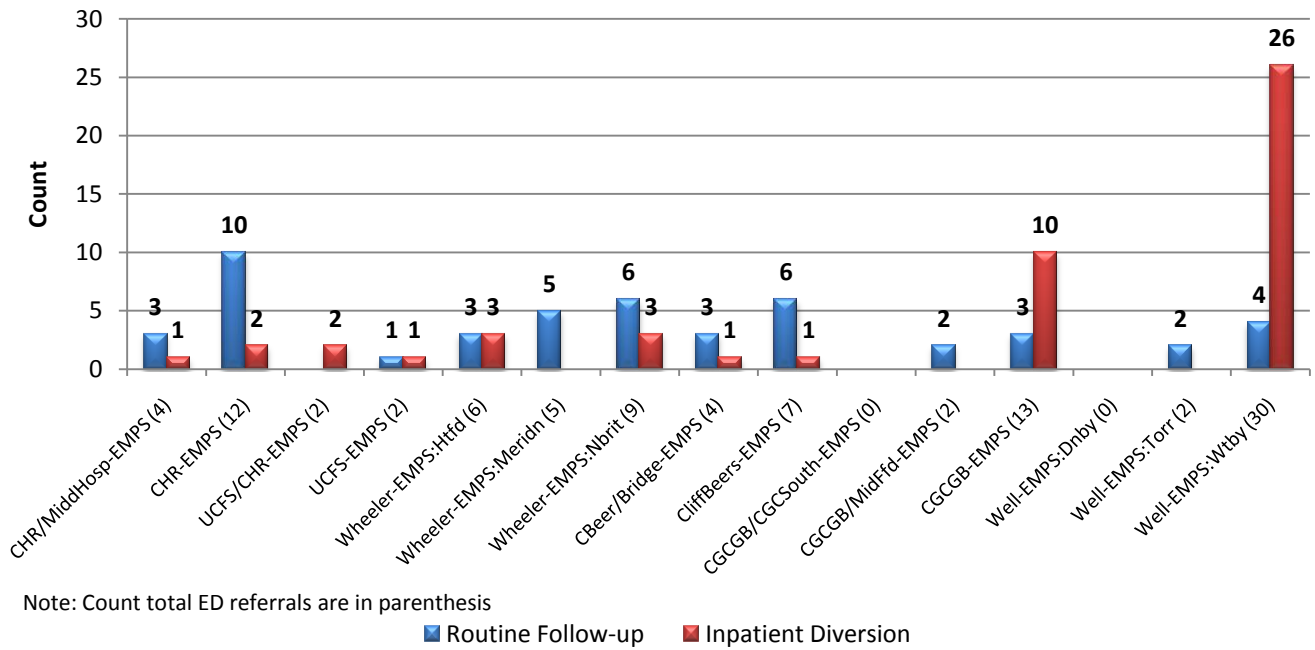
Calculation: Count for each type of ED referral by service area

Figure 23. Percent ED Referral (% Total EMPS Episodes) by Service Area



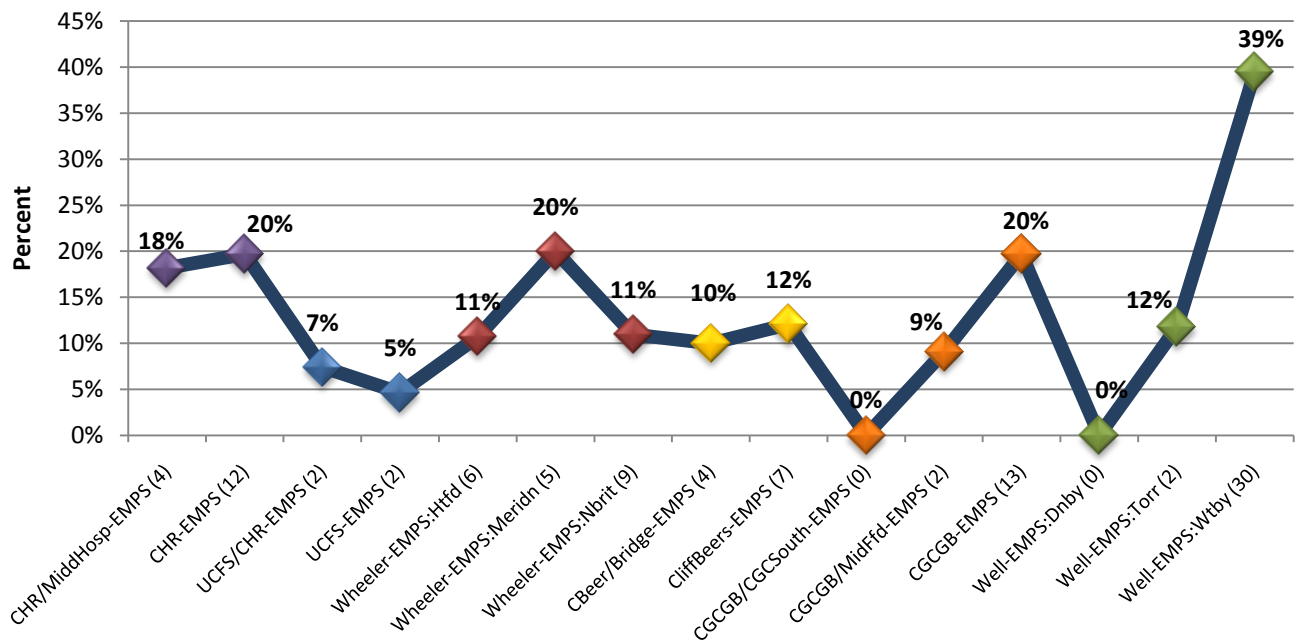
Calculation: Total ED referral per service area ÷ Total EMPS response episodes per service area\*(100)

**Figure 24. Count Type of ED Referral by Provider**



Calculation: Count for each type of ED referral by provider

**Figure 25. 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 June 2010, a total of 98 Emergency Department (ED) responses were recorded, including 48 for routine follow-up and 50 for inpatient diversion.
- The highest number of routine follow-up ED responses during the month of June was observed in the Hartford service area (14). The lowest number was in the Eastern service area (1). The highest number of inpatient diversion ED responses during the month was observed in the Western service area (26). The lowest number was in the New Haven service area (2).
- Statewide, about 16% of all episodes were ED responses in June, compared to 13% in March and 11% in April and May of 2010. By service area, the highest rates of ED responses as a percentage of total responses was observed in the Western region (30%). The lowest was observed in the Eastern (6%) service area.
- Among individual providers, the highest percentage of ED responses was observed at Wellpath-Waterbury (39% of all responses). At this site, 26 ED responses were Inpatient Diversions and 4 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 were two providers who reported zero ED referrals (Child Guidance of Southern CT and Wellpath-Danbury).

## 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
		<u>Discharged Episodes</u>									<u>Episodes Still in Care</u>								
		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	0.61	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/MidHosp-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%	50%	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 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	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 May 31, 2010 and episodes still in care as of May 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.

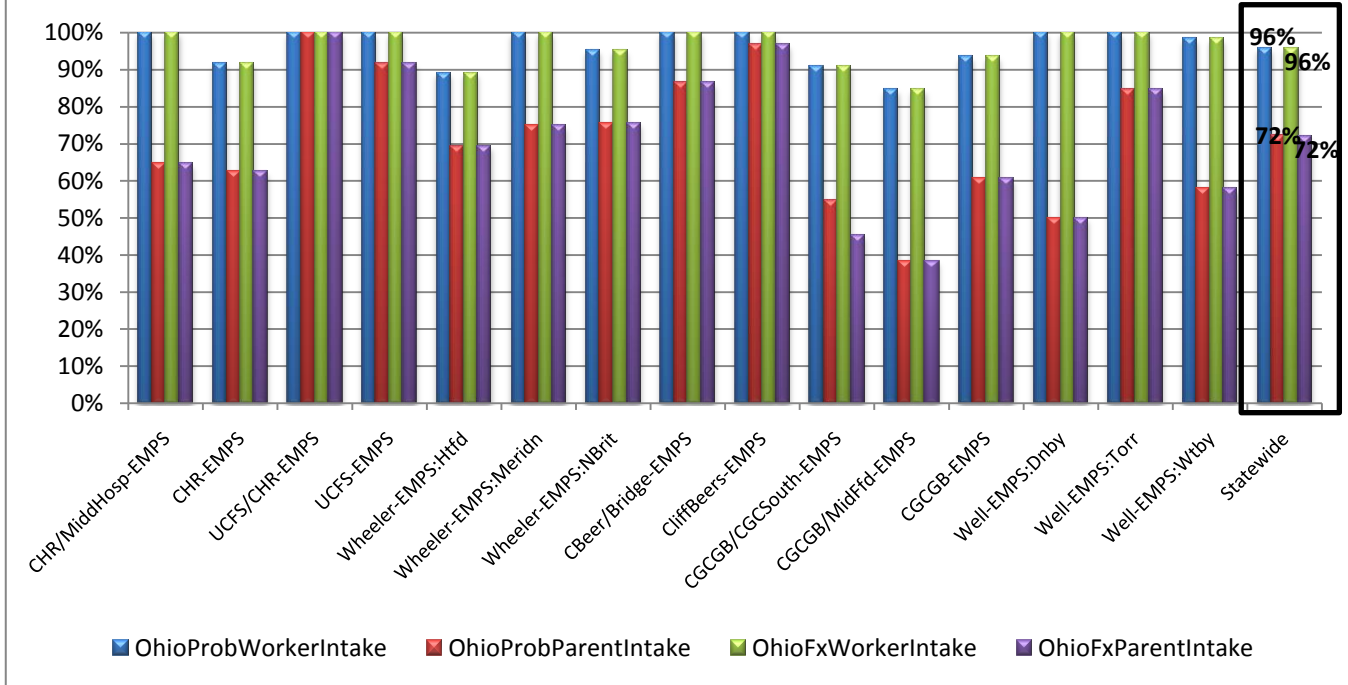
- Statewide, the mean LOS for **discharged episodes** of care with a Crisis Response of **Phone Only** was 0.61 days and five of six service areas averaged under 1 day, with the exception of Southwestern (1.08 days). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 5.77 days and 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 month, 8.5% of **Phone Only** episodes exceeded one day, 28.6% of **Face-to-face** episodes exceeded five days, and 11.6% of **Plus Stabilization Follow-up** episodes exceeded 45 days.

- 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.

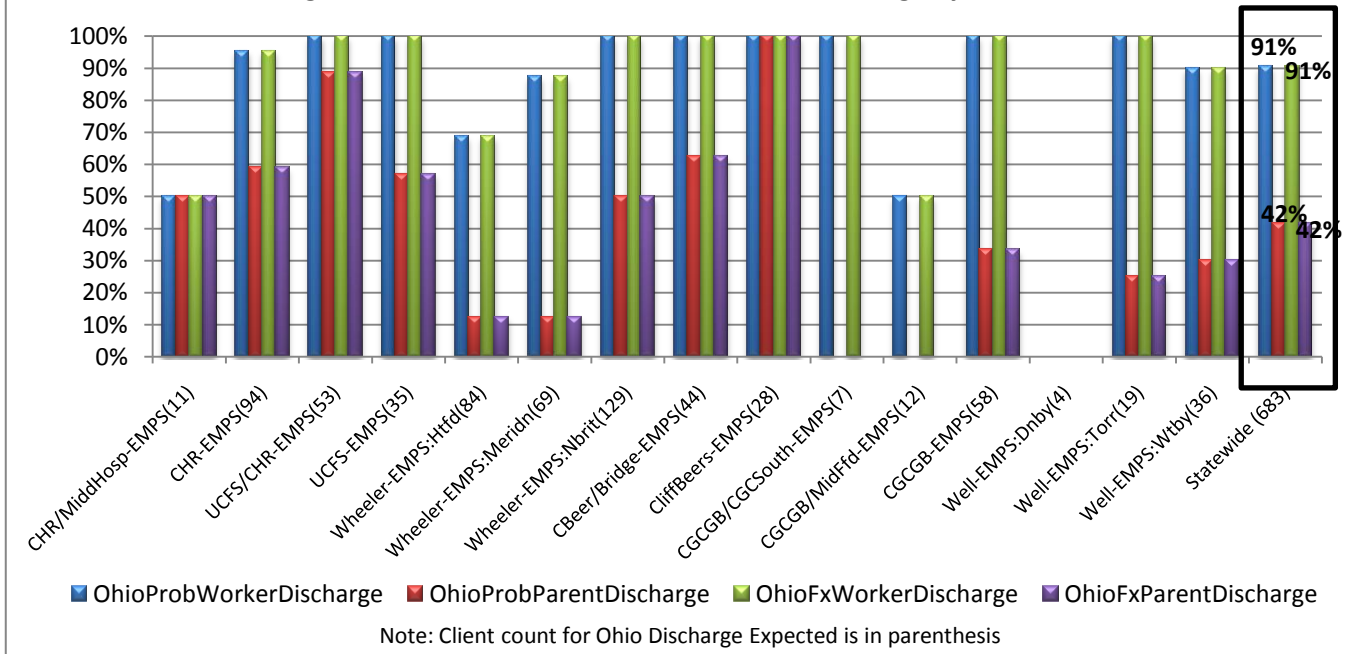
## Section XII: Data Quality Monitoring

**Figure 26. 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 27. 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%	97.4%	98.4%	99.5%
CHR/MiddHosp-EMPS	100%	100%	94%	50%	100%
CHR-EMPS	100%	100%	96%	100%	100.0%
UCFS/CHR-EMPS	100%	100%	100%	100%	100%
UCFS-EMPS	100%	100%	100%	100%	100%
Wheeler-EMPS:Htfd	100%	100%	100.0%	94%	98%
Wheeler-EMPS:Meridn	100%	100%	100.0%	100%	100%
Wheeler-EMPS:NBrit	100%	100%	97%	100%	98%
CBeer/Bridge-EMPS	100%	100%	94.3%	100.0%	100%
CliffBeers-EMPS	100%	100%	100%	100%	100%
CGCGB/CGCSouth-EMPS	100%	100%	87%	100%	100.0%
CGCGB/MidFfd-EMPS	100%	100%	87.5%	100.0%	100.0%
CGCGB-EMPS	100%	100%	97%	100%	100.0%
Well-EMPS:Dnby	100%	100%	100%		100%
Well-EMPS:Torr	100%	100%	100%	100%	100.0%
Well-EMPS:Wtby	100%	100%	100%	100%	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

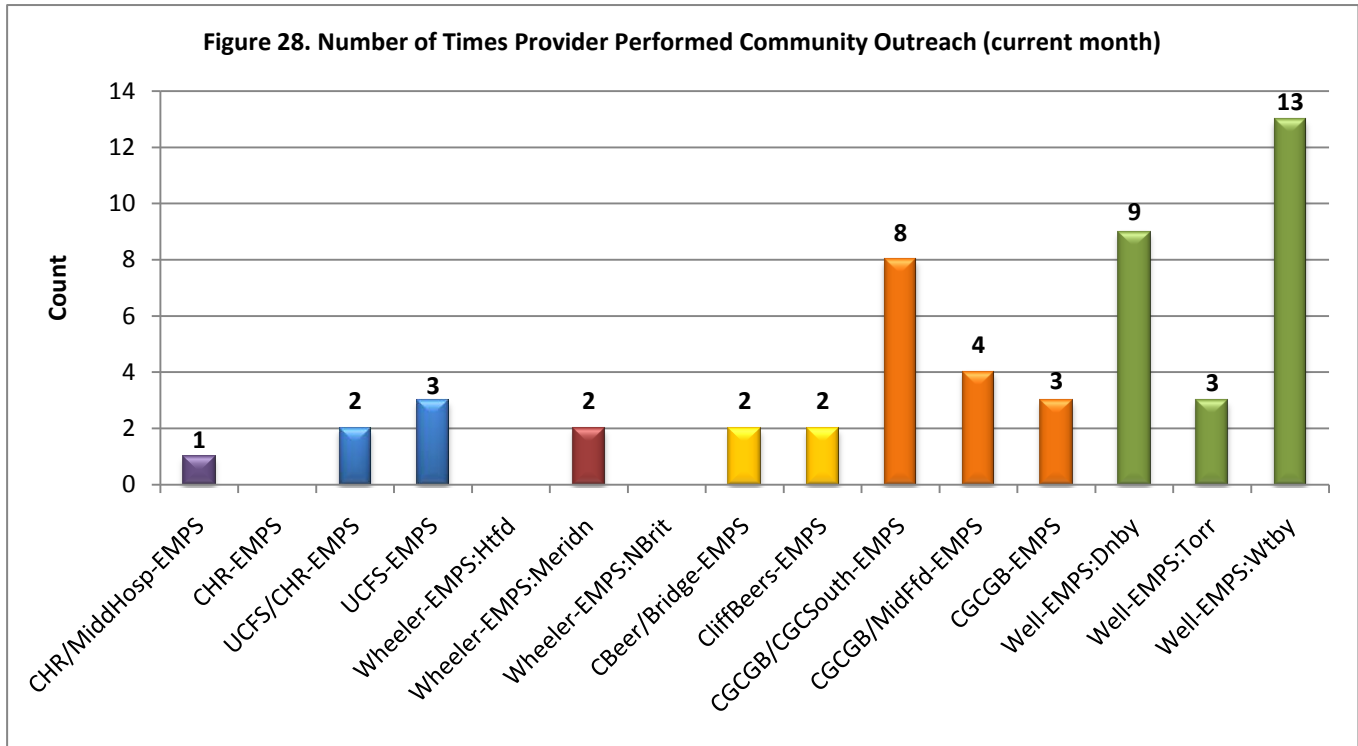
**% Living Situation at Discharge Calculation:** (Count number of episodes with data reported for "LivingSituationDischarge" where IsCrisisResponseOnly is stabilization and follow-up and with an episode end date ÷ Total number of episodes where "IsCrisisResponseOnly" is stabilization follow-up AND has 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 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 (96%), Parent Problem Scale (72%), Worker Functioning Scale (96%), Parent Functioning Scale (72%).
- The statewide completion rate for **discharge** Ohio Scales this month were as follows: Worker Problem Scale (91%), Parent Problem Scale (42%), Worker Functioning Scale (91%), Parent Functioning Scale (42%). 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. Both "211 Call Date Time" and "First Contact Date Time" were 100% complete. The statewide average completion rate for the TANF variable was 97.4% and provider completion ranged from 87% (Child Guidance of Southern CT) to 100% for eight providers. The statewide completion rate for "Living Situation at Discharge" was 98.4% and provider completion ranged from 50% (Middlesex Hospital) to 100% for 12 providers. For the Crisis Response variable the completion rate statewide was 99.5%. The rate of completion for individual providers ranged from 98% (Wheeler-New Britain and Wheeler-Hartford) to 100% for 13 of the providers.

## Section VIII: Community Outreach Efforts



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

### **Section VIII: 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)
- 7 of 10 providers met the requirements of 2 outreaches in June.
- 1 (Wellpath-Danbury) of 5 lower-volume providers met the requirements of 4 outreaches in June.

# **Appendix A: Narrative Description of Calculations**

## ***Section I: Primary EMPS Performance Indicators***

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- 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 lunch<sup>1</sup>. 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 lunch<sup>1</sup> 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***

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- 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***

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- Figure 12 is a count of the 211 disposition of EMPS response mode (i.e., mobile, non-mobile, deferred mobile) by provider .
- Figure 13 is contrasted by Figure 12 that shows a count of the actual EMPS response mode (i.e., mobile, non-mobile, deferred mobile) 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*

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- Figure 16 is the same graph as shown in Figure 6.
- Figure 17 uses the same calculation as Figure 6 but shows the percent of mobile episodes with response time under 45 minutes by provider.
- Figure 18 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 19 uses the same calculation as Figure 18 but is categorized by provider.
- Figure 20 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

## *Section V: Emergency Department Referral Type*

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- Figure 22 counts the number of ED referrals (i.e., routine follow-up or in-patient diversion) by service area.
- Figure 23 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 24 and 25 use the same calculation as 22 and 23 respectively, but is brokedown by provider.

## *Section VI: Length of Stay*

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- 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 April 30, 2010 and episodes still in care as of April 30, 2010.

## *Section VII: Data Quality Monitoring*

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- Figure 26 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 27 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*

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- Figure 28 is a count of the number of times a provider performed community outreach during the current month.