

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

# **Quarter 3: Fiscal Year 2010**

## January 2010 - March 2010





United Way of Connecticut





Updated 5/25/2010

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## Section I: Primary EMPS Performance Indicators and Monthly Trends

Calculation: Total number of episodes for Call Type categories



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



Calculation: Total number of episodes where 211 disposition is 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 follow-up\*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 by month and 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



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 2104 episodes of care in Quarter 3 of FY10 (Jan - Mar 2010). This was up from the previous quarter (Q2FY10; N=1728) by 376 episodes. Annual projections of episode volume based on Q3FY10 would result in 8412 episodes, although actual episode volume is expected to fluctuate month to month.

• The Hartford region continues to generate the highest number of episodes (606). The lowest EMPS utilization was observed in the Eastern region (198 episodes).

• Since data collection began in September 2009, there has been a steady increase in episode volume for all regions, with March 2010 showing the largest increase in episode volume from the previous month for 5 of the 6 regions.

• The statewide average penetration rate, adjusted for total statewide child population, was 2.52 episodes per 1,000 children. This is up from 2.07 per 1,000 children in the previous quarter. Figure 4 shows the monthly increase in number served since September 2009 that parallels the increase in episode volume over that same period.

• The Hartford region had the highest penetration rate in Q3FY10 at 3.7 per 1,000 children. The lowest penetration rate was observed in the Eastern region at 2.04 per 1,000 children.

• We are now using the TANF eligible variable along with the number of children who are eligible for free or reduced lunch to calculate the number of children served who are in poverty. The criteria used to determine a family's eligibility are very similar for both TANF and free or reduced lunch (view the "Eligibility Manual for School Meals" at <a href="http://www.fns.usda.gov/cnd/Lunch/">http://www.fns.usda.gov/cnd/Lunch/</a>). The old calculation was the number EMPS episodes in the service area multiplied by 1,000 divided by the total number children eligible for free or reduced lunch in the service area.

• The statewide average penetration rate for number of children in poverty per 1,000 children was 4.67. The highest penetration rate as a function of total number of children in poverty were observed in the Hartford (7.42) region. The lowest penetration rates were observed in the Western (1.39) region.

• Statewide, the average mobility rate was 82.9%, up from 80.4% during the previous quarter. The highest mobility rates were observed in the Eastern (90.8%) region, which was the only region to meet the pre-established benchmark of 90%, with the Hartford region just below this benchmark with 89.3%. The lowest mobility rates were observed in the New Haven (75.0%) and the Western (74.5%) regions.

• The percentage of mobile responses that took place in 45 minutes or less ranged from 34% (Western) to 87% (Eastern) with a statewide average of 58%. The statewide average showed a 15% improvement from the previous quarter (43%), however, additional performance improvement work is required in this area as is continued refinement of PSDCRS data to ensure completeness

## **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 5 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 2667 calls were received by the Call Center in the third quarter, an increase in total call volume of 469 calls compared to the second quarter (2198 calls). The overall call volume of 2667 calls this quarter suggests annual call volume of just over 10,600 calls; although actual total calls are expected to fluctuate each month.

• Of the 2667 EMPS calls during the third quarter, 563 calls (21%) were coded as "211 only." Another 244 calls (9%) 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 1860 calls (70%) were calls received by 211 and routed to an EMPS provider.

• Figure 12 shows that the number of 211 recommended EMPS referrals rose continuously since data collection began in September 2009, while registered calls decreased and leveled off during the third quarter, and 211 only calls increased slightly during the third quarter from 166 in December 2009 to 249 in March 2010. The largest increase in 211 EMPS referrals occurred in the third quarter, from 442 211 EMPS referrals in December 2009 to 779 211 EMPS referrals in March 2010 (a 76% increase).

• In terms of 211 Dispositions, of the 2667 total calls, 2109 (79%) were coded as EMPS Response, 235 (9%) were coded as "crisis response follow-up," 189 calls (7%) were coded as "transfer for follow-up," 115 calls (4%) were coded as "I&R", and 19 calls (1%) were coded as "911."

• Among individual providers, the highest number of total episodes during the third quarter were generated by: Wheeler-New Britain (277 episodes), Wellpath-Waterbury (260 episodes) and Wheeler-Hartford (250 episodes). The lowest call volume was observed in Wellpath-Torrington (37 episodes).

• The 211 Disposition of EMPS Response includes 5 episodes with no designated provider. These calls were still pending at 211, which means they had not yet been accepted by the provider.

• The percentages for the Crisis Responses statewide were 19% Phone Only, 42% Face-to-face and 39% for Plus Stabilization Follow-up.

• Generally, the lowest percentage of calls in each service area were those with a Crisis Response of Phone Only which ranged from 14% (Eastern) to 25% (New Haven). The Western service area was an exception to this, with a lower percentage for Plus Stabilization Follow-up (17%) than for Phone Only (23%).

• The Phone Only Crisis Response was the lowest percentage for 10 of the 15 individual providers with the lowest at 9% (Wheeler-New Britain, Bridges and Bridgeport Child Guidance) and the highest of these at 29% (Child Guidance of Southern CT). Middlesex Hospital was lowest for the Crisis Response of Plus Stabilization Follow-up (11%) as wereWellpath-Danbury (19%) and Wellpath-Waterbury (15%). Two providers, Wheeler-Meriden (18%) and Wellpath-Torrington (25%) where the lowest percentage was Face-to-face Crisis Responses.

• Providers reporting a high percentage of phone only episodes compared to face-to-face and plus stabilization follow-up in some cases tend to also exhibit a lower mobility percentage (see Figure 30). Thus reducing the number of phone only episodes may increase overall mobility percentage.

## **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, ethnic, and racial backgrounds.

• Slightly more than one half (52.7%) of children served were boys and 47.3% were girls.

• Approximately 33.7% of youth served were 16 to 18 years old, 33.6% were 13 to 15 years old, 21.7% were nine to twelve years old, and 8% were six to eight years old.

• A total of 31.4% of youth served were of Hispanic ethnicity. This includes 17.7% of Hispanic/Latino ethnicity, 11.5% of Puerto Rican ethnicity, and 2.2% of other Hispanic ethnic backgrounds.

• Most children served were Caucasian (62.5%), 22.4% were African-American or Black, 1.4% were Asian, 0.5% were American Indian/Alaska Native, 0.3% were Native Hawaiian/Pacific Islander and 12.7% 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)



Calculation: Count of referral source category by service area ÷ Total number of referral source responses\*(100) \*\*Other referral sources (statewide average): Family Advocate (0.2%); Info-Line 211 (1.0%); Other Program within agency (1.9%); CTBHP/Insurer (0.0%); Probation/Court (1.8%); Psychiatric Hospital (0.7%); Congregate Care Facility (1.0%); Foster Parent (1.4%); Police (0.1%); Physician (0.7%)

			Other		
	Self/Family	School	provider	ED	DCF
<u>Statewide</u>	37.3%	33.8%	3.5%	13.1%	3.4%
Central	42.5%	22.9%	5.0%	15.3%	4.7%
CHR/MiddHosp-EMPS	41.7%	27.1%	5.2%	16.7%	1.0%
CHR-EMPS	42.9%	21.0%	4.9%	14.6%	6.3%
Eastern	42.9%	33.8%	4.0%	10.1%	2.0%
UCFS/CHR-EMPS	37.0%	40.7%	3.7%	8.6%	2.5%
UCFS-EMPS	47.0%	29.1%	4.3%	11.1%	1.7%
Hartford	33.2%	38.3%	3.8%	10.4%	5.1%
Wheeler-EMPS:Htfd	22.9%	50.2%	4.8%	10.8%	2.4%
Wheeler-EMPS:Meridn	32.9%	45.6%	1.3%	13.9%	3.8%
Wheeler-EMPS:NBrit	42.6%	25.6%	3.6%	9.0%	7.9%
New Haven	43.8%	33.6%	3.4%	9.1%	1.5%
CBeer/Bridge-EMPS	43.7%	33.3%	3.4%	11.5%	1.1%
CliffBeers-EMPS	43.8%	33.7%	3.4%	7.9%	1.7%
Southwestern	38.8%	38.2%	2.5%	8.3%	3.6%
CGCGB/CGCSouth-EMPS	33.3%	39.3%	4.8%	1.2%	1.2%
CGCGB/MidFfd-EMPS	59.2%	25.0%	3.9%	1.3%	2.6%
CGCGB-EMPS	33.3%	42.8%	1.0%	13.9%	5.0%
Western	30.3%	30.9%	2.8%	25.3%	1.7%
Well-EMPS:Dnby	41.8%	44.8%	0.0%	1.5%	0.0%
Well-EMPS:Torr	50.0%	19.4%	8.3%	5.6%	5.6%
Well-EMPS:Wtby	24.6%	28.8%	2.7%	34.2%	1.5%

#### Table 1. Top Five Referral Sources by Service Area and Provider (Current Quarter)

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

#### Section IV Summary:

• Self/Family (37.3%) and School (33.8%) accounted for the top two referral sources statewide, followed by Emergency Department (13.1%). Self/Family referrals increased from 33.4% and school referrals decreased from 34.5% 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 4.2% of their referrals from Emergency Departments.

• CHR/Middlesex Hospital also received a number of referrals from Emergency Department (16.7%), although schools (27.1%) and Self/Family (41.7%) referrals remained the two most common referral sources.

•Other community provider referrals decreased from 6.1% in the second quarter to 3.4% in the third quarter.

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## **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 the third quarter, a total of 275 Emergency Department (ED) responses were recorded, including 122 for routine follow-up and 153 for inpatient diversion.

• The highest number of routine follow-up ED responses during the third quarter was observed in the Hartford service area (43). The lowest number was in the Eastern service area (8). The highest number of inpatient diversion ED responses during the month was observed in the Western service area (80). The lowest number was in the New Haven service area (7).

• Statewide, about 13% of all episodes were ED responses, up 1% from the second quarter. Regionally, the highest rates of ED reponses as a percentage of total responses was observed in the Western region (25%). The lowest was observed in the Southwestern (8%) service area though both regions increased this percentage compared to the second quarter.

• Among individual providers, the highest perecentage of ED responses was observed at Wellpath-Waterbury (34% of all responses). At this site, 78 ED responses were Inpatient Diversions and 11 ED responses were for Routine Follow-Up.

• Bridgeport Child Guidance, Wellpath-Waterbury, MidFairfield Child Guidance, United Community and Family Services, and Wheeler-New Britain all reported a larger number of Inpatient Diversion responses than Routine Follow-Up responses. Wellpath-Danbury and MidFairfield Child Guidance reported no ED routine follow-up calls. The only site that reported no ED inpatient diversion cases was Child Guidance of Southern CT.

## Section VI: 211 Recommendations and EMPS Response



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



Calculation: Count total episodes with a mobile EMPS response



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



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

#### **Section VI Summary**

• Figures 27 & 28 review total counts of various EMPS response types, including mobile, nonmobile, and deferred mobile responses, according to 211 recommended responses and actual EMPS provider responses.

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

• Statewide, the average mobility rate was 82.9%. The highest mobility rates were observed in the Eastern (90.8%) and Hartford (89.3%) service areas. The Eastern service area was the only oneto meet the pre-established benchmark of 90%. The lowest mobility rate was observed in the Western service area (74.5%).

•Mobility percentages among providers ranged from 60% (CHild Guidance of Southern CT and Wellpath-Torrington) to 95% (Wheeler-New Britain).

•As noted in Section II, providers with the lowest mobility percent also tended to have the highest percent of phone only episodes, which likely decreased their overall mobility rate.

## 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**

• Across the statewide network, 58% of all EMPS responses occurred in less than 45 minutes from the time the call initially was received. The number of cases that meet the goal has gone up 15% from the second quarter (October to December 2009).

• Achievement of the 45 minute benchmark varied among regions from 34% (Western) to 87% (Eastern). Acheivement of the 45 minute benchmark also varied among individual providers from 17% (Wellpath-Danbury) to 93% (UCFS).

• The statewide median mobile response time was 35 minutes. Five of six regions had a median mobile response time under 45 minutes with the remaining region demonstrating a median mobile response time of 46 minutes. Median mobile response times among individual providers ranged from 18 minutes (CHR-Middlesex Hospital) to 91minutes (Wellpath-Danbury).

• The statewide median deferred mobile response time was 4.5 hours, and ranged by region from 3.6 hours (Eastern) to 9.9 hours (Western ). Among individual providers the median deferred mobile response times ranged from 2.1 hours (Child Guidance of Southern CT) to 21.8 hours (Wellpath-Waterbury).

• 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 across providers and will be investigated further in future reports.

## Section VIII: Length of Stay and Living Situation at Discharge

Table 2. 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										
	Discharged Episodes								Episodes Still in Care										
			Mean		Median Percent				Mean		Median			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	0.79	5.36	21.86	0	2	19	9.5%	27.1%	6.0%	20.7	27.1	20.7	17	20	16	97%	84%	11%
2	Central	0.93	3.10	24.91	0	1	20	11.1%	13.9%	12.8%	28.7	37.9	24.2	29	28.5	22	100%	90%	16%
3	CHR/MiddHosp-EMPS	0.49	1.29	5.09	0	0	3	8.6%	3.4%	0.0%			1.0			1			0%
4	CHR-EMPS	1.74	11.31	28.16	0	8	29	15.8%	61.5%	14.9%	28.7	37.9	24.7	29	28.5	22.5	100%	90%	17%
5	Eastern	0.46	3.70	20.70	0	2	19	7.1%	6.8%	3.4%	16.0	6.0	9.5	16	6	6	100%	100%	0%
6	UCFS/CHR-EMPS	0.00	6.40	24.15	0	0	23	0.0%	20.0%	5.8%	16.0		8.6	16		6	100%		0%
7	UCFS-EMPS	0.62	3.00	15.84	0	3	13	9.5%	3.4%	0.0%		6.0	11.4		6	7		100%	0%
8	Hartford	0.69	4.43	22.83	0	3	19	12.7%	23.7%	7.6%	10.8	14.4	20.9	8	12	17.5	75%	81%	9%
9	Wheeler-EMPS:Htfd	0.96	4.94	21.06	0	4	18	20.4%	31.7%	4.5%	10.8	18.0	21.3	8	16	21	75%	89%	0%
10	Wheeler-EMPS:Meridn	0.70	3.25	19.79	0	2	15	10.0%	18.8%	5.3%			19.8			19			8%
11	Wheeler-EMPS:NBrit	0.14	4.11	25.69	0	2	21	0.0%	15.5%	11.5%		9.7	20.9		7	16		71%	11%
12	New Haven	0.73	8.25	23.20	0	6	21	8.1%	52.9%	1.1%	19.9	25.7	6.8	19	15	5	100%	100%	0%
13	CBeer/Bridge-EMPS	12.00	5.62	24.21	12	1	27	50.0%	31.0%	0.0%	21.3	31.0	7.1	13.5	31	8	100%	100%	0%
14	CliffBeers-EMPS	0.35	9.29	22.20	0	7	18	6.7%	61.6%	2.3%	17.0	15.0	6.2	19	15	3	100%	100%	0%
15	Southwestern	1.22	6.32	17.74	0	1	14	10.0%	30.5%	4.1%	18.0	16.1	25.2	18	15	19	100%	77%	20%
16	CGCGB/CGCSouth-EMPS	0.75	1.35	28.33	0	0	27	4.2%	11.8%	11.1%	34.0	21.0	40.1	34	21	31.5	100%	100%	38%
17	CGCGB/MidFfd-EMPS	0.78	3.38	13.11	0	1	12	16.7%	18.8%	3.6%		53.0	36.0		53	37		100%	50%
18	CGCGB-EMPS	2.28	8.75	18.69	0	2.5	18	11.1%	39.8%	2.8%	2.0	14.0	11.7	2	13.5	8	100%	75%	0%
19	Western	0.68	5.27	18.57	0	1	16	6.5%	26.2%	3.9%	17.5	9.8	19.3	17.5	6.5	18	100%	63%	0%
20	Well-EMPS:Dnby	1.50	12.33	11.62	0	6	9	8.3%	50.0%	0.0%		5.5			3.5			25%	
21	Well-EMPS:Torr	0.35	6.33	17.00	0	6	16	5.0%	55.6%	0.0%	19.0		23.0	19		23	100%		0%
22	Well-EMPS:Wtby	0.41	4.05	22.17	0	0	19	6.1%	20.9%	6.9%	16.0	14.0	18.5	16	7	18	100%	100%	0%

#### **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

		Α	В	С	D	Е	F	G	Н	Ι	J	К	L	
		Discharged Episodes						Episodes Still in Care						
		N used	N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTE > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTE > 5	Stab. > 45	
1	Statewide	399	811	601	38	220	36	29	109	233	28	92	25	
2	Central	54	72	78	6	10	10	9	58	43	9	52	7	
3	CHR/MiddHosp-EMPS	35	59	11	3	2	0	0	0	1	0	0	0	
4	CHR-EMPS	19	13	67	3	8	10	9	58	42	9	52	7	
5	Eastern	28	73	89	2	5	3	3	2	15	3	2	0	
6	UCFS/CHR-EMPS	7	15	52	0	3	3	3	0	10	3	0	0	
7	UCFS-EMPS	21	58	37	2	2	0	0	2	5	0	2	0	
8	Hartford	102	169	223	13	40	17	4	16	110	3	13	10	
9	Wheeler-EMPS:Htfd	54	82	89	11	26	4	4	9	17	3	8	0	
10	Wheeler-EMPS:Meridn	20	16	38	2	3	2	0	0	13	0	0	1	
11	Wheeler-EMPS:NBrit	28	71	96	0	11	11	0	7	80	0	5	9	
12	New Haven	62	102	87	5	54	1	9	3	12	9	3	0	
13	CBeer/Bridge-EMPS	2	29	43	1	9	0	6	2	7	6	2	0	
14	CliffBeers-EMPS	60	73	44	4	45	1	3	1	5	3	1	0	
15	Southwestern	60	174	73	6	53	3	2	22	41	2	17	8	
16	CGCGB/CGCSouth-EMPS	24	34	9	1	4	1	1	1	16	1	1	6	
17	CGCGB/MidFfd-EMPS	18	32	28	3	6	1	0	1	4	0	1	2	
18	CGCGB-EMPS	18	108	36	2	43	1	1	20	21	1	15	0	
19	Western	93	221	51	6	58	2	2	8	12	2	5	0	
20	Well-EMPS:Dnby	24	30	13	2	15	0	0	4	0	0	1	0	
21	Well-EMPS:Torr	20	9	9	1	5	0	1	0	2	1	0	0	
22	Well-EMPS:Wtby	49	182	29	3	38	2	1	4	10	1	4	0	

#### **Definitions:**

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

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



Calculation: Count of episodes with a Crisis Response of "Plus Stabilization follow-up" where the Living Situation at Discharge is "Private Residence" 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)



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)

Table 4. Living Situation at Discharge Percent by Provider

P.	lori ro	0			Tro I			Ho	Trans.	
Nore	ately A		o <sub>st</sub>	to, tist	S P Saturner	Ro		in the	es strio	23,
	eside licel	ier ho	EF HO	UD HO.	leside Tra	siden.	Hospi A	ci, ctio	-snet	House
	9 <sup>37</sup>	Rey Tre	-Me	-Me	<sup>n</sup> ce	110 (3)	181	112 731	1. Contraction of the second s	1/20
CHR/MiddHosp-										
EMPS	90%	0%	0%	10%	0%	0%	0%	0%	0%	0%
CHR-EMPS	91%	0%	6%	3%	0%	0%	0%	0%	0%	0%
UCFS/CHR-										
EMPS	94%	0%	4%	0%	0%	0%	2%	0%	0%	0%
UCFS-EMPS	95%	0%	0%	5%	0%	0%	0%	0%	0%	0%
Wheeler-										
EMPS:Htfd	98%	1%	1%	0%	0%	0%	0%	0%	0%	0%
Wheeler-										
EMPS:Meridn	94%	0%	0%	3%	0%	0%	0%	0%	3%	0%
Wheeler-										
EMPS:NBrit	93%	0%	6%	1%	0%	0%	0%	0%	0%	0%
CBeer/Bridge-										
EMPS	95%	0%	2%	0%	2%	0%	0%	0%	0%	0%
CliffBeers-										
EMPS	93%	0%	0%	2%	2%	0%	2%	0%	0%	0%
CGCGB/CGCSou										
th-EMPS	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
CGCGB/MidFfd-										
EMPS	96%	0%	0%	0%	0%	4%	0%	0%	0%	0%
CGCGB-EMPS	86%	0%	8%	0%	0%	0%	0%	0%	6%	0%
Well-										
EMPS:Dnby	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Well-EMPS:Torr	78%	0%	0%	11%	0%	0%	0%	0%	11%	0%
Well-										
EMPS:Wtby	96%	0%	0%	0%	4%	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 (LOS) table shows the 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.

• Statewide, the mean LOS for **discharged episodes** of care with a Crisis Response of **Phone Only** was 0.79 days and all service areas averaged under 1 day, with the exception of Southwestern (1.22 days). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 5.36 days and ranged from 3.1 days (Central) to 8.25 days (New Haven). For the **Plus stabilization Follow-up** Crisis Response, the statewide mean LOS was 21.86 days with a range from 17.74 (Southwestern) to 24.91 days (Central).

• Statewide, the mean LOS for **open episodes** of care with a Crisis Response of **Phone Only** was 20.7 days and ranged from 10.8 (Hartford) to 28.7 (Central). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 27.1 days and ranged from 6 days (Eastern) to 37.9 days (Central). For the **Plus stabilization Follow-up** Crisis Response, the statewide mean LOS was 20.7 days with a range from 6.8 (New Haven) to 25.2 days (Southwestern).

• The overwhelming majority of clients lived in a private residence at discharge from EMPS (94%)

• The percentage of clients living in private residence as reported by individual provider sites ranged from 78% to 100%.

• The second most common living situation at discharge was a DCF Foster Home (3% statewide) followed by Group Home (2%) and Homeless/Shelter and Crisis Residence at 1% each. Living situation at discharge varied by provider and region.

• Children living in DCF Foster Homes and Group Homes at discharge were reported most often in the Central and Southwestern region. Among individual providers, the highest percentages for living situation at discharge in a DCF Foster Home were Community Health Resources-Manchester and Bridgeport Child Guidance (6% and 8% respectively).

• Living in a Group Home at discharge was reported most often by Middlesex Hospital at 10% and Wellpath-Torrington at 11%.

• Living in a Homeless/Shelter at discharge was reported most often by Wellpath-Torrington (11%).

## Section IX: Ohio Scales Outcomes

#### Table 4. 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)	
Central								-	
Parent Functioning Score	172	35.80	51	43.71	56	41.34	41.41	0.07	
Worker Functioning Score	226	41.67	66	45.24	72	44.71	44.57	-0.14	
Parent Problem Score	172	25.17	52	24.90	56	26.77	24.88	-1.89 †	
Worker Problem Score	226	24.60	66	21.67	72	22.63	22.71	0.08	
Eastern									
Parent Functioning Score	154	40.77	68	48.40	65	43.74	47.66	3.92 *	
Worker Functioning Score	168	41.37	86	47.34	86	43.28	47.34	4.06 **	
Parent Problem Score	158	32.23	68	21.19	67	30.42	21.49	-8.93 **	
Worker Problem Score	168	34.97	86	26.42	86	34.84	26.42	-8.42 **	
Hartford									
Parent Functioning Score	390	43.50	119	48.37	115	46.09	48.28	2.19 **	
Worker Functioning Score	494	42.42	213	46.06	213	43.3	46.17	2.87 **	
Parent Problem Score	394	28.95	120	23.23	116	27.21	23.3	-3.91 **	
Worker Problem Score	494	32.48	214	27.17	214	31.25	27.18	-4.07 **	
New Haven									
Parent Functioning Score	171	43.02	62	50.11	42	42.55	48.12	5.57 **	
Worker Functioning Score	178	43.02	80	48.11	51	42.39	44.75	2.36	
Parent Problem Score	171	26.84	63	18.24	42	25.64	18	-7.64 **	
Worker Problem Score	178	30.15	80	21.55	51	29.82	22.43	-7.39 **	
Southwestern									
Parent Functioning Score	152	37.15	17	21.00	15	33.87	33.2	-0.67	
Worker Functioning Score	248	39.93	50	45.18	52	42.35	45.33	2.98 *	
Parent Problem Score	160	24.25	17	21.00	15	20.13	21.87	1.74	
Worker Problem Score	249	29.48	51	27.73	53	30.02	27.21	-2.81 *	
Western									
Parent Functioning Score	168	36.68	17	41.47	15	34.47	47	12.53 *	
Worker Functioning Score	241	45.79	24	54.13	24	48.04	54.88	6.84 *	
Parent Problem Score	170	22.17	17	21.82	15	23.73	24.73	1	
Worker Problem Score	242	26.74	24	20.08	24	21.33	19.08	-2.25	
Statewide									
Parent Functioning Score	1207	40.23	334	46.24	332	43.23	46.71	3.48 **	
Worker Functioning Score	1555	42.39	519	46.77	533	43.69	46.8	3.11 **	
Parent Problem Score	1225	26.98	337	21.96	336	27.37	22.24	-5.13 **	
Worker Problem Score	1557	29.96	521	25.21	535	29.95	25.26	-4.69 **	

**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

<sup>+</sup>.05-.10

\* P < .05

\*\*P<.01

#### Section IX Summary:

• The statewide average score for parent-reported youth functioning at intake and discharge was 40.23 (n=1207) and 46.24 (n=334), respectively. The worker reported functioning score at intake and discharge was 42.39 (n=1555) and 46.77 (n=519), respectively. These data indicate that youth were, on average, within the clinical range of impaired functioning (<50) at intake and discharge from EMPS.

• Likewise, the statewide average parent-reported problem score at intake and discharge was 26.98 (*n*=1225) and 21.96 (*n*=337), respectively. The statewide average on worker-reported problem scores was 29.96 (*n*=1557) and 25.21 (*n*=521), respectively. These data indicate that youth were, on average, within the clinical range of problem behaviors (>20) at intake and discharge from EMPS.

• 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.

• For those clients who had completed intake and discharge Ohio Scale scores, the parent and worker-rated youth functioning score (n=332 and n=533) demonstrated statistically significant improvement. In addition, the parent -rated (n=336) and worker-rated (n=535) problem scores demonstrated statistically significant improvement from intake to discharge.

## **Section X: Client & Referral Source Satisfaction**

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

211 Items	Clients (n=27)	Referrers (n=29)
The 211 staff answered my call in a timely manner	4.45	4.63
The 211 staff was respectful	4.45	4.74
The 211 staff was knowledgeable	4.14	4.81
My phone call was quickly transferred to the EMPS provider	4.14	4.33
Sub-Total Mean: 211	4.29	4.47
EMPS Items		
EMPS responded to the crisis in a timely manner	4.31	4.63
The EMPS staff was respectful	4.79	4.74
The EMPS staff was knowledgeable	4.59	4.63
The EMPS staff spoke to me in a way that I understood	4.72	Х
The services or resources my child and/or family received were right for us	3.97	Х
The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS	х	3.93
Overall, I am very satisfied with the way that EMPS responded to the crisis	4.48	4.7
Sub-Total Mean: EMPS	4.63	4.53
Overall Mean Score	4.4	4.57

\* All items measured on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree) NOTES:

• Results are for clients and referrers served in Quarter 3

• Data collected by 211 in April 2010, in collaboration with PIC and DCF

• All subsequent satisfaction data will be collected on a monthly basis (e.g., data collection will begin in May for clients served in the month of April)

#### Section X Summary:

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

•Only one item was rated on average slightly below 4 ("agree") for clients: "The services or resources my child and/or family received were right for us" (mean = 3.97; n=27)

•Likewise, for referrers, only one item was rated on average slightly below 4 ("agree"): "The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS" (mean = 3.93, *n*=29)

## **Section XI: Training Adherence**



Calculation: Count of trainings attended within agency divided by total number of expected trainings attended Note: This information is cumulative, based on five training sessions starting in September of 2009.

#### Section XI Summary:

• The two training sessions held during the current quarter were:

**1.** "Assessing and Intervening with Suicidal and Self-Injurious Youth" on January 13, 2010 for Southern Cohort 1 (9am-12pm) and Southern Cohort 2 (1pm-4pm) which were rescheduled from Nov 20, 2009

**2.** "Traumatic Stress and Trauma Informed Care" on March 23, 2010 for Northern Cohort 1 and Southern Cohort 1

• The statewide average percent of trainings attended was 67% up from 61% in quarter two. The attendance percentages by provider ranged from 50% for UCFS-EMPS to 83% for Clifford Beers-EMPS.

## 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" 41

#### **Table 7. 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%	100%	100%	100%
CHR-EMPS	100%	100%	100%	100%	98.6%
UCFS/CHR-EMPS	100%	100%	100%	100%	100%
UCFS-EMPS	100%	100%	100%	100%	100%
Wheeler-EMPS:Htfd	100%	100%	99.0%	100%	100%
Wheeler-EMPS:Meridn	100%	100%	96.8%	100%	100%
Wheeler-EMPS:NBrit	100%	100%	100%	100%	100%
CBeer/Bridge-EMPS	100%	100%	98.7%	97.7%	100%
CliffBeers-EMPS	100%	100%	100%	100%	100%
CGCGB/CGCSouth-EMPS	100%	100%	100%	100%	98.8%
CGCGB/MidFfd-EMPS	100%	100%	91.4%	96.3%	96.2%
CGCGB-EMPS	100%	100%	100%	100%	99.0%
Well-EMPS:Dnby	100%	100%	100%	100%	100%
Well-EMPS:Torr	100%	100%	100%	100%	97.3%
Well-EMPS:Wtby	100%	100%	100%	100%	100%
Statewide	100%	100%	99.4%	99.7%	99.5%

**% 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 (75%), Worker Functioning Scale (95%), Parent Functioning Scale (74%).

• Completion of Ohio Scales at discharge was lower than completion rates of the Ohio Scales at intake. The statewide completion rate for **discharge** Ohio Scales this month were as follows: Worker Problem Scale (92%), Parent Problem Scale (59%), Worker Functioning Scale (92%), Parent Functioning Scale (59%).

• Among individual providers the completion rates for the **intake** Ohio Scales ranged from 76% (Child Guidance of Southern CT) to 100% (Community Health Resources - Mansfield) on the Worker Problem Scale, 51% (Child Guidance of Southern CT) to 100% (Clifford Beers) on the Parent Problem Scale, 75% (MidFairfield Child Guidance) to 100% (Community Health Resources - Mansfield) on the Worker Functioning Scale, and 25% (MidFairfield Child Guidance ) to 100% Clifford Beers) on the Parent Functioning Scale.

• Completion rates among individual providers for the **discharge** Ohio Scales ranged from 8% (Wellpath-Danbury) to 100% (Middlesex Hospital, Community Health Resources - Mansfield, Wheeler - Meriden, Bridges, Clifford Beers, and Bridgeport Child Guidance) on the Worker Problem Scale, 0% (Wellpath-Danbury) to 100% (Community Health Resources - Mansfield) on the Parent Problem Scale, 8% (Wellpath-Danbury) to 100% (Middlesex Hospital, Community Health Resources - Mansfield, Wheeler - Meriden, Bridges, Clifford Beers, and Bridgeport Child Guidance) on the Parent Problem Scale, 8% (Wellpath-Danbury) to 100% (Middlesex Hospital, Community Health Resources - Mansfield, Wheeler - Meriden, Bridges, Clifford Beers, and Bridgeport Child Guidance) on the Worker Functioning Scale, 0% (Wellpath-Danbury) to 100% (Community Health Resources - Mansfield) on the Parent Functioning Scale.

• Both the "211 Call Date Time" and "First Contact Date Time" variables were 100% complete. However, although these data elements were complete, they were not always found to be accurate.

• TANF is an important indicator for measuring the degree to which EMPS services are reaching low-income families. The statewide average completion rate for the TANF variable was 99.4% and provider completion ranged from 91.4% (MidFairfield Child Guidance) to 100% for 11 providers.

• Living Situation at Discharge is an important outcome indicator for EMPS services. The statewide completion rate for this variable was 99.7% and provider completion ranged from 96.3% (MidFairfield Child Guidance) to 100% for 13 providers.

• For the Crisis Response variable the completion rate statewide was 99.5%. The rate of completion for invividual providers ranged from 96.2% (MidFairfield Child Guidance) to 100% for 10 of the providers.

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

### Section I: Primary EMPS Performance Indicators and Monthly Trends

• Figure 1 tabulates the total number of calls by 211-only, 211-EMPS, or registered calls.

• Figure 2 and Figure 3 calculate the total number of EMPS episodes for the specified time frame for the designated service area or month.

•Figure 4 and Figure 5 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 6 and Figure 7 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 8 and Figure 9 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 10 and Figure 11 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 12 and Figure 13 tabulate the total number of calls by 211-only, 211-EMPS, or registered calls.

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

•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 15 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.

• Figures 22, 23 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 23 for the various categories.

### Section V: Emergency Department Referral Type

• Figure 24 counts the number of ED referrals (i.e., routine follow-up or in-patient diversion) by service area.

•Figure 25 calculates the percent of EMPS response episodes that are ED referrals by service area. This is calculated by counting the total number of ED referrals for the specified service area divided by the total number of EMPS response episodes for that service area .

•Figures 26 and 27 use the same calculation as 22 and 23 respectively, but is brokedown by provider.

### Section VI: 211 Recommendations and EMPS Response

•Figure 28 is a count of the 211 recommended response mode (i.e., mobile, non-mobile, deferred mobile) by provider .

• Figure 29 is contrasted by Figure 28 that shows a count of the actual EMPS response mode (i.e., mobile, non-mobile, deferred mobile) by provider.

• Figure 30 is the same graph as Figure 8.

•Figure 31 uses the same calculation as Figure 8 but shows the percent mobile response (mobile & deferred mobile) by provider.

### Section VII: Response Time

•Figure 32 is the same graph as shown in Figure 9.

• Figure 33 uses the same calculation as Figure 9 but shows the percent of mobile episodes with response time under 45 minutes by provider.

•Figure 34 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 35 uses the same calculation as Figure 34 but is categorized by provider.

•Figure 36 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 37 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.

•Figure 38 represents the percent of clients living in a private residence at discharge by service area. To calculate the percentage use the count of episodes with a crisis response of plus stabilization follow-up 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.

•Figure 39 and Table 4 represent the percentages of clients living in settings other than a private residence at discharge by service area. 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

### 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 Adherence

•Figure 40 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 41 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 CRC 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 42 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 response mode either mobile OR deferred mobile AND has an episode end date.

• Table 7 shows the percent collected for each of the following variables:

**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