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The EMPS Crisis Intervention Services Performance Improvement Center is housed at the
Child Health and Development Institute

Child Health and Development Institute of Connecticut, Inc.
Executive Summary

Additional data and appendices are available online http://www.chdi.org/news-detail.php?id=33 or contact Jeffrey Vanderploeg, PhD, jvanderploeg@uchc.edu for more information.

Call and Episode Volume: In April 2014, 211 received 1,663 calls including 1,147 calls (70.0%) handled by EMPS providers and 516 calls (31.0%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This month represents a 6.1% increase in call volume compared with April 2013 (n=1,567).

Among the 1,146 episodes of care generated this month, episode volume ranged from 125 episodes (Eastern service area) to 310 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 1.41, with service area rates ranging from 1.20 (New Haven and Western service areas) to 1.96 (Hartford) relative to their specific child populations. Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 3.17 per 1,000 children in poverty, with service area rates ranging from 2.07 (New Haven) to 3.87 (Central).

Mobility: Statewide mobility was 89.7% this month, 2.9% lower than in April 2013. Three of the six service areas were above the 90% benchmark this month, with performance ranging from 81.1% (Western) to 96.0% (Eastern). Mobility for individual providers ranged from 79% (Well-EMPS:Wtby) to 97% (CHR/MiddHosp-EMPS; UCFS-EMPS:SE). Seven of the fifteen individual providers had mobility rates above the 90% benchmark.

Response Time: Statewide, this month 87% of mobile episodes received a face-to-face response in 45 minutes or less, which is 1% lower than April 2013 (88%). All six service areas met or were above the 80% benchmark this month, with performance ranging from 80% (Western) to 95% (Eastern; Southwestern). In addition, the statewide median mobile response time was 27.0 minutes. Fourteen sites met the benchmark of at least 80% of mobile responses provided in 45 minutes or less.

Length of Stay (LOS): Statewide, among discharged episodes, 7.0% of plus stabilization follow-up episodes exceeded 45 days. This month the statewide median LOS for discharged episodes with a crisis response of plus stabilization follow-up was 20.0 days. The median LOS for discharged episodes with a crisis response of plus stabilization follow-up ranged from 16.0 days (Western) to 33.0 days (Southwestern).
Section I: EMPS Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

*Note: 1 episode is a Crisis-Response follow-up

Figure 2. EMPS Episodes by Service Area (Total Episodes = 1.146)

*After Hours Calls

Figure 3. Number Served Per 1,000 Children

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

Figure 5. Mobile Response by Service Area

Goal=90%

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

Goal=80%
Section II: EMPS Response

Figure 7. Statewide 211 Call Disposition

Figure 8. EMPS Episodes by Provider (Total Episodes = 1.146)

Figure 9. Actual Initial EMPS Response by Provider

Figure 10. Mobile Response by Provider

Goal=90%
Section III: Response Time

Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>85%</td>
<td>95%</td>
<td>85%</td>
<td>87%</td>
<td>95%</td>
<td>80%</td>
<td>87%</td>
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Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider

<table>
<thead>
<tr>
<th>Provider</th>
<th>Central (28)</th>
<th>CHM EPMS (28)</th>
<th>CHR EPMS (64)</th>
<th>CHM EPMS NE (51)</th>
<th>CHM EPMS SE (24)</th>
<th>UCF-EMPS (57)</th>
<th>WHEELER-EPMS (52)</th>
<th>CFG-EPMS (56)</th>
<th>GEF-EPMS (60)</th>
<th>Well-EMPS-WMB (13)</th>
<th>Goal=80%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88%</td>
<td>87%</td>
<td>85%</td>
<td>84%</td>
<td>88%</td>
<td>90%</td>
<td>86%</td>
<td>91%</td>
<td>100%</td>
<td>69%</td>
<td>81%</td>
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</table>

Figure 13. Median Mobile Response Time in Minutes

<table>
<thead>
<tr>
<th></th>
<th>Central (166)</th>
<th>Eastern (175)</th>
<th>Hartford (199)</th>
<th>New Haven (76)</th>
<th>Southwestern (122)</th>
<th>Eastern (99)</th>
<th>Western (95)</th>
<th>Statewide (655)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>29.0</td>
<td>21.0</td>
<td>30.0</td>
<td>22.0</td>
<td>26.0</td>
<td>26.0</td>
<td>27.0</td>
<td></td>
</tr>
</tbody>
</table>

Figure 14. Median Mobile Response Time by Provider in Minutes

<table>
<thead>
<tr>
<th>Provider</th>
<th>Central (65)</th>
<th>CHM EPMS (65)</th>
<th>CHM EPMS NE (65)</th>
<th>CHM EPMS SE (65)</th>
<th>UCF-EMPS (65)</th>
<th>WHEELER-EPMS (65)</th>
<th>CFG-EPMS (65)</th>
<th>GEF-EPMS (65)</th>
<th>Well-EMPS-WMB (13)</th>
<th>Goal=80%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22</td>
<td>32</td>
<td>20</td>
<td>22</td>
<td>30</td>
<td>33</td>
<td>29</td>
<td>26</td>
<td>32</td>
<td>25</td>
</tr>
</tbody>
</table>

Section IV: Emergency Department Referrals

Figure 15. Emergency Department Referrals (% of Total EMPS Episodes)

<table>
<thead>
<tr>
<th></th>
<th>Central (20)</th>
<th>Eastern (40)</th>
<th>Hartford (10)</th>
<th>New Haven (28)</th>
<th>Southwestern (26)</th>
<th>Statewide (119)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Followup (65)</td>
<td>9%</td>
<td>2%</td>
<td>8%</td>
<td>6%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Inpatient Diversion (54)</td>
<td>1%</td>
<td>3%</td>
<td>5%</td>
<td>3%</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Figure 16. Emergency Department Referrals by Provider (% of Total EMPS Episodes)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Central (9)</th>
<th>CHM EPMS (11)</th>
<th>CHM EPMS NE (5)</th>
<th>CHM EPMS SE (5)</th>
<th>UCF-EMPS (5)</th>
<th>WHEELER-EPMS (5)</th>
<th>CFG-EPMS (5)</th>
<th>GEF-EPMS (5)</th>
<th>Well-EMPS-WMB (13)</th>
<th>Goal=80%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12%</td>
<td>8%</td>
<td>8%</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
<td>8%</td>
<td>9%</td>
<td>8%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Note: Count total ED referrals are in parenthesis
Section V: Length of Stay (LOS)

Table 1. LOS for Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up

<table>
<thead>
<tr>
<th>Discharged Episodes with a Crisis Response of Plus Stabilization Follow-up</th>
<th>Number of Episodes</th>
<th>Mean LOS (in days)</th>
<th>Median LOS (in days)</th>
<th>Percent Exceeding 45 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATEWIDE</td>
<td>460</td>
<td>22.1</td>
<td>20.0</td>
<td>7.0% (n = 32)</td>
</tr>
<tr>
<td>Central</td>
<td>57</td>
<td>25.9</td>
<td>20.0</td>
<td>10.5% (n = 6)</td>
</tr>
<tr>
<td>Eastern</td>
<td>40</td>
<td>19.1</td>
<td>16.5</td>
<td>0% (n = 0)</td>
</tr>
<tr>
<td>Hartford</td>
<td>203</td>
<td>21.0</td>
<td>18.0</td>
<td>6.9% (n = 14)</td>
</tr>
<tr>
<td>New Haven</td>
<td>23</td>
<td>23.8</td>
<td>23.0</td>
<td>0% (n = 0)</td>
</tr>
<tr>
<td>Southwestern</td>
<td>49</td>
<td>27.8</td>
<td>33.0</td>
<td>6.1% (n = 3)</td>
</tr>
<tr>
<td>Western</td>
<td>88</td>
<td>19.9</td>
<td>16.0</td>
<td>10.2% (n = 9)</td>
</tr>
</tbody>
</table>

Section VI: Provider Community Outreach

*Formal outreach refers to: 1) In person presentations lasting 30 minutes, preferably more, using the EMPS PowerPoint slides and including distribution to attendees of marketing materials and other EMPS resources; 2) Outreach presentations that are in person that include workshops, conferences, or similar gatherings in which EMPS is discussed for at least an hour or more; 3) Outreach presentations that are not in person which may include workshops, conferences, or similar gatherings in which the EMPS marketing video, banner, and table skirt are set up for at least 2 hours with marketing materials made available to those who would like them; 4) The EMPS PIC considers other outreaches for inclusion on a case-by-case basis, as requested by EMPS providers.