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The EMPS Crisis Intervention Services Performance Improvement Center is housed at the Child Health and Development Institute’s Connecticut Center for Effective Practice
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 2013, 211 received 1,567 calls including 1,114 calls (71%) handled by EMPS providers and 453 calls (29%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This month represents a 35% increase in call volume compared with April 2012 (n=1,159).

Among the 1,114 episodes of care generated this month, episode volume ranged from 117 episodes (Eastern service area) to 318 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 1.37, with service area rates ranging from 1.14 (Southwestern) to 2.01 (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 2.67 per 1,000 children in poverty, with service area rates ranging from 2.24 (Southwestern) to 3.23 (Hartford).

Mobility: Statewide mobility was 92.6% this month, as compared with 91.8% in April 2012. Four of the six service areas were above the 90% benchmark this month, with performance ranging from 87.8% (Central) to 95.4% (Hartford). Mobility for individual providers ranged from 81% (Community Health Resources) to 100% (Middlesex Hospital, United Community & Family Services-NE, Wheeler-Meriden, and Wellmore-Danbury). Eleven of the fifteen individual providers had mobility rates above the 90% benchmark.

Response Time: Statewide, this month 88% of mobile episodes received a face-to-face response in 45 minutes or less, which is 4% higher than April 2012 (84%). Five service areas were above the 80% benchmark this month, with performance ranging from 76% (Western) to 100% (Eastern). In addition, the statewide median mobile response time was 26 minutes. Eleven 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, 2% 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 17.0 days. The median LOS for discharged episodes with a crisis response of plus stabilization follow-up ranged from 13.0 days (Central, Hartford) to 33 days (Southwestern).
Section I: EMPS Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

Figure 2. EMPS Episodes by Service Area (Total Episodes = 1114)

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

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

Note: Count of mobile episodes under 45 mins. are in parenthesis.
Section II: EMPS Response

Figure 7. Statewide 211 Disposition Frequency

Figure 8. EMPS Episodes by Provider (Total Episodes = 1114)

Figure 9. Actual Initial EMPS Response by Provider

Figure 10. Mobile Response by Provider

Note: Total count of EMPS response episodes are in parenthesis

Goal=90%
Section III: Response Time

Figure 11. Mobile Episodes with Response Time Under 45 Minutes
![Graph showing response time distribution across different regions.]

Figure 12. Mobile Episodes with Response Time Under 45 Minutes by Provider
![Graph showing response time distribution by provider.]

Figure 13. Median Mobile Response Time in Minutes
![Graph showing median response time in minutes by provider.]

Figure 14. Median Mobile Response Time by Provider in Minutes
![Graph showing median response time by provider.]

Section IV: Emergency Department Referrals

Figure 15. Emergency Dept Referrals (% Total EMPS Episodes)
![Bar chart showing emergency department referrals by provider.]

Figure 16. Emergency Dept Referrals by Provider (% Total EMPS Episodes)
![Bar chart showing emergency department referrals by provider.]

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></th>
<th>No. 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><strong>STATEWIDE</strong></td>
<td>377</td>
<td>20.0</td>
<td>17.0</td>
<td>2% (n=9)</td>
</tr>
<tr>
<td>Central</td>
<td>53</td>
<td>14.5</td>
<td>13.0</td>
<td>0% (n=0)</td>
</tr>
<tr>
<td>Eastern</td>
<td>28</td>
<td>22.5</td>
<td>20.5</td>
<td>0% (n=0)</td>
</tr>
<tr>
<td>Hartford</td>
<td>162</td>
<td>16.4</td>
<td>13.0</td>
<td>1% (n=1)</td>
</tr>
<tr>
<td>New Haven</td>
<td>31</td>
<td>28.8</td>
<td>28.0</td>
<td>6% (n=2)</td>
</tr>
<tr>
<td>Southwestern</td>
<td>33</td>
<td>32.0</td>
<td>33.0</td>
<td>12% (n=4)</td>
</tr>
<tr>
<td>Western</td>
<td>70</td>
<td>21.9</td>
<td>20.5</td>
<td>3% (n=2)</td>
</tr>
</tbody>
</table>

Section VI: Provider Community Outreach

Figure 17. Number of Times Providers Conducted Formal* Outreach to the Community (Current Month)

* 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.