EMPS Crisis Intervention Services
Performance Improvement Center (PIC)

Monthly Report: February 2013
Executive Summary

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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.

[Image of 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 February 2013, 211 received 1,201 calls including 840 calls (70%) handled by EMPS providers and 361 calls (30%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). Of the 840 episodes of care, 796 were handled by EMPS providers during regular EMPS mobile hours (8 am to 10 pm Monday through Friday; weekends and holidays), and 44 episodes were handled by 211 clinicians during after hours (10 pm to 8 am Monday through Friday and 10 pm to 1 pm on weekends and holidays).

This month represents a 13% decrease in call volume compared to February 2012 (n=1,372). The percent distribution of calls routed to EMPS providers and those handled by 211 remains fairly consistent.

Among the 840 episodes of care generated this month, episode volume ranged from 82 episodes (New Haven service area) to 239 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 1.03, with service area rates ranging from 0.70 (New Haven) to 1.51 (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 1.87 per 1,000 children in poverty, with service area rates ranging from 1.09 (New Haven) to 2.94 (Central).

Mobility: Statewide mobility was 89.9% this month, which was 4% lower than in February 2012. Four of the six service areas were above the 90% benchmark this month, with performance ranging from 84.3% (Central) to 94.6% (Western). Mobility for individual providers ranged from 80% (Community Health Resources) to 100% (Wellmore-Torrington). Eleven of the fifteen individual providers had mobility rates above the 90% benchmark.

Response Time: Statewide, this month 86% of mobile episodes received a face-to-face response in 45 minutes or less, which is 5% more than February 2012 (81%). Five service areas were above the 80% benchmark this month, with performance ranging from 78% (Western) to 97% (Eastern). In addition, the statewide median mobile response time was 29 minutes. Ten 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, 6% 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 21 days. The median LOS for discharged episodes with a crisis response of plus stabilization follow-up ranged from 16 days (Western) to 32 days (Southwestern).
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Figure 1. Total Call Volume by Call Type

Figure 2. EMPS Episodes by Service Area (Total Episodes = 840)

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
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Figure 7. After Hours Follow-up

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Figure 9. After Hours Follow-up Calls by Provider (n=44)

Figure 10. Actual Initial EMPS Provider Response to After Hours Calls Marked "Needs Action" (n=43)
Section III: EMPS Response

Figure 16. Statewide 211 Disposition Frequency

Figure 17. EMPS Episodes by Provider (Total Episodes = 840)

Figure 18. Actual Initial EMPS Response by Provider

Figure 19. Mobile Response by Provider

Goal=90%
Section IV: Response Time

Figure 11. Mobile Episodes with Response Time Under 45 Minutes

Goal=80%

Figure 12. Mobile Episodes with Response Time Under 45 Minutes by Provider

Goal=80%

Note: Count of mobile episodes under 45 mins. are in parenthesis

Section V: Emergency Department Referrals

Figure 13. Median Mobile Response Time in Minutes

Note: Count of mobile EMPS response episodes are in parenthesis

Figure 14. Median Mobile Response Time by Provider in Minutes

Note: Count of mobile EMPS response episodes are in parenthesis

Figure 15. Emergency Dept Referrals (% Total EMPS Episodes)

Note: Count total ED referrals are in parenthesis

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

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

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

<table>
<thead>
<tr>
<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>STATEWIDE</td>
<td>291</td>
<td>22.4</td>
<td>21.0</td>
</tr>
<tr>
<td>Central</td>
<td>32</td>
<td>22.1</td>
<td>22.5</td>
</tr>
<tr>
<td>Eastern</td>
<td>13</td>
<td>22.2</td>
<td>20.0</td>
</tr>
<tr>
<td>Hartford</td>
<td>125</td>
<td>20.4</td>
<td>19.0</td>
</tr>
<tr>
<td>New Haven</td>
<td>23</td>
<td>27.0</td>
<td>27.0</td>
</tr>
<tr>
<td>Southwestern</td>
<td>32</td>
<td>30.7</td>
<td>32.0</td>
</tr>
<tr>
<td>Western</td>
<td>66</td>
<td>21.0</td>
<td>16.0</td>
</tr>
</tbody>
</table>

* 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.

Section VII: Provider Community Outreach

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