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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 June 2013, 211 received 1,210 calls including 819 calls (68%) handled by EMPS providers and 391 calls (32%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This month represents a 27% increase in call volume compared with June 2012 (n=956).

Among the 819 episodes of care generated this month, episode volume ranged from 93 episodes (Eastern service area) to 202 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 1.01, with service area rates ranging from 0.89 (Western) to 1.28 (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 1.96 per 1,000 children in poverty, with service area rates ranging from 1.74 (Southwestern) to 2.14 (Eastern).

Mobility: Statewide mobility was 91.0% this month, the same rate as in June 2012. Four of the six service areas were above the 90% benchmark this month, with performance ranging from 87.1% (Central) to 97.1% (Eastern). Mobility for individual providers ranged from 83% (Community Health Resources) to 100% (Middlesex Hospital, Wellmore-Torrington). Twelve 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 8% higher than June 2012 (79%). Five service areas were above the 80% benchmark this month, with performance ranging from 73% (New Haven) to 97% (Eastern). In addition, the statewide median mobile response time was 28 minutes. Twelve 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, 4% 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 22 days. The median LOS for discharged episodes with a crisis response of plus stabilization follow-up ranged from 16.0 days (Hartford) to 29 days (Southwestern).
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Figure 1. Total Call Volume by Call Type

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Figure 3. Number Served Per 1,000 Children

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

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

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Figure 12. Age Groups of Children Served, Statewide

Figure 13. Ethnicity of Children Served, Statewide

Figure 14. Race of Children Served, Statewide

Figure 15. Top Six Client Presenting Primary Problems, Statewide
Section III: EMPS Response

Figure 16. Statewide 211 Disposition Frequency

Figure 17. EMPS Episodes by Provider (Total Episodes = 819)

Figure 18. Actual Initial EMPS Response by Provider

Figure 19. Mobile Response by Provider

Note: Total count of EMPS response episodes are in parenthesis
Section IV: Response Time

Figure 20. Mobile Episodes with Response Time Under 45 Minutes

Figure 21. Mobile Episodes with Response Time Under 45 Minutes by Provider

Figure 22. Median Mobile Response Time in Minutes

Figure 23. Median Mobile Response Time by Provider in Minutes

Note: Count of mobile EMPS response episodes are in parenthesis

Section V: Emergency Department Referrals

Figure 24. Emergency Department Referrals (% Total EMPS Episodes)

Figure 25. 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>335</td>
<td>22.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Central</td>
<td>40</td>
<td>19.2</td>
<td>16.5</td>
</tr>
<tr>
<td>Eastern</td>
<td>24</td>
<td>20.4</td>
<td>19.0</td>
</tr>
<tr>
<td>Hartford</td>
<td>138</td>
<td>18.5</td>
<td>16.0</td>
</tr>
<tr>
<td>New Haven</td>
<td>27</td>
<td>29.2</td>
<td>27.0</td>
</tr>
<tr>
<td>Southwestern</td>
<td>41</td>
<td>26.8</td>
<td>29.0</td>
</tr>
<tr>
<td>Western</td>
<td>65</td>
<td>25.8</td>
<td>25.0</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 26. Number of Times Providers Conducted Formal* Outreach to the Community (Current Month)