EMPS Crisis Intervention Services
Performance Improvement Center (PIC)

Monthly Report: November 2013
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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 November 2013, 211 received 1,672 calls including 1,143 calls (68.4%) handled by EMPS providers and 529 calls (31.6%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This month represents a 28.4% increase in call volume compared with November 2012 (n=1,302).

Among the 1143 episodes of care generated this month, episode volume ranged from 139 episodes (Eastern service area) to 322 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 1.40, with service area rates ranging from 1.13 (Southwestern and Western) to 2.05 (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 2.63 per 1,000 children in poverty, with service area rates ranging from 1.58 (New Haven) to 3.65 (Eastern).

Mobility: Statewide mobility was 92.4% this month, 0.9% higher than in November 2012. Four of the six service areas were above the 90% benchmark this month, with performance ranging from 87.0% (Central) to 98.0% (Eastern). Mobility for individual providers ranged from 85% (CHR-EMPS and Well-EMPS:Dnby) to 98% (UCFS-EMPS:NE and UCFS-EMPS:SE). 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 the same as November 2012 (87%). Five of the six service areas were above the 80% benchmark this month, with performance ranging from 77% (Hartford) to 98% (Central). In addition, the statewide median mobile response time was 27 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, 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 8.0 days. The median LOS for discharged episodes with a crisis response of plus stabilization follow-up ranged from 4.5 days (Western) to 10.0 days (Hartford).
Figure 1. Total Call Volume by Call Type

Figure 2. EMPS Episodes by Service Area
(Total Episodes = 1143)

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 Disposition Frequency

Figure 8. EMPS Episodes by Provider (Total Episodes = 1143)

*After Hours Calls

Figure 9. Actual Initial EMPS Response by Provider

Goal=90%

Figure 10. Mobile Response by Provider

Goal=90%
Section III: Response Time

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

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

Section IV: Emergency Department Referrals

Figure 13. Median Mobile Response Time in Minutes

Figure 14. Median Mobile Response Time by Provider in Minutes

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

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

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>123</td>
<td>9.0</td>
<td>8.0</td>
<td>0% (n = 0)</td>
</tr>
<tr>
<td>Central</td>
<td>19</td>
<td>10.0</td>
<td>9.0</td>
<td>0% (n = 0)</td>
</tr>
<tr>
<td>Eastern</td>
<td>10</td>
<td>9.3</td>
<td>8.5</td>
<td>0% (n = 0)</td>
</tr>
<tr>
<td>Hartford</td>
<td>41</td>
<td>11.0</td>
<td>10.0</td>
<td>0% (n = 0)</td>
</tr>
<tr>
<td>New Haven</td>
<td>7</td>
<td>11.3</td>
<td>8.0</td>
<td>0% (n = 0)</td>
</tr>
<tr>
<td>Southwestern</td>
<td>8</td>
<td>10.5</td>
<td>9.5</td>
<td>0% (n = 0)</td>
</tr>
<tr>
<td>Western</td>
<td>38</td>
<td>5.7</td>
<td>4.5</td>
<td>0% (n = 0)</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.