

Emergency Mobile Psychiatric Services (EMPS) Performance Improvement Center (PIC)

Monthly Report: January 2011











Child Health and **Development Institute** of Connecticut, Inc.

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The Emergency Mobile Psychiatric Services Performance Improvement Center is housed at the Child Health and Development Institute's Connecticut Center for Effective Practice

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Executive Summary

<u>Call and Episode Volume</u>: In January 2011, 211 received 881 calls including 679 calls (77%) routed to EMPS providers and 202 calls (23%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). The percent distribution of calls routed to EMPS providers and those handled by 211 remains fairly consistent from month to month.

Among the 679 episodes of care generated in January, episode volume ranged from 74 episodes (New Haven service area) to 188 episodes (Hartford service area). Relative to the population of children, the statewide average service reach per 1,000 children this month was 0.81, with service area rates ranging from 0.59 (New Haven) to 1.15 (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 1.83 per 1,000 children in poverty, with service area rates ranging from 1.12 (New Haven) to 2.80 (Eastern).

<u>Mobility</u>: Statewide mobility was 85.7% this month which is down slightly from December 2010 (89.4%) and the previous few months where the statewide mobility percentage had been above the 90% goal. The lowest mobility percentage was 69% (Western) and the highest was 91.9% (Eastern). There was wider variability in mobility percentages among individual providers (61% to 96%).

<u>Response Time</u>: Statewide, this month 88% of mobile episodes received a face to face response in 45 minutes or less, which is 34% higher than it was a year ago in January of 2010 (54%). Performance on this indicator ranged from 74% (New Haven) to 98% (Central and Eastern). In addition, the statewide median mobile response time this month was 28 minutes, with all six service areas demonstrating a median mobile response time of 35 minutes or less. These data strongly suggest that EMPS service providers are offering timely responses to crises in the community.

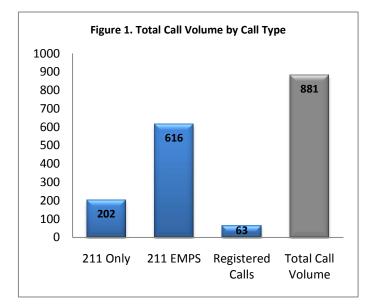
<u>Length of Stay</u>: Statewide, among **discharged episodes**, 9% (current month) and 9% (cumulative) of **Phone Only** episodes exceeded one day, 35% (current month) and 30% (cumulative) of **Face-to-face** episodes exceeded five days, and 11% (current month) and 13% (cumulative) of **Plus Stabilization Follow-up** episodes exceeded 45 days.

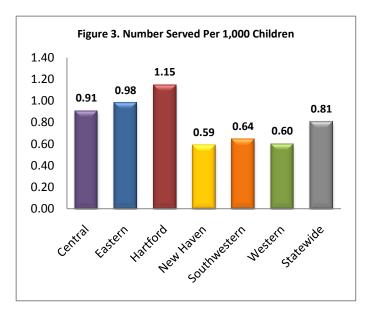
Statewide, the median LOS for **open episodes** of care with a Crisis Response of **Phone Only** was 57.0 days (n=25) and ranged from 20.0 days (Hartford) to 322.0 days (Western). The Eastern service area had no open "Phone Only" episodes of care. Statewide, the median LOS for a Crisis Response of **Face-to-face** was 26.0 days (n=66) and ranged from 11.0 days (Southwestern) to 59.0 days (New Haven). For the **Plus Stabilization Follow-up** Crisis Response, the statewide median LOS was 17.0 days (n=165) with a range from 11.5 days (Hartford) to 58.5 days (Western). This tells us that families remain open for services well beyond the benchmarks for each crisis response category, but particularly among cases initially coded as phone only. Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase, as well as the ability to maintain accurate and timely data entry.

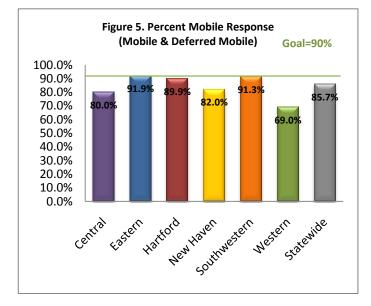
Data Quality Monitoring: The Worker version of the Ohio Scales was completed more consistently than the Parent version. This month statewide completion rates for **intake** Ohio Scales were: Worker Problem Scale (92%), Parent Problem Scale (70%), Worker Functioning Scale (92%), and Parent Functioning Scale (69%). The statewide completion rate for **discharge** Ohio Scales this month were: Worker Problem Scale (92%), Parent Problem Scale (58%), Worker Functioning Scale (92%), and Parent Functioning Scale (58%).

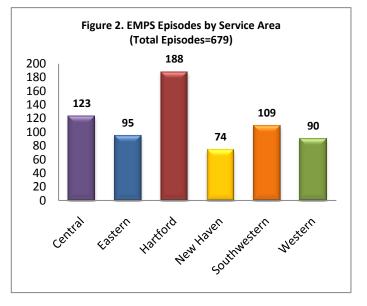
<u>Community Outreach</u>: Formal provider outreach to the community varied this month with a range of 0 (Wellpath-Torrington) to 4 (Bridges) total outreaches. The total number of community outreaches may be lower this month due to inclement weather.

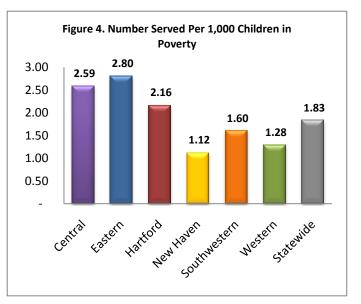
Section I: Primary EMPS Performance Indicators

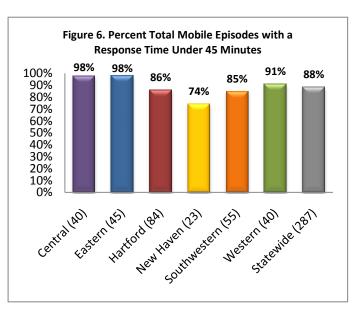




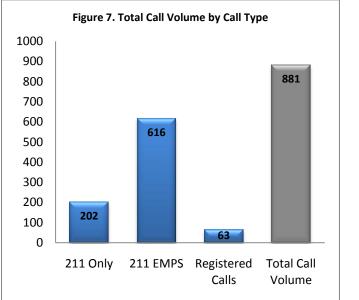


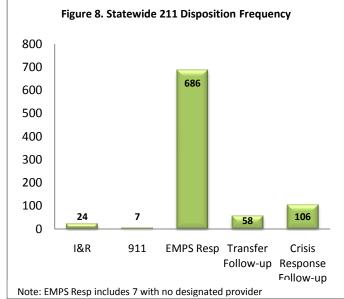


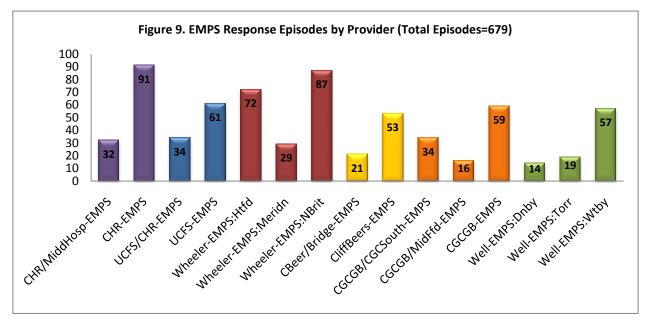


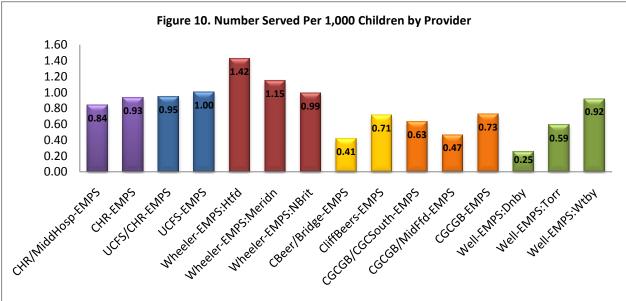


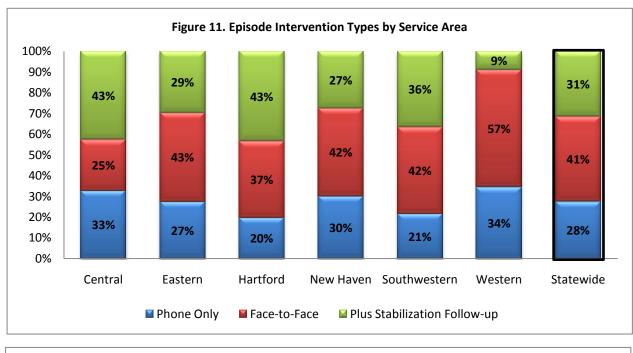
Section II: Episode Volume

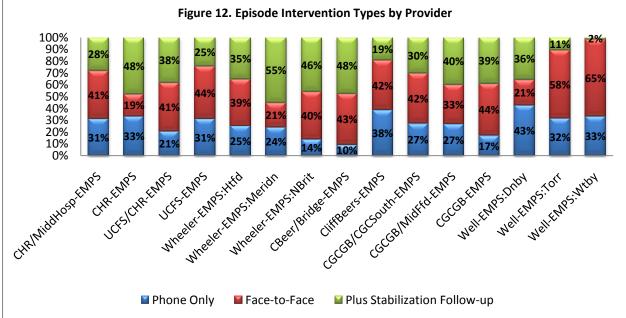




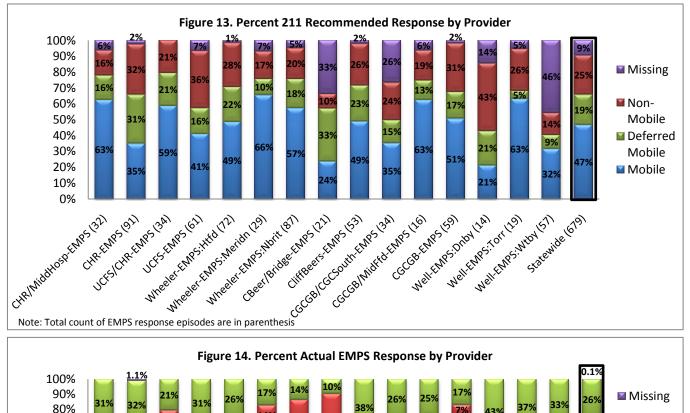


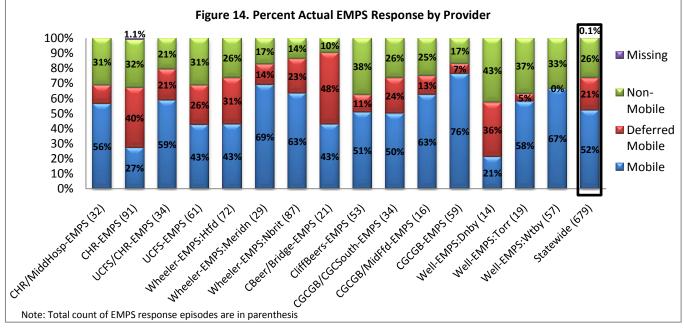


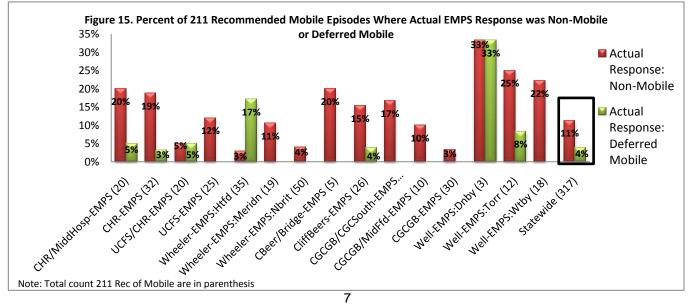


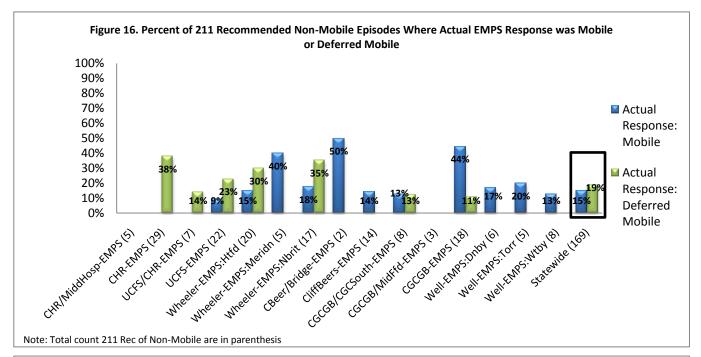


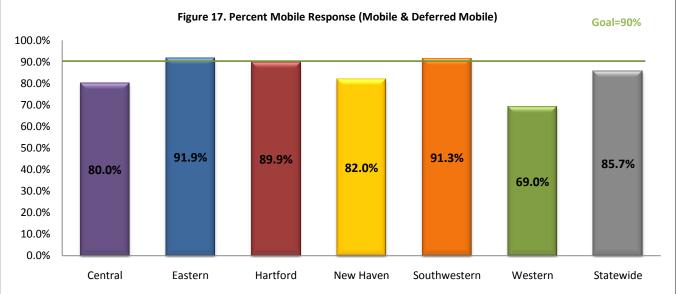
Section III: 211 Recommendations and EMPS Response

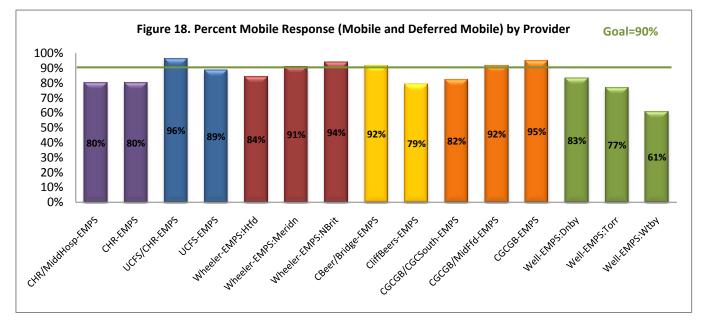


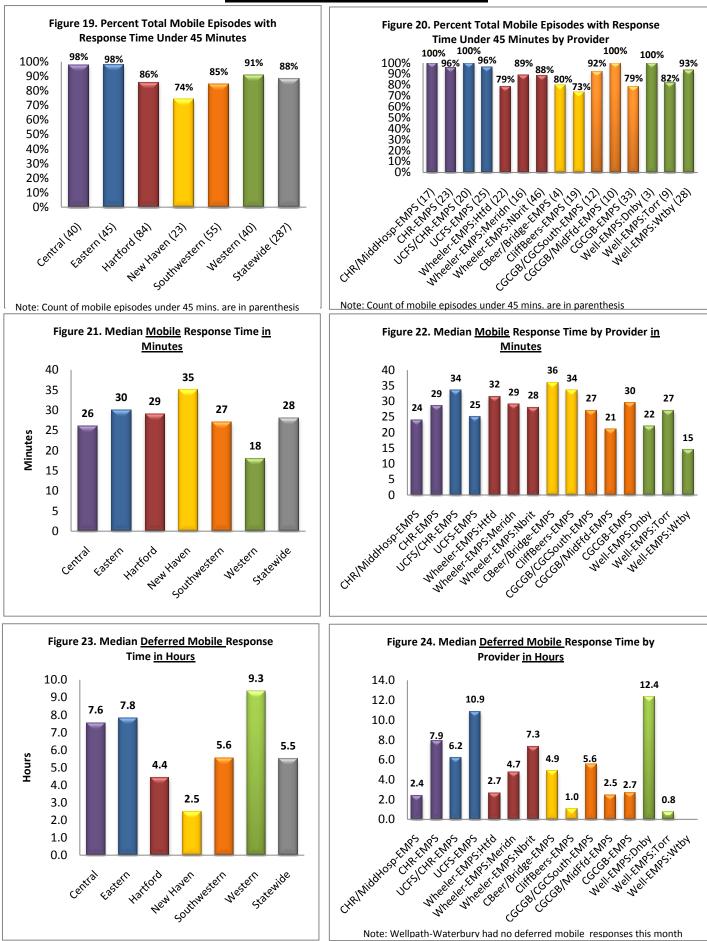






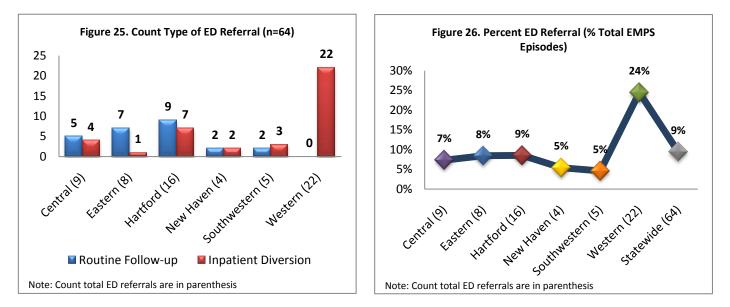


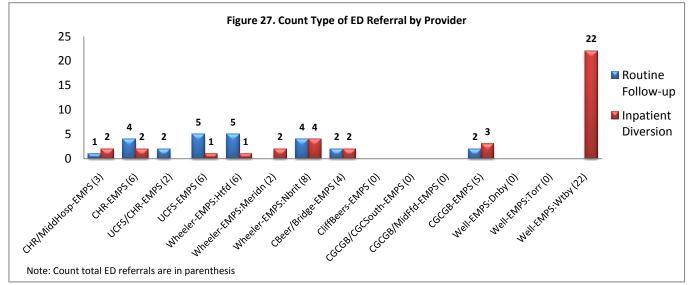


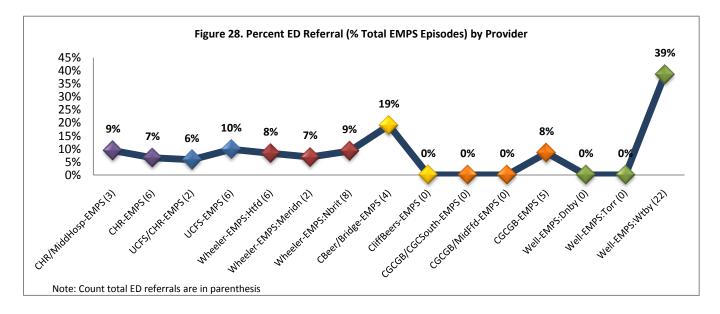


Section IV: Response Time

Section V: Emergency Department Referral Type







Section VI: Length of Stay

	Table 11 Length of Stay for <u>Bisch</u>	Α	В	С	D	Е	F	G	Н	I	J	к	L	м	N	0	Р	Q	R
	Discharged Episodes for Current Reporting Period								Cumulative Discharged Episodes*										
			Mean		Median Percent						Mean		Median			Percent			
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone		LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	0.8	9.8	29.0	0	3.0	21.0	9%	35%	11%	0.8	7.1	28.2	0	2.0	24.0	9%	30%	13%
2	Central	2.8	17.0	38.9	0	5.0	36.0	4%	46%	27%	1.0	11.5	35.4	0	3.0	27.0	10%	41%	22%
3	CHR/MiddHosp-EMPS		0.0	42.0	0	0.0	42.0	0%	8%	0%	1.5		6.0	0	1.0	5.0	14%	12%	2%
4	CHR-EMPS	3.5	21.0	38.8	0	18.5	36.0	5%	57%	28%	0.8	20.1	39.3	0	10.0	30.0	7%	68%	25%
5	Eastern	0.7	8.0	22.0	0	3.0	23.0	17%	26%	0%	0.2	2.6	22.8	0	2.0	21.0	3%	4%	2%
6	UCFS/CHR-EMPS		10.0	27.5	0	4.0	27.5	33%	29%	0%		-	-	0	0.0	21.0			3%
7	UCFS-EMPS	0.3	6.8	16.5	0	1.5	15.0	8%	25%	0%	0.3	2.6	22.4	0	2.0	21.0	5%	3%	1%
8	Hartford	0.4	9.1	29.4	0	3.0	30.0	5%	39%	11%	0.9	6.2	28.0	0	3.0	23.0	13%	31%	14%
9	Wheeler-EMPS:Htfd	0.5	7.9	28.6	0	4.0	27.0	7%	41%	14%	1.6	5.9	25.4	0	4.0	22.0	20%	32%	8%
10	Wheeler-EMPS:Meridn	0.3	12.5	32.3	0	10.0	35.0	0%	62%	8%	0.8	4.6	24.5	0	3.0	21.0	14%	27%	9%
11	Wheeler-EMPS:NBrit	0.2	9.1	29.1	0	1.5	29.0	4%	30%	10%	0.3	7.1	30.5	0	3.0	27.0	5%	32%	20%
12	New Haven	0.1	6.1	28.3	0	1.0	30.0	0%	23%	5%	1.2	7.8	25.8	0	4.0	24.5	7%	40%	6%
13	CBeer/Bridge-EMPS		6.4	35.9	0	3.0	37.0	0%	33%	0%	4.4	4.3	25.7	0	0.0	27.0	19%	16%	2%
14	CliffBeers-EMPS	0.1	6.0	24.7	0	1.0	26.0	0%	19%	7%	0.8	9.3	26.0	0	6.0	21.0	5%	51%	11%
15	Southwestern	0.6	8.8	26.4	0	2.0	22.0	11%	31%	10%	1.1	8.5	29.3	0	1.0	30.0	13%	32%	13%
16	CGCGB/CGCSouth-EMPS	2.2	6.3	31.5	0	2.0	34.0	40%	33%	15%	0.5	7.2	39.4	0	0.0	39.5	4%	16%	34%
17	CGCGB/MidFfd-EMPS	0.0	1.4	13.8	0	0.5	14.0	0%	0%	0%	0.7	2.3	21.8	0	1.0	17.0	18%	12%	15%
18	CGCGB-EMPS	0.4	12.0	25.6	0	5.0	21.0	6%	39%	9%	1.9	10.0	27.8	0	3.0	29.0	20%	41%	3%
19	Western	0.7	5.7	21.7	0	2.0	20.0	15%	26%	0%	0.6	5.9	23.2	0	1.0	22.0	4%	27%	7%
20	Well-EMPS:Dnby	0.0	2.5	16.0	0	2.5	16.0	0%	0%	0%	0.5	5.8	14.3	0	0.0	11.0		26%	0%
21	Well-EMPS:Torr	0.4	5.4	29.0	0	1.5	35.0	0%	38%	0%		8.1	20.2	0				49%	3%
22	Well-EMPS:Wtby	0.8	6.2	20.2	0	2.0	18.5	19%	26%	0%	0.7	5.6	26.6	0	1.0	27.0	4%	24%	10%

Table 1. Length of Stay for <u>Discharged Episodes</u> of Care in Days

* Includes discharged episodes from January 1, 2010 to the end of the current reporting period.

Note: Blank cells indicate no data was available for that particular inclusion criteria

Definitions:

LOS: Phone	Length of Stay in Days for Phone Only
LOS: FTF	Length of Stay in Days for Face To Face Only
LOS: Stab.	Length of Stay in Days for Stabilization Plus Follow-up Only
Phone > 1	Percent of episodes that are phone only that are greater than 1 day
FTF > 5	Percent of episodes that are face to face that are greater than 5 days
Stab. > 45	Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Table 2. Number of Episodes for Discharged Episodes of Care

		Α	В	С	D	Е	F	G	Н	I	J	К	L
		Discha	rged Epi	-	or Currer	nt Repo	rting						
				Perio					Cumulati				
			Mean/N	Vedian	N used	l for Pei			d Mean/N	/ledian	N use	ed for Pe	rcent
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	173	289	231	15	100	25	1868	3985	3347	160	1195	424
2	Central	26	59	41	1	27	11	320	485	545	31	199	122
3	CHR/MiddHosp-EMPS	6	13	1	0	1	0	111	232	63	16	27	1
4	CHR-EMPS	20	46	40	1	26	11	209	253	482	15	172	121
5	Eastern	18	19	12	3	5	0	201	427	377	7	19	7
6	UCFS/CHR-EMPS	6	7	6	2	2	0	54	141	223	0	11	6
7	UCFS-EMPS	12	12	6	1	3	0	147	286	154	7	8	1
8	Hartford	55	90	85	3	35	9	432	912	1333	57	284	193
9	Wheeler-EMPS:Htfd	27	37	21	2	15	3	198	448	389	39	142	32
10	Wheeler-EMPS:Meridn	3	13	13	0	8	1	63	96	233	9	26	22
11	Wheeler-EMPS:NBrit	25	40	51	1	12	5	171	368	711	9	116	139
12	New Haven	12	30	22	0	7	1	301	499	376	20	202	23
13	CBeer/Bridge-EMPS	4	9	7	0	3	0	31	152	205	6	25	4
14	CliffBeers-EMPS	8	21	15	0	4	1	270	347	171	14	177	19
15	Southwestern	28	48	40	3	15	4	230	800	479	30	257	63
16	CGCGB/CGCSouth-EMPS	5	12	13	2	4	2	91	170	116	4	27	40
17	CGCGB/MidFfd-EMPS	6	8	4	0	0	0	57	95	103		11	15
18	CGCGB-EMPS	17	28	23	1	11	2	82	535	260	16	219	8
19	Western	34	43	31	5	11	0	384	862	237	15	234	16
20	Well-EMPS:Dnby	2	4	1	0	0	0	86	108	33	2	28	0
21	Well-EMPS:Torr	5	8	6	0	3	0	79	87	64	4	43	2
22	Well-EMPS:Wtby	27	31	24	5	8	0	219	667	140	9	163	14

* Includes discharged episodes from January 1, 2010 to the end of the current reporting period. Note: Blank cells indicate no data was available for that particular inclusion criteria

Definitions:

- LOS: Phone Length of Stay in Days for Phone Only
- LOS: FTF Length of Stay in Days for Face To Face Only
- LOS: Stab. Length of Stay in Days for Stabilization Plus Follow-up Only
- Phone > 1 Percent of episodes that are phone only that are greater than 1 day
- FTF > 5 Percent of episodes that are face to face that are greater than 5 days
- Stab. > 45 Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Table 3. Length of Stay for **Open Episodes** of Care in Days

		Α	В	С	D	Е	F	G	Н	I	J	К	L	М	Ν	0
					Episode	s Still in	n Care	*			N of Episodes Still in Care*					
			Mean		Ν	/ledian			Percent		N used	l Mean/I	Median	N use	d for I	Percent
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	118.4	64.5	35.7	57.0	26.0	17.0	96%	89%	22%	25	66	165	24	59	36
2	Central	69.5	55.1	17.0	69.5	18.0	14.0	100%	100%	6%	2	7	33	2	7	2
3	CHR/MiddHosp-EMPS	100.0	295.0		100.0	295.0		100%	100%		1	1	0	1	1	0
4	CHR-EMPS	39.0	15.2	17.0	39.0	13.5	14.0	100%	100%	6%	1	6	33	1	6	2
5	Eastern		21.0	24.8		21.0	12.5		100%	8%	0	1	12	0	1	1
6	UCFS/CHR-EMPS			35.0			13.0			14%	0	0	7	0	0	1
7	UCFS-EMPS		21.0	10.6		21.0	5.0		100%	0%	0	1	5	0	1	0
8	Hartford	22.2	19.7	14.2	20.0	21.0	11.5	80%	78%	3%	5	9	40	4	7	1
9	Wheeler-EMPS:Htfd	27.5	17.8	11.2	27.5	16.5	8.5	100%	67%	0%	2	6	12	2	4	0
10	Wheeler-EMPS:Meridn	18.7		15.8	20.0		7.5	67%		0%	3	0	4	2	0	0
11	Wheeler-EMPS:NBrit		23.3	15.5		26.0	12.0		100%	4%	0	3	24	0	3	1
12	New Haven	174.8	92.7	48.2	103.0	59.0	26.0	100%	100%	32%	13	21	25	13	21	8
13	CBeer/Bridge-EMPS	244.9	123.8	50.4	282.5	103.0	21.0	100%	100%	30%	8	11	10	8	11	3
14	CliffBeers-EMPS	62.6	58.4	46.8	57.0	51.5	26.0	100%	100%	33%	5	10	15	5	10	5
15	Southwestern	28.8	43.2	60.1	30.0	11.0	25.0	100%	79%	41%	4	19	51	4	15	21
16	CGCGB/CGCSouth-EMPS	49.5	103.0	87.5	49.5	117.5	60.5	100%	83%	66%	2	6	32	2	5	21
17	CGCGB/MidFfd-EMPS		30.3	25.0		21.0	25.0		67%	0%	0		1	0	2	0
18	CGCGB-EMPS	8.0	11.2	13.3	8.0	10.0	11.0	100%	80%	0%	2	10	18	2	8	0
19	Western	322.0	100.9	49.8	322.0	54.0	58.5	100%	89%	75%	1	9	4	1	8	3
20	Well-EMPS:Dnby		122.0	47.0		122.0	47.0		100%	100%	0	1	1	0	1	1
21	Well-EMPS:Torr		6.7			7.0			67%		0	3	0	0	2	0
22	Well-EMPS:Wtby	322.0	322.0	50.7	322.0	56.0	70.0	100%	100%	67%	1	5	3	1	5	2

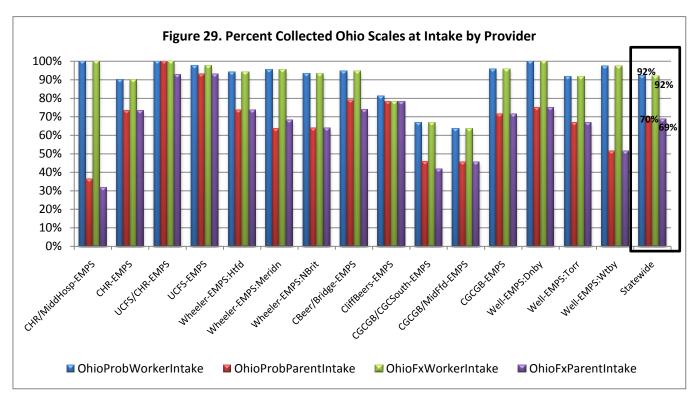
* Includes episodes still in care from January 1, 2010 to end of current reporting period. Note: Blank cells indicate no data was available for that particular inclusion criteria

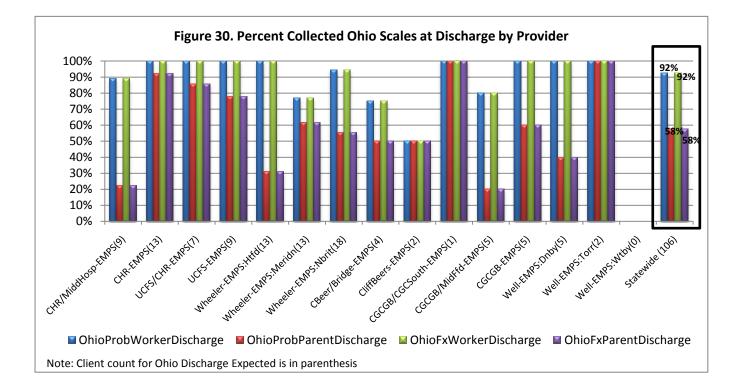
Definitions:

LOS: Phone	Length of Stay in Days for Phone Only
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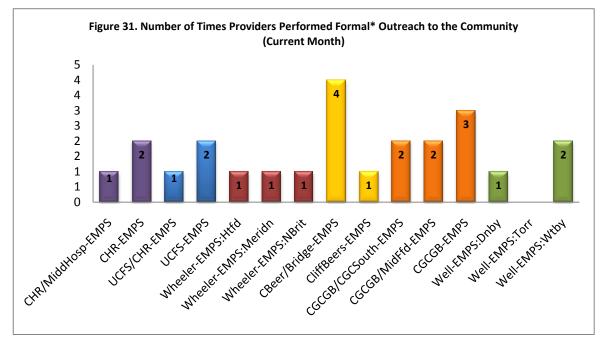
- LOS: FTF Length of Stay in Days for Face To Face Only
- LOS: Stab. Length of Stay in Days for Stabilization Plus Follow-up Only
- Phone > 1 Percent of episodes that are phone only that are greater than 1 day
- FTF > 5 Percent of episodes that are face to face that are greater than 5 days
- Stab. > 45 Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Section VII: Data Quality Monitoring





Section VIII: Community Outreach Efforts



* 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.

Appendix A: Description of Calculations

Section I: Primary EMPS Performance Indicators

•Figure 1 tabulates the total number of calls by service area by 211-only, 211-EMPS, or registered calls. •Figure 2 calculates the total number of EMPS episodes for the specified time frame for the designated service area.

•Figure 3 shows the number of children served by EMPS per 1,000 children. This is calculated by summing the total number of episodes for the specified service area multiplied by 1,000; this result is then divided by the total number of youth in that particular service area as reported by U.S. Census data.

•Figure 4 determines the number of children served by EMPS that are TANF eligible out of the total number of children in that service area that are eligible for free or reduced lunch¹. This is calculated by selecting only those episodes that are coded as face-to-face or crisis response stabilization plus follow-up divided by the total number of youth receiving free or reduced lunch¹ in that service area.

•Figure 5 isolates the total number of episodes that 211 recommended as mobile or deferred mobile. This number of episodes is then divided by the total number of episodes where the actual EMPS response was either mobile or deferred mobile. Multiply that result by 100 to get the percentage.

•Figure 6 isolates the total number of episodes with an actual EMPS response of mobile and a response time less than 45 minutes divided by the total number of episodes with an actual EMPS response of mobile (response time is calculated by subtracting the First Contact Date Time from the Call Date Time. In this calculation, 10 minutes is subtracted from the original response time to account for the average 211 call).

Section II: Episode Volume

• Figure 7 tabulates the total number of calls by service area by 211-Only, 211-EMPS or Registered Calls.

•Figure 8 shows the 211 disposition of all calls received.

• Figure 9 shows the 211 disposition of EMPS response categorized by provider.

• Figure 10 shows the number served per 1,000 children by provider, calculated the same as Figure 3.

•Figure 11 is a stacked bar chart that represents the percent of episodes that are coded as either a phone only, face-to-face, or plus stabilization follow-up crisis response. Each percentage is calculated by counting the number of episodes in the respective category (i.e., phone only) divided by the total number of episodes coded as crisis response for that specified service area.

Section III: 211 Recommendations and EMPS Response

•Figure 13 shows the percentage of the 211 recommended responses (i.e. mobile, deferred mobile, nonmobile) for all EMPS Responses by provider. Calculated by taking the count of the 211 Recommended Response Mode (i.e. mobile, deferred mobile, non-mobile) divided by the total count of episodes with a 211 disposition of EMPS Response then multiply that by 100 to get the percentage.

•Figure 14 shows a percentage of the actual EMPS response mode (i.e., mobile, deferred mobile, nonmobile) for the total EMPS Response episodes by provider. Calculated by taking the count of the actual EMPS Response Mode (i.e. mobile, deferred mobile, non-mobile) divided by the total count of episodes with a 211 disposition of EMPS Response then multiply that by 100 to get the percentage.

•Calculation for Figure 15: Count 211 recommended mobile where actual response was non-mobile (separately for deferred mobile) divided by total count of 211 recommended mobile, multiply that number by 100 to get the percentage.

•Calculation for Figure 16: Count 211 recommended non-mobile where actual response was mobile (separately for deferred mobile) divided by total count of 211 recommended non-mobile, multiply that number by 100 to get the percentage.

• Figure 17 is the same graph as Figure 5.

• Figure 18 uses the same calculation as Figure 5.

¹ United States Department of Agriculture, Food and Nutrition Service, "*Eligibility Manual for School Meals, January 2008*", <u>http://www.fns.usda.gov/cnd/Lunch/</u>.

• Figure 19 is the same graph as shown in Figure 6.

• Figure 20 uses the same calculation as Figures 6 & 19 and is shown by provider.

•Figure 21 arranges response times for episodes coded as EMPS response mode-mobile in ascending order by service area and shows the response time in the middle.

- Figure 22 uses the same calculation as Figure 21 and is categorized by provider.
- Figure 23 arranges response times for episodes coded as EMPS response mode-deferred mobile in
- ascending order by service area and shows the response time in the middle.
- Figure 24 uses the same calculation as Figure 23 and is categorized by provider.

Section V: Emergency Department Referral Type

•Figure 25 shows the number of ED referrals (i.e. routine follow-up or in-patient diversion) by service area. •Figure 26 is calculated by taking the count of ED referrals for the specified service area divided by total number of EMPS response episodes for that service area and multiplying that number by 100 to get the percentage.

• Figures 27 and 28 use the same calculations as Figures 25 and 26 respectively, and are shown by provider.

Section VI: Length of Stay

•Table 1 shows the mean, median, and percentage of episodes exceeding the LOS benchmarks, statewide, by service area, and by provider. Discharged episodes are broken into the various Crisis Response categories (Phone Only, Face-to-face and Plus Stabilization Follow-up) for two separate periods of time: 1) the current reporting period and 2) cumulatively since January 1, 2010.

• Table 2 shows the total number of episodes used to calculate the mean, median and percent in Table 1.

•Table 3 shows the same Crisis Response categories for episodes still in care as of January 1, 2010 to the end of current reporting period. To calculate length of stay data, an episode end date is needed. The episodes still in care do not have episode end dates at the time the data is download. Therefore, an episode end date equal to the last day of the current reporting period was used to calculate length of stay.

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•Figure 29 calculates the percent of Ohio <u>intake</u> scales by dividing actual over expected. The numerator is calculated by counting the number of Ohio <u>intake</u> scales for those episodes coded as crisis response face-to-face OR plus stabilization follow-up AND an actual EMPS response of mobile OR deferred mobile. This is divided by the total number of expected Ohio <u>intake</u> scales which is calculated by counting the total number of episodes coded as crisis response face-to-face OR plus stabilization follow-up AND episodes coded with an actual EMPS response of mobile OR deferred mobile.

•Figure 30 calculates the percent of Ohio <u>discharge</u> scales by dividing actual over expected. The numerator is calculated by counting the number of Ohio <u>discharge</u> scales for those episodes coded as crisis response plus stabilization follow-up AND an actual EMPS response mode of mobile OR deferred mobile AND has an episode end date. This is divided by the total number of expected Ohio <u>discharge</u> scales which is calculated by counting the total number of episodes that are coded as crisis response plus stabilization follow-up AND

Section VIII: Provider Community Outreach

• Figure 31 shows a count of the number of times a provider performed formal community outreach during the current month.