



**EMERGENCY MOBILE
PSYCHIATRIC SERVICES**

EMPS is a program funded by the State of Connecticut
in partnership with the United Way of Connecticut 2-1-1.



2-1-1



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

Monthly Report: December 2011

This report was prepared by the
Emergency Mobile Psychiatric Services (EMPS)
Performance Improvement Center (PIC):

Jeffrey Vanderploeg, Ph.D., Director

Kristin Adomeit, B.S., Quality Improvement Coordinator

Lori Schon, Office Manager

Francisco Lopez, Ph.D., Research Assistant

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



Table of Contents

<i>Executive Summary</i>	3
--------------------------	---

Section I: Primary EMPS Performance Indicators

Figure 1. Total Call Volume by Call Type	4
Figure 2. EMPS Episodes by Service Area	4
Figure 3. Number Served Per 1,000 Children	4
Figure 4. Number Served Per 1,000 Children in Poverty	4
Figure 5. Mobile Response by Service Area	4
Figure 6. Total Mobile Episodes with Response Time Under 45 Mins. by Service Area	4

Section II: Episode Volume

Figure 7. Total Call Volume by Call Type	5
Figure 8. Statewide 211 Disposition Frequency	5
Figure 9. EMPS Response Episodes by Provider	5
Figure 10. Number Served Per 1,000 Children by Provider	5
Figure 11. Episode Intervention Types by Service Area	6
Figure 12. Episode Intervention Types by Provider	6

Section III: 211 Recommendations and EMPS Response

Figure 13. 211 Recommended Initial Response by Provider	7
Figure 14. Actual Initial EMPS Response by Provider	7
Figure 15. 211 Recommended Mobile Episodes Where Actual EMPS Response was Non-Mobile or Deferred Mobile	7
Figure 16. 211 Recommended Non-Mobile Episodes Where Actual EMPS Response was Mobile or Deferred Mobile	8
Figure 17. Mobile Response by Service Area	8
Figure 18. Mobile Response by Provider	8

Section IV: Response Time

Figure 19. Total Mobile Episodes with Response Time Under 45 Mins. by Service Area	9
Figure 20. Total Mobile Episodes with Response Time Under 45 Minutes by Provider	9
Figure 21. Median Mobile Response Time by Service Area in Minutes	9
Figure 22. Median Mobile Response Time by Provider in Minutes	9
Figure 23. Median Deferred Mobile Response Time by Service Area in Hours	9
Figure 24. Median Deferred Mobile Response Time by Provider in Hours	9

Section V: Emergency Department Referral Type

Figure 25. Type of Emergency Dept. Referral by Service Area	10
Figure 26. Emergency Dept. Referral by Service Area	10
Figure 27. Type of Emergency Dept. Referral by Provider	10
Figure 28. Emergency Dept. Referral by Provider	10

Section VI: Length of Stay

Table 1. Length of Stay for Discharged Episodes of Care in Days	11
Table 2. Number of Episodes for Discharged Episodes of Care	12
Table 3. Length of Stay for Open Episodes of Care in Days	13

Section VII: Data Quality Monitoring

Figure 29. Ohio Scales Collected at Intake by Provider	14
Figure 30. Ohio Scales Collected at Discharge by Provider	14

Section VIII: Provider Community Outreach

Figure 31. Number of Times Providers Performed Formal Outreach to the Community	15
---	----

Appendix

Appendix A: Description of Calculations	16
---	----

Executive Summary

Call and Episode Volume: In December 2011, **211 received 1,244 calls** including 926 calls (74%) routed to EMPS providers and 318 calls (26%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This month 211 received 249 more calls than in December 2010, a 25% increase. The percent distribution of calls routed to EMPS providers and those handled by 211 remains fairly consistent from month to month.

Among the **926 episodes of care** generated this month, episode volume ranged from 99 episodes (Eastern service area) to 266 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 1.10, with service area rates ranging from 0.85 (Southwestern) to 1.62 (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 2.49 per 1,000 children in poverty, with service area rates ranging from 1.62 (New Haven) to 3.53 (Central).

Mobility: **Statewide mobility was 92.3% this month**, compared to 89.4% in December 2010. Five of the six service areas were above the 90% benchmark this month, with performance ranging from 88.6% (Southwestern) to 94.7% (Hartford). Mobility for individual providers ranges from 75% (CFG South-Stamford) to 100% (Wellmore- Danbury). 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 4% higher than December 2010 (83%). Five of the six service areas were at or above the 80% benchmark this month, with performance ranging from 72% (Western) to 95% (Eastern). In addition, the statewide median mobile response time was 27 minutes, with all six service areas demonstrating a median mobile response time of 30 minutes or less. These data strongly suggest that EMPS service providers are offering timely responses to crises in the community.

Length of Stay: Statewide, among discharged episodes, 7% (current month) and 9% (cumulative) of Phone Only episodes exceeded one day, 26% (current month) and 29% (cumulative) of Face-to-face episodes exceeded five days, and **5% (current month) and 9% (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 271 days (n=8) and ranged from 104 days (Western) to 337 days (New Haven). Statewide, the median LOS for a Crisis Response of Face-to-face was 360 days (n=21) and ranged from 222 days (Hartford) to 629 days (Central). For the Plus Stabilization Follow-up Crisis Response, the statewide median LOS was 269 days (n=29) with a range from 203.5 days (Hartford) to 422 days (New Haven). This tells us that families remain open for services beyond the benchmarks for all crisis response categories. Cases that remain open for services for long periods of time can impact responsiveness as call volume increases, and can compromise accurate and timely data entry practices.

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 (87%), Parent Problem Scale (64%), Worker Functioning Scale (87%), and Parent Functioning Scale (63%). The statewide completion rate for **discharge** Ohio Scales this month were: Worker Problem Scale (87%), Parent Problem Scale (22%), Worker Functioning Scale (87%), and Parent Functioning Scale (22%). Completion of the Ohio Scales, especially the parent versions at discharge, has been significantly lower the last few months and will be an area for improvement in the future.

Section I: Primary EMPS Performance Indicators

Figure 1. Total Call Volume by Call Type

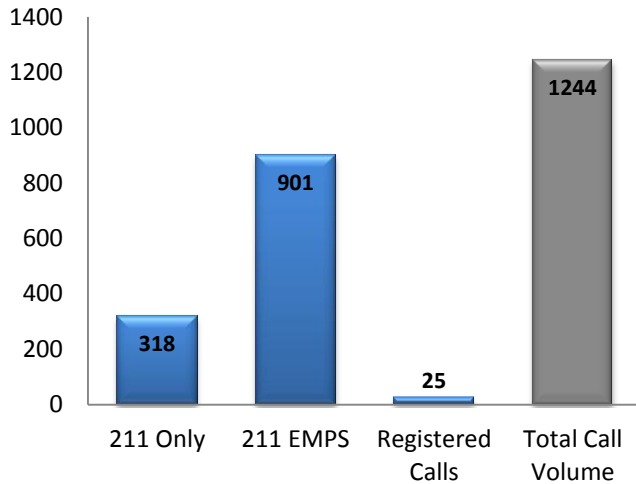


Figure 2. EMPS Episodes by Service Area
(Total Episodes=926)

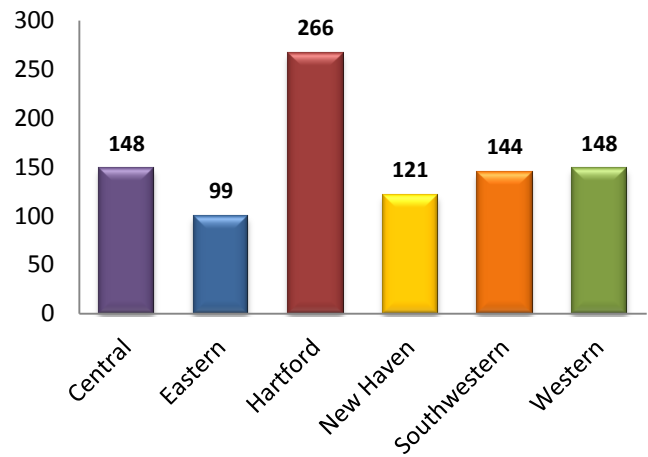


Figure 3. Number Served Per 1,000 Children

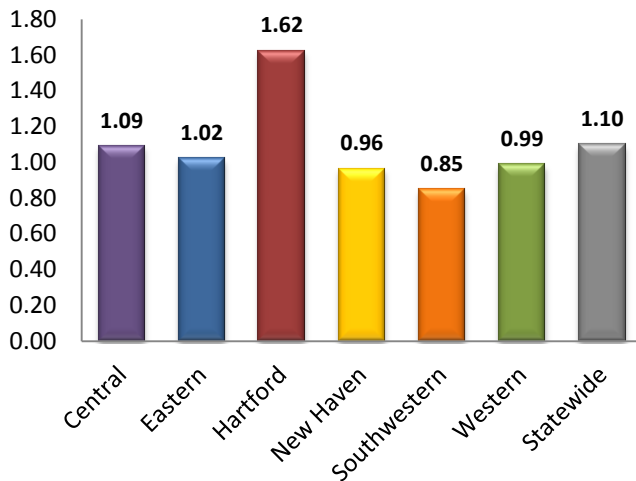


Figure 4. Number Served Per 1,000 Children in Poverty

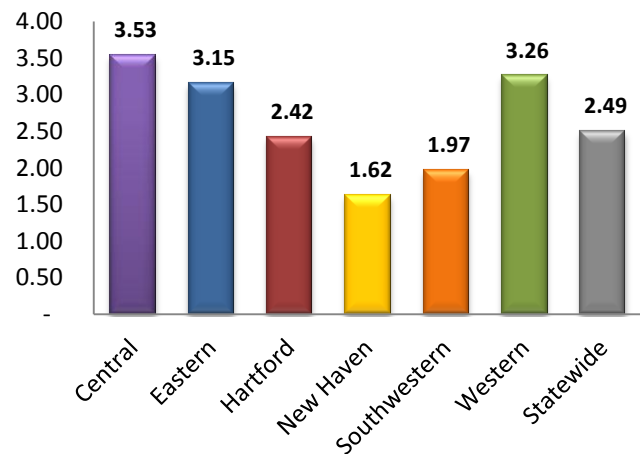


Figure 5. Mobile Response by Service Area

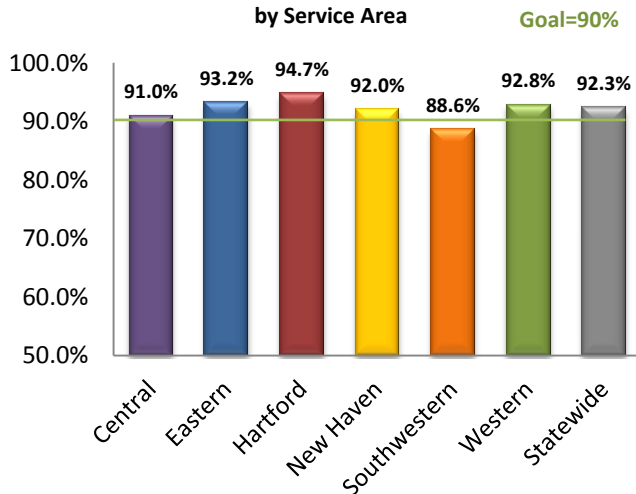
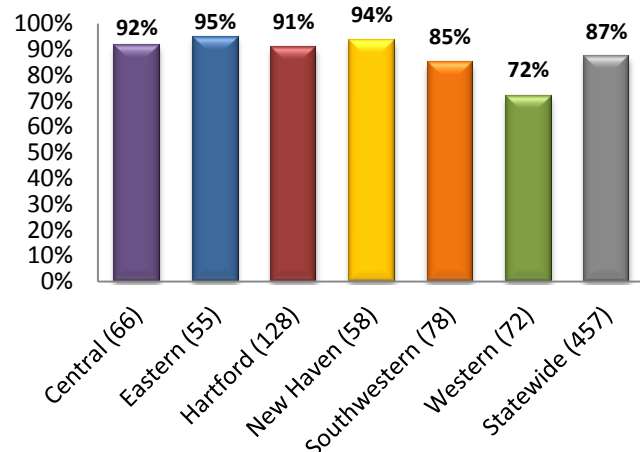


Figure 6. Total Mobile Episodes with a Response Time Under 45 Minutes



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

Section II: Episode Volume

Figure 7. Total Call Volume by Call Type

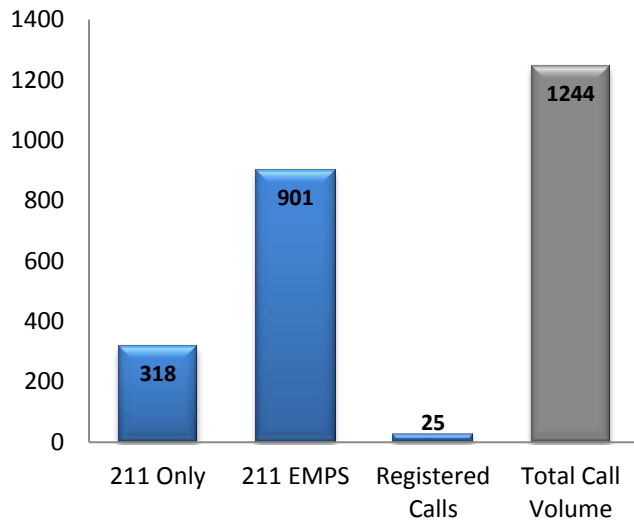
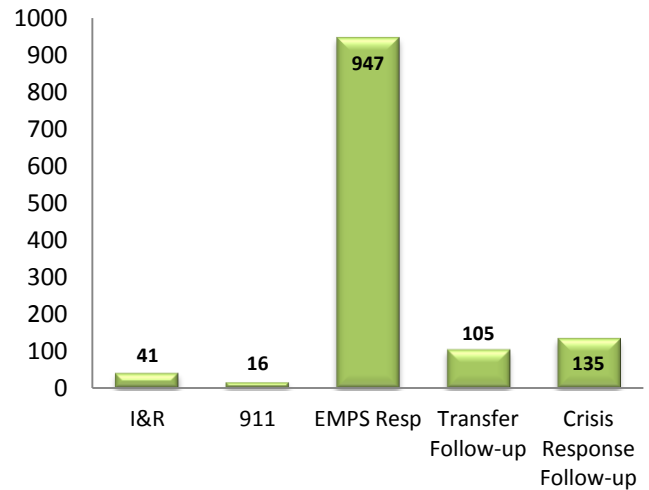


Figure 8. Statewide 211 Disposition Frequency



Note: EMPS Resp includes 21 with no designated provider

Figure 9. EMPS Response Episodes by Provider (Total Episodes=926)

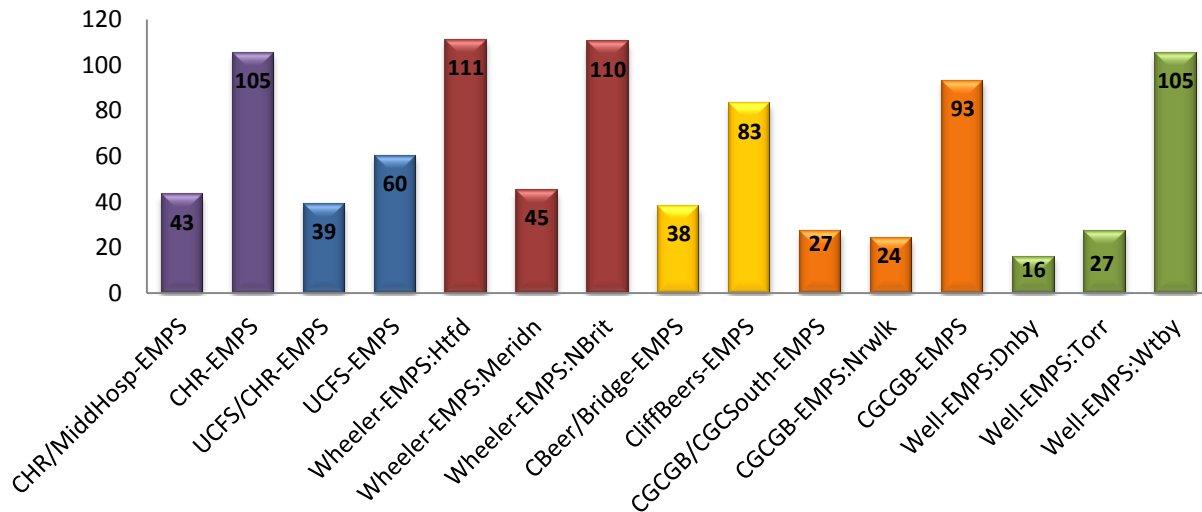


Figure 10. Number Served Per 1,000 Children by Provider

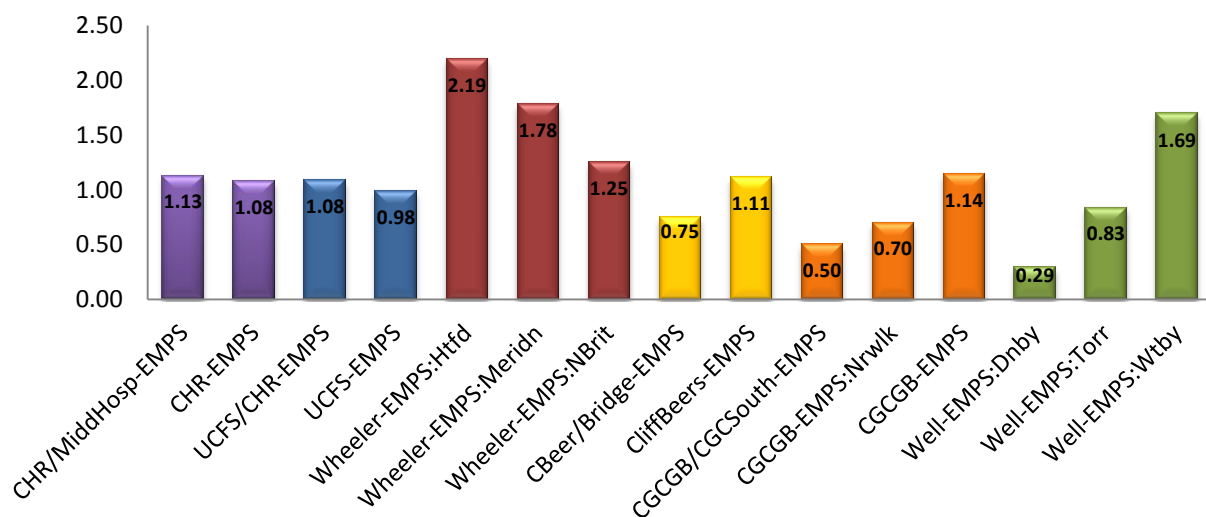


Figure 11. Episode Intervention Types by Service Area

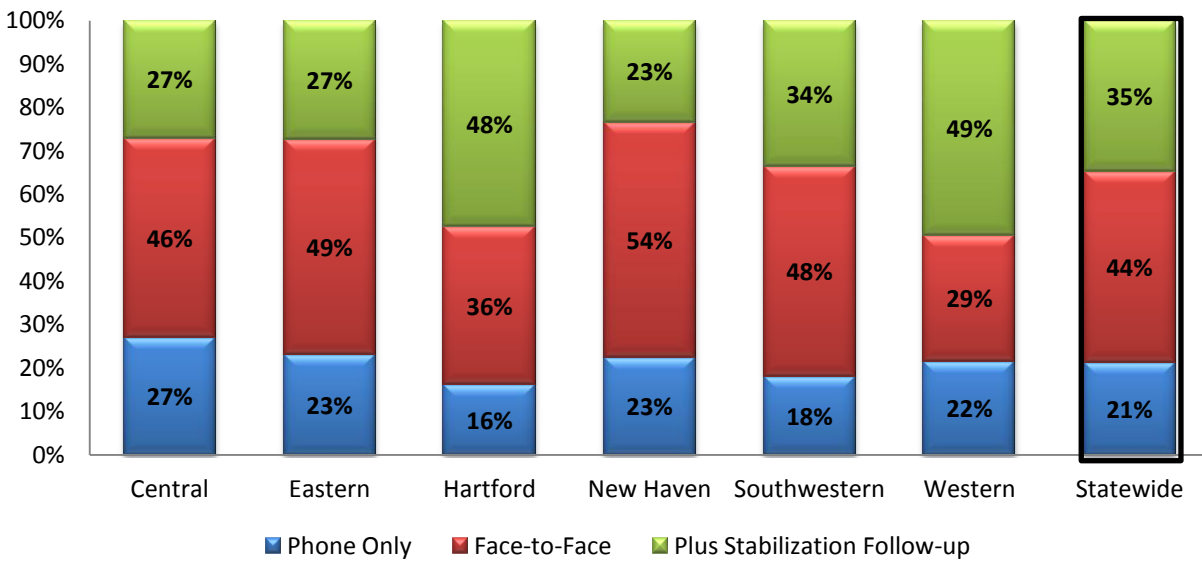
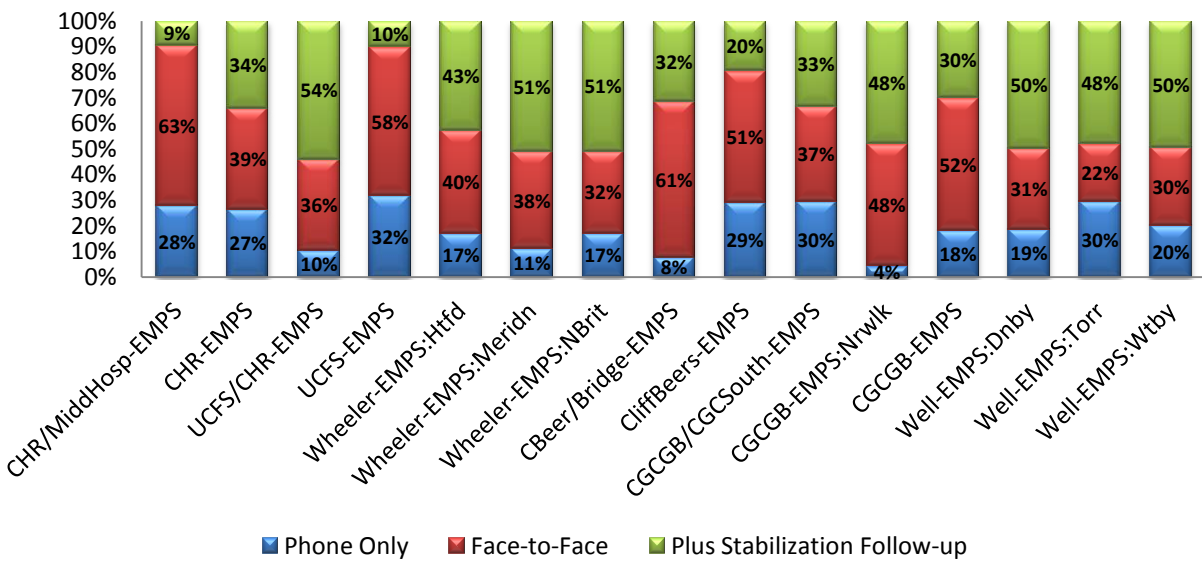


Figure 12. Episode Intervention Types by Provider



Section III: 211 Recommendations and EMPS Response

Figure 13. 211 Recommended Initial Response by Provider

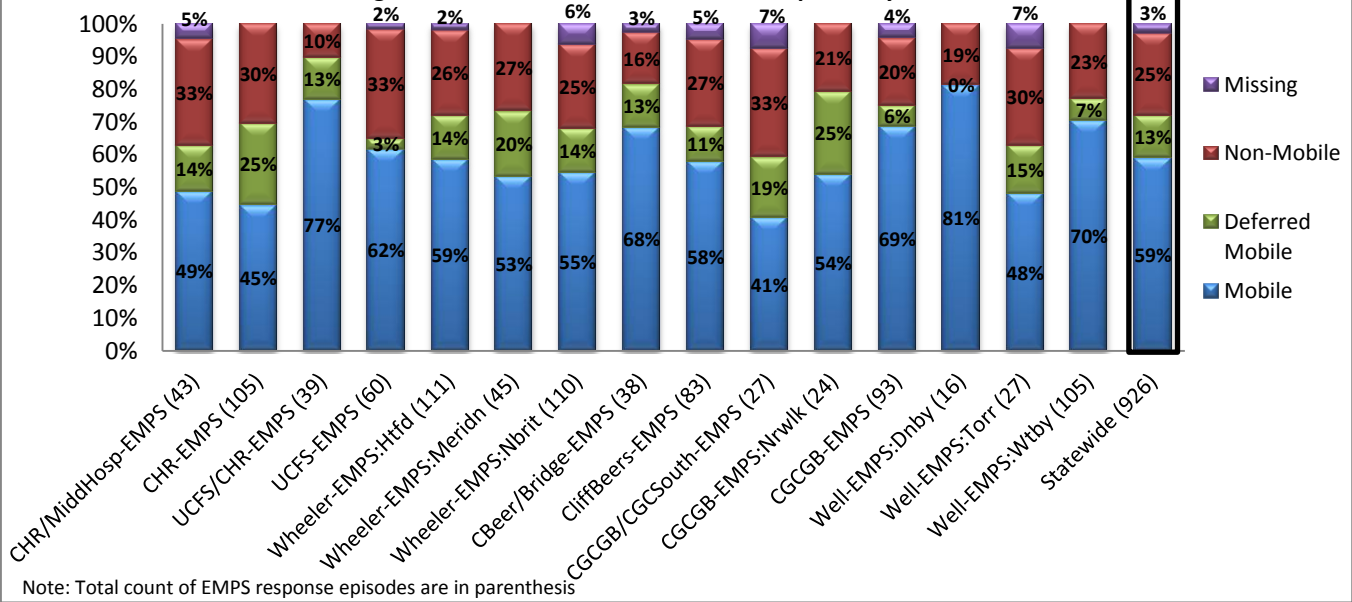


Figure 14. Actual Initial EMPS Response by Provider

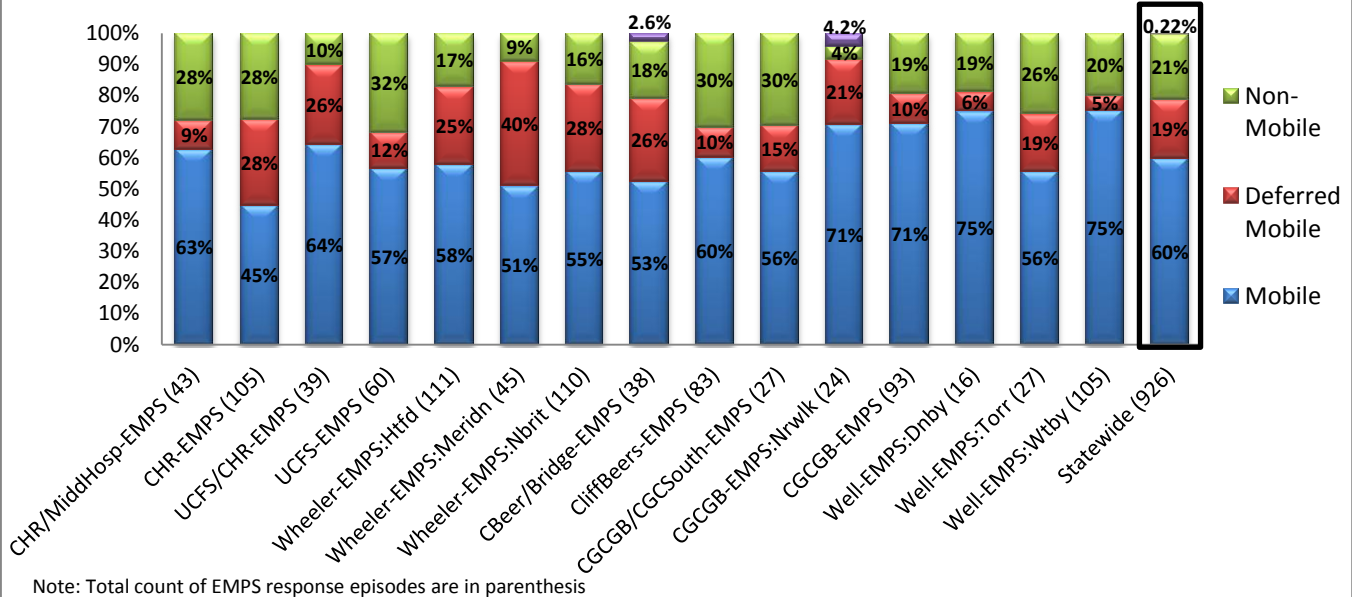


Figure 15. 211 Recommended Mobile Episodes Where Actual EMPS Response was Non-Mobile or Deferred

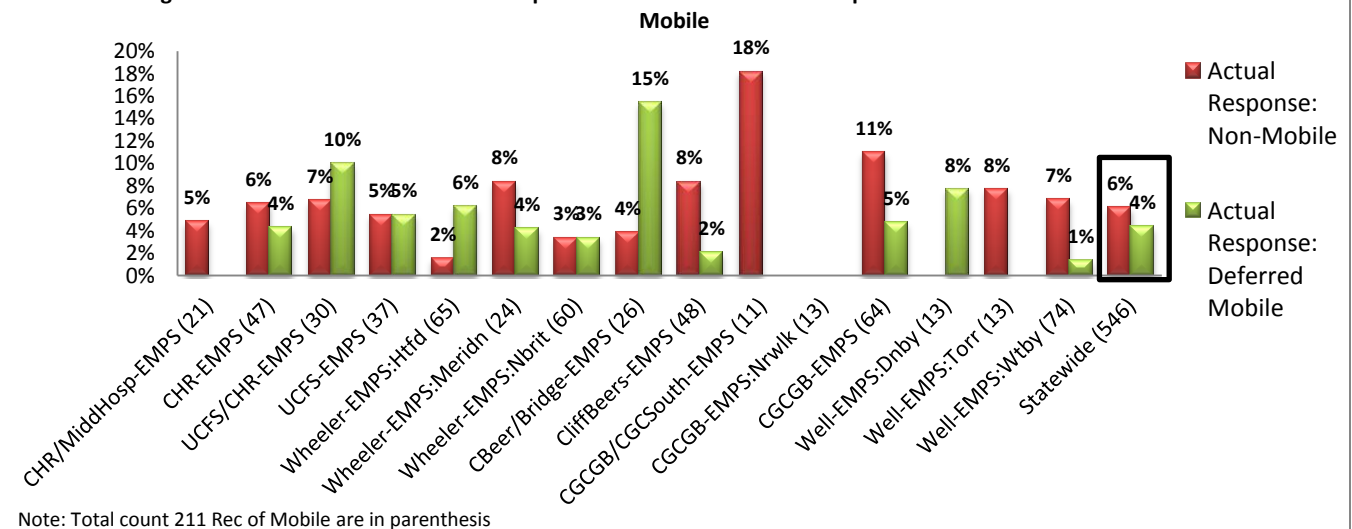
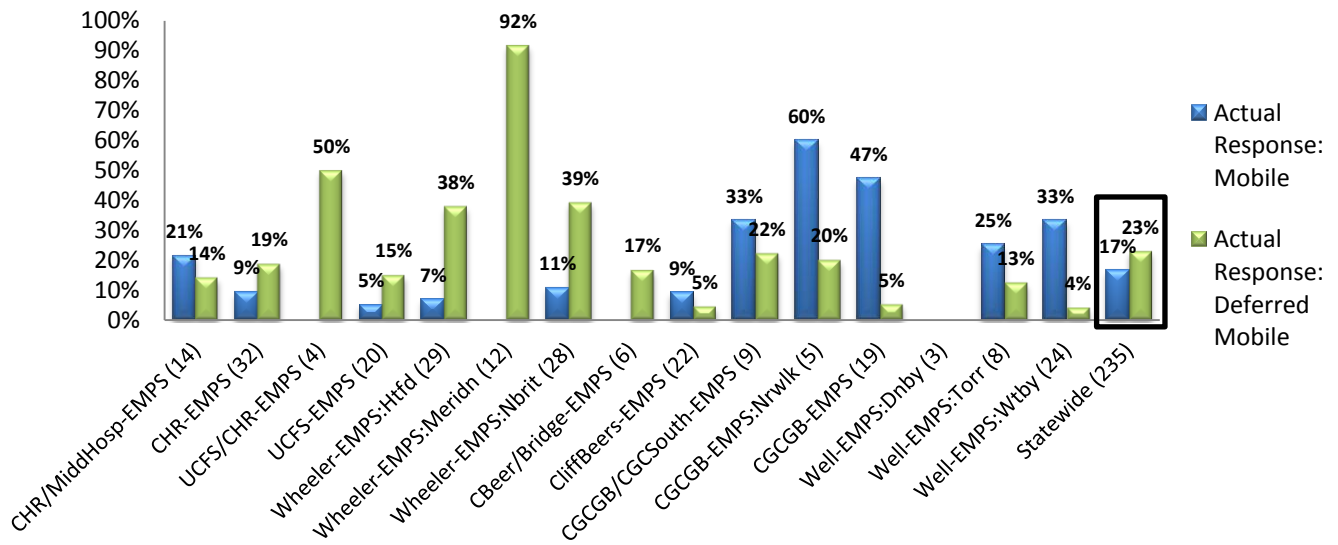


Figure 16. 211 Recommended Non-Mobile Episodes Where Actual EMPS Response was Mobile or Deferred



Note: Total count 211 Rec of Non-Mobile are in parenthesis

Figure 17. Mobile Response by Service Area

Goal=90%

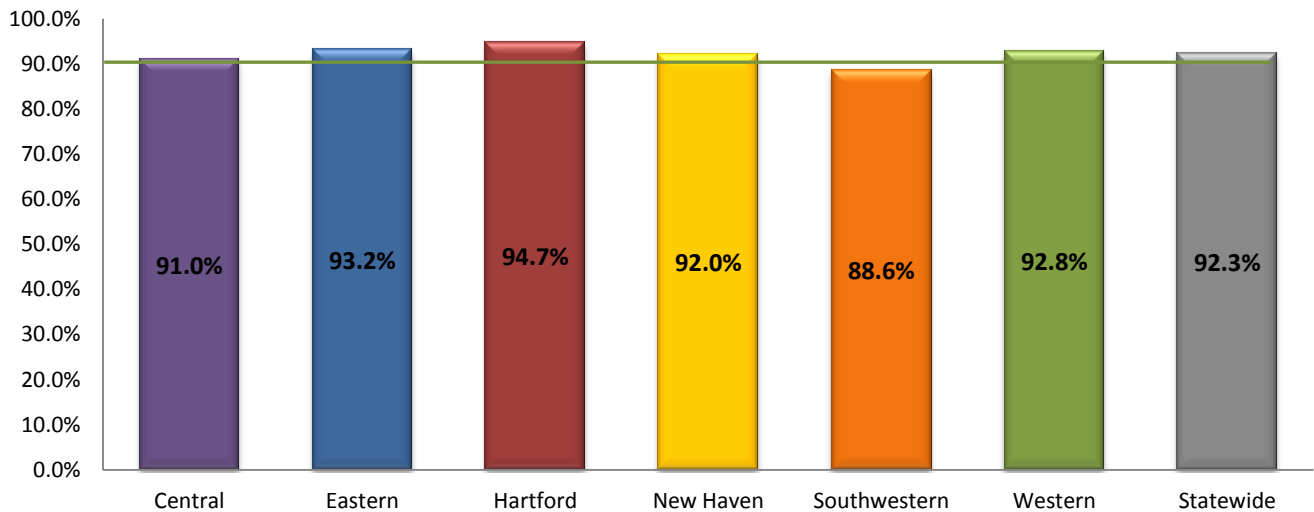
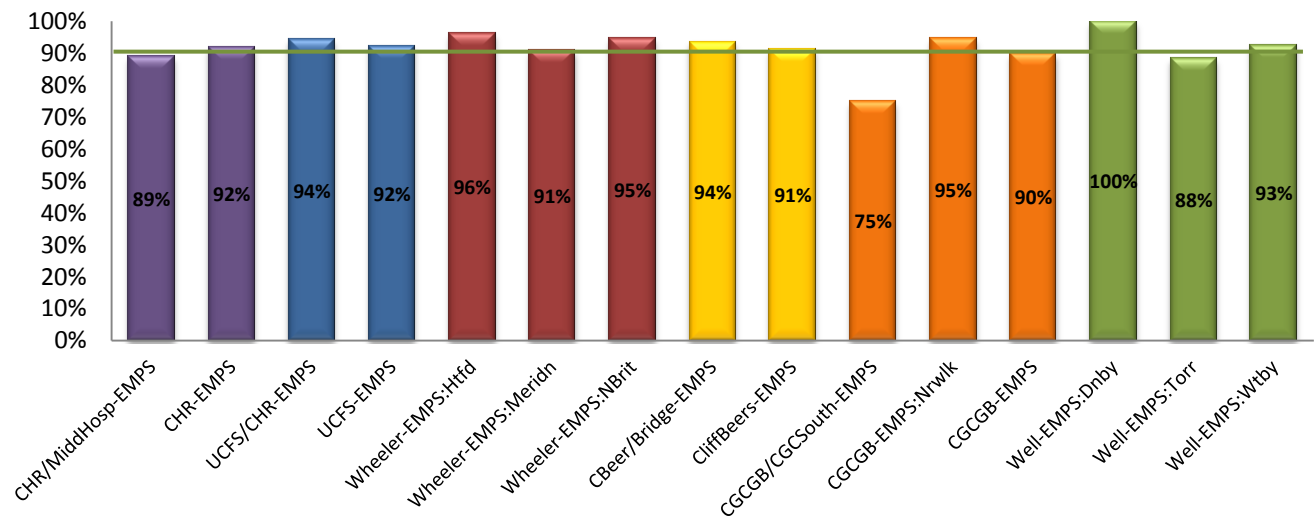


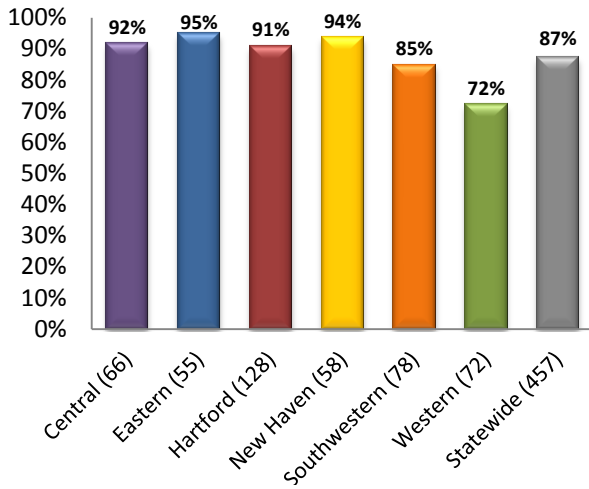
Figure 18. Mobile Response by Provider

Goal=90%



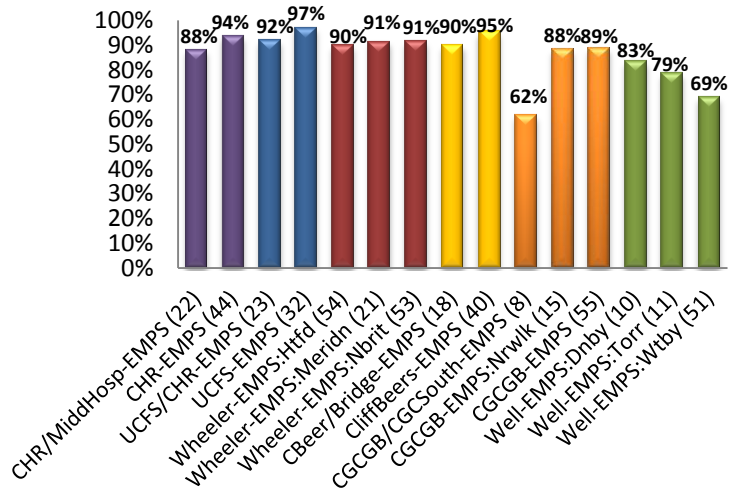
Section IV: Response Time

Figure 19. Total Mobile Episodes with Response Time Under 45 Minutes



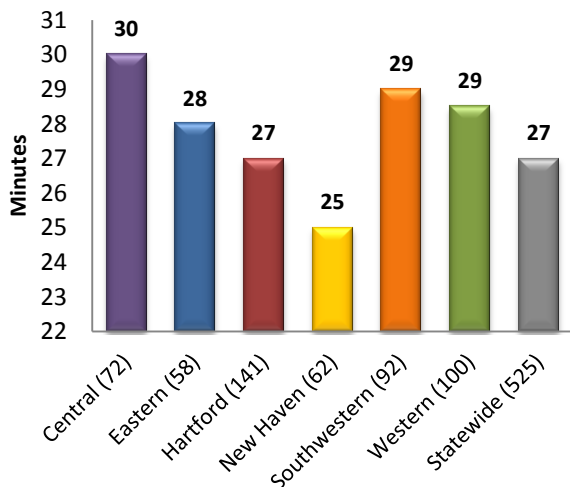
Note: Count of mobile episodes under 45 mins. are in parenthesis

Figure 20. Total Mobile Episodes with Response Time Under 45 Minutes by Provider



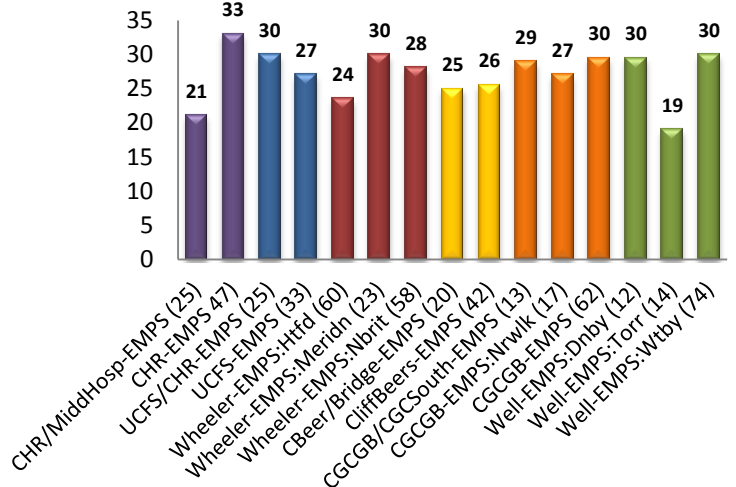
Note: Count of mobile episodes under 45 mins. are in parenthesis

Figure 21. Median Mobile Response Time in Minutes



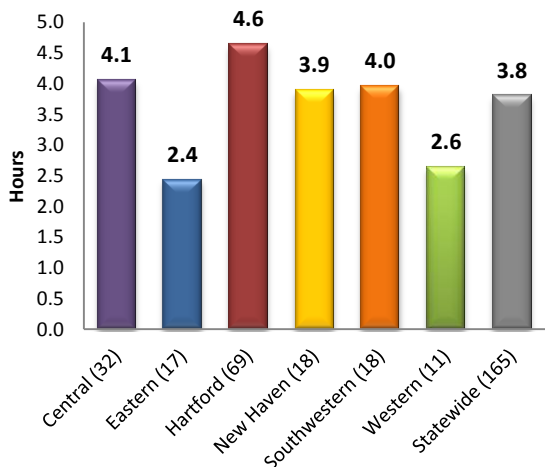
Note: Count of mobile EMPS response episodes are in parenthesis.

Figure 22. Median Mobile Response Time by Provider in Minutes



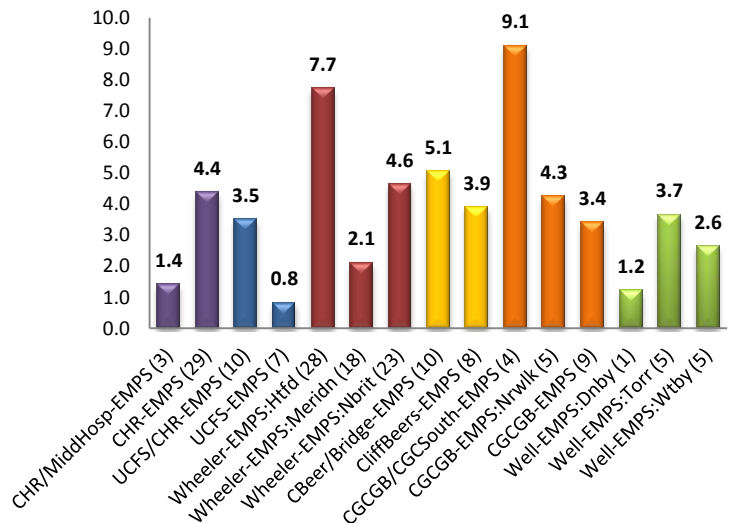
Note: Count of mobile EMPS response episodes are in parenthesis.

Figure 23. Median Deferred Mobile Response Time in Hours



Note: Count of deferred mobile EMPS response episodes are in parenthesis.

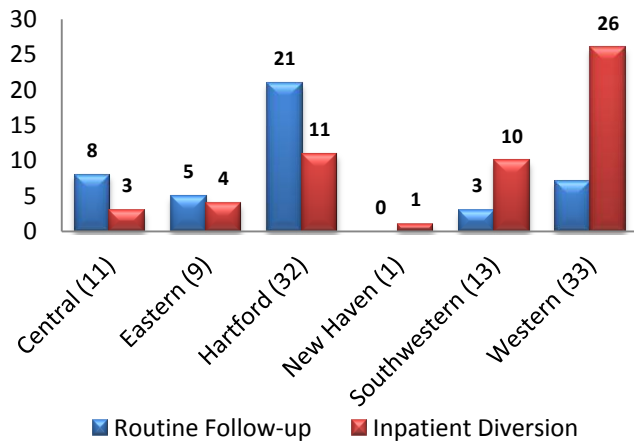
Figure 24. Median Deferred Mobile Response Time by Provider in Hours



Note: Count of deferred mobile EMPS response episodes in parenthesis.

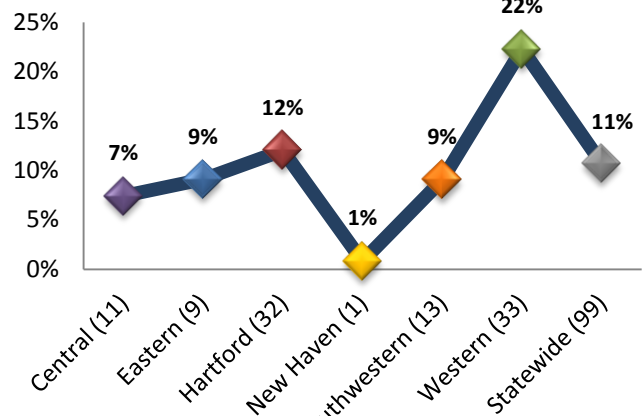
Section V: Emergency Department Referral Type

Figure 25. Type of Emergency Dept. Referral (n=99)



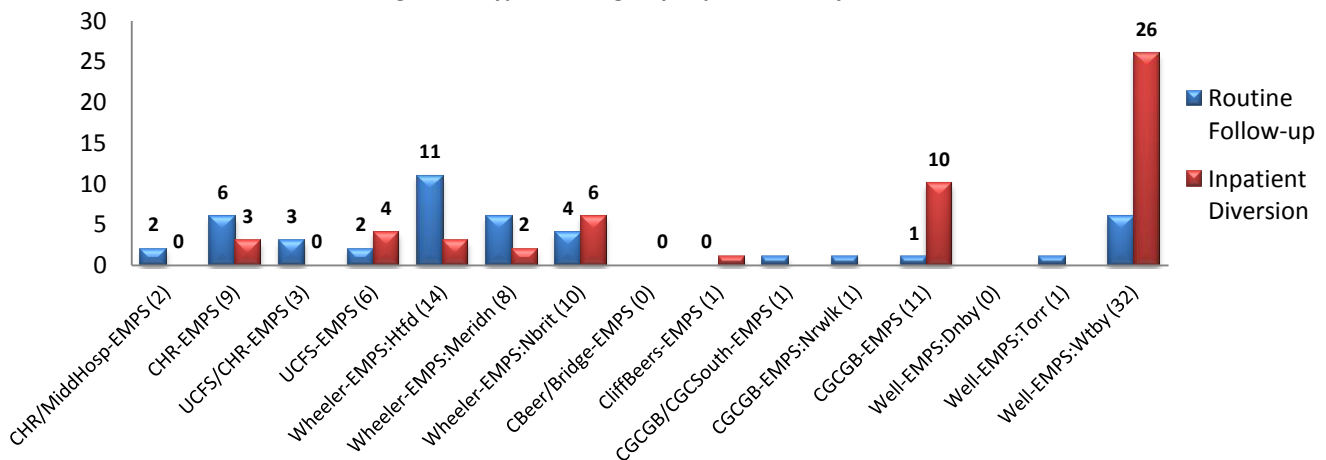
Note: Count total ED referrals are in parenthesis

Figure 26. Emergency Dept. Referral (% Total EMPS Episodes)



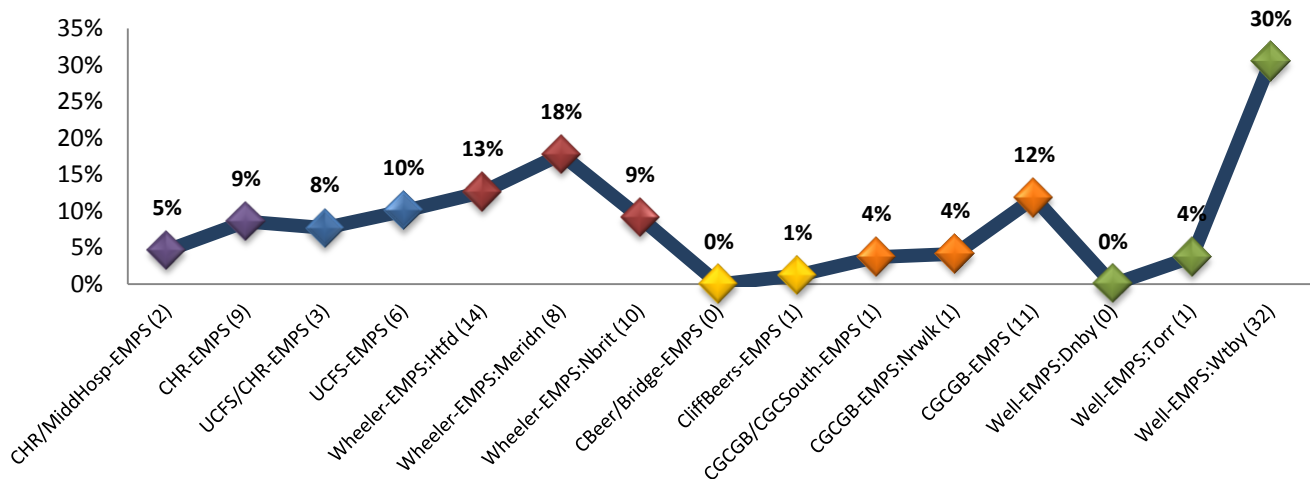
Note: Count total ED referrals are in parenthesis

Figure 27. Type of Emergency Dept. Referral by Provider



Note: Count total ED referrals are in parenthesis

Figure 28. Emergency Dept. Referral (% Total EMPS Episodes) by Provider



Note: Count total ED referrals are in parenthesis

Section VI: Length of Stay

Table 1. Length of Stay for Discharged Episodes of Care in Days

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
		<i>Discharged Episodes for Current Reporting Period</i>									<i>Cumulative Discharged Episodes*</i>								
		Mean			Median			Percent			Mean			Median			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.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	0.6	5.4	22.3	0	1.0	16.0	7%	26%	5%	0.8	6.6	25.8	0	2.0	22.0	9%	29%	9%
2	Central	1.8	8.1	25.9	0	4.0	26.0	19%	37%	14%	0.9	9.4	28.9	0	4.0	22.0	12%	43%	13%
3	CHR/MiddHosp-EMPS	0.7	0.0	13.7	0	0.5	14.0	14%	7%	0%	1.5	2.9	7.8	0	1.0	6.0	22%	18%	1%
4	CHR-EMPS	2.4	9.7	27.4	0	5.0	28.0	21%	45%	16%	0.7	14.6	31.5	0	7.0	26.0	8%	63%	15%
5	Eastern	0.5	2.6	19.5	0	1.0	21.0	7%	8%	0%	0.2	2.1	22.1	0	1.0	20.0	3%	3%	1%
6	UCFS/CHR-EMPS	0.2	1.8	28.6	0	2.0	24.0	0%	0%	0%	0.2	2.0	21.9	0	0.0	20.0	3%	5%	1%
7	UCFS-EMPS	0.7	3.0	13.2	0	1.0	11.5	11%	12%	0%	0.2	2.2	22.5	0	2.0	21.0	3%	2%	0%
8	Hartford	0.7	6.2	22.4	0	2.0	22.0	8%	28%	1%	0.9	5.4	25.2	0	3.0	21.0	14%	26%	10%
9	Wheeler-EMPS:Htfd	1.3	4.8	17.9	0	1.0	16.5	14%	26%	0%	1.3	5.6	25.6	0	3.0	22.0	18%	29%	10%
10	Wheeler-EMPS:Meridn	0.0	7.8	27.7	0	4.0	29.0	0%	38%	7%	1.3	4.7	21.5	0	2.0	18.5	26%	23%	6%
11	Wheeler-EMPS:NBrit	0.3	7.1	24.1	0	2.0	22.0	4%	27%	0%	0.4	5.3	26.2	0	3.0	22.0	6%	22%	12%
12	New Haven	0.1	5.2	19.1	0	2.0	17.0	0%	36%	4%	1.2	8.5	27.6	0	3.0	27.0	8%	40%	8%
13	CBeer/Bridge-EMPS	0.0	6.3	20.3	0	1.0	17.0	0%	35%	0%	2.2	3.9	25.6	0	0.0	27.0	13%	17%	3%
14	CliffBeers-EMPS	0.1	4.4	18.8	0	3.0	16.5	0%	36%	5%	1.0	10.4	29.5	0	5.0	27.0	7%	50%	14%
15	Southwestern	0.5	4.1	25.3	0	1.0	22.0	6%	19%	11%	0.9	9.2	30.4	0	2.0	31.0	10%	37%	11%
16	CFG/CGCSouth-EMPS	0.1	5.0	26.6	0	2.5	35.0	0%	20%	7%	0.4	4.9	39.2	0	0.0	40.0	4%	12%	31%
17	CFG/CGC-Nrwlk										1.4	6.9	19.6	1	5.0	15.5	27%	42%	5%
18	CFG/CGC-Brdgprt	0.7	3.8	24.7	0	1.0	22.0	12%	18%	13%	1.3	10.6	26.7	0	4.0	29.0	15%	44%	2%
19	Western	0.5	3.0	16.1	0	1.0	14.0	5%	15%	0%	0.5	5.2	20.0	0	0.0	20.0	5%	24%	4%
20	Well-EMPS:Dnby	0.3	2.2	18.0	0	1.0	22.0	0%	20%	0%	0.5	5.1	17.1	0	0.0	14.0	5%	24%	2%
21	Well-EMPS:Torr	0.2	3.8	14.7	0	3.0	14.0	0%	25%	0%	0.2	8.3	18.8	0	5.0	19.0	4%	46%	2%
22	Well-EMPS:Wtby	0.5	2.9	16.1	0	1.0	14.0	7%	13%	0%	0.6	4.8	21.2	0	0.0	21.0	5%	21%	6%

* 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

		A	B	C	D	E	F	G	H	I	J	K	L
		<i>Discharged Episodes for Current Reporting Period</i>						<i>Cumulative Discharged Episodes*</i>					
		N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent		
		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	181	341	298	13	88	16	3557	7618	6401	330	2190	583
2	Central	21	63	65	4	23	9	697	1041	1035	85	451	135
3	CHR/MiddHosp-EMPS	7	14	7	1	1	0	219	459	116	49	82	1
4	CHR-EMPS	14	49	58	3	22	9	478	582	919	36	369	134
5	Eastern	15	26	17	1	2	0	436	955	699	13	28	7
6	UCFS/CHR-EMPS	6	9	7	0	0	0	120	313	427	3	17	6
7	UCFS-EMPS	9	17	10	1	2	0	316	642	272	10	11	1
8	Hartford	52	114	104	4	32	1	836	1693	2598	118	432	271
9	Wheeler-EMPS:Htfd	22	46	38	3	12	0	369	805	770	65	233	75
10	Wheeler-EMPS:Meridn	6	13	15	0	5	1	121	191	440	31	44	26
11	Wheeler-EMPS:NBrit	24	55	51	1	15	0	346	697	1388	22	155	170
12	New Haven	25	42	27	0	15	1	562	934	707	44	374	60
13	CBeer/Bridge-EMPS	7	17	7	0	6	0	79	279	347	10	48	9
14	CliffBeers-EMPS	18	25	20	0	9	1	483	655	360	34	326	51
15	Southwestern	31	43	45	2	8	5	377	1465	735	38	539	83
16	CFGF/CGCSouth-EMPS	14	10	14	0	2	1	171	320	226	6	39	71
17	CFGF-NrwIk	0	0	0	0	0	0	11	52	20	3	22	1
18	CFGF-Brdgprt	17	33	31	2	6	4	195	1093	489	29	478	11
19	Western	37	53	40	2	8	0	649	1530	627	32	366	27
20	Well-EMPS:Dnby	4	5	3	0	1	0	129	186	95	6	45	2
21	Well-EMPS:Torr	5	8	6	0	2	0	136	166	146	6	77	3
22	Well-EMPS:Wtby	28	40	31	2	5	0	384	1178	386	20	244	22

* 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

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		<i>Episodes Still in Care*</i>									<i>N of Episodes Still in Care*</i>					
		Mean			Median			Percent			N used Mean/Median			N used for 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	333.8	378.8	281.1	271.0	360.0	269.0	100%	100%	100%	8	21	29	8	21	29
2	Central		629.0			629.0			100%		0	1	0	0	1	0
3	CHR/MiddHosp-EMPS		629.0			629.0			100%		0	1	0	0	1	0
4	CHR-EMPS										0	0	0	0	0	0
5	Eastern										0	0	0	0	0	0
6	UCFS/CHR-EMPS										0	0	0	0	0	0
7	UCFS-EMPS										0	0	0	0	0	0
8	Hartford		222.0	203.5		222.0	203.5		100%	100%	0	1	2	0	1	2
9	Wheeler-EMPS:Htfd										0	0	0	0	0	0
10	Wheeler-EMPS:Meridn										0	0	0	0	0	0
11	Wheeler-EMPS:NBrit		222.0	203.5		222.0	203.5		100%	100%	0	1	2	0	1	2
12	New Haven	380.2	430.9	393.2	337.0	437.0	422.0	100%	100%	100%	6	13	6	6	13	6
13	CBeer/Bridge-EMPS	380.2	428.5	373.8	337.0	415.0	379.0	100%	100%	100%	6	12	5	6	12	5
14	CliffBeers-EMPS		460.0	490.0		460.0	490.0		100%	100%	0	1	1	0	1	1
15	Southwestern	285.0	250.3	256.4	285.0	264.5	269.0	100%	100%	100%	1	6	21	1	6	21
16	CFGCG/CGCSouth-EMPS	285.0	250.3	256.4	285.0	264.5	269.0	100%	100%	100%	1	6	21	1	6	21
17	CFGCG-Nrwlk										0	0	0	0	0	0
18	CFGCG-Brdgprt										0	0	0	0	0	0
19	Western	104.0			104.0			100%			1	0	0	1	0	0
20	Well-EMPS:Dnby										0	0	0	0	0	0
21	Well-EMPS:Torr	104.0			104.0			100%			1	0	0	1	0	0
22	Well-EMPS:Wtby										0	0	0	0	0	0

* 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

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 XI: Data Quality Monitoring

Figure 29. Ohio Scales Collected at Intake by Provider

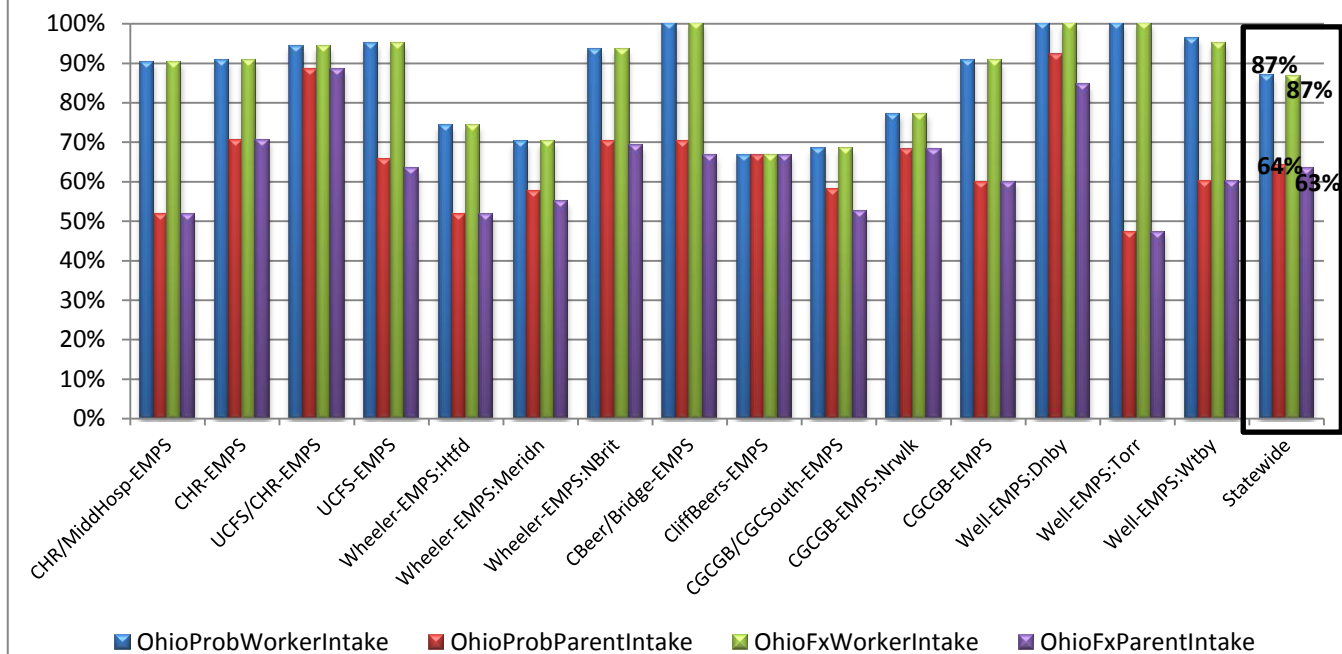
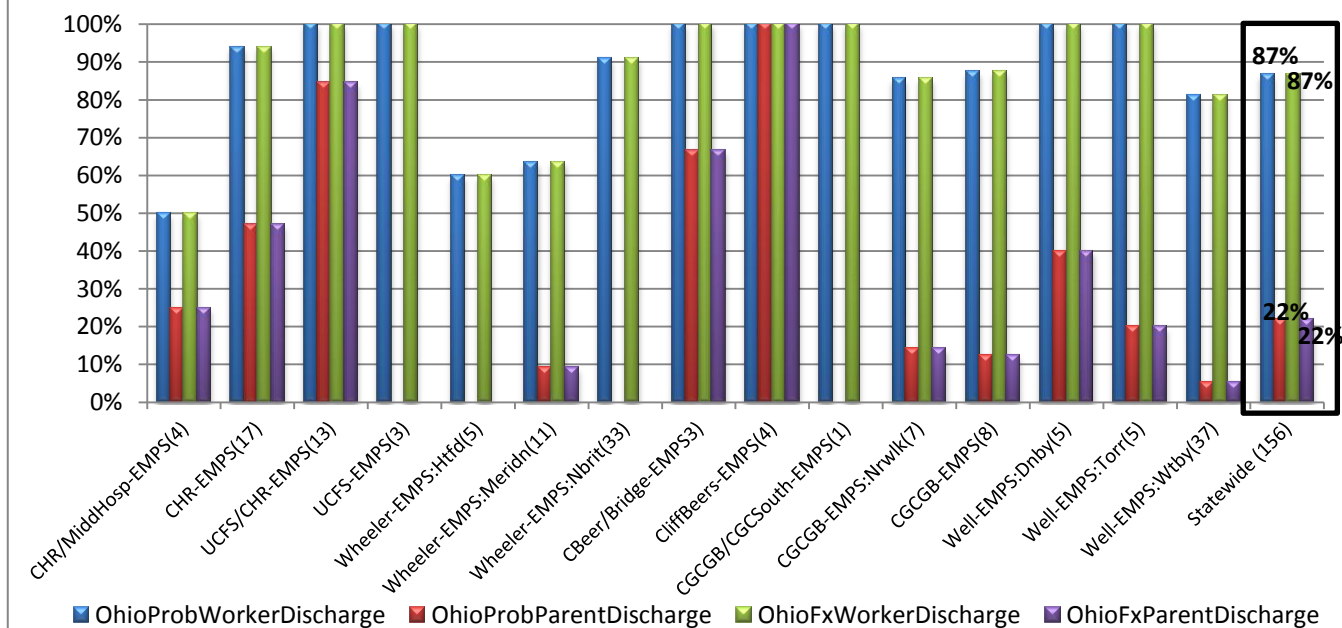
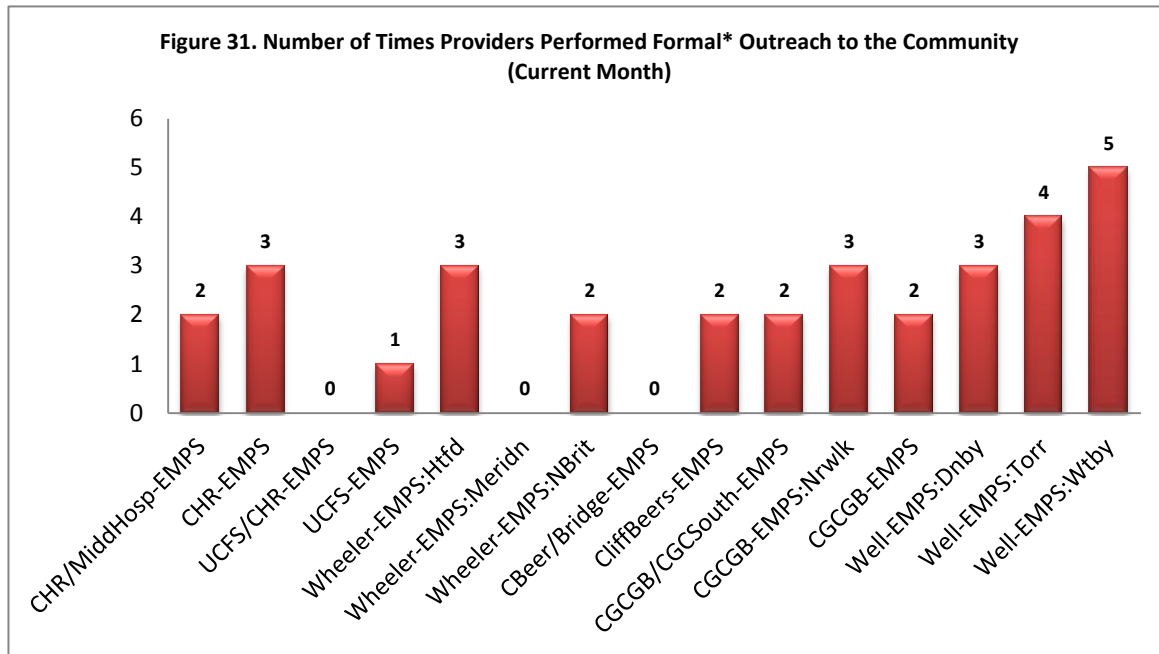


Figure 30. Ohio Scales Collected at Discharge by Provider



Note: Count number of expected Ohio Scales completed at discharge in parenthesis

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 for crisis response for that specified service area.
- Figure 12 calculates the same percentage as Figure 11 and is shown by provider.

Section III: 211 Recommendations and EMPS Response

- Figure 13 shows the percentage of the 211 recommended responses (i.e. mobile, deferred mobile, non-mobile) 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, non-mobile) 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", <http://www.fns.usda.gov/cnd/Lunch/>.

Section IV: Response Time

- 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.

Section VII: Data Quality Monitoring

- Figure 29 calculates the percent of Ohio intake scales by dividing actual over expected. The numerator is calculated by counting the number of Ohio intake 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 intake 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 discharge scales by dividing actual over expected. The numerator is calculated by counting the number of Ohio discharge 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 discharge 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.