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

Monthly Report: January 2012

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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





Child Health and Development Institute of Connecticut, Inc.

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Executive Summary

<u>Call and Episode Volume</u>: In January 2012, **211 received 1,383 calls** including 1046 calls (76%) routed to EMPS providers and 337 calls (24%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). This month 211 received 502 more calls than in January 2011, a 36% increase. The percent distribution of calls routed to EMPS providers and those handled by 211 remains fairly consistent from month to month.

Among the **1046 episodes of care** generated this month, episode volume ranged from 130 episodes (New Haven service area) to 286 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 1.24, with service area rates ranging from 0.91 (Southwestern) to 1.74 (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 2.89 per 1,000 children in poverty, with service area rates ranging from 2.12 (New Haven) to 4.55 (Eastern).

<u>Mobility</u>: Statewide mobility was 93.6% this month, compared to 85.7% in January 2011. All six service areas were above the 90% benchmark this month, with performance ranging from 91.2% (Eastern) to 96.7% (Western). Mobility for individual providers ranged from 87% (Wellmore-Danbury) to 100% (Wheeler-Meriden and CFGC-Norwalk). Twelve of the fifteen individual providers had mobility rates above the 90% benchmark.

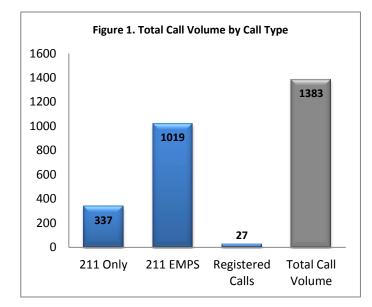
<u>Response Time</u>: Statewide, this month **84% of mobile episodes received a face-to-face response in 45 minutes or less**, which is 4% lower than January 2011 (88%). Five of the six service areas were at or above the 80% benchmark this month, with performance ranging from 66% (Western) to 92% (Hartford). In addition, the statewide median mobile response time was 28 minutes, with all six service areas demonstrating a median mobile response time of 32 minutes or less. These data strongly suggest that EMPS service providers are offering timely responses to crises in the community.

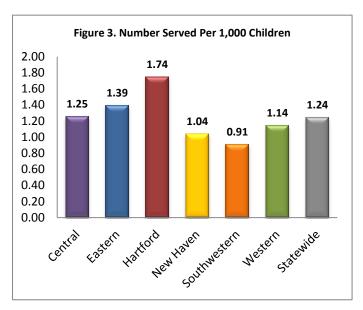
Length of Stay: Statewide, among discharged episodes, 9% (current month) and 9% (cumulative) of Phone Only episodes exceeded one day, 23% (current month) and 29% (cumulative) of Face-to-face episodes exceeded five days, and 7% (current month) and 9% (cumulative) of Plus Stabilization Follow-up episodes exceeded 45 days.

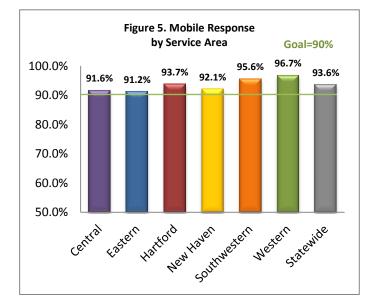
Statewide, the median LOS for open episodes of care with a Crisis Response of Phone Only was 302 days (n=8) and ranged from 135 days (Western) to 368 days (New Haven). Statewide, the median LOS for a Crisis Response of Face-to-face was 391 days (n=21) and ranged from 253 days (Hartford) to 660 days (Central). For the Plus Stabilization Follow-up Crisis Response, the statewide median LOS was 300 days (n=27) with a range from 204 days (Hartford) to 453 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.

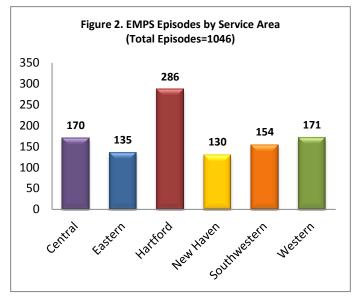
Data Quality Monitoring: The Worker version of the Ohio Scales was completed more consistently than the Parent version. This month statewide completion rates for **intake** Ohio Scales were: Worker Problem Scale (88%), Parent Problem Scale (66%), Worker Functioning Scale (88%), and Parent Functioning Scale (65%). The statewide completion rate for **discharge** Ohio Scales this month were: Worker Problem Scale (84%), Parent Problem Scale (22%), Worker Functioning Scale (84%), 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.

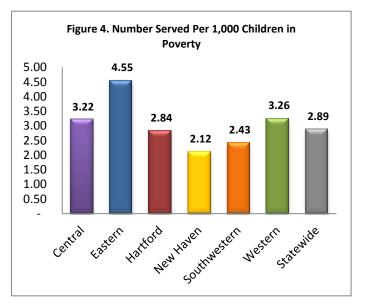
Section I: Primary EMPS Performance Indicators

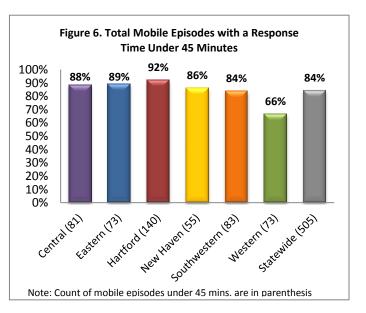




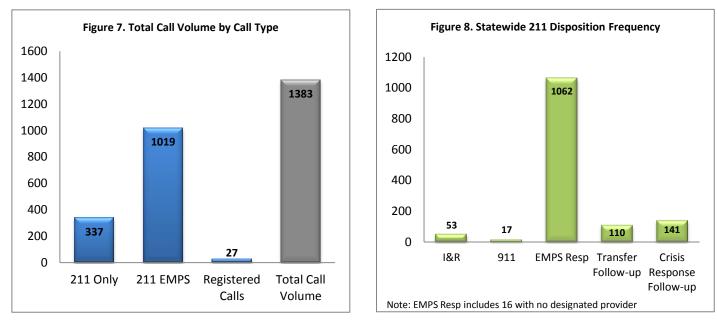


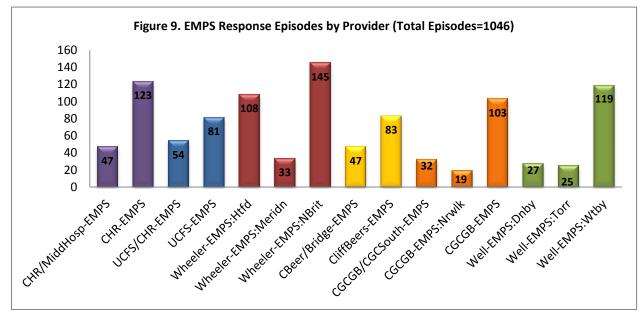


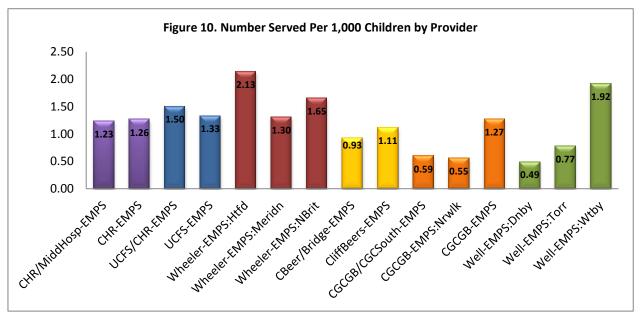


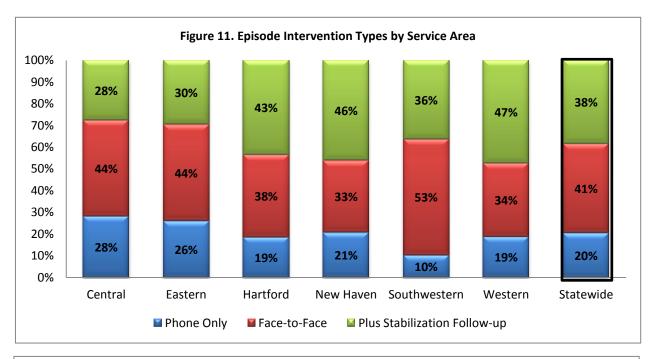


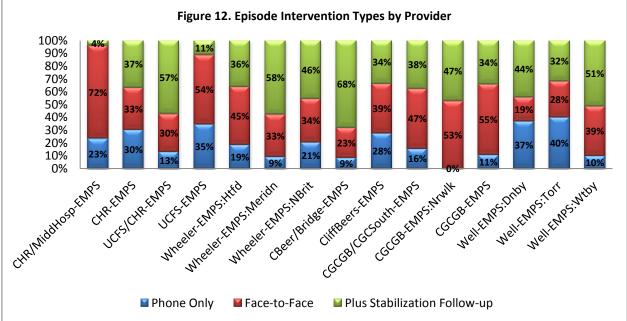
Section II: Episode Volume



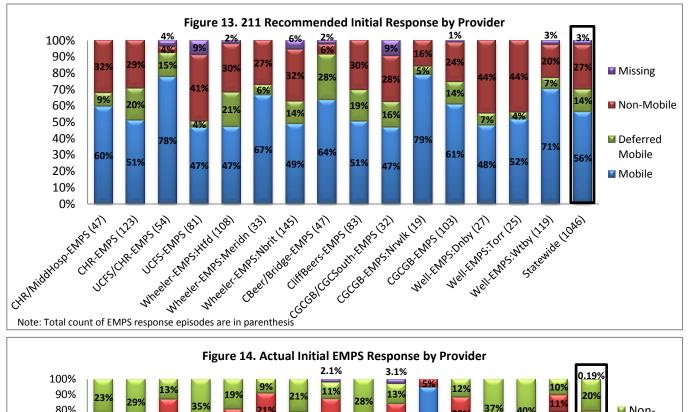


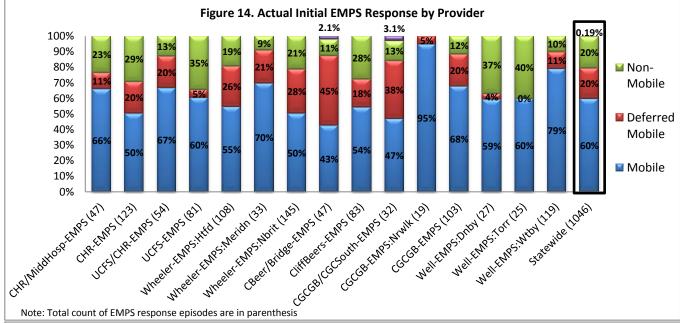


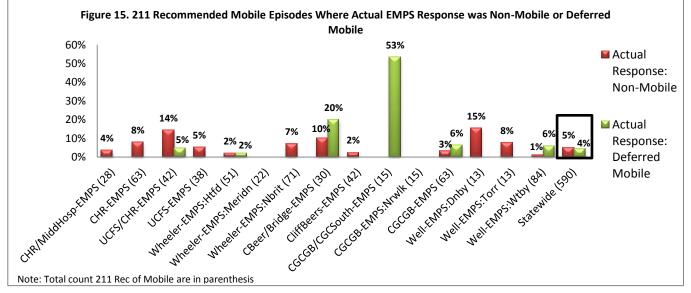


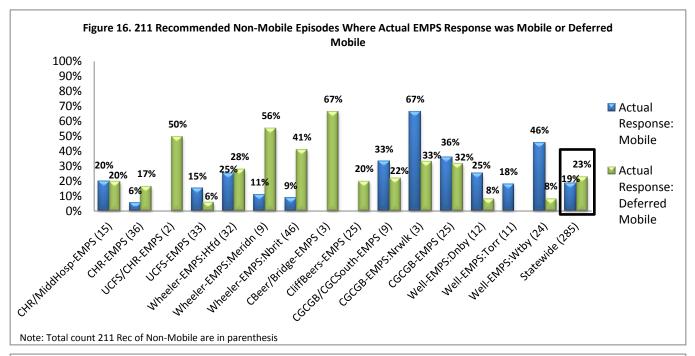


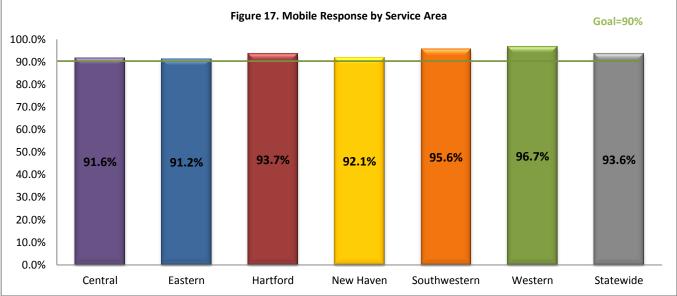
Section III: 211 Recommendations and EMPS Response

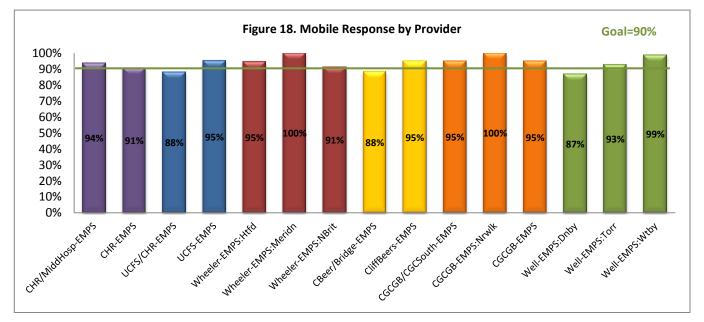




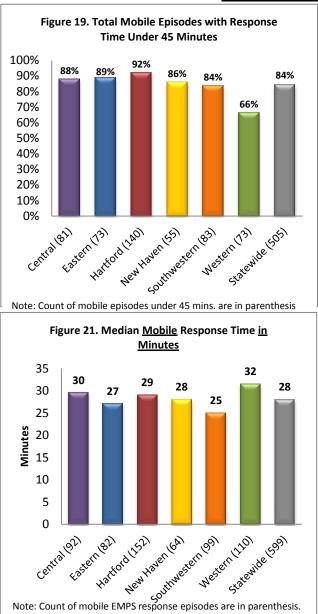




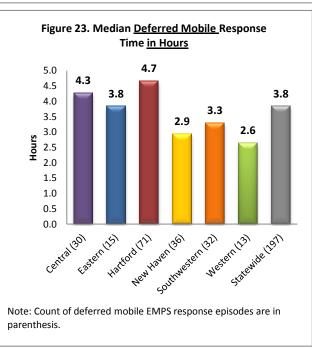


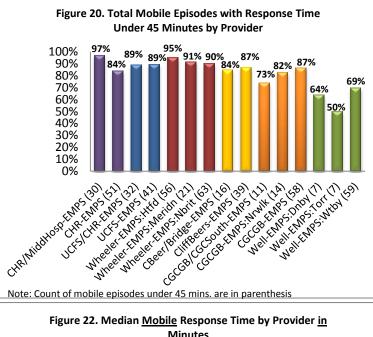


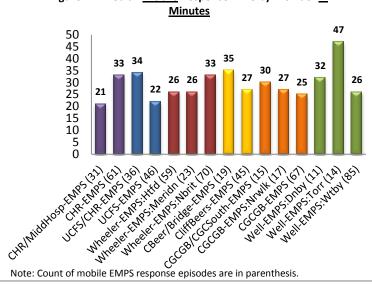
Section IV: Response Time

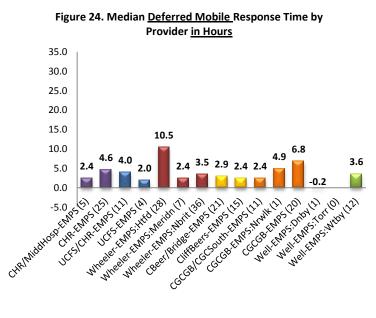






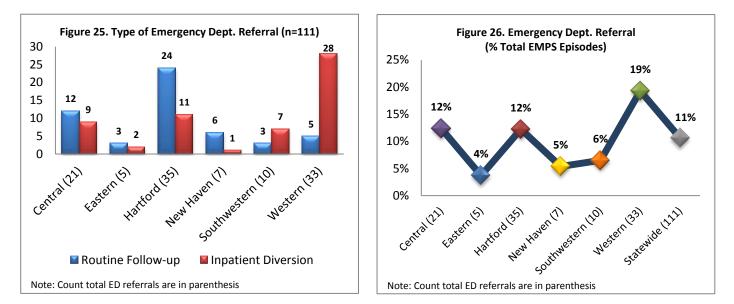


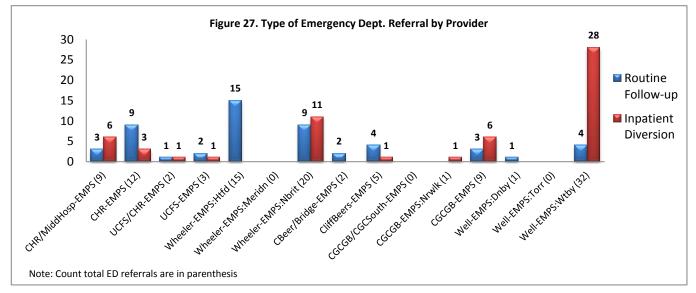


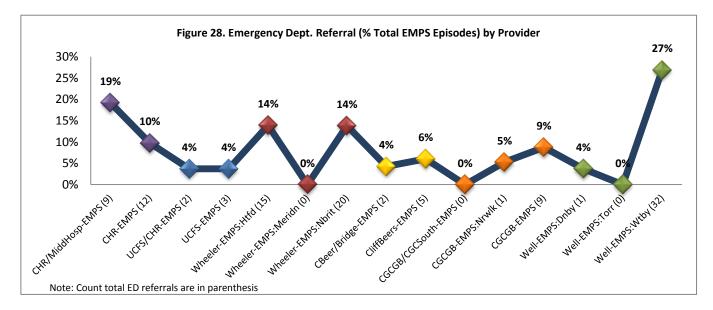




Section V: Emergency Department Referral Type







Section VI: Length of Stay

		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 Ep													isodes*				
			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	6.5	23.1	0	1.0	20.0	9%	23%	7%	0.8	6.6	25.7	0	2.0	22.0	9%	29%	9%	
2	Central	0.2	10.3	28.4	0	3.0	29.0	4%	30%	14%	0.9	9.3	28.6	0	4.0	22.0	12%	43%	13%	
3	CHR/MiddHosp-EMPS		0.0	12.9	0	2.0	10.0	9%		0%	1.6		-	0	1.0	6.0			1%	
4	CHR-EMPS	0.2	12.2	30.5	0	4.0	30.0	0%	35%	16%	0.6	14.3	31.1	0	7.0	26.0	7%	63%	14%	
5	Eastern	2.1	6.2	15.8	0	3.0	12.0	12%	26%	0%	0.2	2.1	22.1	0	1.0	20.0	3%	3%	1%	
6	UCFS/CHR-EMPS	3.1	12.8	14.7	0	6.0	15.0	11%	56%	0%	0.1	2.0	-	-		20.0			1%	
7	UCFS-EMPS	1.0	2.9	16.4	0	2.5	11.5	13%	11%	0%	0.2	2.1	22.5	0	2.0	21.0	3%	2%	0%	
8	Hartford	0.4	7.7	22.2	0	2.0	21.0	10%	28%	5%	1.0	5.4	25.1	0	3.0	21.0	14%	25%	10%	
9	Wheeler-EMPS:Htfd	0.5	7.3	18.5	0	2.5	17.0	14%	25%	0%	1.5	5.7	25.8	0	3.0	22.0	19%	29%	10%	
10	Wheeler-EMPS:Meridn	0.3	7.8	24.2	0	1.5	20.0	0%	30%	13%	1.3	4.6	21.5	0	2.0	19.0	25%	22%	6%	
11	Wheeler-EMPS:NBrit	0.4	8.1	23.7	0	2.0	25.0	6%	29%	5%	0.3	5.2	25.9	0	3.0	21.0	7%	22%	12%	
12	New Haven	0.7	4.2	21.3	0	0.5	20.5	3%	15%	3%	1.1	8.6	27.8	0	3.0	27.0	8%	40%	9%	
13	CBeer/Bridge-EMPS		2.7	23.3	0	1.0	22.0	11%	18%	8%	2.1	4.0		0	0.0	27.0	12%		3%	
14	CliffBeers-EMPS	0.2	4.9	19.9	0	0.0	17.5	0%	13%	0%	1.0	10.6	29.8	0	5.0	28.0	8%	50%	15%	
15	Southwestern	0.6	5.2	26.9	0	1.0	27.0	11%	23%	9%	0.9	9.3	30.2	0	2.0	31.0	10%	37%	11%	
16	CFGC/CGCSouth-EMPS	1.8	4.3	27.2	1	3.0	32.0	30%	20%	13%	0.4	4.9	38.8	0	0.0	40.0	3%	12%	31%	
17	CFGC-Nrwlk										1.4	7.1	20.1	1	4.5	16.0		42%	3%	
18	CFGC-Brdgprt	0.2	5.6	26.8	0	1.0	26.5	4%	24%	7%	1.3	10.7	27.0	0	4.0	29.0	15%	44%	2%	
19	Western	0.3	2.3	18.2	0	0.5	16.0	11%	11%	2%	0.5	5.1	19.6	0	0.0	19.0	5%	23%	5%	
20	Well-EMPS:Dnby			13.3	0	0.0	13.0	0%	0%		0.5	5.1	16.6	0		14.0			2%	
21	Well-EMPS:Torr	0.0			0	4.0	14.5	0%	14%	0%	0.2	8.1	19.3	0	5.0		-		3%	
22	Well-EMPS:Wtby		2.3		0	0.0	16.0	14%	11%	3%	0.6	4.7	20.5	0	0.0	20.0	5%	20%	6%	

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 <u>Discharged Episodes</u> of Care

]		Α	В	С	D or Curre	Е	F	G	н	I	J	К	L		
		Cumulativo Discharged Enicodos*													
		Nucod	Maan /	Per		d for Pe	reent	Cumulative Discharged Episodes* N used Mean/Median N used for Percent							
		N USEO	Mean/N	viedian	N USE	a for Pe	ercent	N USE	d Mean/N	/ledian	N US	ed for Pe	ercent		
		Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45		
1	STATEWIDE	197	340	336	17	79	22	3775	8007	6768	352	2284	609		
2	Central	23	66	69	1	20	10	742	1108	1075	90	475	136		
3	CHR/MiddHosp-EMPS	11	12	8	1	1	0	229	489	117	53	88	1		
4	CHR-EMPS	12	54	61	0	19	10	513	619	958	37	387	135		
5	Eastern	17	27	19	2	7	0	471	1014	729	13	28	7		
6	UCFS/CHR-EMPS	9	9	7	1	5	0	127	328	448	3	17	6		
7	UCFS-EMPS	8	18	12	1	2	0	344	686	281	10	11	1		
8	Hartford	50	109	121	5	30	6	898	1771	2736	130	446	282		
9	Wheeler-EMPS:Htfd	28	48	37	4	12	0	394	836	815	74	243	81		
10	Wheeler-EMPS:Meridn	4	10	23	0	3	3	125	201	467	31	45	27		
11	Wheeler-EMPS:NBrit	18	51	61	1	15	3	379	734	1454	25	158	174		
12	New Haven	36	34	30	1	5	1	589	990	730	48	395	65		
13	CBeer/Bridge-EMPS	9	11	12	1	2	1	83	297	358	10	51	10		
14	CliffBeers-EMPS	27	23	18	0	3	0	506	693	372	38	344	55		
15	Southwestern	36	48	46	4	11	4	393	1536	785	39	568	86		
16	CFGC/CGCSouth-EMPS	10	15	16	3	3	2	178	335	234	6	40	73		
17	CFGC-Nrwlk	0	0	0	0	0	0	11	60	32	3	25	1		
18	CFGC-Brdgprt	26	33	30	1	8	2	204	1141	519	30	503	12		
19	Western	35	56	51	4	6	1	682	1588	713	32	372	33		
20	Well-EMPS:Dnby	3	5	4	0	0	0	139	191	107	6	46	2		
21	Well-EMPS:Torr	4	7	10	0	1	0	146	174	163	6	79	5		
22	Well-EMPS:Wtby	28	44	37	4	5	1	397	1223	443	20	247	26		

* 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

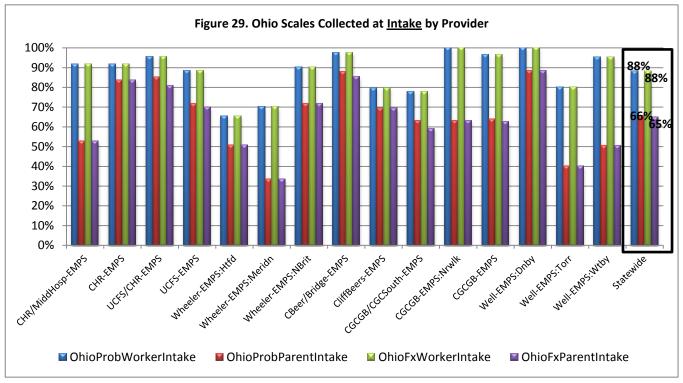
		Α	В	С	D	Е	F	G	н	I	J	К	L	М	Ν	0		
			Episodes Still in Care*									N of Episodes Still in Care*						
			Mean		Median				Percent		N used	l Mean/	Median	N used for Percent				
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45		
1	STATEWIDE	364.8	409.8	308.3	302.0	391.0	300.0	100%	100%	100%	8	21	27	8	21	27		
2	Central		660.0			660.0			100%		0	1	0	0	1	0		
3	CHR/MiddHosp-EMPS		660.0			660.0			100%		0	1	0	-	1	-		
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		253.0	204.0		253.0	204.0		100%	100%	0	1	1	0	1	1		
9	Wheeler-EMPS:Htfd										0	0	0	0	0	0		
10	Wheeler-EMPS:Meridn										0	-	0	0	0	0		
11	Wheeler-EMPS:NBrit		253.0	204.0		253.0	204.0		100%	100%	0	1	1	0	1	1		
12	New Haven	411.2	461.9	424.2	368.0	468.0	453.0	100%	100%	100%	6	13	6	6	13	6		
13	CBeer/Bridge-EMPS	411.2	459.5	404.8	368.0	446.0	410.0	100%	100%	100%	6	12	5	6	12	5		
14	CliffBeers-EMPS		491.0	521.0		491.0	521.0		100%	100%	0	1	1	0	1	1		
15	Southwestern	316.0	281.3	278.8	316.0	295.5	287.0	100%	100%	100%	1	6	20	1	6	20		
16	CFGC/CGCSouth-EMPS	316.0	281.3	278.8	316.0	295.5	287.0	100%	100%	100%	1	6	20	1	6	20		
17	CFGC-Nrwlk										0	0	0	0	0	0		
18	CFGC-Brdgprt										0	0	0	0	0	0		
19	Western	135.0			135.0			100%			1	0	0	1	0	0		
20	Well-EMPS:Dnby										0	0	0	0	0	0		
21	Well-EMPS:Torr	135.0			135.0			100%			1	0			0	0		
22	Well-EMPS:Wtby										0	0	0	0	0	0		

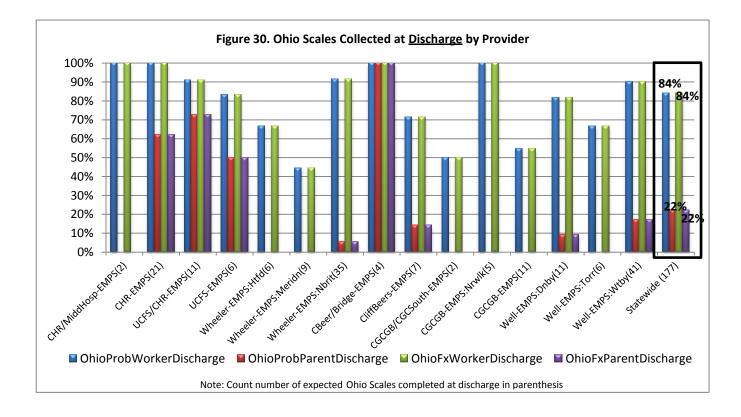
* Includes episodes still in care from January 1, 2010 to end of current reporting period. Note: Blank cells indicate no data was available for that particular inclusion criteria

Definitions:

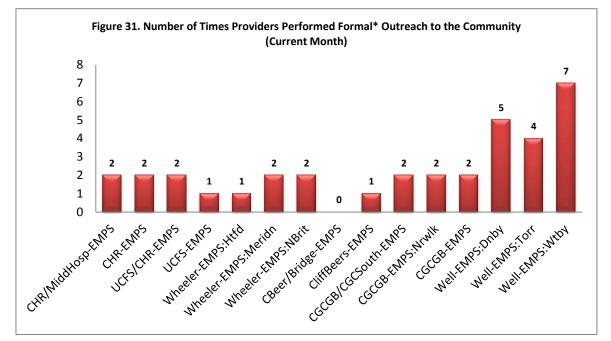
LOS: PhoneLength of Stay in Days for Phone OnlyLOS: FTFLength of Stay in Days for Face To Face OnlyLOS: Stab.Length of Stay in Days for Stabilization Plus Follow-up OnlyPhone > 1Percent of episodes that are phone only that are greater than 1 dayFTF > 5Percent of episodes that are face to face that are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

Section XI: 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 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, 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.

Section VII: Data Quality Monitoring

•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.