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

Monthly Report: March 2010

Updated 5/25/2010

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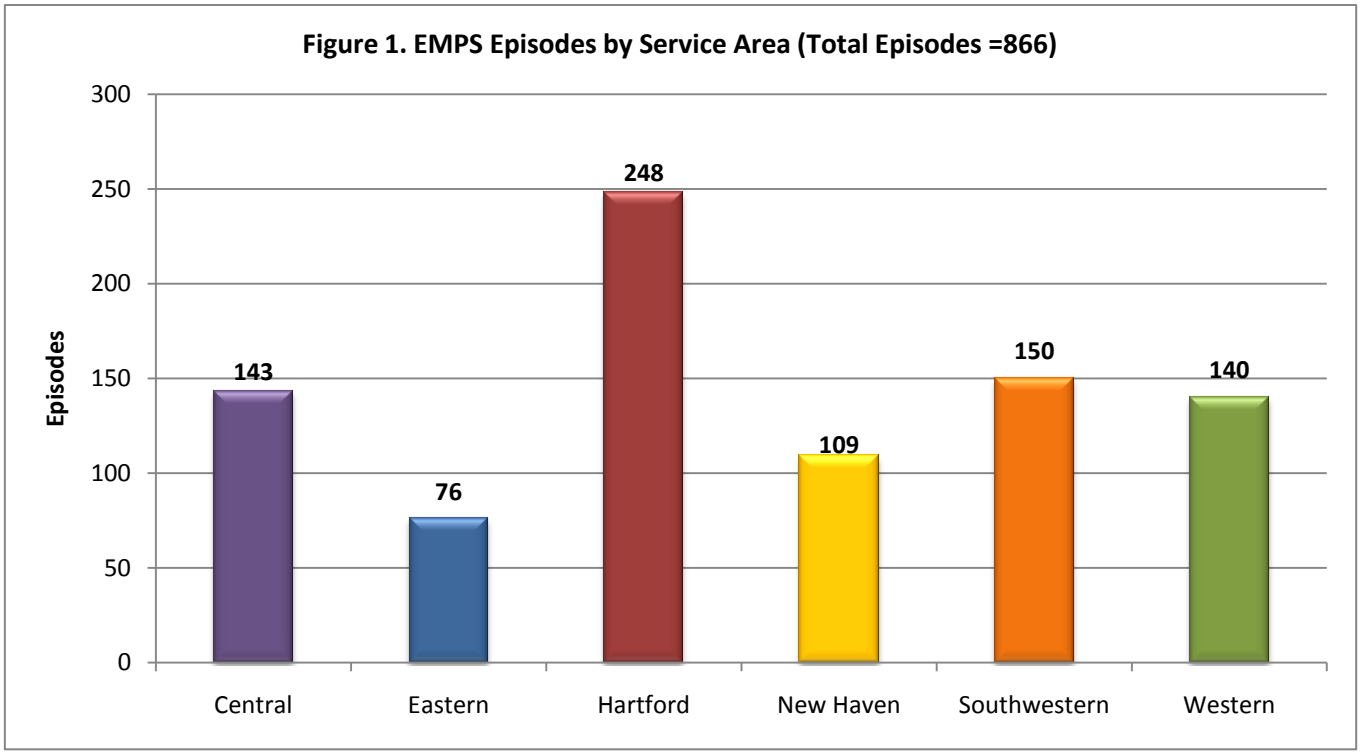
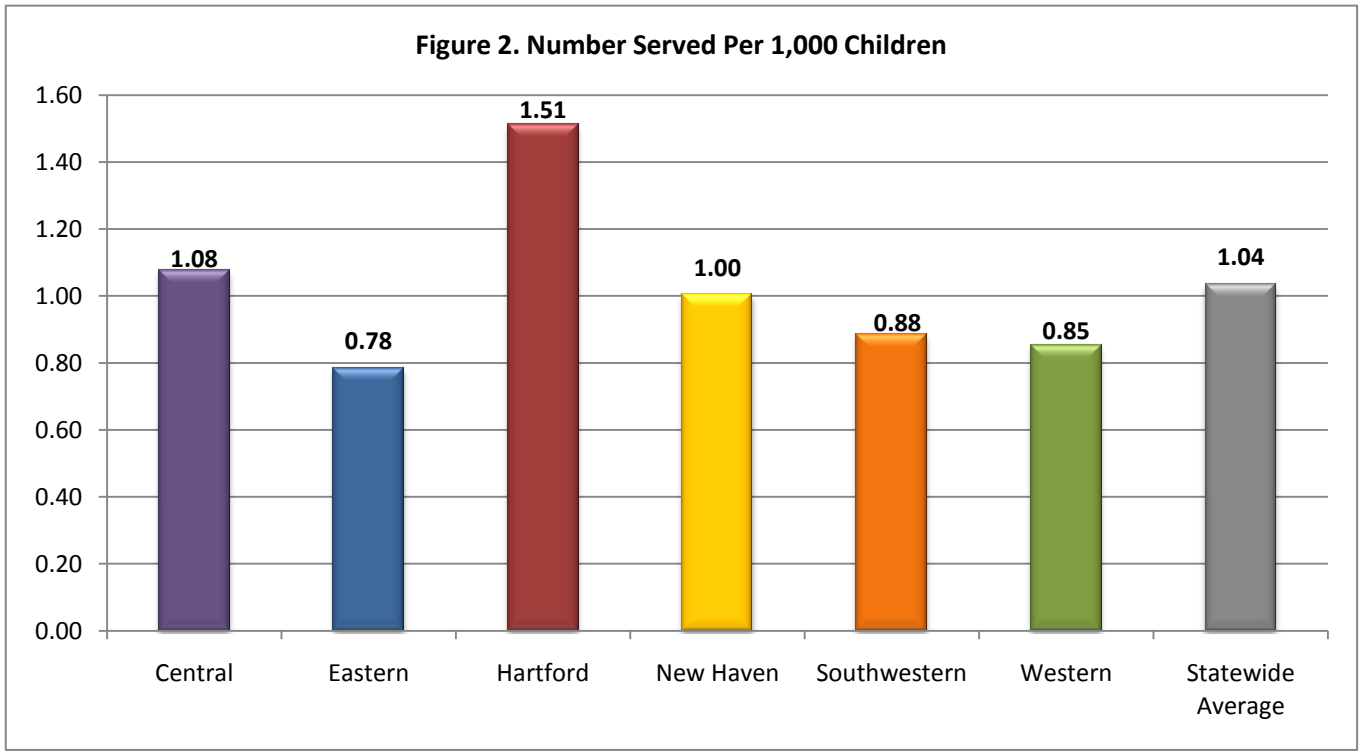
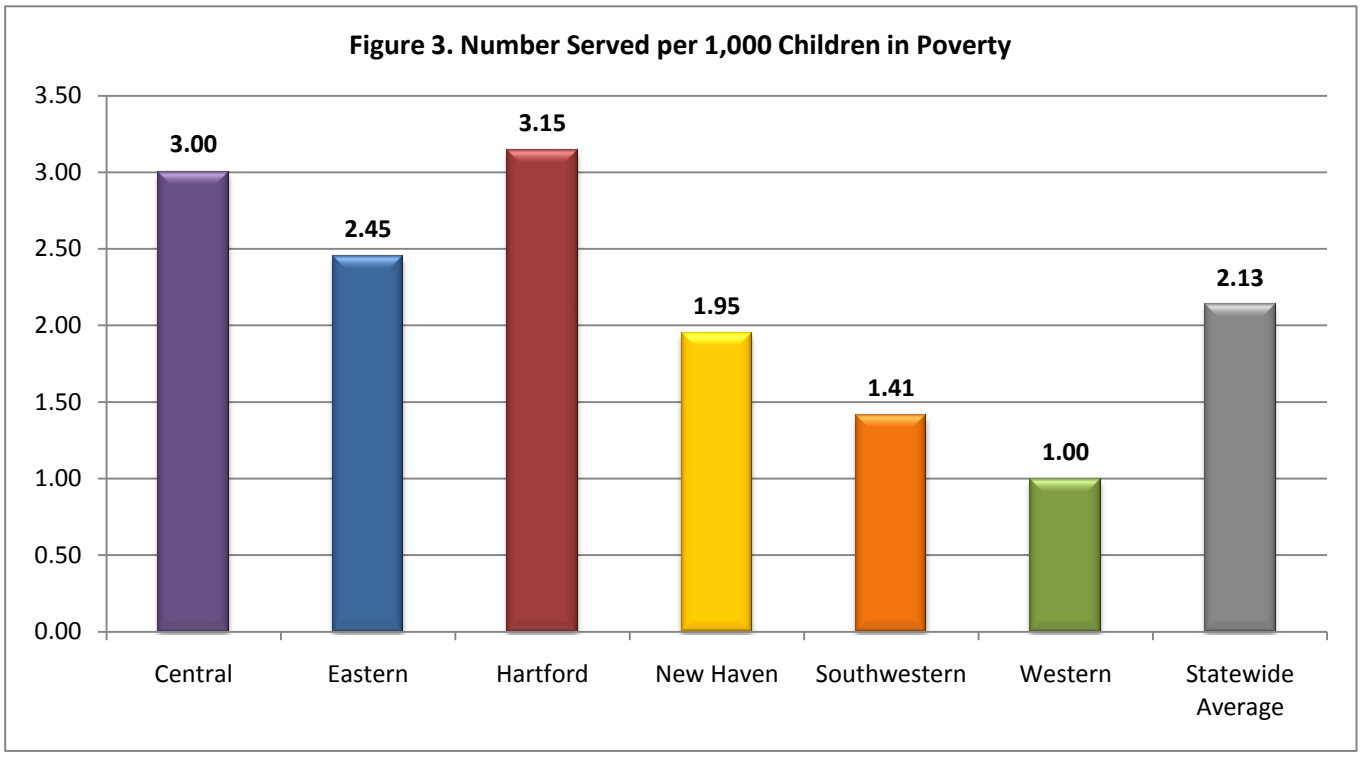
Section I: Primary EMPS Performance Indicators



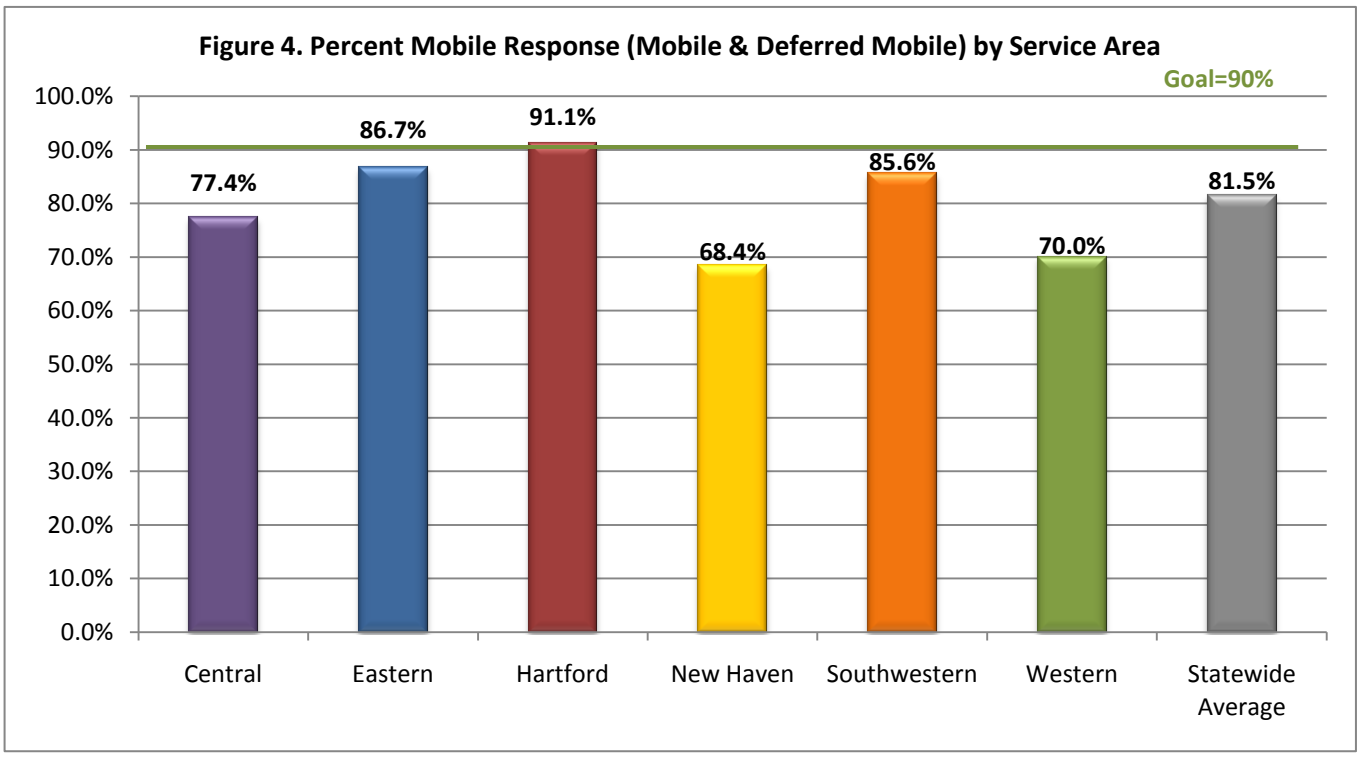
Calculation: Total number of episodes where 211 disposition is EMPS Response



Calculation: (Number of EMPS episodes in service area*1000) ÷ Total child population in service area

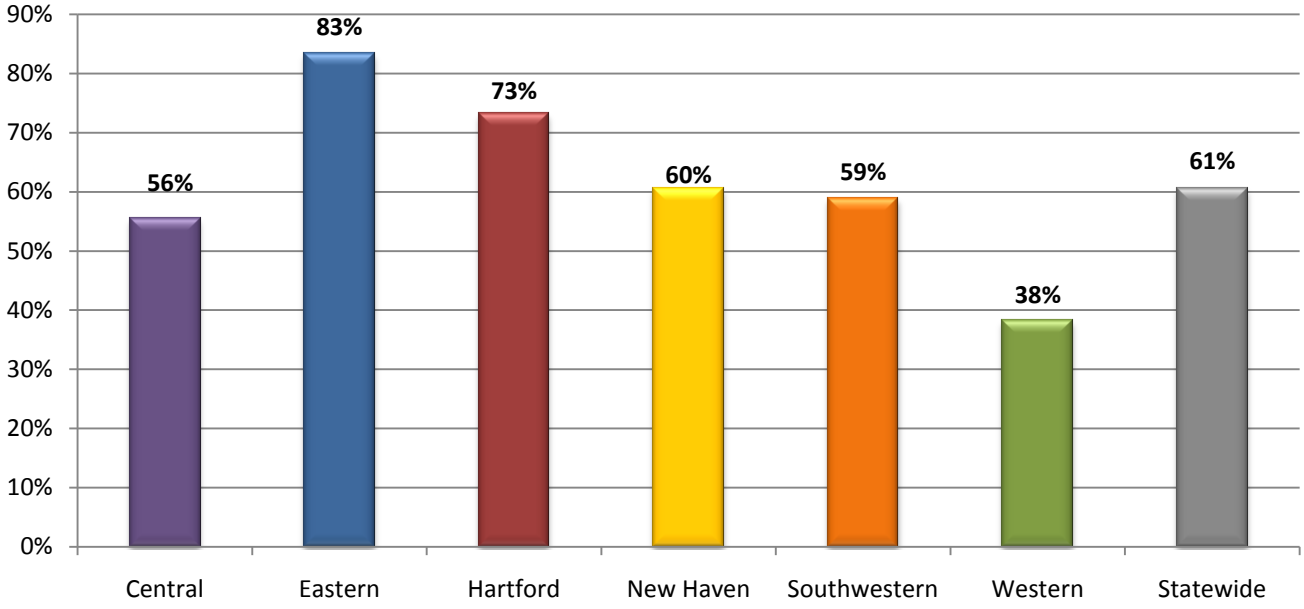


Calculation: (Number of episodes eligible for TANF filtered on face to face or crisis response stabilization follow-up ÷ Total number children eligible for free or reduced lunch in service area)*1000



Calculation: (Count EMPS first contact mode mobile or deferred mobile ÷ total count of 211 rec mobile or deferred mobile)*100

Figure 5. Percent Total Mobile Episodes with Response Time Under 45 Minutes by Service Area



Calculation: (Count mobile episodes under 45 mins ÷ Count of EMPS response mode is mobile) *100
Note: Only includes mobile episodes in range of -9 to 45 minutes after 10 minutes is deducted for avg 211 call

Section I Summary

• The statewide EMPS provider network generated 866 episodes of care in March 2010. This was an increase from the previous two months (January=661; February=569).

• The Hartford service area continues to generate the highest number of episodes (248). The lowest EMPS utilization was observed in the Eastern service area (76 episodes).

• The statewide average penetration rate, adjusted for total statewide child population, was 1.04 episodes per 1,000 children. The Hartford service area had the highest penetration rate in March at 1.51 per 1,000 children. The lowest penetration rate was observed in the Eastern service area at 0.78 per 1,000 children.

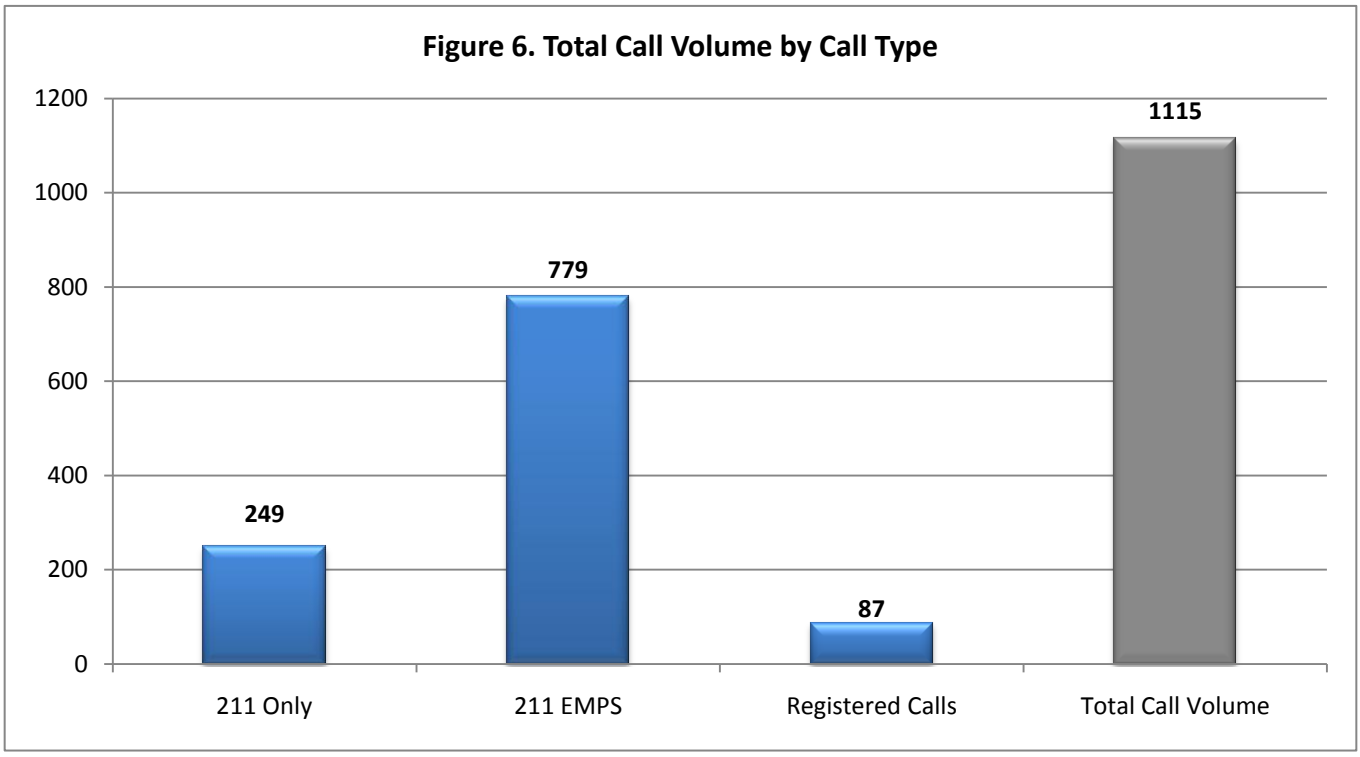
• We are now using the TANF eligible variable along with the number of children who are eligible for free or reduced lunch to calculate the number of children served who are in poverty. The criteria used to determine a family's eligibility are very similar for both TANF and free or reduced lunch (to view the "Eligibility Manual for School Meals" go to http://www.fns.usda.gov/cnd/Lunch/).

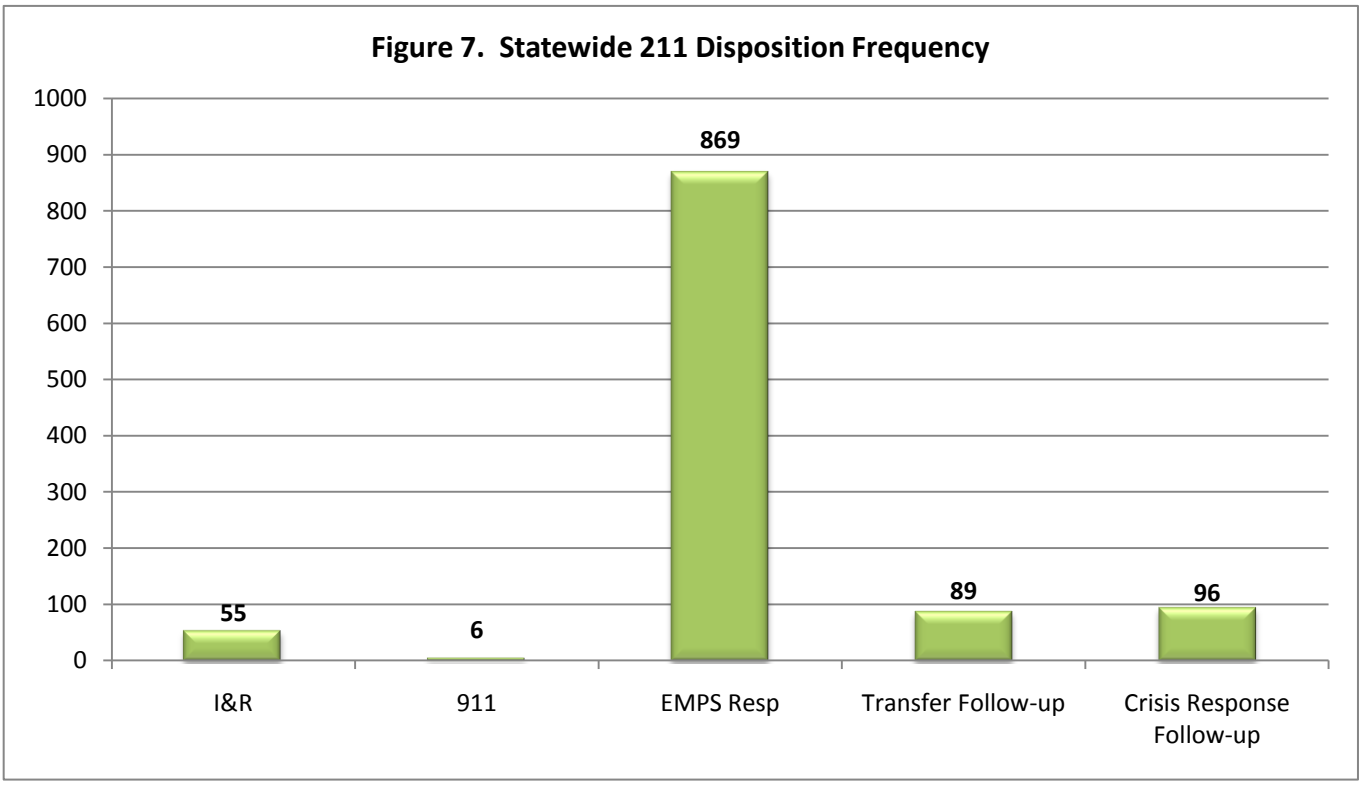
• The highest penetration rates as a function of total number of children in poverty were observed in the Hartford (3.15) and Central (3.0) service areas. The lowest penetration rates were observed in the Western (1.0) and Southwestern (1.41) service areas.

• Statewide, the average mobility rate was 81.5%, compared to 82.8% in February 2010. The highest mobility rates were observed in the Hartford (91.1%) and Eastern (86.7%) service areas. Hartford was the only service area to meet the pre-established benchmark of 90%. The lowest mobility rate was observed in the New Haven service area (68.4%).

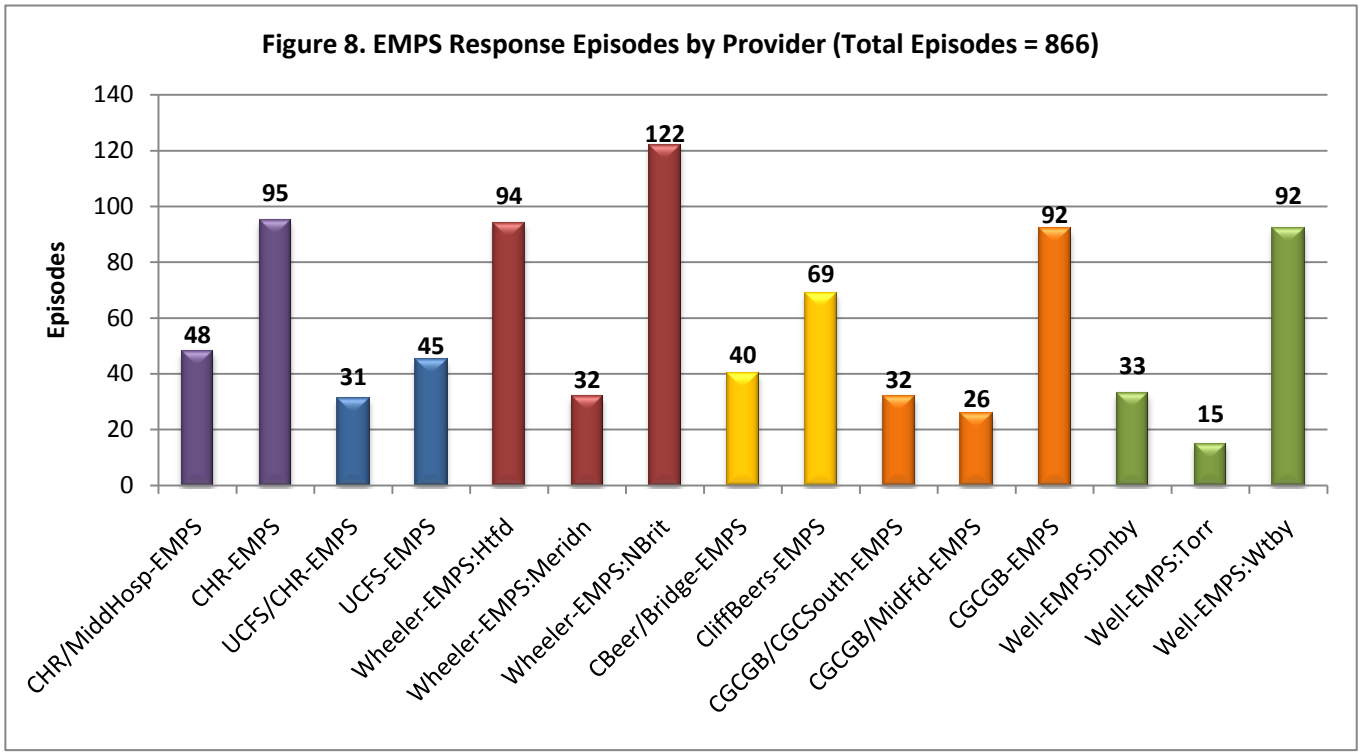
• Statewide, 61% of mobile responses took place in 45 minutes or less this month compared to 58% in February and 54% in January of 2010. Performance ranged widely among service areas, from 38% (Western) to 83% (Eastern).

Section II: Episode Volume

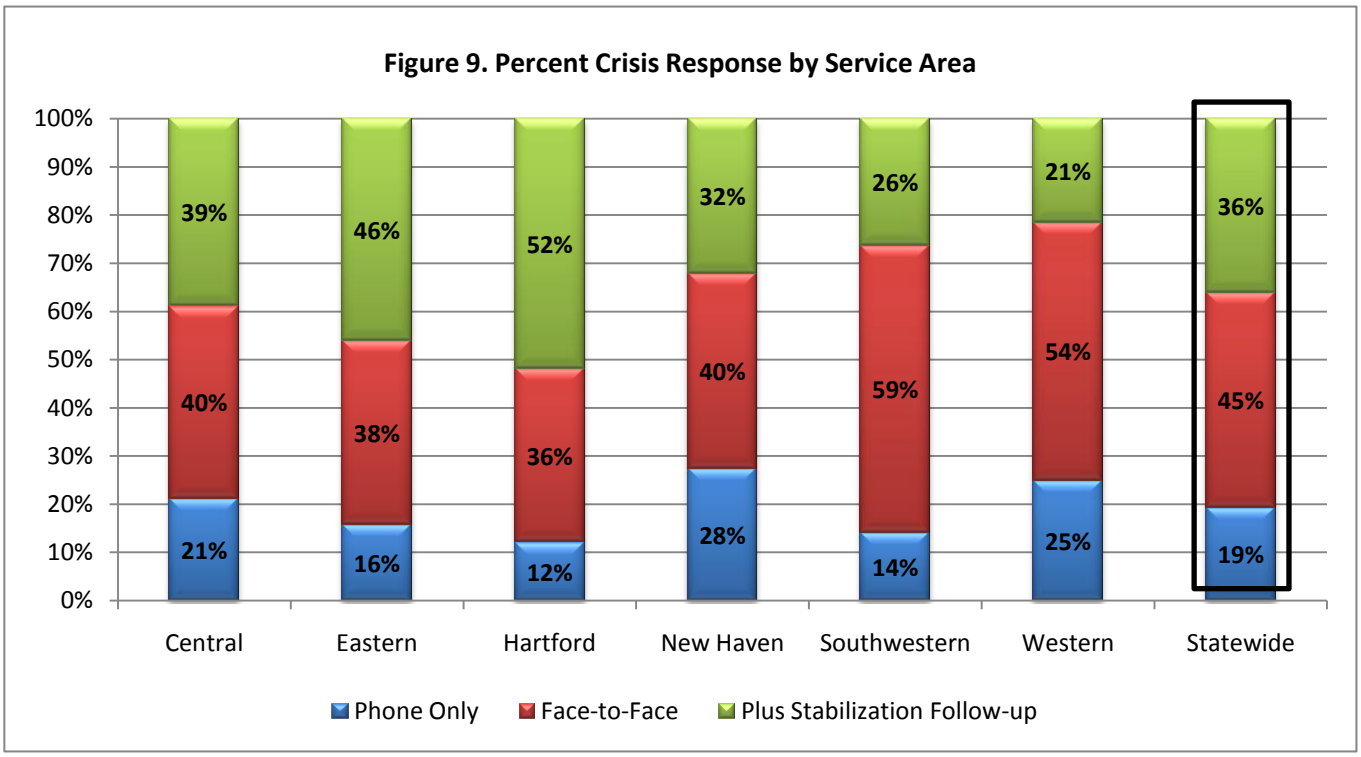




Calculation: Total number of episodes for 211 disposition categories
NOTE: EMPS Response includes 3 with no designated provider

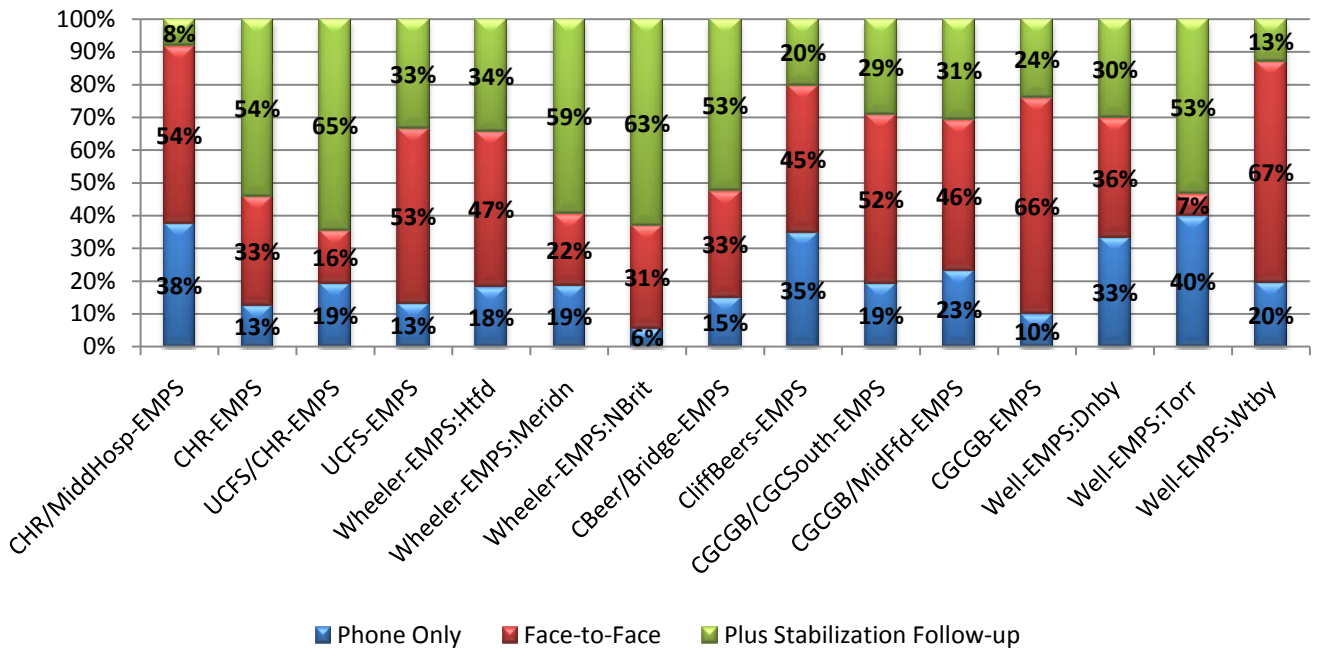


Calculation: Total number of episodes where 211 disposition is EMPS Response



Calculation: Count Phone Only episodes ÷ Total all Crisis Responses * (100), Count Face-to-Face episodes ÷ Total all Crisis Responses * (100), Count Plus Stabilization Follow-up ÷ Total all Crisis Responses * (100)

Figure 10. Percent Crisis Response by Provider



Calculation: Count Phone Only episodes ÷ Total all Crisis Responses * (100), Count Face-to-Face episodes ÷ Total all Crisis Responses * (100), Count Plus Stabilization Follow-up ÷ Total all Crisis Responses * (100)

Section II Summary

• A total of 1115 calls were received by the Call Center in March, compared to 738 calls in February 2010. The call volume of 1115 in March suggests a rate that would translate to over 13,300 calls annually, although actual total calls fluctuate each month.

• Of the 1115 EMPS calls during the current month, 249 calls (22.4%) were coded as “211 only.” Another 87 calls (7.8%) were coded as “Registered Calls,” which typically are calls placed directly to an EMPS provider and later registered (entered) into the PSDCRS system by the EMPS provider. The remaining 779 calls (69.8%) were calls received by 211 and routed to an EMPS provider.

• In terms of 211 Dispositions, of the 1115 total calls:
  - 869 (77.9%) were coded as "EMPS Response"
  - 96 (8.6%) were coded as "Crisis Response Follow-up"
  - 89 calls (7.9%) were coded as "Transfer for Follow-up"
  - 55 calls (4.9%) were coded as "Information & Referral (I&R)"
  - 6 calls (0.5%) were coded as "911"

• The 211 Disposition of EMPS Response includes 3 episodes with no designated EMPS provider. This means either: 1) these 3 calls were still pending at 211 becasue the EMPS provider had not accepted the call or 2) the EMPS provider had not yet entered data on the episode by the time the PIC received the data extraction.

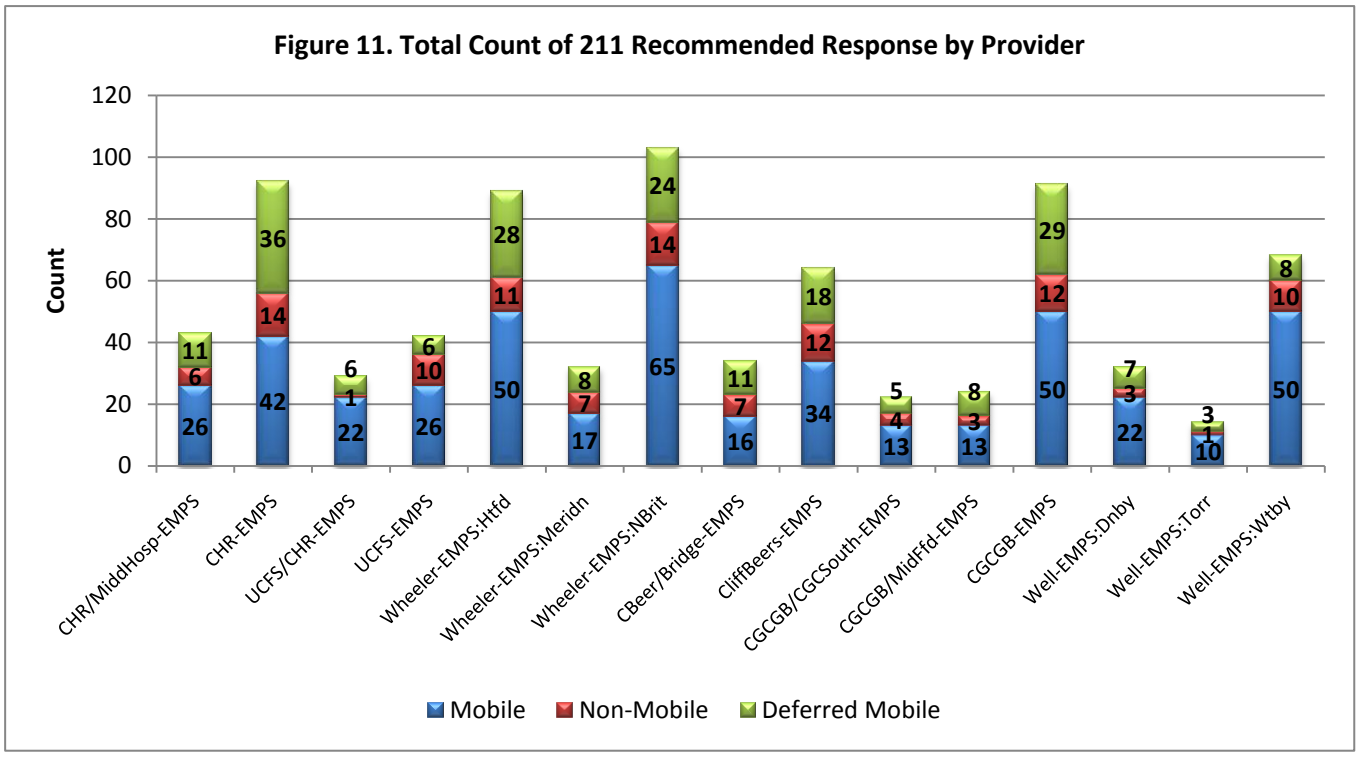
• Among individual providers, the highest numbers of total episodes during the month of March were generated by five sites: Wheeler-New Britain (122 episodes), Community Health Resources-Manchester (95 episodes), Wheeler-Hartford (94 episodes), Bridgeport Child Guidance (92 episodes), and Wellpath-Waterbury (92 episodes). The lowest call volumes were observed in Wellpath-Torrington (15 episodes) and Mid-Fairfield Child Guidance (26 episodes).

• Statewide, the type of crisis response episodes included
  - 19% Phone Only
  - 45% Face-to-Face
  - 36% Face-to-Face Plus Stabilization/Follow-up

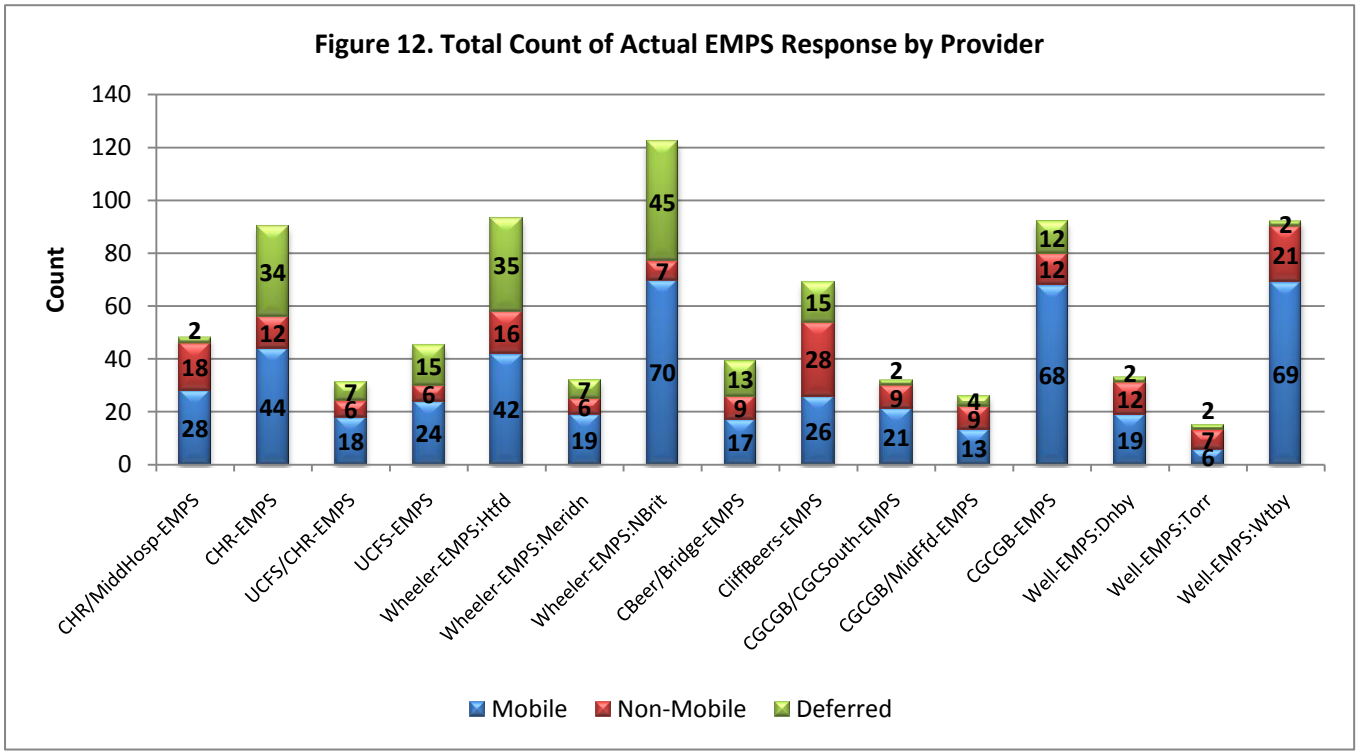
•By service area, the highest percentages of Phone Only reponses were observed in the New Haven (28%) and Western (25%) service areas. The highest percentages of Plus Stablization/Follow-up episodes were observed in the Hartford (52%) and Eastern (46%) service areas.

• The percentage of episodes that were Phone Only Crisis Responses ranged among individual providers from 6% (Wheeler-New Britain) to 40% (Wellpath-Torrington). For Face-to-Face Crisis Response, the range was from 7% (Wellpath-Torrington) to 67% (Wellpath-Waterbury). For Plus Stabilization Follow-up Crisis Responses, the range was from 8% (Middlesex Hospital) to 65% (Community Health Resources-Mansfield).

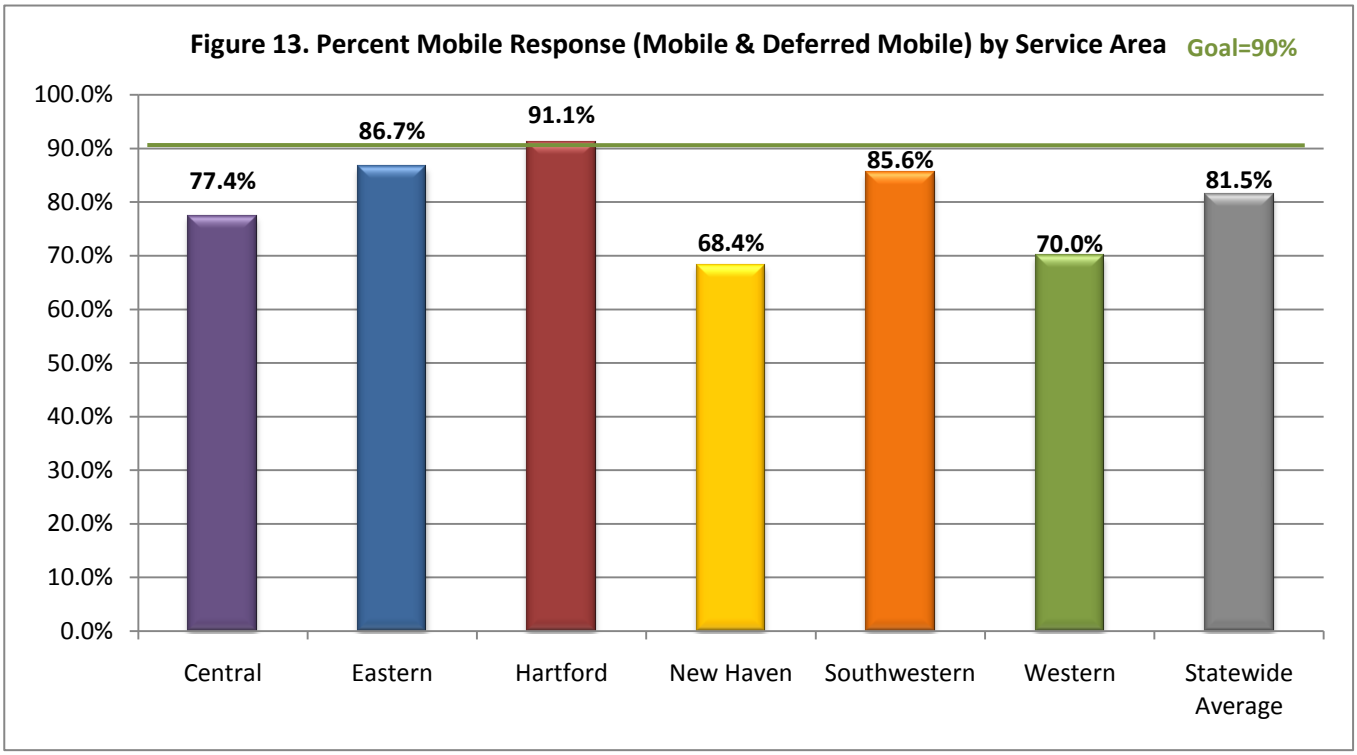
Section III: 211 Recommendations and EMPS Response



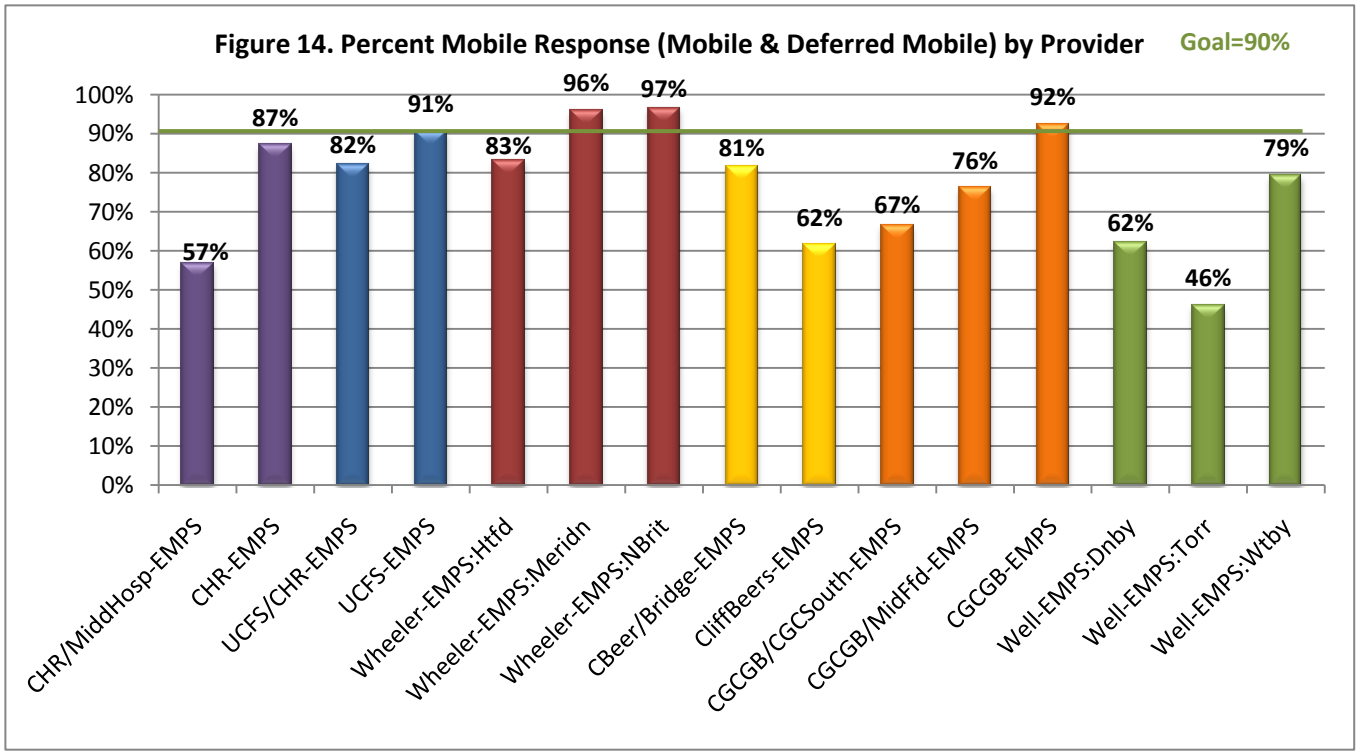
Calculation: Count total episodes with a 211 disposition of EMPS response



Calculation: Count total episodes with a mobile EMPS response



Calculation: (Count EMPS first contact mode mobile or deferred mobile ÷ total count of 211 rec mobile or deferred mobile)*100



Calculation: (Count EMPS first contact mode mobile or deferred mobile ÷ total count of 211 rec mobile or deferred mobile)*100

Section III Summary

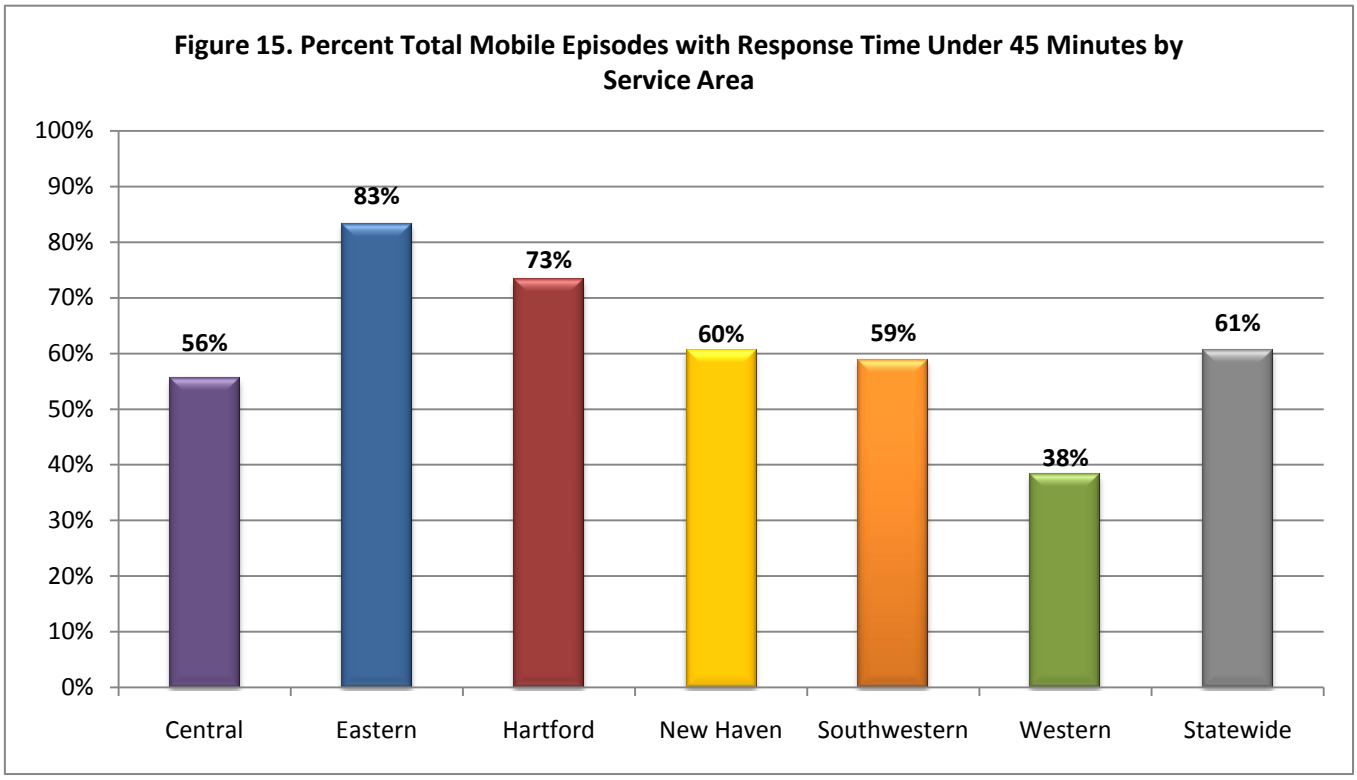
• Section III reviews total counts of various EMPS response types, including mobile, non-mobile, and deferred mobile responses, according to 211 recommended responses and actual EMPS responses.

• A mobile response was the most common 211 recommendation to all providers. The most common actual EMPS response was mobile at most sites with the exception of Wellpath-Torrington (7 non-mobile responses, 6 mobile responses) and Clifford Beers (26 mobile response, 28 non-mobile responses).

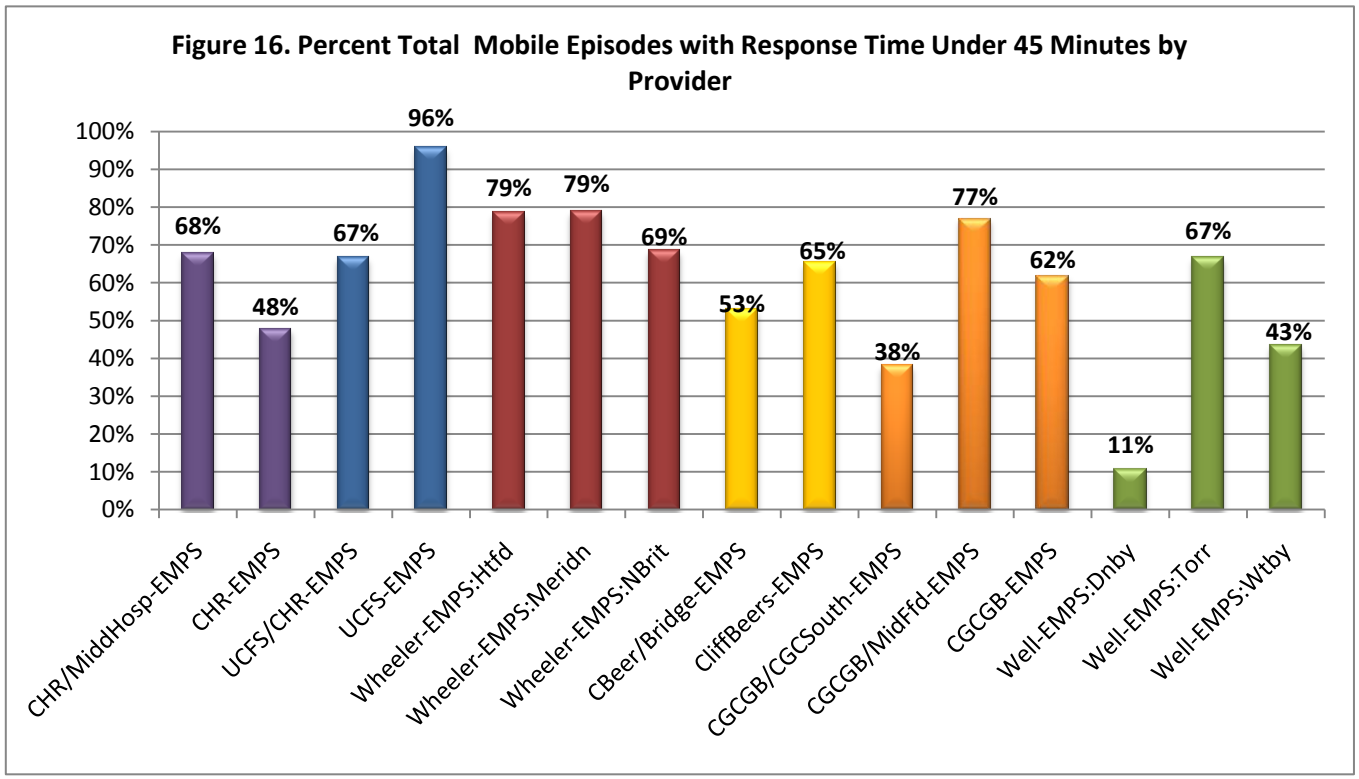
• Statewide, the average mobility rate was 81.5%, compared to 82.8 % in February 2010. The highest mobility rates were observed in the Hartford (91.1%) and Eastern (86.7%) service areas. Hartford was the only service area to meet the pre-established benchmark of 90%. The lowest mobility rates were observed in New Haven (68.4%)and Western (70.0%).

•Mobility percentages among individual providers ranged widely this month, from 46% (Wellpath-Torrington) to 97% (Wheeler-New Britain). Four individual providers met the goal of 90% for mobile responses (Wheeler-New Britain, Wheeler-Meriden, Bridgeport Child Guidance, and United Community and Family Services-Norwich).

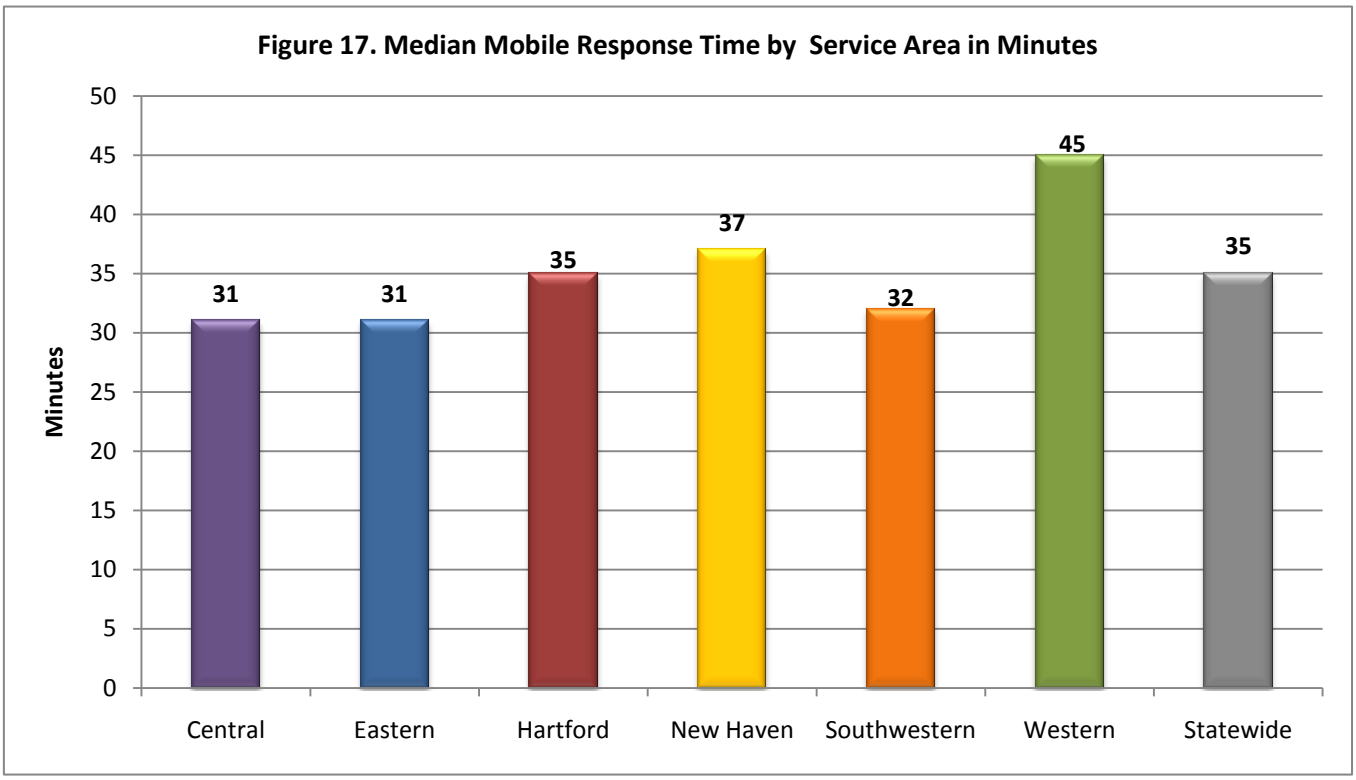
Section IV: Response Time



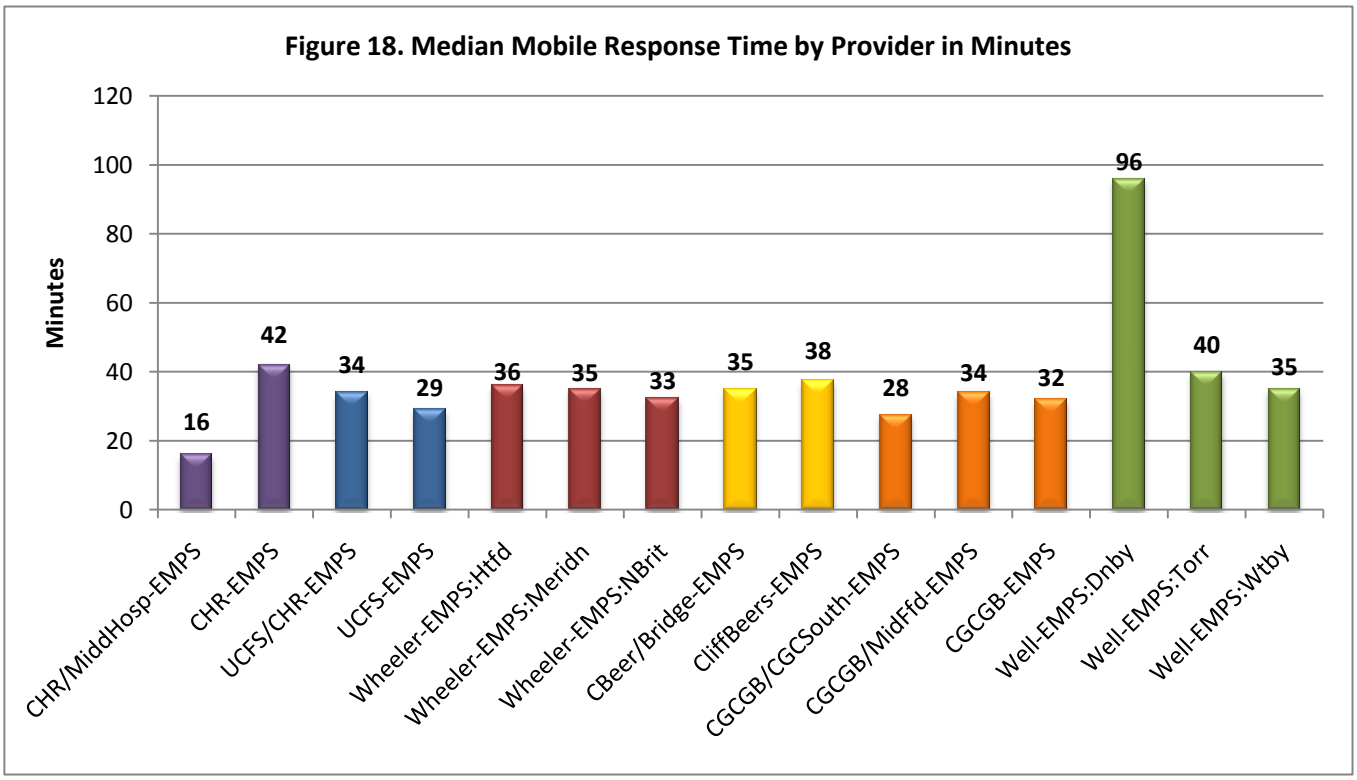
Calculation: (Count Mobile Episodes under 45 Mins (after subtracting 10 minutes for average 211 call) ÷ Total Mobile Episodes)*100



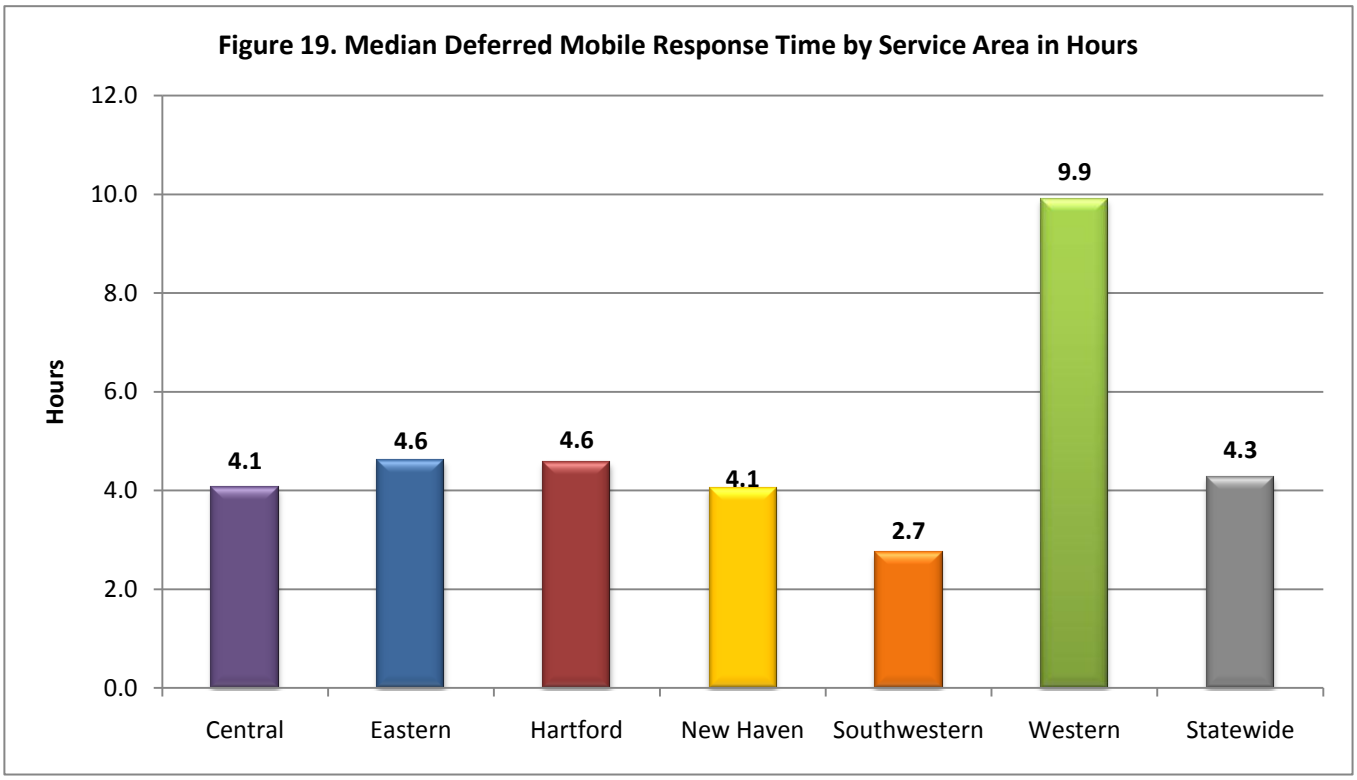
Calculation: (Count Mobile Episodes under 45 Mins (after subtracting 10 minutes for average 211 call) ÷ Total Mobile Episodes)*100



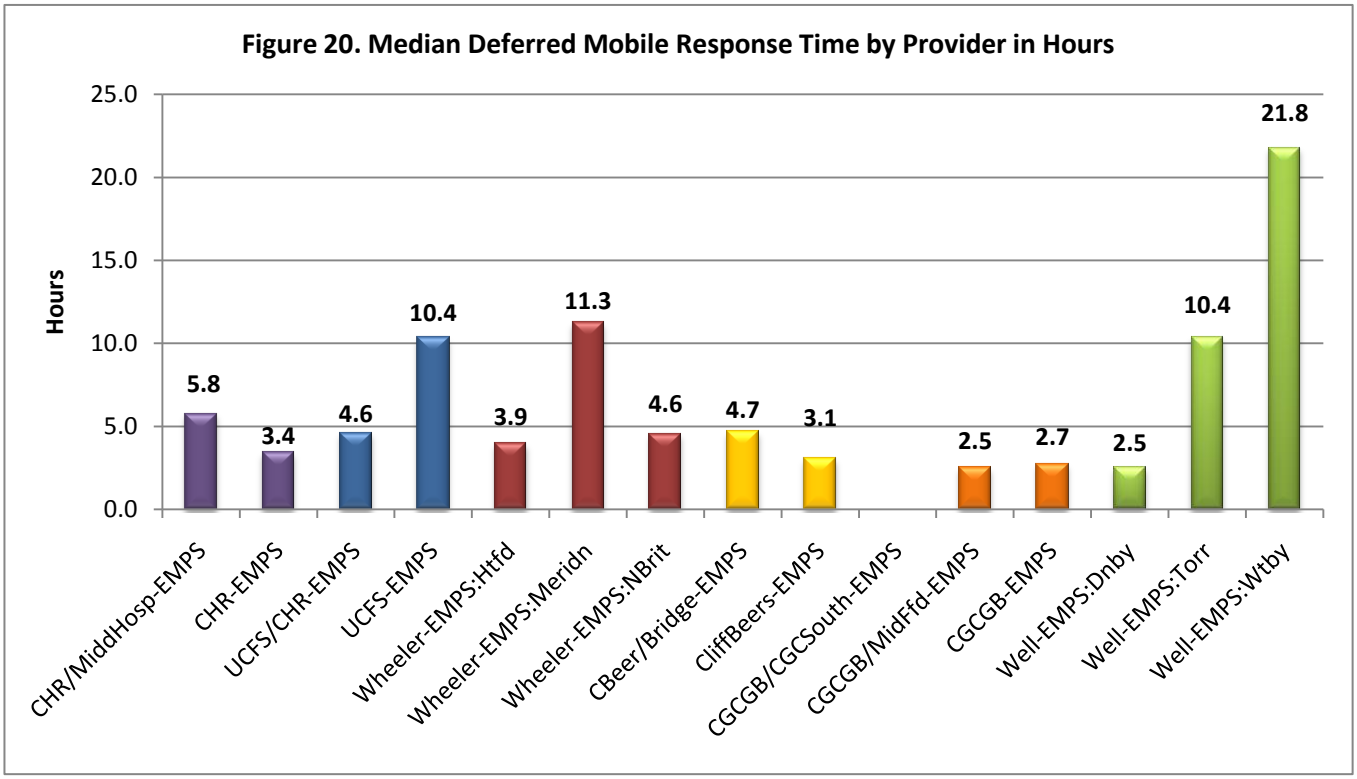
Calculation: Arrange the response time values for each service area in order (after subtracting 10 minutes for the average 211 call) and then select the one in the middle



Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and then select the one in the middle



Calculation: Arrange the response time values for each service area in order (after subtracting 10 minutes for the average 211 call) and then select the one in the middle



Calculation: Arrange the response time values for each provider in order (after subtracting 10 minutes for the average 211 call) and then select the one in the middle **CGCGB/CGCSouth-EMPS did not have a 211 call date time for their two deferred mobile episodes therefore response time cannot be calculated.

Section IV Summary

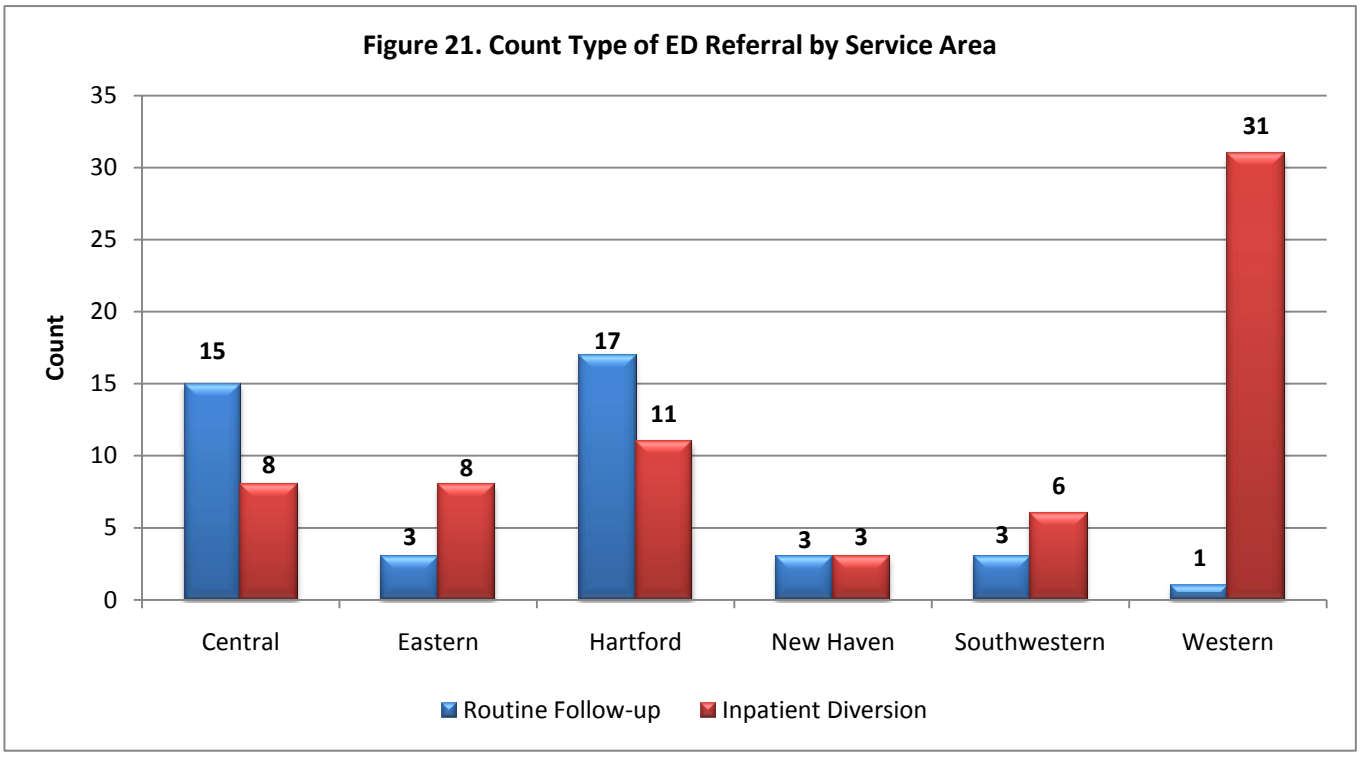
• Across the statewide network, 61% of all EMPS responses occurred in less than 45 minutes from the time the call was initially received. The number of cases that meet the less than 45 minute goal, went up from 58% in February 2010.

• Achievement of the 45 minute benchmark varied among service areas from 38% (Western) to 83% (Eastern). Acheivement of the 45 minute benchmark also varied among individual providers from 11% (Wellpath-Danbury) to 96% (United Community and Family Services-Norwich).

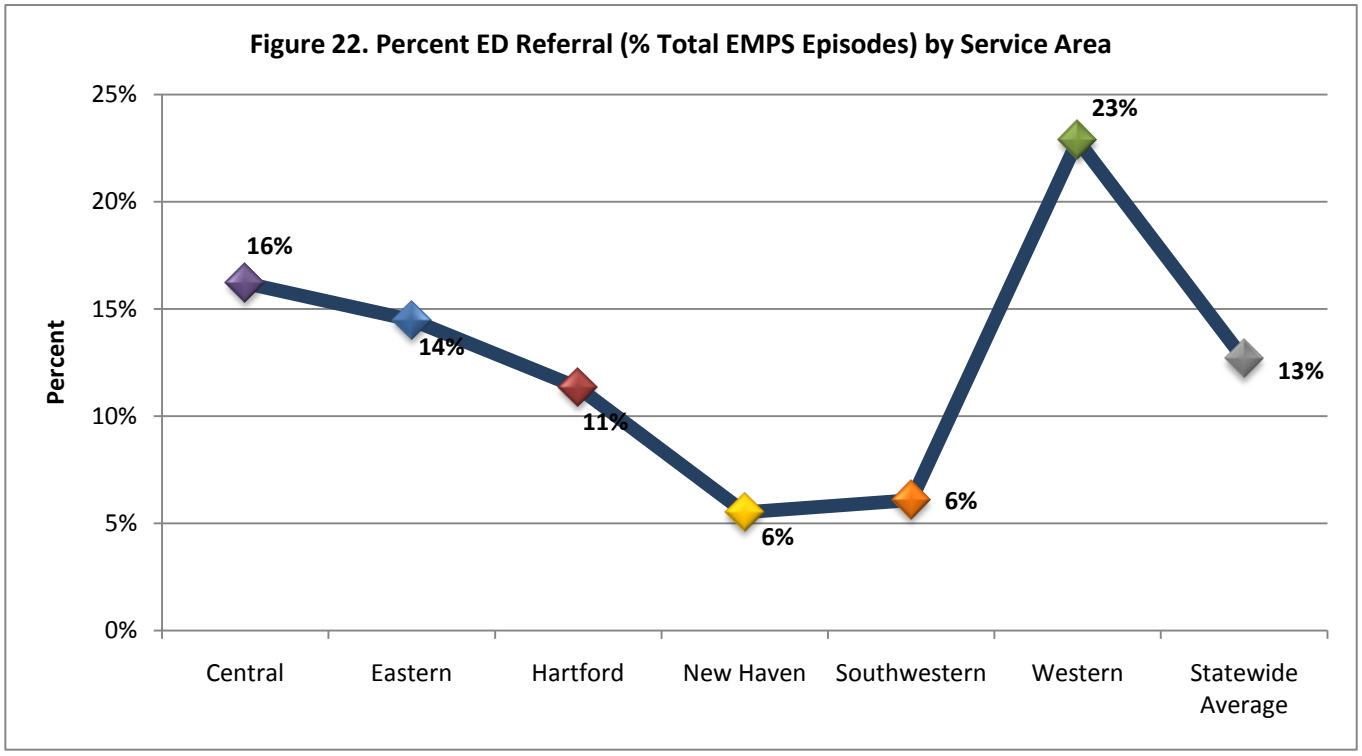
• The statewide median mobile response time was 35 minutes. All six service areas had a median mobile response time of45 minutes or less. Median mobile response times among individual providers were fairly consistent this month, ranging from 16 to 42 minutes, with the exception of one outlier (Wellpath-Danbury, 96 minutes).

• The statewide median deferred mobile response time was 4.3 hours, and ranged by service area from 2.7 hours (Southwestern) to 9.9 hours (Western). Among individual providers the median deferred mobile response times ranged from 2.5 hours (CGCGB/Mid-Fairfield & Wellpath-Danbury) to 21.8 hours (Wellpath-Waterbury).

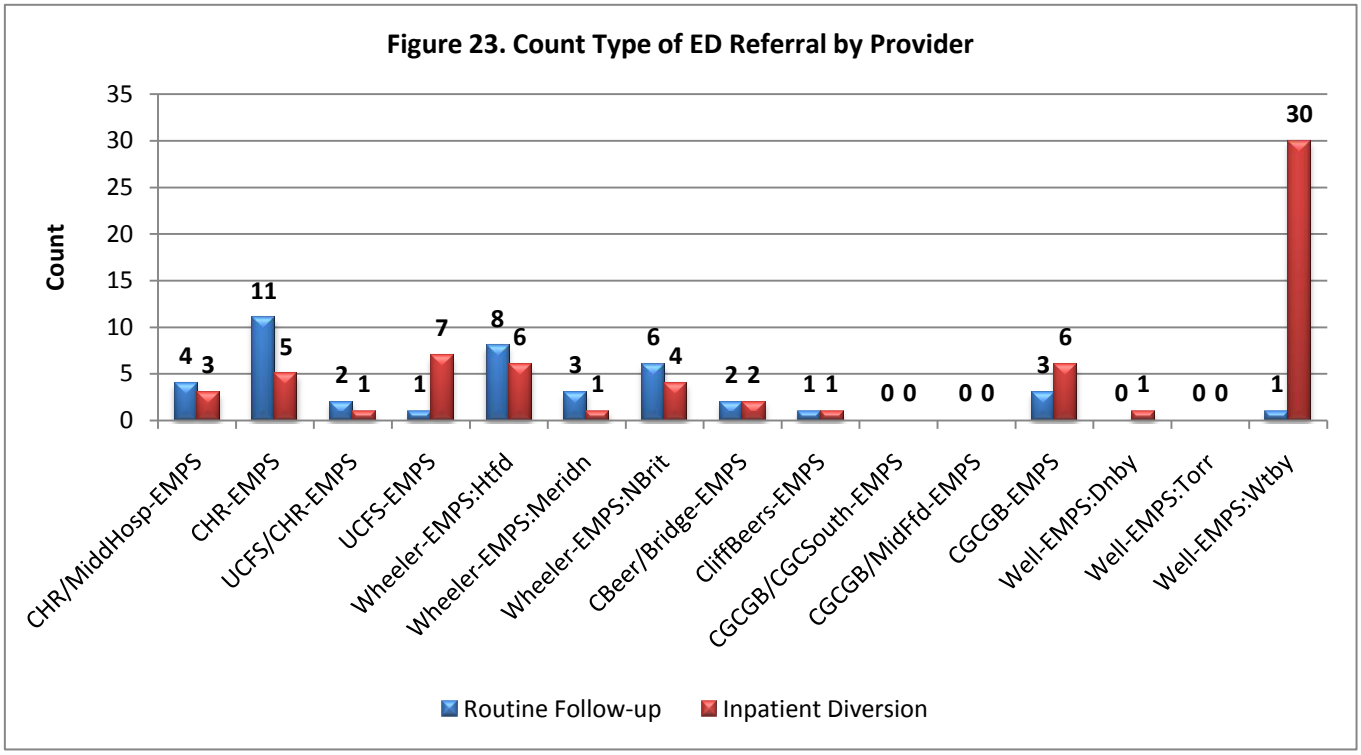
Section V: Emergency Department Referral Type



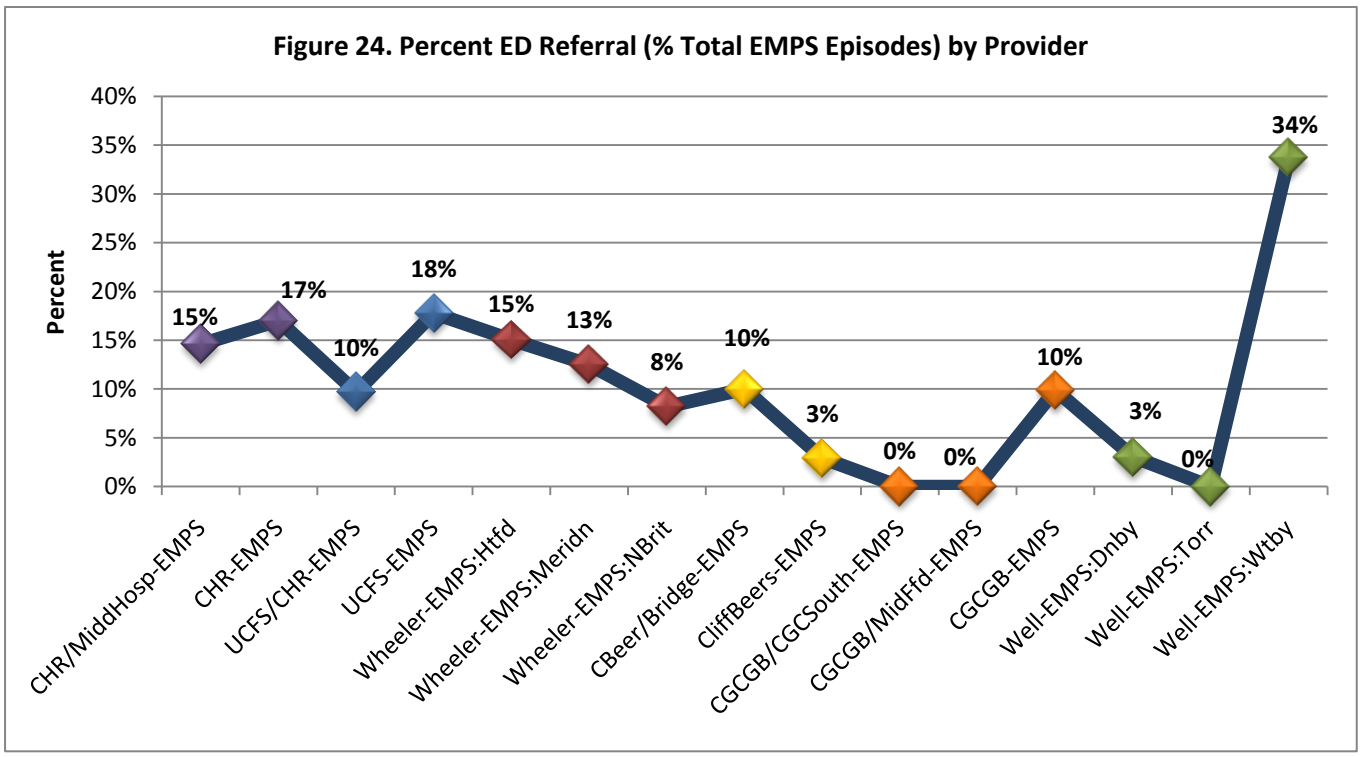
Calculation: Count for each type of ED referral by service area



Calculation: Total ED referral per service area ÷ Total EMPS response episodes per service area*(100)



Calculation: Count for each type of ED referral by provider



Calculation: Total ED referral per provider ÷ Total EMPS response episodes per provider*(100)

Section V Summary

• In March, a total of 109 Emergency Department (ED) responses were recorded, including 42 for routine follow-up and 67 for inpatient diversion. Compared to 83 ED responses in January with 39 routine follow-up and 44 inpatient diversion and in February a total of 83 ED responses with 41 routine follow-up and 42 inpatient diversion.

• The highest number of routine follow-up ED responses during the month of March were observed in the Hartford (17) and Central (15) service areas and the lowest number was observed in the Western service area (1). The number of inpatient diversion ED responses during the month ranged from 3 (New Haven) to 31 (Western).

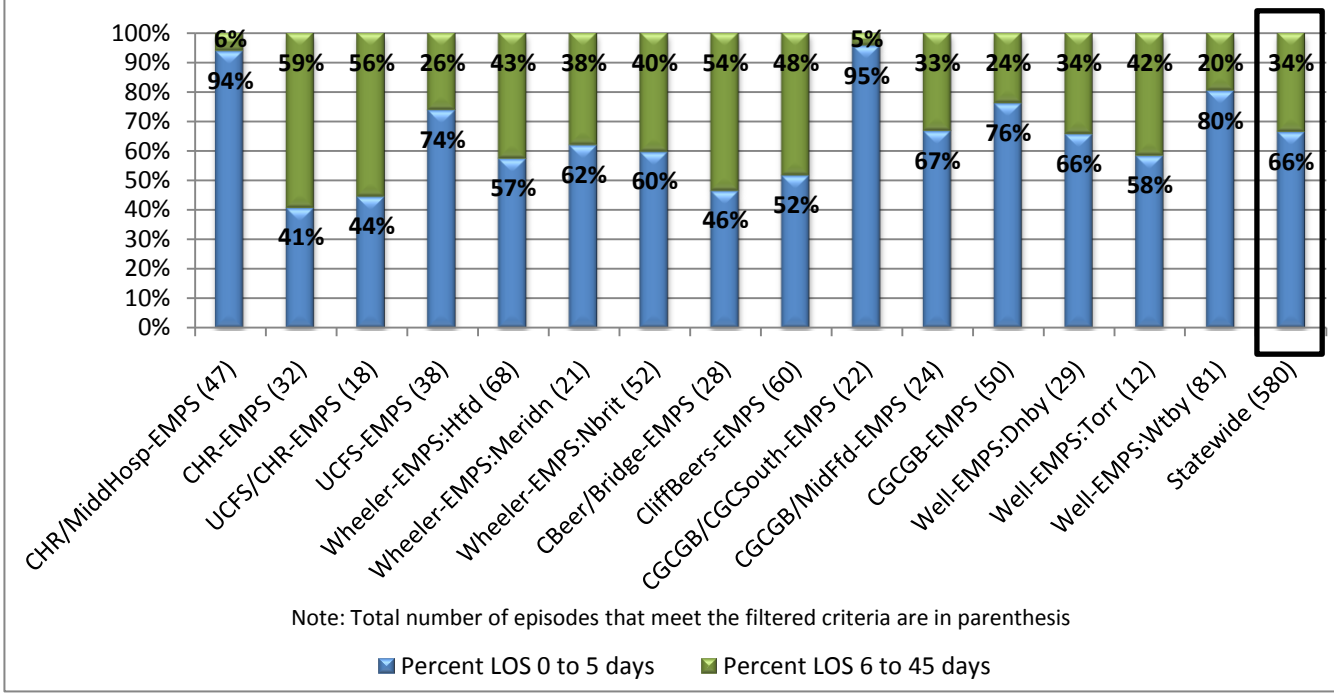
• Statewide, 13% of all episodes were ED responses, compared to 15% in February 2010. By service area, the highest rates of ED reponses as a percentage of total responses was observed in the Western service area (23%). The lowest rates were observed in the New Haven (6%) and Southwestern (6%) service areas.

• Among individual providers, the highest perecentage of ED responses was observed at Wellpath-Waterbury (34% of all responses). At this site, 30 ED responses were Inpatient Diversions and 1 ED response was for Routine Follow-Up.

• Bridgeport Child Guidance, Wellpath-Waterbury, Wellpath-Danbury and United Community and Family Services-Norwich all reported a larger number of Inpatient Diversion responses than Routine Follow-up responses. Three sites, Wellpath-Torrington, Child Guidance of Southern CT and Mid-Fairfield Child Guidance reported no ED responses in March 2010.

Section VI: Length of Stay (LOS)

Figure 25. Percent LOS for Discharged Episodes by Provider

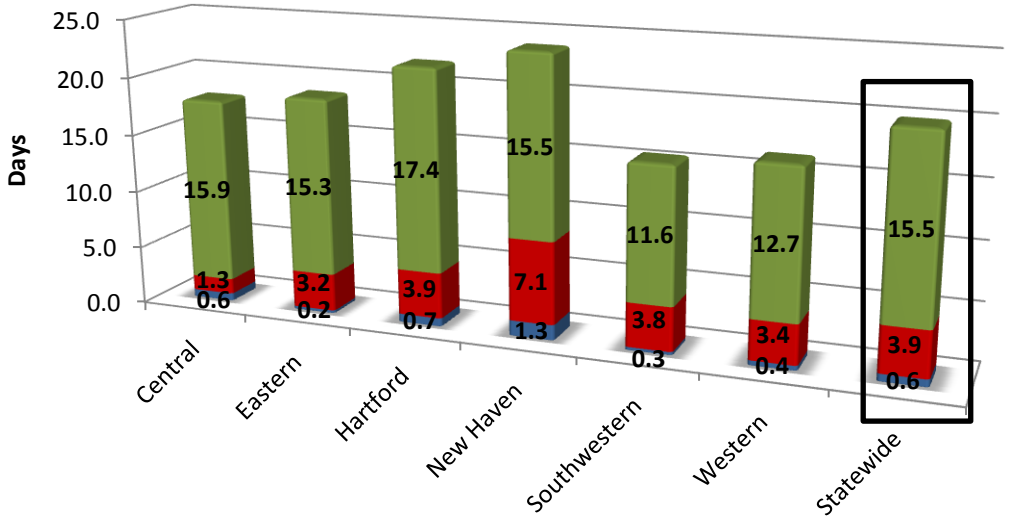


Note: Total number of episodes that meet the filtered criteria are in parenthesis

Percent LOS 0 to 5 days Percent LOS 6 to 45 days

Calculation: Count of episodes filtered for an entered Episode End Date and LOS data in the specified time frame ÷ Count total number episodes with an entered Episode End Date and a LOS greater than or equal to zero days

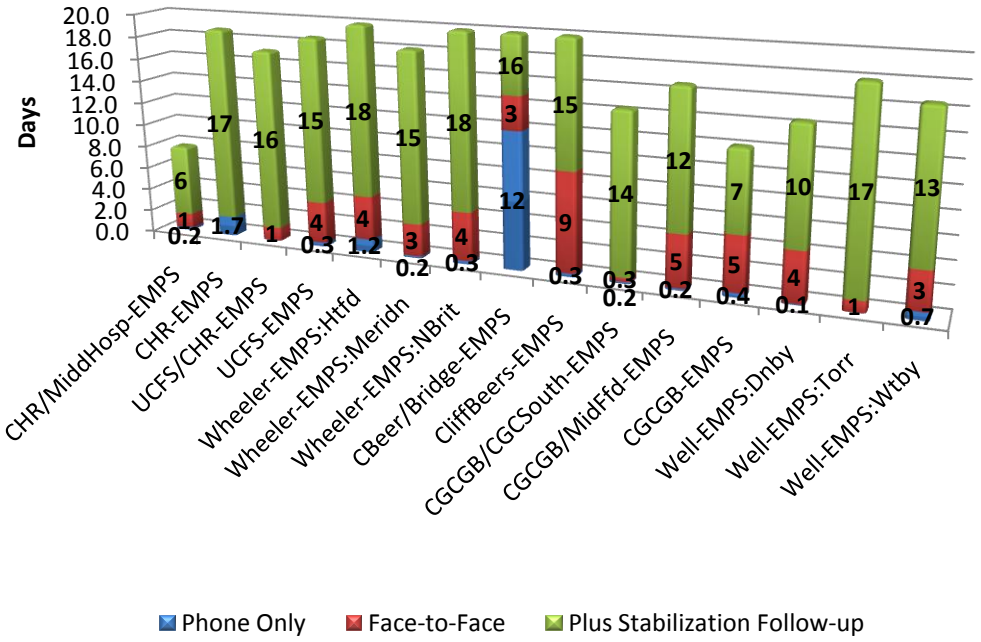
Figure 26. Mean LOS for Discharged Episodes by Crisis Response Type per Service Area



Phone Only Face-to-Face Plus Stabilization Follow-up

Calculation: Filtered data for episodes that have an episode end date, length of stay data is zero days or more, and the corresponding crisis reponse type (phone only, face-to-face, or plus stabilization follow-up).

Figure 27. Mean LOS for Discharged Episodes by Crisis Response Type per Provider



Calculation: Filtered data for episodes that have an episode end date, length of stay data is zero days or more, and the corresponding crisis reponse type (phone only, face-to-face, or plus stabilization follow-up).

Section VI Summary

•In this section we take into account only those episodes that have a Referral Date between March 1, 2010 and March 31, 2010 and have an Episode End Date entered the day before we receive the data download (April 12, 2010). Due to those constraints, it is only possible to calculate up to a maximum length of stay (LOS) of 43 days for this time frame. The quarterly reports will capture anything beyond the monthly maximum LOS.

•Statewide, the percentage of discharged episodes with a LOS between zero and five days was 66% and those with a length of stay between 6 and 45 days was 34%.

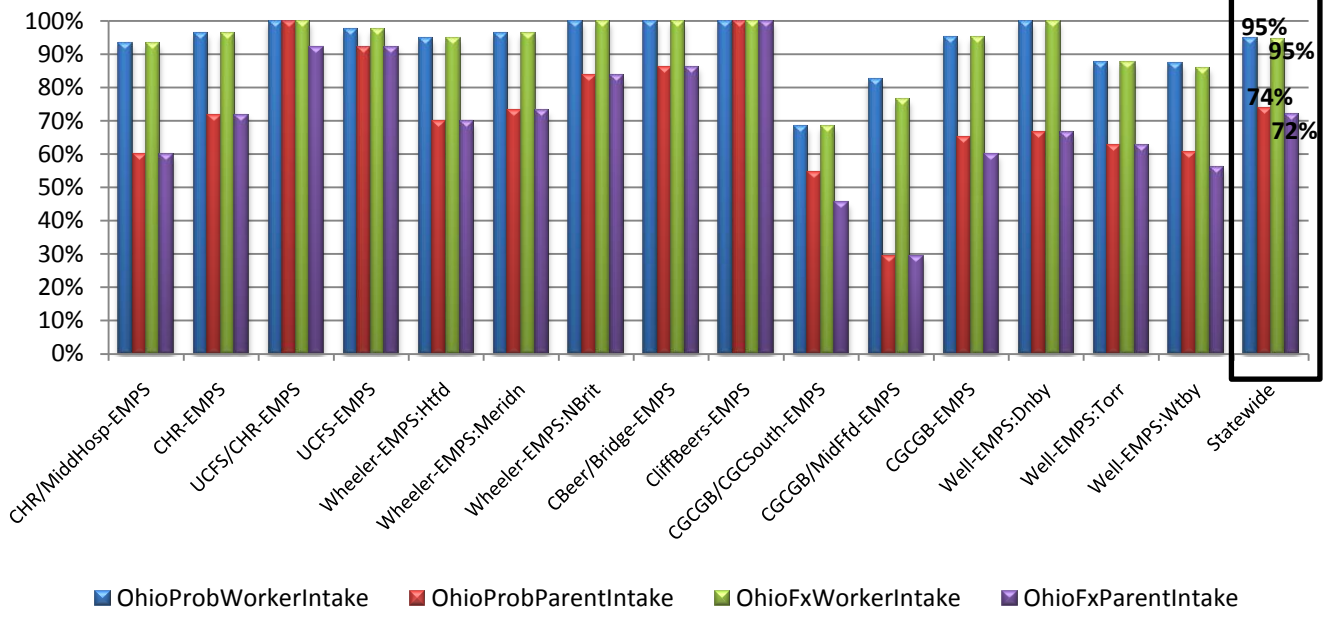
• For 12 of the individual providers the percentage of discharged episodes with LOS between zero and five days was higher, ranging from 52% (Clifford Beers) to 95% (Child Guidance of Southern CT) than the percentage LOS between 6 and 45 days. Three providers had higher percentages for LOS between 6 and 45 days: Community Health Resources-Manchester (41%), UCFS/Community Health Resources - Mansfield (44%) and Bridges (46%).

• Statewide, the mean LOS for a Crisis Response of **Phone Only** was 0.6 days and all service areas averaged under 1 day, with the exception of New Haven (1.3 days). Statewide, the mean LOS for a Crisis Response of **Face-to-face** was 3.9 days and ranged from 1.3 days (Central) to 7.1 days (New Haven). For the **Plus stabilization Follow-up** Crisis Response, the statewide mean LOS was 15.5 days with a range from 11.6 days (Southwestern) to 17.4 days (Hartford).

• The mean LOS for a Crisis Response of **Phone Only** among individual providers ranged from 0 days at both Wellpath-Torrington and UCFS/Community Health Resources - Mansfield to 12 days at Bridges. The mean LOS for a Crisis Response of **Face-to-face** ranged from 0.3 days at Child Guidance of Southern CT to 9 days at Clifford Beers. The **Plus stabilization Follow-up** Crisis Response mean LOS ranged from 6 days at Clifford Beers to 18 days at both Wheeler-Hartford and Wheeler-New Britain.

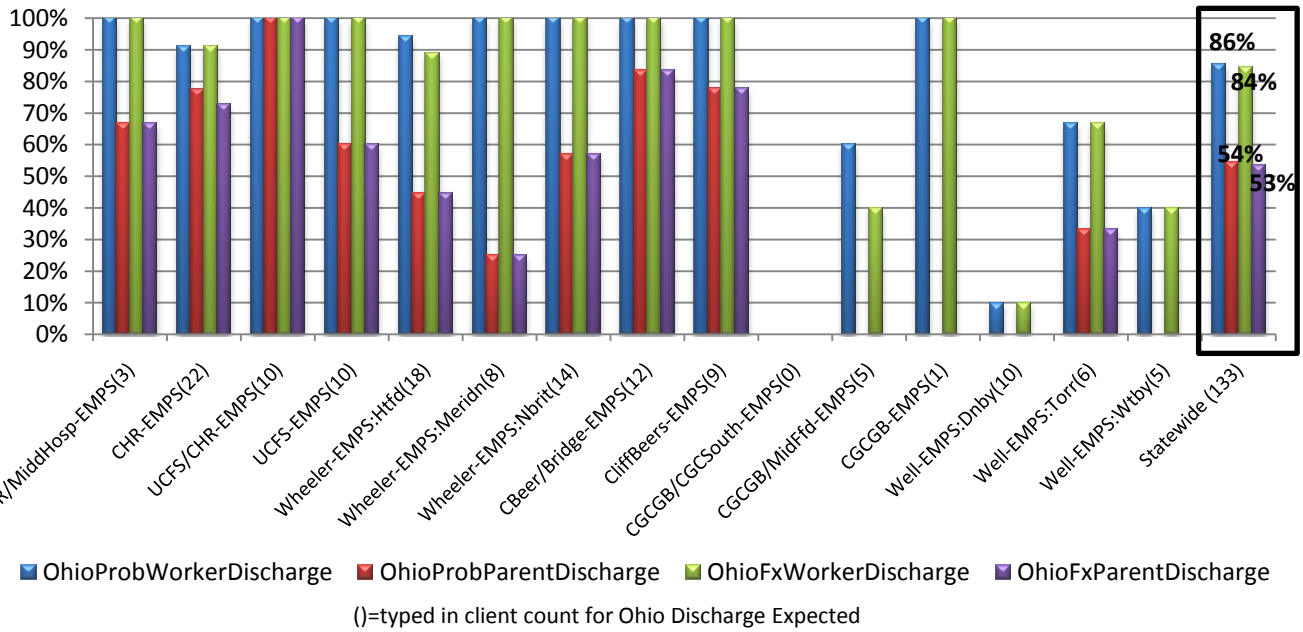
Section VII: Data Quality Monitoring

Figure 28. Percent Collected Ohio Scales at Intake by Provider



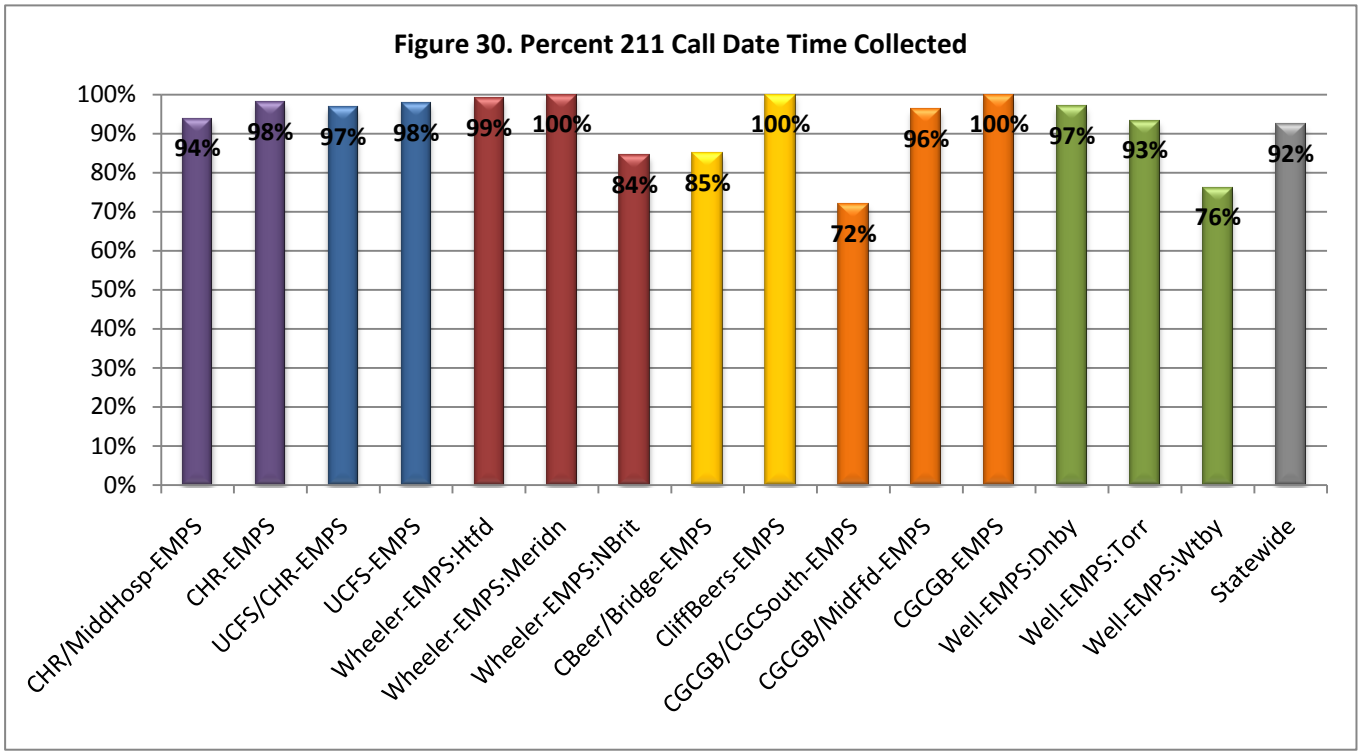
Calculation: Count actual number Ohio intake scales reported for those episodes where "IsCrisisResponseOnly" is either Face-to-Face or Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile ÷ Expected number of Ohio intake scales for those episodes where "IsCrisisResponseOnly" is either Face-to-Face or Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile

Figure 29. Percent Collected Ohio Scales at Discharge by Provider

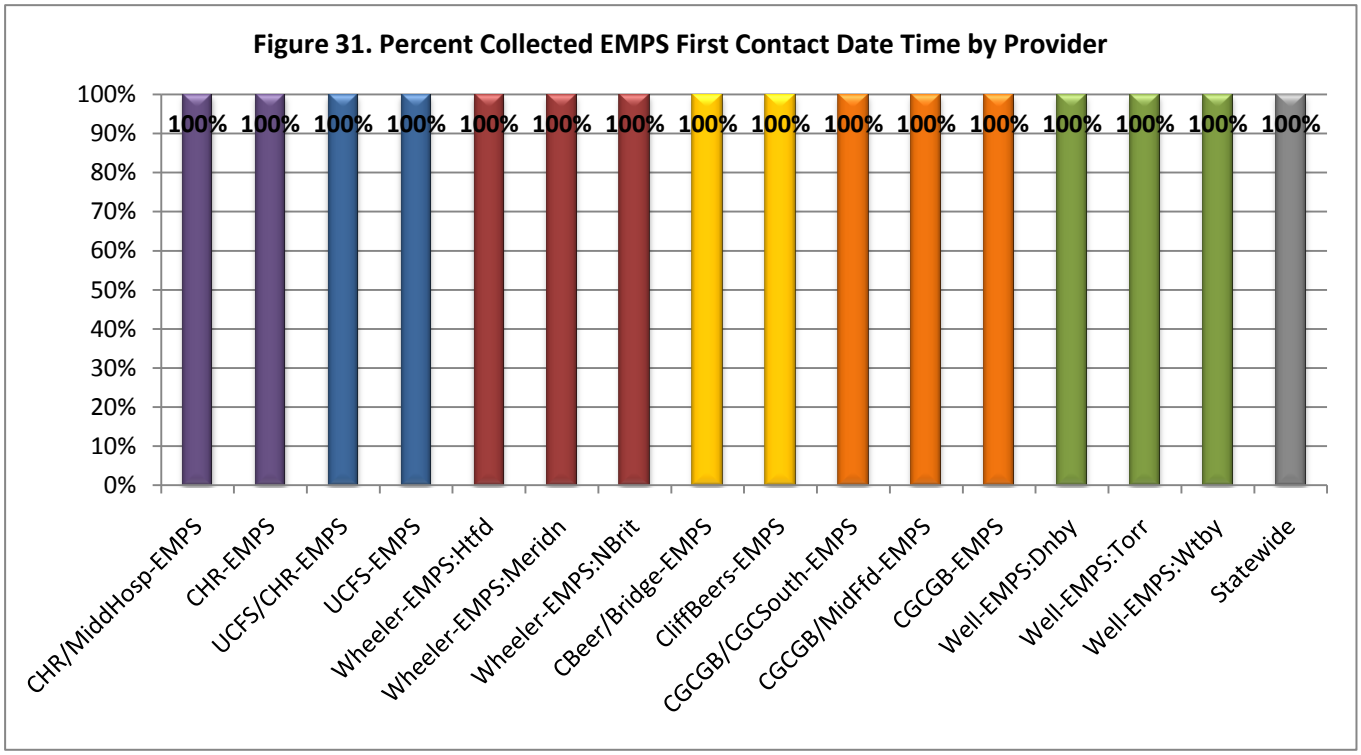


()=typed in client count for Ohio Discharge Expected

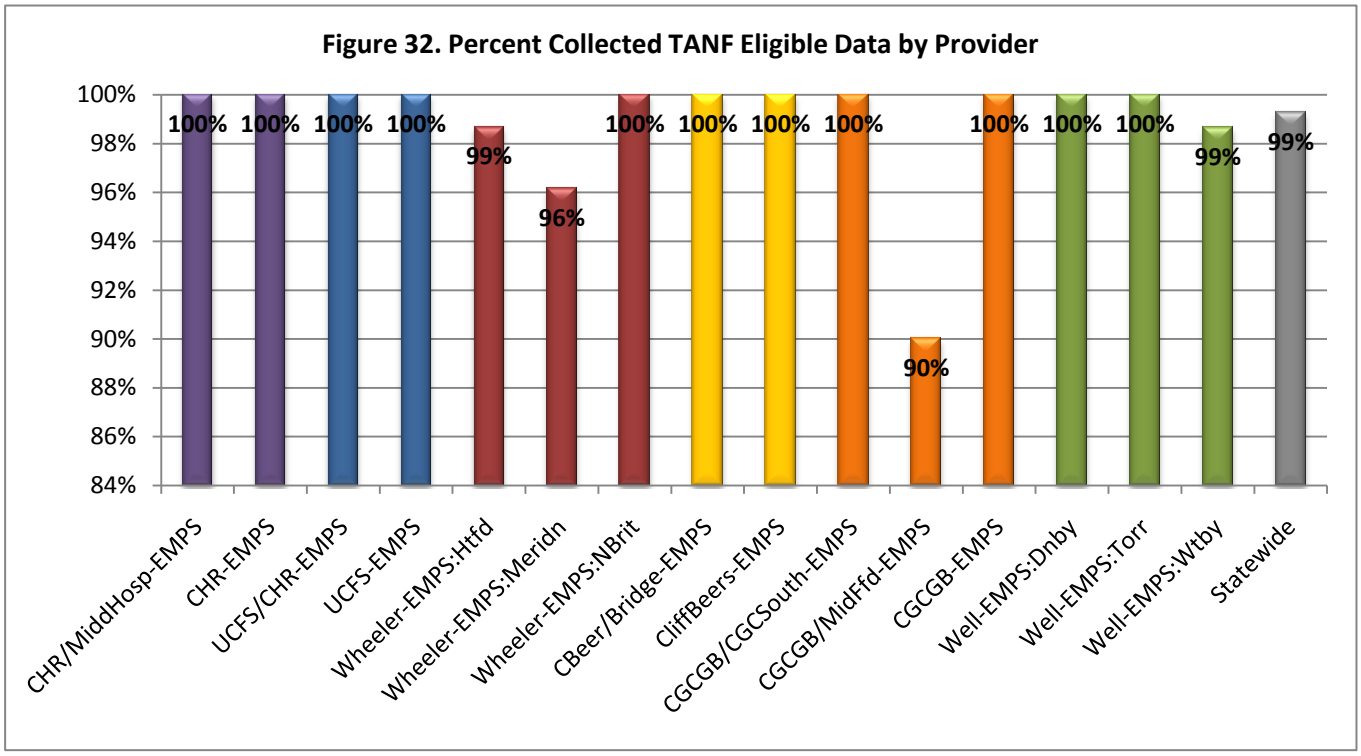
Calculation: Count actual number Ohio discharge scales reported for those episodes where "IsCrisisResponseOnly" is Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile AND has an "EpisodeEndDate" ÷ Total expected number of Ohio discharge scales for those episodes where "IsCrisisResponseOnly" is Plus Stabilization Follow-up AND EMPS Response is either Mobile or Deferred Mobile AND has an "EpisodeEndDate"



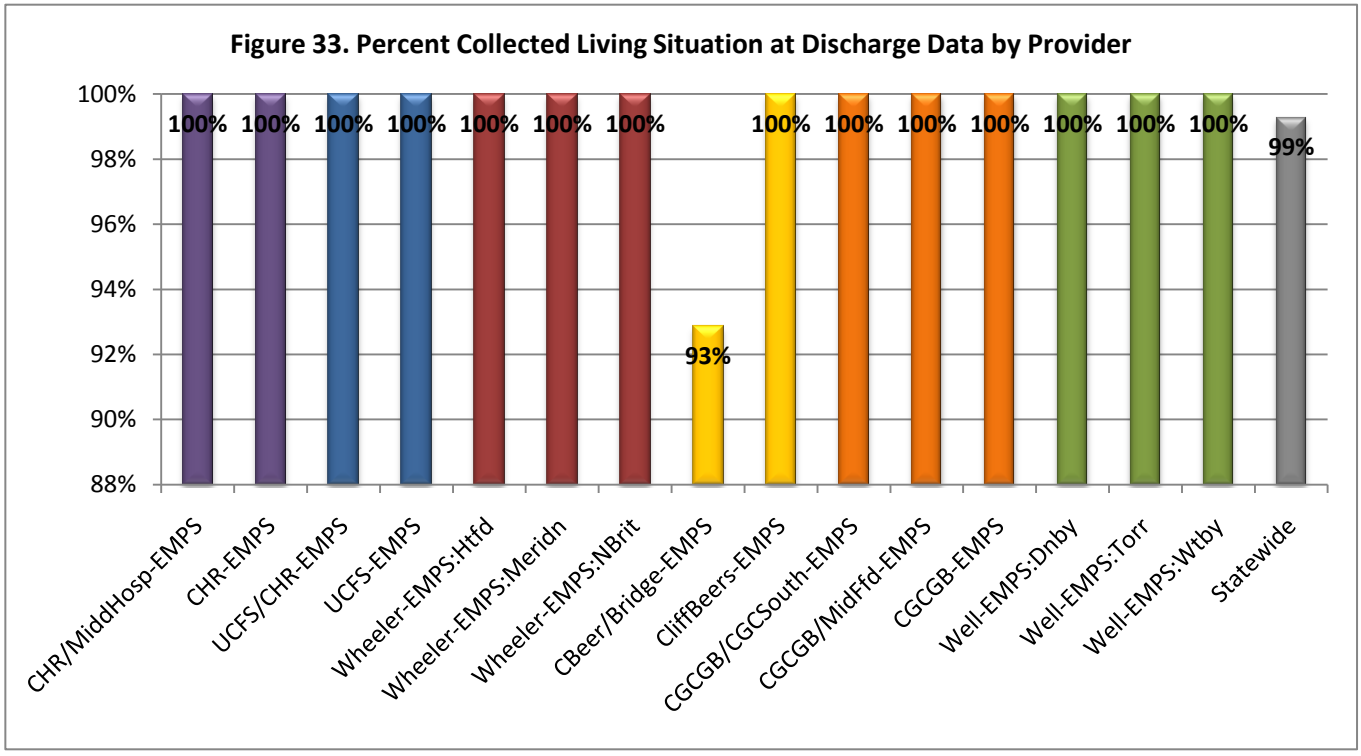
Calculation: (Count of number of episodes with data entered in "Call Date Time"÷ 211 Disposition of EMPS Response)*100



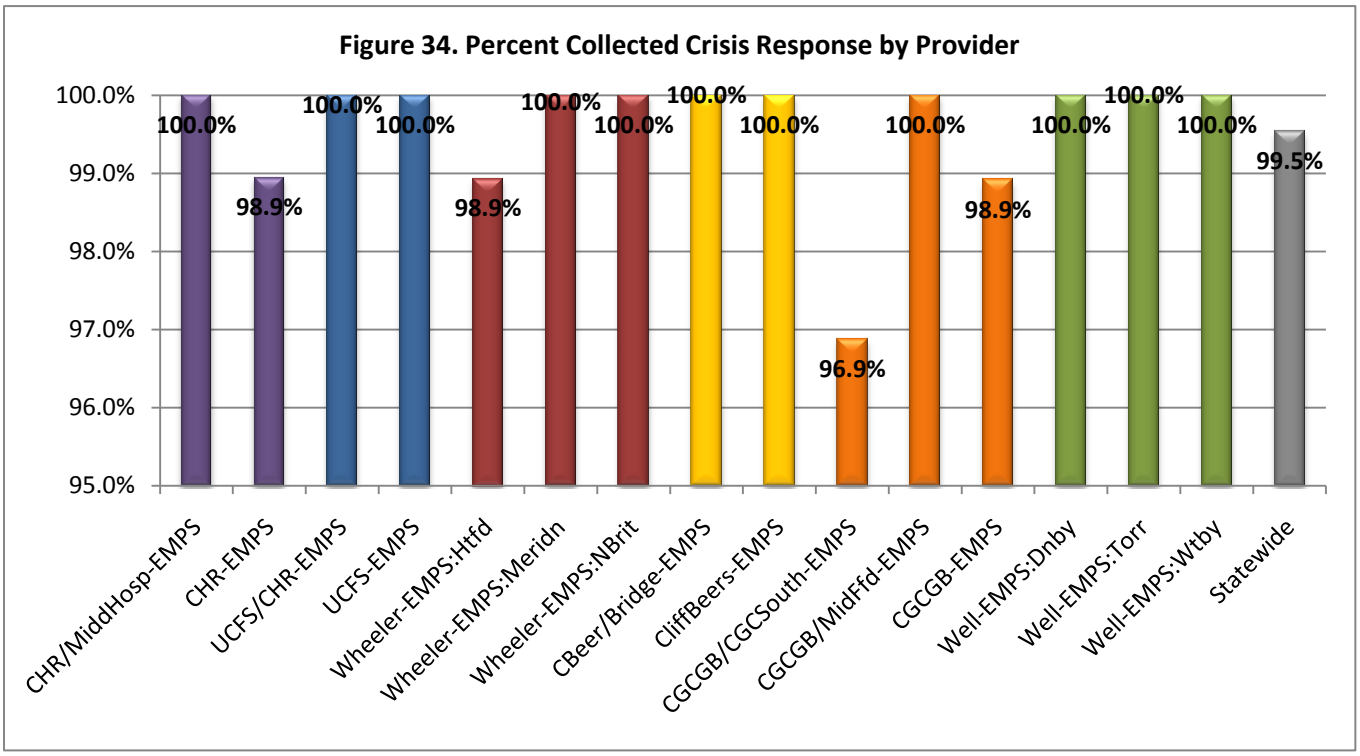
Calculation: (Count of number of episodes with data entered in "First Contact Date Time" ÷ 211 Disposition of EMPS Response)*100



Calculation: (Count number of episodes with data reported for "IsTANFEligible" ÷ Total number of episodes where "IsCrisisResponseOnly" is either face-to-face or plus stabilization follow-up)*100



Calculation: (Count number of episodes with data reported for "LivingSituationDischarge" ÷ Total number of episodes where "IsCrisisResponseOnly" is plus stabilization follow-up AND has an "EpisodeEndDate")*100



Calculation: (Count number of episodes with data reported for "IsCrisisResponse" (phone only, face-to-face, & stabilization plus follow-up)÷Total number of episodes where 211 gave a disposition of EMPS response)* 100

Section VII Summary

•Calculations of the Data Quality Monitoring section have undergone several refinements throughout 2010. The specific criteria and calculations for each figure can be found below the graph and, additionally, in the Appendix.

• In general, the Worker version of the Ohio Scales was completed more consistently than the Parent version. The statewide completion rate for **intake** Ohio Scales were as follows: Worker Problem Scale (95%), Parent Problem Scale (74%), Worker Functioning Scale (95%), Parent Functioning Scale (72%).

• Completion of Ohio Scales at discharge was lower than completion rates of the Ohio Scales at intake. The statewide completion rate for **discharge** Ohio Scales this month were as follows: Worker Problem Scale (86%), Parent Problem Scale (54%), Worker Functioning Scale (84%), Parent Functioning Scale (53%).

• In general, the "Call Date Time" and "First Contact Date Time" variables were completed at a high rate (92% and 100%, respectively), although there was some variability among individual providers for "Call Date Time." In addition, these data elements, though complete, were not always found to be accurate. Additional quality assurance and training is needed to ensure these data elements are both complete and accurate.

• TANF is an important indicator for measuring the degree to which EMPS services are reaching low-income families. The statewide average completion rate for the TANF variable was 99% and individual provider completion ranged from 90% to 100%.

• Living Situation at Discharge is an important outcome indicator for EMPS services. The statewide completion rate for this variable was 99% and provider completeness ranged from 93% to 100%.

• The Crisis Response variable was added to this section this month since it is now being used in several of our calcualtions. Statewide, 99.5% of the Crisis Responses were entered. Among individual providers completion rates ranged from 96.9% to 100%.

Appendix A: Narrative Description of Calculations

Section I: Primary EMPS Performance Indicators

•Figure 1 calculates the total number of EMPS episodes for the specified time frame for the designated service area.
•Figure 2 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 multipled 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 3 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 lunch. 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 lunch in that service area.
•Figure 4 isolates the total number of episodes that 211 recommended to be mobile or deferred mobile. This number of episodes is then divided by the total number of episodes that the EMPS response mode (what actually happened) was either mobile or deferred mobile. Multiply this result by 100 in order to get a percentage.
•Figure 5 isolates the total number of episodes that were coded as EMPS response mode mobile that had a response time under 45 minutes divided by the total number of episodes that were coded as EMPS response mode mobile (response time is calculated by substracting an episodes First Contact Date Time from their Call Date Time. In this calculation, 10 minutes is substracted from the original response time for the average 211 call)

Section II: Episode Volume

•Figure 6 tabulates the total number of calls by service area by 211-only, 211-EMPS, or registered calls.
•Figure 7 shows the 211 disposition of all calls received.
•Figure 8 shows the 211 disposition EMPS response by provider.
•Figure 9 is a stacked bar chart that represents the percent of episodes that are coded as crisis response as either phone only, face-to-face, or stabilization and followup. 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.
•Figure 10 calculates the same percentage as Figure 9 but is shown by provider.

Section III: 211 Recommendations and EMPS Response

•Figure 11 is a count of the 211 disposition of EMPS response mode (i.e., mobile, non-mobile, deferred mobile) by provider .
•Figure 11 is contrasted by Figure 12 that shows a count of the actual EMPS response mode (i.e., mobile, non-mobile, deferred mobile) by provider.
•Figure 13 is the same graph as Figure 4.
•Figure 14 uses the same calculation as Figure 4 but shows the percent mobile response (mobile & deferred mobile) by provider.

Section IV: Response Time

•Figure 15 is the same graph as shown in Figure 5.
•Figure 16 uses the same calculation as Figure 5 but shows the percent of mobile episodes with response time under 45 minutes by provider.
•Figure 17 arranges the response time for those episodes that are coded as EMPS response mode-mobile and arranges the response time in ascending order by service area and selects the response time in the middle.
•Figure 18 uses the same calculation as Figure 17 but is categorized by provider.
•Figure 19 arranges the response time for those episodes that were coded as EMPS response mode -deferred mobile and arranges the response time in ascending order by service area and selects the response time in the middle.

Section V: Emergency Department Referral Type

•Figure 21 counts the number of ED referrals (i.e., routine follow-up or in-patient diversion) by service area.
•Figure 22 calculates the percent of EMPS response episodes that are ED referrals by service area. This is calculated by counting the total number of ED referrals for the specified service area divided by the total number of EMPS response episodes for that service area .
•Figures 23 and 24 use the same calculation as 21 and 22 respectively, but is brokedown by provider.

Section VI: Length of Stay

•Figure 25 shows the percent of episodes with length of stay data by service area. The numerator is calculated by selecting those episodes that are coded as crisis response stabilization plus follow-up and are restricted to the length of stay range of 0 to 5 days, 6 to 10, 11 to 20, 21 to 31, and 32 to 41 days. This is then divided by the total number of episodes that are coded as crisis response stablization plus follow-up. Length of stay data is calculated by substracting the episode end date from the episode start date - if an episode start date is not entered, a length of stay period can not be calculated. In an attempt to gather as many data points as possible, if an episode end date is not entered, the last day before the data download is used as the episode end date in order to calculate length of stay data.
•Figure 26 uses the same calculation as Figure 25 but is categorized by provider.
•Figure 27 shows the median length of stay by service area. The data includes only those episodes that have length of stay data that is greater than or equal to zero days and the episode is coded as crisis response stabilization plus follow-up. Once filtered on these criteria, the median is calculated by service area.
•Figure 28 uses the same calculation as Figure 27 but is categorized by provider.
•Figure 29 shows the average length of stay by type of crisis response (i.e., phone only, face-to-face, or stabilization plus follow-up) and service area. The data is limited to those episodes that have length of stay data that is greater than or equal to zero days, and categorized by corresponding crisis reponse type (e.g., phone only). The average length of stay is calculated for each crisis response type

•Figure 30 calculates the percent of Ohio intake scales by dividing actual over expected. The numerator is calcualted by counting the number of Ohio intake scales for only those episodes that have been coded as crisis response face-to-face OR crisis response stabilization plus follow-up AND for those episodes that are coded as EMPS response mode either mobile OR deferred mobile (what actually happened). This is divided by the total number of expected Ohio intake scales which is calculated by counting the total number of episodes that are coded as crisis response face-to-face OR crisis response stabilization plus follow-up AND for those episodes that are coded as EMPS response mode either mobile OR deferred mobile (what actually happened).
•Figure 31 calculates the actual percent of Ohio discharge scales by dividing actual over expected. The numerator is calculated by counting the number of Ohio discharge scales for only those episodes that have been coded as crisis response stabilization plus follow-up AND are coded as EMPS response mode either 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 stabilization plus follow-up AND are coded as EMPS response mode either mobile OR deferred mobile AND has an episode end date.
•Figure 32 is the percent of call date time data collected by provider. This percent is calculated by counting the total number of episodes that have data entered in the variable "Call Date Time" which is divided by the total count of episodes that 211 gave a disposition of EMPS response for that specific provider.
•Figure 33 is the percent of first contact date time data collected by provider. This percent is calculated by counting the total number of episodes that have data entered in for the variable "First Contact Date Time" which is divided by the total count of episodes that 211 gave a disposition of EMPS response for that specific provider.
•Figure 34 is the percent of TANF eligible data collected by provider. This percent is calculated by counting the total number of episodes that have data entered for the variable "Is TANF eligible" which is divided by the total number of episodes that are coded as crisis response face-to-face or stabilization plus follow-up.
•Figure 35 is the percent of Living situation at discharge data collected by provider. This percent is calculated by counting the total number of episodes that have data entered for the variable "Living situation at discharge" which is divided by the total number of episodes that are coded as crisis response stabilization plus follow-up AND has an episode end date.
•Figure 36 is the percent of "Is Crisis Response" data collected by provider. This percent is calculated by counting the total number of episodes that have data entered for the variable "Is Crisis Response" (ALL three response, phone only, face-to-face, & stabilization plus follow-up) which is divided by the total number of episodes that 211 gave a disposition of EMPS response.