

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



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

Monthly Report: September 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 Jason Lang, Ph.D., Training 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





Child Health and Development Institute of Connecticut, Inc.

Table of Contents

Executive Summary

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	7
was Non-Mobile or Deferred Mobile	
Figure 16. 211 Recommended Non-Mobile Episodes Where Actual EMPS Response	8
was Mobile or Deferred Mobile	
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

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

<u>Call and Episode Volume</u>: In September 2011, **211 received 1086 calls** including 817 calls (75%) routed to EMPS providers and 269 calls (25%) handled by 211 (e.g., calls for other information or resources, calls transferred to 911). The percent distribution of calls routed to EMPS providers and those handled by 211 remains fairly consistent from month to month. This month represents an increase of 3.4% compared to September 2010 (1050 calls).

Among the **817 episodes of care** generated this month, episode volume ranged from 84 episodes (New Haven service area) to 233 episodes (Hartford service area). The statewide average service reach per 1,000 children this month was 0.97, with service area rates ranging from 0.67 (New Haven) to 1.42 (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 2.77 per 1,000 children in poverty, with service area rates ranging from 1.62 (New Haven) to 4.55 (Eastern).

<u>Mobility</u>: Statewide mobility was 93.2% this month, compared to 90.4% in September 2010. Five of the six service areas were above the 90% benchmark this month, with performance ranging from 88.3% (Western) to 96.3% (Hartford).

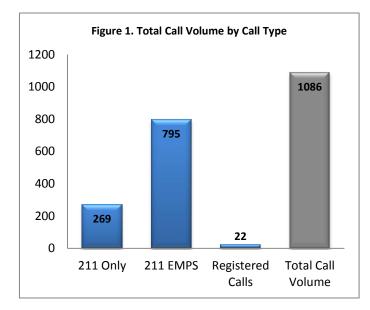
<u>Response Time</u>: Statewide, this month **88% of mobile episodes received a Face-to-face response in 45 minutes or less**, which is 5% higher than September 2010 (83%). All service areas were above the 80% benchmark this month, with performance ranging from 82% (Central) to 96% (Eastern). In addition, the statewide median mobile response time was 29 minutes, with all six service areas demonstrating a median mobile response time of 31 minutes or less. These data strongly suggest that EMPS service providers are offering timely responses to crises in the community.

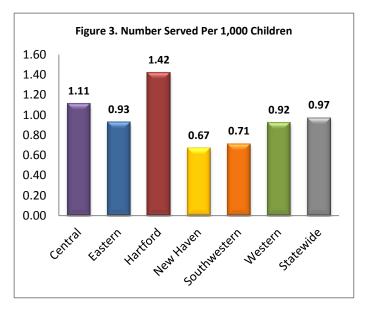
Length of Stay: Statewide, among discharged episodes, 11% (current month) and 9% (cumulative) of Phone Only episodes exceeded one day, 22% (current month) and 29% (cumulative) of Face-to-face episodes exceeded five days, and 3% (current month) and 10% (cumulative) of Plus Stabilization Follow-up episodes exceeded 45 days.

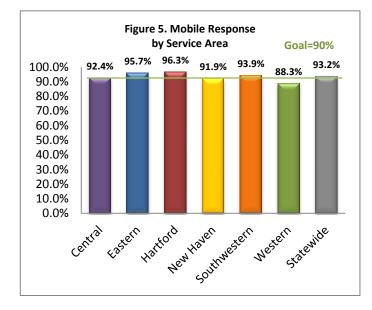
Statewide, the median LOS for open episodes of care with a Crisis Response of Phone Only was 60 days (n=26) and ranged from 12 days (Western) to 85 days (New Haven). Statewide, the median LOS for a Crisis Response of Face-to-face was 17 days (n=102) and ranged from 4 days (Western) to 34 days (New Haven). For the Plus Stabilization Follow-up Crisis Response, the statewide median LOS was 17 days (n=206) with a range from 10 days (Western) to 67 days (Southwestern). This tells us that families remain open for services beyond the benchmarks for some 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.

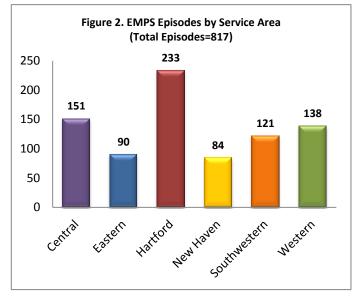
Data Quality Monitoring: The Worker version of the Ohio Scales was completed more consistently than the Parent version. This month statewide completion rates for **intake** Ohio Scales were: Worker Problem Scale (91%), Parent Problem Scale (70%), Worker Functioning Scale (91%), and Parent Functioning Scale (69%). The statewide completion rate for **discharge** Ohio Scales this month were: Worker Problem Scale (81%), Parent Problem Scale (21%), Worker Functioning Scale (81%), and Parent Functioning Scale (21%). 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.

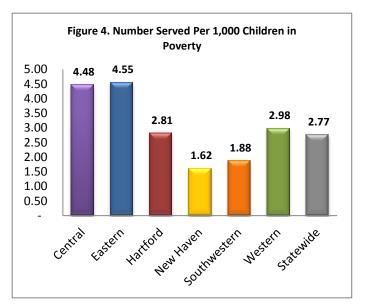
Section I: Primary EMPS Performance Indicators

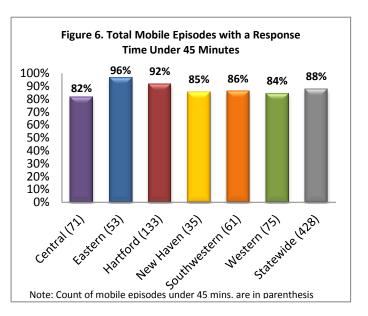




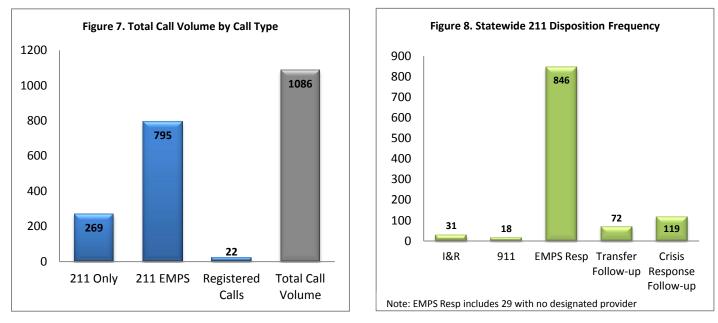


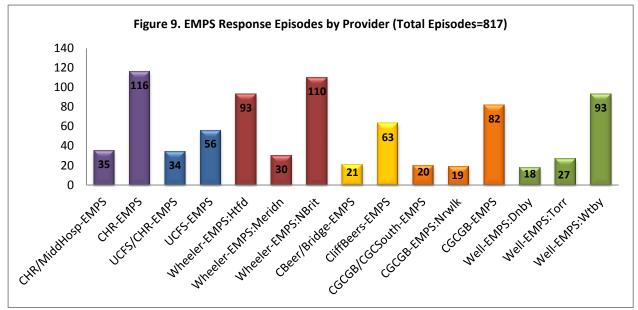


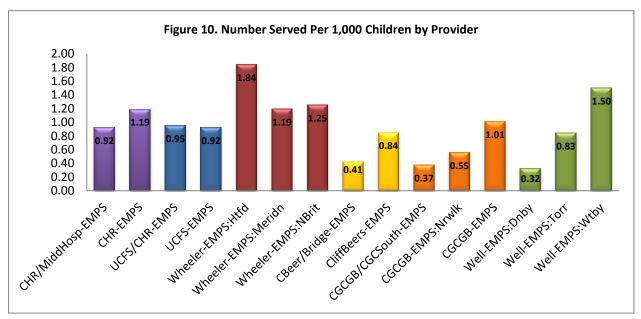


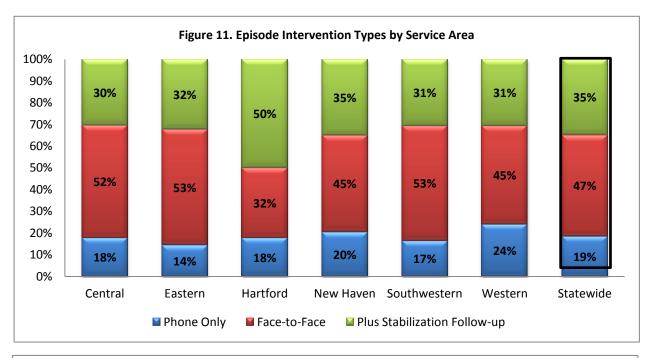


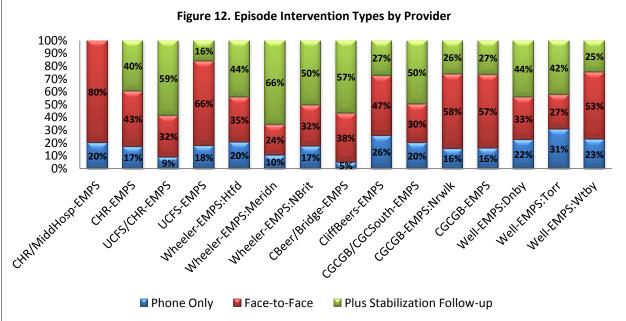
Section II: Episode Volume



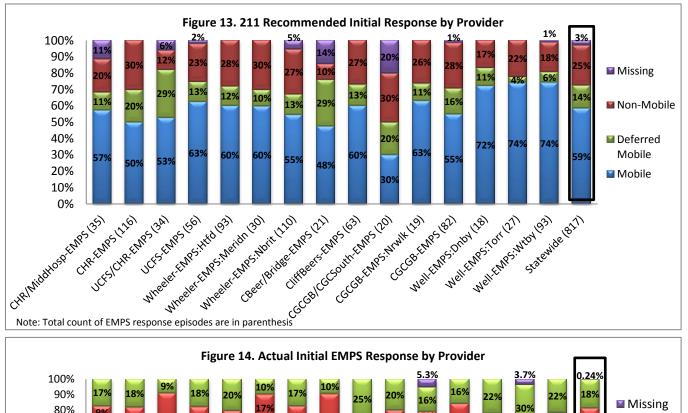


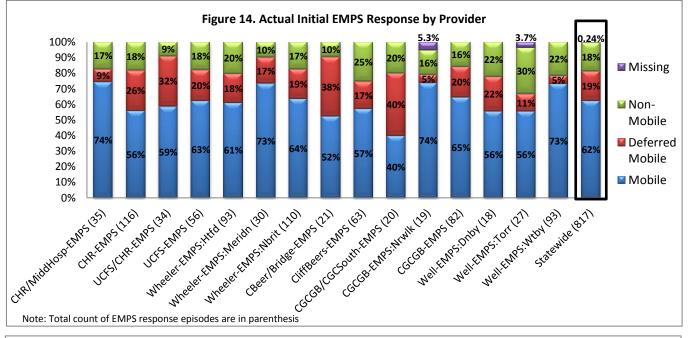


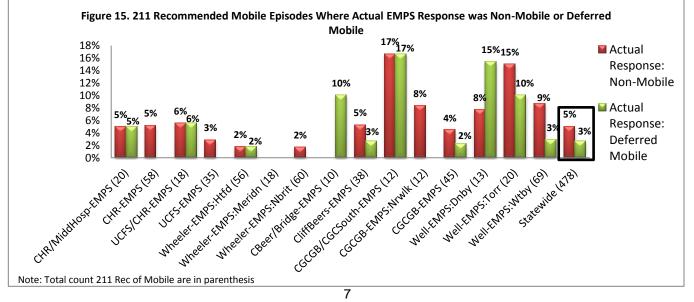


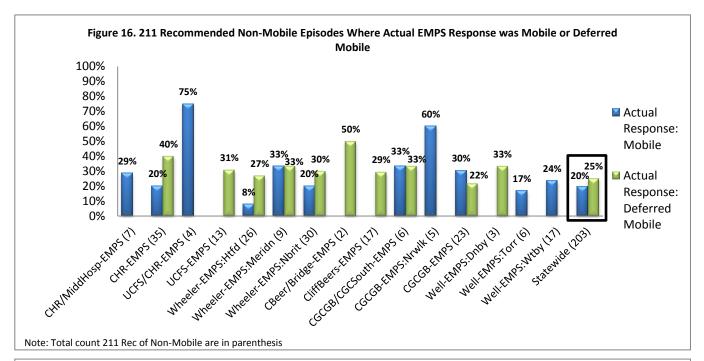


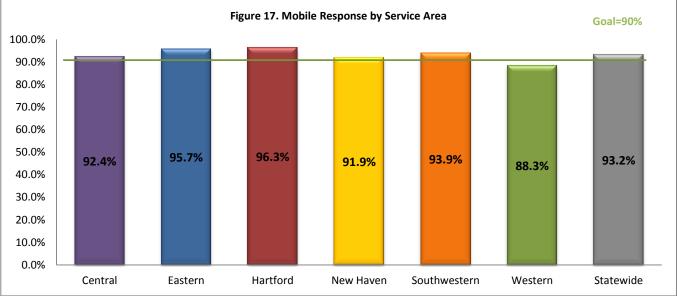
Section III: 211 Recommendations and EMPS Response

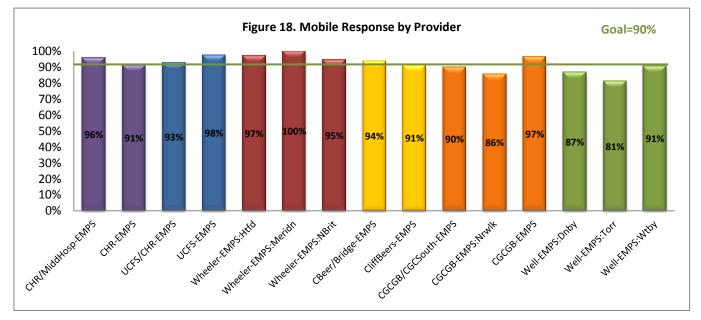




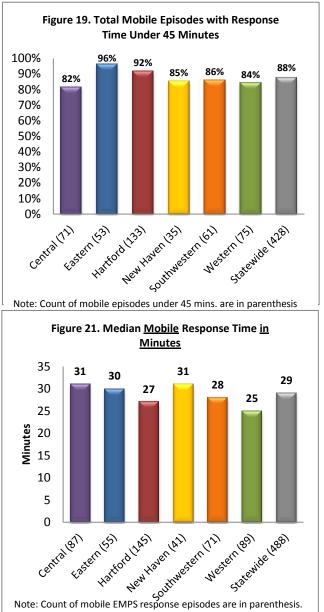


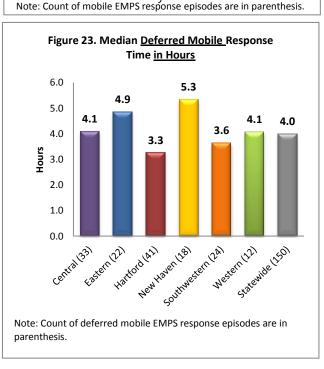


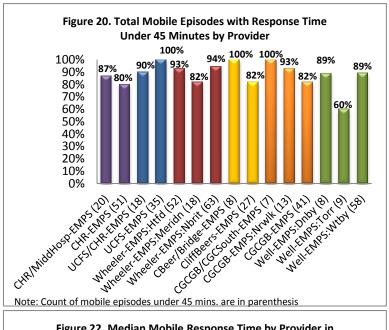


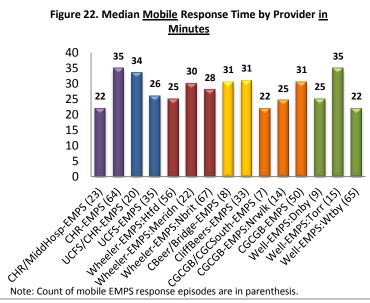


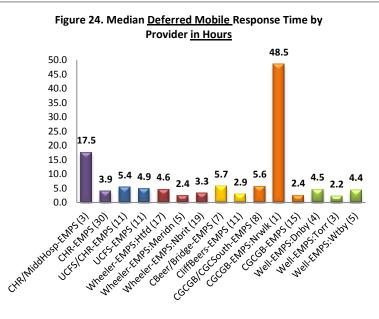
Section IV: Response Time





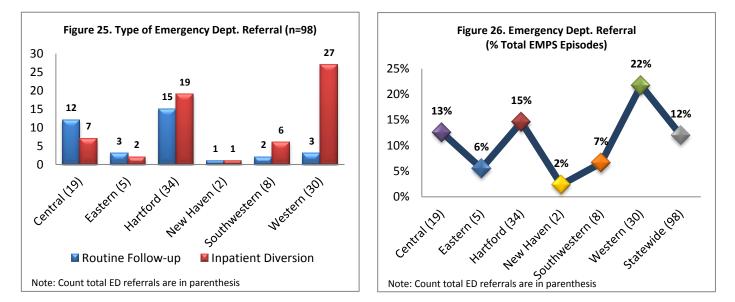


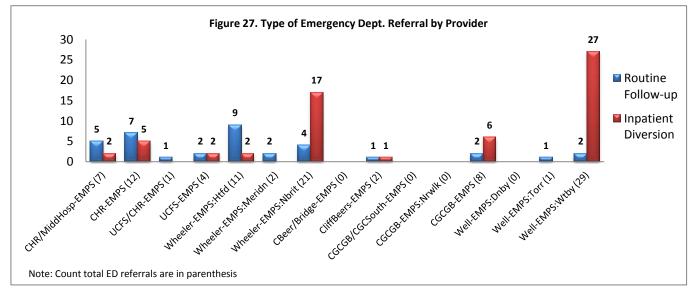


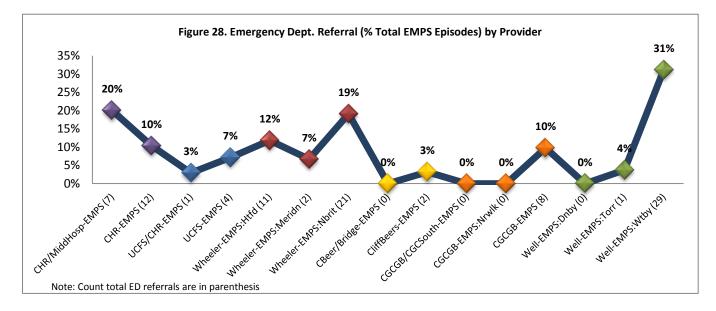




Section V: Emergency Department Referral Type







Section VI: Length of Stay

		A	В	С	D	Е	F	G	н	1	J	к	L	М	N	0	Р	Q	R
		Discharged Episodes for Current Rep					orting F	Period		Cumulative Discharged Episodes*									
			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	4.3	19.3	0	1.0	12.0	11%	22%	3%	0.8	6.7	26.4	0	2.0	23.0	9%	29%	10%
2	Central	0.5	5.7	25.2	0	2.0	25.0	10%	28%	4%	0.9	9.4	29.9	0	3.0	23.0	11%	41%	15%
3	CHR/MiddHosp-EMPS		0.0	6.3	0	0.0	7.0	20%	0%	0%	1.4	2.6		0	1.0	6.0	20%	15%	1%
4	CHR-EMPS	0.6	6.3	27.0	0	3.0	29.5	6%	31%	5%	0.6	15.2	32.9	0	8.0	27.0	6%	63%	16%
5	Eastern	0.2	5.2	10.7	0	4.0	11.0	0%	31%	0%	0.2	2.2	21.8	C	1.0	20.0	3%	3%	1%
6	UCFS/CHR-EMPS			14.3	0	2.5	13.0	0%					21.5	0	0.0	19.0			-
7	UCFS-EMPS	0.3	5.5	6.4	0	4.5	4.0	0%	40%	0%	0.2	2.3	22.1	0	2.0	21.0	3%	2%	0%
8	Hartford	0.9	4.9	19.1	0	2.0	19.0	19%	23%	3%	0.9	5.7	25.8	0	3.0	21.0	14%	27%	11%
9	Wheeler-EMPS:Htfd	0.7	2.2	17.6	0	1.0	19.0	20%	15%	0%	1.4	5.7	25.7	0	3.0	22.0	18%	29%	10%
10	Wheeler-EMPS:Meridn	2.2	8.5	19.9	1	3.0	19.0	33%	30%	0%	1.4	4.9	22.2	0	3.0	19.0	25%	27%	6%
11	Wheeler-EMPS:NBrit	0.8	6.2	19.7	0	1.0	18.0	14%	28%	5%	0.4	5.8	26.9	0	3.0	22.0	7%	25%	14%
12	New Haven	0.3	3.9	23.7	0	2.0	14.0	6%	24%	11%	1.1	8.3	27.2	0	3.0	26.0	7%	41%	8%
13	CBeer/Bridge-EMPS		3.2	21.8	0	2.0	19.5	20%	17%	0%	2.4	4.2		0	0.0	27.0		18%	3%
14	CliffBeers-EMPS	0.1	4.0	25.2	0	3.0	12.0	0%	26%	20%	0.9	10.2	28.7	0	6.0	26.0	6%	51%	14%
15	Southwestern	0.3	3.9	18.8	0	1.0	15.0	8%	16%	3%	0.8	9.3	30.9	C	2.0	31.0	9%	37%	12%
16	CFGC/CGCSouth-EMPS	0.3	5.5	16.5	0	1.0	15.0	0%	18%	0%	0.3	5.5	39.9	0	0.0	41.0	3%	14%	33%
17	CFGC-Nrwlk										1.8	5.6		1	6.0	16.0	40%	56%	0%
18	CFGC-Brdgprt	0.3	3.2	20.3	0	1.0	16.0	11%	15%	5%	1.2	10.5	26.8	0	4.0	29.0	14%	44%	2%
19	Western	0.5	2.3	11.1	0	1.0	9.0	10%	13%	0%	0.5	5.6	21.9	0	0.0	21.0	4%	26%	5%
20	Well-EMPS:Dnby	0.0	0.2		0	0.0		0%	0%		0.5	5.3	16.8	0	1.0	14.0	4%	25%	1%
21	Well-EMPS:Torr	0.4	2.1	24.0	0	1.0	24.0	20%	13%	0%	0.2	9.0 5.1	19.9 24.1		5.0		3%	50%	3%
22	Well-EMPS:Wtby	0.6	2.6	9.9	0	1.0	8.0	8%	15%	0%	0.6	5.1	24.1	0	0.0	24.0	5%	22%	7%

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

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

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

Definitions:

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

Table 2. Number of Episodes for Discharged Episodes of Care

		Α	В	С	D	Е	F	G	н	I	J	к	L		
		Disch	arged Ep	-	or Curre	nt Repo	orting								
				Per			Cumulative Discharged Episodes*								
			Mean/N	Median	N use	ed for Pe	ercent		d Mean/N	/ledian	N us	ed for Pe	ercent		
		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	132	251	194	15	54	6	3019	6421	5430	264	1870	537		
2	Central	21	40	46	2	11	2	580	823	914	61	339	133		
3	CHR/MiddHosp-EMPS	5	5	4	1	0	0	186	377	108	37	56	1		
4	CHR-EMPS	16	35	42	1	11	2	394	446	806	24	283	132		
5	Eastern	15	16	11	0	5	0	363	790	583	12	27	7		
6	UCFS/CHR-EMPS	6	6	6	0	1	0	103	270	341	3	17	6		
7	UCFS-EMPS	9	10	5	0	4	0	260	520	242	9	10	1		
8	Hartford	47	82	73	9	19	2	727	1431	2248	105	389	251		
9	Wheeler-EMPS:Htfd	20	33	21	4	5	0	318	695	657	58	204	63		
10	Wheeler-EMPS:Meridn	6	10	11	2	3	0	107	153	387	27	41	25		
11	Wheeler-EMPS:NBrit	21	39	41	3	11	2	302	583	1204	20	144	163		
12	New Haven	16	29	9	1	7	1	482	772	611	33	313	50		
13	CBeer/Bridge-EMPS	5	6	4	1	1	0	66	240	315	-	43	8		
14	CliffBeers-EMPS	11	23	5	0	6	1	416	532	296	24	270	42		
15	Southwestern	13	37	32	1	6	1	307	1193	609	29	441	74		
16	CFGC/CGCSouth-EMPS	4	11	13	0	2	0	149	274	192	5	37	64		
17	CFGC-Nrwlk	0	0	0	0	0	0	5	16		2	9	0		
18	CFGC-Brdgprt	9	26	19	1	4	1	153	903	412	22	395	10		
19	Western	20	47	23	2	6	0	560	1412	465	24	361	22		
20	Well-EMPS:Dnby	3	5	0	0	0	0	108	173	75	4	43	1		
21	Well-EMPS:Torr	5	8	2	1	1	0	120	155	115	4	77	3		
22	Well-EMPS:Wtby	12	34	21	1	5	0	332	1084	275	16	241	18		

* 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

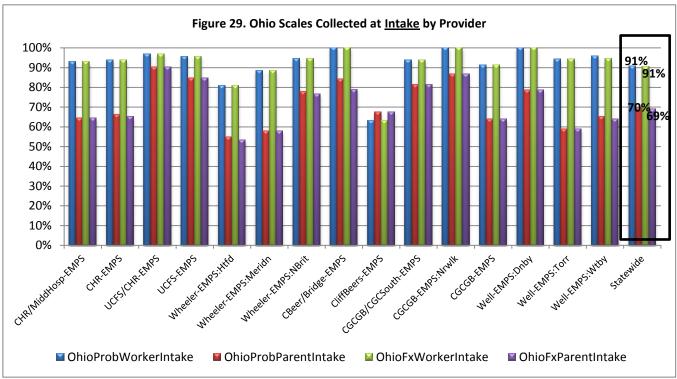
		Α	В	С	D	Е	F	G	Н	I	J	K	L	М	Ν	0		
			Episodes Still in Care*								N of Episodes Still in Care*							
			Mean			Median			Percent		N used	Mean/	Median	N used for Percent				
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45		
1	STATEWIDE	113.7	76.2	50.3	60.0	17.0	17.0	100%	83%	20%	26	102	206	26	85	42		
2	Central	14.0	45.4	12.0	14.0	17.0	11.5	100%	82%	0%	2	17	26	2	14	0		
3	CHR/MiddHosp-EMPS		537.0			537.0			100%		0	1	0	0	1	0		
4	CHR-EMPS	14.0	14.6	12.0	14.0	17.0	11.5	100%	81%	0%	2	16	26	2	13	0		
5	Eastern	33.0	13.0	14.3	33.0	13.0	15.0	100%	100%	0%	1	1	18	1	1	0		
6	UCFS/CHR-EMPS	33.0	13.0	15.1	33.0	13.0	16.0	100%	100%	0%	1	1	13	1	1	0		
7	UCFS-EMPS			12.4			11.0			0%	0	0	5	0	0	0		
8	Hartford	15.0	27.2	20.8	15.0	20.5	15.0	100%	75%	8%	1	12	62	1	9	5		
9	Wheeler-EMPS:Htfd	15.0	21.4	15.9	15.0	18.0	15.0	100%	80%	4%	1	5	26	1	4	1		
10	Wheeler-EMPS:Meridn		7.5	28.3		7.5	15.0		50%	9%	0	2	11	0	1	1		
11	Wheeler-EMPS:NBrit		40.8	22.6		24.0	15.0		80%	12%	0	5	25	0	4	3		
12	New Haven	159.6	133.3	72.1	85.0	34.5	23.0	100%	92%	31%	14	38	36	14	35	11		
13	CBeer/Bridge-EMPS	288.2	290.9	120.9	245.0	297.5	24.0	100%	100%	38%	6	14	13	6	14	5		
14	CliffBeers-EMPS	63.3	41.4	44.4	70.0	13.0	19.0	100%	88%	26%	8	24	23	8	21	6		
15	Southwestern	90.3	48.3	113.1	37.0	15.0	67.0	100%	79%	51%	7	33	51	7	26	26		
16	CFGC/CGCSouth-EMPS	243.0	153.9	161.9	243.0	156.0	160.0	100%	100%	76%	2	8	34	2	8	26		
17	CFGC-Nrwlk			16.0			16.0			0%	0	0	3	0	0	0		
18	CFGC-Brdgprt	29.2	14.5	15.6	30.0	10.0	14.5	100%	72%	0%	5	25	14	5	18	0		
19	Western	12.0	4.0	10.5	12.0	4.0	10.0	100%	0%	0%	1	1	13	1	0	0		
20	Well-EMPS:Dnby		4.0	8.8		4.0	8.5		0%	0%	0	1	4	0	0	0		
21	Well-EMPS:Torr	12.0			12.0			100%			1	0	0	1	0	0		
22	Well-EMPS:Wtby			11.3			11.0			0%	0	0	9	0	0	0		

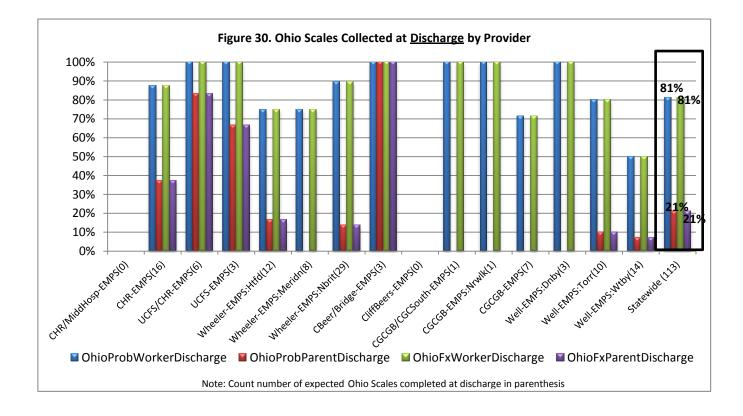
* Includes episodes still in care from January 1, 2010 to end of current reporting period. Note: Blank cells indicate no data was available for that particular inclusion criteria

Definitions:

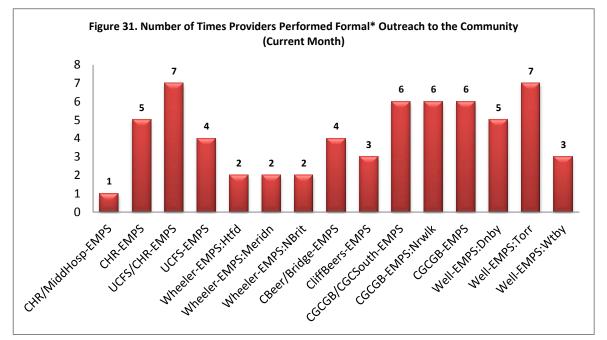
LOS: Phone	Length of Stay in Days for Phone Only
LOS: FTF	Length of Stay in Days for Face To Face Only
LOS: Stab.	Length of Stay in Days for Stabilization Plus Follow-up Only
Phone > 1	Percent of episodes that are phone only that are greater than 1 day
FTF > 5	Percent of episodes that are face to face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





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.