

Outpatient Crisis Follow-up within 8 Days

Printed Date: 5/9/2016

Benchmark finalized on 10/1/2009

Report Description:

Measure: Outpatient Crisis Service Follow-up within Eight Days

The information provided in this report reflects the number, per month, of outpatient crisis service events that were followed-up by an outpatient non-crisis service within eight days. For example, if a person receives an outpatient crisis service three times within the indicated month, and each of these is followed up within eight days, the number of follow-ups would be three. In the case that two outpatient crisis services are provided before a follow-up service or services, the most proximal follow-up service can be counted for both crisis services. That is, if a client receives crisis services on day one and day two, both will be counted as having received follow-up if an outpatient non-crisis service is provided on day eight. The monthly reporting period begins eight days before the first of the month and ends eight days before the last day of the month. As an example, 'January 2008' reflects the number of outpatient crisis service events between December 23, 2007 and January 23, 2008 that received a follow-up service. Only the following contract sources are included in this report: Community Mental Health (01), Mobile Crisis-Adult (48), and Medicaid Services for which DMHSAS Pays Match, Adults (50).

Establishment of Benchmark: The intent of this report is to identify the benchmark and present a summary of the data that determined the different levels of the benchmark.

Benchmark Comparison: The intent of this report is for providers to compare their performance on the set measure for any six month period to the benchmark as determined in the six month period between 01/01/2008 and 4/30/2009. The report shows data for the past six months from the end date entered.

Exclusion:

1. PACT clients
2. Discharge code 68 (Death)
3. Discharge code 65 (Incarcerated)
4. Persons under 18 years of age on the date of service
5. Data that are missing, invalid, or do not fit the criteria

Definitions:

Outpatient Crisis Services: Individual has received Mobile Crisis Intervention Services - MH (123), Crisis Intervention Counseling - MH - face to face (133), or Crisis Intervention Counseling - MH - telephone (134).

Outpatient Non-Crisis Services: Includes all ICIS service codes except those that reflect non-outpatient services, crisis services, or drug screening. All contract sources are allowed for follow-up unless they meet the exclusion criteria above (i.e., 43, 55).

Percent: The number of outpatient crisis events that were followed up within eight days divided by provider's the total number of outpatient crisis events x 100.

Number of Crisis Events: Provider's total number of crisis events that occurred during the specified period. **Average:** The arithmetic mean of the data. In a data set, the mean is the sum of the data divided by the number of data points.

Standard Deviation: A measure of the dispersion or spread of the data. One standard deviation above and below the average determines the upper and lower limits.

Upper Limit: Average plus one standard deviation.

Lower Limit: Average minus one standard deviation.

Benchmark: A standard by which providers may be measured or judged. Benchmark finalized on 02/24/2009 for data last updated on 2/24/09.

How the Benchmark is Determined:

The benchmark is determined by the distribution of data from all 15 Community Mental Health Centers for a period of six months (05/01/2008 - 10/31/2008). From these data points, the average and standard deviations were calculated. These statistics were then used to establish the benchmark. The benchmark is utilized to assess monthly performance.

Benchmark categories are based on the average and upper and lower limits, as established in this report:

None: No points are awarded to an agency with a percentage below the lower limit.

One Point: An agency will receive one point when its monthly performance percent falls below the average but on or above the lower limit.

Two Points: An agency will receive two points when its monthly performance percent equals or exceeds the average.

Bonus: Bonus points will be awarded to providers whose monthly percentage equals or exceeds the upper limit.

Report Information:

Frequency of update: Claims are updated weekly. CDCs are updated weekly.

Last updated: Last paid claim is through 4/27/2016, CDCs are through 5/3/2016.

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Last Modified date: 4/30/2013 by Marsha Boling

Report File Name: DSS_ETPS_OutpatientCrisis_Followup_MR_DESC

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