



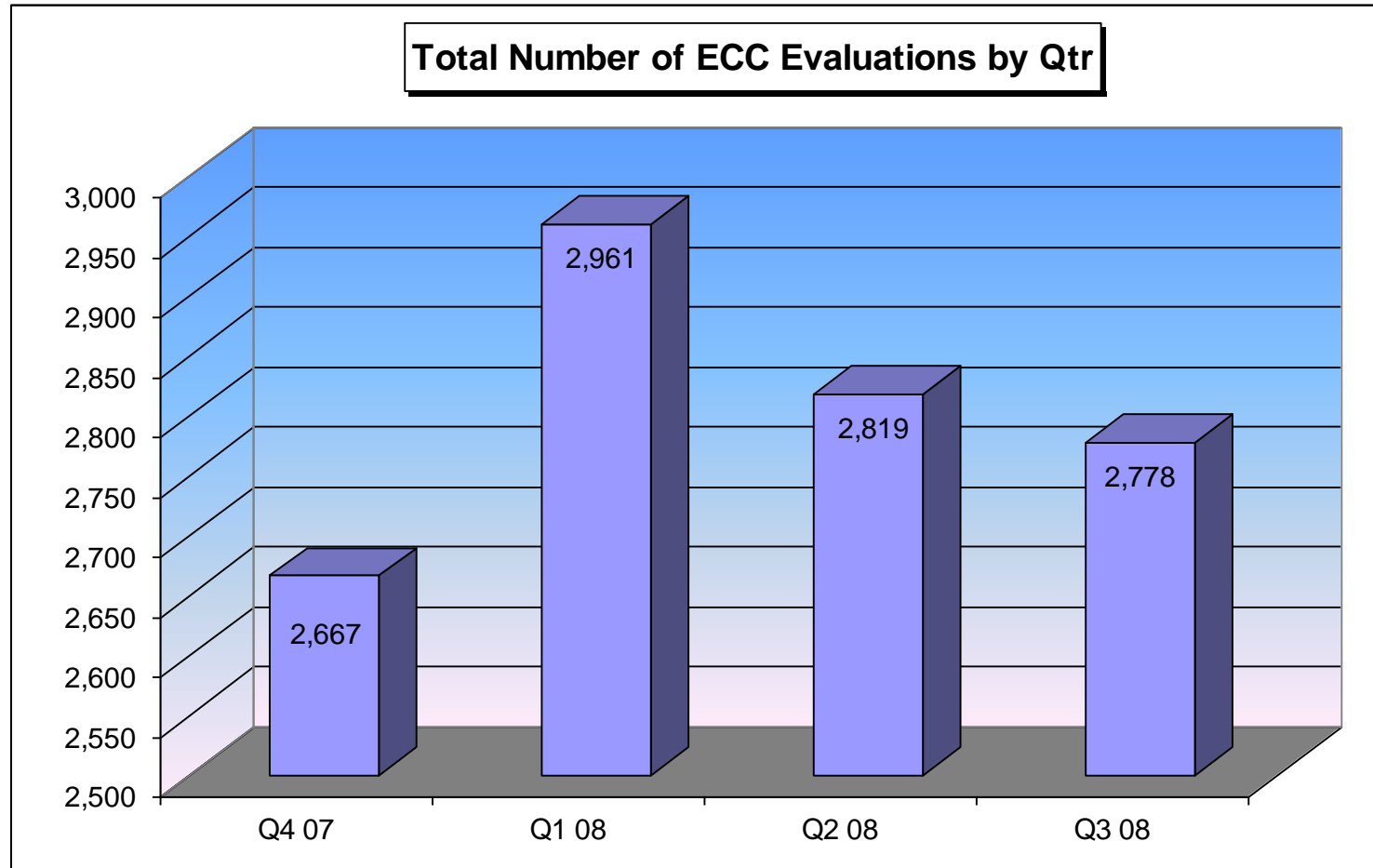
Report to the Quality & Access Sub-Committee

November 21, 2008

REVIEW OF ECCs

- Currently 36 ECCs
 - 27 since 4/13/07 (1 of these has dropped out)
 - 10 since 3/04/08
- Breakout by Population Treated
 - 17 serve children
 - 8 serve adults
 - 11 serve both

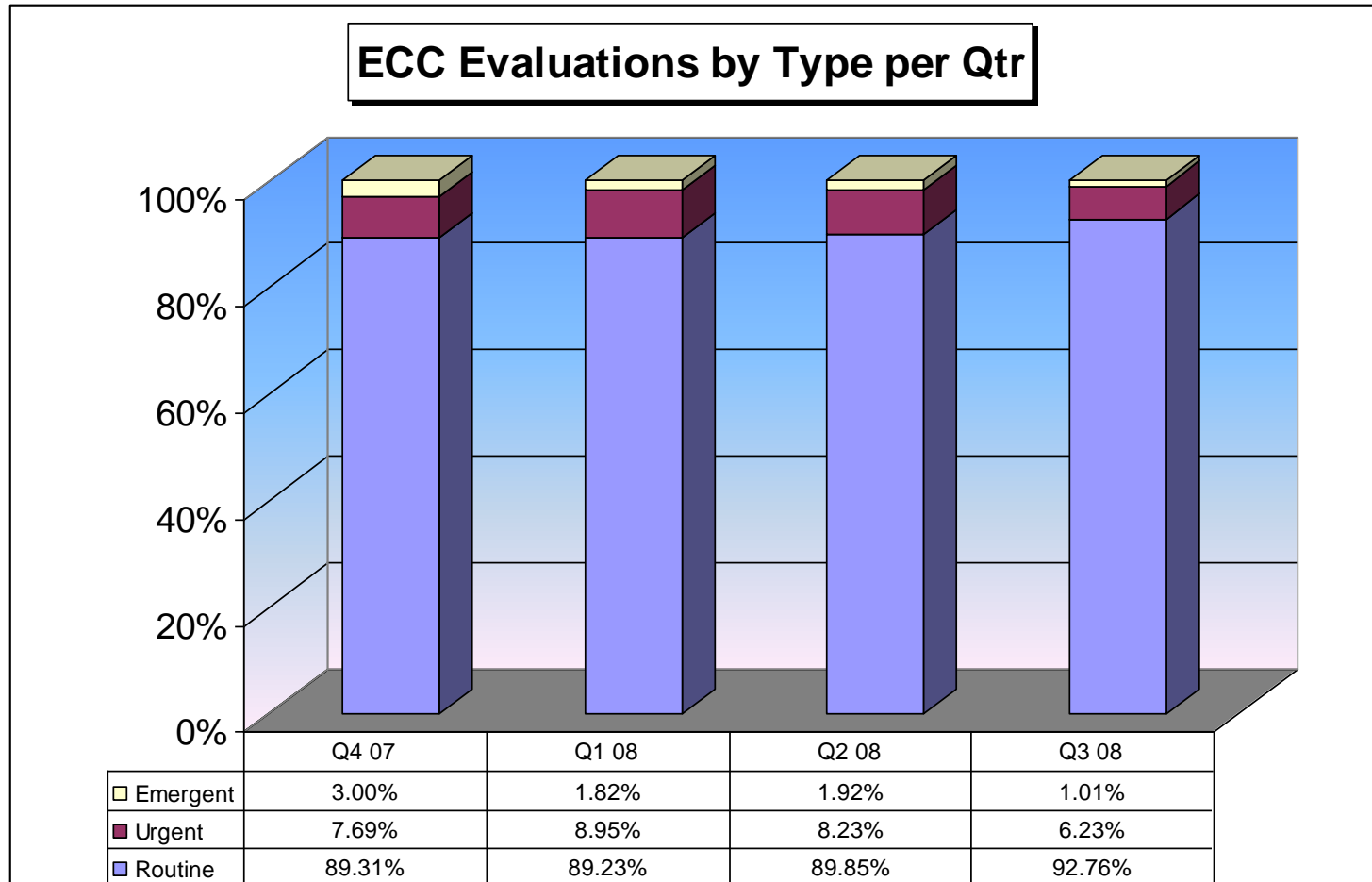
ECC VOLUME



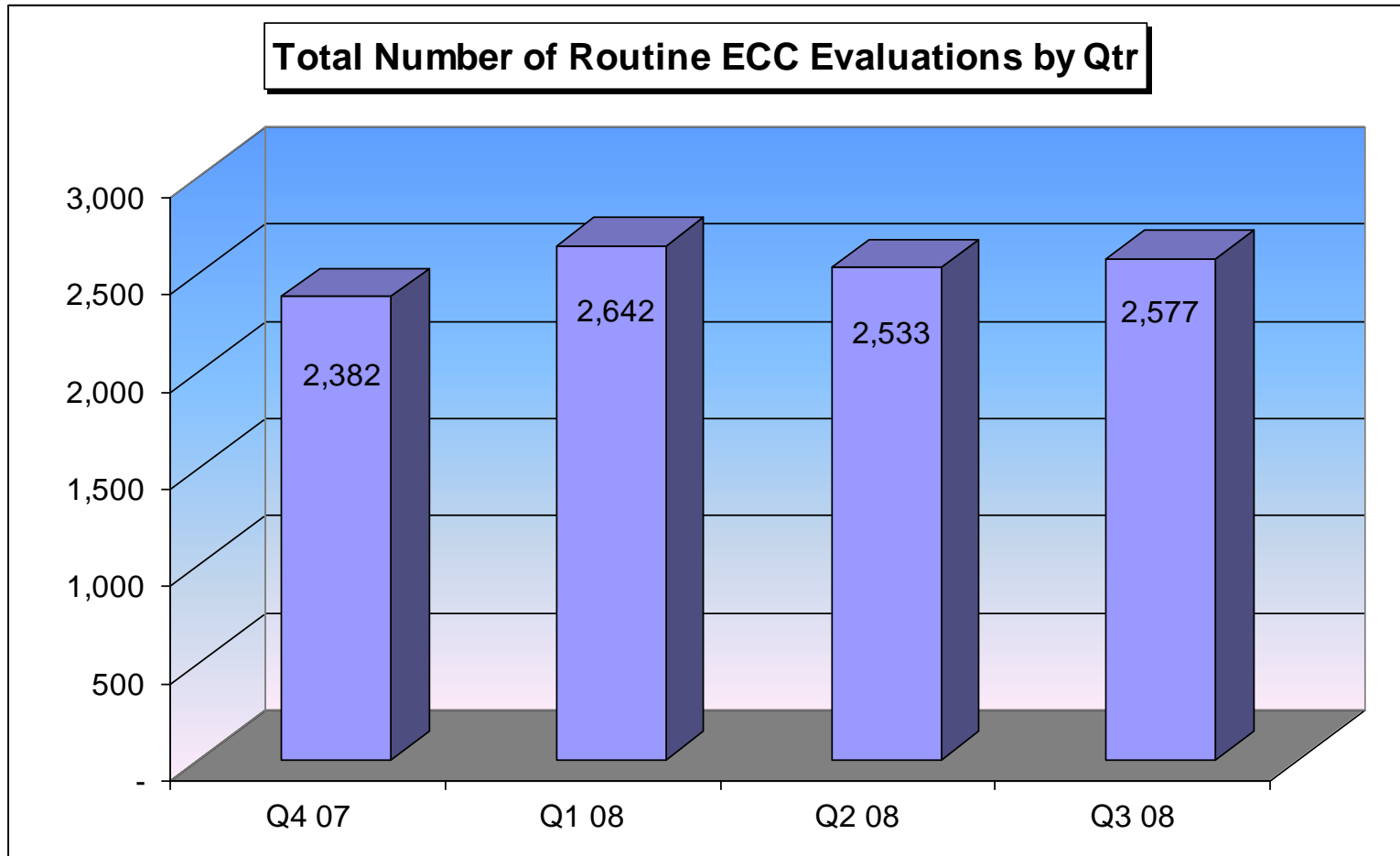
ECC APPOINTMENT ACCESS STANDARDS

- EMERGENT:
 - 95% SEEN WITHIN 2 HOURS OF ARRIVING IN ECC
- URGENT:
 - 95% OFFERED APPOINTMENT WITHIN 2 CALENDAR DAYS
- ROUTINE:
 - 95% OFFERED APPOINTMENT WITHIN 14 CALENDAR DAYS

VOLUME BY LEVEL OF URGENCY

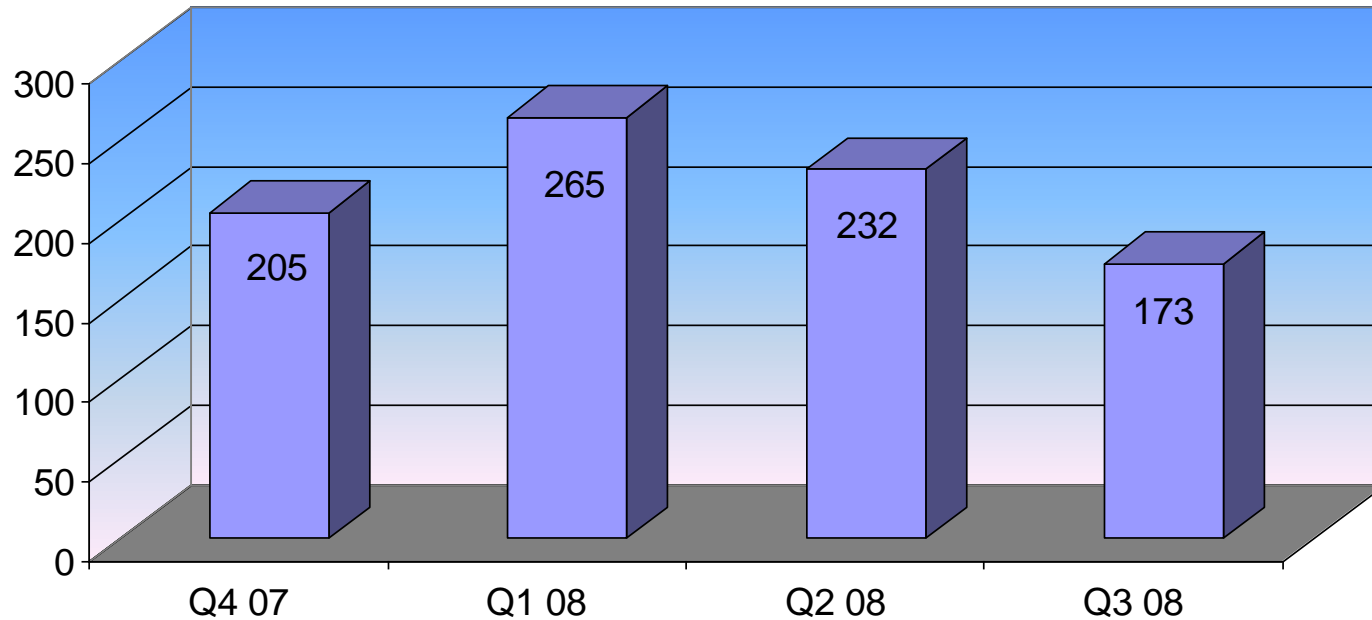


ROUTINE VOLUME

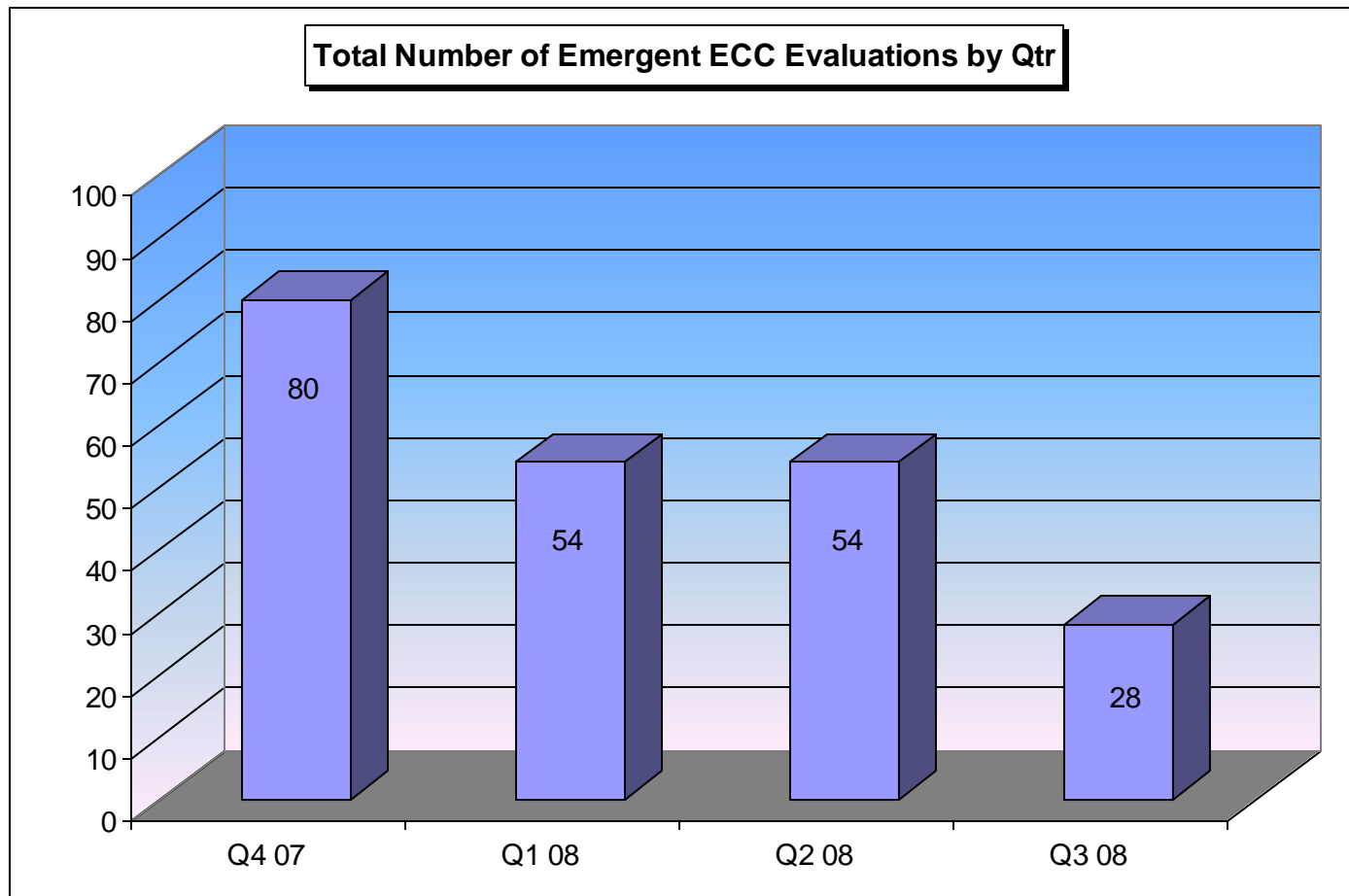


URGENT VOLUME

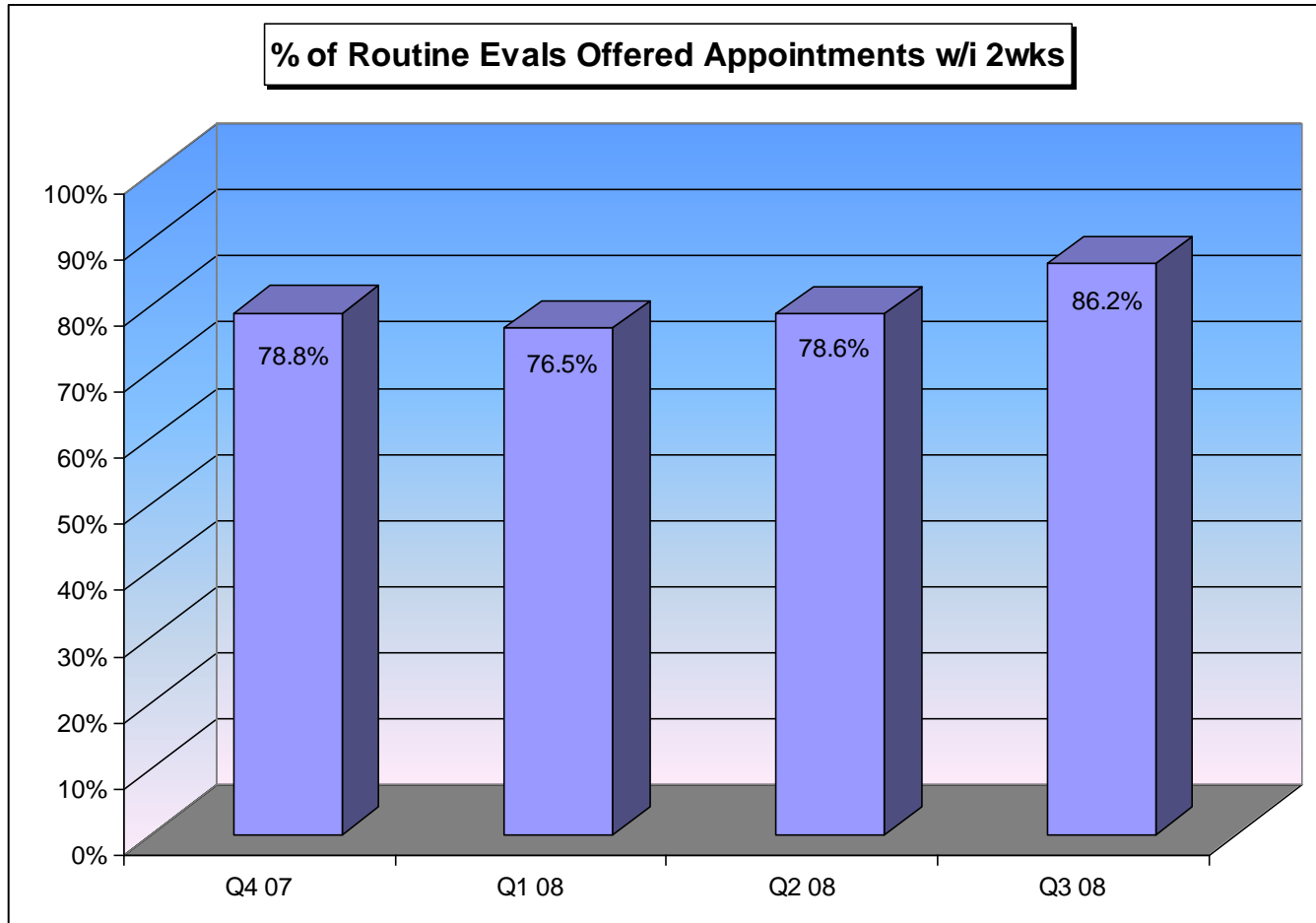
Total Number of Urgent ECC Evaluations by Qtr



EMERGENT VOLUME

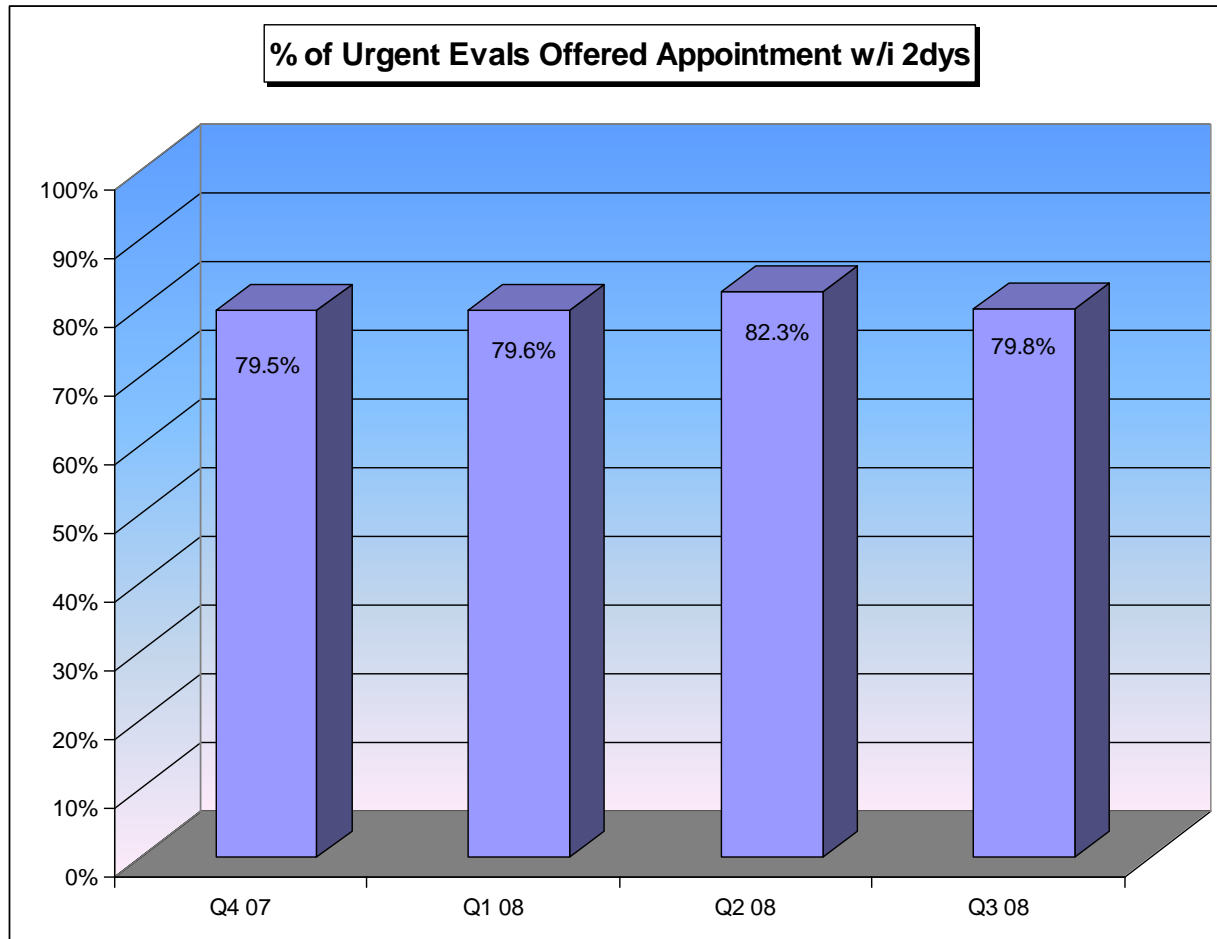


ECC ACCESS PERFORMANCE ROUTINE

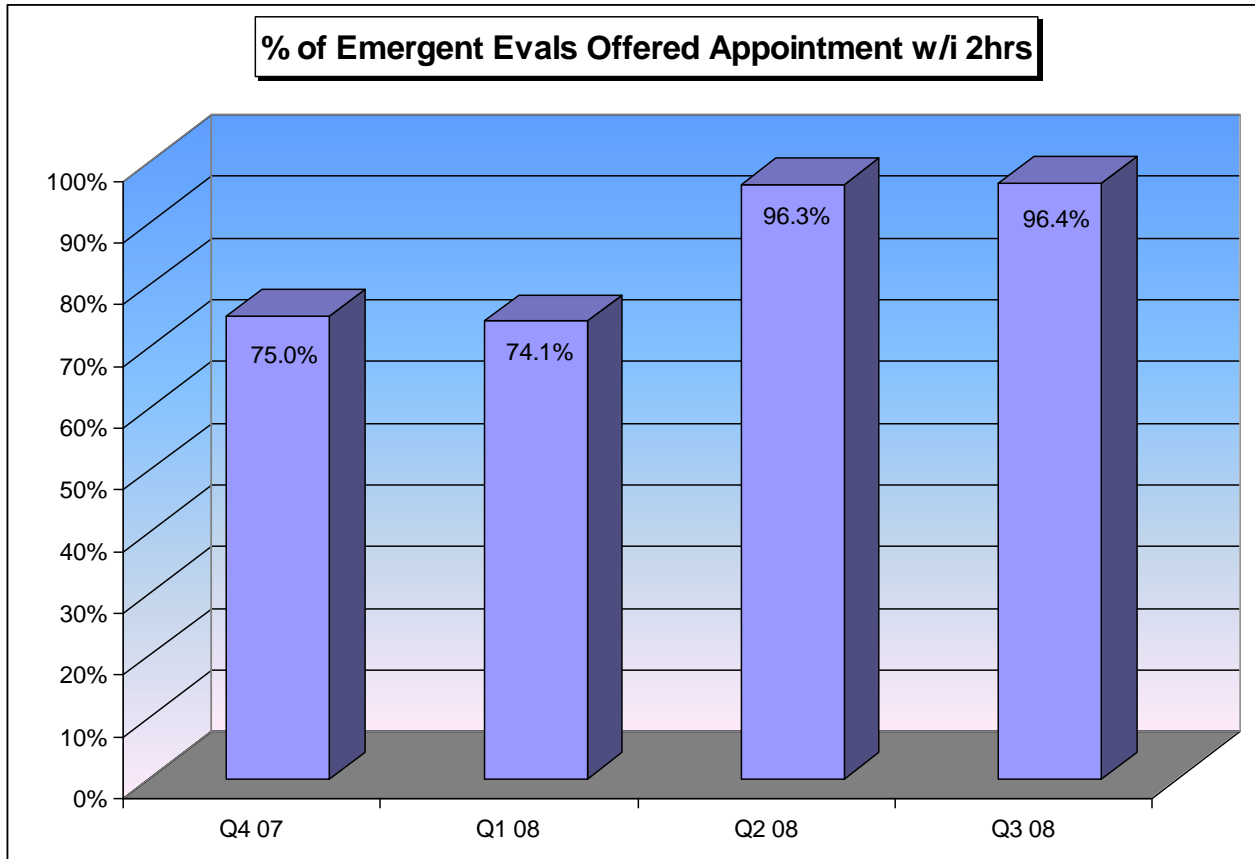


ECC ACCESS PERFORMANCE

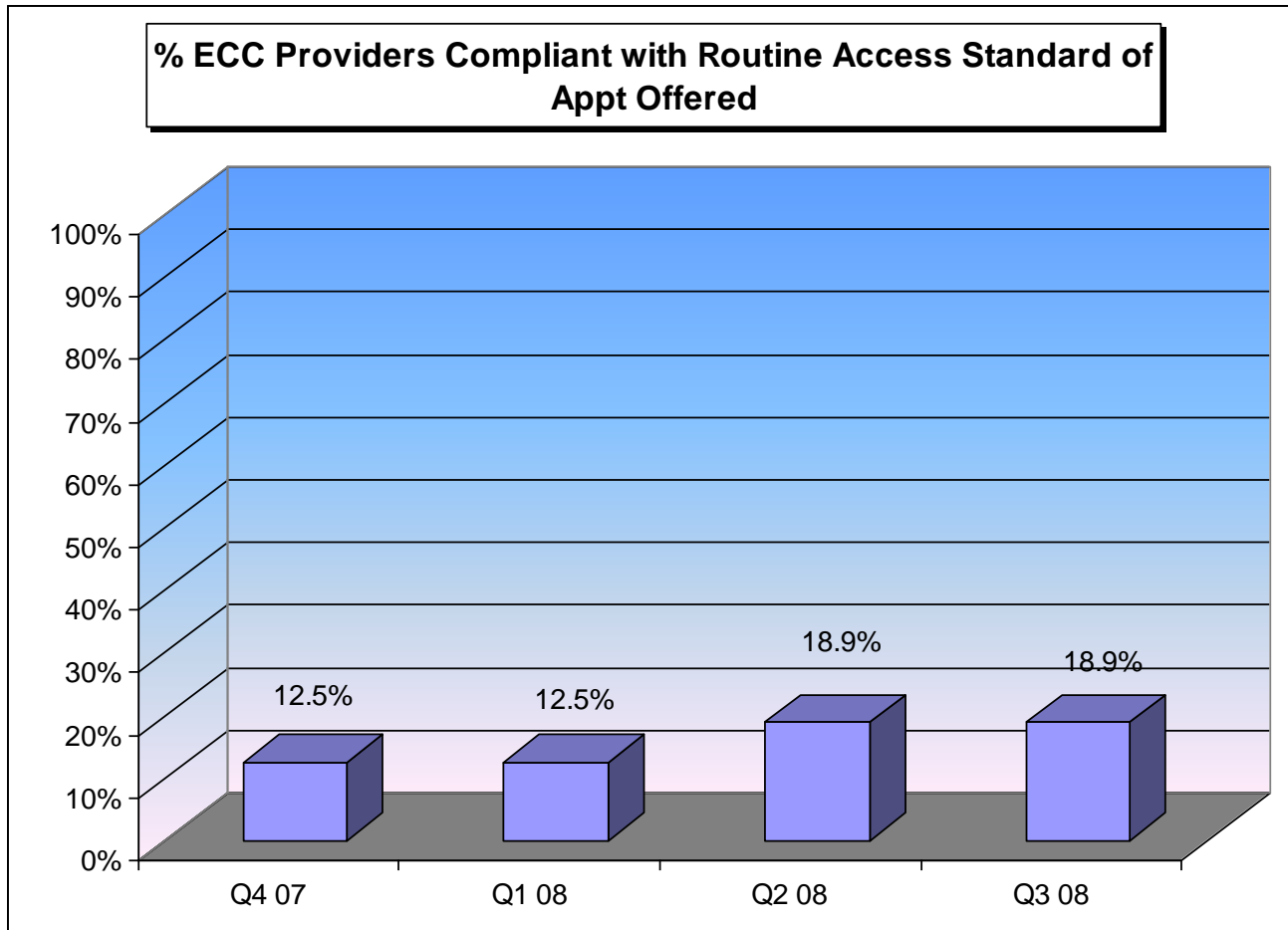
URGENT



ECC ACCESS PERFORMANCE EMERGENT



% ECC PROVIDERS COMPLIANT WITH 95% ROUTINE ACCESS STANDARD

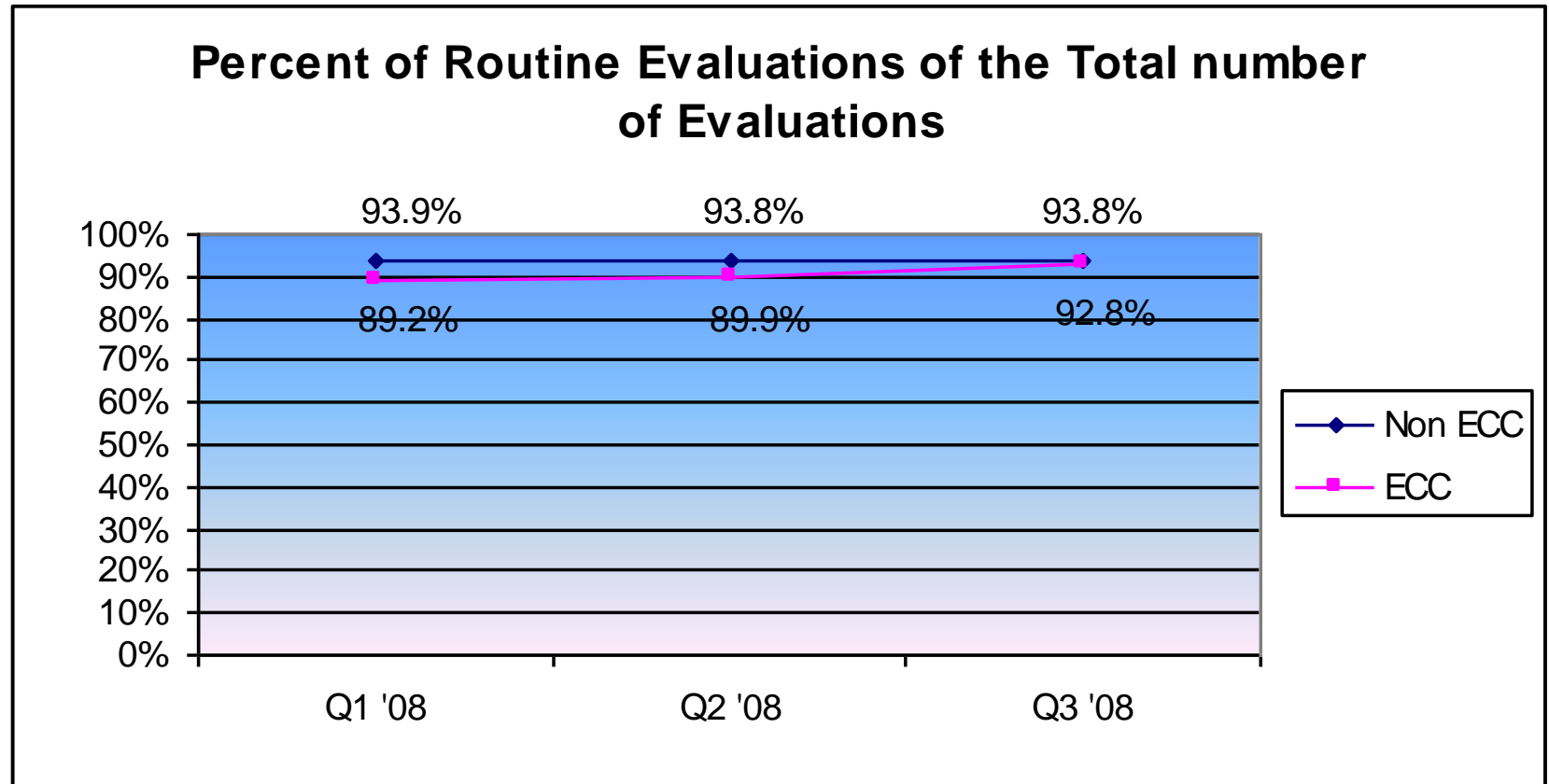


COMPARISON OF ECC PERFORMANCE WITH NON-ECC PERFORMANCE

CAVEATS REGARDING THESE COMPARISONS

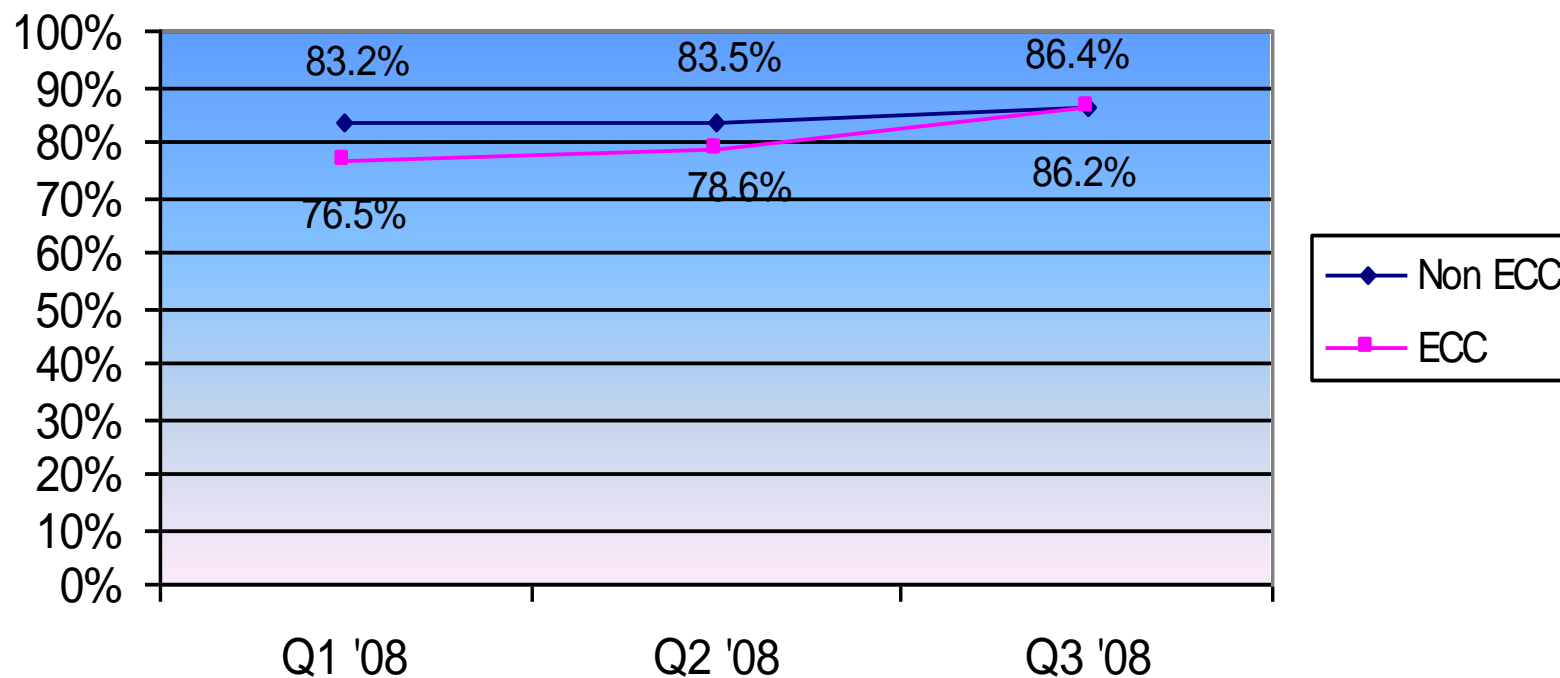
- Non-ECC data include information from independent practitioners, hospital clinics, and free-standing clinics
- Data concerning “newer” ECCs are included in the ECC category

COMPARISON OF % OF ECC & NON-ECC ROUTINE EVALUATIONS

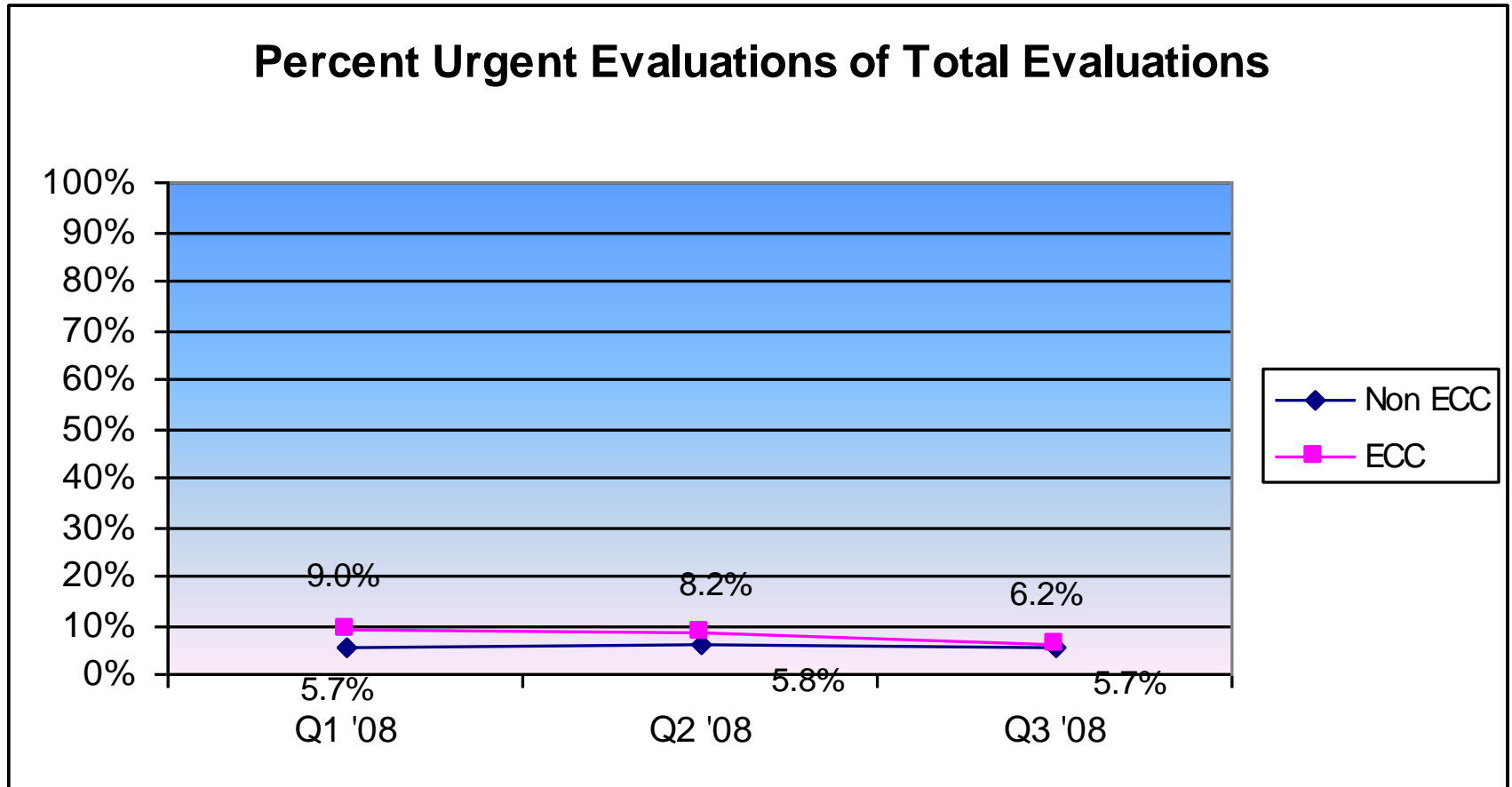


COMPARISON OF % OF ECC & NON-ECC TIMELY ROUTINE EVALUATIONS

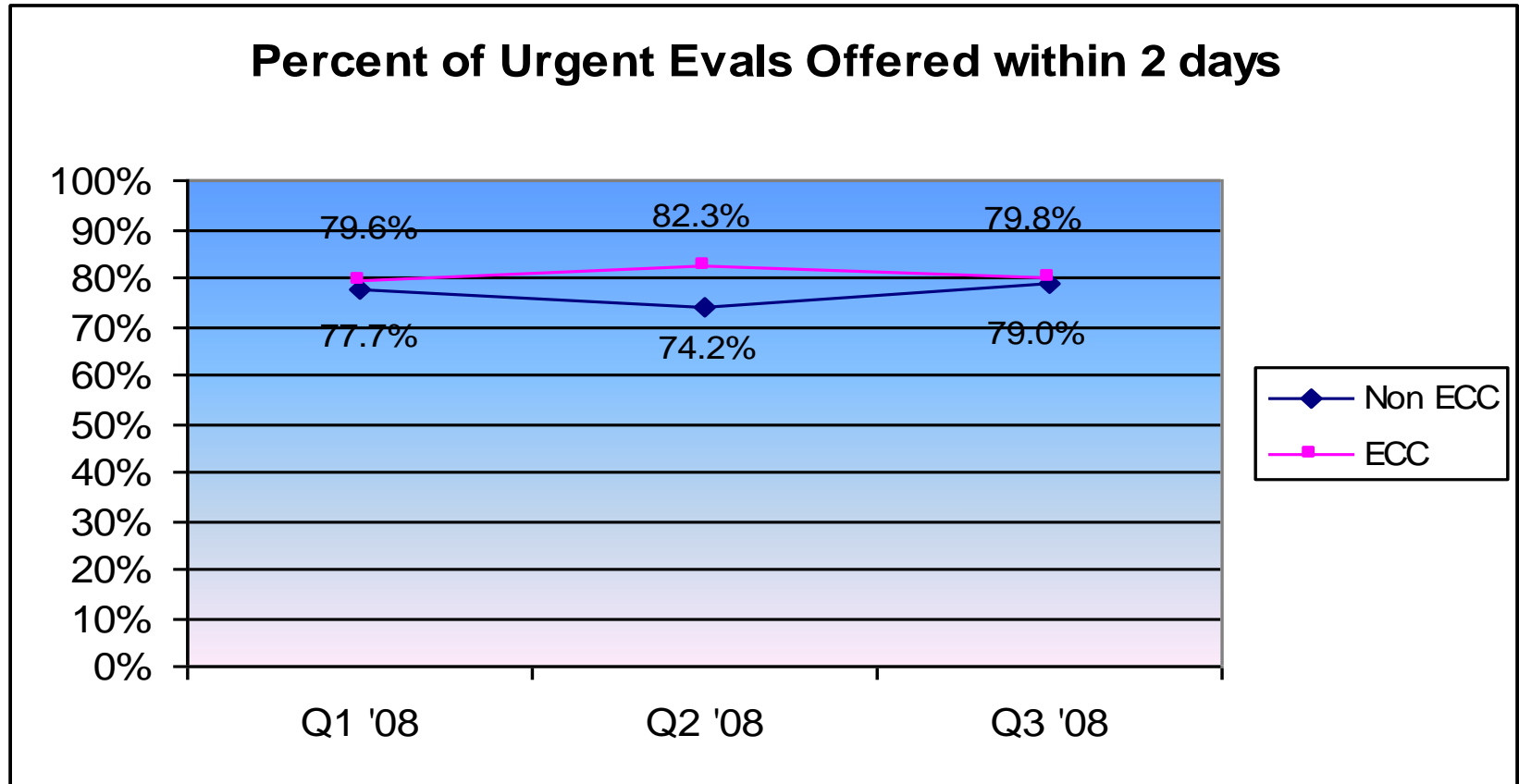
Percent of Routine Evaluations offered within 2 weeks



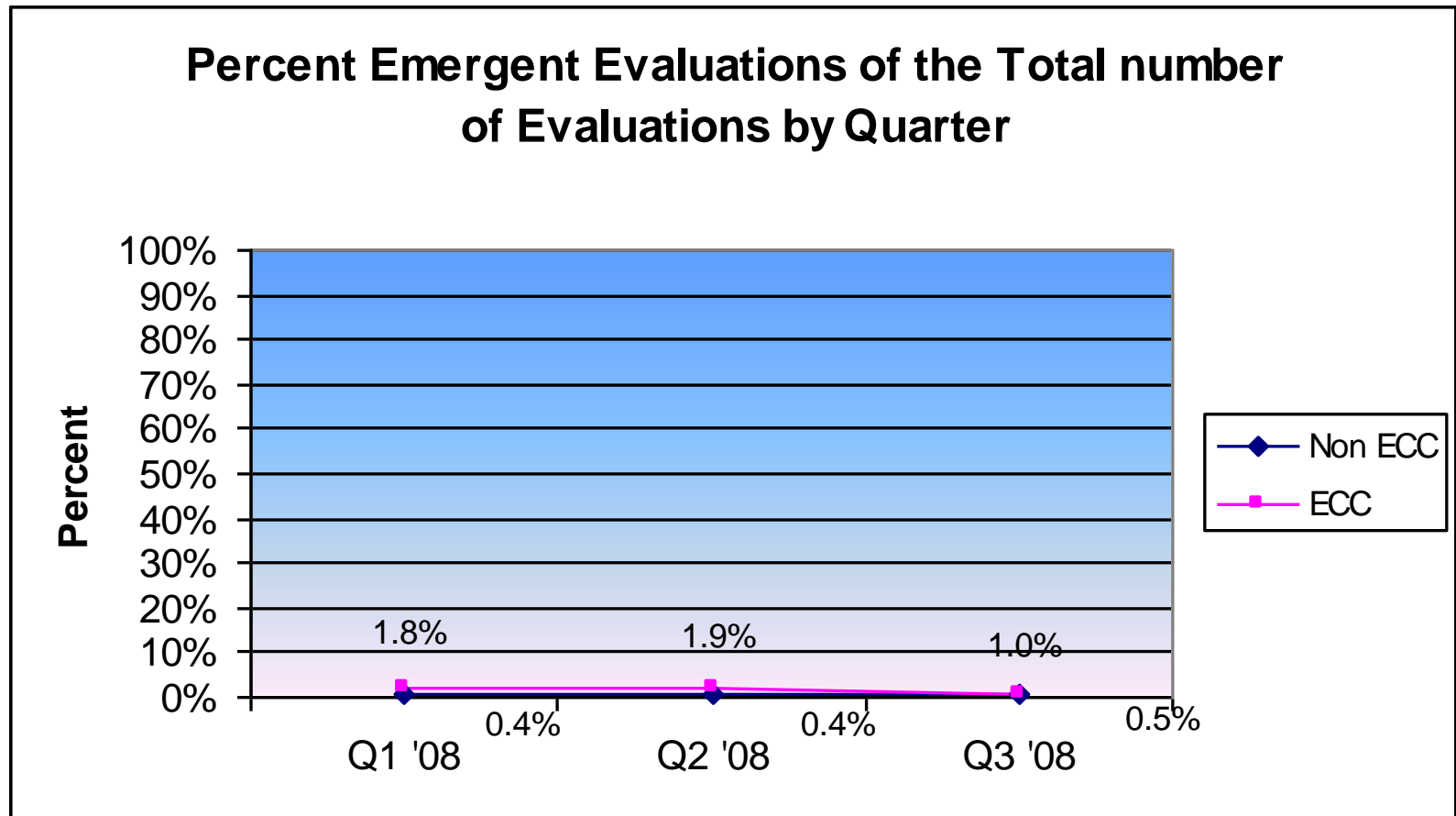
COMPARISON OF % OF ECC & NON-ECC URGENT EVALUATIONS



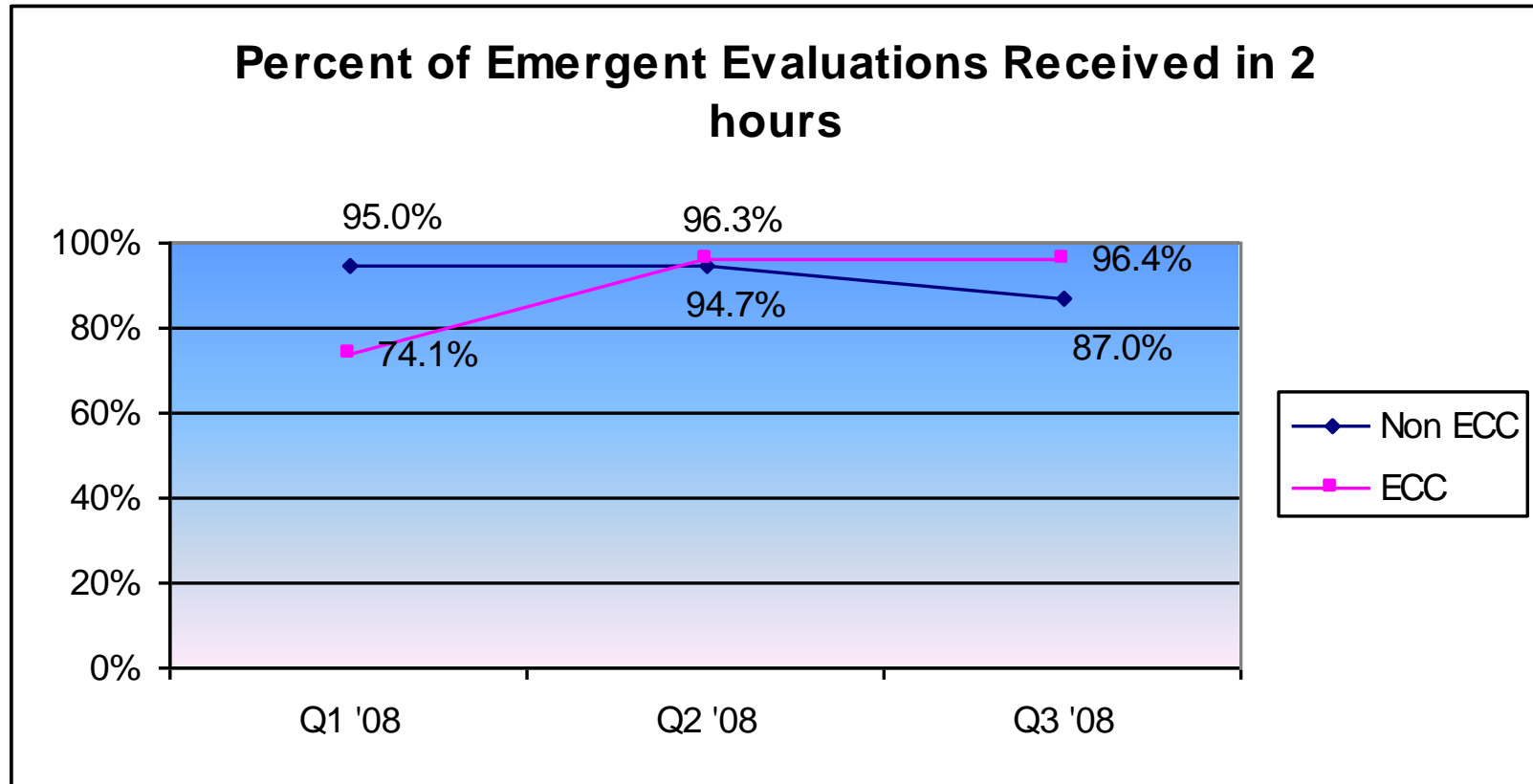
COMPARISON OF % OF ECC & NON-ECC TIMELY URGENT EVALUATIONS



COMPARISON OF % OF ECC & NON-ECC EMERGENT EVALUATIONS



COMPARISON OF % OF ECC & NON-ECC TIMELY EMERGENT EVALUATIONS



PRTF PERFORMANCE INITIATIVE UPDATE

GOALS

- Decrease Length of Stay in PRTF to improve state-wide flow
 - Move length of stay in PRTFs to be in better alignment with other states
 - Decrease discharge delay from inpatient hospitals
 - Improve potential for using PRTF as a diversion from inpatient stays

STEPS TAKEN

Collaborative process with all 4 PRTFs

- Revised the UM Criteria for PRTFs
- Established and implemented a uniform referral form for all 4 PRTFs
- Established the first phase of a Performance Initiative
 - Agreed upon 4 measures that will be used as the basis for award of the incentive
 - All based on audit of cases admitted from 1/1/09 on
 - Increased focus on PRTF using Focal Treatment Planning

AUDIT MEASURES

- Evidence in the record of:
 - Implementation of universal referral form
 - Focal Treatment Planning meeting within 1-2 weeks of admission
 - Specific issues that need to be addressed in the Focal Treatment Plan and Discharge Plan that results from that meeting AND documentation of the agreement of the stakeholders
 - Weekly engagement activities with providers and relevant supports involved in the implementation of the discharge plan