



EMPS Crisis Intervention Service

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CTBHP Quality and Access Subcommittee Presentation



Collaborative Partnership Across Connecticut

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What is EMPS?

- A Team of trained mental health professionals who can respond immediately on-site, or by phone, when a child is experiencing a mental health need or is in crisis
- Who can receive EMPS?
 - ✓ Anyone can call on behalf of a child/youth with a mental health need
 - ✓ Any child or youth 17 or younger in Connecticut who is in crisis (can serve 18 year olds if enrolled in school)
 - ✓ Service is provided regardless of insurance status or ability to pay
 - ✓ Excludes youth currently in Residential Treatment Centers, Sub-Acute Units, or Inpatient Hospital Settings



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Goals of EMPS

- Be Highly Mobile: Go to where the youth is
- Be Responsive: Arrive within 45 minutes or less
- Convenient Hours: Mobile hours are 8am-10pm M-F; 1pm-10pm weekends/holidays. Available by phone all other hours
- High Volume: Reach all in need
- Widespread community awareness
- Consistent, high quality service
- Responsive to Schools, Emergency Departments, Police, Foster Families, and others
- Coordinate with Emergency Departments
- Reduce inappropriate use of inpatient care
- Reduce inappropriate arrests



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EMPS Components

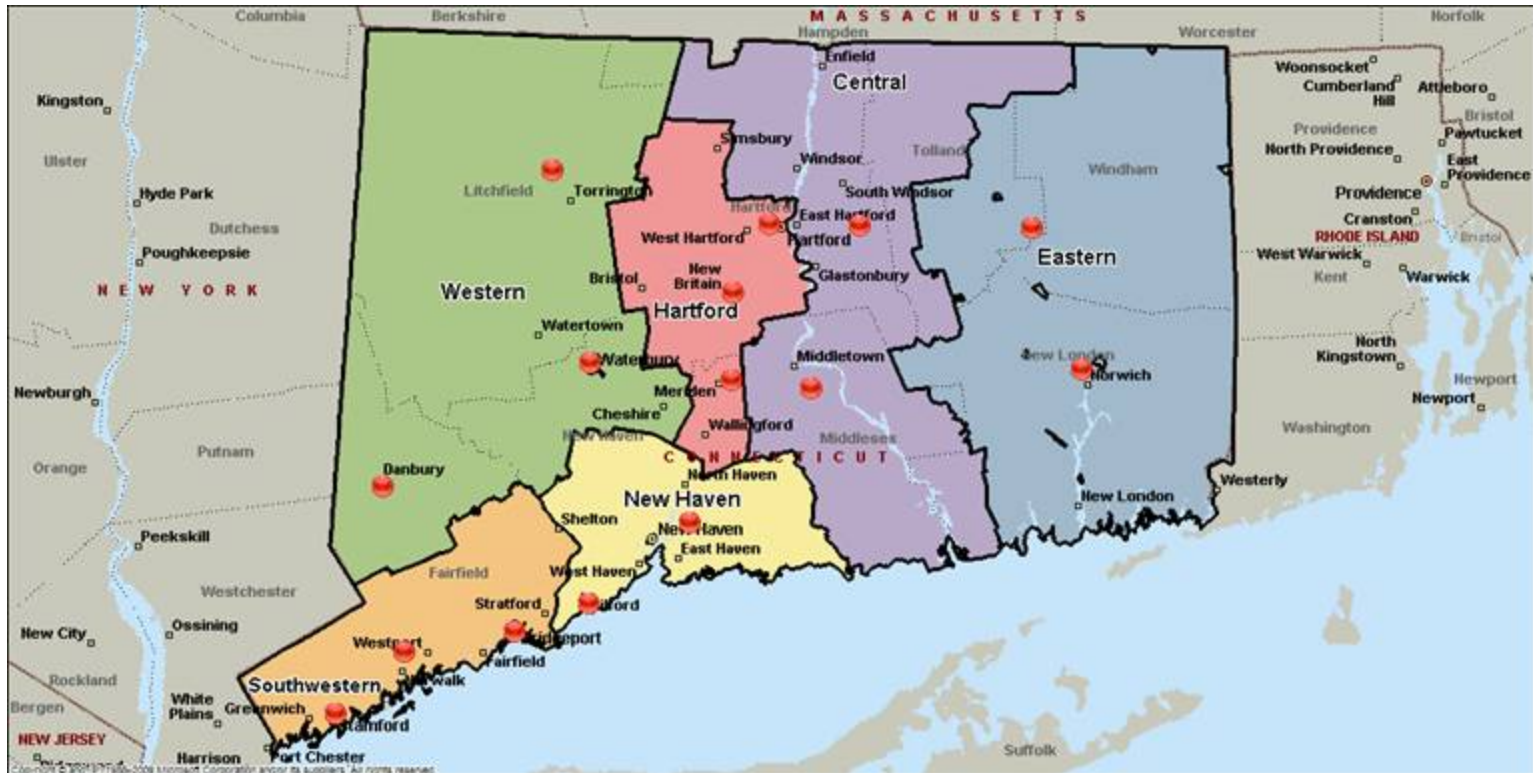
- Six (6) Service Areas Cover Whole State
- Single Statewide Call Center
 - ✓ Dial 211 from anywhere in CT, improves access to EMPS
 - ✓ Allows for improved marketing
 - ✓ Consistent response and improved accountability
- System Features
 - ✓ Mobile hours are 8am to 10pm M-F; 1pm to 10pm Sat/Sun/Holidays)
 - ✓ Telephonic response during non-mobile hours
 - ✓ Capacity to handle multiple calls
- Performance Improvement Center
 - ✓ Performance standards; data reporting; feedback and service improvement activities at all EMPS sites
 - ✓ Standardized expert training for all clinicians
 - ✓ Regular feedback from families and other referrers (schools, EDs)



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EMPS Providers



Southwestern Area (3 sites): Child & Family Guidance (plus subcontract with CGC of Southern CT)

New Haven Area (1 site): Clifford Beers

Western Area (3 sites): Wellmore, Inc.

Hartford Area (3 sites): Wheeler Clinic

Central Area (2 sites): Community Health Resources (plus subcontract with Middlesex Hospital)

Eastern Area (2 sites): United Community and Family Services



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EMPS and Hospital Emergency Departments (EDs)

How EMPS is currently used by Emergency Departments

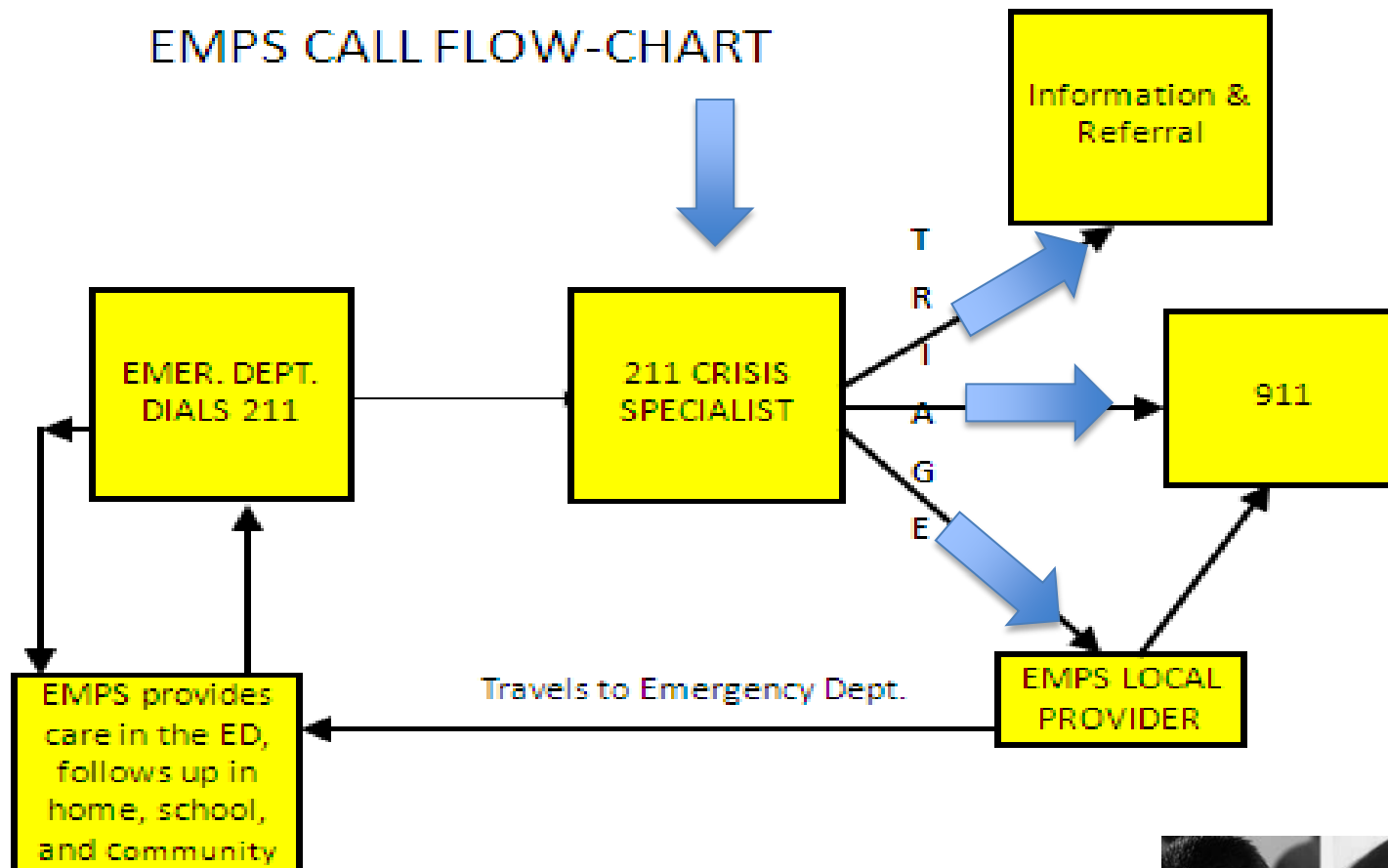
- Divert youth from the Emergency Departments by taking referrals directly from families, schools, police, and other referrers who would otherwise use the ED for behavioral health care
- When youth are in the ED, EMPS can divert from inpatient hospitalization when community-based care is a safe and effective alternative (i.e., “inpatient diversion”)
- Once youth are in the ED, EMPS can provide follow-up services in the community at the time of discharge (i.e., “routine follow-up”)
 - EMPS provides up to 45 days of follow-up care
 - EMPS links youth and families to ongoing care as needed (e.g., outpatient, IICAPS, etc.)
- The ways in which EMPS is used by EDs varies widely across the state



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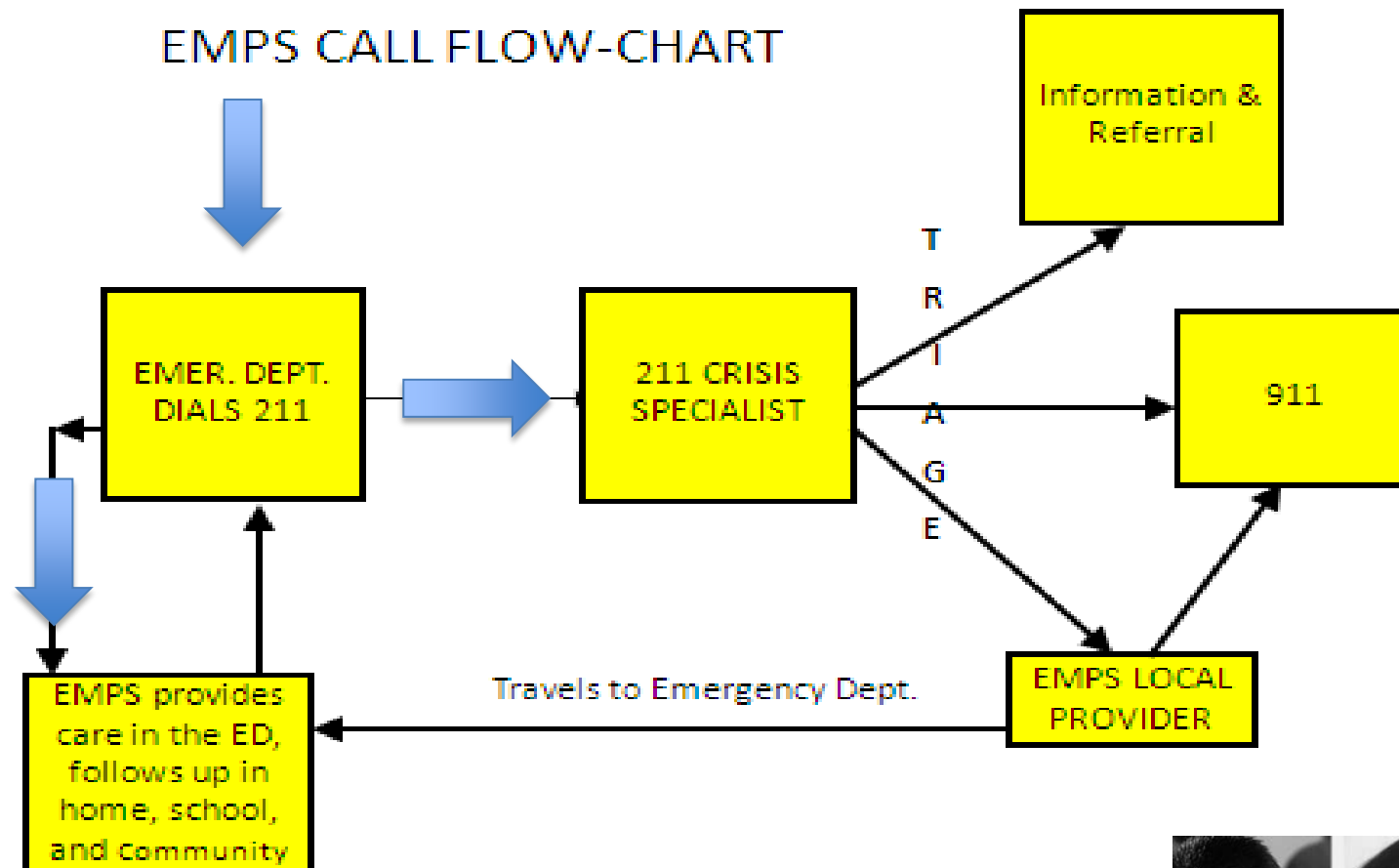
EMPS Call Flow Chart



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EMPS Call Flow Chart



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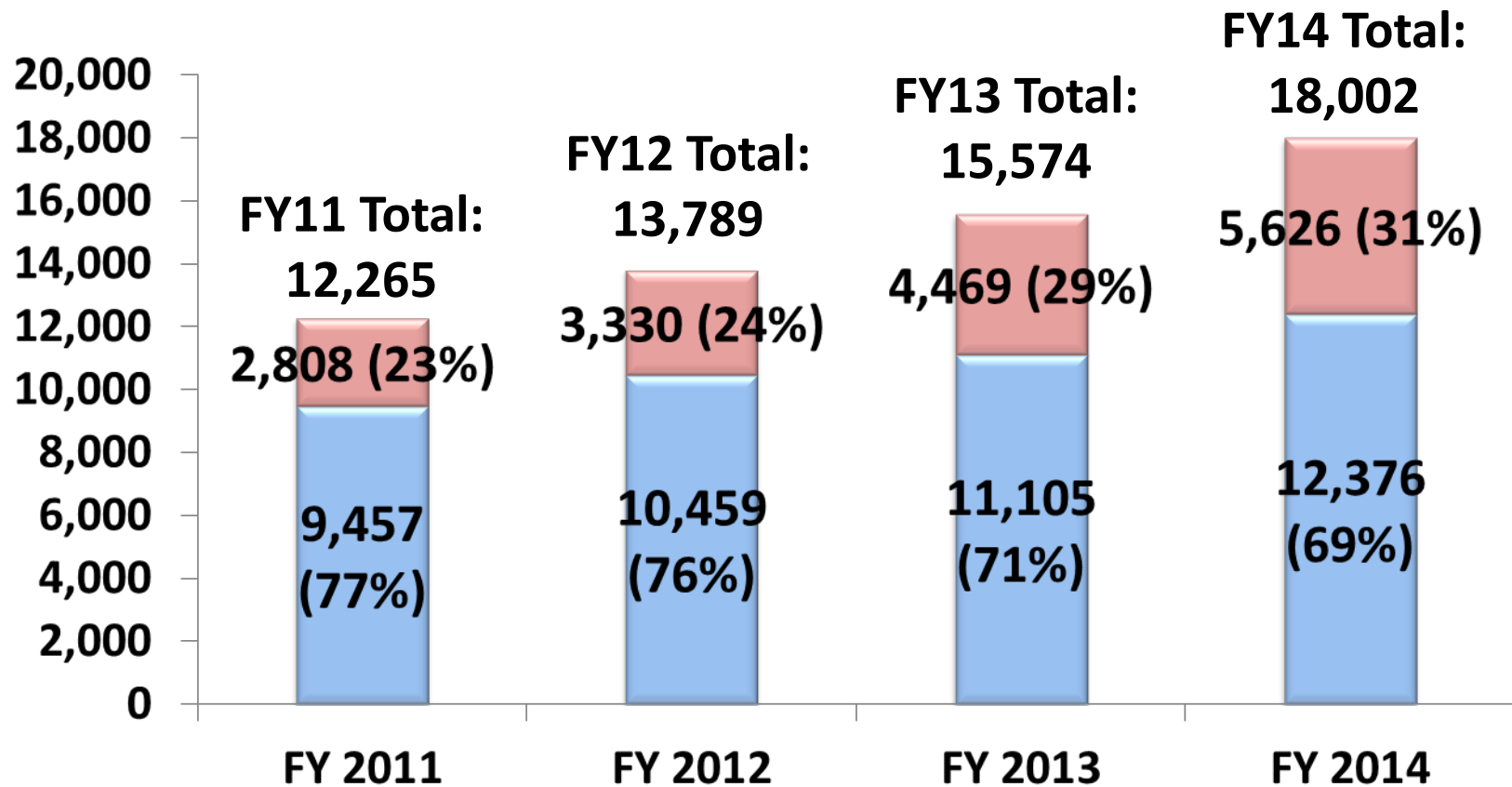
EMPS Data Overview

FY2011 – FY2014

- Each Fiscal Year (FY) starts July 1st, ends June 30th of the following year
- Some EMPS Key indicators:
 - Call and Episode Volume
 - Mobility Rates
 - Response Time
 - Inpatient Admissions
 - ED Evaluations
- For full EMPS reports see CHDI.org or EMPSCT.org



Statewide Call and Episode Volume (EMPS FY2011 – FY2014)



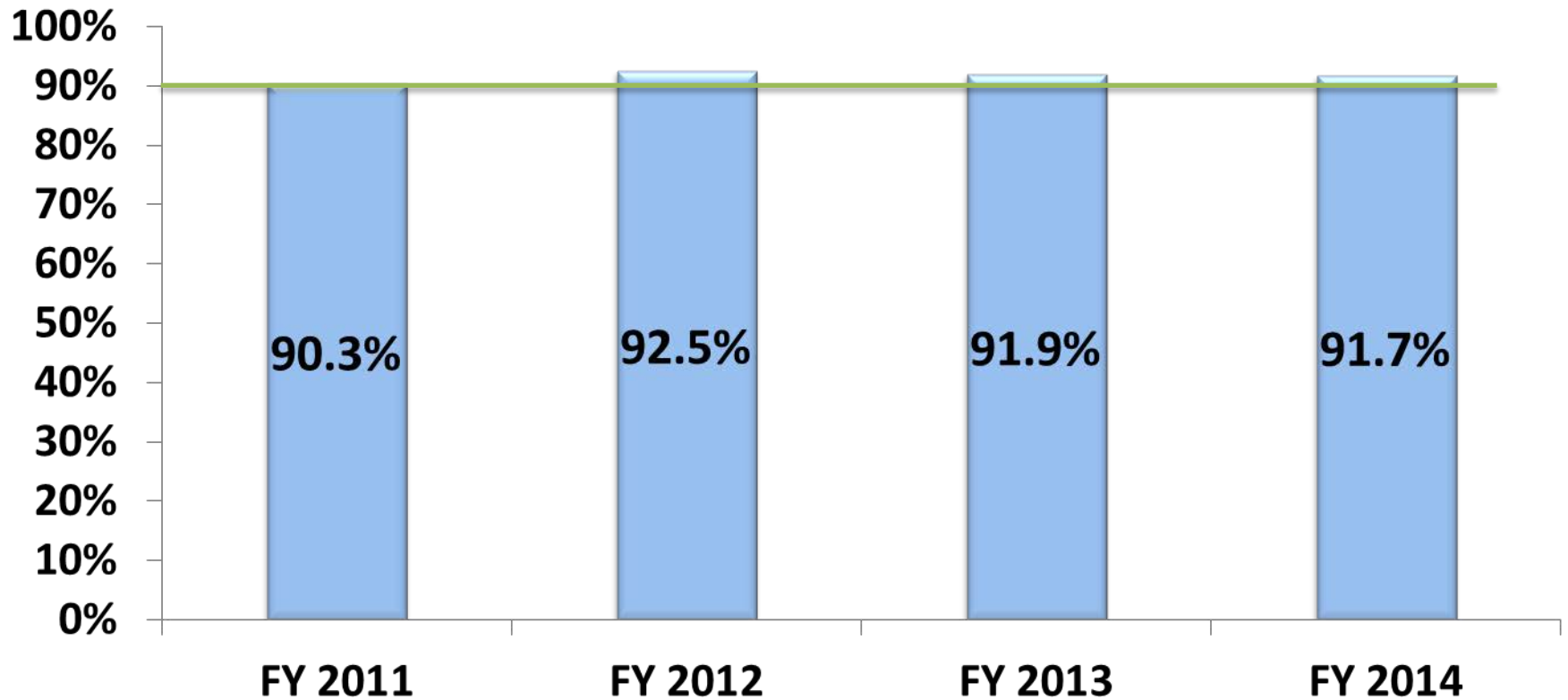
■ EMPS Episodes ■ 211 Only



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Statewide Mobility Rates (EMPS Episodes FY2011 – FY2014)



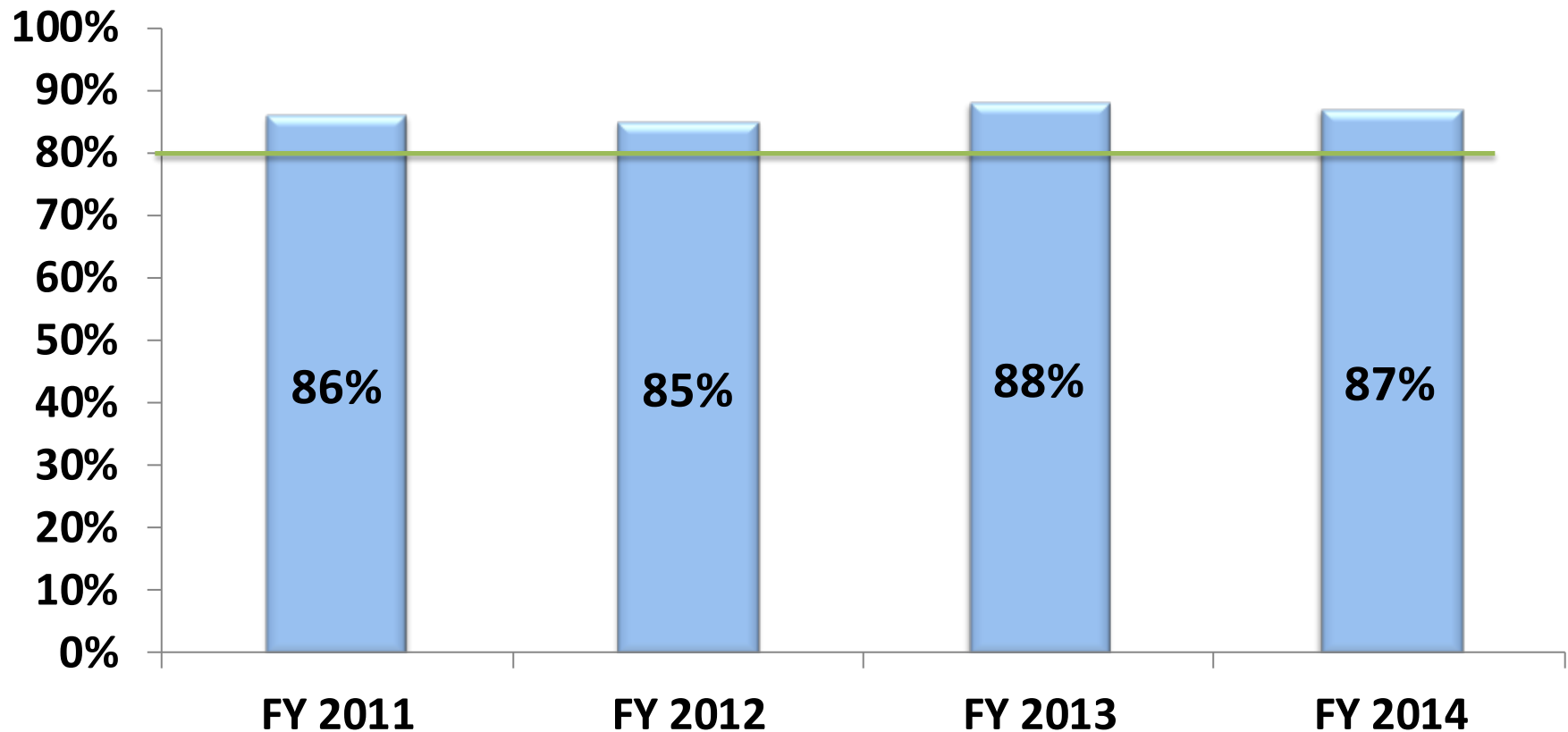
Goal = 90%



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Statewide Response Times Under 45 Minutes (EMPS Episodes FY2011 – FY2014)



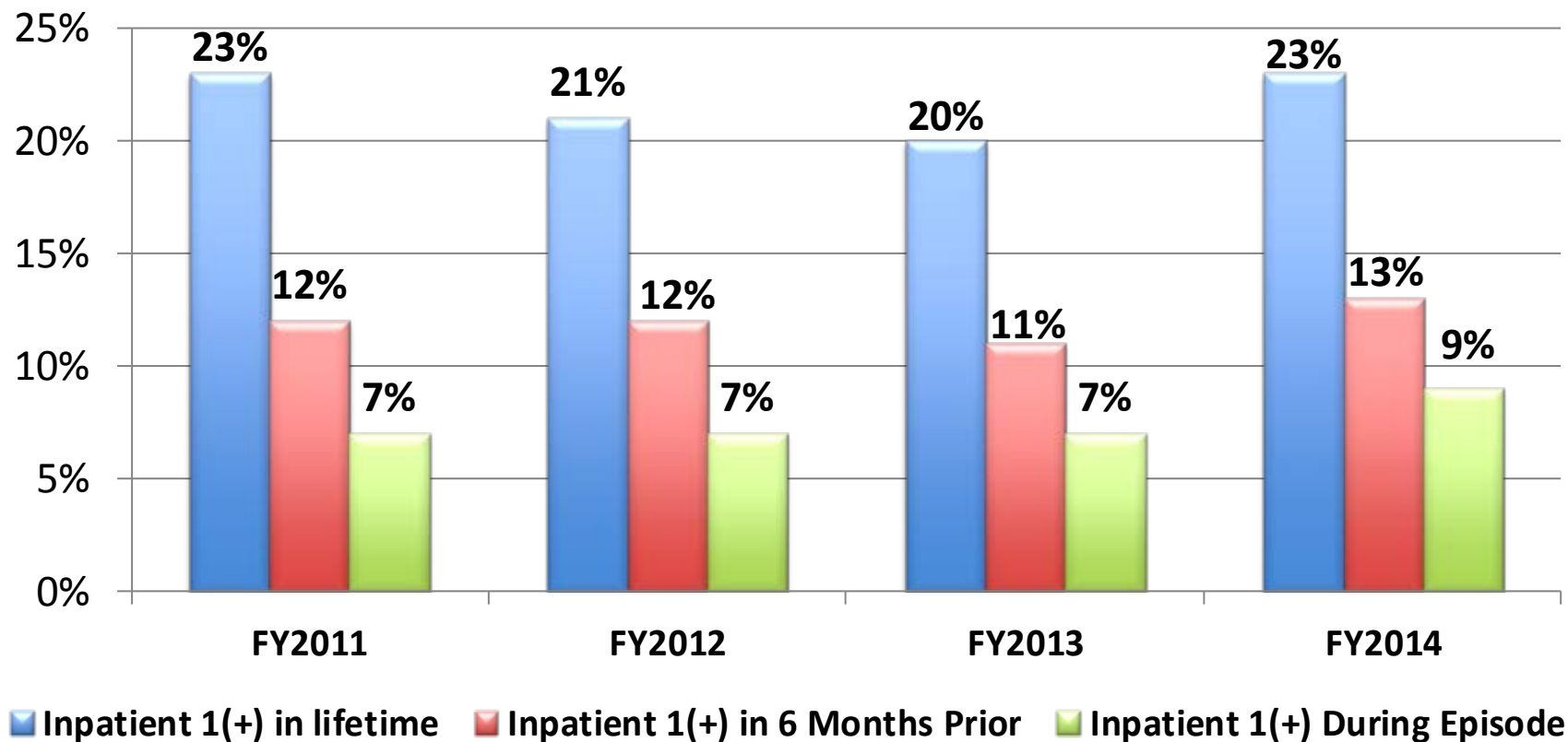
Goal = 80%



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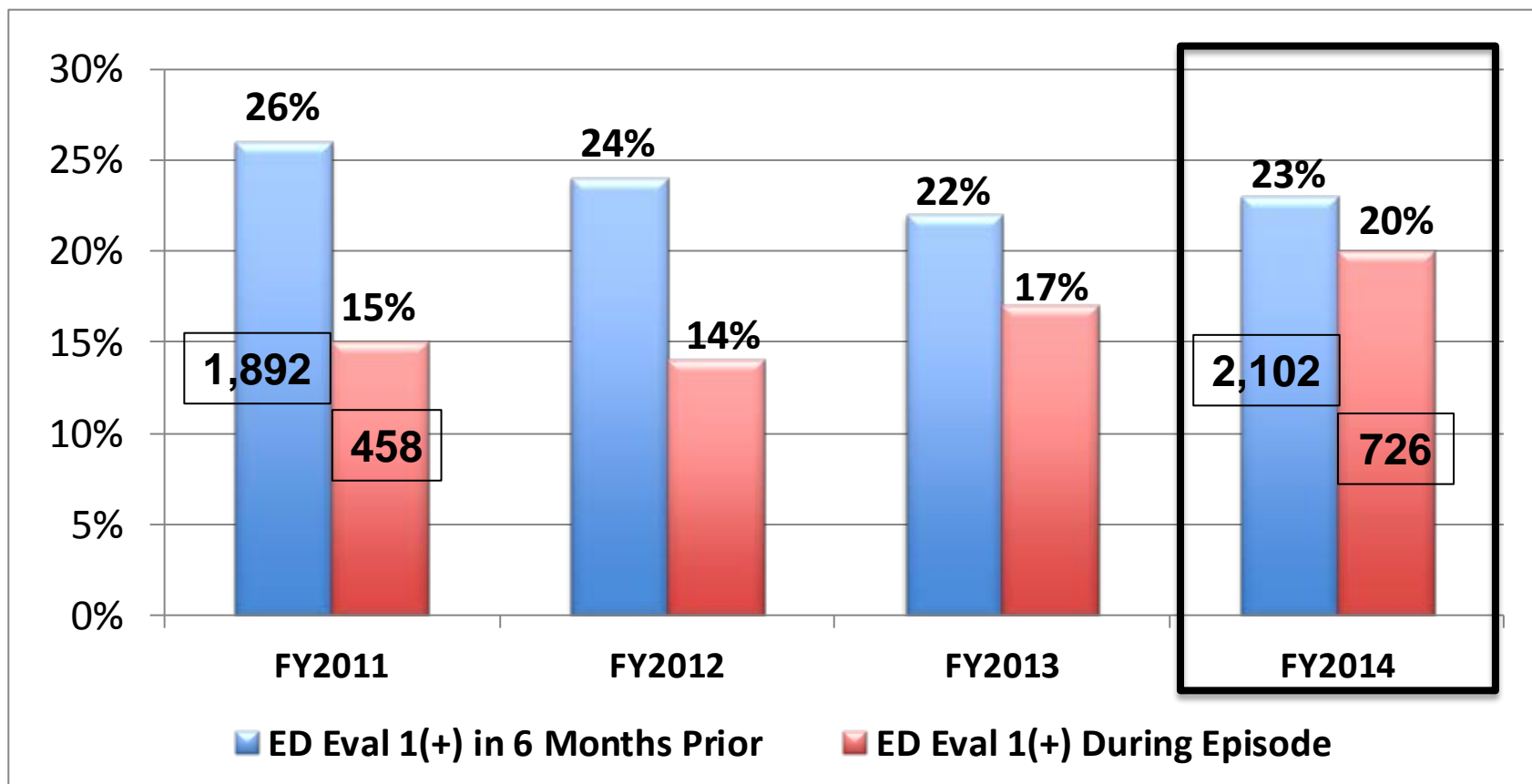
Statewide EMPS & Inpatient Admissions (EMPS Episodes FY2011 – FY2014)



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Statewide EMPS & ED Evaluations (EMPS Episodes FY2011 – FY2014)

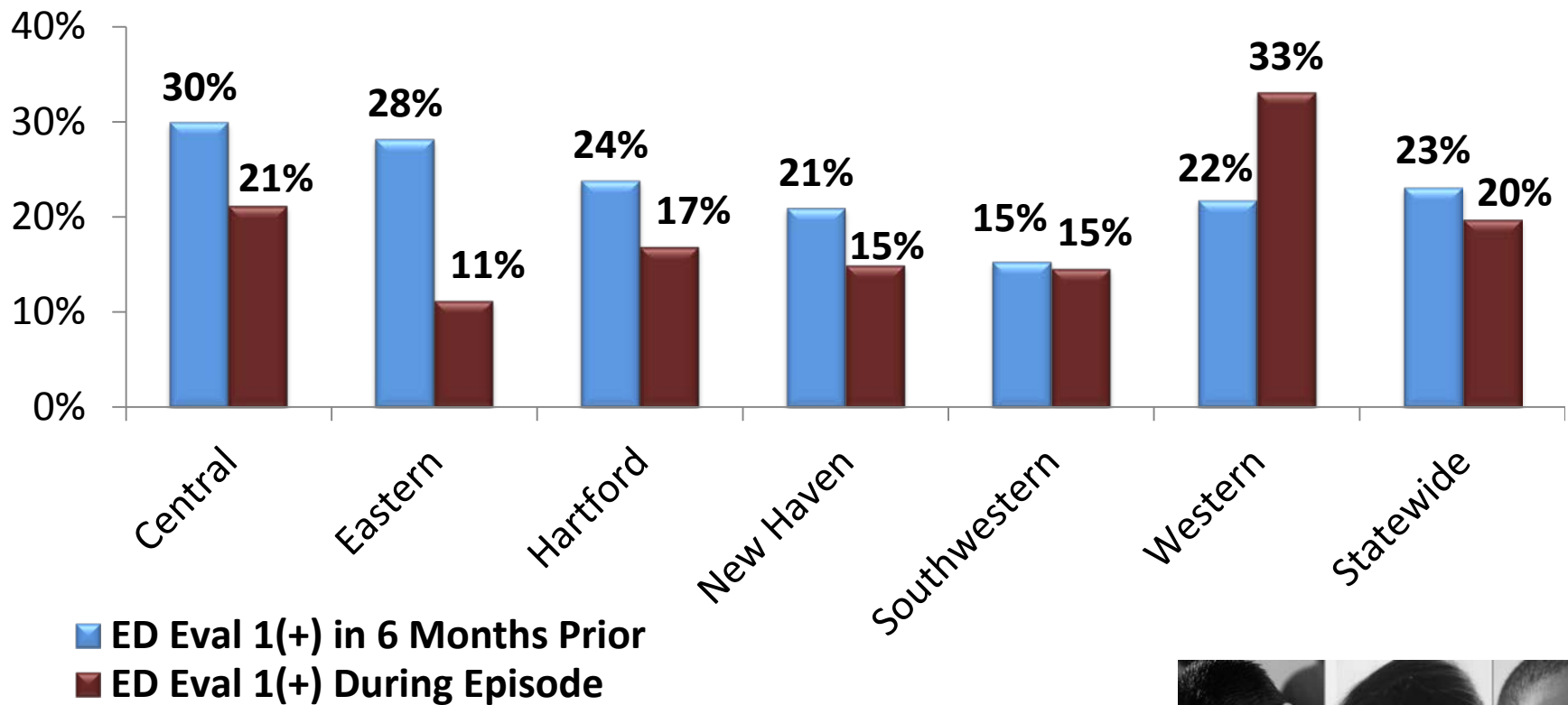


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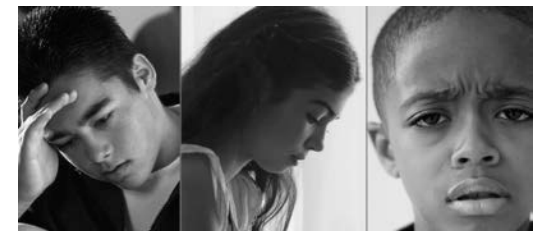


Statewide EMPS Episodes - FY2014

Clients Evaluated in ED One or More Times in the Six Months Prior to and During an EMPS Episode

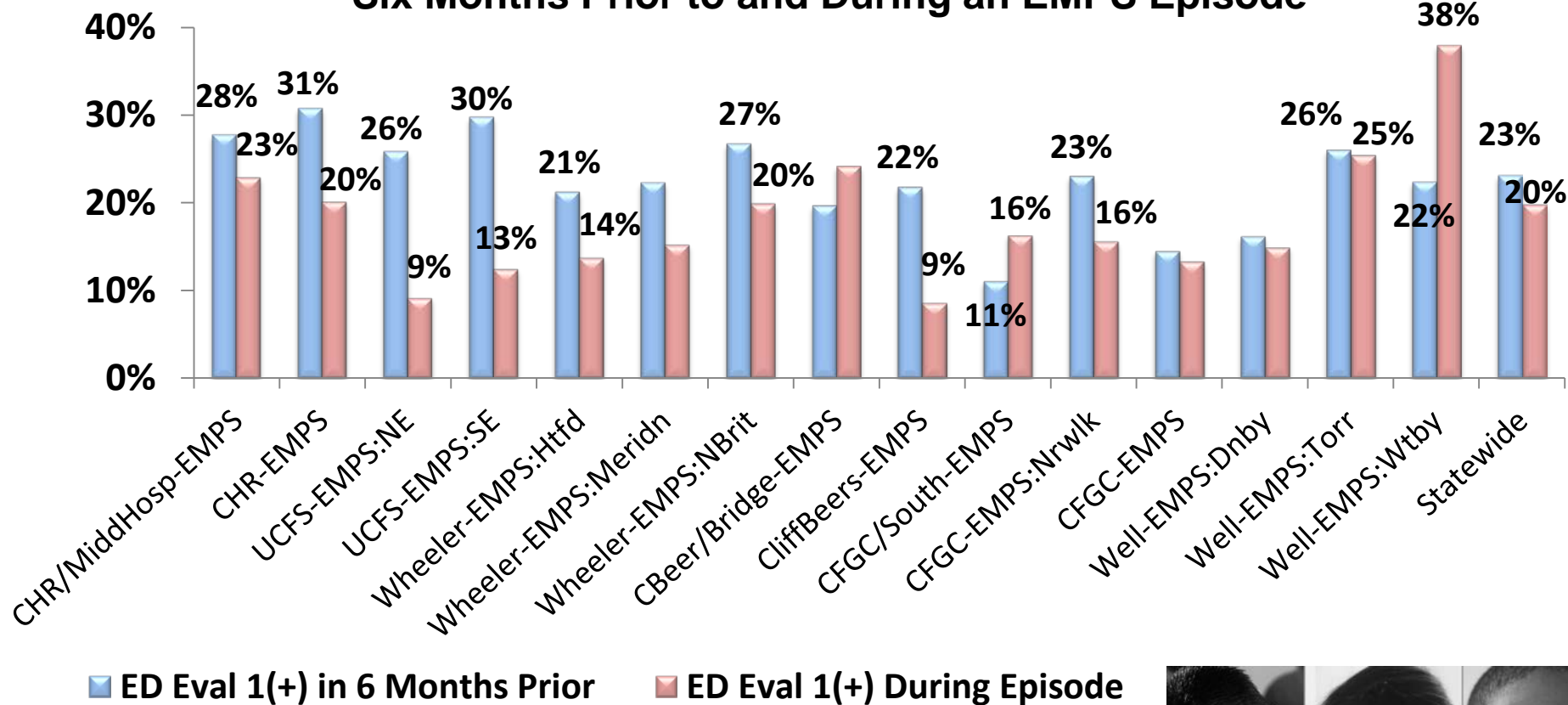


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Statewide EMPS Episodes - FY2014

Clients Evaluated in ED One or More Times in the Six Months Prior to and During an EMPS Episode



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EMPS FY2014 Data Overview

- Statewide Key indicators:
 - Call Types and 211 Call Dispositions
 - Insurance Status at Intake for EMPS Episodes
- Comparisons between All EMPS Episodes and Medicaid-only EMPS Episodes
 - Volume
 - Referral Sources
 - Gender
 - Race & Ethnicity
 - Age

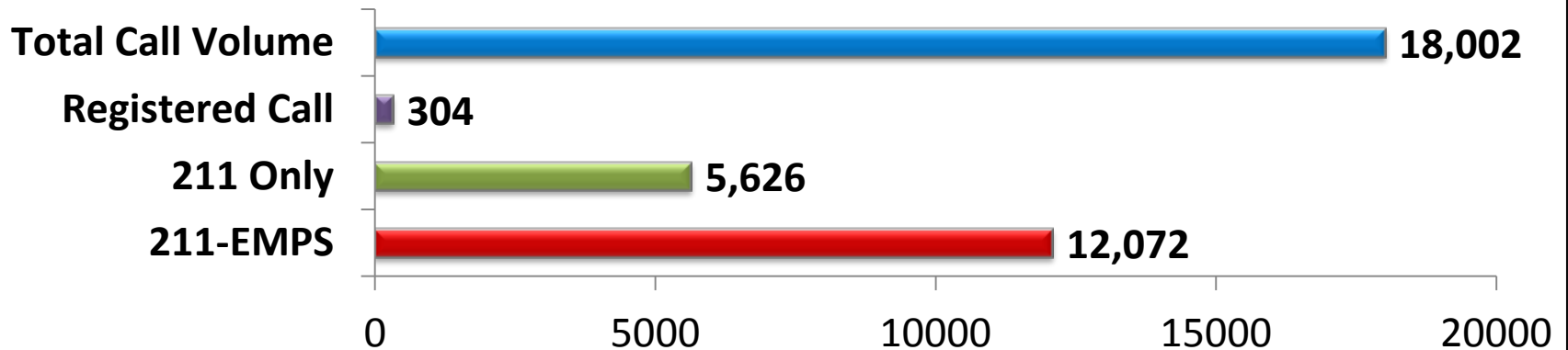


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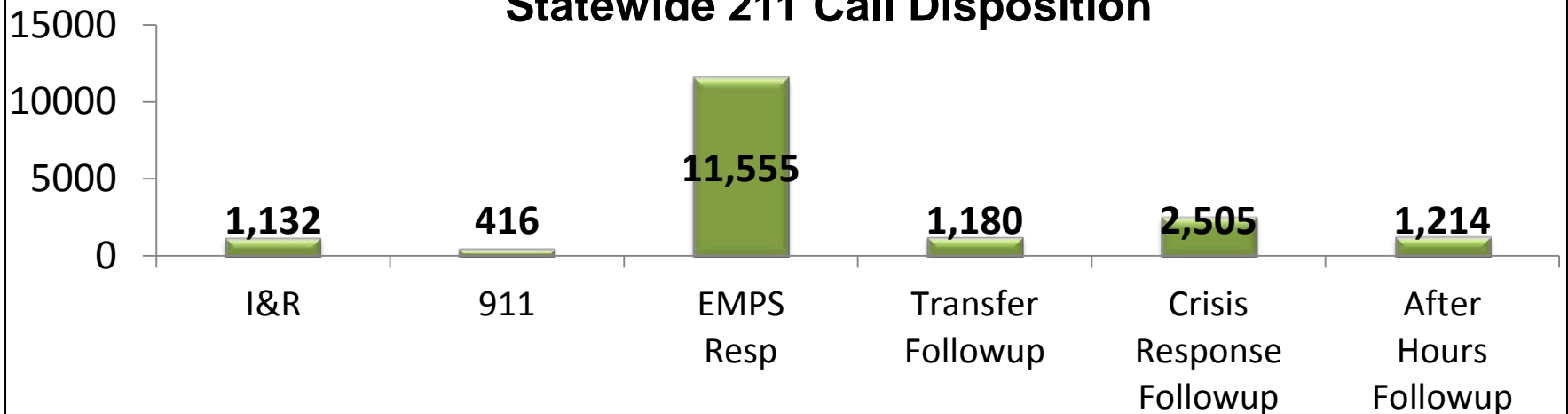


Statewide EMPS Service Area - FY2014

Total Call Volume by Call Type

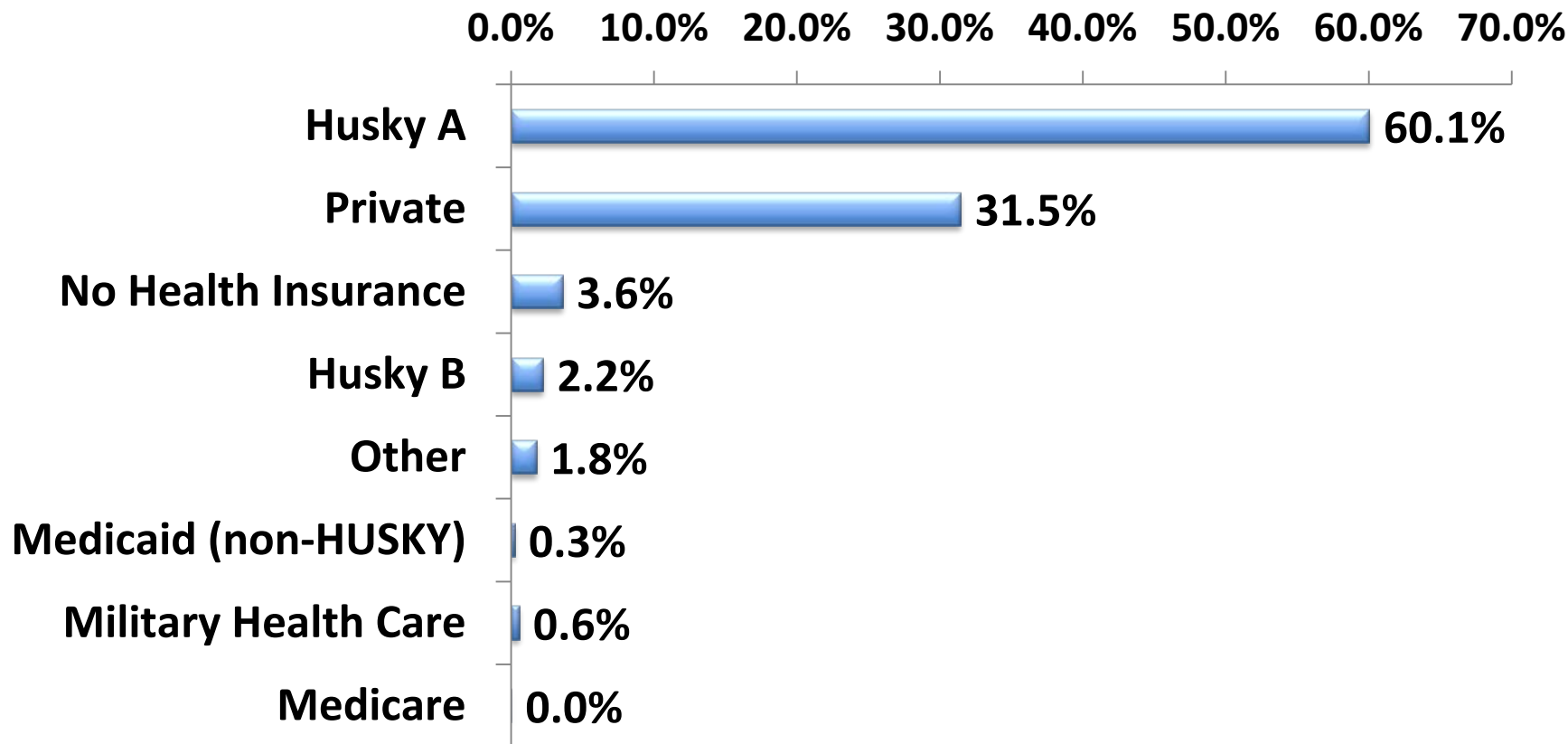


Statewide 211 Call Disposition



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Statewide EMPS Episodes - FY2014

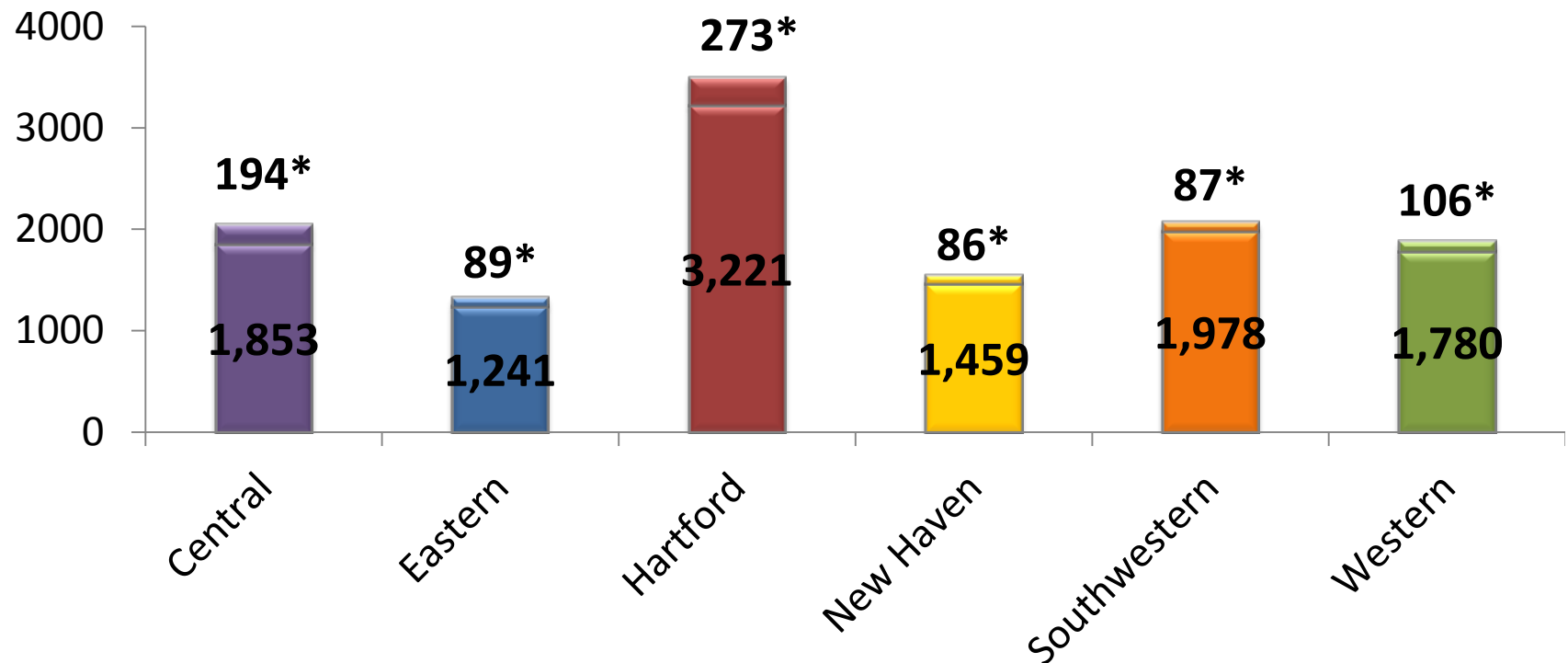


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Statewide EMPS Episodes - FY2014

EMPS Response Episodes by Service Area (Total Episodes = 12,367)



*After Hours Calls

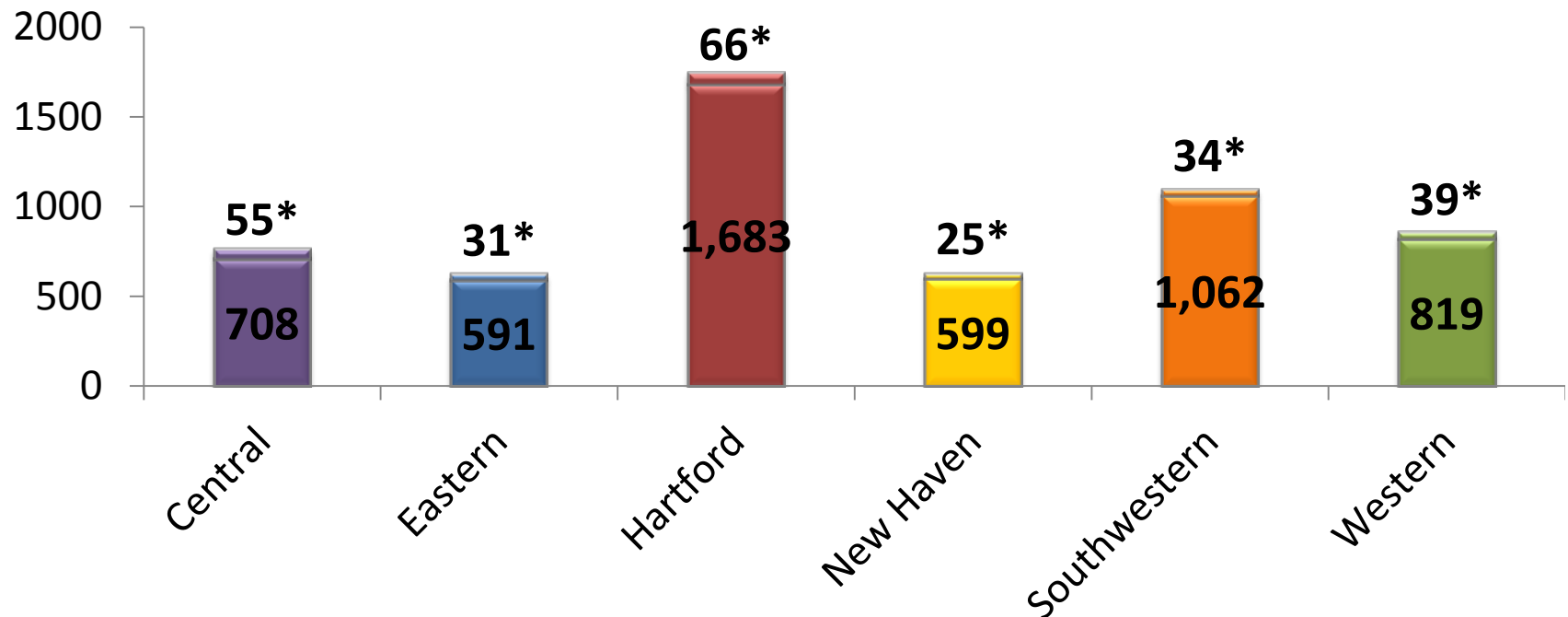


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Statewide EMPS Episodes - FY2014

EMPS Response Episodes by Service Area for Children with Medicaid-only (Total Episodes = 5,712)



*After Hours Calls

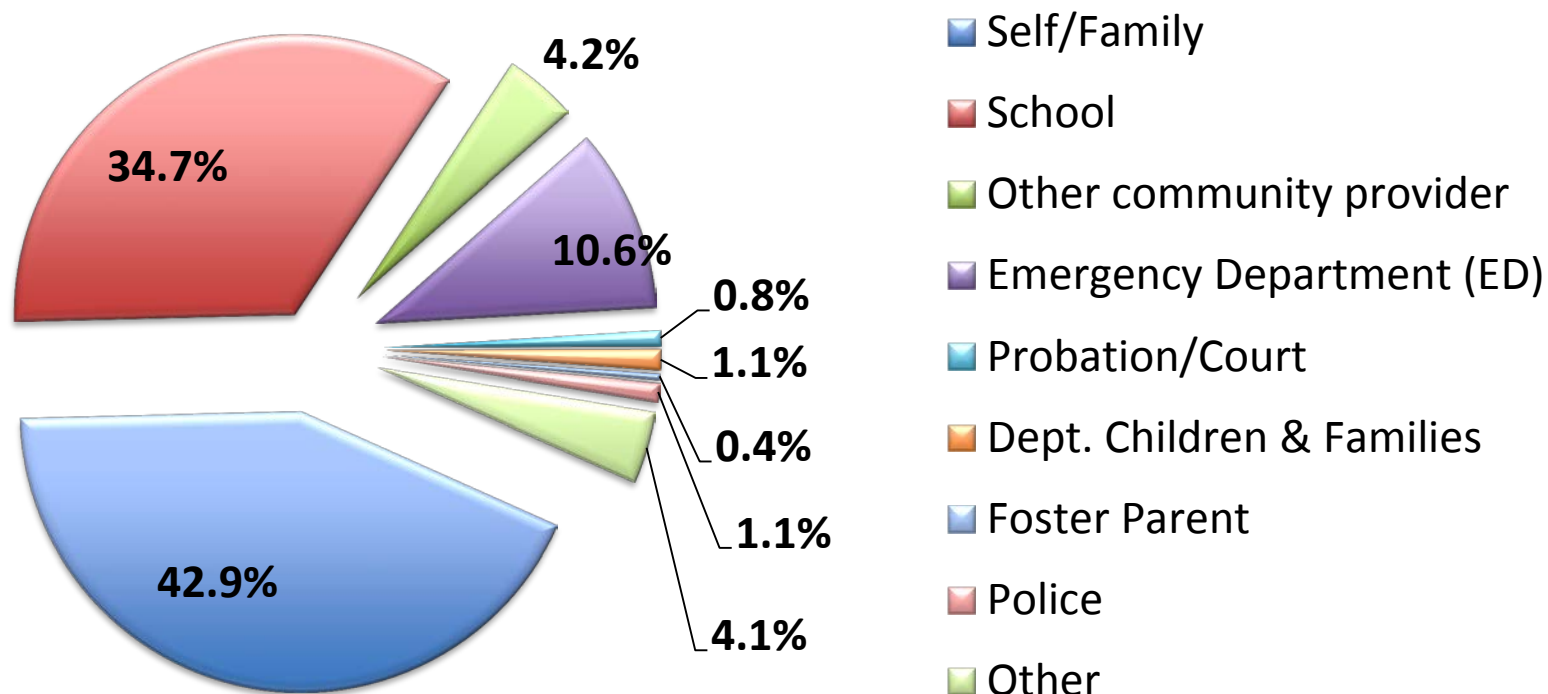


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Statewide EMPS Episodes - FY2014

Referral Sources of All Children for EMPS Episodes

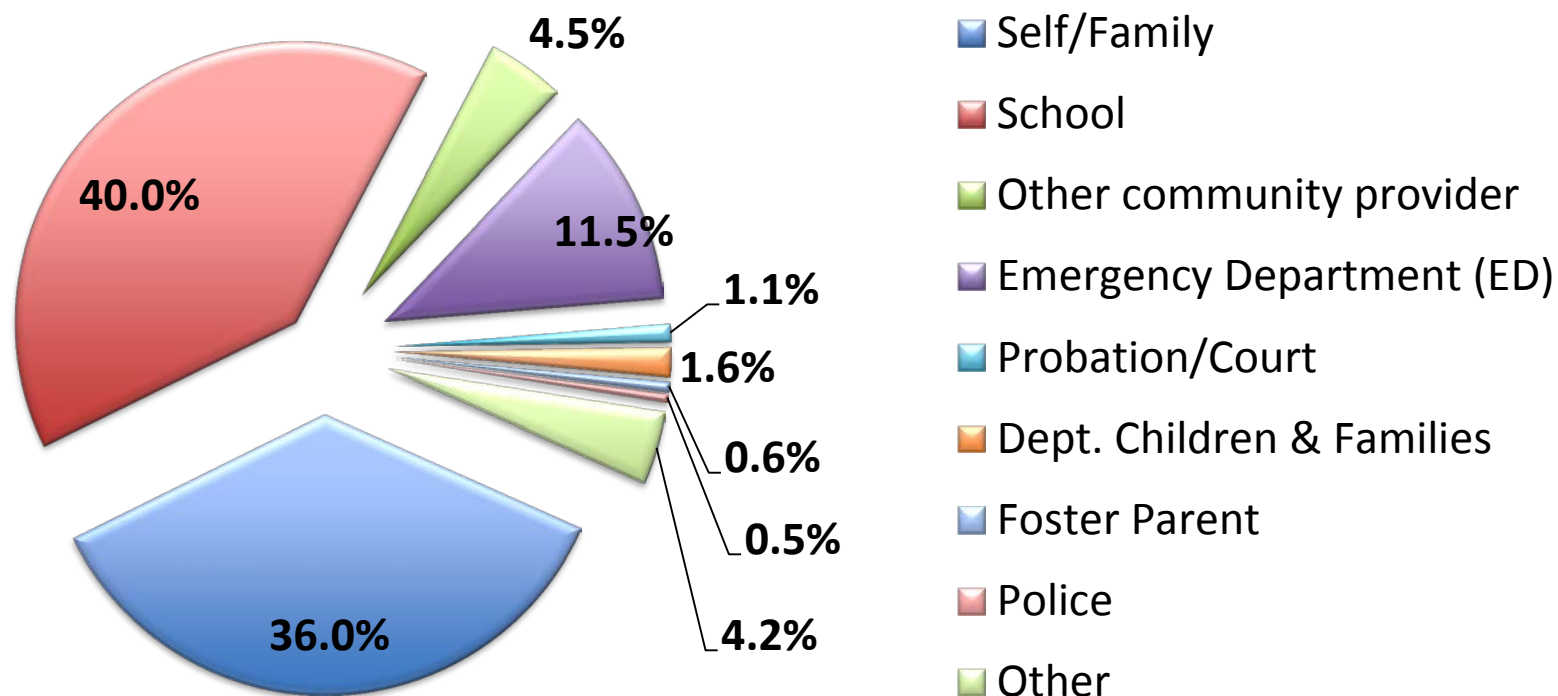


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Statewide EMPS Episodes - FY2014

Referral Sources of Children with Medicaid for EMPS Episodes

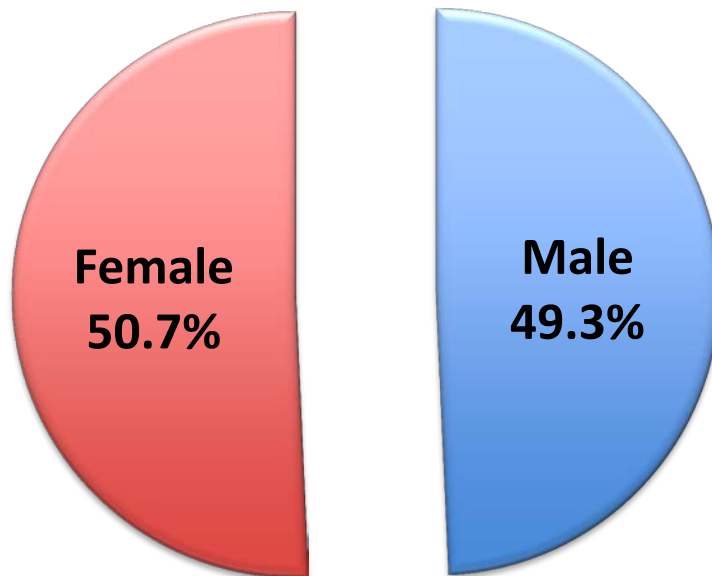


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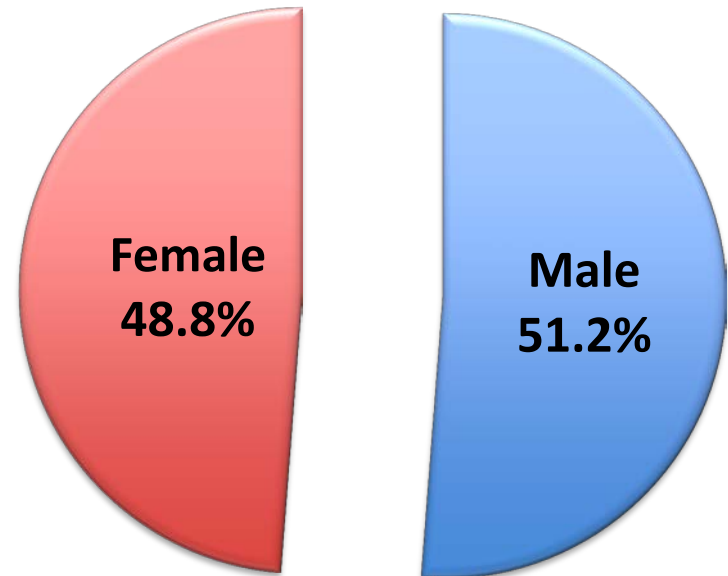


Statewide EMPS Episodes - FY2014

**Gender of All Children
Served by EMPS Statewide**



**Gender of Children with Medicaid
Served by EMPS Statewide**



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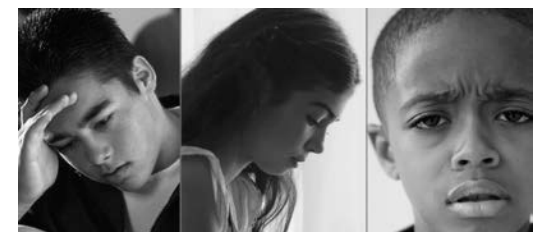


Statewide EMPS Episodes - FY2014

EMPS Episodes FY2014				
Race	All Episodes		Medicaid Only	
	N	% of Total	N	% of Total
Asian	153	1.4%	40	0.8%
African Descent	2,226	20.2%	1,348	25.3%
White	6,521	59.2%	2,674	50.1%
American Indian or Alaska Native	59	0.5%	34	0.6%
Native Hawaiian or Other Pacific Islander	17	0.2%	8	0.2%
All Other	2,034	18.5%	1,229	23.0%
Total	11,010	100.0%	5,333	100.0%



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Statewide EMPS Episodes - FY2014

EMPS Episodes FY2014				
Ethnicity	All Episodes		Medicaid Only	
	N	% of Total	N	% of Total
No, Not of Hispanic, Latino, or Spanish Origin	7,594	69.4%	3,190	59.4%
Yes, Mexican, Mexican American, Chicano	86	0.8%	49	0.9%
Yes, Puerto Rican	1,027	9.4%	735	13.7%
Yes, Cuban	4	0.0%	2	0.0%
Yes, South or Central American	180	1.6%	80	1.5%
Yes, of Hispanic/Latino Origin	2,058	18.8%	1,311	24.4%
Total	10,949	100.0%	5,367	100.0%

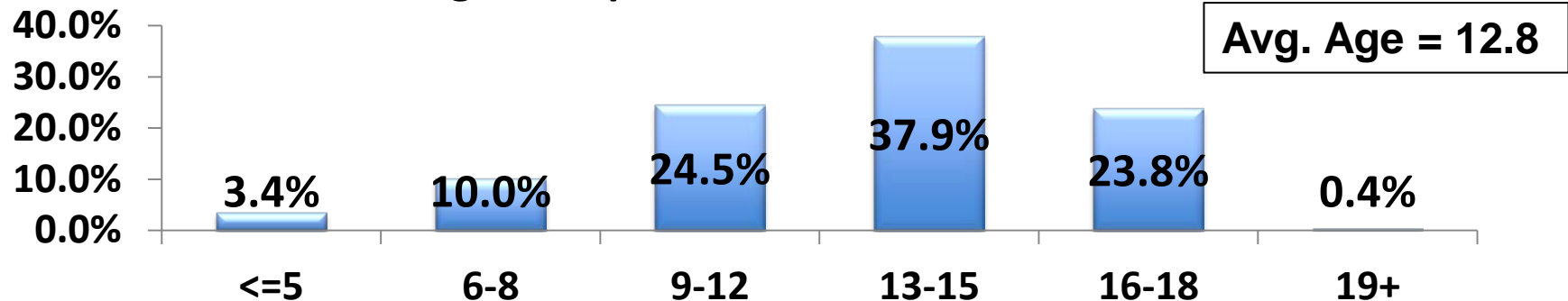


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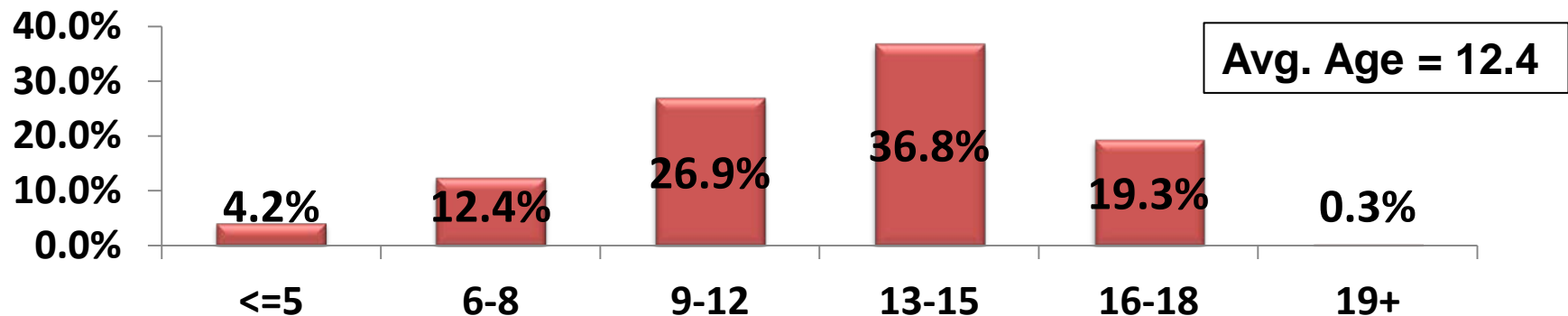


Statewide EMPS Episodes - FY2014

Age Groups of All Children Served



Age Groups of Children with Medicaid Served



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In Summary

- EMPS provides a valuable service to the community and to hospital EDs across the state
- Degree of utilization and quality of working relationships varies from region to region
- Overall utilization of EMPS has increased
 - Utilization by EDs has increased (but not as much as overall)
 - Use of ED during EMPS episode of care has increased from FY2011 to FY2014



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EMPS Episodes for Children with Medicaid

- When compared to all EMPS episodes for FY2014, children with Medicaid insurance tend to be:
 - Male (Nearly **2%** higher)
 - Non-White (Difference of almost **+10%**)
 - Younger (**+2.5%** higher in both **6-8** and **9-12** age groups with an *average* difference of almost **5 months**)
 - Referred by schools (**+5.3%**) and EDs (**+0.9%**) more
 - Referred by self/families less (**-5.9%**)



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Recommendations

- ❖ Change to PSDCRS system in how Race & Ethnicity are collected to match current U.S. Census Bureau standards to enhance accurate analyses and comparisons
- ❖ Questions to explore:
 - ❖ **How has the population that access EMPS changed over time?**
 - Increase in percentage of 211-only Calls
 - ❖ **How does EMPS staff workload across the state impact follow-up care (e.g., ED and/or inpatient use)?**
 - Differences between agencies in ED use during EMPS episode
 - ❖ **How do differences between the Medicaid and Non-Medicaid populations impact EMPS and ED use?**



Contact Information

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