

THE NEW EMERGENCY MOBILE PSYCHIATRIC SERVICE (EMPS)

Update on Implementation

Robert W. Plant, Ph.D. - DCF

Issues with the Old EMPS

- Not Mobile Enough – 50% of calls did not receive a mobile response
- Limited Hours – Mobile Only until 7:00 PM
- Limited Capacity during peak hours
- Inconsistent performance across providers (mobility, community relationships, volume of calls, etc.)
- Inadequate Coordination with EDs, Schools, Police, Foster Families, etc. in some areas of the state

DIAL -211

Issues with the Old EMPS (cont.)

- Inconsistent response to Calls from youth/families with an existing provider, in Shelters/STARS, & GP Homes
- Long follow-ups (> 6 weeks) eroding mobile capacity
- Variability in Call Definition and Response
- Subcontractor Issues
- WR Lawsuit Settlement

DIAL -211

Promoting ED-EMPS Coordination

- Establishment of MOU
 - Data on Referrals to ED
 - EMPS Consult in the ED
 - EMPS Follow-out from the ED
- CTBHP Pay for Performance
 - Phase I – Execute MOUs
 - Phase II – Show Processes/Outcomes
 - Reduced ED Utilization
 - Reduced Hospitalizations from the ED
 - Increased Coordination/Contacts between EMPS/ED

DIAL -211

Road to Re-procurement

- Meetings & Forums 2006 - 2008
- Connecticut Center for Effective Practice Report on EMPS – 2007
- WR Lawsuit Settlement - 2007
- Decision to Re-Procure 2007
- RFPs August 08 – January 09
 - Phase I - Greater Hartford & East
 - Phase II – New Haven & West
 - Phase III – Central & Southwest

DIAL -211



GOALS of Re-Procurement

- 1. increase mobile response to community crisis (including hours of mobility and capacity during peak hours)
- 2. increase the total number of calls to EMPS system
- 3. expand/enhance EMPS utilization by key groups (foster parents, schools, emergency departments, others)
- 4. improve the relationship between EMPS and EDs
- 5. reduce psychiatric visits to Emergency Departments

DIAL -211

GOALS of Re-procurement (cont.)

- 6. increase the rate of ED diversion from inpatient admission to community care
- 7. improve the public perception/confidence/awareness of EMPS
- 8. improve the linkage between the EMPS provider network and the rest of the community
- 9. ensure a competent crisis assessment and linkage service
- 10. improve the efficiency/cost effectiveness of the EMPS system

DIAL -211

What's New with EMPS

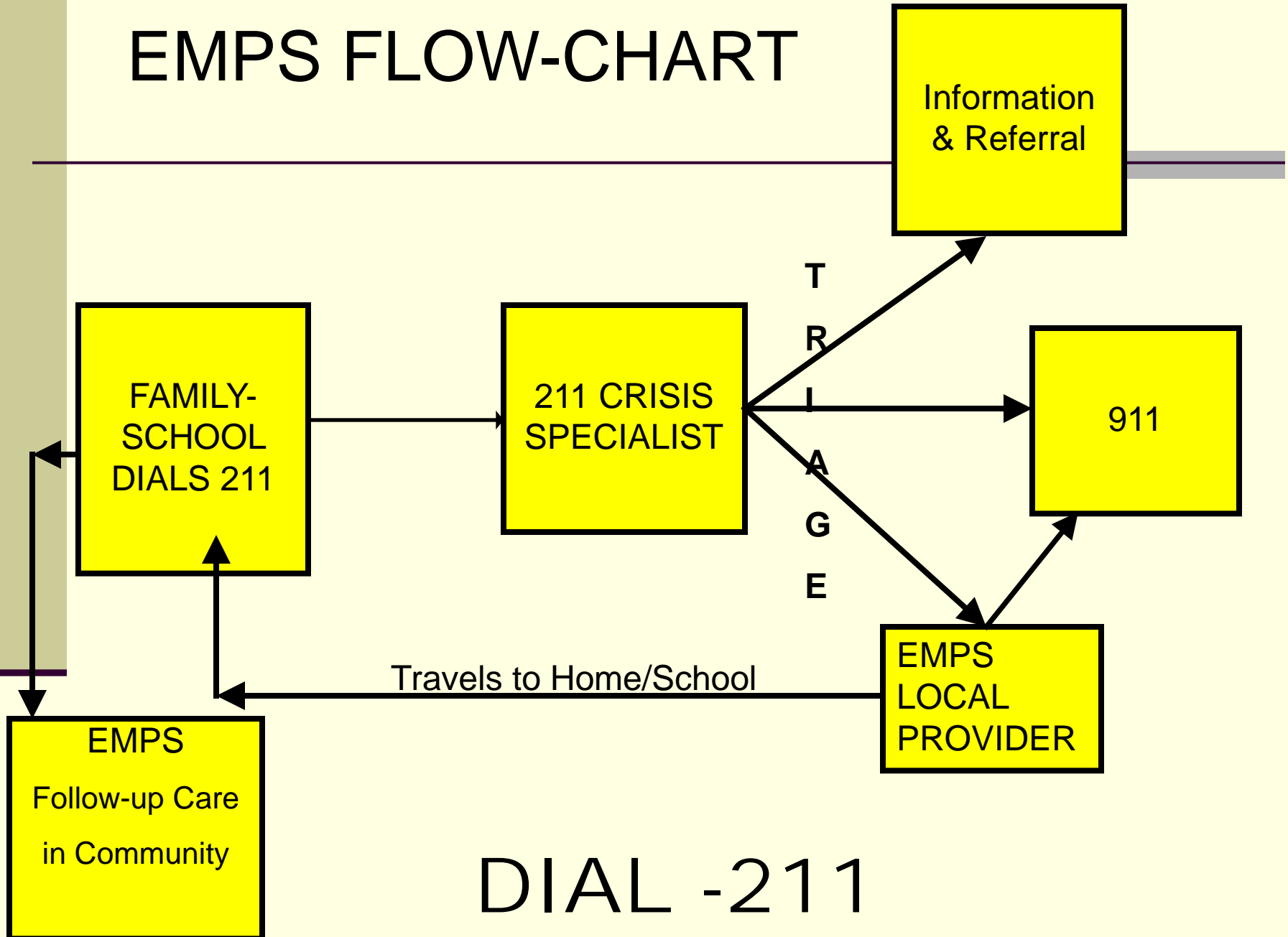
- ☑ Central Call Center
- ☑ 6 Service Areas
- ☑ New Program Standards/Improvements
- ☑ Performance Improvement Center
 - Standardized Expert Training
 - Quality Improvement Activities

DIAL -211

211 Call Center

- Contracted in August 08 with United Way
- Went Live with Greater Hartford & East on 12/22/08
- Handle All Calls Statewide
- Consistent Call Response
- Responsible for Statewide Marketing
- Initial Data Collection and Entry
- Improved Accountability

EMPS FLOW-CHART



EMPS Providers

■ Phase I – Go Live 12/22/08

- **EAST - United Community and Family Services** (Norwich & Willimantic Offices) - Subcontractor – Community Health Resources
- **GREATER HARTFORD – Wheeler Clinic** (New Britain, Hartford & New Britain Offices) - Subcontractor – Child Guidance Clinic for Central Connecticut, Inc.

■ Phase II – Go Live 3/1/09

- **WEST – Wellpath Incorporated** (Waterbury, Danbury, & Torrington Offices)
- **NEW HAVEN – Clifford Beers Clinic** (New Haven and Milford Offices) - Subcontractor – Bridges

■ Phase III – Go Live 6/1/09

- **CENTRAL – Community Health Resources – 6-1-09** (Manchester & Middletown Areas) - Subcontractor – Middlesex Hospital
- **SOUTHWEST – Bridgeport Child Guidance** (Bridgeport, Norwalk, & Stamford Areas) Subcontractors - Mid Fairfield Child Guidance & Child Guidance Center of Southern Connecticut, Inc.

DIAL -211

Program Standards & Improvements

- 90% Mobility Expectation
- Longer Hours of Mobility (9AM to 10PM M-F & 1:00 PM to 10:00 PM S,S,H)
- Increased Capacity to handle multiple calls
- Outreach to Specific Groups
 - EDs
 - Foster Families
 - Schools
 - Group Homes, STARs, Safe Homes
- Volume Expectations based on population parameters and referral patterns
- Improved rates of reimbursement through CTBHP
- Improved Data & reporting through PSDCRS
- Standardized Training through the PIC

DIAL -211

EMPS Performance Improvement Center (PIC)

Connecticut Center for Effective Practice (CCEP) of the Child Health and Development Institute (CHDI) – Contracted as of 8/1/09

■ Training

- Subcontract with Wheeler Clearinghouse
- Standardized Curriculum with 12 Modules
- 2 Additional Training Topics based on Identified Needs

■ Quality Improvement

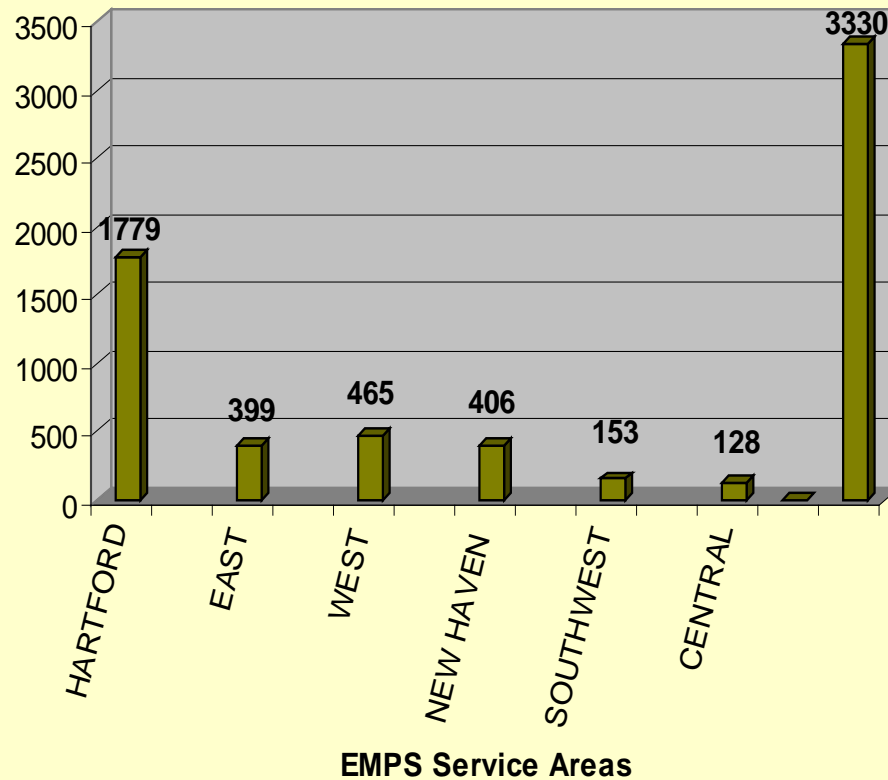
- Consumer Feedback
- Use of PSDCRS Data
- Measurement/Reporting on Program Standards
- Benchmarking against population parameters & comparison groups
- Outcomes through system data, OHIO scales, etc.

Call Center – Types of Calls Defined

- **Mobile** – Referred to EMPS for a Mobile response
- **Deferred** – Referred for mobile response but time frame delayed/deferred
- **Non-Mobile** – Referred for telephonic response based on non-mobile hours or family preference
- **911** – Referred to 911
- **EMPS Follow-up** – Call is for Follow-up on previous call rather than a crisis
- **Registered Call** – EMPS provider made initial contact in person and registers the “call” after the fact
- **Information and Referral** – Caller is not in crisis, needs information and referral only

Call Center Data

Total Calls Jan-Jul 2009

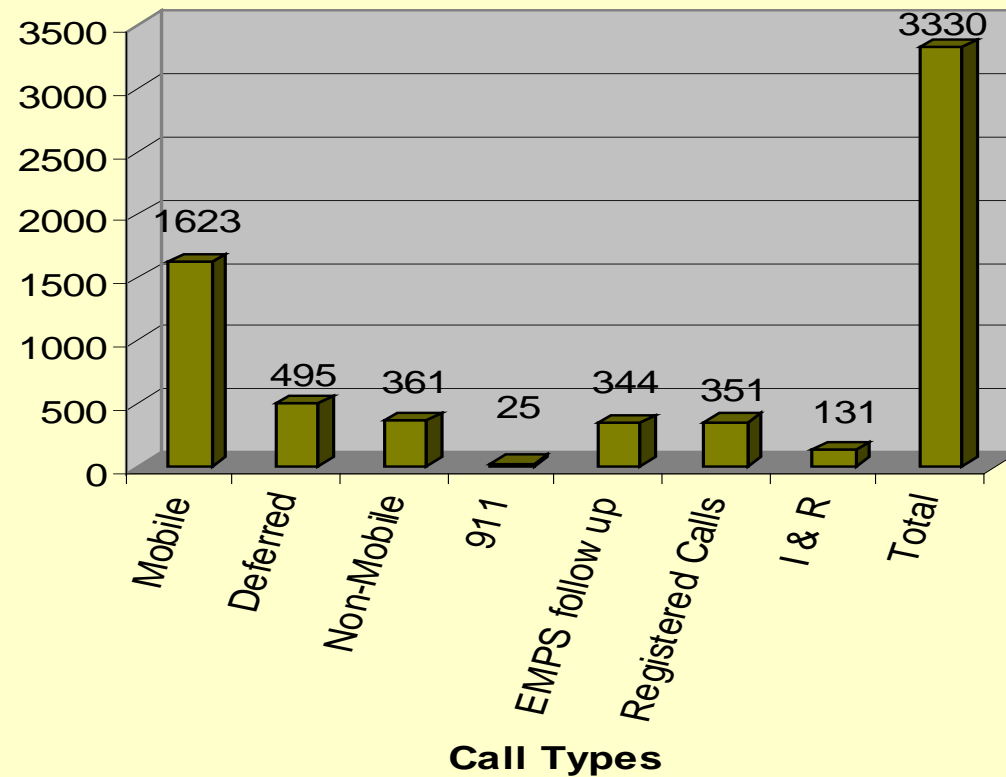


- 5500 to 6500 Calls annually by Hx. (or 2700 to 3250 in 6 months)

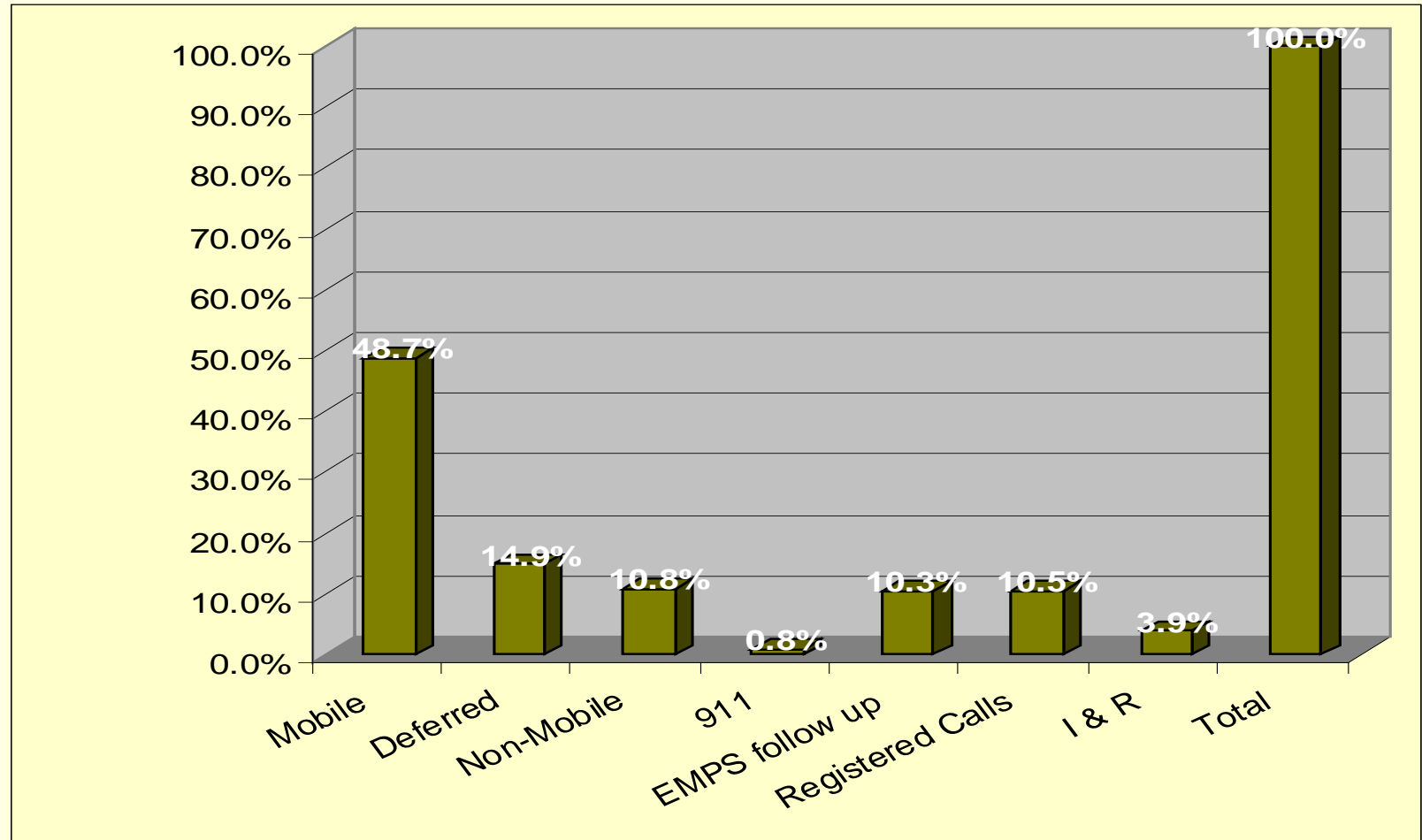
- Initial call data reflects only partial implementation (22 provider months)

Call Center - Types of Calls

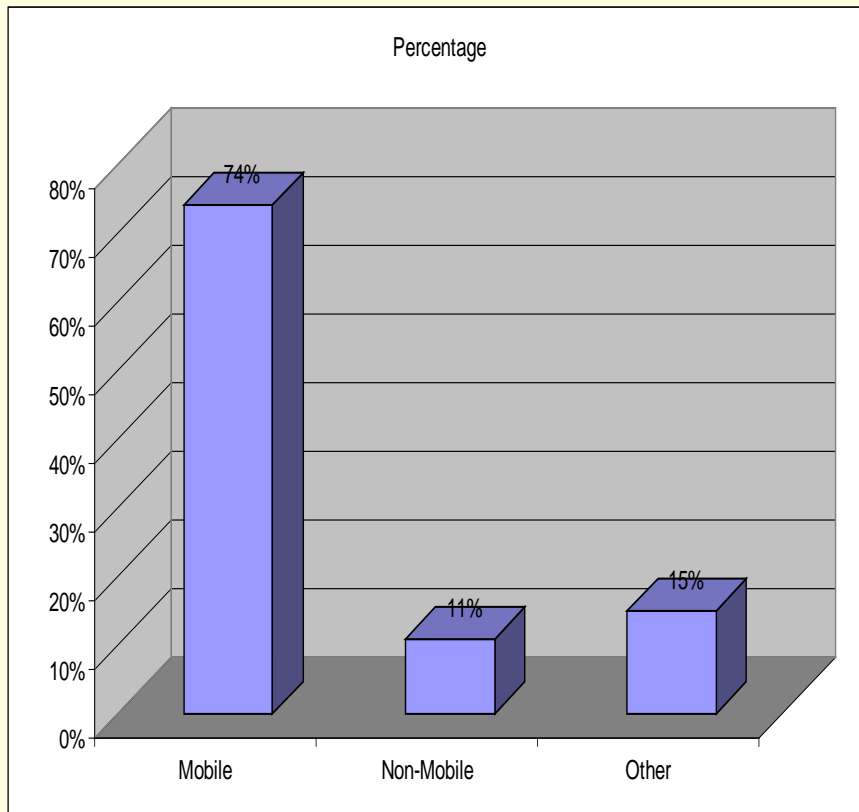
Calls by Type of Call (Jan - Jul 2009)



Call Center Types as Percentage of Total Calls



Mobile vs. Non-Mobile categories



- Mobile (Mobile, Deferred, and Registered Calls)
- Non-Mobile (Non-Mobile referrals)
- Other (911, Follow-up, and Information and Referral calls)

Initial Trends and Analysis

- Call Volume Up Significantly (up 175% compared to previous #s of discharged cases)
- Increases in Utilization by Targeted groups (Foster Families, EDs, Gp and STAR Homes)
- Decline in Service Sites of Clinic and EMPS Office
- Improved Feedback Loops
- MOUs between 28 Hospitals and EMPS Providers across the state

Current Activity/Plans

- Completion of PSDCRS Implementation
- Implementation of PIC Data and Training Components
 - Development and Dissemination of Reports and Dashboard
 - Fidelity Measure and Consultation Process
- Certification Process for Rehab. Option
- Formal Marketing beginning in Fall of 09

Questions?



DIAL -211

Materials/Contact-Follow-up

- Magnets, Posters, Wallet Cards
- Contact Information
 - Robert W. Plant, Ph.D.
 - Robert.plant@ct.gov (860-560-5035)
 - Tim Marshall, LCSW
 - Tim.Marshall @CT.GOV (860-550-6531)

DIAL -211