



EMPS Crisis Intervention Service

October 8, 2014

CTBHP Oversight Council Presentation



EMPS Components

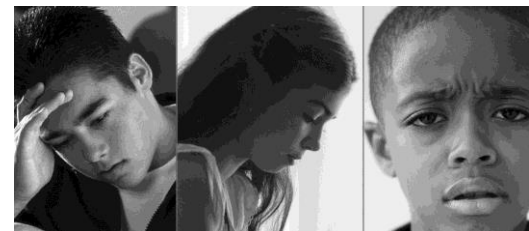
- Six (6) Service Areas with Fourteen (14) Sites
 - ✓ Coverage of every town and city in CT
 - ✓ **Southwestern** (Child & Family Guidance Center),
 - ✓ **New Haven** (Clifford Beers),
 - ✓ **Western** (Wellmore),
 - ✓ **Hartford** (Wheeler Clinic),
 - ✓ **Central** (Community Health Resources), and
 - ✓ **Eastern** (United Community and Family Services)
- Single Statewide Call Center
 - ✓ Operated by 211-United Way
- Mobile Response
 - ✓ **Mobile hours are 8am to 10pm M-F; 1pm to 10pm Sat/Sun/Holidays**
- Performance Improvement Center
 - ✓ Performance standards; data reporting; quality improvement; standardized statewide training



EMPS and Hospital Emergency Departments (EDs)

How EMPS is currently used by Emergency Departments

- Divert youth from the EDs by taking referrals directly from families, schools, police, and other referrers
- When youth are in the ED, EMPS provides:
 - **Inpatient diversion** when community-based care is a safe and effective alternative
 - **Follow-up services** in the community at the time of discharge
 - EMPS provides **up to 45 days of follow-up care**
 - EMPS links youth and families to ongoing care as needed (e.g., outpatient, IICAPS, MST, etc.)
- The ways in which EMPS is used by EDs varies widely across the state

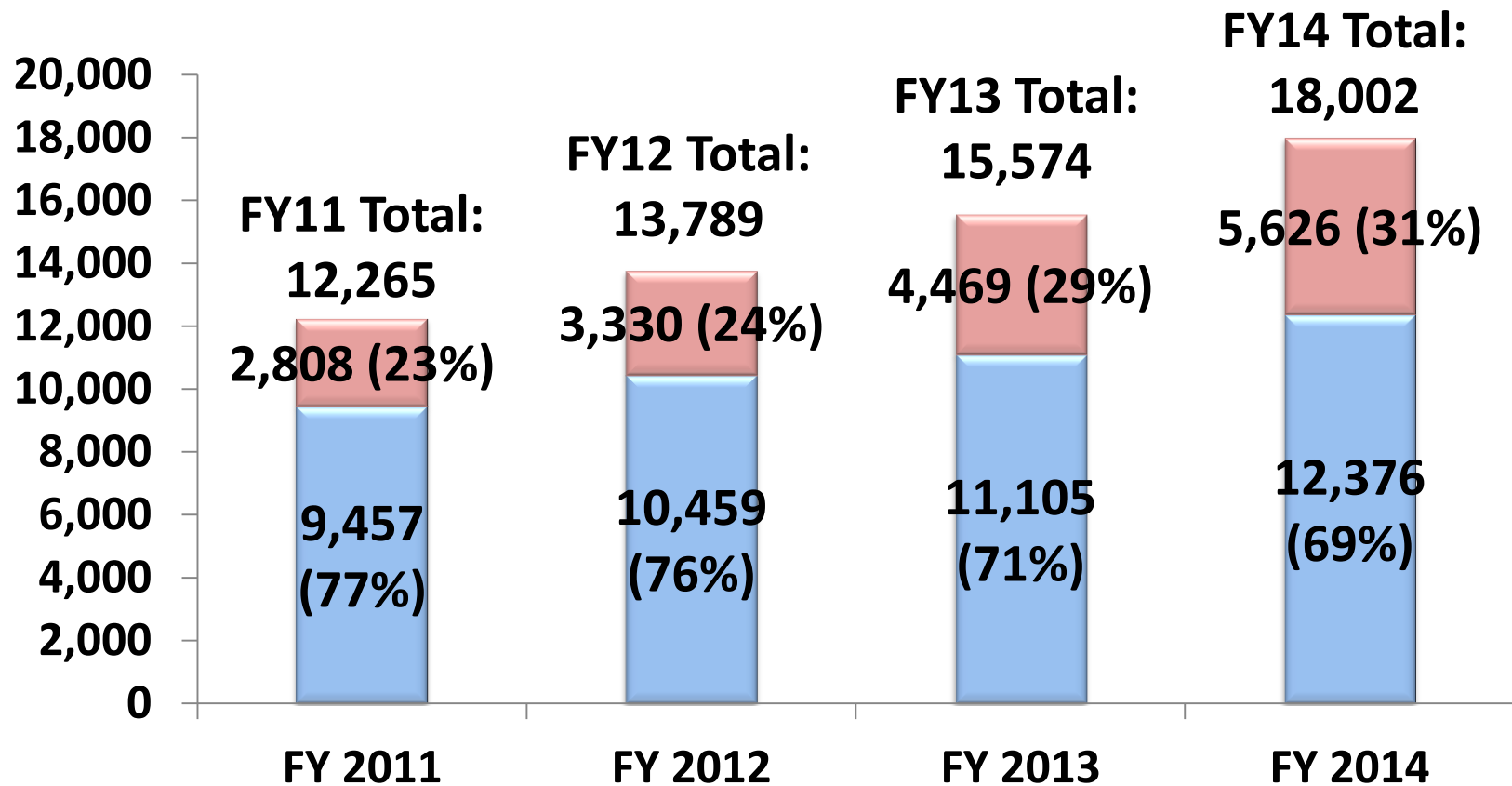


EMPS Data Overview FY2011 – FY2014

- EMPS Key indicators:
 - Call and Episode Volume
 - Mobility Rates
 - Response Time
 - ED Utilization
- For full EMPS reports see CHDI.org or EMPSCT.org



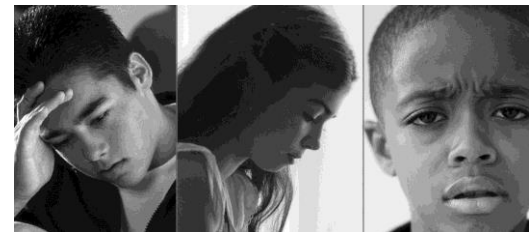
Statewide Call and Episode Volume (EMPS FY2011 – FY2014)



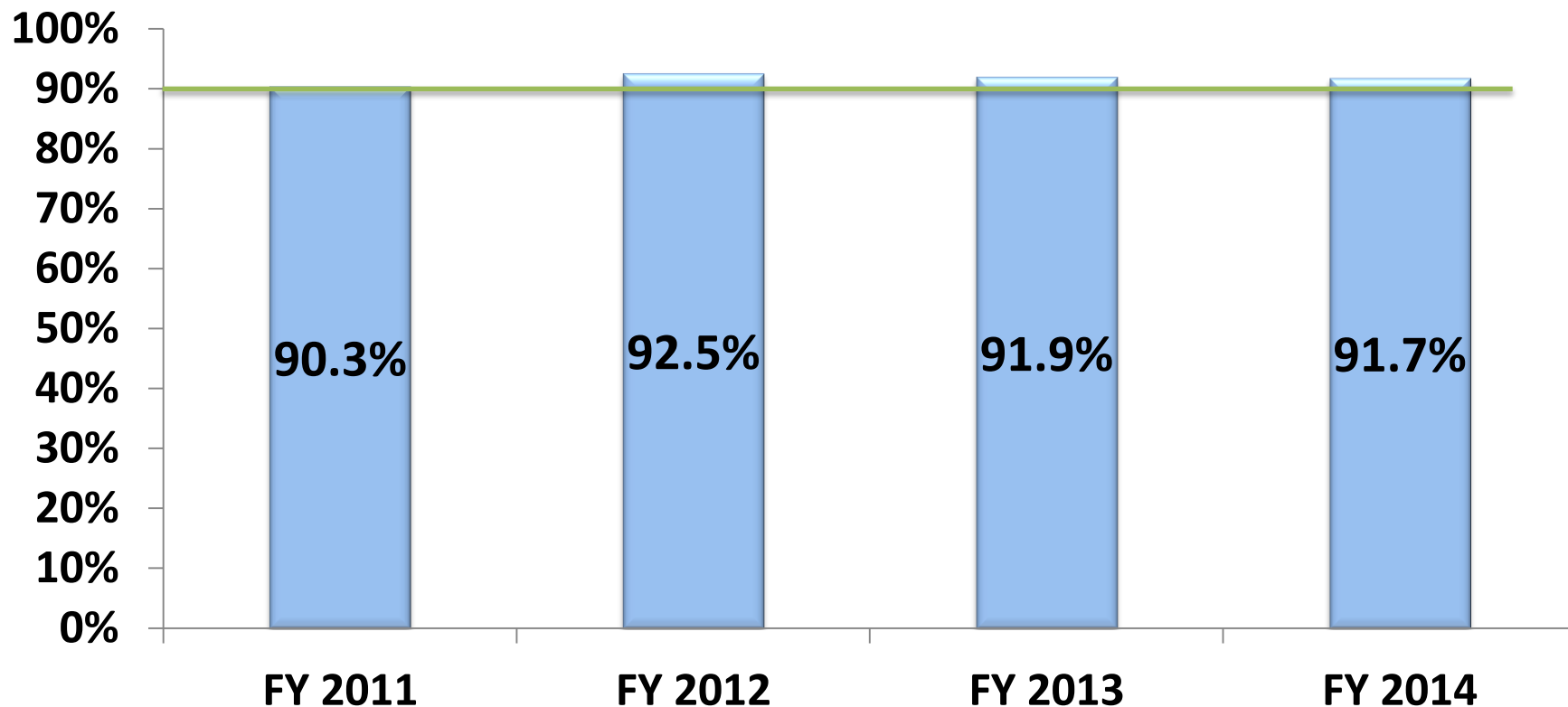
■ EMPS Episodes ■ 211 Only



Dial 2-1-1



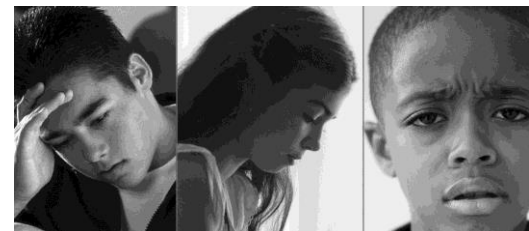
Statewide Mobility Rates (EMPS Episodes FY2011 – FY2014)



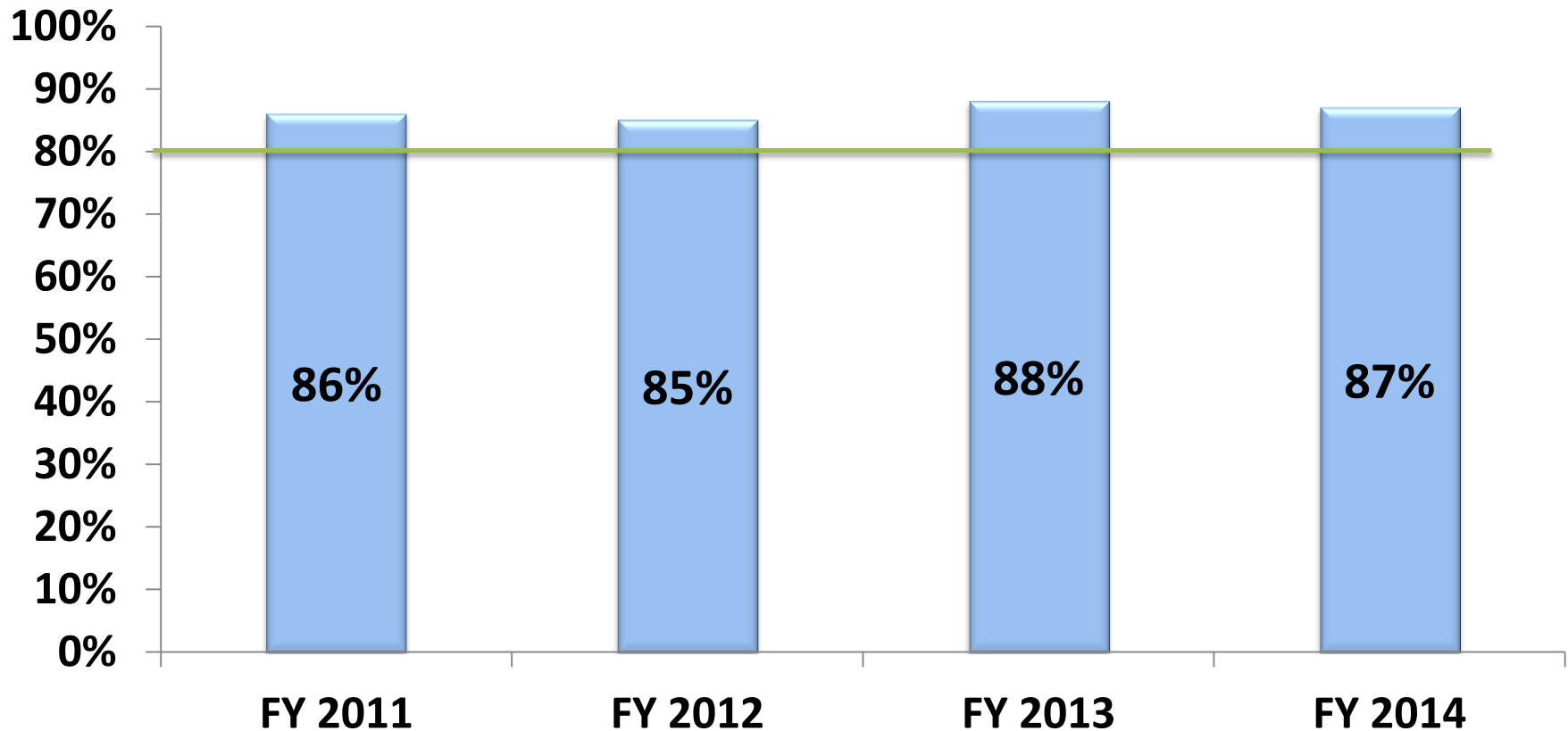
Goal = 90%



Dial 2-1-1



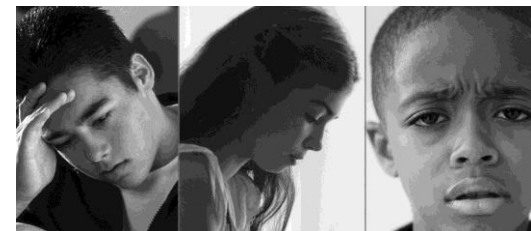
Statewide Response Times Under 45 Minutes (EMPS Episodes FY2011 – FY2014)



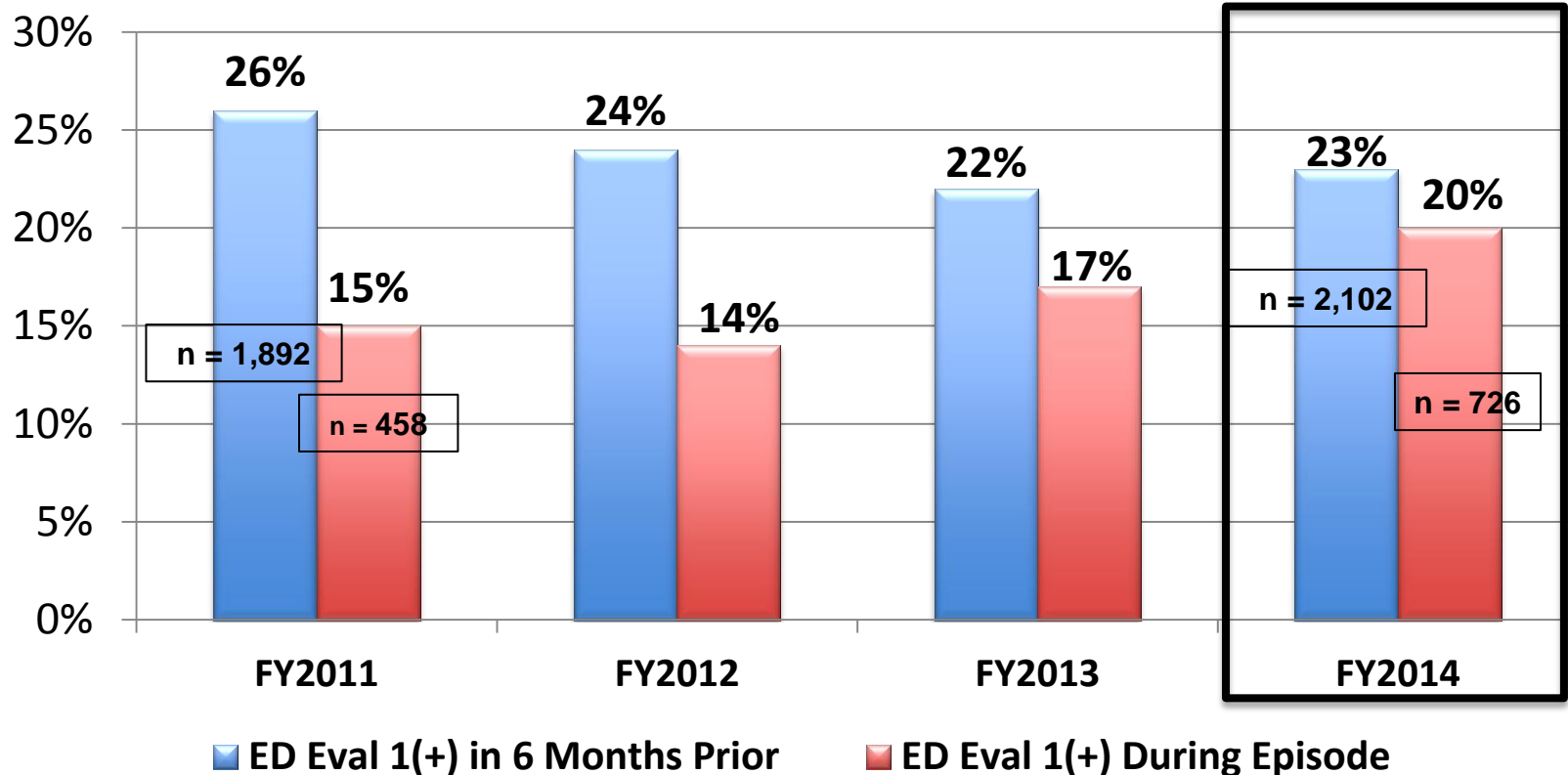
Goal = 80%



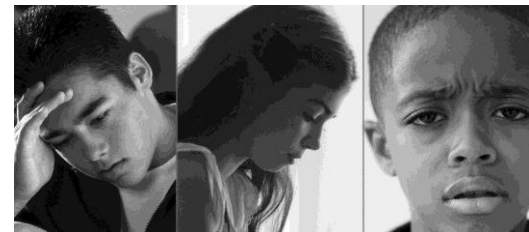
Dial 2-1-1



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

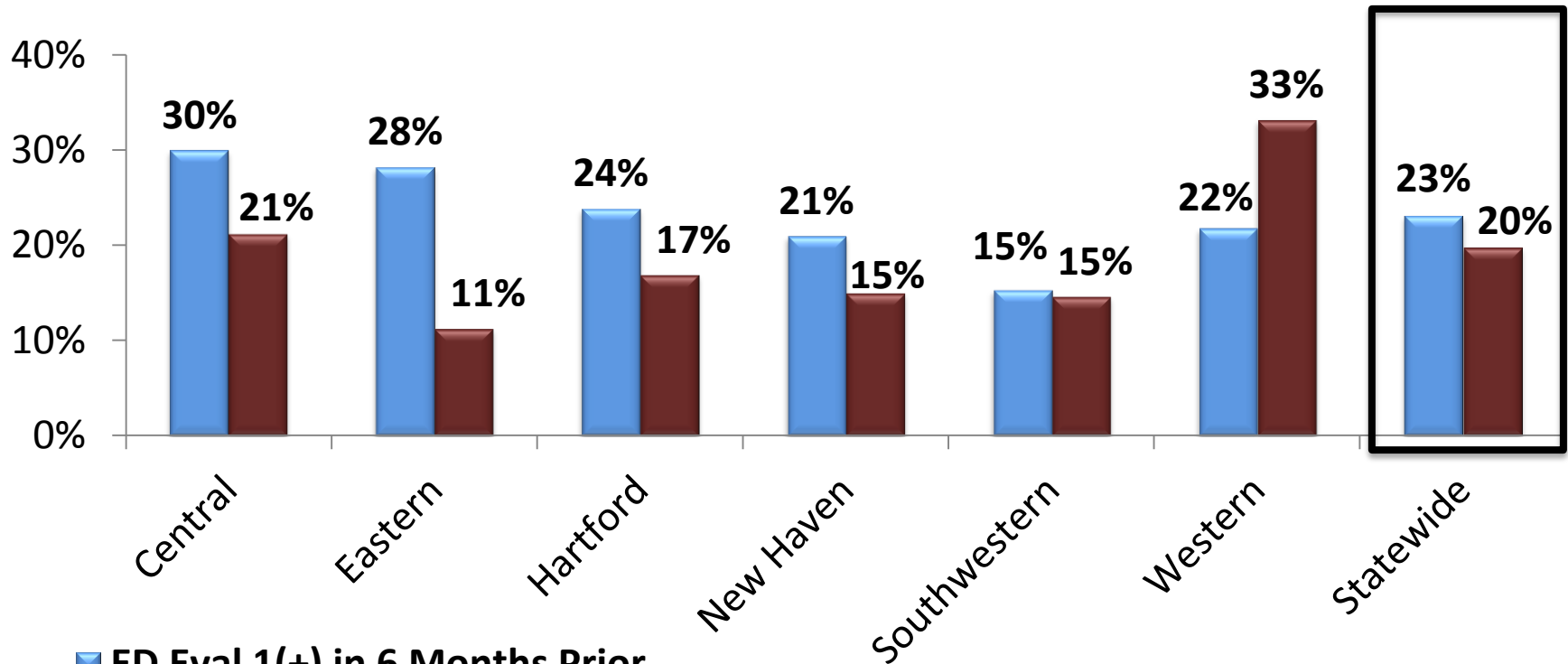


Dial 2-1-1



Statewide EMPS Episodes - FY2014

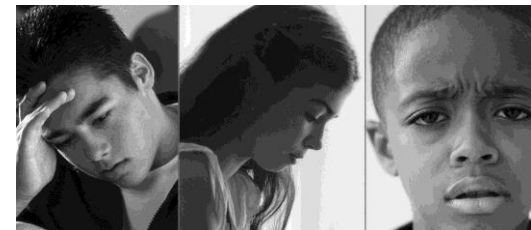
Clients Evaluated in ED One or More Times in the Six Months Prior to and During an EMPS Episode



■ ED Eval 1(+) in 6 Months Prior
■ ED Eval 1(+) During Episode



Dial 2-1-1



EMPS FY2014 Data Overview

- Comparisons between Non-Medicaid and Medicaid-only EMPS Cases:
 - Race & Ethnicity
 - Gender
- Comparisons between Non-Medicaid and Medicaid-only EMPS Episodes:
 - Insurance Status at Intake for EMPS Episodes
 - Referral Sources
 - Age



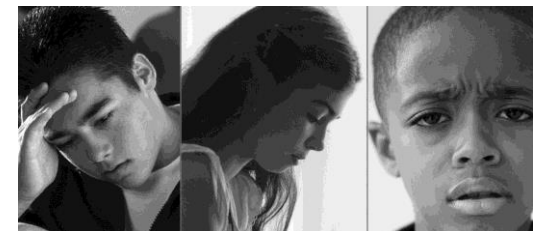
Statewide EMPS Cases - FY2014

EMPS FY2014 (n = 6,369)

Race	Non-Medicaid		Medicaid Only	
	n	% of Total	n	% of Total
Asian	56	2.3%	32	0.8%
African Descent	253	10.1%	918	23.7%
White	1,848	74.1%	1,878	48.5%
American Indian or Alaska Native	3	0.1%	11	0.3%
Native Hawaiian or Other Pacific Islander	3	0.1%	2	0.0%
Mixed Race	70	2.8%	124	3.2%
Other	262	10.5%	909	23.5%
Total	2,495	100.0%	3,874	100.0%



Dial 2-1-1

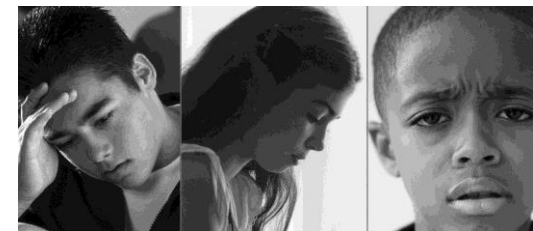


Statewide EMPS Cases - FY2014

EMPS FY2014 (n = 6,559)				
Ethnicity	Non-Medicaid		Medicaid Only	
	n	% of Total	n	% of Total
No, Not of Hispanic, Latino, or Spanish Origin	2,085	83.3%	2,385	58.8%
Yes, Mexican, Mexican American, Chicano	24	1.0%	41	1.0%
Yes, Puerto Rican	80	3.2%	554	13.7%
Yes, Cuban	0	0%	1	0.0%
Yes, South or Central American	47	1.9%	57	1.4%
Yes, of Hispanic/Latino Origin	266	10.6%	1,019	25.1%
Total	2,502	100.0%	4,057	100.0%



Dial 2-1-1



Statewide EMPS Cases - FY2014

Figure 1. Gender of Non-Medicaid Children Served by EMPS Statewide

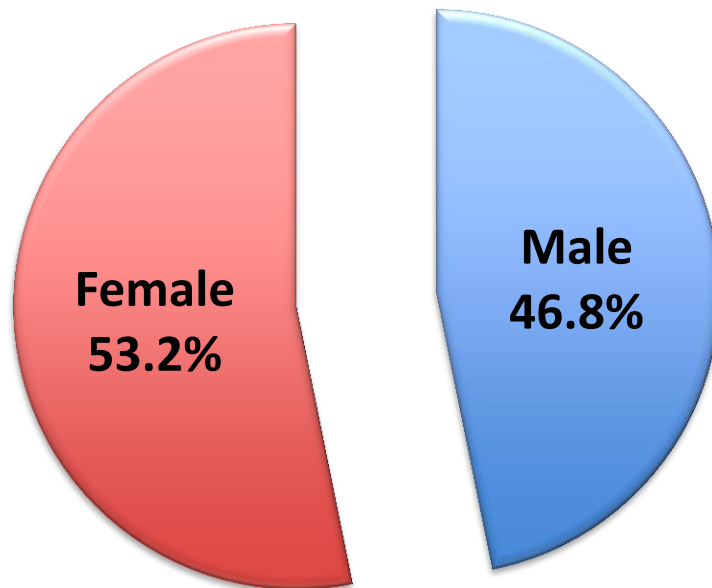
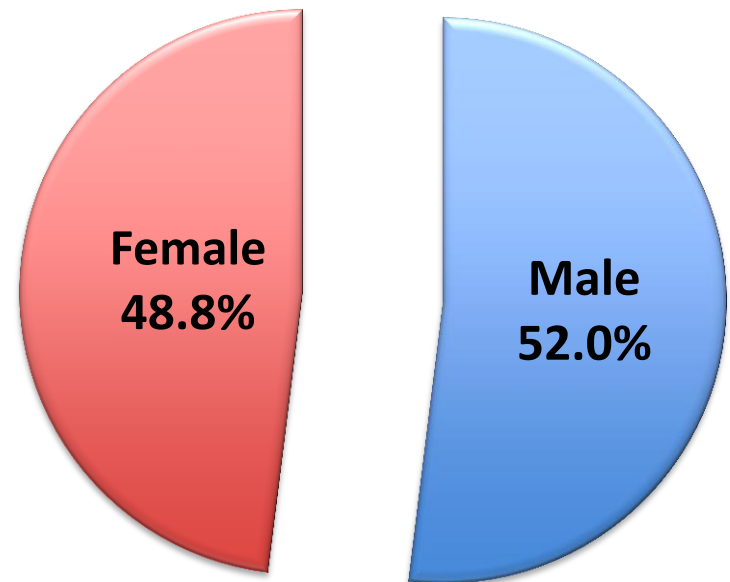
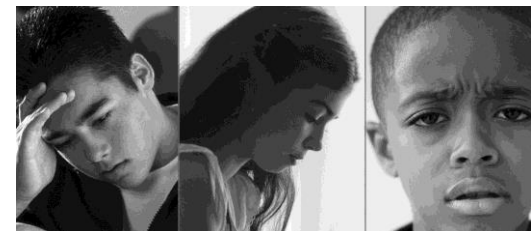


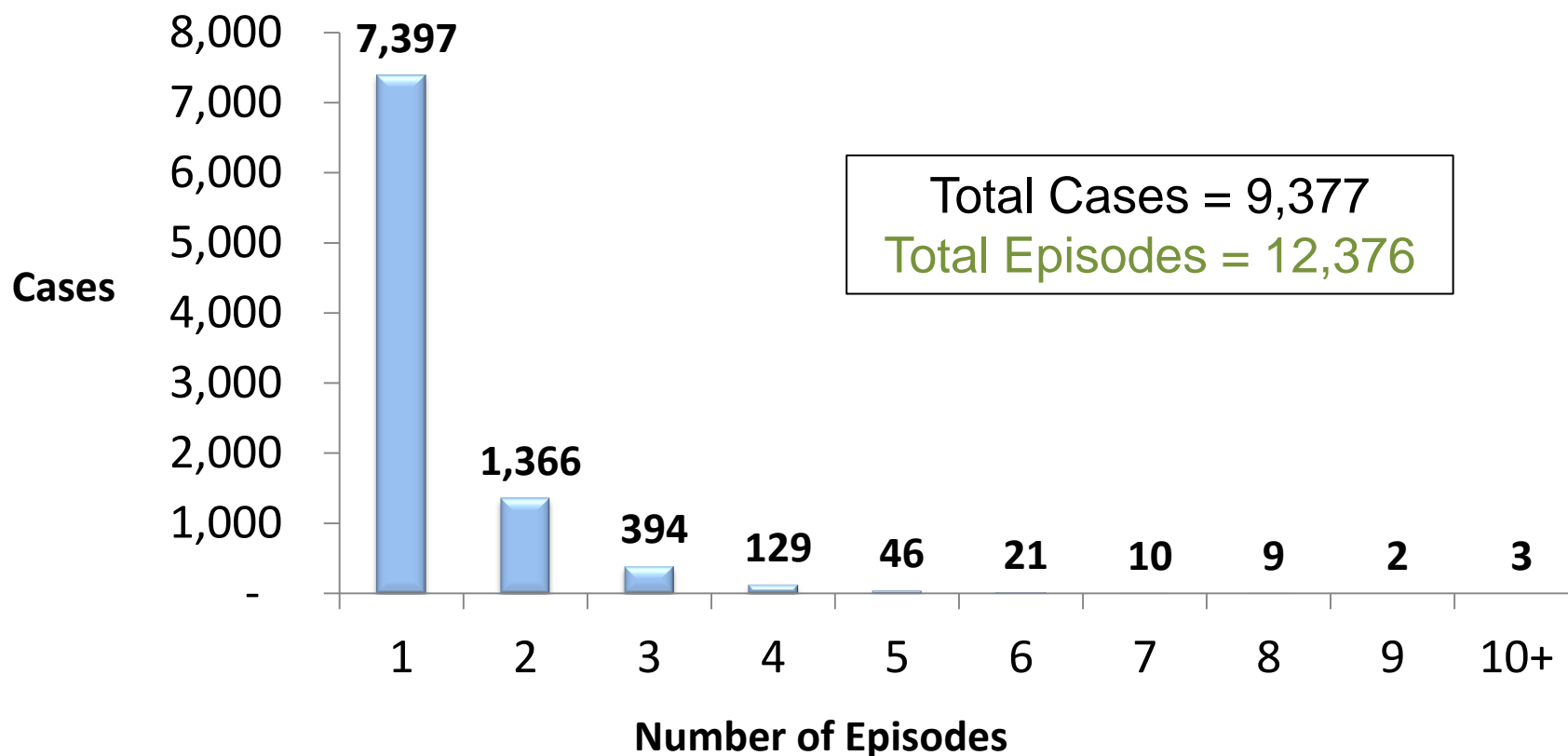
Figure 2. Gender of Children with Medicaid Served by EMPS Statewide



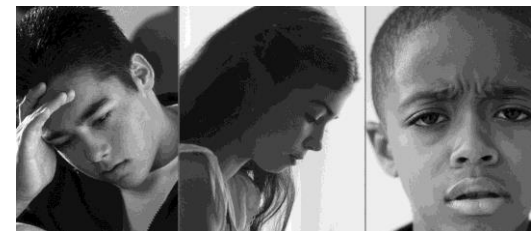
Dial 2-1-1



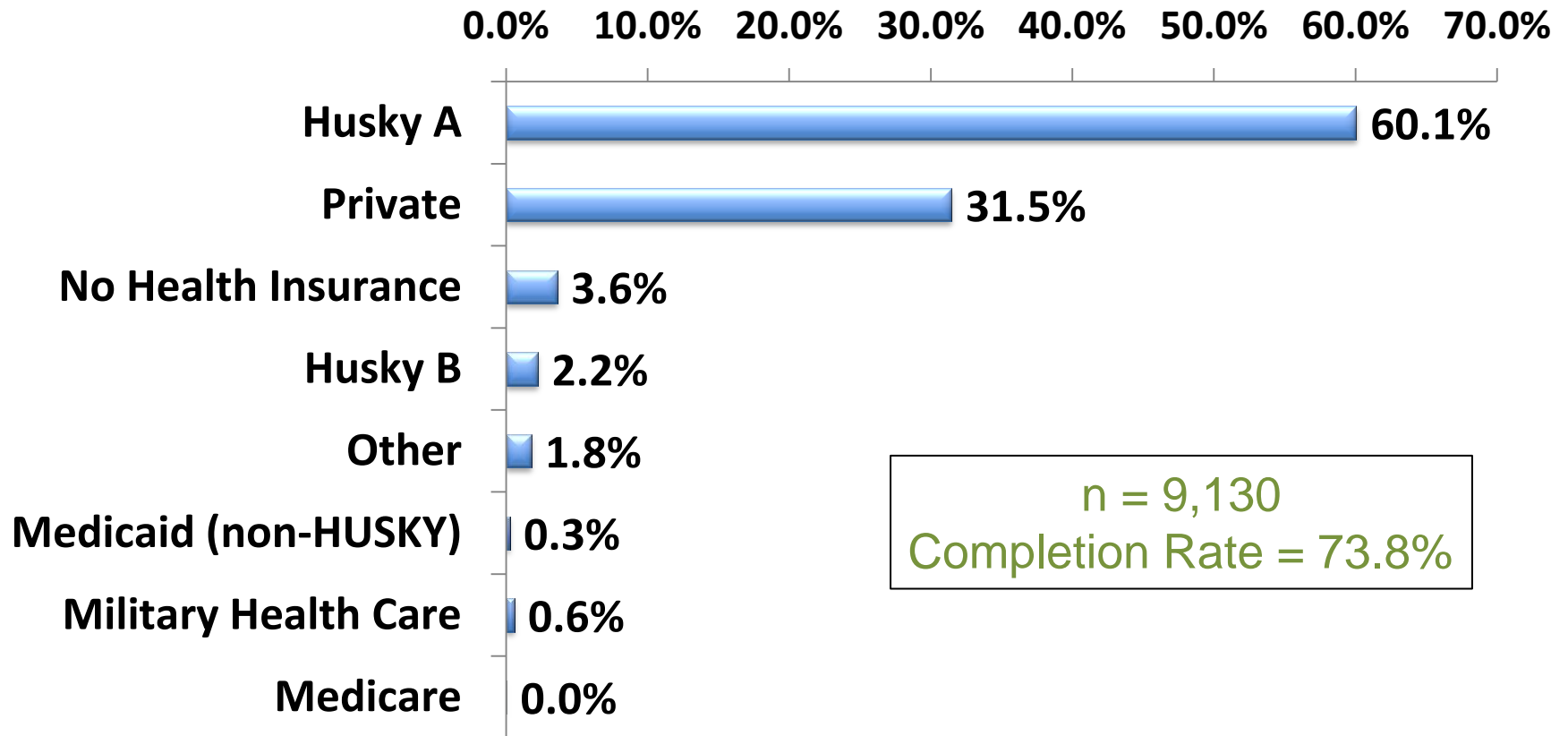
Statewide EMPS – FY2014



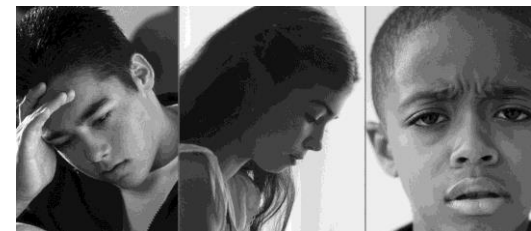
Dial 2-1-1



Statewide EMPS Episodes - FY2014



Dial 2-1-1



Statewide EMPS Episodes - FY2014

Figure 3. Referral Sources of Non-Medicaid Children

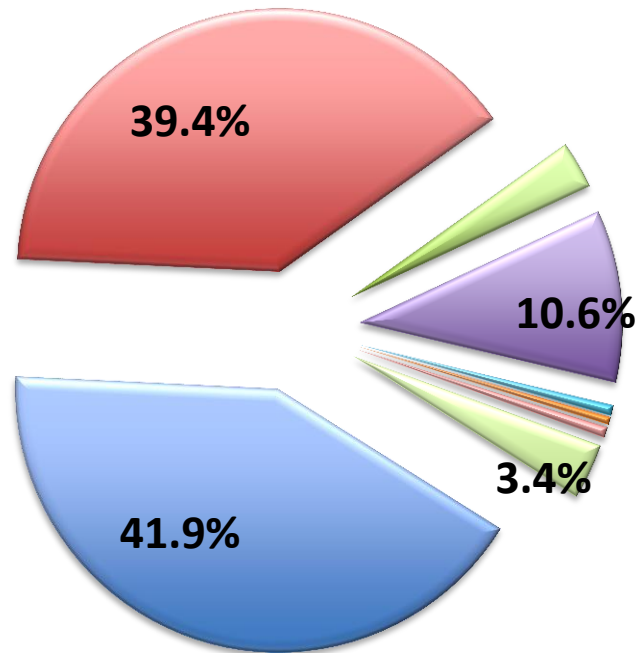
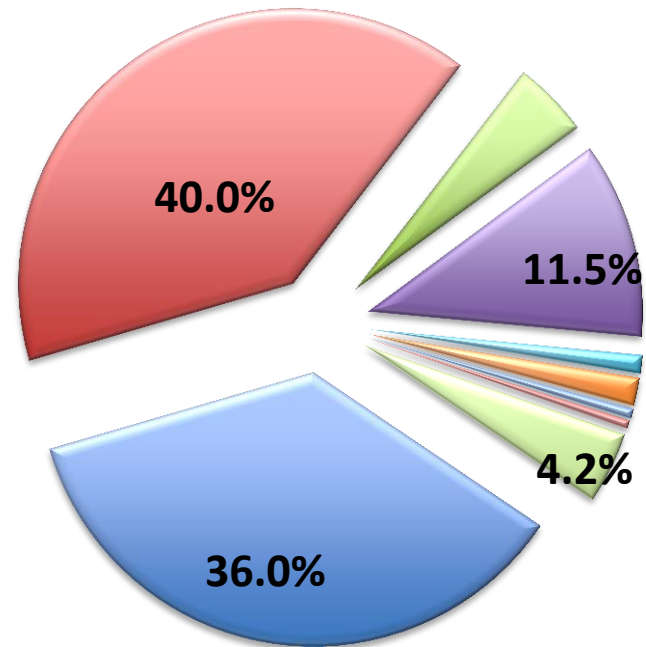


Figure 4. Referral Sources of Children with Medicaid



■ Self/Family

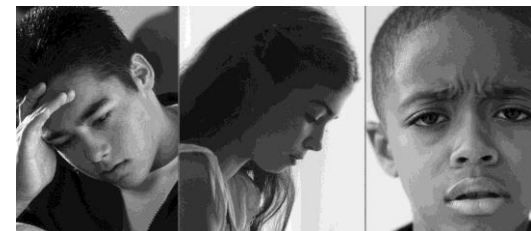
■ School

■ ED

■ Other



Dial 2-1-1



Statewide EMPS Episodes - FY2014

Figure 5. Age Groups of Non-Medicaid Children Served

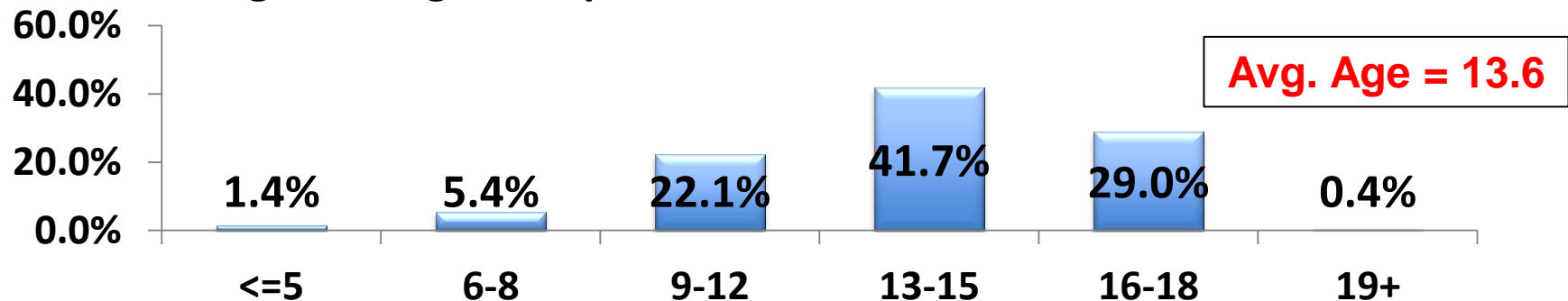
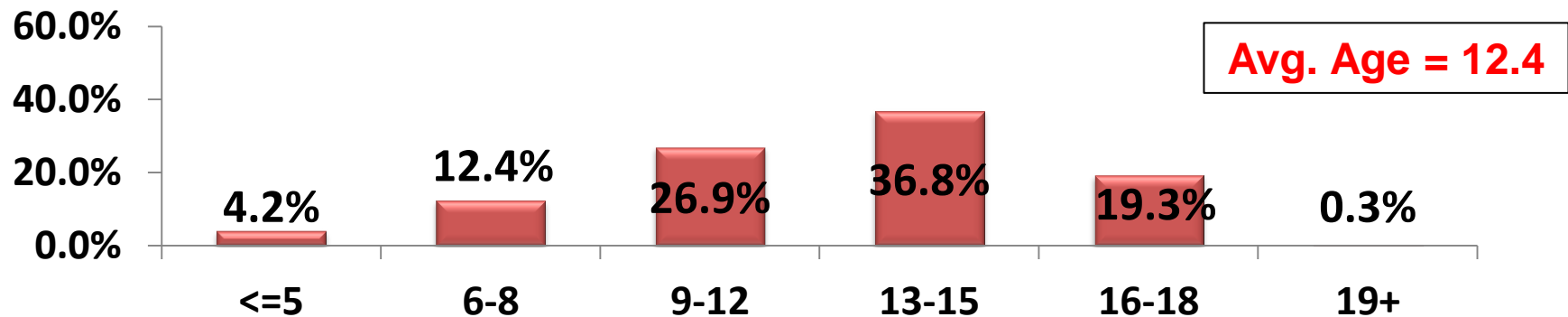
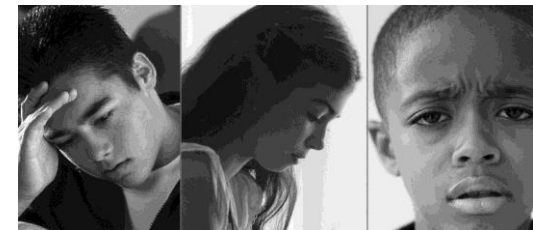


Figure 6. Age Groups of Children with Medicaid Served

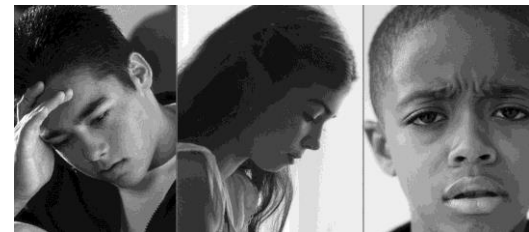


Dial 2-1-1



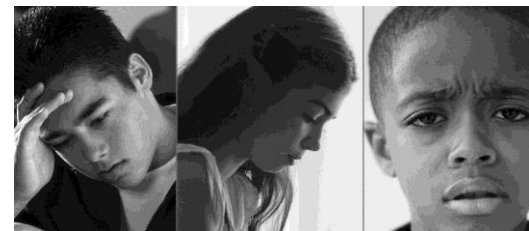
In Summary

- EMPS provides a valuable service to communities and hospital EDs across the state
- 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
- Degree of utilization and quality of working relationships with EDs varies



EMPS Non-Medicaid vs. Medicaid-only (FY2014)

- When compared to Non-Medicaid EMPS cases, children with Medicaid insurance tend to be:
 - Male (+5.2% higher)
 - Non-White (Difference of more than +25%)
- When compared to Non-Medicaid EMPS episodes, children with Medicaid insurance tend to be:
 - Younger (Average difference of almost **14 ½ months** and more pre-teens by category)
 - Referred by self/families (-5.9%) less
 - Referred by EDs (+0.9%) and schools (+0.6%) more



Recommendations and Future Directions

- ❖ **Ensure sufficient EMPS staffing** to meet increasing demand and provide adequate follow-up care
- ❖ **EMPS and long-term service utilization—Does EMPS help reduce rates of ED and inpatient hospitalization and increase utilization of community-based care?**
 - ❖ Possibly begin with Medicaid-enrolled youth
- ❖ **Examine differences in utilization between Medicaid and privately insured**
 - ❖ Do utilization patterns or outcomes differ?
- ❖ **Recommend changes to PSDCRS system in how Race & Ethnicity are collected**
 - ❖ Match PSDCRS to current U.S. Census Bureau guidelines



Contact Information

For questions about EMPS services and contract management:

Tim Marshall, L.C.S.W.

CT Department of Children and Families

tim.marshall@ct.gov

For questions about EMPS data:

Jeff Vanderploeg, Ph.D.

Jack Lu, L.C.S.W.

Child Health and Development Institute

jvanderploeg@uchc.edu

jacklu@uchc.edu



Dial 2-1-1

