Connecticut’s Emergency Mobile Psychiatric Services (EMPS)

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Connecticut Context and the CHDI Strategy
- Delivering and Financing Behavioral Health in Connecticut (CHDI, 2000):
  - 70% of behavioral health spending dedicated to 19% of youth; most of that for residential and inpatient care
  - KidCare (2000) expanded access to a number home- and community-based services and supports
- A Rising Tide (CHDI, 2007)
  - Significant growth in Emergency Department (ED) utilization
  - 62% of children visiting EDs had recent contact with behavioral health system; 25% did not receive follow-up services following ED discharge
  - Since this report, ED utilization has continued to grow

Re-Design and Re-Procurement
- Problems with the service (prior to 2009):
  - Complaints from families and other referrers (EDs, schools)
  - Low call volume; low mobility
  - Inconsistent hours of mobility and service delivery models
  - Growing Emergency Department (ED) volume and overstays (CHDI report)
  - Re-procurement challenges and resistance
- CHDI consultation provided DCF with recommendations on model enhancements
- “W.R. Settlement” and budget request with key model elements
- New DCF behavioral health web-based data entry system (FSDCSS)
- Improved Medicaid rates under the Rehabilitation Option
- Pay for performance incentives for collaborating with EDs on inpatient diversion (through the CT BHP)
- Re-procurement: Eliminated existing contracts with EMPS providers and sent out a new RFP with the new model specifications and requirements

What is EMPS?
- A team of trained mental health professionals who can respond immediately phone, or by phone, when a child is experiencing a mental health need or is in crisis
- Funded by state (DCF) grants, and providers receive additional revenue from third party reimbursement (Medicaid, some commercial insurers)

Who can receive EMPS?
- Anyone can call on behalf of a youth who is in crisis or has a mental health need
- Any child or youth 17 or younger in Connecticut (EMPS can serve 18 year olds if they are currently enrolled in school)
- Service is provided regardless of insurance status or ability to pay
- Excludes youth currently in highest levels of care: Residential Treatment Centers, Sub-Acute Units, Inpatient Hospital Settings

The EMPS Service System
- Six primary contractors, fifteen total sites (subcontracts, satellites, statewide coverage)
- Approximately 150 full time and part time/per diem employees, statewide
- Statewide Call Center
- Standardized assessment and treatment, brief intervention, linkage to ongoing care
- Web-based data collection and entry
- Performance Improvement Center (EMPS PIC)

Accessing EMPS
- Single Statewide Call Center
  - Dial 211 from anywhere in CT, improves access to EMPS
  - Available 24 hours per day, 365 Days per Year
  - DIAL-211 At Prompt – Press 1 for Crisis, press 1 again for EMPS
  - Connect to a Crisis Specialist, provide basic information, screens and triages call
  - Information and Referral
  - 211
  - 911
  - All Other Calls to Local EMPS Provider
  - 211 allows for improved marketing of service
  - 211 provides a more consistent response and improved accountability
Accessing EMPS

- **EMPS Mobile Hours**
  - 8am to 10pm Mon-Fri; 1pm to 10pm Sat/Sun/Holidays
  - Crisis clinician response during non-mobile hours, with EMPS mobile follow-up offered at next mobile hours
  - Capacity to handle multiple calls simultaneously

- **Key Provider Performance Benchmarks**
  - High volume: reach your community
  - 90% + rate of mobility
  - Mobile responses occur in 45 minutes or less at least 80% of the time

EMPS Providers

Available Services

- **Mobile response** to homes, schools, EDs, community locations
- **Crisis stabilization**
- **Collaboration** (and when possible, diversion) from EDs, inpatient hospitals, and law enforcement intervention
- **Clinical assessment** using standardized instruments
- **Follow-up services** for up to 45 days (and unlimited episodes of care)
- Access to **psychiatric evaluation** and medication management
- **Collaboration** with families, schools, hospitals, other providers
- **Referral and linkage** to ongoing care as needed

EMPS Performance Improvement Center

- Data Analysis & Reporting
- Quality Improvement
- Training and Technical Assistance
- Standardized Practice Development

Training

**Core Training Modules**

1. Crisis Assessment, Planning, and Intervention
2. Strengths-Based Crisis Planning
3. Culturally and Linguistically Competent Care
4. Assessing and Intervening with Suicidal and Self-Injurious Youth
5. Violence Risk Assessment and Prevention
6. Traumatic Stress and Trauma-Informed Care
7. Emergency Certificate Training
8. Assessing and Managing Suicide Risk (AMSR; certification course)
9. Rescuing Injured Caregivers Together (REACT) Training
10. Disaster Behavioral Health Response Network (DBHN)

- Parents are paid co-trainers and members of agency QI teams
- Trainings are offered multiple times a year and rotated across regions of the state
Referral Sources

Top Five Referral Sources Statewide

- Self/Family: 44.6%
- School: 34.2%
- Other Community Provider: 12.1%
- Emergency Department: 3.4%
- DCF: 10.1%
- Other (not in top 5)**: 1.2%

Episode Volume

![Graph showing episode volume over time](image)

Mobility

- Q1 FY2014: 65.6%
- Q2 FY2014: 82.9%
- Q3 FY2014: 82.9%
- Q4 FY2014: 82.9%

Response Time: Under 45 Minutes

- Q1 FY2014: 58.1%
- Q2 FY2014: 80.9%
- Q3 FY2014: 80.9%
- Q4 FY2014: 80.9%

Family and Referrer Satisfaction

<table>
<thead>
<tr>
<th>211 Items</th>
<th>Q1 FY2014</th>
<th>Q2 FY2014</th>
<th>Q3 FY2014</th>
<th>Q4 FY2014</th>
<th>Q1 FY2014</th>
<th>Q2 FY2014</th>
<th>Q3 FY2014</th>
<th>Q4 FY2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 211 staff answered my call in a timely manner</td>
<td>4.91</td>
<td>4.75</td>
<td>4.74</td>
<td>4.96</td>
<td>4.70</td>
<td>4.58</td>
<td>4.58</td>
<td>4.58</td>
</tr>
<tr>
<td>The 211 staff was courteous</td>
<td>4.96</td>
<td>4.79</td>
<td>4.89</td>
<td>4.96</td>
<td>4.80</td>
<td>4.92</td>
<td>4.92</td>
<td>4.92</td>
</tr>
<tr>
<td>The 211 staff was knowledgeable</td>
<td>4.93</td>
<td>4.75</td>
<td>4.89</td>
<td>4.94</td>
<td>4.74</td>
<td>4.88</td>
<td>4.88</td>
<td>4.88</td>
</tr>
<tr>
<td>My phone call was quickly transferred to the EMPS provider</td>
<td>4.87</td>
<td>4.69</td>
<td>4.80</td>
<td>4.92</td>
<td>4.67</td>
<td>4.76</td>
<td>4.76</td>
<td>4.76</td>
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</tbody>
</table>

EMPS Items

<table>
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<tr>
<th>EMPS Items</th>
<th>Q1 FY2014</th>
<th>Q2 FY2014</th>
<th>Q3 FY2014</th>
<th>Q4 FY2014</th>
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<th>Q2 FY2014</th>
<th>Q3 FY2014</th>
<th>Q4 FY2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPS responded to the crisis in a timely manner</td>
<td>4.87</td>
<td>4.69</td>
<td>4.74</td>
<td>4.92</td>
<td>4.54</td>
<td>4.74</td>
<td>4.74</td>
<td>4.74</td>
</tr>
<tr>
<td>The EMPS staff was respectful</td>
<td>4.94</td>
<td>4.76</td>
<td>4.85</td>
<td>4.96</td>
<td>4.78</td>
<td>4.90</td>
<td>4.90</td>
<td>4.90</td>
</tr>
<tr>
<td>The EMPS staff was knowledgeable</td>
<td>4.91</td>
<td>4.73</td>
<td>4.85</td>
<td>4.94</td>
<td>4.67</td>
<td>4.90</td>
<td>4.90</td>
<td>4.90</td>
</tr>
<tr>
<td>The EMPS staff spoke to me in a way that I understood</td>
<td>4.93</td>
<td>4.76</td>
<td>4.85</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>EMPS helped my child/family get the services needed or made contact with my current service provider (if you had one at the time you called EMPS)</td>
<td>4.76</td>
<td>4.59</td>
<td>4.70</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>The services or resources my child and/or family received were right for us</td>
<td>4.76</td>
<td>4.52</td>
<td>4.72</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>The child/family I referred to EMPS was connected with appropriate services or resources upon discharge from EMPS</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>4.84</td>
<td>4.50</td>
<td>4.86</td>
<td>4.86</td>
<td>4.86</td>
</tr>
<tr>
<td>Overall, I am very satisfied with the way that EMPS responded to the crisis</td>
<td>4.82</td>
<td>4.64</td>
<td>4.80</td>
<td>4.89</td>
<td>4.63</td>
<td>4.88</td>
<td>4.88</td>
<td>4.88</td>
</tr>
</tbody>
</table>

Overall Mean Score | 4.88 | 4.70 | 4.80 | 4.94 | 4.69 | 4.82 |

Insurance Status

- Medicaid (non-HUSKY): 0.4%
- None: 4.7%
- Other: 2.8%
- HUSKY A: 10.5%
- HUSKY B: 10.6%
- Private: 30.5%
Clinical Outcomes

- EMPS is a brief intervention (average length of stay is about 20 days)
- Getting parent-completed discharge measures has proven increasingly challenging
- However, all changes are statistically significant

<table>
<thead>
<tr>
<th>Reporter and Scale</th>
<th>N</th>
<th>Intake</th>
<th>Discharge</th>
<th>T- Score</th>
<th>Clinically Meaningful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent-Rated Functioning</td>
<td>610</td>
<td>43.1</td>
<td>45.7</td>
<td>6.3 ***</td>
<td>10%</td>
</tr>
<tr>
<td>Worker-Rated Functioning</td>
<td>2772</td>
<td>43.3</td>
<td>45.9</td>
<td>15.1 ***</td>
<td>11%</td>
</tr>
<tr>
<td>Parent-Rated Problems</td>
<td>611</td>
<td>29.6</td>
<td>24.7</td>
<td>-10.6 ***</td>
<td>3%</td>
</tr>
<tr>
<td>Worker-Rated Problems</td>
<td>2747</td>
<td>29.2</td>
<td>24.6</td>
<td>-27.7 ***</td>
<td>6%</td>
</tr>
</tbody>
</table>

Average Cost per Episode

- Average Cost per Episode: $13,320
- Inpatient: $10,320
- EMPS: $1,000

Cost Effectiveness Findings

**ED USAGE OF EMPS FOR INPATIENT DIVERSION**

- EDs referred to EMPS 1,121 times in FY 2013
- ED staff coded 553 referrals as "inpatient diversions"
- Approximately 60% (332) for youth enrolled in Medicaid
- 332 diversions x $12,320 (avg. cost savings) = $4,090,240
- Other savings associated with ED diversion, diversion from arrest and juvenile detention, savings to commercial insurance providers

Related Initiatives

- SAMHSA Service to Science Grant
  - To develop practice model and build evaluation capacity
- The Connecticut School Based Diversion Initiative (SBDI)
  - Uses EMPS to divert students from arrest; link to services
- Responding to Arrested Caregivers Together (REACT)
  - Collaboration between law enforcement, child welfare investigators, EMPS
- Suicide Prevention Network
- Disaster Behavioral Health Network

Contact Information

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