THE NEW EMERGENCY MOBILE PSYCHIATRIC SERVICE (EMPS)

Update on Implementation

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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

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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

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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

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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

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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

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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

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What’s New with EMPS

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

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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**

- FAMILY-SCHOOL DIALS 211
- 211 CRISIS SPECIALIST
- Information & Referral
- 911
- EMPS LOCAL PROVIDER
- TRAVERSE
- Travels to Home/School

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- EMPS Follow-up Care in Community
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.

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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

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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

EMPS Service Areas

- Hartford: 1779
- East: 399
- West: 465
- New Haven: 406
- Southwest: 153
- Central: 128
- Total: 3330

- 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)

- Mobile: 1623
- Deferred: 495
- Non-Mobile: 361
- 911: 25
- EMPS follow up: 344
- Registered Calls: 351
- I & R: 131
- Total: 3330

Call Types
Call Center Types as Percentage of Total Calls

- Mobile: 48.7%
- Deferred: 14.9%
- Non-Mobile: 10.8%
- 911: 0.8%
- EMPS follow up: 10.3%
- Registered Calls: 10.5%
- I & R: 3.9%
- Total: 100.0%
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?

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Materials/Contact-Follow-up

- Magnets, Posters, Wallet Cards
- Contact Information
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