



Mobile Crisis Intervention Services Plays Important Role in State's Behavioral Health System for Children

Highlights from the SFY 2018 Annual Report



Sparked by research demonstrating the effectiveness and value of mobile crisis services, states and communities across the country are increasingly incorporating mobile crisis services into their continuum of care. Mobile crisis programs serve children in their homes and communities and divert children from high-end interventions (such as hospitalization or arrest) when a lower level of care is a safe and effective alternative. Mobile Crisis can also help reduce the number of visits to hospital emergency departments (ED), improve ED service delivery, and better meet the needs of children and families.

Connecticut's [Mobile Crisis Intervention Services](#) (formerly known as EMPS) is available free of charge to all youth in the state under 18 years old, regardless of insurance type, system involvement, or other factors. Mobile Crisis is accessed through a single statewide call center, which deploys trained providers to the location where a crisis or other behavioral health need is occurring. Between State Fiscal Years

2011 and 2018, the program has expanded in volume by 54% while maintaining high service quality and demonstrating excellent child and family outcomes.

Connecticut's Mobile Crisis Services: How It Works

- Families, school personnel, emergency department staff, and others can access Mobile Crisis Intervention Services free of charge by calling 2-1-1.
- The statewide Mobile Crisis network is comprised of more than 160 trained behavioral health professionals across 14 sites that can respond onsite within 45 minutes when a child is experiencing a behavioral health need or crisis.
- Mobile Crisis offers ongoing care to the youth and families for up to 45 days, and works to establish linkages to ongoing behavioral health care. Additional episodes of Mobile Crisis Services are available as needed.

Strong Partnerships Ensure Mobile Crisis Delivers High Quality Services and Outcomes

The Child Health and Development Institute of Connecticut, (CHDI) has worked with the Connecticut Department of Children and Families (DCF) since 2009 to ensure that Mobile Crisis delivers responsive, high quality care for children and families across the state. CHDI serves as the [Mobile Crisis Performance](#)

[Improvement Center \(PIC\)](#), providing data analysis, monthly reporting, quality improvement, and professional development. In addition to the partnership between CHDI and DCF, achievement of positive results has been the result of strong collaborations among Mobile Crisis providers, 211-United Way, The CT Clearinghouse at Wheeler Clinic, Beacon Health Options, KJMB Solutions, family members and advocates, and other partners.

Highlights from the 2018* annual report demonstrate that Mobile Crisis Intervention Services are helping more children each year in their homes, schools, and communities.

**State Fiscal Year (SFY) 2018 runs from July 1, 2017 to June 30, 2018*

Mobile Crisis Utilization is Increasing



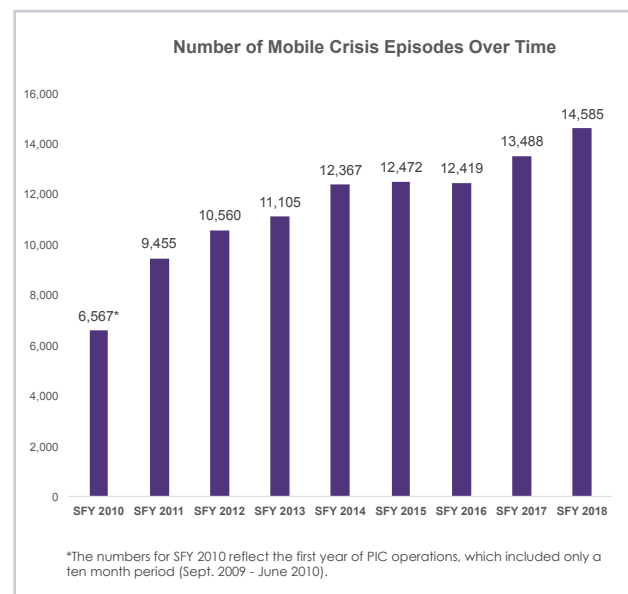
The number of Mobile Crisis episodes of care has **increased by 54% since SFY 2011**, the first full year of PIC data collection.



In SFY 2018, there were 14,585 Mobile Crisis episodes of care, **8% more than last year**.



10,537 children were served by Mobile Crisis in SFY 2018.



Clinicians Provide Timely, High Quality Service



92% STATEWIDE MOBILITY RATE

Mobility refers to the proportion of calls for which a mobile response is requested, that result in an on-site response. Since PIC implementation began, the established mobility benchmark has been 90%. **In SFY 2018, the statewide mobility rate was 92%.** The mobility rate has remained above the benchmark since 2011.



30 MINUTE MEDIAN STATEWIDE RESPONSE TIME

Mobile Crisis providers are expected to respond to requests for mobile services in 45 minutes or less, for at least 80% of mobile episodes. In SFY 2018, 86.5% of all mobile responses were made within the 45-minute benchmark and **the median statewide response time was 30 minutes**. This rate has improved markedly since PIC inception.



In collaboration with the CT Clearinghouse at Wheeler Clinic, the PIC has delivered 284 trainings in the first eight years of PIC implementation. 596 Mobile Crisis staff members have been trained, helping to ensure clinicians deliver the highest quality care.

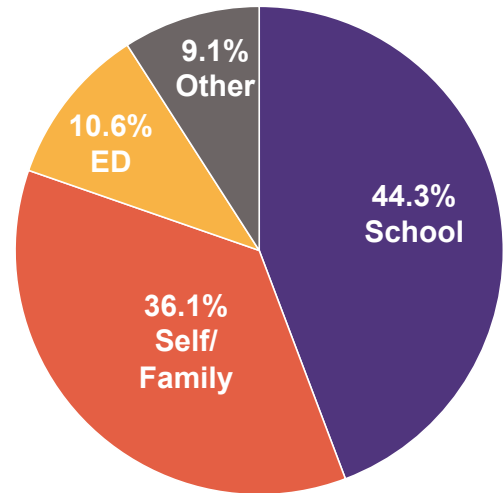


Child Health and Development Institute of Connecticut, Inc.

Mobile Crisis Diverts Children from Emergency Departments and is Associated with Reduced School-Based Arrests

- For the second consecutive year, schools have provided the greatest proportion of referrals to Mobile Crisis (44.3% in SFY 2018). Schools frequently use Mobile Crisis as an alternative to calling an ambulance or law enforcement for behavioral health concerns or crises.
- To date, 198 of 206 school districts have signed a Memoranda of Agreement (MOA) with their local Mobile Crisis provider, in accordance with Public Act 13-178.
- Results from a [recent study](#) indicated that over a period of 18 months, youth participating in Mobile Crisis have **approximately 25% lower use of emergency department services** for behavioral health needs than a comparison group. The study was funded by the Children's Fund of Connecticut, and conducted by UCONN School of Social Work, with support from CHDI, DCF, and Beacon Health Options.

SFY 2018 Referral Sources



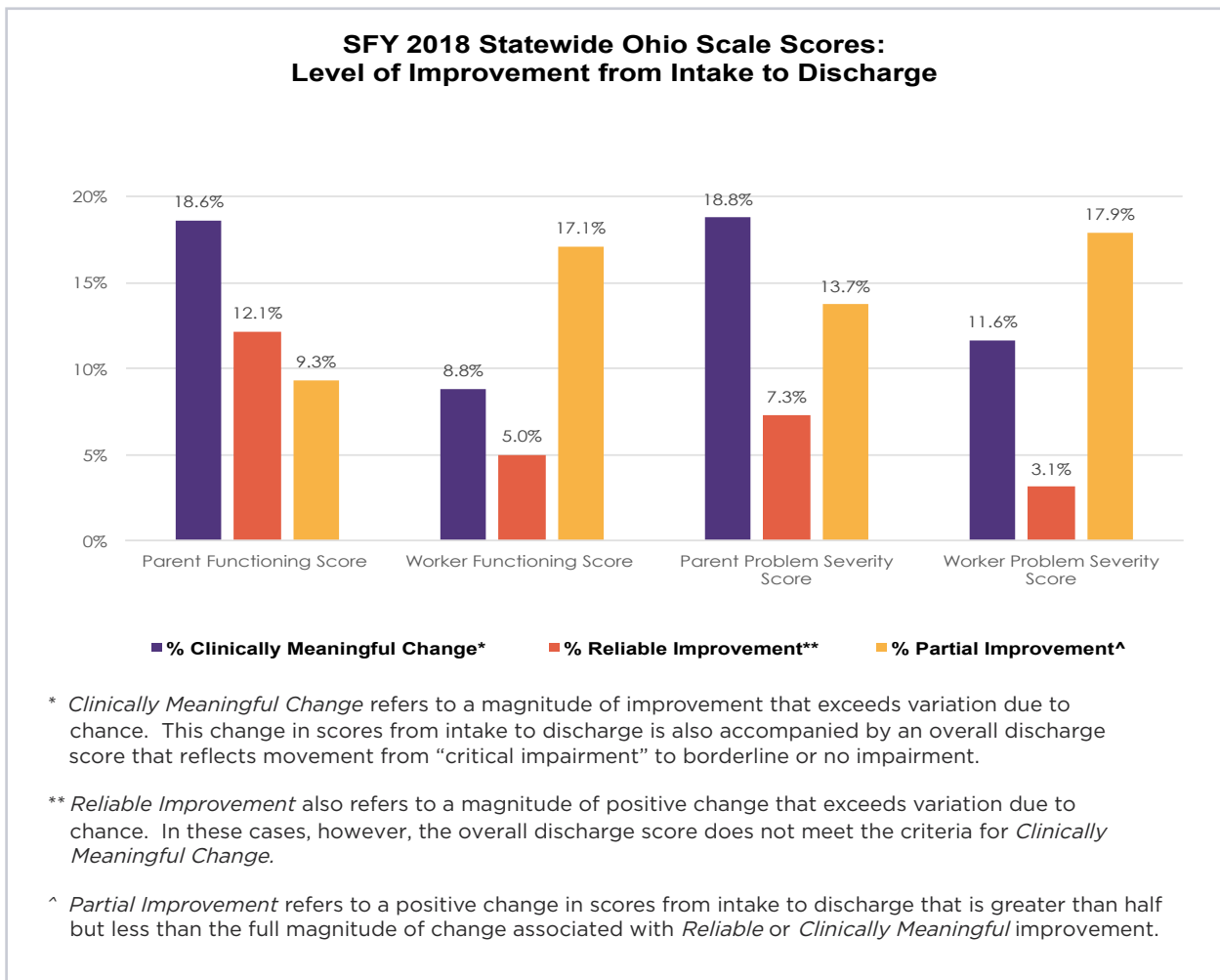
Mobile Crisis Improves Outcomes for Children



40% of parents report improvement in their child's symptoms following Mobile Crisis Intervention Services, as measured by the Ohio Scales. Note that a primary service of Mobile Crisis is to connect clients to longer-term services specific to their needs.

88% of parents or guardians reported being satisfied with the service, (61% were extremely satisfied and 27% were moderately satisfied).

- The Ohio Scales are completed by caregivers and clinicians to measure outcomes. **Results indicate that children served by Mobile Crisis demonstrate statistically significant decreases in problem severity and increases in functioning.**



A Model Program for Other States

Connecticut’s Mobile Crisis program has continued to expand the number of children and families served over the last several years, while demonstrating excellent service quality and outcomes. As states increasingly recognize the value of mobile response services as a critical component of a comprehensive system of care for children with behavioral health needs, Connecticut’s Mobile Crisis service has been recognized as a national exemplary model. For the last several years, the National Technical Assistance Network for Children’s Behavioral Health, with funding from the Substance Abuse and Mental Health Administration (SAMHSA), has invited representatives from Connecticut to provide

consultation to other states and communities interested in building or expanding their own mobile response service for children.

This Issue Brief was prepared by Aleece Kelly, Senior Data Analyst at CHDI. For more information on the Mobile Crisis Performance Improvement Center visit www.chdi.org or contact Kellie Randall at (860) 679- 8098 or randall@uchc.edu. For more information on Connecticut’s Mobile Crisis Intervention Services, visit www.empsct.org.