Child Health and Development Institute of Connecticut, Inc.

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Caring for Children in the Midst of a Behavioral Health Crisis:

Connecticut's Mobile Crisis Intervention Service

When children face behavioral health crises, many families turn to hospital emergency departments (EDs) for treatment, even when appropriate community-based options are available. Over-use of emergency departments and inpatient hospitalization for behavioral health concerns contributes to the rising cost of health care that impacts many states. To address this, several states and communities are investing in expanding community-based behavioral health services, including crisis-oriented services.

Accessing Help for Children in Crisis

Recent data suggests increased use of EDs among youth in crisis despite questions about the appropriateness of this treatment setting for many youth.[1] EDs are often loud and chaotic environments with long waiting times and can be more expensive than community-based alternatives. ED staff members may possess limited training, expertise, and time to address behavioral health needs. Although treatment in an ED can be the appropriate level of care for youth who are at imminent risk to themselves or others (e.g., actively suicidal, experiencing psychotic symptoms), for many other youth, community-based alternatives are preferred. As a result, there is significant interest and need for effective models of mobile crisis services for youth.

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes crisis behavioral health services as a continuum of programs and practices that stabilize emotional and behavioral functioning and reduce symptoms for individuals experiencing a psychiatric emergency, address the issues that led to the crisis, and provide linkages to the appropriate level of treatment.[2]

EDs are a hospital-based component of the crisis continuum of care, whereas community-based crisis services serve as an alternative to EDs, limit unnecessary health care spending, and help ensure that youth remain in their homes and communities while receiving the services they need. Despite

these advantages, community-based services offered in clinic settings can be difficult to access for some families. **Mobile crisis intervention services, on the other hand, bring mental health clinicians to the location where the crisis is occurring.** A recent study found that mobile crisis intervention services have the potential to significantly transform behavioral health care service delivery in the United States due to their high level of accessibility to traditionally underserved populations and the potential for significant cost savings.[3]

A National Model: Connecticut's Mobile Crisis Intervention Services

Since 2010, Connecticut has developed one of the nation's best mobile crisis intervention service programs for children and families called **EMPS Crisis Intervention Services.** This statewide program provides crisis stabilization and short-term intervention to children with behavioral health needs and their families. The Connecticut Department of Children and Families (DCF) funds and manages the mobile crisis program which is available for free to all youth in Connecticut regardless of insurance status, system involvement, or other factors.

Families, schools, ED personnel, and others in Connecticut can access mobile crisis services by dialing 211, a free information and referral helpline that is available 24/7. Callers are connected to one of 14 provider sites that collectively provide statewide coverage. Mobile crisis teams are deployed to a child's location and provide in-person crisis stabilization, screening and assessment, brief intervention, and linkage to ongoing services and supports. Youth of all ages and with a range of presenting concerns and levels of need are referred to the service each year.

Connecticut's mobile crisis system also includes a Performance Improvement Center (PIC), currently operated by the Child Health and Development Institute which is responsible for data collection, analysis, reporting, quality improvement and training. Data collected by the PIC since 2009 indicates that high numbers of youth and families each year benefit from mobile crisis services (over 12,400 episodes of care in 2015). The service is highly mobile (consistent statewide mobile response rates of 90% or higher) and responds rapidly to referrals (statewide median response time of 27 minutes).

Mobile Crisis Diverts Children from EDs and the Juvenile Justice System to Appropriate Services

Connecticut's mobile crisis system is available as an alternative to calling an ambulance or transporting children to the ED. In 2015, families and schools accounted for 10,056 referrals to mobile crisis services, or 81% of all referrals, helping to keep many youth out of the ED. Connecticut's mobile crisis services also support ED personnel directly by providing inpatient diversion and follow up care. In 2015, 1,148 referrals (9.2% of all mobile crisis referrals) came from EDs. Of those referrals, 487 youth were identified as having been diverted from a likely inpatient hospitalization and 661 youth were referred for follow-up in the community. The State's mobile crisis service also serves a gatekeeping function for the Short-term Family Integrated Treatment (S-FIT) program for youth who are diverted from EDs and inpatient hospitalization but would benefit from a structured therapeutic respite service lasting up to 14 days.

In addition, mobile crisis services have been used to divert youth with behavioral health needs from entering the juvenile justice system. Through Connecticut's School Based Diversion Initiative, mobile crisis offers school personnel (including School Resource Officers) an alternative to arrest for youth exhibiting disruptive behaviors. Among the 18 schools that have participated in SBDI since 2010, referrals to mobile crisis have increased by 94% in the first year and school referrals to the juvenile courts have been reduced by 45%. Without the support of Connecticut's mobile crisis program, it is possible that many of these youth would have otherwise been arrested or transported to an ED.

Recommendations for States and Communities

Connecticut's successful system of mobile crisis (EMPS Crisis Intervention Services) presents a viable option for others interested in developing their own mobile crisis service system.

Recommendations for States and Communities (continued)

The following policy, practice, and research recommendations are offered for states and communities interested in developing or enhancing mobile crisis services for youth and families:

- Continue to identify, develop, and refine models of mobile crisis care for children, youth and families that promote access to community-based services and supports, and include sustainable financing strategies;
- Promote access, quality, and outcomes of mobile crisis services by incorporating robust data collection and analysis, reporting, and quality improvement activities;
- Ensure consistent collaboration and coordination between mobile crisis providers and other system partners including families, schools, hospitals, and police;
- Conduct research and evaluation on the outcomes of mobile crisis care including social, emotional, and behavioral functioning as well as cost savings associated with diversion from deep-end involvement in behavioral health, juvenile justice, and educational settings;
- Examine the role of mobile crisis services in addressing disparities (e.g., racial, ethnic, economic) in access to behavioral health services.

References

1. Torio, C. M., Encinosa, W., Berdahl, T., McCormick, M. C., & Simpson, L. A. (2015). Annual report on health care for children and youth in the United States: national estimates of cost, utilization and expenditures for children with mental health conditions. Academic Pediatrics, 15(1), 19-35.

2. SAMHSA (2014). Crisis services: Effectiveness, cost-effectiveness, and funding strategies (HHS Publication No. (SMA)-14-4848). Retrieved from http://store.samhsa.gov/shin/content//SMA14-4848/SMA14-4848.pdf

3. Kazdin, A. E., & Rabbitt, S. M. (2013). New models for delivering mental health services and reducing the burdens of mental illness. Clinical Psychological Science, 1, 170-191.

Additional Information

For more information on Connecticut's EMPS Mobile Crisis Intervention Services, including additional utilization and provider performance measures, please visit www.chdi.org or www.empsct.org *or contact Jeffrey Vanderploeg, Vice President for Mental Health Initiatives at CHDI (jvanderploeg@uchc.edu).*