



## Mobile Crisis Services

### An Effective Approach for Reducing Emergency Department Utilization Among Youth with Behavioral Health Conditions



Over the past two decades, the Connecticut Department of Children and Families, along with community-based treatment providers and other partners, has developed among the nation's best arrays of community-based services while simultaneously reducing its reliance on inpatient and residential care. Despite these changes, the rates of emergency department (ED) use for behavioral health conditions continue to rise, highlighting the need for additional strategies and interventions to ensure children can get the care they need in the most appropriate setting. [Mobile Crisis Intervention Services](#), formerly known as EMPS, represents an effective alternative to EDs. Utilization of the service has risen dramatically over the last ten years with a majority of referrals coming from schools, parents and caregivers, and EDs. **A recent study indicates that utilization of Connecticut's Mobile Crisis is associated with reduced rates of subsequent ED visits among youth.** These findings, described in more detail on page 2, suggest the need to further enhance and

leverage the impact of Mobile Crisis on ED utilization and access to community-based care.

#### **Families Need Improved Access to Effective Mental Health Treatments**

The prevalence of mental health needs among children is alarming. Approximately one in five children will meet criteria for a mental health disorder, and one in ten will experience a serious emotional disturbance in their lifetime.<sup>1</sup> Among adults with mental health conditions, approximately half began exhibiting symptoms prior to age 14.<sup>2</sup> Suicide is now the second leading cause of death among 15- to 19- year-olds. Although early intervention is known to be critical for supporting optimal behavioral health, fewer than half of children and adolescents in the United States who are in need of treatment will ever receive it. Barriers to accessing treatment include poverty, stigma, discrimination, transportation and housing issues, lack of adequate insurance coverage, an insufficient array of services, and a service delivery system that

is fragmented and difficult to navigate. In addition, experts note that although effective interventions exist, they are not reaching those most in need. The majority of mental health interventions in the United States are delivered by highly trained professionals, in one-on-one sessions, in a clinic or office-based setting. To better address the need for behavioral health services and reduce ED utilization, we must re-examine not just what treatments are being delivered, but how they are delivered: by whom, where, and in what contexts.<sup>3</sup>

### **Youth are Presenting in Record Numbers to EDs for Behavioral Health Conditions**

Recent data from Connecticut's Medicaid system indicate that from 2014 to 2016 there was a 20% increase in the number of visits to EDs among youth with behavioral health diagnoses. Across the country, youth with behavioral health conditions are presenting to EDs in record numbers seeking assessment and treatment. EDs are widely acknowledged, however, to be inadequate settings for the treatment of behavioral health conditions. Most EDs are staffed by individuals with little to no training in the assessment and treatment of behavioral health conditions. EDs are expensive, the chaotic nature of these environments can exacerbate symptoms, and the presence of high numbers of youth with behavioral health conditions can interfere with the treatment of emergency medical conditions that EDs are designed and staffed to address. There is widespread agreement that reducing the number of youth presenting to EDs for behavioral health conditions will require improved access to effective community-based treatment alternatives.

### **Mobile Crisis Services Provide a More Effective Alternative to EDs for Youth in Crisis**

One such alternative is Connecticut's Mobile Crisis Intervention Service. One of the primary responsibilities of Mobile Crisis in Connecticut is to reduce ED utilization by providing on-site crisis stabilization, a psychosocial assessment, brief treatment, and linkage to follow-up care.

Mobile Crisis can also help families and school personnel determine whether a child is in need of further evaluation in an ED and possible inpatient treatment, or whether they can be safely and effectively treated in a community-based setting. In Connecticut, Mobile Crisis is provided by fourteen sites strategically located throughout the state to provide statewide access. Services are provided free of charge to any young person under 18 years of age (or under 19 if still enrolled in school). To access Mobile Crisis, individuals can dial 2-1-1 to reach the statewide call center. A trained intake specialist collects basic information about the presenting problem and the local Mobile Crisis provider typically arrives on-site in 45 minutes or less. Since 2009, CHDI has operated the [Mobile Crisis Performance Improvement Center](#), providing data collection and reporting, quality improvement, and training for the statewide network of providers. Representatives from Connecticut's Mobile Crisis service are providing consultation to numerous other counties and states interested in replicating the approach.<sup>4</sup>

### **Mobile Crisis is Associated with a 25% Reduction in Emergency Department Visits**

A recent study sought to examine for the first time whether youth using Connecticut's Mobile Crisis service were less likely than their peers to use ED services. The study was funded by The Children's Fund of Connecticut and conducted by Dr. Michael Fendrich and colleagues at the University of Connecticut School of Social Work, with additional support from Beacon Health Options. [The study](#) linked Mobile Crisis data with Medicaid claims data and used a propensity score matching procedure to create a comparison group of similar youth with behavioral health conditions who had not used Mobile Crisis services. Over a follow-up period of 18 months, the group that used Mobile Crisis services demonstrated a 25% reduction in risk of subsequent ED utilization relative to the comparison group.<sup>5</sup> **The study is among the first of its kind to demonstrate a reduction in ED utilization associated with mobile crisis services**

**for youth.** The results suggest that Mobile Crisis is a promising practice for reducing reliance on EDs to address acute behavioral health needs.

Mobile Crisis is an example of a novel and innovative approach to behavioral health service delivery that can significantly improve early identification and access to care. The findings described suggest that Connecticut should implement targeted strategies for leveraging and enhancing its Mobile Crisis service network to improve access to care, and in so doing, reduce the number of youth presenting to EDs for behavioral health treatment. Examples include continued education and awareness about Mobile Crisis and enhanced efforts to coordinate Mobile Crisis services in schools.

*This Issue Brief was prepared by Jeffrey Vanderploeg, and highlights research findings from a report prepared for CHDI entitled, "[Evaluation of Connecticut's Mobile Crisis Intervention Services](#)." For more information contact Jeff at [jvanderploeg@uchc.edu](mailto:jvanderploeg@uchc.edu) or (860) 679-1519 or visit [www.chdi.org](http://www.chdi.org).*

## REFERENCES

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