

## SFY 2016 Q4 RBA Report Card: EMPS Mobile Crisis Intervention Services

**Quality of Life Result:** Connecticut’s children will live in stable environments, safe, healthy and ready to lead successful lives.

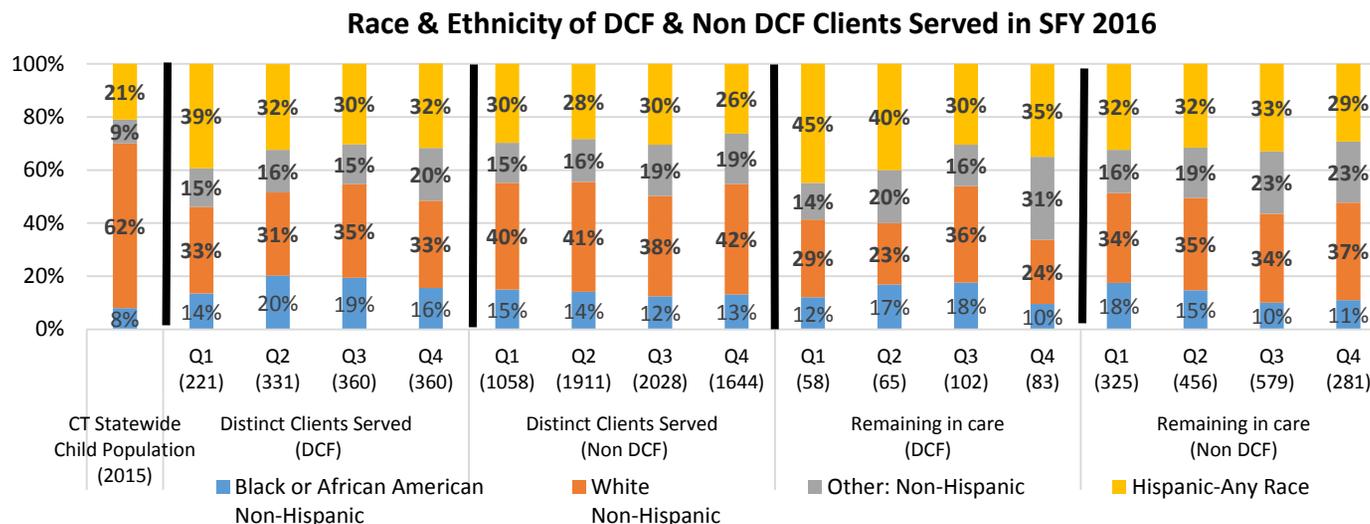
**Contribution to the Result:** EMPS Mobile Crisis Intervention Services are available for all Connecticut children and adolescents experiencing a mental health or behavioral crisis. Mobile crisis directly contributes to the result since it supports maintaining the safety and functional stability of children in the home and community. This is done through a rapid face to face crisis response with follow-up involvement and referral to community services as needed. The mobile crisis services provide an alternative, community based intervention, to youth visits to hospital emergency rooms, inpatient hospitalizations and police calls that could remove them from their home and potentially negatively impact their growth and success.

Program Expenditures: Estimated SFY 2016	State Funding: \$10,743,631
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How Much Did We Do?	How Much Did We Do?	How Well Did We Do?																																																																																																														
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<p><b>Story Behind the Baseline:</b> In SFY 2016 Q4 there were 4,458 total calls to the 211 Call Center, which was a 2.4% decrease in call volume compared to SFY 2015 Q4. Also the number of EMPS episodes was 7.5% lower in SFY 2016 Q4 than in SFY 2015 Q4. Combining all the quarters for SFY 2016 the total call volume was 16,776 which represents a 1% increase compared to SFY 2015. Calls for mobile crisis services continue to increase but at a lower rate compared to when the service was first being introduced to the community.</p> <p><b>Trend:</b> →</p>	<p><b>Story Behind the Baseline:</b> In SFY 2016 Q4, of the 2,004* mobile crisis episodes of care 93.8% (1,879) only involved one response for a child, and 99.1% (1,985) involved one or two responses; compared to 90.4% (1,950) and 98.5% (2,125) respectively for SFY 2015 Q4. This indicates that the initial EMPS involvement with a youth and their family significantly reduces the need for additional mobile crisis services. Adjusting for a full year sample DCF children had a slightly higher rate of 4 or more episodes (.55% vs .29%).</p> <p><small>*Note: Only children that had their DCF or non DCF status identified were reported.</small></p> <p><b>Trend:</b> ↑</p>	<p><b>Story Behind the Baseline:</b> Since SFY 2011 mobile crisis has consistently exceeded the 80% benchmark for a 45 minute or less mobile response to a crisis. In SFY 2016 Q4 89.1% of all mobile responses achieved the 45 minute mark compared to 89.9% for SFY 2015 Q4. <b>The median response time for SFY 2016 Q4 was 24 minutes.</b> This reflects a highly responsive statewide mobile crisis service system that is immediately present to engage and deescalate a crisis and return stability to the child and setting (family, school, etc.).</p> <p><b>Trend:</b> ↑</p>																																																																																																														

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### How Well Did We Do?



**Story Behind the Data:** The race and ethnicity of non-DCF children utilizing mobile crisis is more consistent with the DCF population of children served, not the statewide child population. Hispanic and Black DCF and Non-DCF involved children<sup>1,2</sup> access mobile crisis services at rates higher than the general population, while white DCF and Non-DCF involved children access the service at lower rates. Both Hispanic and Black DCF involved children utilize mobile crisis at higher rates than Non-DCF children, while the opposite is the case for white children. Non-DCF involved white children had the highest rates for remaining in care<sup>3</sup> at the end of SFY 2016 Q4. <sup>1</sup>Note: Only children that had their DCF or non DCF status identified were reported. <sup>2</sup>Note: For the Distinct Clients served some had multiple episodes as identified above in Episodes per Child <sup>3</sup>Note: Remaining in Care represents an open EMPS episode at the end of the respective quarter.

**Trend: →**

### How Well Did We Do?

#### EMPS Provider Memorandum of Agreement with Local Schools - SFY 2016

	Q1	Q2	Q3	Q4
Number of CT School Districts	202	202	202	202
Number of Completed MOA's	57 (28%)	59 (29%)	73 (36%)	89 (44%)

**Story Behind the Baseline:** Each of the six (6) Connecticut mobile crisis providers is working to engage the public schools in their respective service areas in signing off on a Memorandum of Agreement (MOA) regarding collaboration in providing mobile crisis services for children and adolescents in each school. As of SFY 2016 Q4 eighty nine (89) MOA's or 44% have been completed out of a total of 202 school districts. This reflects a 56% increase in the number of MOAs executed in Q4 of 2016 compared to Q1 of 2016.

**Trend: ↑**

### Is Anyone Better Off?

#### % Clinically Meaningful Change For Statewide Ohio Scale Scores SFY 2016

Statewide Ohio Scale Scores (based on paired intake and discharge scores)	Q1	Q2	Q3	Q4
% Clinically Meaningful Change	† .05-.10 * P < .05 **P < 0.01			
Parent Functioning	25.0% (n=44)**	12.5% (n=72)*	17.0% (n=47)*	4.1% (n=49)†
Worker Functioning	4.5% (n=375)**	6.7% (n=639)**	7.0% (n=604)**	8.5% (n=578)**
Parent Problem Severity	20.0% (n=45)**	15.1% (n=73)**	15.6% (n=45)	12.2% (n=49) †
Worker Problem Severity	8.3% (n=373)**	7.5% (n=637)**	7.3% (n=603)**	10.0% (n=573)**
<b>Total N</b>	<b>837</b>	<b>1421</b>	<b>1299</b>	<b>1249</b>

**Story Behind the Data:** The Ohio Youth Problems, Functioning, and Satisfaction Scales (Ohio Scales), assessing behavioral health service outcomes has demonstrated clinically significant positive changes for children following a mobile crisis response. The parent ratings for SFY 2016 Q4 showed an average 4.1% improvement in child functioning and 8.5% decline in child problem severity following mobile crisis involvement. This reflects the effectiveness of mobile crisis services in not only diffusing the immediate crisis but also supporting the subsequent positive growth and success of youth. (The variability in the % of Clinically Meaningful Change scores between the quarters may be the result of smaller quarterly samples where more variable scores can influence the total score.)

**Trend: ↑**

\*Note: Asterisk (\*) represents statistical significance

**Proposed Actions to Turn the Curve:** Continue direct outreach between EMPS Mobile Crisis providers and all school districts in their service area to complete the MOA's. Continue to develop data regarding school district and individual school utilization of mobile crisis. Continue to increase the completion rates for the Ohio Scales.