



OLR RESEARCH REPORT

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BEHAVIORAL HEALTH CRISIS INTERVENTION SERVICES FOR CHILDREN

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You asked what crisis intervention services are available to a parent of a child experiencing a serious behavioral health emergency. Specifically, you want to know if the state operates a children's behavioral health crisis hotline.

SUMMARY

According to the Connecticut Behavioral Health Partnership, a behavioral health emergency is a serious mental health or substance use problem that is so severe that, if left untreated, it may cause significant risk to the child's or another person's health and safety. If a child is experiencing such an emergency, a parent may take several actions, including (1) calling 911 emergency assistance, (2) taking the child to the nearest hospital emergency department, or (3) calling the child's health care provider, if he or she has one. In addition, a parent may obtain crisis intervention services through the Department of Children and Families' ([DCF](#)) Emergency Mobile Psychiatric Services ([EMPS](#)) program.

EMPS provides a range of crisis and stabilization services, including mobile response psychiatric assessment; medication consultation, assessment, and short-term management; behavioral management services; substance abuse screening; and referral to appropriate services.

The program is accessed by calling the state's [2-1-1](#) information line and is available 24 hours per day, seven days per week to all children, up to age 18, regardless of health insurance status.

Once a parent calls the program, a trained screener puts him or her in direct contact with a licensed EMPS behavioral health provider immediately by phone, or within 45 minutes in-person. The EMPS provider is responsible for coordinating the child's care during the crisis period. The Department of Mental Health and Addiction Services provides a similar service for adults statewide through local mental health authorities. (A list of crisis intervention telephone numbers by town is available on the department's website at: <http://www.ct.gov/dmhas/cwp/view.asp?q=378578>.)

Of the 10,560 children EMPS served in fiscal year (FY) 2012, most were non-Hispanic, Caucasian adolescents between the ages of 13 and 18. The majority of these children had health insurance coverage, primarily through private insurance or the state's HUSKY A (Medicaid) program. At intake, most children presented with issues such as threatened or actual harm to themselves or others, depression and anxiety, or family problems.

EMPS provides crisis and stabilization services to children and their families for up to 45 days, after which they are discharged from the program and referred to other services, if necessary. In FY 12, most children discharged were either referred to outpatient services (41.8%) or required no additional services (19.4%). A smaller number of children (8.1%) were referred for inpatient hospitalization.

EMPS

The EMPS is a mobile crisis intervention service for children and adolescents experiencing a behavioral health emergency. Funded by DCF and accessed through the state's 2-1-1 telephone information line, the program consists of 15 sites covering all Connecticut towns. Approximately 150 trained behavioral health providers are available to respond to a child in crisis either immediately by phone, or within 45 minutes on-site. The program's goal is to divert children from hospital emergency departments and higher levels of care, such as inpatient psychiatric hospitalization, to home- and community-based services when clinically safe and appropriate.

According to its [2012 annual report](#), in FY 12, the program received 13,184 calls requesting crisis intervention, an increase of 12.6% from FY 11, 30.1% from FY 10 and 176% from FY 09. Of these calls 10,560 resulted in EMPS intervention. Table 1 provides a list of these recipient's demographic characteristics.

Table 1: FY 2012 EMPS Recipients by Demographic Characteristics

Total Number of Calls Resulting in EMPS Intervention	10,560
Gender	<ul style="list-style-type: none"> • 52% male • 48% female
Age	<ul style="list-style-type: none"> • 36.5% ages 13 and 15 • 28% ages 16 and 18 • 21.9% ages 9 to 12 • 13.6% ages 8 and under
Ethnicity	<ul style="list-style-type: none"> • 69.7% non-Hispanic • 30.3% Hispanic
Race	<ul style="list-style-type: none"> • 59% Caucasian • 19.3% African-American • 16.2% other

Source: 2012 EMPS Annual Report, <http://www.empsct.org/download/AnnualFY12.pdf>, last visited on January 26, 2013.

Most of these children had health insurance coverage, including 33.2% with private health insurance, 57% with HUSKY A (Medicaid), and 2.4% with HUSKY B (State Children’s Health Insurance Program).

Children are generally referred to the program by family members, schools, or emergency departments. The report notes that in FY 12, there were a slightly higher number of school-referrals (33.3%) and lower number of emergency department referrals (11.2%) than in the prior fiscal year.

The most common presenting problems for these children at intake were (1) risk of or actual harm to themselves or others, (2) disruptive behavior, (3) depression, (4) family conflict, and (5) anxiety. Most children (63%) reported at least one trauma exposure, such as witnessing or being a victim of violence and sexual victimization.

Children and families may receive stabilization follow-up sessions with EMPS providers for up to 45 days, after which the child must be discharged from the program. In FY 12, most children discharged from EMPS were referred to outpatient behavioral health services (41.8%) or had met their treatment goals and did not require additional services (19.4%). A smaller percentage of children were referred for inpatient hospitalization (8.1%). Table 2 lists the types of services these children were referred to upon discharge from the program.

Table 2: Types of Services EMPS Clients Referred to at Discharge in FY 12

Service Type	Percentage of Referrals at Discharge
Outpatient services	41.8%
None	19.4
Other community-based services	9.0
Intensive in-home services	8.5
Inpatient hospitalization	8.1
Partial hospital program	3.8
Intensive outpatient program	3.6
Extended day treatment	1.8
Care coordination	1.4
Group home	1.2
Other out of home services	1.0
Residential treatment	0.4

Source: 2012 EMPS Annual Report, <http://www.empsct.org/download/AnnualFY12.pdf>, last visited on January 26, 2013.

RESOURCES

Department of Children and Families website, <http://www.ct.gov/dcf/cwp/view.asp?a=2558&Q=314354>, last visited on January 26, 2013.

Department of Mental Health and Addiction Services Crisis Services website, <http://www.ct.gov/dmhas/cwp/view.asp?q=378578>, last visited on January 26, 2013.

Emergency Mobile Psychiatric Services website, <http://www.empsct.org/about/>, last visited on January 26, 2013.

Emergency Mobile Psychiatric Services Fiscal Year 2012 Annual Report, <http://www.empsct.org/download/AnnualFY12.pdf>, last visited on January 26, 2013.

United Way of Connecticut 2-1-1 Information Line website, <http://www.211ct.org/informationlibrary/Documents/MentalHealthCrisisInterventionServicesConnecticut.asp>, last visited on January 26, 2013.

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