Child Health and Development Institute of Connecticut, Inc.

DCF CONNECTICUT

Racial & Ethnic Disparities in Mobile Crisis Intervention Services

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Overview

➢ Introduction/Literature Review

➢ Methods

➢ Results

➢ Conclusion

➢ Implications and next steps

Introduction

➤ [SAMHSA (2016)](#) recognizes that "racial and ethnic minorities currently make up about a **third of the population of the nation** and are expected to become a majority by 2050**.**"

➤ **Unique** behavioral health needs.

➤ Experience **greater** burden of mental and substance use disorders.

The Triple Aim+

Massachusetts DPH (2015)

Health/Mental Health Disparities

➢ Health disparities are **measurable differences** in health and sickness across social groups.

➢ Over the past decade, the study of inequality in health and mental health has **grown rapidly**.

➢ Researchers are seeking to **quantify** the extent of the problem, **identify** causal mechanisms, and **develop** interventions to eliminate specific disparities. ([William T. Grant Foundation](#)).

What is Mobile Crisis?
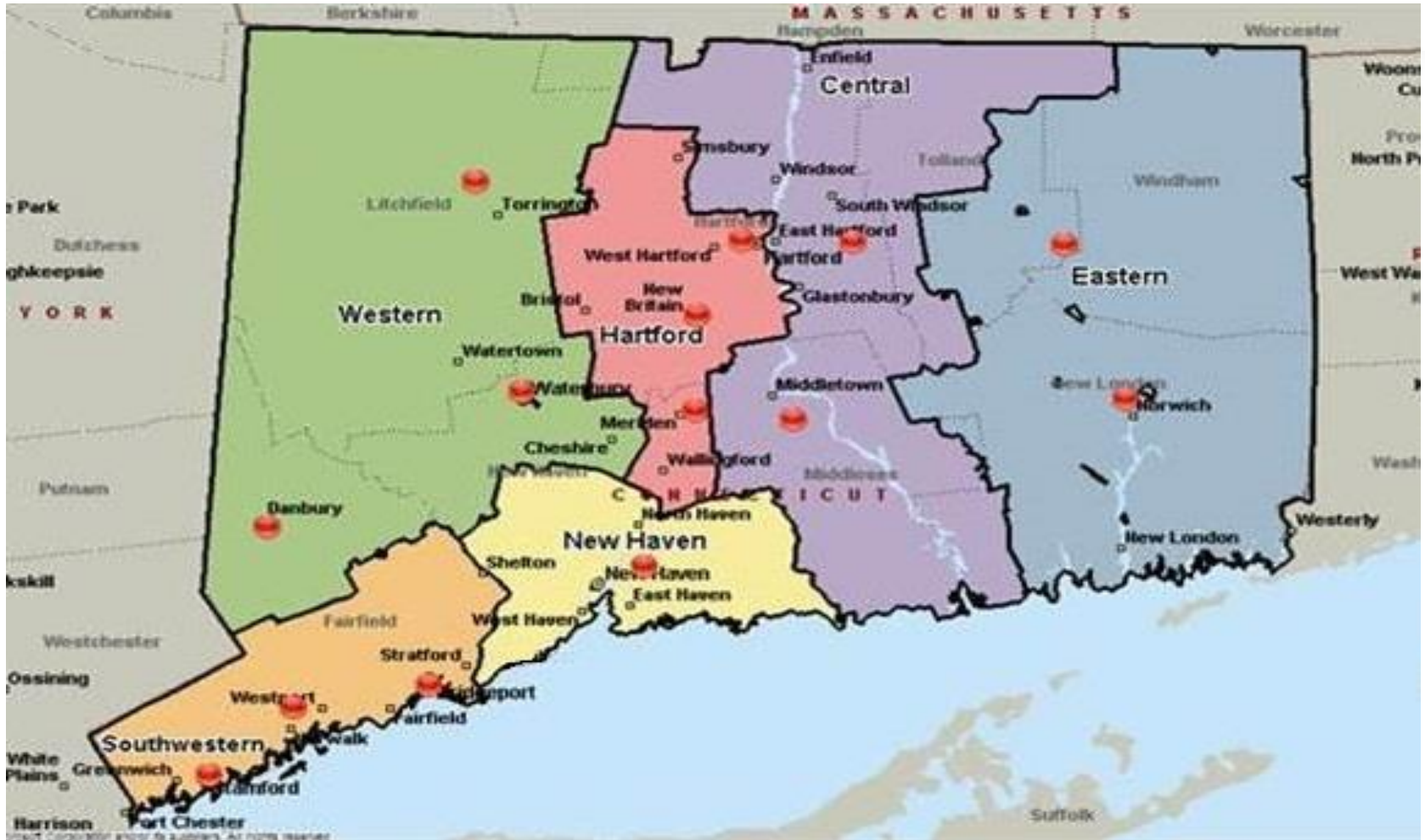
Methods

➢ **Purpose**

  ➢ Evaluate racial and ethnic disparities in mobile crisis utilization while applying a public health lens.

➢ **Source**

  ➢ PIE Data

  ➢ Annual data from FY2015

  ➢ Total mobile crisis episodes-12,472

  ➢ Unique children served-7,196

Method (cont'd)

- **Variables/factors**
- Various sociodemographic characteristics (e.g. race, gender, age, TANF eligibility, health insurance status)
- Number of episodes per child
- Primary presenting problem
- Primary and secondary diagnosis
- Referral source
- Length of Stay
- Ohio scales and percent of clinically meaningful change

Race/Ethnicity Categorization

➢ Categorized according to recommendations made by the [National Reporting System (NRS)](#) :

  ➢ Hispanic, Any Race

  ➢ Black or African American, Non-Hispanic

  ➢ White, Non-Hispanic

  ➢ Other, Non Hispanic

  ➢ Unknown Race

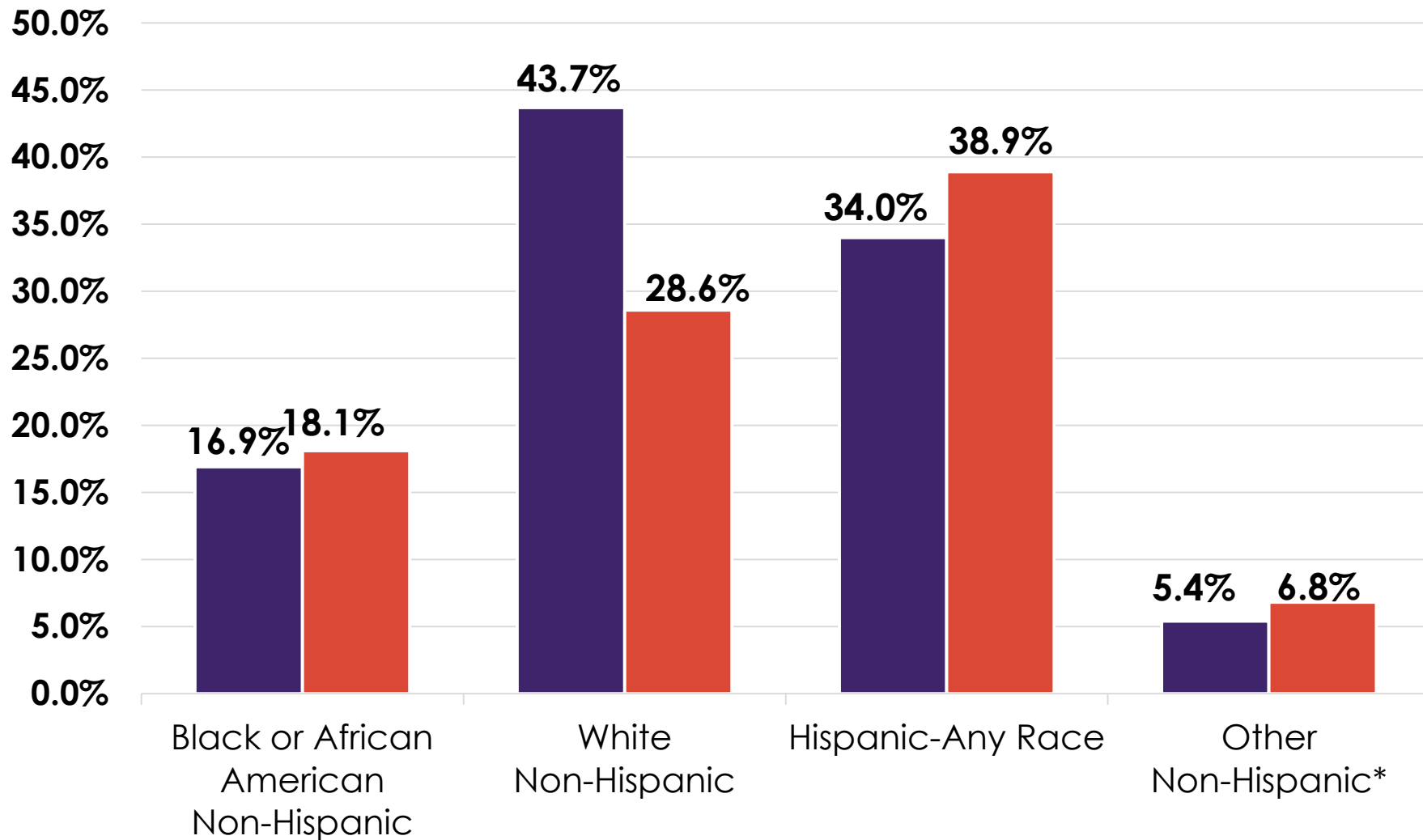Figure 1: Connecticut Children Population and Mobile Crisis Unique Children Served, FY2015
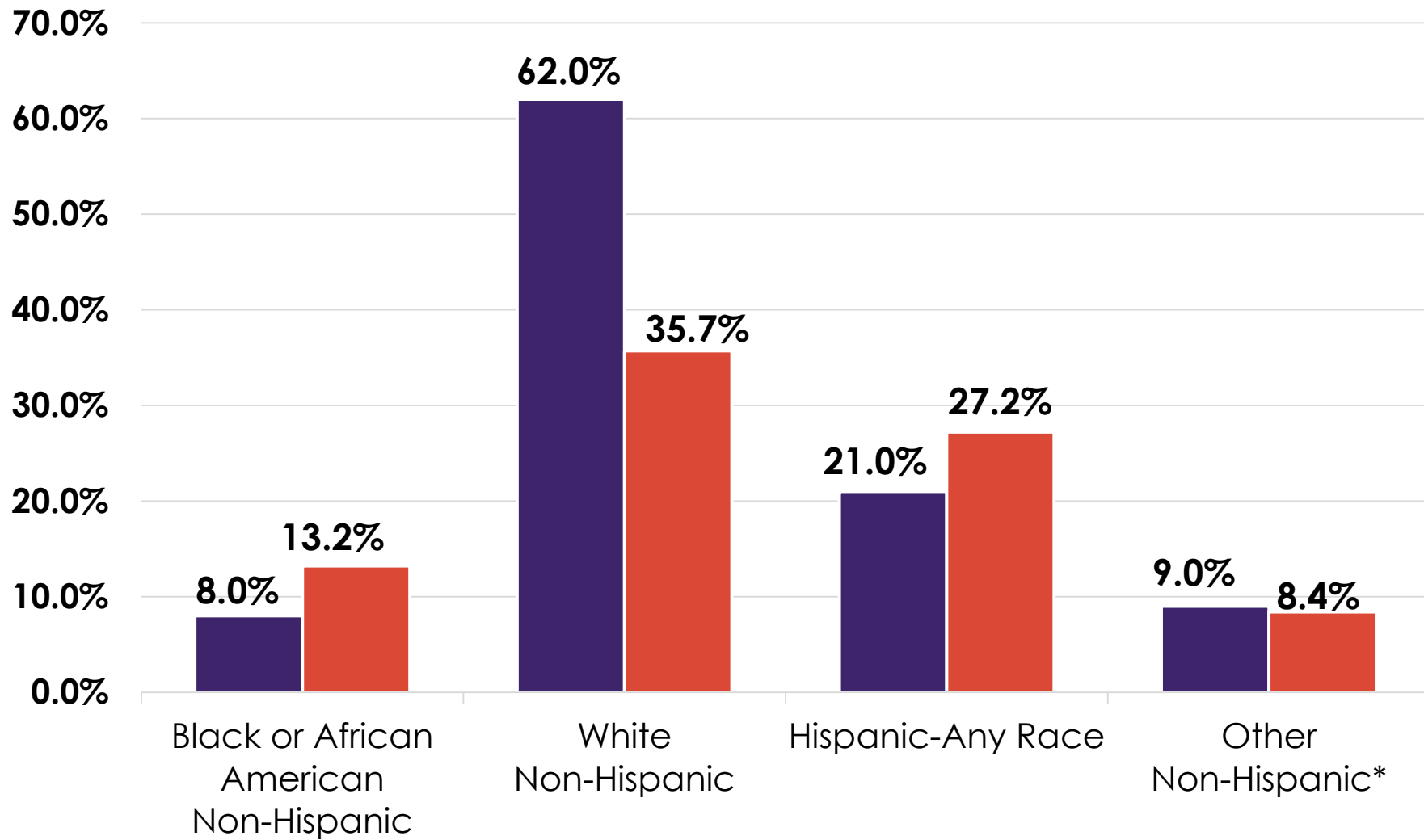
■ CT Children Population (CY2015)

■ Mobile Crisis Children Served (FY2015)

*Other-Non Hispanic category includes: Asian, Native American/Native Alaskan, Native Hawaiian/Pacific Islander and more than one race.

Figure 2: Youth and Mobile Crisis Medicaid Population, FY2014

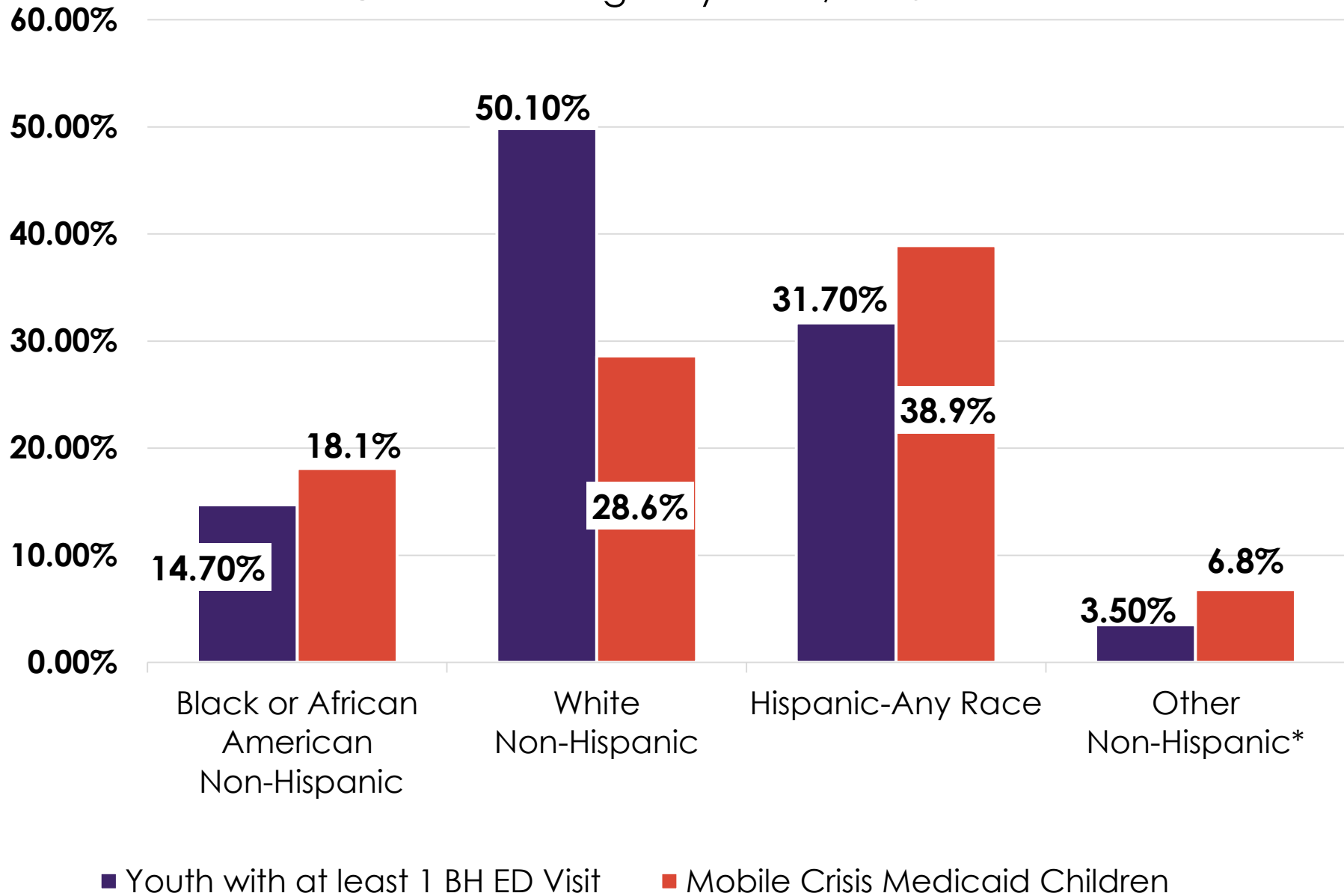Figure 3: Medicaid Youth Population Profile Based on Claims and Eligibility Data, FY2014

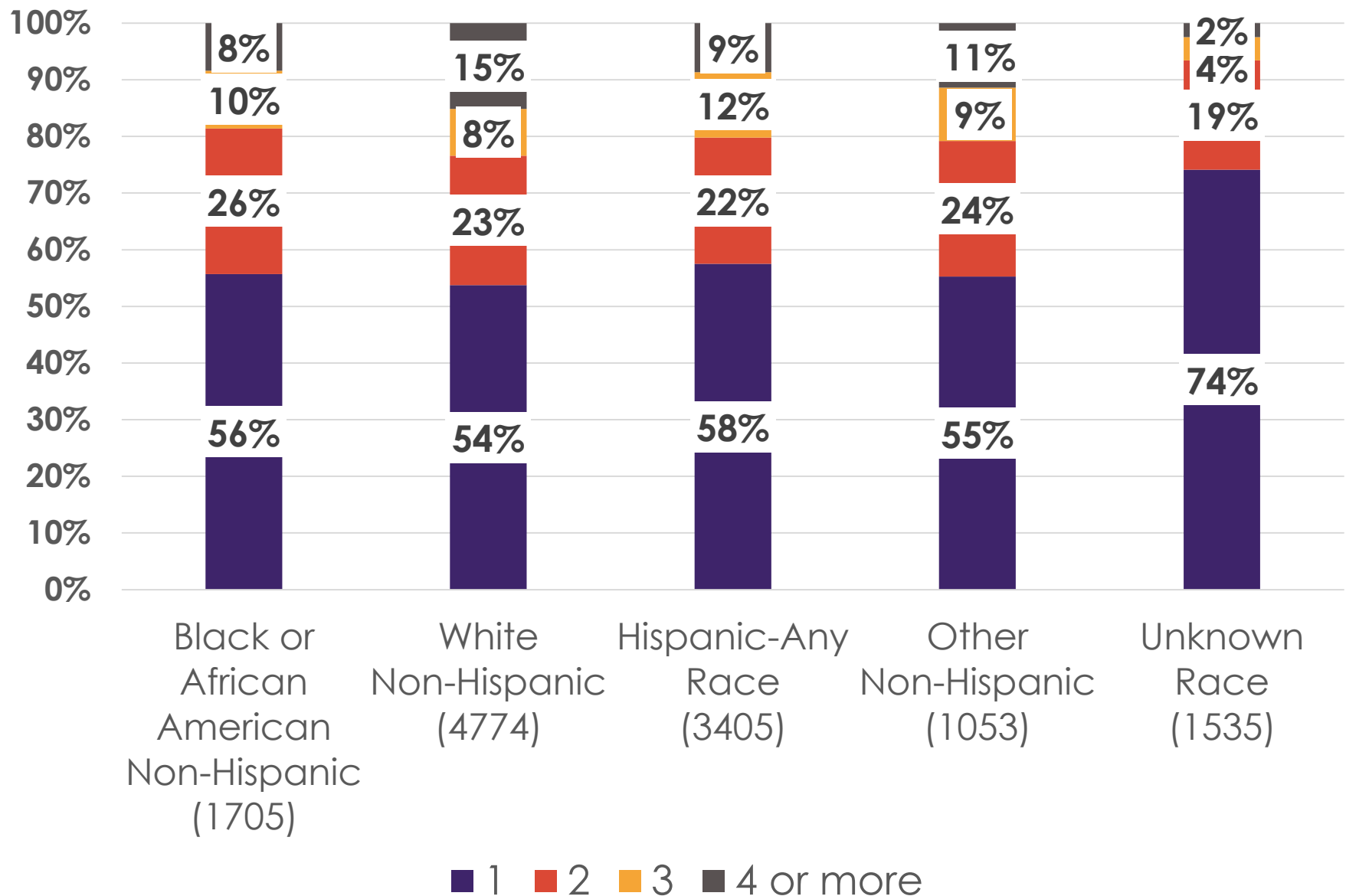Figure 5: Number of Episode per Children Served, Statewide, FY2015

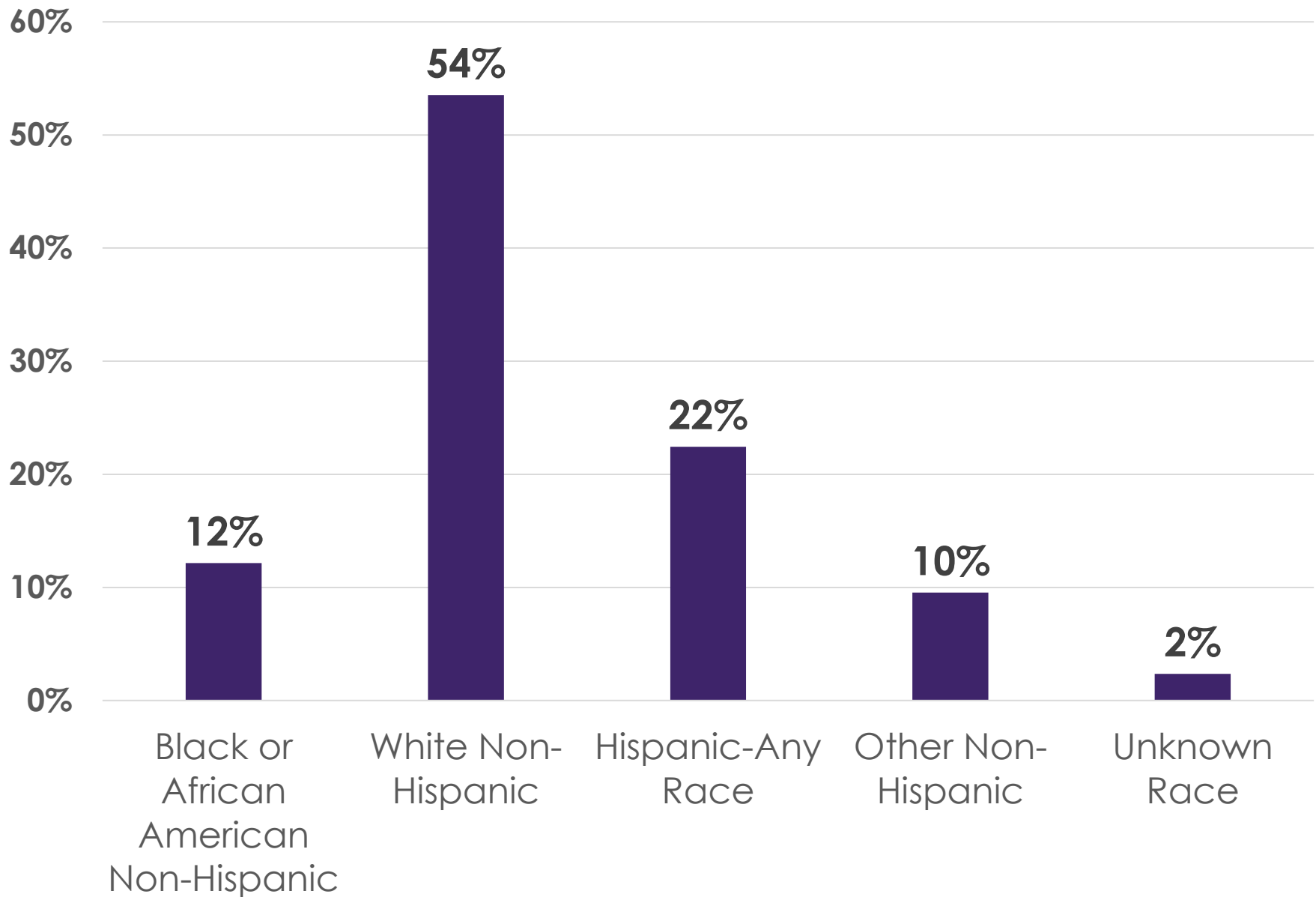Figure 6: Percentage of 4 or More Episodes, Statewide, FY2015

Figure 7: Age Groups of Unique Children Served Statewide, FY2015

N=7,196

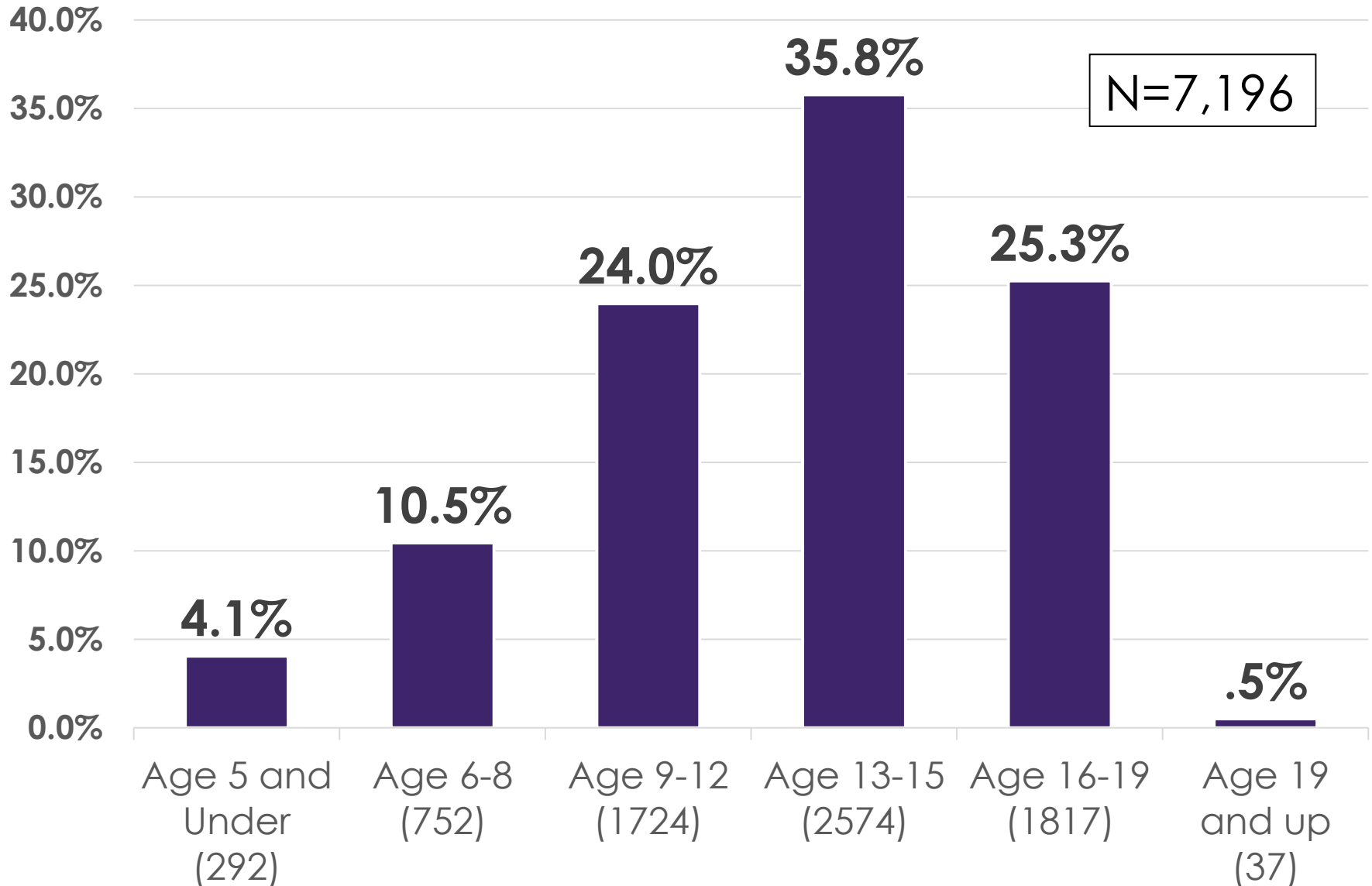| Age 5 and Under (292)	Age 6-8 (752)	Age 9-12 (1724)	Age 13-15 (2574)	Age 16-19 (1817)	Age 19 and up (37)
4.1%	10.5%	24.0%	35.8%	25.3%	.5%

of Connecticut, Inc.

Figure 8: Distribution of Age Groups by Gender of Unique Children Served Statewide, FY2015
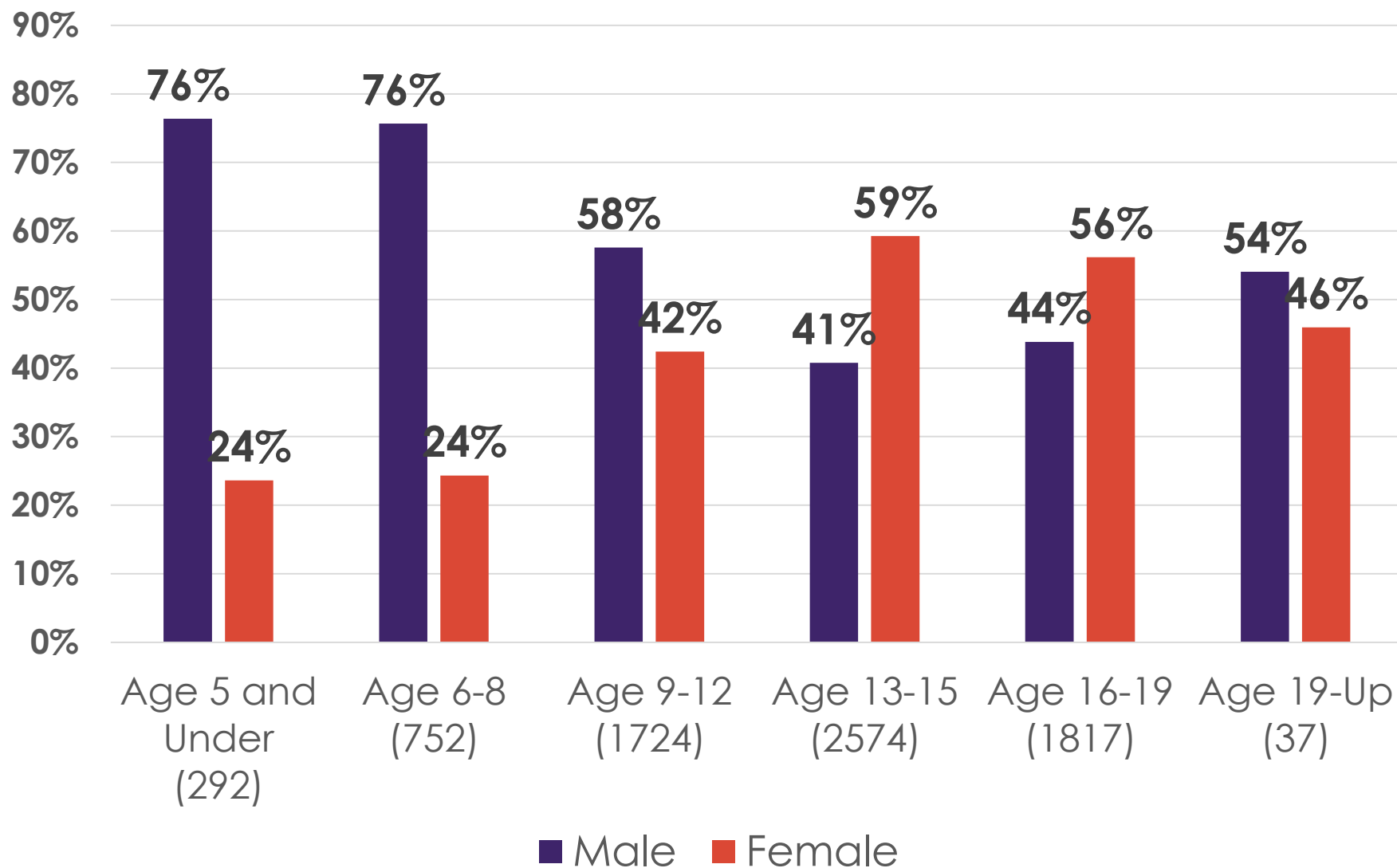
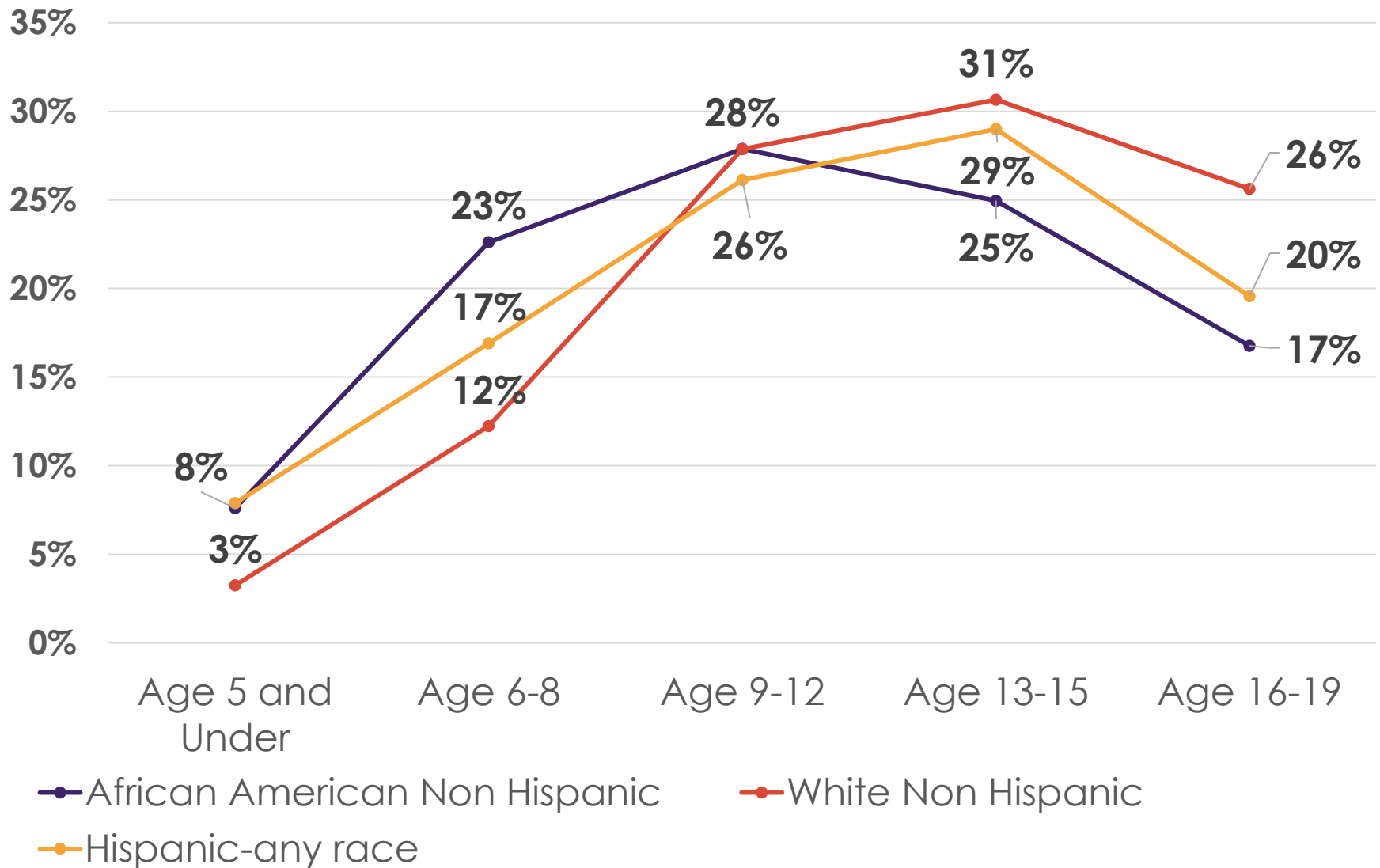Figure 9: Age of Unique Male Children Served, Statewide, FY2015

Figure 10: Age of Unique Female Children Served, Statewide, FY2015

Legend:
- African American Non Hispanic
- White Non Hispanic
- Hispanic-any race
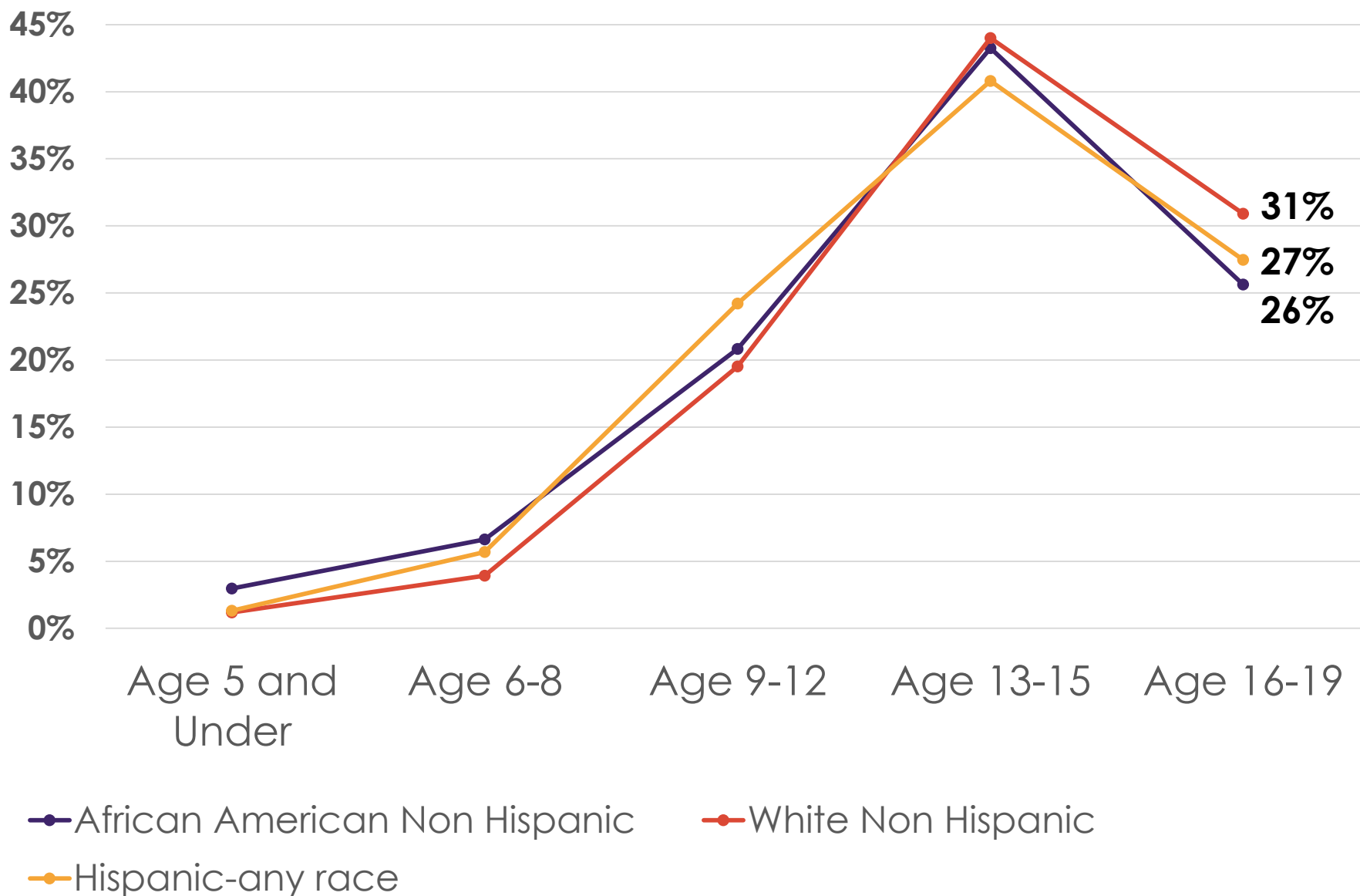
Labeled values at Age 16-19: 31%, 27%, 26%

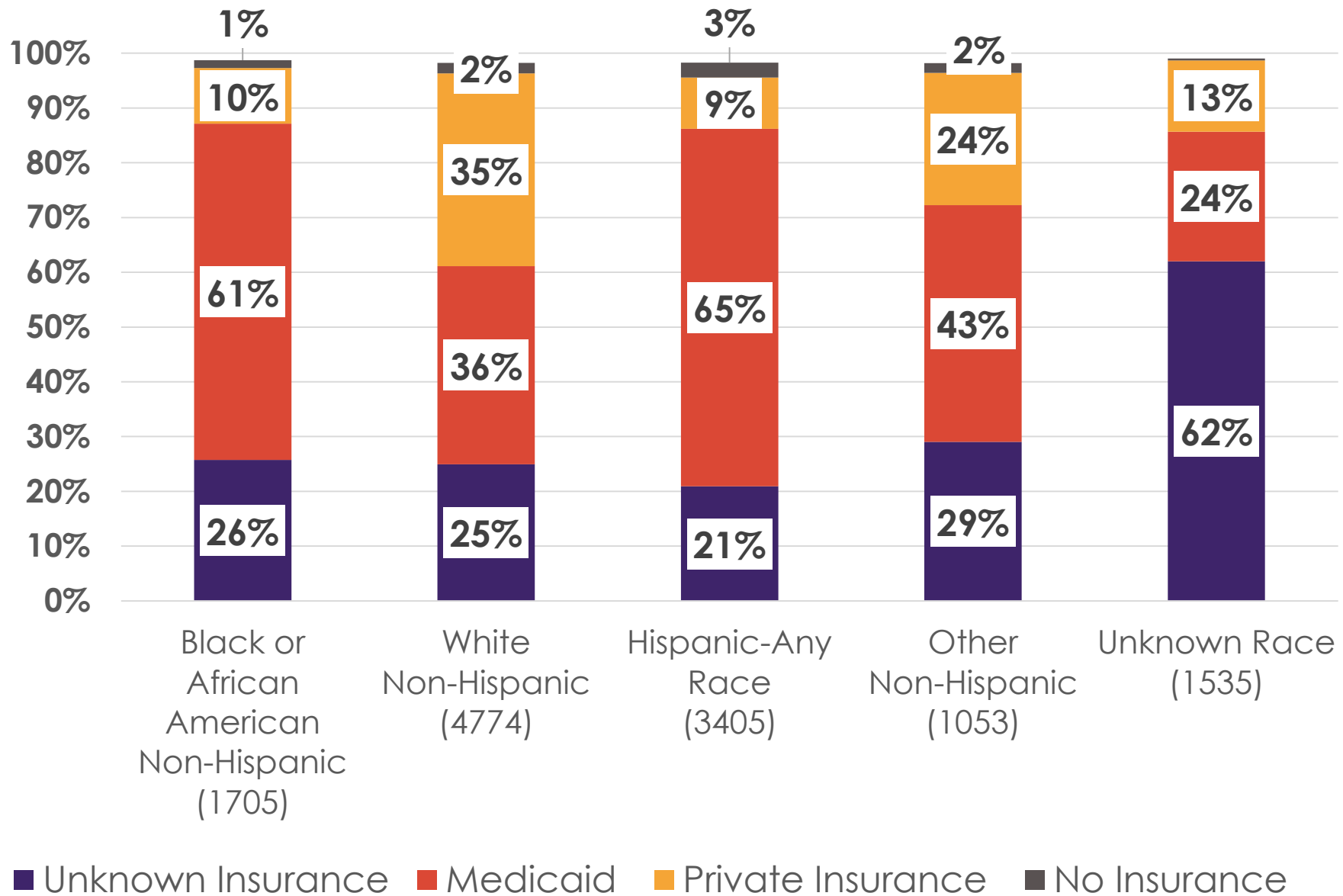Figure 11: Health Insurance Status at Intake, Statewide, FY2015

Figure 12: Top 3 Referral Source for Children Served, Statewide, FY2015
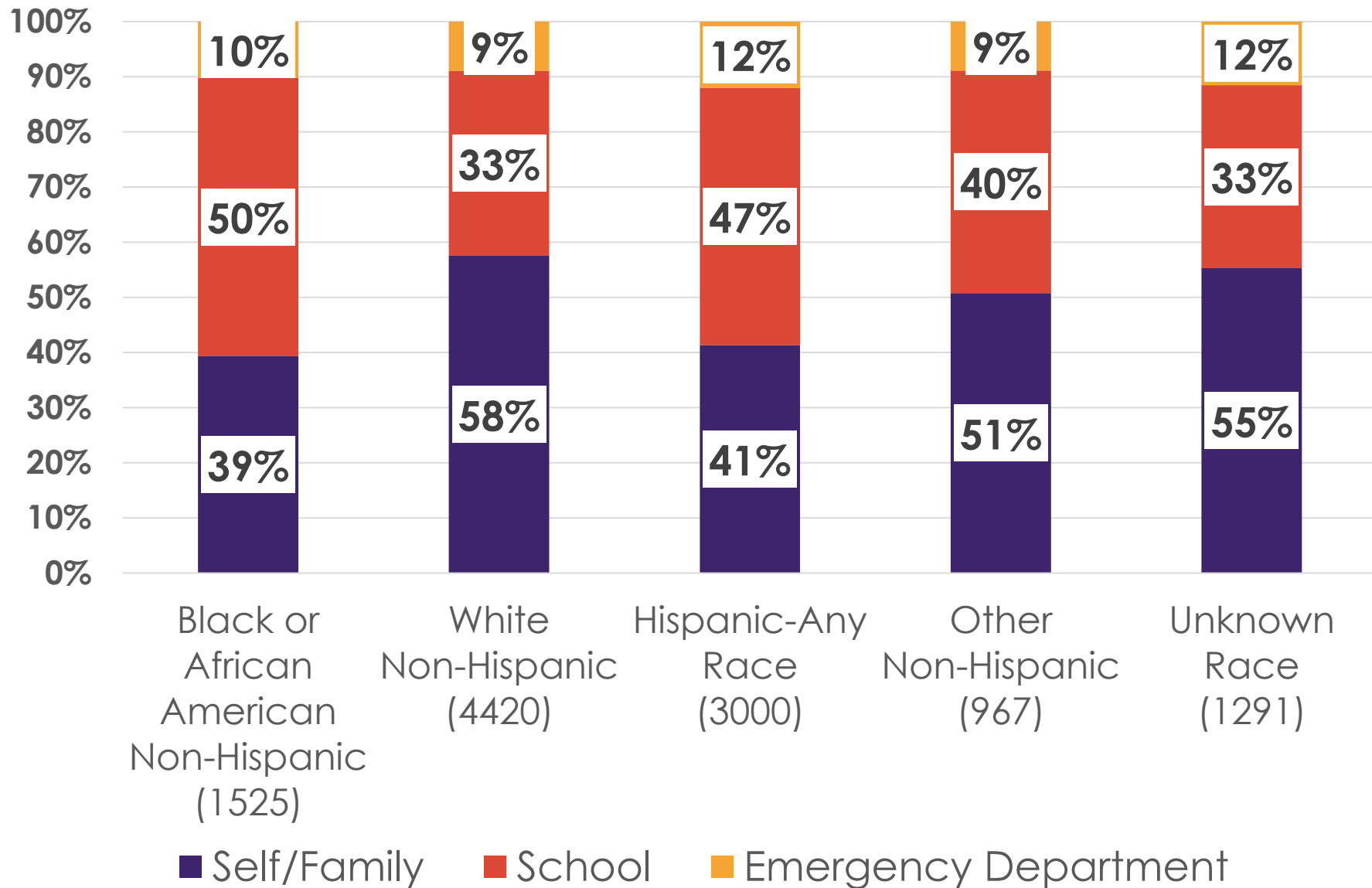
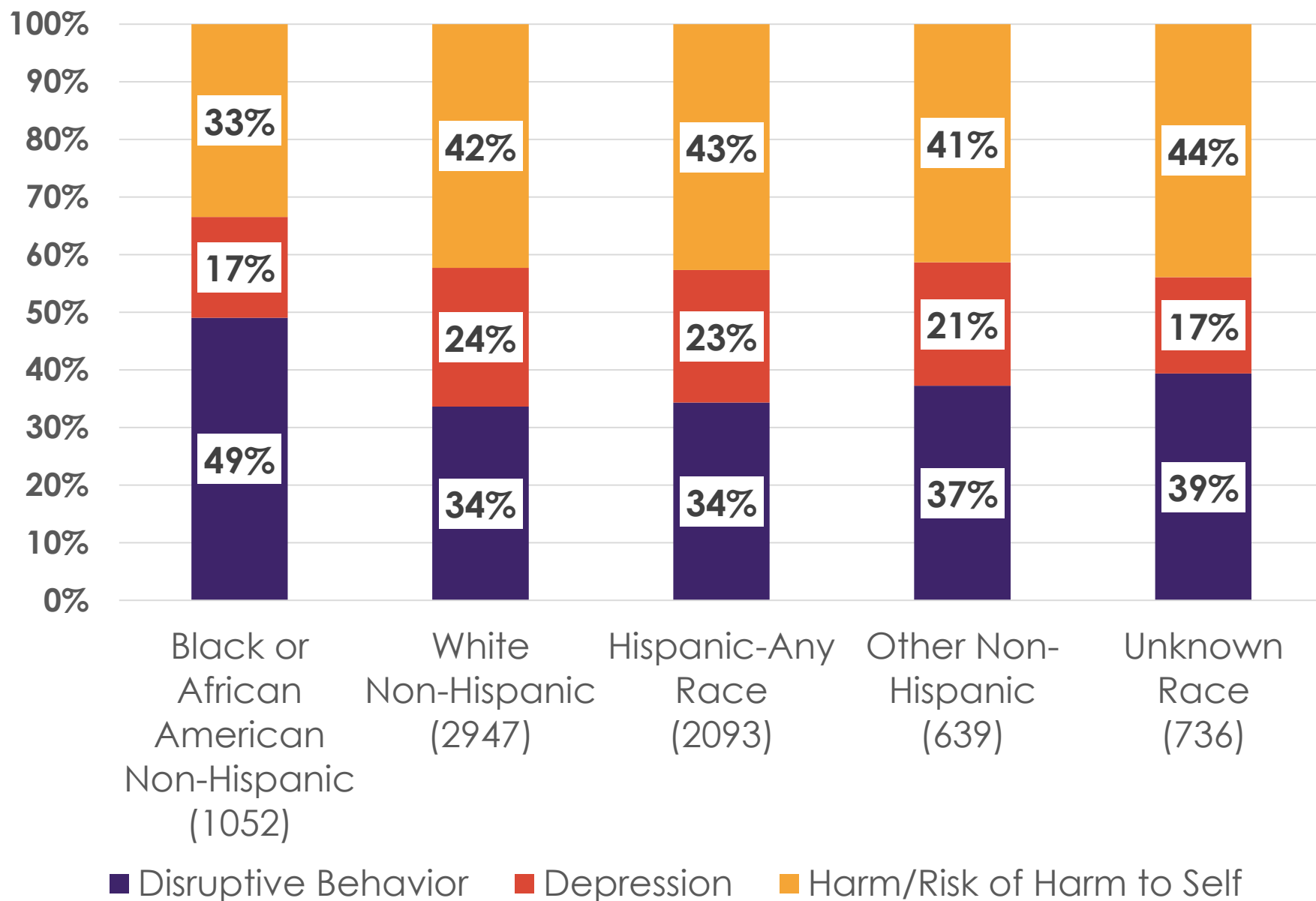Figure 13: Top 3 Primary Presenting Problems, Statewide, FY2015

Figure 14: Top 3 Primary Presenting Problems For Referral Source: Self/Family, Statewide, FY 2015

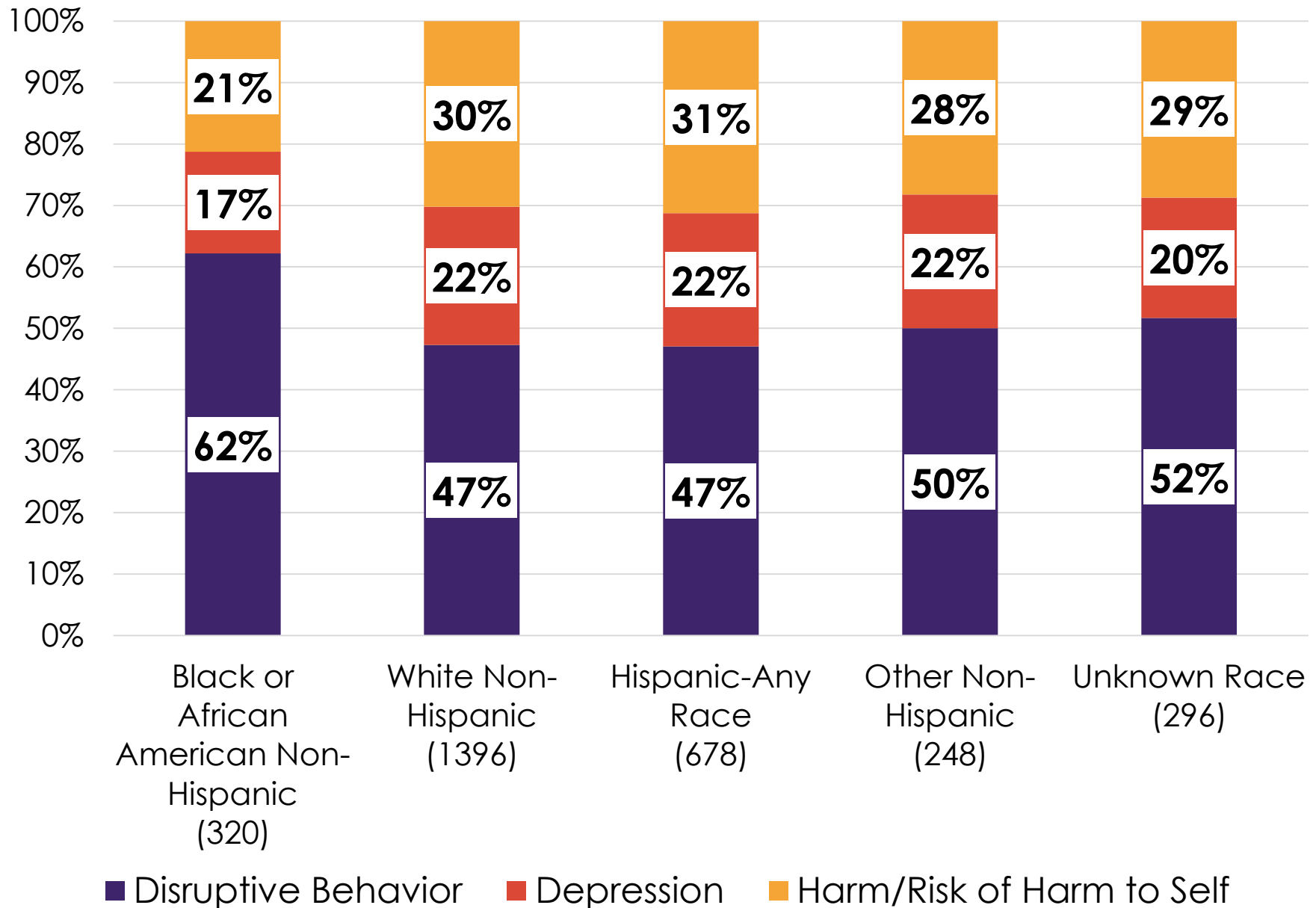|	Black or African American Non-Hispanic (320)	White Non-Hispanic (1396)	Hispanic-Any Race (678)	Other Non-Hispanic (248)	Unknown Race (296)
Harm/Risk of Harm to Self	21%	30%	31%	28%	29%
Depression	17%	22%	22%	22%	20%
Disruptive Behavior	62%	47%	47%	50%	52%

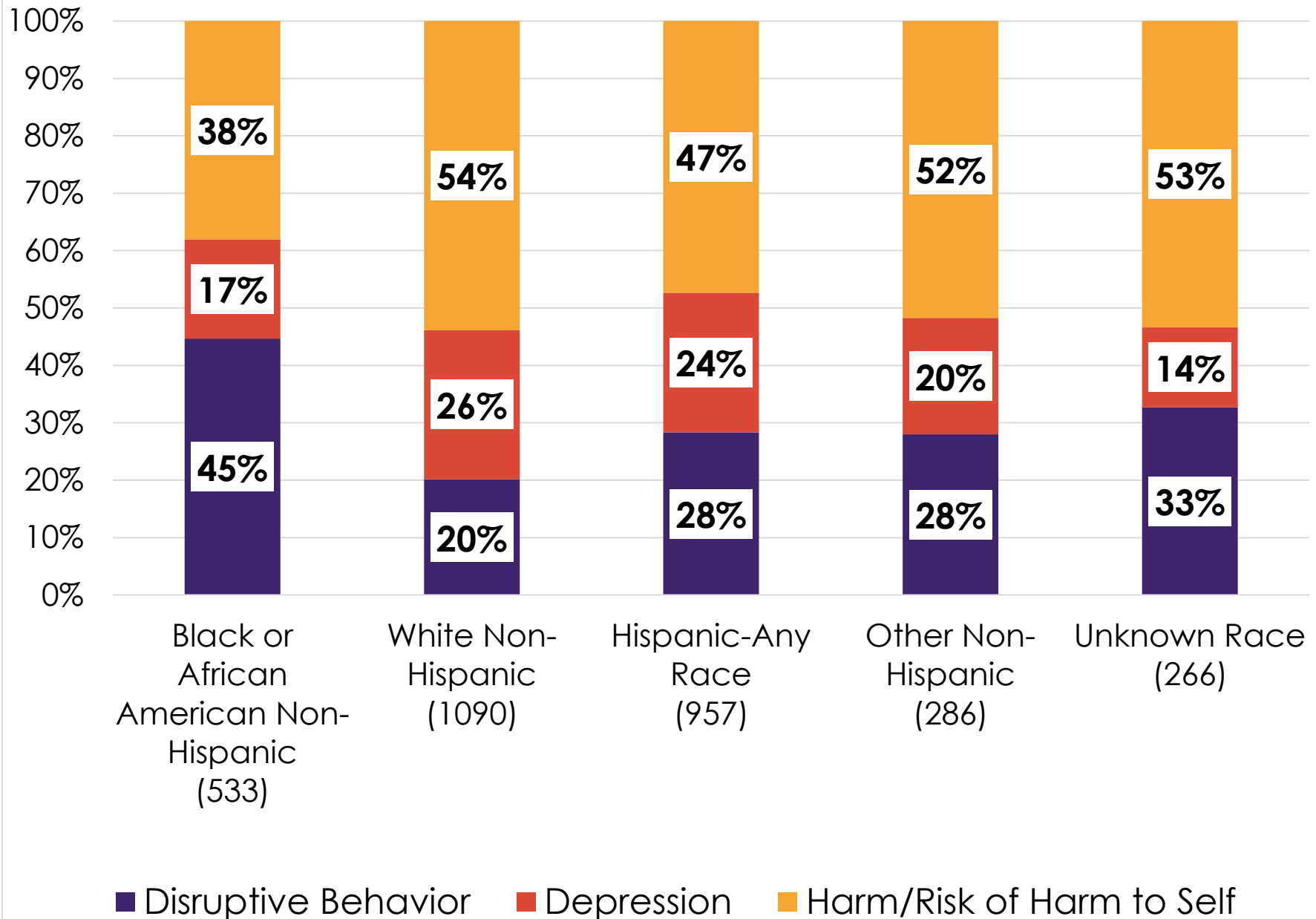Figure 15: Top 3 Primary Presenting Problems For Referral Source: School, Statewide, FY 2015

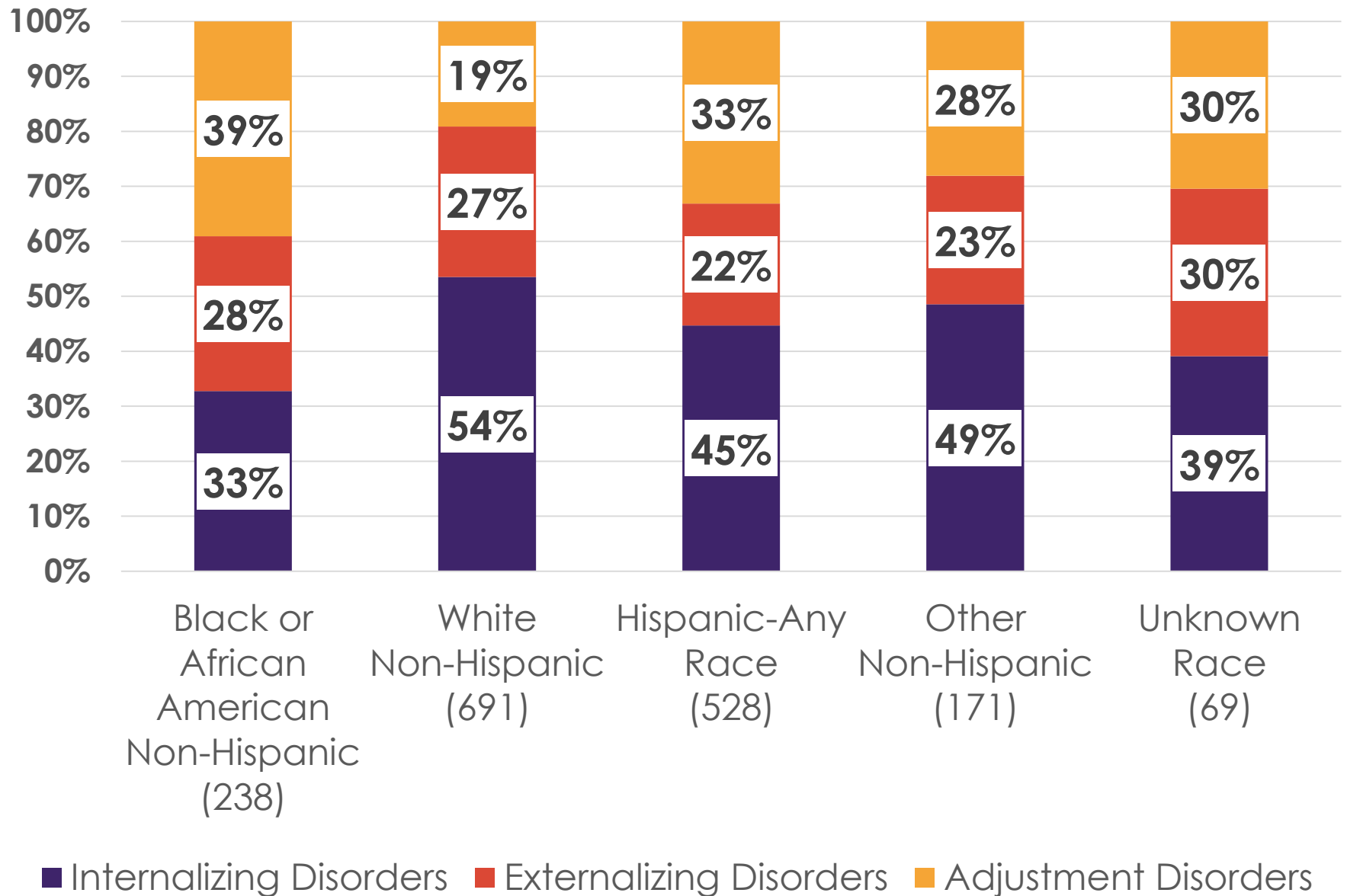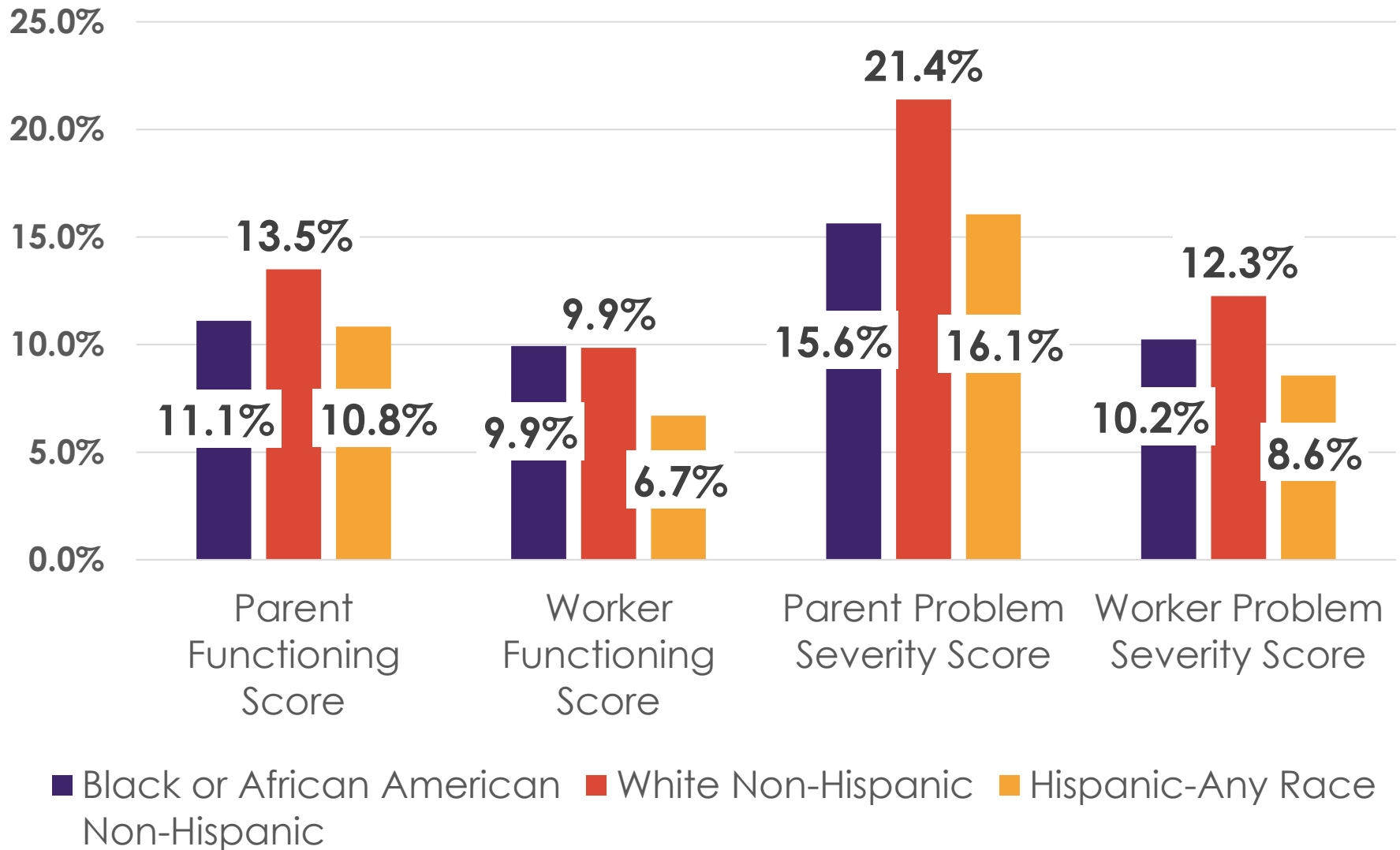Figure 14: Top 3 Primary Diagnosis for Children Served, Statewide, FY2015

Figure 15: Ohio Scales-Meaningful Clinical Change for Children Served Statewide, FY 2015

Limitations

➢ First evaluation of its kind for mobile crisis.
  ➢ Too soon to make any conclusions about race and ethnic disparity in mobile crisis intervention services; further evaluation is required.
  ➢ Birds-eye view.

➢ Evaluation was limited to only one year of data (FY2015).
  ➢ Next step would be to evaluate a longer timeframe.
  ➢ We have data available dating as far back as 2009.

➢ Socioeconomic status and clinical diagnosis need to be further assessed.

In Summary

➤ Mobile crisis data was a great starting point in discussing racial and ethnic disparity:

  ➤ Highlights the importance of giving culturally competent services.

  ➤ Applying a public health framework advances comprehensive evaluation of mental health care.

➤ Addressing disparities at population level allows for:

  ➤ Implementing programs that will empower residents to seek better health.

  ➤ Help change healthcare practices.

  ➤ Mobilize communities to apply evidence based public health programs.

Implications and Next Steps

➢ Present findings to fellow coworkers, DCF, EMPS providers, and other stakeholders.

➢ Collaborate with DCF and stakeholders on further assessment of mobile crisis data.

➢ Combine mobile crisis data with data that will reveal more about the child's SES, family structure, and neighborhood level factors.

➢ Advance assessment of primary diagnosis and other health outcomes

Thank You!

Questions?