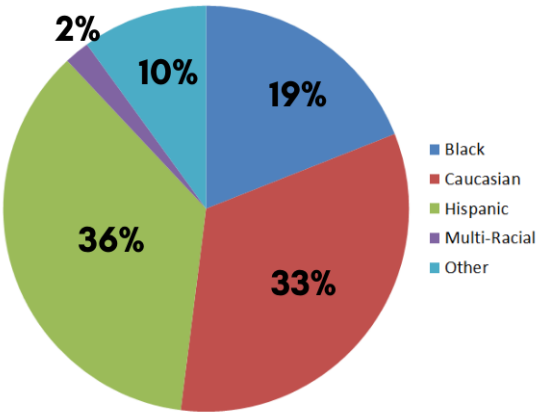
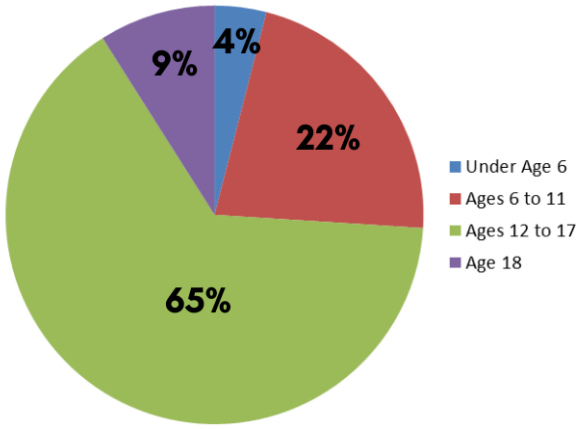
MOBILE CRISIS INTERVENTION

According to the CDC, 22% of adolescents living below the poverty line struggle with a “mental, behavioral, or developmental disorder.” This same population is often at higher risk of experiencing adverse childhood events that result in trauma and lasting mental illness. In FY2020, over 80% of clients were from low-income families. The youth served suffer from issues including depression, anxiety, developmental delays, suicidal thoughts/attempts, self-harm, and physical/sexual abuses and neglect.

The **Mobile Crisis Intervention** program is a vital part in treating the whole child and serves youth 3 through 18. In FY20, 377 unduplicated clients were served and 40% of them received services in more than one CGC program, up from 31% in FY19.

Mobile Crisis FY20 demographic breakdown:





80%

of clients were from low-income households using HUD guidelines

Mobile Crisis Intervention callers are at higher risk and struggling with more serious issues during COVID-19. A psychotic and suicidal teen, experiencing dangerous hallucinations, was afraid to go to the hospital for fear of exposure to COVID-19 so he/she called 2-1-1. The Mobile Crisis team provided an extensive video telehealth intervention, stabilized the situation, and provided ongoing case management, but the risk and time involved was significantly higher than the average pre-COVID-19 calls.

Funding provided to the **Mobile Crisis Intervention** program helps provide a team of mental health clinicians who are experts in pediatric risk assessment and intervention. Clinicians respond to 2-1-1 calls within 45-minutes to provide crisis assessment, safety planning, and stabilization in person or via video and telephone telehealth. Once a client is fully stabilized, the clinician helps the family build a support system and a CDC case manager helps them access community services.

During the COVID-19 crisis, the **Mobile Crisis** team quickly shifted from providing in-person responses to crisis calls to providing immediate interventions via HIPAA compliant telehealth. By connecting immediately and virtually with the child, clinicians are usually able to assess and stabilize crisis situations. As of October, **Mobile Crisis** teams resumed offering in-person interventions at schools, while continuing to provide telehealth interventions for all other callers.

The average **Mobile Crisis** length of treatment ("episode") during all of FY20 increased by one day from FY19, however, in the fourth quarter of FY20 – at the onset of the pandemic – the average length of treatment increased by three days compared to the same quarter in FY19. The ability to meet the dual-demand of responding immediately to every 2-1-1 call and providing the longer and more in-depth care callers now require makes it critical that the **Mobile Crisis** team remains fully staffed.

Another current concern is the unpredictability of access to care that the pandemic creates. While the **Mobile Crisis** team has resumed to providing in-person intervention in schools, spikes in COVID-19 cases have resulted in some schools returning to distance learning for all. Such situations, once again, isolate these high risk youth, allowing potentially dangerous situations to go unseen.

At 12 years old, Casey* was referred to the Mobile Crisis Intervention Services program after her sister found video recordings on her laptop titled, "My 13 Reasons Why," which disclosed reasons she intended to kill herself.