

Emergency Services Program (ESP)/Mobile Crisis Intervention (MCI)

FY 2017 Public Statewide Data Summary

INTRODUCTION

As of June 30, 2009, MBHP and a network of 21 providers implemented the redesigned Emergency Services Program (ESP) system, under the direction of the Massachusetts Department of Mental Health (DMH) and the MassHealth Office of Behavioral Health (OBH). This redesign included the initiation of Mobile Crisis Intervention (MCI), one of the Children's Behavioral Health Initiative (CBHI) remedy services for MassHealth-enrolled youth up to the age of 21.

Mission

The mission of the ESP is to deliver high-quality, culturally competent, clinically and cost-effective, integrated, community-based behavioral health crisis assessment, intervention, and stabilization services that promote resiliency, rehabilitation, and recovery.

Service Description

The ESP provides crisis assessment, intervention, and stabilization services 24 hours per day, 7 days per week, and 365 days per year to individuals of all ages who are experiencing a behavioral health crisis. As the ESP service component for youth, MCI provides a short-term, mobile, on-site, face-to-face, therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. A primary goal of ESP/MCI is to make emergency behavioral health services accessible in the community, offering service alternatives to hospital emergency departments (EDs) for individuals seeking behavioral health services, whenever use of the ED may be avoided.

ESP/MCI is designed to serve those individuals having health insurance benefits provided through the public sector. Although it is not necessarily designed to serve those insured through employer-based, private-sector insurance plans, many ESP/MCIs contract with private insurers. See Data Description for a listing of the insurers included within this data report.

Quality Measures Defined

ESP/MCI performance is measured according to three key Quality Indicators: Response Time, Service Location, and Disposition.

- Response Time – The time from when the individual requests and is ready to receive ESP/MCI services until the time the ESP/MCI service begins
- Service Location – The physical location where ESP/MCI services were provided
- Disposition – The primary service that was arranged for the individual after receiving ESP/MCI services

MBHP also tracks many additional data elements and quality indicators and maintains several processes for assessing consumer satisfaction.

Purpose of This Report

This FY17 Statewide Data Summary provides key findings by population category, relative to these quality measures and related goals and objectives. This information is being shared publicly by DMH, MassHealth OBH, and MBHP in an effort to inform interested stakeholders about the progress made during the seventh year of the redesigned ESP service implementation. Additional updates will be made public periodically.

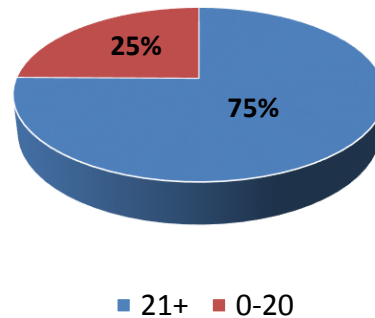
Data Description

This report includes statewide data from all 21 ESP/MCI providers. It describes ESP/MCI services provided to individuals of all ages who are uninsured or covered by one of the following: MassHealth, Medicare, Medicare/Medicaid, DMH-only, Care Plus, One Care, and Commercial with MassHealth as secondary coverage. This data does not include individuals with the following coverage: commercial insurance or Commonwealth Care; and for adults it also does not include commercial insurance with MassHealth as secondary coverage. The time period for this data is 7/1/16 - 6/30/17.

The Number of ESP/MCI Services (or “Encounters”) Conducted in FY17

Population	# ESP/MCI services
ESP: Adults ages 21+	85,005
MCI: Youth ages 0-20	27,783

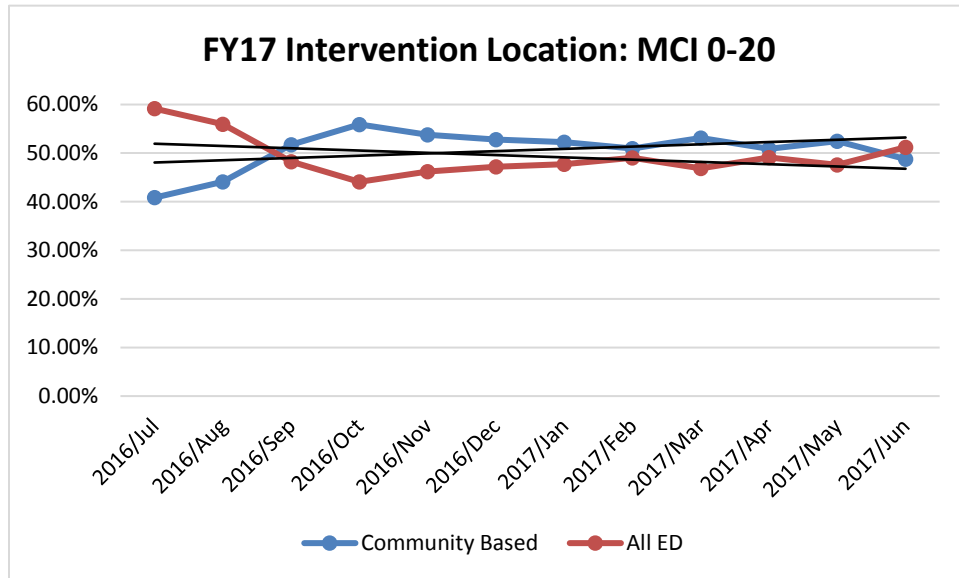
FY17 ESP/ MCI Encounter Volume



Key Findings:

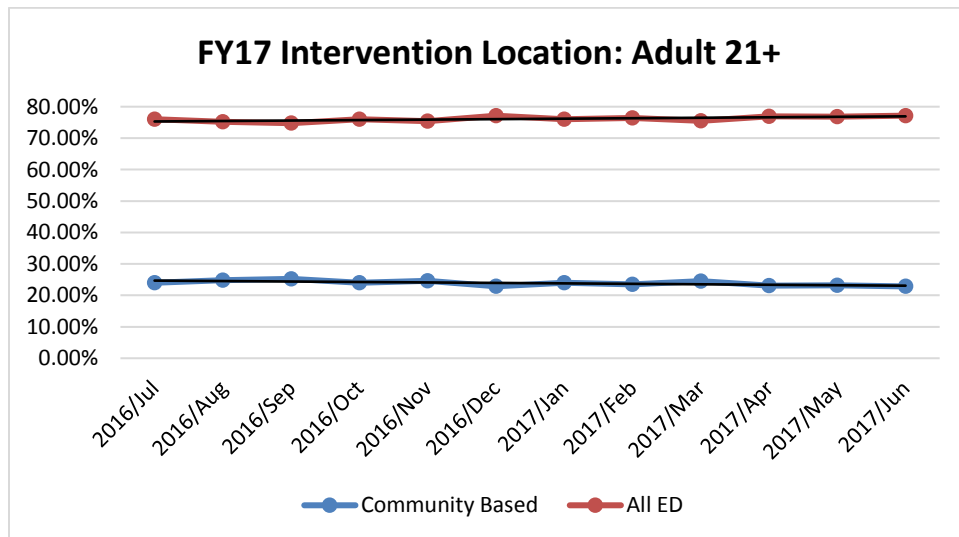
- A total of 112,788 ESP/MCI services or “encounters” were provided to individuals of all ages during FY17.
- More adults (75 percent) utilized emergency services than youth (25 percent).
- The number of emergency services encounters decreased for both adults and youth during FY17, but the percentage of adult to youth encounters has remained relatively consistent since implementation of the redesigned ESP/MCI system in June 2009.

The Location Where the ESP/MCI Encounters Took Place During FY17



Key Findings:

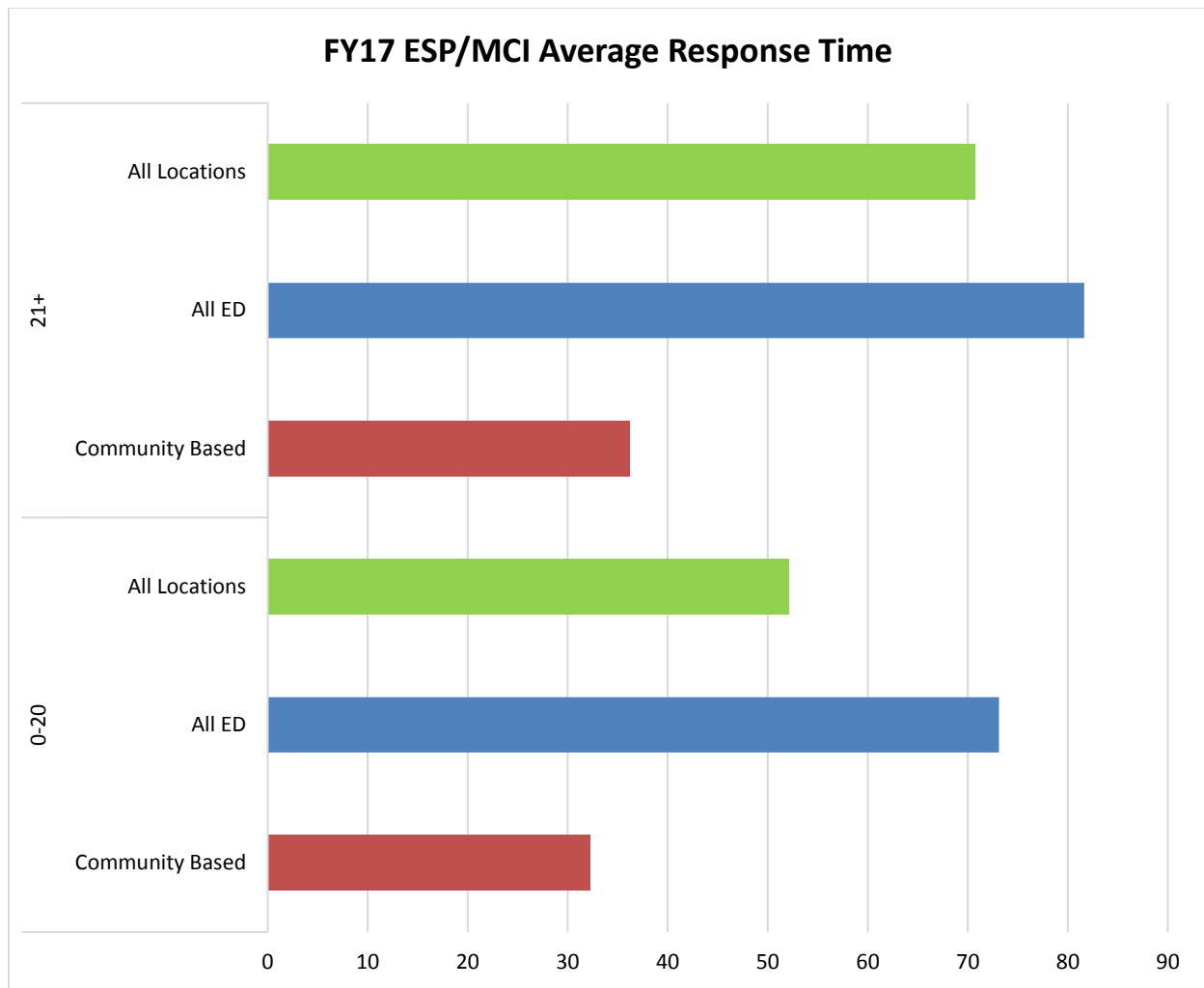
- During FY17, 51 percent of the MCI encounters provided to youth took place in the community – at their homes, schools, etc. – with the remaining 49 percent of MCI encounters for youth being provided in hospital emergency departments (EDs).
- Throughout the year, the percentage of MCI encounters provided to youth in the community increased while the percentage of those provided to youth in hospital EDs decreased.



Key Findings:

- During FY17, 24 percent of the ESP encounters provided to adults took place in the community, at their homes, schools, residential programs, outpatient providers, or the ESP's community-based location. The remaining 76 percent of the ESP encounters for adults were provided in hospital EDs.
- Throughout the year, the percentage of ESP encounters provided to adults in the community and hospital EDs remained consistent.

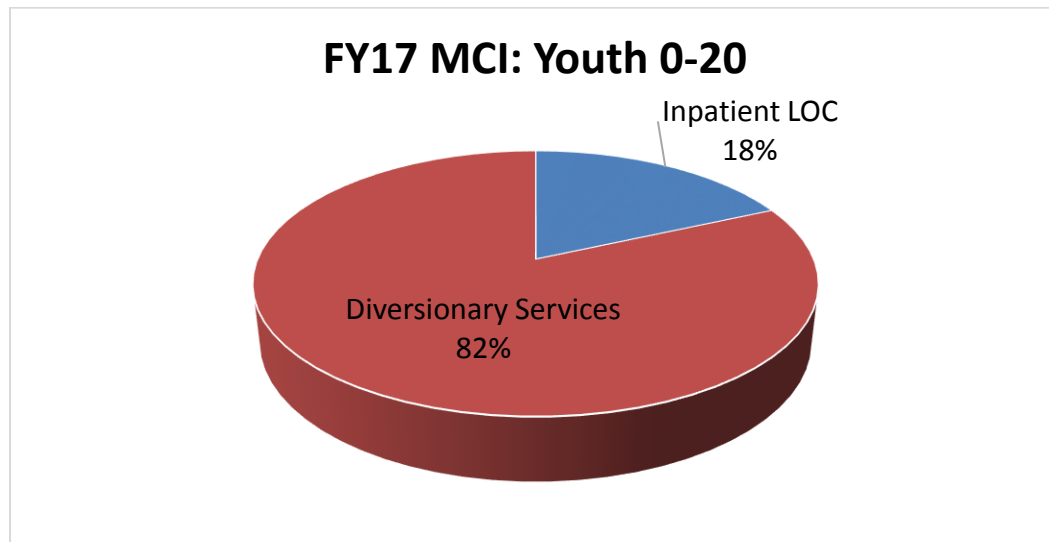
The Average Time for the ESP/MCI Provider to Begin the Service During FY17



Key Findings:

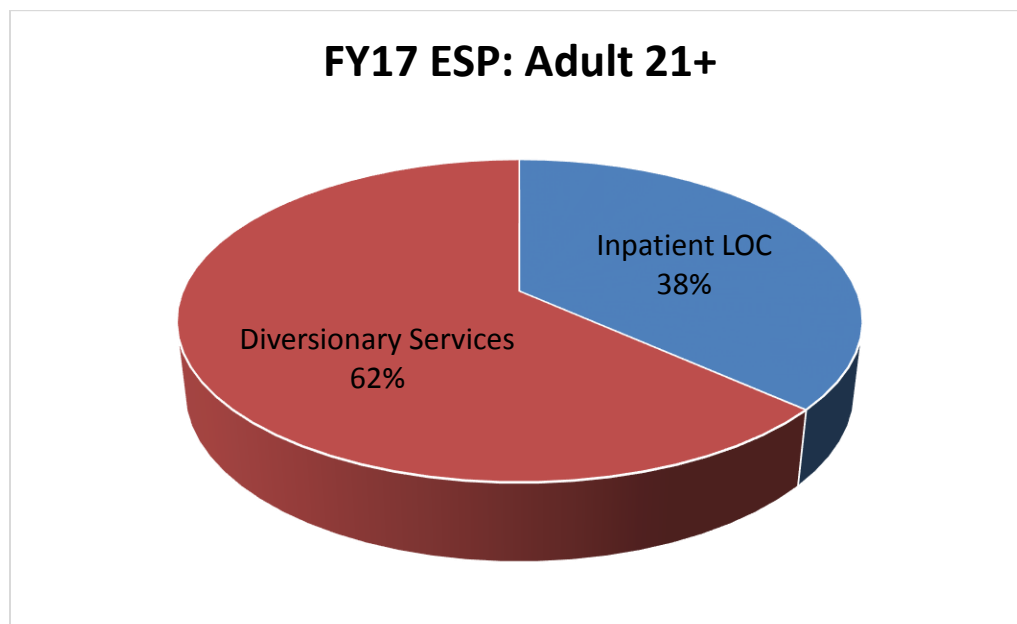
- ESP/MCI providers' response to youth in the community averaged 32 minutes, and providers' response to youth in hospital EDs averaged 73 minutes, resulting in an overall average response time of 52 minutes.
- ESP/MCI providers' response to adults in the community averaged 36 minutes, and providers' response to adults in hospital EDs averaged 82 minutes, resulting in an overall average response time of 71 minutes.

Disposition: The Services Arranged for Individuals After the ESP/MCI Encounter During FY17



Key Finding:

- As a result of the MCI services they received, 82 percent of youth were referred to community-based diversionary services (outpatient services, non- 24 hour diversionary services such as partial hospital programs, and 24 hour diversionary services such as CBAT- Community Based Acute Treatment), which are alternatives to inpatient services (hospitalization), while 18 percent were admitted to inpatient mental health services.



Key Finding:

- As a result of the ESP services they received, 62 percent of adults were referred to community-based outpatient and diversionary services, which are alternatives to inpatient services (hospitalization), while 38 percent were admitted to inpatient mental health services.