

***Someone to Talk To
Someone to Respond
Somewhere to Go***

June 2022





What is it, and why does CT need it?



Background Drivers and Timeline

- ▶ Mental health and suicide prevention advocates seeking a national, **easy to remember 3-digit number** (*like 911*) for individuals in crisis take their idea to their state leaders and Members of Congress (including CT) vs. having to remember and use the 11-digit 1(800)273-TALK (8255) number for the *National Suicide Prevention Lifeline*.
- ▶ The National Suicide Hotline Improvement Act, (8/2018) directed the U.S. Federal Communications Commission (FCC) in conjunction with other agencies to study these issues.
- ▶ August 2019 FCC Commission report to Congress recommending “988” as the 3-digits.
- ▶ December 2019 FCC initiates rulemaking to designate “988” as the 3-digits.
- ▶ July 2020 FCC Finalizes Rule and Order designating “988” with a July 2022 deadline for telecom providers to make operational.
- ▶ October 17, 2020 the National Suicide Hotline Designation Act of 2020 (Public Law 116-172) was signed by the President requiring states and territories to prepare for 988 release July 16, 2022
- ▶ April 2021-February 2022 CT received a 988 Planning Grant from Vibrant to develop the [CT 988 Implementation Plan](#). (Vibrant is funded by Substance Abuse and Mental Health Services Administration (SAMHSA) to provide the *National Suicide Prevention Lifeline* that is becoming the *988 Suicide and Crisis Lifeline*).
- ▶ April 2022-April 2024 CT received 988 Implementation Grant from SAMHSA.
- ▶ May 2022 CT General Assembly passed, Governor signed [PA 22-47](#) that includes 988, DESPP and PSAPs.

What are the key components of the 988 Implement- ation Plan?

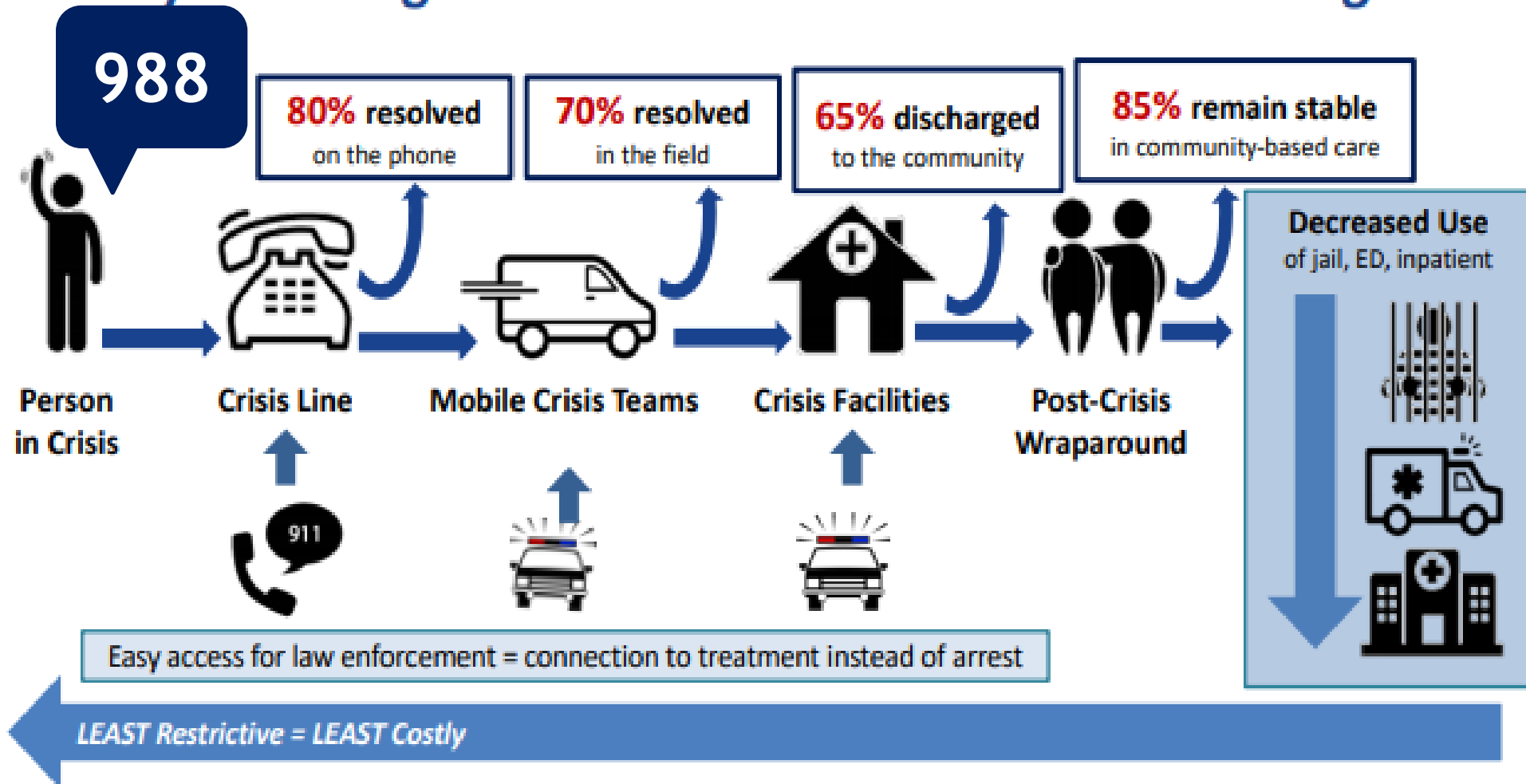
*Someone to Talk To
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8 Core 9-8-8 Planning and Implementation Considerations

- 24/7 coverage (calls, chats and text)
- Financial stability of services
- Capacity building to ensure high volume coverage
- Operational, clinical and performance standards
- Multi-stakeholder coalition
- *Linkage to resource/referral and local crisis services (911 & Mobile Crisis Services)*
- Follow-up services provided for 988 users
- Consistency in public messaging

Overview of 988 & Linkage to Crisis Service System*

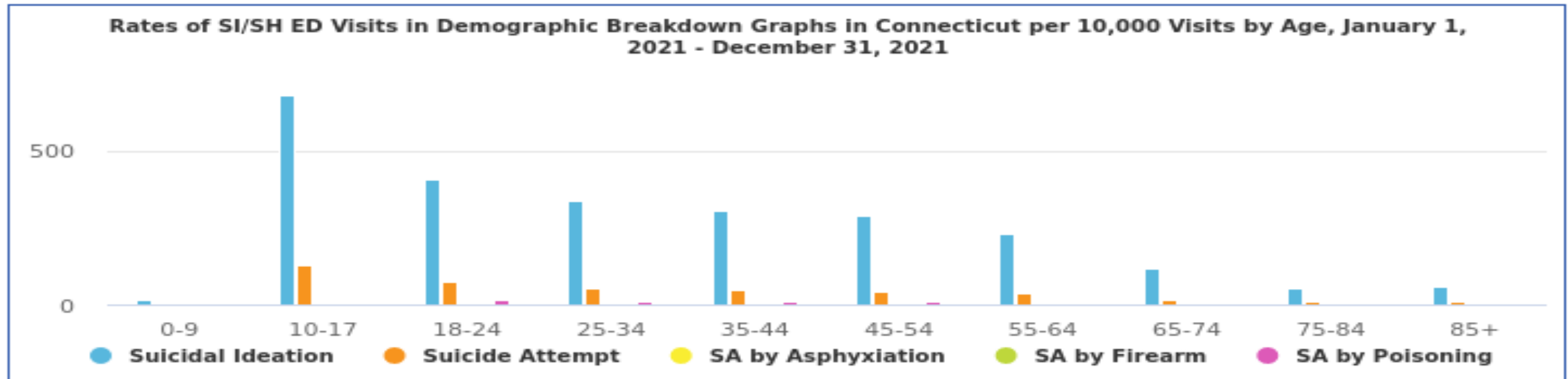
Crisis System: Alignment of services toward a common goal



*This image refers to adults, not children. It is expected that in CT 90% of children receive in-person assessments.

Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

CT Suicide Ideation and Attempts January 1, 2021- December 31, 2021



AGE	SUICIDAL IDEATION	SUICIDE ATTEMPT	SA BY ASPHYXIATION	SA BY FIREARM	SA BY POISONING
0-9	17.6 (225)	2.0 (26)	a	a	a
10-17	680.6 (5700)	128.0 (1072)	aa	a	aa
18-24	409.4 (5327)	73.2 (952)	6.2 (81)	1.4 (18)	18.8 (244)
25-34	336.9 (7270)	53.4 (1153)	6.3 (135)	1.1 (23)	10.4 (224)
35-44	305.1 (5958)	47.1 (920)	5.6 (110)	1.2 (23)	8.9 (174)
45-54	287.7 (5216)	43.9 (796)	5.2 (95)	1.3 (24)	8.2 (148)
55-64	231.2 (4717)	35.3 (721)	2.5 (52)	2.2 (45)	5.4 (110)
65-74	116.2 (1798)	16.3 (253)	.7 (11)	.5 (8)	3.4 (53)
75-84	55.6 (669)	8.7 (105)	.5 (6)	.5 (6)	1.4 (17)
85+	61.5 (535)	11.3 (98)	1.4 (12)	.9 (8)	1.8 (16)

In keeping with confidentiality regulations, numbers and rates are not disclosed for between one and five events ("a") and marked as "aa" when 6 or greater but suppressed to preserve censoring of an adjacent cell. Rates based on counts less than or equal to 20 are not calculated due to the instability of rates ("b"). These data are preliminary, and data quality and completeness may vary over time.

CT Suicide Deaths

January 1, 2021-December 31, 2021

Age-Groups	Number of Suicides 2015-2019	Yearly 5 -year average (2015-2019)	Age-Specific Rate 2015-2019 per 100,000 pop	Number of Suicides 2021	Age-Specific Rate 2021 per 100,000 pop
0-17 yrs	49	10	2.7	12	1.6
18-24 yrs	162	32	9.3	38	11.1
25-44 yrs	526	105	12.1	100	11.4
45-64 yrs	908	182	17.8	135	13.6
65+	377	75	12.7	106	16.8
State Total	2,022		11.3	391	11

Source: CT DPH, VDRS as of 4/21/22

CT Crisis Service System & Expansion

➤ Crisis Contact Center Services

- Statewide Crisis Call Center at United Way of CT/211 (988 after July 16, 2022)
- Expanding services:
 - 988 Text and Chat services
 - Collaboration with DESPP and 911 PSAP for behavioral health diversion to crisis services ([PA 22-47](#))

➤ Youth Services

- Mobile Crisis Intervention Services currently available days and evening. Expanding to 24 hours a day, 7 days a week, 365 days a year
- Expanding services:
 - Real-time Crisis Bed Access
 - Increased Short-term Stay Crisis Stabilization Beds
 - Care Transition support from EDs
 - Community-Based 23-hour Crisis Care Sites
 - Increased Peer Support Resources and Service Integration

➤ Adult Services

- Mobile Crisis Intervention Services currently available days and evening. Expanding to 24 hours a day, 7 days a week, 365 days a year
- Planning for future expansion:
 - Increased Short-term Stay Crisis Stabilization Beds
 - Community-Based 23-hour Crisis Care Sites
 - Increased Peer Support Resources and Service Integration

➤ Promotion - Statewide Campaign July 2023

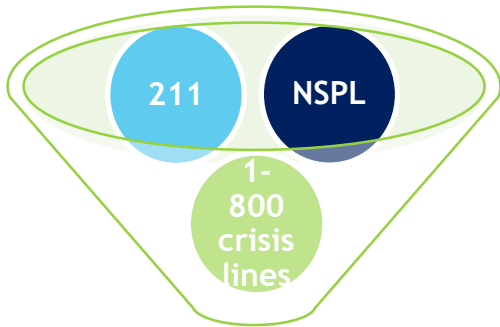
Crisis Contact Center Services at United Way of CT/211 (Someone to Talk to)

- ▶ Provides free, confidential information, referral and crisis line that connects people to essential health and human services 24/7, 365 online and over the phone.
 - ▶ Can provide outreach calls based on 3rd party referrals.

- ▶ Serves as statewide call center hub for youth *Mobile Crisis Intervention Services* (June 2009), and adult mobile crisis program (*ACTION Line*) (December 2020).

- ▶ Is the National Suicide Prevention Lifeline (NSPL) (*soon to be 988 Suicide & Crisis Lifeline*) provider for CT; accredited by the Alliance of Information and Referral Systems and the American Association of Suicidology (AAS). Awarded AAS Center of Excellence 2022.

- ▶ Utilizes AAS and Substance Abuse and Mental Health Services (SAMSHA)-approved crisis intervention protocols for non-clinical risk assessment and intervention, referral, safety planning and follow-up.



All crisis calls 2021 =
125,683

- ACTION Line = 34,278
- Youth MCIS = 13,762
- NSPL = 11,622
- Other lines = 66,061

ADULT CRISIS TELEPHONE
INTERVENTION AND
OPTIONS NETWORK

**WE ARE HERE
FOR YOU**

1-800-467-3135

YOU HAVE OPTIONS
ACTION LINE
1-800-HOPE-135 or 211

When it's just
too much to handle,
call us, we can help!

DIAL 2-1-1

To contact
Mobile Crisis
Intervention Services
mobilecrisisempst.org

Youth Mobile Crisis Intervention Services

(Someone to Respond to youth)

- ▶ To access, call 211, press 1 for crisis and 1 for youth (also 988 after 7/16/22)
- ▶ Mobile Crisis Intervention Services (Mobile Crisis), formerly EMPS.
- ▶ Available to all CT children and youth ages 17 or younger in a mental health or behavioral crisis (can serve 18 and older if still enrolled in high school).
- ▶ Statewide, community based and family supportive clinical intervention service for children & adolescents experiencing a behavioral or mental health crisis.
- ▶ Mobile Crisis provides rapid emergency crisis stabilization for children and their families as well as short-term follow-up care and connection to other services.
- ▶ Mobile Crisis is available for children in crisis, even if they are already receiving community based mental/behavioral health services such as individual or family therapy, day treatment, etc.
- ▶ May respond to home, school, work, ED, community settings. (Note: Residential Treatment Centers, Sub-Acute Units or Inpatient Units *are not* served by Mobile Crisis given their in-house clinical services).
- ▶ Anyone can call for Mobile Crisis services on behalf of a child or youth with a mental or behavioral health crisis.
- ▶ Information & Materials: <https://www.mobilecrisisempsc.org>



Adult Mobile Crisis Services

(Someone to Respond to adults)

- ▶ To access, call 211, press 1 for crisis and 2 for adults (also 988 after 7/16/22)
- ▶ Adults ages 18+ (18 if not in high school, otherwise refer to youth mobile)
- ▶ 18 Mobile Crisis Teams throughout the State
- ▶ Multidisciplinary team with person-centered response
- ▶ Telephone support and/or mobile community response to preferred location (home, work, school, community settings)
- ▶ Access to a continuum of crisis response services including, mobile clinical services, family, peer and community supports
- ▶ Outreach and Education, Risk assessment, Prevention and Postvention, Information and Referrals, and Follow-up Services
- ▶ Service requests must come from the person in crisis or someone with that person.



When to Call 211 (and 988 July 2022)

▶ Call 211 for Mobile Crisis when:

- ▶ You are considering going to or sending a person to the Emergency Department for a mental health evaluation.
- ▶ You can't reach the person's mental health service provider during a crisis.

▶ Call 211 for Mobile Crisis when:

- ▶ You have already called the police, but need mental health support as well. Calling the police does not exclude a Mobile Crisis response.
- ▶ Mobile crisis can respond to a situation with police assistance or after police have stabilized a situation.

▶ Call when any age person:

- ▶ Talking about or is at risk of suicide
- ▶ Threatens or is at risk for violence
- ▶ Has been victimized/traumatized
- ▶ Is in harms way without immediate assistance
- ▶ Is behaviorally "acting out" or out of control
- ▶ Is in emotional or mental distress and/or uncommunicative
- ▶ Is depressed and you are worried
- ▶ Is having any other behavioral health crisis

Note: Please include local MCS in your planning too

Next Steps - 988/911 PSAP Intersection

- ▶ 988 necessitates consideration and clear documentation on how 988 will work cooperatively with public safety entities and Emergency Communications Centers (ECCs) to effectively address mental health caller needs and response resource allocation.
- ▶ The National Emergency Number Association (NENA) *911/988 Interactions Work Group* seeks to provide call and information sharing solutions to ECCs and 988 call centers.
- ▶ WG's goal is to provide *uniform best practices* to stakeholders in the ECC environment and the new 988 system.
 - ▶ Address *each entity's roles and responsibilities*
 - ▶ Identify the *processes and training needed* to properly handle mental health crises.
 - ▶ Define how the 988 system can *interconnect and utilize the 911 system* for accurate 988 call routing and support for text messaging to 988.

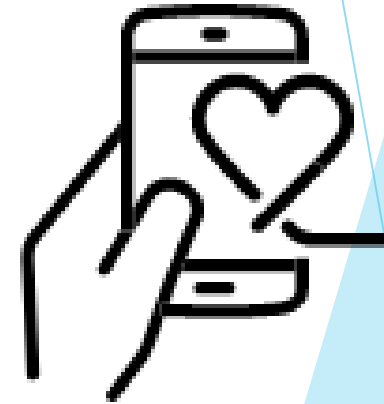
Transitioning to 988 & Connection to 211

- ▶ The 988 soft launch is 7/16/22 when the National Suicide Prevention Lifeline (1-800-273-8255) is becoming 988. The 800 line *will not go away* in the event people need to call and aren't familiar yet with 988.
- ▶ Given that the call, text and chat services are part of a national and statewide telecommunications and crisis care system still being developed in some states and enhanced in others, there will be bugs needing to be addressed in the first year. This is why at the national level the Substance Abuse and Mental Health Services Administration (SAMHSA) leading this initiative has asked states, tribes and territories to hold off from releasing large 988 promotion campaigns until July 2023; *however, media coverage is already increasing use of the NSPL/988.*
- ▶ The United Way of CT/211 is the *National Suicide Prevention Lifeline* provider, and will soon thus be the *988 Suicide & Crisis Lifeline* provider. The NSPL name is transitioning. Essentially, the call center services a person receives from the UWC are the same at the call center level, but the access points and routing are different.
 - ▶ When a person calls the 800 line now (988 after 7/16/22) they are routed to a state call center based on the area code they are calling from regardless of where they are physically located. This line is *always prioritized for answer* at the call center before any other line coming into UWC.
 - ▶ In CT, when a person calls 211 now, and into the future, they are prompted to press 1 for crisis and then 1 for children or 2 for adults. These lines, while important, are answered second to the 800 line soon to be 988. This is why it will be important for people to use 988, though 211 will remain an option.

More on 988



- ▶ [988 - The Suicide and Crisis Lifeline in the United States - Prevent Suicide CT](#)
- ▶ [988 Suicide and Crisis Lifeline | SAMHSA](#)
- ▶ [988 Suicide and Crisis Lifeline Fact Sheets | SAMHSA](#)
 - ▶ <https://www.samhsa.gov/sites/default/files/988-factsheet-spanish.pdf>
 - ▶ <https://www.samhsa.gov/sites/default/files/988-factsheet.pdf>
- ▶ [988 Frequently Asked Questions | SAMHSA](#)
- ▶ [What is 988? \(veteranscrisisline.net\)](#) *(988 is the access point for VCL too!)*
- ▶ [988 Messaging Framework | Action Alliance Framework for Successful Messaging](#)





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