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

**CHPC**

**March 16, 2022**

DCF CONNECTICUT

United Way

United Way of Connecticut

dmhas

# Agenda

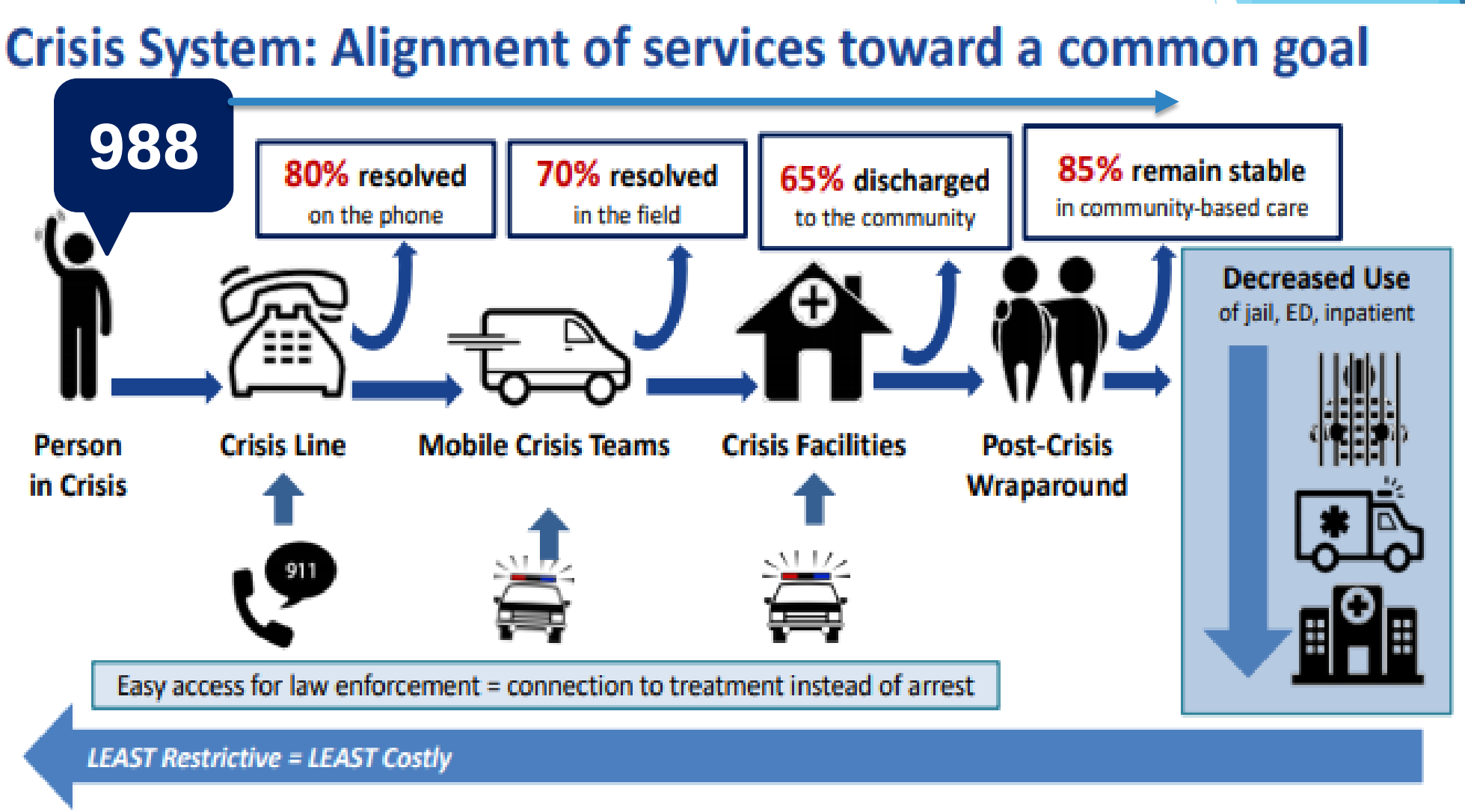
- Introductions
- 988: What is it and Why does CT need it?
- CT Crisis System Overview
- Q & A


# What is it, and why does CT need it?

# Background Drivers, Federal Perspective

- Federal legislation mandating the rollout of the 9-8-8 mental health and suicide crisis number by July 2022
  - Mental health and suicide prevention advocates seeking a national, easy to remember 3-digit number for individuals in crisis take their idea to their state leaders and Members of Congress (including CT)
  - 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 9-8-8
  - December 2019 FCC initiates rulemaking to designate 9-8-8
  - July 2020 FCC Finalizes Rule and Order designating 9-8-8 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

# Overview of 988 Crisis System*




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

*This example is for adults, not children. It is expected that 90% of children receive in-person assessments.

# Among CT High School Students….

## Mental Health


**Students reporting that their mental health was not good** *including stress, depression, and problems with emotions, on at least 1 day in the past 30 days.*


**Student felt sad or hopeless** *almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.*

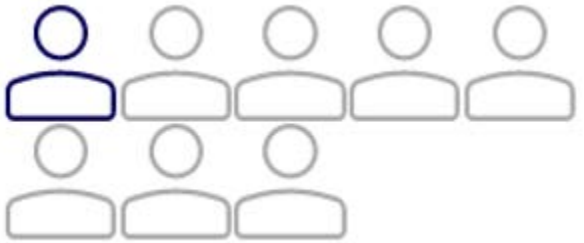
***Only 1 in 4*** *of these students said they got the help they needed*

*CT School Health Survey 2019*

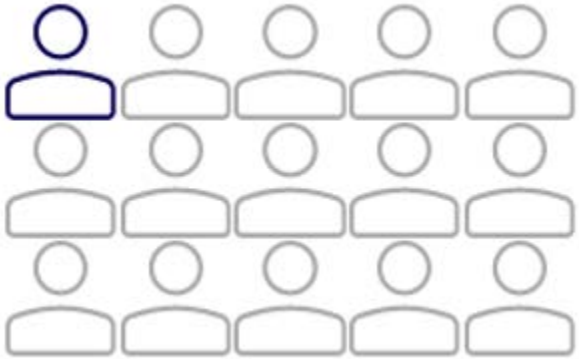
# Among CT High School Students….

## Suicidal Behavior

**1 in 8** Seriously **considered** attempting suicide *during the past 12 months*



**1 in 15** Actually **attempted** suicide *during the past 12 months*



*CT School Health Survey 2019*

# Mental Health Among CT Adults…

## Frequent Mental Distress

**1 in 9** reported **poor mental health** *14 days or more in the past 30 days*

## Depression

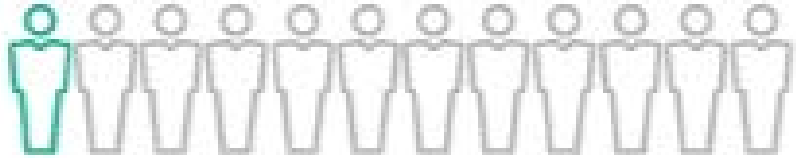
**1 in 6** diagnosed with **depression**

*CT BRFSS 2018*

# Mental Health Among CT Adults…

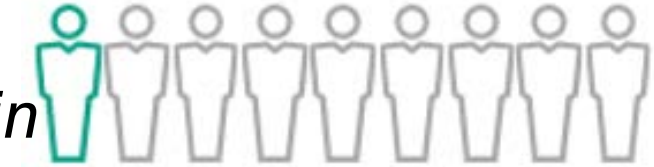
## Depressive Episodes

**1 in 12 felt down, depressed or hopeless** *for more than half the days or nearly everyday in past 2 weeks*



## Anxiety

**1 in 9 felt nervous, anxious** or on edge *for more than half the days or nearly everyday in past 2 weeks*



*Data Source: CT BRFSS 2018*

# Mental Health & HIV/AIDS

People living with HIV/AIDS are at a higher risk for mental disorders.

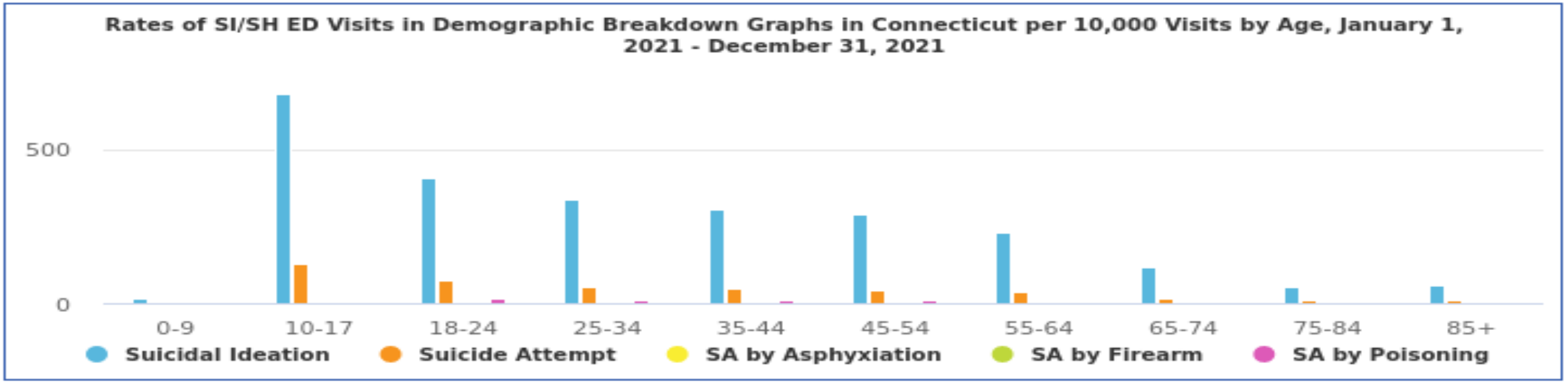
- The stress associated with living with a serious illness or condition, such as HIV, can affect a person's mental health. It is important for people living with HIV to know that they have a higher chance of developing mood, anxiety, and cognitive disorders.

Situations that can contribute to mental health problems for people living with HIV include:

- Having trouble getting mental health services
- Experiencing a loss of social support, resulting in isolation
- Experiencing a loss of employment or worries about being able to perform at work
- Having to tell others about an HIV diagnosis
- Managing HIV medicines and medical treatment
- Dealing with loss, including the loss of relationships or the death of loved ones
- Facing stigma and discrimination associated with HIV/AIDS

Source: NIMH » HIV/AIDS and Mental Health (nih.gov)

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



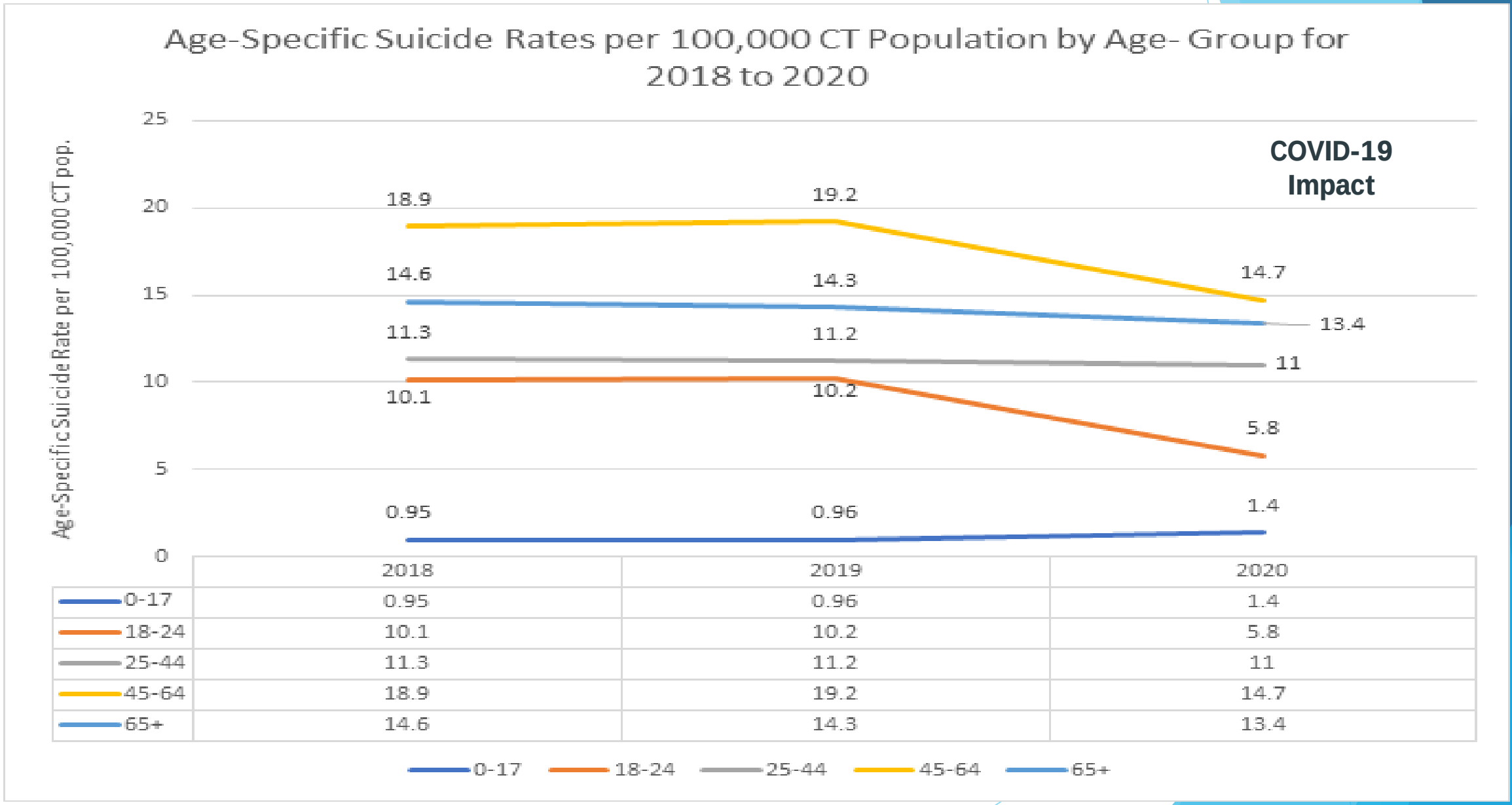

| Age | Suicidal Ideation | Suicide Attempt | SA by Asphyxiation | SA by Firearm | SA by Poisoning |
|---|---|---|---|---|---|
| 0-9 | 17.6 (225) | 2.0 (26) | a | a | a |
| 10-17 | 680.6 (5700) | 128.0 (1072) | aa | a | aa |
| 18-24 | 409.4 (5327) | 73.2 (952) | 6.2 (81) | 1.4 (18) | 18.8 (244) |
| 25-34 | 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.**

Data Source: Syndromic Surveillance System, CT DPH

# CT Suicide Deaths 2018-2020

CTVDRS




| | 2018 | 2019 | 2020 |
|---|---|---|---|
| 0-17 | 0.95 | 0.96 | 1.4 |
| 18-24 | 10.1 | 10.2 | 5.8 |
| 25-44 | 11.3 | 11.2 | 11 |
| 45-64 | 18.9 | 19.2 | 14.7 |
| 65+ | 14.6 | 14.3 | 13.4 |

Data Source: CT Violent Death Reporting System

# 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 | 11 | 1.5 |
| 18-24 yrs | 162 | 32 | 9.3 | 34 | 9.9 |
| 25-44 yrs | 526 | 105 | 12.1 | 92 | 10.5 |
| 45-64 yrs | 908 | 182 | 17.8 | 129 | 13.0 |
| 65+ | 377 | 75 | 12.7 | 101 | 16.0 |
| Total | 2,022 | | | 367 | |

Source: CT DPH, VDRS as of 12/31/21

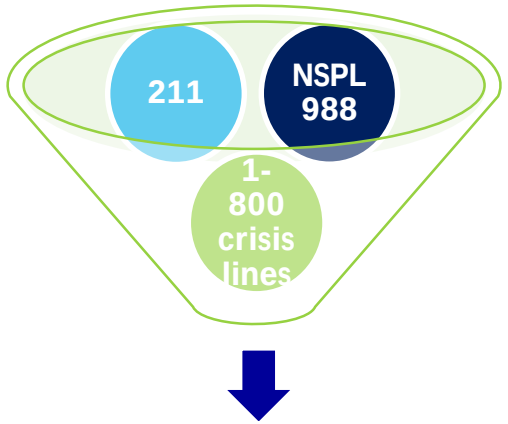
# What are the key components of the 988 Plan?

## 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

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

# Overview of CT's Crisis Line Services at United Way of CT/211 (Someone to Talk to)




All crisis calls 2021 = 125,683

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

- 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 point of entry for youth ***Mobile Crisis Intervention Services*** (June 2009), and adult mobile crisis program (***ACTION Line***) (December 2020).
- Is the National Suicide Prevention Lifeline (NSPL) provider for CT; accredited by the Alliance of Information and Referral Systems and the American Association of Suicidology (AAS).
- 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.

988

SUICIDE PREVENTION LIFELINE

# Adult Crisis Telephone Intervention and Options Network (ACTION Line)


- Call 211, then press 1 and 2 again when prompted
  - or 1-800-HOPE-135
- Centralized call center for adults in crisis
- United Way of CT 2-1-1
- Available 24/7, 365 days a year
- Staff include licensed clinicians, paraprofessionals, an individual with lived experience navigating distress and multilingual staff.
- Information & Materials: https://uwc.211ct.org/actionline/

# Adult Crisis Telephone Intervention and Options Network (ACTION Line)

- ACTION line staff support callers by:
  - Providing telephonic support
  - Engaging callers in distress
  - Completing a non-clinical assessment of concerns and needs
  - Safety planning
  - Providing information about community resources & supports of the caller's choice
  - Connecting the individual in distress with the adult MCT provider in their area for intervention during MCT hours
  - Informing MCT provider of need to provide follow up services
  - If needed, direct connection to 911

# Adult Mobile Crisis

## (Someone to Respond to adults)

- Adults ages 18+
- 18 Mobile Crisis Teams throughout the State (currently daytime hours)
- Multidisciplinary team
- Person-centered response
- Telephone support
- Mobile community response
- 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.

# What is Mobile Crisis Intervention Services (Mobile Crisis) for youth?

## (Someone to Respond to youth)

- Mobile Crisis Intervention Services (Mobile Crisis), formerly Emergency Mobile Psychiatric Services – EMPS, is the same service just with a new name.
- Mobile Crisis is a state-wide, 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.
- Information & Materials: https://www.mobilecrisisempsct.org

# Who Can Receive Mobile Crisis Services?

- Mobile Crisis is available to all Connecticut 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).
- 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.
- Anyone can call for Mobile Crisis services on behalf of a child or youth with a mental or behavioral health crisis.

# Where are Mobile Crisis Services Provided?

- Mobile Crisis comes to the child, during mobile hours
- A child can receive Mobile Crisis services in:
  - Their home
  - At school
  - At their doctor's office
  - In the Emergency Department (ED)
  - Any other community setting
- Residential Treatment Centers, Sub-Acute Units or Inpatient Units are not served by Mobile Crisis given their in-house clinical services.

# How/When is Mobile Crisis Available?


- Calls can be made to the Mobile Crisis 211 Call Center any time of day and any day of the week, weekends and holidays included (24/7, 365).
  - Call 211, then press 1 and 1 again, when prompted

- Mobile Crisis "Mobile Hours" are currently:
  - 6 AM to 10 PM, Monday through Friday
  - 1 PM to 10 PM on weekends and holidays
  - During these times trained mental health clinicians are available to go to the child's location for a face to face evaluation within 45 minutes. All children will be screened for COVID-19 symptoms prior to an in-person response.

# When to Call 211(and 988 July 2023)

- 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:
  - Threatens or is at risk for 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*

# When to Call 911 for Police or Ambulance?

- Call when:
  - The person needs immediate police intervention (**weapons involved, serious assault, etc.)**
  - The person needs immediate medical attention (**overdosed, currently intoxicated, seriously injured, or at immediate risk of suicide attempt, etc.)**
  - Mobile crisis can respond to a situation with police assistance or after police have stabilized a situation. Calling the police *does not exclude* a mobile crisis response.

# CT Child Serving Crisis Support and Care System Resources

## 988 Call/Text/Chat (other call center contacts)-
## Emergency Department or alternative BH crisis assessment-
## Mobile Crisis Response-

- Home/community with "crisis safety plan" and caregiver commitment to safety
- Home/community with crisis safety plan with caregiver-peer-support from family/friend/faith-based representative etc.
- Home/community with crisis safety plan with caregiver peer support from professional peer support program (e.g. FAVOR)
- Home/community with crisis safety plan and adolescent peer support for adolescent from family/friend
- Home/community with crisis safety plan with a community-based provider (e.g. Care Coordination, outpatient clinician etc.)
- Alternative home family/friend/faith-based

- State Hospital (Solnit-South)
- In Patient Psychiatric care
- Psychiatric Residential Treatment Facility (PRTF)
- Short-term residential (or respite or crisis stabilization) treatment (usually 1-14 days, e.g. SFIT)
- Alternative community setting (e.g. group home)
- Alternative home family/friend/faith-based
- Home with community-based services (e.g. intensive in-home, Care Coordination, etc.)

# CT Adult Serving Crisis Support and Care System Resources

## 988 Call/Text/Chat (other call center contacts)- Emergency Department or alternative BH crisis assessment- Mobile Crisis Response-

- Home/community with "crisis safety plan" and commitment to safety
- Home/community with crisis safety plan with peer-support from family/friend/faith-based representative etc.
- Home/community with crisis safety plan with peer support from professional peer support program (e.g. CCAR, Advocacy Unlimited, NAMI-CT, etc.)
- Home/community with crisis safety plan and support for family/friend
- Home/community with crisis safety plan with a community-based provider (e.g. outpatient clinician, etc.)
- Alternative home family/friend/faith-based
- State Hospital (CVH)
- In-Patient Psychiatric care
- Short-term residential (or respite or crisis stabilization) treatment (usually 1-14 days, e.g. Crisis Respite)
- Residential programs (e.g. intensive residential program, group home, supervised apartments)
- Alternative home family/friend/faith-based
- Home with community-based services (e.g. Community Support Program, Assertive Community Treatment, etc.)

# Next Steps – Crisis Service Expansion

- Access Methods
  - Statewide Back-up Call Center
  - Statewide Text and Chat
- Youth Services
  - Mobile Crisis Intervention Services - 24 hours a day, 7 days a week, 365 days a year
  - Real-time Crisis Bed Access
  - Increased Short-term Stay Crisis Stabilization Beds
  - Community-Based 23-hour Crisis Care Sites
  - Increased Peer Support Resources and Service Integration
- Adult Services
  - Mobile Crisis Services - 24 hours a day, 7 days a week, 365 days a year
  - Increased Short-term Stay Crisis Stabilization Beds
  - Community-Based 23-hour Crisis Care Sites
  - Increased Peer Support Resources and Service Integration
- Promotion – Statewide Campaign

# 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.

# 988 video


[The Promise of 988: Crisis Care for Everyone, Everywhere, Every Time – YouTube]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