Department of Mental Health and Addiction Services
Status Report on DMHAS Services that Provide 24/7 Options for Crisis Response

I. Introduction/Background Information

The Department of Mental Health and Addiction Services (DMHAS) provides mobile emergency crisis services to individuals ages eighteen (18) or older. Mobile emergency crisis services are mobile, readily accessible, rapid response, short-term services for individuals and families experiencing episodes of behavioral health (mental health and/or substance use) crises.

There are 18 adult Mobile Crisis Teams (MCTs) in Connecticut; 8 are DMHAS-operated and 10 are DMHAS-funded. The DMHAS-operated programs include Connecticut Mental Health Center (CMHC) in New Haven, Capitol Region Mental Health Center (CRMHC) in Hartford, River Valley Services (RVS) in Middletown, Southeastern Mental Health Authority (SMHA) in Norwich, Southwest Community Mental Health Center (SWCMHS) in Bridgeport and Stamford, and Western Connecticut Mental Health Network (WCMHN) in Waterbury and Torrington. The DMHAS-funded providers include BHCare in Ansonia and Branford, Bridges in West haven, Community Health Resources (CHR) in Manchester and Enfield, Community Mental Health Affiliates (CMHA) in New Britain, Danbury Hospital in Danbury, InterCommunity in East Hartford, Rushford in Meriden, and United Services in Dayville and Willimantic. All MCTs offer persons in distress (crisis) immediate access to a continuum of crisis response services of their choice including, mobile clinical services; family, peer and community supports; and/or mental health and addiction treatment. MCTs promote the prevention of crises among persons and families and provide postvention activities that support persons in developing a meaningful sense of belonging in their communities. MCT services are mobile and available wherever or however a person presents physically and emotionally (person-centered). Which MCT responds to an individual is defined by the DMHAS catchment area where the call came in. Crisis services and resources can be found on the DMHAS website using this link: https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/Crisis-Services.MCT staff provide immediate assistance to people in distress by identifying options and resources that meet the unique needs expressed by the individual. The MCT services are provided by the DMHAS Local Mental Health Authority (LMHA) Network, with one exception (Danbury Hospital). MCTs are comprised of a multidisciplinary team, which may include licensed master's level social workers, licensed clinical social workers, licensed professional counselors, other licensed clinicians, peer support specialists, nurses, and mental health workers.

DMHAS Mobile Crisis Mission Statement

To provide persons in distress (crisis) immediate access to a continuum of crisis response services and/or supports of their choice including, mobile clinical services and community supports; to promote the prevention of crises among persons and families; and to provide postvention activities that support persons in developing a meaningful sense of belonging in their communities.

DMHAS Mobile Crisis Program Services

All DMHAS MCTs provide the following services and supports:

- Outreach and Education

- Assessment and Evaluation
- Telephone Support
- Crisis Intervention
- Critical Incident Debriefing
- Information and Referrals
- Follow-up Services
- Safety Planning
- Consultation Services
- Prevention and Postvention

Crisis Intervention Teams (CIT)

CIT is a best practice designed to provide law enforcement agencies with training on resources to connect persons in a mental health/substance use crisis to community supports and services. It is also a partnership between local police and community mental health/substance use services to jointly respond to crises when appropriate. The goal of CIT is to reduce the need for arrest in favor of referrals to appropriate treatment resources and supports and to promote safety for persons in crisis, the community and the police. Every mobile crisis team has CIT trained clinicians who work collaboratively with law enforcement, providing mental health evaluation and recommendations when responding to crisis calls. The CT Alliance to Benefit Law Enforcement (CABLE) is the organization responsible for providing basic and advanced CIT training in the State of Connecticut to law enforcement officers and mental health professionals. CIT training emphasizes person-centered, recovery-oriented approaches and interventions and prepares law enforcement personnel to recognize and respond to various mental health and addiction crises, including trauma. It also emphasizes ways to develop effective communication and connection skills and strategies for police officers to work with mobile crisis team clinicians who follow up on calls to offer supports and services to individuals in distress.

Mobile Crisis Response Learning Collaborative (MCRLC)

The DMHAS Mobile Crisis Response Learning Collaborative (MCRLC) began in March 2020 with a full day kick-off event hosted at the Connecticut Women's Consortium in Hamden, CT. Over 100 mobile crisis team directors, managers and staff attended. The state-operated and private non-profit mobile crisis team providers continue to meet on the first Wednesday of each month. The MCRLC Planning Committee meets periodically to discuss topics of interest, identify presenters and best practices and develop meeting agendas. CIT trained officers and clinicians join the MCRLC quarterly to focus on conversations specific to law enforcement and crisis services.

ACTION line (Adult Crisis Telephone Intervention and Options Network)

The United Way of Connecticut (UWC)is a National Suicide Prevention Lifeline (NSPL) provider that maintains national accreditations from the Alliance for Information and Referral Services (AIRS) and the American Association of Suicidology (AAS).

DMHAS, in partnership with UWC, established the Adult Telephone Intervention and Options Network (ACTION) line for adults 18 years of age or older who are in the community and in the midst of a psychiatric or emotional crisis for which an immediate response may be required. The ACTION line is a centralized phone number (1-800-HOPE-135 or 211) answered by staff trained to offer an array of supports and options to individuals in distress, including telephonic support, referrals and information about community resources and services; warm-transfer to the Mobile Crisis Team (MCT) of their area; and when necessary, direct connection to 911. The direct phone numbers to each of the mobile crisis teams are still functional and available, offering "no wrong door" access to crisis services.

The ACTION line operates 24 hours a day, seven days a week, 365 days a year (24/7/365) with the availability of multilingual staff or interpreters as needed. The centralized line is available to provide after-hours telephonic coverage for mobile crisis providers throughout the state. The services and supports offered through the ACTION line are available to all residents of Connecticut at no financial cost to the caller. The ACTION line team is comprised of dedicated contact specialists, licensed clinicians and a peer support specialist with lived mental health and substance use/addiction experience. The DMHAS mobile crisis teams and ACTION Line staff work in collaboration with family members, peer-run organizations, faith-based communities, law enforcement, and other civic and community organizations to ensure those persons in distress and their families/friends/supporters have the support and resources they need within their local community.

II. 988 Implementation and Impact on Service System

In 2017, the National Suicide Hotline Improvement Act (H.R. 2345) was introduced to the U.S. House of Representatives to request a new, national, 3-digit dialing code to direct callers to the National Suicide Prevention Lifeline. This charged the Federal Communications Commission (FCC) to determine how or if this could be done. In 2019, the FCC officially recommended the switch to the 3-digit dialing code of 988, resulting in the Act becoming law in May of 2020.

In July of 2022, the National Suicide Prevention Lifeline will officially change from 1-800-273-8255 to the three-digit dialing code of 988. One of the main goals of this shift is to reduce the stigma associated with mental health; the idea being that no one is embarrassed to call 911 for an emergency, so no one should be embarrassed to call 988 for a mental health emergency. In addition to reducing stigma, it is also expected that making a nationally recognized and easy to remember 3-digit number like 911 will increase the ease and accessibility of help for those experiencing a behavioral health crisis. This transition is also designed to have more behavioral health crisis calls directed to the Lifeline (988) rather than 911, since Lifeline call centers have advanced training and experience specific to behavioral health crises.

If the above assumptions hold true (to reduce stigma and to increase ease and access to behavioral health support), it is expected that Connecticut will see a significant increase in the volume of

behavioral health calls. Therefore, it is critical that DMHAS have the resources available to offer a full continuum of crisis services and supports to individuals experiencing a mental health and/or substance use crisis.

III. Description of Current Mobile Crisis Service System

A. State-Operated Mobile Crisis Services (by facility):

The following table describes our *current* State-operated mobile crisis services, which currently only has one site with 24/7 mobile crisis coverage. A total of 35 state-operated positions are in the process of being recruited to expand these services, which is described in another chart later in this report.

State Operated LMHA	Annual DMHAS Funding	DMHAS Funded Staffing	Hours of Operation	Comments
Capitol Region Mental Health Center (CRMHC) Hartford	$909,038	8	Mon-Sun 8:00am-12:00am (7 days a week)	With additional DMHAS funding, CRMHC expanded their hours into 2nd shift as of 6/4/21.
Connecticut Mental Health Center (CMHC) New Haven	$593,445	5	24/7*	CCBHC Grant funding was awarded to CommuniCare to provide after-hours mobile crisis coverage for CMHC
River Valley Services (RVS) Middletown	$1,103,045	13	Every day (including holidays) 8:00am – 12:30am	Also provides after hours mobile crisis coverage for Rushford daily M-F 4:00pm – 10:00pm, Sat/Sun 12:00pm – 8:00pm (including holidays)
Southeastern Mental Health Authority (SMHA) Norwich	$1,145,223	12	Every day (including holidays) 8:00am – 12:30am	
Southwest Community Mental Health System (SWCMHS) Bridgeport, Stamford	$488,031	6	M-F 8:00am – 4:30pm	
Western Connecticut Mental Health Network (WCMHN) Torrington	$709,632	11	Every day (including holidays) 8:00am – 12:00am	
Western Connecticut Mental Health Network (WCMHN) Waterbury	$601,725	7	Every day (including holidays) 8:00am – 12:00am	

*Note: CMHC provides mobile crisis services M-F 8:30am – 5:00pm. CommuniCare is a consortium of providers which includes two Local Mental Health Authorities (BHCare and Bridges) as well as South Central Crisis Services (SCCS), the after-hours provider of telephonic and mobile crisis services to people in the greater New Haven area. SCCS also provides after-hours coverage for CMHC. While mobile crisis services are available 24/7, there is only one FTE from CommuniCare providing mobile crisis services after hours to several providers (BHCare Shoreline, BHCare Valley, Bridges, and CMHC), which is not adequate coverage. DMHAS is discussing additional expansion of these services with both CommuniCare and CMHC.

B. Private Non-Profit Mobile Crisis Services (by facility):

The following table describes *current* private non-profit mobile crisis services. These providers are in the process of using new dollars to expand their mobile coverage to 24/7 and that is described in another chart later in this report.

Private Non-Profit LMHA	Annual DMHAS Funding	DMHAS Funded Staffing	Hours of Operation	Comments
BHCare (Shoreline & Valley) Branford, Ansonia	*See CommuniCare	1	M-F 8:30am – 5:00pm	After hours, weekend and holiday coverage provided by CommuniCare's South Central Crisis Services
Bridges Milford	*See CommuniCare	1	M-F 8:30am – 5:00pm	After hours, weekend and holiday coverage provided by CommuniCare's South Central Crisis Services
CommuniCare	$873,524	5	M-Th 5:00pm – 8:30am Fri. 5:00pm – Mon. 8:30am	Through South Central Crisis Services, provides after hours coverage for BHCare, Bridges, and CMHC with 1 FTE per shift.
Community Mental Health Affiliates (CMHA) New Britain	$846,310	6	M-F 8-8:00pm Sat & Sun 10:00am-3:00pm Holidays 9:00am-6:00pm	
Community Health Resources (CHR) Enfield, Manchester	$446,888	6	M-F 9am-10pm Sat & Sun 10:00am-8:00pm Holidays 10:00am-8:00pm	
Danbury Hospital (Nuvance Health)	$713,771	10	M-F 7am-10pm Sat & Sun 7:00am-10:00pm Holidays 7:00-10:00pm	
InterCommunity (IC) East Hartford	$222,592	5	**For IC clients:** 24/7 **For all other citizens:** M-F 8am-7pm	
Rushford Meriden	$246,862	3	M-F 8:00am–4:00pm	River Valley Services provides mobile crisis coverage daily M-F 4:00pm – 10:00pm, Sat/Sun 12:00pm – 8:00pm (including holidays)
United Services, Inc. (USI) Northeast	$801,629	8	M-F 9:00am –7:00pm	

C. Crisis Respite Programs (by region and provider):

As mentioned previously, the DMHAS continuum of crisis care currently consists of mobile crisis teams (providing both in-person and telephonic support), a statewide crisis call line - ACTION Line (providing telephonic support and warm handoff to a mobile crisis team/clinician if needed), crisis respite beds, and assessment for referral to the system of care. Historically, crisis respite beds are in high demand, limited in number, and difficult to access when needed in a crisis situation. DMHAS is currently examining and evaluating crisis respite programs to ensure that parameters such as lengths of stay, admission, and discharge criteria are being met, so these programs are readily accessible as an alternative to the emergency department for individuals in crisis.

Region 1: Total Beds = 13

Program	Location	Capacity	Average LOS for FY '21
Continuum of Care Crisis Respite	Bridgeport	10	16.02 days
Inspirica Gilead Jail Diversion Respite	Stamford	3	172 days

Region 2: Total Beds = 37

Program	Location	Capacity	Average LOS for FY '21
Continuum of Care ASIST Crisis Respite	New Haven	1	207.33 days
Continuum of Care Crisis Respite	New Haven	9	12.03 days
Continuum of Care Jail Diversion Respite	New Haven	1	11.46 days
Continuum of Care YAS Crisis Respite	New Haven	1	20.25 days
River Valley Services Crisis Respite	Middletown	8	27.02 days
Rushford Crisis Respite	Meriden	10	18.70 days
Yale New Haven Hospital Crisis Respite	New Haven	7	12.52 days

Region 3: Total Beds = 15

Program	Location	Capacity	Average LOS for FY '21
SMHA Brief Care Unit	Norwich	15	82.85 days

Region 4: Total Beds = 20

Program	Location	Capacity	Average LOS for FY '21
CHR Enfield Crisis Respite	Enfield	6	204.5 days
CMHA Crisis Respite	New Britain	4	70.22 days
Mercy Crisis Respite	Hartford	10	146.14 days

Region 5: Total Beds = 15

Program	Location	Capacity	Average LOS for FY '21
WCMHN Crisis Respite	Waterbury	8	158.33 days
WCMHN Jail Diversion Crisis Respite	Waterbury	4	103.71 days
WCMHN YAS Crisis Respite	Waterbury	3	

IV. Description of Future Mobile Crisis Service System

DMHAS is committed to expanding mobile crisis services to be able to provide mobile, in-person crisis response 24 hours a day, 7 days a week, 365 days a year. The charts below describe how each Local Mental Health Authority (LMHA) is enhancing staffing and expanding hours of operation for SFY22. All of the state-operated LMHAs submitted budgets that were approved for additional staffing that will allow them to offer mobile crisis services 24/7. Their plans for expansion are outlined below.

A. State Operated LMHA Plans for expansion to 24/7 (by facility):

LMHA	#/Type of Positions Requested	Notes/Comments	24/7 with new positions? Yes or No
CMHC New Haven	None	Currently South Central Crisis Services (SCCS) provides after hours coverage for CMHC, Bridges, BHCare Shoreline and BHCare Valley with only one clinician for all of these providers. Question if this is adequate staffing given large geographic area. CMHC's mobile crisis clinicians also have other duties such as intake evaluations, triage, and follow-ups.	YES
CRMHC Hartford	**1st shift** 1 MH Assistant 2 **2nd shift** 1 Supervising Clinician **3rd shift** 1 Supervising Clinician 2 LCSW Associates	Minimum staffing on each shift is 3 people, regardless of job title.	YES
RVS Middletown	3 Full-time Licensed Clinical Social Worker Associates 1 Part-time Licensed Clinical Social Worker Associate 1 Advanced Practice Registered Nurse 1 LCSW	There is currently a staff shortage on first and second shift of Licensed Clinical Social Workers and supervisors. Will need to replace these positions first before moving on to hire 3rd shift staff. Mobile crisis clinicians also provide clinical support and oversight to RVS's crisis respite program.	YES
SMHA Southeast	6 LCSWAs (for 3rd shift)	*Licensed Clinical Social Worker Associates on first shift also conduct intakes and support outpatient teams in non-crisis interventions.	YES
SWCMHS	12 LCSWAs		YES
WCMHN	**Torrington:** 2 LCSWAs for 3rd shift**,** 2 RSSs Waterbury: 2 LCSWAs for 3rd shift; 2 RSSs	*Have weekend day (1st shift) and evening (2nd shift) coverage currently – 3 staff each shift. **Maintain at least one Licensed Clinical Social Worker Associate on each shift	YES

B. Private Non-profit LMHA Plans for expansion to 24/7 (by facility):

This fiscal year, DMHAS was allocated an additional $2.5M in legislatively appropriated annualized funding to expand mobile crisis services. DMHAS has determined the appropriate algorithm for allocation of these funds to seven current mobile crisis providers. Factors considered in the development of the algorithm include:

- Current DMHAS funding for mobile crisis services,
- Geographic area served by the provider (both square miles and general population size of individuals age 18 and older),
- Total number of individuals served by the provider,
- Total number of individuals served by each provider's mobile crisis team.

Based upon these factors, each provider was "ranked" in each of these areas, then provided with an average rating. This rating was used to ensure the potential distribution of the funds was consistent with the ranking order. DMHAS conducted meetings with each provider to discuss how the additional funding would be used to expand their mobile crisis services. The table below summarizes their plans for expansion.

LMHA	Additional Funding (annualized)	New Total Funding (current + new)	Plans for Expansion	24/7 with new dollars? Yes or No
CommuniCare (BHCare, Bridges, South Central Crisis Services) Branford, Ansonia	$468,750	$1,342,274	TBD	YES
Community Mental Health Affiliates (CMHA) New Britain	$399,306	$1,245,616	CMHA plans to expand their current hours of operation, especially on weekends, to offer more coverage for mobile crisis services. They would also like to expand their Crisis Intervention Team (CIT) program by adding an additional FTE clinician who would work collaboratively with the police departments in their catchment area.	NO
Community Health Resources (CHR) Enfield, Manchester	$538,194	$985,082	With the additional funding, CHR will be able to offer mobile crisis services 24/7 and plans to hire 2.5 FTEs to add a third shift to their program.	YES
Danbury Hospital (Nuvance Health)	$260,417	$974,188	Danbury Hospital plans to hire two additional FTE staff to provide mobile crisis services during the overnight hours (11pm-7am)	YES

LMHA	Additional Funding (annualized)	New Total Funding (current + new)	Plans for Expansion	24/7 with new dollars? Yes or No
InterCommunity (IC) East Hartford	$295,139	$517,731	Using this additional funding, IC will be able to provide 24/7 mobile crisis support to *all* citizens in their catchment area (not just current individuals receiving services from IC).	YES
Rushford Meriden	$190,972	$437,834	Rushford plans to continue to utilize RVS for after-hours coverage, M-F 4:00pm – 10:00pm, Sat/Sun 12:00pm – 8:00pm (RVS is in agreement with this). They will use the additional funding to add a third shift position which will be embedded in the Meriden Police Department. Funding will not be adequate to provide full 24/7 coverage; would possibly have 1 FTE M-F 10:00pm – 8:00am or daily from 10:00pm – 6:00am. Rushford is working with Meriden PD to determine highest need/volume days/times.	NO
United Services, Inc. (USI) Northeast	$347,222	$1,148,851	TBD	NO

V. Future Considerations

A. Funding needed for expansion

As referenced in the charts above, many of DMHAS's mobile crisis teams will be able to achieve 24/7 mobile response however there are still a few that will be unable to meet that goal without additional fiscal resources.

The American Rescue Plan Act of 2021 (ARP) amended Title XIX of the Social Security Act (the Act) by adding new section 1947 "State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services." Section 1947(e) authorizes CMS to make funding available for implementing and administering, and to make planning grants available to states to prepare for implementing qualifying community-based mobile crisis intervention services.

Qualifying community-based mobile crisis intervention services, as defined at section 1947 of the Act includes, "items and services for which medical assistance is available under the state plan under this title or a waiver of such plan that are furnished to an individual, otherwise eligible for medical assistance, who is outside of a hospital or other facility setting; and experiencing a mental health or substance use disorder crisis."

States that submit and have approved by CMS, SPAs, section 1915(b) waiver programs with a corresponding authority for the services at issue, section 1915(c) home and community-based

services waiver programs, or section 1115 demonstration applications meeting the conditions for the state option, may receive an 85 percent federal medical assistance percentage (FMAP) for expenditures on qualifying community-based mobile crisis intervention services, and for services furnished by qualifying mobile crisis intervention service providers, for the first 12 quarters within the five-year period beginning April 1, 2022, during which the state meets the conditions for the 85 percent FMAP. Further, section 1947 requires that for any quarter for which the 85 percent FMAP rate is claimed, states provide assurances satisfactory to the Secretary that any additional federal funds received by the state for qualifying community-based mobile crisis intervention services that are attributable to the increased FMAP under this section will be used to supplement, and not supplant, the level of state funds expended for such services in the federal fiscal year prior to April 2022, or the federal fiscal year prior to the first quarter that the state takes up this option.

Through the additional fiscal resources made available by this Medicaid match, there is the potential to continue to expand crisis services statewide.

Where is the mention Medicaid Coverage option in April 2022 and enhanced Medicaid match under ARPA and thus the possibility for additional resources to expand services?

B. Other considerations

Providers noted that significant statewide shortages of behavioral health clinicians may hinder expansion of licensed clinical staff. The providers referenced the possibility of amending CT CGA 17a-503-d to include Licensed Professional Counselor as a behavioral health professional able to execute emergency certificates could be part of the solution to this challenge on mobile crisis teams. It should be noted that all providers expressed significant challenges with the ability to hire staff, particularly licensed clinicians, across the service system. They are experiencing additional challenges in hiring staff to work in mobile crisis during the evening and overnight hours.