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Sustaining Acute Behavioral Health Services for Connecticut's Youth

THE 988 WIRELESS SURCHARGE OPPORTUNITY

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THE 988 FUNDING OPPORTUNITY

In 2020, the passage of Public Law 116-172, the National Suicide Hotline Designation Act, established 988 as “the universal telephone number for the purposes of the national suicide prevention and mental health crisis hotline system.”¹ The intent was to create a universal and easy-to-remember three-digit number that would prevent suicides by connecting individuals in distress to resources and services. States were expected to launch 988 systems on or before July 16, 2022.

To support state level implementation, the law permitted states to enact a surcharge on commercial mobile services for “988 related services, or enhancements of such services”

in the same way that most states (including Connecticut) currently fund 911. In addition to financially supporting 988 operations, the law also provided that the wireless surcharge imposed could support “personnel and the provision of acute mental health, crisis outreach and stabilization services.”

This brief identifies how Connecticut can leverage this provision of PL 116-172 to greatly enhance funding and support for the youth behavioral health system at no added cost to the state.

988 SUICIDE & CRISIS
LIFELINE



CONNECTICUT IS ESTABLISHING A BEST PRACTICE ACUTE BEHAVIORAL HEALTH SYSTEM FOR YOUTH

Connecticut has begun to establish a continuum of acute behavioral health services for youth that is aligned with national best practices.² In compliance with the new federal law, Connecticut launched its [988 system](#) before the July 2022 deadline. Connecticut has long had a well-regarded statewide mobile response system for youth called [Mobile Crisis Intervention Service](#) (Mobile Crisis), which in 2023 was expanded to include 24/7/365 in-person response capacity.³ Additionally, Connecticut opened and established four [Urgent Crisis Centers](#) as an alternative to the emergency department for youth experiencing behavioral health crises.

Taken together, these three services represent a best practice community-based acute behavioral health system that has the potential to:

- Efficiently and effectively address the needs of young people
- Better connect to ongoing care
- Reduce the number of youth presenting to [emergency departments in a behavioral health crisis](#)

Many of these essential and life-saving services are supported by short-term funds that are set to expire soon. This emerging best practice service array is likely to fail unless a long-term, sustainable funding approach is implemented.

The 988 system in Connecticut is currently funded by a time-limited federal SAMHSA grant, with additional support from the Connecticut Department of Children and Families (DCF) to the 211 system that is linked to 988 and has been the point of contact for accessing Mobile Crisis services since approximately 2009. The core Mobile Crisis service for youth in Connecticut is supported by a blended and braided funding approach that includes established Medicaid rates,

provider-negotiated commercial insurance reimbursement rates, and grant support from DCF. The Mobile Crisis expansion to 24/7/365, and the initial launch of Urgent Crisis Centers, is being supported by time-limited federal American Recovery Plan Act (ARPA) funds from the federal government to the state, in the form of DCF grants to Mobile Crisis and Urgent Crisis Center providers. Connecticut has not yet taken advantage of the federal legislation allowing states to implement small monthly surcharges on wireless plans, which would generate millions of dollars in annualized revenue to sustainably support the operation of 988, Mobile Crisis, and Urgent Crisis Centers.



MANY STATES FUND 988 & ACUTE BEHAVIORAL HEALTH SERVICES THROUGH WIRELESS SURCHARGES

Many states are generating significant additional revenue to support 988 and the acute behavioral health service array through a wireless surcharge, but Connecticut is not among them. The website www.reimaginecrisis.org was launched to track state legislative activity relating to 988 implementation, wireless surcharges established, and other information about the implementation and funding of acute behavioral health services.⁴

To date, at least eight states have passed legislation establishing small monthly surcharges on wireless plans to support 988 and other acute behavioral health services.

Those states include **California, Colorado, Delaware, Minnesota, Nevada, Oregon, Virginia, and Washington**. The monthly surcharges range from \$0.08 per month (California) to \$0.60 per month (Delaware). At least some of these states will use the surcharge to fund not only 988, but also other acute behavioral health services.

- **Colorado has established a surcharge that will fund acute care, crisis receiving, mobile response units (and co-responder programs), stabilization and follow-up services.**
- **Nevada is anticipating the surcharge will generate \$13.3 million/year to fund 988 operations, technology, mobile response, and crisis stabilization.**
- **Virginia’s surcharge will support 988 centers, community care teams, mobile crisis teams, and crisis stabilization.**

Of the eight states that have enacted wireless surcharges, at least four made additional appropriations to fund the development or expansion of acute behavioral health services. Six additional states (Maryland, New Jersey, New York, Ohio, Pennsylvania, West Virginia) have pending legislation that includes a wireless surcharge ranging from \$0.06 (Pennsylvania) to \$0.35 (New York) per month. Other states have passed

or are considering legislation to further study the issue and/or make recommendations for future legislation and appropriations, which may include wireless surcharges. Many additional states have pending legislation to implement 988 and other acute behavioral health services using state general fund appropriations (rather than wireless surcharges) to fund those services. In the case of Connecticut, the website notes that a 988 wireless surcharge, capped at \$0.75 per month, was proposed in a version of House Bill 5001 in 2022; however, the surcharge was removed via amendment prior to passage.

State Legislation Establishing 988 Wireless Surcharges

Eight states enacted legislation <i>(monthly fees/fee caps)</i>	
California	\$0.08 (capped at \$0.30 starting 2025)
Colorado	\$0.30
Delaware	\$0.60
Minnesota	\$0.25
Nevada	\$0.35
Oregon	\$0.40
Virginia	\$0.12
Washington	\$0.40

Six states have pending legislation <i>(proposed monthly fees/fee caps)</i>	
Maryland	\$0.25
New Jersey	Not specified
New York	\$0.35
Ohio	\$0.10
Pennsylvania	\$0.06
West Virginia	Not specified

Source: <https://reimaginecrisis.org/map/>



NEXT STEPS FOR CONNECTICUT TO SUPPORT 988 AND ACUTE BEHAVIORAL HEALTH SERVICES

Experience in Connecticut suggests that blended and braided funding is the most sustainable and effective approach for successful long-term implementation of behavioral health services that are affordable and accessible to all youth. Blended and braided funding includes, at minimum, robust grant support and adequate public and private reimbursement rates. **State-level planning should anticipate the need for blended and braided funding sources to support 988, Mobile Crisis, and Urgent Crisis Centers.** This approach is in place and working well to support core Mobile Crisis implementation (although it is worth noting that time-limited ARPA funds are currently supporting the 24/7/365 expansion). The blended

and braided approach allows Mobile Crisis to be delivered to all youth in need of the service including youth who are covered by commercial insurance, many of whom are enrolled in high deductible plans.

The wireless surcharge allowed under federal legislation presents a significant opportunity for Connecticut to generate new revenue that could be deployed in the form of grants to support the acute behavioral health service array including 988, Mobile Crisis, and Urgent Crisis Centers. Actionable recommendations on pages 6-7 specify a pathway for implementing and utilizing a wireless surcharge in Connecticut.

RECOMMENDATIONS

The following recommendations will support efforts to sustainably fund 988 and acute behavioral health services for children, youth, and families in Connecticut.

1. Introduce legislation to establish a wireless surcharge that financially supports 988 and the acute behavioral health service array.

- The National Association of State Mental Health Program Directors ([NASMHPD](#)) includes on their website a [model legislation template](#) that can be used to establish a wireless surcharge to support the acute behavioral health service array.
- Ensure Connecticut legislation establishes designated uses covering all acute behavioral health services including at minimum 988, Mobile Crisis, and Urgent Crisis Centers. Consider specifically focusing on any service or part of a service that is currently funded by temporary federal or state funds.
- Ensure the proposed surcharge will cover those designated uses. Consider that the surcharge to support 911 in Connecticut is currently \$0.68/month in the 23–24 biennial budget, and that an early version of HB 5001 in 2022 called for a 988 wireless surcharge capped at \$0.75/month.
- To promote equity, consider a smaller surcharge for prepaid wireless plans that tend to be used by lower-income residents. Consider, for example, that Virginia has a surcharge for prepaid wireless plans that is about 1/3 lower than the surcharge for other plans.
- Implement a revenue intercept approach to address concerns around state spending cap limitations. A special account or trust fund can be set aside to gather wireless surcharge revenue and ensure the funds are used only for their designated purposes.
- To establish the necessary blended and braided funding approach, use wireless surcharge funding to establish or expand grant support for 988, Mobile Crisis, and Urgent Crisis Centers in addition to increasing Medicaid rates supporting these services. This will help to ensure that the acute behavioral health service array is available to all youth in need, regardless of insurance type.
- Charge an existing oversight body with the task of tracking revenue and identifying ways to spend the revenue for its designated uses.
- Use some of the generated revenue to support a standardized, state-level campaign to disseminate information and promote awareness of 988, Mobile Crisis, and Urgent Crisis Centers as alternatives to the emergency department for youth presenting with behavioral health concerns who do not require emergency department or inpatient levels of care.



RECOMMENDATIONS (CONTINUED)

2. Proactively collaborate with the telecommunications industry and lobbyists, as needed, to address concerns and prevent opposition.

- A [report](#) from the National Association of State Mental Health Program Directors and Vibrant Emotional Health includes many useful suggestions for crafting messages

and employing other policy and advocacy strategies to address the concerns of the telecommunications industry and others.⁵

- Engage other stakeholders who stand to benefit from the delivery of effective acute behavioral health services, including youth, families, providers, law enforcement, schools, and other partners.



REFERENCES

1. The National Suicide Hotline Designation Act of 2020. <https://www.congress.gov/bill/116th-congress/senate-bill/2661/text>
2. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2022, November). National Guidelines for Child and Youth Behavioral Health Crisis Care. Rockville, MD.
3. Vanderploeg et al. (2023). Mobile crisis intervention services performance improvement center (PIC) Annual Report: Fiscal Year 2023. Farmington, CT: The Child Health and Development Institute of Connecticut, Inc.
4. National Alliance on Mental Illness (2024, March 25). 988 Crisis Response State Legislation Map. <https://reimaginecrisis.org/map/>
5. Stephenson, A.H. (2022). States' Options and Choices in Financing 988 and Crisis Services Systems. Alexandria, VA: National Association of State Mental Health Program Directors.

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