POLICY BRIEF | DECEMBER 2024

Caring for the Urgent Behavioral Health Needs of Youth:

PRESERVING CONNECTICUT'S COMPREHENSIVE CRISIS MANAGEMENT SYSTEM

Jeffrey J. Vanderploeg, PhD
President and CEO
Child Health and Development Institute

Lisa Tepper Bates, MBA
President and CEO
United Way of Connecticut

Tammy Freeberg, MSW, FACHE
Senior Vice President, Strategy and Planning
The Village for Families and Children

Gary Steck, LMFT
Chief Executive Officer
Wellmore Behavioral Health

INTRODUCTION

Community-based crisis services provide life-saving support as youth behavioral health needs rise

The health and well-being of youth in Connecticut is our highest responsibility and the best investment we can make in Connecticut's future; and young people need our help. Children and families in Connecticut and across the nation are struggling. Demand for mental health and substance use services is high, and youth suicides are rising.[1] To date in 2024, 13 Connecticut children 17 years old or younger have died by suicide. In comparison, six children died by suicide in all of 2023. Youth of color in particular are at elevated risk for trauma exposure, which contributes to the development of various behavioral health conditions.[2] In Connecticut, recent evidence demonstrates that reimbursement rates have not kept pace with inflation and the rising cost of providing high-quality care, which is negatively impacting providers' ability to recruit and retain a workforce and continue to ensure access to an array of effective services.[3]

This increase in youth suicides confirms the critical importance of having a robust youth crisis infrastructure at the ready in our state. Community-based crisis services are critical supports for young people and their families when they need help the most and are necessary for the overall functioning of the behavioral health system. Crisis services are frequently the first point of contact for youth experiencing a behavioral health concern for the first time.[4] The right service, provided at the right time, and in the right place, can help prevent escalation of mental health and substance use concerns, and can help youth avoid unnecessary care experiences and poor outcomes.

Connecticut's youth crisis services operate as a comprehensive system

Connecticut's youth crisis service array – including 988/211, Mobile Crisis Intervention Services, Urgent Crisis Centers (UCCs), and Subacute Crisis Stabilization Centers (SACs) – has been a wise investment over the last several years and aligns with SAMHSA's national best practice standards. These services are working; they collectively provide timely assessment and intervention and link to other necessary services and supports within the system, including for youth exhibiting risk for suicide.

However, part or all of each of these services are being supported with expiring American Rescue Plan Act (ARPA) funds, and funding for some programs falls short of what is needed. **Adequate and sustainable funding solutions need to be identified to ensure these services can continue to operate without being diminished, at the very time that we are seeing dangerous signs of an increase in youth behavioral health crises and suicidality.**

[1] Benton, T.D., Boyd, R.C., Njoroge, W.F. (2021). Addressing the Global Crisis of Child and Adolescent Mental Health. *JAMA Pediatrics*, 175(11), 1108–1110.

[2] Pumariega, A.J., Jo, Y., Beck, B. et al. (2022). Trauma and US Minority Children and Youth. *Current Psychiatry Reports*, 24, 285–295.

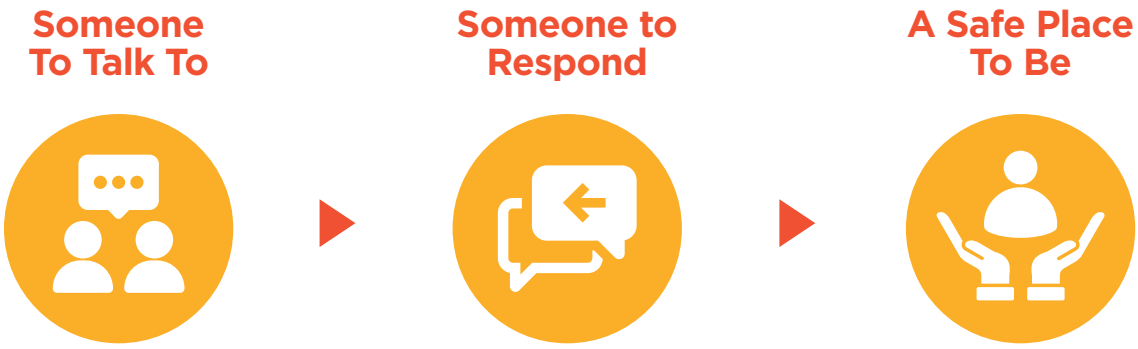
[3] Kelly, A., Hoge, M., & Lang, J. (2023). *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut. Child Health and Development Institute.* https://www.chdi.org/index.php/publications/reports/other/strengthening-behavioral-health-workforce-children-youth-and-families-stratgic-plan-connecticut

[4] Edelsohn, G. A., Braitman, L. E., Rabinovich, H., Sheves, P., & Melendez, A. (2003). Predictors of urgency in a pediatric psychiatric emergency service. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(10), 1197–1202.

Connecticut Aligns With National Best Practice Standards For A Youth Crisis Service System

SAMHSA has provided guidance to states for developing an effective youth crisis service array.[5] That guidance is intended to meet three core youth and family needs that arise during a crisis, as depicted in Figure 1.

Figure 1: *SAMHSA Best Practice Approach to Youth Crisis Services*



Connecticut has established four interrelated services that operate as a system to address these needs; one service cannot function properly without the other three.

[5] 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.

CONNECTICUT'S EXISTING CRISIS SERVICES ARE WORKING BUT NEED SUSTAINABLE FUNDING

Connecticut has responded to SAMHSA's best practice standards by developing four best-in-class services including**: 1) 988/211, 2) Mobile Crisis Intervention Services, 3) Urgent Crisis Centers (UCCs), and 4) Subacute Crisis Stabilization Centers (SACs).** Together, these four services are meeting the needs of thousands of youths and their families each year, improving access to services, and helping youth avoid unnecessary care experiences and poor outcomes. For example, research on Mobile Crisis in Connecticut has found its users are up to 25% less likely to use hospital emergency departments (EDs) over the following 18 months,[6] and that the use of Mobile Crisis in a school-based program has been associated with an average 25% reduction in juvenile justice contact.[7]

Connecticut's Best Practice Youth Crisis System

Someone To Talk To ▶ Someone To Respond ▶ A Safe Place To Be

988/211 CRISIS LINE

186,000+
CALLS PER YEAR

RESOURCES NEEDED:
$1.3m/year
in new money ($2.4 total) in upcoming biennium

MOBILE CRISIS INTERVENTION SERVICES

11,346
EPISODES PER YEAR

RESOURCES NEEDED:
$8m/year
in new funds to replace ARPA ($23m/year total)
Increase Medicaid + commercial insurance rates

URGENT CRISIS CENTERS

1,119
EPISODES PER YEAR

RESOURCES NEEDED:
$13.6m/year
to replace ARPA
Finalize Medicaid payment model + rate

SUBACUTE CRISIS STABILIZATION

NEW IN 2024

RESOURCES NEEDED:
$5.8m/year
in new money to replace ARPA
Additional $5.8m/year to add two additional sites (per original plan)

Part or all of each of these services are currently supported with federal funds, including short-term COVID-relief funds made available to Connecticut through ARPA. Those ARPA funds are scheduled to expire before the start of the next state biennium. Without sustained state support, each of these services will be significantly compromised, or in some cases, would close altogether.

[6]Fendrich, M., Ives, M., Kurz, B., Becker, J., Vanderploeg, J., Bory, C., & Plant, R. (2019). Impact of mobile crisis services on emergency department use among youths with behavioral health service needs. *Psychiatric Services*, 70(10), 881-887.
[7]Bracey, J., Casiano, Y., Behan, R., Mancini, E., Delaney, M., Theriault, K., and Gomez, M. (2024). School-Based Diversion Initiative Year-End Report.

Someone To Talk To: Connecticut's 988 and 211 Systems

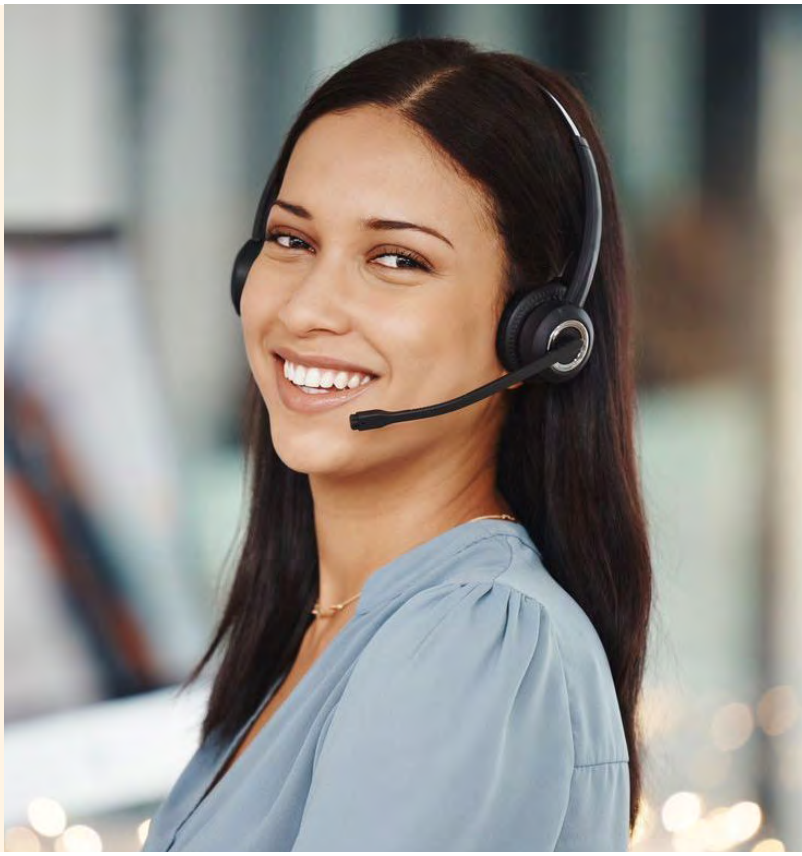
The 211 CT Crisis Team takes crisis calls from several numbers including 988, the DMHAS Action Line, mobile crisis calls for youth, and others. Connecticut's 988 system consistently ranks in the top five for speed of response. In FY 2024 alone, 211 CT handled over **186,901** calls. Calls are expected to rise even more as 988 contact information is added to the back of all student ID cards, and with the introduction of crisis texting.

Numbers Served

186,000+ calls annually.

Outcomes

In FY2024, 988 CT outperformed the national response time goal[8] answering **95%** of calls in 4 seconds. Additionally, **92%** of callers reported their state of crisis diminished during the call. Less than 1% of calls required active rescue from emergency responders. The FY2024 Mobile Crisis Annual Report indicates overall client satisfaction with 988/211 of 4.90 on a 5-point scale. In 2022, Connecticut's 988 system received the Crisis Center Excellence Award from the American Association of Suicidology.



RESOURCES REQUIRED:

$1.3 million in new funds are needed each year of the upcoming biennium (**$2.4 million** in state funding per year). This funding would allow for replacement of the portion of ARPA funds currently supporting this service and would ensure sufficient capacity in the 211/988 crisis team to achieve for youth crisis calls the same level of responsiveness required for adult crisis calls: **95%** of calls answered in 15 seconds or less.

[8] The 988 national goal is to answer 95% of calls in 15 seconds or less.
[9] Vanderploeg et al. (2024). *Mobile Crisis Intervention Services Performance Improvement Center (PIC): Annual Report: Fiscal Year 2024.* The Child Health and Development Institute of Connecticut.

Someone to Respond: Mobile Crisis Intervention Services (Mobile Crisis)

Connecticut's Mobile Crisis is considered a national best practice model and has among the highest utilization rates, face-to-face mobile responsiveness, and lowest average response times in the nation. Mobile Crisis is accessible statewide to all youth regardless of insurance type or system involvement. Each year, thousands of referrals are made to Mobile Crisis by families, schools, and EDs through the 211 and 988 systems. Data have consistently demonstrated Mobile Crisis as highly accessible to youth enrolled in Medicaid, and youth of color. Mobile Crisis has been a critical alternative to EDs, inpatient admission, and juvenile justice involvement for Connecticut's youth.

Starting in 2022, ARPA funds allowed Mobile Crisis for the first time to provide overnight responses statewide. As ARPA funds expire, the state must replace these funds with annualized state support to ensure overnight response capacity can continue at all sites, which has become a national best practice standard.

Numbers Served

11,346 episodes of care in FY24 serving **8,428** unique youth.

Outcomes

Connecticut's Mobile Crisis has become a national model for access and responsiveness. In FY 2024, **94.4%** of youth received a mobile face-to-face response, and **86.6%** received a mobile response in less than **45 minutes (median 29 minutes)**. Mobile Crisis is intended to be a brief service focused on stabilization and referral for additional follow-up; yet, using the high statistical standards of the Reliable Change Index, **20%** of parents and **35%** of clinicians reported significantly lower problem severity at discharge from Mobile Crisis. Research has associated Mobile Crisis utilization with reductions in future ED visits. Overall client satisfaction is **4.87** on a 5-point scale.

RESOURCES REQUIRED:

New funding of approximately **$8 million** per year to replace ARPA funds. The total ongoing state grant support needed is **$23 million** for each year of the upcoming biennium. These funds would allow Mobile Crisis providers to maintain 24/7/365 face-to-face response capacity, which is the national best practice standard for mobile response. The state should also increase Medicaid reimbursement rates, and work with commercial insurers to do the same.

A Safe Place to Be: Urgent Crisis Centers (UCCs)

Following a call to 988 or an initial response from Mobile Crisis, some youth may require ongoing stabilization. Mobile Crisis can provide follow-up stabilization for up to 6 weeks; however, youth who require more intensive interventions now have access to four UCCs located throughout the state. These services are viable community-based alternatives to the hospital emergency department for youth who have an acute behavioral health concern and do not require medical clearance in an ED, or inpatient hospitalization. Following stabilization, youth who continue to need ongoing care have access to a wide range of home, school, and community-based services such as care coordination, outpatient treatment, or intensive home-based services.

UCCs are one of Connecticut's newest best practice service delivery approaches. They are funded entirely by expiring federal ARPA funds. UCCs are critical to reducing ED volume among youth with primary behavioral health conditions who can be served more effectively in the community. The state must replace expiring federal funds with annualized support to continue operating this national best practice model.

Numbers Served

During the first year of operations in FY 2024, at least **1,119 episodes** of care were provided to youth and their families.

Outcomes

From January to June 2024, youth served by the four UCCs spent an average of **3.4 hours** in the UCC, which compares favorably to the average duration of an ED visit for behavioral health concerns. Youth served by UCCs also have nearly immediate access to a licensed behavioral health provider. Additional early results indicate that **93.5%** of youth served by UCCs were discharged back to their homes and communities, **96.7%** showed improvements in functioning, and **50.4%** indicated they would have gone to an ED if the UCC was not an option.

One of the 19 vibrant and welcoming patient rooms at the The Village's Urgent Crisis Center in Hartford, CT staffed by a multidisciplinary team of APRNs, nurses, clinicians, family navigators, behavioral support specialists, and discharge planners. Each child's needs are triaged, followed by a comprehensive evaluation and connections to ongoing support.

RESOURCES REQUIRED:

$13.6 million per year in new state grant funds for each year of the upcoming biennium, all of which replaces expiring ARPA funds. This matches the amount in the initial RFP to operate four sites to collectively cover the state. The state should provide guidance to fully implement the current Medicaid rate approach and work with providers toward a bundled Medicaid rate that covers the full cost of high-quality care. Additionally, providers should continue to work with commercial insurers over the next 12 to 18 months to contract for coverage of this service in accordance with state statute.

A Safe Place to Be: Subacute Crisis Stabilization Centers (SACs)

SACs are one of the newest services in Connecticut's service array. At the time of this writing, one site is operational (The Village), a second is in development (Community Health Resources) and others maybe added over time. SACs are considered a short-term (up to 14 days) residential crisis stabilization program for youth 5 to 18 years old. Trained support staff offer youth individual, family, and group therapy; psychiatric consultation and medication management; safety and stabilization support; skills development for youth and family members; and care coordination. Youth are also offered healthy food, hygiene items, and family engagement and support during their time in an SAC.

SACs are one of Connecticut's newest best practice service delivery approaches and are funded entirely by expiring federal ARPA funds.

Numbers Served

One of four intended sites is currently operating and another is in development. Data are still being collected on numbers served.

Outcomes

Data collection is ongoing, but it is too early to comment on outcomes.

RESOURCES REQUIRED:

$5.8 million per year in new state grant funds for each year of the upcoming biennium, all of which replaces expiring ARPA funds. These funds would sustain the two sites currently in operation or expected to be in operation soon. An additional **$5.8 million** per year in new state grant funds would be needed if the state were to pursue the original plan for a total of four SAC sites statewide.

CONCLUSIONS AND RECOMMENDATIONS

Connecticut has worked over many years to establish a best practice crisis service array for youth that includes 988/211, Mobile Crisis, Urgent Crisis Centers, and Subacute Crisis Stabilization Centers. The State has made these bold and visionary investments to establish each of these services and/or to expand their operations and capacity. Together, they serve as a critical access point, a key part of the service delivery continuum for addressing youth suicide assessment and prevention, and a linkage to the rest of Connecticut's behavioral health service array. The utilization, client satisfaction, and outcomes data are very promising; however, without sufficient ongoing funding, these best practice services will be severely compromised, or in some cases, may cease to exist.

Immediate attention is needed to ensure community-based crisis services continue to:

- Remain accessible to youth and families.
- Lower the clinical risk for youth with behavioral health needs and provide life-saving support for youth at risk of suicide.
- Reduce crowding, negative care experiences, and poor outcomes associated with hospital emergency departments.
- Ensure Connecticut is in compliance with existing federal guidance and national best practices.

RECOMMENDATIONS

1. Identify sustainable funding that supports best practice implementation of 988, Mobile Crisis, Urgent Crisis Centers, and Subacute Crisis Stabilization Centers

The State should explore and secure funds from the source(s) that are most appropriate to each service. That may include combinations of state grants, Medicaid reimbursement, and commercial insurance reimbursement, blending and braiding across these sources when necessary. The State should consider instituting a wireless surcharge to generate new funding that can be used to sustainably support all four services, as has been done successfully in many other states.[10]

FUNDING REQUEST:

a. **988/211:** $1.3 million per year in new funding ($2,442,273 total in state grant funding for each year of the upcoming biennium).

b. **Mobile Crisis Intervention Services:** $8 million per year in new/replacement funding (total of $23 million in state grant funding for each year of the upcoming biennium). Increase Medicaid and commercial insurance reimbursement rates.

c. **Urgent Crisis Centers:** $13.6 million in new state grant funding for each year of the upcoming biennium, all of which would replace expiring ARPA funds. The state should provide guidance to fully implement the current Medicaid rate approach and work with providers toward a bundled Medicaid rate that covers the full cost of high-quality care. Providers should continue to work with commercial insurers over the next 12 to 18 months to contract for coverage of this service in accordance with state statute.

d. **Subacute Crisis Stabilization Centers:** $5.8 million in new state grant funding to continue operating two SAC sites, all of which would replace expiring ARPA funds. An additional $5.8 million per year would be needed to add two SAC sites (per original plan).

[10] Vanderploeg, J.J. & Steck, G.M. (2024). *Sustaining Acute Behavioral Health Services for Connecticut's Youth: The 988 Wireless Surcharge Opportunity. Child Health and Development Institute.* https://www.chdi.org/index.php/publications/policy-briefs/policy-brief-sustaining-acute-behavioral-health-services-connecticuts-youth-wireless-surcharge-opportunity

2. Invest in marketing and advertising with an equity lens

The behavioral health system can be confusing for many youth and their families, especially when they are in the midst of a crisis and need help the most. Each year, there are thousands of new youth and families who realize a behavioral health need for the first time, which makes marketing and advertisement an annual investment. Youth from diverse backgrounds, including youth of color, are at elevated risk for trauma exposure and development of behavioral health conditions, and among those who are most in need of timely, reliable information about available services and supports.

Connecticut's youth and families will benefit from clear and simple advertising and communication about the resources available. A particular emphasis should be placed on advertising 988/211 as a central access point for information and referral. To effectively reach a youth target audience, especially one that is predisposed to feelings of anxiety, stress, loneliness, and isolation, we recommend a marketing program focused on the virtual spaces where youth are active and share information (e.g., Spotify, gaming sites, TikTok, dating sites) and with advertising at "out-of-the-box" physical locations where youth gather (e.g., laundromats, bars, haunted houses).

FUNDING REQUEST: New funding of $300,000 annually for marketing.

3. Invest in system- and equity-focused training, data collection, reporting, and quality improvement activities

Effective systems are supported by investments in the infrastructure of training, data analysis, reporting, and quality improvement. 988, Mobile Crisis, UCCs, and SACs are each driven by model specifications, and tracking model fidelity helps to ensure the same high-quality service is available to all youth at all sites. Data also helps to establish utilization patterns and outcomes, including answering critically important questions about whether each service is achieving the high standard of equitable access, quality, and outcomes for youth with diverse characteristics. Transparent reporting of those data informs consultation, technical assistance, and continuous quality improvement activities, promoting accountability throughout the system. Given that 988, Mobile Crisis, UCCs, and SACs function as an interrelated system, data analysis and quality improvement efforts should also be structured in a way that facilitates examination of each service individually, and how well the four services are functioning collectively.

FUNDING REQUEST: New funding of approximately $500,000 per year ($1 million total per year) in grant funding for each year of the upcoming biennium to provide training, data collection, reporting, and quality improvement services for 988/211, Mobile Crisis, UCCs, and SACs. Some state grant funds are already in place to support these activities for Mobile Crisis nd would need to be sustained long-term. Federal funding is currently supporting these activities for UCCs and SACs but will expire in December 2025.

Child Health and Development Institute

United Way

The Village
Where real change happens

Wellmore Behavioral Health
Wellness for a lifetime