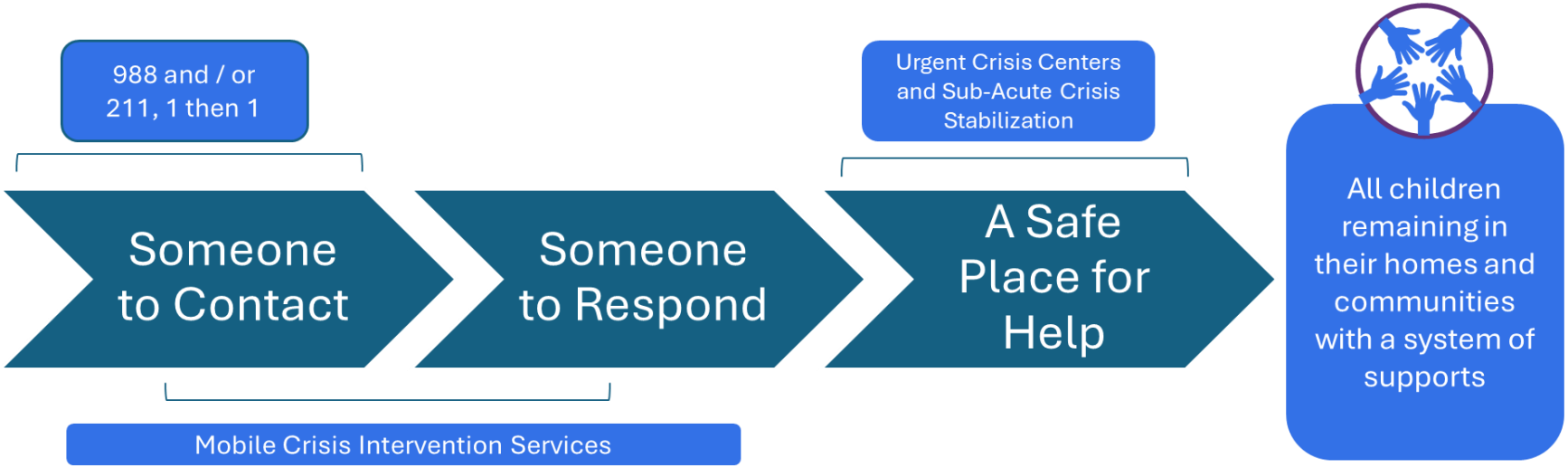
Crisis Continuum Introduction

Frank Gregory, Administrator of Children's Behavioral Health Community Service System, Department of Children and Families (DCF)

Crisis Stabilization Continuum

SAMHSA National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit



Crisis Services Data Panel:

Lisa Tepper Bates, President and CEO of United Way, Tanya Barrett, Senior Vice President, United Way, Kayla Theriault, Senior Associate, CHDI, Amy Samela, Vice President, Residential Programs, The Village, Ali Tabassum, APRN, Associate Medical Director, Wellmore, Jason Shirley, Director of Outpatient Services, CFA&, Ashley Challinor, LPC, CFA

United Way of Connecticut 211 Mental Health Crisis Lines

Program	211 Information & Referral	988 Suicide & Crisis Lifeline	Adult Mobile Crisis/Action Line	Youth Mobile Crisis
State Funder	CT Dept. of Social Services (DSS)	CT Dept. of Mental Health & Addiction Services (DMHAS)	CT Dept. of Mental Health & Addiction Services (DMHAS)	CT Dept. of Child & Families (DCF)
Purpose	Confidential 24/7/365 basic needs hotline Partnership with State of Connecticut for nearly 50 years	National hotline operated by 211 in CT 24/7 mental health, suicide, and substance use support Warm transfer to Mobile Crisis Services when needed	Serves adults in distress with telephone support, information and referrals Warm transfer to DMHAS Mobile Crisis Services when needed	Youth ages <18 or in school up to 21 who are in crisis or at risk of harming self or others Deploy DCF Youth Mobile Crisis Intervention when needed

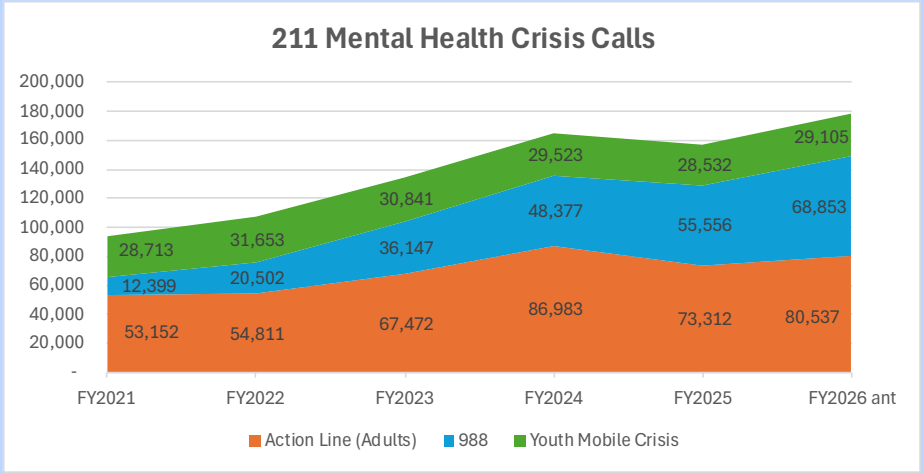
Youth Mobile Crisis (MCIY)

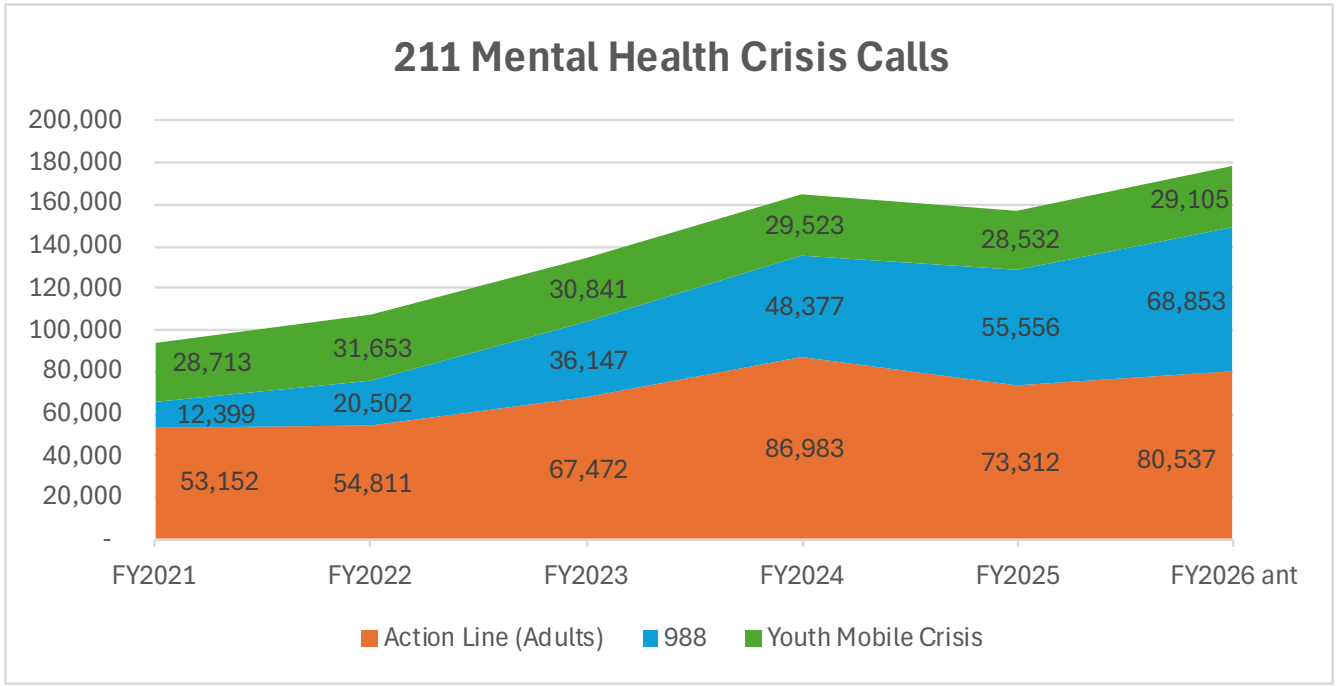
- Reached by dialing 211
- 211 serves as the point of entry and triage
- Services youth ages <18 and youth in school up to 21
- Anyone can call MCIY services on behalf of a youth in crisis
- *211 deploys* MCIY team immediately, if appropriate
- Funded by DCF

More CT residents are using 211 Crisis Services

Total mental health crisis call volume **increased 67%** from 2021 to 2025.

National Suicide and Crisis Lifeline calls increased nearly **2.5X** since the 2022 launch of the national 988 3-digit dialing code.





The total volume of Youth Mobile Crisis Calls that the 211 Crisis Team responds to is higher than what is reported in PIE. The difference in volume is related to callers requesting:

- Community resources unrelated to youth(food emergency, homelessness)
- Alternate youth related services (education, community resources, Careline)

211 Youth Mobile Crisis Call Flow Process

211
Answers the Call 24/7/365

- 211 team responds to MCIY Line
- Assesses for MCIY service needs and safety
- Determines response type
  - Mobile
  - Non-Mobile
  - Deferred Mobile

Data Collection

- Team member collects data from parent or referring provider (schools, ED etc.)
- Team member enters data into PIE-DCF Provider Exchange

Service Dispatch

- Team member facilitates warm transfer by connecting caller to local MCIY service provider
- Providers have seamless access to the shared PIE data system for outcome tracking
- Data is analyzed by the CHDI Performance Improvement Center (PIC).

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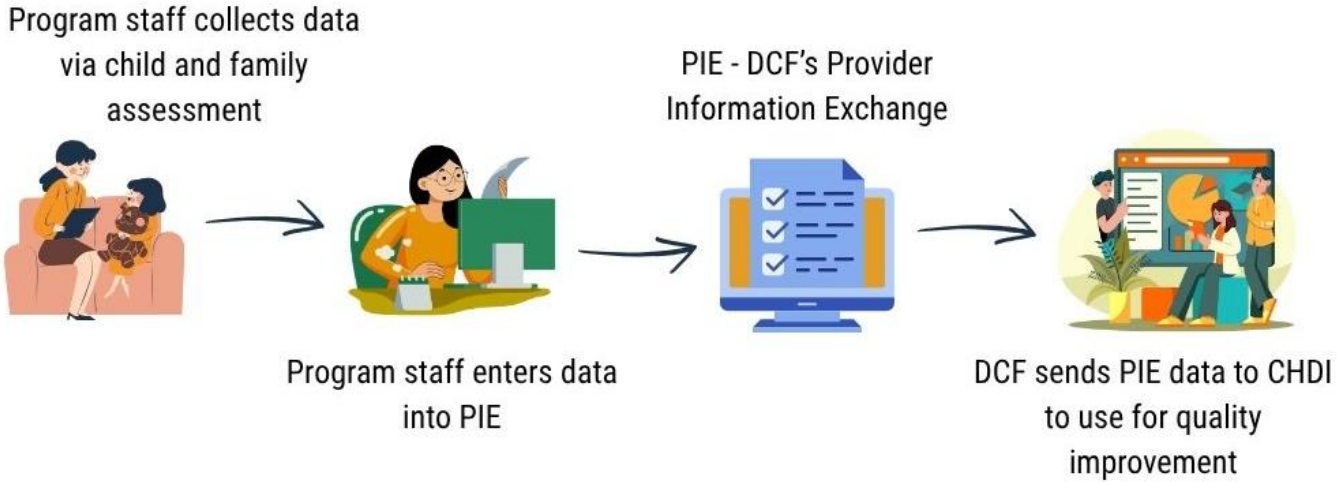
Trends in Connecticut's Crisis Services

chdi.org

Where does the data come from?

CHDI is contracted by DCF to serve as the Performance Improvement Centers for Mobile Crisis and Urgent Crisis Centers.

- The UCC PIC contract was done vie NASHMPD TTI funding, and will expire at the end of 2025



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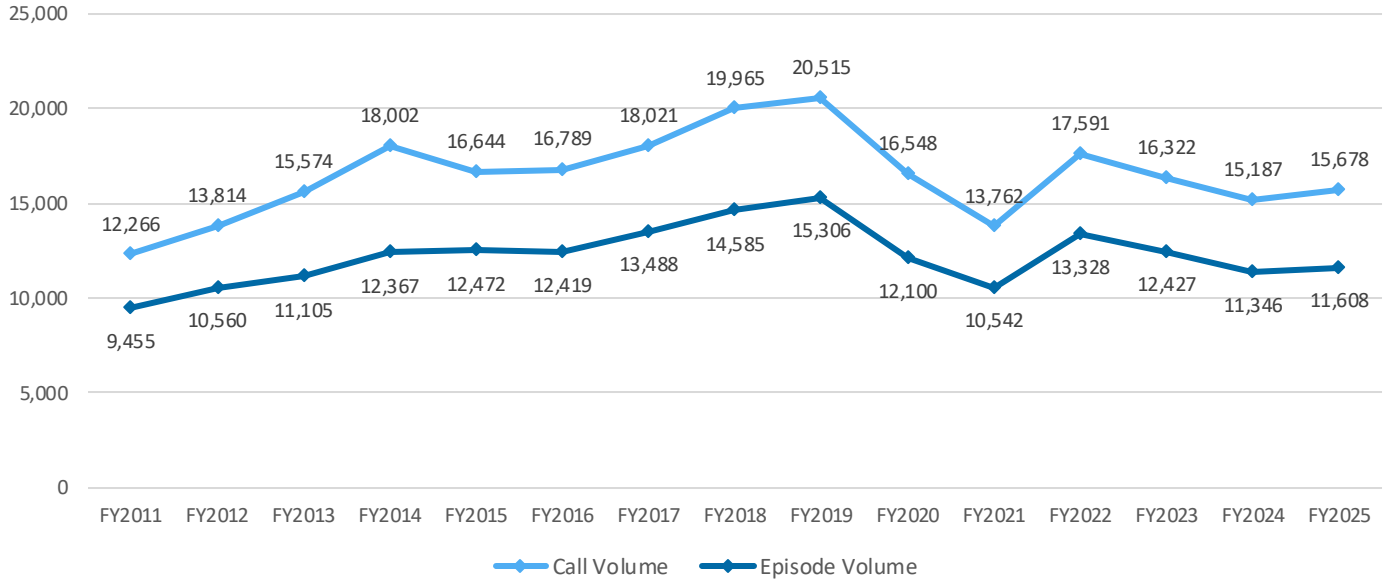
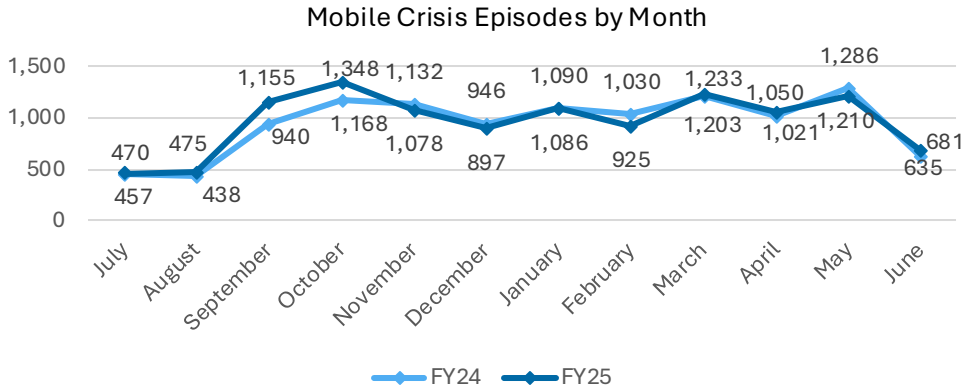
Mobile Crisis Data Overview

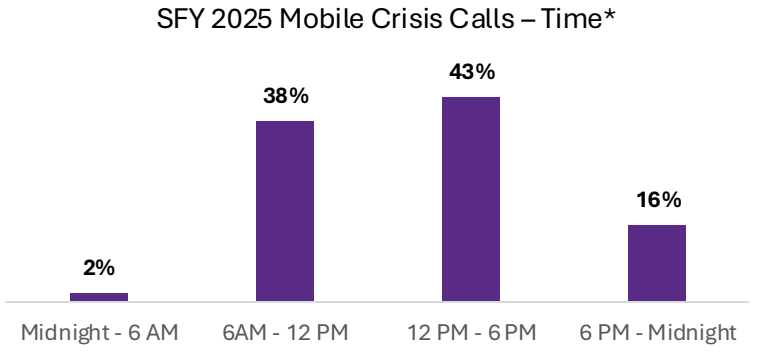
Mobile Crisis Volume Over Time



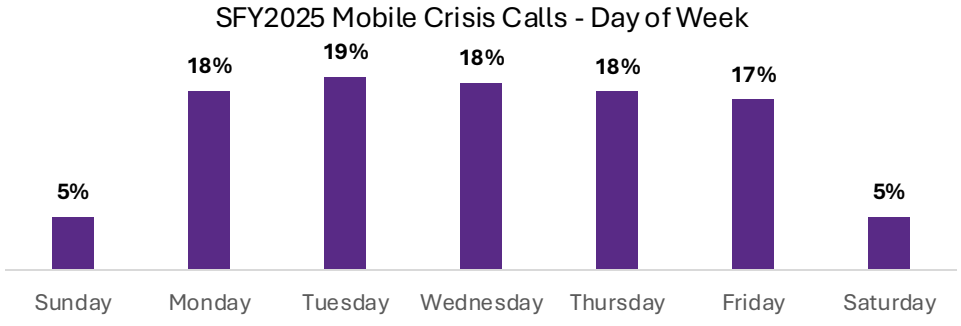
Mobile Crisis volume peaked in FY2019 with over 15,000 episodes of care. Since the pandemic, Mobile Crisis has seen around 12,000 episodes per year.

When do Mobile Crisis calls come in?



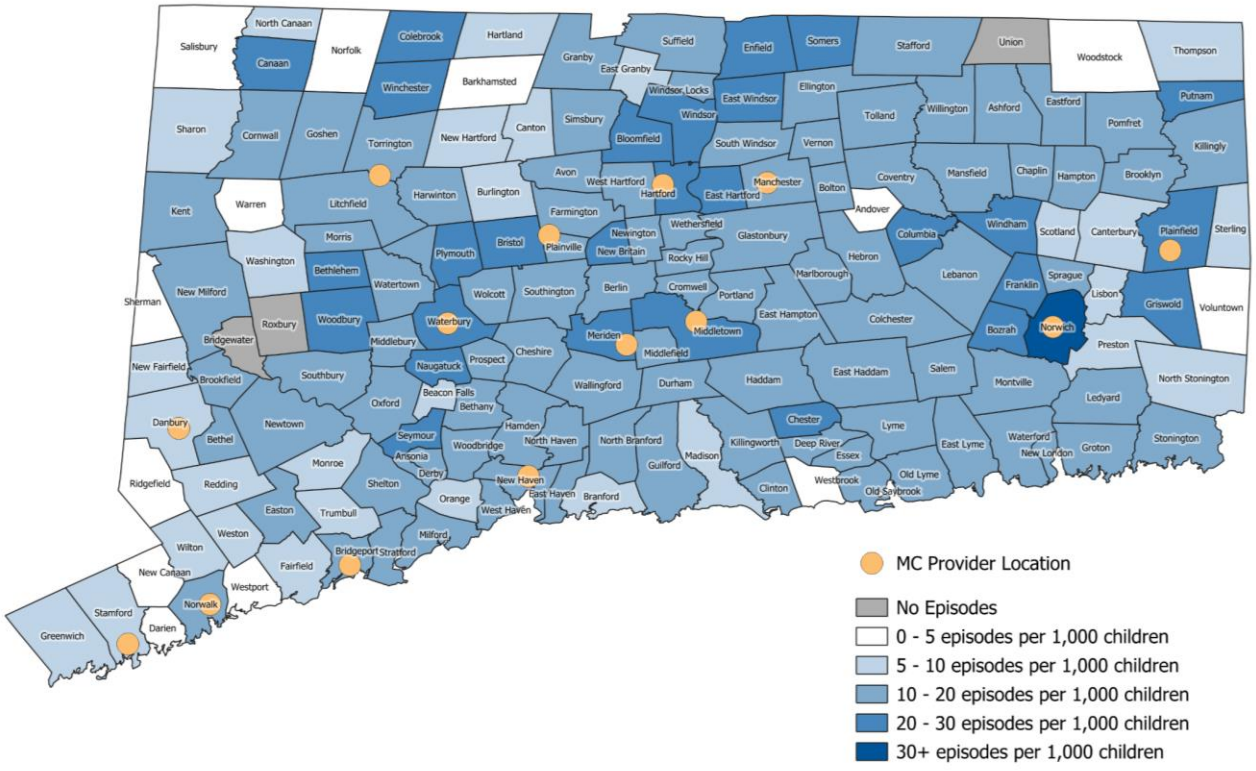


*Time the call came into 211 – Mobile Crisis staff likely involved for several hours after



- Mobile Crisis shows the lowest volume during the summer, and peaks around October and March-May
- 90% of calls come in during the week, and are evenly distributed across the five weekdays
- The highest rate of calls come in during the afternoon and evening, closely followed by the morning hours

Mobile Crisis Episodes per 1,000 Children by Town – FY25



- Mobile Crisis is utilized statewide - in FY2025, only three towns did not have a child use Mobile Crisis
- Looking at the number of episodes based on town population highlights towns that are using Mobile Crisis more or less than their counterparts

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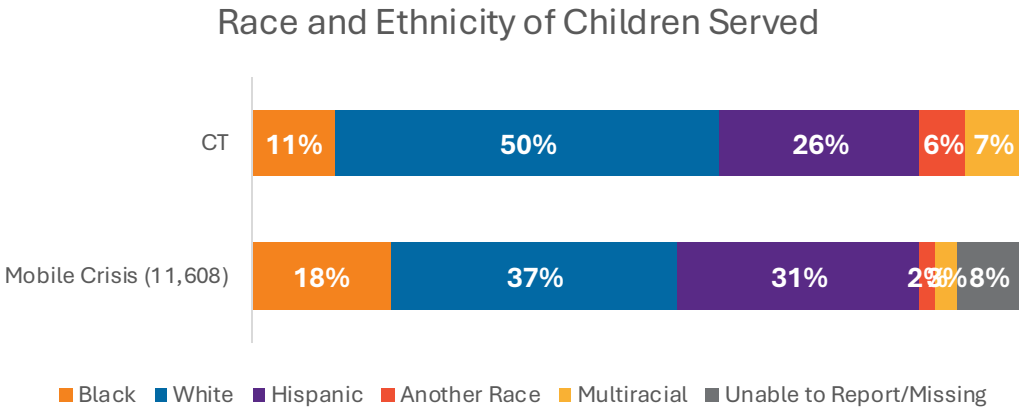
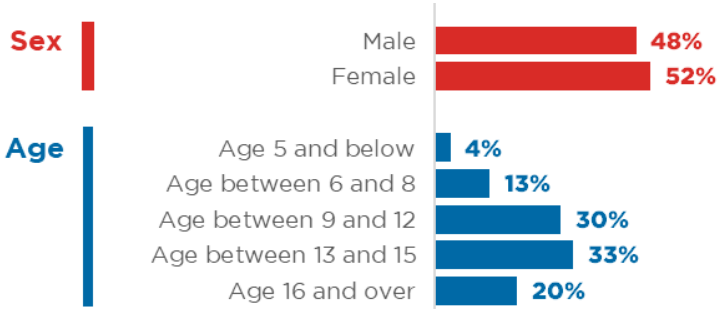
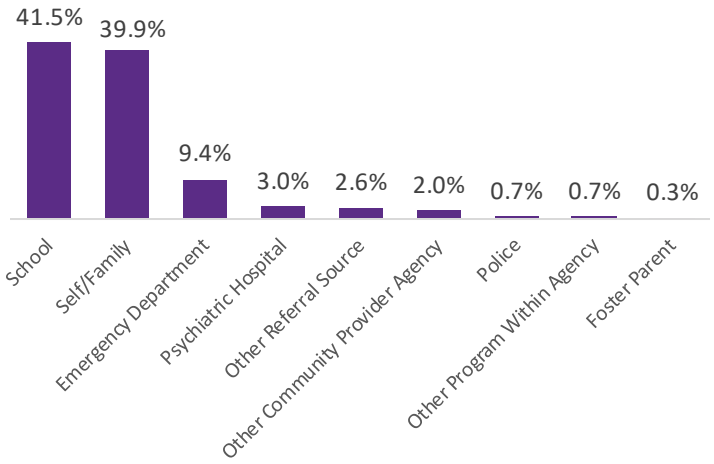
Mobile Crisis - Who is being served?

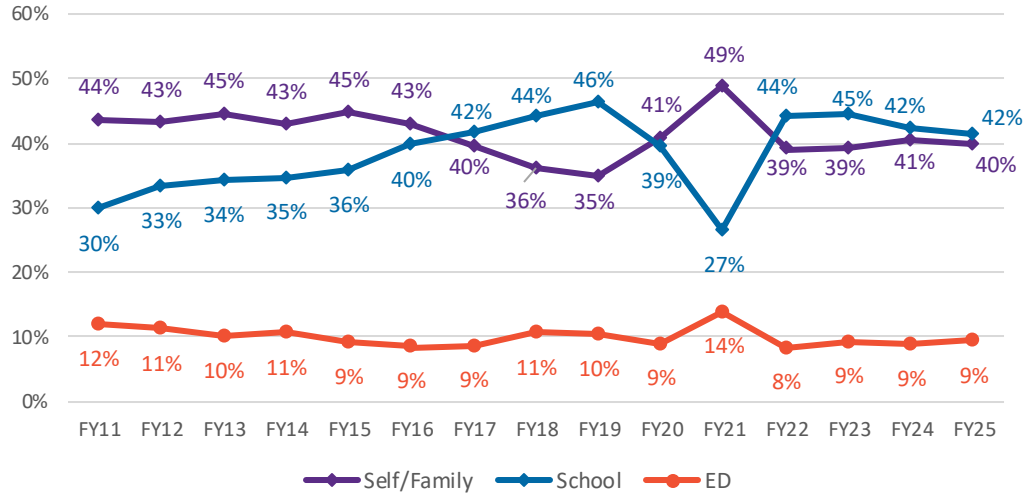




- Mobile Crisis consistently serves Black and Hispanic youth at higher rates than they appear in the CT population
- Mobile Crisis serves a relatively even split of males and females
- 63% of children served by Mobile Crisis are between ages 9 and 15

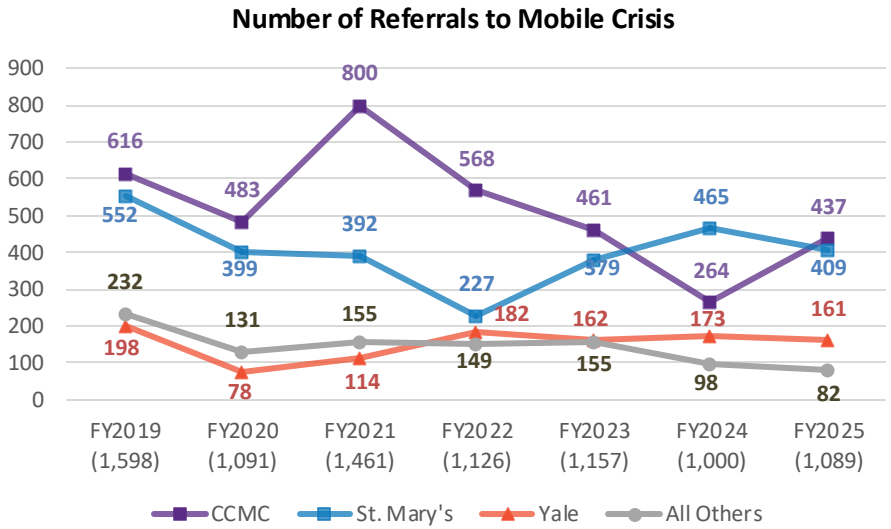
Mobile Crisis – Who is calling?

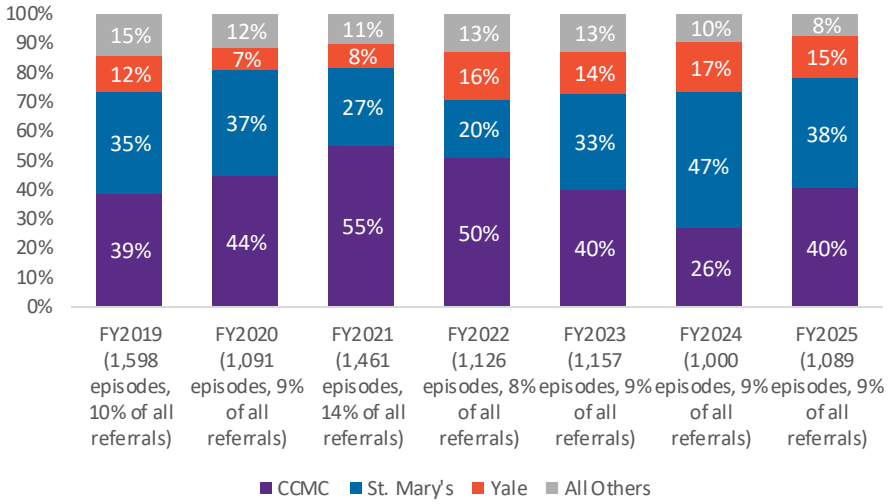




The majority of calls to Mobile Crisis consistently come from schools and families (over 80%). The third most common caller is emergency departments, which generally make up about 10% of calls.

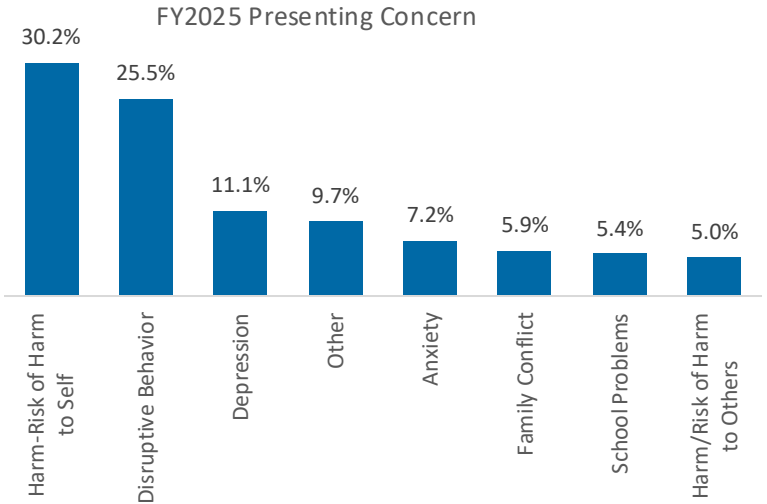
ED Referrals to Mobile Crisis

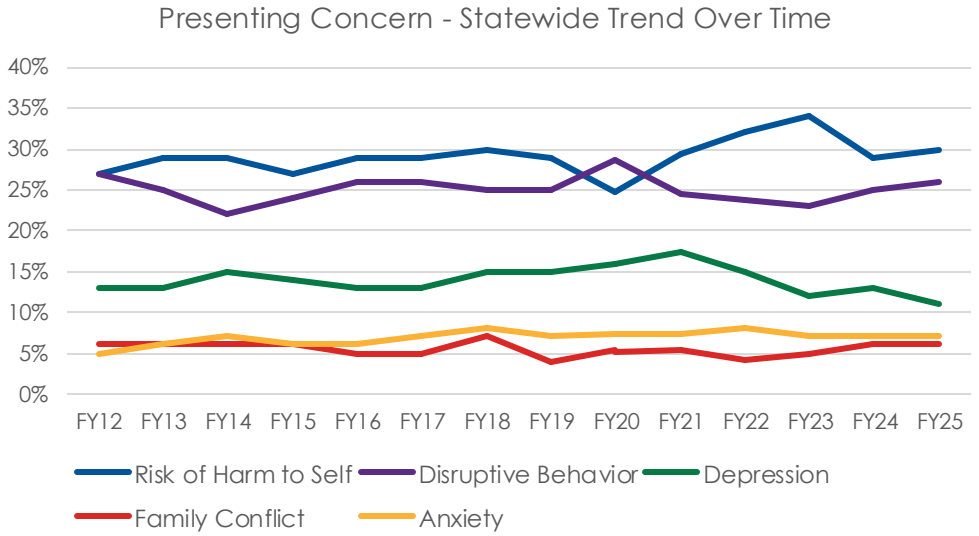




With the exception of FY2024, CCMC is consistently the highest-referring ED to Mobile Crisis, followed by St. Mary's and Yale.

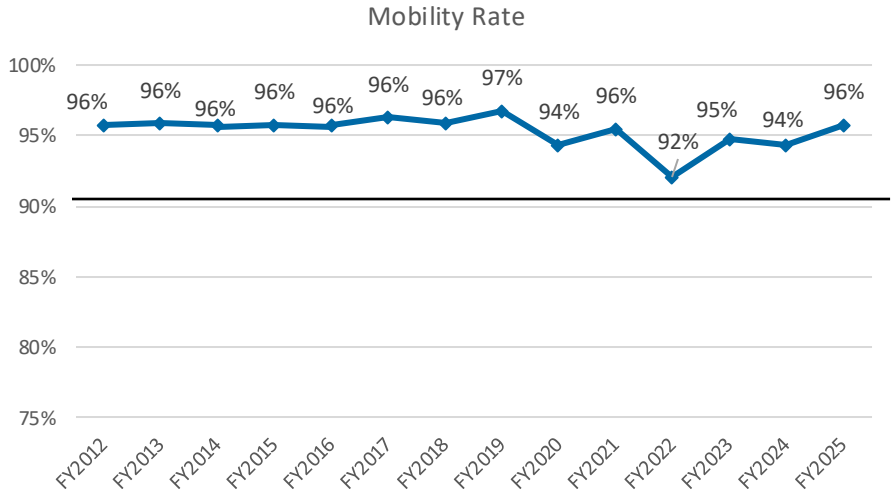
Mobile Crisis – Why are they calling?

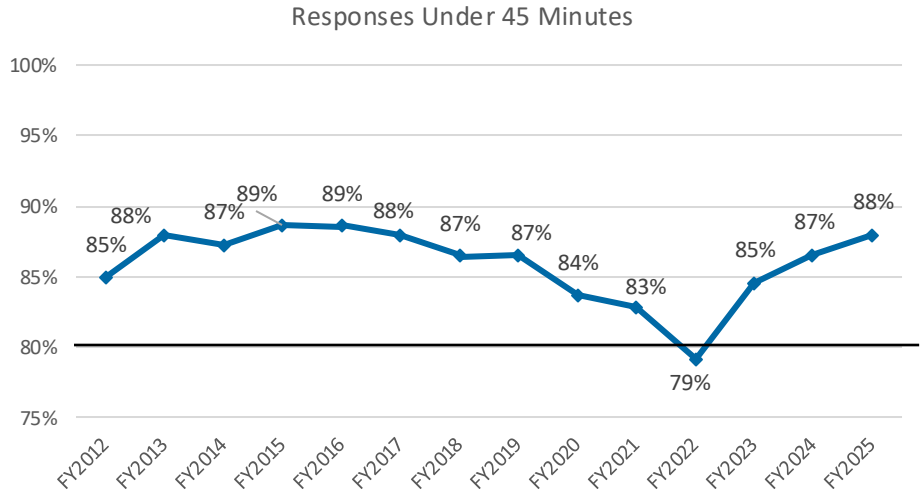




Harm/Risk of Harm to Self and Disruptive Behavior are consistently the top reasons why youth are referred to Mobile Crisis.

Key Mobile Crisis Metrics





Mobile Crisis has consistently exceeded benchmarks for key metrics of mobility and response time.

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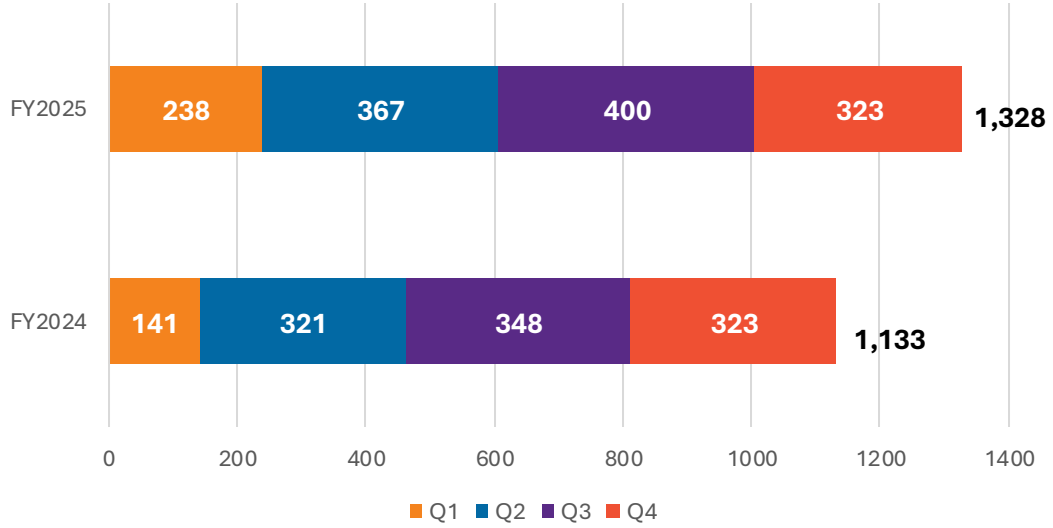
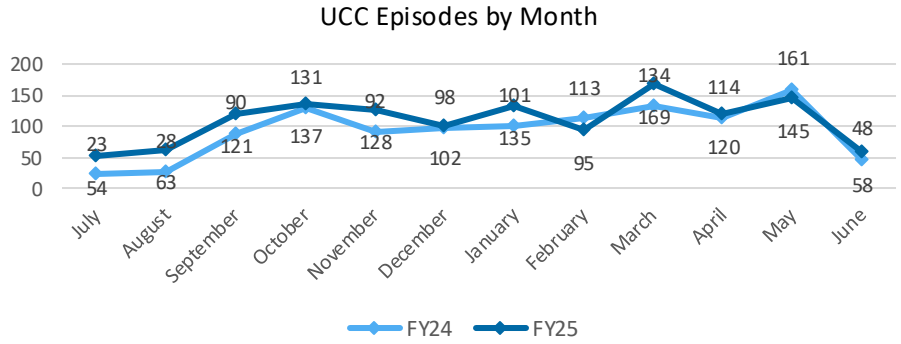
Community-Based UCC Data Overview

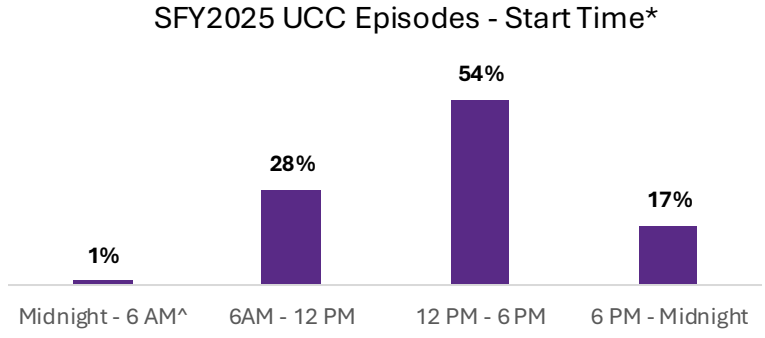
UCC Volume: FY24 vs. FY25



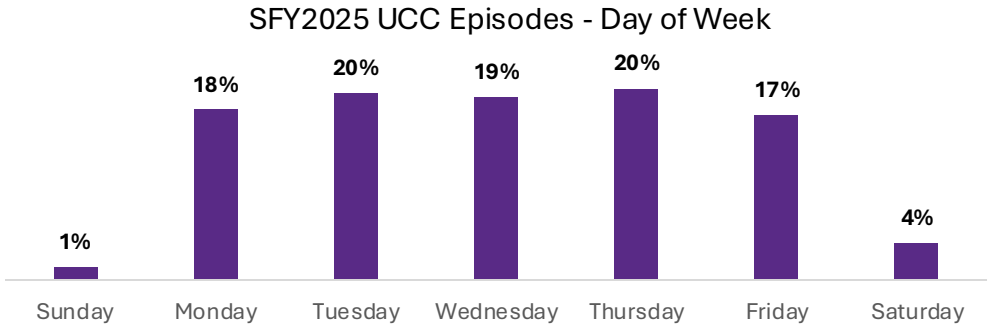
UCC volume increased by 17% in the second year of operation.

When do UCC episodes start?



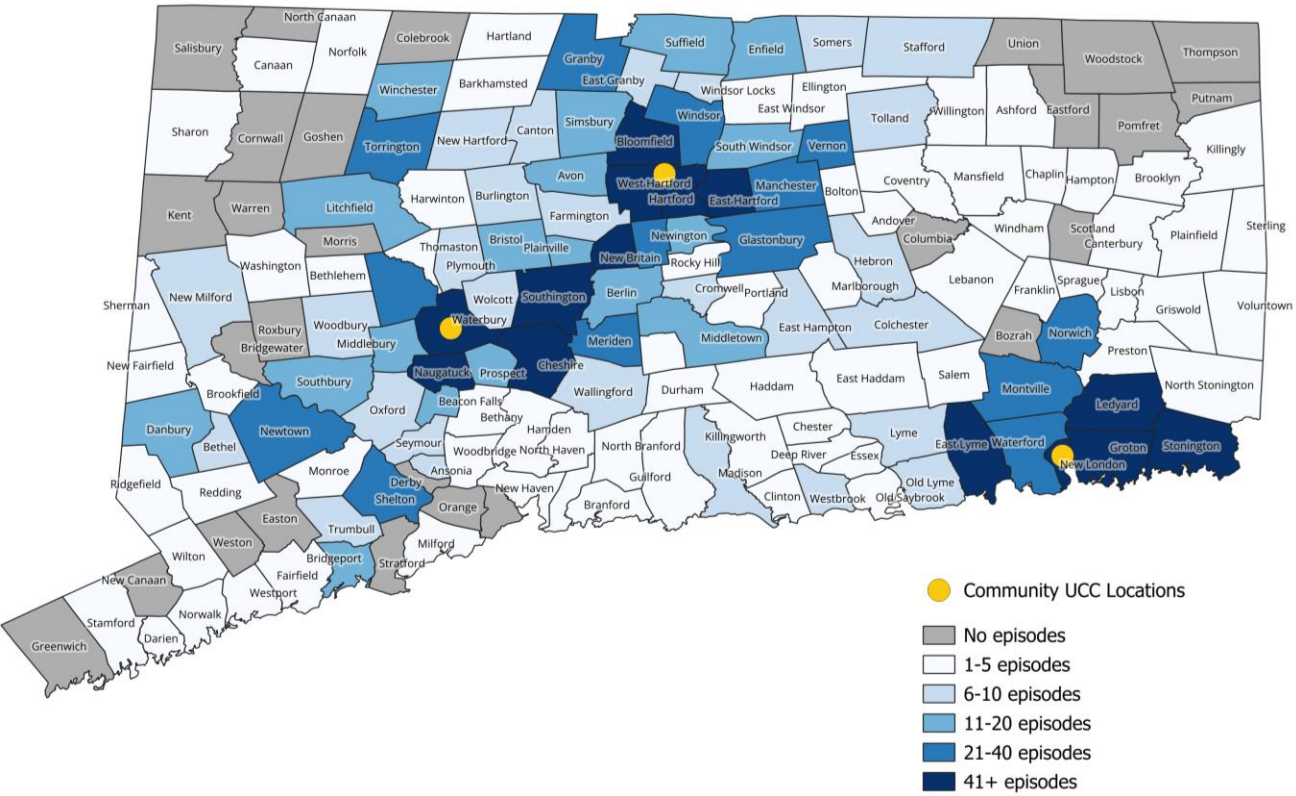


^Only one agency was open during these hours
*Time the child arrived at the UCC – average episode lasts 3-4 hours after arrival.



- Overall, UCCs show similar patterns in the timing of episodes to Mobile Crisis, though all UCCs did not provide 24/7 services in FY2025
- Over half of all UCC episodes begin in the afternoon/early evening

UCC Volume by Town: FY24 Q3 – FY25 Q4



- The highest utilization of the UCCs is in the cities and towns immediately surrounding the UCC location
- Despite having only three locations, the UCCs are utilized by children and families across the state

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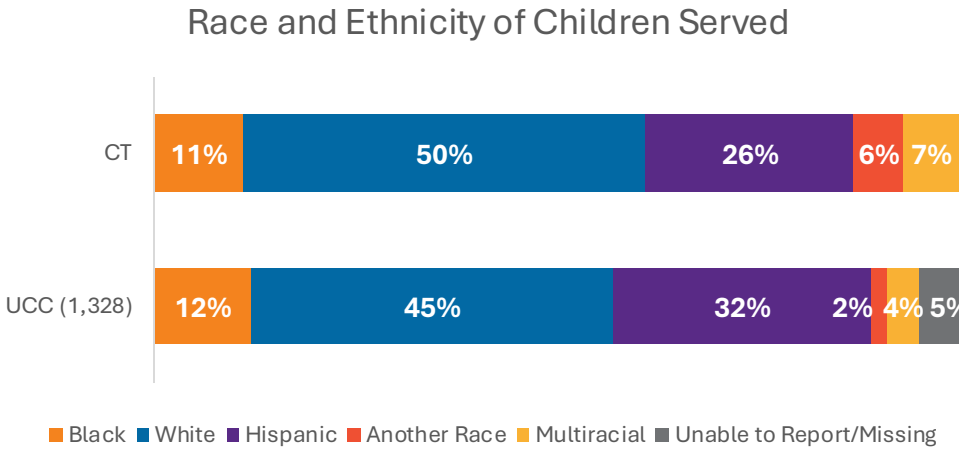
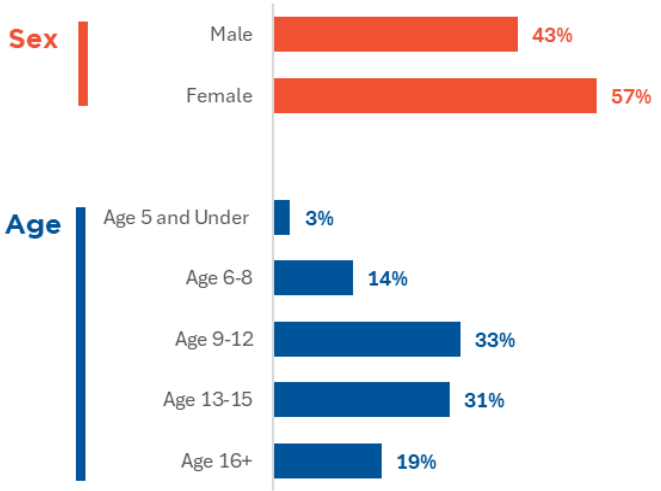
UCC – Who is being served?





- In FY2025, UCCs served Hispanic youth at higher rates than they appear in the CT population
- UCCs served more females than males
- 64% of children served by UCCs were between ages 9 and 15

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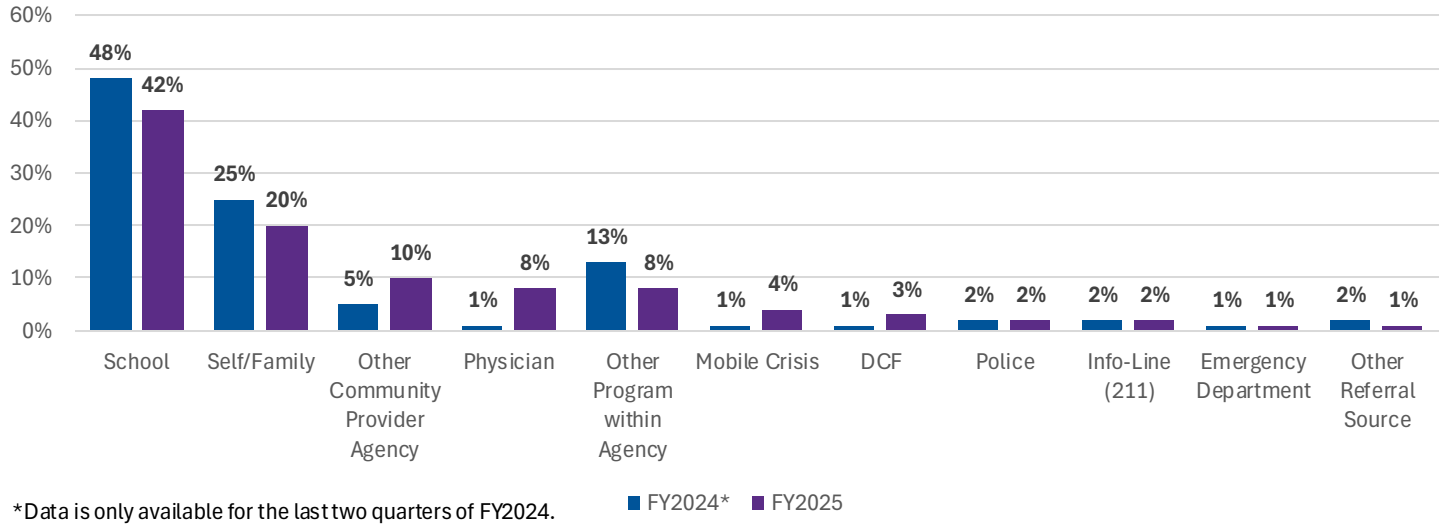
Who is referring to UCCs?

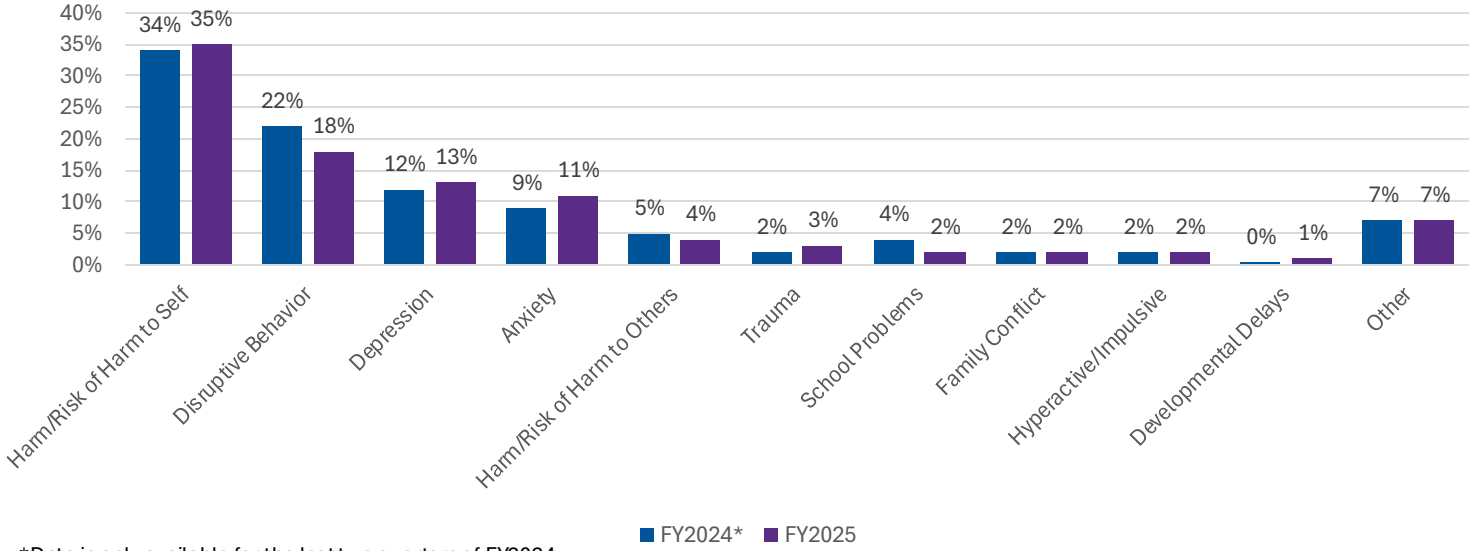


*Data is only available for the last two quarters of FY2024.

While schools and families are still the top referrers to UCCs, the service tends to have a wider variety of referral sources than Mobile Crisis.

Note: referrals to the services are captured differently, with UCC referrals generally being how the family/guardian heard about the service, and Mobile Crisis being the person making the call to 211

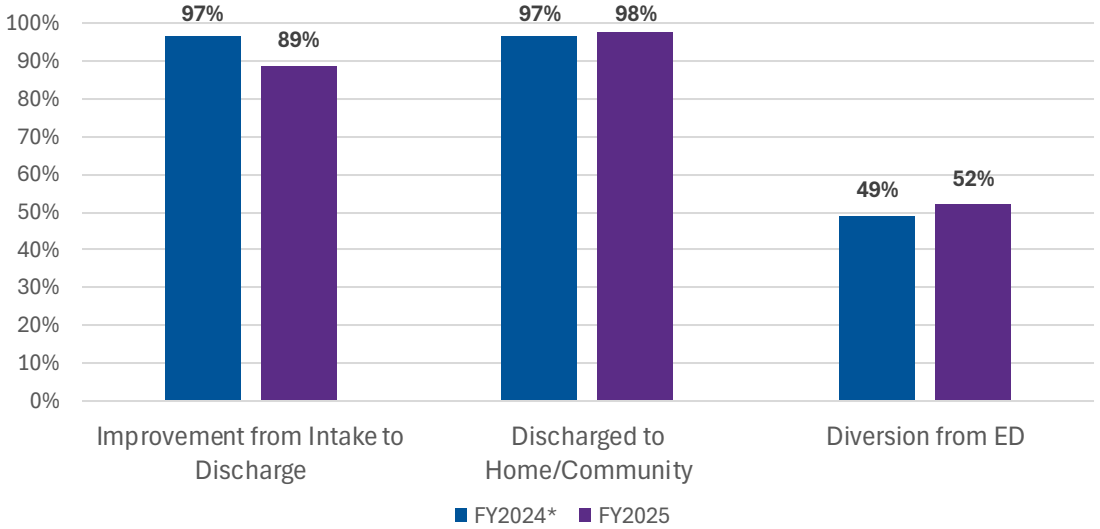
Why are children referred to UCCs?



*Data is only available for the last two quarters of FY2024.

UCCs have shown a similar pattern of presenting concerns as Mobile Crisis.

Key UCC Metrics



*Data is only available for the last two quarters of FY2024.

UCCs have shown strong performance in key outcome metrics in their first two years.

Continued work (challenges)

- Statewide efforts to train/inform EMS system
- Including UCC within 211 system
- Billing structure
- Increase UCC awareness especially within pediatric network

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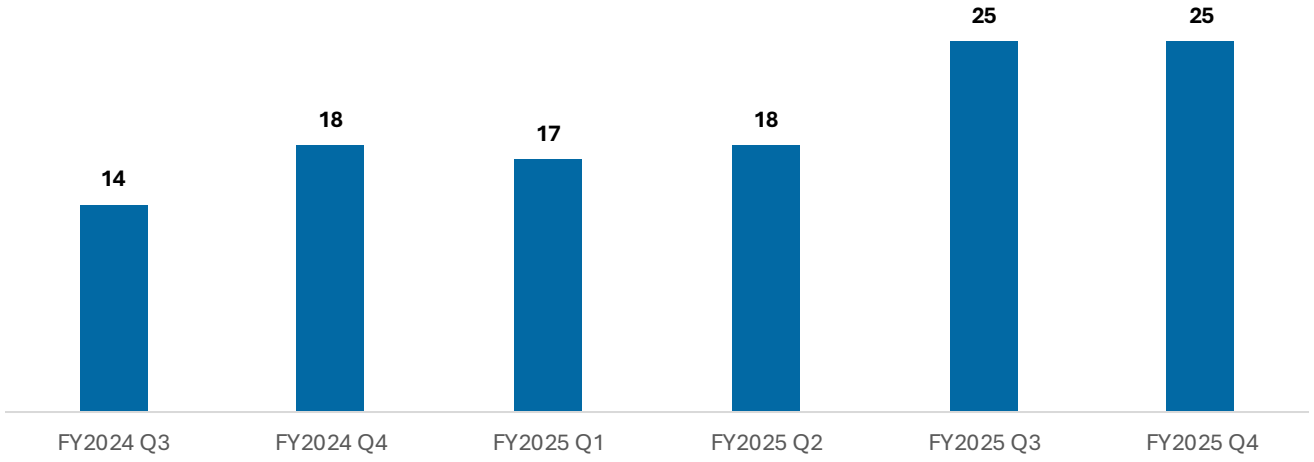
Sub-Acute Crisis Stabilization Data Overview

SACS Description

The Sub-Acute Crisis Stabilization program (SACS) is a short-term residential treatment program that provides families daily trauma informed treatment to support their child's emotional stabilization. The program provides youth and families opportunities to learn and implement interpersonal skill-based interventions to regulate and support safe behaviors at home and in the community.

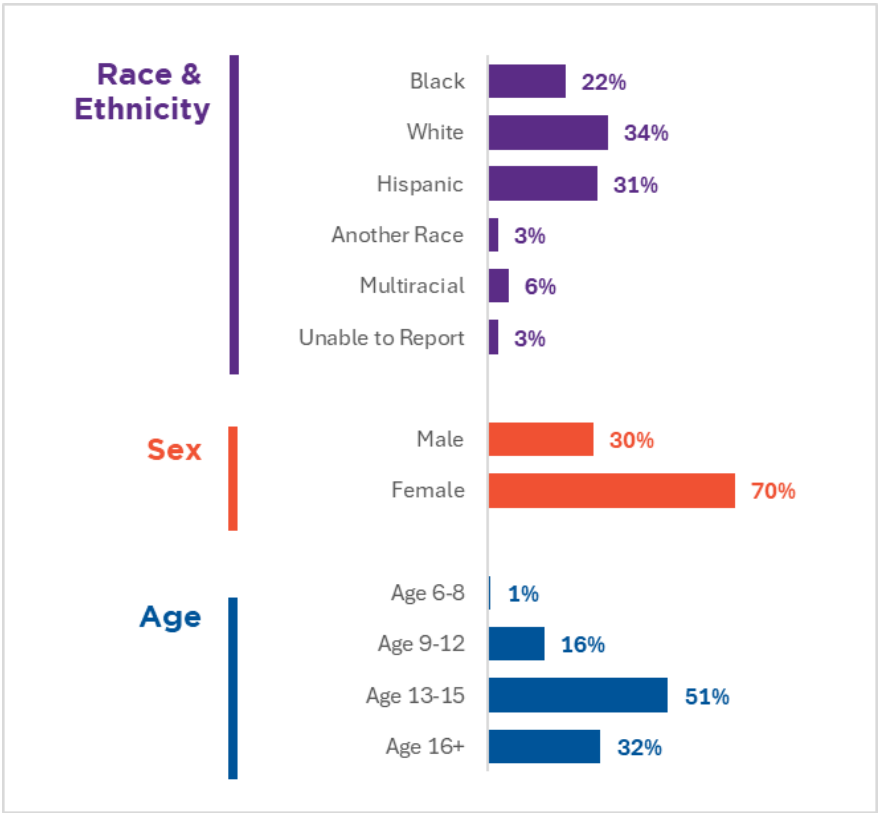
The Village's SACS program is a sub-acute crisis stabilization program that supports and stabilizes youth who are experiencing a behavioral health crisis, requiring more than 24 hours for full stabilization but no more than a 14 day stay.

SACS Volume



There is currently only one SACS location open in Connecticut. From FY2024 Q3 to FY2025 Q4, the SACS served 117 youth.

SACS – Who is being served?
FY24 Q3-FY25 Q4



- SACS have served Black and Hispanic youth at higher rates than the CT population, and White youth at lower rates
- SACS served more females than males
- 83% of children served by SACS were age 13 or older

Note: a smaller sample size than the other services will lead to greater fluctuations in percentages.

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Key SACS Metrics – FY24 Q3-FY25 Q4

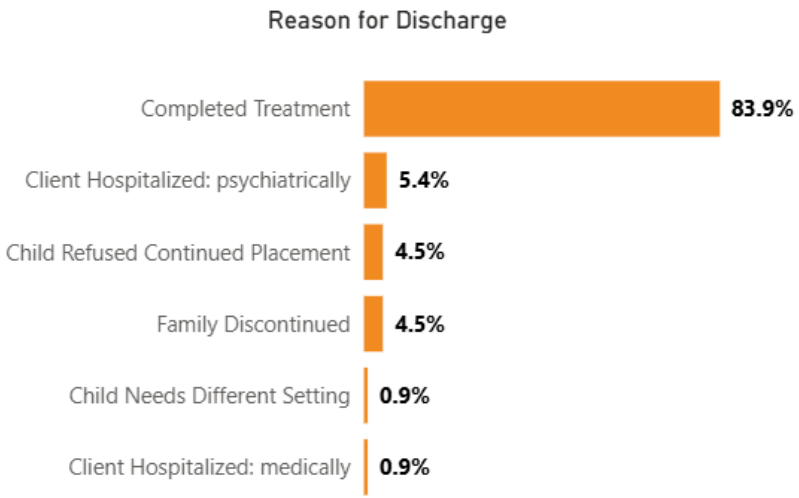
Average Length of Stay

14.9
days

Episodes exceeding 14 days

27.7%

86.6%
of children met treatment goals.



- The average length of stay is 14.9 days – children who stay longer than 14 days are often in need of placement
- The majority of youth served by SACS meet their treatment goals and are discharged for having completed treatment

Stay in touch

Please visit us at www.chdi.org and join our email list for publications and information on solutions that improve outcomes for children and their families.

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