

988 Implementation Plan for Connecticut

988 Planning Grants

Friday, January 21, 2022

Table of Contents

** Jump to any section by holding the CTRL button and clicking on the section OR through Word's Navigation Pane.*

- Grantee Agency, Contacts, and LIFELINE Centers
- Overall Background and Context

Core Areas

- Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts [\(page 5\)](#)
- Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for LIFELINE Member Centers [\(page 12\)](#)
- Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume [\(page 16\)](#)
- Core Area 4: Support Crisis Centers in Meeting LIFELINE's Operational Standards, Requirements, and Performance Metrics [\(page 21\)](#)
- Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation [\(page 27\)](#)
- Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services [\(page 31\)](#)
- Core Area 7: Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters [\(page 36\)](#)
- Core Area 8: Plan and Implement Marketing for 988 in Your State/Territory [\(page 41\)](#)
- Appendix A: Core Area 1: Connecticut Coverage Area Schedule Worksheet
- Appendix B: Connecticut 988 Planning Coalition

Grantee Agency, Contacts, and LIFELINE Centers

[Return to Table of Contents](#)

Grantee: Connecticut (CT) Department of Mental Health and Addiction Services (DMHAS)

988 Grant Primary Contact: Andrea Duarte, Behavioral Health Program Manager, Prevention & Health Promotion Division, CT DMHAS; Andrea.Duarte@ct.gov

Backup 988 Grant Contact: Dana Begin, Behavioral Health Program Manager, Evidence Based Practices Division, CT DMHAS; Dana.Begin@ct.gov

List the Key Grant Staff

- **Project Leader:** Andrea Duarte, CT DMHAS
- **Co-Project Directors:** Tim Marshall, CT Department of Children and Families (DCF), Dana Begin, CT DMHAS, and Lisa Zurolo, CT DMHAS
- **Data Coordinator:** Melissa Ives, CT DMHAS/University of Connecticut School of Social Work (UCSSW)

Number of Current LIFELINE Centers in the State/Territory

- **Active:** One
- **Onboarding (in the application process):** None
- **Any changes in LIFELINE centers?** No
- **If yes, please explain:** N/A

Overall Background and Context

[Return to Table of Contents](#)

Connecticut's suicide prevention infrastructure, led by DMHAS and DCF, began limited funding with federal dollars to the two CT National Suicide Prevention Lifeline (LIFELINE) call centers in 2015. In 2018, infrastructure enhancements to DMHAS' mobile crisis service system began highlighting the need for a single LIFELINE and adult mobile crisis call center, and DCF had been contracting with United Way of CT/211 (UWC/211) since 2009 for youth mobile crisis intervention services call center. UWC/211 won the contract in 2019 for the LIFELINE and adult call center (ACTION Line), resulting in a lifespan call center. Given the extent of this infrastructure change, it was anticipated that call answer rates may be impacted during the initial roll-out in late 2019, but were expected to recover in 2020. However, the COVID-19 pandemic, which started in early 2020, has caused unprecedented worker shortages in every industry worldwide, including the UWC/211. Consequently, the UWC/211 has developed a creative recruitment and retention approach that is anticipated to result in increased capacity and answer rates in preparation for 988. Total 2021 calls handled by the UWC/211 for these three crisis call centers were 59,662 (adult=34,278; youth=13,762; LIFELINE=11,622.)

CT's Suicide Prevention Plan. The CT Suicide Prevention Plan 2025, developed by the CT Suicide Advisory Board (CTSAB), states, "DMHAS, DCF, Department of Public Health (DPH), and UWC/211 collaborated to fund the CT-based LIFELINE services since 2015." Under Goal 1, Objective 1.2.a.- state agencies should examine existing evidence-based strategies to increase support for their sustainment and funding. This includes the CT-based LIFELINE call center.

Description of CT's Crisis System.

Adults - DMHAS has 18 state-operated and state-funded non-profit mobile crisis teams serving specific regions statewide with various hours of operation, and provide in-person support within 90 minutes. Mobile Crisis Services (MCS) are mobile, readily accessible, short-term services for adults and families experiencing acute mental health and/or substance use/addiction crises offered in a rapid response framework to help reduce risk of harm to self and others, hospitalization, and involvement in the criminal justice system. Overall, adult MCS: 1) provides persons in crisis immediate access to a continuum of crisis response services of their choice (e.g. mobile clinical services, peer/community support services); 2) promotes crises prevention among persons and families; and 3) provides postvention activities that supports persons' meaningful sense of belonging.

Youth - DCF funds six youth mobile crisis providers and 14 sites statewide. Ninety percent (90%) of calls received require/receive face-to-face assessment within 45 minutes. Mobile face-to-face assessment is available M-F from 6:00am to 10:00pm and weekend/holidays 1:00pm to 10:00pm. Otherwise, licensed master level clinicians provide telephonic support and next morning face-to-face assessment. UWC/211 provides the Mobile Crisis Intervention Services (MCIS) for Youth crisis hotline 24/7, 365. Yearly, 20,000 calls and 15,000 episodes of care are provided. DCF also funds 70 Short-term Family Integrated Treatment (SFIT) crisis stabilization beds statewide.

Stakeholder Input. The diverse 988 Coalition highlighted in Core Area 5 supported the development of focus group questions, and implementation of a statewide key stakeholder survey. *The CT 988 & Crisis Services Key Stakeholder Survey* informed DMHAS and DCF of key stakeholders' knowledge of 988, past year use of and/or referral to CT Adult Crisis Service and Youth Crisis Services, and also collected stakeholder perspectives on efforts moving forward. Total of 638 people representing more than 20 sectors responded. *The CT 988 & Crisis Services Key Stakeholder Focus Groups* included representatives from local agencies in communities, individuals with lived experience, law enforcement, and schools. Five Regional Suicide Advisory Boards that cover the state hosted Zoom meetings and invited key informants, and the 988 plan consultant led the calls. Ten, 90 minute calls were held, two in each of CT's five DMHAS service regions. An average of 19 people participated per call, and over 100 people participated in total.

DMHAS/DCF Funding Sources. A blend of Substance Abuse & Mental Health Services (SAMHSA) and Health Resources & Services Administration (HRSA) block grants, and discretionary grants for opioid response and suicide prevention maintained CT LIFELINE services 2015-2020. Current funding sources and amounts are noted in Table 1, and well exceed Vibrant's First Year Cost Model for CT estimated at \$3,530,095 due to the combined ACTION Line and LIFELINE funding.

Table. 1 Connecticut Crisis Call Center Current Funding			
#	Grant	Funding Period	Amount
DMHAS Funding (details available upon request)			
1.	Base Funding: SAMHSA Mental Health (MH) Block Grant	Annual	\$550,000
2.	Base Funding: SAMHSA MH Block Grant	Annual	\$148,000
3.	SAMHSA COVID Grant Funds	2/1/21 – 5/31/22	\$75,000
4.	Office of Policy & Management COVID Recovery Funds	4/1/21 – 12/31/21	\$300,000
5.	COVID Supplemental MH Block Grant	3/15/21 – 3/14/23	\$600,438
6.	Block Grant American Rescue Plan Act	9/1/21 – 9/30/25	\$8,719,060
DCF Funding (details available upon request)			
7.	Base Funding: SAMHSA Mental Health (MH) Block Grant	Annual	\$150,000
8.	COVID Supplemental MH Block Grant	3/15/21-3/14/23	\$150,000
9.	Block Grant ARPA	3/15/23-3/14/25	\$180,000

988 Legislation in CT. A legislative review of existing 988 legislation in other states is ongoing and a crosswalk was developed in September 2021. Results inform possible CT 988 legislative initiatives in multiple core areas. DMHAS and DCF will continue to monitor the need for 988-related legislation, and will make legislative recommendations based on identified need.

Top state/territory priorities for change to prepare for 988 rollout in July 2022

Priority #1: Building the UWC/211 LIFELINE provider's staffing capacity to answer 90% of calls offered by July 2022 from the average of 65% (January-November 2021).

Priority #2: Exploring the full range of funding options to support 988-related services and prioritizing CT focus based on how quickly the funds could become available; whether through legislation, insurance reimbursement, or other.

Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: Statewide Coverage for 988 Contacts

Connecticut has one lead LIFELINE provider, the United Way of CT (UWC)/211, which also serves as the mobile crisis call center hub for the lifespan. UWC/211 currently provides 24/7 call center services for CT LIFELINE callers, but no text or chat services. UWC/211 utilizes text/chat for services they provide for information and referral (I&R). This experience will help to inform the 988 planning to add these services for CT LIFELINE callers. From 2016 to 2019, Vibrant reported CT experiencing a 99% increase in CT calls to the LIFELINE, and in 2019 12,065 calls were connected to the CT LIFELINE call centers. There were two LIFELINE providers in CT at that time, but funding was very limited and the call centers were struggling to maintain services. The 988 Planning Grant began shortly after the infrastructure change to one LIFELINE call center as discussed on page 3.

During the nine-month grant period (April 1-December 31, 2021), the UWC/211 reported answering 8,585 (63%) of 13,617 LIFELINE calls offered. In Vibrant's 988 First Year Cost Model for CT, they anticipate 81,100 calls, texts, and chats will be offered to the CT LIFELINE provider, but project that 60,000 will be handled by the UWC/211 (34,000 inbound calls; 1,700 outbound calls; 22,900 chats; and 1,400 texts). Total project cost is estimated at \$3,530,095, just about \$1 per capita of the state population (3.565 million). It is worth noting that the projected 34,000 LIFELINE calls alone are a 193% increase from the 11,622 LIFELINE calls the UWC/211 reported handling in all of 2021 as noted in Vibrant's Broad State Metrics Report for CT. It is important to consider the bigger picture to prepare for 988 in CT, which includes the youth and adult crisis call centers managed by the UWC/211. In 2021, UWC/211 reported handling 34,278 ACTION line calls for adults, which combined with the LIFELINE calls is 45,900. UWC/211 also handled 13,762 youth crisis calls. This is a grand total of 59,662 calls from all three call centers handled by the UWC/211. LIFELINE callers are always prioritized for answer over other types of crisis center calls.

Since September 2021, with additional funding received from the state, UWC/211 has been working to increase call center staffing capacity to meet the demands of all three crisis call centers, and prepare for the implementation of 988. As of January 2022, UWC/211 is staffing-up to fill the remaining 18 of 57 total staff positions dedicated to the three crisis call centers. In order to reach this staffing goal, a recruiter has been hired to acquire additional staff, staff pay rates have been increased, and staff hours have become more flexible (e.g. per diem, split shifts). Positions include: one Operations Director, one Crisis Services Director, two Crisis Services Program Managers, six Crisis Services Clinical Supervisors, six Crisis Services Lead Contact Specialists, one Peer Support Contact Specialist, 40 Crisis Services Contact Specialists, and per diem staff to cover 24/7/365-day crisis center operations. The UWC/211 encourages persons with lived experience, and trained/certified Recovery Support Specialists and Recovery Coaches to

apply for call center positions so they may support callers from their unique perspectives. Forecasting, scheduling and contact center metrics are overseen by the Workforce Operations team and are evaluated daily to meet key performance indicators for each program. Based on forecasting, scheduling and call center metrics, staff will be allocated to 988, and the adult and mobile crisis lines.

These enhancements to the supervisory and management structure are being made to ensure programmatic design, training and coverage capacity. I&R staff (6) are being trained to back-up the LIFELINE Contact Specialists as needed. The state is also investigating having the UWC/211 sub-contract with a back-up call center to support high volume, and in the event of other service interruption. Service data will continue to be closely monitored monthly to measure progress toward the goal and help identify additional resource needs. The UWC/211 is also utilizing the number and percent of calls queued to the LIFELINE (1/1/21-12/18/21) by shift to enhance staff coverage based on demand. Most calls (46%) come in between 4 PM and 12 AM, followed by 8 AM to 4 PM (34%), and 12 AM to 8 AM (20%).

In phase one and early phase two, the UWC/211 will make a plan for adding text and chat services by the end of phase two, which may include sub-contracting with an experienced, provider that is a LIFELINE network member. Per the Crisis Text Line's (CTL) 2020 report, in the 12-month period there were 8,337 individual CT texters, and 15,213 individual text conversations. The CTL also shared that January-November 2021 (11 months) there were 6,097 individual CT texters, and 11,400 individual text conversations. Using the monthly average for 2021, the total individual text conversations was approximately 12,436, which is 788% higher than Vibrant's projected 1,400 texts. These CTL data and continued assessment will help determine volume and need for services. Additionally, per Vibrant's Broad State Metrics Report for CT, the LIFELINE received 3,161 chats and 503 texts from CT, which were answered by back-up centers since the UWC/211 does not currently offer chat or text services for the LIFELINE.

Core Area 1: Statewide Coverage for 988 Contacts - Calls

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 1.1a: By June 30, 2022, UWC/211 will have maintained 24/7, 365 coverage to answer in-state LIFELINE calls.

Personnel/Partners:

1. Senior VP, Health & Human Services, UWC/211
2. Director, Contact Center Operations, UWC/211
3. Program Manager, Crisis Intervention Services, UWC/211
4. Director, Office of Community Mental Health, CT DCF
5. Program Manager, Prevention & Health Promotion Division, CT DMHAS
6. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS

7. Evaluation Team, DMHAS/UConn School of Social Work

Goal 1.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Provide statewide contact center services for youth, adults, and LIFELINE calls 24/7, 365 days a year.	Ongoing	6/30/22	Lead: UWC/211 Partners: DCF, DMHAS
2. Schedule staff coverage based on shift demands.	Ongoing	6/30/22	Lead: UWC/211 Partners: DCF, DMHAS
3. Track and report service delivery data.	Ongoing	6/30/22	Lead: UWC/211 Partners: DCF, DMHAS, Eval Team
4. Identify a back-up center to UWC/211 for LIFELINE calls.	2/1/22	6/30/22	Lead: UWC/211 Partners: DCF, DMHAS, Eval Team

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
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Somewhat certain
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Moderately certain
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Very certain
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Completely certain
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Goal 1.1b: By June 30, 2022, UWC/211 will have hired and trained all staff dedicated to the in-state LIFELINE call services.

Personnel/Partners:

1. Senior VP, Health & Human Services, UWC/211
2. Director, Contact Center Operations, UWC/211
3. Program Manager, Crisis Intervention Services, UWC/211
4. Training Coordinator, UWC/211
5. Director, Office of Community Mental Health, CT DCF
6. Program Manager, Prevention & Health Promotion Division, CT DMHAS
7. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
8. Vibrant

Goal 1.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Hire and retain key positions aimed at increasing capacity for 988 call taking based on call trends and patterns monitored by the United Way of Connecticut, UWC/211.	Ongoing	6/30/22	Lead: UWC/211 Partners: DCF, DMHAS
2. Provide hired staff with comprehensive and concentrated training aimed at preparing them in a timely way to be fully independent within their role.	Ongoing	6/30/22	Lead: UWC/211 Partners: Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

☐**Core Area 1: Statewide Coverage for 988 Contacts – Calls****Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

Goal 1.2a: By June 30, 2023, UWC/211 will maintain 24/7 primary and acquired back-up coverage, and will have developed a sustainability plan to ensure workforce capacity.

Personnel/Partners:

1. Senior VP, Health & Human Services, UWC/211
2. Director, Contact Center Operations, UWC/211
3. Program Manager, Crisis Intervention Services, UWC/211
4. Director, Office of Community Mental Health, CT DCF
5. Program Manager, Prevention & Health Promotion Division, CT DMHAS
6. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
7. Vibrant
8. Contractor to be determined

Goal 1.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Track and report LIFELINE call center service delivery data.	Ongoing	6/30/23	Lead: UWC/211 Partners: DCF, DMHAS, Vibrant
2. Assess staffing, retention, and funding to continue to meet the call volume and ensure rate of response.	Ongoing	6/30/23	Lead: UWC/211 Partners: DCF, DMHAS, Vibrant
3. Develop a staffing capacity sustainability plan for calls.	7/1/22	3/30/23	Lead: UWC/211 Partners: DCF, DMHAS
4. Contract with and initiate services of back-up center to UWC/211 for LIFELINE calls.	7/1/22	9/30/22	Lead: UWC/211, Contractor to be determined Partners: DCF, DMHAS
5. Maintain ongoing activities from phase one.	Ongoing	6/30/23	Lead: UWC/211 Partners: DCF, DMHAS

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

☐**Core Area 1: Statewide Coverage for 988 Contacts – Chats/Texts****Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 1.1c: By June 30, 2022, UWC/211 will have developed a draft “onboarding” plan to provide CT LIFELINE chat and text services.

Personnel/Partners:

1. Senior VP, Health & Human Services, UWC/211
2. Director, Contact Center Operations, UWC/211
3. Program Manager, Crisis Intervention Services, UWC/211
4. Director, Office of Community Mental Health, CT DCF
5. Program Manager, Prevention & Health Promotion Division, CT DMHAS
6. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS

7. Vibrant

Goal 1.1c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Develop a draft “onboarding” plan to provide chat and text 24/7, 365 days a year service coverage.	2/1/22	6/30/22	Lead: UWC/211 Partners: DCF, DMHAS, Vibrant
2. Identify contractors that provide chat and text services, and related costs.	2/1/22	6/30/22	Lead: UWC/211 Partners: DMHAS, DCF, Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Core Area 1: Statewide Coverage for 988 Contacts – Chats/Texts

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 1.2b: By June 30, 2023, UWC/211 will have expanded CT LIFELINE coverage to include chat and text services, and will have developed a sustainability plan to ensure workforce capacity to handle 80% of year two projections.

Personnel/Partners:

1. Senior VP, Health & Human Services, UWC/211
2. Director, Contact Center Operations, UWC/211
3. Director, Office of Community Mental Health, CT DCF
4. Director, Community Services Division, CT DMHAS
5. Program Manager, Prevention & Health Promotion Division, CT DMHAS
6. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
7. Vibrant

Goal 1.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Complete “onboarding” plan to provide chat and text 24/7, 365 days a year service coverage.	7/1/22	9/29/22	Lead: UWC/211 Partners: DMHAS, DCF, Vibrant
2. Implement chat and text “onboarding” plan.	10/1/22	6/30/23	Lead: UWC/211 Partners: DMHAS, DCF, Vibrant
3. Contract with approved provider for text and chat services.	10/1/22	6/30/23	Lead: UWC/211 Partners: DMHAS, DCF
4. Track and report chat and text service delivery data to measure progress.	10/1/22	6/30/23	Lead: UWC/211 Partners: Vibrant
5. Assess service delivery to meet the chat/text demand and ensure rate of response.	10/1/22	6/30/23	Lead: UWC/211 Partners: Vibrant
6. Develop a staffing capacity sustainability plan for chat and text.	10/1/22	3/30/23	Lead: UWC/211 Partners: DCF, DMHAS

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for LIFELINE Member Centers

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: Adequate and Diversified Funding for LIFELINE Centers

Between 2015-2020 CT LIFELINE services (calls answered and follow-up) were funded annually at \$140,000 through a combination of federal discretionary grants under DMHAS, DCF and DPH as noted on page 4. However, these funding sources expired September 29, 2020. Anticipating the elimination of this funding source, DMHAS worked to restructure crisis call services and incorporated CT LIFELINE services (calls answered and follow-up) into the new ACTION Line adult mobile crisis call center services as of October 1, 2020. Initially, services were funded at \$698,000 annually. DMHAS and DCF have since sought additional funding to support the CT LIFELINE services. As a result, the agencies have been able to utilize several sources of federal funding, including Mental Health Block Grant, COVID relief and emergency funding, and American Rescue Plan Act (APRA) dollars to enhance staffing to meet these demands. Details are in Table 1 on page 4. Through UWC/211 contract management, the state agencies prioritize CT LIFELINE calls so callers may be served in-state. Additionally, the state agencies continue to investigate various options to ensure: 1) CT LIFELINE quality services are sustained long-term, and 2) capacity to respond to anticipated increased demand once 988 goes live, including, but not limited to federal grants, insurance coverage (e.g. Medicaid), legislation, etc.

Core Area 2: Adequate and Diversified Funding for LIFELINE Centers Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 2.1a: By June 30, 2022, CT DMHAS and DCF will secure adequate funding sources for LIFELINE/988 calls, texts, and chats through June 2025.

Personnel/Partners:

1. Director, Office of Community Mental Health, CT DCF
2. Director, Community Services Division, CT DMHAS
3. Program Manager, Prevention & Health Promotion Division, CT DMHAS
4. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
5. Senior VP, Health & Human Services, UWC/211

6. Director, Contact Center Operations, UWC/211
7. Directors of Government/Legislative Affairs, CT DMHAS and DCF
8. CT Office of Policy and Management (CT OPM)
9. Other State Agencies to be determined (Other)

Goal 2.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Investigate various funding sources and opportunities.	Ongoing	6/30/22	Lead: DCF, DMHAS Partners: CT OPM, Other
2. Acquire funding to meet current service demands.	Ongoing	6/30/22	Lead: DCF, DMHAS Partners: CT OPM, Other
3. Prepare and provide joint budget template.	10/1/21	10/30/21	Lead: DCF, DMHAS Partners: UWC/211
4. Create and maintain annual joint budget for call/text/ chat services.	10/1/21	6/30/22	Lead: UWC/211 Partners: DCF, DMHAS
5. Perform quarterly and annual review to evaluate, and adjust joint annual budget for funding.	10/1/21	6/30/22	Lead: DCF, DMHAS Partners: UWC/211
6. Review legislative opportunities to support 988 implementation.	10/1/21	10/31/21	Lead: DCF, DMHAS Partners: State agency partners, OPM
7. Make legislative recommendations as needed.	11/1/21	6/30/22	Lead: DCF, DMHAS Partners: OPM, Other

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain
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Goal 2.1b: By June 30, 2022, DMHAS and DCF will cooperatively monitor all LIFELINE Center financial expenditures and have comprehensive oversight of services and contracts.

Personnel/Partners:

1. Director, Office of Community Mental Health, CT DCF

2. Director, Community Services Division, CT DMHAS
3. Program Manager, Prevention & Health Promotion Division, CT DMHAS
4. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
5. Senior VP, Health & Human Services, UWC/211
6. Director, Contact Center Operations, UWC/211
7. Program Manager, Crisis Intervention Services, UWC/211
8. Contract and Budget Staff, CT DMHAS and DCF (Contracts & Budgets)

Goal 2.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Monitor financial expenditures.	Ongoing	6/30/22	Lead: DCF, DMHAS Partners: UWC/211
2. Monitor services and existing contracts.	Ongoing	6/30/22	Lead: DCF, DMHAS Partners: UWC/211
3. Develop and manage contracts with UWC/211 to support LIFELINE call center.	Ongoing	6/30/22	Lead: DCF, DMHAS Partners: UWC/211

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain ☐
 Somewhat certain ☐
 Moderately certain ☐
 Very certain ☒
 Completely certain ☐

Core Area 2: Adequate and Diversified Funding for LIFELINE Centers

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 2.2a: By June 30, 2023, DMHAS and DCF will have developed a working sustainability plan to ensure funding of the CT LIFELINE/988 services beyond 2025.

Personnel/Partners:

1. Director, Office of Community Mental Health, CT DCF
2. Director, Community Services Division, CT DMHAS
3. Program Manager, Prevention & Health Promotion Division, CT DMHAS

4. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
5. Senior VP, Health & Human Services, UWC/211
6. Director, Contact Center Operations, UWC/211
7. Directors of Government/Legislative Affairs, CT DMHAS and DCF
8. CT Office of Policy and Management (CT OPM)
9. Other State Agencies to be determined (Other)

Goal 2.2a Actions Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Develop a working sustainability plan to ensure funding.	7/1/22	6/30/23	Lead: DCF, DMHAS Partners: UWC/211 OPM, others
2. Perform quarterly and annual reviews to track LIFELINE service data and related costs.	Ongoing	6/30/23	Lead: DCF, DMHAS Partners: UWC/211
3. Adjust budgets accordingly based on data and costs.	Ongoing	6/30/23	Lead: DCF, DMHAS Partners: UWC/211
4. Identify additional financial needs.	Ongoing	6/30/23	Lead: DCF, DMHAS Partners: UWC/211
5. Identify funding sources to support services.	Ongoing	6/30/23	Lead: DCF, DMHAS Partners: UWC/211
6. Determine if legislation is/will be needed to support services into the future.	Ongoing	6/30/23	Lead: DCF, DMHAS Partners: OPM, others
7. Make legislative recommendations.	Ongoing	6/30/23	Lead: DCF, DMHAS Partners: OPM, others
8. Maintain ongoing activities from phase one.	Ongoing	6/30/23	Lead: DCF, DMHAS Partners: UWC/211

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Not at all certain

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Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: Capacity for Target In-State/Territory Answer Rates

The UWC/211 serves as the CT LIFELINE provider and has had a goal to answer 90% of in-state LIFELINE calls with 90% of them within a 30-second average speed of answer. In 2021, the UWC/211 reported handling 11,622 LIFELINE calls of the 17,895 LIFELINE calls offered as noted in Vibrant's Broad State Metrics Report for CT. This is a monthly average of: 1,491 calls per month offered, 969 calls answered, an answer rate of 65%, and 48-second speed to answer. The average 522 unanswered calls per month (35%) of the 1,491 offered were re-routed to national back-up centers at the 180 seconds (2 minutes) wait time. To reduce the burden on these national back-up centers, but more importantly serve CT callers locally, the UWC/211 is striving to reach and answer rate of at least 80% by June 2022, and meet the goal to answer 90% of calls offered by June 2023. With the UWC/211 average call answer rate currently at 65%, accomplishing an 80% answer rate will result in a 23% change (average monthly increase of 1,193 calls), and a 90% answer rate will result in a 39% change (average monthly increase of 1,342 calls).

CT is assessing existing services provided and related data metrics, and exploring the adoption of services to meet the 988 requirements, which may include subcontracting as noted in Core Area 1 for call back-up, and text/chat services. The UWC/211 and DMHAS/UCONN School of Social Work (UCSSW) Evaluation Team developed and utilized a data reporting tool aligned with the Vibrant instruction sheet for review, entry and to support the local evaluation that is now complete and will help guide next steps.

In Vibrant's 988 First Year Cost Model for CT, they anticipate 81,100 calls, texts, and chats will be offered to the CT LIFELINE provider, but project that 60,000 will be handled by the UWC/211 (34,000 inbound calls; 1,700 outbound calls; 22,900 chats; and 1,400 texts). The projected 34,000 calls would be a 193% increase from the 11,622 calls UWC/211 reported handling in 2021. This means UWC/211 must prepare their system for this large surge when 988 implementation starts, and most of the effort is focused on staffing-up, training, and making preparations for text/chat services. As noted in Core Area 1, it is important to consider the bigger picture to prepare for 988 in CT, which includes the youth and adult crisis call centers managed by the UWC/211. In 2021, UWC/211 reported handling 34,278 ACTION line calls for adults, which combined with the LIFELINE calls is 45,900. UWC/211 also handled 13,762 youth crisis calls. This is a grand total of 59,662 calls from all three call centers handled by the UWC/211. LIFELINE callers are always prioritized for answer over other types of crisis center calls.

In phase one and early phase two, the UWC/211 will make a plan for adding text and chat services by the end of phase two, which may include sub-contracting with an experienced, provider that is a LIFELINE network member. The UWC/211 will ensure this plan sets the chat and text capacity goal of at least 80% of year two projections for statewide coverage for chat/text 988 contacts. This will be measured by ongoing review of chat and text volume, and capacity for rate of answer based on the volume of chat and text communications with the contact center. Per Vibrant’s Broad State Metrics Report for CT, the LIFELINE received 3,161 chats and 503 texts from CT, which were answered by back-up centers since the UWC/211 does not currently offer chat or text services for the LIFELINE. Per the Crisis Text Line’s (CTL) 2020 report, in the 12-month period there were 8,337 individual CT texters, and 15,213 individual text conversations. The CTL also shared that January-November 2021 (11 months) there were 6,097 individual CT texters, and 11,400 individual text conversations. Using the monthly average for 2021, the total individual text conversations was approximately 12,436, which is 788% higher than Vibrant’s projected 1,400 texts.

Core Area 3: Capacity for Target In-State/Territory Answer Rates
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 3.1a: By June 30, 2022, UWC/211 will have achieved and maintained at minimum an 80% in-state answer rate for LIFELINE calls.

Personnel/Partners:

1. Director, Office of Community Mental Health, CT DCF
2. Program Manager, Prevention & Health Promotion Division, CT DMHAS
3. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
4. Senior VP, Health & Human Services, UWC/211
5. Director, Contact Center Operations, UWC/211
6. Program Manager, Crisis Intervention Services, UWC/211

Goal 3.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Increase call center capacity to answer in-state calls.	Ongoing	6/30/22	Lead: DCF, DMHAS Partners: UWC/211
2. Restructure crisis services team to support projected & forecasted increase in calls.	Ongoing	6/30/22	Lead: UWC/211 Partners: DCF, DMHAS

Action Steps	Start Date	Due Date	Lead and Partners
3. Track answer rates and reconcile with LIFELINE data metrics.	Ongoing	6/30/22	Lead: UWC/211 Partners: Vibrant, DCF, DMHAS

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain ☐
 Somewhat certain ☐
 Moderately certain ☐
 Very certain ☒
 Completely certain ☐

Goal 3.1b: By June 30, 2022, there will be an enhanced tracking and reconciliation process for LIFELINE answer rate data.

Personnel/Partners:

1. Senior VP, Health & Human Services, UWC/211
2. Director, Contact Center Operations, UWC/211
3. Program Manager, Crisis Intervention Services, UWC/211
4. Director, Office of Community Mental Health, CT DCF
5. Program Manager, Prevention & Health Promotion Division, CT DMHAS
6. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
7. Evaluation Team, DMHAS/UConn School of Social Work
8. Vibrant

Goal 3.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Track and report answer rate data via UWC/211 call data.	Ongoing	6/30/22	Lead: UWC/211 Partners: Vibrant, DCF, DMHAS, Eval Team
2. Reconcile data with LIFELINE answer rate data.	Ongoing	6/30/22	Lead: Vibrant, UWC/211 Partners: DCF, DMHAS

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain ☐
 Somewhat certain ☐
 Moderately certain ☒
 Very certain ☐
 Completely certain ☐

Core Area 3: Capacity for Target In-State/Territory Answer Rates

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 3.2a: By June 30, 2023, UWC/211 will monitor and adjust staffing capacity to maintain 90% of calls queued and 95% within 20 seconds or less average speed of answer, and handle at least 80% of projected chat/text volume.

Personnel/Partners:

1. Senior VP, Health & Human Services, UWC/211
2. Director, Contact Center Operations, UWC/211
3. Program Manager, Crisis Intervention Services, UWC/211
4. COVID Workforce Operations Manager, UWC/211
5. Director, Office of Community Mental Health, CT DCF
6. Program Manager, Prevention & Health Promotion Division, CT DMHAS
7. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS

Goal 3.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Analyze in-state answer rate and key performance indicators for call, chat, and text.	Ongoing	6/30/23	Lead: UWC/211 Partners: DCF, DMHAS
2. Review staffing projections and forecasting based on goals established to meet in-state answer rates.	Ongoing	6/30/23	Lead: UWC/211 Partners: DCF, DMHAS
3. Adjust staffing model to support fluctuation in call, text, chat volumes based on in-state answer rates.	Ongoing	6/30/23	Lead: UWC/211 Partners: DCF, DMHAS
4. Review and report additional system needs to meet in-state answer rates and key performance indicators.	Ongoing	6/30/23	Lead: DCF, DMHAS Partners: UWC/211
5. Maintain ongoing activities from phase one.	Ongoing	6/30/23	Lead: DCF, DMHAS Partners: UWC/211

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Core Area 4: Support Crisis Centers in Meeting LIFELINE's Operational Standards, Requirements, and Performance Metrics

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: LIFELINE Standards and Requirements

The UWC/211 is a LIFELINE provider that maintains national accreditations from the Alliance for Information and Referral Services (AIRS) and the American Association of Suicidology (AAS). DMHAS holds UWC/211 to the LIFELINE performance standards set by Vibrant for the 988 Planning Grant, and will continue to do so under contract. These include, but are not limited to:

- LIFELINE-related expense data pertaining to: operations, administration, staffing, training, technology related calls, chats and texts.
- Call volume, in-state answer rates (goal 80%+), average handle time, and average answer speed, wait times, and number of calls answered compared to those queued and unanswered;
- Percentages of caller gender;
- Percentages of caller age categories;
- Percentages of caller's suicide experience categories (i.e. loss survivor, attempt survivor, suicide attempt in progress, ideation);
- Number of callers who identify as a veteran or in active military service;
- Number of calls that resulted in emergency dispatch; and
- Percent of calls that required emergency dispatch and the percent of these which were collaborative or involuntary.

Additionally, the local evaluation performed by UCSSW has identified recommended next steps for improved data metric capture, organization, definition, and data sharing.

UWC/211's Health and Human Service Contact Center operates 24-hours a day as a blended contact center, serving the needs of callers in crisis as well as those looking for information and referrals. UWC/211 utilizes Imminent Risk, Third Party, Active Rescue and Call Handling Protocols. The purpose of the UWC/211's crisis line services are to help meet the needs of callers in crisis by accurately assessing the source and meaning of the caller's stress, providing emotional support, and utilizing existing resources to provide immediate or ongoing assistance to the individual. Contact Specialists actively engage and intervene in situations involving callers that are at imminent danger, harm or risk of suicide and initiate active rescue as needed. Contact Specialists will utilize "duty to inform" in an imminent risk situation, to contact emergency services for those callers who are in life threatening situations. Efforts are made to engage the caller in a warm-transfer to 911 only as the least invasive approach to this option. To determine caller's needs, safety, and the appropriate intervention(s) and support, the Contact Specialist will actively engage to build a collaborative

rapport and clearly assess the caller's situation, identify that the caller is experiencing an emotional crisis, and perform a Suicide Risk Assessment/Homicide Risk Assessment/Third Party Risk Assessment.

When any third-party suicide call comes into UWC/211 options are offered to the caller on how to help the individual at risk for suicide based on reported need and imminence of the risk situation presented. The third party can be offered the option for the Contact Specialist to reach out to the individual in distress to offer support and non-clinical assessment of risk and need directly. This can be completed either with the third party's participation in the call, or independent of the third party, based on the caller's preference. If the third party declines the option for the Contact Specialist to reach out to the person of concern, the third-party caller is provided information on warning signs, do's and don'ts, and myths related to suicide. A lethality assessment is completed by the Contact Specialist with the caller. The assessment results are shared with the caller, and they are offered professional resources (e.g. police departments, hospital emergency rooms, mobile crisis teams, and counseling agencies) based on the need presented. The third-party caller is also educated about their role in providing intervention to the individual at risk for suicide.

Utilization of the UWC/211's resource database provides for the ability to link callers to the most culturally and linguistically appropriate services for their needs. The Contact Specialists for the LIFELINE are trained to assist callers in the language in which they are most comfortable, and to identify services best suited to the needs of the individual in totality. Capacity to meet this need includes use of 711 relay services for the deaf and hard of hearing community.

UWC/211 employs a multicultural staff, including Contact Specialists who natively speak both Spanish and Portuguese. Having a multicultural and multilingual staff provides for the ability to match the linguistic and cultural needs of many of the residents in CT. When a Contact Specialist identifies an individual on the line who is more comfortable speaking in a language other than English, if the Contact Specialist does not speak the same language as the caller, they utilize an interpreter service for the call. If the caller asks to speak with a Contact Specialist who speaks their language directly rather than use an interpreter, and there is a staff member available who can provide for that, this is facilitated.

UWC/211 tracks the demographic data of individuals referred to both youth and adult mobile crisis services through the crisis lines. This is part of data collection for the state, which helps to inform how resources are allocated to match the cultural and linguistic needs of the consumers utilizing these services. Data on race, ethnicity, gender, language, age, and target groups such as veterans and individuals who identify as having a disability are collected, and that data is regularly reviewed and shared with DMHAS and DCF.

UWC/211 has a wealth of experience creating and utilizing APIs (Application Programming Interface), and they also utilize several APIs from their existing Software as a Service (SaaS) providers to extract data and populate report databases. The UWC/211 utilizes

various technologies (e.g. InContact and iCarol) to support current LIFELINE call center services, linkages and data collection, and will work with Vibrant and their contractor to apply the 988 Unified Platform as effectively and efficiently as possible while taking current resources into account to support the improvement of services for in-state calls, texts, and chats. The UWC/211 is very interested to learn about the new Unified Platform's utility and potential application for CT, and has in fact joined the Unified Platform Workgroup that will help inform Vibrant and their contractor in preparation for implementation in late 2022.

Pertaining to standards related to the intersection of 988 and 911, DMHAS, DCF, UWC/211 and the Department of Emergency Services and Public Protection (DESPP) continue to have conversations about the intersection of the 988 crisis system and 911 Public Safety Answering Point (PSAP) operations. One of the primary concerns is that there has not been any best practice guidance coming from the national or federal level directed at PSAPs for connecting with the 988 crisis system. There are national/state level protocols and standards, and then each state police, regional, and municipal PSAP has its own policies and procedures. DESPP does not have the authority to dictate the content of these. As a result, the PSAPs will continue to dispatch emergency services for behavioral health crisis calls until they receive this guidance, and it will be the police who may request mobile crisis services when "on scene." DESPP has volunteered to participate on the National Emergency Number Association's (NENA) 911/988 Interactions Work Group: <https://www.nena.org/page/911-988OpsWG>. This work group seeks to provide call and information sharing solutions to Emergency Communications Centers (ECCs) and LIFELINE call centers with the goal to provide uniform best practices to stakeholders in the ECC environment and the new 988 system. Also, they will begin to address each entity's role and responsibility, and the processes and training needed to properly handle mental health crises. The standard will also define how the 988 system can interconnect and utilize the 9-1-1 system for accurate 988 call routing and support for text messaging to 988.

Core Area 4: LIFELINE Standards and Requirements

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 4.1a: By June 30, 2022, UWC/211 will review and maintain call protocols and quality assurance practices, and create chat/text policies, protocols, and quality assurance practices.

Personnel/Partners:

1. Director, Contact Center Operations, UWC/211
2. Program Manager, Crisis Intervention Services, UWC/211
3. UWC/211 Trainers, UWC/211
4. Information Department Director, UWC/211
5. Director, Office of Community Mental Health, CT DCF
6. Program Manager, Prevention & Health Promotion Division, CT DMHAS

7. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
8. Vibrant

Goal 4.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Maintain a training program, protocols, and quality assurance measures, developed to be in compliance with the requirements and standards of LIFELINE and AAS for calls.	Ongoing	6/30/22	Lead: UWC/211 Partners: N/A
2. Include training requirements, protocols, and quality assurance measures in compliance with the requirements and standards of LIFELINE and AAS policies for chat and text draft plan development (Core Area 1).	10/1/21	6/30/22	Lead: UWC/211 Partners: Vibrant, DMHAS, DCF

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain Somewhat certain Moderately certain Very certain Completely certain
☐ ☐ ☐ ☒ ☐

Goal 4.1b: By June 30, 2022, UWC/211 will create a plan for a process and schedule for ongoing updates and review of protocols and quality assurance procedures for calls, texts, and chats.

Personnel/Partners:

1. Director, Contact Center Operations, UWC/211
2. Program Manager, Crisis Intervention Services, UWC/211

Goal 4.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Create a schedule for the annual review of protocols and the ongoing monitoring, updating, and tracking of protocol changes.	Ongoing	6/30/22	Lead: UWC/211 Partners: N/A
2. Create a quality improvement plan to advance CT LIFELINE services with a focus on policies, identification, referral and access to care for those in imminent risk for suicide aligned with national best practice guidance and the CT Suicide Prevention Plan 2025 .	4/30/22	6/30/22	Lead: UWC/211 Partners: N/A
3. Participate on the Unified Platform Workgroup to help guide implementation preparations.	1/1/22	6/30/22	Lead: UWC/211 Partners: N/A

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

☐

Moderately certain

☐

Very certain

☒

Completely certain

☐**Core Area 4: LIFELINE Standards and Requirements****Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

Goal 4.2a: By June 30, 2023, UWC/211 will utilize a quality improvement plan, and participation on the Unified Platform to increase efficiency and effectiveness of CT LIFELINE services.

Personnel/Partners:

1. Director, Contact Center Operations, UWC/211
2. Program Manager, Crisis Intervention Services, UWC/211

Goal 4.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Participate on the Unified Platform Workgroup to help guide implementation preparations.	Ongoing	6/30/23	Lead: UWC/211 Partners: N/A
2. Once Unified Platform is unveiled, review the application and define gaps and differences from the current system (UWC/211 currently uses cloud-based applications -inContact for call management and iCarol for data entry).	11/1/22	6/30/23	Lead: UWC/211 Partners: N/A
3. Include training requirements, protocols, and quality assurance measures in compliance with the requirements and standards of LIFELINE/SAMHSA policies for chat and text plan and plan implementation.	7/1/22	6/30/23	Lead: UWC/211 Partners: Vibrant, DMHAS, DCF
4. Maintain ongoing activities from phase one.	Ongoing	6/30/23	Lead: UWC/211 Partners: N/A

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: 988 Stakeholder Coalition

CT DMHAS and DCF lead active mobile crisis and suicide prevention workgroups and statewide coalitions that have been meeting for many years. These existing partnerships allowed rapid engagement of key stakeholders for this planning initiative, and many partners engaged upon hearing of the funding opportunity. The CT 988 Planning Coalition is made up of 47 people from 34 organizations representing diverse sectors and populations far beyond the minimum required, but necessary for state planning purposes, especially pertaining to racial equity and social justice. The majority of members represent their agencies, and are not paid to attend meetings. Only one person from an organization made of volunteers received an honorarium. A comprehensive list of members, their organizations, and role/expertise is in Appendix B.

The 988 Coalition was initiated in December 2020 while preparing the 988 Planning Grant application, and then has met monthly April 2021 to the present. Members have had the opportunity to learn about the CT Crisis System across the lifespan directed by DMHAS and DCF; the 988 initiative; the local crisis call center and LIFELINE provider; the CT mobile crisis call centers and the state's extensive resources and services for youth and adults; and what it means to develop the intersection of 988 and 911 at Public Safety Answering Points. Coalition meetings have provided an opportunity for members to ask questions and share and exchange perspectives and suggestions for CT Crisis Service System enhancements. It has been crucial that coalition meetings provide a forum and safe space for advocates of various lived-experienced populations to promote strategies that provide meaningful involvement of such persons and their families in the development, implementation, and evaluation of crisis services so services more intentionally and effectively connect and address the needs of those seeking them. This remains a priority as the system grows and expands over time. Coalition members have engaged in separate meetings to address specific crisis system issues including diverse populations needs and will continue to do so on an as needed basis. The coalition members have been instrumental in developing and extending opportunities for additional key stakeholders to provide input into the 988-planning process through focus groups and statewide surveys. CT will maximize and leverage the connections the coalition members have as part of the planning and implementation process for 988.

As we progress towards the implementation of 988, it is anticipated that the Coalition will grow and change. It is very likely that the coalition will integrate with the [CT Suicide Advisory Board](#) (CTSAB) coalition (est. 2012) in July 2022. The CTSAB is co-directed by DMHAS and DCF, which oversees the development and implementation the suicide prevention infrastructure guided by the [CT](#)

[Suicide Prevention Plan 2025](#), and its goals and objectives that are all related to 988. Many of the 988 Coalition members are already also members of the CTSAB, and the CTSAB’s expansive membership will help expand, fill potential gaps, and further diversify the oversight group for 988. This is especially true pertaining to representatives of special populations highlighted in the [CT Suicide Prevention Plan 2025](#) on pages 42-69. Additionally, 988 Planning has been a standing agenda item under grant updates for CTSAB meetings throughout the grant period on a monthly basis, and will continue quarterly in 2022.

Core Area 5: 988 Stakeholder Coalition
Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 5.1a: By June 30, 2022, the CT 988 Coalition will have met monthly to support the state’s initiation of 988 for July 2022.

Personnel/Partners:

1. Director, Office of Community Mental Health, CT DCF
2. Program Manager, Prevention & Health Promotion Division, CT DMHAS
3. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
4. 988 Coalition - A comprehensive list of coalition members, their organizations and role/expertise are in Appendix B.

Goal 5.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Maintain 988 coalition listserv.	Ongoing	6/30/22	Lead: DMHAS Partners: DCF
2. Host monthly coalition meetings.	Ongoing	6/30/22	Lead: DMHAS Partners: DCF
3. Engage coalition members for input on planning for 988 through various mechanisms (meetings, surveys, website, listservs).	Ongoing	6/30/22	Lead: DMHAS, DCF Partners: UWC/211, 988 Coalition
4. Provide 988 presentations to various stakeholder groups upon request.	Ongoing	6/30/22	Lead: DMHAS, DCF Partners: UWC/211, 988 Coalition

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
☐

Somewhat certain
☐

Moderately certain
☐

Very certain
☒

Completely certain
☐

Goal 5.1b: By June 30, 2022, the CT 988 Planning Coalition will have determined how the coalition will be sustained to support 988 implementation over time.

Personnel/Partners:

1. Director, Office of Community Mental Health, CT DCF
2. Program Manager, Prevention & Health Promotion Division, CT DMHAS
3. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
4. 988 Coalition - A comprehensive list of coalition members, their organizations and role/expertise are in Appendix B.

Goal 5.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Determine 988 Coalition sustainment based on existing resources and infrastructure.	10/1/21	6/30/22	Lead: DMHAS, DCF Partners: 988 Coalition
2. Coalition members will decide if they will continue to participate and how they will contribute.	2/1/21	6/30/22	Lead: DMHAS, DCF Partners: 988 Coalition
3. Coalition members will be approached to take on more specific roles to engage other key stakeholders, especially those sectors they represent, in the roll-out of 988.	2/1/21	6/30/22	Lead: DMHAS, DCF Partners: 988 Coalition
4. Assessment of needed key stakeholder representation to address gaps.	Ongoing	6/30/22	Lead: DMHAS, DCF Partners: 988 Coalition

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain ☐ Somewhat certain ☐ Moderately certain ☐ Very certain ☒ Completely certain ☐

Core Area 5: 988 Stakeholder Coalition

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 5.2a: By June 30, 2023, the 988 Coalition will have been sustained and formalized, and will meet on a regular basis.

Personnel/Partners:

1. Director, Office of Community Mental Health, CT DCF
2. Program Manager, Prevention & Health Promotion Division, CT DMHAS
3. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
4. 988 Coalition - A comprehensive list of coalition members, their organizations and role/expertise are in Appendix B.

Goal 5.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Broad Coalition will meet at least quarterly.	Ongoing	6/30/23	Lead: DMHAS, DCF Partners: 988 Coalition
2. A core implementation group will meet at least monthly.	Ongoing	6/30/23	Lead: DMHAS, DCF Partners: UWC/211 others TBD
3. Assessment of needed key stakeholder representation to address gaps.	Ongoing	6/30/23	Lead: DMHAS, DCF Partners: 988 Coalition
4. Maintain ongoing activities from phase one.	Ongoing	6/30/23	Lead: DMHAS, DCF Partners: 988 Coalition

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain ☐ Somewhat certain ☐ Moderately certain ☐ Very certain ☒ Completely certain ☐

Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: Comprehensive Resource Listings; Plan for Expanded Services

The UWC/211 is the most comprehensive information and referral service in Connecticut. The service can be accessed by phone or by web at <http://www.211ct.org/>. UWC/211 also offers specialized services in childcare, child development, housing, family leave, crisis intervention, and more. The UWC/211 database iCarol includes 4,000 agencies and 40,000 programs and services including basic needs supports, domestic violence services, warmlines, mobile crisis providers, etc. The database is constantly maintained and updated by Resource Database Curators, to provide the most accurate and up to date resources and information to UWC/211 staff and the community.

UWC/211 makes a serious commitment to maintaining an accurate database. Their most dynamic resource for information is the callers themselves. Since their own Contact Specialists are accessing the data every single day and giving information to thousands of callers, they often hear about new information or inaccurate records when changes are fresh. They also subscribe to newsletters and newspapers, looking for new or changed information. They also rely on agencies to let us know when they are getting inappropriate referrals or when they have new programs. They send annual printouts to each agency in the database, showing them the details, they have about their services and sites. Agencies can then review their information and send us back their corrections or verify that their information is still accurate.

UWC/211 uses the Alliance of Information & Referral Systems (www.airs.org) approved Taxonomy of Human Services, a standard indexing system used by human service information and referral systems throughout the United States. This national taxonomy contains thousands of service terms, organized into ten general categories and many subcategories. UWC/211 uses about 1,800 of these, chosen based on general information and referral needs. Agencies cannot re-name specific service terms since the terms are part of a national indexing system.

Contact Specialists will utilize the comprehensive resource database to make referrals to community resources after an assessment of the caller's current situation and risk. There are specific resources in the UWC/211 database spanning all age groups and special populations including faith-based communities, disabled and veteran populations, culturally appropriate services, and resources for individuals who are seeking support specific to their LGBTQ-IA identity.

As noted in Core Area 4, Contact Specialists can warm-transfer callers directly to a service provider or as needed, an active rescue. Warm-transfers to youth and adult mobile crisis providers available statewide occur during their business hours. Referrals for both youth and adult mobile crisis are entered into confidential program specific electronic record systems, and are shared between the contact center and the community providers. UWC/211 employs licensed or license eligible clinicians to provide clinical phone stabilization during youth mobile crisis after hours/non-mobile hours for youth crises with the option for in-person follow-up during mobile hours the following day. When adult mobile crisis is non-mobile, the mobile crisis team themselves either provide clinical phone stabilization, which the caller is warm-transferred to, or for a few adult mobile crisis teams, the UWC/211 Contact Specialists will provide telephonic support and ensure safety planning. The Contact Specialist then submits the referral to a shared electronic record system that the mobile crisis team clinicians will review and respond to when they are again mobile. The verbal warm-transfer in addition to the shared electronic record ensures seamless transfer of information from the contact center to the community crisis provider.

Mental Health Resources in the UWC/211 Database Include:

- <https://uwc.211ct.org/about-211/211data/>
- Adult Residential Treatment
- Community Mental Health
- Domestic Violence Hotlines
- Mental Health Evaluation
- Suicide Prevention Hotlines
- Veteran Services and Crisis Line
- Talklines/Warmlines
- General Counseling Services
- Psychiatric Disorder Counseling
- Psychiatric Day Treatment
- Emergency Mobile Psychiatric Services for Adults
- Therapy Referrals
- Central Intake Therapist Referral Line
- Adult and Youth Counseling
- Emergency Mobile Psychiatric Services for Youth
- Home Based Mental Health
- Youth Issues Hotlines
- Mental Health Related Support Groups

The UWC/211 database has the state's most comprehensive listing of non-profit and state funded resources in CT. Agencies, programs, and organizations who fit the non-profit or state funded criteria are regularly contacted by a team of Resource Database Curators to ensure that information provided to the community is up to date and accurate. If a gap is identified by Contact Specialists through call taking, it is recorded in the electronic record as an "unmet need" with a reason for why the need was unmet. These "unmet needs" typically include hours of operation limitations, regional lack of service availability, etc. They most often apply to tangible needs such as transportation. Gaps identified as "unmet needs" are regularly reviewed by UWC/211 and the data collected is provided to funders as part of regular reporting. This data is utilized to inform resource allocation throughout the state.

If a Contact Specialist identifies an unmet need based on assessment of caller's needs and caller request, they will work with the individual strategize options available through natural supports and look for viable alternative resources to address the concerns.

UWC/211 has a wealth of experience creating and utilizing APIs (Application Programming Interface). They developed an API for the 211ct.org search engine that allows external entities to submit search parameters and receive search results. This API has already been used by approved entities using a security key issued by them. They also utilize several APIs from existing Software as a Service (SaaS) providers to extract data and populate report databases.

Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 6.1a: By June 30, 2022, UWC/211 will maintain and update the existing UWC/211 comprehensive resource database, as appropriate and continue to train staff to make appropriate referrals to the community resources matching caller needs.

Personnel/Partners:

1. Director of Information Services, UWC/211
2. Contractors to be determined

Goal 6.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Maintain the existing comprehensive listing of resources in the UWC/211 database.	Ongoing	6/30/22	Lead: UWC/211 Partners: N/A
2. Continue to train staff to utilize the existing UWC/211 listing of resources to make appropriate referrals.	Ongoing	6/30/22	Lead: UWC/211 Partners: N/A

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
☐

Somewhat certain
☐

Moderately certain
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Very certain
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Completely certain
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Goal 6.1b: By June 30, 2022, UWC/211 will continue to maintain and update the UWC/211 resource database according to AIRS (Alliance of Information and Referral) standards with a focus on maintaining the most up to date information on community resources for mental health and substance misuse support.

Personnel/Partners:

1. Director of Information Services, UWC/211
2. UWC/211 Trainer, UWC/211
3. Director, Contact Center Operations, UWC/211
4. Program Manager, Crisis Intervention Services, UWC/211

Goal 6.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. In accordance with AIRS standards, continue to fully review and update all the resources in the existing UWC/211 database annually.	Ongoing	6/30/22	Lead: UWC/211 Partners: N/A
2. Continue to train and refresh staff on utilizing the existing UWC/211 resource database.	Ongoing	6/30/22	Lead: UWC/211 Partners: N/A
3. Train UWC/211 Contact Specialist staff on working with populations at higher risk of suicide, including awareness of referral options for them (e.g. Veterans/Military).	Ongoing	6/30/22	Lead: UWC/211 Partners: Contractors

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain ☐
 Somewhat certain ☐
 Moderately certain ☐
 Very certain ☒
 Completely certain ☐

Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 6.2a: By June 30, 2023, UWC/211 will perform ongoing review and updates to ensure comprehensive resource listings and any additional expanded services.

Personnel/Partners:

1. Director of Information Services, UWC/211
2. Director, Contact Center Operations, UWC/211
3. Program Manager, Crisis Intervention Services, UWC/211

Goal 6.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Comprehensive listing of resources is maintained by UWC/211 and continually updated.	Ongoing	6/30/23	Lead: UWC/211 Partners: Services and Partner Agencies TBD
2. Review and update listings of any expanded services.	Ongoing	6/30/23	Lead: UWC/211 Partners: N/A
3. Continue to provide training about new and existing resources to staff.	Ongoing	6/30/23	Lead: UWC/211 Partners: N/A
4. Train UWC/211 Contact Specialist staff on working with populations at higher risk of suicide, including awareness of referral options for them (e.g. Veterans/Military).	Ongoing	6/30/23	Lead: UWC/211 Partners: N/A
5. Maintain ongoing activities from phase one.	Ongoing	6/30/23	Lead: UWC/211 Partners: Contractors

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

☐

Somewhat certain

☐

Moderately certain

☐

Very certain

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Completely certain

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Core Area 7: Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: Provide Follow-Up Services

The UWC/211 staff provides direct follow-up services to callers who were not warm-transferred to mobile crisis services or an active rescue in accordance with their follow-up protocol, which DMHAS has reviewed for alignment with best practices (e.g., minimum standard- individuals with thoughts of suicide within past 24-hours are offered follow-up). Callers who were warm-transferred receive follow-ups by the other providers according to their protocols. Follow-ups are considered an essential component of UWC/211 services, and with the individual's permission, they are performed within 24-hours of the call with some exceptions per UWC/211 Contact Specialist discretion of caller need allowing for follow-ups to be completed up to 72-hours after the call. This extended follow-up time is typically utilized if the caller identifies a specific event they are concerned about where they proactively plan for continued support at that time. Follow-ups are most often completed during the same shift by the same Contact Specialist who initially spoke with the caller. If a caller asks for a follow-up to be completed after the Contact Specialist leaves shift within the 24-hour period, they will facilitate for a peer Contact Specialist to reach out at the requested time through the shift supervisor.

UWC/211 caller follow-ups are performed and offered to all callers who express suicidal ideation on all UWC/211 crisis lines. Callers on the LIFELINE are always offered follow-up services. Follow-ups are provided based on individualized needs of the caller. They are most often utilized for a specific reason for which continued support is requested. They can be utilized as part of the safety plan, providing callers with an accountability checkpoint for the safety plan. Follow-ups also serve the purpose of helping highly anxious callers feel continued support thereby reducing the impulse to call repeatedly within short periods of time as the caller is aware of a plan for continued follow-up.

In addition, another type of follow-up is made to community first responders after a warm-transfer for an active rescue is initiated, to ensure contact was made with the individual in distress. Follow-ups are not completed with third party callers, and no information is given to a third party should they call back and ask, as this would constitute a breach of confidentiality. Currently, UWC's telephony allows for different automated forms of follow-up in addition to a follow-up phone call initiated by a Contact Specialist. Automated follow-ups are only utilized for non-risk related calls, largely consisting of calls where resources were provided for information and referral-based needs. UWC/211 will use the Vibrant guidance for texter/chatter follow-up during service planning.

Of those callers UWC/211 served directly and were not warm-transferred, UWC/211 will maintain a minimum goal of 80% of follow-ups performed for individuals in distress who 1) identified as having suicidal ideation in the past 24-hours, and 2) report having suicidal ideation in the past two months for both phase 1 and 2. This will be measured with an internal data tracking process in which staff track both offered and completed follow ups by electronic record system data markers. The tracked markers will be subject to a larger quality assurance process to be sure of data accuracy and can be provided as measurable data monthly and quarterly as needed.

Core Area 7: Provide Follow-Up Services

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 7.1a: By June 30, 2022, UWC/211 will maintain a minimum of 80% follow-up to prioritized LIFELINE callers who have consented.

Personnel/Partners:

1. Director, Contact Center Operations, UWC/211
2. Program Manager, Crisis Intervention Services, UWC/211
3. Director, Office of Community Mental Health, CT DCF
4. Program Manager, Prevention & Health Promotion Division, CT DMHAS
5. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
6. DCF/DMHAS Mobile Crisis Services
7. Vibrant

Goal 7.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Perform follow-up with LIFELINE callers who consent.	Ongoing	6/30/22	Lead: UWC/211 Partners: N/A
2. Maintain developed and implemented Quality Assurance Protocols following Vibrant standards and best practices for crisis follow-up.	Ongoing	6/30/22	Lead: UWC/211 Partners: Vibrant
3. Continue current follow-up protocol for LIFELINE calls. (UWC/211 requires verbal consent).	Ongoing	6/30/22	Lead: UWC/211 Partners: N/A

Action Steps	Start Date	Due Date	Lead and Partners
4. Review current protocols and make changes if needed based on LIFELINE best practices and guidelines.	Ongoing	6/30/22	Lead: UWC/211 Partners: Vibrant
5. Review and adjust as needed follow-up protocols for callers who are warm-transferred to mobile crisis or 911 partners.	Ongoing	6/30/22	Lead: UWC/211 Partners: DCF, DMHAS Mobile Crisis Services
6. Monitor and evaluate current follow-up metrics and strategies to develop a plan to increase follow-up services/outcomes due April 2024.	Ongoing	6/30/22	Lead: UWC/211 Partners: DMHAS, DCF, Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Goal 7.1b: By June 30, 2022, UWC/211 will review text and chat follow-up best practices from Vibrant, review protocols and plan for chat and text follow-up service implementation.

Personnel/Partners:

1. Director, Contact Center Operations, UWC/211
2. Program Manager, Crisis Intervention Services, UWC/211
3. Vibrant

Goal 7.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Develop a draft plan for chat/text protocols for follow-up aligned with Vibrant's standards and Core Area 1.	2/1/22	6/30/22	Lead: UWC/211 Partners: Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
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Somewhat certain
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Moderately certain
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Very certain
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Completely certain
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Core Area 7: Provide Follow-Up Services

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 7.2a: By June 30, 2023, UWC/211 will maintain a minimum of 80% follow-up to LIFELINE callers/texters/chatters served, and monitor, review and update follow-up protocols based off feedback from existing follow-up outcomes and implementation of chat and text and calls warm-transferred to partners.

Personnel/Partners:

1. Director, Contact Center Operations, UWC/211
2. Program Manager, Crisis Intervention Services, UWC/211
3. Vibrant

Goal 7.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Review and update follow-up protocols based on follow-up outcomes.	Ongoing	6/30/23	Lead: UWC/211 Partners: Vibrant
2. Perform follow-up with LIFELINE callers who agree to receive one.	Ongoing	6/30/23	Lead: UWC/211 Partners: N/A
3. Complete “onboarding” plan to provide chat and text follow-up.	7/1/22	9/30/22	Lead: UWC/211 Partners: DMHAS, DCF, Vibrant
4. Implement chat and text “onboarding” plan for follow-up.	10/1/22	6/30/23	Lead: UWC/211 Partners: DMHAS, DCF, Vibrant
5. Perform follow-up with LIFELINE texters/chatters who agree to receive one.	10/1/22	6/30/23	Lead: UWC/211 Partners: DMHAS, DCF, Vibrant
6. Monitor and evaluate current follow-up metrics and strategies to develop a plan to	7/1/22	6/30/23	Lead: UWC/211 Partners: DMHAS, DCF, Vibrant

Action Steps	Start Date	Due Date	Lead and Partners
increase follow-up services/outcomes due April 2024.			
7. Maintain ongoing activities from phase one.	Ongoing	6/30/23	Partners: DCF, DMHAS Mobile Crisis Services, Vibrant

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
☐

Somewhat certain
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Moderately certain
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Very certain
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Completely certain
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Core Area 8: Plan and Implement Marketing for 988 in Your State/Territory

[Return to Table of Contents](#)

Background: Current Situation, Gaps, Progress, and Proposed Approach: Marketing and Communications Plan for 988

CT has extensive experience developing behavioral health and social norms campaigns. 2021 marked the 10th anniversary of co-promoting the LIFELINE with CT suicide prevention and youth mobile crisis services. The CT suicide prevention campaign *“1 WORD, 1 VOICE, 1 LIFE...Be the 1 to start the conversation,”* was developed in 2011 and helped influence the LIFELINE campaign #BeThe1To, and the Veteran Administration campaign *“Power of 1.”* The 1 WORD campaign is listed as the first partner on the #BeThe1To website. CT will continue to promote the LIFELINE and then 988 starting July 2023, and will ensure that local marketing will align with national messaging guidance. CT has a “working,” multi-phased 988, mental health promotion and suicide prevention marketing plan (marketing plan) developed by a contracted marketing company, O’Donnell, guided by a Communications Committee made up of DMHAS, DCF, DPH, and UWC. The DPH agreed to coordinate their Center for Disease Control (CDC) suicide prevention grant (2020-2025), co-led by DMHAS and DCF, with the 988 Planning grant so that the state could cost-share and maximize the resources available for mental health promotion, suicide prevention and ultimately 988 promotion come July 2023. As the marketing plan is implemented, CT will seek guidance from Vibrant regarding specific logos and tag line(s)/messaging for 988.

Preliminary results for the CT 988 Planning focus groups and statewide survey indicated that key stakeholders are especially concerned about the following: what is 988? what’s the difference between 988/UWC/211/other crisis lines?; what services are available when calling 988?; what will happen when I call 988?; when should I call 988 vs. 911?; and what happens if I call one number and I really need the other? CT will prepare and disseminate facts from trusted sources to demystify and educate on 988 and the crisis system. Key stakeholders, including representatives of special populations as noted in Core Area 5 will help guide messaging development and material distribution that can be shared by lived-experience groups/services, youth and human services, schools, campuses, community agencies, medical providers, hospitals, crisis and emergency services, and other important constituents as needed. It will take a good deal of education and time to build trust to both refer and use this new resource.

Core Area 8: Marketing and Communications Plan for 988

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 8.1a: By June 30, 2022, CT will implement the “working,” multi-phased 988, mental health promotion and suicide prevention marketing plan to pave the way for 988’s release in July 2023.

Personnel/Partners:

1. Director, Office of Community Mental Health, CT DCF
2. Program Manager, Prevention & Health Promotion Division, CT DMHAS
3. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
4. Communications Unit Staff, CT DMHAS, DCF, and DPH (Communications)
5. Director, Office of Injury Prevention, CT DPH
6. Evaluation Team, DMHAS/UConn School of Social Work
7. Program Coordinator, UWC/211
8. Desktop Publisher/Marketing Coordinator, UWC
9. Marketing Contractor TBD
10. 988 Coalition - A comprehensive list of coalition members, their organizations and role/expertise are in Appendix B.

Goal 8.1a: Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Identify a marketing contractor to develop a comprehensive marketing strategy and messaging for different sectors.	10/1/21	12/31/21	Lead: DMHAS, DCF, DPH Partners: UWC/211
2. "Working," multi-phased 988, mental health promotion and suicide prevention marketing plan developed.	11/1/21	2/15/22	Lead: Contractor TBD Partners: DMHAS, DCF, DPH, UWC/211
3. Prepare messaging, determine distribution points for different sectors.	2/1/22	4/30/22	Lead: Contractor TBD Partners: DMHAS, DCF, DPH, UWC/211
4. Create messaging drafts/samples for review.	2/1/22	6/30/22	Lead: Contractor TBD Partners: DMHAS, DCF, DPH, UWC/211
5. Determine different types/kinds of materials needed (print, electronic, media, video, PSAs, etc.).	2/1/22	6/30/22	Lead: Contractor TBD Partners: DMHAS, DCF, DPH, UWC/211
6. August 2021 key stakeholder focus group and survey results reviewed to guide material development.	10/1/21	11/1/21	Lead: Eval Team Partners: DMHAS, DCF
7. Develop marketing materials that address August 2021 key stakeholder focus group and survey results.	2/1/22	6/30/22	Lead: Contractor TBD Partners: DMHAS, DCF, DPH, UWC/211

Action Steps	Start Date	Due Date	Lead and Partners
8. Engage key stakeholders to continuously inform material development.	2/1/22	6/30/22	Lead: Contractor TBD Partners: DMHAS, DCF, DPH, UWC/211

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain ☐
 Somewhat certain ☐
 Moderately certain ☐
 Very certain ☒
 Completely certain ☐

Goal 8.1b: By June 30, 2022, CT 988 messaging will be prepared to launch statewide.

Personnel/Partners:

1. Director, Office of Community Mental Health, CT DCF
2. Program Manager, Prevention & Health Promotion Division, CT DMHAS
3. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
4. Program Coordinator, UWC/211
5. Desktop Publisher/Marketing Coordinator, UWC
6. Marketing Contractor TBD
7. Director, Office of Injury Prevention, CT Department of Public Health
8. 988 Coalition - A comprehensive list of coalition members, their organizations and role/expertise are in Appendix B.
9. Others to be determined (Others)

Goal 8.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Create and maintain CT 988 information webpage to help promote and inform community of 988 planning and implementation activities, and link to crisis resources and the CTSAB website.	2/1/22	6/30/22	Lead: UWC/211 Partners: DCF, DMHAS, DPH
2. Perform outreach presentations on 988.	10/1/21	6/30/22	Lead: DCF, DMHAS Partners: UWC/211

Action Steps	Start Date	Due Date	Lead and Partners
3. Engage partners to assist in statewide mental health and suicide prevention promotion distribution.	10/1/21	6/30/22	Lead: DCF, DMHAS, UWC/211 Partners: 988 Coalition, Others

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain ☐
 Somewhat certain ☐
 Moderately certain ☐
 Very certain ☒
 Completely certain ☐

Core Area 8: Marketing and Communications Plan for 988 Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 8.2a: By June 30, 2023, CT will release a customized 988 campaign integrated with the state's suicide prevention and mobile crisis services.

Personnel/Partners:

1. Director, Office of Community Mental Health, CT DCF
2. Program Manager, Prevention & Health Promotion Division, CT DMHAS
3. Program and Clinical Managers, Evidence Based Practices Division, CT DMHAS
4. Program Coordinator, UWC/211
5. Desktop Publisher/Marketing Coordinator, UWC
6. Marketing Contractor TBD
7. Director, Office of Injury Prevention, CT Department of Public Health
8. 988 Coalition - A comprehensive list of coalition members, their organizations and role/expertise are in Appendix B.
9. Others to be determined (Others)

Goal 8.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
1. Maintain CT 988 information webpage to help promote and inform community of 988 planning and implementation activities, and	7/1/22	6/30/23	Lead: UWC/211 Partners: DCF, DMHAS, DPH

Action Steps	Start Date	Due Date	Lead and Partners
link to crisis resources and the CTSAB website.			
2. Perform outreach presentations on 988.	7/1/22	6/30/23	Lead: DCF, DMHAS Partners: UWC/211
3. Engage partners to assist in statewide mental health and suicide prevention promotion distribution.	7/1/22	6/30/23	Lead: DCF, DMHAS, UWC/211 Partners: 988 Coalition, Others
4. Develop 988 materials/informational tools for sector representatives that can be shared by multiple entities.	7/1/22	6/30/23	Lead: Marketing Contractor TBD, UWC/211 Partner: DMHAS, DCF, DPH
5. Transition 1-800-273-8255 to 988 on existing materials in time for July 2023 release.	10/1/22	6/30/23	Lead: UWC/211 Partners: DCF, DMHAS, DPH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

☐

Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Appendix A

[Return to Table of Contents](#)

Core Area 1: Connecticut Coverage Area Schedule Worksheet

Lifeline/988 Calls - Coverage						Connecticut					
Primary Coverage - Calls											
County	Enter Center Name	Enter Center Name	Enter Center Name	Enter Center Name	Enter Center Name	Insert columns to list additional centers	Gaps in 24/7 Primary Coverage	Describe Gaps in 24/7 Primary Coverage			
Any Primary Coverage	Y	Y or N	Y or N	Y or N	Y or N	Y or N					
State of Connecticut	United Way of Connecticut, 211						N				
Enter County Name							Y or N	If gaps: Describe areas/hours not covered. If no gaps, leave blank.			
Enter County Name							Y or N	Describe areas/hours not covered OR Leave blank			
Enter County Name							Y or N	Describe areas/hours not covered OR Leave blank			
Enter County Name							Y or N	Describe areas/hours not covered OR Leave blank			
Enter County Name							Y or N	Describe areas/hours not covered OR Leave blank			
Enter County Name							Y or N	Describe areas/hours not covered OR Leave blank			
Insert rows to list additional counties							Y or N	Describe areas/hours not covered OR Leave blank			
Comments											
In the gray-shaded blocks, describe each center's primary coverage area for Lifeline calls by county, including geographic area(s) and days/hours.											

Lifeline/988 Calls - Coverage						Connecticut					
Backup Coverage - Calls											
County	Enter Center Name	Enter Center Name	Enter Center Name	Enter Center Name	Enter Center Name	Insert columns to list additional centers	Gaps in 24/7 Backup Coverage	Describe Gaps in 24/7 Backup Coverage			
Any Backup Coverage	Lifeline National Back Up Network	Y or N	Y or N	Y or N	Y or N	Y or N					
Enter County Name							Y or N	If gaps: Describe areas/hours not covered. If no gaps, leave blank.			
Enter County Name							Y or N	Describe areas/hours not covered OR Leave blank			
Enter County Name							Y or N	Describe areas/hours not covered OR Leave blank			
Enter County Name							Y or N	Describe areas/hours not covered OR Leave blank			
Enter County Name							Y or N	Describe areas/hours not covered OR Leave blank			
Enter County Name							Y or N	Describe areas/hours not covered OR Leave blank			
Insert rows to list additional counties							Y or N	Describe areas/hours not covered OR Leave blank			
Comments											
In the gray-shaded blocks, describe each center's backup coverage area for Lifeline calls by county, including geographic area(s) and days/hours.											

Appendix B

[Return to Table of Contents](#)

Connecticut 988 Planning Coalition

STATE OF CONNECTICUT 988 PLANNING GRANT COALITION

The 988 Planning Coalition is made up of key stakeholders that are essential to the State of CT 9-8-8 roll out.

Agency	Name	Role/Area of Expertise	Email
Advocacy Unlimited	Michaela Fissel, Executive Director	Peer-run, peer-support service provider	mfissel@advocacyunlimited.org
AFCAMP	Ann Smith, Executive Director	Advocacy, education, support for African Caribbean American youth with disabilities and their parents.	ASmith@afcampa.org
Brian Dagle Foundation & CT Chapter of the American Foundation for Suicide Prevention	Ann Dagle, President/Founder & Member	Lived experience with suicide loss; community education	ann@brianshealinghearts.org
Child Health and Development Institute	Jeff Vanderploeg, President and CEO Alece Kelly, Senior Data Analyst	Systems change for children's health and wellbeing	jvanderploeg@uchc.edu alkelly@uchc.edu
Connecticut Alliance to Benefit Law Enforcement (CABLE)	Louise Pyers, Exec. Dir./Founder	Crisis Intervention Team (CIT)/Law enforcement trainers	lcp@cabweb.org
CT Community for Addiction Recovery (CCAR)	Cathy Bergren, Recovery Community Center Manager	Peer-run, peer-support service provider	cathy@ccar.us
CT State Colleges & Universities	Lesley Mara, Director Strategic Initiatives, Sponsored Research and Outreach	Higher Ed Strategic Initiatives, Sponsored Research and Outreach	LMara@commnet.edu
Continuum of Care	Jim Farralles, Executive Vice President and COO	Provider of crisis respite/stabilization services	jfarralles@continuumct.org
Danbury Police Department	Chief Patrick Ridenhour Deputy Chief Shaun McColgan	Law Enforcement	p.ridenhour@danbury-ct.gov s.mccolgan@danbury-ct.gov
Department of Children and Families	Tim Marshall, Director, Office of Community Mental Health* Yvette Cortez, Program Supervisor, Office of Community Mental Health	State oversight body (child system) -TM-State Suicide Prevention Coordinator (child system) / Child Mobile Crisis Director / 988 Planning Grant Co-Director -YC-Child Mobile Crisis Mgr	Tim.Marshall@ct.gov Yvette.Cortez@ct.gov
Department of Emergency Services and Public Protection (DESPP)	Carey Thompson, Manager, Division of Statewide Emergency Telecommunications Clayton Northgraves, Manager, Division of Statewide Emergency Telecommunications	State oversight body (9-1-1 system)	Clayton.Northgraves@ct.gov Carey.Thompson@ct.gov
Department of Mental Health and Addition Services (DMHAS)	Andrea Duarte, Program Manager, Prevention & Health Promotion Division* Erika Cruz, Clinical Manager, Evidence-Based Practices Division*(on leave Jun-Dec) Dana Begin, Program Manager, Evidence-Based Practices Division* Lisa Zurolo, Clinical Manager, Evidence-Based Practices Division* Eleni Rodis, Director, Research Division, DMHAS/UConn* Melissa Ives, Research Assistant, DMHAS/UConn* Morgan Reiss, Research Assistant, DMHAS/UConn* Multiple staff representing: Community Services, Evidence-Based Practices, Forensics, Government Relations, Prevention & Health Promotion, Recovery Community Affairs, and Research	State oversight body (adult system) -AD-State Suicide Prevention Coordinator (Lifespan) / 988 Planning Grant Lead & Co-Director -EC-Adult Mobile Crisis Mgr / 988 Planning Grant Co-Director -ER- DMHAS/UCSSW Research / 988 Planning Grant Evaluator -MI- DMHAS/UCSSW Research / 988 Planning Grant Data Coordinator -MR- DMHAS/UCSSW Research / 988 Planning Grant Research Assistant	Andrea.Duarte@ct.gov Erika.Cruz@ct.gov Dana.Begin@ct.gov Lisa.Zurolo@ct.gov Eleni.Rodis@ct.gov Melissa.Ives@ct.gov Morgan.Reiss@ct.gov Julienne.Giard@ct.gov Cheri.Bragg@ct.gov Christopher.P.Burke@ct.gov Mary.Mason@ct.gov Katherine.Mcmullan@ct.gov Mariah.Chadukiewicz@ct.gov

STATE OF CONNECTICUT 988 PLANNING GRANT COALITION

Agency	Name	Role/Area of Expertise	Email
			Cheryl.Arora@ct.gov Megan.Sopelak@ct.gov
Department of Public Health	Susan Logan, Supervising Epidemiologist, Injury and Violence Surveillance Unit/Community, Family Health, and Prevention Section	State CDC Grant Suicide Prevention Project Director	Susan.Logan@ct.gov
East Haven Police Department	Chief Ed Lennon CAPT. Joseph Murgo	Law Enforcement	elennon@easthavenpolice.com jmurgo@easthavenpolice.com
FAVOR Connecticut	Beresford Wilson, Executive Director Taylor Ford, CONNECT Youth Engagement Specialist	Peer Support Representative (child system)	bwilson@favor-ct.org tford@favor-ct.org
Mashantucket Pequot Tribal Nation	Scott Barton, Director	Tribal Representative and Skeehch Wuyeeakan (Good Medicine) Project (SAMHSA Tribal Suicide Prevention Grantee)	sbarton@mptn-nsn.gov
Mental Health Connecticut (MH Conn)	Michael Culmo, MHC's Chief Program Officer	Major state mental health advocacy group	MCulmo@mhconn.org
National Alliance on Mental Illness (NAMI-CT)	Liz Taylor, Executive Director Thomas Burr Valerie Lepoutre, Manager of Peer Initiatives, Education, & Training Pat Okonis, Executive Assistant	Major state mental health and suicide prevention advocacy group	ltaylor@namict.org vlepoutre@namict.org pokonis@namict.org tburr@namict.org
Office of Policy & Management	Claudio Gualtieri, Undersecretary Jill Cundari, DMHAS Budget Analyst	State budget & infrastructure Agency budget	Claudio.Gualtieri@ct.gov Jillian.Cundari@ct.gov
Rushford/Hartford Healthcare	Jessica Matyka, Clinical Director Marissa Parker, Crisis Clinician Ciara Perez, Crisis Clinician	Mobile crisis service provider (adult system)	jessica.matyka@hhchealth.org Marissa.Parker@hhchealth.org Ciara.Perez@hhchealth.org
SERAC (Supporting and Engaging Resources for Action & Change)	Michele Devine, Executive Director	Regional Behavioral Health Action Councils representative; prevention infrastructure capacity building	mdevine@seracct.org
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United Way of Connecticut	Tanya Barret, Senior VP, Health & Human Services Wendy Caruso, Director, Contact Center Operations Sarah Camerota, Program Manager, Crisis Intervention Services Heather Spada, Program Manager Christopher Dumas, Director 211Crisis Services	Lifeline crisis (NSPL) Provider	Tanya.Barrett@ctunitedway.org Wendy.Caruso@ctunitedway.org Sarah.Camerota@ctunitedway.org Heather.Spada@ctunitedway.org Christopher.Dumas@ctunitedway.org
VACT Healthcare	Latonya Harts, Suicide Prevention Coordinator	Veteran Suicide Prevention	Latonya.Harts@va.gov
Wheeler Clinic	Sarah Becker, Program Director	Mobile crisis service provider (child system)	SBecker@Wheelerclinic.org
Contractor	David Denino, LPC, NCC	988 Implementation Plan contractor	deninod1@southernct.edu
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