



# An Update on 988 and Indiana's Crisis Response System

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# President Signs National Suicide Hotline Designation Act Into Law



## S.2661 - National Suicide Hotline Designation Act of 2020

116th Congress (2019-2020)

LAW

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Sponsor: [Sen. Gardner, Cory \[R-CO\]](#) (Introduced 10/22/2019)

Committees: Senate - Commerce, Science, and Transportation



# What is 9-8-8? We're Just Talking about a New Suicide Prevention Crisis Line, Right?



“9-8-8 is designated as the universal telephone number within the United States for the purpose of the **national suicide prevention and mental health crisis hotline system**”

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“Beginning July 16, 2022, 988 will be the new three-digit dialing code connecting people to the existing National Suicide Prevention Lifeline, where compassionate, accessible care and support is available for anyone experiencing mental health-related distress—**whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.** People can also dial 988 if they are worried about a loved one who may need crisis support.”





# What is 9-8-8 in Indiana?

- “Specifies that the division of mental health and addiction (division) has primary oversight over suicide prevention and crisis services activities and coordination and designation of the 9-8-8 crisis hotline centers. Sets forth requirements to be designated as a 9-8-8 crisis hotline center. **Establishes the statewide 9-8-8 trust fund.**”
- “**Not later than July 1, 2022**, the division may designate at least one (1) 9-8-8 crisis hotline center in Indiana to coordinate crisis intervention services and crisis care coordination to individuals accessing the **9-8-8 suicide prevention and behavioral health crisis hotline** (9-8-8 crisis hotline) from anywhere in Indiana twenty-four (24) hours a day, seven (7) days a week.”
- Per the bill, **DMHA will have oversight over**
  - 9-8-8 crisis hotline center(s)
  - Crisis receiving and stabilization services
  - Mobile crisis teams

## House Bill 1468

Enrolled House Bill (H)

Authored by [Rep. Steven Davisson](#).

Co-Authored by [Rep. Edward Clere](#), [Rep. Brad Barrett](#), [Rep. Rita Fleming](#).

Sponsored by [Sen. Michael Crider](#), [Sen. Ed Charbonneau](#), [Sen. Vaneta Becker](#), [Sen. Ronald Grooms](#), [Sen. Jon Ford](#), [Sen. Lonnie Randolph](#).



# What is 9-8-8 in Indiana?

- **The mobile crisis teams must include a peer certified by the division and at least one of the following:**
  - A behavioral health professional licensed under
  - An other behavioral health professional (OBHP) as defined in 440 IAC 11-1-12.
  - Emergency medical services personnel licensed under IC 16-31.
  - Law enforcement based co-responder behavioral health teams.
- **Crisis response services provided by a mobile crisis team must be provided under the supervision of:**
  - a behavioral health professional licensed under IC 25-23.6
  - a licensed physician or a licensed advance practice nurse or clinical nurse specialist.
- The supervision required under this subsection may be performed remotely.

## House Bill 1222

Enrolled House Bill (H)

Authored by [Rep. Cindy Ziemke](#).

Co-Authored by [Rep. Ann Vermillion](#), [Rep. Julie Olthoff](#), [Rep. Carolyn Jackson](#).

Sponsored by [Sen. Michael Crider](#), [Sen. Jon Ford](#).

# 988 is More than a Number: It's a Chance to Transform Crisis Care



Someone to contact



Someone to respond



A safe place for help

STATE INFRASTRUCTURE CONNECTING THE THREE

***A system capable of serving anyone, anytime, anywhere***



# Someone to contact

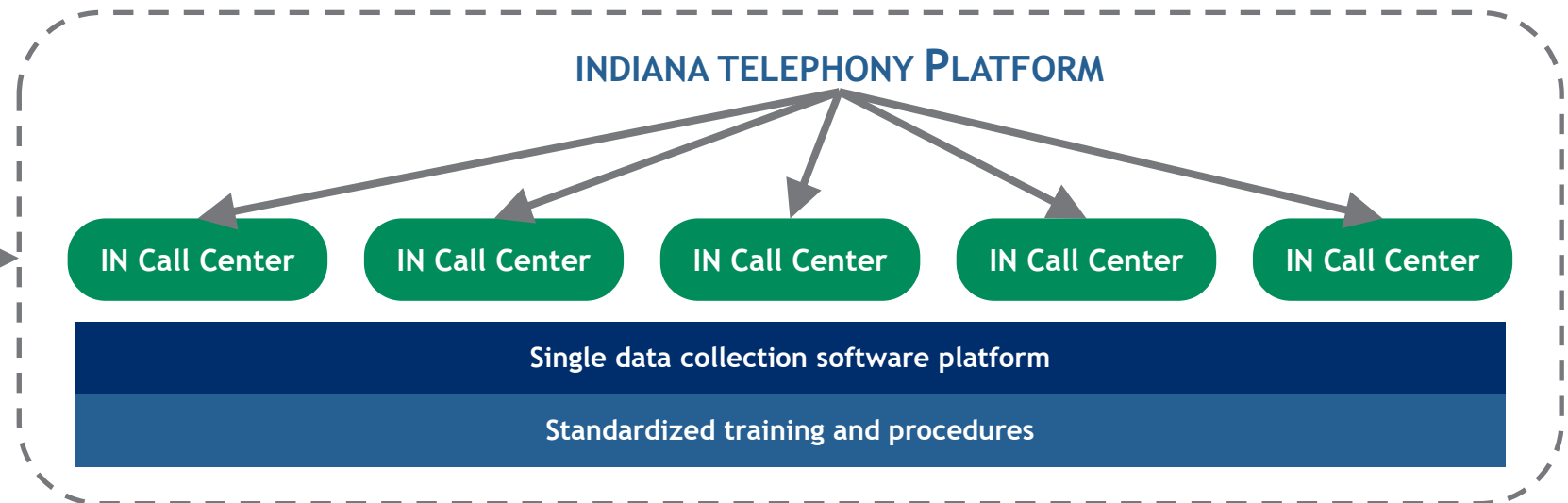
## What we are building

- The state's telephony platform will receive all calls, chats and texts made to 988 in Indiana.
- The state is contracting with five centers to field those calls, chats and texts. Each center is, or will be, a suicide and crisis lifeline equipped to provide a range of services over the phone to individuals in crisis.
- The state is furnishing each center with the phone system, software and training to handle those calls, chats and texts.

Individual  
in crisis


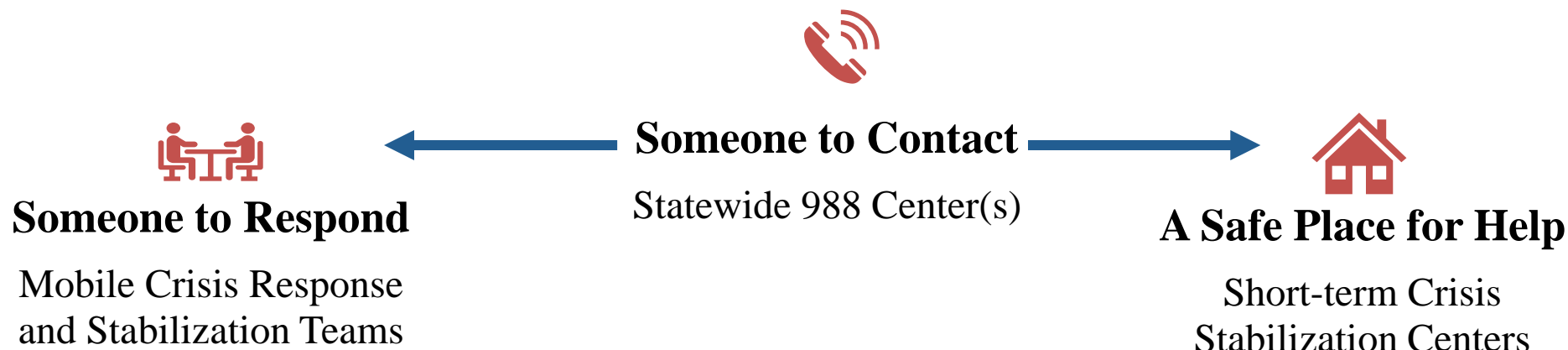


*Calls 988 or is  
directed to 988  
from another  
provider*






# The 988 Centers function as *Care Traffic Control Centers*



**Status Disposition  
for Intensive  
Referrals**



**24/7  
Outpatient  
Scheduling**



**Shared Bed  
Inventory  
Tracking**



**High-tech, GPS-  
enabled Mobile  
Crisis Dispatch**



**Real-time  
Performance  
Outcomes Dashboards**





# Someone to respond

## What we are building

- DMHA is working with organizations throughout the state to help establish a new type of provider the “Mobile Crisis Team” (some examples exist in Indiana today).
- These providers (*i.e.*, not state employees) are comprised of behavioral health professionals and peers to provide care to people on site in their community.
- Services include de-escalation, stabilization and treatment for individuals in crisis.
- They will be dispatched by the 988 call centers and use the same software for information sharing purposes.

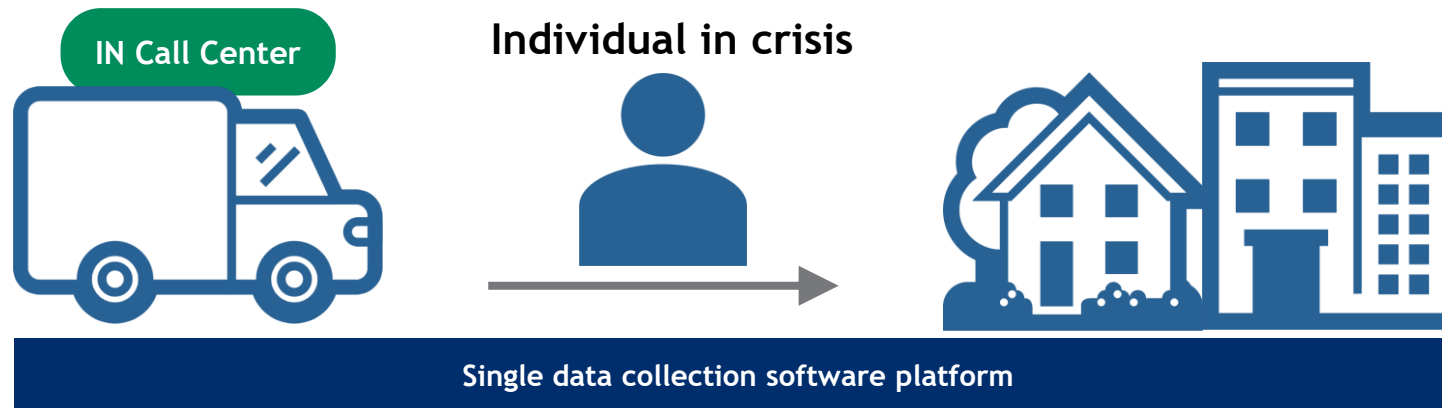




# A safe place for help

## What we are building

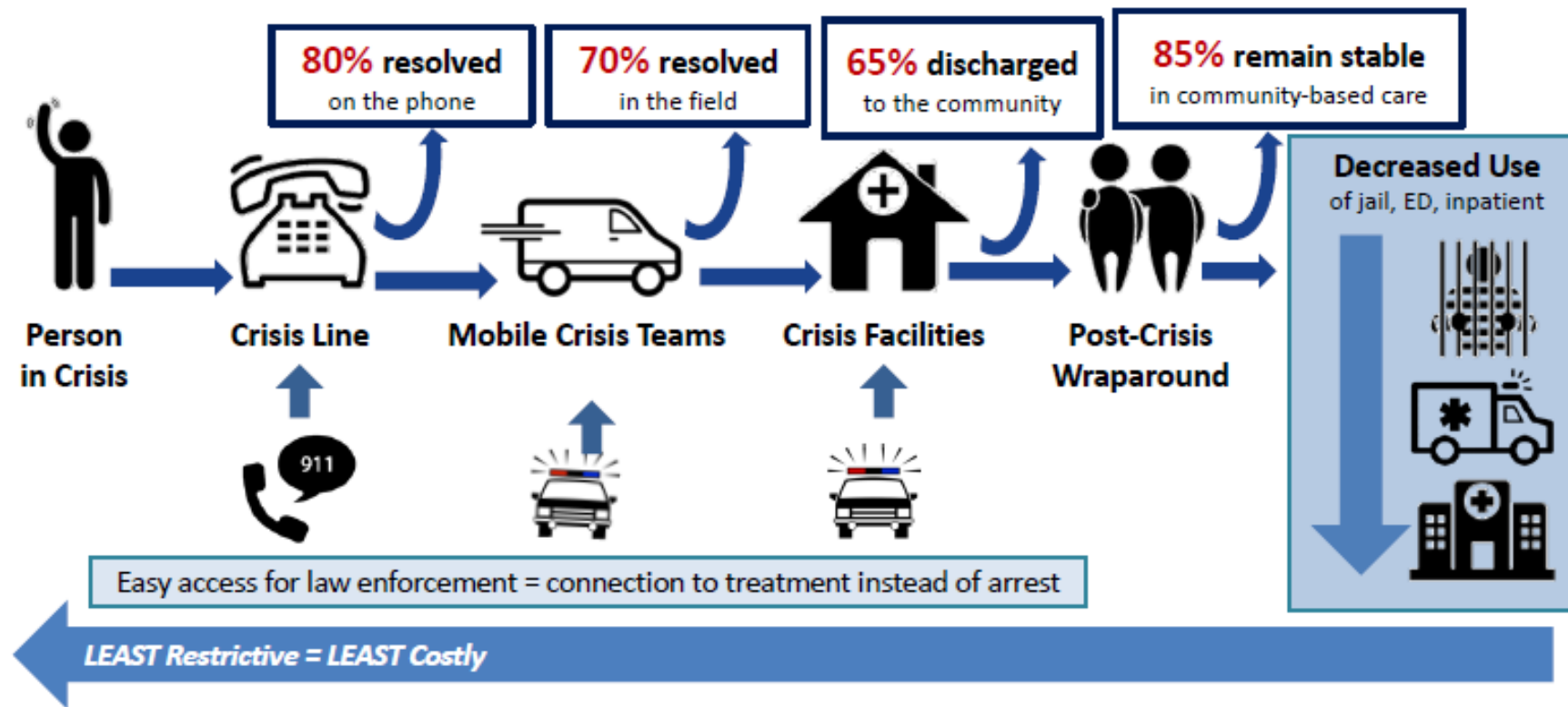
- Sometimes people in crisis need somewhere else (*i.e.*, not their home) to go for help but a hospital may not be an appropriate setting.
- To support individuals in crisis, DMHA is developing different types of providers throughout the state to offer individuals a safe place to go for help. The 988 call centers will help connect individuals in crisis to these providers, as will the mobile crisis teams.
- The types of providers will vary based on the severity of the crisis and the desired length and considerations of the individual's stay there.
- These providers also will use the same software platform to ensure coordination and information sharing.



# Putting it all together ...

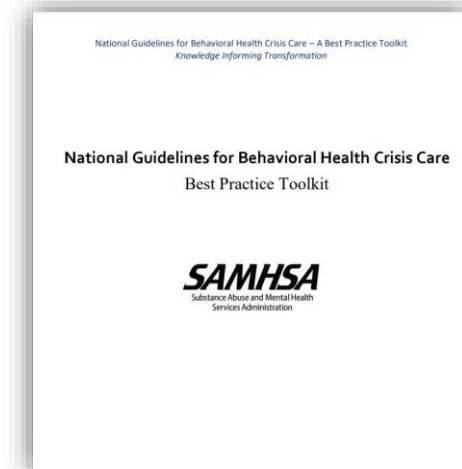


## Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

*The above image is a reproduced slide from the April 2, 2021  
Congressional Briefing: Mental Health is Not a Crime:  
How 988 and Crisis Services will Transform Care*





# Vision and Mission Statements for 9-8-8 (Indiana)

## Vision

*Providing quick, competent, and nation-leading crisis response services for every Indiana resident*

## Mission

*Creating a sustainable infrastructure that will fully coordinate crisis care for mental health, substance use, and suicidal crises*

## Applying a recovery orientation that includes:

- *trauma-informed care,*
- *significant use of peer staff,*
- *person and family centered focus,*
- *collaboration with law enforcement,*
- *and a commitment to Zero suicide/suicide safer care and the safety of consumers and staff*



# 988 Planning Committees

Operations and Training

- Developing standardized operational standards and training for Indiana's 988 Centers

Equity

- Ensuring that people in crisis are treated justly according to their circumstances

Marketing and Education

- Improving public understanding and awareness of 988 services

Resources, Referrals, and Linkages

- Ensuring 988 centers have up-to-date resources and linkage information

911-988 Interoperability

- Bridging language and data sharing barriers between PSAPs and 988 Centers, creating a diversion call matrix, and developing 911-988 specialized training

# Saving Lives or Empowering People?



Primary goal of crisis intervention is to **help people in crisis restore control in their lives** (Young 2001)

*Crisis Intervention is not about “rescue.” More often than not, rescuing benefits the rescuer more than the [person in crisis]; rescuers make the mistake of maintaining control over the [person in crisis] when control should be placed in [their] hands ... in order to be effective ... crisis intervention must be both empowerment-focused and flexible (Cavaiola & Colford, 2018, pp. 39)*

# A Trauma-Informed Approach = Competent Crisis Response



- **Safety:** *Developing protocols and crisis settings and activities that ensure physical and emotional safety (seek to understand from perspective of those served)*
- **Trustworthiness:** *Developing clear expectations about what will happen when people in crisis reach out for help*
- **Peer Support:** *A key vehicle toward establishing safety and hope, building trust, enhancing collaboration, and promoting recovery and healing*
- **Collaboration:** *Crisis service providers, consumers, and their families*
- **Empowerment:** *Using individuals' strengths in the development of a post-crisis plan*
  - **Choice:** *Informing people about their options and giving them the freedom to select their approach*
- **Cultural, Historical, and Gender Issues:**
  - *Move past cultural stereotypes and biases*
  - *Leverage the healing value of traditional cultural connections*
  - *Be responsive to racial, ethnic, and cultural needs*
  - *Recognize and address historical trauma*

# Peers are the Key that unlocks the Potential of Crisis Care



<b><u>Common Themes in Elevated Stress Response</u></b>	<b><u>Potential Ways to De-Stress Crisis Response</u></b>
Threat of Social Evaluation (e.g., public speaking)	Safety, Trustworthiness , Dignity and Respect
Lack of Control over Outcomes	Collaboration, Empowerment, and Peer Support
Unpredictability	Information Sharing and Peer Support
Perception of Things Getting Worse	Trustworthiness and Peer Support
No Frustration Outlets (e.g., hobby, exercise, etc.)	Peers Connecting to Local Support Systems
Low Social Support (e.g., rejection)	Peers Connecting to Local Support Systems



# Federal Law Supports Funding the Entire System



“Use of 9-8-8 funds.--A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State ... is expected to incur that are reasonably attributed to—

- (A) ensuring the efficient and effective **routing of calls** made to the 9-8-8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and
- (B) **personnel and the provision of acute mental health, crisis outreach and stabilization services** by directly responding to the 9-8-8 national suicide prevention and mental health crisis hotline.”

“the fee or charge is held in a sequestered account to be **obligated or expended only in support of 9-8-8 services, or enhancements of such services**, as specified in the provision of State or local law adopting the fee or charge.”

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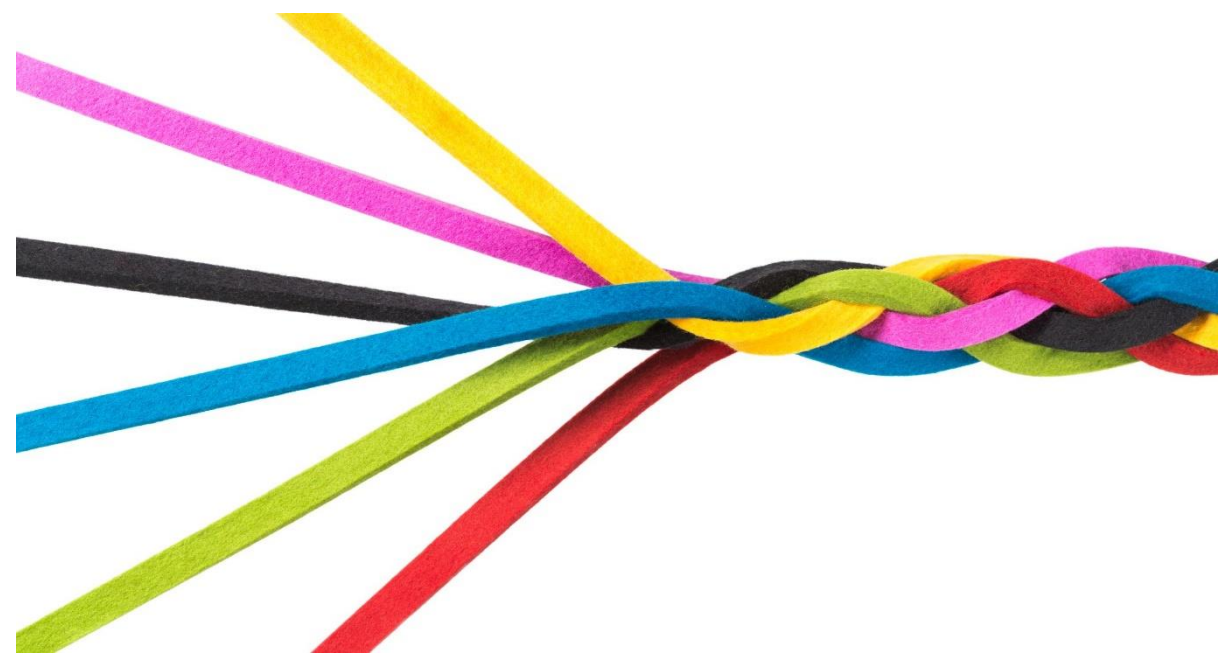
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# Financial Sustainability: Braided Funding Strategies



- **Medicaid**
- **SAMHSA Block Grants**
- **Discretionary Grant Funding**
  - Vibrant Capacity Building Grant
  - Vibrant State 988 Planning Grant
  - SAMHSA 988 Cooperative Agreement
- **American Rescue Plan Act Funds**
  - Including Home and Community Based Funds
- **988 fee similar to 911?**
- **Medicare? Commercial Insurance?**



# Thank you!

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