



INDIANA 988

Implementation Update

Vol. 1, Issue 4, June 2022

Indiana's Vision for Behavioral Health Crisis Services

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

SAMHSA 988 workforce expansion grant

988 State and Territory Cooperative Agreements

The DMHA team, with the help of Indiana's National Suicide Prevention Lifeline centers, applied for the FY 2022 Cooperative Agreements for States and Territories to Build Local 988 Capacity in January 2022. The primary purpose of applying for this grant was to improve Indiana's capacity to respond to 988 contacts (including calls, chats and texts). The expectation of this grant from the Substance Abuse and Mental Health Services Administration is to:

1. Ensure all calls originating in a state/territory first route to

local, regional and/or statewide lifeline crisis call centers;

2. Improve state/territory response rates to meet minimum key performance indicators; and
3. Increase state/territory capacity to meet 988 crisis contact demand.

Indiana was awarded \$2,016,340 over a two-year period to ramp up capacity efforts at our three NSPL centers. This funding will allow Indiana's Lifeline centers to hire paid staff to answer future 988 calls. One of the grant deliverables

required is for Indiana to submit a plan to meet the needs of the expected chat/text volume increases which will be pivotal for Indiana once youth are aware of the 988 chat/text service. The funds were awarded to Indiana in April 2022 to be dispersed to our Indiana NSPL/988 centers; A Better Way Services, Crisis Center Inc. and Mental Health America Wabash Valley Region. Please reach out to Meghann Hill (grant project director) at meghann.hill@fssa.in.gov if you have any questions about this SAMHSA 988 workforce expansion grant.



Division of Mental Health and Addiction

911/988 Interoperability Update

In December 2021, Public Safety Answering Points in Indiana were invited to the 911/988 Interoperability Committee. We recruited 24 members, representing 21 counties in all four quadrants of the state and central Indiana. In June 2022, we extended another invitation to Indiana's 911 PSAPs, which ended up doubling the size of the committee and expanding county representation to 30 counties. New members met with the committee for the first time on June 14.

In April, the committee members received a virtual presentation from A Better Way Services, one of Indiana's National Suicide Prevention Lifeline centers. Another NSPL, Mental Health America Wabash Valley Region, presented in May alongside members of the DMHA team at an in-person meeting hosted by Hamilton County in Noblesville. MHAWVR provided

information on their operations, training for their crisis specialists, and provided everyone an opportunity to hear an example of a crisis call and the outcome of the call. Discussion was held on resources and referrals, as well as transferring calls to 911 should the caller's crisis escalate. We revisited creating a decision tree for call diversion to 988 from 911 if no public safety issues exist or if the caller is not a danger to themselves or others.

Dispatch representatives have been invited to shadow crisis specialists at our Indiana NSPL/988 centers to further understand the operations of an NSPL center and the training crisis specialists currently receive.

This committee will continue to meet biweekly to further build, discuss and establish the relationship between 911 and 988.

Meet the Member

Colleen Carpenter



What makes you passionate about the 988 implementation?

I am a systems thinker. We can do

all the training and awareness raising about suicide and mental health in the world, but if our systems aren't easy to access, these are huge gaps and they aren't designed for what those in crisis need, our success in helping people is seriously compromised.

For years, I have been rattling off the NSPL phone number wishing it were easier to remember—988 is going to tackle that big barrier to finding/accessing help. But perhaps more importantly, the shifts in our

crisis system that are coming are HUGE. There have been massive gaps (those in crisis but don't meet in-patient criteria having nowhere to go) and inappropriate services (law enforcement expected to fill mental health provider roles that, at best, have hampered our ability to help those in crisis, and at worst, exacerbated crises for people.

I am super-excited about mobile crisis/intervention teams and stabilization centers being rolled out over the next few years across our state. Finally, crisis care the way it should be!

What is your favorite song, movie or TV show?

I have never been able to name an all-time favorite in any category.

Right now, I am into watching the series *Justified*, which is awesome.

What is your favorite quote?

A therapist turned close friend of our family once gave all of us framed copies of a fantastic quote that has guided me (and still hangs on my wall): "Suddenly it occurs to me that I am able to choose a response to every thorn and rose I meet. I am responsible," by Brother Ramos.

What works for you to lower your stress level and stay mentally well?

Connection with my friends, family and pets; yoga; being outside; cooking healthy food; music; reading; sleeping; being engaged in social justice work and, in tough times, returning to my breath.

“It’s time to shed antiquated prejudices and make a bold statement that mental health is not a moral failing or a crime. Let’s take action now to right the wrongs of our past through a reimagined crisis system that benefits everyone.”

– Patrick J. Kennedy

Equity update

Equity is an integral part of all the work we are doing with the 988 Crisis Response Line. The Division of Mental Health and Addiction has committed to serving ALL Indiana residents when people experience mental health crisis. The Equity Committee has brought together members of the community and community leaders from different cultural, spiritual and ethnic backgrounds to share, explore and identify the resource deserts that exist and have existed especially in communities that have historically not been served equitably, and have been underserved and marginalized.

Data continues to drive the conversations we are having with many of the Indiana communities that have been heavily affected by suicide deaths. Prevention efforts must key into our conversation about equity, equal access for all support that we need to do much better for our underserved communities as many deaths by suicide could have and can be prevented when people have equal access to services.

We recognize the importance of rebuilding trust in many communities that do not have confidence in the systems due to historical experiences and biases that exist. Our efforts are very intentional as we work

towards correcting this. Indiana as a state is getting an opportunity to right this. Our hope is that 988 will be a tool, a system and a resource that will be part of that effort to correct history as it pertains to equitable access to services and resources for ALL its residents.

We are relearning and reassessing where the gaps exist, the stigmas associated with mental health, substance response and suicide prevention, rebuilding trust especially amongst communities that have historically been marginalized and underserved so that 988 will become that trusted source for help, support and crisis intervention tool for all its users.

We are being very intentional in making sure that as we engage with different communities and community leaders, we bring them to the table so that we can work together to rebuild our system of care. By fostering trusting and transparent relationships with communities, communities will trust that 988 will serve their needs without prejudice. A community wellness participation effort is a basic human right effort.

Babra Dadirai Chakanyuka, equity consultant for Indiana 988 and Crisis Response Planning, DMHA team.

DMHA team update

We all want to give a huge “thank you” to all who have been a part of the planning committees and discussion regarding 988. Current discussion topics:

- How 988 can utilize and partner with 211
- The interaction of 988 and certified community behavioral health clinics
- Braiding funding streams to sustain Indiana’s crisis system
- Partnering with NAMI IN to increase crisis intervention team presence in Indiana

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Meet the member

Babra Chakanyuka

988 Equity Consultant



What makes you passionate about the 988 implementation?

The 988 implementation is truly a humbling and exciting undertaking to me. We are getting an opportunity to do right by ALL Indiana communities. We are being intentional in engaging, rebuilding trust, bridging gaps in

resources and providing equal access to services especially for communities who, historically, have been inequitably marginalized, underserved and underrepresented.

Data is driving our work. Many deaths due to suicide, mental health crises and other life stressors can be

prevented. 988 implementation and the work thereafter is giving us an opportunity to change this narrative. 988 is going to be a game changer for all Indiana residents.

What is your favorite song, movie or TV show?

I must go with these two movies, *Schindler's List* and *Amistad*.

What is your favorite quote?

Considering our work with the 988-crisis line, I would say this African proverb speaks volumes to the work we are doing; "In the moment of crisis, the wise will build bridges and the foolish will build dams."

What works for you to lower your stress level and stay mentally well?

I love visiting my kids and my granddaughter. I love to travel and meet new people. This allows me to turn off any work or life stressors, for sure.

#Crisistalk

Suggested reading:

- <https://talk.crisisnow.com/local-988-policy-success-depends-on-the-inclusion-of-people-with-lived-expertise/>
- <https://talk.crisisnow.com/why-in-home-crisis-stabilization-for-kids-is-integral-to-the-mental-health-crisis-system/>
- <https://talk.crisisnow.com/austins-911-call-center-integrates-mental-health-call-crisis-diversion/>
- <https://talk.crisisnow.com/youth-mobile-response-a-tool-for-decriminalizing-mental-health/>

988 Crisis Jam learning community schedule

988 Crisis Jam held every Wednesday at 12 p.m. Eastern Time.

- June 29: Dr. Matthew Goldman, **Homelessness and Crisis**
- July 6: Tina Orwall, **Update on 988 from Washington State**
- July 13: Dr. Miriam Delphin-Rittmon, **988 Goes Live!**
- July 20: Dr. Michael Allen & Bev Marquez, **Colorado Crisis Hub**
- July 27: Gabriella Wong, **Making Emergency Help Accessible for All**
- August 10: Justin Chase and Rachel Rios-Richardson, **Arizona's 988 Roadmap and Caller Survey**
- August 31: Kate Elkins, **Coordinating with EMS and 911**

To join the weekly learning community, visit <https://talk.Crisisnow.Com/learningcommunity/>.

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Committee goals, objectives and updates

Operations and training

Developing standardized operational standards and training for Indiana's 988 centers

Current discussions:

- Four manuals discussion: 988 Technology Manual, Operations and Training Manual, Reporting Manual, Service Levels Manual with the help of the committee and Ikaso.
- Further conversation regarding operation specifics.

Equity

Ensuring that people in crisis are treated justly according to their circumstances, developing a bill of rights for those accessing crisis services, etc.

Current discussions:

- How to mitigate barriers identified
- We must form relationships with committees in a meaningful and intentional way, not just as a formality

Resources, referrals and linkages

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

Current discussions:

- How to utilize current resource databases with our 988 system (i.e., 211, FINDER, LookUp)
- What resources need to be captured in a resource data base (e.g., food banks, new patient availability, accepted funding source)

Marketing and education

Improving public understanding and awareness of 988 services

Current discussions:

- Ikaso to create a 988 briefcase for the committee to review, including one-pager, PowerPoint slides and FAQ.

Operations & training	Equity	Resources, referrals & linkages	Marketing & education
Erika Galyean	Tiffany Hanson	Andy Kirby	Kimble Richardson
Sarah Chestnut	Charmin Gabbard	Sarah Dross-Gonzalez	Marianne Halbert
Melissa Carroll	Yolanda Kincaid	Michelle Bulington	Jim Gavin
Cathy Pratt	Kelly Hartman	Darcy Robins	Marni Lemons
Barb Fogarty	Elizabeth Boyle	Carrie Cadwell	Alice Jordan-Miles
Tyler Schafer	Kevin Hunter	Kim Cauley	Brandon Dreiman
Jennifer Stansberry-Miller	David Dulhanty	Misty Hatch	Lynette Clark
Sarah Gunther	Holly Wimsatt	Tim Tharp	Jennifer Stansberry-Miller
Jennifer Cianelli	Tara Consolino	Colleen Carpenter	Lance Dardeen
Tia Tracy	Brandi Christiansen	Heather Rodriguez	Michael Wilson
Teresa Clemmons	Beatrice Beverly	Mariynn Berry-Stamm	Nikki Laux
Kyle Kittleson	Mary Greene	Devon Moore	Art Fuller
Angela Sorg	Guadalupe Pimentel Solano	Sayra Campos	Marcia Haaff
Kimberly Mayrose	Su Roth	Meredith Addison	Erin Perdue
Devon Jones	Alyssa Newson	Mike Shorter	Jim Rose

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Operations & training	Equity	Resources, referrals & linkages	Marketing & education
Phil Smith Nikki Wielgos Beth Eiler Melissa Helm Zoe Frantz Ikaso Rep: Mariana Ramirez	Natasha Cheatham Barb Anderson Karen Guerrero Gilberto Perez Jr Jennifer Layton Ikaso Rep: Jessica Flemming	Jody Kristoff Ikaso Rep: Oliver Byles	Shelby Thomas Kelby Gaw Marcelle Jones Shay Wood Ikaso Rep: Katie Murphy

FAQ regarding 988 implementation

Preparing for full 988 implementation

What is the Crisis Jam?

The Crisis Jam learning community is hoping to provide learning and insight for viewers to respond to a rapid growing crisis system more effectively in the United States. Viewers can understand more about what the individual states are doing, access the data corner, and watch feature presentations. Some examples of featured presentations are the Lynnwood Community Justice Center Project, Co-morbid Medical Challenges, Innovation for Behavioral Health Crisis Care, Medicaid Crisis Opportunities, Civilian Crisis Response and Equity and many more.

What is Indiana’s legislation that speaks to 988?

House Bill 1468 is the legislation providing expectations for 988 in Indiana. HB1468 identifies that the Division of Mental Health and Addiction has primary oversight for the coordination and designation of the 988 crisis hotline centers, crisis receiving and stabilization services and mobile crisis teams. HB1468 also establishes the statewide 988 trust fund. HB1468 also requires 988 and other hotline numbers to be on the back of student ID cards grades 6 to 12 in Indiana. In addition to these expectations, HB1468 sets some

other requirements for 988 crisis hotlines, active agreements with the National Suicide Prevention Lifeline network and requires 988 to provide call, chat and text services. Please review HB1468 to understand what the state further requires of 988 in Indiana.

How will 988 differ from 911, 211 and the current NSPL hotline number (800-273-TALK)?

211 is a non-emergency number for finding community resources, such as food banks and shelters. 911 is currently used for all emergencies, including mental health emergencies. Mental health crisis calls may result in potentially dangerous and traumatizing outcomes when police are called, especially in historically marginalized communities. Despite their best efforts, 911 dispatchers usually have not received specific training on how to handle mental health and suicide related calls. Although law enforcement response is often not necessary or appropriate for mental health crisis situations, police are typically the first responders activated by 911 calls.

988 will be a mental health crisis number, and calls will be handled by National Suicide Prevention Lifeline crisis specialists. These crisis specialists are highly

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trained to assist people in emotional distress or in a suicidal crisis. In fact, based on data provided by Lifeline call centers, approximately 98% of answered Lifeline calls do not require an emergency response. Of the 2% of the calls that do require emergency response, over 60% of those calls are ones where the caller agrees that emergency services are needed and collaborates with the crisis specialists to receive those services.

How can 988 improve the lives of people with mental health and substance use conditions?

For many people with mental health and substance use conditions, particularly people of color and people in the LGBTQ+ community, a law enforcement response to a mental health emergency has ended in tragedy or poor outcomes, including death and incarceration. Just as current calls to the Lifeline are answered now, calls to 988 will be answered by someone trained in mental health crisis response, who can often resolve the situation by phone, text or chat.

The new Lifeline number, 988, holds the promise of an equitable healthcare response to a healthcare issue with better outcomes as people receive the services and supports, they need to remain in their communities and thrive. This promise will only be fulfilled if adequate resources are available to accommodate increased call/chat/text volume, as well as the continuum of crisis care services that can stem from the 988 calls crisis care services are more impactful when they include and are informed by

individuals with diverse backgrounds, including lived experience, who are trained to respond in an empowering and culturally responsive manner.

For example, 988 presents an opportunity to invest in mobile crisis teams that can be deployed to respond instead of police. People in crisis may need an appropriate place to go for assessment that is not jail or a hospital emergency department, which are often the only options for law enforcement to offer. 988 provides the opportunity to invest in resources, such as crisis stabilization centers, crisis beds or peer respite centers, which allow for individuals in need to receive mental health evaluation and resources.

What are some of the key features of a strong 988 system to keep in mind?

Vibrant Emotional Health, the administrator of the Lifeline, has identified three key themes to guide 988 implementation:

1. Universal and convenient access, including omnipresent public awareness and varying modalities for individuals to access 988 through their preferred method of communication;
2. High quality and personalized experience that is tailored to the unique needs of the individual while also in line with identified best practices;
3. Connection to resources and follow up to ensure all persons contacting 988 received additional local community resources as needed.