



Indiana's 988 and Crisis Response System: Seizing the Opportunity of a Lifetime

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The meaning of “crisis”

- “a time when a difficult or important decision must be made”
- “the turning point of a disease when an important change takes place, indicating either recovery or death.”

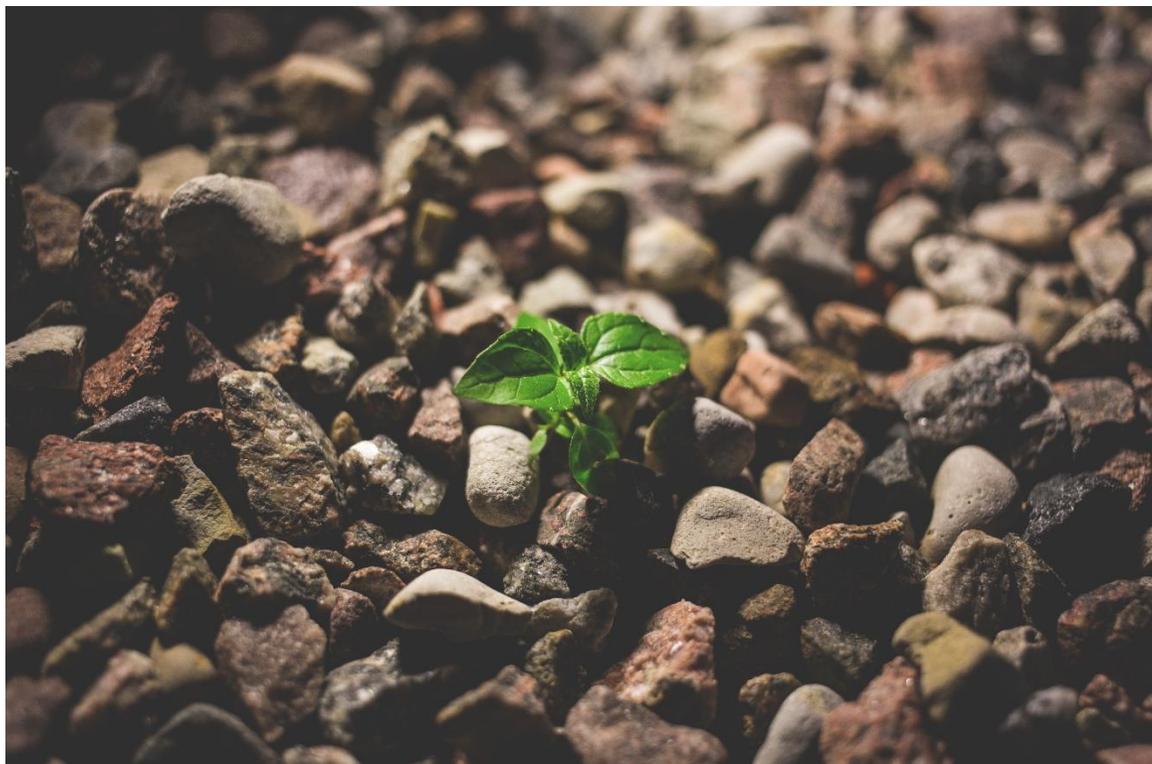


What turning points encourage recovery from a crisis?





How can state infrastructures and systems encourage recovery for all?



When a flower doesn't bloom, you fix the environment in which it grows, not the flower.

- Alexander Den Heijer

What Does Person-Centered Mean?



- **Dignity and Respect:** *Listen to and honor perspectives and choices. Values, beliefs, and cultural backgrounds are incorporated into care.*
- **Information Sharing:** *Communicate and share complete and unbiased information in ways that are affirming and useful. Those in crisis receive timely, complete, and accurate information in order to effectively participate in decision-making.*
- **Participation:** *Encouraged and supported in participating in care and decision-making at the level they choose.*
- **Collaboration:** *All involved collaborate in policy and program development, implementation, and evaluation; in facility design; in professional education; and in research, as well as in the delivery of care.*

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- **Dignity and Respect:** *Listen to and honor perspectives and choices. Values, beliefs, and cultural backgrounds are incorporated into care.*
 - “I would like to feel that **someone actually cared** and not faking it.”
 - “I would want to know that the **folk[s] at 988 were both trauma informed and educated about LGBTQ concerns, particularly trans concerns.**”
 - “There is always a fear of **being told your "issue" isn't that bad**, or that the person on the other end of the call is going to minimize what you are going through.”
 - “I have heard stories about **people calling and being told their issues aren't serious enough to do anything** even though they were having suicidal thought ... If I call because I'm experiencing suicidal thoughts but I'm not intending to hurt myself, I don't want to end up hospitalized.”

Participants were asked: *If you do not feel comfortable contacting 9-8-8 for a mental health, substance use disorder, or suicide related crisis, then what needs to happen in order for you to trust contacting 9-8-8?*



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- **Information Sharing:** *Communicate and share complete and unbiased information in ways that are affirming and useful. Those in crisis receive timely, complete, and accurate information in order to effectively participate in decision-making.*
 - “**Clear instructions/guidelines** how the call will impact me or my loved one. **Will police get involved? Will ambulance be called...**resulting in my insurance knowing & a gazillion \$\$\$ in medical fees, etc.”
 - “**more information about what this service offers.** For instance; can help happen right then or will the operator just offer numbers to call, can a direct connect occur?”
 - “**Education on what the hotline is and is not.**”

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What Does Person-Centered Mean?



- **Participation:** *Encouraged and supported in participating in care and decision-making at the level they choose.*
 - “I need to feel like there's **autonomy for the individual in crisis**. Emergency personnel can make a situation worse, especially police officers, so **having the ability to make decisions** regarding contacting emergency personnel is a must.”
 - “...I suppose if the 988 person had a way to take the time and patience for the person in crisis to be able to **choose an option of next steps, instead of being forced to what ever the 988 person acts on** ... Also, if someone could explain to the person in crisis, what may happen over the next few hours and days perhaps the process of [receiving] help would not be so terrifying.”

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- **Collaboration:** *All involved collaborate in policy and program development, implementation, and evaluation; in facility design; in professional education; and in research, as well as in the delivery of care.*
 - “I think there would need to be an understanding that the police wouldn't come and take the caller to a psychiatric facility unless the caller actually does attempt suicide. **The fear of being taken away due to suicidal thoughts is the reason many people don't call.**”
 - “1) I think someone needs to be able to call the line without feeling like they'll automatically have the police contacted or be forced into a hospital. "Crisis" does not always equate to hospitalization. 2) While not everyone who calls a crisis line wants to take getting help any further, some do. **I'd like to see broader engagement.**”

Participants were asked: *If you do not feel comfortable contacting 9-8-8 for a mental health, substance use disorder, or suicide related crisis, then what needs to happen in order for you to trust contacting 9-8-8?*



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



<u>Common Themes in Elevated Stress Response</u>	<u>Potential Ways to De-Stress Crisis Response</u>
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

What is the future of crisis response in Indiana?



President Signs National Suicide Hotline Designation Act Into Law



S.2661 - National Suicide Hotline Designation Act of 2020

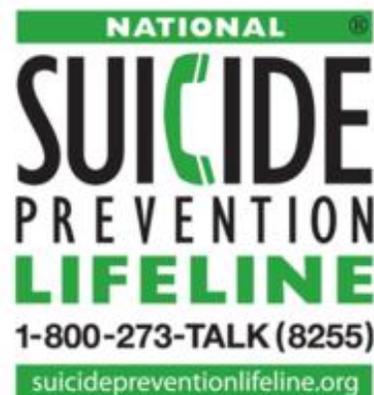
116th Congress (2019-2020)

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**”

S.2661 - National Suicide Hotline Designation Act of 2020
116th Congress (2019-2020)

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

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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



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**

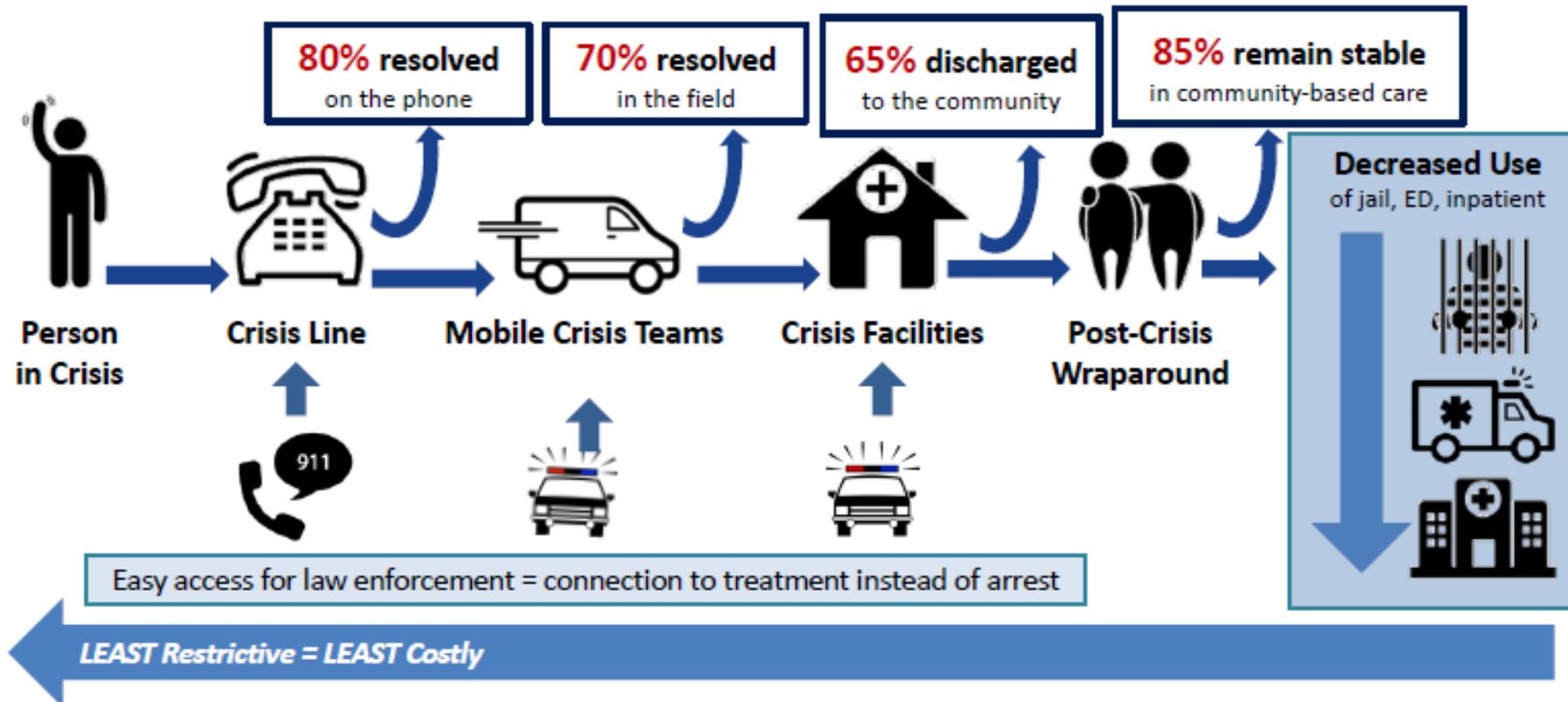


**Real-time
Performance
Outcomes Dashboards**

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

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.”

S.2661 - National Suicide Hotline Designation Act of 2020
116th Congress (2019-2020)

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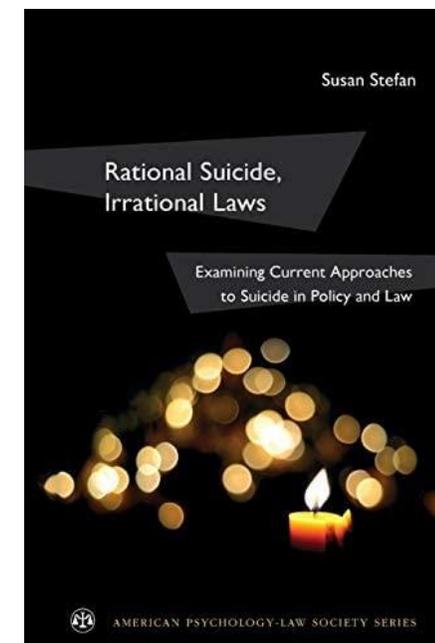
Sponsor: [Sen. Gardner, Cory \[R-CO\]](#) (Introduced 10/22/2019)

Committees: Senate - Commerce, Science, and Transportation



If you could tell suicide prevention policymakers and mental health professionals three things, what would they be?

- “Listen to we who have traveled that path and lived to talk about what helped”
- “DON’T put someone in a ward full of other people in emotional distress, treat them as if they are annoying and difficult, and pump them full of drugs. LISTEN ...”
- “Don’t come from a place of preventing – come from a place of connecting ... Most importantly be present and LISTEN.”
- “Be kind. Be understanding. Listen with your heart.”



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)

Indiana's crisis system is at a turning point



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Questions about 988 in Indiana?

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