Behavioral Health Commission
Suicide Prevention Subgroup
May 7, 2021
Noon - 1 p.m. EDT

---

1. Attendance and interest in Suicide Prevention Subgroup
   - Lt. Maze- Coordinator CIT August 2001
   - Dr. Negendank- Chief Medical Officer for Adult and Child CMHC-Psychiatrist-Taught Suicide Risk Assessments
   - Dr. Nossett- Emergency physical with Hendricks County Hospital; Special Officer with Brownsburg Police Dept
   - Jay Chaudhary- Director of DMHA
   - Sheriff Nielsen- Boone County- Officer Wellness; Internal Counseling for employees and staff; Treat mental health issues within the jail to prevent suicides. There has also been an increase in death by suicides within law enforcement
   - Mayor Fadness- Fishers has increased their focused over the last 6-7 years with addressing suicide prevention
2. Presentation by Dr. Chris Drapeau- State Suicide Prevention Director; developed Indiana's 9-8-8 infrastructure;
   - For a complete picture of the Suicide Prevention Infrastructure, please refer to the YouTube link: https://www.youtube.com/watch?v=obByM9XjRHU
3. Requests of Subgroup
   a. 9-8-8 Crisis Phone Call-Asking Commission to recommend a surcharge be placed on cell phones bills similar to how 911 is supported. $1.00/mo creating a perpetual funding opportunity for suicide prevention and crisis response
   b. Endorse the Crisis Now model described by Dr. Drapeau
   - Jay- requesting vote of confidence from the subgroup to suggest recommending to the commission for implementing of Suicide prevention state plan

Feedback:

- Mayor Fadness- How to delineate between those situations and 9-8-8 call and how does this work from a public safety response; If there is a welfare check, how quickly can the crisis response team respond and how does this interplay between public safety and crisis. response?
  - Response:
  a. Jay-Trying to get better at how to respond. There are situations that when all proponents work as they should, the crisis situation could still occur. We need to decide whose responsibility it is to respond. There is military/law enforcement nomenclature in the infrastructure with Clear division, chain of command, who makes decisions needs to be sorted out, manualized and operationalized.
  b. Chris- Currently talking with other states that have been doing this work for longer than us but also need to figure out what works best for our state.

- Jay- In 9-8-8- With experience and training, staff should be able to make the best decision when responding to incoming calls. It's also importance that staff have ability to detect nuances throughout the discussion/assessment which is proven to decrease number of suicide attempts.
- Chris- Applied Suicide Intervention Skills Training Workshop- is used for call center training. One scenario available does include an individual with a gun. We can also talk with call centers how they have responded to those questions
- Sheriff Nielsen-IMPD-Sgt Dardine oversees the Mobile Response Team. They've been doing a lot of great work that coincides with 9-8-8. Please let me know how the Sheriff Association can assist with these initiatives.
- Mayor Fadness- Recommending to contact Fire Fighters and paramedics to have crisis response conversations. Chris would like a contact to start conversation- Michael Kaufmann was recommended
- Dr. Negendank- Encourages commission to work with law enforcement, including them in these conversations. Many CMHCs have mobile crisis or developing program; will 9-8-8 work in established in community? How will the mobile crisis unit be funded including staffing?
    - Response Jay- DMHA is receiving a one-time funding for these programs but also use the 9-8-8 surcharge funding which will sustain these programs. Also, DMHA is applying for Medicaid waiver to fund Mobile Crisis Unit. Recognizing the work force crisis but we can look at peers, looking at pay
- Sheriff Nielsen - any states that are 24/7 operational with mobile crisis units?
    - Response Chris- No- but there are counties in some states that have the Crisis Now Model. DMHA has a meeting next week with the Chief Strategy Officer from RI International- Crisis Now Academy which they will attend the next 988 Coalition meeting. They will Introduce Crisis Now Model.
- Mayor Fadness- Verifying understanding of the next steps. We have identified the concept, and the long-term revenue model. Then with legislation we can present to them for approval. Would like to motion to recommend the 988 surcharge and endorse crisis now model.
    - Response Jay- All in favor of this motion? All for recommendation
- Dr. Negendank- Subacute stabilization unit-Is there a plan to encourage to open more of these units?
    - Response Jay-Yes, the full model includes a place to go for stabilization. DMHA asked SAMSHA to use this funding for Crisis Stabilization Units
- Lt. Maze-When there is someone in a crisis, where do we take them if all beds are full. We strongly prefer not to utilize the jail as it increases stress on staff, inmates, and person in crisis.
- Mayor Fadness- of 1st responders are available, can telehealth be available and work with 9-8-8 too? What are the other options?
    - Response Chris- Answer needs to be Yes. When do we decide to do place individual 'here' vs. inpatient? Will be asking RI International next week
- Dr. Negendank- Telehealth would be helpful for crisis triage; to have a psychiatrist on call to provide guidance

- Mayor Fadness-Fishers took steps to understand profile of those that die by suicide. Financial, and family stress were strong indicators. Has this type of research been conducted in Indiana?
    - Response
        a. Jay- Research has shown that those in significant debt are 6x more likely to die by suicide
        b. Chris- The profile of those that die by suicide is not consistent. Although the suicide data shows Indiana's numbers are going down, the accidental deaths numbers are increasing. Coroners might not have the tools to determine/distinguish between suicides and other types of death. IDOH is looking into this discrepancy. National Institutes for Mental Health will help us connect our ED and EMS data on suicide risk runs and ER visits with death outcomes to see gaps of linear process
- Dr. Negendank- Research has shown 90% of deaths by suicide have been diagnosed with mental illness or should have been diagnosed. There is always a trigger that goes along with the depression; How can other stressors be decreased or decrease hopelessness, increasing quality of life? Because addressing hopelessness improves quality of life

4. Next Steps- Jay- DMHA will email to schedule the next meeting; For Chair and Co-Chair, if you can email us to opt-out not to be considered for Chair and Co-Chair by next week; You'll receive an email for choosing chair/co-chair roles.