



Division of Mental Health and Addiction

Indiana Suicide Prevention Plan

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Introduction

The 2012 National Strategy for Suicide Prevention¹ recommends that each state develop and maintain a comprehensive suicide prevention plan that guides and coordinates suicide prevention activities across the state. The Suicide Prevention Resource Center further recommends that states incorporate a multifaceted, lifespan approach into state plans and review and revise them regularly to ensure the plan continues to meet the needs of state residents.

The state of Indiana, in line with the 2012 National Strategy recommendations, ensured that the state would develop and maintain a suicide prevention plan following the 2017 legislative session. During this session, the Indiana General Assembly passed HEA 1430, which mandated the creation of a state suicide prevention coordinator position and a state suicide prevention plan that would be implemented and maintained by the state suicide prevention coordinator. Per Indiana Code 12-21-5-5, the Indiana suicide prevention plan must address the following:

- Educational opportunities and activities to increase awareness and knowledge of the public.
- Training for individuals who may have frequent contact with individuals at risk of suicide on warning signs and tendencies that may evidence that an individual is considering suicide.
- Materials to increase public awareness of suicide and suicide prevention.
- Enhancement of crisis services relating to suicide prevention.
- Assistance for school corporations on suicide awareness and intervention training.
- Coordination of county and regional advisory groups to support the statewide program.
- Coordination with appropriate entities to identify and address barriers in providing services to individuals at risk of suicide.
- Maintenance of an Internet web site containing information and resources related to suicide awareness, prevention and intervention.
- Development of recommendations for improved collection of data on suicide and factors related to suicide.
- Development and submission of proposals for funding from federal agencies or other sources of funding.

To see how the 2021–2023 Indiana suicide prevention plan aligns with IC 12-21-5-5, see **Appendix B**.

Aligning with the SPRC recommendation to ensure that state suicide prevention plans are regularly reviewed and updated, a formal suicide prevention planning cycle was introduced as part of a new Indiana suicide prevention infrastructure. This infrastructure was informed by the SPRC's state infrastructure recommendations and was introduced in January 2021 at a virtual meeting of the Indiana Suicide Prevention Network Advisory Council (see **Appendix A** to review the SPRC recommendations and Indiana's current alignment with these recommendations). The primary goals of this new state suicide prevention infrastructure are to clarify the roles of state suicide prevention partners, increase accountability, and develop a structure for state suicide prevention efforts that can be sustained over time.



Introducing a state suicide prevention planning cycle will standardize the state planning process and present the opportunity to

1. Build off the outcomes and lessons learned from implementing the past state plan and
2. Make sure the state plan is updated every two to three years (see Figure 1 to see the timeline for the inaugural planning cycle).

The five primary planning groups that will meet during each planning cycle include the

1. Social Determinants of Health planning group;
2. Continuum of Crisis Care planning group;
3. Postvention Response planning group;
4. Innovation in Suicide Prevention planning group; and
5. Data Quality planning group.

These planning groups were chosen because they emphasize a public health approach to suicide prevention and are broad enough to ensure planning efforts are comprehensive and can consider the entire lifespan. Brief descriptions of each of the five primary planning groups are provided below.



Figure 1. Indiana’s inaugural suicide prevention planning cycle



The Social Determinants of Health planning group brings a health equity focus to planning efforts which, once successful, will take Indiana suicide prevention efforts more “upstream” (i.e., focused on modifying social factors that contribute to suicide-related thoughts and behaviors). Of all the planning groups, the goals and objectives coming from the SDoH group hold the greatest promise for showing the impact of our state vision on suicide prevention efforts (i.e., decreasing suicide through improving quality of life).

The Continuum of Crisis Care planning group defines the crisis continuum in Indiana and identifies goals and objectives that will improve the quality of care across the continuum for all Indiana residents.

The Postvention Response planning group identifies goals and objectives that will improve the quality of community support after a suicide attempt (fatal or nonfatal) and/or suicide cluster. This includes improving professional relationships and collaborations with funeral directors and coroners on suicide postvention response.

The Innovation in Suicide Prevention planning group explores opportunities to build off current evidence-based and best practices, blaze new trails for Indiana suicide prevention efforts, and address gaps that exist across Indiana in the continuum of suicide prevention services.

The Data Quality planning group identifies and strengthens existing data sources, ensures that high-risk and underserved populations are represented in data collection, and develops a plan for regularly analyzing and using data to inform action at the state and local levels.

Using a consistent planning approach and building off past goals and objectives can improve the depth of our understanding about how suicide risk is impacted via the focus of each planning group area. In addition, this standardized planning approach can be used to measure whether we are moving closer toward realizing our state vision of decreasing suicide through improving quality of life and if this vision is having the expected impact on suicide risk across the state.

The goals and objectives developed by each of the five planning groups during the inaugural state suicide prevention planning cycle are outlined below. Quarterly meetings will be held between July 1, 2021, and June 30, 2023, to report on implementation progress and barriers and adjust the state plan as needed (see the *What comes next?* section for more information about the quarterly meeting). The names of those who served on the five planning groups are listed in **Appendix C**.



Social Determinants of Health planning group

Goal 1. Establish a baseline inventory of social determinants of health data in Indiana to increase understanding of the impact of social determinants on the mental health and suicide risk of Indiana residents.

Objective 1.1. By September 2021, create a plan for collecting secondary/existing data.

Objective 1.2. By April 2022, collect secondary/existing data for the five domains of social determinants of health: Economic Stability, Education Access and Quality, Physical Health and Mental Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context.

Objective 1.3. By August 2022, identify gaps in secondary data based on the five domains.

Objective 1.4. By September 2022, create a plan for collecting primary data to fill data gaps.

Objective 1.5. By April 2023, collect primary data to fill data gaps.

Objective 1.6. By June 2023, write a summary report of findings from secondary and primary data.

Initial tasks for Goal 1 objectives:

1. Identify a lead organization/agency
2. Form a data team prior to developing plans for data collection and filling data gaps.

Goal 2. Establish an inventory of current activities in Indiana addressing social determinants of health.

Objective 2.1. By September 2021, create a plan for compiling an inventory of current activities addressing social determinants of health.

Objective 2.2. By April 2022, collect information on current activities.

Objective 2.3. By August 2022, write a summary report on current activities addressing social determinants of health in Indiana.

Initial tasks for Goal 2 objectives:

1. Identify a lead organization/agency
2. Form a team prior to developing plans for information collection (or have the data team complete if the objectives for goals 1 and 2 can be accomplished simultaneously)



Goal 3. Develop measurable recommendations that will improve the quality of life of Indiana residents and decrease suicide prevention inequities, with specific focus on underserved populations.

Objective 3.1. By June 2023, analyze data and current activities collected as part of Goals 1 and 2 to determine gaps in addressing social determinants of health.

Objective 3.2. By June 2023, prioritize gaps to develop recommendations for the Social Determinants of Health planning group.

Objective 3.3. By June 2023, create a summary report on gaps and current activities addressing social determinants of health, including recommendations to improve the quality of life of Indiana residents and decrease suicide prevention inequities.

Primary task once objective 3.3 has been completed:

1. Share the summary report with the Social Determinants of Health planning group during the next state suicide prevention planning cycle. New goals and objectives will be identified based on the findings noted in the summary report.



Continuum of Crisis Care planning group

Goal 1. Complete a gap analysis regarding the continuum of crisis care in Indiana

Objective 1.1. By September 2021, the lead organization/agency will identify existing datasets and coordinate with those who are (or who will be) conducting a gap analysis that identifies crisis continuum gaps.

Objective 1.2. By November 2021, the lead organization/agency will create a gap analysis and best practice survey and a data collection plan to gather additional gap analysis data.

Objective 1.3. By January 2022, the lead organization/agency will disseminate the gap analysis survey across Indiana.

Initial tasks for Goal 1 objectives:

1. Identify a funding source for the gap analysis
2. Identify a lead organization/agency to conduct the gap analysis
3. If necessary, the lead organization/agency will develop a gap analysis team to help with completing the objectives of goals 1, 2, and 3.

Goal 2. Analyze gap analysis results

Objective 2.1. By July 16, 2022, the lead organization/agency will analyze all data and summarize gaps.

Objective 2.2. By July 16, 2022, while data is being collected/analyzed, identify existing best practices for the crisis care continuum.

Goal 3. Identify the continuum priorities from the gap analysis

Objective 3.1. By August 2022, three priorities from the gap analysis will be identified with a plan to address the gap(s)

Objective 3.2. By November 2022, Indiana standards, best practices, and priorities for addressing gaps in comprehensive crisis care will be created.

Objective 3.3. Between November 2022 and June 2023, the standards, best practices and priorities will be presented to state leaders from the Indiana Division of Mental Health and Addiction, Indiana Department of Education, Indiana Department of Health, and other stakeholders.



Goal 4. Answer at least 90% of 9-8-8 calls and 80% of 9-8-8 chat and text messages.

Objective 4.1. By December of 2021, the Division of Mental Health and Addiction will have developed a 9-8-8 implementation plan for statewide 24/7 primary and backup coverage for every Indiana county.

Objective 4.2. By June 30, 2022, there will be a statewide 9-8-8 center and/or a network of 9-8-8 centers that will provide statewide 24/7 primary and backup coverage for 9-8-8 calls.

Objective 4.3. By June 30, 2023, the statewide 9-8-8 center and/or network of 9-8-8 centers will have an in-state answer rate of 90% or higher for 9-8-8 calls.

Objective 4.4. By June 30, 2023, there will be statewide 24/7 9-8-8 crisis chat/text coverage provided by one or more in-state 9-8-8 centers.

Objective 4.5. By June 30, 2023, the statewide 9-8-8 center and/or network of 9-8-8 centers will have an answer rate of 80% or higher for 9-8-8 chat/text contacts.

Tasks for Goal 4 objectives:

1. Ensure the 9-8-8 Implementation Coalition continues meeting so input provided by stakeholders and community members will be incorporated into the 9-8-8 implementation plan developed by the Division of Mental Health and Addiction.
2. Continue exploring for multiple funding streams to support 9-8-8 and crisis continuum infrastructure development and sustainability.
3. DMHA staff will work with a consultant (or consultants) to inform the 9-8-8 implementation process and ensure key collaborations are built and sustained.
4. DMHA staff will continue to participate in national 9-8-8 workgroups, 9-8-8 learning communities, and SAMHSA crisis response regional meetings to stay abreast of national developments and learn about how 9-8-8 implementation is progressing in other states.

*Goal 5. Offer multiple evidence-based trainings to clinical and community partners.**

Objective 5.1. By March 30, 2023, at least 500 clinical professionals will have been trained in the Collaborative Assessment and Management of Suicidality.

Objective 5.2. By March 30, 2023, at least two Zero Suicide Academies will have been offered to health care and behavioral health care organizations across Indiana.

Objective 5.3. By March 30, 2023, at least four Applied Suicide Intervention Skills Training workshops with priority seating offered to case managers and supervisors at the Indiana Department of Child Services, interested university staff from across the state, and Evansville Vanderburgh School Corporation staff.

**The objectives for Goal 5 will be supported by funds from a SAMHSA GLS Youth Suicide Prevention grant that was awarded to the Division of Mental Health and Addiction in March 2021.*



Postvention Response planning group

Goal 1. Create an initial data repository of evidence-based and/or best practice resources with scheduled updates to ensure the information is current and relevant

Objective 1.1. The creation of the Data Collection and Information Management Committee with an appointed leader identified by Sept. 30, 2021.

Objective 1.2. Assess current gaps in materials and resources by May 15, 2022.

Objective 1.3. Develop a repository and information management system to ensure stakeholders can access accurate information in a timely manner.

Tasks for Goal 1 objectives:

1. Create a DCIM committee comprised of key stakeholders representing every region within the state of Indiana
2. Hold DCIM committee meetings (can be virtual) to create a work plan with action items and deliverables including a timeline for implementation with start, mid-way, and end dates. This includes defining a plan for creating and sustaining the repository and information management system.
3. Form of a gap assessment subcommittee comprised of key stakeholders and hold subcommittee meetings to create a gap assessment plan with action items and deliverables including a timeline for implementation with start, midway and end dates.

Goal 2. Create an operations manual of evidence-based and best practice standards to assist local communities with creating and maintaining a LOSS (Local Outreach to Suicide loss Survivors) Team.

Objective 2.1. The creation of the LOSS teams Outreach and Education Committee with an appointed leader identified by Sept. 30, 2021.

Objective 2.2. The LTOE Leader and/or Committee will complete an informational review of the following to determine pertinent information to include in the manual: Review other jurisdiction guidebooks or manuals, obtain information from the gap assessment, input from key stakeholders.

Objective 2.3. Create a list of key areas that should be included in the manual, including cultural competencies.

Objective 2.4. The LTOE Leader and/or Committee will determine the process for creating the operations manual.



Objective 2.5. The LTOE Leader and/or Committee will develop a dissemination and implementation plan for training current and future LOSS teams in the use of the operations manual.

Tasks for Goal 2 objectives:

1. Create a LTOE committee comprised of key stakeholders representing every LOSS team within the state of Indiana
2. Hold LTOE committee meetings (can be virtual) to create a work plan with action items and deliverables including an implementation timeline with start, mid-way, and end dates.

Goal 3. Developing culturally competent marketing materials about LOSS teams and how many lives have been touched by suicide

Objective 3.1. The creation of the marketing committee with an appointed leader identified by Sept. 30, 2021. This committee should include community members who represent the populations the materials will be developed for.

Objective 3.2. Obtain at least three meaningful data points from the data collection process regarding state suicide deaths, and existing LOSS team data, to utilize in development of marketing materials.

Objective 3.3. Identify cost-effective marketing materials and locate four potential vendors available for printing for cost comparison and media distribution of messaging.

Objective 3.4. The marketing leader/committee will ensure the distribution of materials to key stakeholders ensuring the final products remain available in the repository.

Objective 3.5. Develop a plan to obtain feedback from community members on the clarity and appropriateness of the marketing materials.

Tasks for Goal 3 objectives:

1. Create a marketing committee comprised of key stakeholders representing every region within the state of Indiana
2. Hold committee meetings (can be virtual) to create a work plan with action items and deliverables including a timeline for implementation with start, mid-way, and end dates. This includes defining a plan for obtaining feedback from community members about the marketing materials.



*Goal 4. Develop a statewide network of LOSS teams**

Objective 4.1. By June 30, 2023, initiate and provide seed funding for sixteen LOSS teams.

Objective 4.2. Identify a lead organization to oversee the development of the LOSS team network.

Objective 4.3. The lead organization will collaboratively develop a plan for sustaining the LOSS team network and explore integration of LOSS teams within other statewide and local crisis response infrastructures.

*Goal 5. Increase suicide bereavement support for Indiana residents who have lost a loved one to suicide.***

Objective 5.1. By June 30, 2023, initiate and provide seed funding for eight suicide loss support groups.

Objective 5.2. By June 30, 2023, train 100 clinicians in the American Foundation for Suicide Prevention's Suicide Bereavement Clinician Training Program.

***The objectives for Goals 4 and 5 will be supported by funds from a SAMHSA GLS Youth Suicide Prevention grant that was awarded to the Division of Mental Health and Addiction in March 2021.*



Innovation in Suicide Prevention planning group

*Goal 1. Create Papageno Effect taskforce**

Objective 1.1. Create roles and scope of the taskforce

Objective 1.2. Identify partners/networks for taskforce and campaign (e.g., attempt survivors across the lifespan, loved ones who have lost someone to suicide, suicide prevention leaders and advocates, mental health and FSSA communication professionals)

Objective 1.3. Plan schedule for meetings

**If the taskforce decides to use a collective impact approach, additional goals and objectives specific to the process will be created.*

Initial tasks for Goal 1 objectives:

1. Identify a lead organization/agency to oversee the taskforce
2. As part of Objective 1.2, explore university partnerships and the opportunity to develop a research project focused on measuring the impact of a Papageno Effect campaign.

Goal 2. Create Innovation in Suicide Prevention think tank

Objective 2.1. Create roles and scope of think tank

Objective 2.2. Define the types of diversity needed to inspire innovative ideas and then develop such diverse representation among think tank members.

Objective 2.3. Plan schedule for meetings

Objective 2.4. Develop a meeting structure (including ground rules for discussion) that are informed by research on group dynamics and work environments that stimulate creative thinking

Initial task for Goal 2 objectives:

1. As part of Objective 1.1., explore university partnerships and/or the opportunity for a university partner to house and provide leadership for the Innovation in Suicide Prevention Think Tank.



Goal 3. Increase peer support programming for those experiencing a suicidal crisis and for impacted family members**

Objective 3.1. Develop a crisis peer support learning community to identify opportunities to integrate peer support professionals across Indiana’s crisis response continuum.

Objective 3.2. Develop and sustain a peer support program for families/parents of youth who are thinking of suicide and/or have survived a suicide attempt.

Objective 3.3. Create and sustain at least 15 Alternatives to Suicide peer support groups across the state of Indiana.

***The objectives for Goal 3 will be supported by funds from the SAMHSA Mental Health Block grant and a SAMHSA GLS Youth Suicide Prevention grant that was awarded to the Division of Mental Health and Addiction in March 2021.*



Data Quality planning group

Goal 1. Obtain funding and necessary capacity-building resources to support the development of a data infrastructure for state suicide prevention efforts.

Objective 1.1. Identify and apply for state-based and local funding.

Objective 1.2. Identify and apply for federal funding to support data collection, analysis and suicide prevention programmatic efforts.

Objective 1.3. Identify and partner with national and Indiana-based agencies/organizations, to obtain necessary resources, partnerships, in-kind support and funding to develop a data infrastructure to support suicide prevention efforts.

Objective 1.4. Identify activities already underway within academia and research communities that overlap with current suicide prevention data projects.

Initial tasks for Goal 1 objectives:

1. Identify a lead organization/agency
2. Determine whether a team needs to be formed to identify funding sources and/or activities underway within academic and research communities.

Goal 2. Create a data infrastructure for state suicide prevention that will:

1. Improve the timeliness, usefulness, and quality of suicide-related data and
2. Explain the scope of suicide risk in Indiana, identify high and low risk groups, and set priority prevention activities.

Objective 2.1. Create a job description and find funding to create a dedicated full-time suicide epidemiologist.

Objective 2.2. Create a job description and find funding to create a dedicated suicide data science staff position. The suicide data scientist will provide metadata management, initial data assessment, and ongoing data quality measurement, to ensure accurate and reliable data are utilized for dissemination.

Objective 2.3. Create a job description and find funding to create a data management staff position and system.

Objective 2.4. Establish a multi-disciplinary data workgroup for Indiana



Objective 2.5. Via the multi-disciplinary data workgroup, develop a plan for building and sustaining the data infrastructure using the Data Infrastructure: Recommendations for State Suicide Prevention supplement from the Suicide Prevention Resource Center.

Initial Tasks for Goal 1 Objectives:

1. Identify a lead organization/agency
2. Identify representatives from the following organizations to join the data workgroup: Indiana Department of Health, Management Performance Hub, Indiana Clinical and Translational Sciences Institute, Division of Mental Health and Addiction, Indiana Criminal Justice Institute, State Epidemiological Outcomes Workgroup, Department of Education, Indiana Suicide Prevention Network, military/VA organizations, researchers, universities, law enforcement organizations, Department of Child Services, Center for Health Policy, treatment providers, local prevention groups, Indiana Hospital Association, Indiana Health Information Exchange, and any additional interested parties.

Goal 3. Use the newly created data infrastructure, and data workgroup, to identify and centrally document available state and local data sources, which can be used to monitor suicide-related behavior in Indiana.

Objective 3.1. Establish standard definitions for suicide-related thoughts and behaviors.

Objective 3.2. Identify standard data variables and datasets to be collected, based on agreed-upon standard definitions.

Objective 3.3. Establish a centralized repository for state and local datasets identified in Objective 3.2.

Goal 4: Through data sharing agreements, obtain the authority for dissemination and analysis of data and data sources to monitor suicide-related thoughts and behaviors across the state.

Objective 4.1. Identify the agencies responsible for maintaining the datasets and data sources identified in Goal 3, Objective 3.2.

Objective 4.2. Establish connectivity with other existing data management systems, including the Management Performance Hub, to avoid duplicative efforts.

Objective 4.3. Create standard data sharing agreements for those identified agencies, to facilitate access to data variables.

Objective 4.4. Execute all necessary data sharing agreements to obtain relevant data to monitor suicide-related thoughts and behaviors across Indiana.



Goal 5. Organize available data sources into data visualizations of timely suicide-related trends across the state.

Objective 5.1. Identify funding sources to support a sustainable summary data dashboard.

Objective 5.2. Build out data visualizations that will inform state and local suicide prevention efforts.

Objective 5.3. Via the data workgroup, develop a plan to collect data on the usage and perceived community impact of public-facing data visualizations and dashboards.



What comes next?

To ensure that we are implementing our objectives and moving closer toward achieving the goals outlined in this plan, we will be instituting quarterly meetings that are focused entirely on the implementation of the state suicide prevention plan.

The goals of this quarterly meeting include:

1. Reporting on progress relevant to the state suicide prevention plan (accountability),
2. Improving communication and collaboration across suicide prevention partners regarding the state plan objectives and tasks (bridging siloed efforts), and
3. Introducing new partners with shared goals/interests who can join the statewide effort to implement our state suicide prevention plan (infrastructure building/strengthening).

These quarterly meetings will also provide the opportunity to adjust our objectives if necessary or develop new goals and objectives if we make progress sooner than anticipated. The quarterly meetings will cease once the next state suicide prevention planning cycle begins (January 2023) and will resume once the next version of the Indiana suicide prevention plan is disseminated (July 2023).



Appendix A

Indiana alignment with state suicide prevention infrastructure recommendations from the Suicide Prevention Resource Center

Essential elements	SPRC infrastructure recommendations	Indiana Suicide Prevention infrastructure
Authorize	<ul style="list-style-type: none"> • Designate a lead division or organization • Identify and secure resources required to carry out all six essential functions • Maintain a state suicide prevention plan that is updated every three to five years <p><i>To further strengthen your infrastructure:</i></p> <ul style="list-style-type: none"> • Authorize the designated suicide prevention agency to develop, carry out, and evaluate the suicide prevention plan • Require an annual report to the legislature or governor on the state of suicide and prevention efforts, the extent and effectiveness of any statute or rule related to suicide, and emerging needs 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Indiana Division of Mental Health and Addiction <input type="checkbox"/> Not met <input checked="" type="checkbox"/> State suicide prevention planning cycles <input checked="" type="checkbox"/> DMHA is responsible for overseeing the development, implementation, and evaluation of the state plan <input checked="" type="checkbox"/> DMHA is responsible for developing an annual report in partnership with public and private suicide prevention partners.



Essential elements

Lead

SPRC infrastructure recommendations

- Maintain a dedicated leadership position
- Identify and fund core staff positions, training, and technology needed to carry out all six essential functions
- Develop capacity to respond to information requests from officials, communities, the media, and the general public

To further strengthen your infrastructure:

- Where interests intersect, establish a formal connection between the relevant government divisions or offices
- Build staff capacity to effectively communicate across multiple audiences and formats
- Develop division/agency commitment to spur cross-discipline collaboration and integrate programs across funding sources

Indiana Suicide Prevention infrastructure

- Indiana Code 12-21-5-5 mandates the DMHA state suicide prevention coordinator position. The title of this position was changed to state suicide prevention director in 2020.
- Not met. There is only one core staff position funded at this time (state suicide prevention director)

Not met

- The Indiana Department of Health is the lead agency on building suicide data infrastructure and guiding social determinants of health efforts

Not met

Not met



Division of Mental Health and Addiction

Essential elements

Partner

SPRC infrastructure recommendations

- Form a statewide coalition representation from broad public and private sectors.

- Adopt a shared vision and language across partners

To further strengthen your infrastructure:

- Build partner capacity to integrate suicide prevention efforts into their structures, policies and activities

- Develop written agreements with partners detailing each party's commitment

Indiana Suicide Prevention infrastructure

- ☑ The Indiana Suicide Prevention Network, a subsidiary of Mental Health America of Indiana, developed the Indiana Suicide Prevention Network Advisory Council. ISPNAC is comprised of members from the public and private sector, as well as numerous state agencies, who collaborate on suicide prevention efforts.

- ☑ The new state infrastructure included a shift in the state suicide prevention vision: from a focus on zero suicides to a focus on decreasing suicide through improving quality of life.

- ☑ The ISPN developed a tool called the Indiana Suicide Prevention Framework to assist organizations and communities in integrating suicide prevention efforts within their organizational structure.

- ☐ Not met. Current state infrastructure is based on verbal agreements among suicide prevention partners.



Essential elements

Examine

SPRC infrastructure recommendations

- Ensure that sufficient funding and personnel are allocated to support high quality, consistent, privacy-protected suicide morbidity and mortality data collection and analysis
- Identify, connect with, and strengthen existing data sources
- Ensure that high-risk and underserved populations are represented in data collection
- Develop the skills and a plan for regularly analyzing and using data to inform action at the state and local levels

To further strengthen your infrastructure:

- Link data from different systems while protecting privacy

Indiana Suicide Prevention infrastructure

- Not met.
- Not met. A data quality planning group was developed so that each suicide prevention planning cycle focused on identifying and strengthening existing data sources.
- Not met. Our social determinants of health planning group will ensure that issues of equity and the lack of representation of underserved populations become primary fixtures of Indiana’s suicide prevention planning process.
- Not met. This could be addressed through the development of a suicide prevention data infrastructure plan.
- The Indiana Management Performance Hub is one entity that has helped achieve data linkage across datasets and state agencies.



Essential elements

Build

SPRC infrastructure recommendations

- Build a multi-faceted, lifespan approach to suicide prevention across the state, in concert with the state plan:
 - Understand, develop and enforce expert-informed policies and regulations that support suicide prevention
 - Strengthen the crisis system and policies, including mobile response and hotlines
 - Establish policies and model practices in preparation for post-suicide response, including in the event of a suicide cluster
 - Promote “upstream” strategies that proactively prevent suicide risk and enhance protective factors
 - Designate sufficient funding to carry out or support a multi-faceted approach
 - Develop the ability to evaluate and share results
- To further strengthen your infrastructure:*
- Embed expectations for suicide prevention within relevant state-funded contracts

Indiana Suicide Prevention infrastructure

- Not met.
- Not met.
- Indiana’s 9-8-8 Implementation Coalition was formed in February 2021 to provide input to DMHA on strengthening the crisis system across the state. HB 1468 was signed into law in April 2021, giving DMHA oversight over the development and funding of the 9-8-8 system across Indiana.
- Not met
- The Indiana suicide prevention infrastructure partners agreed on a new vision and on making social determinants of health a primary planning group to move suicide prevention efforts more upstream and emphasize a more proactive approach to suicide prevention
- Not met
- Not met
- Not met



**Essential elements
Guide**

**SPRC infrastructure
recommendations**

- Ensure the ability to plan, provide, and evaluate guidance for state, county, and local efforts
- Identify and allocate resources needed to support consultation and capacity building training for state, county, and local efforts

To further strengthen your infrastructure:

- Identify and maintain an updated list of available trainings that meet relevant state requirements or recommendations

**Indiana Suicide Prevention
infrastructure**

Not met.

Not met.

The Indiana Department of Education and Indiana Chapter of the American Foundation for Suicide Prevention provide information about available trainings that meet state requirements or recommendations.



Appendix B

Alignment between Indiana Code 12-21-5-5 and the 2021-2023 Indiana Suicide Prevention Plan

The statewide program for suicide prevention must include a state plan for suicide prevention that must address the following	Current State Suicide Prevention Goals/Objectives that align with IC 12-21-5-5
1) Educational opportunities and activities to increase awareness and knowledge of the public.	<ul style="list-style-type: none"> • Postvention Response Goal 3: Developing culturally competent marketing materials about LOSS teams and how many lives have been touched by suicide. • Innovation in Suicide Prevention Goal 1: Create Papageno Effect taskforce. • Data Quality Goal 5: Organize available data sources into data visualizations of timely suicide-related trends across the state.
2) Training for individuals who may have frequent contact with individuals at risk of suicide on warning signs and tendencies that may evidence that an individual is considering suicide.	<ul style="list-style-type: none"> • Continuum of Crisis Care Goal 5: Offer multiple evidence-based trainings to clinical and community partners. • Postvention Response Goal 5, Objective 5.2: By June 30, 2023, train 100 clinicians in the American Foundation for Suicide Prevention’s Suicide Bereavement Clinician Training Program
3) Materials to increase public awareness of suicide and suicide prevention.	<ul style="list-style-type: none"> • Postvention Response Goal 3: Developing culturally competent marketing materials about LOSS teams and how many lives have been touched by suicide. • Data Quality Goal 5: Organize available data sources into data visualizations of timely suicide-related trends across the state.
4) Enhancement of crisis services relating to suicide prevention.	<ul style="list-style-type: none"> • Continuum of Crisis Care Goals 1 and 3–5 <ul style="list-style-type: none"> ○ Goal 1: Complete a gap analysis regarding the continuum of crisis care in Indiana ○ Goal 3: Identify the continuum priorities from the gap analysis



<p>The statewide program for suicide prevention must include a state plan for suicide prevention that must address the following</p>	<p>Current State Suicide Prevention Goals/Objectives that align with IC 12-21-5-5</p>
	<ul style="list-style-type: none"> ○ Goal 4: Answer at least 90% of 9-8-8 calls and 80% of 9-8-8 chat and text messages ○ Goal 5: Offer multiple evidence-based trainings to clinical and community partners. ● Postvention Response Goals 4–5 <ul style="list-style-type: none"> ○ Goal 4: Develop a statewide network of LOSS teams ○ Goal 5: Increase suicide bereavement support for Indiana residents who have lost a loved one to suicide ● Innovation in Suicide Prevention Goal 3: Increase peer support programming for those experiencing a suicidal crisis and for impacted family members
<p>5) Assistance for school corporations on suicide awareness and intervention training.</p>	<ul style="list-style-type: none"> ● Continuum of Crisis Care Goal 5, Objective 5.3: By March 30, 2023, at least four Applied Suicide Intervention Skills Training workshops with priority seating offered to case managers and supervisors at the Department of Child Services, interested University staff from across the state, and Evansville Vanderburgh School Corporation staff.
<p>6) Coordination of county and regional advisory groups to support the statewide program.</p>	<ul style="list-style-type: none"> ● Continuum of Crisis Care Goal 4 requires coordination of stakeholders from across the state of Indiana. At the very least, this includes city, county, and regional advisory groups, state agencies, universities, mental health organizations, and public safety and law enforcement agencies. ● Postvention Response Goal 4: Develop a statewide network of LOSS teams
<p>7) Coordination with appropriate entities to identify and address barriers in providing services to individuals at risk of suicide.</p>	<ul style="list-style-type: none"> ● Continuum of Crisis Care Goals 1–3 ● Goal 1: Complete a gap analysis regarding the continuum of crisis care in Indiana ● Goal 2: Analyze gap analysis results



The statewide program for suicide prevention must include a state plan for suicide prevention that must address the following	Current State Suicide Prevention Goals/Objectives that align with IC 12-21-5-5
	<ul style="list-style-type: none"> • Goal 3: Identify the continuum priorities from the gap analysis
8) Maintenance of an Internet web site containing information and resources related to suicide awareness, prevention, and intervention.	<ul style="list-style-type: none"> • The Indiana Family and Social Services Administration has a collection of webpages dedicated to suicide prevention that is reviewed and updated annually (see here). • Additional statewide suicide prevention websites can be found via the: <ul style="list-style-type: none"> ○ Indiana Suicide Prevention Network ○ American Foundation for Suicide Prevention–Indiana Chapter
9) Development of recommendations for improved collection of data on suicide and factors related to suicide.	<ul style="list-style-type: none"> • Data Quality Goals 1–5 <ul style="list-style-type: none"> ○ Goal 1: Obtain funding and necessary capacity-building resources to support the development of a data infrastructure for state suicide prevention efforts. ○ Goal 2: Create a data infrastructure for state suicide prevention that will <ul style="list-style-type: none"> ▪ 1) Improve the timeliness, usefulness, and quality of suicide-related data and ▪ 2) Explain the scope of suicide risk in Indiana, identify high and low risk groups, and set priority prevention activities. ○ Goal 3: Use the newly created data infrastructure, and data workgroup, to identify and centrally document available state and local data sources, which can be used to monitor suicide-related behavior in Indiana. ○ Goal 4: Through data sharing agreements, obtain the authority for dissemination and analysis of data and data sources to monitor suicide-related thoughts and behaviors across the state.



<p>The statewide program for suicide prevention must include a state plan for suicide prevention that must address the following</p>	<p>Current State Suicide Prevention Goals/Objectives that align with IC 12-21-5-5</p>
	<ul style="list-style-type: none"> ○ Goal 5: Organize available data sources into data visualizations of timely suicide-related trends across the state.
<p>10) Development and submission of proposals for funding from federal agencies or other sources of funding.</p>	<ul style="list-style-type: none"> ● The Division of Mental Health and Addiction currently has three grants related to suicide prevention and has dedicated portions of the 2021–2023 SAMHSA Mental Health Block grant to statewide crisis response and suicide prevention initiatives. ● The three grants are named below: <ul style="list-style-type: none"> ○ FY20–21 State Capacity Building Initiative, Vibrant Emotional Health <ul style="list-style-type: none"> ▪ \$584,475 over two years (October 2019–September 2021) ○ 9-8-8 State Planning Grant, Vibrant Emotional Health <ul style="list-style-type: none"> ▪ \$195,000 over eight months (February 2021–September 2021) ○ Garrett Lee Smith Youth Suicide Prevention Grant, SAMHSA <ul style="list-style-type: none"> ▪ \$3,680,000 over five years (March 31, 2021–March 30, 2026)



Appendix C

Planning group participant lists

Social Determinants of Health planning group

Chairs:

- Kelly Cunningham, MMR/FIMR Coordinator, Division of Fatality Review and Prevention, Indiana Department of Health
- Lauren Savitskas, Suicide and Overdose Fatality Review Program Manager Division of Fatality Review and Prevention, Indiana Department of Health

Members:

Rebecca Adkins, Sys Dir Pop Health, Ascension St. Vincent Indiana

- Bridget Bascom-Hinkle, Director of Community Support Services, Community Mental Health Center, Inc.
- David Berman, Vice President of Harm Reduction and Crisis Stabilization Programs, Mental Health America Indiana
- Natalie Bickel, Supervisor of Student Services, Elkhart Community Schools
- Naomi Byerley, Community Outreach Coordinator, Centerstone
- Colleen Carpenter, Co-Facilitator/Trainer and Consultant, Stop Suicide Northeast Indiana/ Colleen Carpenter Consulting
- Megan Carnes, Intensive Family Services Division Director, Community Mental Health Center, Inc.
- Erick Christensen, Clinical Informatics Fellow–Internal Medicine, Regenstrief–IU
- Jeremy D’Alessio, Community Engagement and Partnerships Coordinator for Suicide Prevention–Northwest Indiana, Jesse Brown VA Medical Center
- Christopher Drapeau, State Suicide Prevention Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration
- Anastasia Godsey, Executive Director of Child and West Clinical Services, Hamilton Center
- Brenda Graves-Croom, Health Equity Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration
- Emily Hardwick, Operations Director, Indiana Clinical and Translational Sciences Institute
- Laura Keys, VP of Social Work and Programs, Youth First, Inc.
- Jerry Landers, VP Strategy and Business Dev, Aspire Indiana Health



- Grant Lindman, Director of Engagement and Analytics, Public Safety, Indiana Management Performance Hub
- Sylvia Maixner, Indiana State Coordinator, Building Healthy Military Communities
- Keith Mason, Director of Advocacy and Engagement, UnitedHealthcare Community and State
- Heidi Monroe, Deputy Director, Department of Child Services
- Jason Murrey, Prevention Specialist, Department of Education
- Erica Newkirk, Adult-Geriatric Clinical Nurse Specialist, IU Health West Hospital
- Jessica Pater, Manager, Health Services and Informatics Research, Parkview Health Mirro Center for Research and Innovation
- Jocelyn Piechocki, Behavioral Health Workforce Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration
- Kathleen Ratcliff, Executive Director, Upstream Prevention
- Sonya Rush, Assistant Deputy Director, Department of Child Services
- Spencer Ryan, Prevention Coordinator, Department of Child Services
- Ashlee Shoaff, Local Systems Coordinator, Howard County Systems of Care
- Christina Smith, Family Case Manager, Department of Child Services
- Melinda Smith, Pediatric Nurse Practitioner, Ascension St. Vincent Pediatric Hospitalist Team
- Maranda Sparks, Transitional Healthcare Manager, Indiana Department of Correction
- Michelle Standeford, CHW/PRS, Live for Life, Inc.
- Tony Stroup, Assistant Chief, Monticello PD
- Mariaelena Trejo, Prevention Assistant, Coalition Coordinator, Geminus Corporation, Northwest Indiana Suicide Prevention
- Elaine Trepanier, 1915(i) Program Specialist, Division of Mental Health and Addiction, Indiana Family and Social Services Administration
- Molly Tschopp, Associate Professor, Department of Counseling Psychology, Social Psychology, and Counseling, Ball State University
- Billy Wallace, Chaplain, Putnamville Correctional Facility
- Ashlee Weaver, Community Impact Basic Needs Director, United Way of Central Indiana
- Lisa Withrow, Director of Innovative Practices, Southwestern Behavioral Health, Inc.
- Colleen Yeakle, Prevention Coordinator, Indiana Coalition Against Domestic Violence



Continuum of Crisis Care planning group

Chair:

- Christopher Drapeau, State Suicide Prevention Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration

Members:

- Katy Adams, President/CEO, Southwestern Behavioral Healthcare, Inc.
- Brooke Ammerman, Assistant Professor, Department of Psychology, University of Notre Dame
- David Berman, Vice President of Harm Reduction and Crisis Stabilization Programs, Mental Health America Indiana
- Beatrice Beverly, President/CEO (CICF Ambassador), Genesys Solutions
- Jessica Brown, Director of Development, Mental Health America of West Central Indiana, Inc.
- Carrie Cadwell, CEO, Four County
- Colleen Carpenter, Co-Facilitator/Trainer and Consultant, Stop Suicide Northeast Indiana/ Colleen Carpenter Consulting
- Christina Crist m Executive Director, Team of Mercy, Inc.
- Tonya Dahl, Public Health Nurse, Parke County Health Department
- Nicole Hiatt Drang, Chief Clinical Officer, Four County
- Brandon Dreiman, Coordinator of Firefighter Wellness and Support, Indianapolis Fire Department
- Annie Fleck, Victim's Assistance Director/LaGrange CFRT Lead, LaGrange County Prosecutor
- Anastasia Godsey, Executive Director of Child and West Clinical, Hamilton Center
- Marianne Halbert, Criminal Justice Director, NAMI Indiana
- Julie Hayden, Executive Director, NAMI Greater Indianapolis
- Jody Horstman, Chief Integration Officer, Aspire Indiana
- Jason Howard, CEO, Code Red Intervention
- Megan Howell, Shelter Coordinator, Genesis of Richmond Inc.
- Della Jennings, IV-D Administrator, Lagrange County Justice Center
- Brooke Lawson, Mental Health and School Counseling Coordinator, Hamilton Southeastern Schools
- Jason Murrey, Prevention Specialist, Department of Education
- Erica Newkirk, Adult-Geriatric Clinical Nurse Specialist, IU Health West Hospital



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- Lauren O'Reilly, Graduate Student, Clinical Psychology, IU Bloomington
 - Dan Peck, CEO, Swanson Center
 - Jocelyn Piechocki, Behavioral Health Workforce Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration
 - Christina Smith, Family Case Manager, Indiana Department of Child Services
 - Melinda Smith, Pediatric Nurse Practitioner, Ascension St. Vincent Anderson Pediatric Hospitalist Team
 - Billy Wallace, Chaplain, Putnamville Correctional Facility
 - Eric Yazel, ER Physician, Clark Memorial Health

Postvention Response planning group

Chair:

- Christopher Drapeau, State Suicide Prevention Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration

Members:

- Janice Adams, Director Diversity/Inclusion, Marion Community Schools
- Jennifer Barnes, Postvention Taskforce Coordinator, The School Care Team
- Natalie Bickel, Supervisor of Student Services, Elkhart Community Schools
- Ashlee Bruggenschmidt, School Administrator, Warrick County School Corporation
- Missy Burton, Clinical Supervisor Child and Adolescent Services, Hamilton Center
- Janie Chappell, Manager, Community Services and Business Development, Deaconess Cross Pointe
- Christina Crist, Executive Director, Team of Mercy, Inc.
- Annie Fleck, Victim's Assistance Director/LaGrange CFRT Lead, LaGrange County Prosecutor
- Teshezia George, Executive Director, Gary Commission for Women
- Nicole Hiatt-Drang, Chief Clinical Officer, Four County
- Christine Hinz, Special Projects Officer/Chair, CFRT, St. Joseph County Dept. of Health
- Jason Howard, CEO, Code Red Intervention
- Megan Howell, Shelter Coordinator, Genesis of Richmond Inc.
- Katie Jasnieski, Manager of Community Support Services, Swanson Center
- Nancy Janszen, Outpatient Division Director, Community Mental Health Center, Inc.



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- Della Jennings, IV-D Administrator, Lagrange County Justice Center
 - Alice Jordan-Miles, Director, Indiana Suicide Prevention Coalition
 - Lindsay London, Corporation Mental Health Coordinator, Wa-Nee Community Schools
 - Sylvia Maixner, Indiana State Coordinator, Building Healthy Military Communities
 - Maryjane McNabb, Associate Faculty, IU School of Social Work
 - Jennifer Stansberry Miller, Disaster Mental Health Rep, American Red Cross
 - Jason Murrey, Prevention Specialist, Department of Education
 - Melissa Newland, Project Director Emergency Response for Suicide Prevention, Centerstone
 - Brad Oliver, Clinical Associate Professor of Educational Leadership, Purdue University Fort Wayne
 - Jennifer Olson, Executive Director, United Health Services
 - Emily Reidford, Executive Director, Mental Health America of Vanderburgh County
 - Paul Runyan, Clinical Services Specialist 1, Division of Mental Health and Addiction, Indiana Family and Social Services Administration
 - Janet Schnell, President, Survivors of Suicide of Dubois County
 - Sherrie Shuler, Resource Development Director, United Way of Monroe County
 - Christina Smith, Family Case Manager, Department of Child Services
 - Melinda Smith, Pediatric Nurse Practitioner, Ascension St. Vincent Anderson Pediatric Hospitalist Team
 - Kelsey Steuer, Area Director, American Foundation for Suicide Prevention
 - Kimberly Stutzman, Social Worker, Elkhart Community Schools
 - Pam Taylor, SOS (Survivors of Suicide) in Delaware County
 - Hope Thompson, Project Coordinator, Upstream Prevention, Inc.
 - Sara Thompson, General Manager, Licensed Funeral Director, Indiana Funeral Care
 - Billy Wallace, Chaplain, Putnamville Correctional Facility

Innovation in Suicide Prevention planning group

Chair:

- Christopher Drapeau, State Suicide Prevention Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration

Members:



- Brooke Ammerman, Assistant Professor, Department of Psychology, University of Notre Dame
- David Berman, Vice President of Harm Reduction and Crisis Stabilization Programs, Mental Health America of Indiana
- Erick Christensen, Clinical Informatics Fellow–Internal Medicine, Regenstrief, IU
- Meghan Creech, Director of Vigo County Adult Services, Hamilton Center
- Christina Crist, Executive Director, Team of Mercy, Inc.
- Tonya Dahl, Public Health Nurse, Parke County Health Dept
- Jeremy D’Alessio, Community Engagement and Partnerships Coordinator for Suicide Prevention–Northwest Indiana, Jesse Brown VA Medical Center
- Jessica Devine, Project Coordinator, Indiana Rural Health Association
- Robb Enlow, Chief Clinical Officer, Cummins Behavioral Health Systems
- Eric Evans, Director of Prevention Services, Geminus
- Annie Fleck, Victim’s Assistance Director/LaGrange CFRT Lead, LaGrange County Prosecutor
- Lisa Willis Gidley, Vice President, Four County
- Becky Glines, Communications Manager, Southwestern Behavioral Healthcare
- Barbara Haley, Clinical Nurse Specialist–Behavioral Health and Geriatrics, IU Health Bloomington
- Katherine Heger, Compliance reviewer, Division of Mental Health and Addiction, Indiana Family and Social Services Administration
- Corie Hess, Psychologist; Founder, Muncie Maternal Mental Health Coalition
- Jason Howard, CEO, Code Red Intervention
- Kara Howard, Nurse Educator, Parkview Health
- Ashley Hutchison, Assistant Professor and Director of the Doctoral Program in Counseling Psychology, Department of Counseling Psychology, Social Psychology, and Counseling, Ball State University
- Alan Janney, Disabled Veteran Outreach Program Specialist, DWD Jobs for Veteran state grant
- Della Jennings, IV-D Administrator, Lagrange County Justice Center
- Connie Kerrigan, Director, Community Outreach, Parkview Behavioral Health Institute
- Laura Keys, VP of Social Work and Programs, Youth First, Inc.
- Diane Lamond, Clinical Talent Acquisition Consultant, Eskenazi Health
- Sylvia Maixner, Indiana State Coordinator, Building Healthy Military Communities
- Keith Mason, Director of Advocacy and Engagement, United Healthcare Community and State
- Maryjane McNabb, Associate Faculty, IU School of Social Work



- Heather Miller, Director, The School Care Team
- Heidi Monroe, Deputy Director, Department of Child Services
- Jason Murrey, Prevention Specialist, Department of Education
- Scott Myers, Assistant Professor, Indiana University
- Melissa Newland, Project Director Emergency Response for Suicide Prevention, Centerstone
- Jennifer Olson, Executive Director, United Health Services
- Amber Osterholt, Assistant Scientist, WISE Indiana/Indiana Clinical and Translational Sciences Institute
- Bernice Pescosolido, Distinguished Professor of Sociology and Director of the Indiana Consortium for Mental Health Services Research, Indiana University
- Jocelyn Piechocki, Behavioral Health Workforce Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration
- Christina Smith, Family Case Manager, Department of Child Services
- Shelly Snyder, Huntington County Director, Otis R. Bowen Center
- Randy Stinson, Program Coordinator Addiction Recovery Services, Indiana Department of Corrections
- Tammy Toscos, Director, Health Services and Informatics Research, Parkview Health Mirro Center for Research and Innovation
- Billy Wallace, Chaplain, Putnamville Correctional Facility
- Leslie Weirich, Suicide Prevention Specialist, Oaklawn Psychiatric Center

Data Quality planning group

Chairs:

- Kelly Cunningham, MMR/FIMR Coordinator, Division of Fatality Review and Prevention, Indiana Department of Health
- Lauren Savitskas, Suicide and Overdose Fatality Review Program Manager Division of Fatality Review and Prevention, Indiana Department of Health

Members:

- Michael Aichele, Legislative Affairs Director, Indiana Department of Veterans' Affairs
- Katie Bass, Manager of Evaluation, Community Mental Health Center, Inc.
- Erick Christensen, Clinical Informatics Fellow–Internal Medicine, Regenstrief–IU SOM
- Meghan Creech, Director of Vigo Adult Services, Hamilton Center



- Tonya Dahl, Public Health Nurse, Parke County Health Dept.
- Christopher Drapeau, State Suicide Prevention Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration
- Emily Hardwick, Operations Director, Indiana Clinical and Translational Sciences Institute
- Jeremy Harper, Consultant, Owl Health Works LLC
- Saahoon Hong, Assistant Research Professor, Indiana University School of Social Work
- Kristen Koning, Analytics Manager, Ascension St. Vincent
- Grant Lindman, Director of Engagement and Analytics, Public Safety, Indiana Management Performance Hub
- Lauren Magee, Assistant Professor, Paul H. O'Neill School of Public and Environmental Affairs at IUPUI
- Bhumika Modi, Clinical Information Specialist, Southwestern Behavioral Healthcare
- Jason Murrey, Prevention Specialist, Department of Education
- Tammie Nelson, Research Associate, IU School of Medicine
- Lauren O'Reilly, Graduate Student, Clinical Psychology, IU Bloomington
- Bernice Pescosolido, Distinguished Professor of Sociology and Director of the Indiana Consortium for Mental Health Services Research, Indiana University
- Kathleen Ratcliff, Executive Director, Upstream Prevention
- Jim Skeel, Chief Quality Officer, Aspire Indiana Health
- Christina Smith, Family Case Manager, Department of Child Services
- Barbara Thompson, Executive Director, NAMI Indiana
- Tammy Toscos, Director, Health Services and Informatics Research, Parkview Health Mirro Center for Research and Innovation
- Billy Wallace, Chaplain, Putnamville Correctional Facility
- Sarah Wiehe, Associate Dean for Community and Translational Research, IU School of Medicine
- Myra Wilkey, CEO, MHA of West Central Indiana
- Eric Yazel, Health Officer, Clark County