

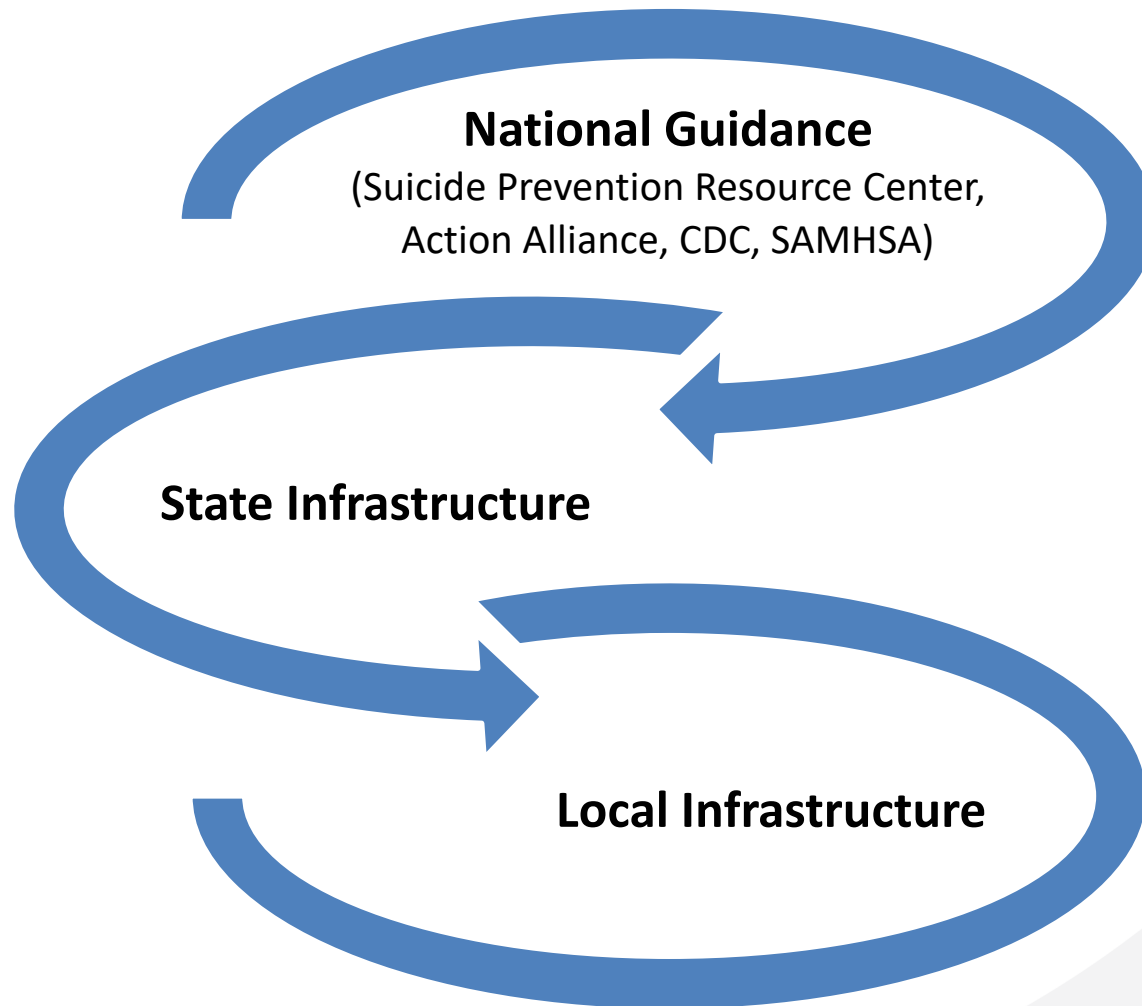


Indiana 988 Infrastructure Plan



**Division of
Mental Health
and Addiction**

The Goal of State Suicide Prevention Infrastructure: Role Clarity, Accountability, and Sustainability



The vision of Indiana suicide prevention will move beyond a focus on zero suicides to a broader endeavor:

Improving the quality of life for as many Hoosiers as possible

Broadening our vision beyond a specific number of suicides is predicted to do three things:

1. *Think more deeply about how our community resources, policies, prioritized programs, and systems of care contribute to increases or decreases in suicide risk*
 - *This vision requires a greater appreciation and consideration of lived experience perspectives and a more “consumer” focused approach to suicide prevention.*
2. *Emphasize and prioritize upstream, public health approaches*
3. *Increase the number of potential partners with shared interests/goals*



Vibrant 9-8-8 State Planning Grant

- Awarded to DMHA on 1/20/2021
- The period of performance for the grant is **February 1, 2021 - September 30, 2021**
- Expectations of Grant:
 - Develop clear roadmaps for addressing key coordination, capacity, funding and communication strategies that are foundational to the launching of 9-8-8 which will occur on or before July 16, 2022
 - Plan for the long-term improvement of in-state answer rates for 9-8-8 calls



Countdown to 988: 403 Days

(from 6/8/2021)



Proposed Vision and Mission Statements for 988

Vision

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

Mission

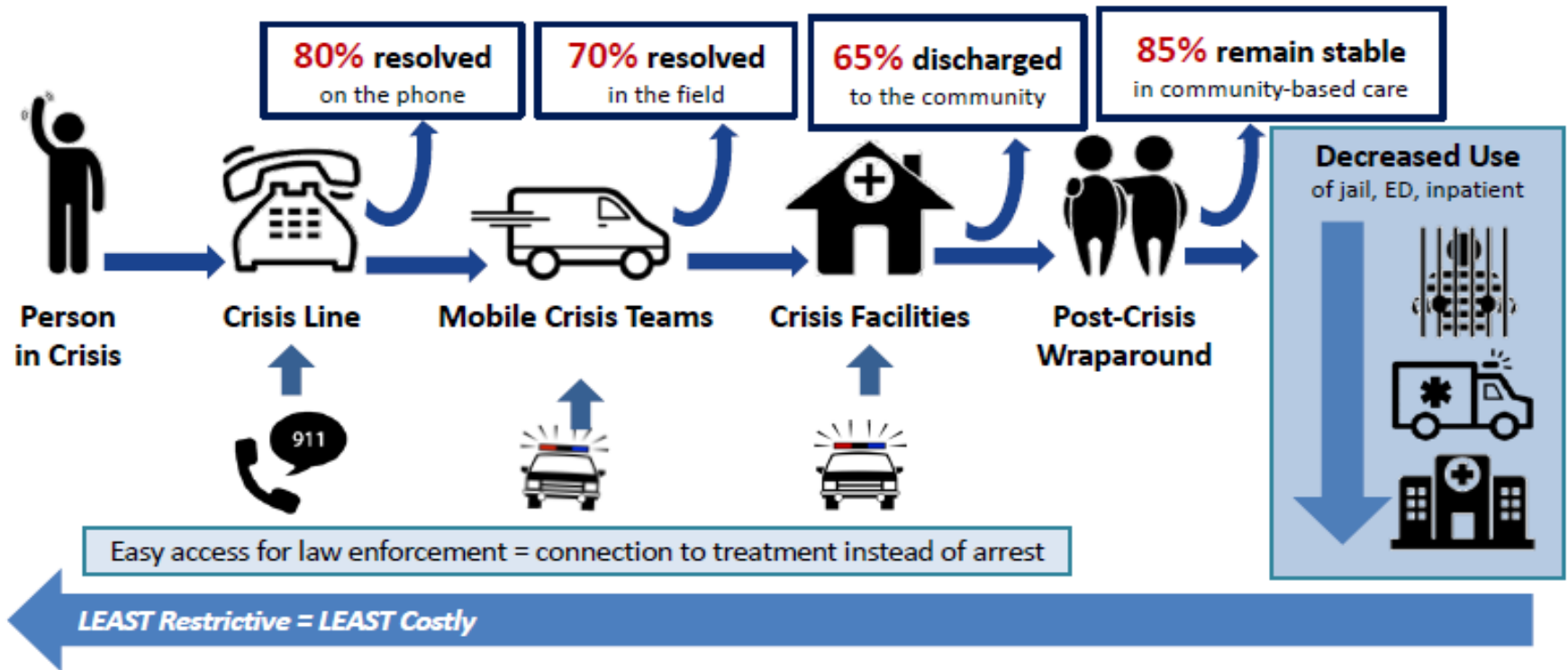
Creating a sustainable infrastructure that will fully coordinate crisis care for mental health, substance use, and suicidal crises (through implementing the SAMHSA-adopted Crisis Now Model). **We are building a Level 5 Crisis Center (air traffic control)**

Crisis Now Model

- Statewide 24/7 coverage for 988 calls, text, and chat (***Someone to Talk to***)
- Centrally deployed, 24/7 mobile crisis (***Someone to Respond***)
- Short-term sub-acute residential crisis stabilization programs (***A Place to Go***)
- **A system that will serve anyone, anytime, and anywhere**
- A recovery orientation that includes:
 - trauma-informed care,
 - significant use of peer staff,
 - collaboration with law enforcement,
 - and a commitment to Zero suicide/suicide safer care and the safety of consumers and staff



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



The Key Elements of a Level 5 Call Center (Air Traffic Control Approach)

Status Disposition for Intensive Referrals: There must be **shared tracking of the status and disposition of linkage/referrals for individuals needing intensive service levels**, including requirements for service approval and transport, shared protocols for Medical Clearance algorithms, and data on speed of accessibility (Average Minutes Till Disposition).

24/7 Outpatient Scheduling: Crisis staff should be able to **schedule intake and outpatient appointments for individuals in crisis with providers across the state**, while providing data on speed of accessibility (Average Business Days Till Appointment).

Shared Bed Inventory Tracking: Intensive services bed census is required, showing the availability of beds in crisis stabilization programs and 23-hour observation beds, as well as private psychiatric hospitals, **with interactive two-way exchange** (individual referral editor, inventory/through-put status board).

High-tech, GPS-enabled Mobile Crisis Dispatch: Mobile crisis teams should **use GPS-enabled tablets or smart phones to quickly and efficiently determine the closest available teams, track response times, and ensure clinician safety** (time at site, real-time communication, safe driving, etc.).

Real-time Performance Outcomes Dashboards: These are outwardly facing performance reports measuring a variety of metrics such as call volume, number of referrals, time-to-answer, abandonment rates and service accessibility performance. When implemented in real-time, the **public transparency** provides an extra layer of urgency and accountability.



Proposed Organizational Design

Statewide 988 Board

Provides Oversight for the Entire 988 System

988 Command Center

The Main Campus

- GPS-enabled Mobile Crisis Dispatch
- Crisis Bed Management System
 - 24/7 Outpatient Scheduling
- Data Collection and Performance Outcome Tracking
- Training and Education Center
- Innovate Crisis Tech/Standards
 - HR/Finance Operations
- Serves as a back-up to satellite centers for 988 contacts

988 Satellite Centers

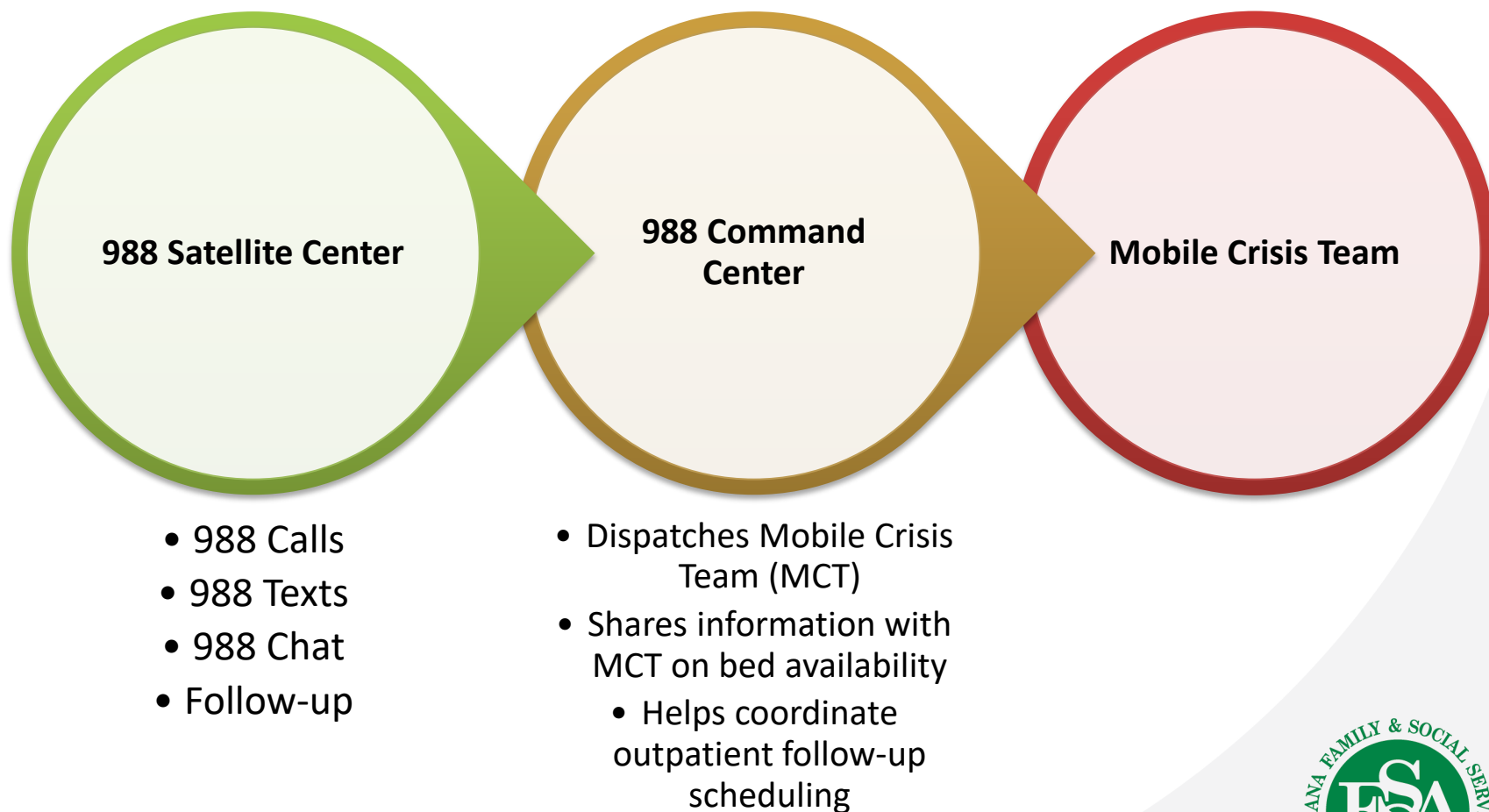
Secondary Sites

- Strategically placed (in areas with mid to large universities?)
- Administrator of Satellite Center reports to Command Center CEO
- These centers provide 988 call, text, chat, and follow-up services
- Mobile crisis requests are sent to the 988 Command Center



How 988 contacts could be routed

(from 988 contact to mobile crisis dispatch)

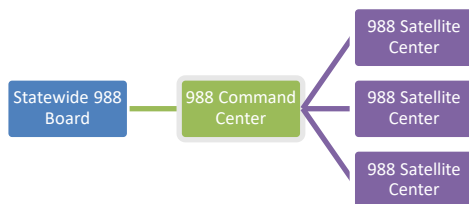


**See Notes for additional information on call routing

Pros/Cons of the Proposed Organizational Design

The hierarchy creates a traditional chain of command

Policies and procedures are issued system-wide from the Command Center to the Satellite Centers. This yields **consistency across operations for the consumer** and allows the entire system to **quickly and collectively adapt to changes** in service delivery



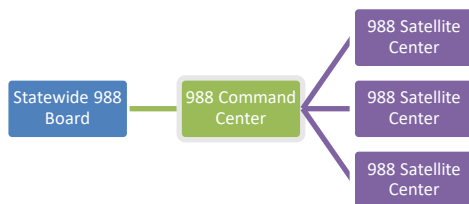
Pros/Cons of the Proposed Organizational Design

Efficiencies are achieved through centralizing the most advanced technologies at the Command Center

Satellite Centers route 988 contacts to the Command Center when needing advanced services (i.e., Mobile Crisis Dispatch and Crisis Bed Availability)

More efficiency: Avoiding the need to build infrastructure at each 988 Center will save funds that can be used for other 988-related services

Staffing, human resources, marketing, and finance operations are based at the Command Center and serve the entire 988 system.



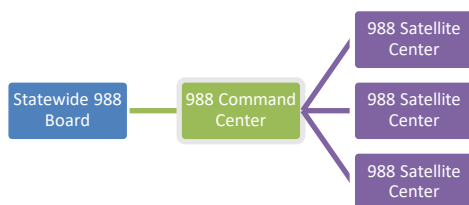
Pros/Cons of the Proposed Organizational Design

Enhanced quality: Build the Command Center into a center of excellence whose successes will reverberate throughout the 988 system (a level 5 crisis center)

The Command Center will house the most sophisticated technologies available and be staffed by some of the most experienced crisis response professionals in the state. Quality accomplishments and outcomes experienced at the Command Center will extend throughout the system.

Improved agility: Expanding or reducing the number of 988 Satellite Centers becomes easier and potentially less costly in a hub and spoke model

We can create a structure where the system is supportive of each of the components and changes in structure (due to shifting 988 contact volumes or novel technologies) can be made more easily due to the clear infrastructure that the hub and spoke model introduces.



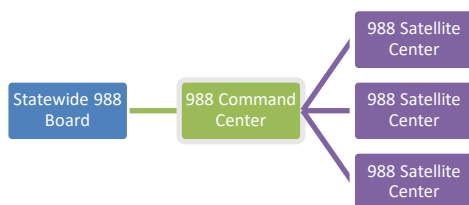
Pros/Cons of the Proposed Organizational Design

Congestion at Command Center: If Mobile Crisis and Crisis Bed requests are high, how will the Command Center handle that volume?

Proactive planning can reduce or eliminate the possibility of congestion. How will we prepare for periods of high volume for Mobile Crisis and Crisis Bed requests? What can we offer those contacting the 988 Centers if Mobile Crisis teams are maxed out and Crisis Beds are full?

Staff Dissatisfaction at the Satellite Centers: Authority runs from the Command Center out to the Satellite Centers which may lead to discontent due to the lack of Satellite Center autonomy and/or communication breakdowns

Transparency from the start (employee orientation) and periodic training opportunities via the 988 Command Center Education and Training Division can dispel confusion, miscommunication, and discontent. The mission, vision, and values of the 988 System can emphasize a focus on our primary goals and outcomes and foster unity and a sense of purpose across the system. The Indiana residents we serve via the 988 System need to be at the forefront of all we do.



Feedback from our 911 partners

Based on their experience, it is recommended that we begin our infrastructure building centrally and then slowly expand as we obtain the necessary resources and know-how

A centralized approach is less stressful to manage on the personnel side

Need to build centers that have the flexibility to expand (physically and technologically)

The legislature appreciates efforts that will reduce costs



Thank you!



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