

Crisis Continuum Mobile Crisis and Crisis Diversion Centers: Models for Implementing a more Robust Continuum

Carrie Cadwell, PsyD, HSSP

President/Chief Executive Officer

Four County

Jennifer Cianelli LMHC, CSPR-CL

Manager of Assessment & Intervention Center and Mobile Crisis Assistant Team

Sandra Eskenazi Mental Health Center

Christopher W. Drapeau, PhD, HSSP

Executive Director, Prevention, Suicide Prevention and Crisis Response

Division of Mental Health and Addiction

Indiana Family and Social Services Administration

President Signs National Suicide Hotline Designation Act Into Law

S.2661 - National Suicide Hotline Designation Act of 2020

116th Congress (2019-2020)

LAW

Hide Overview ✕

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

Committees: Senate - Commerce, Science, and Transportation



Coming in 2022:

988

National Suicide
Prevention Lifeline

FCC designates

988

for national suicide
prevention hotline

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**”
- “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)

LAW [Hide Overview](#) ✕

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?

- “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](#).

9-8-8 is More than a Number: It's a Chance to Transform Crisis Care in Indiana



Someone to Call

Statewide 24/7 Call
Center(s)



Someone to Respond

Mobile Crisis Teams

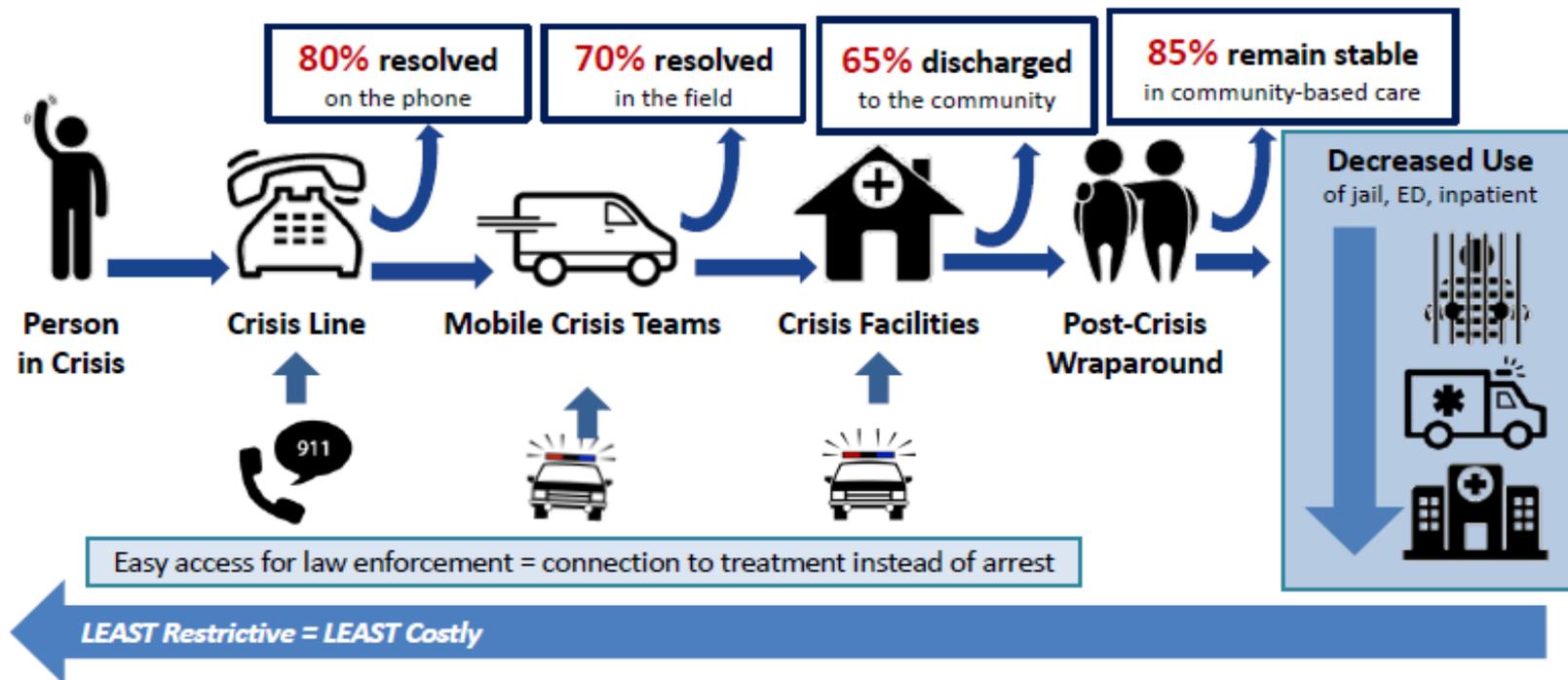


A Place to Go

Short-term Crisis
Stabilization Facilities

A system that will serve anyone, anytime, anywhere

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 9-8-8 Centers can function as *Air Traffic Control Centers*



**Status
Disposition
for Intensive
Referrals**



**24/7
Outpatient
Scheduling**



**Shared
Bed/Chair
Inventory
Tracking**



**High-tech,
GPS-enabled
Mobile Crisis
Dispatch**



**Real-time
Performance
Outcomes
Dashboards**

Vision and Mission Statements for 9-8-8 (Indiana)

Vision

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

Mission

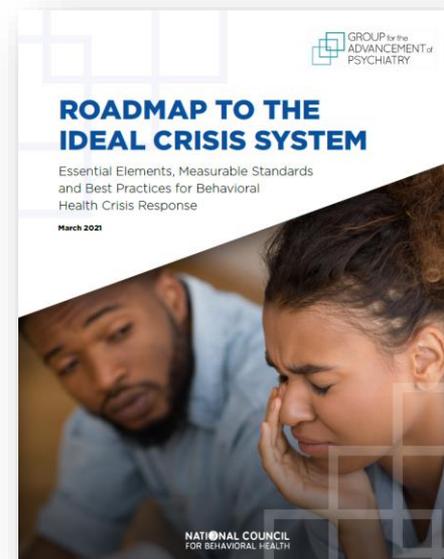
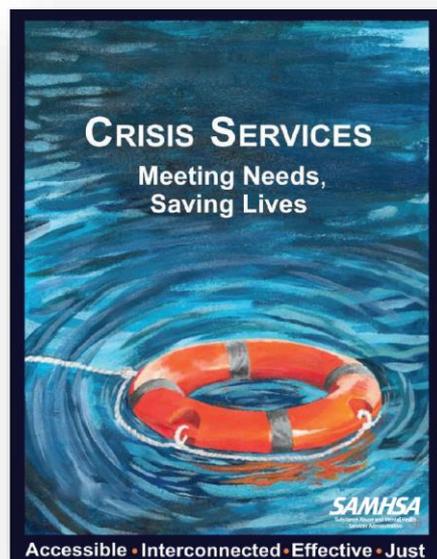
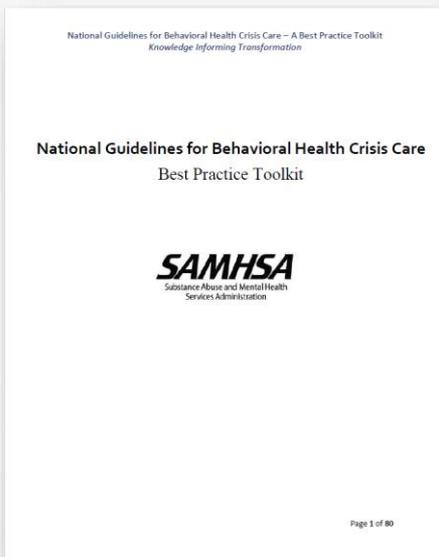
Creating a sustainable infrastructure that will fully coordinate crisis care for mental health, substance use, and suicidal crises

Emphasize a Recovery Orientation in Crisis Care

- trauma-informed care,
- significant use of peer staff,
- person and family centered focus,
- collaboration with law enforcement,
- and a commitment to Zero suicide/suicide safer care and the safety of consumers and staff

If you never copy best practices, you'll have to repeat all the mistakes yourself. If you only copy best practices, you'll always be one step behind the leaders.

-- James Clear



EMTs didn't exist when EMS was first introduced. Their skillset was defined to meet the need.

-- Eric Rafla-Yuan, MD

January 2021

Submit 9-8-8 State Planning Grant and Identify Stakeholders

- The 9-8-8 State Planning Grant application was submitted to Vibrant Emotional Health on January 7, 2021.
- Notice of funding decision was sent to DMHA on January 20, 2021.

March 2021

Indiana National Suicide Prevention Lifeline Centers (NSPL) Complete Landscape Analysis

- The landscape analysis was designed to provide state planning groups with a “snapshot” of current operational realities, services, resources, and relationships of Lifeline member centers as well as related crisis services in their jurisdictions and to enable 988 planning groups to use these findings (along with other data) to guide 988 implementation planning and decision-making.

February 2021 - Present

9-8-8 Implementation Coalition (meeting as full coalition or workgroups/committees)

- Meetings have focused on the following:
 - The infrastructure and operations of 9-1-1, the BeWell Crisis Line, and Indiana NSPL centers.
 - How the state of Georgia operates their crisis line and dispatches mobile crisis teams
 - An introduction to the Crisis Now Model by RI International
 - Discussing a proposed 9-8-8 Infrastructure for Indiana based on the Crisis Now Model
- The coalition broke into workgroups and met bi-weekly during the months of June, July, and August 2021. The workgroups developed 9-8-8 implementation recommendations to share with DMHA.

July 2021 - September 2021

Indiana Crisis Response and 9-8-8 Lived Experience Survey

- Survey was created in collaboration with the Indiana Recovery Council and was launched in late July.
- The purpose of the survey is to ensure that lived experience perspectives are captured as part of 9-8-8 implementation planning. The creation of community focus groups has been and is still being explored with state and local partners.
- 820 people responded to the survey

September 30, 2021

Submit Draft 9-8-8 Implementation Plan to Vibrant and SAMHSA

- The implementation plan will need to identify the top state priorities for change to prepare for 988 rollout in July 2022 and also address the following core Areas
 - Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts
 - Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers
 - Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State Answer Rates for Current and Projected Call, Text, and Chat Volume
 - Core Area 4: Support Crisis Centers in Meeting Lifeline’s Operational Standards, Requirements, and Performance Metrics
 - Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation
 - Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services
 - Core Area 7: Ensure All State Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters
 - Core Area 8: Plan and Implement Marketing for 988 in Your State

January 21, 2022

Submit Final 9-8-8 Implementation Plan to Vibrant and SAMHSA

Core Area Planning Committees

Core Area 1 and 3

- (1) Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts
- (3) Expand and Sustain Center Capacity to Maintain Target In-State Answer Rates for Current and Projected Call, Text, and Chat Volume

Core Area 2

- Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers

Core Area 4 and 7

- (4) Support Crisis Centers in Meeting Lifeline's Operational Standards, Requirements, and Performance Metrics
- (7) Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters

Core Area 6

- Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services

Core Area 8

- Plan and Implement Marketing for 988 in Indiana

The Final Sprint to the July 2022 Finish Line

1. Core Area Planning Committees will finalize 9-8-8 implementation plans for Indiana
2. Committee progress will be communicated via quarterly newsletters or emails to those who are interested in receiving updates
3. A Q&A Microsoft Teams channel will be created for the public about 9-8-8 and the implementation planning process

9-8-8 Mobile Crisis Infrastructure

- All CMHC should participate
- Administrative Service/Care Organizations should be established
- Individual municipalities may decide to develop and or retain co-responding teams
- Sufficient personnel resources should be develop such that response time is not more than 60

A Phased Approach

- Initially targets developing a excellence
 - Call Centers
 - Mobile Crisis Team response
- Layers in additional crisis stabilization services

Georgia's 5-level Dispatched

| | | |
|-----------------------|---|--|
| <p>Level 1</p> | <p>Law Enforcement Leads (with Mobile Crisis Team Accompanying or Following Behind)</p> <p>The team must heed police instructions and respond as the scene is deemed safe for entry.</p> | <p>This level indicates situations that are too dangerous to deploy without the environment first being secured by law enforcement. It is also key in these situations to have a response within the shortest time possible.</p> <p>The Georgia Crisis & Access Line initiates Rescue Protocol and does not dispatch the Mobile Crisis Team as sole responder if the caller is in imminent danger to self and/or others (as evidenced by any of the following):</p> <ul style="list-style-type: none"> • "Likely" or "Very Likely" intent for suicide attempt (more than desire/ideations and capability alone) • "Likely" or "Very Likely" intent for homicide attempt • Threat to staff • Possession of weapon |
| <p>Level 2</p> | <p>Mobile Crisis Team Leads (with Law Enforcement in the Background or Following Behind but on the Scene)</p> | <p>Caller reports any of one of the following:</p> <ul style="list-style-type: none"> • History of aggression • Recent acts of aggression • Self-injury <p>This level indicates situations where BHL staff enters into the environment first but law enforcement is immediately available if needed.</p> |
| <p>Level 3</p> | <p>Mobile Crisis Team Lifeline (Law Enforcement on Standby by Phone)</p> | <p>All "Emergent" cases and certain "Urgent" cases (where clinical judgment suggests that a call to apprise law enforcement of the situation is prudent)</p> |
| <p>Level 4</p> | <p>Mobile Crisis Team Alone (With no Law Enforcement)</p> | <p>"Urgent" cases in which the absence of clinical intervention suggests the advancement to greater risk or other cases where children or adolescents are being referred to the state hospital or LOC</p> |
| <p>Level 5</p> | <p>Secure Location (Hospital, Jail, Social Service Agency Etc...)</p> | <p>These cases are in a safe location so a clinician may respond alone without a Field Care Consultant. Calls to residences, (apartments, homes etc.) are not "safe sites." With supervisory permission, a Clinician may be sent alone if another mental health or social services professional is already on site (i.e. DFCS, CSB employee).</p> |

Mobile Crisis must serve All

- Children/adolescents
- Adults/older adults
- Co-occurring conditions
 - Mental health
 - Substance use disorder
 - Medical needs
 - Intellectual/developmental disabilities
 - Physical disabilities
 - Traumatic brain injuries and/or dementia
 - Aggressive behaviors
 - Uninsured
 - Lack of Indiana residency or legal immigration

Standardized Training

- Develop core competency curriculum
- Set a crisis certification continuing education requirement
- Core curriculum should be available on a Learning Management System
- Core curriculum vendors may allow for stacked credentials
- Core competencies should be established for Clinical Supervisors

HB 1468

- Pursue revision from the Spring 2021 Indiana Legislative session
 - Create greater flexibility in mobile crisis teams
 - Telehealth options
 - Supervision
 - Two-persons teams for safety

Other Considerations

- Intentional exploration of Crisis Interventions Teams
- Ensure a software platform that is readily accessible 24/7/365
- Develop protocol for follow-up

Contact Information

Christopher W. Drapeau, PhD, HSSP

Christopher.drapeau@fssa.in.gov

219.258.0114

Dr. Carrie Cadwell, PsyD, HSPP

ccadwell@fourcounty.org

574.722.5151

Jennifer Cianelli LMHC, CSPR-CL

Jennifer.cianelli@eskenazihealth.edu

317.601.5620