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

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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

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.”
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)


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
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

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
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

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Situations</th>
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<tbody>
<tr>
<td>Level 1</td>
<td>Law Enforcement Leads (with Mobile Crisis Team Accompanying or Following Behind)</td>
<td>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.</td>
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<td>The team must heed police instructions and respond as the scene is deemed safe for entry.</td>
<td>The Georgia Crisis &amp; 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):</td>
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<td>- “Likely” or “Very Likely” intent for suicide attempt (more than desire/ideation and capability alone)</td>
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<td></td>
<td></td>
<td>- “Likely” or “Very Likely” intent for homicide attempt</td>
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<td>- Threat to staff</td>
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<td>- Possession of weapon</td>
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<td>Level 2</td>
<td>Mobile Crisis Team Leads (with Law Enforcement in the Background or Following Behind but on the Scene)</td>
<td>Callers report any of the following:</td>
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<td>- History of aggression</td>
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<td>- Recent acts of aggression</td>
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<td>- Self-Injury</td>
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<td>This level indicates situations where BHL staff enters into the environment first but law enforcement is immediately available if needed.</td>
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<td>Level 3</td>
<td>Mobile Crisis Team Lifeline (Law Enforcement on Standby by Phone)</td>
<td>All “Emergent” cases and certain “Urgent” cases (where clinical judgment suggests that a call to apprise law enforcement of the situation is prudent)</td>
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<tr>
<td>Level 4</td>
<td>Mobile Crisis Team Alone (With no Law Enforcement)</td>
<td>“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</td>
</tr>
<tr>
<td>Level 5</td>
<td>Secure Location (Hospital, Jail, Social Service Agency Etc..)</td>
<td>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).</td>
</tr>
</tbody>
</table>
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
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