

Indiana 988 Contact Center Manual

August 2025

Please Note: The contents of this 988 Contact Center Manual are intended to offer prospective bidders insight into how the State oversees 988 Contact Center operations. This manual is an example provided for informational purposes only and may not fully reflect current or future operations. A finalized version will be made available to awarded contractors at the start of the contract.



**Indiana Family
and Social Services
Administration**



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I. Acronyms

APRA	American Privacy Rights Act
APS	Adult Protective Services
CPS	Child Protective Services
CRSS	Crisis Receiving and Stabilization Services
CS	Crisis Specialist
DAP	Data, Assessment, and Plan
DMHA	Division of Mental Health and Addiction
EMS	Emergency Medical Services
FCC	Federal Communications Commission
FSSA	Family and Social Services Administration
KPI	Key Performance Indicator
MCT	Mobile Crisis Team
NSSI	Non-Suicidal Self-Injury
PSAP	Public Safety Answering Points
SAMHSA	Substance Abuse and Mental Health Services
VA	Veterans Affairs

II. Overview

The National Suicide Hotline Designation Act of 2020 required the Federal Communications Commission (FCC) to designate 988 as the national phone number for the suicide prevention, mental health, and crisis lifeline. On July 16, 2022, the 988 Suicide and Crisis Lifeline launched, allowing people all across the country to call, chat, or text 988. These calls, chats, and texts are fielded by organizations across the country, ensuring 24/7/365 coverage.

The 988 Contact Centers that field calls utilize a shared telephony platform furnished by the State. The 988 Contact Centers accept all inbound calls, as well as conduct outbound calls for follow-up, safety support, referrals, and warm hand-offs. The 988 Contact Centers also utilize a data collection platform, OpenBeds, furnished by the State to complete contact forms, log follow-ups, and connect visitors with necessary crisis services. The State has liability over the State-operated system that receives the call, routes the call, creates a call transcript, and archives the call. These operations do not extend oversight to all other aspects of the call including quality, outcomes, grievances, operations, compliance with Lifeline certification, or sentinel events.

In alignment with Substance Abuse and Mental Health Services Administration (SAMHSA), Vibrant, and the Division of Mental Health and Addiction (DMHA), Indiana's 988 Contact Centers are operating 24/7/365 with trained Crisis Specialists ready to support anyone in crisis.

While the National Suicide Prevention Lifeline was established to provide immediate help to individuals experiencing thoughts of suicide, the scope of 988 goes far beyond suicidal ideation. Crisis Specialists are trained to respond to a wide range of situations, including thoughts of suicide, mental health challenges, substance use crisis, and any form of emotional distress. 988 is a compassionate, accessible resource for anyone seeking support during difficult moments, regardless of the nature or severity of their crisis.

Indiana's 988 Contact Centers serve as the first pillar of the crisis continuum, providing someone to talk to. Crisis Specialists should assess whether it is appropriate to connect visitors to other pillars of the continuum including someone to respond and a safe place for help based on the visitor's needs.

III. Staffing

In alignment with the 988 Contact Center contracts, all 988 Contact Centers are required to maintain the appropriate levels of trained staff to respond to all calls, texts, and/or chats 24/7/365 under all volumes. All 988 Contact Centers must meet all State and Federal Key Performance Indicators (KPIs) as outlined in their contracts. Staff may include Crisis Specialists, supervisors, licensed clinicians, Certified Peer Support Professionals, and other executive and administrative staff. 988 Contact Center staffing needs should be informed by historical call, chat, and text volume trends, forecast volumes, and service level goals.

A. Crisis Specialists

While the State has opted to not set a minimum staffing level for Crisis Specialists during each shift, each 988 Contact Center must collaborate with other 988 Contact Centers to maintain an equitable distribution of work. The shared telephony platform allows the State to view the number of calls that each 988 Contact Centers answers. If it is determined, in consultation with the 988 Contact Centers, that an

equitable distribution of work has not been maintained, the State retains the right to revisit the possibility of implementing a standard for minimum staffing.

B. Supervisors

988 Contact Centers must maintain sufficient supervisor coverage so that there is continuous availability of at least one supervisor at all times. These supervisors, among other job responsibilities, monitor calls, chats, and texts; conduct Emergency Service Intervention (ESI) and Mobile Crisis Team (MCT) dispatch; help answer questions; and act as a resource to Crisis Specialists during their shifts.

C. Licensed Clinicians

988 Contact Centers may also consider hiring fully licensed clinicians such as Licensed Clinical Social Workers or Licensed Mental Health Counselors (collectively, “licensed clinicians”) to assist with supporting both visitors and 988 Contact Center staff. The State recommends hiring fully licensed clinicians to ensure that supervisors are not responsible for both supervision and debriefing for Crisis Specialists. Separating these roles allows supervisors to focus on operational and administrative duties, as well as day-to-day support, while licensed clinicians can focus on providing specialized clinical support.

IV. Training

In addition to meeting the national training requirements provided by Vibrant and outlined in SAMHSA’s (2024) Saving Lives in America: 988 Quality and Services Plan (SAMHSA, 2024), 988 Contact Centers must provide ongoing training and support to their staff. The State provides resources to 988 Contact Centers to supplement the required national training, including additional materials, tools, and guidance to ensure comprehensive staff preparation and continued education. The training responsibilities for both State and the 988 Contact Centers are detailed below.

A. State Responsibilities

1. Training Plan

The State will develop and distribute an annual training plan (found in the Teams “General Channel” within the “Training Materials” folder) to all 988 Contact Centers. This plan outlines the required training components for the year, ensuring compliance with national standards and those set by the 988 Contact Center’s accrediting body. The training plan is designed to ensure standardized staff education, maintain consistency across all centers, provide a structured approach to staff development, and ultimately, improve the quality of care.

2. Resources, Materials, and Tools

The State provides 988 Contact Centers with a comprehensive set of resources to support training efforts. These materials are intended to improve training delivery and ease the burden on 988 Contact Centers, eliminating the need to develop training materials from scratch. Specifically, these resources include, but are not limited to YesLMS, the State-sponsored learning management system, and training materials like workbooks, presentations, and case studies.

3. Progress Monitoring

To ensure 988 Contact Centers are fulfilling their training requirements, the State will introduce a tracking and monitoring system that will enhance accountability, ensure compliance with established standards, and offer opportunities for continuous improvement in training practices. Furthermore, it will also allow the State to provide targeted support to 988 Contact Centers that need assistance meeting the training goals. This system may include but is not limited to:

- i. Monitoring reports from 988 Contact Centers on training activities and completion rates (See Appendix A);
- ii. On-site visits or virtual audits to assess training practices; and
- iii. Data analysis to identify areas for quality improvement.

B. 988 Contact Center Responsibilities

1. Center-Specific Training

Each 988 Contact Center must develop and implement center-specific training materials, which include policies and procedures specific to each individual center. These materials are meant to supplement the national training provided by Vibrant and the resources provided by the State.

2. Progress Monitoring

988 Contact Centers must actively participate in the training progress monitoring system. This may include but is not limited to:

- i. Submit training reports specific to the 988 Contact Center, including details on learning activities, content covered, dates, and completion rates; and
- ii. Assisting the State in the assessment of current training practices.

3. Compliance with State Training Plan

All 988 Contact Centers must complete the annual training plan provided by the State according to the required timeline. The training plan may be modified at any time by the State to ensure compliance with evolving national standards and requirements. 988 Contact Centers should communicate with the 988 Learning and Development Manager, the 988 Program Manager, and the State Director of Behavioral Health Crisis Care if there are any concerns about completing the annual training plan.

V. Services & Operations

A. Opening and Closing Messaging

After successfully answering a call, chat, or text, Crisis Specialists should always warmly open the conversation by identifying themselves as the 988 Suicide & Crisis Lifeline, providing an invitation to talk, and, if desired, stating their alias. Crisis Specialists should *not* include their individual 988 Contact Center's name in the greeting. Below are some acceptable greetings that Crisis Specialists may use:

- i. "This is the 988 Lifeline. How may I help you?"

- ii. “988 Lifeline, how can I support you today?”
- iii. “You’ve reached 988. What would you like to talk about today?”
- iv. “988 Lifeline, what's on your mind today?”
- v. “This is the 988 Lifeline, [insert your alias] speaking, how may I help you?”
- vi. “You’ve reached 988, this is [insert your alias], how can I help?”

For additional guidance, 988 Contact Centers should refer to the “988 Suicide & Crisis Lifeline Greeting” tip sheet found on the Network Resource Center.

In terms of closing, many calls may naturally conclude and thus do not require a formal script for closing. However, if there is not a natural conclusion, the Crisis Specialist should use the following script: “Thank you for contacting 988. I will now disconnect the call. Remember, we are here for you 24/7 via chat, text, or call.” In particular, it is important that Crisis Specialists remind the person that they can reach out to 988 at any time, 24/7, through call, chat, or text.

B. Callback after Hang Ups or Disconnects

If a Crisis Specialist is speaking to a visitor and the call, chat, or text disconnects abruptly, the Crisis Specialist should not immediately contact the visitor as it may have been intentionally disconnected. For example, the visitor may feel uncomfortable discussing their crisis or the visitor may have disconnected to protect their privacy. Disconnections are even more common through chat and text. Therefore, in most cases, it is not necessary for Crisis Specialists to contact the visitor after disconnection, thus allowing the visitor the autonomy to end the conversation. However, there are a few instances in which the Crisis Specialist should consider contacting the visitor:

- i. **Technical Issue** - If it is clear that a technical issue has occurred, the Crisis Specialist may contact the visitor using a phone number that the visitor provided during the conversation. If the visitor was deemed high-risk, the Crisis Specialist should consult with a supervisor to determine whether they can contact the visitor based on caller ID information.
- ii. **High Risk** - 988 Contact Centers should refer to the tip sheet on “Guidelines to Determine Level of Risk/Safety and Potential Actions to Consider” found on the Network Resource Center website.
- iii. **Imminent Risk** - As outlined by the Vibrant Network Resource Center (2024), visitors are determined to be imminent risk “if the crisis contact center staff responding to the crisis conversation contact believe, based on information gathered, that there is a close temporal connection (i.e., very short time frame) between the person’s current risk status and actions that could lead to their suicide” (Vibrant Network Resource Center, 2024). If a visitor is considered to be at imminent risk and the call, chat, or text is disconnected abruptly, the Crisis Specialist should first assess whether immediate contact with emergency services is necessary based on the circumstances. When appropriate, a less invasive approach, such as attempting to reconnect with the visitor, should be prioritized to assess their safety. If this outbound contact is not answered, Crisis Specialists should consult with supervisor for next steps.

If the Crisis Specialist is unsure whether the visitor needs to be contacted, the Crisis Specialist should consult with their supervisor. For additional guidance, 988 Contact Centers should refer to the tip sheet on “Hang-Ups and Disconnections” found on the Network Resource Center.

C. Solicitation

Solicitation either by the Crisis Specialist or the visitor is not permitted on the 988 Suicide & Crisis Lifeline. There are two primary reasons for this:

- i. **Potential Conflict of Interest** – Accepting or engaging in solicitation creates a conflict of interest and compromises the role of the crisis counselor as a neutral and supportive resource.
- ii. **Misuse of the Lifeline** – The 988 Suicide & Crisis Lifeline exists to support visitors in emotional distress or suicidal crisis. It is not intended to be used for fundraising, business promotion, or any form of personal or organizational gain. Encouraging or allowing solicitation can shift perceptions of the 988 Suicide & Crisis Lifeline from a help resource to a revenue opportunity. This may result in individuals using the service for purposes other than crisis support, potentially occupying a line that someone in need may be trying to access.

If a visitor attempts to use the 988 Suicide & Crisis Lifeline for solicitation, the Crisis Specialist should set a clear boundary and, if necessary, end the interaction if the visitor is unable to redirect. In addition, if a 988 Contact Center determines that a Crisis Specialist has engaged in solicitation toward visitors, the center should take appropriate disciplinary action, which may include termination. To ensure clarity and accountability, 988 Contact Centers are strongly encouraged to establish and communicate policies outlining expectations and potential consequences related to solicitation and other forms of misconduct.

D. International Contact Guidance

While it is uncommon, 988 Indiana has received calls, chats, and texts from visitors outside of the United States. In these situations, Crisis Specialists should confirm the visitor’s location, provide brief emotional support, and encourage the visitor to contact their local helpline. If imminent risk is present, the Crisis Specialist must continue the conversation to attempt to de-escalate the situation and should consult with their supervisor for assistance. It is important to note that 988 Contact Centers are unable to provide any follow-up or safety support services to international visitors and cannot make any outbound to resources internationally for support. For additional guidance, 988 Contact Centers should refer to the tip sheet on “International Contacts Guidance” found on the Network Resource Center.

E. Follow-ups

In alignment with SAMHSA’s (2024) Saving Lives in America: 988 Quality and Services Plan, 988 Contact Centers must offer follow-up services to ensure visitors receive the best possible support, particularly those who are at a high risk of harming themselves or others. Follow-up calls are shown to be successful at keeping visitors safe and reducing instances of self-harm (SAMHSA, 2024). Showing people in crisis that there is someone who cares about them can be powerful and may motivate them to find the long-term help they need.

Every visitor who requires a safety plan and/or confirms current suicidal or homicidal ideation (either at the time of the initial conversation or within the past twenty-four (24) hours) must be offered a follow-up.

Additionally, in alignment with best practices, while not required, Crisis Specialists may offer a follow-up to any visitor who:

- i. Shares that they were discharged from an Emergency Room or any other in-patient setting in the past week;
- ii. Struggles to feel able to maintain safety beyond the interaction;
- iii. Expresses extreme isolation and lack of supportive resources;
- iv. Has an important event/activity they are anticipating or dreading that can impact their continued safety;
- v. Indicates a future date with intent for suicide and has not fully disengaged from that plan and has access to means;
- vi. Expresses concern about a friend or loved one and would like us to reach out to them;
- vii. Has experienced suicidal or homicidal ideation within the past twenty-four (24) hours; or
- viii. Expresses any other distress not previously mentioned in this list above.

According to Vibrant's tip sheet "Lifeline Requirements and Recommendations for Follow-Up", contacts needed sooner than twenty-four (24) hours are often provided as part of a safety support call. These follow-ups are particularly helpful for visitors who need immediate additional support but do not require or desire an emergency room visit. Safety support calls can help stabilize the person in the short term while avoiding unnecessary escalation. During these calls, Crisis Specialists should also ask for consent to enroll the visitor in the follow-up program once the period of immediate safety has passed.

Follow-ups may only be conducted with the explicit consent of the visitor and can be completed via call, text, or chat. Therefore, during interactions where follow-ups are offered, Crisis Specialists should confirm visitor consent for the follow-up, determine whether they may leave a voicemail, ask what should be done if another person answers the follow-up, and inform visitors that the follow-up will come from a number with a '317' area code. 988 Contact Centers should remind staff to refer to the contact form and the OpenBeds Operator Guide for guidance on what to ask and document when scheduling a follow-up.

Furthermore, it is critical that follow-ups are attempted within twenty-four (24) to seventy-two (72) hours of the original call. 988 Contact Centers must create a system in which Crisis Specialists are assigned follow-ups to complete each day. Ideally, the follow-ups should be assigned to the Crisis Specialist who initially took the call in an effort to maintain a continuity of care. However, if this is not possible, the new Crisis Specialist should have detailed notes from the initial call.

If the visitor does not answer the follow-up contact, the Crisis Specialist should attempt at least three (3) times to connect, with at least one (1) attempt occurring on a different day. During a follow-up call, Crisis Specialist should assess the visitor's current well-being and safety, collaboratively review and update their safety plan as needed, and if applicable, coordinate care with other providers to increase connection to needed services or offer additional resources. During the follow up, the Crisis Specialist should also offer at least one (1) additional follow-up.

It is of the utmost importance that visitor confidentiality is maintained during the course of the follow up, the 988 Contact Centers must refrain from referencing any of the content that was shared when the visitor originally connected with the 988 Contact Center.

If the visitor is referred to an MCT, the MCT will schedule and conduct the follow-up service instead of the 988 Contact Center. If emergency services are dispatched regarding a 988 interaction, the Crisis

Specialist should offer a follow-up interaction to the 988 visitor prior to disconnecting if appropriate. Specifically, when law enforcement is involved during a 988 interaction, the individual dispatching law enforcement should request Crisis Intervention Team (CIT) officers whenever possible. CIT officers are specially trained to handle mental health crises with empathy and de-escalation techniques. Requesting a CIT officer supports the 988 mission of compassionate, recovery-focused care and their involvement can:

- i. Reduce risks of harm through calm, informed responses;
- ii. Build trust to increase cooperation and safety;
- iii. Prioritize connection to mental health care over punitive actions; and
- iv. Streamline transitions to appropriate services.

For additional guidance, 988 Contact Centers should refer to the “Requirements for Follow-up for 988 Lifeline Network Centers” tip sheet and “Crisis Center Guidance: Follow-up with 988 Lifeline Contacts and Those Discharged from Emergency Department and Inpatient Settings” found on the Network Resource Center. Documentation guidance for follow ups can be found in the IN988 Open Beds Crisis Operator User Guide.

F. Safety Support Contacts

In addition to follow-ups, 988 Contact Centers in Indiana can support visitors who are at imminent risk with a Safety Support call, chat, or text. Safety Support contacts require the Crisis Specialist to follow up with the visitor within one (1) to twenty-four (24) hours of the original contact. Reasons to offer a Safety Support call, chat, or text to a visitor include:

- i. If the visitor is at imminent risk but identifies a buffer and no active rescue is performed during the initial contact, but the visitor is still at high risk;
- ii. If the Crisis Specialist is unable to confirm emergency service contact;
- iii. If the visitor chose not to transport for crisis stabilization; and
- iv. If emergency services and/or the MCTs were unable to locate the visitor.

During a Safety Support contact, Crisis Specialists should assess ideation, explore risk and protective factors, review the safety plan, and modify the follow-up plan if ideation is lower.

G. Safety Planning

A safety plan should be offered to all visitors except when safety planning is inappropriate. Crisis Specialists must obtain consent when completing and sharing a safety plan with a visitor. Safety planning is not appropriate when:

- i. There is a suicide attempt in progress (in this situation, safety planning may be engaged in while emergency/support services are on the way or being confirmed);
- ii. Imminent risk is present and cannot be/could not be de-escalated;
- iii. The visitor is under the influence of substances (alcohol/drugs) and is at imminent risk;
- iv. The visitor is experiencing profound cognitive impairment;
- v. The visitor is disconnected from reality (e.g., experiencing psychosis); or
- vi. Emergency services are necessary (e.g., medical emergencies)

For additional guidance, 988 Contact Centers should refer to the “Safety Planning” tip sheet found on the Network Resource Center.

H. Referrals and Warm Hand-offs

The use of referrals and warm hand-offs will likely look different for each visitor who contacts the 988 Suicide & Crisis Lifeline. For some, 988 is primarily a place to talk, but for others, 988 is a place to locate information and resources. Crisis Specialists should be trained to recognize when resources will be useful and how to offer them, always asking visitors if they are interested in hearing about resources and referrals before explaining them. Additionally, in most cases, unless the person specifically requests additional support outside 988, Crisis Specialists should not transfer calls, chats, or texts to other warm lines or resources. Crisis Specialists are essential in empowering visitors to seek support on their own. Therefore, Crisis Specialists should offer the visitor a choice saying, “I can either help facilitate this referral for you, or if you would prefer, I can provide the information necessary for you to reach out yourself. What would you prefer?”

However, in some instances, Crisis Specialists should take a different approach for referrals and transfer, including for ESI, MCTs, Crisis Receiving and Stabilization Services (CRSS), and the Veteran’s Crisis Line. In situations where a transfer to another resource is in the best interest of the visitor, such as when they need access to specialist support, local services, or express a need to support reaching out, it may be appropriate to facilitate a warm hand-off.

1. Medical Emergencies and Imminent Risk

A medical emergency is an acute injury or illness that poses an immediate risk to a person’s life or long-term health, which may include, but is not limited to chest pain, seizures, bleeding, poisoning, drug overdose, loss of consciousness, major burns, spinal cord, head, or brain injury, and severe allergic reactions. However, in some situations, it may be unclear if a medical crisis is occurring, such as non-suicidal self-injury (NSSI), withdrawal symptoms, and panic attacks. In cases where a visitor is experiencing a medical emergency, the 988 Contact Center should immediately contact a Public Safety Answering Point (PSAP) to dispatch emergency medical services (EMS). 988 Contact Centers should provide guidance and education on assessing the differences between mental health and medical crises.

Similarly, 988 Contact Centers may need to dispatch EMS when there is an imminent and/or active risk of harm to self or others. Emergency service interventions (ESIs) should only occur when the risk of harm is imminent and when a less invasive plan is unsuccessful. 988 Contact Centers should ensure that appropriate de-escalation and safety planning measures have been exhausted before proceeding to ESI. For additional guidance, 988 Contact Centers should refer to the “Least Invasive Interventions” tip sheet found on the Network Resource Center.

In every case of ESI, 988 Contact Centers are required to complete outbound interactions through Genesys. It is best practice for a supervisor to make the call to dispatch; although, if a supervisor is unavailable, the Crisis Specialist may instead bring the dispatcher into the call with the visitor. The visitor should not be placed on hold during the dispatch process and must stay on the line with the visitor until ESI arrives on the scene. During a PSAP dispatch call, the 988 Contact Centers should provide the PSAP with the following information:

- i. Summary of the crisis;
- ii. Location of the crisis;
- iii. Safety information related to the scene (e.g., weapons or animals present);

- iv. The CSID of the Crisis Specialist speaking with the visitor; and
- v. The 988 Intervention Follow-up phone number.

It is critical that Crisis Specialists and supervisors inform the PSAP that the 988 Intervention Follow-up phone number is a private number and should not be shared with anyone outside of the crisis response continuum. The State created the '988 Intervention Follow Up' Genesys group to allow police departments contacted for ESI dispatches to easily contact 988 Indiana if they need additional support. 988 Contact Centers should follow the procedure outlined in the quick guide "IN988 Intervention Follow Up Group and CSID" to support these contacts.

Please see Section VI.B for ESI documentation requirements.

2. Mobile Crisis Teams

Before dispatching an MCT, the Crisis Specialist should determine whether or not a mobile response dispatch is clinically appropriate and represents the least invasive intervention. Guidance from the tip sheet "Using the Least Invasive Intervention When Dispatching MCTs" found on the Network Resource Center should be used to assess safety concerns, urgency, availability of support, and the visitor's willingness to engage. If mobile crisis is not the most appropriate option, alternative responses should be explored. If consent is not given by the visitor, then dispatching an MCT is no longer an option.

After determining that the crisis is appropriate for MCT response, the Crisis Specialist should inform the visitor about mobile crisis services, explain what can be expected, and obtain consent for MCT response from the person in crisis. The Crisis Specialist should share that mobile crisis is a free service and MCTs are statutorily required to consist of two (2) responders (one of whom is a Certified Peer Support Professional) who provide on-site crisis support and connection to broader services. It is also important to highlight that response times may vary by location, with MCTs arriving within sixty (60) minutes in urban areas and within ninety (90) minutes for rural areas. While MCTs may assist with transportation when clinically appropriate during the course of a crisis response, they should not be dispatched solely for the purpose of transport. MCTs are designed to provide on-site crisis assessment, de-escalation, and connection to ongoing support services. Requests for transport-only should be directed to other appropriate resources, as dispatching MCTs solely for transportation falls outside the scope of their intended function, unless they are being taken to a CRSS.

If the visitor consents, then the Crisis Specialist must ask the following questions:

i. Location

1. Are you currently at home? If not, where are you?
2. What is your current address?

ii. Safety

1. Do you have any pets? If so, can they be locked in a different room?
2. Do you have any weapons? If so, are they locked away? If not, can they be locked away?
3. Are you under the influence of any drugs and/or alcohol?

The 988 Contact Center should identify and contact the MCT closest to the visitor. MCT location information can be located on the [Community Resources page of the 988 Indiana website](#).

988 Contact Centers are required to complete MCT dispatch outbound interactions through Genesys. It is best practice for a supervisor to make the call to MCT dispatch; although, if a supervisor is unavailable and the visitor has called 988, the Crisis Specialist may instead bring the dispatcher into the call with the visitor. The visitor should not be placed on hold during the dispatch process. 988 Contact Centers may also consider bringing the MCT into the call with the visitor if the visitor is hesitant about MCT. This may help ease concerns of the visitor. The Crisis Specialist should not transfer the call to the MCT, but instead stay on the line, continue to build rapport, and ensure safety.

In any case, during a MCT dispatch call, the 988 Contact Centers should provide the MCT with a summary of the crisis, the location of the crisis, safety information related to the scene (e.g., weapons or animals present), and the CSID of the Crisis Specialist speaking with the visitor.

Please see Section VI.A for MCT documentation requirements.

3. Crisis Receiving and Stabilization Services

When a visitor expresses interest in CRSS without first engaging with an MCT, the Crisis Specialist will assist them in determining the most beneficial option: conducting a warm handoff to CRSS or sharing resource information for the visitor to independently contact CRSS. If the visitor prefers a warm handoff to the CRSS site, the Crisis Specialist will conduct a three-way call with the CRSS site and remain on the line to provide continuity of care and support. Before initiating the warm handoff, the Crisis Specialist should clarify whether the visitor would like to speak directly to the CRSS representative or if they would prefer the Crisis Specialist provide background information before the visitor takes over the conversation. If the visitor prefers to receive resource information and contact the CRSS site independently, the Crisis Specialist must assess that they are not an imminent threat to themselves or others before proceeding. If it is determined appropriate, the Crisis Specialist may schedule a follow-up call within twenty-four (24) to seventy-two (72) hours if the visitor agrees. This follow-up call is intended to check in and see if the visitor was able to take the next step or needs further support.

If the CRSS does not answer the phone, the 988 Contact Center should attempt to call back two more times. If there is still no answer, the 988 Contact Center should then contact the next closest CRSS. This process helps ensure that the crisis continuum remains responsive to the visitor's needs and the urgency of the situation, supporting timely and compassionate care. The supervisor should also complete the Feedback Form (see Section VII.B) to document that the CRSS could not be reached. Reporting these barriers not only strengthens the system's overall responsiveness but also highlights opportunities to expand resources where needed.

4. Veterans Crisis Line

Crisis Specialists should thoroughly explore a visitor's needs before pursuing a transfer to the Veterans Crisis Line to ensure it is the most appropriate resource. To minimize unnecessary transfers, Crisis Specialists should clearly explain the purpose of the Veterans Crisis Line and confirm that the visitor's needs are best suited for a transfer before proceeding. This practice can reduce a secondary transfer later in the call if the Veterans Crisis Line is ultimately not the right resource for the visitor. In addition, visitors who are calling about non-crisis issues, such as appointments or paperwork, should not be transferred without first determining whether their specific needs may be better addressed by their local Veterans Affairs (VA) facility.

988 Contact Centers should conduct regular reviews of Veterans Crisis Line transfers to identify opportunities for staff improvement and ensure that transfers to the Veterans Crisis Line are conducted appropriately and efficiently.

5. Other State/Territory 988 Access

Crisis Specialists should actively listen to each visitor's needs and assess every interaction. If it becomes evident that a visitor may benefit from a connection to a center in another state or territory, such as for local resources or specialized services, the Crisis Specialist should facilitate that connection through a warm transfer. All warm transfers should follow the guidelines outlined in the "Warm Transfer Sample Policy" available on the Network Resource Center. This process supports a safe, seamless handoff and ensures continuity of care for every visitor.

I. Familiar Visitors

Throughout the course of their tenure, Crisis Specialists will likely engage with visitors that reach out to 988 on a frequent and repeated basis regarding consistent challenges. These individuals are often referred to as repeat visitors, consistent visitors, chronic visitors, or frequent visitors. In an effort to destigmatize and legitimize the spectrum of 988 visitors and the contexts informing their decisions to reach out for help, the State and 988 Contact Centers will refer to this category of visitors as "familiar visitors." Familiar visitors are generally defined as individuals who reach out more than thirty (30) times per month.

While familiar visitors may elicit a range of reactions in Crisis Specialists, it is important that Crisis Specialists extend empathy and professionalism to each user and follow scripts that prioritize assessing the familiar visitors risk of harming themselves or others. Treating their call, chat, or text with concern and maintaining a level of trust with familiar visitors ensures that 988 continues to be a viable resource for them in the event of a crisis. Crisis Specialists should always listen, acknowledge the visitor's concerns, assess risk, and determine appropriate next steps. For additional guidance, 988 Contact Centers should refer to the tip sheet on "Guidance for Supporting Familiar Individuals" found on the Network Resource Center.

Familiar visitors only need to be offered a follow-up if they have had active thoughts of suicide or homicide in the last twenty-four (24) hours. However, if a familiar visitor already has a follow-up scheduled, the Crisis Specialist should confirm that the scheduled time still works instead of offering an additional follow-up. Crisis Specialists must take into account whether the follow-up should be conducted sooner than scheduled, depending on the visitor's presentation during the time of the interaction.

1. Boundary Club

The core mission of the 988 Suicide and Crisis Lifeline is to support and assist our visitors in times of crisis. At times, it may be necessary to establish healthy, consistent and appropriate boundaries to ensure support for all people that contact 988 and protect Crisis Specialists. To request boundaries, the 988 Contact Center should complete the [Boundary Request Form](#) according to the following instructions:

- i. Center: Identify the 988 Contact Center that is submitting the form;
- ii. Type of Visitor: Select the appropriate description for the reason a boundary request was submitted;

- iii. Conversation IDs to Review: Provide a minimum of three (3) conversation IDs of interactions your team has had with the visitor that highlight the negative behavior pattern in question;
- iv. Proposed Boundaries: Share boundaries you feel would support the person in crisis and/or protect the Crisis Specialist; and
- v. Summary of Experience: If you selected “no guidance needed at this time” under the type of visitor question, please answer this question to share your center’s experience with the visitor.

If the 988 Contact Center has an urgent boundary request, please fill out the form as usual and email the DMHA State Director of Behavioral Health Crisis Care and the 988 Program Manager. In this email, please provide a summary of the request, an explanation for the urgency, and any immediate steps that must be taken. If needed, the 988 Contact Center may call the state Director of Behavioral Health Crisis Care for immediate action.

The State will then review all Boundary Request Form submissions and applicable records. 988 Contact Centers can expect a decision and guidance within two (2) business days, unless it is an urgent request. Finally, State leadership will review boundaries with the State Medical Directors at the next scheduled monthly meeting. However, if the request is urgent, the State will reach out to the State Medical Directors via email by the end of the next business day.

At the next scheduled Boundary Club meeting, the team will discuss the visitor in crisis, the identified problems, and the requested boundaries. 988 Contact Centers are encouraged to provide any additional context and discuss any necessary changes to the boundaries. 988 Contact Centers should not share any boundaries with staff until they have been reviewed and approved by the State and the State Medical Directors.

By following this guidance, 988 Contact Centers can ensure a consistent approach to managing familiar visitors and protecting Crisis Specialists, thereby maintaining the integrity and effectiveness of the 988 Suicide and Crisis Lifeline.

J. Mandatory Reporting

Crisis Specialists play a vital role in offering immediate, confidential support to visitors in emotional distress. 988 visitors are able to provide as much or as little information about themselves as they would like during an interaction and when communicating with external agencies. The Crisis Specialists must provide factual information shared during an interaction.

When a report or referral is necessary, such as Child Protective Services (CPS) or Adult Protective Services (APS), the Crisis Specialist should share only factual information that the visitor has disclosed during the interaction. Crisis Specialists should not use external resources (e.g., Whitepages, social media, or internet searches) to look up addresses or personal details. The information that can be accessed via external resources is not verifiable and using them violates the trust and confidentiality expected of 988 services.

The role of a Crisis Specialist is to provide emotional support, safety plan, offer resources and referrals when appropriate, and report information to outside agencies when necessary. It is the responsibility of investigative agencies (e.g., CPS, APS) and emergency services to conduct further follow-up.

If a Crisis Specialist is unsure about what can be shared or how to proceed during a high-risk or mandated reporting situation, they should consult with a supervisor. Supervisors are responsible for determining appropriate next steps and may escalate the situation to State contacts if needed.

See Section VI.D for protective services documentation requirements.

VI. Documentation

During any call, chat, or text, Crisis Specialists should thoroughly document their role throughout the conversation, completing all relevant form sections and fields, as well as the contact summary and final disposition on OpenBeds. Full instructions for documentation and use of the OpenBeds platform can be found in the “IN 988 Open Beds Operator User Guide” on both YesLMS and Microsoft Teams.

A. Mobile Crisis Team Documentation

When an MCT is dispatched, the Crisis Specialist must complete the following:

- i. Location Section (if location information is provided by the visitor);
- ii. MCT Dispatch Section, including:
 - a. Consent for Dispatch (document that the visitor agreed to MCT involvement);
 - b. Confirmation of Contact (indicate whether the MCT successfully connected with the visitor); and
 - c. Scene Safety.

Once the call has concluded, the supervisor or the individual who made the dispatch should ensure that all dispatch details are recorded, including the responding agency, contact number, and any additional relevant details regarding the dispatch. To finalize documentation, the supervisor or dispatcher must record in the General Additional Notes section that the dispatch was completed, including the conversation ID for reference. For example, "Dispatch call made by John Smith: d549e452-6229-4945-a616-d07e6b7xyz124".

B. Emergency Service Intervention (ESI) Documentation

When an ESI is initiated, Crisis Specialists must complete the following fields in the documentation form:

- i. Location Section (if the visitor provides this information);
- ii. ESI Dispatch Section, including:
 - a. Consent for Dispatch (record whether the visitor consented to ESI involvement);
 - b. Confirmation of Contact (indicate if emergency responders successfully reached the visitor);
 - c. ESI Type (e.g., law enforcement, EMS, fire department);
 - d. Reason for ESI (e.g., imminent risk to self or others, medical emergency); and
 - e. Scene Safety.

Once the call has concluded, the supervisor or the individual who made the dispatch should ensure that all dispatch details are recorded, including the responding agency, contact number, and any additional relevant details regarding the dispatch. To finalize documentation, the supervisor or dispatcher must record in the General Additional Notes section reflects that an ESI dispatch was made, along with the conversation ID for tracking purposes. For example, "Dispatch call made by John Smith: d549e452-6229-4945-a616-d07e6b7xyz124".

C. Third Party Visitors

When individuals reach out to 988 with concerns about someone else, they are considered a third party and Crisis Specialists should complete a single form focused on the person of concern. However, if a third party is also expressing concerns for their own well-being in addition to concerns about another person, two separate forms should be completed – one reflecting their role as a third party where the form focused on the person they are concerned about and another reflecting their role as the individual seeking support. In cases where the outreach is not related to suicide, but rather focused on other concerns, such as seeking resources or referrals for substance use or support for the person of concern, a single form is appropriate.

D. Protective Service Reports

All 988 Contact Centers are designated mandated reporters and are required to report suspected or known instances of abuse involving either children or endangered adults. When a report is made to CPS or APS, 988 Contact Centers must complete the Protective Services Report section within the contact form in OpenBeds to document that the report was made. When making a report, if the agency requests a callback number, the 988 Contact Center should provide its own agency's main phone number so the agency can reach the staff member who made the initial report. Additionally, the Contact Summary section should include the reasoning for the report. Follow-up calls from the investigative agency (e.g., CPS or APS) do not need to be reported in OpenBeds. However, if a Center wishes to track these follow-up interactions, they may establish their own internal policy and document them elsewhere.

E. DAP Notes

988 Contact Centers should document their contact summary in Data, Assessment, and Plan (DAP) format. This format provides a structured format for documenting and organizing information based on visitor encounters. When using DAP format, notes should be concise, clear, and contribute to a comprehensive understanding of the visitor's immediate needs and safety concerns. The notes should provide a complete picture of the situation, ensuring that it can be easily understood without needing to listen to the call. 988 Contact Centers can refer to training and tip sheets found on YesLMS.

F. Requests for Records

If a 988 Contact Center receives any request for records from a 988 visitor, the center should refer the individual to the [Family and Social Services Administration \(FSSA\) Access to Public Records Act \(APRA\) Portal](#). After the appropriate personnel review the request, a representative will follow up.

VII. Technology

User guides for each technology platform utilized by 988 Contact Centers are located on Microsoft Teams. The following sections include details about other processes and procedures relating to technology.

A. Connection Issues in Genesys

After answering a call in Genesys, the Crisis Specialist should first press one (1) to connect with the visitor. If pressing one (1) does not connect the Crisis Specialist with the visitor, the Crisis Specialist should try pressing one (1) again. The Crisis Specialist should attempt to connect three (3) times. After three (3) unsuccessful connection attempts, the Crisis Specialist should hang up to end the call. This will ensure that Vibrant takes the call back and pushes it on to a National Backup.

B. Round-Robin Routing for 988 Indiana in Genesys

Calls to 988 Indiana enter what is referred to as the Round Robin Routing flow. The purpose of this specialized routing path is to ensure calls are answered as quickly as possible. It also ensures that each 988 Contact Center is offered approximately the same number of calls. The target queue rotates between the 988 Contact Center queues. This means that if there are four (4) 988 Contact Centers answering calls, your 988 Contact Center will be the target queue every fourth (4th) call that is received.

Described below is the path a call will follow:

- i. Is there a Crisis Specialist on Queue and Idle* in the target queue?
 - a. If YES – the call is sent to the target queue to be answered by the Idle Crisis Specialist.
 - b. If NO – the system will check the other queues for an Idle Crisis Specialist. Does the system find an Idle Crisis Specialist in one of the other queues?
 - i. If YES – the call is sent to the queue with the Idle Crisis Specialist
 - ii. If NO – if no other queues have an Idle Crisis Specialist, the call will “park” in the original target queue to wait for an Idle Crisis Specialist.
- ii. If a Crisis Specialist in the target queue becomes Idle, the call will immediately be sent to that Crisis Specialist. Otherwise, the call will continue waiting in the target queue. While waiting, the system will check the other queues every thirty (30) seconds to see if there are any Idle Crisis Specialists in other queues. If an Idle Crisis Specialist is found during one of the thirty (30) second checks, the system will push the call to the queue with the Idle Crisis Specialist. This will result in a ‘Flow Out’ for the queue that the call exits.

**On Queue and Idle refers to the Genesys status the Crisis Specialist must be in to receive calls in the queue.*

C. Requesting Time Off Queue

All 988 Contact Centers that accept calls use the State-owned telephony platform, Genesys, to receive and conduct 988 calls. 988 Contact Centers may need time off queue on occasion, for events like training or team meetings. Given the synergetic approach to interaction routing (i.e., the Round-Robin Routing), it’s important that a 988 Contact Center properly requests time off queue. These requests must be submitted at least two (2) weeks in advance to allow for adequate review and coordination.

The State will review these requests to ensure adequate coverage and prevent other 988 Contact Centers from being overwhelmed by increased call volume. To submit a request, 988 Contact Centers must reach out via email to the State Director of Behavioral Health Crisis Care, the 988 Program Manager, the Development Project Manager, the Technical Project Manager, and administration from all other 988 Contact Centers. The email request must include the dates requested, the total time off requested, the reason for time off, and a request for permission from all 988 Contact Centers. Once permission has been given by all centers, the State will reply with final approval and add a calendar hold to verify time off

queue. If the request is denied, the 988 Contact Center will need to identify and submit an alternative time for consideration if time off queue is still necessary.

For the purposes of routing, extended time off-queue is defined as three (3) or more consecutive hours during which a 988 Contact Center is not actively taking calls. In such cases, the State may decide to temporarily remove the 988 Contact Center from the Round-Robin Routing. For a brief period off-queue, the 988 Contact Center will remain in the Round-Robin Routing, meaning the 988 Contact Center may accrue a small amount of 'Flow-Outs'.

D. Deactivation of User Accounts - Genesys and OpenBeds

Due to the sensitive nature of the 988 records, it is of the upmost importance to meticulously manage user access to the OpenBeds and Genesys systems. When a user is no longer employed, the 988 Contact Center must submit a request within twenty-four (24) hours of the employee's last day to remove the user's access to Genesys and OpenBeds via the FSSA Contact Center Help Desk ticketing system. Instructions for submitting a ticket can be found on Microsoft Teams.

As a failsafe, the State will deactivate OpenBeds and Genesys accounts after thirty (30) days of inactivity without prior warning. If an account is expected to log in infrequently (i.e. administrators), please email the 988 Program Manager and the Technical Project Manager with the name and reason for infrequent logins to ensure that this account does not deactivate automatically.

If a 988 Contact Center employee is requesting extended leave of two (2) weeks or more, please submit a ticket for account suspension and a subsequent ticket for reactivation. Reactivation tickets must be submitted at least three (3) business days in advance of an estimated return date. However, to avoid any delays, the ticket should be submitted as soon as the return date is known. We advise this timeline because, similar to new account requests, the reactivation process may take one (1) to three (3) business days.

E. Service Interruption and Internet Outage

1. Planned Outages

If a 988 Contact Center is made aware that their services will be disrupted for any amount of time, 988 Contact Center staff must inform the State via an urgent email. Such disruptions may include activities such as planned technical maintenance. The email should include the expected duration of the service interruption, as well as the reasoning for the service interruption. This email should be sent to the State Director of Behavioral Health Crisis Care, the 988 Program Manager, the Development Project Manager, and the Technical Project Manager. The State will then notify other 988 Contact Centers of the disruption and, if necessary, remove the affected 988 Contact Center from the Round-Robin Routing.

2. Unexpected Outages

If a 988 Contact Center experiences an unexpected internet outage or disruption of service, 988 Contact Center staff must immediately inform the State Director of Behavioral Health Crisis Care, the 988 Program Manager, the Development Project Manager, and the Technical Project Manager via an urgent email. The email should include the expected duration of the outage and the cause of the outage. If the State has not confirmed receipt of the message within ten (10) minutes, the center shall call the State Director of Behavioral Health Crisis Care. The State will then notify other 988 Contact centers of the

disruption and, if necessary, remove the affected 988 Contact Center from the Round-Robin Routing.

F. Crisis Specialist Identification (CSID)

Each 988 Contact Center user is assigned a unique 5-digit Crisis Specialist ID (CSID) which is intended to be used when a staff member reaches out to any organization to make a report or dispatch including but not limited to MCT, ESI, CPS, and APS. The 988 Contact Center staff should share their CSID with the organization instead of their name to protect the identity of the staff member and to allow other 988 Contact Centers to easily identify with which center the interaction originated. 988 Contact Center staff should refer to the quick guide “IN988 Intervention Follow Up Group and CSID” on Microsoft Teams to find more information including where to find a CSID for a staff member.

The first digit of the CSID corresponds with the staff member’s center. See the chart below.

CSID Format	Center
1#####	A Better Way
2#####	Crisis Center
3#####	Mental Health America Indiana
4#####	Mental Health America Wabash Valley Region
5#####	Text to Chat

G. IN988 Intervention Follow Up Group in Genesys

A Genesys group has been created called the ‘IN988 Intervention Follow Up’ group. The Genesys group contains all supervisors and administrators from each center handling voice interactions. Occasionally, a PSAP dispatcher needs to get back in contact with 988 Indiana to give an update or ask for more information. The purpose of the IN988 Intervention Follow Up Group is to be able to handle these return calls. There is an opportunity for PSAPs to leave a voicemail. There is a rotating voicemail management schedule. Every fourth (4th) week, a 988 Contact Center will be responsible for returning all voicemails during that week within twenty (20) minutes of receiving the voicemail. The voicemail management schedule and complete instructions for the IN988 Intervention Follow Up Group can be located in quick guide “IN988 Intervention Follow Up Group and CSID”.

VIII. Quality Assurance and Improvement

A. Quality Plan

The State has created a quality plan which provides 988 Contact Centers with insight regarding topics including but not limited to sentinel events, complaints and grievances, quality monitoring, and KPIs. 988 Contact Centers should refer to the Quality Plan to ensure they are following procedures and aligning with quality best practices.

B. Feedback Form

The State is committed to better understanding the referrals and handoffs that occur throughout the 988 Crisis Response System, as well as any barriers that may impact care. To support this, the Feedback Form is used by all providers to report successes, challenges, and opportunities for improvement. While the information shared through this form is not intended for punitive use, any indication of egregious behavior or serious misconduct may prompt further review and appropriate follow-up. This ensures that Indiana's 988 Crisis Response System continues to grow in both effectiveness and integrity.

Please complete the [Feedback Form](#) and submit it each time there is a notable hand-off or referral, whether that be positive or negative. Providers may submit this form as many times as needed. For 988 Contact Centers, this may include times when a Crisis Specialist dispatches an MCT and the hand-off goes very well, or the MCT is unable to provide services. You may also use this form when a referral service is offered to an individual in crisis and the person refuses that service, citing concerns over prior negative experiences, particularly as it relates to stigma.

Please note that the State will not respond to all Feedback Form responses. The State internally documents all responses and resolves any issues in collaboration with the relevant organization. The State will only reach out to the organization who submitted the Feedback Form if additional information is needed.

IX. Microsoft Teams (“FSSA Indiana 988 – Contact Center Information”)

Microsoft Teams is a way for the State to communicate and share documents with the 988 Contact Centers. It is also an avenue for the 988 Contact Centers to communicate with each other in some scenarios. Supervisors and administrators from each 988 Contact Center are given access to the Microsoft Teams channels. Each channel's purpose and guidelines for use are outlined below. All 988 Contact Centers are expected to follow HIPAA requirements as outlined by State and Federal guidelines when sharing or accessing information within Microsoft Teams.

A. Channel: General

The “General” channel is used as a place for the State to share documents with all 988 Contact Centers.

Center staff can find the outlined boundaries for our familiar visitors in this folder. These boundaries are updated monthly based on the support plans discussed during Boundary Club. Center staff should ensure these boundaries are accessible to their supervisors and the administration team.

Center staff can find the most up-to-date Indiana 988 Contact Center Manual in this folder.

Center staff can find the monthly Quality Collaboration PowerPoints in this folder which contain questions discussed during the committee and preliminary KPIs.

B. Channel: !Alerts

The “!Alerts” channel is used by the State to quickly communicate important updates to all 988 Contact Centers at once. Team members from the 988 Contact Centers should react to the !Alert (i.e., ‘thumbs up’) so the State knows that the message was received and relayed to the Crisis Specialists, if necessary.

C. Channel: 988 Urgent Visitor Info

The “988 Urgent Visitor Info” channel facilitates communication between Indiana’s 988 Contact Centers, ensuring that information is shared to help visitors receive the support they need. Center staff should react (i.e., ‘thumbs up’) to posts upon viewing them, which alerts the State team that all Centers have received the information. Center staff should respond once they have addressed the concern, providing necessary updates for other centers. Any progress pertaining to the interaction should also be documented in the OpenBeds contact form associated with the interaction. In alignment with HIPAA and 988 confidentiality standards, no visitor information shared in this channel should be saved, downloaded, or shared outside of the 988 system. All communication in this space should remain secure, limited to operational use, and focused solely on ensuring coordinated, person-centered support. When posting, include only the minimal information necessary to address the concern and coordinate care.

1. Potential Interrupted Intervention Call

988 Contact Centers should respond to the “Potential Interrupted Intervention Call” post if: a visitor disconnects before an MCT or emergency services has arrived on scene; a Crisis Specialist was unable to retain contact with a visitor who was assessed as high risk; a dispatch was an involuntary ESI; or a 988 Contact Center received a follow-up call from a dispatched MCT or emergency services. Sharing this information helps ensure continuity of care and allows all 988 Contact Centers to remain informed about urgent or escalated situations. When posting, include the details outlined in the post to support coordination across all centers. Supervisors should actively monitor the Microsoft Teams channels and react to posts to indicate that their center has received and reviewed the information. This ensures transparency and confirms awareness across all 988 Contact Centers and the State. If a 988 Contact Center is actively handling the situation or conducting follow-up, they should also respond directly to the post to inform other centers and the State that the concern has been addressed.

2. Familiar Visitor Boundary Active

The “Familiar Visitor Boundary Active” post is used to inform all 988 Contact Centers that a boundary has been established with a familiar visitor and that their boundaries are now active. This post serves to promote consistency in how the visitor is supported across all Centers and maintain a person-centered and structured approach. 988 Contact Centers should review and follow any additional guidelines that are located in the Microsoft Teams channels under General Files. 988 Contact Centers should react to this post to alert other centers and the State that they are aware and have reviewed the active boundary.

X. Marketing

The State has developed and implemented a strategic marketing plan and state-specific resources to increase awareness of the 988 Crisis Response System. To maintain consistent messaging about these resources, all 988-related marketing, media, and outreach must be approved by the State prior to dissemination or communication. This includes 988-branded brochures, presentation materials, data and/or statistics related to a provider’s role with 988, press releases, all media and elected official inquiries regarding 988 operations to the State, and more. All requests should be submitted to the 988-dedicated inbox: IN988Questions@fssa.in.gov.

XI. Quick Guides

The State uses Quick Guides to provide high-level instructions to be used as a job-aid. Quick Guides are located within Microsoft Teams.

EXAMPLE

XII. References

Substance Abuse and Mental Health Administration (2024). Saving lives in America: 988 and quality services plan. <https://www.samhsa.gov/sites/default/files/saving-lives-american-988-quality-service-plan.pdf>

Vibrant National Resource Center (2024). Lifeline suicide safety policy (2024): Supplemental guide. <https://networkresourcecenter.org/display/data/Policy+and+Sample+Policy+Guidance?preview=%2F263454896%2F263454868%2FLifeline+Suicide+Safety+Policy+%282025%29+Supplemental+Guide.pdf>

Standard Operating Procedure

Progress Monitoring of Annual Training Plan for Crisis Center Employees

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Document History

Version	Effective Date	Prepared / Revised By:	Reviewed By
V1.0	8/1/2025	Kasey Myers/Meghann Hill Smith	Kara Biro

Resources – Abbreviations, Acronyms, Files

Term/Resource	Definition
FSSA	Family and Social Service Administration
DMHA	Division of Mental Health and Addiction
988 L&D Manager	988 Learning and Development Manager
SMART Learning Objective	Learning objectives that meet this criterion; Specific, Measurable, Achievable, Relevant, Time-bound
ILT	Instructor-led Training

1 Introduction

1.1 Purpose

The purpose of this procedure document is to describe the process for monitoring the progress of the annual training plan for crisis center employees. This includes tracking crisis specialist reports and managing requested reports to ensure compliance with state requirements and support ongoing staff development.

1.2 Scope

The scope of this procedure document applies to all crisis center employees, supervisors, and administrative staff responsible for training and reporting within state-operated crisis centers.

1.3 Roles and Responsibilities

Role	Responsibility
IN 988 Learning & Development Manager	<ul style="list-style-type: none"> Oversee the implementation and monitoring of the training plan. Manages the collection and review of crisis specialist reports and prepares requested reports.
988 Program Manager	<ul style="list-style-type: none"> Assess training needs specific to the 988 program and ensure that training requests align with program goals and objectives. Facilitate communication between employees and the Learning & Development Manager regarding training opportunities.
State Director of Behavioral Health Crisis Care	<ul style="list-style-type: none"> Ensure that training initiatives support the strategic goals of behavioral health crisis care services. Review training request recommendations related to crisis care and provide feedback on their relevance and effectiveness.
Assistant Director of Suicide Prevention and Crisis Response, Disaster Behavioral Health	<ul style="list-style-type: none"> Evaluate training request recommendations that pertain to suicide prevention and disaster behavioral health, ensuring they meet the needs of the organization and its employees. Collaborate with the 988 Learning & Development Manager to identify training opportunities that enhance skills in crisis response.
Director of System Transformation	<ul style="list-style-type: none"> Oversee the integration of training initiatives into broader system transformation efforts within the organization. Ensure that training requests are aligned with the goals of system improvement and organizational change.

2 Procedure

2.1 Training Plan Development

At the start of each calendar year, the Learning and Development Manager, in consultation with state guidelines and center leadership, develops and distributes the annual training plan.

2.2 Training Schedule and Notification

Contact Center administration will be notified of the annual training plan at the start of each calendar year. A preview of all monthly trainings will be provided to them one week prior to their release to all contact center employees, including but not limited to crisis specialists, supervisors, and administrators.

2.3 Attendance and Crisis Specialist Report Tracking

Attendance is recorded for each training session conducted by IN988 using sign-in sheets or digital attendance logs. The Learning and Development Manager collects and files these records within 72 hours of sessions.

2.4 Progress Review and Reporting

On a monthly basis, the Learning and Development Manager reviews attendance records, training course feedback and overall training completion status for all IN988 training courses. A consolidated progress report is generated and shared with supervisors and center leadership. Any trends or issues identified in these reports are highlighted for follow-up.

2.5 Requested Reports

When state officials, center leadership, or compliance officers request specific reports (e.g., individual training histories, compliance summaries, or analysis of crisis specialist participation), the Learning and Development Manager compiles and submits the requested information within the specified timeframe. All requested reports are logged, and copies are retained for audit purposes.

2.6 Remediation and Follow-Up

Employees who miss the required training courses or whose reports indicate barriers to completion are identified in the monthly review. Contact Center supervisors are responsible for scheduling make-up sessions or addressing reported issues within 30 days. Persistent non-compliance or unresolved issues are escalated to the State Director of Behavioral Health Crisis Care.

2.7 Annual Evaluation

At year-end, the Learning and Development Manager compiles a summary report of training completion rates, crisis specialist participation, and requested report fulfillment. This report is submitted to IN988 leadership for review and used to identify areas for improvement.

3 Document and Recordkeeping

3.1 All Training Records and Logs

All training records, attendance logs, crisis specialist reports, requested reports, progress reports, and annual summaries are maintained electronically for a minimum of five years, in accordance with state recordkeeping policies.

4 Compliance and Review

4.1 Annual Review

This SOP is reviewed annually by the IN988 team and updated as needed to reflect changes in state requirements or organizational needs.