



Behavioral Health Crisis Response Stakeholder Coalition (BHCRC)

Minutes | Meeting 4
Wednesday, July 21, 2021
1 pm to 4 pm CT
Virtual Meeting via Zoom

Meeting Outcomes:

- Discussion and refinement of things we know, need to know, or opportunities to explore 988 and 911 interconnection

For More Information:

- DSS Funding Opportunities | 988 Planning Grant (scroll to the bottom of the page): <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>
- Meeting was not recorded.

Opening Remarks:

The fourth meeting of the Behavioral Health Crisis Response Stakeholder Coalition (BHCRC) was called to order by Tiffany Wolfgang, Director for the Division of Behavioral Health (DBH), South Dakota Department of Social Services (DSS). Wolfgang welcomed the assembled group of coalition members and state support staff to the meeting. Recognizing that the discussion would be focused on 911-988 interconnection, notice was sent prior to the meeting indicating coalition members could attend at their discretion. Contributing members to the meeting discussions included 911 / Public Safety Answering Point (PSAP) representatives and supporting state staff / consultants.

PSAPs joining in the conversation provided a brief overview of how mental health calls are handled.

Overview | Current Understanding of the 988 Platform for Call / Chat / Text

Janet Kittams and Taylor Funke, Helpline Center, offered up a short overview of their current understanding of what the 988 platform, to be used nationwide, will consist of. The unified platform will include call, text, and chat functionality and is expected to deploy no sooner than one year post 988 launch (summer 2023) following a national Request for Proposal process. Janet also noted that at this time, given the unique staffing requirements associated with 988 call center and follow-up care supports, the Helpline Center is modeling a separate operational approach from 211/other call center activities. Cost modeling projections (pending) from supporting consultants (Guidehouse) will include this basic assumption. No additional feedback or questions were posed.

Level of 988 Launch Awareness among PSAPs & Law Enforcement

The group discussed anticipated need to develop agreements / memorandums of understanding between the 988 call center and each PSAP. The 988 action plan will include steps to support this in support of establishing relationships with each 911/PSAP entity that is responsive to the unique needs of that partnership and accounts for how and with what resources each PSAP deploys response systems to emergency events.

Protocols & Procedures

The coalition discussed and brainstormed existing protocols and/or procedures that may need to be modified or at least reviewed to support 988-911 interconnection. A summary of available data to PSAPs through their dispatch/call handling systems was reviewed. It was again noted that each PSAP can structure their call coding which is documented on their protocols for dispatch. Key factors for consideration that arose from discussion, to be included or addressed in the 988 implementation plan, included:

- Development of reciprocal transfer protocols to National Suicide Prevention Lifeline (NSPL)/988 from each PSAP, noting that similar example protocols (e.g., transfer to poison control) could be adapted.
- Timelines will need to accommodate review / discussion / approval processes for each mental health board (and other boards as applicable) to approve any protocol changes.
- Steps to understand and respond to comfort level / awareness among supporting law enforcement agencies with each PSAP on transferring calls beyond their response capacity (e.g., to 988).
- Development of protocols with each PSAP will have unique considerations given variances in areas/counties served, level of response systems available in a crisis, decision-making authority and order at the local level, and comfort level with transferring calls outside of their current dispatch capacity.
- Protocols should be developed to provide reciprocal follow-up notifications, as needed, for both 988 and 911 to facilitate follow-up care if needed.

Factors discussed that would aid in consistent response / dispatch protocols between systems (988 and 911) included:

- Ability to have Computer-Aided Dispatch (CAD) to CAD interface between 911 and 988, with shared technology features such as geo-location.
- Consistent definition of terms and call coding
- Definition of minimum data fields needed to transfer a call from 911 to 988, or vice versa (e.g., phone number, geolocation).
- Follow-up protocols to aid both 911 and 988 in knowing client disposition post response, or if the crisis was able to be de-escalated on the 988 phone call.

Key critical control points in establishing interconnection were identified:

- Resources available within a PSAP area to dispatch to a crisis will ultimately drive the level of response and utilization of 988 resources (de-escalation, dispatch, referral, or follow-up).
- The utilization and availability / access to telehealth-based resources among first responders will directly impact their ability to provide responsive behavioral health services, particularly in rural/frontier areas.
- Training among first responders in both 988's scope and role as well as what resources are available in their area, via telehealth, or via 988 referrals, will be central to adoption of 988 statewide.
- Awareness of 988 as a resource overall will drive adoption of 988 as a tool. 988 adoption will build organically through enhanced marketing; there likely will not be an immediate rollover of behavioral health calls self-redirecting to 988 over 911 but rather a ramp up over time as awareness builds.

It was further determined, after discussion, that at this point no specific statute or administrative rule needs to be changed to accommodate reciprocal transfers between 988 and each 911/PSAP. The action resides on development of individual protocols within each PSAP, as noted above. Following discussion, the meeting adjourned.