



Behavioral Health Crisis Response Stakeholder Coalition (BHCRC)

Minutes | Meeting 5

Thursday, August 26, 2021

9 am to Noon

Virtual Meeting via Zoom

Meeting Outcomes:

- Review and discussion of the projected costs and assumptions behind those to stand up 988 call center services in South Dakota
- Review and discuss recommended bed registry solutions to best integrate available services across crisis mental health providers
- Discussion of Building a Crisis Response Continuum in our Communities Conference

For More Information:

- DSS Funding Opportunities | 988 Planning Grant (scroll to the bottom of the page): <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>
- [Meeting Recording Link](#)
Passcode: 7@xxKBR7 (if needed)

Opening Remarks:

The fifth 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. Those attending the meeting included:

- Laura Ringling, DBH Chief, DSS
- Tiffany Wolfgang, DBH Director, DSS
- Jennifer Humphrey, DBH Strategic Initiatives & Special Projects, DSS
- Penny Kelley, individual with lived experience
- Rosanne Summerside, individual with lived experience
- Janet Kittams, CEO, Helpline Center
- Taylor Funke, Substance Use Program Manager, Helpline Center
- Kiley Hump, Administrator for the Office of Chronic Disease and Health Promotion, South Dakota Department of Health (DOH)
- Thomas Otten, Vice President, Avera Behavioral Health
- Jeremy Johnson, Administrator, Human Services Center
- Kris Graham, CEO, Southeastern Behavioral Health Care
- Amy Iversen, CEO, Capital Area Counseling Service
- Staci Ackerman, Executive Director, South Dakota Sheriffs Association
- Dave Kinser, Grants & Accreditation Manager, Rapid City Police Department
- Maria King, Statewide 911 Coordinator

Support staff and external consultants in attendance included:

- Rachel Oelmann, Sage Project Consultants, LLC
- Nick Oyen, Sage Project Consultants, LLC

- Teresa Humphries-Wadsworth, 988 Planning Grant Manager, Education Development Center on behalf of Vibrant Emotional Health
- Jeff Meyers, Veronica Ross-Cuevas, and Peter Joyce from Guidehouse
- David Bergman from HMA

988 Fiscal Planning Grant Research Project

Introduction and overview provided by Jeff Meyers. Presentation reviewed state legislation and funding options research, federal guidance and national funding options research, and South Dakota's 988 cost model and five year pro forma to support 988 implementation and launch.

- Peter Joyce presented on state legislation and funding research.
 - Funding approaches were organized into four categories: a) state general funds and other non-fee approaches, b) 988 end-user fees, c) 1115 Medicaid waiver and related reimbursement models, and d) federal funding sources.
 - Question posed by Thomas re: 7 out of 10 states reviewed including one or all of state general funds or other non-fee approaches, inquiring as to if we know how much of the total need was representative of this strategy in addition to other fees. Peter noted that some of that remains to be defined. Jeff noted that some states have done initial appropriation to stand-up 988 services, but ongoing funding is not as well defined. Anticipating more information to come forward with the upcoming legislative sessions.
 - Teri inquired as to if we have a sense for how much revenue is anticipated to be generated for the state examples presented; Peter advised that would be discussed later in the presentation specific to South Dakota.
 - Jeff noted that it should be noted that given the majority of our population currently served through Medicaid are children, making pursuit of a 1115 Medicaid waiver not as impactful as one might suspect.
- The cost modeling exercise conducted along with assumptions and context were reviewed by Veronica Ross-Cuevas.
 - Presented Low and Medium volume calls including a breakdown of expenses by category a) Labor , b) Facility and Equipment , c) Other operations. Included a 5-year projection for each model accounting for inflation and adjustments for operational expenses.
 - Jeff included clarification about changes to the call projection modelling based on communication with HLC. Also noted that state admin costs are not included in this modeling. Medium projection is considered to be on the "higher" end.
 - Terry Dosch asked if the \$1.3 million for year one is the total operating expense; Jeff clarified that the \$1.3 million will be the total amount for 988 and asked Janet to clarify. Janet confirmed that the 988 call center will be separate and that the proposed amount is accurate for the "new fiscal requirements" for 988.
 - Thomas Otten asked for clarification on Labor Expense with a total of 7 staff it appears that per emp is close to \$150,000; Veronica moved to Appendix slide to review the breakout of the labor expenses using specifically the low cost model, which confirmed it was a lower cost per employee than initially observed.
- Veronica closed the presentation with a review of observations for 988 implementation per Guidehouse's research and modeling.
- Maria King posed a question re: telephone switch expenses listed – what is needed to support those changes and what is involved with the upgrades identified in this model? Jeff relayed they are not technological experts in what is needed, but did offer that there are hardware-related

updates required to facilitate an upgrade to 10-digit dialing. Guidehouse is leveraging an estimate of \$30,000 per switch to upgrade to allow for 988 interconnection. It is unknown how many switches are already upgraded and/or need to be upgraded, but work is ongoing to determine that outside of this project.

South Dakota Psychiatric Bed Board | Project Overview & Recommendations

Introduction and overview provided by David Bergman. The study approach reflected interviews among South Dakota stakeholders and other states. Key findings were reviewed; reference the attached slides and/or the meeting recording for detailed points.

- Thomas inquired as to whether or not leveraging an existing bed board (e.g., what a provider may already use) was identified as a system worth evaluating. David relayed it's a balance of cost and benefit; HMA at this point is recommending that the state begins with a manual process but moves towards integrating with systems in real time in the future as bed capacity changes.
- Terry commented at the end of presentation that he would fully support a phase-in approach for a bed registry program.
- Thomas asked if there were any identified one-time or grant-based funds available to perhaps support the launch of a phase-in approach for a web-based system; Tiffany advised that there are some opportunities that can be explored. She further noted that the intent of the project was to gauge stakeholder input and buy-in for utilization of a system, if available, and the findings of the work suggest that a phased-in approach would be positively received. This work will serve as the foundation for continued discussion and planning on potential funding resources in support of whatever solution is put in place.
- Janet asked if there was a sense of timeline for pursuing a RFP process to support the recommended approach; Tiffany relayed that they would be interested in pursuing sooner rather than later but that remains to be defined. Considering the coalition is putting support behind option #2 as presented by HMA, should the state move forward with RFP she would advocate that some of the stakeholders participate in the selection and scoring of responses to ensure it is reflective of their utilization and interconnection with existing electronic systems.

Recap from "Building a Crisis Response Continuum in our Communities Conference"

- Conference was held August 18-19, 2021 in Oacoma, attended by numerous coalition members.
- Tiffany relayed a quick synopsis of the conference; at a high level, there were approximately 130 participants that consisted of all 11 community mental health centers, the psychiatric hospitals, representative law enforcement from each community, county mental health board members or chairs, and numerous state agency leaders and program staff. The conference opened with a keynote delivered by David Covington, the CEO and President for RI International, owner of Behavioral Health Link, and leader for the international initiative Crisis Now. The conference then moved into an overview of the core services provided by the community mental health system, followed by an overview of 988 and the role played by Helpline Center as the Lifeline member center, and intersect with 211 services. Several additional panel discussions followed focusing on crisis response and receiving services currently available in state.
- Kris Graham shared that her agency has already been contacted by several county mental health board chairs in attendance to discuss access to the mobile crisis response services provided.
- Jeremy Johnson relayed that it was helpful to gather individuals working along the full continuum of crisis response.

- Staci Ackerman noted that the Sheriff's Association is setting up a follow-up meeting in October to gather additional counties that couldn't join in the conference for additional dialogue.
- Terry noted it was extremely helpful to connect and it is helpful to continue these conversations. He also relayed that it was helpful the conference tied in directly to the three pillars of crisis response that the coalition has long been discussing.
- Teri noted building on the conversation started and working to engage additional county partners to get everyone at the table in each region, would be helpful to move this work forward.
- Rosanne remarked that it was heart-warming to see all the communities come together as they did; it was a great introduction for some folks to 988 and the lived experience testimonials helped put a face to how individuals benefit from the services and training that supports it in a time of crisis.

Closing Remarks

Wolfgang noted that the next meeting of this coalition is set for September 20 between 1-4 pm CT. The focus of the meeting will be on editing and reviewing the work plan created through efforts to date. A copy of that plan will be shared ahead of time for the coalition's review.

Wolfgang also noted that South Dakota was one of five states selected to participate in the National Academy for State Health Policy (NASHP) Policy Academy on Rural Mental Health Crisis Services. Group participants from South Dakota include Tiffany Wolfgang, DSS Division of Behavioral Health; Matthew Ballard, DSS Division of Medical Services; Lindsey McCarthy, Southern Plains Behavioral Health Services; Jason Lillich, Three Rivers Counseling; and Kiley Hump and Marty Link, Department of Health.