

South Dakota 988 Planning Grant Overview

Background Information

A new, national, three-digit number for mental health crisis and suicide response will be launched in all 50 US States, the District of Columbia, and all US Territories by July 16, 2022. To ensure the successful transition away from the current 10-digit 1-800-273-8255 crisis number towards the new three-digit number, which will be 9-8-8, Vibrant Emotional Health (“Vibrant”) has made grant funding available. When implemented, the new 9-8-8 number will be routed to the Lifeline’s current 1-800 number. Grant awardees are required to meet certain standards with their implementation planning process. On January 8, 2021, South Dakota’s application for grant funds was submitted to Vibrant, and on January 20, 2021, Vibrant sent South Dakota a notice of award.

Mission

South Dakota’s 9-8-8 Behavioral Health Crisis Response Stakeholder Coalition (BHCRSC) will guide and inform the development of South Dakota’s 9-8-8 statewide implementation plan. The BHCRSC is specifically tasked with the following responsibilities:

- Develop clear roadmaps for how to address key coordination, capacity, funding, and communication strategies that are foundational to the launching of 9-8-8;
- Plan for the long-term improvement of in-state answer rates for 9-8-8 calls;
- Provide initial considerations for expanded crisis center services and systems to support real-time crisis services inventory and dispatching of such services when needed.

The draft 9-8-8 implementation plan is due to the Lifeline (Vibrant) by August 30, 2021 and the final implementation plan is due to both the Lifeline and the federal partner, Substance Abuse and Mental Health Services Agency (SAMHSA) by December 31, 2021.

Vision

The transition to 9-8-8 will improve access to vital crisis services, improve the efficacy of suicide prevention efforts, and reduce the stigma about mental health and getting help. The 9-8-8 Implementation Plan must consider and address the following eight core planning considerations:

1. **24/7 statewide coverage** for 9-8-8 calls, chats, and texts must be achieved in every state and territory.
2. States and territories must provide strategies **for identifying and supporting funding streams** which boost the financial stability of Lifeline-member centers in their region.
3. **Capacity building** at the centers answering 9-8-8 contacts must occur based on call, chat, text and follow-up volume growth projections. However, current call volume and capacity challenges experienced by many of the centers must be addressed before 9-8-8 is nationally implemented on July 16, 2022.
4. As set forth by SAMHSA, the Lifeline, and its national partners, in order to assure successful 9-8-8 implementation, state and territory agencies must comprehend and account for the **operational, clinical, and performance standards** for all of the Lifeline member centers in their region. Technical assistance regarding Lifeline requirements in each of these areas will be provided.
5. Multi-stakeholder input through a **9-8-8 implementation coalition** is vital in each state or territory.
6. In partnership with the Lifeline, State and territory agencies shall ensure Lifeline member centers

in their region have systems in place to maintain **local resource and referral listings, as well as assure linkages to local community crisis services (including 9-1-1 PSAPs, mobile crisis teams and other outreach alternatives to law enforcement/EMS response).**

7. State and territory agencies shall ensure all centers in their region are able to provide **follow-up services** to 9-8-8 callers, texters, and chatters based on Lifeline best practices and guidelines.
8. **Consistency in public messaging** is critical at the national and state/territory level regarding 9-8-8, its distinction from 9-1-1 and the range of services 9-8-8 provides. Vibrant’s Communications team is available to assist in public messaging efforts

Meeting Format

BHCRSC meetings will be scheduled on a monthly basis starting in April and concluding in September. Workgroups will be formed in the April meeting. These groups will work between monthly coalition meetings, in conjunction with state staff and project coordinators, to assure accuracy and completeness of all tenants of the 988 project. It is expected that most meetings will be held virtually with one face-to-face Coalition meeting mid-granting period. Meeting minutes and recordings will be taken during each meeting and will be distributed prior to the next meeting.

Key Stakeholders

As required by Vibrant, states and territories that are awarded funds must build a coalition of key stakeholders that are essential to the 9-8-8 implementation. The coalition shall, at a minimum, meet monthly during the grant from April - September 2021. The coalition should, at a minimum, include:

- Individuals with lived experience of suicide thoughts, attempts and/or loss;
- A representative from one or more Lifeline crisis center receiving stipends through the grant;
- State suicide prevention coordinators;
- County or regional mobile crisis service providers/oversight bodies;
- Providers of crisis respite/stabilization services;
- Law enforcement leaders;
- 9-1-1/PSAP leaders;
- Peer support service providers; and
- Major state/local mental health and suicide prevention advocacy groups (e.g., chapters of MHA, NAMI, AFSP, etc.)

South Dakota’s coalition will specifically include the following members:

Organization	Coalition Members	9-8-8 Expertise
Department of Social Services	Tiffany Wolfgang	Single State Authority (SSA) / Division of Behavioral Health Director
	Laura Ringling	Behavioral Health Chief
	Bre Baltzer	Behavioral Health Registry Lead
	Tessia Johnston	Prevention Program Administrator
Individuals with lived experience	Tara Johanneson	Survivor of Suicide Loss/Survivor of Suicide Attempt
	Rosanne Summerside	Lived experience/member of the Behavioral Health Advisory Council
	Matthew Glanzer	Lived experience/member of the Behavioral Health Advisory Council
	Penny Kelly	Lived experience/member of the Behavioral Health Advisory Council
Lifeline Crisis Center	Janet Kittams	CEO, Helpline Center, Lifeline Member Center
	Taylor Funke	Substance Use Program Manager, Helpline Center

Organization	Coalition Members	9-8-8 Expertise
State Suicide Prevention Coordinators	Jana Boocock	State Suicide Prevention Coordinator, Office of Prevention Services, Department of Social Services
	Kiley Hump	Administrator, Office of Chronic Disease Prevention and Health Promotion, Department of Health
Mobile crisis service providers/oversight bodies	Kris Graham	Mobile Crisis Response and Publicly Funded Behavioral Health Provider, Southeastern Behavioral Health Care
	Amy Iversen-Pollreis	Mobile Crisis Response and Publicly Funded Behavioral Health Provider, Capital Area Counseling Service
Providers of crisis respite/stabilization services	Thomas Otten, Director BH	Virtual Mobile Crisis Response, ECare, Inpatient Behavioral Health Unit, The Link, Avera Health
	Katherine Sullivan, Director BH	Monument Health
	Jeremy Johnson, CEO	Human Services Center
	Teri Corrigan	Associate Executive Officer, Behavior Management Systems
Law Enforcement	Staci Ackerman	SD Sheriffs Association
	Chief Don Hedrick	SD Police Chiefs Association
	Dave Kinser	Research and Development Specialist, Rapid City Police Department
9-1-1/PSAP Leaders	Maria King	Statewide 911 Coordinator
Peer support service providers	Wendy Giebink	Executive Director, National Alliance on Mental Illness
Mental health and suicide prevention advocacy groups	Kelli Rumpza	Watertown Community Prevention Specialist, Glacial Lakes SAFE, Human Service Agency
Other/Special Populations	Tosa Two Heart	Behavioral Health Division of Great Plains Tribal Leader's Health Board
Other- Publicly funded community BH Provider system	Terry Dosch	Represents the Council of Community BH Directors

Members of the 9-8-8 Planning Coalition are requested to attend all Coalition monthly meetings between April – September 2021. Members are also asked to provide content expertise in the area(s) that they are representing, to participate in technical assistance webinars, workgroup meetings, or support calls as applicable during the project period, to contribute knowledge and content expertise, and to provide feedback to written reports as requested.

Meeting Schedule

Date and Time	Primary Topics
Thursday, April 8 1:00 PM to 3:00 PM Central	<ul style="list-style-type: none"> • Project overview • Coalition member introduction • Eight Core 988 Planning & Implementation Consideration • Current state system review • Workgroup development • Project communication strategy

Date and Time	Primary Topics
May – TBD	<ul style="list-style-type: none"> • Workgroup Updates • 988 Core Consideration Strategies 1-4 • 988/911 Interconnection Discussion • Consultant Updates
June – TBD	<ul style="list-style-type: none"> • To be determined • Tentatively planned to be full day meeting
July – TBD	<ul style="list-style-type: none"> • To be determined
August – TBD	<ul style="list-style-type: none"> • To be determined
September – TBD	<ul style="list-style-type: none"> • To be determined

Key Dates (Subject to Change per Vibrant):

- February 1, 2021 – Beginning of performance period
- March 17, 2021 – Initial Landscape Analysis data due from centers to state/territory agency
- March 31, 2021 – 988 Landscape Analysis due from state/territory agency to the Lifeline
- April – September 2021 – Monthly 988 implementation coalitions meetings convened by awardee and monthly data reporting from centers to state/territory agency (see Section V: Performance Assessment and Data for more information)
- April 15, 2021 – Quarterly financial report submitted for the months of February and March
- April 30, 2021 – Participation stipends due to Lifeline centers from state/territory agency
- July 15, 2021 – Quarterly financial report due
- August 30, 2021 – Initial draft of 9-8-8 planning report due to the Lifeline and SAMHSA
- September 30, 2021 – Grant performance period ends
- October 15, 2021 – Final grant progress report due, final grant financial report due
- December 31, 2021 – Final 9-8-8 planning report due to the administrator of the Lifeline and SAMHSA