



Behavioral Health Crisis Response Stakeholder Coalition (BHCRC)

Minutes | Meeting 8

Thursday, January 6, 2022

10 am to Noon CT

Virtual Meeting via Zoom

Meeting Outcomes:

- 988 Implementation Plan review
- Updates / sharing from coalition members on latest crisis response developments in their regions

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: &&T4*Q!g)

Opening Remarks:

The eighth 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).

Coalition members attending the meeting included:

- Tiffany Wolfgang, DBH
- Janet Kittams, Helpline Center
- Maria King, State 911 Coordinator
- Teri Corrigan, Behavior Management Systems
- Dave Kinser, Rapid City Police Department
- Terry Dosch
- Staci Ackerman, SD Sheriff's Association
- Kelli Rumpza
- Tosa Two Heart
- Amy Iversen-Pollreisz
- Kris Graham
- Kiley Hump
- Tara Johannsen
- Katie Sullivan

Additional guests and staff attending the meeting included:

- Stacy Bruels, Assistant Director for Prevention & Crisis Services, DBH
- Vanessa VanErem, Program Specialist supporting Prevention & Crisis Services, DBH
- Jennifer Humphrey, Strategic Initiatives Program Specialist, DBH
- Stephanie Olson, Pennington County 911 Center
- LeAnn Benthin, Watertown Police Department
- Nick Oyen, Sage Project Consultants, LLC

- Rachel Oelmann, Sage Project Consultants, LLC
- Teresa Humphries-Wadsworth, EDC & Grant Liaison to Vibrant Emotional Health

988 Implementation Plan Review

Opening remarks from T. Wolfgang, with review of the agenda. It was noted that the work of the Coalition has been appreciated, and that the state has intent to continue these conversations via the Coalition as crisis response systems continue to evolve and expand. Regular meetings will not be scheduled at this time, but email updates provided, and meetings called as necessary.

T. Wolfgang further noted that there are exciting developments being considered in the legislative session this year, noting the Governor’s budget request for \$15 million to support local crisis response efforts. This reflects the work already complete and being developed, including but not limited to local crisis response efforts in several communities statewide as well as the appropriate regional facility development.

Minimal edits were noted to the plan.

- Add reference to Stanley / Hughes County versus just Hughes County in localized efforts ongoing.

Call Center Updates – Someone to Call

Update provided by J. Kittams, Helpline Center.

- Officially moved last week into a new location, which affords additional space for the staff expansion underway to support 988. Went from 9 workstations to 27 workstations.
- Have posted for a 988 Clinical Director position; applications are under review.
- Noted recent announcement from Vibrant regarding the unified platform; a provider has been selected (Salesforce) for the call interface. The call management is being provided by Genesys PureCloud. Will continue to monitor as these tools are developed and become available.
- Work continues with Metro Communications to develop reciprocal call transfer policies. Meet monthly to review calls that were transferred to the Helpline Center.
- National Suicide Prevention Lifeline call centers met late December and discussed geolocation capabilities; conversations continue between the Substance Abuse and Mental Health Services Administration and the Federal Communications Commission. It is anticipated that this will not be in place by the time 988 launches in July 2022, but hopeful that this is achieved in a timely manner.

Coalition Round Table Updates

- T. Wolfgang provided update on the continuation of the National Academy for State Health Policy technical assistance; Jason Lillich (Three Rivers), Lindsey McCarthy (Southern Plains), and representation from Medical Services, Department of Health (DOH), and the DBH, all participate. Recent conversations have centered on linking resources between local Emergency Medical Services response providers to behavioral health providers in the area, and exploring how could those entities partner or cooperate to best support individuals experiencing a behavioral health crisis. Also are discussing leveraging the Community Health Worker and Peer Support Specialist models, led by DOH and DSS, respectively, in crisis response at the local level.
- D. Kinser reported that their localized crisis response team is active, handling approximately 13 calls for service each day. Partnership with Pennington County 911 dispatch is positively contributing to the success of the model thus far. The first steering committee meeting is being

held to coordinate shared training opportunities, and have received funding to support hiring an Operations Manager to oversee the Crisis Intervention Training in particular. Also exploring leveraging Medicaid as a reimbursement opportunity for crisis response services, which can be explored for mobile crisis team purposes.

- T. Dosch noted that the Behavioral Health Transformation funding pending with the legislature currently, and how transformative that will be if passed.
- Groundbreaking happened late fall in Rapid City for the expansion efforts at Behavior Management Systems.
- T. Corrigan updated that conversations continue in the community regarding best practices in local crisis response. Fear that critical staffing shortages across the existing system will inhibit the ability to expand programming, and that this remains a risk yet to be mitigated. We cannot ask those already spread thin to do more.
- K. Sullivan noted that the Wellfully's crisis care center is expected to open January 10, 2022. This will provide 24/7 coverage in the area, with counseling services staffed 18 hours daily. Will have capacity for adults and youth. Service delivery will focus on short-term crisis care (24 hours or less), but will have beds to support overnight stays. T. Corrigan noted this facility will be a voluntary facility. Mechanisms are in place to ensure that if individuals are identified at a level of risk where an involuntary hold may be necessary, that process will initiate here but individuals will be transferred to a higher level of care.
- K. Graham reported that Southeastern is exploring a co-responder model leveraging a social worker in partnership with law enforcement, modeling after other programs occurring in Arizona (Tucson).

Closing Remarks

- T. Wolfgang reviewed the one-pager provided to the coalition (see enclosures) to support talking points regarding call center development activities on 988.

Behavioral Health Crisis Care in SD

For Everyone, Everywhere, Every Time



Implementation Planning for 988 - Call Center Hub

Informed by the work of the Behavioral Health Crisis Response Stakeholder Coalition

Key Factors to Consider

from the Planning Coalition



Workforce availability and retention is a top concern for sustainable operations

Staffing up for specialized services will present challenges. To realistically implement the plan, workforce development and supporting wages to recruit and retain a specialized workforce is critical.



Building capacity for local response and receiving facilities are equally important

While the intent of the 988 implementation plan focuses on call center hub development, using terminology from the Crisis Now model, the other two pillars - "someone to respond" and "somewhere to go" are equally critical in standing up a responsive crisis system in South Dakota.



Local providers are central to successful messaging and promotion of 988

Equipping agencies with materials and information to support public education at the local level will be critical.



Monitoring of actual call volume compared to projections will be needed

Based on long-term projections, it remains to be seen what long-term funding will be necessary to support call center capacity.

What is 988?

A new three-digit number for mental health crisis launching nationally on July 16, 2022. Grant funding was made available to all states through Vibrant Emotional Health to ensure the successful transition from the current 10-digit crisis number to the new three-digit number – 988. When implemented, 988 will be routed to the Lifeline's current 1-800 number, managed by the Helpline Center.

Who contributed to the 988 implementation plan?

The Division of Behavioral Health invited stakeholders representative of the full continuum of behavioral health crisis response or prevention services available in South Dakota. Membership included state staff, people with lived experience, Lifeline Crisis Center (Helpline Center) staff, state suicide prevention coordinators, mobile crisis service providers, crisis respite and stabilization service providers, law enforcement representatives, 911 leaders, peer support service providers, mental health and suicide prevention advocacy groups, tribal representatives, and other geographic or disparate population representatives.

What are the benefits of 988 for South Dakotans?

- **Immediate access to mental health professionals**
On average, 80% of calls received by trained crisis counselors in a 988 setting can be de-escalated on the phone, reducing the need to dispatch law enforcement in situations that do not have safety concerns. In the event situations necessitate a response, resources can be quickly dispatched.
- **One, easy to remember number to call**
Increased access to community-based resources through a central call center for both referring law enforcement and individuals seeking help for themselves or loved ones.

Funding

An independent consultant, Guidehouse, was contracted to review funding need and potential funding solutions for 988 call center operations. Implementation planning (March 2021-February 2022) funding was provided through grant by Vibrant. Ramp up and first year funding needs (March 2022-June 2023) will be addressed using currently available one-time crisis funds. Future funding options are being reviewed based on findings from the report provided by Guidehouse.



South Dakota
Department of
Social Services

Work Plan managed by the Division of Behavioral Health
For more information: <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>