



Behavioral Health Crisis Response Stakeholder Coalition (BHCRC)

Minutes | Meeting 1

Thursday, April 8, 2021

1 pm – 3 pm

Virtual Meeting via Zoom

Meeting Outcomes:

- Introductions to coalition members, key staff, and project supports
- Understanding of the scope of work for the coalition, and identified next steps needed to meet the timelines of the grants supporting this work
- Definition and membership of workgroups to support the broader aims of the coalition

For More Information:

- DSS Funding Opportunities | 988 Planning Grant (scroll to the bottom of the page): <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>
- Meeting #1 [Recording](#)

Opening Remarks:

The first 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, and briefly introduced supporting project consultants, Rachel Oelmann and Nick Oyen of Sage Project Consultants, LLC, who provided quick housekeeping and technical reminders for the Zoom-based meeting. The meeting was recorded to support playback for coalition members not able to attend or wishing to review materials presented to inform subsequent planning discussions.

Wolfgang introduced Laura Ringling, DBH Chief, who delivered opening remarks and introduction of the Coalition and its purpose in supporting planning for 988 implementation in South Dakota. Ringling noted that this activity and resulting plan will be the foundation for a broad continuum of comprehensive crisis care, including 24/7 access to hotline, mobile crisis response, and crisis receiving facilities statewide. Ringling noted that the focus of this coalition in the short term is to facilitate the 988 implementation planning in alignment with national initiatives supported by Vibrant Emotional Health and its partner, Education Development Center, in support of a 988 nationwide launch no later than July 2022. Following the introduction, a short video was played that summarized the coalitions and state's goals: *The Promise of 988 – Crisis Care for Everyone, Everywhere, Every Time*, accessible at crisisnow.com.

Ringling provided a brief overview of the South Dakota Department of Social Services, and the role of DBH, who provides oversight of the publicly funded behavioral health system. Funding includes mental health federal block grant, substance abuse and prevention federal block grants, other federal funds (e.g., State Opioid Response Grant, prevention grant), Medicaid, and general funds. Ringling further noted that DBH supports a comprehensive array of substance use disorder treatment services including prevention, outpatient treatment, residential services, inpatient treatment, detoxification services, and specialized services for justice-involved individuals, pregnant women or women with dependent

children, and intensive methamphetamine treatment programs. DBH accredits more than 50 providers to support these services statewide.

Introductions:

Roundtable introductions of the BHCRC were as follows, with each member providing their name and their role and experience they bring to the coalition. Those attending the meeting included:

- Laura Ringling (previously introduced)
- Tiffany Wolfgang (previously introduced)
- Bre Baltzer, Behavioral Health Registry Lead within DBH
- Tessia Johnston, Prevention Program Administrator, SD DSS
- Tara Johanneson, a volunteer with Helpline Center who lost her father to suicide 19 years ago
- Penny Kelly, a volunteer with National Alliance on Mental Illness (NAMI) of South Dakota with lived experience
- Janet Kittams, CEO for the Helpline Center, the state's only Lifeline Crisis Center responsible for answering the National Suicide Prevention Lifeline (NSPL) in state
- Taylor Funke, Substance Use Program Manager for the Helpline Center, serving as a care coordinator for individuals seeking assistance
- Jana Boocock, Prevention Program Manager and DSS State Suicide Prevention Coordinator
- Kiley Hump, Administrator for the Office of Chronic Disease and Health Promotion within the Department of Health
- Thomas Otten, Vice President for Avera Behavioral Health, who oversees the 24/7 assessment program, psychiatric urgent care (under construction), and operations within the Link Center, a soon-to-open community-based triage center operating in partnership with behavioral health and county officials/law enforcement in the City of Sioux Falls
- Katherine Sullivan, Director of Behavioral Health Services for Monument Health, overseeing a 52-bed inpatient psychiatric hospital and outpatient services
- Jeremy Johnson, Administrator for the Human Services Center
- Teri Corrigan, Association Executive Officer for Behavior Management Systems, with leadership roles at the Crisis Care Center, which provides access to immediate care for adults, age 18 and older, with mental health and substance abuse concerns, operating within the Care Campus in Rapid City
- Kris Graham, Chief Executive Officer for Southeastern Behavioral Health Care, a community-based mental health center offering mobile crisis response service within Minnehaha and Lincoln Counties
- Amy Iversen-Pollreisz, Chief Executive Officer at Capital Area Counseling Service, a community-based mental health center serving rural and frontier areas of the state
- Staci Ackerman, Executive Director for the South Dakota Sheriffs Association
- Scott Sitts, Captain, Support Services Division, with the Rapid City Police Department attending on behalf of Don Hedrick with the South Dakota Police Chiefs Association
- Dave Kinser, Grants & Accreditation Manager with the Rapid City Police Department
- Maria King, Statewide 911 Coordinator, responsible for next-generation 911 deployment and oversight of 911 statewide
- Wendy Giebenk, Executive Director for NAMI in South Dakota, providing education, advocacy, and programming on mental health concerns statewide, delivered by individuals with lived experience

- Kelli Rumpza, Certified Prevention Specialist and Prevention Program Lead for Human Service Agency, representing Glacial Lakes SAFE, a community-based coalition delivering suicide prevention and awareness training, education and resources
- Tosa Two Heart, Director of Community Behavioral Health for the Great Plains Tribal Leader's Health Board, and volunteer for community response teams serving her area
- Terry Dosch, Council of Community Behavioral Health Directors, representing 18 behavioral health prevention and treatment organizations statewide

Guests invited by Coalition members to support the broader discussion included:

- Aimee Chase, Deputy Director, Metro Communications
- Stephanie Olson, Deputy Director of Operations, Pennington County 911
- LeAnn Benthin, Lead Communications Officer, Watertown Police Department

BHCRSC members not in attendance but seeking to participate included:

- Rosanne Summerside, a member with lived experience from the DBH Behavioral Health Advisory Council
- Matthew Glanzer, a member with lived experience from the DBH Behavioral Health Advisory Council

Support staff and external consultants in attendance included:

- Rachel Oelmann, partner/owner of Sage Project Consultants, LLC, supporting the facilitation of the state's 988 planning efforts
- Nick Oyen, Senior Consultant with Sage Project Consultants, LLC, supporting the facilitation of the state's 988 planning efforts
- Terresa Humphries-Wadsworth, 988 Planning Grant Manager, Education Development Center on behalf of Vibrant Emotional Health

Terresa Humphries-Wadsworth provided additional introductory remarks regarding the role of Education Development Center and Vibrant Emotional Health as coordinators and funders of this planning work, respectively. Wadsworth advised that this work is being conducted across nearly every state in partnership with Vibrant Emotional Health, giving states and their respective Lifeline Centers dedicated time and resources to get ready for 988's launch in 2022.

Core 988 Planning & Implementation Considerations:

Oyen presented a high-level overview of the eight core planning considerations prescribed by Vibrant Emotional Health as a framework for the 988 implementation efforts. The BHCRSC 988 Planning Coalition Charter (provided as pre-read material to coalition members) was reviewed, notably key dates associated with the planning process: the draft implementation plan is due August 30, 2021, and the final plan is due to the federal authority (Substance Abuse and Mental Health Services Administration, or SAMHSA) by December 31, 2021. This plan will serve as the guiding document to support what is needed to fully implement 988 in alignment with the eight core planning considerations. Oyen advised that the planning process would consist of monthly coalition meetings, supplemented by intermediary workgroup meetings across four identified areas in need of deeper analysis and discussion: Lived Experience, Diversity / Geographical Considerations, 911-988 Intercommunication, and Crisis Response Systems. Refer to the supporting presentation materials for Meeting #1 for further information on background, mission and vision, and a full listing of the eight core planning considerations.

Behavioral Health Crisis Response Planning Needs:

Wolfgang provided coalition members with an overview of concurrent state initiatives / projects in alignment with or supporting the 988 implementation work. See the supporting presentation materials for Meeting #1 for additional detail on the Crisis Registry Project, efforts to support Crisis Response System Capacity Building, and efforts to support expanded public awareness of behavioral health concerns and supporting resources available, including but not limited to 988.

Wolfgang reiterated that there are additional efforts happening amongst coalition representative organizations, and others, and encouraged the group to make those connections. Dave Kinser commented that additional perspective may be helpful from the Law Enforcement State Crisis Intervention Team Coordinator. Thomas Otten and Wolfgang both commented that the timing of the Appropriate Regional Facility Request for Proposal process was ideal in context with this project; the connection to successful offerors, once defined, will be made as appropriate by DBH.

The Coalition workgroup structure and membership were then discussed (moved up from the original agenda). The workgroups will support the broader aims of the coalition and allow for deep dive analysis and discussion on key topics in support of the core planning considerations. Workgroups will meet in between coalition meetings and provide feedback / report out to the broader coalition. Preliminary workgroup membership was outlined, and members encouraged to a) request adjustment to their initial workgroup listing and b) identify additional stakeholders to engage at the workgroup level. No initial changes to workgroup representation were made, but several suggestions for follow-up were captured to include the following: Lutheran Social Services, rural serving/frontier serving community mental health centers, a contact representing the LCBTQ community, and additional tribal representation. Tosa Two Heart took the action to follow-up with Wolfgang regarding additional tribal representation.

Landscape Analysis Overview:

Janet Kittams, Helpline Center, provided an extensive overview of the Center's current role with NSPL, an overview of 211 versus 988, and a presentation of the 988 planning grant landscape analysis conducted by the Center. The supporting materials for Meeting #1 include detailed information regarding these subjects. In addition, the following points were noted:

- Helpline Center is one of only 25 truly blended call centers nationwide, indicating they answer multiple lines / hotlines and have staff capacity to support responsive connection to resources.
- Otten inquired as to if there were any indications on how to fund 988 expansion within the call center to date. Wolfgang advised that evaluation of sustainable funding mechanisms is a key action of this work and will be supported by an external consultant / subject matter expert currently being negotiated via the professional services work order process within DSS.
- Johannesen asked to clarify that 211 would still be answered for non-NSPL hotline calls, and 988 for current NSPL calls; Kittams concurred.

Coalition Member Input:

Coalition members discussed the following key questions as a group, with short summary responses noted below each question for future use in planning work.

What does a "good and modern" comprehensive crisis network look like?

- Connection to resources
- Supported by a robust directory of resources to draw from to dispatch the appropriate response

- Fully supported continuum of comprehensive crisis care
- Clear identification of “where to call” for help
- Identified, distinct points of intervention (e.g., local response services)
- Timely and accessible
- Multiple contact options and approaches to reach “the system” – chat, text, call
- Expansive social media marketing for crisis messaging, and supporting system to manage inquiries / messages as some individuals depend on social media for communication
- Awareness such that individuals know exactly where to go for help, and what number to call
- A number (access point) that is easy to remember
- Point of intervention referrals to street level triage
- Ability to quickly deploy resources when and where needed / quick call response times
- Training on knowing when to deploy resources now versus appropriate referrals
- Assistance with navigating the mental health system, which can seem overwhelming
- Culturally sensitive / aware staff
- Developing and maintaining balance between enhanced referral / distribution and local provider response capability
- Video connection for calls made, or option for video calls at the minimum
- Awareness of trauma, or trauma-informed care across the continuum
- Inclusive of services for family and friends of the person in crisis
- Comprehensive training for all levels of staff supporting the continuum, with focus on rural areas
- Support for volunteer crisis response teams, like fire/EMS in rural communities
- Solid zero suicide principles as the standard

Are there other initiatives or projects this work should be connected to?

- Community Health Worker expansion / capacity building (refer to <https://chwsd.org/> for more information, per Kiley Hump)
- Certified Peer Support Services
- Social determinants of health, and connections to social services and mental health services
- Partnering with community-based services already in place, particularly in tribal areas, such as Native Connections
- Ongoing work supported by NAMI and their Ending the Silence programming
- Delta Dental Mobile Smiles Bus, and others serving rural/frontier areas in similar capacity
- Overdose response efforts currently co-led by DSS and DOH, primarily through the Office of Rural Health
- Human trafficking service providers
- Domestic violence service providers
- Connections to K-12 or higher education, as applicable, as well as the School Counselors Association
- Connections to federally qualified health center system and their professional associations, including Community Healthcare Association of the Dakotas
- Additional engagement / involvement with tribal or IHS behavioral health and social service resources

What areas at high level do you see missing from the current crisis network in South Dakota?

- Evaluation of co-responder models; per Dave Kinser the Rapid City Police Department is looking at these models in other states (e.g., Colorado) and the cost savings for ER-departments and Medicaid associated with implementing a co-responder approach. Clinicians in these cases are paired with police department officers in patrol cars for response.
- Shared case management for upstream and downstream continuum of care
- High level follow-up to determine / know outcomes of services provided
- Some involvement or support for the individual's safety net or helping the individual form a safety net.

In addition, the following comments were provided by coalition members:

- Law mandates that mobile crisis units can only be deployed by law enforcement.
- Mobile services, while ideal, are not easily implemented in rural settings; discussion noted that there needs to be a "core" local response that considers the remote nature of service delivery and crisis response staff availability. Partnership with existing EMS professionals will be instrumental in developing this strategy further.
- Growing the Community Health Worker profession to aide in local capacity response will be important; partnership with existing EMS professionals may also be helpful here in that leveraging the CHW pathway makes this a reimbursable service line.

988 Communication Strategy:

An overview of materials, resources available, and next steps was provided by Oelmann. Coalition members are encouraged to leverage the DBH Grant Info page for the latest news, updates, meeting materials and minutes, and workgroup schedules point forward. Communications will come from the Sage team (Oyen/Oelmann) and DBH in the next week to schedule additional meetings. All materials can be accessed at <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>.

Closing Remarks

Wolfgang thanked the coalition members for their willingness to participate and time commitment to this effort. Several coalition members shared their excitement for next steps. Oelmann reiterated that Sage and/or DBH would be in touch in the coming week with meeting polling for upcoming coalition and workgroup meetings, meeting minutes from this discussion, and additional resources as they become available. Meeting adjourned.