



Behavioral Health Crisis Response Stakeholder Coalition (BHCRC)

Minutes | Meeting 10

Monday, September 18, 2023

11 am - 3 pm CT --- Human Service Agency

Meeting Purpose

- Facilitate a tour of a recently opened appropriate regional facility providing short-term crisis stabilization services.
- Provide updates to coalition members on workgroup activity convened since the last full coalition meeting.
- Provide and share updates to and between coalition members on progress attained in each of three Crisis Now Pillars since the last meeting.

For More Information

- DSS Funding Opportunities | 988 Planning Grant (scroll to the bottom of the page): <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>
- sdbehavioralhealth.gov | Featuring resources for individuals in prevention, mental health, addiction, and 988.
- helplinecenter.org/9-8-8/data | 988 Data Dashboard, featuring contacts to the 988 Call Center and a breakdown of demographics, presenting needs, and geographies served.
- The meeting was not recorded but a copy of the slides presented are enclosed with these minutes.

Opening Remarks

Provided by Melanie Boetel, Director, Division of Behavioral Health, SD DSS. Roundtable introductions were made.

Committee members in attendance included:

- Kris Graham and Kim Hansen, Southeastern Behavioral HealthCare
- Aimee Chase, Metro Communications Agency (Sioux Falls Metro 911)
- Janet Kittams and Evonne Howe, Helpline Center and 988 Call Center
- Jeremy Johnson, Human Services Center
- Amy Iverson, Behavior Management Systems
- Staci Ackerman, South Dakota Sheriffs' Association
- Jennifer Gray, Capital Area Counseling Services
- Thomas Otten, Avera Behavioral Health
- Thomas Stanage, Lewis & Clark Behavioral Health Services
- Vanessa Barnes, Department of Social Services
- Kari Johnston, Human Service Agency

Staff and guests included Matt Althoff, Jennifer Humphrey, Colleen Hannum, Andrew Ausborn, and Jordan Mouna on behalf of Department of Social Services (DSS); Terry Dosch on behalf of the South Dakota Council of Mental Health Centers; Betsy Schuster on behalf of the Helpline Center; Kelli Rumpza on behalf of Human Service Agency; Rachel Oelmann and Nick Oyen on behalf of Sage Project

Consultants, contracted project supports for Crisis Services in DSS; and Jason Lillich with Three Rivers Mental Health Center and Chemical Dependency Center.

Facility Tour and Discussion

Kari Johnston facilitated a tour of the newly opened Appropriate Regional Facility housed at Human Service Agency, providing short-term crisis stabilization services to the surrounding region.

Updates from Division of Behavioral Health, DSS

Update provided by Vanessa Barnes, Assistant Director for Crisis & Prevention Services within the Division of Behavioral Health (DBH). Barnes provided an overview of the available funding sources, both state-appropriated (one-time and continuing) funds and federal funds. The funding sources presented were organized by the three pillars of care: “Someone to Call”, “Someone to Respond”, and “Somewhere to Go”. Barnes noted that while the DSS-managed budget for crisis services is complex, encompassing numerous federal and state appropriated funding sources, that the Division is fortunate to have the resources available at this time to move these initiatives forward.

Barnes took the opportunity to highlight a number of key accomplishments from the past year, attributing these to the work of the coalition as a whole:

- Launched 988 in the past year, with successful, continued operations in that same time. More than 9,700 individuals have contacted 988 for crisis supports, information, or referral since the launch of 988 (July 16, 2022) through the end of August 2023.
- Provided expanded access to virtual behavioral health supports in partnership with Avel eCARE.
- Two Appropriate Regional Facilities (ARFs) providing short-term crisis stabilization services opened their doors, and two additional ARFs started construction.
- Launched a behavioral health awareness campaign including a companion campaign on increasing 988 awareness statewide.

Lastly, Barnes introduced Jordan Mounga, filling the position of Crisis Services Manager within the DBH Crisis & Prevention team. Jordan joins a growing team, reflective of the increased efforts supported and managed by DSS in building out crisis response and support services now and into the coming years. Heavyn Brandt (not in attendance) joined the group in recent months and is working contract management and data collection. Colleen Hannum, Behavioral Health Epidemiologist, will be moving over to the Office of Crisis Services & Prevention as well to build out capacity for prevalence and impact monitoring. Other supports have been contracted to provide evaluation services and program management.

Behavioral Health Campaign

Presented by Lawrence & Schiller: Matt Hammer, Cortney Carmody, and Austyn Freeman. The behavioral health awareness campaign launched in August 2023, focused on generating awareness, eliminating stigmas and , and emphasizing the roles we can all take in prevention and early intervention. The campaign coined “Notes to Self” can be seen on multiple media resources including broadcast TV, radio, social media, and digital / web copy. The Division of Behavioral Health launched a new microsite to serve as the landing page for all campaign-related messaging, accessible at sdbehavioralhealth.gov.

Lawrence & Schiller also created and launched a specific campaign related to 988. Carmody relayed that the goal of the campaign is to build awareness of all services and access points along the 988 “pipeline.”

Secondarily, the campaign is focused on public education – we need to let people know about those they are reaching out to and that they are SD-based clinicians, and that 988 is more than a crisis line -- you can call for resources and support. Lastly, the campaign aims to educate people about what happens when you call 988. The 988 campaign aligns with the behavioral health campaign --- the messaging is very tied together and complements one another.

Additional 988 campaign highlights include:

- Campaign is using a mixed media approach – social media, radio, broadcast TV, movie theater placements, sponsored content, etc.
- Previews were provided of the radio ad, placed on both traditional and radio placement, and of one of the broadcast TV ads.
- Media targets are placed across three primary goals: 1) building awareness, 2) education, and 3) reaching people who actively seeking help.
- Information sharing is in place between the media contractor and the 988 call center to aid in understanding messaging effectiveness.

Matt Hammer then provided an update on recently completed 988-focused research findings, used to drive campaign content and delivery. Lawrence & Schiller conducted a research survey regarding awareness of 988 prior to the launch of the larger behavioral health campaign. The electronic survey was placed using social media. The research objectives aimed to assess awareness of 988, identify barriers to individuals from using 988, and to establish benchmarks.

- A total of 519 responses were received, considered to be a strong response reflecting a good mix of demographics including representation from both large and small communities across South Dakota.
- 42% of respondents had heard of 988, signifying broad awareness but opportunity for more education.
- A second set of questions asked participants to identify what number they'd access for various services, ranging from general referral to mental health crisis response. 23% of participants correctly entered 988; 40% were unsure. In comparison, 96% of participants accurately identified 911.
- A third round of questions focused on 988 awareness specifically, asking participants to identify what types of situations would be reasonable to contact 988 for. The top reason people identified 988 for was suicide prevention – the #2 answer was for someone experiencing a mental health challenge. Additional questions were asked about how to best contact 988. Findings suggest that the public, while aware of 988, had less awareness in what channels are available to connect to 988.
- The fourth set of questions focused on perceptions around what happens when you contact 988. Approximately 40% of individuals knew that the calls were answered by a SD-based call center, but an approximately equal amount were unsure. This provides opportunity for education.
- Lastly, participants were asked to comment on awareness of services offered by 988, and what their perceptions were about what happens after contacting 988.
- Moving forward, opportunity surrounds continued education and continued building of confidence in the services available at 988 and how they're impacting everyday South Dakotans.

- Questions to consider for the campaign include understanding where people are at / what is going on when people are contacting 988. People are reaching out at times when they are most vulnerable. We need to not only build awareness, but also trust.
- Research is ongoing in determining the best way to reach out to individuals living on tribal lands; we are in the middle of three focus groups with Native American populations. They are underrepresented in the research as a whole. South Dakota Urban Indian Health (SDUIH) has been assisting in making contacts with Pine Ridge and several other areas to inform the ultimate strategy. We recognize that message content and message delivery are based in what best resonates with each community, and that messages must be culturally relevant and sensitive.

Crisis Now Pillar #1 – Someone to Talk To

One Year of 988 operations in review, presented by Janet Kittams. First year 988 state data was reviewed including number and type of contacts to 988 and top presenting concerns; all data is available on the 988 Data Dashboard. Promotion materials about 988 are available for free through the Helpline Center website.

- Average length of call is approximately 20-25 minutes, and the average length of chats and texts varies considerably and can sometimes extend far past the length of a call. Evonne Howe with the 988 Call Center relayed that it is the goal to develop a safety plan with all clients in a crisis.
- Just over half of the 911 call centers now have a formal MOU in place with the 988 call center for reciprocal call transfers. Opportunities remain to build relationships with smaller communities / PSAPs; in many cases, these PSAPs do not see the frequency of mental health or behavioral health calls as high as other communities, making the opportunity to transfer that call to another call center (988) not as urgent as it might be for others. Work continues on reaching out and setting up additional agreements.

Brief update provided by Monica Bailey, SDUIH. Two grant awards were recently made to the agency of relevancy to the work of the Coalition, the SAMHSA (Substance Abuse and Mental Health Services Administration) 988 Tribal Response Cooperative Agreement being one of them. The 988 Tribal Response Cooperative Agreement is a three-year initiative to raise awareness of the statewide 988 suicide prevention hotline through a marketing campaign in tribal communities, and to support training and education to the 988 Call Center staff on cultural relevancy and sensitivity. Training sessions are scheduled, and work is in progress to promote awareness of 988 at both the Pierre and Sioux Falls clinics. A community event aimed at raising awareness is also scheduled for September 27 at Van Eps Park in Sioux Falls, where a prayer circle will be held.

Crisis Now Pillar #2 – Someone to Respond

Vanessa Barnes provided a brief update on the recently awarded South Dakota Rural Mobile Crisis Grant, which will support pilot-testing of mobile crisis response approaches adapted to best fit the available resources and prevalence of crisis contacts in three different mental health catchment areas in South Dakota. This work will be done in partnership with three mental health centers: Three Rivers Mental Health and Chemical Dependency Center (Lemmon), Southern Plains Behavioral Health Services (Winner), and Lewis & Clark Behavioral Health Services (Yankton).

Monica Bailey from SDUIH provided an update on the SDUIH Wo’Okiye Project – Community Response to Homelessness efforts. The Wo’Okiye project aims to reduce the overpopulation of Natives in the

justice system, and to ensure the healthcare component provides wraparound care with follow-up. This goes beyond typical outreach efforts of handing out food, water, supplies and/or other resources.

Initial efforts focused on setting up primary outreach teams to understand what the needs are.

- Direct, primary outreach provides an opportunity to mitigate solutions before they escalate.
- SDUIH is working with the Helpline Center to utilize Network of Care to ensure care coordination.
- Primary outreach activities have included training and education on medical interventions such as how to check blood glucose, blood pressure, and related items, as well as hygiene requests and cultural requests (e.g., sage and sweet grass).
- Efforts will expand to include care coordination and case management, pending hiring of new staff. Eventually, we want to be able to receive calls directly for low risk calls to help provide outreach. The team will be equipped with CB radios for direct lines to law enforcement.

Pilot Programs in Charles Mix and Union Counties were reviewed by Thomas Stanage, Lewis & Clark Behavioral Health. Stanage talked about how the agency has been tackling this in various ways over the years, with some strategies not all that different from what is being used in larger areas (e.g., iPads for law enforcement to access virtual behavioral health consultations) but met with some unique challenges associated with lower frequency of use. Challenges to mobile crisis response in rural communities are summarized across four key areas: timely follow-up, transportation, recruiting and staffing. The solution being tested is care coordination. Goal is to end the practice of pursuing an involuntary admission for the sole purpose of getting transportation assistance.

Pilot Programs in Corson, Dewey, Perkins, and Ziebach Counties were reviewed by Jason Lillich, Three Rivers Mental Health and Chemical Dependency Center. Three Rivers has been working on coordinating a crisis response system in partnership with law enforcement for some time; to this day, all law enforcement agencies are equipped with a tablet and a manual on how to connect to behavioral health care at Three Rivers. Training law enforcement and EMS on behavioral health needs has been ongoing and has resulted in higher utilization. Our challenge is geography – the closest hospital is in North Dakota, and while helpful in emergent situations it presents opportunities for better connection to care and referral to services close to home post-crisis. Three Rivers is also looking at the feasibility of employing a community health worker part-time; finding the right person is the next step. The goal is to support continuity of care across the systems – getting individuals connected to services back in their home area is our priority.

Crisis Now Pillar #3 – Somewhere to Go

Brief updates from agencies were provided related to appropriate regional facility development and operations.

- BMS Pivot Point – located in Pennington County but serves all 11 counties in Region 1. Assessment has 8 recliners – stabilization unit has 16 beds. Staffing has been a huge issue – we’ve had to get very creative. Beds opened on July 31.
- Human Service Agency – located in Codrington County. Recently opened its short-term crisis stabilization services and has noted improvement in individuals being able to stay closer to home for stabilization, and that many of these individuals are de-escalated in that timeframe and do not need referral to a higher level of care. These individuals would have previously been

served in a jail setting (during the construction period) and/or would have been transferred to Human Services Center in Yankton for similar services.

- Avera St. Luke's – renovating an existing space within the hospital to re-home the behavioral health unit (existing capacity) plus the additional short-term stabilization units. Anticipate facility construction to begin early 2024 with hopeful occupancy of the remodeled area by the end of the same year.
- The C.O.R.E. Center (Lewis & Clark Behavioral Health) – Located in Yankton. Reviewed the timeline of developing the ARF at their location, spurred by emergency response efforts that happened in September 2019 due to tornado damage sustained by Avera Behavioral Health in Sioux Falls. Have seen significant need in cases since opening the additional beds in early September; in 13 days, 41 cases were assessed, and 20 individuals admitted to the existing short-term facility including two children.

There have been no capacity issues reported at an ARF to date; anyone seeking services at these facilities has been able to receive those services as appropriate.

BHCRSC Workgroup Updates

Brief updates were provided by representatives from each of the following three workgroups.

Coordinated meetings associated with the planned Marketing & Communications Workgroup were not pursued due to ongoing, complementary work with the contracted media vendor.

- ***Data Planning Workgroup.*** Presented by Drew Ausborn and Colleen Hannum. The four target impact areas were reviewed; these are subject to change as more is learned and as more data becomes available in terms of the ability to benchmark. Benchmark data points for each of the four areas were also reviewed. A preview of the dashboards developed for internal program monitoring were presented and discussed. The dashboard remains in development and includes data associated with Region 4 (area served primarily by Lewis & Clark Behavioral Health Services) at this time, with intentions of building out additional regions once data becomes available from service providers in those regions. The workgroup may meet again yet in 2023 to review a data inventory of information presently being collected across all funded partners and those voluntarily providing information, and to review the second iteration of the data dashboard once more data is available for analysis.
- ***Statute and Policy Workgroup.*** Melanie Boetel relayed that the group met several times over the summer. Key questions included if there was anything in the short term that needed to be addressed legislatively or through rulemaking to support the work as designed; high-level, the statutes as they look today allow us to do what we're doing. Long term we identified some areas to review when needed – and most were language adjustments and not significant. Time will allow for us to test the statutes as they're written to truly assess if any changes are needed. The workgroup does not have immediate plans to meet but will reconvene as needed.
- ***Crisis Response Workgroup.*** Updates provided by Vanessa Barnes. The workgroup met one time this summer and discussed mobile crisis systems available and those being piloted. No major updates or changes to the work as previously understood were identified, and the workgroup agreed to meet again as needed.

Closing Remarks

Brief closing remarks were made by Melanie Boetel, thanking the coalition members for their continued engagement and attendance in person at the Human Service Agency. The meeting was closed with plans to reconvene workgroups as needed, and to meet again as a full coalition in approximately six months' time.