



Behavioral Health Crisis Response Stakeholder Coalition (BHCRC)

Minutes | Meeting 6

Monday, September 20, 2021

1 pm to 4 pm CT

Virtual Meeting via Zoom

Meeting Outcomes:

- Review and discussion of the proposed action steps in the 988 implementation plan (draft due September 30 to Vibrant)
- Review and discussion of recommendations from the coalition to support 988 implementation

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](#)
Passcode: 60R\$S\$&v

Opening Remarks:

The sixth 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, Division of Behavioral Health
- Taylor Funke and Janet Kittams, Helpline Center
- Maria King, State 911 Coordinator
- Teri Corrigan, Behavior Management Systems
- Wendy Giebenk, NAMI SD
- Kelli Rumpza, Human Service Agency
- Amy Iversen-Pollreisz, Capital Area Counseling
- Matthew Glanzer, person with lived experience
- Kris Graham, Southeastern Behavioral Health Care
- Dave Kinser, Rapid City Police Department
- Terry Dosch
- Kiley Hump, Department of Health
- Staci Ackerman, SD Sheriff's Association
- Katie Sullivan, Monument Health
- Wallace Jackmon, Psychology Director at Avera Health (on behalf of Thomas Otten)

Additional guests and staff attending the meeting included:

- Stacy Bruels, Assistant Director for Prevention & Crisis Services, Division of Behavioral Health
- Jennifer Humphrey, Strategic Initiatives Program Specialist, Division of Behavioral Health
- Stephanie Olson, Pennington County 911 Center
- 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. Focus for today’s meeting will be on a review of action steps specific to standing up the 988 call center activities pre-and post-launch July 2022. Wolfgang provided a high-level overview of the eight core planning considerations and process taken to date, including the work group structure that informed one or more of the eight core planning considerations.

N. Oyen relayed an overview of the review process, remarking that the edit and feedback process will have two rounds between October 1 and December 30. Teams from the Education Development Center (EDC) and Vibrant both have iterative review on the draft plans from all states and will use this time to further inform our action steps and priorities.

Discussion, edits, and additions to each core area are identified below. Refer to the recording and updated plan documents for final edits. Information on each of the slides are not included in these minutes but can be accessed on the DSS website.

Core Area 1

- M. King asked about any awareness of the technology / Application Programming Interfaces (APIs) available to link systems between 988 and 911. N. Oyen confirmed it is a priority noted in a subsequent area and advised that evaluation of a “unified system” for communication will be a key activity.
- J. Kittams offered some background context:
 - ❖ iCarol – software currently used by the Helpline Center to track 211 and National Suicide Prevention Lifeline (NSPL) calls.
 - ❖ Visionlink – software the Helpline Center will be transitioning to for both 211 and NSPL/988 calls (change allows for better case management with phone calls compared to current product used).
 - ❖ NSPL Peer Connect through Genesys – software NSPL currently uses for chat and text services; the Helpline Center today is not providing these services but will begin sometime in spring 2022 and will use this software to facilitate the service. The Helpline Center not historically doing this service through NSPL is multifold: staffing limitations, and NSPL is still doing work on the platform that prohibits messages from being limited to South Dakota.
 - ❖ North Dakota operates a very similar call center model as does South Dakota, and the Helpline Center has had a long-standing Memorandum of Understanding with North Dakota FirstLink that is mutually agreeable to update.
 - ❖ The Helpline Center will be creating a separate set of staff to support 988, and a separate staff to support information and referral for 211. This model presumes that 211 will be the primary backup coverage provider for all 988 services, with North Dakota FirstLink serving as the secondary backup (not required by Vibrant but included as a back-up to the back-up).
- **Changes to 1.2a:** Change “go-live” references (steps #5-#7) to “unified systems” so as not to limit to the one option provided by Vibrant (Unified Platform).
- **Changes to 1.2a:** Change #6 to remove reference to “concurrent” operations, as those systems cannot be operated at the same time on a dispatch basis.

- T. Wolfgang asked for J. Kittams to help add context on the systems supporting call, chat, and text now and in the future. J. Kittams views these as separate systems at this point in time.
 - ❖ Unified Platform is not a built / operationalized product at this stage. The goal from Vibrant, however, is to integrate all three components (call, chat, and text) into one system.
 - ❖ Having other 988 call centers participate in the Unified Platform would benefit national level data collection, as well as assist with call routing.
 - ❖ Steps proposed between now and the end of Phase 1 is to position South Dakota to meet the milestones until the Unified Platform is available to test and potentially implement.
- W. Giebenk noted that we are fortunate to have the level of quality service happening currently in partnership with the Helpline Center.

Core Area 2

- T. Wolfgang noted that there are one-time supplemental funds available through the block grants, and the Substance Abuse and Mental Health Services Administration was clear that one of the areas that could be supported was 988 as states looked to develop other, longer-term funding sources. The current approach is to leverage this funding for year 1 expenses and use that time to learn and react to what additional guidance or funding sources may come from the federal government; and to watch, and learn from other states' activity in legislative action, and watch the growth in call volume experienced.
- W. Giebenk noted that the National Alliance on Mental Illness (NAMI) Legislative Action Team has also been asking how they could help in the funding process. As far as she is aware, there is no legislation in the work for or related to 988 at the national level, but that NAMI can be a resource for the states moving forward.
- No edits resulted from the discussion.

Core Area 3

- N. Oyen noted that the highlighted portion of 3.1b. will be refined before the end of 2021.
- No edits resulted from the discussion.

Core Area 4

- N. Oyen noted that by creating a call center for 988 under the leadership and oversight of the Helpline Center assures some level of successful deployment and operation due to past history of doing so.
- No edits resulted from the discussion.

Core Area 5

- Coalition discussion noted an **additional gap** to highlight – gaining traction and conversation with tribal representatives remains a gap. We were not successful in getting consistent representation from this group. K. Hump noted that the Department of Health has had some recent success in the area of COVID, and she offered to pose the question to the group on how best to engage stakeholders to foster ongoing conversations.
- No edits resulted from the discussion.

Core Area 6

- Note change to Proposed Approach for Goal 6 to reflect “universal system” versus specifically the “Unified Platform”, knowing the resource hasn’t been selected at the time of this writing.
- J. Kittams provided additional background context:
 - ❖ Currently more than 5,300 resources are included in the directory maintained by the Helpline Center, which is accessible by 988 staff.
 - ❖ The Helpline Center is a blended call center, and the directory includes a variety of resources ranging from basic need access points to more unique, specialized resources.
 - ❖ The Helpline Center is nationally accredited on the information and referral end of their business, and part of that includes meeting a minimum standard of updating records at least once every 12 months. Most resources are updated more often.
 - ❖ Assumption is that the Unified Platform may be able to speak to an API for the current directory versus creating a new item; most software platforms allow that functionality but that remains to be understood.
 - ❖ The resource directory currently houses contact information for most crisis response related resources but does not include capacity for dispatch.
- **Change to goal 6.1a:** Modify action step #2 to reference updates on an ongoing basis versus quarterly.
- Regarding 911-988 protocols, J. Kittams relayed that some progress has been achieved specific to Metro Communications.
 - ❖ M. King and S. Olson relayed there are two protocols approved for use in the state – the Medical Priority Dispatch System and PowerPhone; Pennington and Metro Communications both utilize the same one. Protocol itself is not generally able to be changed, but the response to those actions can be modified. The local medical director can do that for each Public Safety Answering Point (PSAP).
- **Change to goal 6.1c:** Clarification to reflect changes to “responses” not to the protocols directly, as those cannot be changed.
- **Streamline reference** to annual updates / mentioned in both Phase 1 and 2.
- T. Wolfgang noted that the vision is to create an air traffic control model, but we are limited to the resources available to dispatch, particularly in rural and frontier areas; how do we continue to strengthen local response? How do we continually improve response, services, and supports to individuals calling 988?
 - ❖ Connection with resources
 - ❖ Collaboration with resources
 - ❖ Utilization of data to help inform opportunities for system enhancement overall

Core Area 7

- J. Kittams noted that follow-up as defined by NSPL and practices that the Helpline Center currently deploys indicate that callers are given a follow-up call within 24 hours; future follow-ups may also involve more advocacy and warm handoff to referred services. Ideally, the system would be responsive to those needs at the community level as well.
 - Per T. Dosch, workforce will be a considerable challenge in staffing up for specialized services across the system, both within the call center and also with receiving facilities and other community-based services. To realistically implement what we are talking about workforce development and supporting wages to sustain it will be critical.
 - T. Funke noted that NSPL standards currently require one follow-up attempt, given permission for follow-up was granted by the individual. She further noted that 988 is projected to require three (3) follow-up calls as noted.

- T. Dosch noted an additional gap not presently included is the staffing needed to provide the minimum follow-up efforts; if we are talking about double the call volume, the current standards are not likely to be attainable. Need to better define follow-up services in the call center context but should also note that follow-up services need to be as equally present in the community.
- **Changes to Core Area 7:** Update gaps section to delineate follow-up from NSPL standards to those beyond 988, specific to “somewhere to go” for individuals in crisis.

Core Area 8

- T. Humphries-Wadsworth confirmed that some preliminary guidance on what the national marketing efforts will include will be available by the end of the year. She noted that it is also likely that the large national marketing efforts may not push aggressively until 2023 to give the Lifeline member centers more time to build capacity. J. Kittams noted that the national media will still run stories, and if that and resulting local stories may not be accurate. Some concern expressed re: strategy on messaging and getting ahead of it to ensure clear and accurate communication supersedes misinformation.
- J. Kittams asked for clarification on the reference to a marketing-based Request for Proposal (RFP) to raise awareness. T. Wolfgang noted that this would be a sub-component of the larger RFP-efforts for public awareness strategies for behavioral health statewide and would be done in context with the national marketing campaign and any efforts led by the Helpline Center. It was also noted that the coalition would be ideal to provide feedback and guidance on concerns for crisis response messaging (someone to call, someone to respond, somewhere to go).
- T. Dosch noted that the provider community can play a strong role in marketing and promotion, particularly at the local level.
- M. King noted that while yes, it is marketing, it is more about public education. This is not about selling an item, but rather increasing awareness of a new service available.

Key Gaps & Challenges for 988 Implementation

- Workforce challenges with no quick solutions; see prior comments from T. Dosch.
- While the plan proposed primarily addresses the “who to call” pillar, the intent of the coalition has always been to do so in context with the full Crisis Now model. The other two pillars will be pivotal to the success of all levels of response.
- Having meaningful one-on-one connections with the PSAPs will be an integral pre-launch to support their awareness and buy-in for the transition, prior to any public messaging.
- Local agencies and providers are central to supporting the messaging and launch; equipping them with talking points will assist in promoting the message at the local level statewide.
- Messaging for legislators will also be important, including introductory information for the upcoming session.

Closing Remarks

T. Wolfgang indicated that while this meeting’s agenda was heavy, the Division appreciated the time and effort into the coalition’s continued involvement and oversight. Planful agendas and targeted invitations will be forthcoming for future meetings. There will not be a full coalition meeting in October, but one will be scheduled for November to review anticipated edits and feedback from Vibrant on our first draft implementation plan. Additions not yet included in this draft could be made at that time and are welcomed from the coalition at their earliest convenience.

Additional Notes

- From Dave Kinser, an invite to attend an upcoming Virtual Sequential Intercept Mapping (SIM) for the crisis response development activities in Rapid City. Training to be held October 27-28. To register:

<https://events.r20.constantcontact.com/register/eventReg?oeidk=a07eijs2nq4aeefb586&oseq=&c=&ch=>