



Behavioral Health Crisis Response Stakeholder Coalition (BHCRSC)

Minutes | Meeting 9

Monday, November 7, 2022

2-4 pm CT --- Virtual Meeting via Zoom

Meeting Outcomes:

- 988 Call Center Update
- Review of “someone to talk to” data and processes
- Review of “someone to respond” data and processes, including virtual crisis service delivery
- Update on the development of Appropriate Regional Facilities
- Updates / sharing from coalition members on latest crisis response developments
- Formation of workgroups to further develop crisis response strategies, 988 marketing and communication, and statute/policy review

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: ^&eG9a08)

Opening Remarks:

The 9th meeting of the Behavioral Health Crisis Response Stakeholder Coalition (BHCRSC) was initiated by Melanie Boetel, Director for the Division of Behavioral Health (DBH), South Dakota Department of Social Services (DSS).

Meeting attendees included:

- Melanie Boetel, DBH-DSS
- Vanessa Barnes, DBH-DSS
- Tiffany Wolfgang, DSS
- Greg Sattizahn, Unified Judicial System
- Janet Kittams, Helpline Center / 988 Call Center
- Maria King, Department of Public Safety (State 9-1-1 Coordinator)
- Thomas Otten, Avera Behavioral Health
- Dave Kinser, Rapid City Police Department
- Joseph Reiter, Rapid City Police Department
- Terry Dosch, SD Council of Mental Health Centers
- Sheri Nelson, NAMI
- Jeremy Johnson, Human Services Center
- Kelli Rumpza, Human Service Agency
- Kari Johnston, Human Service Agency
- Tosa Two Heart, Great Plains Tribal Leaders’ Health Board
- Amy Iversen, Behavior Management Systems
- Jennifer Gray, Capital Area Counseling Services
- Kim Hansen, Southeastern Behavioral HealthCare
- Thomas Stanage, Lewis & Clark Behavioral Health Services
- Roseanne Summerside, Advocate
- Tara Johanneson, Advocate
- Scott Johnson, Avel eCare
- Nick Oyen, Sage Project Consultants, LLC (Contracted 988 Project Supports)
- Rachel Oelmann, Sage Project Consultants, LLC (Contracted 988 Project Supports)

“Someone to Talk To” --- 988 Call Center Updates

Update provided by Janet Kittams, CEO of the Helpline Center, managing the 988 Call Center

- Overall, more than 1,800 contacts have come in to 988 since launch; 82% calls, 9% chats and 9% texts. Reach out by chat and text are increasing over time as awareness builds. 93% of contacts have been stabilized by 988 call center staff.
- Top presenting concerns have included depression, relationship/family issues, anxiety, and suicide. Just over half of contacts are experiencing what we define as a crisis. The remaining are presenting with a behavioral-health related issue that is not a crisis level or seeking information or resources on behavioral health services available across the state.
- Some demographic information is available, recognizing that when an individual in crisis reaches out the demographic questions may not be first to ask or ultimately gathered.
- The 988 process following a contact being made was discussed, which includes initial safety assessment with the contact to determine the clients’ needs.
- The [988 Data Dashboard](#) was reviewed, launched within the last two weeks. The Dashboard includes an overview of contacts, by type, and presenting concerns across South Dakota received by the 988 Call Center.
- Promotional materials are available for order, available at https://www.helplinecenter.org/988info_trashed/988-promotion/ To date, more than 50,000 print materials have been mailed out.

Service Overlay Visualization & Discussion

Update provided by N. Oyen, Contracted Project Director for the 988 Implementation Grant. A demonstration of a proof of concept visualization effort (mapping) at identifying inputs and outcomes associated with crisis service delivery statewide was provided. The map will be used for internal gap analysis and not shared publicly beyond DSS and the Coalition and its workgroups, with the intent to better understand any gaps in the crisis response system once an initial contact is made to 988 or other crisis access points (e.g., 911, individual mental health centers).

Questions:

- Dave Kinser posed what sort of resources or staff might be available regionally in the next year? Per Tiffany Wolfgang, we are working to identify what we know currently about who is providing what services. Dave Kinser expressed concern with adding too much administrative burden to the PSAPs due to data management and hand-offs to higher level of care and expressed that the success of 988’s comprehensive implementation effectiveness overall will likely be at the local level and each agency’s ability to case manage.
- Terry Dosch inquired as to whether the service delivery map be made public. Oyen relayed that at this time the map and exercise were intended to help state stakeholders better identify gaps in service delivery statewide and would not be shared publicly. A workgroup will be recruited to vet the data sources and uses more intently with the aim of ultimately understanding, and defining, the degree of need in each region for additional resource response or coordination. Once vetted, it is possible to host the map or a version thereof behind a secured access page for use by coalition members.

“Someone to Respond” --- Virtual Crisis Care Services

Update provided by Scott Johnson, Avel eCare. Reference slides. Following a short history of Avel eCare, Johnson discussed how virtual crisis care services initiated three years ago in South Dakota. Virtual crisis care is a co-responder model, leveraging local police departments and sheriff’s offices on the scene to

provide direct access to behavioral health specialists via iPad to individuals that may need to speak with someone about their presenting concerns. Virtual crisis care services are currently provided across 40 counties in South Dakota, with 80% of those individuals contacted through virtual services successfully de-escalated. Demographic and quarterly impact data were reviewed.

Questions:

- Greg Sattizahn asked if there was a sense of how often the handoff/referral was completed to a local provider once virtual services were provided? Scott advised that the data is not presently available to know as the referral is made to the Community Mental Health Center; Jennifer Gray relayed that from her perspective with Capital Area Counseling Services the follow-up is completed among 100% of contacts shared by Avel eCare. Scott further noted that it is common for individuals in crisis to have had prior contact with the mental health center in their area. Kari Johnston indicated appreciation for having this service available, as it allows for them as an agency to make targeted, best use of their limited resources to support individuals in crisis.
- Joseph Reiter asked if virtual crisis care available to other groups outside of law enforcement. Right now, it is limited to law enforcement due to state statute per Scott. Dave Kinser asked if it could be worked around if the referral came from a responding officer, and at this time, it seems that this remains a limiting factor. Tiffany Wolfgang noted that the system is evolving, and that additional conversation is merited to address whether or not the statute needs to evolve with those changes. A workgroup will be formed to further evaluate this and related questions.

“Someone to Respond” --- Mobile Crisis Services

- Update from Southeastern Behavioral HealthCare per Kim Hansen, who shared some high-level stats with regards to utilization of their mobile crisis service delivery in Lincoln and Minnehaha Counties. As a refresher, the Southeastern model includes multidisciplinary team members – everyone on the team is trained and has specialized skills in crisis de-escalation. The team is law enforcement activated and utilizes a pager system; whoever is on call gets the page. Calls come in from any law enforcement agency in Minnehaha or Lincoln County. Year to date, they have seen a decline in utilization, reasons unknown; approximately half of the police force have been CIT-trained, which allows them to do similar work as a mobile crisis responder. This may be a contributing factor to seeing a slight reduction in contacts, implying law enforcement are more equipped to deescalate those situations without engaging mobile response. A total of 230 calls have been placed this year, 16 of which were not responded to due to various reasons. Of the 211 calls that received a response, 194 were able to stay safely at home in result, and 18 resulted in mental illness holds. Each call lasts approximately one hour, on average. The split between male and female have been similar.
- Update from Capital Area Counseling Services per Jennifer Gray. Their model covers Stanley and Hughes County, with direct response services available specifically within the city limits of Pierre or Ft. Pierre. Mobile response is not available at this time to areas outside of the city limits, but individuals can be brought into the city limits for assistance. There is one staff on call; calls do not all have to come from law enforcement, but the majority do come from those agencies with other calls coming from the schools or hospital. In 2021, they received 107 calls that involved a mobile crisis response, up from the year prior. This year to date, they have had 130 calls (through Oct. 31) in Hughes County and 13 calls in Stanley County. Approximately 95% of contacts are able to be stabilized through mobile crisis services. The on-call staff does some preliminary assessment with the police department or Sherriff, and then does respond in-person or makes arrangements at the request of the individual in need or family. For a small agency with only six staff to participate in on-call services, this is challenging to accomplish; strong

partnerships are essential to making it work. Terry Dosch noted that Capital Area has a strong working relationship with St. Mary's Emergency Department; through the local task force that has evolved in the Pierre / Ft. Pierre, direct partnership has been achieved. With changing staff and Drs, it still requires constant communication, but the partnership has been vital.

- Thomas Stanage from Lewis & Clark Behavioral Health Services relayed that they are working in Union County to develop relationships to establish follow-up protocols with each agency working in that area, noting that dedicated staff time is critical in establishing and maintaining these relationships. More to come as those efforts ramp up in the coming months.
- Dave Kinser reported that Rapid City is attempting to build out co-responder or street-level response systems to support individuals in need. Journey On, as an example, aims to provide case management, accountability, and follow-up services. Journey On has received 12,000+ calls since December for services; the opportunity remains for upper-level case management to support needs beyond that response. Of note, the laws have not caught up with what we're trying to accomplish with mobile or co-response. Street-level and prevention work has taken the majority of time, with hope to expand more into developing the next level of follow-up care.
- Terry Dosch reported that Three Rivers Mental Health Center in Lemmon, SD has a collaboration with the County Sheriff's Department to provide telehealth mental health services in their catchment area. This includes providing tablets to Sheriff departments for connecting mental health providers with people in crisis.
- Janet Kittams relayed that they have been contacted by a program similar to Journey On with hopes of creating something similar in the Sioux Falls area; they had reached out to the 988 Call Center to develop communication tools to share information back and forth for follow-up services.

"Somewhere to Go" --- Appropriate Regional Facility – Updates & Timeline

Following a high-level overview from Melanie Boetel on existing systems (see slides), updates were provided by each of the partners building capacity for Appropriate Regional Facilities.

- Amy Iversen reported on behalf of Behavior Management Systems (BMS); Pennington County along with other funders have supported construction of the new building to house these services with an estimated completion of mid-December. The new ARF will be named Pivot Point. Services will include assessments of individuals experiencing behavioral health crisis, provision of short-term stay (up to 24 hours, 8 chairs), QMHP evaluations, and longer-term stabilization services (up to 5 days, 13 beds). Challenges include workforce capacity, with the agency experiencing staffing struggles across all positions due to heightened competition with other agencies hiring similar staff. Opening the facility will be contingent upon workforce availability, which will likely be delayed into early 2023, best case scenario, due to difficulty in filling positions.
- Kari Johnston reported on behalf of Human Service Agency. The Appropriate Regional Facility will be opening into a new space, similar to BMS. It was anticipated to open in October but due to procurement and workforce issues the timing has been delayed to possibly mid-January. Kari reported similar staffing challenges as to BMS. Relocated 15-bed hallway house and adding four ARF and four detox beds (possibly used as step-down beds too).
- Thomas Otten reported on behalf of Avera St. Luke's. Final plans remain in development for the building design, with intent to then begin a 12-18 month construction timeline in Aberdeen including five beds for ARF and hopefully relocating addiction beds too. In Sioux Falls, additional capacity was added in March-April 2022 through both additional acute beds for all ages as well as 24/7 urgent care access for behavioral health care. In the preceding year, prior to the opening

of the availability of these services in Sioux Falls, there were approximately 500 diversions reported (cases that could not be addressed at Avera Behavioral Health). In the first six months of operation, they have reported only 30 diversions. There is a crisis stabilization area (24-hour observation) included in the new facility in Sioux Falls as well. In addition, Thomas shared that The Link (collaboration between Avera, City of Sioux Falls and Minnehaha County) includes three chairs (beds) for crisis stabilization services as well.

- Thomas Stange reported on behalf of Lewis & Clark Behavioral Health Services. Approximately 90-100 crisis contacts are managed by the agency each month, and about 1/3 of those contacts are secondary to petition. Of those, about half are conducted in the emergency department. Work at the Appropriate Regional Facility will help to divert those cases out of the emergency department. The current facility was reviewed in context with the new facility; two rooms with four beds increasing to eleven beds in six rooms with separate receiving areas for kids and adults. New facility will bring all LCBHS into the same facility. Drawings for the new facility just went out for bid last week with hopes of completed construction in 18 months upon bid acceptance.

Coalition Round Table Updates

- None provided beyond what had been previously shared during discussion.

Call to Action – Workgroup Involvement

Nick Oyen provided an overview of each of the four workgroup opportunities and called for volunteers or nominees to ensure all voices are heard and represented in the work in “someone to talk to”, “someone to respond”, and “somewhere to go” statewide.

- ***Marketing & Communications Workgroup*** – Will be used to help develop 988-specific marketing and communication efforts.
- ***Crisis Response Service Development Workgroup*** – Brainstorm possible solutions or modifications that could be accomplished today, leveraging what resources we do have to meet any gaps as a system we have to ensure we’re covering all three pillars of the crisis care continuum. This group will also help identify issues and work to brainstorm what connections could be made to make best use of available resources.
- ***Statute / Policy Review Workgroup*** – A group to inform conversations on appropriate next steps, if any, to support system improvement. Activities would not likely influence the pending legislative cycle but could be formative to subsequent years.
- ***Data Review & Visualization Workgroup*** – A group to identify what data sources and outputs exist, and best representation of those data.

Closing Remarks

- Melanie Boetel relayed appreciation for the conversation and collaboration, echoed by Tiffany Wolfgang.
- Attendees are encouraged to contact Nick Oyen (nick@sageprojectconsultants.com) with their workgroup interest and/or suggestions for others to include in those conversations not already represented on the Coalition. Workgroup meeting information will follow in the coming weeks once volunteers are gathered.