



Behavioral Health Crisis Response Stakeholder Coalition (BHCRC)

Minutes | Meeting 7

Tuesday, November 16, 2021

1 pm to 3 pm CT

Virtual Meeting via Zoom

Meeting Outcomes:

- Updates / sharing from coalition members on latest crisis response developments in their regions
- Update on 988 implementation plan review status

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: \$zMm=3MG)

Opening Remarks:

The seventh 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
- Amy Iversen-Pollreisz, Capital Area Counseling Services
- Roseanne Summerside
- Kris Graham, Southeastern Behavioral Healthcare
- Dave Kinser, Rapid City Police Department
- Terry Dosch
- Kiley Hump, Department of Health
- Staci Ackerman, SD Sheriff's Association
- Thomas Otten, Avera Behavioral Health
- Tosa Two Heart, Great Plains Tribal Leader's Health Board

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
- Kari Oyen, University of South Dakota School Psychology Program
- Amber Kilburn, University of South Dakota School Psychology Program
- Rebecca Cain, Department of Education

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

988 Implementation Plan Review

Opening remarks from T. Wolfgang, noting the original focus of the meeting would be to discuss feedback on the 988 Implementation Report. Feedback from Vibrant is pending, but anticipated by the end of November.

Introduction of guests followed by R. Oelmann. Dr. Kari Oyen and Amber Kilburn from the University of South Dakota, partners on the State Disaster Grant-related crisis response and preparedness strategies in schools, attended the meeting. Also in attendance was Rebecca Cain from the South Dakota Department of Education.

Dr. Oyen relayed a high-level overview of the PREPaRE training model, which relates to crisis response (psychological triage and safety preparedness) for issues occurring in school settings, and introduced her assistant coordinator, Amber Kilburn.

Introduction of Stacy Bruels, new Office of Prevention & Crisis Services Assistant Director within the Division of Behavioral Health.

Call Center Updates – Someone to Call

Update provided by J. Kittams, Helpline Center.

- Relayed that SAMHSA has announced that it will be releasing approximately \$100 million to help support initial crisis service build out staffing needs. This is welcome news to help with initial funding needs.
- The Federal Communications Commission meets this week, with a pending agenda item to review and approve texting services through 988. Utilization of geo-location remains under consideration; M. King noted that this component has risen up in 911-related planning meetings nationwide. The variable being considered is that if someone is calling on behalf of another, that the dispatch orders are aligned to the person needing services. With 911, it is assumed that the person's location will be shared. Considerations for anonymity are likely contributing to the delay in approval at the national level; J. Kittams relayed that in the initial days of caller ID, similar discussions were had and were mitigated by having access to the information but only using it if the call needs dictated necessity. In the vast majority of cases, geo-location will not be necessary, but in cases where it is necessary to have to protect personal or public safety it will be critical to have that information to support rapid dispatch of responding resources.
- Reported that there are several other call centers nationwide that are similar to the Helpline Center that manage both 211 and 988 services; J. Kittams will be joining a workgroup of peers to navigate and discuss the unique considerations for deployment of 988 in blended call centers.
- Actively reviewing projections needed for staffing; a key position will be hiring the clinical director to support 988. With the job marketplace as it is, the Helpline Center posted the position in the last week and asked for coalition members to share that opportunity to those they feel would be a good fit.
- Platform/call management system development continues, led by Vibrant. Anticipated that this platform will be built out by the end of 2022. A technology provider has been preliminarily selected; contract negotiations remain underway.

- Finalized Memorandum of Understanding (MOU) with Metro Communications (911/Public Safety Answering Point (PSAP) in Minnehaha County) to support reciprocal transfer and call handling between Metro and the Helpline Center. Leveraging this initial MOU as a pilot and will model subsequent MOUs with other PSAPs on lessons learned with this initial effort. 911/988 partnership continues with outreach to tribal PSAPs.
- Helpline Center office is moving the week between Christmas and New Year's; the Center will remain open and logistical planning is underway. This will afford the Helpline Center more space to accommodate projected needs.
- Noted that Taylor Funke will be leaving the Helpline Center and working for Vibrant to aid call centers in addressing call, chat and text transitions for other National Suicide Prevention Lifeline-centers nationwide.

Crisis Response Updates

Update provided by T. Dosch.

- Overview of the Community Mental Health Services (CMHCs) were provided as context; the handout referenced is available at https://dss.sd.gov/formsandpubs/docs/BH/cmhc_flyer.pdf
- 24/7 emergency call services are uniquely available and required by statute; acknowledged that some private providers also provide this service but are not mandated to do so.
- Discussed long-standing historical roll of CMHCs in providing on-call services across South Dakota, from weather-related responses or other emergency situations.
- Provided updates on existing crisis care service models, including the Unified Judicial System's Virtual Crisis Care program, Three River Mental Health and Chemical Dependency Center's Virtual Crisis Response, and mobile crisis team development / activities in Minnehaha County, Hughes/Stanley Counties, and Union County.
- K. Graham reported that Southeastern Behavioral Healthcare is pursuing co-responder model training to evaluate efficacy in their area.
- T. Otten reported observations from Avera's data that indicates use of telehealth-resources over the years has significantly decreased the amount of mental health holds.
- A. Iversen-Pollreis also reported that in Stanley and Hughes Counties it is noted that if the behavioral health team can be brought into the crisis at the front end, the number of transfers out of community have reduced, as some cases can be de-escalated without requiring a transfer of that individual to a higher level of care outside of the area.
- For individuals that require more than 24 hours of stabilization, but don't need involuntary commitment or higher levels of care, the appropriate regional facilities are an emerging option available in state. T. Dosch reported on the status of development for the Human Services Agency (Watertown) and Lewis & Clark Behavioral Health Services (Yankton); refer to slides attached. T. Corrigan and T. Dosch commented on the upcoming crisis response facility enhancements; transitioning individuals off petitions and holds as soon as possible is a primary goal, working to ensure that services are recovery-oriented.
 - T. Corrigan noted that Wellfully is bringing online an 8-bed youth crisis services facility which will provide 24/7 options that don't necessarily involve involuntary hospitalizations. BMS is partnering with Wellfully on this endeavor.
- In conclusion, many initiatives are in motion across the state in an effort to build capacity for crisis response, all of which are locally driven making best use of resources available and partnering across agencies in those areas to accomplish shared goals.
 - J. Kittams noted that the Helpline Center is actively working to identify new and emerging mental health resources as they come online, and will continue working to

formalize those communication pathways to ensure they have those resources identified for dispatch.

NASHP State Policy Academy Updates

The Division of Behavioral Health applied for and received support to participate in the National Academy for State Health Policy (NASHP) State Policy Academy. The team, comprised of state staff from both DSS and Department of Health, and rural/frontier CMHC leaders working in developing local crisis response approaches, held its initial meeting in October. Second meeting is scheduled for this week, which will provide additional dialogue in leveraging current state resources and identifying models other states have successfully implemented and funded.

Coalition Round Table Updates

- D. Kinser and T. Corrigan reported that in late October a Sequential Intercept Mapping (SIM) exercise was completed to evaluate opportunities for co-responder / mental health crisis response services. The primary takeaway was that Rapid City / Pennington County has resources available to dispatch and respond, but the universal tie to connect these resources remains an open opportunity, which 988 could fulfill. D. Kinser also relayed that additional grant funding was secured to help build a co-responder model in partnership with Great Plains Tribal Chairman's Health Board, with additional resources available to bring on behavioral health supports to aid along the continuum of care.
- K. Hump relayed that there are initial pilot efforts in the work towards cross-training emergency response staff and community health workers.
- T. Otten reported that Avera Health has two different crisis stabilization areas – in June, the Link opened which provides a sobering center, medically-managed withdrawal, and a crisis stabilization unit (very similar to the appropriate regional facility concept). Secondly, the expansion of Behavioral Health Services includes behavioral health urgent care facilities. Inside that urgent care will be a crisis stabilization unit (anticipated to open March 2022).

Closing Remarks

- T. Wolfgang noted that the next meeting of this coalition will be in early January.
- Additional updates or edits to the draft 988 plan can still be sent to R. Oelmann / Sage for inclusion in the next draft; responses should be sent as soon as possible but no later than December 1, 2021.

CMHC CRISIS CARE CONTINUUM

BHCRSC MEETING #7

NOVEMBER 16, 2021

CRISIS CARE SERVICE MODELS

➤ 24/7 EMERGENCY CALL SERVICES

- **CMHS CORE SERVICE AS REQUIRED BY ARSD ARTICLE 67:62**

➤ TELEHEALTH SERVICES

- **EVOLVED IN CONJUNCTION WITH COVID-19 PANDEMIC**
- **UNIVERSALLY IN PLACE ACROSS SYSTEM**
- **MAY BE USED IN A FLEXIBLE MANNER TO SUPPORT INDIVIDUAL CLIENTS, SCHOOLS, JAILS, IVC CERTIFICATIONS, ETC.**

➤ UJS VIRTUAL CRISIS CARE PROGRAM (VCCP) SUPPORT

- **CMHCs MANAGE REFERRALS FROM e-Care IN THE RESPECTIVE ESTABLISHED PROJECT AREAS**
- **SERVICES INCLUDE QMHP EVALUATION AND FOLLOW-UP MANAGEMENT AS REQUIRED**

➤ THREE RIVERS' VIRTUAL CRISIS RESPONSE

- **ALTERNATIVE TO VCCP MANAGED ENTIRELY BY TRMHCDC AS EXTENSION TO EMERGENCY CALL SERVICES**
- **UTILIZES TELEHEALTH TO PROVIDE CONNECTIVITY TO SHERIFFS IN CORSON, DEWEY, PERKINS & ZIEBACH CO.**
- **INITIATED IN JUNE 2020; FULLY IMPLEMENTED SINCE AUGUST 2020**
- **PLANNING TO TRAIN LOCAL EMTs ON MENTAL HEALTH CRISIS RESPONSE**

CRISIS CARE SERVICE MODELS (CONT.)

➤ MOBILE CRISIS TEAMS

▪ MINNEHAHA CO. MOBILE CRISIS TEAMS

- SUPPORTED BY SEBH**
- IN PLACE SINCE 2011**
- AUTHORIZED BY SDCL CHAPTER 27A-10 (SECTIONS 20-23)**

▪ HUGES/STANLEY CO. MOBILE CRISIS RESPONSE

- SUPPORTED BY CACS**
- MODELED AFTER MINNEHAHA CO. BUT WITH MORE LIMITED STRUCTURE/CAPACITY**
- IN PLACE SINCE 2016**

▪ UNION CO. VIRTUAL MOBILE CRISIS TEAM

- SUPPORTED BY LCBHS**
- NEW PROGRAM**
- COORDINATED WITH 5 RURAL MUNICIPAL LAW ENFORCEMENT AGENCIES AND COUNTY SHERIFF**
- CRISIS LINE CONTACT WITH QMHP ACCESS FOR OFFICERS IN THE FIELD VIA TELEHEALTH**
- SAFETY PLANNING AND HAND-OFF FROM OFFICERS TO VIRTUAL MOBILE CRISIS TEAM**
- NEXT DAY FOLLOW-UP AS NEEDED**

CRISIS CARE SERVICE MODELS (CONT.)

➤ RAPID CITY CRISIS CARE CENTER

- **SUPPORTED BY BMS IN CONJUNCTION WITH COMMUNITY COLLABORATIVE**
- **IN PLACE SINCE JANUARY 31, 2011**
- **PROVIDES 8 CRISIS STABILIZATION BEDS FOR < 24 HOURS**

➤ APPROPRIATE REGIONAL FACILITIES

- **HSA APPROPRIATE REGIONAL FACILITY**
 - **AUTHORIZED BY SB4 (2020 SESSION); AWARDED VIA RFP MAY 2021**
 - **PROPOSES TO EXPAND EXISTING 4 DETOX BEDS AND 1 SAFE ROOM AT SERENITY HILLS TO A TOTAL OF 4 DETOX BEDS AND 4 SAFE ROOMS**
 - **REQUIRES CAPITAL EXPANSION (NEW BUILDING)**
- **LCBHS REGIONAL CRISIS CARE RECEIVING AND RESIDENTIAL CRISIS STABILIZATION CENTER**
 - **AUTHORIZED BY SB4 (2020 SESSION); AWARDED VIA RFP AND ACCREDITED IN APRIL 2021**
 - **PROVISIONALLY OPERATED AS ARF SINCE THE SIOUX FALLS TORNADO IN 2019**
 - **PROPOSES TO EXPAND EXISTING 2 DETOX AND 2 MH HOLD BEDS TO A TOTAL OF 6 DETOX/CRISIS ROOMS PLUS 5 MALE AND 1 FEMALE SOBERING BEDS AND AN ADDITIONAL CRISIS RECEIVING AREA TO ACCOMMODATE 2 ADULTS AND 2 KIDS**
 - **REQUIRES CAPITAL EXPANSION (NEW BUILDING)**

CRISIS CARE SERVICE MODELS (CONT.)

- **PENNINGTON CO. REGIONAL CRISIS STABILIZATION UNIT**
 - **AUTHORIZED AND FUNDED BY SB 144 (2021 SESSION); APPROPRIATED \$4.6M TO SUPPORT NEW CONSTRUCTION PROJECT**
 - **LOCATED ON PENNINGTON CO. CARE CAMPUS**
 - **GROUNDBREAKING ON OCTOBER 21, 2021**
 - **WILL SERVE WESTERN SOUTH DAKOTA**
 - **ARF CERTIFICATION PENDING COMPLETION OF BUILDING PROJECT**
 - **CAPACITY TO PROVIDE SERVICES FOR 8 INDIVIDUALS FOR <24 HOURS AND BEDS FOR UP TO 16 INDIVIDUALS FOR STAYS >24 HOURS**

THANK YOU!

TERRY DOSCH

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